

### Overweight, Obesity, Lack of Physical Activity

The Overweight, Obesity, Lack of Physical Activity priority has four sets of objectives: leadership, physical activity for children and adolescents, physical activity for adults, and overweight and obesity.

#### Progress in Meeting Objectives—Specific Findings

***Physical activity for children and adolescents.*** In 1999, 26% of Wisconsin high school students reported they regularly engaged in moderate physical activity. (“Moderate” refers to activity that causes small increases in breathing or heart rate; “regularly” refers to moderate activity performed for at least 30 minutes, five or more times per week.) In 2001, 2003, and 2005, 28% of high school students reported this level of physical activity (**2010 target:** 37%).

According to the Youth Risk Behavior Survey on which these findings are based, many more high school students report vigorous physical activity than moderate physical activity. (“Vigorous” refers to activity that causes large increases in breathing or heart rate.) In 2005, 67% of high school students reported they regularly engaged in vigorous physical activity, up from 60% in 1999. (No **2010 target** was established for “vigorous” physical activity.)

***Physical activity for adults.*** The 2010 objective for adult physical activity is to increase the percentage who report engaging in “any physical activities during the past month.” In 2000, 78% of Wisconsin adults aged 18 and older reported they engaged in any leisure-time physical activities in the past month. This proportion increased each year, with 82% of adults in 2004 reporting they engaged in any physical activities during the past month (**2010 target:** 88%).

African Americans, American Indians, and Hispanics were less likely than other adults to have engaged in physical activities in the past month. Based on combined data for 2002-2004, this percentage was 81% overall, and 62% among African Americans, 75% among American Indians, and 78% among Hispanics.

***Overweight and obesity.*** This objective seeks to reduce the percentage of children and adolescents who are overweight. (“Overweight” in children less than 18 years of age is based on a body mass index that is equal to or greater than the 95<sup>th</sup> percentile-for-age.) No estimate of overweight exists for all Wisconsin children, but among children aged 2-4 enrolled in the WIC program (Women, Infants, and Children Supplemental Nutrition Program), 13.3% were overweight in 2004 (**2010 target:** 9.4%). The 2004 percentage represents an increase from the 2000 baseline, when 11.5% of 2-4-year-olds in WIC were overweight.

Among these children in WIC, the percentage overweight varied by race/ethnicity. In 2004, the percent overweight was 20.5% among American Indian children, 18.1% among Hispanic children, 15.8% among Asian children, 11.9% among non-Hispanic white children, and 10.7% among African American children.

The percent of Wisconsin high school students who are overweight has remained stable since 1999, at 10% in that year and in 2005 (**2010 target:** 8%). Combined years of data show

differences by race/ethnicity. In 2001-2005, 11% of all high school students were overweight; the percentage was 16% among Asian students, 14% among Hispanic students, 13% among African American and American Indian students, and 10% among white students.

The objective for adults seeks to reduce the percentage who are obese; that is, those who have a body mass index of 30 or higher. This percentage was 20% in 2000 and 23% in 2004 (**2010 target:** 15%). An additional 38% of adults in 2000 (and 37% in 2004) were overweight; that is, had a body mass index of 25.0 – 29.9. (No **2010 target** was established for overweight among adults.)

The rate of obesity among adults differs by race/ethnicity. In 2002-2004, 22% of all Wisconsin adults were obese, compared to 36% of African American adults, 43% of American Indian adults, 12% of Asian adults, 28% of Hispanic adults, and 21% of white adults. These percentages were similar to corresponding percentages for 2000-2002.

Progress was not measured for the *leadership* objective.

### **Selected Accomplishments and DHFS Activities**

- Participated with the Department of Public Instruction in a joint Comprehensive School Health Program (encompassing physical activity, nutrition, and tobacco) to promote healthy school environments and healthy students ready to learn.
- Facilitated the Wisconsin Partnership for Activity and Nutrition, a partnership that provides statewide leadership to decrease obesity, improve nutrition, and increase physical activity.
- Created a web site that serves as an information clearinghouse for community-based organizations (e.g., best practices, inventory of local activities, guidelines for screening and treatment) related to obesity prevention and management, nutrition, and physical activity.
- Conducted a statewide inventory of nutrition and physical activity related initiatives being implemented within Wisconsin communities.
- Added a new data element for the pediatric nutrition surveillance program to collect information on television viewing among children 2-4 years of age. TV viewing is an indirect measure for physical activity in young children.
- Established a collaborative role with the Wisconsin Department of Transportation to promote safe routes to school and active community environments that encourage physical activity.
- Promoted the incorporation of physical activity curriculums in after-school programs (4-H, YMCA, faith-based youth programs).
- Assessing how many health care providers use body mass index (BMI) to screen for overweight and obesity during routine office visits.
- Developing a guidance document for local communities to determine the feasibility and technical complexities of implementing a program to measure height and weight for school-age children and youth. Local communities can use this to determine the burden of overweight among students 6-13 years of age and provide evidence that results in strengthening local prevention programs and supporting healthy school environments.

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- Facilitated a planning process with partners that led to the development of the Nutrition and Physical Activity State Plan.
- Promoted partner participation to get the word out about statewide initiatives (Governor's Challenge, Lighten Up Wisconsin, Stepping Up to a Healthy Lifestyle) to improve nutrition and increase physical activity.
- Sponsored five regional trainings concerning how to develop active community environments. These training sessions were targeted to local health departments, community planners, law enforcement, and community leaders. Over 250 organizations participated. The goal is to help communities make changes that make it easy for people to walk and bike as part of their daily routine.
- Developed the "Governor's School Health Award Program" to promote healthy school nutrition and physical activity environments. This was a collaborative effort with the Governor's Office, the Governor's Council on Physical Activity and Health, and the Department of Public Instruction.
- Funded 43 mini-grants (\$1,000 each) to public and private schools to develop school wellness councils/policies focused on nutrition and physical activity. This was a collaborative effort with the Department of Public Instruction, the Wisconsin Parent Teacher Association, and the Wisconsin Chapter of the American Heart Association.
- Received (along with DPI) the "Fresh Fruit and Vegetable Snack Program" from the U.S. Department of Agriculture to increase fruit and vegetable consumption.
- Revitalized the Wisconsin 5-a-Day Coalition to promote fruit and vegetable consumption in Wisconsin.
- Implemented a Breastfeeding Peer Counseling Program in selected local WIC projects to increase the number of mothers who breastfeed and the number of months their infants are breastfed.
- Developed a joint statement on nutrition and physical activity and secured endorsements by over 30 key stakeholder organizations throughout Wisconsin.

### **New and Emerging Issues**

- Obesity rates have continued to rise nationally despite considerable efforts at prevention.
- Overweight and obesity are increasingly recognized as major public health problems by the general public, policy makers, the news media, and community leaders. Five years ago overweight and obesity were seen as an issue of personal appearance; they are now understood as health problems.
- Physical activity recommendations for children have increased to 60 minutes per day from 30 minutes per day.
- U.S. Department of Health and Human Services recommendations changed in 2005. Physical activity recommendations for adults include 30 minutes per day to maintain general health; 60 minutes per day to maintain weight after loss; and 90 minutes per day for weight loss.
- Schools will be required to develop and implement wellness policies effective September 2006. This was mandated by the U.S. Department of Agriculture through the 2004 Child Nutrition Act Reauthorization. Approximately 3,000 Wisconsin school buildings will be affected in the 425 public school districts and 450 private and parochial schools across the state.

- There is a definite shift in thinking and action that favors environmental and policy changes rather than individual counseling approaches. Examples of “environmental” changes in this context include adding walking paths, and increasing the availability of fruits and vegetables in vending machines.
- Federal agencies, including the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention, are committing resources to stem the obesity epidemic spreading across the country.
- There is little or no data that measure levels of physical activity and obesity/overweight among children 6-13 years of age. Many interventions are targeted to this population but there is no data to determine the baseline and measure outcomes and results.