wisconsin nutrition, physical activity & obesity state plan

wisconsin partnership for activity & nutrition
wisconsin nutrition, physical activity & obesity program

a comprehensive plan
to prevent and manage
obesity in Wisconsin

SECOND EDITION
2013-2020

the wisconsin nutrition, physical activity & obesity state plan

Department of Health Services
Division of Public Health
Wisconsin Nutrition, Physical Activity and Obesity Program

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WISCONSIN
NUTRITION, PHYSICAL ACTIVITY & OBESITY PROGRAM

2013 - 2020

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NUTRITION, PHYSICAL ACTIVITY & OBESITY PROGRAM

what is in the wisconsin nutrition, physical activity & obesity plan?

It has been over seven years since the initial Wisconsin Nutrition and Physical Activity State Plan was developed, and much progress has been made. However, there is still a great deal of work to be done to reverse the epidemic of obesity among our children, youth and adults. This first State Plan focused on building the state and local capacity to address overweight and obesity through evidence-based or practice-based strategies. It addressed building strong coalitions, developing resources and toolkits for coalitions and other partners to use, providing training and technical assistance, providing small amounts of funding for planning and implementation, monitoring the burden of obesity and shifting the focus from programming to policy, environmental, and systems changes.

This second edition of the Wisconsin Nutrition, Physical Activity and Obesity State Plan will build on this strong foundation with a comprehensive, statewide effort capable of impacting all residents through policy, environmental, and systems change. The State Plan was developed around two main concepts: 1) a systems perspective for preventing obesity, and 2) effective setting-specific strategies to address obesity. The State Plan outlines goals, strategies and objectives for strengthening and sustaining an infrastructure utilizing the following factors.

- Partnerships: Identify, engage, and sustain key partnerships that are critical to preventing and controlling obesity in Wisconsin.
- Communication: Communicate effectively with partners, key decision makers and other stakeholders as a means of coordinating efforts and sharing information relevant to obesity prevention.
- Stable Funding: Obtain and leverage funding and identify efficiencies to meet infrastructure needs and setting-specific work required to prevent obesity.
- Public Health Impact: Maintain, improve, and expand effective interventions and strategies to prevent obesity.
- Organizational Support: Facilitate coalitions, organizations and communities to support the emergence of norms related to preventing obesity and fostering good health. This includes the leadership role of the Nutrition, Physical Activity, and Obesity Program in supporting the implementation of the State Plan and furthering a systems approach to obesity prevention.
- Surveillance and Evaluation: Develop indicators and methods, and engage partners for collecting the surveillance and evaluation data to monitor and report progress in improving nutrition, increasing physical activity and stabilizing and reducing the prevalence of overweight and obesity.
- Program Improvement: Obtain and use new evidence to ensure that the most effective strategies and interventions are used in state and local obesity prevention efforts.
- Strategic Planning: Carry out regular strategic planning at the state, local, and organizational levels, informed by a systems approach to obesity prevention. Such an approach considers not only the best available information related to each of the above sustainability factors, but also the interrelationships between these factors. Considering these factors as a whole provides a more realistic assessment of state and local capacity to prevent obesity and improve population health and provides additional insight regarding the most effective ways to intervene.

In addition to the infrastructure focus, the State Plan outlines goals, strategies, and objectives for setting-specific work (e.g., schools) through environmental, policy, and system change. For example, children who live in unsafe neighborhoods may be restricted to watching television instead of playing outside after school. Families living in neighborhoods with no sidewalks or busy highways must drive to work and school. Communities that lack full-service grocery stores and neighborhood food markets have less access to fresh fruits and vegetables. In other words:

where people live, work, learn & play affects their health

Addressing health disparities and achieving health equity is an overarching theme of the State Plan. It is important to use both a disparity and a health equity lens when selecting evidence-based strategies for implementation. Most strategies can be adapted to reduce disparities among specific populations or geographic areas. Utilizing a health in all policies approach, including those not traditionally thought of as health policies (e.g., transportation, agriculture, land use, education and economics), will have a greater impact on health and obesity.

why is the wisconsin nutrition, physical activity & obesity plan important?

The Center for Disease Control and Prevention (CDC) has included nutrition, physical activity and obesity as one of six winnable battles. The winnable battles represent areas that are a leading cause of illness, injury, disability or death and/or represent enormous societal costs, and that have evidence-based, scalable interventions that can be broadly implemented. However, winning the obesity battle will not be easy. It will require that obesity is recognized as a vital issue at all levels, and that resources and partnerships are committed for a focused effort.

To accomplish this the CDC has created the health impact pyramid. This pyramid describes the impact of different types of public health interventions and provides a framework to improve health. Interventions focusing on the lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort. Implementing interventions at each of the levels can achieve the maximum possible sustained health benefit.

what is included in the state plan?

- The background of the State Plan and the progress made on the 2005 State Plan
- How this State Plan is connected to Healthiest Wisconsin 2020 and other plans
- Goals, strategies, objectives and actions for building a sustainable obesity prevention system to support setting-specific work
- Focus on policy, environmental and systems change
- Focus on reducing disparities and achieving health equity
- How to use the State Plan within your organization or community
- Resources, materials, training and technical assistance
- How the State Plan impact will be evaluated

who should use the wisconsin nutrition, physical activity and obesity state plan?

The State Plan is a resource and guide for those who are involved in planning, coordinating, implementing, and evaluating interventions or initiatives to address obesity in Wisconsin.

As we know, no one group or one strategy will halt the obesity epidemic. To have the broad reach and impact throughout Wisconsin, it is imperative that a variety of partners from all sectors work together for a comprehensive approach. Some partners are listed below:

- Chambers of Commerce
- Child care: Early Care and Education
- Coalitions / Communities
- Community Centers, Youth Programs and After-School Centers
- Consumers, General Public
- Elected Officials
- Farmers/Local Growers/Farmers Market Managers
- Fitness Experts/Exercise Physiologists
- Healthcare Systems and Providers
- Law Enforcement
- Local, State and Tribal Governments
- Media
- Parks and Recreation
- Professional Organizations, Non-Profits, Foundations, Service Groups
- Religious / Faith Based Organizations
- Restaurants and/or Grocers
- Schools
- Transportation/City/Urban Planners
- Universities and Researchers
- Worksites

WHAT CAN I DO?

The following listing of strategies that different organizations and groups can implement is not an inclusive list, but a starting point for exploration and discussion.

Letter and number in parentheses references State Plan strategy. Check in setting goal area for additional information.

EC = Early Childhood
H = Healthcare
I = Infrastructure
FS = Food System
CA = Community Physical Activity Environment
S = School
SE = Surveillance and Evaluation
W = Worksite

chambers of commerce

- Encourage members to develop or enhance worksite wellness programs and utilize evidence-based strategies from the Wisconsin Worksite Wellness Resource (W 1)
- Organize or join a city-wide worksite wellness initiative (W 2)

child care / early care and education

- Improve the nutritional quality of meals and snacks served in regulated care settings (EC 2)
- Increase physical activity levels of children in regulated care through 60 minutes of teacher-led activity and 60 minutes of unstructured physical activity (EC 3)
- Promote and sustain breastfeeding of infants in regulated care (EC 4)

coalitions / communities

- Conduct a local assessment of obesity prevention resources to determine a program focus (I 1)
- Facilitate the implementation and evaluation of a community-wide evidence-based intervention (I 1)
- Participate in statewide strategic efforts (I 1)
- Participate in statewide coalition training or utilize coalition technical assistance resources (I 2)
- Expand coalition capacity and experience to educate the community on key health issues and engage the public in identifying and implementing sustainable solutions (I 2)
- Increase access to and affordability of fruits and vegetables (i.e., farmers' market, community gardens, farm-to-institution programs, etc.) (FS 1)
- Establish or enhance community gardens (FS 1)

community centers, youth programs and after-school providers

- Conduct a local assessment of obesity prevention resources to determine a program focus (I 1)
- Increase access to education and programs that support breastfeeding initiation, exclusivity, and duration (FS 4)
- Provide opportunities to reach the goal of 60 minutes of physical activity per day (S 7)
- Provide nutritious snacks (EC 2)
- Implement gardening programs (S 3)

elected officials
(city council, county board, school board, etc.)

- Participate in community health improvement planning processes to identify and implement evidence-based environmental and systems changes to support healthful eating and physical activity in various settings (I 1)
- Sponsor or be a champion for a local community coalition or organizational wellness committees related to breastfeeding, nutrition, physical activity, obesity prevention or chronic disease prevention (I 2)
- Increase access to public or community facilities for physical activity through multi-use agreements (CA 3)

fitness experts/exercise physiologists

- Increase access to public or community facilities for physical activity through multi-use agreements (CA 3)
- Utilize an evidence-based fitness test to measure the aerobic capacity of students in grades 4-12 (S 8)

farmers'/local growers/ farmers market managers

- Meet with community groups to establish or enhance farmers' markets, farm stands, and community supported agriculture (CSA) farms (FS 1)
- Meet with community groups to establish or enhance farm to institution programs (FS 1)

health care systems and providers

- Implement evidence-based guidelines for quality maternity care practices that are fully supporting of breastfeeding initiation, duration and exclusivity (HC 1)
- Routinely screen and counsel patients on BMI status following evidence-based practice guidelines (HC 2)
- Implement a systems approach to identify and follow-up with at-risk, overweight and obese patients, including nutrition and physical activity counseling (HC 3)
- Participate in healthcare-community partnerships to facilitate the active referral of patients to resources that increase access to opportunities for physical activity and high quality nutritious foods and beverages (HC 4)

law enforcement organizations

- Develop and implement active transportation options such as safe routes to school plans and bike to work options in communities (CA 2)

local, state and tribal governments

- Convene partners to identify priorities, implementation strategies and to facilitate collaboration and coordination among traditional and non-traditional partners (I 1, I 2)
- Communicate to and educate the public and decision makers on the burden of poor nutrition, physical inactivity and obesity and evidence-based solutions (I 4, SE 2)
- Use data to identify populations at greatest risk and work with communities to implement evidence-based strategies that address highest priority needs (SE 1, SE 2)
- Conduct comprehensive community health needs assessments and develop and implement state and community health improvement plans (I1)

- Create healthy environments that support people's ability to make healthy choices (CA 1, FS 1, FS 2)
- Review and update local community master plans that include incorporation of strategies that promote physical activity and support local food production and distribution (CA1)
- Increase purchasing of fresh fruits and vegetables through increased use of electronic benefit transfers (EBT) for SNAP and WIC participants in a variety of settings (e.g., farmers' markets, Community Supported Agriculture programs) (FS 1)
- Increase access to public or community facilities for physical activity through multi-use agreements (CA 3)

media

- Help promote community campaigns and initiatives
- Educate the public on strategies to improve health through healthful eating, increased physical activity and achieving and maintaining a healthy weight (I 4)

parks and recreation organizations

- Develop local community master plans that include incorporation of strategies that promote physical activity (CA 1)
- Increase access to public or community facilities for physical activity through multi-use agreements (CA 3)
- Coordinate programming to schedule a variety of physical activity programs for students and families that complement, rather than compete, with other programs (CA 3)

professional organizations, non-profits, foundations, service groups

- Increase access to education and programs that support breastfeeding initiation, exclusivity, and duration (FS 4)
- Increase access to public or community facilities for physical activity through multi-use agreements (CA 3)
- Increase access to and affordability of fruits and vegetables (i.e. farmers' market, community gardens, farm-to-institution programs, etc.) (FS 1)
- Sponsor programs and events to improve nutrition, increase physical activity and reduce obesity and other chronic diseases (I 2)
- Provide information to patients, caregivers, volunteers, consumers, healthcare professionals and decision makers about the nutrition, physical activity and obesity state plan (I 4)
- Assist with the identification of priorities and coordinate efforts to educate the public and partners (I 1)

religious or faith-based groups

- Establish community garden sites for fruit and vegetable access (FS 1)
- Join in multi-use agreements that allow expanded use of facilities (CA 3)
- Establish healthy food guidelines for potlucks and other functions (FS 1)

restaurants and grocers

- Increase access to and promotion of healthy foods in restaurants, foods stores, and vending (FS 2)
- Promote access to and consumption of healthy beverages (FS 3)

schools (K-12)

General

- Designate an individual responsible for coordinating school health and wellness activities (S 1)
- Establish a school health advisory council (SHAC) (S 1)
- Develop policies and make environmental changes to support healthful eating and physical activity (S 1, 3, 4, 5, 7)

Physical Activity

- Utilize the Wisconsin Physical Education standards and the online Physical Education standards checklist to integrate DPI standards A-G (S 6)
- Adopt a policy of providing opportunities for 60 minutes of physical activity per day (S 7)
- Utilize an evidence-based fitness test to measure the aerobic capacity of students in grades 4-12 (S 8)
- Increase access to public or community facilities for physical activity through multi-use agreements (CA 3)
- Incorporate opportunities for physical activity before, during and after the school day (S 7)

Nutrition

- Provide a standards-based nutrition education utilizing Wisconsin's Model Academic Standard for Nutrition (S 2)
- Increase access to fresh fruits and vegetables (ex., Farm to School Program, school gardens, fruits and vegetables in vending and a la carte sales) (S 3)
- Increase the nutritional quality of Wisconsin school meal programs (school breakfast, lunch, summer feeding, and after school) (S 4)
- Decrease access to energy dense, low nutrient foods and beverages in schools (S 5)

transportation, city planning or municipal planning organizations

- Develop local community master plans that include incorporation of strategies that promote physical activity (CA 1)
- Develop and implement active transportation options such as safe routes to school plans and bike to work options in communities (CA 2)

universities

(includes 4 year, 2 year, and technical colleges)

- Develop and expand a formalized partnership with state partners and local coalitions to support implementation, evaluation and research of obesity prevention strategies (I 1)

worksites

- Utilize evidence-based strategies from the Wisconsin Worksite Wellness Resource (W 1)
- Organize or join a city-wide worksite wellness initiative (W 2)
- Share resources to the worksite section of the Nutrition, Physical Activity and Obesity website (W 3)

BACKGROUND

The initial Wisconsin Nutrition and Physical Activity State Plan, created in 2005, focused on laying the groundwork so more ambitious implementation actions could be pursued in future plans. The 2013-2020 State Plan is the next step in creating a sustainable obesity prevention system that focuses on policy, environmental and system changes that support and encourage healthy behavior. The State Plan will expand on past efforts and will leverage partners to increase the scale of what is happening locally, regionally and statewide. This "system" will need to take full advantage of limited resources and be flexible so it can adapt to new opportunities or emerging evidence as it becomes available.

The background section provides some recent history and some of the factors that influence the State Plan going forward for the next several years. This section contains information on the following:

1) Nutrition, Physical Activity and Obesity (NPAO) Program
2) Wisconsin Partnership for Activity and Nutrition (WI PAN)
3) Successes of the 2005 State Plan
4) Developing the 2013 State Plan
5) Sustainability

nutrition physical activity & obesity program

In July 2003, the Division of Public Health was awarded a cooperative agreement from the Centers for Disease Control and Prevention (CDC) for obesity prevention. As a result of this funding, the Nutrition, Physical Activity and Obesity Program, within the Wisconsin Division of Public Health, was created. This funding was designed to build capacity within Wisconsin to prevent and control obesity and related chronic diseases. In the first five-year grant period (2003-2008), staff were hired and many of the infrastructure needs were met. In 2008, the program was awarded a second 5-year grant with additional funding to continue and expand efforts through 2013. Program staff provide internal and external leadership, expertise and training, and technical assistance for the development and implementation of evidence-based nutrition and physical activity interventions to prevent obesity.

Under the direction of the Nutrition, Physical Activity and Obesity (NPAO) Program, a strategic planning process was undertaken to update and expand the initial State Plan. Now that many of the infrastructure objectives have been met, the new State Plan will focus more on policy, environmental and systems changes and ways to sustain statewide efforts beyond the current federal grant-funding period. The NPAO Program will also expand efforts to integrate its activities with other chronic disease programs within the Division of Public Health, Bureau of Community Health Promotion.

wisconsin partnership for activity and nutrition

The 2013 State Plan is a collaborative effort of the Wisconsin Partnership for Activity and Nutrition (WI PAN) and the Wisconsin Nutrition, Physical Activity and Obesity Program. WI PAN has evolved over the years, and the group now represents a diverse set of partners from a variety of settings. WI PAN has over 170 active and affiliate members, representing sectors such as government, healthcare, public health, education, business, academia, transportation, agriculture and many others. See the WI PAN member organization list in the Appendix for a full listing.

WI PAN members are actively involved in implementing strategies at the state and local level. The focus has also shifted from primarily an individual behavior change model to a model that includes policy, environmental, and systems changes, to promote and support individual and family behavior changes. WI PAN is composed of an executive committee, committees focused on specific settings and committees focused on crosscutting themes. The committees include the Physical Activity and Nutrition Environments, Schools, Healthcare, Worksite, Coalition Support, Early Care and Education, Breastfeeding, Surveillance and Evaluation, and Advocacy. Committee members are actively involved with planning and implementation of the State Plan strategies.

WI PAN MISSION

To improve the health of Wisconsin residents by decreasing overweight and obesity, improving nutrition and increasing physical activity.

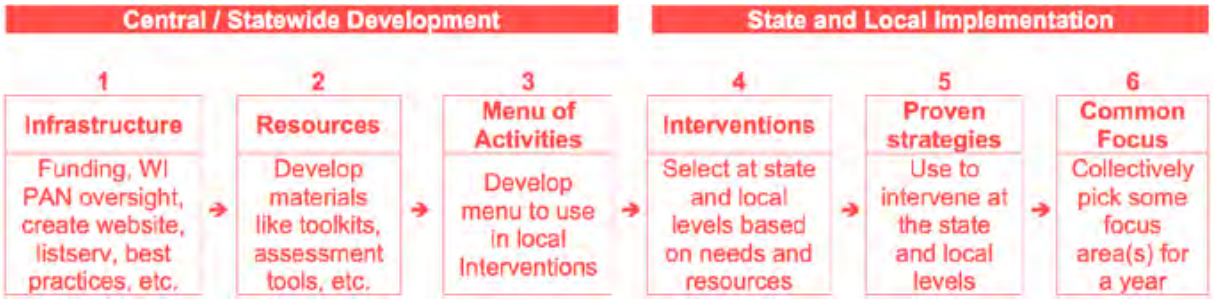
successes of 2005 state plan

There has been tremendous progress made in the seven years since the Wisconsin Nutrition and Physical Activity State Plan was completed in December 2005.

The State Plan was designed with a 5-7 year timeline and the fact that progress has been made on 90% of the objectives, with an estimated 74% completion level is significant. The early focus of the State Plan was to develop an infrastructure to support statewide and local efforts (see figure 1 below). Components such as information sharing, development of a central web site, development of key resource materials and trainings, and identification of evidence-based strategies are now in place.

Steps to implement the strategies at the state, regional and local levels are a major focus in the upcoming years of the State Plan. The ability to identify, recruit and facilitate local individuals, groups and resources to implement these strategies, is the biggest challenge for the upcoming years.

FIGURE 1 - 2005 STATE PLAN IMPLEMENTATION STEPS



2005 – 2010 STATE PLAN PROGRESS	% Complete	%
GOAL (# objectives)	0 100	
#1: Strengthen Statewide Infrastructure (12)		93%

Conducted regional trainings. Created best practice documents. Created statewide inventory of local coalition activities. Developed a communication system and website. Expanded coalitions and Statewide partnerships, and assisted with grants to increase obesity prevention funding and resources. *Success Story: Extensive nutrition and physical activity web site is in place (1.5 million hits/yr).*

#2: Develop Materials & Provide Technical Support (9)		77%

Developed key messages and resources, including issue briefs, worksite toolkit, healthcare guidelines and tools, and a gardening toolkit. Provided trainings for worksites, healthcare professionals, schools and communities. *Success Story: Worksite Wellness Resource Kit completed and being used by over 2000 worksites in WI, with an employee reach of over 250,000.*

#3: Create Supportive Physical Activity & Nutrition Environments (17)		90%

Conducted environmental audits, Provided active environment training, Created community environment resource guides. Expanded farmers' markets and community supported agriculture. Increased access to fruits and vegetables. Increased number of restaurants & public places with healthy food options. Assisted with community improvements to increase activity. Assisted with increasing access to recreational facilities, safe routes to school programs, and active transportation policies. *Success Story: Over 300% increase in the number of WIC and Senior Farmers' Markets.*

#4: Develop a Comprehensive Policy Agenda (13)		55%

Developed an infrastructure to support public policy and advocacy efforts. Developed a policy toolkit. Improved school physical activity, nutrition standards, and healthcare coverage for obesity. Developed standard care guidelines for healthcare. Developed worksite wellness policies. Increased funding for statewide and local obesity prevention. *Success Story: WI PAN Advocacy Committee formed and actively addressing policy issues.*

#5: Increase the Number of Evidence-Based Strategies (30)		70%

Researched, developed and disseminated evidence-based strategies to: increase breastfeeding rates, duration, and practice, increase fruit and vegetable consumption, increase physical activity rates, increase school & community gardens, decrease sweetened beverage consumption, increase school breakfast rates, increased businesses with worksite wellness programs, increase healthcare coverage and decrease TV time. Created awards programs for schools and worksites, increased walk to school programs & after school activity programs. Decreased TV time. *Success Story: 73 schools received Governor's School Health Awards from 2006 to 2009.*

#6: Expand a Data Surveillance and Evaluation System (10)		60%

Added additional obesity related questions to Behavioral Risk Factor Survey (BRFSS) survey. Published report on nutrition, physical activity, and weight in Wisconsin. Hired an epidemiologist, Expanded data submission from other data sources. Created data-sharing opportunities. Developed Guidance for BMI in schools. Collected Youth Risk Behavior Survey (YRBS) middle school data. Developed a community level data surveillance system. *Success Story: Over 200 middle schools are now completing the Youth Risk Behavior Survey (YRBS).*

#7: Eliminate disparities for those affected by obesity (3)		53%

Identified disparities. Developed and implemented a plan to target disparities related to nutrition and physical activity. *Success Story: Grant funds to address obesity disparity issues have been distributed from 2005 to 2009.*

Total for all measurable objectives (94)		74%

94 objectives were reviewed and analyzed for this report.
The full report with the status of each objective is available at: www.dhs.wisconsin.gov/physical-activity

developing the state plan

In developing the State Plan, WI PAN and the NPAO Program reviewed what had occurred in the previous five years and where we wanted to be five years from now. The strategies, objectives and action steps were developed to achieve the goals through implementation and evaluation of the State Plan components. The steps in that process are summarized below:

1) Background assessment: where are we now?

The initial State Plan looked at objectives for the 2005-2010 time span and primarily set the base to work from in future plans. As a result, this State Plan was able to identify current efforts and needs and make recommendations on where to focus future implementation efforts rather than the initial infrastructure development that was needed in 2005. WI PAN committees identified what had worked in the first five years and what was needed to augment or redirect those efforts going forward.

2) Ends planning: what is the future we want to create?

The next step in the planning process was for each WI PAN committee to identify a long-term goal and 3-5 strategies that will have the most impact on the goal or the future we were trying to create. The criteria used in choosing the strategies included those that were evidence-based or an emerging or promising strategy, available partners or resources to move us toward the goal, the potential impact or reach of the strategy and the setting where it would be effective.

3) Means planning: how do we get there from here?

The WI PAN committees and the NPAO program developed each of the strategies into specific short and medium term objectives with action steps to achieve the strategy and overall goal. Committees also identified the key indicators or measures that could be used to monitor progress on the objective. In areas where the measure was not currently available or known, it was noted as a gap. A draft of the NPAO State Plan was posted on the Department of Health Services website for public input, and those comments are posted online.

4) Implementation, evaluation, and adjustment: making it happen!

The goal of the State Plan is to serve as a working tool and guiding document for Wisconsin. Implementation of the State Plan will occur through the following:

- **Nutrition, Physical Activity and Obesity Program** – the program will provide leadership, coordination, expertise, training and technical assistance, surveillance and evaluation, and oversight to the implementation of the State Plan.
- **The Wisconsin Partnership for Activity and Nutrition and its committees** – some objectives and activities will be led by this group to strengthen the infrastructure, to provide leadership, lead educational efforts and to facilitate action.
- **Partner organizations and programs** – many organizations and programs can incorporate the State Plan goals, strategies, objectives or action steps into their work and contribute collectively to the implementation. This may, at times, mean a re-prioritizing or shifting of resources and staff.
- An emphasis will be placed on **long-term policy, environment, and systems changes** that influence health behaviors.
- **Grants or special project funding** may be leveraged to support the implementation of the State Plan objectives at a state and local level.

sustainability

Sustainability of a focused statewide effort to prevent obesity will require an established infrastructure at both the state and local levels. It also requires long-term changes, including those that change policy or the environment in ways that make healthy behaviors easier or the default.

This State Plan identifies six specific areas to be considered when thinking about sustainability of the obesity prevention movement.

1) Continuation of the Wisconsin Nutrition, Physical Activity and Obesity (NPAO) Program and Wisconsin Partnership for Activity and Nutrition (WI PAN) for basic operations
2) Continuation and expansion of local coalitions and community groups to implement strategies
3) Continuation of efforts to maintain, update and use resources and materials that have been developed
4) Continuation of efforts for training and technical assistance
5) Continuation and expansion of efforts to monitor the burden of obesity and evaluate strategy implementation and outcomes
6) Continuation of oversight or coordination of efforts

1) *continuation of the Nutrition, Physical Activity and Obesity Program*

The NPAO program is currently funded through a 5-year cooperative agreement with the Centers for Disease Control and Prevention (CDC), which runs through June 29, 2013. The NPAO program performs a number of roles that benefit groups statewide, as well as locally. Those roles include distributing grant funds to local partners, resource development, training, technical assistance, surveillance and evaluation, partner development, and statewide planning and coordination.

2) *continuation and expansion of local coalitions & community groups to implement strategies*

The growth and development of local coalitions is highly dependent on funding for staff time and for the planning, implementation and evaluation of community interventions and educational advocacy activities. Local coalitions and groups are the "implementers" for most of the strategies, and success in reducing and preventing obesity is closely tied to their capacity. In order to sustain local efforts, funding sources need to be identified and leveraged to maintain and expand current local strategies. As part of this State Plan, it will be necessary to develop an inventory of possible private and public funding sources and a plan to create ways to access those funds.

3) *continuation of efforts to maintain, promote, update and use resources and materials that have been developed and create new resources.*

Obesity prevention resources are available to state and local groups. The NPAO Program developed many of those materials in collaboration with dedicated partners. Two issues need to be addressed to keep existing resource materials current and to create new materials:

- Secure funding to keep current and future efforts going.
- Develop diverse partnerships to promote key resources and keep the materials updated and current. This could occur with or without ongoing funding for the NPAO program. If the NPAO program is not funded in the future, it will need to be determined if this function can be fulfilled by other partners or organizations. If the NPAO program is funded, how can partnerships be expanded and used to help disseminate evidence-based practices for local implementation efforts?

4) *continuation of efforts for training and technical assistance.*

This issue is very similar to that of development of resource materials — what is established to continue efforts beyond any state driven programs or provide expansion of existing efforts? As an example, there is currently a list of Worksite Wellness certified trainers using the evidence-based Worksite Wellness Resource Kit as a resource tool to train local employers. These trainers are mostly healthcare providers, healthcare insurers, and other outreach agents that work with businesses. If core funding is continued for the NPAO Program, these efforts could be expanded to help spread the word and increase the number of worksites that can be trained to use the evidence-based strategies. If there is no ongoing funding, some mechanism must be identified to continue existing efforts through some other central coordinating group.

5) *continuation and expansion of efforts to monitor the burden of obesity and evaluate strategy implementation and outcomes*

Reversing obesity rates requires a "systems approach," which takes into account not only the population itself but also the physical and social environments that people encounter during the day and over the lifespan. Because obesity often results from a complex web, rather than a few factors, multiple strategies are needed within any given setting to create effective, sustainable changes in population lifestyle behaviors and obesity rates. Developing a systems approach to obesity prevention requires that evaluation and surveillance resources be available for different sectors of society and encompass a broad range of academic disciplines. In addition, partners are needed to help identify and fill significant gaps in the evidence base for this issue and to translate frameworks and measures from research in academic disciplines, for use in surveillance and evaluation efforts. The development of innovative "trans-disciplinary" frameworks and tools are also needed to help identify the most effective leverage points for intervention.

6) *continued oversight or coordination of efforts*

There are many obesity prevention efforts happening statewide and locally. However, in many cases, those efforts are not coordinated or taking advantage of resources and trainings that could make those efforts more effective. This State Plan, created through the efforts of the NPAO program and the Wisconsin Partnership for Activity and Nutrition (WI PAN), needs to be coordinated to maximize limited resources devoted to obesity prevention. Current local, regional and statewide efforts need to be examined to determine if there are better ways to coordinate those activities for greater reach and impact.

GOALS STRATEGIES & OBJECTIVES

The goals, strategies and objectives in this section were selected as a means to achieve a positive impact on key health behaviors. Movement on those key behaviors will be tracked by a set of high-level indicators that measure the behaviors as well as the overall goal of decreasing the number of overweight and obese people in Wisconsin. The indicators below were selected based on their relevance to the measured behavior and the availability of data that can be tracked over the next several years. The targets were set using a 10% improvement methodology, similar to Healthy People 2020.

State Plan 2020 outcome indicators

- By 2020, decrease the percentage of adults who are obese from 27.7% to 24.9%.[1]
- By 2020, increase the percentage of adults who are at a healthy weight (neither overweight nor obese) from 36.0% to 39.6%.[1]
- By 2020, decrease the percentage of high school youth who are overweight or obese from 25.3% to 22.8%.[2]
- By 2020, decrease the percentage of children 2-4 years old participating in the WIC Program who are overweight or obese from 30.6% to 27.5%.[3]

State Plan outcome indicators for behavioral factors

Breastfeeding

- By 2020, increase the percentage of infants ever breastfed from 81.3% to 89.4%.[4]
- By 2020, increase the percentage of infants exclusively breastfed for at least 3 months from 31.4% to 34.5%.[4]
- By 2020, increase the percentage of infants breastfed at least 6 months from 48.7% to 53.6%.[4]
- By 2020, increase the percentage of infants breastfed at least 12 months from 21.9% to 24.1%.[4]

Fruit and Vegetable Consumption

- By 2020, increase the percentage of adults who consume fruits 2 or more times per day from 35% to 38.5% and the percentage of adults who consume vegetables 3 or more times per day from 23.3% to 26.6%.[5]
- By 2020, increase the percentage of adults who consume fruits and vegetables 5 or more times per day from 22.7% to 25%.[5]
- By 2020, increase the percentage of high school youth who consume fruits 2 or more times per day from 32.9% to 36.2% and the percentage of high school youth who consume vegetables 3 or more times per day from 12.7% to 14.0%.[2]

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[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011

[2] Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2011

[3] Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System, 2011

[4] Centers for Disease Control and Prevention, Breastfeeding Report Card, 2012

[5] Centers for Disease Control and Prevention, State Indicator Report on Fruits and Vegetables, 2009

Physical Activity

- By 2020, increase the percentage of adults who are moderately-vigorously active for at least 150 minutes each week from 57.4% to 63.1%.[1]
- By 2020, increase the percentage of adults who participated in physical activity in the past month from 77.3% to 85.0%.[1]
- By 2020, increase the percentage of high school youth who are moderately-vigorously active for at least 60 minutes, all 7 days per week from 27.7% to 29.4%.[2]
- By 2020, increase the percentage of high school youth who are moderately-vigorously active for at least 60 minutes, at least 5 days per week from 51.6% to 56.8%.[2]
- By 2020, decrease the percentage of high school youth not participating in at least 60 minutes of physical activity on any day in the past week from 11.8% to 10.6%.[2]

Television Viewing

- By 2020, decrease the percentage of high school youth who watched 3 or more hours of television per day from 24.0% to 21.6%.[2]
- By 2020, decrease the percentage of high school youth who play video or computer games for 3 or more hours per day from 23.3% to 21.0%.[2]
- By 2020, decrease the percentage of children 2-4 years participating in the WIC Program who watch more than 2 hours of television or video per day from 17.0% to 15.3%.[3]

Data will also be analyzed by sub-populations as available to identify potential disparities and monitor progress on targeted interventions.

implementation period

The overarching goals of this plan align with the Healthiest Wisconsin 2020 plan. However, because it is difficult to project out more than five years, the specific strategies and objectives that make up the majority of the plan have a five-year window out through 2018. Progress on the State Plan objectives will be regularly monitored and adjustments made, as needed, through the 2013-2018 implementation window. In 2018, the State Plan will be revised to reflect the current evidence and landscape and new strategies and objectives will be developed for the remaining years to 2020.

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[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011

[2] Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2011

[3] Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System, 2011

[4] Centers for Disease Control and Prevention, Breastfeeding Report Card, 2012

[5] Centers for Disease Control and Prevention, State Indicator Report on Fruits and Vegetables, 2009

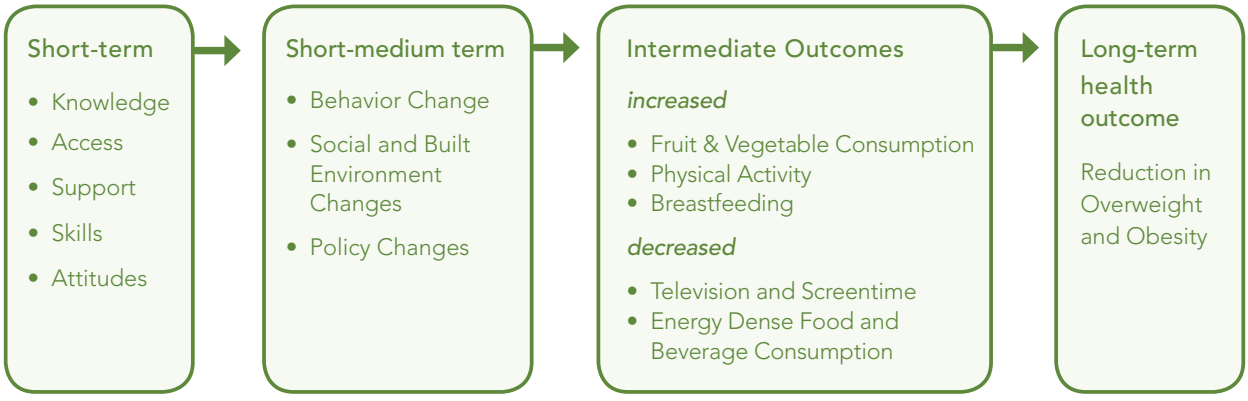
strength of evidence

Determining 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 preventing and reducing overweight and obesity. The State Plan encourages partners to assess the needs in their community, organization or group as an initial planning step. After the assessment is completed, the results should be shared widely and the stakeholders engaged in prioritizing a strategy or multiple strategies for implementation. The strategy selection process should include criteria such as feasibility, reach and impact, available resources, public and leadership support, ability to reduce disparities and strength of evidence.

During the development of the Nutrition, Physical Activity and Obesity State Plan, goals, strategies and objectives were selected based on the above criteria. For each strategy in the plan, the strength of evidence was determined for its ability to either increase breastfeeding, improve nutrition or increase physical activity, and its ability to reduce obesity. This information has been provided for each intervention strategy listed in the following sections for the user of the State Plan to assist with selecting priority strategies for local implementation. The full evidence table is in the Appendix and will be periodically updated, as new evidence is available. However, it is important to recognize that obesity prevention is still relatively new, and in many cases, the scientific literature is lagging. Also, the review focused primarily on statistical significance and not clinical significance. Strategies that have some evidence or have limited evidence supported by expert opinion may still merit consideration. and by doing so can contribute to the field through practice-based evidence.

While decreasing obesity is the ultimate goal, it is also important to effectively impact the target behaviors (increase breastfeeding, fruit and vegetable consumption and physical activity and decrease energy dense food and beverage consumption). The underlying theory is that the short-term outcomes are more process oriented and will affect access, knowledge, attitudes, skills and support, which in turn will lead to sustainable behavioral, and environmental and policy changes, leading to improvements in healthful eating and increased physical activity, which will lead to stabilization and reduction of overweight and obesity. The strategies were selected to flow along this path. Implementation of multiple strategies in multiple settings is needed to have the population level impact on rates of obesity.



Strength of Evidence Rating Scale and Criteria

The University of Wisconsin Population Health Institute recently released a revised, online version of What Works for Health, www.countyhealthrankings.org/programs as part of the County Health Rankings & Roadmaps project. The strength of evidence rating and criteria used for the Nutrition, Physical Activity and Obesity Program was adapted from this resource and is noted below.

RATING	EVIDENCE CRITERIA	QUALITY OF EVIDENCE
Scientifically Supported	1 or more systematic review(s), or 3 experimental or quasi-experimental studies, or 6 descriptive studies	Studies have strong design, statistically significant positive finding(s), large magnitude of effect(s).
Some Evidence	1 or more review(s), or 2 experimental or quasi-experimental studies, or 3-5 descriptive studies	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.
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 or ineffective finding(s), or strong evidence of harm.

INFRASTRUCTURE

Strengthen, expand and sustain the existing statewide infrastructure for the prevention of obesity and related chronic diseases.

vision 2020:

A coordinated statewide obesity prevention system with clearly identified priorities and high capacity among many stakeholders to take action toward increasing healthy eating and active living in all communities. This will create a sustainable, systems approach to obesity prevention throughout the state by fostering a culture that values physical activity, nutrition and health.

rationale:

Sustainability of a focused statewide effort to prevent obesity will require an established infrastructure at both a state and local level. Numerous stakeholders and groups have been working to address nutrition, physical activity and obesity prevention issues in multiple settings for several years. The release of the 2005 Wisconsin Nutrition, Physical Activity and Obesity State Plan marked the beginning of measured efforts to build infrastructure and statewide capacity for obesity prevention. The infrastructure-related strategies included in that plan focused on creation and growth of strategic partnerships, development of resources and tools and provision of technical assistance for community coalitions and state-level partners. Many of those strategies have been accomplished, and with a basic infrastructure in place, this section is intended as a set of next steps in "taking to scale" many of the partnerships, resources and interventions that have been developed.

INFRASTRUCTURE STRATEGIES

strategy I1: Increase the capacity for policy, systems and environmental change at all levels by providing leadership and building networks among obesity prevention stakeholders.

strategy I2: Increase the capacity of community coalitions and local partnerships to strategically plan, implement, and evaluate policy, systems and environmental change strategies for obesity prevention.

strategy I3: Develop and maintain partnerships with key stakeholders at both the local and state levels in efforts to prevent and manage obesity through evidence-based strategies.

strategy I4: Increase communication among obesity prevention stakeholders, through the continued development and utilization of a statewide system for information sharing.

strategy I1

Increase the capacity for policy, systems and environmental change at all levels by providing leadership and building networks among obesity prevention stakeholders.

Objective I1.1:
By 2018, the NPAO Program will facilitate or support a 50% increase in the number of evidence-based interventions implemented and evaluated by coalitions. (Baseline = 308)

Objective I1.2:
By 2014, the NPAO Program will develop and expand a formalized partnership with academic and research groups to support the planning, implementation, and evaluation of obesity prevention strategies at the local and state level. (Baseline = no MOU in place)

Objective I1.3:
By 2018, the NPAO Program will provide resources and technical assistance related to evidence-based obesity prevention strategies for all local health departments to utilize in the Community Health Improvement Planning Process (CHIPP).

Objective I1.4:
By 2018, a long-term funding plan for coordinated statewide obesity prevention efforts will be created and utilized. (Baseline = $833,000)

suggested actions:

supportive policies

- Identify and utilize public and private funding sources to support state and local obesity prevention efforts
- Implement and support policy, systems and environmental changes that support breastfeeding, healthy eating and regular physical activity
- Early care and education providers adopt and implement "10 Steps to Breastfeeding Friendly Child Care Centers" resource kit
- Hospitals and birth centers adopt and implement "The 10 Steps to Successful Breastfeeding" from the Baby Friendly Hospital Initiative

infrastructure

- Seek and utilize technical assistance for statewide, regional and local initiatives and interventions that promote healthy eating, physical activity and healthy weight
- Seek and procure fiscal support for interventions
- Convene a community and academic consortium with the participation of state and local partners, academic researchers and students, with regular communication and a joint meeting at least once every two years
- Develop connections and working relationships between community coalitions and researchers
- Incorporate environmental, policy and systems-level assessments, such as Health Impact Assessment and policy analysis techniques, into interventions
- Collaborate on local, state and national funding opportunities
- Participate in existing partnerships (WI PAN, WiPOD)
- Sustain physical activity, nutrition, and school health programs at the Department of Public Instruction

resources and training

- Utilize existing resources to incorporate evidence-based strategies for obesity prevention into intervention planning
- Incorporate theoretical frameworks and conceptual models, such as the Social Marketing Planning Process and the Social Ecological Model, as a basis for intervention design and determining target audiences
- In communities where a coalition does not exist, seek resources and technical assistance for coalition formation and planning from state organizations, including the NPAO Program and UW-Extension county offices
- Participate in training and technical assistance activities on current best practices and effective use of media tools and collaborative technologies

local implementation

- Position qualified and competent professionals in lead roles for state- and local-level interventions
- In communities where a coalition exists, engage the coalition in Community Health Improvement Planning Process (CHIPP) activities
- Utilize resources and technical assistance to ensure consistent processes for the Community Health Improvement Planning Process and inclusion of strategies related to nutrition, physical activity, breastfeeding and obesity prevention
- Utilize resources and technical assistance for inclusion of other evidence-based assessment tools, such as Health Impact Assessment, in the Community Health Improvement Planning Process
- Establish breastfeeding coalitions in areas of Wisconsin most at risk for disparities
- Develop a coordinated strategy for procurement of sustained state and local funding for evidence-based obesity prevention
- Procure national, state and/or local funding to implement strategies

strategy I2

Increase the capacity of community coalitions and local partnerships to strategically plan, implement, and evaluate policy, systems and environmental change strategies for obesity prevention.

Objective I2.1:

By 2013, the NPAO Program and the Coalition Support Workgroup will develop, implement and evaluate an annual statewide coalition training and technical assistance plan. (Baseline = short term training plan in place)

Objective I2.2:

By 2018, increase the number of local breastfeeding coalitions from 28 to 32.

Objective I2.3:

By 2018, 75% of nutrition and physical activity coalitions will have developed a mission, vision and strategic plan. (Baseline = 40%)

Objective I2.4:

By 2018, the number of environmental and policy changes implemented by coalitions addressing breastfeeding, nutrition, and physical activity will increase by 50%. (Baseline = 119, goal is 180)

suggested actions:

supportive policies

- Identify, promote and utilize resources for use by coalitions to coordinate policy, systems and environmental change efforts

infrastructure

- Convene a coalition support workgroup with key professionals and community representatives
- Continue recruitment of key individuals and organizations to the workgroup
- Develop a structure for mentoring between coalitions
- Develop and disseminate communication and networking tools for use by coalitions
- Provide a venue for coalitions to share and update information related to successes, needs, challenges, overall capacity and to inform coalition support activities
- Establish and maintain a monitoring system to identify new coalitions, training and technical assistance needs and mentoring opportunities
- Establish links between maternity facilities, hospitals, local breastfeeding coalitions and community support networks

resources and training

- Develop a master training and technical assistance plan and accompanying work plan for development of resource materials
- Identify resources and tools to be used by coalitions for intervention planning, implementation and evaluation
- Provide technical assistance and examples to coalitions for strategic planning, asset mapping and other assessment techniques
- Provide technical assistance and examples to coalitions for evaluation of coalition capacity, activities and impacts
- Develop and disseminate a training calendar to state and local partners, including both funded and unfunded coalitions
- Encourage and promote asset mapping to support diverse and adequate representation in local coalitions
- Provide and promote trainings, conferences and workshops on coalition building, leadership and facilitation
- Provide and promote trainings, conferences and workshops on evidence-based interventions in key settings including worksites, schools, communities, healthcare and others as identified
- Provide and promote trainings, conferences and workshops on evidence-based interventions in key content areas including breastfeeding, fruit and vegetable access, physical activity, high energy dense food access, TV viewing/screen time and others as identified
- Provide trainings on policy change strategies
- Include newsletter articles regarding coalition implementation grants and coalition trainings in WIC/MCH Update and other communications

local implementation

- Increase representation and involvement of low-income, culturally diverse, and other populations which are underserved or affected by health disparities in coalitions
- Participate in available training events and utilize technical assistance resources to address coalition needs and gaps and improve coalition capacity and impact
- Implement leadership models to ensure shared responsibility and increased engagement in coalitions and other partnerships

- Recruit "champions" or influential community leaders to promote consistent messages and practices within healthcare organizations, business and industry, schools, professional organizations and the community
- Based on identified needs, initiate and establish partnerships with business and industry, schools, healthcare, public health, city planners and transportation, community organizations and groups, service clubs, faith-based organizations, parks and recreation, law enforcement, media, residents and others as needed to implement strategies
- Identify and prepare local partners to share positive stories with the media about evidence-based strategies to prevent and manage obesity

strategy I3

Develop and maintain partnerships with key stakeholders at both the local and state levels in efforts to prevent and manage obesity through evidence-based strategies

Objective I3.1:
By 2018, the NPAO Program and WI PAN will facilitate and participate in community-academic partnerships for implementation and evaluation of evidence-based strategies in at least 20 communities. (Baseline = 14)

Objective I3.2:
By 2018, active WI PAN membership and immediate partnerships from key stakeholder groups identified by the WI PAN Executive Committee for implementation of the Nutrition, Physical Activity and Obesity State Plan will increase by 25%. (Baseline will be established in 2013)

suggested actions:

supportive policies

- Develop organizational policies to allow members or employees to participate in local coalitions or partnerships related to nutrition, physical activity, breastfeeding and obesity prevention

infrastructure

- Attend WI PAN/WiPOD joint meetings and share information on activities, successes and lessons learned via poster presentations, breakout sessions and panel discussions
- Provide ongoing support and technical assistance to both community and academic partners as partnerships develop
- Identify gaps in existing partnerships necessary to assure appropriate representation needed for effective strategy implementation
- Identify and address gaps in WI PAN membership to assure appropriate representation needed for effective strategy implementation
- Encourage participation in WI PAN among local coalitions and local health departments
- Establish or expand state level partnerships to advance implementation of the State Plan and/or interventions and policies to prevent obesity
- Conduct sustainability planning and evaluate options for the future structure and function of WI PAN

resources and training

- Disseminate the results of community-academic partnerships statewide
- Promote and disseminate model interventions using evidence-based or promising strategies to communities and other stakeholders

local implementation

- Identify academic partners and develop working relationships for community-level projects

strategy I4

Increase communication among obesity prevention stakeholders through the continued development and utilization of a statewide system for information sharing.

Objective I4.1:
By 2018, a compilation of communication tools and practices to promote evidence-based obesity prevention strategies will be created, maintained and promoted to stakeholders. (Baseline = tools in multiple locations. Goal is to consolidate in one place)

Objective I4.2:
By 2013, a compilation of evidence-based obesity prevention messages will be created and shared with stakeholders. (Baseline = tools in multiple locations. Goal is to consolidate in one place)

suggested actions:

supportive policies

- Develop organizational policies to conduct regular communication and outreach activities to keep stakeholders abreast of priorities, key activities and best practices

infrastructure

- Utilize communication systems, including listserve, web-based tools, professional networks and new and emerging social media and technology resources, to access and share information and communicate with other stakeholders

resources and training

- Collect and share success stories from individuals, communities and other stakeholders
- Utilize social marketing principles to tailor effective messages.
- Develop, identify and disseminate issue papers, position statements, talking points and communication tools to support consistent messaging that promotes healthy behavior and emphasizes the importance of supportive environments and policies for healthy eating and physical activity

local implementation

- Utilize resources, including key messages and communication tools, to develop local stories, articles and social media communications related to nutrition, physical activity and obesity prevention efforts
- Engage media and other communication specialists in the development and dissemination of messages
- Monitor media coverage of obesity prevention issues

KEY RESOURCES

NPAO Program website
resources, training and media materials
www.dhs.wisconsin.gov/physical-activity

Prevention Speaks
resources to empower professionals and communities to articulate the power of prevention and take action to win health improvements in their lives.
www.preventionspeaks.org

CDC Foundational Skills Resource Page
www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/foundational_skills.htm

Get Active – Cause.Community.Change
from the Communities Putting Prevention to Work Project in La Crosse County and Wood County
www.getactivewisconsin.org

CDC: Media Access Guide
A Resource for Community Health Promotion
www.cdc.gov/healthycommunitiesprogram/tools/pdf/mediaaccessguide.pdf

CDC: The Health Communicator's Social Media Toolkit. www.cdc.gov/healthcommunication/ToolsTemplates/SocialMediaToolkit_BM.pdf

APHA: Media Advocacy Manual
www.apha.org/about/news/mediaadvocacy.htm

Robert Wood Johnson Foundation
A New Way to Talk about the Social Determinants of Health. www.rwjf.org/vulnerablepopulations/product.jsp?id=66428

Community Commons
www.communitycommons.org

Marathon County Healthy Eating, Active Living (HEAL) Coalition

The HEAL Coalition strives to build on the work of existing community groups to create systems-level policy change. HEAL's sustained relationships with both traditional and non-traditional partners have led to such successes as an improved environment for pedestrians and cyclists and an expansion of EBT access at the farmers' market. HEAL attributes much of its success to the way it frames messages to connect with potential partners and the public. HEAL's accomplishments are the result of valuing how a community can work together for the good of all residents.

For more information, visit:
www.healthymarathoncounty.org/heal

SURVEILLANCE & EVALUATION

Increase state and local capacity to obtain and use data and other evidence to prevent obesity and promote health in a systematic way.

vision 2020:

Effective, flexible systems for sharing evidence are in place to enable state and local partners to use the best available evidence for implementing and measuring strategies. High-level intermediate and long-term indicators are clearly defined in order to track progress towards key outcomes.

rationale:

The ability to obtain and effectively use the best available evidence, including surveillance and evaluation data, new research, and other resources for evidence-based practice, is critical to the success of efforts to prevent obesity and promote healthy behaviors. Access to high quality evidence and the ability to use it appropriately is critical to every step in public health practice including assessment, planning, implementation, and evaluation. Key evidence can also unify diverse groups of stakeholders to work toward common goals. Evidence collected through evaluation can demonstrate the effectiveness of initiatives to stakeholders, including target communities or populations; alert partners of a need to adapt plans or procedures; guide decisions about further dissemination or scaling, and provide account-ability to funding organizations.

SURVEILLANCE & EVALUATION STRATEGIES

strategy SE1: Plan and begin to develop one or more coordinated systems among partners for obtaining and sharing data and other types of evidence and the knowledge and standards needed to use these appropriately, to foster and maintain an effective, sustainable systems approach to obesity prevention throughout the state.

strategy SE2: Maintain and continue to develop surveillance and monitoring systems and foster the development, sharing, and use of evaluation resources to support the various levels and approaches of state and local obesity prevention efforts throughout the state.

strategy SE1

Plan and begin to develop one or more coordinated systems among partners for obtaining and sharing data and other types of evidence and the knowledge and standards needed to use these appropriately, to foster and maintain an effective, sustainable systems approach to obesity prevention throughout the states.

Objective SE1.1:

By 2014, develop a scientific advisory group to provide recommendations about evidence-based frameworks, methods, and key indicators to foster the development of an aligned systems approach to obesity prevention throughout the state. (Baseline= no advisory group)

Objective SE1.2:

By 2014, plan and begin to develop the means to effectively share data, evidence, methods, tools, and related knowledge, with diverse partners throughout the state, to support a sustainable systems approach to obesity prevention (Baseline = no systematic network).

suggested actions:

supportive policies

- Develop policies within institutions and organizations to foster the development of community-academic relationships, the translation of evidence-based resources, and trans-disciplinary research, to prevent obesity and improve population health
- Obtain funding from local, state or national sources to develop and sustain information systems that enable partners to effectively exchange various types of evidence and the knowledge and tools needed to use it appropriately

infrastructure

- Work with diverse partners to plan and develop a scientific advisory group
- Work with the advisory group to develop key indicators that can be tracked as a common outcome data set for partners
- Identify or create indicators to assess overall capacity and capacity dimensions related to obesity prevention, for use in state and local strategic planning
- Identify and disseminate standard tools or indicators to align surveillance and evaluation activities across the state
- Create learning groups within and across organizations to better incorporate a systems perspective into ongoing obesity prevention efforts
- Develop statewide scientific capacity for using systems methods and tools
- Integrate surveillance and evaluation information and expertise more fully into state and local strategic planning activities
- Regularly conduct and disseminate an evaluation of State Plan objectives

resources and training

- Provide and update training and information to public health practitioners, epidemiologists, researchers, and students to create and sustain a common knowledge base regarding an evolving systems approach to obesity prevention

local implementation

- Participate in statewide networks or partnerships (e.g., WiPOD, WIPAN) to enhance the exchange and use of high quality evidence, methods, and tools for obesity prevention efforts

- Identify and learn to use methods and tools likely to foster a global view of an intervention context or help engage key non-traditional partners likely to further a systems approach (e.g., Geographic Information Systems (GIS) mapping, the Community Health Assessment and Group Evaluation (CHANGE) tool, and Health Impact Assessments (HIA))
- When evaluating interventions, include indicators for key changes in partner capacity

strategy SE2

Maintain and continue to develop surveillance and monitoring systems and foster the development, sharing, and use of evaluation resources to support the various levels and approaches of state and local obesity prevention efforts throughout the state.

Objective SE2.1:

By 2018, increase by 50% the number of available indicators for areas identified as key gaps in surveillance and monitoring systems for obesity prevention, such as indicators for policy, systems, and environmental change and representative rates for unhealthy weight and risk behaviors for children and health-equity related populations. (Baseline = Developmental).

Objective SE2.2:

By 2014, assess the surveillance and evaluation capacity of state and local partners and create goals and objectives for improvement (Baseline: no capacity assessment)

suggested actions:

supportive policies

- Develop state and local policies that enhance the availability of surveillance information related to obesity prevention in Wisconsin children

infrastructure

- Regularly update and disseminate list of available policy, systems and environmental change indicators and identify gaps and recommend additional indicators to fill those gaps
- Strengthen or develop surveillance and evaluation partnerships, to help fill identified gaps in evidence and methods
- Assess the surveillance and evaluation capacity of partners and create a plan to address needs
- Regularly monitor surveillance and evaluation needs of diverse partners to inform strategic planning for state and local obesity prevention efforts
- Identify and disseminate standards of quality for evidence and indicators related to obesity prevention
- Annually develop and disseminate surveillance and evaluation reports as specified in state plan reporting plan

resources and training

- Compile, disseminate and provide training on evidence-based surveillance and evaluation methods, tools, and indicators to support local obesity prevention efforts
- Regularly update training and resources to include new evidence and methods or indicators related to surveillance and evaluation

local implementation

- Foster and sustain academic-community partnerships across the state to help support local obesity prevention efforts
- Participate in collaborative or mentoring relationships to enhance or leverage surveillance and evaluation capacity

OTHER RESOURCES

Strategy SE1: Systems Resources

Centers for Disease Control and Prevention
Division of Nutrition, Physical Activity, and Obesity. Atlanta, GA (2011). *Developing and Using an Evaluation Consultation Group*. Atlanta, GA.
www.cdc.gov/obesity/downloads/EvaluationConsultationGroup.pdf

Strategy SE2: Surveillance & Evaluation Resources

Obesity, Nutrition, & Physical Activity in Wisconsin
www.dhs.wisconsin.gov/physical-activity/Data/index.htm

Centers for Disease Control and Prevention

- Behavioral Risk Factor Surveillance System
  www.cdc.gov/brfss
- Youth Risk Behavior Surveillance System
  www.cdc.gov/HealthyYouth/yrbs/index.htm
- School Health Profiles
  www.cdc.gov/healthyyouth/profiles

United States Department of Agriculture Food Environment Atlas. www.ers.usda.gov/data-products/food-environment-atlas.aspx

County Health Rankings
www.countyhealthrankings.org

CDC Data Access Tools
www.cdc.gov/nchs/data_access/data_tools.htm

Wisconsin Department of Health Services WIC Data. www.dhs.wisconsin.gov/wic/WICPRO/data/index.htm

CDC Program Evaluation Framework & evaluation resource page. www.cdc.gov/eval/index.htm

Recommended Community Strategies and Measurements to Prevent Obesity in the United States. www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

American Evaluation Association: Public e-library
http://comm.eval.org/resources/librarydocumentlist/?LibraryKey=1eff4fd7-afa0-42e1-b275-f65881b7489b

Community Commons
www.communitycommons.org

UW Partnership for Fitness

For the past three years, Dr. Aaron Carrel and his colleagues have been working with middle schools throughout the state of Wisconsin to measure the fitness levels of Wisconsin youth. In partnership with the Department of Public Instruction and the Department of Health Services, Dr. Carrel and his colleagues began implementing a program called the Wisconsin Partnership for Childhood Fitness in Wisconsin middle schools. This program, funded by the UW School of Medicine and Public Health, Wisconsin Partnership Program, utilizes FitnessGram to measure several health indicators for each child, including aerobic capacity, muscular endurance, and muscular strength. Dr. Carrel then compares these scores to metabolic health markers for similar aged youth, which he explains *"provides us with a direct link between the child's fitness score and metabolic health markers, something that is very beneficial for physicians when evaluating children's health."*

Implementing this program in middle schools has allowed the Wisconsin Partnership for Childhood Fitness to use this data as a benchmark for determining how youth in Wisconsin can improve their fitness, as well as compare to the rest of the nation. The partnership also demonstrates the feasibility of performing, reporting and generating standardized childhood fitness percentiles based on age and gender. Such data can be useful in comparing populations and evaluating initiatives that aim to improve childhood fitness.

EARLY CARE & EDUCATION

Increase the number of regulated sites (group and family child care) in the early care and education system implementing evidence-based and promising strategies to increase healthy eating and physical activity.

vision 2020:

Improved nutrition and physical activity among children (0-5 years old) through a change in early care and education provider practices and policies in place to support healthy eating and physical activity.

rationale:

Children 0-5 years old spend an average of 31 hours per week in regulated care. There are over 170,000 Wisconsin children in regulated care. Additionally, healthy eating and physical activity habits form early in life. Thus, work in the Early Childhood Care and Education (ECE) system is important. To date, the Wisconsin Early Childhood Obesity Prevention Initiative (WECOPI), a collaborative partnership effort, has conducted formative assessment through the use of focus groups, surveys, key informant interviews, and a literature review to understand the ECE system. Since 2008, WECOPI partners have been engaged in piloting programs, creating resources, and evaluating potential strategies to support obesity prevention efforts in ECE. In 2010, the State Legislature approved the creation and funding of a quality rating improvement system called YoungStar. YoungStar includes a wellness component, which includes nutrition and physical activity criteria. This is a first attempt at policy change to support healthy eating and physical activity.

EARLY CARE & EDUCATION STRATEGIES

strategy EC1: Increase supportive nutrition and physical activity environments in regulated care through state-level policy change.

WILL THIS...	IMPROVE NUTRITION	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Limited evidence, supported by expert opinion	Limited evidence, supported by expert opinion	Limited evidence, supported by expert opinion

strategy EC2: Improve the nutritional quality of meals and snacks served in regulated care settings.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Some evidence	Limited evidence, supported by expert opinion

strategy EC3: Increase physical activity levels of children in regulated care.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Some evidence	Limited evidence, supported by expert opinion

strategy EC4: Promote and sustain breastfeeding of infants in regulated care.

WILL THIS...	IMPROVE BREASTFEEDING	REDUCE OBESITY
	Scientifically supported	Scientifically supported

strategy EC1

Increase supportive nutrition and physical activity environments in regulated care through state-level policy change.

Objective EC1.1:
By 2018, increase the number and strength of nutrition and physical activity-related criteria in the wellness component of YoungStar (Quality Rating Improvement System) from 2 to 4.

Objective EC1.2:
By 2018, increase the number of nutrition and physical activity-related indicators from 4 to 6 in licensing standards for both group and family child care centers.

suggested actions:

supportive policies

- Use licensing to support improved nutrition and physical activity environments
- Continue to evaluate how the wellness component of YoungStar can be strengthened related to breastfeeding, nutrition and physical activity
- Require nutrition and physical activity-related training for initial early care and education licensure
- Require nutrition and physical activity-related training for maintenance of licensure
- Develop and implement a local wellness policy within the child care site that supports breast-feeding, healthy food and beverages, and nutrition and physical education, and creates environments that help children learn healthy habits

infrastructure

- Use existing training structures for early care and education providers; disseminate nutrition and physical activity resources to early childhood organizations that support YoungStar
- Continue to support and expand existing resources and trainings for youth gardening; create a centralized organization of trainings, resources, and technical assistance for youth gardening
- Develop an award/recognition system that encourages providers to implement environ-mental and policy changes
- Connect existing community coalitions to efforts to create supportive nutrition and physical activity environments for 0-5-year-olds within early care and education settings and at the community level
- Complete formative assessment related to evidence- and practice-based nutrition and physical activity strategies for 0-2-year-olds
- Develop WECOPI sub-group focused on translating formative assessment into strategies for parent-engagement

resources and training

- Disseminate and train providers on Active Early, Healthy Bites, and 10 Steps to Breastfeeding Friendly Child Care
- Disseminate the What Works in Early Care and Education and the What Works in Afterschool to providers
- Develop supportive licensing commentary related to nutrition and physical activity strategies
- Collect and share lessons learned, materials, and trainings for teachers/providers to assist in supporting healthier environments
- Use Wisconsin's existing technical consultant structure, specifically the Registry and credit-based courses at technical and four-year colleges

local implementation

- Identify and implement steps of coordination and funding for the necessary resources to improve the nutrition and physical activity practices in the early care and education setting
- Implement and evaluate potential strategies from Active Early and Healthy Bites guides in group child care and family child care settings with special attention to inclusion and cultural competencies
- Review and evaluate data from YoungStar to determine if components are effective
- Use existing WECOPI structure to coordinate and evaluate efforts to create supportive nutrition and physical activity environments in the early care and education setting

strategy EC2

Improve the nutritional quality of meals and snacks served in regulated care settings.

Objective EC2.1:
By 2018, at least 75% of group child care and 60% of family child care sites participating in the DPI-USDA Wellness Grant have adopted voluntary nutrition standards for the Child and Adult Care Food Program (CACFP) meal pattern. (Baseline will be established in 2013)

suggested actions:

supportive policies

- Establish voluntary nutrition standards for CACFP meal pattern
- Establish best practice standards for nutrition in licensing

infrastructure

- Create a wellness toolkit which will include nutrition and physical activity strategies for early care and education (Active Early and Healthy Bites)
- Use existing training structures for early care and education providers; disseminate nutrition and physical activity resources to early childhood organizations that support YoungStar
- Continue to support and expand existing resources and trainings for youth gardening; create a centralized organization of trainings, resources, and technical assistance for youth gardening

resources and training

- Ensure training development and dissemination related to healthy menu planning for professionals who are preparing food for children
- Disseminate and train providers on Active Early and Healthy Bites
- Disseminate the What Works in Early Care and Education to providers
- Encourage the use of USDA Team Nutrition's *Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program*

local implementation

- Work with group and family child care providers as they implement applicable portions of the Healthy, Hunger-Free Kids Act (2010 Child Nutrition Reauthorization Act) related to the CACFP Meal Program

strategy EC3

Increase physical activity levels of children in regulated care through intentional teacher-led and unstructured physical activity.

Objective EC3.1:
By 2018, increase the required daily minutes of teacher-led physical activity time for children in regulated care from 0 to at least 60 minutes.

Objective EC3.2:
By 2018, increase the required daily minutes of unstructured physical activity time for children in regulated care from 0 to at least 60 minutes.

suggested actions:

supportive policies

- Explore policy concepts related to reducing TV and screen time
- Establish best practice standards for physical activity in licensing

infrastructure

- Create a toolkit which will include nutrition and physical activity strategies for early care and education (Active Early and Healthy Bites)
- Use existing training structures for early care and education providers; disseminate nutrition and physical activity resources to early childhood organizations that support YoungStar
- Continue to support and expand existing resources and trainings for youth gardening; create a centralized organization of trainings, resources, and technical assistance for youth gardening

resources and training

- Define teacher-led/structured and unstructured physical activity; communicate to providers and early childhood organizations
- Disseminate and train providers on Active Early, Healthy Bites and What Works in Early Care and Education to providers
- Develop supportive licensing commentary related to physical activity strategies
- Provide technical assistance to providers on the use of circle time, transition time, outdoor play, etc., to increase physical activity

local implementation

- Evaluate and disseminate strategies and resources from the Active Early project
- Work with group and family child care providers as they implement applicable portions of the 2010 Healthy, Hunger-Free Kids Act

strategy EC4

Promote and sustain breastfeeding of infants in regulated care.

Objective EC4.1:
By 2018, increase the adoption and use of Ten Steps to Breastfeeding Friendly Child Care Centers. (Baseline will be established in 2013)

suggested actions:

supportive policies

- Require breastfeeding-related training for early care and education providers caring for infants and support of breastfeeding mothers
- Incorporate criteria related to breastfeeding support into YoungStar

infrastructure

- Disseminate breastfeeding information and resources to state, regional, and local early care and education associations that provide training and support for providers

resources and training

- Develop a curriculum and training package to support the Ten Steps to Breastfeeding Friendly Child Care
- Disseminate and provide training for early care and education providers on the Ten Steps to Breastfeeding Friendly Child Care Centers

local implementation

- Participate in training and education to support breastfeeding women and children
- Create an environment that promotes and supports breastfeeding within the child care center

OTHER RESOURCES

Active Early and Healthy Bites
www.dhs.wisconsin.gov/physical-activity/Childcare/index.htm

What Works in Early Care and Education
www.dhs.wisconsin.gov/publications/P0/P00232.pdf

Wisconsin Department of Children & Families
202 Child Care Certification Rule with Commentary Manual
www.dcf.wi.gov/childcare/certification/pdf/commentarymanual.pdf

Got Dirt? Garden Toolkit
www.dhs.wisconsin.gov/physical-activity/FoodSystem/Gardening/Index.htm

Got Veggies? A Youth Garden-Based Nutrition Education Curriculum
www.dhs.wisconsin.gov/physical-activity/FoodSystem/Gardening/Index.htm

Ten Steps to a Breastfeeding Friendly Child Care Centers
www.dhs.wisconsin.gov/physical-activity/Childcare/BFFChildCare.pdf

Wisconsin Department of Public Instruction, Child and Adult Care Food Program
http://fns.dpi.wi.gov/fns_cacfp1

keeping active at the Child and Family Center at Madison College

The Child and Family Center at Madison College has made great strides in keeping their kids active and moving throughout the day. Lisa Jones, a teacher at the center, and the staff keep a collection of physical activity ideas with them at all times to ensure they always know how to encourage the children to keep moving. Since the Child and Family Center increased the amount of daily teacher-led physical activity, teachers have noted that they need to discipline children less often, a positive development that they attribute to the "controlled chaos" of regular active play. When asked about the importance of teacher-led physical activity, Lisa said, *"Teachers need to participate in the activities, too. You have got to get up and move with them. When kids see you doing the activities, they are more likely to get up and move with you, not to mention the impact it has on our own health." "I dislike exercise, but I love to play,"* Lisa added.

making nutrition happen at Cradles 2 Crayons Childare Center

For Heather Brantner and the rest of the staff at Cradles 2 Crayons Childcare in Durand, WI, supplying children with nutritious meals and snacks is essential. Though preparing healthy meals was not a priority at Cradles 2 Crayons initially, Heather and her staff began incorporating healthier snacks and meals at the center after a parent voiced concerns. Since then, they have stopped serving fried food, switched to one percent milk, and started offering the children water and fresh fruit instead of juice. For ingredients, Heather makes weekly trips to the local farmers' market and hopes to start a garden at the center in the future.

Though the response to these changes has been positive overall, incorporating healthy, fresh meals at the center is not without challenges. Space and money constraints limit what meals the staff can provide. And while some children jump at the chance to try new foods, others are not as adventurous. *"It takes about seven attempts for a child to try a new food and decide if they like it, so persistence is key"*, Heather says. *"We also send daily notes home with the kids, saying what foods were introduced, what was tried or not tried, and whether they ate it or not."* Another strategy the staff employs is to eat along with the kids during mealtime and come up with stories about the different fruits and vegetables to make eating them more exciting. *"You'd be surprised what they like – some kids tried kiwi and papaya and ended up really liking it"*, Heather notes. The parents also appreciate the center's measures to improve nutrition, and some of them have begun asking for recipes from the staff so they can prepare similar meals at home.

SCHOOL

Increase the number of schools implementing evidence-based and promising strategies to increase healthy eating and physical activity.

GENERAL

vision 2020:

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

rationale:

The school setting is a prime location for improving eating habits and increasing physical activity. Schools have direct contact with more than 95% of Wisconsin's young people for about eight hours a day. Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood.

SCHOOLS (GENERAL) STRATEGY

strategy S1: Increase the number of Wisconsin schools implementing environment and policy change strategies to support healthy eating and physical activity.

WILL THIS...	IMPROVE NUTRITION	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Scientifically supported	Scientifically supported	Some evidence

strategy S1

Increase the number of Wisconsin schools implementing environment and policy change strategies to support healthy eating and physical activity.

Objective S1.1:
By 2018, increase the number of Wisconsin schools with a designated individual responsible for coordinating school health and wellness activities from 85% to 100%.

Objective S1.2:
By 2018, increase the number of Wisconsin schools with a designated school health advisory council (includes having diverse representation from school staff, parents, community members, school nutrition staff and students) from 63% to 70%.

suggested actions:

supportive policies

- Develop and implement a local wellness policy that includes, at a minimum, goals for nutrition education, nutrition promotion, nutrition guidelines for all foods available on the campus, physical activity and other school-based activities to promote student wellness
- Provide opportunities for parents, students, school food service, school board, school administrators, teachers, school health professionals, coalitions and the public to be involved in the development, implementation and periodic review of local wellness policies
- Provide staff wellness activities to support healthful living

infrastructure

- Appoint or continue to support a diverse school health advisory council
- Appoint or continue to support a school health coordinator
- Continue the state-level Team Nutrition Program and the Coordinated School Health Program to provide training and technical assistance to schools

resources and training

- Disseminate nutrition, health and physical education standards, curriculum and materials to schools
- Continue training and technical assistance on nutrition, health and physical education to teachers and school staff
- Continue to support and promote a coordinated school health approach (e.g., school health advisory councils)
- Continue training and technical assistance on providing opportunities for physical activity in schools

local implementation

- Support schools as they implement and evaluate a local school wellness policy consistent with the requirements outlined in the Healthy, Hunger-Free Kids Act of 2010
- Support use of the Wisconsin Model Academic Standards for nutrition and physical education across all grade levels
- Support schools' applications for the Healthier US School Challenge and the Wisconsin School Health Award
- Support schools' efforts to incorporate a coordinated approach to school health that includes nutrition and physical activity

SCHOOL NUTRITION

vision 2020:

Students will learn to choose healthy foods and beverages through effective nutrition education and in environments that consistently model and support these healthy choices before, during, and after the school day.

rationale:

School environments that support the healthy eating habits of school-aged children and adolescents are essential. Efforts to improve the nutrition environment in Wisconsin schools involve the implementation of programs such as Team Nutrition, the USDA Fresh Fruit and Vegetable Snack Program, Wisconsin AmeriCorps Farm to School Project, School Breakfast Improvement Grants, and the Got Dirt? Garden Initiative. However, even with the implementation of these programs and efforts, fruit and vegetable consumption of school-aged children remains low and empty calorie beverage consumption remains prevalent.

SCHOOL NUTRITION STRATEGIES

strategy S2: Increase standards-based nutrition education in grades K-12.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Some evidence	Limited evidence, supported by expert opinion

strategy S3: Increase access to fresh fruits and vegetables for school-aged children.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Scientifically supported	Limited evidence, supported by expert opinion

strategy S4: Increase the nutritional quality of Wisconsin school meal programs (school breakfast, lunch, summer feeding, and after school).

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Some evidence	Limited evidence, supported by expert opinion

strategy S5: Decrease access to energy dense foods and sugar sweetened beverages in schools.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Some evidence	Some evidence

strategy S2

Increase standards-based nutrition education in grades K – 12

Objective S2.1:
By 2018, increase the percentage of schools providing standard-based (utilizing all nutrition education standard components) nutrition education to 75%. (Baseline = 67.8%)

Objective S2.2:
By 2018, increase the number of Wisconsin schools that have achieved at least the bronze level of recognition in the Healthier U.S. Challenge from 2 to 50.

suggested actions:

supportive policies

- Create incentives for voluntary adoption of Wisconsin Model Academic standards for Nutrition Education through local school wellness policies

infrastructure

- Continue state-level Team Nutrition Program; apply annually for USDA funding
- When applicable, connect schools with a greater than 50% free and reduced-priced lunch student designation to the Wisconsin Nutrition Education Program

resources and training

- Disseminate nutrition education standards, curriculum and materials to schools (e.g., Got Veggies?, Building Skills for Health Literacy—Nutrition, Wisconsin Nutritious Delicious Curriculum, Nutrition Curriculum Guide)
- Provide training on nutrition education to teachers and school staff
- Continue state-level Team Nutrition technical assistance for school wellness policy development, implementation and evaluation

local implementation

- Encourage the use of the Wisconsin Model Academic standards for Nutrition Education across all curriculum
- Coordinate classroom use of the Wisconsin Model Academic standards for Nutrition Education with the school meals program and the Wisconsin Nutrition Education Program
- Coordinate, at both the state and local levels, the use of the Wisconsin Model Academic Nutrition Standards with new and existing programs/efforts (e.g., Team Nutrition, AmeriCorps Farm to School Program, Got Dirt? Garden Initiative, Fresh Fruit and Vegetable Snack Program)
- Encourage schools to apply for the Healthier U.S. School Challenge and the Wisconsin School Health Award

strategy S3

Increase access to fresh fruits and vegetables for school-age children.

Objective S3.1:
By 2018, increase the number of Wisconsin school districts participating in a comprehensive Farm to School Program from 44 to 51.

Objective S3.2:
By 2018, 40% of middle and high schools will offer fruit and 30% will offer vegetables in vending and a la carte sales. (Baseline = 31% and 21%)

Objective S3.3:
By 2018, increase the number of Wisconsin schools and early childhood sites implementing a youth garden from 850 to 975.

suggested actions:

supportive policies

- Expand the number of Wisconsin schools participating in the USDA Fresh Fruit and Vegetable Program
- Increase fresh fruits and vegetables in the Commodities Program
- Support the DATCP Buy Local, Buy Wisconsin Program (resources, trainings, grants to producers) to continue work on the storage, distribution, and procurement of locally-grown fruits and vegetables
- Provide seed grants to school food service and farmers to work on addressing barriers associated with implementing Farm to School
- Include language that supports the purchase of locally grown fruits and vegetables in wellness policies, and relevant procurement procedures

infrastructure

- Continue to support and expand existing resources and trainings for youth gardening; create a centralized organization of trainings, resources, and technical assistance for youth gardening
- Conduct a cost-benefit analysis to gain an understanding of the potential economic impact of Farm to School on the local/regional/state economy
- Conduct an assessment of the food production and distribution system to gain an understanding of supply and demand issues that may impact successful Farm to School implementation
- Form school-community partnerships between traditional and non-traditional stakeholders to increase access to fruits and vegetables

resources and training

- Disseminate the Wisconsin Farm to School Resource for School Food Service; provide training to school food service directors/staff
- Disseminate the Wisconsin Farm to School Resource for Producers/Farmers; provide training to producers
- Encourage/support DPI and SNA-sponsored school food service trainings, communication, and education on increasing access to fruits and vegetables in the school setting
- Develop guidance about purchasing locally/geographic preference for procuring foods for school meals
- Host an annual Farm to School Summit
- Develop Harvest of the Month materials to promote locally grown fruits and vegetables in schools and other settings such as child care, worksites, restaurants and grocery stores

local implementation

- Apply for either the Healthier U.S. School Challenge or the Wisconsin School Health Award, both of which contain this strategy
- Encourage eligible schools to apply for/participate in new and existing programs that address fruit and vegetable access (e.g., Wisconsin AmeriCorps Farm to School Project, Got Dirt? Gardening Initiative, Fresh Fruit and Vegetable Program, FoodCorps)
- Implement comprehensive Farm to School Programs that include procuring locally grown fruits and vegetables, nutrition and agriculture education, and youth gardening
- Incorporate local procurement/geographic preference into purchasing practices

strategy S4

Increase the nutritional quality of Wisconsin school meal programs (school breakfast, lunch, summer feeding, and after school).

Objective S4.1:
By 2018, at least 50% of school food authorities will meet performance-based standards to receive the additional $0.06 federal meal reimbursement.

Objective S4.2:
By 2018, increase the number of school food authorities with school food service staff that have professional certifications, credentials or degrees from 612 to 900.

Objective S4.3:
By 2018, increase by 50% the number of school food authorities that offer the required amount of whole grains, legumes, and fruits and vegetables per the USDA standards for school meals and consistent with the 2010 and 2015 Dietary Guidelines. (Baseline will be established in 2013)

suggested actions:

supportive policies

- Support improvement of school meal programs to align with the Dietary Guidelines for Americans

infrastructure

- Wisconsin School Breakfast Advisory Team will make recommendations on the school breakfast program
- Provide food service directors workshops (e.g., grant writing for breakfast improvement grants, business models, trainings)

resources and training

- Provide annual school food service trainings (DPI and SNA-sponsored)

local implementation

- Support schools as they adopt nutrition standards for foods and beverages served in school meal programs (e.g., school breakfast, school lunch) consistent with the requirements outlined in the Healthy, Hunger-Free Kids Act of 2010 rule
- Implement traditional or non-traditional service for breakfast.
- Make free potable water available where school meals are served
- Support schools' applications to the Healthier U.S. School Challenge and the Wisconsin School Health Award

strategy S5

Decrease access to energy dense foods and beverages in schools.

Objective S5.1:
By 2018, decrease the percent of Wisconsin middle and high schools that offer less healthy beverages as competitive foods from 73% to 62%.

Objective S5.2:
By 2018, decrease the percent of Wisconsin middle and high schools that offer less healthy competitive foods from 59% to 50%.

Objective S5.3:
By 2018, 100% of schools participating in school meal programs will have access to potable water where and when meals are consumed. (Baseline will be established in 2013)

Objective S5.4:
By 2018, decrease the percent of Wisconsin middle and high schools that allow advertising of less healthy foods and beverages from 57% to 30%.

suggested actions:

supportive policies

- Support the inclusion of nutrition standards for foods and beverages sold outside of school meals in local school wellness policies before, during, and after the school day
- Ensure local school wellness policies address foods and beverages sold outside of school meals

infrastructure

- Provide financial and technical assistance support for school wellness committees
- Encourage schools to designate a school wellness coordinator; ensure annual review of school wellness policy and implementation strategies
- Continue school milk programs

resources and training

- Disseminate *What Works in Schools*
- Disseminate nutrition education standards, curriculum and materials to schools
- Provide training, resources, and communication strategies to school food service staff, teachers, school administrators, and other key stakeholders related to establishing and supporting policies and programs related to nutrition standards for foods and beverages sold outside of school meals

local implementation

- Support schools as they adopt nutrition standards for all foods and beverages served in schools at any time during the school day consistent with the requirements outlined in the Healthy, Hunger-Free Kids Act of 2010 rule
- Eliminate exclusive vending contracts that decrease or limit food and beverage options
- Support schools' application to the Healthier U.S. School Challenge and the Wisconsin School Health Award

Bloomer School District— making the healthy choice the easy choice

Barry Kamrath, Bloomer Middle School's principal, realized his school, like most, had a serious problem. Mr. Kamrath joined a local health coalition called Challenge Chippewa, which got him thinking about his school's health environment. He noticed some troubling trends which caused him to spring into action. The middle school came up with strategies to provide a healthier nutrition environment for the students. First, they wanted to reduce availability of sugar sweetened beverages and snacks. To do this they removed all high calorie options from the vending machines and replaced soda and candy prizes with bottles of water and 100 calorie or less snacks. Second, a water vending machine was installed in the teachers' lounge, encouraging them to be healthy role models.

Sauk Prairie School District — a taste for change

Megan Smith, a Registered Dietitian and the food service director at Sauk Prairie School District, has been responding to a significant need in her school district since 2008. Bound and determined to create change, Megan and the Sauk Prairie food service team made a commitment to themselves and the school community to bring healthier food options into their schools. The Sauk Prairie School District began transitioning their lunch program meals two years ago to meet the School Meals standards set forth by the Institute of Medicine in October 2009. The transition to these standards was intentionally implemented in a slow and steady manner. New foods frequent the cafeteria and classroom setting, utilizing peer influence and education to reduce the anxiety of unfamiliar foods. Most recently, the district has become one of the first Healthier U.S. School Challenge schools in Wisconsin. Requirements for this highly esteemed award include nutrition education in all classrooms, physical activity for all students, and a wide variety of fruits and vegetables, whole grains, low fat dairy, lean meats and beans made available to students daily.

"We know we have the power to get kids to try foods they may not otherwise have the chance to experience...we are planting seeds."

– Megan Smith, Food Service Director, Sauk Prairie School District

SCHOOL PHYSICAL ACTIVITY

vision 2018:

Wisconsin physical education programs will increase physical activity levels of all students and increase their understanding and commitment to lifelong fitness. A significant percent of 4th -12th grade students will be in their target fitness zone for their aerobic capacity. A majority of public school physical education (PE) programs will be using data to increase the number of students who meet their aerobic capacity fitness zone.

rationale:

The school setting is a prime location for increasing physical activity, both during the day and before and after school. Schools can provide formal physical education as well as interject other opportunities for physical activity in school-related functions.

SCHOOL PHYSICAL ACTIVITY STRATEGIES

strategy S6: Increase standards-based teaching in Physical Education in grades K-12.

WILL THIS...	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Scientifically supported	Limited evidence, supported by expert opinion

strategy S7: Provide opportunities for at least 60 minutes of physical activity per day for all school-age children.

WILL THIS...	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Scientifically supported	Some evidence

strategy S8: Use an evidence-based fitness test to assess the endurance capacity of the student population in grades 4-12.

WILL THIS...	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Limited evidence, supported by expert opinion	Limited evidence, supported by expert opinion

strategy S6

Increase standards-based teaching in physical education in grades K-12.

Objective S6.1:
By 2018, increase the percentage of K-12 public schools using the Wisconsin Physical Education (PE) standards to 95%. (Baseline = 88%)

Objective S6.2:
By 2018, increase the percentage of K-12 public schools using the online Physical Education standards checklist to integrate DPI standards A-G to 50%. (Baseline = 0%)

suggested actions:

supportive policies

- Adopt the Wisconsin Physical Education standards at a district level

infrastructure

- Complete the online Physical Education standards checklist for schools to use
- Actively promote the use and integration of Wisconsin Physical Education standards into all Physical Education programs by the Wisconsin Health and Physical Education's (WHPE) seven regions

resources and training

- Promote the online Physical Education standards checklist
- Disseminate the Physical Education standards to every public school in Wisconsin
- Instruct on the Wisconsin Physical Education standards at all 12 institutes of higher education with Physical Education programs
- Conduct Physical Education standards workshops in most CESA regions

local implementation

- Incorporate the use of online Physical Education standards checklist by 50% of K-12 public schools to integrate DPI standards A-G

strategy S7

Provide opportunities for at least 60 minutes of physical activity per day for all school-age children.

Objective S7.1:
By 2018, increase the number of school districts that have a policy of providing opportunities for 60 minutes of physical activity per day to 100 districts. (Baseline will be established in 2013)

Objective S7.2:
By 2018, increase the percentage of students active for 60 minutes per day for all seven days of the week to 30%. (Baseline = 24%)

Objective S7.3:
By 2018, increase the percentage of students active for 60 minutes per day for at least five days per week to 60%. (Baseline = 49%)

suggested actions:

supportive policies

- Promote and support local school policies that provide more opportunities for physical activity each day (active recess, after-school programs, active classrooms, etc.)
- Promote and support local school policies that require 60 minutes of physical activity per day
- Promote and support policies that provide opportunities for physical activity in after-school programs for indoor/outdoor activity, and limit TV and screen time

infrastructure

- Provide technical assistance with implementation of Active Schools strategies, particularly low resource strategies such as active classrooms, active recess, Physical Education extra credit

resources and training

- Promote and disseminate Active Schools strategies and resources: toolkit, videos, etc.
- Provide training for schools on the Active Schools Toolkit
- Provide training for coalitions and community partnerships
- Provide training for afterschool program providers to integrate structured and unstructured physical activity into program activities and curriculum

local implementation

- Schools will use strategies from the Active Schools Toolkit to increase daily physical activity
- Schools integrate physical activity language into school wellness policies
- Assure that children and youth with special needs have appropriate equipment and activities to provide opportunities for physical activity

strategy S8

Use an evidence-based fitness test to assess the endurance capacity of the student population in grades 4-12.

Objective S8.1:
By 2018, 60% of schools with grades 4-12 will utilize an evidence-based fitness test (ex., FitnessGram) to measure the aerobic capacity of their student population. (Baseline = 44%)

suggested actions:

supportive policies

- Educate and advocate for a requirement of the testing of student aerobic capacity using an evidence-based fitness test

infrastructure

- Provide technical assistance on how to use fitness testing as part of a comprehensive physical education program
- Provide a system for data collection, reporting and tracking mechanisms

resources and training

- Educate all Wisconsin public and private schools with grades 4-12 to increase their knowledge on evidence-based fitness testing.
- Conduct professional development events to train on the use of FitnessGram in a physical education program

local implementation

- Schools utilizing fitness testing use fitness data to improve instructional practice
- Integrate fitness testing into school wellness policies
- Schools can report aggregate fitness testing results to a central repository

Osseo-Fairchild – a fitness success

Active School pilot sites began conducting regular fitness assessments as part of the initiative. Osseo Fairchild has had a great deal of success with their use of FitnessGram testing and data. The school had traditionally been a 'presidential only' kind of school, handing out quarterly 'Mr. and Ms. Fitness' awards, but Physical Education teacher Adam Sturgis said *"We now realize we were only recognizing highly skilled students, almost as if they were the MVP of our Phy Ed classes. WHY?"*

Sturgis posted his school's overall fitness levels, which prompted the district's middle school student council to set fitness goals for the entire student body. Sturgis also sent FitnessGram reports out to parents with student report cards. *"I had four different families calling the Physical Education teacher, asking for resources of what they could do outside of school to help their child, and in two cases their whole family, improve their fitness scores because they read, in detail, the Fitnessgram Report,"* Sturgis said. *"With the whole childhood obesity epidemic …we tend to get this idea that parents really don't seem to care about their child's health and fitness levels. Well, they do… they just needed to see their child's fitness scores in front of them and be able to read the 'why' behind it all."*

OTHER RESOURCES

Healthy, Hunger Free Kids Act
The legislation authorizes funding and sets policy for USDA's core child nutrition programs: the National School Lunch Program, the School Breakfast Program, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Summer Food Service Program, and the Child and Adult Care Food Program. www.fns.usda.gov/cnd/governance/legislation/cnr_2010.htm

Team Nutrition (DPI)
Resources for schools to implement nutrition education strategies. http://ne.dpi.wi.gov/ne_home

WI Model Academic Standards for Nutrition Education (DPI)
Voluntary academic standards for use in Wisconsin schools. http://ne.dpi.wi.gov/files/ne/pdf/nestandards.pdf

Planning Curriculum in Nutrition (DPI)
http://ne.dpi.wi.gov/ne_home

Nutritious, Delicious, Wisconsin (DPI)
http://ne.dpi.wi.gov/files/ne/pdf/ndw.pdf

Got Dirt? Gardening Initiative/Got Veggies? (DHS/UW-EXT)
www.dhs.wisconsin.gov/physical-activity/FoodSystem/Gardening/Index.htm

HealthinPractice.org: (Clearinghouse)
Education resources for best practice public policy, including farm to school. www.HealthinPractice.org

Wisconsin AmeriCorps Farm to School Project (DATCP site)
http://datcp.wi.gov/Business/Buy_Local_Buy_Wisconsin/Farm_to_School_Program

What Works in Schools
A two-page paper summarizing evidence-based and promising strategies that focus on helping people eat healthier and be more active in school.
www.dhs.wisconsin.gov/publications/P4/p40132.pdf

School Section of the NPAO Program Website
www.dhs.wisconsin.gov/physical-activity/School/index.htm

Youth Grow Local, Community GroundWorks at Troy Gardens
Youth Grow Local provides educators with a variety of useful garden-based education resources including curricula and professional development opportunities including conferences, courses and workshops. Young visitors will appreciate Veggipedia, a kid-friendly online encyclopedia of fruits and vegetables. Youth Grow Local also features the Youth Garden Portal, a site devoted to connecting educators to a broad array of resources for youth gardens. www.communitygroundworks.org/what-we-do/youth-grow-local

University of Wisconsin Madison, Center for Integrated Agricultural Systems
Farm to school resources; farm to school hub for the Great Lakes Region. www.cias.wisc.edu

School Nutrition Association of Wisconsin
www.sna-wi.org

WI School Breakfast Program Resources
http://fns.dpi.wi.gov/fns_sbp1
http://fns.dpi.wi.gov/fns_cnrsnp#brk

Grant Opportunities for Schools to Improve Nutrition
www.fns.dpi.wi.gov/fns_grantop

Wisconsin DPI School Nutrition Team
A website and RSS feed for resources on Fresh Fruit and Vegetable Program, School Breakfast Program, National School Lunch Program for school food service.
www.ne.dpi.wi.gov/ne_tn

Wisconsin Milk Marketing Board-Wisconsin Dairy Council
www.wmmb.org/wdc/overview.aspx

Wisconsin Action for Healthy Kids Coalition
http://take.actionforhealthykids.org/site/Clubs?club_id=1214&pg=main

Wisconsin Nutrition Education Program, University of Wisconsin-Extension
A federally funded nutrition education program that helps limited resource families and individuals choose healthful diets, purchase and prepare healthful food and handle it safely, and become more food secure by spending their food dollars wisely. The program operates in most counties in Wisconsin, contact your county UW-Extension Office for more information.
www.uwex.edu/ces/wnep

DPI PE Standards
The standards document includes instruction on varied physical education learners and a grade level learning continuum. www.sspw.dpi.wi.gov/sspw_backgrndinfo2

Active Schools Toolkit
A toolkit with descriptions and materials to increase student physical activity levels to at least 60 minutes per day. www.dpi.wi.gov/sspw/pdf/pasastoolkit.pdf

COMMUNITY PHYSICAL ACTIVITY ENVIRONMENT

Improve the built environment to provide more recreational opportunities to be active and increase the number of trips by active modes of transportation, such as walking and biking.

vision 2020:

Communities will be built in such a way as to promote opportunities for physical activity to be intrinsically part of all residents' lives to meet the recommendations for physical activity.

rationale:

Active Community Environments can increase physical activity by providing more opportunities for people to be active. The challenge in this environment is the diversity of potential community partners and how to identify and coordinate their efforts. Identifying key implementation partners and developing a 5-year plan are essential prerequisites for expanding this initiative.

COMMUNITY PHYSICAL ACTIVITY STRATEGIES

strategy CA1: Develop local community master plans that include incorporation of strategies that promote physical activity.

WILL THIS...	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Scientifically supported	Scientifically supported

strategy CA2: Develop and implement active transportation options such as safe routes to school plans and bike to work options in communities.

WILL THIS...	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Scientifically supported	Some evidence

strategy CA3: Increase access to public or community facilities for physical activity.

WILL THIS...	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Scientifically supported	Limited evidence, supported by expert opinion

strategy CA1

Develop local community master plans that include incorporation of strategies that promote physical activity.

Objective CA1.1:

By 2018, Increase the number of local bike/pedestrian committees by 50%. Committees should assist with development of community plans to increase active transportation options. (Baseline = 10. Goal is 15)

suggested actions:

supportive policies

- Complete a bike/pedestrian plan for the local community
- Adopt a local complete streets policy/resolution to coordinate with state and federal complete streets laws

infrastructure

- Establish local bike/pedestrian committees to develop community plans to increase active transportation options
- Coordinate health and transportation plans through cross membership to provide input on prospective plans

resources and training

- Revise and disseminate Active Community Environments toolkit to community organizations and local coalitions
- Provide training and background materials to educate community members
- Ensure trainings include material that appeals to both health, transportation and community planning
- Coordinate trainings of major partners (DOT, DHS, BikeFed, Bike Safety, etc.)
- Add active commuting component to Wisconsin Worksite Wellness kit

local implementation

- Follow up on Municipal Planning Organization (MPO) or other recommendations that promote active transportation
- Assure city planners, public health, schools, law enforcement and other key groups coordinate planning efforts that lead to an increase in physical activity
- Have a health representative on transportation planning committees and a transportation representative on local health coalitions

strategy CA2

Develop and implement active transportation options such as safe routes to school plans and bike to work options in communities.

Objective CA2.1:

By 2018, increase the number of school districts/communities that have Safe Routes to School programs by 20%. (Baseline = 350. Goal is 420)

suggested actions:

supportive policies

- Promote daily physical activity through active transportation policies

infrastructure

- Parents and schools support active transportation to school for younger children (ex., walking school bus)
- Provide grant funds to communities for safe routes to school planning and implementation
- Increase bike lanes to encourage bicycle commuting
- Expand local trail development and use

resources and training

- Promote and use existing resources to implement Safe Routes strategies
- Train on how to implement safe routes with limited resources

local implementation

- Encourage schools to apply for grants
- Identify local champions to promote implementation
- Include bicycle commuting in worksite wellness programming

strategy CA3

Increase access to public or community facilities for physical activity.

Objective CA3.1:
By 2018 increase the number of Joint Use Agreements between schools, communities, park and recreation, and other groups with physical activity facilities to 100%.
(Baseline = 95%)

suggested actions:

supportive policies

- Promote awareness of the legislation that provides liability exemptions for schools to open facilities for community use through Joint Use agreements
- Implement Joint Use Agreements between schools, communities, parks and recreation and other groups with physical activity facilities

infrastructure

- Develop working agreements between park and recreation, schools and non-profit organizations (YMCA, Boys & Girls Club) to improve access to facilities for physical activity
- Create community-wide initiatives with a media component
- Utilize signage or maps to promote awareness of and the use of free, low-cost facilities available for physical activity

resources and training

- Develop community-wide recreation guides and resources

local implementation

- Connect with local nutrition activities
- Facilitate the formation of groups within the community to be physically active, including walking groups, physical activity challenges, and other social support groups

OTHER RESOURCES

Active Community Environments Resource Kit
All aspects of an active community intervention are incorporated within the Active Community Environments (ACEs) Resource Kit.
www.dhs.wisconsin.gov/publications/P0/p00036.pdf

What Works in Active Community Environments
A four-page summary of evidence-based and promising strategies that focus on helping people be more active in the community setting.
www.dhs.wisconsin.gov/physical-activity/active-communities/pdfs/WWActiveEnvironments.pdf

Active Community Environments' Section of the NPAO Program Website. www.dhs.wisconsin.gov/physical-activity/active-communities/index.htm

Safe Routes to School Resources in WI DOT Website. www.dot.wisconsin.gov/localgov/aid/saferoutes-toolkit.htm

CDC Active Communities and Physical Activity Resource Page. www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/physical_activity.htm

The Healthy People Project (HPP) of Washington County

Led by the YMCA and Washington County Health Department, the core group includes a broad range of public agencies, healthcare and the private sector. Reaching even further, collaboration with other organizations and public agencies has provided additional opportunities. In 2010, HPP collaborated with Washington County Planning and Parks Department to create a first-ever county-wide park and trail map as well as an interactive website, www.getmovingwashingtoncounty.com. In 2011, partnering with the Washington County Injury Prevention Coalition leveraged energy and grant dollars to establish a Safe Routes to School (SRTS) pilot project encouraging walking and biking to school. The SRTS Team has already connected with a second school to work with in the spring. Also in 2011, networking with a local civic group and park and recreation department resulted in the creation of a new community garden site. The Nutrition Team explores ways to best support farmers markets at worksites and schools in their efforts to create gardens and improve nutrition for their students. The Breastfeeding Coalition works to support the breastfeeding family at work, in the child care center and in the community. Fostering these collaborative efforts will allow continued success and new ways to help WC residents stay active and eat a healthy diet.

FOOD SYSTEM

Create and support a sustainable, healthy food system through policy and environmental change.

vision 2020:

Wisconsin's food system supports and promotes healthy eating and healthy weight.

rationale:

The food system, otherwise known as the nutrition environment, includes food stores (grocery and convenience stores), restaurants, farmers' markets, farm stands, gardens, community supported agriculture (CSAs), and food pantries. Efforts to improve the food system in Wisconsin are important, as an individual's eating habits are directly impacted by the food system that surrounds them. This includes whether one has, or perceives one has, physical access to healthy and affordable foods and beverages. Since 2005, many efforts have been underway to expand current programs, create resources for improving access, and document the food system in Wisconsin communities.

FOOD SYSTEM STRATEGIES

strategy FS1:

Increase access to and affordability of fruits and vegetables.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Some evidence	Limited evidence, supported by expert opinion

strategy FS2:

Increase access to and promotion of healthy foods in restaurants, foods stores, and vending.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Scientifically supported	Some evidence

strategy FS3:

Promote access to and consumption of healthy beverages.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Some evidence	Some Evidence

strategy FS4:

Increase access to education and programs that support breastfeeding initiation, exclusivity, and duration.

WILL THIS...	INCREASE BREASTFEEDING	REDUCE OBESITY
	Scientifically supported	Scientifically supported

strategy FS1

Increase access to and affordability of fruits and vegetables.

Objective FS1.1:
By 2018, increase the number of Wisconsin communities with farmers' markets from 213 to 224 and CSA farms from 199 to 210, and community gardens in Wisconsin from 106 to 117 with an emphasis on reducing disparities in access to fresh fruits and vegetables.

Objective FS1.2:
By 2018, increase purchasing of fresh fruits and vegetables through electronic benefit transfers (EBT) for SNAP and WIC participants in a variety of settings (e.g., farmers' markets, CSAs) from 1% to 10%.

Objective FS1.3:
By 2018, increase the number of local governments that encourage the production, distribution, and procurement of food from local farms within the local jurisdiction by 5%. (Baseline will be established in 2013)

suggested actions:

supportive policies

- Support the Buy Local, Buy Wisconsin Program at DATCP
- Reduce barriers to specialty crop farming (fruits, vegetables, nuts) in urban and rural settings
- Reduce restrictions on community gardens, hoop houses and greenhouses for fruit and vegetable production
- Encourage the production, distribution, and procurement of foods from local farms into government procurement practices
- Support state and local efforts to decrease barriers to farm-to-institution and farm-to-retailer produce delivery
- Support Senior and WIC Farmers' Market Nutrition Programs

infrastructure

- Conduct formative assessment of the Wisconsin food system, including the current distribution system and local food environments
- Encourage food distributors to explore ways to use existing distribution systems to bring fresh and healthy foods to underserved communities, including distribution of smaller shipments of fresh fruits and vegetables to convenience and corner stores
- Establish regional food hubs to support storage, product aggregation and distribution of locally grown foods
- Establish innovation and commercial kitchens that allow growers/producers to minimally process product for distribution
- Support mobile market programs among populations with low access to fresh fruits and vegetables
- Support community gardens
- Decrease barriers to fresh fruit and vegetable producer sales, storage, and distribution
- Develop and increase the number of low finance loans and capital sources for beginning specialty crop producers
- Support infrastructure, equipment, staff, and training to allow more food preparation on site at institutions
- Package farm-to-school methods for other institutions
- Use social marketing to understand barriers to use of Farmers' Market Nutrition Program vouchers, WIC fruit and vegetable vouchers, and SNAP benefits used for fruits and vegetables
- Partner to develop and implement low-income CSA cost-share programs
- Promote the development of a pilot program to encourage purchase of healthy alternatives and reduce the purchase of unhealthy options among SNAP participants. Pursue funding options with the Fresh Food Financing Initiative for full-scale supermarkets in underserved areas
- Convene HMO/health insurance companies to discuss rebates in a statewide meeting, partnering with MACSAC and worksite wellness programs

resources and training

- Disseminate the *Got Access? Improving Fruit and Vegetable Access in Wisconsin Communities* resource and train coalitions, community organizations, and academic partners on resources/strategies for improving fruit and vegetable access
- Educate and train farmers on direct marketing to the end user (instead of through distributors)
- Promote farming as a vocation in rural and urban centers (especially farming of specialty crops); develop relationships with organizations that may help (Future Farmers of America, 4H, urban farming organizations, and UW-Extension)
- Provide training in schools and the community on fresh fruit and vegetable preparation, storage, and preservation
- Explore use of SNAP-ED funding to support environmental and policy strategies for increasing access to fruits and vegetables

strategy FS2

Increase access to and promotion of healthy foods in restaurants, food stores, and vending.

Objective FS2.1:
By 2018, increase the number of Wisconsin restaurants and food stores that have implemented strategies to support healthy eating by 10%. (Baseline will be established in 2013)

Objective FS2.2:
By 2018, increase the number of Wisconsin communities with access to full-scale supermarkets and other healthy food outlets, with an emphasis on reducing disparities in access to affordable, healthful foods from 60% to 65%.

suggested actions:

supportive policies

- Support local and state policies to offer full-scale supermarket owners incentives to locate in underserved areas, balanced with requirements to devote a certain amount of shelf space to healthy foods
- Support healthy food retail during municipal planning and zoning processes
- Consider healthy food retail when making zoning/land use decisions

infrastructure

- Assist currently operating retail stores in providing transportation options to their customers (involve transportation officials/city planners)
- Pursue funding options with the federal Healthy Food Financing Initiative to promote the location of full-scale grocery stores in underserved areas
- Support the establishment and growth of local food policy councils
- Develop nutrition standards for healthy food and beverages that could be adopted voluntarily by restaurants with 19 or fewer sites that is consistent with the Federal Menu Labeling rule

resources and training

- Complete, distribute, and train coalitions and food store owners on resources for improving access to affordable, healthy foods and beverages in food stores and restaurants using *Check Out Healthy* and *Order Up Healthy*

local implementation

- Implement local initiatives within restaurants
- Implement local initiatives within food stores
- Implement local initiatives with vending companies

strategy FS3

Promote access to and consumption of healthful beverages and food.

Objective FS3.1:
By 2018, increase the number of eight-ounce servings of safe, potable drinking water (from a municipal water supply or private well) consumed daily by Wisconsin adults from 6.4 to 8.

Objective FS3.2:
By 2018, increase the number of local governments that have nutrition standards for foods and beverages sold within local government facilities from 0 to 10.

suggested actions:

supportive policies

- Support implementation of the Federal Menu Labeling Law
- Provide guidance to schools regarding acceptable marketing concepts in current and future pouring rights contracts
- Support and implement marketing targeted at children and adolescents that encourages consumption of healthy alternatives
- Provide incentives to food retailers to offer healthier food and beverage choices in underserved areas

infrastructure

- Support the establishment and growth of local food policy councils

resources and training

- Complete, distribute, and provide training on Order Up Healthy that includes recommendations to offer and promote healthful beverage alternatives
- Complete, distribute, and provide training on Check Out Healthy that includes recommendations to sell and promote healthful beverage alternatives

local implementation

- Implement local initiatives within restaurants, including efforts to:
  - Increase the number of healthful alternatives and smaller portion sizes offered and promoted by restaurants
  - Create a demand for these items within the community
  - Offer affordably priced healthy beverages
  - Price different portion sizes as proportionally as possible
- Implement local initiatives within food stores, including efforts to:
  - Increase the number of healthful alternatives promoted in all food stores, and offered in small food stores
  - Create a demand for these items within the community
  - Offer affordably priced healthy beverages
  - Price different portion sizes as proportionally as possible

- Implement local initiatives with vending companies, including efforts to:
  - Increase the number of healthful alternatives and smaller portion sizes offered
  - Create a demand for these items within the community
  - Price different portion sizes as proportionally as possible
- Incorporate counseling about decreasing energy dense beverage consumption into health care visits

strategy FS4

Increase access to education and programs that support breastfeeding initiation, exclusivity, and duration.

Objective FS4.1:
By 2018, increase the number of local health departments that have adopted the Ten Steps to Breastfeeding-Friendly Health Departments from 5 to 10.

Objective FS4.2:
By 2018, increase the number of volunteer community-based groups that support and promote breastfeeding (e.g., La Leche League) from 36 to 42.

Objective FS4.3:
By 2018, increase the number of WIC agencies with a peer-counseling program from 55 to 70.

suggested actions:

supportive policies

- Fund training of health educators/local health departments on breastfeeding support
- Fund small non-profit organizations that promote breastfeeding in communities of color

infrastructure

- Establish links between maternity care facilities and hospitals to local breastfeeding coalitions and volunteer community-based groups
- Expand coverage of WIC peer counseling program to all WIC agencies with adequate staffing to meet the needs of the WIC participants
- Integrate breastfeeding support into home visiting and post-partum care programs

resources and training

- Disseminate and train local health departments, local breastfeeding coalitions, and local nutrition and physical activity coalitions on the Ten Steps to Breastfeeding-Friendly Health Departments resource
- Provide breastfeeding support materials to local physicians, schools, clinics, and hospitals
- Encourage the establishment of telephone triage, "warmlines," online networks within each Wisconsin community; get support from maternity care facilities, hospitals, local government agencies, and volunteer community-based groups
- Incorporate maternal breastfeeding education into child care facilities, early intervention and women's programs, including Early Head Start, family planning, teen pregnancy and women's health clinic programs

local implementation

- Promote utilization of social marketing principles to tailor effective breastfeeding messages to counteract advertising that markets infant formula
- Support and educate community members on the 2010 Right to Breastfeed legislation and legislation that allows breastfeeding equipment and consultation services to be tax deductible
- Limit marketing of infant formula within communities; educate health care providers within the local jurisdiction about not serving as advertisers of infant formula

OTHER RESOURCES

CDC Food System Resource Page:
www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/nutrition.htm

CDC Guide to Fruit and Vegetable Strategies to Increase Access, Availability and Consumption:
www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf

Got Access? A Guide for Improving Fruit & Vegetable Access in Wisconsin Communities:
www.dhs.wisconsin.gov/publications/p0/p00341.pdf

Nutrition Environment Measures Survey
www.med.upenn.edu/nems

Wisconsin Nutrition Education Program, University of Wisconsin-Extension
A federally funded nutrition education program that helps limited resource families and individuals choose healthful diets, purchase and prepare healthful food and handle it safely, and become more food secure by spending their food dollars wisely. The program operates in most counties in Wisconsin. Contact your county UW-Extension Office for more information.
www.uwex.edu/ces/wnep/overview/index.cfm

continued on next page...

OTHER RESOURCES *continued*

Healthy Food Financing Initiative
www.acf.hhs.gov/programs/ocs/ocs_food.html

WI WIC Farmers' Market Nutrition Program
www.dhs.wisconsin.gov/wic/Fmnp/fmnphome.htm

Senior Farmers' Market Nutrition Program
Provides grants to provide low-income seniors with vouchers that can be redeemed for eligible food items at participating farmers' markets and CSAs
www.dhs.wisconsin.gov/wic/Fmnp/senior.htm

Food Share
Wisconsin's Food Stamp program. This program provides food assistance in the form of an Electronic Benefits Transfer (EBT) card to qualifying low-income households. The EBT card is used like a debit card to buy food at retail outlets.
www.dhs.wisconsin.gov/foodshare

WI WIC Breastfeeding Peer Counseling Program
www.dhs.wisconsin.gov/wic/WICPRO/training/exchange/peer.htm

Ten Steps to Breastfeeding Friendly Health Departments www.dhs.wisconsin.gov/health/nutrition/Breastfeeding/departments.pdf

CDC Guide to Breastfeeding Interventions
www.cdc.gov/breastfeeding/resources/guide.htm

The Surgeon General's Call to Action to Support Breastfeeding www.surgeongeneral.gov/topics/breastfeeding/index.html

Wisconsin Food Security Consortium
www.foodsecurity.wisc.edu

Buy Local, Buy Wisconsin Program
http://datcp.wi.gov/Business/Buy_Local_Buy_Wisconsin

Wisconsin Local Food Marketing Guide
http://datcp.wi.gov/Business/Buy_Local_Buy_Wisconsin

CDC Improving the Food Environment through Nutrition Standards: a guide for government procurement. www.cdc.gov/salt/pdfs/DHDSP_Procurement_Guide.pdf

Waupaca NuAct Coalition's Community Gardens

The community gardens in Waupaca, Weyauwega/Fremont, and Clintonville have produced over 36,000 pounds of fresh produce between 2007 and 2011 – and donated all of it to more than15 locations throughout the county including food pantries, senior nutrition sites, free community dinners, schools, and other sites. Volunteers at the garden include kids in summer programs, seniors, service groups, and other at-large community members. Food pantry customers receive fresh foods that they might not otherwise have access to, along with recipes and other resources. Volunteers have found that their work in the gardens not only allows them to make their community a better place, but that it is also a great source of regular physical activity.

HEALTHCARE

Optimize healthcare systems and providers to augment prevention efforts and incorporate obesity prevention with treatment and care.

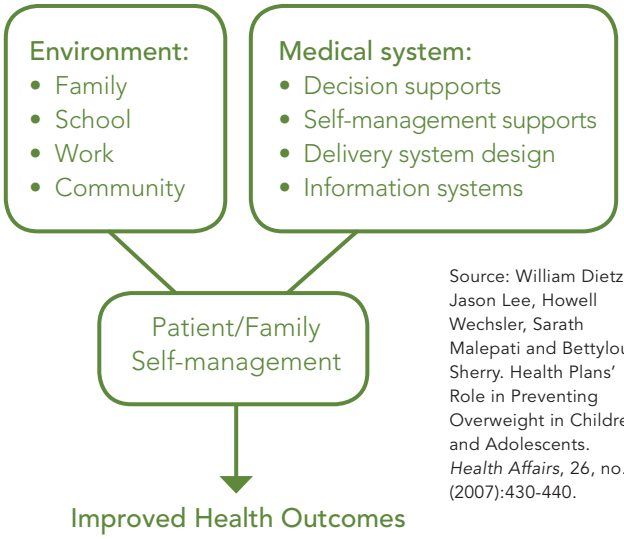
vision 2020:

The healthcare system will be integrated into statewide obesity prevention efforts.

rationale:

The healthcare system (providers, health plans, and insurers) plays a critical role in addressing overweight and obesity through early identification and response, leadership and collaboration within the community. The obesity care model shows the need to focus on both the medical system and the environments where patients live, work, learn and play. The obesity care model is shown in the figure to the right.

THE OBESITY CARE MODEL:



Source: William Dietz, Jason Lee, Howell Wechsler, Sarath Malepati and Bettylou Sherry. Health Plans' Role in Preventing Overweight in Children and Adolescents. *Health Affairs*, 26, no.2 (2007):430-440.

HEALTHCARE STRATEGIES

strategy H1:

Implement evidence-based guidelines for quality maternity care practices that are fully supporting of breastfeeding initiation, duration and exclusivity.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Scientifically supported	Scientifically supported

strategy H2:

Routinely screen and counsel patients on BMI status following evidence-based practice guidelines.

WILL THIS...	REDUCE OBESITY
	Some evidence

strategy H3:

Develop and implement a systems approach to identify and follow-up with at-risk, overweight and obese patients, including nutrition and physical activity counseling.

WILL THIS...	REDUCE OBESITY
	Scientifically supported

strategy H4:

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.

WILL THIS...	IMPROVE NUTRITION	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Limited evidence, supported by expert opinion	Limited evidence, supported by expert opinion	Limited evidence, supported by expert opinion

strategy H1

Implement evidence-based guidelines for quality maternity care practices that are fully supportive of breastfeeding initiation, duration and exclusivity.

Objective H1.1:
By 2018, increase the average score of the State Maternity Practices in Infant Nutrition and Care (mPINC) from 76 to 84.

Objective H1.2:
By 2018, increase the percent of live births occurring at facilities designated as Baby Friendly from 16.85% to 33%.

suggested actions:

supportive policies

- Reimburse lactation support as a standard perinatal care service in all insurance plans
- Incorporate minimum lactation care competency requirements into health professional credentialing and certification processes

infrastructure

- Implement practices that improve exclusive breastfeeding in conjunction with the Joint Commission's Perinatal Care core measure on exclusive breast milk feeding
- Establish partnerships between maternity facilities and community groups for skilled breastfeeding support such as WIC peer support, breastfeeding clinics, lactation consultants and support groups
- Work to increase the number of racial and ethnic minorities who have specialized lactation education (e.g., IBCLCs, CLE)

resources and training

- Provide workshops in communities to establish links between maternity facilities and community support networks (e.g., Lactation Education Consultants "Building Bridges for Breastfeeding Duration")
- Train health care providers who provide maternal and child care on the basics of lactation, breastfeeding counseling, and lactation management during coursework, clinical and in-service training and continuing education
- Provide and promote around-the-clock access to resources that provide assistance with breastfeeding such as telephone triage, "warm lines," hotlines, and online networks

local implementation

- Establish hospital and maternity center practices that promote and support breastfeeding such as *The Ten Steps to Successful Breastfeeding* or Baby Friendly Hospital Initiative™
- Provide breastfeeding education to pregnant women, their partners and other significant family members during prenatal and postnatal visits as part of the standard of care
- Provide information to pregnant women and breastfeeding mothers on Wisconsin's Right to Breastfeed Act, breastfeeding equipment as an allowable medical tax deduction, current laws related to breastfeeding in the work place and other supportive regulations

strategy H2

Routinely screen and counsel patients on BMI status following evidence-based practice guidelines.

Objective H2.1:
By 2018, increase the proportion of primary care providers who regularly measure the body mass index of their patients from 73% to 80%.

suggested actions:

supportive policies

- Institutionalize BMI measurement as a routine vital sign during patient visits

infrastructure

- Revise clinical documentation tools, including electronic health record modules, to include prompts for taking a focused family history, conducting an assessment of behavior and attitudes for diet and physical activity and documentation of actions for follow-up

resources and training

- Provide training for health care providers to accurately measure height and weight, and interpret results
- Integrate basic nutrition and physical activity counseling for behavior change (i.e. motivational negotiation/interviewing) into the healthcare provider's academic curriculum
- Conduct regular assessments of healthcare providers to determine current practices for BMI screening and counseling to inform resources and training needed

local implementation

- Calculate body mass index, record results in the patient's medical record and provide information to patients or caregivers
- Document BMI on professional claims for routine office visits and preventative services for patients 2 to 18 years old
- Provide anticipatory guidance to parents and young children to limit screen time to no more than 2 hours/day for children 2 and over and not to place a television or computer in the child's bedroom

strategy H3

Develop and implement a systems approach to identify and follow-up with at-risk, overweight and obese patients, including nutrition and physical activity counseling.

Objective H3.1:

By 2018, increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity. (Baseline will be established in 2013)

suggested actions:

supportive policies

- Reimburse services necessary to prevent, assess and provide care to overweight and obese children and adults, including services by Registered Dietitians, physical therapists, social workers, psychologists, health educators and other health professionals
- Adopt health insurance policies and benefit packages that promote wellness such as health risk assessments, discounts or incentives for prevention activities, nutrition counseling, fitness classes, and Community Supported Agriculture (CSA) shares

infrastructure

- Utilize national guidelines for the prevention and treatment of overweight and obesity
- Make available posters and educational materials to be placed in exam rooms, waiting rooms and similar areas to reinforce healthy behavior messages
- Utilize a multi-disciplinary team approach for treatment and management of overweight and obesity

resources and training

- Train health care providers on evidence-based methods to effectively prevent, diagnose and treat overweight and obese across the lifespan during coursework, clinical and in-service training and continuing education
- Implement systems to improve preventative and follow-up services that include nutrition and physical activity counseling, such as coaching, online tracking tools, social media, telemedicine contacts, journaling, logs and tracking tools and referrals

local implementation

- Participate in the *Let's Move in the Clinic* initiative
- Identify at-risk, overweight and obese patients and provide information, guidance and support to adopt healthy behaviors to achieve and maintain a healthy weight

strategy H4

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.

Objective H4.1:
By 2018, the percentage of local nutrition and physical activity coalitions that have active participation from high level representatives from healthcare will increase from 57% to 70%.

Objective H4.2:
By 2018, Wisconsin will have an Obesity Prevention Research Center.

suggested actions:

supportive policies

- Allow the use of hospital facilities at no or nominal cost for community coalitions or similar groups for meetings, educational seminars and training
- Implement vending and food service policies that increase access to healthy foods and limits access to unhealthy foods for patients, families and staff
- Conduct a community health needs assessment in partnership with the Local Public Health Department and local coalition and develop, implement and evaluate a coordinated health improvement plan

infrastructure

- Create hospital and clinic environments that support healthy eating and physical activity behaviors for patients and staff
- Implement steps necessary for the creation of an Obesity Prevention Research Center (PRC) in Wisconsin
- Integrate healthcare system activities with community, school, worksite and family initiatives

resources and training

- Provide opportunities to inform and engage healthcare providers in obesity prevention work that bridges the health system with the community setting

local implementation

- Refer patients to *Living Well with Chronic Conditions* workshop or similar community based resources
- Join a local nutrition and physical activity coalition and be a champion for policy, environmental and system changes with the community that support healthy eating and active lifestyles
- Serve as a champion or advocate in your organization, community, schools and family to create policies and environmental changes that promote health

OTHER RESOURCES

What Works in Healthcare
A four-page summary of evidence-based and promising strategies that focus on helping people eat healthier and be more active in the healthcare setting.
www.dhs.wisconsin.gov/physical-activity/Healthcare/WWHealthcare.pdf

Healthcare Section of the NPAO Program Website. www.dhs.wisconsin.gov/physical-activity/Healthcare/index.htm

The Surgeon General's Call to Action to Support Breastfeeding. www.surgeongeneral.gov/topics/breastfeeding/index.html

CDC Guide to Breastfeeding Interventions
www.cdc.gov/breastfeeding

Living Well with Chronic Conditions Program is a 6-week workshop in community settings, such as senior centers, churches, libraries, and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic condition themselves.
www.gwaar.org/index.php/for-professionals/health-promotion-for-professionals.html

Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity – 2007
www.nichq.org/documents/coan-papers-and-publications/COANImplementationGuide62607FINAL.pdf

Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.
www.nhlbi.nih.gov/guidelines/obesity

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition
www.brightfutures.aap.org

Registry-Based BMI Surveillance: A Guide to System Preparation, Design and Implementation
www.altarum.org/files/imce/Chomp_BMI_FINAL_060811lr.pdf

Northwoods Breastfeeding Coalition

Since its inception in 2006, Debra Durchslag and the Northwoods Breastfeeding Coalition have been working with two hospitals in Oneida County to improve maternity care practices through changes in policies and procedures to create greater support for hospital breastfeeding outcomes. The result of their initial collaboration is that all hospital obstetrical nurses are now required to complete 18 hours of breastfeeding education due to new orientation procedures. The coalition next set out to work with the hospitals to write and implement evidence-based breastfeeding policies and practices. They identified key hospital stakeholders responsible for breastfeeding support and outcomes, and worked with them to form breastfeeding taskforces. One hospital's taskforce consists of administrators, physician medical directors, physicians, nurses, and a lactation specialist. The other's has an administrator, nurses and a lactation specialist.

In working with hospital administrators, Debra stresses the need for both patience and persistence:

"Have your plan of what needs to be accomplished, but be ready to change how you accomplish it based on their response and the needs of each hospital. Being flexible, in order to do whatever it is that will move the process forward is key."

WORKSITE

Improve employee and family health through effective worksite wellness programs that reduce risk factors.

vision 2020:

Wisconsin worksites have created supportive environments for healthy eating and physical activity.

rationale:

Worksites are a prime setting to implement obesity prevention strategies. Employees often spend the majority of their waking hours in the worksite environment, an environment where a number of policy, environmental and behavioral strategies are modifiable. Expanding current efforts to train worksites on effective wellness strategies in the Wisconsin Worksite Wellness Resource Kit and identifying and recruiting additional outreach partners and trainers are the greatest needs to move forward and expand this initiative.

WORKSITE STRATEGIES

strategy W1:

Implement comprehensive worksite wellness programs using evidence-based strategies.

WILL THIS...	REDUCE OBESITY
	Scientifically supported

strategy W2:

Promote, support and develop more worksite wellness efforts that are statewide, regional or city-wide initiatives such as Well City® Initiatives.

WILL THIS...	REDUCE OBESITY
	Some Evidence

strategy W3:

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

WILL THIS...	REDUCE OBESITY
	Insufficient evidence

strategy W1

Implement comprehensive worksite wellness programs using evidence-based strategies.

Objective W1.1:
By 2018, the number of worksites and employees reached by evidence-based strategies in the Wisconsin Worksite Wellness Resource Kit will increase to at least 2,500 worksites and 500,000 employees.

Objective W1.2:
By 2018, increase the number of Wisconsin worksites that have achieved the Wisconsin Worksite Wellness Award from 69 to 150.

suggested actions:

supportive policies

- Implement worksite wellness policy change at each organization through environmental and policy change strategies in the resource kit

infrastructure

- Educate/train individual worksites on effective wellness strategies
- Educate/train wellness professionals on effective wellness strategies
- Develop a core group of trainers that provide outreach to worksites

resources and training

- Provide at least two Wisconsin Worksite Wellness Kit workshops annually for employers on how to implement a comprehensive worksite wellness program with a focus on obesity prevention through behavior, policy and environmental change using the Wisconsin kit
- Provide at least two workshops annually to train wellness professionals on effective wellness strategies and develop a core group of trainers that can do outreach to worksites
- Provide ongoing Wellness Council of Wisconsin Well Workplace Universities trainings
- Promote and conduct Wellness Council of Wisconsin Annual Conference

local implementation

- Utilize the kit to begin or expand a worksite wellness program
- Complete worksite assessments and implement wellness programs using the Worksite Kit and Wellness Council of Wisconsin checklists
- Utilize an approved trainer to provide direct wellness outreach to provide services to 2,500 worksites using the kit
- Apply for the Governor's Worksite Wellness Award
- Increase kit use and increase the number of worksites using the strategies listed through a marketing plan

strategy W2

Promote, support and develop more statewide, regional or city-wide worksite wellness initiatives such as Well City® Initiatives.

Objective W2.1:
By 2018, Increase the number of statewide, regional or city-wide worksite wellness initiatives. (Baseline = 3. Goal is 5)

suggested actions:

supportive policies

- Track and support potential policy initiatives such as worksite wellness tax credits for businesses
- Support and provide information on any federal or state worksite wellness incentive strategies

infrastructure

- Seek funding opportunities that will support statewide, regional or city-wide initiatives
- Promote existing initiatives such as the Governor's Worksite Wellness Award, WELCOA award and Wellness Council of Wisconsin Well City designation

resources and training

- Provide resources and technical assistance to groups trying to promote multi-worksite initiatives
- Support city initiatives by providing technical assistance on strategies that expand beyond the worksite (community, schools, etc.)

local implementation

- Provide funding, training and technical support for designated city or regional initiatives
- Participate in any community-wide wellness initiatives in your community

strategy W3

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

Objective W3.1:
By 2014, increase the number of "Favorites" listings on the website, create social networking opportunities for staff wellness coordinators and double the number of college courses that utilize the Wisconsin Worksite Wellness Resource Kit within their course work. (Baseline = 36 postings. Goal is 100)

suggested actions:

infrastructure

- Promote and expand the "Favorites" website, and make it easy to post new content that can be used by worksite wellness programs
- Actively contact and recruit targeted colleges for undergraduate training on worksite wellness strategies and provide training on the kit, where needed
- Promote social networking systems that are in place and actively being used to share ideas

resources and training

- Solicit and post additional responses to the "Favorites" program
- Educate future professionals through introduction of effective strategies in college courses
- Disseminate existing resources such as the resource kit, What Works in Worksites document and the Business case for Breastfeeding

local implementation

- Align approved trainers with colleges to incorporate wellness kits in their course work

OTHER RESOURCES

Worksite Wellness Resource Kit
A tool to assist worksites with implementing strategies that have been proven effective. The kit walks you through the process of developing a worksite wellness program. **www.dhs.wisconsin.gov/physical-activity/Worksite/kit.htm**

What Works in Worksites
A two-page summary of evidence-based and promising strategies that focus on helping people eat healthier and be more active in the workplace. **www.dhs.wisconsin.gov/physical-activity/Worksite/Worksitepdfs/WWworksites.pdf**

Worksite Section of the NPAO Program Website
Contains resource materials, sample programs, workshop information, Governor's Wellness Award information and a list of trainers. **www.dhs.wisconsin.gov/physical-activity/Worksite/index.htm**

Wellness Council of Wisconsin
Information and resources from the Wellness Council of Wisconsin, an affiliate of the Wellness Councils of America (WELCOA). **www.wellnesscouncilwi.org**

Business Case for Breastfeeding
The Business Case for Breastfeeding is a comprehensive program designed to educate employers about the value of supporting breastfeeding employees in the workplace. **www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding**

WHAT CAN I DO?

BY FOCUS AREA

What families & individuals can do

- Get involved with your local physical activity and nutrition coalition to develop and promote alternative means of transportation such as walking and biking and provide better access to healthy foods. Find your local coalition: www.dhs.wisconsin.gov/physical-activity/Resources/CoalitionInfo/index.htm

What communities can do

- Assess coalition membership and recruit active and diverse members www.dhs.wisconsin.gov/physical-activity/Resources/CoalitionBuilding/index.htm
- Identify key needs in the community and develop an action plan to address the needs www.dhs.wisconsin.gov/physical-activity/Resources/Planning/Index.htm
- Select key settings or groups that your coalition can work with to implement some of the strategies listed with those groups
- Consider leading a city-wide worksite wellness initiative

What early care & education providers can do

- Connect with a local coalition in your area. To find contact information for a coalition in your area, visit: www.dhs.wisconsin.gov/physical-activity/Resources/CoalitionInfo/index.htm

What healthcare providers can do

- Take a focused family history and assess diet and physical activity behaviors
- Give consistent messages to all children, regardless of weight, on: empty calorie foods and beverages, eating the recommended amount of fruits and vegetables, being physically active at least 60 minutes/day, limiting screen time to < 2 hours/day, limiting energy-dense foods

What schools can do

- Make the connection with community activities to strengthen buy-in. *Examples include:*
  - Join or form a local coalition to coordinate nutrition and physical activity initiatives
  - Integrate school activities with community, business and healthcare initiatives. Form partnerships with community organizations to support or develop programs. Tie into existing promotions, media campaigns and special events (i.e., walk-to-school day, etc)
  - Develop a plan connecting summer programs for year-round activity

What worksites can do

- Make the connection with community activities to strengthen buy-in. *Examples include:*
  - Join or form a local coalition to coordinate nutrition and physical activity initiatives
  - Integrate business activities with community, school and healthcare initiatives
- Organize or participate in any community-wide worksite wellness or well city initiatives

WISCONSIN NUTRITION, PHYSICAL ACTIVITY & OBESITY PROGRAM

What families & individuals can do

- Map out destinations (parks, stores, restaurants) near your home and then walk or bike to those that are nearby. Search on www.walkscore.com or download a worksheet at: www.dhs.wisconsin.gov/forms/F4/F40092.pdf

What communities can do

- Establish local bike/pedestrian committees to develop community plans to increase active transportation options
- Institute "Complete Streets" (ensure alternative means of transportation i.e., pedestrian, bicycle, etc.) principles in transportation planning
- Develop or expand Joint Use Agreements between schools, communities, parks and recreation, and other groups with physical activity facilities

What early care & education providers can do

- Provide at least 90 minutes of physical activity/day for toddlers and 120 minutes/day for preschoolers, with at least 60 minutes for preschoolers of teacher led structured activity
- Use *What Works in Early Care and Education* to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active in the childcare setting www.dhs.wisconsin.gov/publications/P0/P00232.pdf

What healthcare providers can do

- Improve physician education and counseling of patients on obesity prevention. Use *What Works in Healthcare* to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active. www.dhs.wisconsin.gov/publications/P4/p40142.pdf

What schools can do

- Use *What Works in Schools* to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active in the school setting. www.dhs.wisconsin.gov/publications/P4/p40132.pdf
- Develop or expand a Safe Routes to School Program www.dot.state.wi.us/localgov/aid/saferoutes.htm
- Increase options to provide opportunities for 60 minutes of physical activity per day for each student www.dpi.wi.gov/sspw/pdf/pasastoolkit.pdf

What worksites can do

- Implement physical activity strategies from the *Wisconsin Worksite Wellness Resource Kit* www.dhs.wisconsin.gov/physical-activity/Worksite/index.htm

  Examples:

  - Offering flexible work hours to allow for physical activity during the day
  - Offer on-site fitness opportunities, such as group classes or personal training

What families & individuals can do

- Limit total screen time for children to less than 2 hours a day and don't put a TV or computer in a child's bedroom
- Require a certain amount of physical activity time per day in order to "earn" additional video or screen time

What communities can do

- Endorse and promote multi-use agreements between municipalities and facilities such as schools, parks, churches and shopping centers, that may be used for physical activity
- Support community-wide campaigns, such as Screen Free Week

What early care & education providers can do

- Television and video use is limited to less than 60 minutes per day for preschool children
- Allow no screen time for children under 2 years of age
- Advise parents to limit total screen time (TV, video games, computer, etc.) to < 2 hours/day

What healthcare providers can do

- Advise patients to limit total screen time (TV, video games, computer, etc.) to < 2 hours/day and to follow American Academy of Pediatrics recommendations to:
  - Allow no screen time for children under the age of 2
  - Limit children over age 2 to less than 2 hours of screen time per day
  - Keep TV sets, DVDs, video games and computers out of children's bedrooms

What schools can do

- Reduce or eliminate advertising of low nutrient foods in the school and in school-based TV Programs (i.e. Channel One)
- Incorporate media literacy related to food marketing into academic curriculum
- Limit TV viewing during school meals/snacks

What worksites can do

- Place TVs in non-eating areas of the workplace
- Limit food advertising in the cafeteria (i.e., print and other media)

WISCONSIN
NUTRITION, PHYSICAL ACTIVITY & OBESITY PROGRAM

increase fruit & vegetable access, availability, and consumption

What families & individuals can do

- Support and promote community and home gardens; donate excess produce to a food pantry or senior meal site
- Establish regular family meals and mealtimes
- Consistently offer a variety of fruits and vegetables for meals and snacks
- Role model healthy eating habits for children

What communities can do

- Improve access to retail venues (food stores and restaurants) that sell high-quality fruits and vegetables, especially in underserved communities
- Start or expand Farm-to-Institution programs in schools, hospitals, workplaces, and other institutions
- Start or expand farmers' markets; explore means for offering Electronic Benefit Transfer (EBT) access
- Start or expand community-supported agriculture programs; explore means for offering Electronic Benefit Transfer (EBT) access
- Include fruits & vegetables in emergency food programs (e.g., food banks and food pantries)

What early care & education providers can do

- Use *What Works in Early Care and Education* to focus efforts on evidence-based and promising strategies www.dhs.wisconsin.gov/publications/P0/P00232.pdf
- Serve more fruits and vegetables with meals and snacks (one fruit and two vegetables in lunches and dinners).
- Ensure that water is readily available throughout the entire day
- Provide nutrition education-related curriculum and activities for children
- Get training on preparation/menu planning of healthy foods and strategies for supporting healthy eating habits of children
- Provide an opportunity for children to garden; www.dhs.wisconsin.gov/physical-activity/FoodSystem/Gardening/Index.htm

What healthcare providers can do

- Improve physician education and counseling of patients on obesity prevention. Use *What Works in Healthcare* to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active www.dhs.wisconsin.gov/publications/P4/p40142.pdf
- Encourage wellness benefits as part of health insurance, such as CSA reimbursement

WISCONSIN NUTRITION, PHYSICAL ACTIVITY & OBESITY PROGRAM

What Schools Can Do

- Use *What Works in Schools* to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active in the school setting www.dhs.wisconsin.gov/publications/P4/p40132.pdf
- Apply for the Healthier U.S. Challenge Award
- Increase healthy food options in lunchrooms, a la carte, vending and school stores; make options appealing
- Use point-of-decision prompts to highlight fruits and vegetables
- Increase availability of fruits and vegetables in school meals and snacks; incorporate student preferences (i.e., salad bar) and provide taste testing opportunities
- Use the Wisconsin Model Academic Standards for Nutrition Education
- Apply to become a Team Nutrition School
- Start a school fruit and vegetable garden www.dhs.wisconsin.gov/physical-activity/FoodSystem/Gardening/Index.htm
- Use farm-to-school initiatives to incorporate fresh, locally grown produce into meals

What worksites can do

- Establish an organizational policy related to offering healthier foods and beverages at meetings and conferences
- Provide healthy eating reminders and prompts to employees via multiple means (i.e., email, posters, payroll stuffers, etc.)
- Offer appealing, low-cost fruits and vegetables in vending machines and in the cafeteria
- Include a family component; provide cookbooks, food preparation, and cooking classes for employees' families
- Ensure on-site cafeterias follow healthy cooking practices and set nutritional standards for foods served that align with the U.S. Dietary Guidelines for Americans
- Offer healthy foods at meetings, conferences, and catered events
- Use point-of-decision prompts as a marketing technique to promote healthier choices
- Offer local fruits and vegetables at the worksite (i.e., worksite farmers' market or community-supported agriculture drop-off point)
- Make kitchen equipment (i.e., refrigerator, microwave, stove) available to employees
- Provide an opportunity for on-site gardening for employees

What families & individuals can do

- Encourage consumption of healthful food and drink options
- Limit access to foods of minimal nutritional value in the home
- Include water, fat-free or low-fat milk at meals and snacks

What communities can do

- Promote access to and consumption of healthful food and drink options
- Improve supermarket and small store access in underserved areas so that healthy foods and beverages are available

What early care & education providers can do

- Provide drink options such as milk (non-fat or low-fat), water or 100% juice
- Help make water accessible or available indoors, outside and at meals, upon request
- Offer healthy snack options, such as vegetables, fruits, whole grains, low-fat dairy or low-fat protein and reduce the number of empty calorie choices

What healthcare providers can do

- Improve physician education and counseling of patients on obesity prevention
- Include screening and counseling about healthful foods and beverages as part of routine medical care.
- Offer healthy food and beverage options in cafeterias and vending machines
- Encourage staff to model healthy eating behaviors

What schools can do

- Increase healthy food and beverage options in lunchrooms, a la carte, vending and school stores
- Reduce or eliminate foods and beverages of minimal nutritional value before, during and after the school day
- Use point-of-decision prompts to highlight healthy food and beverage alternatives
- Make water available throughout the school day
- Use the Wisconsin Model Academic Standards for Nutrition Education and expand curriculum-based strategies that support these standards

What worksites can do

- Consider developing a policy related to offering healthy foods and beverages at meetings and conferences
- Increase water availability throughout the day
- Offer appealing, low cost healthful food and beverage options in vending machines and the cafeteria
- Reduce the amount of food and beverages of minimal or low nutritional value that are sold onsite
- Use point-of-decision prompts to highlight healthy choices

WISCONSIN
NUTRITION, PHYSICAL ACTIVITY & OBESITY PROGRAM

What families & individuals can do

- Give mothers the support they need to breastfeed their babies, including education, time, flexibility and emotional encouragement
- Educate fathers and grandmothers about breastfeeding through local campaigns and educational initiatives involving churches, civic organizations, health clubs, community centers and schools

What communities can do

- Develop and strengthen programs to promote and support breastfeeding through mother-to-mother support, peer counseling, community advocacy and outreach efforts, and through integration into family-focused public health programs
- Participate in social marketing campaigns to promote breastfeeding with culturally sensitive messages and utilizing a variety of media and technological venues

What early care & education providers can do

- Provide an appropriate place for mothers to breast-feed their baby
- Implement policies that support breastfeeding

What healthcare providers can do

- Provide supportive breastfeeding practices in hospitals or become a baby friendly hospital. www.babyfriendlyusa.org
- Provide ongoing professional support to mothers through in-person visits or telephone contact to increase the proportion of women who continue breastfeeding at least to 12 months
- Develop systems, including professional education and training, to guarantee continuity of skilled support for lactation between hospitals and health care settings

What schools can do

- Provide an appropriate place and adequate break time for breastfeeding teachers
- Provide age-appropriate education on breastfeeding integrated into academic curriculum (i.e., biology, psychology, health, etc.)
- Adopt policies that support breastfeeding

What worksites can do

- Support nursing mothers by providing:
  - "Mother Rooms" for expressing milk in a secure and relaxed environment
  - High-quality breast pumps at work
  - A refrigerator for storage of breast milk
  - Policies that support breastfeeding, including paid maternity leave for all workers
  - Lactation education and support programs
- Offer flexible scheduling and/or on-site or near-site child care to allow for milk expression during the workday
- Adopt alternative work options (i.e., teleworking, part-time, extended maternity leave) for breastfeeding mothers returning to work

IMPLEMENTATION

using the State Plan: *a continued call to action*

The goals, objectives and overall approach of the second Wisconsin Nutrition, Physical Activity and Obesity State Plan reflect significant progress made in the statewide obesity prevention movement since the original State Plan was released in 2005. It also reflects marked advances in the evidence available regarding intervention strategies that have been shown to work in multiple settings and behavior areas. There are currently more resources and attention than ever before being devoted to the prevention and control of overweight and obesity; accordingly, as rates of obesity continue to increase across all populations, an even greater and more coordinated effort is required.

This is a plan for the entire State of Wisconsin, and is intended for use by all organizations, partnership groups and decision makers who are working to address obesity and chronic disease in Wisconsin. Within this State Plan, state and local agencies, coalitions, private, public and not-for-profit groups alike should be able to identify their roles in improving environments to make healthy nutrition and physical activity choices easier for all. Successful implementation of this State Plan will require:

- Individual residents of Wisconsin taking action to improve the environments in their own communities, schools, workplaces and homes to encourage healthy eating and active living.
- Existing partners working to implement the specific strategies included in this State Plan.
- Engagement of non-traditional partners to grow the statewide movement and increase public support for obesity prevention.
- Active involvement of all stakeholders in educating decision makers about the importance and potential impacts of obesity prevention policies.
- Statewide action among community coalitions and partnerships to effect policy changes at all levels that support initiatives developed in this State Plan.

How you choose to get involved is up to you. You may choose to start small and implement one strategy in one setting. If you have greater resources and partners, you may choose to implement multiple strategies in a setting or scale up your efforts to use multiple strategies in multiple settings as a community-wide initiative. With interventions of any size and scale, it is most important to develop strategies and partnerships that are based on current evidence and best practice and address the needs of the target population to the greatest extent possible.

When choosing strategies and activities for implementation of the State Plan, it may be helpful to integrate some or all of the following key points from the philosophy of the Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity and Obesity, which provides funding and technical support for the Wisconsin NPAO Program:

- Commit to long-term accomplishments; address factors needed for social change
- Decrease health disparities
- Emphasize policy, environmental and system changes
- Use the Social Ecological Model
- Use a social marketing planning approach to design initiatives
- Develop an evidence-based portfolio of policies and intervention strategies
- Build and sustain partnerships and resources

The Wisconsin Nutrition, Physical Activity and Obesity (NPAO) Program will continue in its role of developing and supporting the statewide infrastructure for obesity prevention, which includes the following:

- Work with internal and external partners to promote the use of the State Plan.
- Expand and strengthen existing strategic partnerships and develop new partnerships as appropriate.
- Collaborate with other chronic disease and health promotion program efforts.
- Translate and promote existing and new evidence for use in interventions.
- Develop and disseminate messaging and communication strategies.
- Provide training and technical assistance to community coalitions and other partners.

addressing disparity and inequity

As indicated in the *Obesity, Nutrition, and Physical Activity in Wisconsin* report, rates of obesity and chronic disease are generally significantly higher among racial and ethnic minorities and low-income populations. In many cases, disparities are linked with wide-reaching factors such as access to resources including healthy foods, safe places for physical activity, healthcare, and equitable opportunities for education, housing, employment and transportation.

Health disparities and inequities are more effectively addressed through wide-reaching policy, system and environmental changes than at any other level in the Social Ecological Model. The health behaviors which are linked to obesity are likely also tied closely with factors such as social advantage and economic status. Thus, to effectively address disparities and inequity as they relate to obesity, we must identify ways to collaborate with and support entities working to create more equitable socioeconomic conditions.

When developing strategies for implementation of the State Plan in your community or organization, it is important to consider the populations most affected by the burden of obesity — making efforts to increase equitable access to healthy foods and opportunities for regular physical activity while avoiding unintended negative consequences. Of equal or greater importance is the issue of leadership and participation in prevention activities. Populations directly affected by health disparities or are otherwise underserved should be prominently represented in coalitions and partnership groups involved in planning, implementing and evaluating obesity prevention initiatives as well as in obesity research.

social marketing

Developing, implementing and evaluating interventions that support the state plan using a social marketing planning approach

The NPAO Program, along with the CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) utilizes and endorses a social marketing planning approach for the design, implementation and evaluation of interventions. One definition of Social Marketing is "the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence voluntary behavior of target audiences in order to improve their personal welfare and that of society" (Andreasen, Alan R.). A social marketing planning approach can be used to develop interventions at all levels and settings, and for a variety of audiences.

The approach includes the following steps (see Appendix for a more detailed description of the steps):

1) Problem description
2) Formative assessment
3) Determine strategies and objectives
4) Intervention design
5) Evaluation
6) Implementation

For more information on social marketing and intervention planning, visit:

- www.cdc.gov/nccdphp/dnpao/socialmarketing/index.html
- www.dhs.wisconsin.gov/physical-activity/Resources/Planning/Index.htm

implementation resources for coalitions and partnership groups

Healthy Wisconsin Leadership Institute
- Community Teams Program, regional workshops; leadership library
  www.hwli.org

Wisconsin Clearinghouse for Prevention Resources
- Health in Practice: tools to improve health and inspire policy change
  www.healthinpractice.org
- Prevention Speaks: resources for professionals and communities to articulate the power of prevention and motivate others to take action
  www.preventionspeaks.org

Coalitions Work
www.coalitionswork.com

Community Toolbox
http://ctb.ku.edu/en/default.aspx

CDC: Recommended Community Strategies and Measurements to Prevent Obesity in the United States
www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

CDC: The Community Guide:
Obesity Prevention and Control
www.thecommunityguide.org/obesity/index.html

MEASURING PROGRESS

nutrition, physical activity and obesity state plan objectives and benchmarks

The following table represents a listing of each State Plan strategy and the objectives that will be used to measure progress. While the objective statement timeline is primarily 2018, progress will be measured incrementally during the 5-year duration of the plan. This information, along with other data collected as part of the State Plan evaluation plan, will be summarized and reported to stakeholders. This data will also be used to adjust the strategy and actions as needed to achieve the objective.

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
I	**INFRASTRUCTURE**					
I 1	**Strategy 1: Increase the capacity for policy, systems and environmental change at all levels by providing leadership and building networks among obesity prevention stakeholders.**					
I 1.1	By 2018, the NPAO Program will facilitate or support a 50% increase in the number of evidence-based interventions implemented and evaluated by coalitions.	2018	Coalition survey Q41-45 in 2012 - Grantee coalition reports	308 (45 options x 60 coalitions = 2520 max)	NPAO Program WI PAN Local Coalitions and Partnerships Local Health Departments	462
I 1.2	By 2014, the NPAO Program will develop and expand a formalized partnership with academic and research groups to support implementation, evaluation and research of obesity prevention strategies at the local and state level.	2014	MOU with academic partners	None	WiPOD/Academic Partners	MOU in place
I 1.3	By 2018, the NPAO Program will provide resources and technical assistance for all local health departments conducting the Community Health Improvement Planning Process (CHIPP).	2018	Resource kit developed (using existing assessments & resources) and provided to health depts.	None	Local Coalitions and Partnerships Local Health Departments WPHA/WALHDAB	Toolkit created and provided to all HDs
I 1.4	By 2018 – A long-term funding plan for coordinated statewide obesity prevention efforts (beyond 2013) will be created and utilized.	2018	Funding Amount	$833K		Funding of $833K or more
I2	**Strategy 2: Increase the capacity of community coalitions and local partnerships to strategically plan, implement, and evaluate policy, systems and environmental change strategies for obesity prevention**					

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
I 2.1	By 2013, the NPAO Program and the Coalition Support Workgroup will develop, implement and evaluate an annual statewide coalition training and technical assistance plan.	2013	Master training plan in place	Short term trainings listed as created	NPAO Program UW-Extension Coalition Support Workgroup Local Coalitions WI Clearinghouse	Master plan in place
I 2.2	By 2018, increase the number of local breastfeeding coalitions from 28 to 32.	2018	http://www.dhs.wisconsin.gov/health/Nutrition/Breastfeeding/Local-BF-Coalition-Directory-2013.pdf	28	NPAO Program DHS WIC Program	32
I 2.3	By 2018, 75% of nutrition and physical activity coalitions will have developed a mission, vision and strategic plan.	2018	Annual coalition survey Q15 (2012)	28/70 40%		75%
I 2.4	By 2018, the number of environmental and policy changes implemented by coalitions addressing breastfeeding, nutrition, and physical activity will increase by 50%.	2018	Annual coalition survey Q47,49,51	119 (2012)		180
I3	**Strategy 3 - Develop and maintain partnerships with key stakeholders at both the local and state levels in efforts to prevent and manage obesity through evidence-based strategies**					
I 3.1	By 2018, the NPAO Program and WI PAN will facilitate and participate in community-academic partnerships for implementation and evaluation of evidence-based strategies in at least 20 communities.	2018	Annual coalition survey Q37 (2012)	14	UW System schools, private universities, community and tech. colleges NPAO Program WI PAN	20
I 3.2	By 2018, active WI PAN membership and immediate partnerships from key stakeholder groups identified by the WI PAN Executive Committee for implementation of the Nutrition, Physical Activity and Obesity State Plan will increase by 25%	2018	Criteria developed by Executive Committee x membership list	None WI PAN membership list est. base-line by 2013	WI PAN	25% increase from baseline
I4	**Strategy 4 - Increase communication amongst obesity prevention stakeholders through the continued development and utilization of a statewide system for information sharing.**					

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
I 4.1	By 2018, a compilation of communication tools and practices to promote evidence-based obesity prevention strategies will be created, maintained and promoted to stakeholders.	2018	Inventory of tools by 2013 (from Health in Practice, Get Active, Prevention Speaks, other sources) updates thru 2018	Incomplete info in multiple locations (Initial list in 2011; annual updates	WI Clearinghouse	Comprehensive list in a single web-based location
I 4.2	By 2013, a compilation of evidence-based obesity prevention messages will be created and shared with stakeholders.	2013	Inventory of messages (from Health in Practice, Get Active, other sources)	TBD Preliminary messages in multiple locations	WI Clearinghouse	Comprehensive list in a single web-based location Health in Practice
SE	**SURVEILLANCE & EVALUATION**					
SE1	**Plan and begin to develop one or more coordinated systems among partners for obtaining and sharing data and other types of evidence and the knowledge and standards needed to use these appropriately, to foster and maintain an effective, sustainable systems approach to obesity prevention throughout the state.**					
SE 1.1	By 2014, develop a scientific advisory group to provide recommendations about evidence-based frameworks, methods, and key indicators to foster the development of an aligned systems approach to obesity prevention throughout the state. (Baseline = no advisory group)	2014	Advisory council in place	No advisory group		Advisory council in place
SE 1.2	By 2014, plan and begin to develop the means to effectively share data, evidence, methods, tools, and related knowledge, with diverse partners throughout the state, to support a sustainable systems approach to obesity prevention (Baseline = no systematic network).	2014	Network in place	No network		Network in place
SE 2	**Maintain and continue to develop surveillance and monitoring systems and foster the development, sharing, and use of evaluation resources to support the various levels and approaches of state and local obesity prevention efforts throughout the state.**					
	By 2018, increase by 50% the number of available indicators for areas identified as key gaps in surveillance and monitoring systems for obesity prevention, such as indicators for policy, systems, and environmental change and representative rates for unhealthy weight and risk behaviors for children and health-equity related populations. (Baseline = Developmental).	2018	Developmental			Increase by 50%

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
	By 2014, assess the surveillance and evaluation capacity of state and local partners and create goals and objectives for improvement (Baseline: no capacity assessment)	2014	Capacity assessment	None		Assess current capacity and develop plan
EC	**EARLY CARE AND EDUCATION**					
EC 1	**Strategy 1: Increase supportive nutrition and physical activity environments in regulated care through state-level policy change.**					
EC 1.1	By 2018, increase the number of nutrition and physical activity-related criteria in the wellness component of YoungStar (Quality Rating Improvement System) from 2 to 4.	2018	# of nutrition and/or physical activity-related criteria in YoungStar	2 criteria in YoungStar Wellness Component	WECOPI, DCF, DPI	4 criteria in YoungStar wellness component
EC 1.2	By 2018, increase the number of nutrition and physical activity-related indicators from 4 to 6 in licensing standards for both group and family child care centers. (source: National Resource Center for Health & Safety, Model State Regulations for NPA - Report for Group & Family Child care)	2018	# of model NPA regulations in state licensing standards (WI's current grade is a C rating)	Group Child care = 4 indicators Family Child care = 4 indicators	WECOPI, DCF DPI	6 indicators for NPA licensing standards
EC 2	**Strategy 2; Improve the nutritional quality of meals and snacks served in regulated care settings.**					
EC 2.1	By 2018, at least 75% of group child care and 60% of family child care sites participating in the DPI-USDA Wellness Grant have adopted voluntary nutrition standards for the CACFP meal pattern.	2013	Pre/Post NAPSACC	0% (2011)	DCF, DPI Community Nutrition Programs, WECOPI Home Sponsors	75% of Group Child care; 60% of Family Child care
EC 3	**Strategy 3: Increase physical activity levels of children in regulated care through structured, teacher-led and unstructured physical activity.**					
EC 3.1	By 2018, increase the required daily minutes of teacher-led physical activity time for children in regulated care from 0 to at least 60 minutes.	2018	NAPSACC/ YoungStar QI Process	0 minutes (2010)	WECOPI, DCF	At least 60 minutes
EC 3.2	By 2018, increase the required daily minutes of unstructured physical activity time for children in regulated care from 0 to at least 60 minutes.	2018	NAPSACC/ YoungStar QI Process	0 minutes (2010)	WECOPI, DCF	At least 60 minutes
EC 4	**Strategy 4: Promote and sustain breastfeeding of infants in regulated care.**					
EC 4.1	By 2018, increase the adoption and use of Ten Steps to Breastfeeding Friendly Child Care Centers.	2018	# of ECE Providers trained on resource	Develop-mental	DCF - Potentially as part of YoungStar	Dependent on 1st baseline data
S	**SCHOOL GENERAL**					

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
S 1	**General School Strategy 1 - Increase the number of WI schools implementing environmental and policy change strategies to support healthy eating and physical activity.**					
S 1.1	By 2018, increase the number of Wisconsin schools with a designated individual responsible for coordinating school health and wellness activities from 85% to 100%.	2018	School Health Profiles Survey (Q#4 Principal survey)	85% (2010 Survey)	WI DPI	100%
S 1.2	By 2018, increase the number of Wisconsin schools with a designated school health advisory council (includes having diverse representation from school staff, parents, community members, school nutrition staff and students) from 63% to 70%.	2018	School Health Profiles Survey (Q#5/6 Principal survey)	63.1 (2010 Survey)	WI DPI	70%
S	**SCHOOL NUTRITION**					
S 2	**Strategy 2 - Increase standards based nutrition education in grades K-12.**					
S 2.1	By 2018, increase the percentage of schools providing standards-based (utilizing all nutrition education standard components) nutrition education to 75%.	2018	School Health Profiles Survey (Health Ed Q10)	67.8% (2010)	DPI-Team Nutrition UW-EXT WNEP	75%
S 2.2	By 2018, increase the number of Wisconsin schools that have achieved the Healthier US Challenge from 2 to 50.	2018	Team Nutrition Website	2 (2011)	WI DPI WI DHS	50
S 3	**Strategy 3 - Increase access to fresh fruits and vegetables for school-age children.**					
S 3.1	By 2018, increase the number of Wisconsin school districts participating in a comprehensive Farm to School Program from 44 to 51.	2018	Food Service Director Survey # AmeriCorps F2S sites	44 (2010-11 school year)	DPI, DATCP, UW Center for Integrated Agricultural Systems	51
S 3.2	By 2018, 40% of middle and high schools will offer fruit and 30% will offer vegetables in vending and a la carte sales.	2018	School Health Profiles Survey (Principal Q35)	Fruit 31% Vegetables 21%	DPI	40% 30%
S 3.3	By 2018, increase the number of Wisconsin schools and early childhood sites implementing a youth garden from 850 to 975.	2018	Got Dirt Training Survey	Approx. 850 (2005-2010)	DPI UW-EXT Community GroundWorks UW-SMPH	15% increase to 975
S 4	**Strategy 4 - Increase the nutritional quality of Wisconsin school meal programs (school breakfast, lunch, summer feeding, and after school)**					
S 4.1	By 2018, at least 50% of school food authorities will meet performance-based standards to receive the additional $0.06 federal meal reimbursement.	2018	DPI plans to track by a reporting process (# of schools receiving $0.06)	0 (2011) 900 eligible school food authorities	DPI-School Nutrition Team SNA	increase to 50%

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
S 4.2	By 2018, increase the number of school food authorities with school food service staff that have professional certifications, credentials or degrees from 612 to 900.	2018	# food service staff with a School Nutrition Specialist (SNS) credential # of food service staff attending DPI-sponsored trainings	63 Food Service Directors 446 Level 1 67 Level 2 36 Level 3 612	DPI-School Nutrition Team School Nutrition Association (SNA)	All 900 school food authorities have at least 1 qualified food service staff member
S 4.3	By 2018, increase by 50%, the number of school food authorities that offer the required amount of whole grains, legumes, fruits and vegetables per the USDA standards for school meals and consistent with the 2010 and 2015 Dietary Guidelines.	2018	DPI Coordinated Review Effort (required every 3 years)	TBD Developmental	DPI-School Nutrition Team	Increase 50% from baseline. To be set after 2013 initial data collected.
S 5	**Strategy 5 - Decrease access to energy dense foods and beverages in schools.**					
S 5.1	By 2018, decrease the percent of Wisconsin middle and high schools that offer less healthy beverages as competitive foods from 73% to 62%.	2018	CDC Children's Food Environment Indicator Report School Health Profiles Survey (Principal Q34)	73 2010	DPI WI Milk Marketing Board	62%
S 5.2	By 2018, decrease the percent of Wisconsin middle and high schools that offer less healthy competitive foods from 59% to 50%.	2018	CDC Children's Food Environment Indicator Report School Health Profiles Survey	59% 2009	DPI	50%
S 5.3	By 2018, 100% of schools participating in school meal programs will have access to potable water where and when meals are consumed.	2018	DPI Coordinated Review Effort (every 3 years)	0%	DPI-School Nutrition Team SNA	100% of WI participating schools
S 5.4	By 2018, decrease the percent of Wisconsin middle and high schools that allow advertising of less healthy foods and beverages from 57% to 30%	2018	CDC Children's Food Environment Indicator Report School Health Profiles Survey	57% 2008	DPI-Team Nutrition/CSHP	30%
S	**SCHOOL PHYSICAL ACTIVITY**					
S 6	**Strategy 6 - Increase standards based teaching in physical education in grades K-12.**					

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
S 6.1	By 2018, increase the percentage of K-12 public schools using the Wisconsin Physical Education standards to 95%.	2018	School Health Profiles Survey Publication sales	88% (2007 WI Physical Education Survey)	Not in 2010 Profiles DPI Can Add in 2013	95%
S 6.2	By 2018, increase the percentage of K-12 public schools using the online Physical Education standards checklist to integrate DPI standards A-G to 50%.	2018	Physical Education Profiles Survey	0	DPI	50%
S 7	**Strategy 7 – Provide opportunities for at least 60 minutes of physical activity per day for all school-age children.**					
S 7.1	By 2018, increase the number of school districts that have a policy of providing opportunities for 60 minutes of physical activity per day to 100 districts.	2018	DPI Survey TBD	Developmental		100
S 7.2	By 2018, increase the percentage of students active for 60 minutes per day for all 7 days of the week from 24% to 30%.	2018	YRBSS	23.8% (2009)		30%
S 7.3	By 2018, increase the percentage of students active for 60 minutes per day for at least 5 days per week from 49% to 60%.	2018	YRBSS	48.5% (2009)		60%
S 8	**Strategy 8 - Use an evidence-based fitness test to assess the endurance capacity of the student population in grades 4-12.**					
S 8.1	By 2018, increase the percentage of schools with grades 4-12 utilizing an evidence-based fitness test to measure the aerobic capacity of their students from 44% to 60%	2018	School Health Profiles Survey Q51	44% (2010)	WI DPI	60%
CA	**ACTIVE COMMUNITY ENVIRONMENT**					
CA 1	**Strategy 1- Develop local community master plans that include incorporation of strategies that promote physical activity.**					
CA 1.1	By 2018, Increase the number of local bike/pedestrian committees by 50%. Committees should assist with development of community plans to increase active transportation options.	2018	Internet search	10 (2010)	WI DOT, Bike Federation of WI, MPOs, WI PAN ACE Committee, Local Coalitions	15
CA 2	**Strategy 2 – Develop and implement active transportation options such as safe routes to school plans and bike to work options in communities**.					
CA 2.1	By 2018, increase the number of school districts/communities that have Safe Routes to School programs by 20%.	2018	WI DOT	350 (2010)	WI DOT WI PAN ACE Committee	420
CA 3	**Strategy 3 - Increase access to public or community facilities for physical activity.**					

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
CA 3.1	By 2018, Increase the number of Joint Use Agreements between schools, communities, park and recreation and other groups with physical activity facilities.	2018	School Health Profiles Survey (Principal Q19)	95% (2010)		100%
FS	**FOOD SYSTEM - Community**					
FS 1	**Strategy 1 – Increase access to and affordability of fruits and vegetables.**					
FS 1.1	By 2018, Increase the number of Wisconsin communities with farmers' markets from 213 to 224 and CSA farms from 199 to 210, and community gardens in Wisconsin from 106 to 117 with an emphasis on reducing disparities in access to fresh fruits and vegetables.	2018	WIC & USDA data; CDC F & V Report Card. Senior & WIC-FMNP Gardens: Milw UW-Ext FEEDS project.	Farmers' Markets 213 (2011) CSA-Local Harvest data = 199 (2011) Gardens = 106 (2011)	DATCP WIC & Senior FMNP MACSAC UW-EXT	Farmers' Markets: 5% increase by 2018 (224) CSA Farms: 5% increase by 2018 (209) Gardens: 10% increase by 2018 (117)
FS 1.2	By 2018, increase purchasing of fresh fruits and vegetables through electronic benefit transfers (EBT) for SNAP and WIC participants in a variety of settings (e.g., farmers' markets, CSAs) from 1% to 10%.	2018	CDC F & V Report Card WIC/ROSIE SYSTEM	1%	WIC & Senior FMNP UW-EXT	10%
FS 1.3	By 2018, increase the number of local governments that encourage the production, distribution, and procurement of food from local farms within the local jurisdiction by 5%.	2018	Developmental CDC Community Strategies & Measures	To be determined	Local Health Dept	Increase by 5%
FS 2	**Strategy 2 - Increase access to and promotion of healthy foods in restaurants, foods stores, and vending.**					
FS 2.1	By 2018, increase the number of Wisconsin restaurants and food stores that have implemented strategies to support healthy eating by 10%.	2018	NEMS/SHOW	NEMS/ SHOW Data (2009-2011)	WI Restaurant Assn. WI Grocers Assn. SHOW Local Coalitions	10% increase in strategies

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
FS 2.2	By 2018, increase the number of Wisconsin communities with access to full-scale supermarkets and other healthy food outlets, with an emphasis on reducing disparities in access to affordable, healthful foods from 60% to 65%.	2018	CDC F & V Report Card - % census tracts within ½ mile of healthy food retailers USDA Food Desert Locator CDC Children's Food Environment Indicators (Modified Food Retail Index)	59.5 (2009)	WI Grocers Assn.	Increase by 5% by 2018
FS 3	**Strategy 3 – Promote access to and consumption of healthy beverages.**					
FS 3.1	By 2018, increase the number of eight-ounce servings of safe, potable drinking water (from a municipal water supply or private well) consumed daily by Wisconsin adults from 6.4 to 8.	2018	SHOW; Dietary Questionnaire (questions 300, 310, & 320)	SHOW Baseline Data 6.4	DNR DHS-Environmental Health Program Groundwater Coordinating Council. SHOW	8.0
FS 3.2	By 2018, increase the number of local governments that have nutrition standards for foods and beverages sold within local government facilities from 0 to 10.	2018	Coalition Survey	0 (2010)		10
FS 4	**Strategy 4 – Increase access to education and programs that support breastfeeding initiation, exclusivity, and duration.**					
FS 4.1	By 2018, increase the number of local health departments that have adopted the Ten Steps to Breastfeeding-Friendly Health Departments from 5 to 10.	2018	Breastfeeding Program	5 BF Friendly Awards (2008-2011)	Local Health Departments State Breastfeeding Coalition, MCH	10
FS 4.2	By 2018, increase the number of volunteer community-based groups that support and promote breastfeeding (e.g., La Leche League) from 36 to 42.	2018	Review of LLL websites	36 (2011)	La Leche League State Breastfeeding Coalition	42 community - based groups
FS 4.3	By 2018, increase the number of WIC agencies with a peer counseling program from 55 to 70.	2018	Annual review of WIC applications	55	WI WIC Program	73
H	**HEALTHCARE**					
H 1	**Strategy 1 – Implement evidence-based guidelines for quality maternity care practices that are fully supporting of breastfeeding initiation, duration and exclusivity.**					
H 1.1	By 2018, increase the average score of the State Maternity Practices in Infant Nutrition and Care (mPINC) from 76 to 84.	2018	(mPINC)	76		84

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
H 1.2	By 2018, increase the percent of live births occurring at facilities designated as Baby Friendly from 16.85% to 33%.	2018	CDC Breastfeeding Report Card	12.24	WI Hospital Assn Breastfeeding Coalitions	25
H 2	**Strategy 2 – Routinely screen and counsel patients on BMI status following evidence-based practice guidelines.**					
H 2.1	By 2018, increase the proportion of primary care providers who regularly measure the body mass index of their patients.	2018	HEDIS measures	73%	WI Collaborative Medicaid Wisconsin Primary Healthcare Association	80%
H 3	**Strategy 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.**					
H 3.1	By 2018, increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity.	2018	HEDIS measures	New TBD	WI Collaborative Medicaid Wisconsin Primary Healthcare Association	TBD
H 4	**Strategy 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.**					
H 4.1	By 2018, the percentage of local nutrition and physical activity coalitions that have active participation from high level representatives from healthcare will increase from 57% to 70%. (coalition survey, Q17)	2018	Coalition Survey 2012	39/69 57%		70%
H4.2	By 2018, Wisconsin will have an Obesity Prevention Research Center.	2018				
W	**WORKSITE**					
W 1	**Strategy 1 – Implement comprehensive worksite wellness programs using evidence-based strategies.**					
W 1.1	By 2018, the number of worksites and employees reached by evidence-based strategies in the WI Worksite Wellness Resource Kit will increase to at least 2500 worksites and 500,000 employees, 2009 base is 1250 worksites and 200,000 employees.	2018	Annual Worksite Survey	1250 200,000 (2009)		2500 500,000
W 1.2	Objective W1.2 - By 2018, increase the number of Wisconsin worksites that have achieved the Wisconsin Worksite Wellness Award from 69 to 150.	2018	Worksite Award winners	69		150
W 2	**Strategy 2 – Promote, support and develop more worksite wellness efforts that are statewide, regional or city-wide initiatives such as Well City® initiatives.**					

Objective Number	Objective	Year Due	Evaluation Measure	Baseline	Partners	Target Outcome
W 2.1	By 2018, increase the number of statewide, regional or city-wide worksite wellness initiatives from 3 to 5.	2018	Well City Awardees, WELCOA Award Winners, Governor's Wellness Award winners	3 (2010) 50		5 100
W 3	**Strategy 3 - Establish a network that encourages professional development and sharing of ideas and information on worksite wellness (i.e., networking, learning circles, etc.)**					
W 3.1	By 2014, increase the number of "Favorites" listings on the website, create social networking opportunities for staff wellness coordinators and double the number of college courses that utilize the WI Worksite Wellness Resource Kit within their course work.	2014	# of Favorites listed Favorites web hits List serve in place College courses	36 7855 (2010) none 5		 In place 10

APPENDIX

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.

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

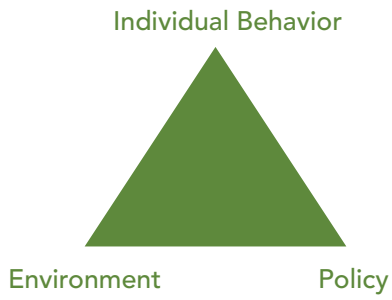
To simplify the SEM concept even further, groups working on obesity prevention should focus their work in three areas: policy change, environmental change, and individual behavior change. The concept of combining individual strategies with environmental and policy changes is a way to increase impact 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:

Environmental Examples	Policy Examples
Controlled intersection with "walk" light indicator.	Walking school bus group with accompanying parents.
Well marked crosswalk.	Crossing guard on duty.
School Crossing sign up the block. 	Distance for students to bus is >1 mile. Encourages students living closer to walk or bike. 

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

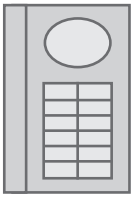
Actively ask about a healthy option for a side dish (apple slices vs. french fries).

Place salad bar right before checkout.

CAFETERIA LINE

Put individual fruits and vegetables first in the line.

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



Provide taste testing opportunities to introduce new fruits & vegetables.

SAMPLE TABLE

Make water easily available.

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

Determining 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

Rating	Evidence Criteria	Quality of Evidence
Scientifically Supported	1 or more systematic review(s), or 3 experimental or quasi-experimental studies, or 6 descriptive studies	Studies have strong design, statistically significant positive finding(s), large magnitude of effect(s).
Some Evidence	1 or more review(s), or 2 experimental or quasi-experimental studies, or 3-5 descriptive studies	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.
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.

nutrition, physical activity and obesity state plan strategy evidence table

Strategy	Expected Outcome	Source	Evidence Strength
EC 1 - Increase supportive nutrition and physical activity environments in regulated care through state-level policy change.	Improved nutrition, increased physical activity	1. U.S. Department of Health and Human Services. *The Surgeon General's Vision for a Healthy and Fit Nation.* Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, January 2010. 2. Benjamin, Sara E, et al. *Obesity prevention in child care: A review of U.S. state regulations.* BMC Public Health. 2008. http://www.biomedcentral.com/1471-2458/8/188	**Limited Evidence; Supported by Expert Opinion**
	Obesity prevention	1. Story, et. al. *The Role of Child Care Settings in Obesity Prevention.* The Future of Children, Volume 16, Number 1, Spring 2006 pp. 143-168. http://muse.jhu.edu/journals/foc/summary/v016/16.1story02.html	**Limited Evidence; Supported by Expert Opinion**
EC 2 – Improve the nutritional quality of meals and snacks served in regulated care settings	Improved nutrition	1. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2010. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf pp 11-25 2. U.S. Department of Health and Human Services. *The Surgeon General's Vision for a Healthy and Fit Nation.* Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, January 2010. 3. Institute of Medicine (IOM). 2011. *Early Childhood Obesity Prevention Policies.* Washington, DC: The National Academies Press. pp.85-118. 4. Comprehensive Nutrition Programs in a Single Setting. Center for Training and Research Translation (Center TRT). http://www.centertrt.org/?p=strategy&id=1117	**Some evidence**
		1. Story, et. al. *The Role of Child Care Settings in Obesity Prevention.* The Future of Children, Volume 16, Number 1, Spring 2006 pp. 143-168. http://muse.jhu.edu/journals/foc/summary/v016/16.1story02.html	**Limited Evidence, Supported by Expert Opinion**
EC 3 – Increase physical activity levels of children in regulated care	Increased physical activity	1. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2010. *Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition*. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf pp 51-57 2. Bower, et. al. *The Childcare Environment and Children's Physical Activity*. American Journal of Preventive Medicine, Volume 34, Issue 1, Pages 23-29, January 2008. http://www.ajpmonline.org/article/S0749-3797(07)00616-2/abstract	**Some Evidence**

Strategy	Expected Outcome	Source	Evidence Strength
		3. Centers for Disease Control and Prevention. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community*. Atlanta: U.S. Department of Health and Human Services; 2011. http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf Benefits on P.3, and pages 17-20. 4. President's Council on Fitness, Sports, & Nutrition. *Physical Activity Guidelines for Americans Mid-Course Report: Strategies to Increase Physical Activity Among Youth.* (Unpublished). http://www.health.gov/PAguidelines/midcourse/PAG_Mid-course_Report.pdf P.6 5. Institute of Medicine (IOM). 2011. *Early Childhood Obesity Prevention Policies.* Washington, DC: The National Academies Press. P.59-84.	
	Obesity prevention	1. Story, et. al. *The Role of Child Care Settings in Obesity Prevention.* The Future of Children, Volume 16, Number 1, Spring 2006 pp. 143-168. http://muse.jhu.edu/journals/foc/summary/v016/16.1story02.html 2. Jago, et. al. *BMI from 3–6 y of age is predicted by TV viewing and physical activity, not diet. International Journal of Obesity* (2005) 29, 557–565. http://www.nature.com/ijo/journal/v29/n6/abs/0802969a.html	**Limited Evidence, Supported by Expert Opinion**
EC 4 - Promote and sustain breastfeeding of infants in regulated care	Increased breastfeeding rates and duration at the Early Childhood Education site	1. University of Wisconsin Population Health Institute. Breastfeeding Promotion Programs. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/breastfeeding-promotion-programs	**Scientifically Supported**
	Obesity prevention (reduced obesity rates later in life)	1. Owen et. al. *Effect of Infant Feeding on the Risk of Obesity Across the Life Course: A Quantitative Review of Published Evidence.* Pediatrics Vol. 115 No. 5 May 1, 2005 pp. 1367-1377. http://www.pediatricsdigest.mobi/content/115/5/1367.full 2. Agency for Healthcare Quality. *Breastfeeding, Maternal & Infant Health Outcomes*. http://archive.ahrq.gov/clinic/tp/brfouttp.htm 3. CDC Fact Sheet with reference list: Research to Practice Series, No. 4, July 2007. Does breastfeeding reduce the risk of pediatric obesity. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf 4. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/ technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007. 5. Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity—a systematic review. Int J Obes Relat Metab Disord 2004;28:1247–1256. http://www.nature.com/ijo/journal/v28/n10/abs/0802758a.html	**Scientifically Supported**
S 1 - Increase the number of Wisconsin schools implementing environment and policy	Improved nutrition, increased physical activity	1. Story, et. al. *Schools and Obesity Prevention: Creating School Environments and Policies to Promote Healthy Eating and Physical Activity.* The Milbank Quarterly, March 2009. http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2009.00548.x/full	**Scientifically Supported**

Strategy	Expected Outcome	Source	Evidence Strength
change strategies to support healthy eating and physical activity		2. Matson-Koffman, et. al. *A Site-specific Literature Review of Policy and Environmental Interventions that Promote Physical Activity and Nutrition for Cardiovascular Health: What Works?* American Journal of Health Promotion; January/February 2005. http://ajhpcontents.org/doi/abs/10.4278/0890-1171-19.3.167?journalCode=hepr 3. Sallis, et. al, *Environmental Interventions for Eating and Physical Activity - A Randomized Controlled Trial in Middle Schools*. Am J Prev Med 2003;24(3) http://www.aahf.info/pdf/youth_articles/PIIS0749379702006463.pdf 4. Making Healthy Places, Designing and Building for Health, Well-being and Sustainability. Danneburg, et.a al.; 2011. http://books.google.com/books?hl=en&lr=&id=_VVUF8zYoSEC&oi=fnd&pg=PA32&dq=school+policy+changes+physical+activity+and+nutrition&ots=LdM5K-gxoz&sig=O2VxR7Zu9YteIHitBy1izRYZMyo#v=onepage&q=school%20policy%20changes%20physical%20activity%20and%20nutrition&f=false	
	Decreased obesity	1. Story, et. al. *Schools and Obesity Prevention: Creating School Environments and Policies to Promote Healthy Eating and Physical Activity* - Section on *Impact of Competitive Foods on Child Nutrition..* The Milbank Quarterly, March 2009. http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2009.00548.x/full 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	**Some evidence**
S 2 - Increase standards based nutrition education in grades K-12	Improved nutrition	1. University of Wisconsin Population Health Institute. School-Based Nutrition Education Programs. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/school-based-nutrition-education-programs 2. Howerton et. al. *School-based Nutrition Programs Produced a Moderate Increase in Fruit and Vegetable Consumption: Meta and Pooling Analyses from 7 Studies.* Journal of Nutrition Education and Behavior Volume 39, Issue 4 , Pages 186-196, July 2007 *http://www.jneb.org/article/S1499-4046%2807%2900098-X/abstract* 3. Knai et. al. *Getting children to eat more fruit and vegetables: A systematic review.* Preventive Medicine Volume 42, Issue 2, February 2006, Pages 85–95. http://www.sciencedirect.com/science/article/pii/S0091743505002215 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	**Some Evidence**
	Obesity prevention and	1. School-Based Obesity Prevention Strategies for State Policymakers. *Strategy*	**Limited**

Strategy	Expected Outcome	Source	Evidence Strength
	weight management	*7: Set nutrition standards for foods and beverages offered in schools.* CDC. http://www.cdc.gov/healthyyouth/policy/pdf/obesity_prevention_strategies.pdf 2. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (Strategy 5-3: Ensure Strong Nutritional Standards for All Foods and Beverages Sold or Provided Through Schools)*. Institute of Medicine 2012 publication. http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx	**Evidence, Supported by Expert Opinion**
S 3 - Increase access to fresh fruits and vegetables for school-age children	Improved nutrition	1. University of Wisconsin Population Health Institute. School Fruit and Vegetable Gardens. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/school-fruit-vegetable-gardens 2. SM Palmer et. al. *School gardens: an experiential learning approach for a nutrition education program to increase fruit and vegetable knowledge, preference, and consumption among second-grade students.* J Nutr Educ Behavior 2009 May-Jun;41(3):212-7 http://www.ncbi.nlm.nih.gov/pubmed/19411056 3. McAleese and Rankin. *Garden-based nutrition education affects fruit and vegetable consumption in sixth-grade adolescents.* Journal of the American Dietetic Association [2007, 107(4):662-665]. http://europepmc.org/abstract/MED/17383272 4. Alexandra Evans et. al. *Exposure to Multiple Components of a Garden-Based Intervention for Middle School Students Increases Fruit and Vegetable Consumption*. Health Promot Pract September 2012 vol. 13 no. 5 608-616. http://hpp.sagepub.com/content/13/5/608.abstract	**Scientifically Supported**
	Obesity prevention	1. School-Based Obesity Prevention Strategies for State Policymakers. *Strategy 10: Support opportunities for students to engage in physical activity and consume healthier foods.* CDC. http://www.cdc.gov/healthyyouth/policy/pdf/obesity_prevention_strategies.pdf	**Limited Evidence, Supported by Expert Opinion**
S 4 - Increase the nutritional quality of Wisconsin school meal programs (school breakfast, lunch, summer feeding, and after school)	Improved nutrition	1. University of Wisconsin Population Health Institute. Nutrition Standards for Food Sold in Schools. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/nutrition-standards-food-sold-schools 2. Patricia Constante Jaime. *Do school based food and nutrition policies improve diet and reduce obesity?* Preventive Medicine, Volume 48, Issue 1, January 2009, Pages 45–53. http://www.sciencedirect.com/science/article/pii/S0091743508005720 3. Snelling and Kennard. *The Impact of Nutrition Standards on Competitive Food Offerings and Purchasing Behaviors of High School Students.* Journal of School Health, Volume 79, Issue 11, pages 541–546, November 2009. http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2009.00446.x/abstract	**Some Evidence**
	Obesity prevention and weight management	1. School-Based Obesity Prevention Strategies for State Policymakers. *Strategy 7: Set nutrition standards for foods and beverages offered in schools.* CDC. http://www.cdc.gov/healthyyouth/policy/pdf/obesity_prevention_strategies.pdf	**Limited Evidence, Supported by**

Strategy	Expected Outcome	Source	Evidence Strength
		2. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (Strategy 5-2: Ensure Strong Nutritional Standards for All Foods and Beverages Sold or Provided Through Schools)*. Institute of Medicine 2012 publication. http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx	**Expert Opinion**
S 5 - Decrease access to energy dense foods and beverages in schools	Improved nutrition	1. Patricia Constante Jaime. *Do school based food and nutrition policies improve diet and reduce obesity?* Preventive Medicine, Volume 48, Issue 1, January 2009, Pages 45–53. http://www.sciencedirect.com/science/article/pii/S0091743508005720 2. Gonzalez, W., Jones, S.J., and Frongillo, E.A., Restricting Snacks in U.S. Elementary Schools is Associated with Higher Frequency of Fruit and Vegetable Consumption. The Journal of Nutrition, January 2009 vol. 139 no. 1 142-144. http://jn.nutrition.org/content/139/1/142.full 3. University of Wisconsin Population Health Institute. Nutrition Standards for Food Sold in Schools. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/nutrition-standards-food-sold-schools 4. University of Wisconsin Population Health Institute. Limit Access to Competitive Foods in Schools. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/limit-access-competitive-food-schools 5. University of Wisconsin Population Health Institute. Competitive Pricing in Schools. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/competitive-pricing-schools	**Some Evidence**
	Obesity prevention and weight management	1. Fox MK, Dodd AH, Wilson A, Gleason PM. Association between school food environment and practices and body mass index of U.S. public school children. Journal of the American Dietetic Association. 2009;109(2 Suppl):S108-S117. http://www.journals.elsevierhealth.com/periodicals/yjada/article/S0002-8223%2808%2902058-0/abstract 2. Sanchez-Vaznaugh, E.V., Sanchez, B.N., Baek, J., and Crawford, P.B., Competitive Food and Beverage Policies: Are They Influencing Childhood Overweight Trends? Health Aff March 2010 29:3436-446; 3. Malik, Et. al. *Intake of sugar-sweetened beverages and weight gain: a systematic review.* Am J Clin Nutr. 2006 August; 84(2): 274–288. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3210834/ 4. Ludwig, et. al. *Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational* analysis. The Lancet • Vol 357 • February 17, 2001. http://www.ncbi.nlm.nih.gov/pubmed/11229668 5. De Ruyter et. al. *A trial of sugar-free or sugar-sweetened beverages and body weight in children.* N Engl J Med. 2012 Oct 11;367(15):1397-406. http://www.ncbi.nlm.nih.gov/pubmed/22998340	**Some evidence**

Strategy	Expected Outcome	Source	Evidence Strength
		6. *Does Drinking Beverages with Added Sugars Increase the Risk of Overweight?* CDC Research to Practice Series, No. 3 - September 2006. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/r2p_sweetend_beverages.pdf	
S 6 - Increase standards based teaching in Physical Education in grades K-12	Increased physical activity	1. Centers for Disease Control and Prevention. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community*. Atlanta: U.S. Department of Health and Human Services; 2011. http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf P. 17-18 2. President's Council on Fitness, Sports, & Nutrition. *Physical Activity Guidelines for Americans Mid-Course Report: Strategies to Increase Physical Activity Among Youth.* (Unpublished). http://www.health.gov/PAguidelines/midcourse/PAG_Mid-course_Report.pdf P. 2, 5, 17-21 3. Dobbins, et. al. *School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18.* The Cochrane Library July 8, 2009. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007651/abstract	**Scientifically Supported**
	Obesity prevention and weight management	1. *School-Based Obesity Prevention Strategies for State Policymakers. Strategy 8: Promote high quality health education and physical education.* CDC. http://www.cdc.gov/healthyyouth/policy/pdf/obesity_prevention_strategies.pdf 2. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (Strategy 5-1: Require Quality Physical Education and Opportunities for Physical Activity in Schools)*. Institute of Medicine 2012 publication. http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx	**Limited Evidence, Supported by Expert Opinion**
S 7 - Provide opportunities for at least 60 minutes of physical activity per day for all school-age children	Increased physical activity	1. Yolanda Demetriou. *Physical activity interventions in the school setting: A systematic review.* Psychology of Sport and Exercise, Volume 13, Issue 2, March 2012, Pages 186–196. http://www.sciencedirect.com/science/article/pii/S1469029211001592 2. Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee Report, 2008. Washington, DC: U.S. Department of Health and Human Services, 2008. 3. Center for Disease Control and Prevention. *Youth Physical Activity: The Role of Schools*. Atlanta: U.S. Department of Health and Human Services; 2009. 4. President's Council on Fitness, Sports, & Nutrition. *Physical Activity Guidelines for Americans Mid-Course Report: Strategies to Increase Physical Activity Among Youth.* (Unpublished). http://www.health.gov/PAguidelines/midcourse/PAG_Mid-course_Report.pdf P. 5 5. Aaron Carrel, et. al. *Improvement of Fitness, Body Composition, and Insulin Sensitivity in Overweight Children in a School-Based Exercise Program: A Randomized, Controlled Study.* Arch Pediatr Adolesc Med. 2005;159(10):963-	**Scientifically Supported**

Strategy	Expected Outcome	Source	Evidence Strength
		968. doi:10.1001/archpedi.159.10.963 http://archpedi.jamanetwork.com/article.aspx?articleid=486133	
	Obesity prevention and weight management	1. Aaron Carrel, et. al. *Improvement of Fitness, Body Composition, and Insulin Sensitivity in Overweight Children in a School-Based Exercise Program: A Randomized, Controlled Study.* Arch Pediatr Adolesc Med. 2005;159(10):963-968. doi:10.1001/archpedi.159.10.963 http://archpedi.jamanetwork.com/article.aspx?articleid=486133 2. Kriemler, S., Zahner, L., Schindler, C., et. al. Effect of school-based physical activity programme on fitness and adiposity in primary school children: cluster randomized controlled trial. BMJ. 2010; 340: c785. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2827713/	**Some Evidence**
S 8 - Use an evidence-based fitness test to assess the endurance capacity of the student population in grades 4-12	Increased physical activity and fitness	1. National Association for Sport and Physical Education. *Appropriate Uses of Fitness Testing*. Position Statement. Reston, Virginia; 2010. http://www.aahperd.org/naspe/standards/upload/Appropriate-Uses-of-Fitness-Measurement.pdf 2. Frederick County Public Schools. *Fitness Testing*. Frederick, Maryland; 2012. Accessed online 8/27/12. http://physed.sites.fcps.org/node/570	**Limited Evidence, Supported by Expert Opinion**
	Obesity prevention and weight management	1. Barbara A. Dennison, et. al. *Childhood Physical Fitness Tests: Predictor of Adult Physical Activity Levels?* Pediatrics 2008. http://pediatrics.aappublications.org/content/82/3/324.short	**Limited Evidence, Supported by Expert Opinion**
CA 1- Develop local community master plans that include incorporation of strategies that promote physical activity	Increased physical activity and fitness	1. University of Wisconsin Population Health Institute. Access to Places for Physical Activity. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/access-places-physical-activity 2. World Health Organization. *A healthy city is an active city: a physical activity planning guide.* 2012. http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/urban-health/publications/2008/healthy-city-is-an-active-city-a-a-physical-activity-planning-guide 3. Centers for Disease Control and Prevention. *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community*. Atlanta: U.S. Department of Health and Human Services; 2011. http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf 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 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	**Scientifically Supported**
	Decreased obesity	1. Mia A. Papas, et. al. The Built Environment and Obesity. Epidemiol Rev 2007;29:129–143. http://www.ncbi.nlm.nih.gov/pubmed/17533172 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	**Scientifically Supported**

Strategy	Expected Outcome	Source	Evidence Strength
		February 1, 2006 pp. 417 -424 (doi: 10.1542/peds.2005-0058). http://www.pediatricsdigest.mobi/content/117/2/417.full	
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. http://www.countyhealthrankings.org/program/access-places-physical-activity 2. CDC. Youth Physical Activity Guidelines. CDC Physical Activity 2011 3. University of Wisconsin Population Health Institute. Safe Routes to Schools (SRTS). *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/safe-routes-schools-srts	**Scientifically Supported**
	Decreased obesity	1. Frank, et. al. *Obesity relationships with community design, physical activity, and time spent in cars.* American Journal of Preventive Medicine, Volume 27, Issue 2, August 2004, Pages 87–96. http://www.sciencedirect.com/science/article/pii/S074937970400087X	**Some Evidence**
CA 3 - Increase access to public or community facilities for physical activity	Increased physical activity and fitness	1. University of Wisconsin Population Health Institute. Access to Places for Physical Activity. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/access-places-physical-activity 2. Brownson et. al. *SHAPING THE CONTEXT OF HEALTH: A Review of Environmental and Policy Approaches in the Prevention of Chronic Diseases.* Annual Review of Public Health, Vol. 27: 341-370 (Volume publication date April 2006). http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.27.021405.102137	**Scientifically Supported**
	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. http://www.sciencedirect.com/science/article/pii/S1353829210001528 2. Dunton et. al. *Physical environmental correlates of childhood obesity: a systematic review.* Obesity Reviews Volume 10, Issue 4, pages 393–402, July 2009 http://onlinelibrary.wiley.com/doi/10.1111/j.1467-789X.2009.00572.x/full	**Limited Evidence, Supported by Expert Opinion**
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. http://www.countyhealthrankings.org/program/increase-fruit-vegetable-availability 2. University of Wisconsin Population Health Institute. WIC and Senior Farmers Market Nutrition Programs. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/wic-and-senior-farmers-market-nutrition-programs 3. Herman DR, Harrison GG, Afifi AA, Jenks E. Effect of a targeted subsidy on intake of fruits and vegetables among low-income women in the Special Supplemental Nutrition Program for Women, Infants, and Children. *Am J Public Health.* 2008;98(1):98-105. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2156076/	**Some Evidence**

Strategy	Expected Outcome	Source	Evidence Strength
		4. Alaimo K, Packnett E, Miles R, Kruger D. Fruit and vegetable intake among urban community gardeners. *J Nutr Educ Behav.* 2008;40(2):94-101. 5. Kimmons, J., et al. *Developing and Implementing Health and Sustainability Guidelines for Institutional Food Service.* Adv Nutr. May 2012. 6. Centers for Disease Control and Prevention. *Improving the Food Environment Through Nutrition Standards: A Guide for Government Procurement.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention. February 2011. 7. Changing Access and Availability to Favor Healthy Foods and Beverages. Center for Training and Research Translation (Center TRT). http://www.centertrt.org/?p=strategy&id=1114&section=3	
	Obesity prevention/reduction	1. Rolls BJ, Ello-Martin JA, Tohill BC. What can intervention studies tell us about the relationship between fruit and vegetable consumption and weight management? Nutr Rev. Jan 2004;62(1):1-17. 2. Lin and Morrison. *Higher Fruit Consumption Linked with Lower Body Mass Index*. FoodReview USDA-ERS. 2002. http://webarchives.cdlib.org/wayback.public/UERS_ag_1/20120110085300/ http://connection.ebscohost.com/c/articles/9071366/higher-fruit-consumption-linked-lower-body-mass-index	**Limited Evidence, Supported by Expert Opinion**
FS 2 - Increase access to and promotion of healthy foods in restaurants, food stores, and vending	Improved nutrition	1. Bodor JN, Rose D, Farley TA, Swalm C, Scott SK. Neighbourhood fruit and vegetable availability and consumption: the role of small food stores in an urban environment. *Public Health Nutri.* 2008;11(4):413-420. http://journals.cambridge.org/abstract_S1368980007000493 2. Matson-Koffman DM, Brownstein JN, Neiner JA, Greaney ML. A site-specific literature review of policy and environmental interventions that promote physical activity and nutrition for cardiovascular health: what works? *Am J Health Promot.* 2005;19(3):167-193. 3. Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. Creating Healthy Food and Eating Environments: Policy and Environmental Approaches. *Annu Rev Public Health.* 2008;29(1):253-272. http://www.med.upenn.edu/chbr/documents/2008-Story-CreatingHealthyFoodEatingEnviro.pdf 4. Glanz, K. and D. Hoelscher, *Increasing fruit and vegetable intake by changing environments, policy and pricing: restaurant-based research, strategies, and recommendations.* Prev Med, 2004. 39 Suppl 2: p. S88-93. 5. University of Wisconsin Population Health Institute. Label Nutrition Information at Restaurants. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/label-nutrition-information-restaurants 6. University of Wisconsin Population Health Institute. Point-of-Decision Prompts: Healthy Food Choices. *County Health Rankings 2012*. 2012.	**Scientifically Supported**

Strategy	Expected Outcome	Source	Evidence Strength
		http://www.countyhealthrankings.org/program/point-decision-prompts-healthy-food-choices 7. Escaron, A. et al. *Food Store Based Interventions to Promote Healthy Food Choices and Eating Practices: A Systematic Review*. Preventing Chronic Disease (under review). 2012.	
	Obesity prevention/reduction	1. Powell, L.M., et al., *Associations between access to food stores and adolescent body mass index.* Am J Prev Med, 2007. **33**(4 Suppl): p. S301-7. http://www.impacteen.org/journal_pub/pub_PDFs/AJPM_Supplement_2007/AJPM2007_S301_powell.pdf 2. Jay Maddock (*2004*) The Relationship Between Obesity and the Prevalence of Fast Food Restaurants: State-Level Analysis. American Journal of Health Promotion: November/December 2004, Vol. 19, No. 2, pp. 137-143. 3. Davis and Carpenter. *Proximity of Fast-Food Restaurants to Schools and Adolescent Obesity*. American Journal of Public Health. March 2009. http://www.ncbi.nlm.nih.gov/pubmed/19106421	**Some Evidence**
FS 3 – Promote access to and consumption of healthy beverages	Improved nutrition	1. University of Wisconsin Population Health Institute. Point-of-Decision Prompts: Healthy Food Choices. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/point-decision-prompts-healthy-food-choices 2. University of Wisconsin Population Health Institute. Make Water Available and Promote Consumption. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/make-water-available-and-promote-consumption 3. Changing Access and Availability to Favor Healthy Foods and Beverages. Center for Training and Research Translation (Center TRT). http://www.centertrt.org/?p=strategy&id=1114&section=3 4. Food and Beverage Marketing to Favor Healthy Foods and Beverages. Center for Training and Research Translation (Center TRT). http://www.centertrt.org/?p=strategy&id=1120	**Some Evidence**
	Obesity prevention / reduction	1. Vartanian LR, Schwartz MB, Brownell KD. Effects of Soft Drink Consumption on Nutrition and Health: A Systematic Review and Meta-Analysis. *Am J Public Health*. 2007;97(4):667-675. http://www.yaleruddcenter.org/resources/upload/docs/what/food-obesity/SoftDrinkMetaAnalysis_AJPH_4.07.pdf 2. Malik, Et. al. *Intake of sugar-sweetened beverages and weight gain: a systematic review.* Am J Clin Nutr. 2006 August; 84(2): 274–288. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3210834/ 3. Ludwig, et. al. *Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational* analysis. The Lancet • Vol 357 • February 17, 2001. . http://www.ncbi.nlm.nih.gov/pubmed/11229668 4. *Does Drinking Beverages with Added Sugars Increase the Risk of Overweight?* CDC.	**Some Evidence**

Strategy	Expected Outcome	Source	Evidence Strength
		http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/r2p_sweetend_beverages.pdf	
FS 4 – Increase access to education and programs that support breastfeeding initiation, exclusivity, and duration	Increased breastfeeding initiation and short term exclusivity (1); increased duration of breastfeeding,	1. Centers for Disease Control and Prevention. *The CDC Guide to Breastfeeding Interventions: Educating Mothers*. Atlanta: U.S. Department of Health and Human Services; 2005. http://www.cdc.gov/breastfeeding/pdf/BF_guide_4.pdf 2. Centers for Disease Control and Prevention. *The CDC Guide to Breastfeeding Interventions: Support for Breastfeeding in the Workplace*. Atlanta: U.S. Department of Health and Human Services; 2005. http://www.cdc.gov/breastfeeding/pdf/BF_guide_2.pdf 3. Sikorski J, Renfrew MJ, Pindoria S, Wade A. Support for breastfeeding mothers: a systematic review. Paediatr Perinat Epidemiol 2003;17(4):407–417. 4. Mitra AK, Khoury AJ, Hinton AW, Carothers C. Predictors of breastfeeding intention among low-income women. Matern Child Health J 2004;8:65–70. 5. Arlotti JP, Cottrell BH, Lee SH, Curtin JJ. Breastfeeding among low-income women with and without peer support. J Community Health Nurs 1998;15:163–178. 6. Yun S, Liu Q, Mertzlufft K, Kruse C, White M, Fuller P, et al. Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) breast-feeding peer counselling programme. Public Health Nutr 2010;13:229–237. 7. Dennis CL, Kingston D. A systematic review of telephone support for women during pregnancy and the early postpartum period. J Obstet Gynecol Neonatal Nurs 2008;37:301–314.	**Scientifically Supported**
	Obesity prevention/reduction	1. Owen et. al. *Effect of Infant Feeding on the Risk of Obesity Across the Life Course: A Quantitative Review of Published Evidence.* Pediatrics Vol. 115 No. 5 May 1, 2005 pp. 1367-1377. http://www.pediatricsdigest.mobi/content/115/5/1367.full 2. Agency for Healthcare Research and Quality. *Breastfeeding, Maternal & Infant Health Outcomes*. http://archive.ahrq.gov/clinic/tp/brfouttp.htm 3. CDC Fact Sheet with reference list: Research to Practice Series, No. 4, July 2007. Does breastfeeding reduce the risk of pediatric obesity. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf 4. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/ technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007. 5. Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity—a systematic review. Int J Obes Relat Metab Disord 2004;28:1247–1256. http://www.nature.com/ijo/journal/v28/n10/abs/0802758a.html	**Scientifically Supported**
H 1 – Implement evidence-based guidelines for quality maternity care practices	Increased breastfeeding rates, increased breastfeeding duration, improved motherly	1. The CDC Guide to Breastfeeding Interventions; pg. 2 2. The Surgeon General's Call to Action to Support Breastfeeding 2011; pg.24, 25, 44 3. University of Wisconsin Population Health Institute. Breastfeeding Promotion	**Scientifically Supported**

Strategy	Expected Outcome	Source	Evidence Strength
that are fully supporting of breastfeeding initiation, duration and exclusivity	attitude towards breastfeeding	Programs. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/breastfeeding-promotion-programs 4. Murray EK, Ricketts S, Dellaport J. Hospital practices that increase breastfeeding duration: results from a population-based study. Birth 2007;34:202–211.	
	Obesity prevention/reduction	1. Owen et. al. *Effect of Infant Feeding on the Risk of Obesity Across the Life Course: A Quantitative Review of Published Evidence.* Pediatrics Vol. 115 No. 5 May 1, 2005 pp. 1367-1377. http://www.pediatricsdigest.mobi/content/115/5/1367.full 2. Agency for Healthcare Research and Quality. *Breastfeeding, Maternal & Infant Health Outcomes*. http://archive.ahrq.gov/clinic/tp/brfouttp.htm 3. CDC Fact Sheet with reference list: Research to Practice Series, No. 4, July 2007. Does breastfeeding reduce the risk of pediatric obesity. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf 4. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007. 5. Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity—a systematic review. Int J Obes Relat Metab Disord 2004;28:1247–1256. http://www.nature.com/ijo/journal/v28/n10/abs/0802758a.html	**Scientifically Supported**
H 2 – Routinely screen and counsel patients on BMI status following evidence-based practice guidelines	Obesity prevention/reduction	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 http://www.uspreventiveservicestaskforce.org/3rduspstf/obesity/obesrr.htm 2. McTigue et. al**.** *Screening and Interventions for Overweight and Obesity in Adults* Systematic Evidence Reviews, No. 21 http://www.ncbi.nlm.nih.gov/books/NBK42795/ 3. Dansinger et. al. *Meta-analysis: The Effect of Dietary Counseling for Weight Loss.Ann Intern Med*. 3 July 2007;147(1):41-50 http://annals.org/article.aspx?articleid=735254	**Some Evidence**
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	Obesity prevention/reduction	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 http://www.uspreventiveservicestaskforce.org/3rduspstf/obesity/obesrr.htm 2. University of Wisconsin Population Health Institute. Individually-Adapted Behavior Change. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/individually-adapted-health-behavior-change 3. McTigue et. al. Screening and Interventions for Overweight and Obesity in Adults *Systematic Evidence Reviews, No. 21*	**Scientifically Supported**

Strategy	Expected Outcome	Source	Evidence Strength
		http://www.ncbi.nlm.nih.gov/books/NBK42795/ 4. Dansinger et. al. *Meta-analysis: The Effect of Dietary Counseling for Weight Loss.Ann Intern Med*. 3 July 2007;147(1):41-50 http://annals.org/article.aspx?articleid=735254	
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 2. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (Strategy 4-1: Provide standardized care and advocate for healthy community environments)*. Institute of Medicine 2012 publication. http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx 3. Krebs NF, Jacobson MS. *Prevention of pediatric overweight and obesity. American Academy of Pediatrics Committee on Nutrition.* Pediatrics. 2003 Aug;112(2):424-30. http://www.ncbi.nlm.nih.gov/pubmed/12897303	**Limited Evidence, Supported by Expert Opinion**
	Obesity prevention/reduction	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 http://www.uspreventiveservicestaskforce.org/3rduspstf/obesity/obesrr.htm	**Limited Evidence, Supported by Expert Opinion**
W 1 – Implement comprehensive worksite wellness programs using evidence-based strategies	Obesity prevention/reduction	1. The Health and Cost Benefits of Worksite Health-Promotion Programs, Ron Z. Goetzel and Ronald J. Ozminkowski, Annual Review of Public Health, Volume 29, 2008. http://www.ncbi.nlm.nih.gov/pubmed/18173386 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 3. University of Wisconsin Population Health Institute. Worksite Obesity Prevention Interventions. *County Health Rankings 2012*. 2012. http://www.countyhealthrankings.org/program/worksite-obesity-prevention-interventions 4. Anderson et. al. *The Effectiveness of Worksite Nutrition and Physical Activity Interventions for Controlling Employee Overweight and Obesity - A Systematic Review.* Am J Prev Med 2009;37(4). http://www.thecommunityguide.org/obesity/EffectivenessWorksiteNutritionPhysicalActivityInterventionsControllingEmployeeOverweightObesitySystematicReview.pdf	**Scientifically Supported**
W 2 – Promote, support and develop more worksite wellness efforts that are statewide, regional or city-wide	Obesity prevention/reduction	1. The Health and Cost Benefits of Work Site Health-Promotion Programs, Ron Z. Goetzel and Ronald J. Ozminkowski, Annual Review of Public Health, Volume 29, 2008. http://www.ncbi.nlm.nih.gov/pubmed/18173386 2. University of Wisconsin Population Health Institute. Worksite Obesity Prevention Interventions. *County Health Rankings 2012*. 2012.	**Some Evidence**

Strategy	Expected Outcome	Source	Evidence Strength
worksite wellness initiatives such as Well City® initiatives		http://www.countyhealthrankings.org/program/worksite-obesity-prevention-interventions 3. Anderson et.al. *The Effectiveness of Worksite Nutrition and Physical Activity Interventions for Controlling Employee Overweight and Obesity - A Systematic Review.* Am J Prev Med 2009;37(4). http://www.thecommunityguide.org/obesity/EffectivenessWorksiteNutritionPhysicalActivityInterventionsControllingEmployeeOverweightObesitySystematicReview.pdf	
W 3 - Establish a network that encourages professional development and sharing of ideas and information on worksite wellness (i.e., networking, learning circles, etc.)		1. *Building a Stronger Evidence Base For Employee Wellness Programs (p. 15 on recommendations)*. NIHCM Foundation May 2011. http://www.nihcm.org/pdf/Wellness%20FINAL%20electonic%20version.pdf	**Insufficient Evidence**

ACE	Active Community Environment
ACS	American Cancer Society
AHA	American Heart Association
ANEWC	Assessing the Nutrition Environment in Wisconsin Communities Project
BRFSS	Behavioral Risk Factor Surveillance System
CACFP	Child and Adult Care Feeding Program
CDC	Centers for Disease Control
CESA	Cooperative Educational Service Agency
CHIPP	Community Health Improvement Planning Process
CSA	Community Support Agriculture
CSHP	Coordinated School Health Program
DATCP	Department of Agriculture, Trade and Consumer Protection
DCF	Department of Children and Families
DHS	Department of Health Services
DNPAO	Division of Nutrition, Physical Activity and Obesity
DNR	Department of Natural Resources
DOT	Department of Transportation
DPI	Department of Public Instruction
EBT	Electronic Benefit Transfer
ECE	Early Care and Education
FMNP	Farmers Market Nutrition Program
FSNE	Food Stamp Nutrition Education
HFW	Health First Wisconsin
HW2020	Healthiest Wisconsin 2020
MACSAC	Madison Area Community Supported Agriculture Coalition
MCH	Maternal and Child Health
MFAI	Michael Fields Agricultural Institute
MPO	Metropolitan Planning Organization
NEMS	Nutrition Environment Measures Survey
NPAO	Nutrition, Physical Activity and Obesity Program
PE	Physical Education
PedNSS	Pediatric Nutrition Surveillance System
QIRS	Quality Improvement Rating System
SEM	Social Ecological Model
SHOW	Survey of the Health of Wisconsin
SNA	School Nutrition Association
SNAP	Supplemental Nutrition Assistance Program
SSB	Sugar Sweetened Beverages
USDA	United States Department of Agriculture
UW-CIAS	University of Wisconsin Center for Integrated Agricultural Systems
UW-SMPH	University of Wisconsin School of Medicine and Public Health
WALHDAB	Wisconsin Association of Local Health Departments and Boards
WECOPI	Wisconsin Early Childhood Obesity Prevention Initiative
WELCOA WI	Wellness Council of Wisconsin
WHPE	Wisconsin Health and Physical Education
WI PAN	Wisconsin Partnership for Activity and Nutrition
WIC	Women, Infants and Children Program
WiPOD	Wisconsin Prevention of Obesity and Diabetes
WPHA	Wisconsin Public Health Association
YRBSS	Youth Risk Behavior Surveillance System

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 ½ 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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Breastfeeding Promotion Network
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Brown County Planning Commission
Burlington Area School District
Challenge Chippewa Community Nutrition Coalition
Children's Health Alliance of Wisconsin
Children's Hospital of Wisconsin
City of Milwaukee Health Department
Clark County Health Care Center/Clark County WIC
CORE/El Centro
Crawford & Vernon Counties
Department of Agriculture, Trade and Consumer Protection
Department of Children and Families
Department of Health Services
Department of Public Instruction
Department of Transportation
Dodge Jefferson County Health Departments
Eau Claire City-County Health Department
Family and Child Learning Centers of N.E.W.; Inc.
Great Lakes Inter-Tribal Council; Inc.
Group Health Cooperative of South Central Wisconsin
Gundersen Lutheran
Humana Inc
Hunger Task Force
inTEAM Associates; Inc.
Kimberly-Clark Corporation
La Crosse County Health Dept
La Leche League of Madison
M3 Insurance Solutions for Business
Madison Schools & Community Recreation
Marathon County Health Department
Marshfield Clinic
Medical College of Wisconsin
Mequon-Thiensville School District
Mount Mary College
Navitus Health Solutions
NEW Community Clinic - WIC
Oconto County Health and Human Services
Oneida Nation High School
Outagamie County Public Health
Platteville School Board/Belmont School District
Polk County Health Department
Portage County Health & Human Services
Public Health Madison and Dane County
R&R Insurance Services
Saint Joseph's Hospital
Sauk County Health Department
Sauk Prairie Schools
School District of Beloit
School of Health Promotion & Human Development
Sheboygan Area School District
Sheboygan County WIC Project
St. Clare Hospital
St. Mary's Dean Ventures
Stevens Point School District - PJ Jacobs Junior High
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University of Wisconsin – multiple departments
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University of Wisconsin Children's Hospital
University of Wisconsin Hospital and Clinics
University of Wisconsin Madison Center for Integrated Agricultural Systems
University of Wisconsin Madison Center for Tobacco Research and Intervention
University of Wisconsin Marathon County
University of Wisconsin School of Medicine and Public Health
University of Wisconsin Stevens Point
University of Wisconsin-La Crosse
UW Health
UW Medical Foundation/Unity Health Insurance
VA Medical Center/Smart Results LLC
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Waupaca County Dept of Health and Human Services - Health Services Division
Waupaca Learning Center
Wellness Council of Wisconsin
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Wisconsin Association of Lactation Consultants
Wisconsin Association of School Boards
Wisconsin Beverage Association
Wisconsin Dietetic Association
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