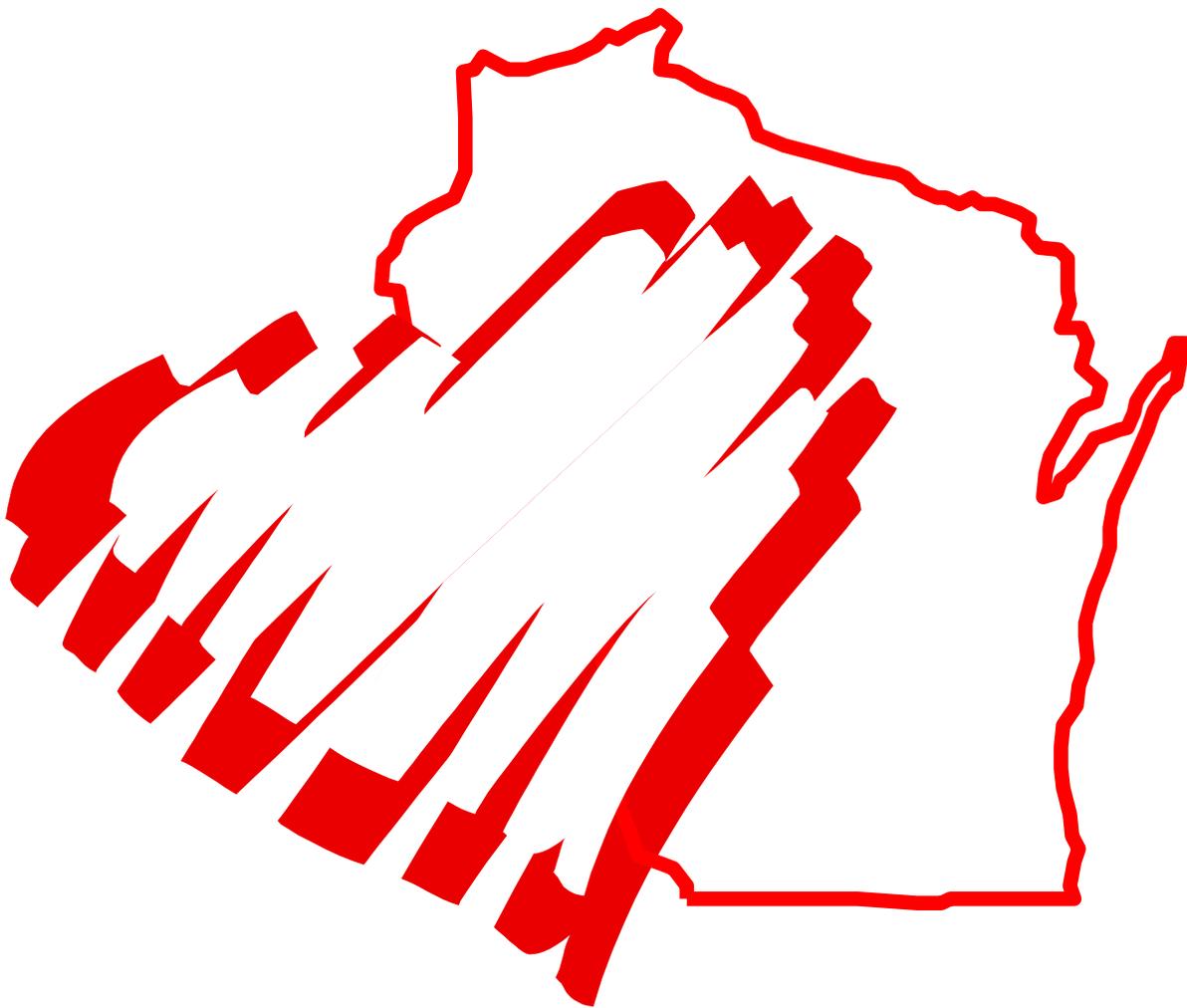


Wisconsin Policy Inventory
Heart Disease and Stroke Prevention
January 2007



Cardiovascular Health Program
Wisconsin Department of Health and Family Services
Division of Public Health
Bureau of Community Health Promotion

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Cardiovascular Health Alliance Steering Committee
Wisconsin Stroke Committee Steering Committee

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EXECUTIVE SUMMARY



Background: In 2002, the federal Centers for Disease Control and Prevention (CDC) distributed Program Announcement (PA) number 02045 soliciting proposals from state health agencies (SHA) for applications to fund Cardiovascular Health Programs (CVHP). The PA mandated seven (7) required activities. One of the mandated activities was to develop an inventory of state and organization level policies addressing the primary risk factors for heart diseases and strokes.

Purpose: The policy inventory identifies policy gaps and focuses program efforts to select and work towards the creation and implementation of corrective policies at state and organizational levels.

Scope: The inventory identifies formal and informal policies at the “state” and “organizational” levels that address five risk factors.

The five (5) risk factors for heart disease and stroke are:

1. Tobacco Use
2. Physical Inactivity
3. Poor Nutrition
4. High Blood Pressure
5. High Cholesterol
6. Multiple Risk Factors

State level policies are formal and are codified as statutes, administrative code or state executive directives; organizational policies are both formal and informal and may be codified by local public ordinances, official policies of the organizations, or informal policies that may be unwritten.

The four (4) organizational types are:

1. Health Care
2. Schools
3. Worksites
4. Communities

Structure: The taxonomy of the policy inventory is as follows:

1. Level (State or organizational)
2. Risk Factor
3. Policy focus

Essential Elements of Information (EIs):

For each policy, the following information was collected:

1. Policy: including laws, regulations, and rules (both formal and informal)¹
(Examples: laws and regulations that restrict smoking in public buildings; organizational rules that provide time off during work hours for physical activity)
2. Environmental Strategy supporting the policy: Changes to economic, social and physical environments¹
(Examples: incorporating walking paths and recreation areas into new community development designs; making low-fat choices available in cafeterias; removing ashtrays from meeting rooms)
3. The purpose or contents of the policy
4. The WISCONSIN POLICY REFERENCE i.e. citation, wherever possible
5. The link to Healthy People 2010, US Department of Health and Human Services

EXECUTIVE SUMMARY



Methodology:

Cardiovascular Health Program (CVHP) staff analyzed the requirements identified in the Program Announcement, reviewed policy inventories from other state health agencies, discussed the concept, content and format with other programs, involved the membership of the Cardiovascular Health Alliance (CVHA) and sought the input and comments of the program's CDC project officer.

CVHP staff searched the website of the State Revisor of Statutes and the Administrative Rules website to execute a key word search for formal, statutory mandates affecting heart disease and stroke risk factors. Examples included: "Tobacco Use", "Excise Taxes", "Clean Indoor Air", hypertension, cardiovascular, etc. Staff replicated the search methodology for the other risk factors using similar key words or phrases for the other risk factors.

Copies of drafts were shared with representatives of other programs, including Nutrition and Physical Activity and Tobacco Prevention and Control. Copies were also shared with representatives of other state agencies including the state education agency, the Wisconsin Department of Public Instruction (DPI), the state transportation agency, The Wisconsin Department of Transportation (DOT), etc. Throughout the development process, DPH, CVHP staff shared iterations with representatives of the Cardiovascular Health Alliance (CVHA), the Wisconsin Stroke Committee and the CDC project officer.

Reference

1. Policy and environmental change: New directions for public health. Association of State and Territorial Directors of Health Promotion and Public Health Education, U.S. Centers for Disease Control and Prevention, Final Report, August 2001, Toucan Ed, Santa Cruz, CA.

STATE LEVEL POLICIES



- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- High Blood Pressure
- High Cholesterol
- Multiple Risk Factors





ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Clean Indoor Air

Prohibit smoking	Smoking prohibited in educational facilities, day care centers, hospitals, immediate vicinity of the state capitol, inpatient health care facilities, jails, lockup facilities, offices, public conveyance, prison, physician's offices, restaurants, retail establishments, retirement homes, and state institutions	s. 101.23	27-10
Regulation of smoking in hospitals and physician's offices	Except in a hospital or unit of a hospital that has as its primary purpose the care and treatment of mental illness, alcoholism or drug abuse and a patient who has the written permission of a physician may smoke in a room that is designated as a smoking area, no person may smoke in a hospital or in a physician's office.	s. 101.123 (2) (am)	27-10

Prevent Youth Tobacco Use

Prohibit the sale or transfer of tobacco products to minors	No retailer, manufacturer, distributor, jobber or sub-jobber, no agent, employee or independent contractor of a retailer, manufacturer, distributor, jobber or sub-jobber and no agent or employee of an independent contractor may sell or provide for nominal or no consideration cigarettes or tobacco products to any person under the age of 18, except as provided in s. 254.92 (2) (a) . A vending machine operator is not liable under this paragraph for the purchase of cigarettes or tobacco products from his or her vending machine by a person under the age of 18 if the vending machine operator was unaware of the purchase.	s. 134.66 (2) (a)	27-3
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Prohibit use of tobacco products on school property	Prohibit the use of all tobacco products on premises owned or rented by, or under the control of, a school board, except that the school board may allow the use of tobacco products on premises owned by the school district and rented to another person for non-educational purposes.	s. 120.12 (20)	27-3
Youth tobacco prevention and education program	From the moneys distributed under <u>s. 255.15 (3) (b)</u> , the department shall administer the Thomas T. Melvin youth tobacco prevention and education program with the primary purpose of reducing the use of cigarettes and tobacco products by minors.	s. 255.10	27-3 27-17
Educate youth	Requires the Wisconsin Department of Public Instruction to establish health program instruction which includes tobacco in the elementary and secondary schools.	s. 115.35	27-3

Establish Statewide Tobacco Control Program

Appropriate public funding	From the appropriation under s. 20.435(5)(fm), the Department shall administer a statewide tobacco use control program (using) GPR funds. Wisconsin's statewide program includes: local tobacco control coalitions, a statewide quit line, a counter-marketing campaign, programs targeted to pregnant smokers, youth, young adults and communities of color.	s. 255.15 (1m), s. 255.15 (3), s. 16.519 (4) Ceraso, M. Tobacco Taxes: Implications for Public Health; Issue Brief; Wisconsin Public Health & Health Policy Institute, April 2003, (4) No. 3	27-21
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Regulate Tobacco Sales

Regulation of vending machines; penalties for particular offenses; sales to children	Owners of vending machines that contain cigarettes or tobacco must place a notice in a conspicuous place, stating that it is unlawful for those under 18 to purchase the product and the purchaser is subject to a fine of up to \$50.	s. 134.66(2), s. 134.66(cm)1m, s. 134.66 (2)	27-2 27-14 27-15
	Vending machines must be located in places where a retailer or vending machine operator can ensure that no one under 18 is permitted to enter unless with a parent or guardian.		
	Vending machines may not be located within 500 feet of a school.	s. 133.66 (5)	
	State law supersedes or preempts local ordinances as they pertain to the sale of tobacco products.		
Reduce tobacco sales by imposing an excise tax	Local laws cannot further or differently restrict tobacco sales. Local units of government can "opt-out" of county ordinances regulating sales.		
	Wisconsin imposes an excise tax upon the sale, offering, or exposing for sale, possession with intent to sell or removal for consumption or sale or other disposition for any purpose of tobacco products by any person engaged as a distributor of them at the rate of 25% of the manufacturer's established list price to distributors.	s. 139.76 (1)	27-21
Control the price of tobacco	Cigarettes and other tobacco product wholesalers are required to mark up the price of cigarettes or other tobacco products at least 3%. A wholesaler may sell at a lower markup if the wholesaler can prove a lesser cost of doing business.	Wisconsin Admin. Code; ATCP 105.01	27-18
Discourage youth from attempting to purchase tobacco	Retailers must post a sign stating that the sale of any cigarettes or tobacco products to persons under 18 is unlawful.	s. 134.66(2)(b)1 s. 254. 92	27-16



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Establish Statewide Tobacco Control Programs for Youth

Reduce the illegal sales of tobacco to youth

The State of Wisconsin has put into action the most scientifically advanced plan to reduce youth tobacco access that any state has undertaken to date. Now in its fourth year, the plan aims to dramatically reduce illegal sales of tobacco to young people, which will have many long-term economic, social, and health benefits for every citizen.

20.435(5)(fm) 27-16

In year one, WWINS produced the largest single drop in illegal sales of tobacco to minors recorded in the State of Wisconsin. Overall, the State of Wisconsin has moved to its lowest levels ever of illegal tobacco sales to minors. Wisconsin Department of Health and Family Services.
<http://www.wisconsinwins.com>

STATE LEVEL POLICIES: High Cholesterol



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Improve Access to Medications for Controlling High Cholesterol

Provide cholesterol lowering medications through state supported health care programs	BadgerCare/SeniorCare provide the following cholesterol lowering agents such as anti-lipidemics, i.e. Zocor. http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/index.htm	s. 109.31	12-13 12-14
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STATE LEVEL POLICIES: High Blood Pressure



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Improve Access to Medications to Control Blood Pressure			
Provide anti-hypertensives through state supported health care programs	Badger Care/Senior Care provide the following ACE inhibitors: benazepril, HCTV, capotopril, HCTV, enalapril, HCTV, fosinopril, HCTV, lisinopril, HCTV, quinapril, HCTV http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/index.htm	s. 109.31	12-10
Provide anti-hypertensives through state supported health care programs	Badger Care/Senior Care provide the following ACE inhibitors/ Calcium Channel Blocker Combinations: Lotrel, Tarka http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/index.htm	s. 109.31	12-10
Provide anti-hypertensives through state supported health care programs	Badger Care/Senior Care provide the following Angiotensin Receptor Blockers: Avapro, Avalide, Benicar, HCT, Cozaar, Hyzaar, Diovan, HCT, Micardis, HCT. http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/index.htm	s. 109.31	12-10
Provide anti-hypertensives through state supported health care programs	Badger Care*/Senior Care** provide the following Beta Blockers: acebutolol, atenolol, betaxolol, bisoprolol, labetalol, metoprolol, nadolol, pindolol, propranolol, sotalol, timolol, Coreg, Toprol XL. http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/index.htm	s. 109.31	12-10
Provide anti-hypertensives through state supported health care programs	Badger Care*/ Senior Care** provide the following Calcium Channel Blocking Agents: oxybutynin, Ditropan XL, Enablex, Oxytrol, Sanctura, VesiCare http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/index.htm	s. 109.31	12-10

* Badger Care administers medical assistance to Wisconsin residents whose financial resources are inadequate to provide for their health care needs.

** Senior Care is a Wisconsin program that provides prescription drug assistance for Wisconsin's residents aged 65 years or older who pay the enrollment fee and are not recipients of medical assistance.



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Establishment of Outdoor Recreational Facilities

Allow for the inclusion of outdoor areas that encourage physical activity	As a part of any highway improvement or as a separate project under this section, a portion of a hiking trail, cross-country ski trail, bridle trail or bicycle trail under the management of a state agency, municipality or nonprofit corporation may be incorporated into the highway right-of-way, and facilities for safe crossing of the highway may be provided.	s. 84.06 (11)	19-1, 19-3, 22-1 – 22-7, 22-14, 22-15
Allow state agencies to acquire rail property for transportation/recreation purposes	The department of transportation shall have the first right to acquire, for present or future transportation or recreational purposes, any property use in operating a railroad or railway.	s. 85.09	12-9 19-1–19-3 22-1–22-7 22-14–22-15

Promote Use of Non-Vehicular Transport Alternatives

WI Pedestrian Transportation plan required for UW College Campuses	The board of Regents shall direct the administrative officers of each campus to work with the regional planning commissions and the local authorities of the community in which the campus is located to evaluate the transportation needs of the campus population. The board shall require each campus to develop a transportation plan for the campus to effect energy resource conservation and efficient use of transportation resources. The plan shall include pedestrian walkways, bikeways, bike routes, bicycle storage racks, car and van pools and, to the extent feasible, improved mass transit services. The transportation plans shall detail parking management strategies which provide incentives for the use of mass transit and high occupancy vehicles.	s. 36.11(8m)	12-9 19-1–19-3 22-1–22-7 22-14
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STATE LEVEL POLICIES: Physical Inactivity



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
WI plan for bicycle and pedestrian transportation for Technical Colleges	<p>The district board shall work with the regional planning commissions and the local authorities of the community in which the district school is located to evaluate the transportation needs of the district school population. The district board shall develop a transportation plan for the district school to effect energy resource conservation and efficient use of transportation resources. The plan shall include pedestrian walkways, bikeways, bike routes, bicycle storage racks, car and van pools, and to the extent feasible, improved mass transit services. The transportation plans shall detail parking management strategies and parking fee policies which provide incentives for the use of mass transit and high occupancy vehicles.</p>	s. 38.12(6)	12-9 19-1–19-3 22-1–22-7 22-14–22-15
Encourage state employees to use non-vehicular transport	<p>The Department of Administration shall develop and implement a comprehensive group transportation program for state employees, in cooperation with all agencies, as defined in s. 16.52 (7) and shall promote and encourage participation in the group transportation program. The program may include car pooling and van pooling service. In addition, the department shall promote and encourage alternate means of transportation for state, municipal, and federal employees and persons in the private sector including, but not limited to, mass transit and bicycle commuting.</p>	s. 16.82 (5)	22-15
Encourage state employees to use non-vehicular transport	<p>Establish bicycle storage racks adjacent to the capitol and all state office buildings.</p>	s. 16.84 (13)	22-15

STATE LEVEL POLICIES: Physical Inactivity



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Support non-vehicular transport	The Department of Transportation shall assist any regional or municipal agency or commission in the planning, promotion and development of bikeways as defined in s. 84.60 (1) (a). The department shall draft model local zoning ordinances for the planning, promotion, and development of bikeways and bicycle racks.	s. 85.023	22-15
Support non-vehicular transport	The Department of Transportation shall administer a bicycle and pedestrian facilities program to award grants of assistance to political subdivisions for the planning, development or construction of bicycle and pedestrian facilities. The department shall award, from the appropriation under s. 20.395 (2) (nx), grants to political subdivisions under this section.	s. 85.024 (2)	22-14, 22-15
Support non-vehicular transport	The department shall publish literature setting forth the state rules governing bicycles and their operation and shall distribute and make such literature available without charge to local enforcement agencies, safety organizations, and schools and to any other person upon request.	s. 85.07 (4)	22-15

Promote Establishment of Outdoor Recreational Facilities

Comprehensive Planning and Transportation Planning Grants Program for the State of WI	This chapter is promulgated under the authority of ss. 16.004 (1), 16.965 (5), and 227.11, to implement ss. 16.965 and 16.9651. To guide transportation decisions that will ensure maximum mobility for everyone; The plan establishes policies, etc. to plan, design, construct, maintain, and operate a safe, cost-effective accessible, coordinated, and multi-modal statewide transportation system that provides increased mobility for people and goods.	http://www.doa.state.wi.us/pagesubtext_detail.asp?linksu_bcatid=366&linkcatid=224&linkid=7	12-9 19-1–19-3 22-1–22-7 22-14–22-15
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Authority to designate bicycle lanes and bicycle ways.	<p>The governing body of any city, town, village or county may by ordinance:</p> <p>(a) Designate any roadway or portion thereof under its jurisdiction as a bicycle lane</p> <p>(b) Designate any sidewalk or portion thereof in its jurisdiction as a bicycle way</p> <p>(2) A governing body designating a sidewalk or portion thereof as a bicycle way or a highway or portion thereof as a bicycle lane under this section may:</p> <p>(a) Designate the type and character of vehicles or other modes of travel that will not interfere with safe and enjoyable use of bicycles which may be operated on a bicycle lane or bicycle way.</p>	s. 349.23	12-9 19-1–19-3 22-1–22-7 22-14, 22-15
Create safe areas for outdoor recreation	<p>The Department of Transportation shall adopt a manual establishing a uniform system of signs, signals, markings and devices for the purpose of regulating, warning, or guiding bicycle traffic on highways, streets and bikeways, as defined in 84.60 (1) (a).</p>	s. 84.02 (f)	12-9 19-1-19-3 22-1- 22-7 22-14, 22-15
Designate areas for outdoor recreation	<p>In order to create and preserve rustic and scenic roads for vehicular, bicycle, electric personal assistive mobility device, and pedestrian travel in unhurried, quiet, and leisurely enjoyment; to protect and preserve recreational driving, culture, beauty, trees, vegetation and wildlife by establishing protective standards of rustic road design, access, speed, maintenance and identification, which will promote a continuous system of rustic roads and scenic easements for the public health and welfare; a state system of rustic roads is created.</p>	s. 83.42	12-9 19-1- 19-3 22-1- 22-7 22-14, 22-15
Reasonable pedestrian accommodation to be provided in project designs	<p>All of the applicable provisions of this chapter pertaining to highways, streets, alleys, roadways and sidewalks also apply to pedestrian ways. A pedestrian way means a walk designated for the use of pedestrian travel.</p>	s. 346.02 (8) (a)	22-1 – 22-7, 22-14

STATE LEVEL POLICIES: Physical Inactivity



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Establish sidewalks	The county board, aldermen of a city or town/township may, if in their judgment the public convenience so requires, establish sidewalks in the public ways thereof and determine the grade of each such sidewalk and the materials with which it shall be constructed, and may order the reconstruction of existing sidewalks. They may order snow removal laws and fines.	s. 27.065(3), 27.065(4)(b), 27.11(5); City 32.54(2), 32.63(1)(a); Towns/townships 60.50(3), 61.36, 61.47	22-1– 22-7, 22-14
Establish sidewalks	“Exterior pedestrian traffic surfaces” means any sidewalk, ramp, stair, stoop, step, entrance way, plaza or pedestrian bridge not fully enclosed within a building, and “heated” means heated by electricity or energy derived from the combustion of fossil fuels, but not including the use of waste thermal energy. ... No person may construct a heated exterior pedestrian traffic surface.	s. 101.124	22-1-22-7, 22-14
Outdoor recreation program	Promote, encourage, coordinate and implement a comprehensive long-range plan to acquire, maintain and develop for public use those areas of the state best adapted to the development of a comprehensive system of state and local outdoor recreation facilities and services in all fields, including, without limitation because of enumeration, parks, forests, camping grounds, fishing and hunting grounds, trails, trail-side campsites and shelters, cross-country ski trails, bridle trails, related historical sites, highway scenic easements, the lower Wisconsin state riverway as defined in s. 30.40 (15), natural areas and local recreation programs, except spectator sports, and to facilitate and encourage the fullest beneficial public use of these areas.	s. 23.30	21-1 – 22-7, 22-14, 22-15
State parks program	The purpose of the state parks is to provide areas for public recreation and for public education in conservation and nature study. An area may qualify as a state park by reason of its scenery, its plants and wildlife, or its historical, archaeological or geological interest.	s. 27.01 (1)	21-1 – 22-7, 22-14, 22-15

STATE LEVEL POLICIES: Physical Inactivity



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Governmental consideration of environmental impact	The legislature authorizes and directs that, to the fullest extent possible: The policies and regulations shall be interpreted and administered in accordance with the policies set forth in this section and chapter 274, laws of 1971, section 1; and all agencies of the state shall: Include in every recommendation or report on proposals for legislation and other major actions significantly affecting the quality of the human environment, a detailed statement, substantially following the guidelines issued by the United States council on environmental quality under P.L. 91-190, 42 USC 4331.	s. 1.11 (1-6) Wisconsin Administrative Code NR 1.40 (1) & 2 (b) 4-5 (Acquisition of recreational land)	22-14, 22-15
Promote Establishment of Outdoor Recreational Facilities			
State trails program	Designate a system of state trails as part of the state park system for use by equestrians, bicyclists, riders of electric personal assistive mobility devices, cross-country skiers or hikers.	s. 23.175 (2) a	22-14 22-15
Ice Age Trail	The ice age national scenic trail, as provided for in 16 USC 1244 (a) 10, plus the lands adjacent to each side of that trail designated by the department, is designated a state scenic trail, to be known as the "Ice Age Trail".	s. 23.17	22-14 22-15
Promote Physical Education in the Schools			
Mandate physical education	Requires 1.5 credits in physical education which incorporates instruction in the effects of exercise on the human body, health-related physical fitness, and activities for lifetime use to be granted a high school diploma	Administrative Code PI 18.03 (1986)	22-8 – 22-10
Promote Physical Activity in School Age Children			
Regulate 'recess' in schools	Allows up to 30 minutes of the school day to be accounted for recess.	Administrative Code PI 8.01 (2004)	22-6 – 22-7



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Physical Education Instruction Standards

<p>All physical education offerings must be presented to all students in a co-educational format.</p>	<p>School District Standards—s. 121.02</p>	<p>Title IX</p>	<p>22-9</p>
	<p>Standard J Comprehensive curriculum and program of instruction for all pupils.</p> <ol style="list-style-type: none"> 1. K-6 -- Three times per week minimum. 2. In a middle school format, grade 7-8 weekly minimum. 3. K-6 by or under the direction of a licensed physical education teacher. 4. Senior high schools -- One year may be optional to pupils. 	<p>Federal Education Amendments of 1972, s. 118.13 Wis. Stats. and Admin. Code PI 9</p>	
	<p>Standard K</p> <ol style="list-style-type: none"> 1. K-12 Sequential curriculum plan. 2. Objectives-sequence-content-resources-instructional time by week/semester/school term. <p>Evaluation method</p>		
	<p>Standard L</p> <ol style="list-style-type: none"> 1. K-4 Regular instruction--Each week for an entire school year to meet the plan required in (K).<i>(Note: See J -- K-6 three times per week.)</i> 2. 5-8 Regular instruction -- Each week for the entire school year to meet the plan required in (K). 9-12 -- Access for pupils each year. 		
	<p>Standard P</p> <ol style="list-style-type: none"> 1. In grades 9-12 at least 1.5 credits of physical education incorporating effects of exercise, health-related fitness, and lifetime activities. 2. Credits must be earned over three separate years. 		



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Physical Activity in School Age Youth

<p>Utilize funding from SAFETEA-LU to the State of Wisconsin Department of Transportation to administer Safe Routes to School (SRTS) programs.</p>	<p>http://www.dot.wisconsin.gov/localgov/aid/saferoutes.htm. The State of Wisconsin has created two new positions for the development and execution of this newly funded program.</p> <p>SRTS programs encourage children ages K-8 to walk and bike to school by creating safer walking and biking routes.</p>	<p>Safe Routes to School, Federal Law. Sections 1101(a)(17), 1404 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU)</p>	<p>22-9</p>
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STATE LEVEL POLICIES: Poor Nutrition



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Improve Access to Healthy Food

Women, Infants, and Children (WIC) Program	All moneys received from the supplemental food enforcement surcharges on fines, forfeitures, and recoupments that are levied by a court under s. 253.06 (4) (c) and on forfeitures and recoupments that are levied by the department under s. 253.06 (5) (c) to finance fraud reduction in the supplemental food program for women, infants, and children provide a state supplement under s. 253.06 to the federal special supplemental food program for women, infants and children authorized under 42 USC 1786. under s. 253.06.	s. 20.435(1)(gr), Ch. 20.435(5)(em)	12-13–12-14 19-5–19-7
Women, Infants and Children (WIC) program	Only grocery stores and pharmacies that are authorized as vendors by the state WIC office may accept WIC drafts and be reimbursed by the state WIC office for foods provided to participants.	Wisconsin Administrative Code; HFS 149.03	12-13-12-14, 19-5- 19-7
Fresh Fruits and Vegetable Snack Program	FFVP operates in Wisconsin, one of only a few states. FFVP provides school age children in 25 Wisconsin schools with a fresh fruit or vegetable snack each day.	H.R. 2744 the Agriculture, Rural, Development, Food and Drug Administration and Related Agencies Appropriations Act, 2006.	19-5, 19-6
WIC Farmer's Market Nutrition Program	Provides WIC participants with checks to purchase locally-grown fresh fruits, vegetables and herbs at farmer's markets; provides WIC participants with nutrition education and the resources to encourage the consumption of fresh fruits, vegetables and herbs; and to increase the awareness and utilization of farmers markets.	WIC Farmers Market Nutrition Act of 1992 (7 CFR Part 248)	19-5, 19-6

STATE LEVEL POLICIES: Poor Nutrition



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Food Stamp Program	The purpose of the Food Stamp Program is to raise the nutritional level among low-income assistance units whose limited food purchasing power contributes to hunger and mal-nutrition among such assistance units.	(In response to the Food Stamp Act of 1977 and the resulting regulations by USDA in 7CFR270-282): 106 CMR 360 Dept of Transitional Assistance	12-13–12-14 19-5–19-7
Public markets; establishment; conditions; regulation	Give assistance in the organization, operation or reorganization of such public markets as are authorized by law and of cooperative association.	s. 93.06 (5)	12-13–12-14 19-5–19-7
Food products exempt from taxes	Except as provided in par. (c), there are exempt from the taxes imposed by this subchapter the gross receipts from the sales of, and the storage, use or other consumption of, food, food products and beverages for human consumption.	s. 77.55	19-5–19-7
Support Farmer’s Markets	Currently, there are 114 farmer’s markets in Wisconsin, an increase from the 58 in 2005.	www.ams.usda.gov/farmersmarkets/States/Wisconsin.html	19-5, 19-6
Extension of school lunch periods for serving lunches to authorized elderly persons	Any school district approved by the state superintendent may establish a system to provide the opportunity for authorized elderly persons to participate in its school lunch program. If a school board desires to establish such a service, it shall develop a plan for the provision of food services for elderly persons and submit the plan to the state superintendent. Upon petition of 5% of the voters in the school district who voted in the last school board election, the school board shall formulate a food services plan, provided that hot food service facilities are available to school children in the district.	s. 115.345(1)	19-1–19-2 19-5–19-8

STATE LEVEL POLICIES: Poor Nutrition



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Senior Farmer's Market Nutrition Program	Provides eligible seniors with a voucher for use at a local farmer's market (can only purchase locally grown fruits and vegetables). Operates in 37 Wisconsin Counties	Department of Agriculture	19-5, 19-6

Promote Healthy Eating Habits

University of Wisconsin Extension Nutrition Education Program Strategic Plan 2003-2005	<p>WNEP is a UW-Extension 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.</p> <p>WNEP is funded by federal dollars</p> <ul style="list-style-type: none"> • EFNEP funded projects in 6 Wisconsin counties (total budget of approx. \$900,000 in federal funds) • Food Stamp Nutrition Education (FSNE) funded projects in 59 Wisconsin counties (total budget of approx. \$6,000,000 in federal funds) 	www.uwex.edu/ces/wnep/overview/index.cfm	12-13–12-14 19-5–19-7
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Promote Healthy Eating Habits in Youth

School lunch program	The Department of Public Instruction may contract for the operation and maintenance of school lunch programs and for the distribution, transportation, warehousing, processing and insuring of food products provided by the federal government. The form and specifications of such contracts shall be determined by the department.	s. 115.34	19-15
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STATE LEVEL POLICIES: Poor Nutrition



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
School breakfast program	From the appropriation under s. 20.255 (2) (cm), the state superintendent shall reimburse each school board 10 cents for each breakfast served at a school that meets the requirements of 7 CFR 220.8 or 220.8a, whichever is applicable, and shall reimburse each governing body of a private school 10 cents for each breakfast served at the private school that meets the requirements of 7 CFR 220.8 or 220.8a, whichever is applicable.	s. 115.341	19-15
Wisconsin school day milk program	A child who is enrolled in a school in pre-kindergarten classes to grade 5 is eligible to receive a beverage specified in sub. (1) if all of the following apply: (a) The child does not receive the beverage through the federal special milk program under 42 USC 1772 (b). (b) The child meets the income eligibility standard for a free or reduced-price lunch in the federal school lunch program under 42 USC 1758 (b). (c) The child does not receive the beverage during the school's breakfast or lunch period.	s. 115.343(2)(b)	19-15



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Provide Special Services to all Persons with Physical Disabilities

Include cardiovascular impairment in the definition of “physical disability”	“Physical disability” means a physical condition including an anatomical loss or musculoskeletal, neurological, respiratory or cardiovascular impairment, which results from injury, disease or congenital disorder and which significantly interferes with or significantly limits at least one major life activity of a person.	s. 15.197 (4) 2.	6-1
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Provide Emergency Medical Services

Good Samaritan Act	Any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care.	s. 895.48	12-1 12-7
Establish emergency medical service board	There is created an emergency medical services board, which is attached to the department of health and family services under s. 15.03. The board shall consist of 11 voting members, appointed for 3-year terms, who have an interest and expertise in emergency medical services issues, who represent the various geographical areas of the state and who include representatives of the various types of emergency medical services providers. In addition to the 11 voting members, the secretary of health and family services, the secretary of transportation, the director of the technical college system board and the state medical director for emergency medical services or their designees shall serve as nonvoting members of the board.	s. 15.195 (8)	12-1 12-7

STATE LEVEL POLICIES: Multiple Risk Factors



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Require emergency medical service personnel to be licensed or certified	No person may act as or advertise for the provision of services as an ambulance service provider unless the person holds an ambulance service provider license issued under this section. No individual may act as or advertise for the provision of services as an emergency medical technician unless he or she holds an emergency medical technician license or training permit issued under sub. (5). No individual may act as or advertise for the provision of services as a first responder unless he or she holds a first responder certificate issued under sub. (8).	s. 146.50 (2)	12-4, 12-5
First aid training given to emergency personnel	Members of police and fire departments, members of the state police participating in highway patrol, persons appointed permanent or temporary lifeguards by the commonwealth or any of its political subdivisions, and members of emergency reserve units of a volunteer fire department or fire protection district shall be trained to administer first aid, including, but not limited to, CPR by 7/1/78, including those appointed on or after 1/1/76 and may be trained in automatic or semi-automatic cardiac defibrillation.		12-1 12-7
Establish statewide EMS system	By December 31, 1995, the department shall prepare a state emergency medical services plan. The plan shall include an identification of priorities for changes in the state emergency medical service system for the 2 years following the preparation of the plan.	s. 146.53	12-1 12-7

STATE LEVEL POLICIES: Multiple Risk Factors



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Oversee the development of emergency medical services	Emergency medical services programs: Any county, city, town, village, hospital, or combination thereof may, after submission of a plan approved by the department, conduct an emergency medical services program using emergency medical technicians- paramedics for the delivery of emergency medical care to sick, disabled or injured individuals at the scene of an emergency and during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities.	s. 146.55	12-1 12-7
Require First Responders to be certified	Except as provided in ss. 146.51 and 146.52, the department shall certify qualified applicants as first responders.	s. 146.50 (8)	12-1, 12-4, 12-5, 12-7

Establish Health Education Curricula in Elementary and Secondary School

Health problems education program	A critical health problems education program is established in the department. The program shall be a systematic and integrated program designed to provide appropriate learning experiences based on scientific knowledge of the human organism as it functions within its environment and designed to favorably influence the health, understanding, attitudes and practices of the individual child which will enable him or her to adapt to changing health problems of our society.	s. 115.35 (1) s. 118.01	19-3 22-6-22-10
Health education mandate	Requires schools to provide instruction in health education; however, grades, instructional time, and curriculum. Specify that students in grades 7 through 12 must complete at least ½ credit of health education in order to graduate from high school. Requires the State Department of Public Instruction to establish a program on “health problems instruction” in order to provide assistance to local districts.	s. 118.33 and Administrative Code PI 18.03 (1986) s. 115.35 (1997)	

STATE LEVEL POLICIES: Multiple Risk Factors



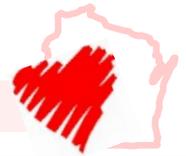
ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Protect Workers During Illness			
WI Family and Medical Leave Act (FMLA)	FAMILY LEAVE. (a) 1. In a 12-month period, no employee may take more than 6 weeks of family leave under par. (b) 1. and 2. In a 12-month period, no employee may take more than 2 weeks of family leave for the reasons specified under par. (b) 3. In a 12-month period, no employee may take more than 8 weeks of family leave for any combination of reasons specified under par. (b). (b) An employee may take family leave for any of the following reasons: birth or adoption of a child, care of a child, spouse or a parent in the event of serious illness. MEDICAL LEAVE. (a) Subject to pars. (b) and (c), an employee who has a serious health condition which makes the employee unable to perform his or her employment duties may take medical leave for the period during which he or she is unable to perform those duties.	s. 103.10	Chapter 16
Extend Health Insurance Coverage			
Private employer health care purchasing alliance	The department shall design an actuarially sound health care coverage program for employers that includes more than one group health care coverage plan and that provides coverage beginning not later than January 1, 2001. The health care coverage program shall be known as the "Private Employer Health Care Purchasing Alliance".	s. 40.98(2)(a)1 Administered through the office of the Commissioner of Insurance	Chapter 1
Continue health care coverage after termination from employment	The health insurance contract shall establish provisions by which an insured employee or dependents may continue group coverage or convert group coverage to a non-group policy which, at a minimum, comply with s. 632.897.	s. 40.98 (2) (a) 3,4,5 Employer funds	12-1, 12-6-12-7
Standardize Measures			
Health plan employer data and information set (HEDIS)	HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans.	WI Adm. Code HFS 120	12-1, 12-6-12-7

STATE LEVEL POLICIES: Multiple Risk Factors



ENVIRONMENTAL TRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Provide Medical Care/Health Insurance to Those in Need			
Badger Care	The department shall administer a program to provide the health services and benefits to persons that meet the eligibility requirements. The department shall promulgate rules setting forth the application procedures and appeal and grievance procedures. The department may promulgate rules limiting access to the program under this section to defined enrollment periods. The department may also promulgate rules establishing a method by which the department may purchase family coverage offered by the employer of a member of an eligible family or by a member of a child's household under circumstances in which the department determines that purchasing that coverage would not be more costly than providing the coverage under this section.	s. 49.665(3)	1-1
WI Senior Care	Senior Care is Wisconsin's Prescription Drug Assistance Program for Wisconsin residents who are 65 years of age or older and who meet eligibility requirements.	s. 49.688, s. 227.11 (2), and WI Adm. Code HFS 109	
WI Medical Assistance Program	Medicaid is not a welfare program; it is a health insurance program. Medicaid is a federal/state program that pays health care providers to deliver essential health care and long-term care services to frail elderly, people with disabilities and low-income families with dependent children, and certain other children and pregnant women.	s. 49.43 to 49.499, Stats., and WI Adm. Code HFS 101 to 108	
Promote, protect and maintain the public's health			
Establish state level programs	Under the leadership of the state epidemiologist for chronic disease, the department shall conduct programs to prevent, delay, and detect the onset of chronic diseases, including cancer, diabetes, cardiovascular and pulmonary disease, cerebrovascular disease and genetic disease, and other chronic diseases that the department determines are important to promote, protect and maintain the public's health.	s. 255.03	Chapters 3, 4, 5, & 12,

STATE LEVEL POLICIES: Multiple Risk Factors



ENVIRONMENTAL TRATEGY	PURPOSE/CONTENTS	WISCONSIN POLICY REFERENCE	NATIONAL HP 2010 OBJECTIVE
Regulate Provider Standards			
Registration of certain professions and occupations	Registration of physicians; physician assistants; nurses, advance practice nurses, nurse anesthetists, nurse midwives, practical nurses examinations; renewal; fees.	s. 441.06-15, 441.50, 448.01, 450.03-05	12-1 12-6–12-7
	Defines “athletic trainer,” “athletic training,” “occupational therapy,” “occupational therapist,” “physical therapy,” “physical therapist,” “sanitarians,” etc.	s. 448.965, 448.53, WI Admin. Code HFS 160	12-1 12-6–12-7
	Dieticians are regulated by the State of Wisconsin, Department of Regulation and Licensing.	WI Admin. Code D1 to 5	12-1 12-6–12-7
Provide Accommodations to Persons with Cardiovascular Disease			
The Department shall issue a Class A (hunting) permit to any applicant who is disabled	Disability definition includes suffering significantly from cardiovascular disease, to the extent that functional limitations are classified in severity as class 3 or 4, according to standards accepted by the American Heart Association on May 3, 1988, and where ordinary physical activity causes discomfort, fatigue, palpitation, dyspnea or anginal pain.	s. 29.193 (2)	Chapter 12

ORGANIZATIONAL LEVEL POLICIES



- Health Care
- Worksites
- Schools
- Communities





Introduction and Methodology

In its framework for heart disease and stroke prevention, the CDC emphasizes the importance of policies and environmental supports as a foundation for influencing widespread behavioral change. In particular, health systems' policies related to heart disease and stroke prevention has a significant impact on prevention, primary and tertiary care, rehabilitation, provider training, patient education and reimbursement. Given this potential, Wisconsin focused first on assessing policies among Wisconsin's:

- Health plans
- Hospitals
- Health care insurers

The intention of this exercise is to complete a gap analysis among a sample of health care systems in the state. Analysis of the information will then allow us to focus our efforts for maximum impact.

Comments

1. Risk Factor: Tobacco

The Wisconsin Department of Health and Family Services conducted a survey of Health Maintenance Organizations. Twenty organizations were surveyed with 9 responding. Those served cover approximately 1.4 million of the 5.5 million lives in Wisconsin. The respondents cover 29% of the lives in Wisconsin.

In addition to the data collected from the DHFS Survey for Health Maintenance Organizations, data from The University of Wisconsin-Center for Tobacco Research and Intervention (UW-CTRI) survey is included. UW-CTRI contacted 26 health plans. The 23 responding health plans cover more than 3 million of the 5.5 million people in Wisconsin.

CheckPoint data (collected by the Wisconsin Hospital Association in accordance with the National Quality Forum's recommendations for best practices) including that related to tobacco reduction, is included in the multiple risk table. See pages 42-45.

The Wisconsin Stroke Committee, with administrative assistance from the Wisconsin Hospital Association, distributed the Hospital Stroke Readiness Survey to the 125 hospitals in the Wisconsin Hospital Association Network.



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVES
Promote Quitting Among Tobacco Users			
Provide cessation counseling	70% of residents covered in the UW-CTRI survey have coverage for some type of counseling and 46% have coverage for a variety of programs or classes focused on tobacco cessation.	UW-CTRI Special Report; 2004	27-8
Prompt providers to include cessation assessment as part of CVD prevention	Tobacco cessation assessment is provided for 31.65% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8g: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention... Tobacco prevention/cessation assessment?”	27-5 27-8
Prompt providers to include cessation counseling as part of CVD prevention	There is a defined process or system of prompts to remind providers to include tobacco prevention/cessation counseling for 31.65% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8h: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention tobacco prevention/cessation counseling?”	27-5 27-8
Implement system to audit providers on whether they automatically assess members on smoking status	There is a system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for risk of cardiovascular disease for smoking for 29.36% of the lives covered by HMOs in the State of Wisconsin.	DHFS- HMO Survey reference: Questions 11g: “Does your health plan have a system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for risk of cardiovascular disease for screenings? smoking?”	27-1
Health care coverage for medications to support tobacco cessation	Seventy-four percent of the lives covered in the survey are eligible for at least one medication. All State of Wisconsin employees, Medicaid and Badgercare enrollees have mandated coverage for nicotine spray and inhalers.	UW-CTRI Special Report; 2004	27-5



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	REFERENCE HP 2010 OBJECTIVES
Provide tobacco cessation training for health care professionals	Training on how to assess and counsel members on tobacco prevention/cessation counseling for providers is covered for 28.53% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 15d: “Do primary care providers (physicians, physician’s assistants and nurse practitioners) in your health plan receive training on how to assess and counsel members for Tobacco prevention/cessation counseling?”	27-5
Audit charts to determine if providers deliver tobacco prevention/cessation counseling	Chart audits to determine if providers deliver tobacco prevention/cessation counseling are covered for 37.96% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 19d: “Does your health plan audit charts to determine if providers deliver tobacco prevention/cessation counseling?”	27-5
Provide reimbursement for tobacco cessation	Tobacco cessation counseling is covered for 35.22% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 26c: “Does your health plan reimburse providers for the following clinical services tobacco cessation counseling?”	27-5



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVES
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Promote Weight Control

Prompt providers to include weight management assessment and counseling as part of CVD prevention	A defined process or system of prompts to remind providers to include weight management assessment is covered for 2.15% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8e: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention.... Weight management assessment?”	19-1
Prompt providers to include weight management assessment and counseling as part of CVD prevention	A defined process or system of prompts to remind providers to include weight management is covered for 2.15% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8f: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention.... Weight management?”	19-1

Promote Lipid Profile Screening

Prompt providers to include lipid profile screening as part of CVD prevention	A defined process or system of prompts to remind providers to include lipid profile screening is covered for 16.75% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8i: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention.... Lipid profile screening?”	12-15
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Promote Lipid Counseling

Prompt providers to include lipid profile screening as part of CVD prevention	A defined process or system of prompts to remind providers to provide lipid counseling cover 31.65% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8j: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention.... Lipid counseling?”	12-15
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Prevention Practices

Implement system to audit providers on rate of assessment and screening	A system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for total cholesterol cover 29.36% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Questions 11b: “Does your health plan have a system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for risk of cardiovascular disease ...total cholesterol?”	12-15
Implement system to audit providers on rate of assessment and screening	A system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for HDL cholesterol cover 21.07% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Questions 11c: “Does your health plan have a system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for risk of cardiovascular disease ... HDL cholesterol?”	12-15
Implement system to audit providers on rate of assessment and screening	A system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for LDL cholesterol cover 29.36% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Questions 11d: “Does your health plan have a system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for risk of cardiovascular disease ... LDL cholesterol?”	12-15
Implement system to audit providers on rate of assessment and screening	A system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for triglycerides cover 21.07% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Questions 11e: “Does your health plan have a system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for risk of cardiovascular disease ... triglycerides?”	12-15



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVES
Promote Hypertension Screening			
Prompt providers to include hypertension screening as part of CVD prevention.	Providers include hypertension screening as part of CVD prevention for 31.7% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8k: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention hypertension screening?”	12-9, 12-12
Prompt providers to include hypertension counseling as part of CVD prevention.	Providers include hypertension counseling as part of CVD prevention for 29.5% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8l: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention hypertension counseling?”	12-9, 12-12
Implement system to audit providers on rate of blood pressure assessment	There is a system in place to audit providers on whether they automatically assess/screen members on blood pressure for 37.96% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Questions 11a: “Does your health plan have a system to audit providers to determine if they automatically assess/screen adult members (without CVD, over 18 years old) for risk of cardiovascular disease for blood pressure?”	12-12



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVES
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Promote Weight Control

Prompt providers to include weight management assessment and counseling as part of CVD prevention	A defined process or system of prompts to remind providers to include physical activity assessment as part of cardiovascular disease prevention is covered for just over 2% of the HMO covered lives in the State of Wisconsin	DHFS- HMO Survey reference: Question 8a: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention physical activity assessment?”	19-1
Prompt providers to include weight management assessment and counseling as part of CVD prevention	A defined process or system of prompts to remind providers to include physical activity counseling as part of cardiovascular disease prevention is covered for just over 2% of the HMO covered lives in the State of Wisconsin	DHFS- HMO Survey reference: Question 8b: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention physical activity counseling?”	19-1
Prompt providers to include nutrition assessment as part of CVD prevention	A defined process or system of prompts to remind providers to include nutrition assessment as part of cardiovascular disease prevention is covered for just over 2% of the HMO covered lives in the State of Wisconsin	DHFS- HMO Survey reference: Question 8c: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention nutrition assessment?”	19-1
Prompt providers to include nutrition counseling as part of CVD prevention	A defined process or system of prompts to remind providers to include nutrition counseling as part of cardiovascular disease prevention is covered for just over 2% of the HMO covered lives in the State of Wisconsin	DHFS- HMO Survey reference: Question 8d: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention nutrition counseling?”	19-1



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVES
Prompt providers to include weight management assessment and counseling as part of CVD prevention	A defined process or system of prompts to remind providers to include weight management assessment as part of cardiovascular disease prevention is covered for just over 2% of the HMO covered lives in the State of Wisconsin	DHFS- HMO Survey reference: Question 8e: “Does your health plan have a defined process or system of prompts to remind providers to include as part of cardiovascular disease prevention weight management assessment?”	19-1

Promote Prevention Practices

Provide training for health care professionals	Three out of nine HMO’s covering 13.63% of the HMO covered lives in the State of Wisconsin responded to the survey and indicated that their primary care providers received training on how to assess and counsel members for physical activity.	DHFS- HMO Survey reference: Question 15c: “Do primary care providers in your health plan receive training on how to assess and counsel members for physical activity?”	22-1- 22-3
Audit charts to determine if providers deliver prevention/cessation counseling	Three out of nine HMO’s covering 9.60% of the HMO covered lives in the State of Wisconsin audit charts to determine if providers deliver physical activity counseling.	DHFS- Survey reference: Question 19a: “Does your health plan audit charts to determine if providers deliver counseling services for physical activity?”	22-1-22-3
Provide reimbursement for physical activity counseling	Three out of nine HMO’s covering covers 35.22% of the HMO covered lives in the State of Wisconsin reimburse providers for physical activity counseling	DHFS- Survey reference: Question 26a: “Does your health plan reimburse providers for physical activity counseling?”	22-1- 22-3



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVES
Promote use of Non-Vehicular Transport Alternatives			
Create and implement a Wisconsin Pedestrian Policy Plan 2020	The Wisconsin Pedestrian Policy Plan outlines statewide and local measures to increase walking and to promote pedestrian safety. The plan provides a vision and policy framework for pedestrian travel, clarifying WisDOT's role in addressing pedestrian issues and meeting pedestrian's needs. It establishes actions and policies for better integrating pedestrian travel into the transportation system over the next 20 years.	http://www.dot.state.wi.us/projects/state/docs/ped2020-summary.pdf	22-14
Create and implement a Wisconsin Bicycle Transportation Plan 2020	The Wisconsin Bicycle Transportation Plan anticipates the increased use of bicycling and supports measures to encourage bicycling. It presents a blueprint for improving conditions for bicycling, clarifies WisDOT's role in bicycle transportation, and establishes policies for further integrating bicycling into the current transportation system.	http://www.dot.state.wi.us/projects/state/docs/bike2020-plan.pdf	22-15



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVES
Promote Prevention Practices			
Provide weight loss/control programs	A defined process or system of prompts to remind providers to include nutrition assessment as part of cardiovascular disease prevention is covered for just over 2% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8c: “Does your health plan have a defined process or system of prompts to remind providers to include each of the following as part of cardiovascular disease prevention nutrition assessment?”	19-1
Provide weight loss/control programs	A defined process or system of prompts to remind providers to include nutrition counseling as part of cardiovascular disease prevention is covered for just over 2% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO Survey reference: Question 8d: “Does your health plan have a defined process or system of prompts to remind providers to include each of the following as part of cardiovascular disease prevention nutrition counseling?”	19-1
Promote good nutrition	Three of nine covering 13.63% of the HMO covered lives in the State of Wisconsin sponsor training for primary care providers on how to assess and counsel members for nutrition for cardiovascular health.	DHFS- HMO Survey reference: Question 15b: “Do primary care providers in your health plan receive training on how to assess and counsel members for nutrition for cardiovascular health?”	19-1
Provide training for health care professionals	Three of nine covering 13.63% of the HMO covered lives in the State of Wisconsin sponsor training for primary care providers on how to assess and counsel members for weight management for cardiovascular health.	DHFS- HMO Survey reference: Question 15c: “Do primary care providers in your health plan receive training on how to assess and counsel members for weight management for cardiovascular health?”	19-1



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVES
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Promote Weight Control

Implement audits to determine if providers deliver CVD services	Three out of nine HMO’s covering 9.60% of the HMO covered lives in the State of Wisconsin deliver counseling on nutrition for cardiovascular health.	DHFS- HMO Survey reference: Question 19b: “Does your health plan audit charts to determine if providers are delivering counseling nutrition for cardiovascular health?”	19-1
Implement audits to determine if providers deliver CVD services	Three out of nine HMO’s covering 9.60% of the HMO covered lives in the State of Wisconsin deliver counseling on weight management for cardiovascular health.	DHFS- HMO Survey reference: Question 19c: “Does your health plan audit charts to determine if providers are delivering counseling for weight management for cardiovascular health?”	19-1



CheckPoint (<http://www.wiCheckPoint.org>), Wisconsin Hospitals Accountable for Quality, is a subset of common performance measures developed by Centers for Medicare and Medicaid Services (CMS), the Joint Commission on the Accreditation of Healthcare Organizations and is endorsed by the National Quality Forum. The data is collected by MetaStar, Wisconsin’s independent QI organization. The data from CMS aggregates it for use in CheckPoint. The data represents all patients regardless of payor, for the reporting period of October 1, 2004 to September 30, 2005.

The Hospital Stroke Readiness Survey, based on the survey developed by the State of Alabama, was modified by the Wisconsin Stroke Committee. The survey was distributed to 126 Wisconsin Hospitals by the Wisconsin Hospital Association. Forty-nine (38.8%) responded. Distributing the survey through a third party increased participant confidentiality.

ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Provide Stroke Center Level Care

Obtain JCAHO certification	Ten hospitals in Wisconsin have Stroke Center certification:	http://www.jointcommission.org/NR/rdonlyres/2416CDF3-D394-477B-9173-02AA820A2EE6/0/DSC_orgs.pdf	12-3, 12-7
	<ol style="list-style-type: none"> 1. Aurora BayCare Medical Center, Green Bay 2. Aurora St. Luke’s Medical Center, Milwaukee 3. Bellin Hospital, Green Bay 4. Froedtert Memorial Lutheran Hospital, Milwaukee 5. St. Vincent Hospital, Green Bay 6. Theda Care Medical Center, Neenah 7. Waukesha Memorial Hospital, Inc., Waukesha 8. Columbia St. Mary’s Hospital Milwaukee, Inc., Milwaukee 9. Gundersen Lutheran Medical Center, Inc., La Crosse 10. Luther Midelfort, Eau Claire 		



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Follow National AMI Best Practice Guidelines

Provide AMI patients with aspirin within 24 hours before or after hospital arrival	The national average for providing AMI patients without contraindications to aspirin with aspirin within 24 hours of hospital arrival is 95%. Wisconsin hospitals exceed this average by providing aspirin to 96% of patients on average.	CheckPoint report generated 11 Jul 2006.	12-1
Prescribe aspirin for AMI patients without aspirin contraindications at hospital discharge	The national average for prescribing AMI patients without aspirin contraindications, aspirin at discharge is 95%. Wisconsin hospitals exceed this average by prescribing aspirin to 97% of patients on average.	CheckPoint report generated 11 Jul 2006	12-1
Prescribe beta blockers to AMI patients without beta blocker contraindications within 24 hours after hospital arrival	The national average for providing AMI patients without contraindications to beta blockers with beta blockers within 24 hours of hospital arrival is 92%. Wisconsin hospitals exceed this average by providing beta blockers to 93% of patients on average.	CheckPoint report generated 11 Jul 2006	12-1
Prescribe ACEI to AMI patients with LVSD and no ACEI contraindications, ACEI at hospital discharge	The national average for AMI patients with LVSD without ACEI contraindications who are prescribed an ACEI at discharge is 83%. Wisconsin exceeds this average by prescribing ACEI to AMI patients with LVSD to 85% of the patients.	CheckPoint report generated 11 Jul 2006	12-1
Provide all AMI patients with a history of smoking, smoking cessation advice or counseling during hospital stay	The national average for providing smoking cessation advice or counseling during hospital stay is 90%. Wisconsin exceeds this rate by providing smoking cessation advice or counseling to 93% of patients with a history of smoking cigarettes.	CheckPoint report generated 11 Jul 200	12-1
Provide heart failure patients with a test to assess function of their heart before, during or soon after discharge from the hospital.	The national and Wisconsin average for providing heart failure patients with a test to assess function of their heart before, during or soon after discharge from the hospital is 90 %.	CheckPoint report generated 11 Jul 2006	12-1



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
Provide smoking cessation counseling to heart attack patients with a current or recent history of smoking cigarettes	The national average for the provision of smoking cessation counseling during their hospital stay is 81%. Wisconsin exceeds this at 83%.	CheckPoint report generated 11 Jul 2006	27-5
Provide appropriate discharge planning to home for heart failure patients	The national average for appropriate discharge planning is 57%. Wisconsin exceeds this average at 62%.	CheckPoint report generated 11 Jul 2006	12-1

Provide Preventive Health Services

Supply providers with information on prevention services	A system for communicating the availability of information on non-HMO preventive health services to providers is covered for 46.2% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 5: “Does your health care plan have a system for communicating the availability of information on non-HMO preventive health services to providers?”	12-6
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Follow Best Practice Guidelines

Promote best practice guidelines to providers	The adoption or promotion of the Practitioner’s Guidelines for Wisconsin Cardiovascular Risk Reduction Initiative launched by the Wisconsin Health Program is covered for 33.07% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 7: “Does your health plan adopt or promote the Practitioner’s Guidelines for Wisconsin Cardiovascular Risk Reduction Initiative launched by Wisconsin Health Program in May 2004?”	12-2
Educate patients on personal risk of stroke	A system for informing patients of their 10 year risk for developing cardiovascular disease is covered for 10.43% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 12: “Does your health plan have a system or policy to inform patients of their 10-year risk for developing cardiovascular disease?”	12-2



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Refer patients to services	A policy to refer members identified as being at-risk for cardiovascular disease to specialized services is covered for 8.46% of the HMO covered lives in the State of Wisconsin.	DHFS-HMO survey: Question 13: “Does your health plan have a policy to refer members identified as being at-risk for cardiovascular disease to specialized services?”	12-1
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Provide Preventive Health

Identify patients with co-morbid conditions	A defined process to identify all members with known hypertension is covered for 24.93% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 20: “Does your health plan have a defined process to identify all members with known Hypertension?”	12-1
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Identify patients with co-morbid conditions	A defined process to identify all members with known hyperlipidemia is covered for 27.08% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 20: “Does your health plan have a defined process to identify all members with known hyperlipidemia?”	12-1
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Identify patients with co-morbid conditions	A defined process to identify all members with known diabetes is covered for 50.13% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 20: “Does your health plan have a defined process to identify all members with known Diabetes?”	12-1
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Identify patients with co-morbid conditions	A defined process to identify all members with known cardiovascular disease is covered for 33.22% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 20: “Does your health plan have a defined process to identify all members with known cardiovascular disease?”	12-1
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Follow National AMI Best Practice Guidelines

Utilize quality assurance in the provision of best practice	A quality assurance system to insure that members with identified cardiovascular disease are being appropriately followed and medicated according to the AHA is covered for 29.50% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 24: “Does your health plan have a quality assurance system to insure that members with identified cardiovascular disease are being appropriately followed and medicated according to the American Heart Association?”	12-1
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
Facilitate good patient care	A defined process or system to remind these members with known CVD to make appointments with their clinicians is provided for 29.50% of the HMO covered lives in the State of Wisconsin.	DHFS- HMO survey: Question 25: “For members with known CVD, does your health plan have a defined process or system to remind these members to make appointments with their clinicians?”	12-1

Improve Care to Stroke Patients

Establish an acute stroke team	59% of hospitals responding have an acute stroke team available.	Hospital stroke readiness survey, June 2006: Question #5.	12-7
ED providers who are familiar with the care of acute stroke patients	Ninety-four percent of responding hospitals indicated that their Emergency Department personnel are trained in diagnosing and treating acute stroke.	Hospital stroke readiness survey, June 2006: Question #6.	12-7
Stroke centers offer at least one public education event per year	Fifty percent of responding hospitals provide a minimum of 8 hours per year CME credit for emergency department personnel.	Hospital stroke readiness survey, June 2006: Question #7: “Does your hospital provide a minimum of 8 hours per year CME credit for emergency department personnel and those designated as the stroke team?”	12-7
Primary stroke centers have an appointed medical director	Forty-five percent of the responding hospitals have a Stroke Center Director.	Hospital stroke readiness survey, June 2006: Question #8: “Does your hospital designate a Stroke Center Director (this may be a position titled “stroke coordinator”, “stroke director” or “stroke medical director” and serve either part-time or full-time for your hospital)?”	12-7



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
Increase the number of stroke centers in the state	Fifty-one percent of the responding hospitals operate as stroke units.	Hospital stroke readiness survey, June 2006; Question #9: “Does your hospital operate a stroke unit (or designate such a unit) with 1) written acute protocols, 2) continuous telemetry or ICU, and 3) staffed by physicians and nurse trained and experienced in caring for acute stroke patients?”	12-7
JCAHO requires written documentation of stroke program operations	Sixty-nine percent of responding hospitals have written acute stroke protocols for the care of patients with TIA.	Hospital stroke readiness survey, June 2006; Question #11: “Does your hospital have written acute stroke protocols (or standing orders) for the care of patients with transient ischemic attack?”	12-7
JCAHO requires written documentation of stroke program operations	<p>Eighty-six percent of the responding hospitals have written care protocols for the emergency care of stroke patients.</p> <p>49% include a mechanism for contacting the acute stroke team. 83% include stabilization of patient’s vital function. 93% include initial diagnostic tests. 93% include use of thrombolytics and other medications.</p>	<p>Hospital stroke readiness survey, June 2006; Question #12: “Does your hospital have written care protocols (or standing orders) for emergency care of stroke patients?”</p> <p>-Including a mechanism for contacting the acute stroke team - Including stabilization of patient’s vital function - Including initial diagnostic tests - Including use of thrombolytic and other medications”</p>	12-7
Follow written care protocols	Eighty-three percent of the responding hospitals indicated that they review their written care protocols for stroke annually.	Hospital stroke readiness survey, June 2006; Question #17: “Are your hospital’s written care protocols for stroke reviewed annually and updated, if needed?”	12-7



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
JCAHO requires written documentation of stroke program operations	Forty-four percent of the responding hospitals maintain a log for stroke admissions to document the call time, response time, patient diagnosis, treatment and outcome.	Hospital stroke readiness survey, June 2006; Question #18: “Does your hospital maintain a log for stroke admissions to document the call time, response time, patient diagnosis, treatment and outcome?”	12-7
Administer tPA	Ninety percent of the responding hospitals administer tPA.	Hospital stroke readiness survey, June 2006; Question #19: “Does your hospital administer tPA?”	12-7
Integrate the care and transport of stroke patients	Ninety-two percent of the responding hospitals routinely inform their EMS transport of suspected acute stroke patients.	Hospital stroke readiness survey, June 2006; Question #20: “Is your hospital’s emergency department routinely informed of the EMS transport of suspected acute stroke patients?”	12-7
Integrate the care and transport of stroke patients	Fifty-six percent of responding hospitals have agreements with local EMS for consistent transport of stroke patients to an appropriate hospital using HIGH PRIORITY coding?	Hospital stroke readiness survey, June 2006; Question #21: “Does your hospital have agreements with local EMS for consistent transport of stroke patients to an appropriate hospital using HIGH PRIORITY coding?”	12-7
Include EMS personnel in stroke educational initiatives	Fifty-eight percent of the responding hospitals offer acute stroke educational training for EMS personnel.	Hospital stroke readiness survey, June 2006; Question #22: “Does your hospital offer (or participate with your local EMS in offering) acute stroke educational training for EMS personnel?”	12-7
Obtain a diagnostic brain image within 25 minutes of it being ordered, 24/7	Ninety-four percent offer neuroimaging services within 25 minutes 24 hours per day and 7 days a week.	Hospital stroke readiness survey, June 2006; Question #23: “Is your hospital able to provide neuroimaging services (either MRI or CT scan) and interpretation 24 hours per day and 7 days a week?”	12-7



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
Obtain a diagnostic brain image within 24 minutes of the patient’s arrival to the emergency department	Eighty percent of the respondents indicate that neuroimaging occurs within 25 minutes of the patient’s arrival to the emergency department.	Hospital stroke readiness survey, June 2006; Question #24: “Does your hospital’s neuroimaging occur within 25 minutes of the patient’s arrival to the emergency department?”	12-7
Interpret the neuroimaging results within 20 minutes of completing the procedure	Seventy-four percent of the responding hospitals indicated that neuroimaging results are interpreted within 20 minutes of completing the procedure.	Hospital stroke readiness survey, June 2006; Question #25: “Are your hospital’s neuroimaging results interpreted within 20 minutes of completing the procedure?”	12-7
On a 24/7 basis, 80% of acute stroke patients have a diagnostic brain image completed within 45 minutes of it being ordered	Thirty-two percent of the responding hospitals have neurological services available 24 hours a day and 7 days a week and within 2 hours of when treatment was deemed clinically necessary.	Hospital stroke readiness survey, June 2006; Question #26: “Does you hospital have neurological services (including operating room) available 24 hours a day and 7 days a week and within 2 hours of when treatment was deemed clinically necessary?”	12-7
Laboratory services are available for initial stroke labs 24/7	All respondents had all laboratory services available 24/7 except for Chest x-rays. Ninety-eight percent of respondents have chest x-rays available 24/7.	Hospital stroke readiness survey, June 2006; Questions #28-#32: “Does your hospital provide the following laboratory and other services 24 hours per day and 7 days a week and within 45 minutes of being ordered? -Routine serum chemistry -Hematology -Coagulation studies -Chest X-ray -EKG services”	12-7



<p>Stroke units have a method for tracking stroke performance</p>	<p>Fifty-two percent of respondents have outcome and quality improvement activities such as a stroke database or a stroke Registry to track outcomes.</p> <ul style="list-style-type: none"> -67% track onset of patients symptoms -72% track time of patient ED arrival -60% track time of CT/MRI completion -45% track time of CT/MRI interpretation -68% track time of initiation of intravenous thrombolytic therapy -59% track intravenous thrombolytic therapy. 	<p>Hospital stroke readiness survey, June 2006; Question #33: “Does your hospital have outcome and quality improvement activities such as a stroke database or a stroke Registry to track outcomes (such as tPA “door to needle” within 60 minutes)?</p> <ul style="list-style-type: none"> -The time of initial onset of patient’s symptoms -Time of patient ED arrival -Time of CT/MRI completion -Time of CT/MRI interpretation -Time of initiation of intravenous thrombolytic therapy -The intravenous thrombolytic therapy is not administered for non-treatment with thrombolysis” 	<p>12-7</p>
<p>Stroke centers offer care providers working in the stroke unit at least eight hours of continuing education or other equivalent educational activity</p>	<p>Sixty-five percent of the respondents provide continuing education in stroke prevention, diagnosis and treatment for professional staff.</p>	<p>Hospital stroke readiness survey, June 2006; Question #45: “Does your hospital provide continuing education in stroke prevention, diagnosis, and treatment for professional staff (MD, RN, or allied health professionals)?”</p>	<p>12-7, 12-8</p>
<p>Stroke centers offer at least one public education event per year</p>	<p>Fifty-four percent of the respondents conduct at least one stroke community education program per year.</p>	<p>Hospital stroke readiness survey, June 2006; Question #46: “Does your hospital conduct at least one stroke community education program per year for the general public on stroke prevention, stroke recognition and acute therapies?”</p>	<p>12-7, 12-8</p>



Introduction and Methodology

The CDC identifies worksites as a second priority area (after health systems) for capacity building efforts. Employers have a great opportunity to support heart healthy behaviors through policies or on-site resources that support clean air, smoking cessation programs, physical activity, nutritious food or blood pressure and cholesterol screenings for related risk factors.

The Department of Health and Family Services administered a needs assessment survey, The Worksite Wellness Survey. The survey was sent to approximately 600 Wisconsin small businesses with 500 or fewer employees. 580 (96.6%) responded. Seventy-five percent of the respondents have a Wellness Program. At least one employee for every two participates in the Worksite Wellness program to some extent in 64% of the responding companies. Likert responses were dichotomized to “yes” and “no”. Responses were counted as “yes” if the respondent said anything more than “never”.

The National Wellness Councils of America (WELCOA) surveyed the 2,332 Wisconsin members in November of 2005 via email. The purpose of the survey was to gain information about the members’ wellness programs. The responding 917 members (39.3%) from all areas of industry represented over 1 million Wisconsin employees. The top behaviors that members plan to address in the next 24 months include: exercise/fitness, weight management, nutrition education, and tobacco cessation.

The State of Wisconsin Employee Trust Fund produces a report card for all of the health plans available to State of Wisconsin employees. Individual health plan scores can be compared to each other and scores aggregated across all plans are compared to the national average.

ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Quitting Among Tobacco Users

Provide on-site smoking cessation services	Eighty-five percent of responding worksites indicated that they provide smoking cessation services more often than “never”.	DHFS- Worksite Wellness Survey: Item #20, “Our company provides...smoking cessation”	27-12
Address tobacco cessation in employees	Sixty-one percent of responding worksites indicated that they plan to address tobacco cessation in the next 24 months.	WELCOA-Wisconsin Membership survey, 2005: Question 23: “Which of the following topics do you plan to address in the next 24 months...tobacco cessation?”	27-12



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Screening for High Cholesterol

Provide work site screenings	Ninety percent of responding work sites indicated that they provide health screenings including cholesterol levels more often than “never”.	DHFS- Worksite Wellness Survey: Item #20, “Our company provides...health screenings (blood pressure, cholesterol, diabetes).”	12-15
Provide worksite screenings	HMO’s available to employees of the largest employer in the State of Wisconsin, The State of Wisconsin, exceed the national average for LDL-C<100mg/dl for their patients.	State of Wisconsin, Employee Trust Fund Report Card.	

Provide Worksite Education for Reducing High Cholesterol

Provide worksite education	Fifty-nine percent of responding worksites indicated that they plan to address cholesterol education in the next 24 months.	WELCOA-Wisconsin Membership survey, 2005: Question 23: “Which of the following topics do you plan to address in the next 24 months... cholesterol education?”	
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Screening for High Blood Pressure

Provide work site screenings	Ninety percent of responding work sites indicated that they provide health screenings including blood pressure more often than “never”.	DHFS- Worksite Wellness Survey: Item #20, “Our company provides...health screenings (blood pressure, cholesterol, diabetes).”	12-14
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Provide Worksite Education for Lowering High Blood Pressure

Provide worksite education	Sixty-three percent of responding worksites indicated that they plan to address blood pressure in the next 24 months.	WELCOA-Wisconsin Membership survey, 2005: Question 23: “Which of the following topics do you plan to address in the next 24 months...blood pressure?”	12-14
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote On-site Physical Activity Among Employees at Worksite

Provide on-site facilities and programs	Seventy percent of responding worksites provide on-site fitness or physical activity programs.	DHFS- Worksite Wellness Survey: Item #20, “Our company provides...Fitness/physical activity programs on site.”	22-2, 22-3, 22-13
Provide on-site facilities and resources	Fifty percent of responding worksites have locker rooms, 46% have bike racks, 41% have walking paths, and 33% have an exercise room.	DHFS- Worksite Wellness Survey: Item #22, “Our facility provides the following on-site resources...locker rooms, bike racks, walking paths, exercise facility/room.”	22-2, 22-3, 22-13
Address exercise and fitness in employee wellness programs	Eighty-five percent of responding worksites indicated that they plan to address exercise/fitness in the next 24 months.	WELCOA-Wisconsin Membership survey, 2005: Question 23: “Which of the following topics do you plan to address in the next 24 months...exercise/fitness?”	22-2, 22-3, 22-13

Promote Off-site Physical Activity Among Employees

Encourage use of off-site exercise facilities with subsidies	Sixty-five percent of responding worksites provide subsidies for off-site fitness/physical activities.	DHFS- Worksite Wellness Survey: Item #20, “Our company provides...Fitness/physical activities off-site (ex. Health club subsidy).”	22-2, 22-3, 22-13
Establish company policies in support of reduced fees or subsidies for the use of fitness facilities	Sixty-one percent of responding worksites have a company policy to provide subsidies for off-site fitness/physical activities.	DHFS- Worksite Wellness Survey: Item #23, “Our company has the following wellness policies in place: ...reduced fees or subsidized use of fitness facilities.”	22-2, 22-3, 22-13

Promote Physical Activity Among Employees

Establish company policies to support physical activity during work time (flex time)	Thirty-five percent of responding worksites have a policy that supports physical activity during work time.	DHFS- Worksite Wellness Survey: Item #23, “Our company has the following wellness policies in place: ...support of physical activity during work time (flex time).”	22-2, 22-3, 22-13
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
<p>Company policies that encourage management to encourage employees to be active during break time</p>	<p>Forty-seven percent of responding worksites have a policy that encourages management to encourage employees to be active during break time.</p>	<p>DHFS- Worksite Wellness Survey: Item #23, “Our company has the following wellness policies in place: ...Management encouragement of employees to be active during break time.”</p>	<p>22-2, 22-3, 22-13</p>
<p>Establish company polices that reward physical activity among employees with positive publicity, equipment or money</p>	<p>Fifty-two percent of responding worksites have a company policy that provides employee incentives for activity.</p>	<p>DHFS- Worksite Wellness Survey: Item #23, “Our company has the following wellness policies in place: ...Provision of an employee incentive system such as positive publicity, equipment or money.”</p>	<p>22-2, 22-3, 22-13</p>
<p>Establish company polices that emphasize improving the built environment through trails, maps, bike racks, etc.</p>	<p>Twenty-two percent of responding worksites have an emphasis on improving the built environment.</p>	<p>DHFS- Worksite Wellness Survey: Item #23, “Our company has the following wellness policies in place: ...emphasis on improving the built environment through trails, maps, bike racks, etc.”</p>	<p>22-2, 22-3, 22-13</p>



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
Promote Good Nutrition Among Employees			
Provide on-site nutrition information and/or counseling	Ninety-one percent of responding worksites provide on site nutrition information and/or counseling.	DHFS- Worksite Wellness Survey: Item #20, “Our company provides ...Nutritional information and/or counseling.”	19-16
Provide on site resources to support good nutrition	One-hundred percent of responding worksites have vending machines and refrigerators, freezers and microwave, 50% have a cafeteria.	DHFS- Worksite Wellness Survey: Item #22 f, g, h, “Our facility provides the following on-site resources...f) cafeteria g) vending machines, h) refrigerators, freezers and microwaves.”	19-16
Establish company policies to provide healthy food and beverage choices in the worksite cafeteria and vending machines	Thirty-eight percent of responding worksites have a policy that supports healthy food and beverage choices in the cafeteria. Sixty-six percent of responding worksites have a policy that supports healthy food and beverage choices in vending machines.	DHFS- Worksite Wellness Survey: Item #23, “Our company has the following wellness policies in place: h) Provision of heart-healthy food and beverage choices at worksite cafeterias. j) Provision of vending machines offering heart healthy food and beverage choices.”	19-16
Establish company policies that create an office standard of healthy food and beverage choices in the work environment	Forty percent of responding worksites have an office standard of healthy food and beverage choices in the work environment. Forty-eight percent provide healthy food options for any worksite meetings, conferences or trainings.	DHFS- Worksite Wellness Survey: Item #23. “Our company has the following wellness policies in place: g) Office standard that encourages healthy food and beverage choices in the work environment. i) Provision of healthy food options for any worksite meetings, conferences, or trainings.”	19-16



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Good Nutrition Among Employees

Provide worksite education	Seventy-eight percent of responding worksites indicated that they plan to provide nutrition education in the next 24 months.	WELCOA-Wisconsin Membership survey, 2005: Question 23: “Which of the following topics do you plan to address in the next 24 months... Nutrition education?”	19-16
Provide worksite education	Seventy-eight percent of responding worksites indicated that they plan to provide Weight management services in the next 24 months.	WELCOA-Wisconsin Membership survey, 2005: Question 23: “Which of the following topics do you plan to address in the next 24 months... Weight management?”	19-16



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Reduce Stress Among Employees

Provide on-site stress management programs	Eighty-three percent of responding worksites provide stress management.	DHFS- Worksite Wellness Survey: Item #20, “Our company program provides the following services...h) Stress management”	Chapter 20
	Seventy-two percent of responding worksites indicated that they plan to provide stress management in the next 24 months.	WELCOA-Wisconsin Membership survey, 2005: Question 23: “Which of the following topics do you plan to address in the next 24 months...Stress management?”	Chapter 20

Assist Employees with Management for Chronic Conditions

Provide on-site disease management for diabetes and cardiovascular disease	Seventy-eight percent of responding worksites provide disease management.	DHFS- Worksite Wellness Survey: Item #20, “Our company program provides the following services...j) Disease management (diabetes, cardiovascular, etc.)”	Chapter 20
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Promote a Healthy BMI for all Employees

Provide on-site weight management services	Eighty-eight percent of responding worksites provide weight management services.	DHFS- Worksite Wellness Survey: Item #20, “Our company program provides the following services...d) Weight management”	19-1, 19-16
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Promote Overall Health for all Employees

Provide on site health risk assessments	Eighty-one percent of responding worksites provide on site health risk assessments.	DHFS- Worksite Wellness Survey: Item #20, “Our company program provides the following services...g) Health risk assessments”	12-12, 12-15, 19-16, 27-12, 27-13
Provide on site health education classes	Eighty-one percent of responding worksites provide health education classes.	DHFS- Worksite Wellness Survey: Item #20, “Our company program provides the following services...k) Health education classes”	



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Establish Worksite Policies to Create or Support an Employee Wellness Committee

Use company time and resources to support a wellness committee	Seventy percent of responding worksites have a policy that creates or supports an employee wellness committee.	DHFS- Worksite Wellness Survey: Item #23. “Our company has the following wellness policies in place: a) Creation or support of an employee wellness committee.”	
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Provide Emergency Medical Services

Encourage the use of AEDs in DHFS office buildings	All buildings housing DHFS personnel have access to AEDs. The Division of Public Health, Bureau of Local Health Support and Emergency Medical Services is responsible for maintaining the devices		
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Clean Indoor Air

Prohibit Smoking Two municipalities have adopted ordinances on smoke-free workplaces, bars, and restaurants. 27-10

Madison (2005) Madison Code 23.05
 Appleton (2005) Appleton Code 7-100

25 municipalities have passed smoke-free air restaurant ordinances. Search <http://wsll.state.wi.us/ordinances.html>

- Village of Shorewood Hills (1995) Shorewood Hills – Section 9.05
- Middleton (1996)
- Fond du Lac (1999) Fond du Lac – Section 9.155
- La Crosse City (1999) LaCrosse City – Section 7.01(X)
- Ashland (2000) Ashland – Section 926
- Eau Claire (2000) Eau Claire – Chapter 8.05
- Kenosha (2000) Kenosha – Section 4.05
- Neenah (2001) Neenah – Section 10.16
- Onalaska (2002) Onalaska – Section 11-2-17
- Holmen (2002) Holmen – Chapter 153
- Janesville (2003) Janesville – Chapter 8.75
- Village of West Salem (2003)
- River Falls (2003) River Falls – Chapter 8.48
- Wauwatosa (2003) Effective 2006 Wauwatosa – Chapter 8.12
- Bristol (2004) Bristol – Section 04-21
- Phillips (2004) Phillips – Section 10.035
- Oshkosh (2005) Oshkosh Section 14-1.2
- Wausau (2005) Wausau – Chapter 9.40
- Little Chute (2005) Little Chute – Title 8, Chapter 4
- Plover (2005) Plover – Section 9.0431
- Stevens Point (2005) Stevens Point – Chapter 7
- Buchanan (2006) Buchanan – Section 6, Chapter 46
- Combined Locks (2006) Combined Locks – Section 8-1-12
- Kaukauna (2006) Kaukauna – Section 11.09
- Menomonie (2006) Menomonie-
- Beloit (2006) Beloit-Section 16.08

One county has passed smoke-free air restaurant ordinance

La Crosse County (2003) La Crosse Co. – Section 11.53

ORGANIZATIONAL POLICIES/Communities: Tobacco



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Regulate Tobacco Sales			
Increase Cigarette License fees	Onalaska (\$100)	Onalaska Code Sec. 7-3-2	27-5

**ORGANIZATIONAL POLICIES/Communities:
High Cholesterol and High Blood Pressure**



We did not find any State of Wisconsin statutes or administrative code aimed specifically at blood cholesterol or blood pressure checks or control at the community level.



In 2006, The Department of Health and Family Services conducted a Nutrition and Physical Activity Coalition Survey. 198 nutrition and physical activity coalitions, breastfeeding coalitions, local health departments, UW-Extension offices and WIC projects were invited to participate, 18% (N=35) responded. The responding coalitions represented 3 tribes and 33 of Wisconsin's 72 counties. Eleven received funding from Prevention Block Grants, 10 from the county tax base, 9 from WIC, 8 from private foundations, 8 from MCH block grants.

ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
Promote Physical Activity			
Focus community coalition activities on increasing physical activity	Seventy-one percent of the responding coalitions focus on physical activity including school policy changes regarding recess, worksite policy changes such as flex time for exercising and community wide policy changes requiring sidewalks.	DHFS- Nutrition and Physical Activity Coalition Survey, 2006; Items #26 & 30.	22-1
Focus community coalition activities on the reduction of sedentary activities such as television viewing	Sixteen percent of the responding coalitions focus on the reduction of sedentary activities such as television viewing.	DHFS- Nutrition and Physical Activity Coalition Survey, 2006; Item #26	22-11



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Good Nutrition

Focus community coalition activities on increasing fruit and vegetable consumption	Sixty-nine percent of the responding coalitions focus on increasing fruit and vegetable consumption. The majority of this focus was on schools but also included increasing the number of Farmer’s markets available.	DHFS- Nutrition and Physical Activity Coalition Survey, 2006; Item #26 & 30.	19-5 19-6
Focus community coalition activities on reducing portion size	Twenty-eight percent of the responding coalitions focus on reducing portion size in schools and at worksites. One community identified heart healthy entrees in community restaurants.	DHFS- Nutrition and Physical Activity Coalition Survey, 2006; Item #26 & 30.	19-1 19-3
Focus community coalition activities on the reduction of sweetened beverage consumption	Thirty-eight percent of the responding coalitions focus on the reduction of sweetened beverage consumption. This effort was focused on the reduction of the availability of soda machines in schools. Training with childcare workers also resulted in a change in the beverages offered in child care centers.	DHFS- Nutrition and Physical Activity Coalition Survey, 2006; Item #26 & 30.	19-1 19-3



Focusing on risk factor prevention in schools is the lowest of the four areas identified by the CDC. Nonetheless, schools offer an opportunity to educate and intervene with young people and form healthy habits at a young age. CDC recommendations for physical activity and fitness include: quality, daily physical education, classroom health education on self-management of physical activity and reduction of sedentary activities especially television watching, daily recess for elementary students, and extracurricular physical activity programs.

The School Health Education Profile (SHEP) health teacher questionnaire was developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Center for Disease Control and Prevention (CDC) in collaboration with representatives of state, local and territorial departments of education and health. These surveys were designed to help state and local education agencies to monitor characteristics of and assess trends in health education in middle/junior high school and high school. www.dpi.state.wi.us/dpi/dlsea/sspw/shepindex.html.

The School Health Education Profile (SHEP) health teacher questionnaire was developed by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC) in collaboration with representatives of state, local, and territorial departments of education and health.

The Wisconsin Department of Public Instruction conducted a stratified randomized survey of 425 secondary public schools. For each selected school, principals, health teachers and lead physical education teachers were asked to respond. Response rates were: 74% for principals, 75% for lead health teachers, and 72% for lead physical education teachers.

ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
Prevent Tobacco use in Wisconsin School Districts			
Wisconsin School Districts have written policy prohibiting the use of all tobacco products	Nearly 100% of the responding principals indicate district policies prohibiting the use of all tobacco products.	2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.	27-7, 27-11
Post tobacco-free school zone signs to discourage tobacco use	Sixty-eight percent of all school districts have signs posted marking a tobacco-free school zone.	2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.	27-7, 27-11



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
Prohibit Tobacco Advertisements			
Wisconsin School Districts prohibit tobacco-related advertising in school buildings, on school grounds, on school vehicles, in school publications, and through sponsorship of school events	Ninety percent of the responding principals have district policies prohibiting tobacco advertisements.	2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.	27-3, 27-7, 27-11, 27-16
Enforce Sanctions for Students Who are Caught Smoking			
Develop and implement policy to sanction students who smoke at school	Responding principals, indicate that over 90% of the time, students caught smoking cigarettes are referred to a school administrator and their parents or guardians are informed. Thirty-eight percent of middle school principals reported that students who smoke at school are suspended. Principals reported that 21% of high school students are suspended for smoking.	2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.	27-11
Increase Smoking Cessation			
Provide school-based smoking cessation programs for students who smoke	Six percent of responding principals reported smoking cessation services at their middle school or high school.	2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.	27-7

ORGANIZATIONAL POLICIES/Schools:

High Cholesterol and High Blood Pressure



We did not find evidence of any initiatives related to checks or controls for high cholesterol or high blood pressure in Wisconsin Schools.



CDC recommendations for physical activity and fitness include: quality, daily physical education, classroom health education on self-management of physical activity and reduction of sedentary activities especially television watching, daily recess for elementary students, and extracurricular physical activity programs.

ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Wisconsin Students need 1.5 Credits of Phys. Ed. over 3 Separate Years to Graduate

Provide access to PE courses in grades 9-12	Physical education is required in more than 97% of Wisconsin School Districts. There are few exemptions from physical education class. All responding principals indicated that students were required to repeat physical education if they fail it.	2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.	22-8
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Encourage a High Level of Physical Activity in PE Education Courses

Plan an active curriculum and encourage participation	A majority, 73% indicated that students are active for at least 60% of the time spent in PE class.	DHFS- Physical Education Questionnaire: Item #16	22-10
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Walk to School

Provide support and encouragement for students who walk to school	Only 15% of responding schools have a Walk to School program. The most common response for the proportion of students walking to school was, “ don’t know.”	DHFS- Physical Education Questionnaire: Item #48	22-14
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By the 2006-2007 school year, all schools receiving federal reimbursement through the USDA Child Nutrition Programs are required to have implemented a school wellness policy, developed by a local coalition including parents, students, representative of the school food authority, the school board, school administrators, and the public. The wellness policy formalizes the efforts of the school/district to create a healthy school nutrition and physical activity environment.

ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Encourage Good Nutrition in Schools

Establish a WI Team nutrition website	Team Nutrition is an integrated, behavior-based, comprehensive plan for promoting the nutritional health of the Nation's school children. The U.S. Department of Agriculture — Food and Nutrition Services developed <u>Team Nutrition</u> in response to the need to improve the nutritional quality of meals served in schools and the school nutrition environment.	http://www.dpi.state.wi.us/dpi/dltcl/bfcsp/tn.html “What’s Right for Kids- Improving the School Nutrition Environment”	
Provide nutritional snacks	Ninety-one percent of responding high school principals indicated that students have the opportunity to purchase snacks before classes begin. Wisconsin principals reported that non-nutritional snacks were available more often than fruits and vegetables.	2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.	



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Create a Healthy School Nutrition Environment

Provide quality meals	Provide quality meals through properly qualified and certified food service staff, meals that meet nutrition standards established by the USDA, breakfast, lunch and after-school snacks are planned with student input, offered at prices students can afford, and feature a variety of healthy choices that are tasty and attractive to include local, cultural and ethnic favorites of the students.	<p>http://www.dpi.state.wi.us/dpi/dltcl/bfcsp/tn.html</p> <p>“What’s Right for Kids-Improving the School Nutrition Environment” Examples: Fairview Elementary, Pulaski School District, Viroqua Area School District, Bay View Middle School, Howard-Suamico School District, Kewaunee School District, Ethan Allen School, Wales, Ladysmith-Hawkins School District, James Madison Middle School, Appleton, and Sauk Prairie Elementary (salad bar days for the staff).</p>
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Nutrition Education

Nutrition education for staff	Provide training for teachers and nutrition professionals on the nutrition, nutrition education standards, curriculum guide and curriculum assessment tool.	Training conducted by the Wisconsin Department of Public Instruction, Summer 2005, Julie Allington.
Nutrition education for students	Ninety percent of health educators reported teaching about the benefits of healthy eating, aiming for a healthy weight and risks of unhealthy weight.	2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.



ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE	NATIONAL HP 2010 OBJECTIVE
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Promote Healthy Eating in Schools

Promotion of consistent, healthful messages	Students in all grades should receive nutrition education in the lunchroom and the classroom from school food service staff and teachers, and students should receive nutrition messages throughout the school that are consistent and reinforce each other.	<p>http://www.dpi.state.wi.us/dpi/dltcl/bfcsp/tn.html</p> <p>“What’s Right for Kids- Improving the School Nutrition Environment”</p> <p>Examples: Lincoln Avenue Elementary, Milwaukee, Viroqua School District, Kewaunee School District, Greendale School District, Dodgeland School District, Fairview Elementary, Pulaski, Maryland Elementary, Milwaukee, Bay View Middle School, Howard-Suamico School District, & Cashton Elementary.</p>	
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ENVIRONMENTAL STRATEGY	PURPOSE/CONTENTS	REFERENCE
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Promote Health Education in Middle and High Schools

<p>Require health education in middle and high schools</p>	<p>Over 90% of principals stated that health education was required at both middle and high school levels. Sixty-six percent of high school students currently receive one health course. Sixty-one percent of middle school students receive at least two health courses. A majority of districts are exceeding the state requirement of ½ credit of health instruction. Fifty-seven percent of principals report their school districts have a health advisory group or committee. Thirty six percent of principals reported that students can't be exempted or excused from health education courses. Fifty-seven percent reported that less than 1% were exempted or excused from health classes.</p>	<p>2004, Wisconsin School Health Education Profile Report: School Health-Related Policies and Practices, DPI.</p>
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