

**Public comments received by the Division of Public Health on the Nutrition, Physical Activity and Obesity State Plan draft during the public comment period (June - July, 2012)**

1. I like the plan overall. I do wish generating local supportive research was a priority high enough to be included in the plan. For example here in Milwaukee have update research built environment as it relates to physical activity but specific Milwaukee or a similar city to Milwaukee would be a huge help to community work and the policy the city of public works does to support more bike infrastructure.
2. I will take care of my own body, thank you very much !! Other than suggestions & information, stay the hell out of my life !!
3. It angers me that my tax dollars are being used on an organized plan to infringe on personal freedoms. It is not the governments job on ANY level to try to control personal activities. You want to try something that does work? Take away the cradle to grave health care safety net. Make folks responsible for their own actions by not being there to bail them out every damn time and you will see a much stronger interest in being healthy. Options change drastically when you have to deal with the consequences of being fat and lazy.
4. I would like the state to consider incorporating, encouraging, and supporting relaxation exercise. A lot of obesity comes from stress eating, as a form of self medication or coping. We can't easily change the stresses our state is under. However, relaxation exercises train a different coping mechanism. Before my salary was cut, I could afford yoga classes and let me tell you, I didn't eat nearly as much at night AND I didn't experience seasonal affective disorder, either. It also improved my balance and flexibility (less risk of slip and fall or back injury). I wish insurance or our wellness program at work would cover yoga classes because more than anything else I've ever used, yoga improved my health and mental health. Thank you.
5. Overall, a plan that spends MY money to hire MORE bureaucrats to tell people to eat less and exercise more is a travesty. Walker was elected to reign in government waste. The people have spoken, scrap this steaming pile of government waste.
6. **BUTT OUT OF MY PERSONAL BUSINESS! YOU ARE NOT MY PARENT SO STOP TRYING TO PASS POLICIES AS IF YOU ARE!** I am perfectly capable of determining what is healthy for myself and my family; what is acceptable amount of television, physical activity, etc. And even if I were to eat mayo from a jar until I had heart failure, that is my call not yours. Try working on something useful like say, stricter regulations on what people can buy with food stamps. Those are government issued funds provided by tax-paying citizens, so go control the amount of sugar and fat people can buy with those.
7. If I am paying for school lunches, by all means, they should be healthy and delicious. But they are crap. I don't know how many times my son has come home and told me he

had nachos for lunch. NACHOS. Do you know why? Because he tells me the food at school is bad. Don't tell me how I should feed my kids at home when you can't even provide a delicious and nutritious meal for them at school. That food is tax-paid and then I get to pay for it again.

There are so many things about this draft that irritate me because they are intentionally stepping on my personal freedoms. This government is here to SERVE not DICTATE.

8. Since the basic concepts this country has been attempting to follow (food pyramid etc) have failed us & caused further obesity, it is time to redo in their entirety the studies they are based on. The original studies are obviously flawed as they have further increased the ills of and obesity of our country.

You can't legislate good health but you can teach good health in schools at all levels by example. With our school food programs, we can provide healthy nutritious food, but food is more often provided based on perceived ease of preparation and perceived low cost. Change the focus of this program and you might have a start. Cooks should COOK.

9. I am writing these comments from Wengen, Switzerland which is a car-free village in the Swiss Alps. I am able to spend 3/4 months per year here because of the opportunities to teach UW-Eau Claire economics online courses.

I applaud the focus and scope of the plan. The plan reflects excellent organization, is well-written, and individually the parts would seem reasonable. I think it is fine work.

However, based on my comparisons of Wengen and Eau Claire (where I walk 20 minutes each way to/from the university and my wife walks one hour each day and where people come up to us in stores and say "you are the people who are always walking"), I am pessimistic about your chances of making much difference in the level of obesity. I do think your proposals would make Wisconsin a better place to live, but there are too many competing claims on private and public resources. I think you must narrow your focus or you will be squeezed out.

Today my wife and I passed by the village school just as the children headed home for their lunch break. Lots of bikes and lots of running children. Not a child was overweight let alone obese, and the ages go up to 14. Now you can't put Wisconsin towns on the side of a mountain, but the level of activity for these children is extensive AND IT MAKES AN EASILY OBSERVED DIFFERENCE. So my recommendation is to greatly increase your focus on young children and (unfortunately but realistically) shift attention away from some of the other elements.

It is not all the removal of autos and the steepness here that makes the difference. As we went through the village on our afternoon walk my wife said, "there is your reason." A bag of chips (300 grams or about 10oz) was advertised for 5.70 Swiss francs (\$6.25) instead of the regular price of 6.50 francs (\$7.15). Does our son eat potato chips in the US at the special prices of \$2.99 for 16 oz. Yes. Does he get chips in Switzerland at those

prices. NO. Are many of the local kids eating chips tonight. No. You won't win that war without special taxes and the political climate is unlikely to be supportive. But food prices are certainly a huge factor.

Keep up the fine work and focus on the children as much as you can.

10. I will preface this by telling you I am 1)employed and well insured and 2)have fought this battle the majority of my 55 years of life and 3)Have made major lifestyle changes over the past year, that have resulted in me FINALLY starting to win the battle.

First, and I know it's picky - put some helmets on your front cover bikers! If we do not demonstrate to every generation that bike helmets are a 'must,' they will not use them.

I am very involved in my church, and was not aware at all of some of the faith-based interventions in this program. I think some awareness (publicity? an actual mailing) to congregations would be helpful. I know I now will bring something up to our pastors about this initiative, perhaps implementing the guidelines for snacks at youth programs, potlucks, etc. I would also consider adding to that area of the program, setting up a way for people whose gardens have overproduced to share with those who can't garden. We are doing this within our deaconate at church - encouraging people with extra produce to bring it along to church, and those who need to pick up after. The leftovers will be taken to the local food pantry.

I will read this program more in detail and possibly add more comments. It is a fight worth fighting. I feel better at 55 than I did at 45.

11. Excellent, comprehensive health plan addressing both individual and community.Strategies are all evidence based as these are health professionals that developed the plan. Do we go into our MD offices and ask for evidence on their medical procedures?

The personal responsibility line isn't working as evidenced by the obesity epidemic and consequential billions of dollars spent. Blaming consumers is a convenient way to take the onus off industry, and lets companies market whatever junk they want wherever they want to make a buck.

12. I believe the basic concept of the state interfering in personal activities constitutes an infringement on citizens fundamental rights. This is an area where the state has no business being involved in - and even though not the stated intent, your actions will almost certainly result in an infringement on personal liberties.

13. Healthcare section, page 78. Suggested Actions, Supportive Policies: "Reimburse services necessary to assess and provide care to overweight and obese children and adults, including services by Registered Dietitians, physical therapists, social workers, psychologists and health educators."

Infrastructure: "Utilize a multidisciplinary team approach that includes Registered Dietitians for treatment and management of overweight and obesity."

14. It seems this plan is just another Nanny State idea. It's time government just stays out of an individual's way. I get tired and irritated of the so-called "do gooders" who think we should do everything their way. I am not in favor of this at all.

15. It has been MY experience that by eliminating all grains from my diet that I have lost over 55 lbs, have all of my blood numbers in perfect order... actually reducing my A1C from 6.4% to 5.6% in less than 6 mos. I understand this is NOT the ADA's recommendation but maybe it's time to re-evaluate all the alternatives...

16. In rural counties it is very difficult to support and protect breastfeeding with no maternity hospital within the county. Our local providers are not trained in breastfeeding support. This makes it even more critical the role local public health plays in maternal and child health through breastfeeding support and protect. Not only do we provide breastfeeding support through the evidence-based WIC breastfeeding peer-counselor program but Public Health in Adams is the first place anyone calls when they need breastfeeding support from anything from prenatal education to hand pumps when working breastfeeding moms has her pump break at work. Adams Co. selected physical activity and nutrition in its 2010 CHIPP and breastfeeding promotion and protect by Adams County Public Health is instrumental and early support for breastfeeding. To further our support for breastfeeding would allow Public Health Departments through Public Health Nurses the ability to bill WI MA for breastfeeding support services. Increased breastfeeding initiation and duration will have immediate budgetary effects through reduced doctor's visits created by healthier moms and babies. It will also have a long term economic and societal effect in reducing obesity among WI's children.

17. I wanted to comment that the plan speaks to workplaces, schools, and communities but this disease epidemic is a family issue. I would have liked to have seen more emphasis placed on directly changing behaviors especially in adult males, more specifically fathers. Most social influences are blocked at the front door of the household if the fathers do not buy in. It is not often that you find two health conscience parents and an obese child. Or skinny kids with 2 obese parents. As a pharmacist, it is really easy to see the progression of this disease state ...as the drugs are added...then the heart attack or vice versa. But there are very few male centered programs that encourage and demonstrate how a adult male can enjoy food and drink, but still lose weight. Whereas females might be pressured into weight control through the Hollywood image and the little black dress, there is little but the eventually agonizing death process of obesity to change a man's behavior. I would like to see more public awareness to obesity's health cost of money, lifespan, and quality of life...and more direct person to person programs to educate. Don't get me wrong, this is an epidemic of small pox proportions ... you just die slower and in more ways.

18. Nordic naturals Cod liver oil while it does not taste good like a dessert good actually does not have a real fishy bad taste aftertaste. I would like to see it promoted in the

schools {free for kids at lunch} and thru educational public media. I myself notice a big difference in mood elevation and improvement in general health. In Dr. Nicholas Perricone's book he says Cod liver oil will decrease overall body inflammation and help people lose weight. It surely seems to have helped me. Many people still think eating low-fat will help lose weight. Actually people do need more healthy fats like Cod-liver oil. Processed foods not healthy fats make you fat. I would like to see some educational type media focused on these truths. The old "eating low fat" actually can promote obesity and many don't know this.

19. I don't have a title & page but my question to Laura Graney from Sheboygan H & HS was regarding why there is an emphasis only on HS outcomes for more fruits & veggie consumption and not Pre K -12. I also did not see any one from the WI state PE Assn (WHPE) as a rep on your committee sightings. Why not, we represent the State's H & PE teachers and have many knowledgeable professionals who have attained National acclaim for there work in this area. WHY is this 'plan' not laying out an advocacy plan to include more H & PE in our schools to promote & develop positive health and activity patterns? Too many State schools are reducing PE in favor of having 'more time for academics' when there is Nat'l research indicating just the opposite: children need PA to engage the areas of the brain for better learning. There are still many school administrators that believe PE is just play and serves no function. We need your plan to reinforce data that supports PE & H in the schools so those teaching those areas can teach concepts and implement all school/ i. e. family activities that will support your goals.

20. Keep in mind we not only have obese children eating school lunches but also kids whose parents can't afford to feed them or just don't feed them. There are children whose only meal of the day is their school lunch. I fear these kids will suffer even more if the only meal they get is downsized.

21. Individuals are responsible for their own choices and their own health. Give individuals the information and leave it at that. If I choose to have a sugar-sweetened drink, that is my right and I am responsible for any consequences.

22. Healthcare pages 75-80

Please include at greater emphasis on mental healthcare to help identify those with mental health issues that can lead to or has led to a person becoming obese. Unless any contributing mental health issues are treated or managed an individual will never successfully lose weight for the long term. The shame and ridicule of seeking mental healthcare needs to be eliminated along with the same and ridicule of an obese person trying to exercise.

23. I like the idea of 60 minutes of physical activity per day for all school aged children. It' about TIME!! someone suggested that we bring that back. I hope that this is in the form of Physical Education classes. However, I do agree with the proposal that those that participate in organized sports with daily practices be given Physical Education credit for their efforts.

24. Take your obesity bill and get out of our state. We don't need Wisconsin becoming a nanny state or more money wasted on another idiotic government program.

25. While I believe it is proper for the state to be a resource for healthy living via pamphlets and public service announcements, I believe that any program that involves teaching people how to eat or live is government overreach.

26. page 32: Local Implementation: "Increase representation and involvement..."

How to engage the consumer, especially minorities, the poor, people with low levels of education and socio-economic power. A media campaign is needed targeting the most vulnerable.

27. I have in the past tried to discover how I can initiate the development of a bike and run pathway in the town of Lyndon Station. It was e-mails with Senator and Hwy Commissioner. It was very stressful not getting information/education to further accomplish anything. There are so many kids wanting to be physically active and are so limited in their environment. I am extremely supportive in community effort for increasing access to physical activity. I run on the sides of the road, vehicles rarely budge over as I am respectfully in the ditch. I have my own kids on the roads with their bikes and feel concern for their safety. I know other parents restrict their kids physical activity because there is no where to go. It is in silent strong demand families in communities want trail, swimming pools, to be active and not obese. I hear it a lot from families on WIC and I feel helpless besides role modeling the best I can to stay fit with the environment I have.

28. Infrastructure: are coalitions necessary everywhere? Do they make that much difference?

Advocacy: NICHQ (National Initiative for Children's Healthcare Quality) should be listed in key resources, as it does a significant amount of work on obesity issues.

Schools: Why not just get RID of SSB's? Why just reduce them? Our kids don't need these at school!

29. Very comprehensive. I especially appreciated the focus on children's health, education, and pressure on food service to provide healthier choices. Educating parents and giving everyone access to quality, fresh, affordable food is key to reducing obesity rates, I think. I also liked the colors, and friendly feel of this piece. As a graphic artist, this, to me, is extremely well done.

30. The answer to the question if there are government policies that have an adverse impact on sound nutrition is yes. We need more government policies on sugar based drinks. Sugary soda provides nothing of benefit to the diet and is a leading contributor to obesity, diabetes, and other chronic, expensive-to-treat diseases. The government should tax it, run TV ads against it, and do everything they can to get people to drink less. It's time to put sugary soda back to what they once were – an occasional treat. Also, insurance companies should have lower premiums for moms who breastfeed their babies

and worksites need to support breastfeeding and physical activity so their employees are healthy.

31. I think one of the best things you can do to help control obesity in this state is to help make healthy foods and fresh fruits and vegetables more affordable. Simply put, eating healthier is expensive (and yes, that is true). In my hometown I can find more unhealthy processed foods on sale much cheaper than fresh foods. I can eat lunches all week on less than \$10 (white bread, deli meat and cheese - none of which are healthy choices) versus buying fresh meat, fruit/veggies, and wheat bread (the healthier choice). You can help stop the obesity epidemic by lobbying grocery chains and food producers to stop charging outrageous prices for the healthy foods (\$7.00 for a small bag of oranges and \$5.00 for a bag of apples is utterly ridiculous. White bread is \$1.30; wheat bread is over \$2.00 - see the disparity there?). And you could lobby stores to supply healthier foods too - my store simply doesn't sell many health food items because they don't feel there's a call for it, and my traveling to find those items isn't fiscally possible for me. When it comes down to it, it's not that people don't want to eat healthier, it's that they can't afford it. It's easy to say just find a large store with more produce selection and lower costs or shop at a farmers market, but for people like me who live rural and can't afford transportation costs, it's not realistic. And as far as exercise goes, I live 18 miles from work so biking or walking is out of the question or I would LOVE to do that.

I also feel that people in general WANT to be healthier, but there are just too many obstacles to becoming healthier. The cost of health food as above is one example. Finding time in ones day to exercise when we are working full time or more is another one. And then there's the lack of support from employers. I'm a state employee and in my work location my boss simply does not support people walking around the property because we "get in the way of those actually working". Try encouraging employers to make opportunities for exercise. I work in an office and make every effort to get up and move; I've even asked about getting WalkStations for those who would use them (it's a desk on a treadmill - you walk while you are working on the computer) but they are more than \$2000 per station so that idea was shot down. How about offering some type of kick-back for employers who go the extra mile to provide opportunities for exercise at the workplace?

My last point - insurance companies don't offer any benefits for being healthy. I pay the same amount of money for insurance no matter how much I weigh. If there were some health insurance discounts for reaching and maintaining health weight it would be an incentive to try a little harder to exercise. All in all, it boils down to the bottom line. You are misguided putting in place goals to educate people about the benefits of healthy eating and exercise. We already know all of that - it inundates everything we see and hear. It's a matter of how do we pay for all of that healthiness. Think about it: I pay \$XXX for health insurance no matter how healthy I am. Then I have to buy groceries and the health foods are not within my budget, so of course I'm going to buy the cheaper but less healthy foods. Then my boss says to just park my butt in my chair so I don't disturb other workers, so I don't have the opportunity to move at work. It's all about the money, not the desire. If you want to set realistic goals, remove those roadblocks. Otherwise, you are just wasting your breath.

32. overview, p.5, prevention of obesity is critical to improve the overall health of Wisconsin residents and keep health care costs from exploding, there is documented evidence that prevention of obesity and related conditions such as diabetes is more cost effective than treating them;

overview, p. 8-9, the focus on these strategies is right on target because all of these strategies have at least some documented evidence of success, since children spend large amounts of time in early care/school/afterschool & community programs and they are influenced by what is available to eat, it is particularly important that healthful foods such as fruits, vegetables, low-fat milk and water be available and energy-dense, nutrient-poor foods such as sugar sweetened beverages and candy be limited

overview p. 10, even though it is up to individuals to actually choose whether to purchase sugar sweetened beverages, encouraging individuals to make healthier choices through the promotion of more healthful choices is desirable

overview, p. 16, the nutrition strategies recommended are consistent with the 2010 Dietary Guidelines for Americans, which are based on the best research/evidence available

p. 18-19, the Social Ecological Model emphasizes the importance of affecting all levels of influence in order to have the most effective approach

Although I am not commenting on other sections due to lack of time, the above comments apply to all subsequent parts of the plan

33. I realize that employers have health risk assessments as a way to cut their portion of healthcare costs - why not have weight incentives. Often the people that are overweight are not wealthy and could use any extra money. Even if it isn't a huge amount, people will do a lot for money. But the trade off in healthcare savings would be worth it. I work in a sleep lab and think we are doing almost a bad thing to help extremely obese people sleep better. It's a band-aid - it is not fixing the problem at all. So a sleep study is over \$4000. CPAP equipment is not cheap. Often people that lose a bunch of weight come back and no longer need the equipment. Also reduce bunches of meds. they had previously been prescribed. Go figure!

34. A good way to help people stay active and eat healthy would be to help people buy healthy food! Most families can't afford to eat healthy. It's a lot more expensive. We maybe afford \$75-\$100 in groceries a month not including fruits and veggies... It's hard, I'm a stay at home mom with my husband only working his income to support a family of 4 is not easy but we manage, we don't get food stamps. We have after bills maybe \$300 to buy diapers wipes, gas, food.

35. Get the government out of our personal lives. Discontinue de-fund this program NOW.

36. As you see I live near Shiocton, we have the newton blackmour trail 1/2 mile from our back door, HOWEVER I live on hwy 54 and can NOT safely get to the trail with my 5 kids. I would like to see a bike path/wider bike lane (just on one side of 54) from hwy M straight into shiocton. we could take the path to Hwy M to get to the trail OR we could ride to school. The people driving down 54 are rude, most don't go over the center line



when passing a bike, which leaves about 4 foot between a pedal bike and car/truck/semi. we do have a nice size gravel area (4ft ish?) but you can't ride bike in that, it's too loose. even if you make the gravel area into the path it would be safer. I bet a lot of people would use that bike lane.

37. This plan should stay as the health professionals wrote it, i.e. in its entirety. They should be commended for all of the time and effort spent on outlining system approach strategies to address obesity. Why was this sent out for public comment? I am a returning student working on an occupational therapy degree. I wouldn't want the public commenting on what I recommend to my patients. What does the public know about nutrition or the health consequences of obesity?

38. Title

Consider adding 'prevention' in the main title (and dropping the subtitle--too long, and when abbreviated, which will occur even if not planned), you then are 'advertising' an 'obesity program.'

Wisconsin Nutrition, Physical Activity, & Obesity PREVENTION Program

39. I wanted to let you know the City of Eau Claire is embarking on an exciting endeavor this fall through next spring to develop a health chapter in our City's comprehensive plan. I plan on using this great resource for guidance and maybe someone from the Division of Health could be my contact so I can learn more on how to integrate your policies into our local plan? Please let me know if interested. Thanks!

40. As a Pediatric Endocrinologist focusing upon childhood obesity and diabetes prevention I would like to provide a very strong letter of support to the Wisconsin Nutrition, Physical Activity and Obesity state plan. This comprehensive plan is timely and extremely important for the health and financial success of Wisconsin. Obesity is a disease that leads to enormous health care costs, and deprives our state of our greatest asset--healthy citizens! The plan is well-researched, well thought out and sets important goals. This plan clearly builds on the work Wisconsin has been attending to for the past 5 years, and the successes are highlighted. The system goals address the right issues: infrastructure/sustainability, advocacy, surveillance and evaluation, early care and education, schools, active communities, nutrition, healthcare and worksites. The plan builds on Wisconsin's strengths, including: health care systems, farmer's and local grower's/farmer's markets, local health departments, parks and recreations, strong school systems, and universities. The school-based fitness strategies are based on evidence based research, and accepted goals and standards from the Centers for Disease Control (CDC).

I am proud to support this plan for Wisconsin.

41. Obesity in America/ mainly in the inner Cities-- We need more parks with activities of physical Activity work outs for the children to feel good about themselves-- We can put a plan together for children to meet a team physical activity at the parks of their choice--

with in physical instructor to assist children in good eating habits and Physical activites well at home.

#### 42. FYI

Some suggestions for the draft plan to fight obesity in Wisconsin.

Developed with clients at Journey Mental Health Center Wellness Workshop Group.

We recommend the following;

We reviewed an article related to a State of Wisconsin task group working to decrease obesity, improve nutrition, and increase exercise.

Group members were able to discuss how the community could offer more assistance in these areas.

The suggestions were;

Provide fruit carts in areas so people can go there and focus on just purchasing fruit.

Subsidized gym and exercise programs ex. health club memberships and the YMCA.

Assist gyms with donating used equipment to area housing units so they have exercise rooms available.

Provide education on nutrition and portion sizes.

Focus on small changes and small steps to improve health.

Focus first on motivation and willingness to change.

See the Solutions for Wellness Workbook, Lilly.

Use local students at the Universities and colleges to organize and run exercise groups in various sites around the city. Ex. Stretching walking and yoga groups.

Subsidize area memberships for Weight Watchers and TOPS groups.

Developing increase garden sites in area parks for local residents.

Offer education related to meal planning on a budget. ( GHC has an excellent class on this topic. )

Thank you for allowing us to participate.

43. I do not have time to read the plan due to pertussis outbreaks but I know my client do not know basic healthy nutrition. Parents with poor eating habits are passing that on to their children. Nutrition education needs to be back in the schools starting at a very young age and the importance of exercise. Classes need to be free to the public on healthy nutrition and healthy grocery shopping though extention and community Ed. classes. Evn offered at the grocery store. Look at what people are buying at Walmart for groceries and see the obesity epidemic in children and parents alike. WE need to educate the public and children alike.

#### 44. Schools

Objective S1.1: Increase number of Wisconsin schools or school districts?

Suggested action, increase standards based...

Comment: Standards should be both vertically and horizontally aligned WITHIN CORE CURRICULUM CONTENT

Strategy S2: Local Implementation

Add provide TA for application for Healthier US School Challenge

Strategy S3: Objective S3:3

Add implementing and MAINTAINING

Strategy S4.4

What about even just increasing percentage of schools offering breakfast?

Objective S7.1

Why increasing to 100 districts if no baseline?

Objective S7.2

Will this be for students of all ages?

Strategy S8

Infrastructure: Provide a STANDARDIZED system for data collection...

Resources and training: Increase knowledge of fitness testing?

Add: Collection of resources for PE/fitness testing coordinators to offer with fitness testing results

45. Community PA

Strategy CA1.1 Define local bike/ped committee

Add wellness benefits as part of health insurance (ie: gym memberships)

Community Nutrition

Objective CN1.3: What is the definition of "food system initiatives"

Objective CN1.4: Are there other EBT settings besides farmers markets and CSAs?

Infrastructure: What specific barrier will be addressed?

Objective CN3.1: Increased consumption of water to 8 servings is not an essential objective, swapping water for SSB may be.

Worksite Wellness

Objective W1.1 Reach based on implementation or dissemination?

Television Viewing

School districts should limit all TV usage, not just that related to food marketing

Parents should not be encouraged to use screen time as a reward for physical activity

Worksites should limit food advertising of unhealthy foods in the cafeteria, not limit all food advertising

Reduce energy dense food consumption

Schools should have wellness policies that limit foods brought in or provides guidelines to parents/guardians for holidays, birthdays, etc.

46. I have not yet reviewed the entire plan and will comment more later. I commend you for tackling this issue. I know Dave Edie and Jeannette Paulson and they are both good at

what they do. I see Health Depts listed, but no one representing Assisted Living and Nursing Homes. It seems to me staff at these places do not understand an order for a low fat diet. I can give examples. My Mother, sister and I all have Home Ec degrees and have worked in nutrition. We are horrified at what is served on consecutive meals and days, methods of preparation, food safety and more. I would love to be involved in your endeavor and will comment more after reviewing entire document. It took me a long time to find it, hope I can locate it again.

47. Overall plan: Recommendations are evidence-based and overall plan appears to be well-researched.

It is very important for the state's plan to maintain a focus on policy, environment, and systems change. Research and evidence from other health initiatives tell us that individuals need a supportive environment in order to make sustainable behavior change.

48. Test

49. Overall comments: No need for food councils. Use existing community needs assessments like the LIFE Study to help with community priority setting. Use already existing organizations, such as the Community Foundations, United Ways and Chambers of Commerce to help with policy changes. Complete streets and other environmental based plans should be used for community planning. You need to link into the County Health Rankings and Dr. Kindig's work from UW Madison.

50. Sorry the form does not really fit our input:

First, let me say how much I appreciate this initiative. This is truly a good document with several serious initiatives, ideas, intentions, and a "master plan" for the future to get Wisconsin on the right path in terms of Obesity, Physical Education, as well as in the area of Healthy Nutrition.

With all due respect, however, let me approach this a bit differently.

It is not what is written or suggested I (or we) have comments upon - it is what not is written in these documents - we want to comment upon. Our input however mainly aim for the schools and after schools community programs and physical activity.

A crucial part of North European tools to get children, teenagers and adults to move is called Floorball.

It is one of the most popular activities in both PE and after school programs in countries like Sweden, Finland, The Czech Republic, Switzerland and Slovakia.

Floorball is a basic kids game with strong US American roots but it was fully developed in Sweden about 30 years ago.

Floorball is further today seen as the world's fastest growing team sport. It is fully recognized by the IOC and we hope it will be on the Summer Olympic program by 2024.

As the intention with your paper aims for 2020, and cover both schools as well as after school programs, like Boys and Girls Clubs.. or just pure play time -

we think Floorball match all your intentions as you try to build health for the future in Wisconsin. We say your guidelines ought to promote Floorball as well as cycling is

promoted in terms of infrastructure and as a clear recommendation from the State of Wisconsin.

Therefore our opinion is that your document ought to include a part that in some way promotes something that is evolving fast on the global arena in terms of being an intensive and healthy physical activity. Floorball is for all and that must include Wisconsin.

Another comment that perhaps goes beyond the scope of providing feedback on your document is that I do not see the clear connection between all the savings in health expenses your suggested program has the potential for - and the direct link to the insurance health industry, operations - that possibly could save billions in insurance costs if obesity actions, more and better physical education/movement and good nutrition are in place. Or to put it more blunt - should not the current health insurance industry sponsor your program - since they might make some serious savings if your plans get into action?

51. The Wisconsin Nutrition, Physical Activity & Obesity State Plan (State Plan) is a tremendously thoughtful and important road map for preventing obesity in the state. Health First Wisconsin and many other partners are already working hard to make Wisconsin a place where people have access to healthy foods and opportunities for physical activity. We have made some strides toward reducing the burden of obesity and chronic diseases on our families, businesses and communities – but there is much more work to be done.

By 2012, the medical costs of obesity will rise to \$2.7 billion in Wisconsin. If trends continue, close to half of Wisconsinites will be obese in our lifetime. This is why we need a State Plan that will focus our efforts and energy across the state.

The State Plan is an important resource for coordinating effective community efforts and continuing to build an infrastructure for evidence-based, statewide environmental and policy work. The state plan process has proven to serve as an effective tool in the past, specifically in reducing the burden of tobacco on our state through the tobacco state plan.

This State Plan to prevent and manage obesity is comprehensive in its scope and well thought-out. At Health First Wisconsin (HFW), we believe that this State Plan, in its current draft form, is taking the state in the overall right direction.

In its request for comments, the State posed the question “what role do individuals play in their own health.” We feel the Plan does an excellent job of pointing out areas where individuals can take great strides to improve their own health. However, the obesity epidemic in Wisconsin, especially among children, indicates that individual willpower is not enough. For example, our children are exposed to too many high calorie, low nutrition food options. The food industry is interested in its bottom line rather than the health of our citizens, and should not be exempt from regulation. For our health, our workforce and especially our kids, we need to consider evidence based regulations that make the healthy choice the easy choice for Wisconsinites.

The following are HFW's thoughts on areas to highlight and improve:

Page 28: Goal 1: Infrastructure

Without coordinated leadership on the local and state level and strong networks among obesity prevention stakeholders, we will not succeed in preventing and managing the burden of obesity on our state.

Page 36: Goal 2: Advocacy

The vision of securing sufficient public support, funding and coordinated leadership to enact best practice state and local policies for obesity prevention is commendable. However, we have much work to be done before we get there. Wisconsin currently allocates zero dollars for obesity prevention. Without funding, local and state obesity prevention supporters will be hard pressed to ensure best practices are enacted. More policies to support healthful eating and physical activity should be implemented in both local and state settings. Additionally, local and state efforts to implement best practices should be coordinated.

Page 46: Goal 4: Early Care and Education

Early care and education facilities provide perfect venues for obesity prevention interventions. We know that physical activity and eating habits form early in life. Licensing of these facilities should be contingent on meeting minimum nutrition and physical activity requirements. A natural minimum nutrition requirement would be that child care and education centers follow the nutrition standards outlined in USDA'S Child and Adult Care Food Program meal pattern in order to be licensed. A natural minimum physical activity requirement would be that child care and education centers provide opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care in order to be licensed.

Page 52: Goal 5: Schools

Schools are another perfect venue for obesity prevention interventions. As schools attempt to provide their students with a healthier environment, it is important that they have a staff person dedicated to coordinating wellness activities and a designated school health advisory council. Children should have significant access to healthy foods that meet or exceed USDA'S Child and Adult Care Food Program meal pattern. Programs like Farm to School and the Fresh Fruit and Vegetable Program make this easy. Sugar sweetened beverages and energy dense junk food have no place in our schools. Safe, clean drinking water must be abundant in our schools. Additionally, we need to make sure our children are getting at least 60 minutes of physical activity per school day.

Page 63: Goal 6: Community Physical Activity Environment

Everyone deserves physical activity opportunities in their communities. All communities in the state should have bike/pedestrian plans and a complete streets policy. Additionally, communities should establish safe routes to school and bike to work options so that children and adults alike have opportunities for active transportation. Finally, groups with physical activity facilities should enter into “joint use” agreements with their community in order to open up those facilities to the public.

#### Page 67: Goal 7: Community Nutrition Environment

We need to increase access to and affordability of fruits and vegetables in a variety of settings- restaurants, grocery stores, farmers’ markets, gardens, and food pantries. State buildings, hospitals, universities, senior centers, and other community environments should follow the nutrition standards outlined in USDA’s Child and Adult Care Food Program meal pattern and have healthy vending options. Additionally, we need to ensure there are healthful alternatives to sugar sweetened beverages in these environments. Safe, clean drinking water should be abundant in our communities.

#### Page 75: Goal 8: Healthcare

Healthcare system prevention activities should be integrated into the activities undertaken in the community.

#### Page 81: Goal 9: Worksites

Wisconsin’s employees would benefit from community, local or state worksite wellness initiatives. Worksite wellness initiatives should be integrated into the activities undertaken in the community.

52. I strongly believe in the ideas and objectives identified in the "Schools" section of this draft. There is a mountain of evidence supporting the idea that we need to place a much greater emphasis on teaching our children to eat whole, healthy foods instead of heavily processed, mass-produced items. Incorporating local farmers into this system not only makes sense for our children, but also for the state's economy. To me this seems to be a win-win proposal.

#### 53. Pages 8-11 What can I do?

The different organizations and groups listed are excellent and should remain. While the list is not meant to be all-inclusive, it should include the food and beverage industry including marketers and food purveyors in addition to restaurants and grocers such as convenience stores, fast food, delicatessens, etc. It should also include the health insurance industry and the faith community.

#### Pages 14-24 Background

Strength of this plan is that it builds on the initial plan created in 2005 with a focus on the social-ecological model of behavior change. The plan recognizes the need for all sectors

of WI society to work together to combat obesity and the fact that the environments in which people live, work, play, and learn greatly impacts health. While individuals certainly do play a role in their own health, prevention of overweight, obesity and physical inactivity will not be successful if we only consider what individuals can do. Individuals can't change their own health in an environment that won't sustain the change they try to make. Just as it took policy and environmental changes to reduce deaths from injury associated with no seatbelt use, illness from communicable diseases, illnesses from unsafe water supplies and morbidity and mortality from alcohol and tobacco use, so too will the obesity crisis require a science-based, public health approach.

#### Pages 26-27 State Plan Goals, Strategies and Objectives

Excellent and based on targeted behaviors as recommended by the CDC. One targeted behavior that is not mentioned is adequate sleep. This may be an area to pursue. In many worksites, employees are working 12+ hour shifts and trying to balance work and home lives with sleep time suffering. Research is pointing towards a relationship between inadequate sleep and obesity. There would be strategies that could be addressed through multiple venues in this behavior target. For example, an advocacy strategy may be to develop policy to prohibit marketing of energy drinks or using unproven energy claims on foods and beverages.

Strategies in this plan are evidence-based. Perhaps a strategy to consider within breastfeeding, physical activity, sweetened beverages and fruit and vegetable consumption is to increase the advertising and promotion of fruits and vegetables, physical activity, and healthy foods and beverages and reduce the advertising of foods, drinks and habits that do not promote health and prevention of obesity. Billions of dollars are spent in this nation and state to promote infant formula feeding, calorie dense snack foods, sugar-sweetened beverages and alcohol. The public is bombarded with messages to eat unhealthy foods, consume unhealthy beverages and to do so in large amounts. The industry has not complied with voluntary marketing rules; perhaps it is time to examine and implement other means to shift the cultural norm established by existing marketing practices.

#### Pages 29-35 Goal 1 Infrastructure

This plan recognizes the critical importance of infrastructure development and strengthening for obesity prevention. That said, much more work needs to go into this plan to address funding needs. Wisconsin can save billions of dollars in health care costs if successful in stemming the obesity tide and the associated chronic diseases. Yet, Wisconsin spends \$0 on obesity prevention. Nearly 3 out of 4 Americans say prevention is an important priority for the government to focus on. Wisconsin needs a prevention fund to supplement dollars currently coming in from federal CDC funds. Each county in Wisconsin should have a public health professional leading and directing local implementation of strategies. Measurable progress in achieving the ambitious outcomes of this plan will not likely be accomplished without support of the local infrastructure. Local county boards and boards of health are not likely to add positions in their communities if there is not stable funding to do so. While many counties do pursue grant opportunities when available, it is very difficult to do so without a staff person to prepare these involved competitive applications or even to be in position to pursue these. And,



even when successful, counties are reluctant to hire people if the grant period will only be 1-2 years. So much more could be accomplished at the local level if there was adequate public health nutrition staffing.

Pages 46-51 Early Care and Education:

This is a strong section of the plan and content should be maintained. I support emphasis on role modeling of all strategies. For example, early care providers should be supported in breastfeeding their own children in their work site.

Early care and education centers require adequate funding for quality food and physical activity. Reimbursement through the Adult and Child Care Food Program should keep pace with food cost inflation.

For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and
- avoiding withholding physical activity as punishment (Increase Physical Activity page 87)

2. Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breast-feeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work. (Increase Breastfeeding page 93)

3. State childcare regulatory agencies should require that childcare providers and early childhood educators practice responsive feeding. For toddlers/preschoolers—provide meals and snacks as part of a daily routine; require adults to sit with and eat the same foods as the children; when serving children from common bowls (family-style service) allow them to serve themselves; when offering foods that are served in units (e.g., sandwiches) provide age-appropriate portions and allow children to determine how much they eat; and reinforce children's internal cues of hunger and fullness.

4. Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two–five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two–five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs. (Reduce Television Viewing page 88)

5. Child care regulatory agencies should require childcare providers to adopt practices that promote age-appropriate sleep durations.

Source:

<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>

#### Pages 52-62 Schools

Overall the plan is strong in this area. I do recommend a specific plan for what schools will do with individual and collective results. Identifying a concern for an individual or a school but having no plan to help address it will not be supportive of the child or his/her family or the district. Schools need to be adequately funded to provide high quality physical education and nutrition services. Sound science must guide these decisions. In advocacy related to schools, a strategy to consider is to help address the nutrition practices in the school-linked day. Issues of beverage pouring contracts and fund-raising on the sale of calorie-dense foods and beverages to raise money for athletics and other extra-curricular activities does not align with this state plan.

54. Schools (pages 53-60): I confirm and affirm the need to curb sugar sweetened beverages. All sound scientific evidence and evidence based practices point to the need to reduce sugar and sugar-bases beverages to literally set the table for good health and learning environments. The American Beverage Association continues to spend an inordinate amount of money each year in lobbying Congress to do what's not in the the best interests of our children, but what's in the best best interests of corporate wallets. Unfortunately, only one side is winning the war on childhood obesity -- the fat-cat wallets. Consequently, this generation of children will have a lower lifespan than their parents.

Nutrition(pages68-74): The American population is one of the fattest/ obese on the planet. This sets the stage for a multitude of preventable and costly diseases --- high blood pressure, heart attacks, diabetes, and cancer, etc. This in turn, leads to billions of dollars spent in medical costs that the nation and its people ill afford. It is good to see that the government is accepting its Constitutional responsibility to protect and serve its citizens , especially its most vulnerable -- the children. It is just wrong to continually blame the citizens/ victims for the acts of of the perpetrators the food sand beverage industry shirking its responsibility to provide healthy and nutritious food and beverage without the insidious and addictive ingredients to get consumers to consume more; all under the guise of the name of profiteering/ profitability. Responsibility does start with Congress and those who have chosen to provide food and beverage to this nation's people. We need to start spending monies on life- sustaining food and beverage programs. These monies can and should be derived from taxes on sugar laden food & beverages and alcohol. Instead of Corporations spending literally billions of dollars on lobbying and lobbyists, let them be truly patriotic with their over-abundant monies and help return this nation to a healthier way of living.

55. Community Nutrition Environment section: P. 68: Rationale: The statement, "Efforts to improve our nutrition environments in WI are important as individuals eating habits are directly impacted by the food environments that surround them." should be bolded!!! If we want healthier people we need to create healthier environments where its easier to

make healthy choices. P. 68 The 4 strategies listed have much evidence behind them and suggested actions are varied and come at the strategies from many different policy & infrastructure points...business, agriculture & existing programs so there are various strategies to choose from depending on where your community is. P. 73 Key Resources: These are very helpful and give further detail if you want to follow a particular strategy. Overall--I think these policies if implemented would positively impact our community environments making it easier to make healthy choices. The benefits of these policies/infrastructure changes outway the cost...Obesity & chronic diseases cost our state millions if not billions each year. If we can reduce the proportion of people living in this state who are obese we'll save healthcare costs. Unfortunately non-regulatory approaches don't produce the same results. If the government provides funding for initiatives such as specialty crops, the USDA fresh fruit and vegetable program and the WIC/Senior Farmers Market Programs, access to fresh fruits & vegetables is improved and individuals will be more likely to include them as part of their daily diets. If implemented, this section of the plan would benefit farmers, food related businesses, schools and individuals. It is a win-win for all concerned.

56. I really like this section. It looks at each section of the plan & the obesity contributors & uses the social-ecological model to outline at all different community levels what can be done to increase our physical activity & fruit/vegetable consumption, reduce screen time, sweetened beverage and energy dense food consumption & improve our obesity prevention infrastructure. It moves from the individual level (What families & individuals can do) to schools/child care/worksites & health care up to policymakers & the broader community. Everyone & every organization has a role to play & this provides great ideas about what you as an individual or what organizations can do to make our communities healthier. The only change I would make is on P. 88--the heading says reduce television viewing & I would broaden that to say "Reduce Screen Time"

57. Overall, the plan represents consensus work of a wide range of experts, families, etc.... and each of the sections represent important elements of a comprehensive plan to reduce obesity and lower health care costs - as well as contributing to greater health of children and adults. I urge you to publish the document as drafted.

58. I like it!

59. I am deeply grateful that this plan has been developed with such attention to the research and the real world. This is a great plan. I urge the Governor and state officials to implement their portions as quickly as possible, and to promote and advocate for the private-sector actions to move forward as well. I do not think private-sector action alone will accomplish enough. This is an enormous, growing problem. The combination of governmental and non-governmental approaches detailed in this report is essential. Thank you to everyone who was a part of putting this together!!!!!!

60. Schools--overall

This is a good start. As Director of Community-Based Learning and a faculty member at Beloit College I work with many interns in local school districts. Nutrition education is

one of their main foci. Often what they teach and what the students are served are a total disconnect. They also comment on the extensive use of food--candy, pizza parties, ice cream as rewards. Additionally with the reconfiguration of Beloit schools, it is almost impossible for most kids to walk to school cutting off one important opportunity to incorporate exercise into their lives.

61. All sections impacting personal choice.....doing this takes away personal responsibility for any of these or other matters.....instead of choosing for people we should probably be educating people to make better choices for themselves and if they don't make the fall out their own responsibility as well.....we spend too much time trying to do it for people and feeling obligated to fix it for them when they screw up.....neither teaches responsible behavior!!

62. This is a very good thing for our state and others to do.

63. I like the whole report! It is very complete and nothing should be removed. Page 92 is very important! I especially like the recommendations that kids should not drink soda, sport drinks and other sugary drinks or sugary sweetened beverages. These drinks are making our kids very fat!

64. Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breast-feeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work.

65. Fantastic plan! I support the entire plan!

66. I like the plan.

67. I like the plan, let's get it going! Any decrease in obesity is a decrease in health care costs down the line. What we eat is not just an individual decision because the outcome impacts all of us in terms of health care costs.

68. I fully support all recommendations--thank you.

69. I like this plan, it is about time we have a comprehensive plan to help kids live healthy, so they can grow into healthy adults.

70. Early Care and Education pages 46-51

I just wanted to comment & say how important it is to start early education not only in the childcare centers but in the homes. Along with education there is a need to make available successful opportunities for families to choose & follow through with healthy choices & active plans. Education is not enough, we need family/school/community cooperative ventures that keep everything easily accessible. This is where you need to

join forces together (Park & rec/YMCA's hospitals/ businesses) and offer a variety of programs.

71. As a childcare administrator I am in complete agreement of including the families and community in all Obesity Plans

I fully support breast feeding, my problem is I don't see many of these families until their child is 6 weeks old. At that point their decision is made.

The biggest barrier for my center is money. I will need money to provide my teachers training and release time to be trained. Along with materials needed to support this program.

I would like to serve more nutritious meals, again the money it cost to purchase whole wheat, or fresh is a constraint to an already tight budget. I will need more DPI reimbursement to make the transition I would like to see happen at my center.

72. I am writing to express my support for the immediate release of the Wisconsin 2012-2020 NUTRITION, PHYSICAL ACTIVITY AND OBESITY PLAN. Obesity is a widespread health problem in Wisconsin leading to poor health, increased chronic disease and greatly increased health care costs for state residents. Addressing the causes of obesity and minimizing the health impacts requires the multi-pronged approaches outlined in the plan. The report has been vetted and finalized and needs to be released so health care organizations, advocacy groups and citizens can start planning to implement the plan's recommendations as soon as possible.

73. I am the current president of WHPE (Wisconsin Health and Physical Education) and this organization consists of physical education and health education teachers and we currently have 1,000 members. I am also a physical education/health education teacher at Hortonville Middle School. After reading your document I think that you are missing a key group of people who can help implement this program - Physical Education and Health Education Teachers of WI!!! As a physical education/health education teacher I impact the lives of 350 students and their families each year. Across our state physical education/health education teacher's impact the lives of so many people and I think this document is missing the use of our state association (WHPE) and also physical education and health education teachers. You have a lot of goals in this document that are awesome and who better to get the word out and promote a healthy lifestyle than physical education/health education teachers!! On page 32 under Resources and training I think you should add WHPE and also your school's physical education/health education teacher. also on page 35 you should add as a Key Resources - WHPE #24 Mitchell Hall, UW-LaCrosse, 1725 State Street, LaCrosse, WI 54601. Please contact me if you need any help with this!!

74. The Wisconsin Nutrition, Physical Activity and Obesity plan as drafted is an excellent road map to tackling Wisconsin growing obesity problem. Its comprehensive approach with particular emphasis on big picture, system change will help to accelerate and facilitate a healthier Wisconsin in the years to come.

This plan comes at a time when rapidly increasing obesity rates are threatening to overtake tobacco as risk factors for cancer. Already approximately one-third of all cancer deaths are attributable to poor diet and physical inactivity. Science has linked excess weight and poor nutrition as increased risk factors for several cancers including: colon, breast, kidney, esophagus and more.

In Wisconsin, 2 out of 3 adults and 1 out of 4 high school kids are overweight or obese. If this continues fully half of all Wisconsinites will be obese in just six years, costing the state some \$6.7 billion in health care costs.

And while each individual clearly has an important and irreplaceable role to play in their own health and well-being, numerous scientific studies have proven a multifaceted approach incorporating policy and system wide changes is the most effective and most likely to succeed in reducing obesity and improving health. Individual choice alone will not solve the obesity problem.

As such the American Cancer Society (ACS) is pleased with the strong, comprehensive and proven strategies laid out in the draft plan. In particular those aimed at increasing physical activity and improved nutrition in early childhood and school settings. Should these strategies be implemented in concert with continued public education and individual action Wisconsin should be set to make substantial progress combating the obesity epidemic and reducing obesity related cancer.

The following are the American Cancer Society's thoughts and suggestions on the draft plan:

#### Infrastructure, page 23

Presently Wisconsin does not spend any state dollars on obesity prevention. What's more, according to the United Health Foundation America's Health Rankings 2011, Wisconsin ranks last in public health funding. An adequate and sustainable source of state dollars dedicated to combating obesity, as indicated in Objective I 1.3, has the potential to greatly advance the state's counter-obesity goals and would be a worthwhile investment in comparison to the cost in lives and health spending caused by obesity.

#### Schools, page 53

S1: The inclusion of comprehensive approaches to improved school nutrition is excellent. Wisconsin's own Farm to School evaluation report found the Farm to School program increased student knowledge and consumption of fruits and vegetables and increased school meal participation. Expanding farm to school should be part of a comprehensive effort to improve the nutritional quality of school meal programs.

S5: ACS supports the concerted effort to reduce the percent of middle and high schools that offer sugar-sweetened beverages as options on school grounds. We know there is a direct link between excessive consumption of sugar-sweetened beverages and obesity, and the adverse health effect can be profound in children as they grow into adults and throughout their lives. Sugar sweetened beverages should be aggressively phased out of all schools.

S6: The plan's 60 minutes a day of physical education requirements is exemplary and meets the standards and recommended strategies recommended by the American Cancer Society. Suggested improvements would be for school districts to complete self-assessments of their physical education programs using tools such as the Physical Education Curriculum Analysis Tool (PECAT) at the CDC and then reporting those results to community members and parents. Not only would such increased physical activity help combat childhood obesity, but numerous large-scale studies have found improvements in students' academic performance with increased time spent in physical education.

Community and Physical Activity Environment, page 65

CA2: Strategies for increasing opportunities for physical activity for both transportation and recreation in communities, combined with informational outreach (such as the Safe Routes to School program; Complete Streets policies; funding and infrastructure for sidewalks, bike lanes, paths, playgrounds, parks; safety improvements) have proven an important means to increase physical activity and should be a planning priority for all Wisconsin communities.

Community Nutrition Environment, page 71

CN3: Again educational and policy-based approaches to reducing consumption of sugar sweetened beverages should be a priority in communities as well as schools. These efforts should include, as noted in the plan, counter-marketing as well as possible voluntary marketing restrictions of such beverages to children.

Healthcare, page 79

H4: The American Cancer Society supports the 2016 goal of creating an Obesity Prevention Research Center. Such an institution would serve to further educate and enlighten the effort to combat obesity through proven scientific means.

75. There are too many sections where I see the expansion of government meddling into private citizens lives. Over and over I see expansion of this program and creation of that council. Besides the intrusion into our private lives who is going to pay for this?

76. require adults to sit with and eat the same foods as the children. Please reconsider this . It is very difficult to require of Family Child Care providers. Rather than require, substitute "strive for"

77. (Early Care & Education pages 46-51) This plan is complete and addresses an issue that is of growing importance. It is well balanced in emphasizing individual responsibility with the necessary stand and support required by government and social standards. We need to clearly state the expectations for physical activity, nutrition and health so families and children can be supported and encouraged in efforts for healthy practices.

78. Early Care and Education section, page 47-50 - very good information. It was easy to read and understand. Page 51 - the personal stories are a nice touch. The quote "I dislike exercise, but I love to play" is a wonderful way to get people thinking about how to incorporate play into exercise.

79. Please take care that "evidence based" strategies do not exclude alternative nutrition advice providers. I have a diagnosis of Rheumatoid Arthritis and two naturapaths, with very different philosophies, have been extremely helpful to me in controlling inflammation. I have testified to this effect against bills which would limit control to only ADA registered dieticians. Their information might be important, too, but it is very limited. Don't let them be exclusionary. Thank you.

80. Community environment Page 65, I like the idea of the walking school bus, but what about kids that live miles from school how will you help them? I think that perhaps there should be a bus stop location a mile from the school where even the kids that live out of the area get dropped off and walk from that point with supervision of course.

The role of the individual and family in the plan. What role should individuals play in their own health? What role should individuals play in improving the health of their communities?

The individual should play the key role in their own health, if they aren't willing to put in the effort or say I want to do this then the effort of someone else is not going to help them. Once the individual establishes their own healthy life style, they can contribute to the community by encouraging the health of others. I think of it as a domino effect one person starts pursuing exercise for example their friend sees and thinks I should do something for my health too, and so on.

Level of evidence that supports the recommendations.

Solid amount of evidence to back up thoughts. Every thing was very well thought out. Feasibility of recommended actions and goals.

I think all the goals are very attainable. Some might even be set a little low, but I guess it does take a while for everyone to jump on board.

Our County Program.

I am currently interning with the De Pere area of Chamber of Commerce with the Live Healthy Brown County Project which is a branch of a national program Live Healthy America. I was thinking that it might be beneficial for the state to either develop a program branch like this in each county or even start a state wide one. It is a completely online wellness initiative and think it would be a nice compliment to everything this plan is looking to cover. With the way technology is taking over, it only makes sense to incorporate it in to our wellness as well since it is what people understand.

81. I agree with the plan and strongly support this initiative. My center is already currently doing all of these things and regularly gives information to parents about this subject.

82. Overall: p.4, we do NOT need more govt surveillance of our lives. P.8, HOW exactly, does the govt intend to "increase access to and affordability of fruits and vegetables"? Govt involvement in always causes harm, just look at how many farms this country has lost due to govt interference! P. 17, these guidelines are the same old thing foisted on the



US since 1992, and look at how our obesity rates have climbed since 1980. See the following links that indicate:

- 1) How the lowfat diets have failed
- 2) How vegetable oils have damaged people's health

<http://faculty.chicagobooth.edu/jesse.shapiro/research/obesity.pdf>

<http://www.sciencedaily.com/releases/2011/02/110203210612.htm>

<http://www.cdc.gov/nchs/data/databriefs/db01.pdf>

<http://health.usnews.com/health-news/family-health/heart/articles/2011/02/04/obesity-has-nearly-doubled-worldwide-since-1980-report>

<http://www.westonaprice.org/know-your-fats/some-additives-in-vegetable-oils>

<http://www.westonaprice.org/know-your-fats/good-fats-bad-fats-separating-fact-from-fiction>

<http://www.westonaprice.org/know-your-fats/the-great-con-ola>

<http://www.westonaprice.org/making-it-practical/taking-the-fear-out-of-eating-fat>

<http://www.westonaprice.org/about-the-foundation/take-a-stand>

Nutrition Environment: How exactly, will govt be able to do any of those things mentioned in the infrastructure section? I also don't see much productivity from the Buy Local, Buy WI program. "Regional food hubs" such as Rawsome Foods, have been raided by the Feds in other states, and the FDA is aggressively pursuing select farmers who dare to direct-market, so how is this going to work? As to Farm Bill ideas, forget it! I already went, along with other small producers to the public input session last spring, and they didn't pay much attention to us.

Healthcare: As an ER RN, I see how eating junk food affects people's lives. But until giants like ADM, Coca-cola, Pepsico, Nabisco, P&G, etc. are stopped, there's not much that we can do to influence others' poor food choices. BTW, most healthcare providers eat the worst of anybody; just go to any meeting, and see what they bring as drinks. I counted once, and there were 17 sodas, 1 coffee, and 1 water! They ALWAYS have vending machines selling junk in the hospital lobbies, partly because that's what the market (patients that come in) want! The hospital makes money off those machines-- would they keep them there if they didn't!? Not to mention the fact that hospitals are already under incredible pressure from govt regulations, and diminishing revenues; we don't need more things to do!

What can I do?--these are feel-good, useless measures. You can provide access all you want, but if people don't want to take part, they won't. And it certainly is not govt's right to FORCE them.

In fact, possibly the MOST effective way to encourage better habits is to stop "health" insurance, and have MAJOR MEDICAL ONLY. So that if people had to PAY DIRECTLY for results of poor choices (like frequent ear infection, sore throats, overall poor health), maybe they'd realize what all that sugar and starch is doing to them.

83. Great document.

84. Overall State Plan:

Better late than never. This should be our state's number one public health priority. This is a winnable battle but it takes money and political will. We need to act on this for the sake of our children's lives and Wisconsin's economic future and standard of living.

ECE, pages 46-51:

1. For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and
- avoiding withholding physical activity as punishment.

[Increase Physical Activity page 87]

Healthcare, pages 75-80

All individuals clearly need to make informed choices about their health. Parents need to take the leading role, through both modeling behavior and making informed choices about what foods they buy and prepare for their children, encouraging their child to be active, and reinforcing sustainable habits that improve healthy outcomes. However, to be successful parents need to be well-informed and the messages children receive from other sources (e.g. other care providers, schools, the media, and advertising) need to reinforce their efforts;

Therefore, as the pg. 76 obesity care model notes, the environment and medical system both play a direct role in influencing patient/family self-management that lead to improved health outcomes. We need all these factors to work together so that individuals are informed and provided the support they need to improve their health and the health of their community.

This comprehensive plan has been thoroughly researched and vetted. Recommendations therefore directly follow the preponderance of evidence.

The benefits far outweigh the cost, and over the long-term will lower health costs overall. Process objectives in the medical and wider community contribute to positive outcomes for individuals and communities overall. Non-regulatory approaches have not found overarching success. Though we must continue to work in both non-regulatory and

regulatory ways to lower rates of obesity in our community – it is critical that we use both for an endemic so large.

What Can I Do pages 85-93:

Reduce Sugar-sweetened Beverages Consumption page 92--

\* NOTE: Sugar-sweetened beverages refers to all beverages with added sugars including carbonated soft drinks, juice drinks, sports drinks, flavored and enhanced waters, sweetened teas and energy drinks.

Sugar-sweetened beverages are a major contributor to childhood obesity. Every additional daily serving of soda increases a child's risk for obesity by 60 percent. Sugar-sweetened beverage consumption in childhood also increases the risk for overweight and obesity in adulthood.

It has not been by chance that sugar-sweetened beverage consumption has doubled in the U.S. over the last 30 years<sup>1</sup>. The increase was the result of bold and unrelenting marketing campaigns, increases in portion sizes, concerted efforts to keep prices low, and dramatic expansion of product availability. The beverage industry now spends \$500 million annually on marketing campaigns directed at children — more than the marketing budget for any other consumable product.

Disparities in sugar-sweetened beverage consumption. Latinos and African-Americans are more likely to consume sugar-sweetened beverages on a daily basis compared to whites. This disparity is influenced by a lack of grocery stores, a high prevalence of convenience stores, and the low cost of sugar-sweetened beverages compared to healthier beverages in many predominantly Latino and African American communities, along with a long history of soda marketing that targets these communities.

Reduce Television Viewing page 88--

Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two–five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two–five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs.

Increase Breastfeeding page 93--

Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breast-feeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work.

85. I would comment that I believe the overall plan is a good one for WI. I would support it. I reviewed the "early care and education" portion of the plan and agree that the goals and strategies are appropriate and would promote healthier children.

86. Overall comments- this plan is very supportive of collaborative efforts between public health and education.

P.11-

- Are we shying away from ‘high calorie’ or ‘empty calorie’ or ‘high in sugar and fat’ and instead using ‘energy dense’?
- Lots of acronyms, make sure to spell out or have a key

Page 53

- Rationale- make a link between health and academic achievement. Ie. healthier students learn better
- Supportive policies Bullet 2- nutrition typically occurs during 2 different courses, is there a way to highlight this.. i.e. Increase standards-based nutrition (via Family and Consumer Science and Health) education in grades K-12.
- Last bullet- Increase standards based teaching and assessment in PE in grades K-12.

Page 54

- 1st bullet on page- “Institute local policies that mandate at least 60 minutes of PA per day for all school-age children”
- Infrastructure- love the mention of CSHP
- Could we also say something about partnering with community coalitions?
- Local implementation- Support schools applications for HealthierUS School Challenge or Wisconsin School Health Award (this will be back for 2013)
- Schools: School Nutrition: Rationale (page54) – Opening paragraph states “Efforts to improve the nutrition environment in Wisconsin schools...School Breakfast Improvement Grants...” Wisconsin is not expected to receive further School Breakfast Improvement Grants (Kohl Grants). However, section 105 of the Healthy, Hunger Free Kids Act authorizes appropriations for grants for expansion of the School Breakfast Program.
- Use correct terminology for the documents –local implementation- Wisconsin Standards for health or PE vs. Model academic standards

Page 55

- Schools: School Nutrition: Strategy S2: Objective S2.2 (page 55) – Wisconsin currently has 13 Healthier US School Challenge schools and this number may increase before the State Plan is published. Consider changing statement to read “By 2016, 50 Wisconsin schools will have achieved at least the bronze level of recognition in the Healthier US School Challenge.”
- Schools: School Nutrition: Strategy S2: Resources and Training (page 55) – First bullet states “Disseminate nutrition education standards...Wisconsin Nutritious Delicious...” The name of the curriculum is Nutritious, Delicious, Wisconsin.

Page 56

- 1st and last bullet under supportive policies are very similar. Consider one that reads “ensure local school wellness policies address foods and beverages served outside school meals (classroom parties, food as reward, etc.)”
- Schools: School Nutrition: Strategy S4: Objective S4:1 (page 56) – Per USDA memo SP 31- 2012-Revised, a School Food Authority (SFA) can’t opt out of receiving the 6 cents reimbursement. All SFAs are required to meet the new meal pattern and be certified for the 6 cents reimbursement. SFAs that don’t apply for the 6 cents reimbursement in the 12-13 school year will be reviewed early in the new three year administrative review cycle (starting the 13-14 school year).
- Schools: School Nutrition: Strategy S4: Objective S4:3 (page 56) – The Healthy, Hunger-Free Kids Act, final rule for Nutrition Standards in the National School Lunch and School Breakfast Programs, was published on January 26, 2012. According to the final rule, the new meal pattern for lunches served in the National School Lunch Program became effective on July 1, 2012, for implementation in the upcoming 12-13 school year. Changes to the meal pattern in the School Breakfast Program will be phased-in, beginning July 1, 2013 (13-14 school year).
- Schools: School Nutrition: Local Implementation (page 56) – First bullet states, “Apply for either the Healthier US School Challenge, both of which contain this strategy.” I think there is an award program missing, possibly the Wisconsin School Health Award per page 90. The Wisconsin School Health Award will return for Spring 2013.

P 57-

- The milk bullet sticks out. It’s only mentioned here along with 1 resource. Partnerships with Dairy council would warrant its inclusion, though.
- Schools: School Nutrition: Strategy S5: Objective S5:3 (page 57) – Section 203 of the Healthy, Hunger Free Kids Act required schools participating in the NSLP to make potable water available to children at no charge in the place where lunch meals are served during the meal service by the beginning of the 11-12 school year.

P 59

- Last 2 bullets under resource and training read similar

p. 60

- second bullet needs editing
- supportive policies- consider adding joint use here. it’s mentioned on page 11 and in the physical activity focus area under what schools can do. Schools may only read this section. Also, check for consistency of language. Multi-Use agreements used on page 11.
- Great alignment with Active Schools strategies. This is realistic for most schools

p. 62

- DPI Health Education Standards-This standards document includes skill based health education benchmarks and a grade level learning continuum.  
<http://www.dpi.wi.gov/sspw/healtheducation.html>
- Schools: School Nutrition: Key Resources (page 62) – Team Nutrition link is incorrect. Correct link is: <http://www.dpi.wi.gov/ne/index.html>

- Schools: School Nutrition: Key Resources (page 62) – WI Model Academic Standards for Nutrition Education link is incorrect. Correct link is: <http://www.dpi.wi.gov/ne/pdf/nestandards.pdf>
- Schools: School Nutrition: Key Resources (page 62) – Nutritious, Delicious, Wisconsin link is incorrect. Correct link is: <http://www.dpi.wi.gov/ne/pdf/ndw.pdf>
- Schools: School Nutrition: Key Resources (page 62) – School Nutrition Association of Wisconsin link is incorrect. Correct link is: <http://www.sna-wi.org/>
- Schools: School Nutrition: Key Resources (page 62) – Wisconsin DPI School Nutrition Team link is incorrect. Correct link is: <http://dpi.wi.gov/fns/index.html>
- Schools: School Nutrition: Key Resources (page 62) – Noticed there are a number of other links on this page that are not working

87. I would very much like to see the concept of health literacy infused into this document, where appropriate, but especially in the sections related to educating consumers. One out of five Americans read at or below the 5th grade reading level, and it will be important for obesity prevention practitioners to be aware of health literacy regardless of their area of practice. Even highly educated individuals prefer clear, direct language that is free of medical jargon.

While obesity is an issue with many drivers, health literacy should be addressed at minimum, because it is underlying so many of the other factors (socioeconomic status, environment, individual decision-making, etc.).

88. The Wisconsin Nutrition, Physical Activity & Obesity State Plan (State Plan) is a tremendously thoughtful and important road map for preventing obesity in the state. Health First Wisconsin and many other partners are already working hard to make Wisconsin a place where people have access to healthy foods and opportunities for physical activity. We have made some strides toward reducing the burden of obesity and chronic diseases on our families, businesses and communities – but there is much more work to be done.

By 2012, the medical costs of obesity will rise to \$2.7 billion in Wisconsin. If trends continue, close to half of Wisconsinites will be obese in our lifetime. This is why we need a State Plan that will focus our efforts and energy across the state.

The State Plan is an important resource for coordinating effective community efforts and continuing to build an infrastructure for evidence-based, statewide policy work. The state plan process has proven to serve as an effective tool in the past, specifically in reducing the burden of tobacco on our state through the tobacco state plan.

This State Plan to prevent and manage obesity is comprehensive in its scope and well thought-out. We believe that this State Plan, in its current draft form, is taking the state in the overall right direction.

In its request for comments, the State posed the question “what role do individuals play in their own health.” We feel the Plan does an excellent job of pointing out areas where individuals can take great strides to improve their own health. However, the obesity epidemic in Wisconsin, especially among children, indicates that individual willpower is not enough. For example, our children are exposed to too many high calorie, low nutrition food options. The food industry is interested in its bottom line rather than the

health of our citizens, and should not be exempt from regulation. For our health, our workforce and especially our kids, we need to consider evidence based regulations that make the healthy choice the easy choice for Wisconsinites.

The following are HFW's thoughts on areas to highlight and improve: Goal 1- Infrastructure

Without coordinated leadership on the local and state level and strong networks among obesity prevention stakeholders, we will not succeed in preventing and managing the burden of obesity on our state.

Goal 2- Advocacy

-Wisconsin currently allocates zero dollars for obesity prevention. Obesity prevention supporters need funding in order to secure sufficient public support and coordinate local and state leadership to enact best practice policies.

Goal 4- Early Care and Education

-Licensing of these facilities should be contingent on meeting minimum nutrition and physical activity requirements.

-Childcare centers should be required to follow the nutrition standards outlined in USDA's Child and Adult Care Food Program meal pattern in order to be licensed.

-Child care centers should provide opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care in order to be licensed.

Goal 5- Schools

-Schools should have a staff person dedicated to coordinating wellness activities and a designated school health advisory council.

-Children should have significant access to healthy foods that meet or exceed the nutrition standards outlined in USDA's Child and Adult Care Food Program meal pattern. Programs like Farm to School and the Fresh Fruit and Vegetable Program make this easy.

-Sugar sweetened beverages and energy dense junk food have no place in our schools. Clean, safe drinking water should be abundant in our schools.

-Schools should provide children with at least 60 minutes of physical activity per school day.

Goal 6- Community Physical Activity Environment

-All communities in the state should have bike/pedestrian plans and a complete streets policy.

-Communities should establish safe routes to school and bike to work options so that children and adults alike have opportunities for active transportation.

-Organizations with physical activity facilities should enter into "joint use" agreements with their community in order to open up those facilities to the public.

Goal 7- Community Nutrition Environment

-Our hospitals, universities, senior centers, and other community environments should follow the nutrition standards outlined in USDA's Child and Adult Care Food Program meal pattern.

-We need increased access to and affordability of fruits and vegetables in a variety of settings- restaurants, grocery stores, farmers' markets, gardens, and food pantries.

-We need to ensure there are healthful alternatives to sugar sweetened beverages in these environments. Clean, safe drinking water should be abundant in our communities.

#### Goal 8- Healthcare

Healthcare system prevention activities should be integrated into the activities undertaken in the community.

#### Goal 9- Worksites

Wisconsin's employees would benefit from community, local or state worksite wellness initiatives. Worksite wellness initiatives should be integrated into the activities undertaken by the community.

89. Schools section page 57 and 58 do not mention working with the Wisconsin Milk Marketing Board to craft healthier messages encouraging the drinking of white milk and reducing the number of messages encouraging the drinking of sweetened chocolate or strawberry milk.

90. Introduction, page 5 - The CDC pyramid used to illustrate reach with global health examples is really confusing here. There have got to similar diagrams it could be replaced with that use obesity or chronic disease prevention examples. I disagree with having the tagline "individuals making healthy choices" displayed so prominently, as "changing the context" doesn't sufficiently qualify the need to have schools, worksites, and communities that allow individuals the opportunity to make healthy choices.

Background, page 20 - I don't get how the examples that are listed as policy changes are policy changes. Wouldn't policy change be having a written organizational policy requiring the environmental changes listed on ? Or funding a school nutritionist for the district?

91. no access to plan

92. The Wisconsin Nutrition, Physical Activity & Obesity State Plan (State Plan) is a tremendously thoughtful and important road map for preventing obesity in the state. Health First Wisconsin and many other partners are already working hard to make Wisconsin a place where people have access to healthy foods and opportunities for physical activity. We have made some strides toward reducing the burden of obesity and chronic diseases on our families, businesses and communities – but there is much more work to be done.

93. (Overall State Plan)-Wisconsin currently allocates zero dollars for obesity prevention. Obesity prevention supporters need funding in order to secure sufficient public support and coordinate local and state leadership to enact best practice policies. The obesity epidemic in Wisconsin, especially among children, indicates that individual willpower is not enough. For example, our children are exposed to too many high calorie, low nutrition food options. The food industry is interested in its bottom line rather than the health of our citizens, and should not be exempt from regulation. For our health, our workforce and especially our kids, we need to consider evidence based regulations that make the healthy choice the easy choice for Wisconsinites.

94. It is not the role of government to be involved in any of these areas. Drop the plan.



95. Any plan that is developed needs to be funded and input on implementation needs to come from those that are involved in the healthcare and fitness industry. The more local you keep it the better ie there may solutions that work better in one area that don't in another. Changing peoples eating and exercise habits doesn't happen overnight and the earlier they get involved the more likley thaey will stay committed for life. (Healthcare) I recently had some limited exposure to rehab facility/elderly housing and assitted living facility. The quality of care and pt were excellent but the meals were not at all what I would consider healthy. In fact after the meals the residents were offered a stool softener. Aproper diet would not require this. It is my belife that the healtcare industry solution to problems are a pill rather than finding the cause of the problem.

96. Goal #2 Advocacy, Wisconsin currently allocates zero dollars for obesity prevention. Obesity prevention supporters need funding in order to secure sufficient public support and coordinate local and state leadership to enact best practice policies.

97. Active Community Environments pages 63-66. A State plan will be imperative to organizing efforts and creating a healthy Wisconsin. One plan, one voice, one effort to creating a healthy Wisconsin

98. Goal 1- Infrastructure

Coordination is key! Without coordinated leadership on the local and state level and strong networks among obesity prevention stakeholders, we will not succeed in preventing and managing the burden of obesity on our state.

Goal 2- Advocacy

-We need to focus on prevention. Wisconsin currently allocates zero dollars for obesity prevention. Obesity prevention supporters need funding in order to secure sufficient public support and coordinate local and state leadership to enact best practice policies.

Goal 4- Early Care and Education

-Licensing of these facilities should be contingent on meeting minimum nutrition and physical activity requirements.

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Goal 5- Schools

-Schools should have a staff person dedicated to coordinating wellness activities and a designated school wellness committee

-Children should have significant access to healthy foods that meet or exceed the nutrition standards outlined in UDSA's Child and Adult Care Food Program meal pattern. Programs like Farm to School and the Fresh Fruit and Vegetable Program make this easy.

-Sugar sweetened beverages and energy dense junk food have no place in our schools.  
Clean, safe drinking water should be abundant in our schools.  
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#### Goal 7- Community Nutrition Environment

-Our hospitals, universities, senior centers, and other community environments should follow the nutrition standards outlined in USDA's Child and Adult Care Food Program meal pattern.  
-We need increased access to and affordability of fruits and vegetables in a variety of settings (restaurants, grocery stores, farmers' markets, gardens, and food pantries)  
-We need to ensure there are healthful alternatives to sugar sweetened beverages in these environments. Clean, safe drinking water should be abundant in our communities.

#### Goal 8- Healthcare

The healthcare system should focus on prevention, not treatment and management.

#### Goal 9- Worksites

Wisconsin's employees would benefit from community, local or state worksite wellness initiatives.

99. Anything we can do to promote increased physical activity in our communities is going to help reduce obesity. We need to stress the fun involved with walking biking, hiking, and cross country skiing. Wasting their life staring at a screen is not how we want our state's residents to spend their non-working hours. We must move for the species to survive.

100. Healthcare in the local communities is a good idea.

101. The obesity in this State is out of control being one of the highest in the Nation. Obesity causes so many health problems which just skyrockets our healthcare costs. We are a Nation of mostly overweight people and Wisconsin has more than their share. It's almost like it's the manly thing to do to have a giant belly. Our children should never be allowed to be obese but we in this society find it perfectly acceptable. If both parents are overweight and don't watch their weight how can a child be expected to be any different?

102. Increase Physical Activity - p87 - This is paramount, with ever increasing technology, kids and adults are becoming stagnant; we have got to get everyone moving

again. Support the 15 minutes per hour of physical activity. This however, will be difficult to measure and monitor if this is a rule for regulated child care. Can't find the page, but it deals with sedentary; it is disturbing that regulated child care programs use cribs, high chairs, and car seats to make children stationary, this must stop

103. We need funding to support this effort along with dedicated change. Some of the personnel involved in this effort are already working but need more focused work.

#### FAMILIES AND ADULTS:

UW Extension Agents (we have Extension agents in every county).

Issue: Many adolescents and adults do not know how to cook or shop.

Background: large numbers of the patients (variety of ages) whom I counsel on weight loss (for Hypertension, Diabetes, etc) have limited knowledge in menu planning, cooking, etc especially on a budget.

If you surveyed dietitians, pediatric fitness center personnel (Milwaukee, Madison), you would like find similar information.

If you surveyed volunteers who work in Food Pantries, they will tell you the same thing. Clients don't know what to do with corn on the cob, zucchini or other fresh foods.

We have Extension agents who are skilled and can cover education in small focused groups to a wide variety of ages and cultures. I have contacted them a few years ago for women from Gambia. Why not make use of this resource and have this group develop simple Menu planning, shopping guides as educational handouts as well as run small educational groups throughout the state.

#### SCHOOLS, TEENS AND CHILDREN;

Many of the nutrition committees I've been on have discussed ways to alter foods in the schools. We also need to 1) ensure that school children of all ages have at least 30 minutes for lunch, so that they have plenty of time to eat and 2) ensure at least 30 minutes of exercise daily (this could still be split into two 15 minute recess times, if needed. Regarding middle and high school, a challenging age, consider having after school clubs that involve more than sports AND that also cater to the needs of that school. Ex: there are many teens who are not comfortable being in a sport due to skill level. Offer fun dance/activity classes that still get them moving. (Zumba, jazzercise). We need to find something to fit teen boys are not into sports as well. This may need to be more creative: e.g. getting a shop or PE teacher to lead an afterschool class into community help projects (fixing an older woman's fence, learning about bike repair, etc.

#### DAYCARE;

I agree with other suggestions on asking Daycares to meet criteria for healthy meals. The menu option selection I get when I asked for copies of the child's daycare is pretty horrific. Hot dogs, pizza, donuts, pancakes and sausage. It is not often that I see a balanced, lower fat meal.

Thank You.

104. Nutrition Environment, pages 67-74. It is foolish to assume that individual low income parents can choose high quality, affordable food for their children on a regular basis. In too many low income neighborhoods, parents and their children are usually

surrounded by low nutrient density foods (high in fat, salt, sugars) which are standard fare in quick service outlets and fast food restaurants. Without affordable, regularly available transportation, they do not have access to a wide variety of vegetables and fruits and whole grain products. The state plan should recommend that this problem be addressed through proven, evidence based strategies to help low income people gain access to an abundance of affordable, high nutrient density foods. Among the solutions to be adopted are mobile supermarket vans, farmers markets in low income neighborhoods, subsidized transportation to full service markets. This will, of course, require dedicating dollars as well as technical assistance.

105. Increasing breastfeeding rates and support are an integral part of reducing obesity in our state. Mothers have difficulty finding knowledgeable, compassionate and affordable support.

106. How much money has been and will be spent on this project? I feel these problems started when Wisconsin was 'transformed' before. How many farm kids/families have an obesity problem? They are growing their own fruits and vegetables and get plenty of physical activity taking care of their animals. They don't have time to sit in front of the tv or computer. Wisconsin have lost the family farms to the big time operators who get mega dollars from the government so they can continue to buy up the land. It is very difficult for a young person to get started in farming or make a living on their family farm these days because of the price of land and equipment. Maybe with Scott Walker being the governor of Wisconsin the obesity problem will go away because the middle & lower class people will not be able to afford to eat anyway.

107. Active Community Environments (63-33): Create adult exercise areas within established parks, outfitting these areas with outdoor workout stations. See NY Times article here: <http://www.nytimes.com/2012/07/01/nyregion/new-york-introduces-its-first-adult-playground.html?pagewanted=all>

108. I don't understand why there is a plan but no funding to back it. Without the funding, communities that are already just making it by aren't going to be able to institute these ideas. It seems to be another plan that looks nice and does absolutely nothing.

109. Youth Participation for Healthy Weight

110. Obesity is at all ages through out Wisconsin, from the very young to the elderly. Proper Nutrition and Education of the correct ways to consume food is the key to combating obesity. Making sure the young children are given the proper choices in healthy eating, making sure that the Elderly make healthy choices, and it goes through the whole state to make healthy choices and eat in moderation and consumption.

111. Overall State Plan is to prevent and manage obesity is a very good plan. Our schools need to be more health conscious of the food they are giving to our school age children, that are high in carbohydrates & fat and low in nutrients needed for healthier growth. Limiting soft drinks availability, requiring all menus to be healthy & balanced in diet and

check over by a Registered Dietitian. Once they become older maintaining good nutrition is what is important and continuing activity through adult life to elderly. Our elderly still do restorative to stay strong, and eat nutritionally balanced diets daily through Assisted Living and Nursing Home Residents. All of these menus are checked over by R.D.'s.

112. Please continue to promote lengthy greenways, bike lanes, trail connectivity, and sharrows so that people have healthy ways to move about cities. Promote cosmetic chemical bans so our air is cleaner and more conducive to exercising. Such a ban could be achieved by using native Wisconsin plants in public landscaping. They require less water and no chemicals. Most suburban infrastructure needs major overhauls to promote multi-modal use. Helping communities add sidewalks would go far toward fighting obesity. School lunches must be healthy and full of fresh ingredients when possible, but many districts don't know how to get there. Promote community gardens and local food economies. Live 54218 is a great idea for Brown County. Offer vegetarian options at public facilities (schools, parks, government buildings).

113. I only noticed one reference to what was considered healthy eating that referred to the US nutritional guidelines which calls for too much grains, bread and rice in our diets. The plan will not work without more honest information about nutrition that is not blocked by special interests like the cereal and bread companies. The government should not be influenced by these companies, but should be focused on getting the truth to the people and really making a difference in their health. Add nuts (without oils), eggs and cheese to menus at schools. Kids will eat better when better food is offered. There is not reason at all to offer chips or candy or chocolate milk.

114. SCHOOLS section (52-62):

"Children should have significant access to healthy foods that meet or exceed the nutrition standards outlined in USDA's Child and Adult Care Food Program meal pattern. Programs like Farm to School and the Fresh Fruit and Vegetable Program make this easy." Based on the success of our nationally recognized Farm to School program in Prairie du Chien, we couldn't agree more. While the fresh fruit and vegetable program and other initiatives are a wonderfully successful start, funds and additional education are needed to provide healthier protein/meat choices in the schools as the next critical step to feeding our children healthy meals. If we can not model this in school and provide this for them, we are not educating them to make healthy choices, or understand what healthy choices are.

The same holds true for hospitals, health institutions and higher education institutions.

In general, funding is needed to meet all goals of this plan.

115. I believe that anything to have to deal with creating an obesity plan would make a very large impact! They will eventually be the future and without healthy kids and adults are future wont be looking so good. Children need to learn from a very young age about different nutritional values and how exercise affects their lives. They need to be introduced to vegetables from the beginning of their solid food consumption days! They

will be the future and they need to be as alert as ever with so much changing and new technology. We can't steer away from change but sometimes we have to slow down for a little bit to see the real effect of the changes.

116. The Wisconsin Nutrition, Physical Activity & Obesity State Plan (State Plan) is a tremendously thoughtful and important road map for preventing obesity in the state. Health First Wisconsin and many other partners are already working hard to make Wisconsin a place where people have access to healthy foods and opportunities for physical activity. We have made some strides toward reducing the burden of obesity and chronic diseases on our families, businesses and communities – but there is much more work to be done.

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Adult Care Food Program meal pattern in order to be licensed.

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117. School Section Pages 52-62

Sugar sweetened beverages and energy dense junk food have no place in our schools. Clean, safe drinking water should be abundant in our schools. Schools should provide children with at least 60 minutes of physical activity per school day.

Having fresh fruits and vegetables available in the school meal program is critical to students' overall health. Currently too much prepackaged food is served to students.

118. As a former wellness assistant who provide guidance on how to exercise, eat healthy, and maintain optimal health and wellbeing, I experienced first hand how some individuals had access to healthy affordable foods and others did not. Some members of the community could afford a gym membership while others could not and did not have walkable routes that were safe and close to thier homes. I found that many individuals who wanted to eat healthier foods were confused about the nutritional quality of the food. For eaxmple many times someone working out faithfully thought that the muffins the size of a baseball were healthy when in reality they had almost as much fat as a big mac. The fact that the state of WI spend 0 on obeisty prevention is concerning when we spend 2.7 billion dollars in sick care costs. Children are falling victim to this epidemic and have limited choices on what foods are avialalbe if a single parent can only afford macaroni and cheese as fruit is healthier but so expensive. When we know better we do better. Those who take the road of indiviual responsibility are missing the point that in the end as tax payers we are all paying the price for the obesity epiemic. We need a healthy workforce, we need a healthy state budget, and we cant achieve any of that unless we address the cost of this obesity epidemic.

119. Losing weight requires the desire and motivation from within the individual and no one has figured out how to do that yet! However, if the medical field would offer 6-8 week scholarships to Weight Watchers , and 6-8 weeks membership at an exercise based club, there is the possibility once exposed to success with little cost, that the education of the value of weight loss and nutrition would begin. It is a known fact that members of a group doing better than a lone dieter. It is also proven that if one keeps at a plan for 6-8 weeks, there is a higher rate of success in terms of weight loss. I am a member of the YMCA and it is free because my supplemental insurance pays for it if I attend 12 times a month. What great incentive and now I am losing weight and achieving better fitness than I have experienced in 20 years. I also help facilitate a group of elderly women who are interested in their major concern - health and well being!. We need to also know that the adults are parents and if they gain any knowledge, they will pass it on to their children. As an overweight child, I know that if they do not provide good nutrition the child does not have a prayer.

120. I was most interested in anything that addressed increasing physical activity. The beginning tactics of educating people, families, and schools on how much they should get

is an ok start, but typically education isn't enough to lead to significant change. Increasing accessibility to community areas to get physical active is even better. Something that I believe is a significant problem and is missing from the document is how to motivate individuals, worksites, and children to get more active. It is also our mission at our company myInertia to get people in Wisconsin active for 30 minutes/day or 150 minutes per week. If there is anything that we can do to partner with the state on initiatives or worksite wellness education, please feel free to contact me.

121. This plan sets important direction for a major health issue in the state. It is well written and referenced and I have already used some of the materials in a funding request.

122. Very comprehensive. Looks great. We need this.

123. Early Care and Education, pages 46-51. Prevention is the key!!! Instilling early habits with activity and healthy food choices go a long ways to preventing health risks 20 plus years from now! Great work!!! We also need to work with families of little ones and instill a need for healthy and active lives beyond early care.

124. Goal 2- Advocacy

- Wisconsin currently allocates zero dollars for obesity prevention. Obesity prevention supporters need funding in order to secure sufficient public support and coordinate local and state leadership to enact best practice policies.

Goal 4- Early Care and Education

- Licensing of these facilities should be contingent on meeting minimum nutrition and physical activity requirements.

- Childcare centers should be required to follow the nutrition standards outlined in USDA's Child and Adult Care Food Program meal pattern in order to be licensed.

- Child care centers should provide opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care in order to be licensed.

Goal 5- Schools

- Schools should have a staff person dedicated to coordinating wellness activities and a designated school health advisory council.

- Children should have significant access to healthy foods that meet or exceed the nutrition standards outlined in USDA's Child and Adult Care Food Program meal pattern. Programs like Farm to School and the Fresh Fruit and Vegetable Program make this easy.

- Sugar sweetened beverages and energy dense junk food have no place in our schools.

- Clean, safe drinking water should be abundant in our schools.

- Schools should provide children with at least 60 minutes of physical activity per school day.

Goal 6- Community Physical Activity Environment

- All communities in the state should have bike/pedestrian plans and a complete streets policy.

- Communities should establish safe routes to school and bike to work options so that children and adults alike have opportunities for active transportation.



-Organizations with physical activity facilities should enter into “joint use” agreements with their community in order to open up those facilities to the public.

#### Goal 7- Community Nutrition Environment

-Our hospitals, universities, senior centers, and other community environments should follow the

nutrition standards outlined in UDSA’s Child and Adult Care Food Program meal pattern.

-We need increased access to and affordability of fruits and vegetables in a variety of settings- restaurants, grocery stores, farmers’ markets, gardens, and food pantries.

-We need to ensure there are healthful alternatives to sugar sweetened beverages in these environments. Clean, safe drinking water should be abundant in our communities.

#### Goal 8- Healthcare

Healthcare system prevention activities should be integrated into the activities undertaken in the community.

#### Goal 9- Worksites

Wisconsin’s employees would benefit from community, local or state worksite wellness initiatives.

Worksite wellness initiatives should be integrated into the activities undertaken in the community

### 125. Comments on Nutrition, Physical Activity and Obesity State Plan 2012-2020

Nutrition, physical activity and obesity each play a powerful role in the health and wellness of children with disabilities. The Centers for Disease Control cites that in 2008 more than one third of children and adolescents were overweight or obese. Data from the National Center on Birth Defects and Developmental Disabilities cites that obesity rates for children with disabilities are approximately 38% higher than for children without disabilities. This very large disparity points to the need for Public Health agencies to take a leadership role in engaging disability focused partners to develop strategies to address this disparity.

Specifically, strategies addressing children as well as adults with disabilities need to be incorporated in every facet of the plan. The Board’s suggestions follow:

#### What Can I Do? Page 8-11:

advocacy groups:

- Include in the examples of advocacy groups organizations working directly with children with disabilities and their families, such as (Family Voices, Youth Leadership Forum, Best Buddies programs and more. chambers of commerce:

- Encourage members to develop or enhance worksite wellness programs and utilize evidenced-based strategies from the Wisconsin Worksite Wellness Resource for all employees, including those with disabilities and who have children with disabilities.

childcare / early care and education:

- Accommodate children with disabilities to ensure they receive the same amount of physical activity as other children unless medically inadvisable.

coalitions / communities:

- Collaborate with coalitions and organizations serving or advocating on behalf of children with disabilities.

community centers, youth programs and after-school providers:

- Conduct outreach and include children with disabilities in typical activities and programs.

fitness experts/exercise physiologists:

- Conduct outreach to increase access by children with disabilities to public or community facilities for physical activity through multi-use agreements

government and tribal agencies

- Increase the number of state and local policies introduced and enacted to support healthful eating and physical activity for children with and without disabilities in various settings (A 2)
- Encourage and develop local community master plans with collaborators from the disability community that include incorporation of strategies that promote physical activity (CA1)
- Increase access for children with and without disabilities to public or community facilities for physical activity through multi-use agreements

- local public health departments (add bullet) Conduct a local assessment of obesity prevention resources that are/should be available to people with disabilities to determine a program focus

media

- Increase public awareness of health improvement strategies available to address the needs of individuals with disabilities.

126. All of these recommendations are doable for child care providers and should be enacted as soon as possible as the health of our youngest citizens is at stake AND we can create a new "norm" for the future. I am especially glad to see limits on screen time. My program has NO screens of any kind and I intend to keep it that way.

127. Wisconsin's employees would benefit from community, local or state worksite wellness initiatives.

Worksite wellness initiatives should be integrated into the activities undertaken in the community.

128. This plan is wonderful and so needed!

129. looks good.

### 130. Overall State Plan

The State Plan is a set of evidence-based strategies for obesity prevention. It includes strategies that anyone can apply where they live, work, learn and play. The Plan is designed to prompt action with clear roles for all stakeholders. The contents were thoroughly researched and vetted by teams of content experts to ensure use of current scientific evidence and best practices, and therefore should be left as is.

What role should individuals play in their own health?

All individuals clearly need to make informed choices about their health. Parents need to take the leading role, through both modeling behavior and making informed choices about what foods they buy and prepare for their children, encouraging their child to be active, and reinforcing sustainable habits that improve healthy outcomes. However, to be successful, parents need to be well-informed and the messages children receive from other sources (e.g. other care providers, schools, the media, and advertising) need to be consistent. The State Plan is a resource and guide for those who are involved in planning, coordinating, implementing, and evaluating interventions or initiatives to address obesity in WI. It should consider health policy options that can have a beneficial impact on large numbers of children. Reducing obesity requires a partnership that includes individuals (children and adults), medical professionals, the private and public health sector, and government—all working together. The State Plan needs to build a sustainable obesity prevention system to support setting-specific work, focus on policy, environmental and systems change, and needs to be able to be evaluated.

The American Academy of Pediatrics (AAP) suggests that “obesity is the end result of a complex interplay of a variety of factors. As such, this multi-factorial problem requires a sophisticated and comprehensive solution that encompasses strategies that address both individual behavior, as well as environmental and policy approaches. The Surgeon General and the White House Task Force on Childhood Obesity both highlight the need to address both nutrition and physical activity; work across multiple settings (e.g., medical care-sites, worksites, and communities) and multiple sectors (e.g., industry and government) in order to effectively address the problem of childhood obesity.” AAP concludes that it is “imperative to identify a comprehensive approach to prevent and treat overweight and obesity for all children and families.” (American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies). One tool that addresses all of the evidence based policy strategies is the Prevention of Obesity Policy Opportunities Tool (POPOT). The POPOT, an interactive web-based tool ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html)) designed to be a comprehensive catalogue of the policy strategies to support healthy active living for children and families. This tool highlights the different policy opportunities that exist to impact systems and environments at the practice, school, community, state and federal levels.

Level of evidence that supports the recommendations:

This comprehensive Plan has been thoroughly researched and vetted. Recommendations therefore directly follow the prevalence of evidence. I have also provided evidence from

the American Academy of Pediatrics (AAP) and the Institute of Medicine (IOM) that that are consistent with the recommendations from the State Plan.

Feasibility of recommended actions and goals:

- Many of the recommendations related to policy and practice changes are very feasible and, with minimal effort, can have a positive impact on children's health. Some recommendations will take more substantive change, but the plan sets reasonable timelines during which these can be accomplished.
- Health section strategies are particularly feasible. Health care providers need to be a part of the obesity prevention solution, in order to lower health costs overall.

Where new regulations are proposed, do the benefits outweigh the costs? Do they focus on outcome objectives or process objectives? Could non-regulatory approaches achieve similar outcomes?

The benefits far outweigh the cost, and over the long-term will lower health costs overall. Process objectives in the medical and wider community contribute to positive outcomes for individuals and communities overall. Non-regulatory approaches have not found overarching success. Though we must continue to work in both non-regulatory and regulatory ways to lower rates of obesity in our community – it is critical that we use both for an endemic so large.

Early Care & Education, p. 47 (strategy EC1): Increase supportive nutrition and physical activity environments in regulated care through state-level policy change.

Policy change is essential to sustaining change. Expert agencies such as the American Academy of Pediatrics (AAP) and the Institute of Medicine (IOM) recommend changing the food environment to tackle obesity. IOM recommends smaller portion sizes, curbing food marketing to children, cutting sugary drink intake and boosting availability of healthy foods. (<http://www.foodnavigator-usa.com/Regulation/IOM-report-recommends-changing-food-environment-to-tackle-obesity>).

IOM also offers the following goals and strategies in relation to nutrition and physical Activity (PA) policies:

Goal 1: Make PA an integral and routine part of life.

Strategy 1-3: Adopt PA requirements for licensed child care providers. State and local child care and early childhood education regulators should establish requirements for each program to improve its current PA standards.

Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

Strategy 2-3: Utilize strong nutritional standards for all foods and beverages sold or provided through the government, and ensure that these healthy options are available in all places frequented by the public.

Government agencies (federal, state, local and school district) should ensure that all foods and beverages sold or provided through the government are aligned with the age-specific recommendations in the Dietary Guidelines for Americans.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

AAP recommends the following:

- Promote and strengthen childcare and school policies and programs that increase physical activity.
- Implement organizational and programmatic nutrition standards and policies.
- Improve jurisdiction-wide nutrition, physical activity, and screen time policies and practices in early child care settings.
- Increase access to healthy and affordable foods in communities.
- Improve nutritional quality of the food supply.
- Help people recognize and make healthy food and beverage choices.

(Source: American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies)

Increase Physical Activity, page 87

For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and
- avoiding withholding physical activity as punishment.

The Institute of Medicine (IOM) offers the following goal and strategy in relation to physical Activity (PA) policies:

Goal 1: Make PA an integral and routine part of life.

Strategy 1-3: Adopt PA requirements for licensed child care providers. State and local child care and early childhood education regulators should establish requirements for each program to improve its current PA standards.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

Increase Breastfeeding, page 93:

Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work. (<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>)

The American Academy of Pediatrics recommends Breastfeeding Friendly Environments across all sectors (Practice, Communities, Schools, State, Federal) (Prevention of Obesity Policy Opportunities Tool (POPOT) ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html))).

Reduce Television Viewing, page 88:

Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two to five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two to five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs.

(<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>)

The American Academy of Pediatrics recommends Restricting Screen Time across all sectors (Practice, Communities, Schools, State, Federal) (Prevention of Obesity Policy Opportunities Tool (POPOT) ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html))).

Reduce Sugar-sweetened Beverages Consumption, page 91:

1. Sugar-sweetened beverages are a major contributor to childhood obesity. Every additional daily serving of soda increases a child's risk for obesity by 60 percent. Sugar-sweetened beverage consumption in childhood also increases the risk for overweight and obesity in adulthood.

2. Sugar-sweetened beverage consumption has been a huge contributor to the obesity epidemic. All lines of scientific evidence indicate a strong link between sugar-sweetened beverage consumption and obesity. 43 percent of the increase in daily calories Americans consumed between 1977 and 2001 came from sugar-sweetened beverages alone. Because calories in liquid form do not trigger the same sensation of fullness as solid foods, the calories we drink add to those we eat rather than replacing them. Adults who drink a soda or more daily are 27% more likely to be overweight or obese, regardless of income or ethnicity.

3. Disparities in sugar-sweetened beverage consumption. Latinos and African-Americans are more likely to consume sugar-sweetened beverages on a daily basis compared to whites. This disparity is influenced by a lack of grocery stores, a high prevalence of convenience stores, and the low cost of sugar-sweetened beverages compared to healthier beverages in many predominantly Latino and African American communities, along with a long history of soda marketing that targets these communities.

(Source for 1-3 above: <http://www.kickthecan.info/fact-sheets-0> via

<http://www.publichealthadvocacy.org/>)

Institute of Medicine (IOM) offers the following goal and strategy in relation to sugar sweetened beverage policy:

Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

Strategy 2-1: Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

American Academy of Pediatrics (AAP) Strategies to improve nutrition for children and families: (at least 5 fruits/vegetables a day, limit or eliminate sugared drinks, eat a healthy breakfast everyday, incorporate plenty of fiber and low-fat dairy in your daily food intake, limit eating out and/or takeout, prepare food at home and together as a family) (Source: American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies)

131. The plan is a strong plan that will allow a multi-faceted approach to obesity prevention.

132. Early Care and Education pages 46-51

1. For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and
- avoiding withholding physical activity as punishment.

[Increase Physical Activity page 87]

2. Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breast-feeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work.

[Increase Breastfeeding page 93]

3. State child care regulatory agencies should require that child care providers and early childhood educators practice responsive feeding. For toddlers/preschoolers—provide meals and snacks as part of a daily routine; require adults to sit with and eat the same foods as the children; when serving children from common bowls (family-style service) allow them to serve themselves; when offering foods that are served in units (e.g., sandwiches) provide age-appropriate portions and allow children to determine how much they eat; and reinforce children's internal cues of hunger and fullness.

4. Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two–five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two–five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs.

[Reduce Television Viewing page 88]

5. Child care regulatory agencies should require child care providers to adopt practices that promote age-appropriate sleep durations.

Source:

<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>

Healthcare pages 75-80

1. The role of the individual and family in the plan. What role should individuals play in their own

health? What role should individuals play in improving the health of their communities?

All individuals clearly need to make informed choices about their health. Parents need to take the leading role, through both modeling behavior and making informed choices about what foods they buy and prepare for their children, encouraging their child to be active, and reinforcing sustainable habits that improve healthy outcomes. However, to be successful parents need to be well-informed and the messages children receive from other sources (e.g. other care providers, schools, the media, and advertising) need to reinforce their efforts;

Therefore, as the pg. 76 obesity care model notes, the environment and medical system both play a direct role in influencing patient/family self-management that lead to improved health outcomes. We need all these factors to work together so that individuals are informed and provided the support they need to improve their health and the health of their community.

2. Level of evidence that supports the recommendations.

This comprehensive plan has been thoroughly researched and vetted.

Recommendations therefore directly follow the preponderance of evidence.

3. Feasibility of recommended actions and goals.

Many of the recommendations related to policy and practice changes are very feasible and, with minimal effort, can have a positive impact on children's health. Some recommendations will take more substantive change, but the plan sets reasonable timelines during which these can be accomplished.

Health section strategies are particularly feasible. Health care providers need to be a part of the obesity prevention solution, in order to lower health costs overall. They recognize that fact, and policies are increasingly allowing providers to be paid accordingly, for preventive and value-based care and counseling.

4. Where new regulations are proposed, do the benefits outweigh the costs? Do they focus on outcome objectives or process objectives? Could non-regulatory approaches achieve similar outcomes?

The benefits far outweigh the cost, and over the long-term will lower health costs overall. Process objectives in the medical and wider community contribute to positive outcomes for individuals and communities overall. Non-regulatory approaches have not found overarching success. Though we must continue to work in both non-regulatory and regulatory ways to lower rates of obesity in our community – it is critical that we use both for an endemic so large.

5. Are there government policies that have an adverse impact on sound nutrition?

Policies in the health care system that focus on pay-per-service, and not value, contribute to a system that focuses on acute care, and not prevention. Reimbursing for quality maternity care and breastfeeding supports, BMI best-practice guidelines, and nutrition and physical activity counseling will shift the way in which health providers can practice – to ensure better health outcomes with regard to obesity. These are policies we should be promoting in public benefit programs, as well as private insurance.

Reduce Sugar-sweetened Beverages Consumption page 92



\* NOTE: Sugar-sweetened beverages refers to all beverages with added sugars including carbonated soft drinks, juice drinks, sports drinks, flavored and enhanced waters, sweetened teas and energy drinks.

1. Sugar-sweetened beverages are a major contributor to childhood obesity. Every additional daily serving of soda increases a child's risk for obesity by 60 percent. Sugar-sweetened beverage consumption in childhood also increases the risk for overweight and obesity in adulthood.
2. Wisconsin spends billions of dollars each year buying beverages that are sold on state property or provided by the state, such as our correctional facilities, state parks, and other state offices. State and local governments should leverage their buying power and be a model for healthy food policy by ensuring that beverages purchased for consumption or sale on state property meet minimum nutrition standards.
3. It has not been by chance that sugar-sweetened beverage consumption has doubled in the U.S. over the last 30 years<sup>1</sup>. The increase was the result of bold and unrelenting marketing campaigns, increases in portion sizes, concerted efforts to keep prices low, and dramatic expansion of product availability. The beverage industry now spends \$500 million annually on marketing campaigns directed at children — more than the marketing budget for any other consumable product.
4. Sugar-sweetened beverage consumption has been a huge contributor to the obesity epidemic. All lines of scientific evidence indicate a strong link between sugar-sweetened beverage consumption and obesity. 43 percent of the increase in daily calories Americans consumed between 1977 and 2001 came from sugar-sweetened beverages alone. Because calories in liquid form do not trigger the same sensation of fullness as solid foods, the calories we drink add to those we eat rather than replacing them. Adults who drink a soda or more daily are 27% more likely to be overweight or obese, regardless of income or ethnicity.
5. Disparities in sugar-sweetened beverage consumption. Latinos and African-Americans are more likely to consume sugar-sweetened beverages on a daily basis compared to whites. This disparity is influenced by a lack of grocery stores, a high prevalence of convenience stores, and the low cost of sugar-sweetened beverages compared to healthier beverages in many predominantly Latino and African American communities, along with a long history of soda marketing that targets these communities.

Source: <http://www.kickthecan.info/fact-sheets-0> via <http://www.publichealthadvocacy.org/>

133. The obesity epidemic is far reaching with devastating health and economic consequences. During the past 15 years the rates of obesity have doubled in the United States and in Wisconsin. Currently about two-thirds of American adults are overweight or obese. Wisconsin's obesity rate is 16th highest in the nation and medical costs for obesity related health issues in Wisconsin have risen from \$1.4 billion in 2000 to \$2.7 billion in 2012. Both public and private health care professionals understand there is not one distinct solution, but rather there is a need for various interventions using an interdisciplinary approach to help overcome this health and economic crisis.

The State Plan to prevent and manage obesity is comprehensive in its scope and well thought-out. The Wisconsin Academy of Nutrition and Dietetics commends the

Wisconsin Department of Health Services on including several Registered Dietitians in the drafting of the plan and we believe this is an important resource for coordinating efforts and building an infrastructure for evidence-based, statewide policy work and that it is taking the state in the overall right direction.

In its request for comments, the State posed the question “what role do individuals play in their own health.” We feel the State Plan does an excellent job of pointing out areas where individuals can make great strides to improve their own health; however, we also believe the obesity epidemic in Wisconsin indicates that willpower is not enough and that the State needs to consider evidence-based regulations to address marketing strategies, product placement and locations of facilities that offer nutritious foods to make the healthy choice the easy choice for Wisconsin residents.

The following is the Wisconsin Academy of Nutrition and Dietetics’ thoughts on areas to highlight and improve:

#### Goal 1- Infrastructure

Wisconsin needs coordinated leadership at the local and state level, and strong networks among interdisciplinary obesity prevention stakeholders to succeed in preventing and managing the economic burden of obesity. The interdisciplinary team needs to include Registered Dietitians from a variety of work settings to ensure there is a comprehensive approach to care planning and treatment.

Registered Dietitians should be licensed in the State of Wisconsin to ensure a comprehensive cost effective, evidence-based obesity related nutrition care is being provided to residents. This would also help ensure that co-morbidities that accompany obesity and increase health care costs such as hypertension, diabetes and cardiovascular disease are also addressed.

#### Goal 2- Advocacy

Wisconsin currently allocates zero dollars for obesity prevention, yet prevention and health promotion are keys to preventing obesity related diseases that are more costly to treat. Obesity prevention supporters need funding in order to secure sufficient public support and coordinate local and state leadership to enact evidence-based practice policies.

#### Goal 4- Early Care and Education

Licensing of these facilities should be contingent on meeting minimum nutrition and physical activity requirements.

Childcare centers should be required to follow the nutrition standards outlined in USDA’s Child and Adult Care Food Program meal pattern in order to be licensed.

Access to sugar sweetened beverages and energy dense drinks and foods should be limited in these settings in order to be licensed.

#### Goal 5- Schools

Schools should have a staff person dedicated to coordinating wellness activities and a designated school health advisory council that includes a Registered Dietitian (RD) and/or a Dietetic Technician, Registered (DTR).

Children should have significant access to healthy foods that meet or exceed the nutrition standards outlined in UDSA's Child and Adult Care Food Program meal pattern.

Programs like Farm to School and the Fresh Fruit and Vegetable Program should be supported in these environments.

Access to sugar sweetened beverages and energy dense drinks and foods should be limited in this setting.

Clean, safe drinking water should be abundant in our schools.

Schools should provide children with at least 60 minutes of physical activity per school day.

#### Goal 6- Community Physical Activity Environment

Organizations with physical activity facilities should enter into "joint use" agreements with their community in order to open up those facilities to the public.

#### Goal 7- Community Nutrition Environment

Wisconsin's hospitals, universities, senior centers, and other community environments should follow the nutrition standards outlined in UDSA's Child and Adult Care Food Program meal pattern.

Research and address the food desert phenomenon throughout the state

Access to affordable fruits and vegetables should be available in a variety of settings including but not limited to restaurants, grocery stores, convenience stores, farmers' markets, gardens, and food pantries.

Access to sugar sweetened beverages and energy dense drinks and foods should be limited in this setting.

Clean, safe drinking water should be abundant in our communities.

#### Goal 8- Healthcare

Wisconsin's hospitals should follow the nutrition standards outlined in UDSA's Child and Adult Care Food Program meal pattern.

Access to affordable fruits and vegetables should be available in the employee and public areas of these facilities.

Access to sugar sweetened beverages and energy dense drinks and foods should be limited in this setting.

A Registered Dietitian (RD) and a Dietetic Technician, Registered (DTR) should be an integral part of the health care team.

Healthcare system prevention activities should be integrated into the activities undertaken in the community and for its employees.

#### Goal 9- Worksites

Initiatives should be integrated into the activities undertaken in the community.

Wisconsin's employees would benefit from community, local or state worksite wellness initiatives. Worksite wellness

Wisconsin employees should have access to a Registered Dietitian (RD) and/or a Dietetic Technician, Registered (DTR) to assist with long term success of lifestyle changes.

134. Overall, I greatly appreciate the changes that are written throughout the plan. I believe much more efforts and supports need to be implemented to achieve individual, family and community care, education, schools, nutrition, etc. But we need to put our actions where are words are. Organizations and groups need to model positive changes in their behaviors to start change. I strongly support more activity for young and older children, as well as better nutrition choices. Adults and other community members need to role model for our youth and children. I strongly agree with the breastfeeding supports, as a working mom who wanted to breastfeed, my work environment was not conducive to allowing for this.

135. 1) The role of the individual and family in the plan. What role should individuals play in their own health? What role should individuals play in improving the health of their communities?

In my opinion, individuals need to play a large role in their health, taking the initiative to find affordable and accessible health care is up to the individual. Complying with recommendations and instructions is also up to the individual. Where this plan comes into play is providing adequate health services, availability of healthy food and safe access to locations for physical activity.

Individuals who wish to improve the health of the communities need to show initiative and join community organizations and coalitions to put this plan into action at the community level.

2) Level of evidence that supports the recommendations.

-The plan mentions evidence based practice a great deal. Regarding nutrition education, all Registered Dietitians are educated based on the evidenced based library from the Academy of Nutrition and Dietetics. All recommendations given by ethically practicing RD's come from evidenced based research. Easier access to nutrition education by Registered Dietitians by employing more RD's in the health care and community setting as well as legislation reform allowing for coverage by insurance companies, Medicare and Medicaid of RD visits will increase the number of community members evidence based nutrition education is relayed to.

3) Feasibility of recommended actions and goals.

All of the goals and objectives seem to work towards a common goal but will not be feasibly of the advocacy goal is not reached. Finding community members and organizations as well as health care professionals to work this plan into their practice and their communities is going to be the key factor in seeing the reduction in obesity rates.

4) Where new regulations are proposed, do the benefits outweigh the costs? Do they focus on outcome objectives or process objectives? Could non-regulatory approaches achieve similar outcomes?

Reducing the obesity risk through nutrition education and physical activity will outweigh the health care costs all across America.

5) Are there government policies that have an adverse impact on sound nutrition?

Many of the patients I educate and counsel here at Kenosha Community Health Center obtain their food through the SNAP or WIC programs. I have come to realize those patients and families who use WIC vouchers (WIC places restrictions on which food they can choose, making only low fat/calorie/sugar foods available) choose more appropriate and nutritious foods than those who use the SNAP program which places no restrictions on what food can be purchased. SNAP is the largest USDA food assistance program and provides food assistance for a large portion of the community members who this plan is hoping to target. Placing limitations on which foods are available to purchase through the SNAP program would help guide participants towards healthy food choices.

Pg 5 error in top right section title - "Why is in the Wisconsin nutrition, physical activity and obesity plan important?"

136. Goal 5

Schools should have a staff person dedicated to coordinating wellness activities and a designated school health advisory council.

-Children should have significant access to healthy foods that meet or exceed the nutrition standards outlined in USDA's Child and Adult Care Food Program meal pattern. Programs like Farm to School and the Fresh Fruit and Vegetable Program make this easy.

-Sugar sweetened beverages and energy dense junk food have no place in our schools. Clean, safe drinking water should be abundant in our schools.

-Schools should provide children with at least 60 minutes of physical activity per school day.

137. I am writing on my OWN behalf and not as a representative or spokesperson for either the Marshfield Clinic Research Foundation or the Marshfield Clinic.

Overall, this is a very, very ambitious, comprehensive and focused plan, if not somewhat hampered by this reality: the plan's size, depth and breadth, are very reflective of just how big the seemingly simple three components, nutrition, physical activity and obesity may 'appear'. What I am struck by is that there is a lot of repetition, overlap and that is, possibly, one of the real potential pitfalls of getting all the relevant players to 'get on board' and work together.

Additionally, I would have been more excited about this very general plan had a great many elements been keyed to what is already available in reliable, solid community-based needs/Wisconsin DHS data: Some may have all three, others may have disparities such that focus on say nutritional issues is higher in need than physical activity/obesity issues. I have seen such focused maps from other states, such that marshalling resources and appropriate community and state organizations can or should lead to lots better coordinated, fruitful efforts to effect desired outcomes.

138. I think its beyond time that we start buckleing down not only in our Schools but, at home. We need to start with removing all the bad stuff from Our Nations foods meaning, preservatives, additives, hormones, pesticides, anything added to our foods that it does come with naturally. I think the US Government think we are all dumb and dont see what they are doing to us. Do they honestly believe we dont understand why our children are hitting puberty younger and younger all the time? Or why there are more and more children that are obese in this country? There also needs to be something done with our fast food industry!!! Come On When Are WE GOING TO WAKE UP & STAND UP for ourselves & OUR CHILDREN!?!

139. Sections EC3.1 and EC3.2: It's unclear whether 1 hour per day of teacher led and 1 hour per day of unstructured activity (equalling 2 hours per day) for physical activity would be required based on the amount of time the child is attending (part-day or full-day).

Regarding both the Early Care and Education and the Schools sections,clear and intentional goals for parent education and involvement would be paramount, not only to support the activities going on in the centers/schools, but to extend the potential of a healthy environment to the home.

140. We need to move forward with this plan our children and families can not wait. I like the provisions generally. We can make changes- if needed- but we need to start to implement ASAP.

141. I am a smart, happily married FAT woman with two sons. I Wish the state would focus on Wisconsin's real problem.

Alcoholics, drunk drivers, drug abusers, the high rate of children in fostercare. Why do fat people always get stigmatized? If your crazy enough to think we are not aware of health risks you are sadly mistaken. We don't need to be treated like idiots. I am very fat but have control my diabetes for years with diet, no pills, no shots and have kept it in the normal range. My slender and diabetic cousin is on an insulin pump. People make assumptions about us as children as well. I was an active girl on a farm with average sized brothers and as active as I was I was a fat baby, fat toddler and fat child. Sometimes thing in life are just as they are. It is what it is, I don't believe a fat child needs to go through more hell and be called out more than they are every day of thier lives. Have you researched rates of depression and suicide? My parents never singled me out, made me feel bad, ugly or different and THAT is the difference. I have nothing against getting kids moving in fun activities or teaching them about vegetables, fruits etc but how

many naturally slender children go home, eat the same crap the fat kid does but has the blessing of not gaining the weight? My oldest son eats everything he wants as much as he wants but in very thin, he can sit and play video games, not get out and exercise but that lucky guy doesn't gain a pound. He is away of good foods, not so good foods, exercise etc. Now you would never focus on him I am sure.

I had a taste of your plans years ago when my youngest was 8 and I send him to school with a homemade muffin for his snack. The teacher snatched it away and said it was unhealthy and not allowed BUT let him eat yogert the school had with 36 grams of sugar. When will you learn that because someone looks healthy because they are not obese could be a heavy smoker, a drug user, a boozer, drive drunk, practice risky, unprotected sex or do activites that could put them in danger? I know fat is the easy target because you can see it, give it a rest already and worry about our states embarrassing record on alcoholism and drunk driving. Our real problem and let people live thier lives.

142. I do not have time to make the specific comments requested, however, I am in favor of the overall plan because obesity is a problem in Wisconsin with all age groups. I am pleased that individuals, organizations, communities, etc. will be included in the plan. We need to begin work on this issue as soon as possible.

143. Schools, pages 52-62: Schools have historically taken the lead in community-based leadership. We have an opportunity AND an obligation to take a lead role in helping members of our community make better choices in regards to their health. That is why I support this plan. Knowledge is power, skills attained last a lifetime, what we do now affects many future generations. We have to turn the tide on this obesity epidemic. I call it an epidemic as I have been in education for 30 years and cannot believe the changes (for the worst) I have seen in childhood obesity, as well as the paucity of knowledge about what constitutes a healthy diet. We are 'outgunned' dollar-wise, and advertisement-wise, by the 'junk food' industry. However, we have education as our weapon, and we must prevail. Obesity is going to prove to be the public health crisis of our (shortening) lifetime.

Remembering that the Federal Hot Lunch program was started because of the terrible health (mostly too scrawny!) of inductees for WWII, I believe that now is our time to regain the nutritional AS WELL AS educational function of food service at school and that is to educate for good nutrition. We have to 'talk the talk' and 'walk the walk' in all aspects of our school program-from breakfast to lunch and all food 'opportunities' in between.

If not schools, who? **WE NEED TO MOVE ON MANY FRONTS: NUTRITION, EXERCISE, SKILLS TO COOK WITH, SKILLS TO GROW WITH.**

Children need access to healthy foods. That is why I advocate for such programs as Farm to School, participate in our own school garden program, as well as teaching kids about food in our "Kids in the Kitchen" program. Access to healthy food is paramount, but for the times kids are not in school and having food prepared for them, they need the **SKILLS** to do so themself as well as the **KNOWLEDGE** necessary for making healthy choices.

One of the functions of public education is to transmit knowledge and culture to the next generation. Making healthy choices is, in my opinion, a part of being a good citizen. We

all need to take personal responsibility, yes, but we also need the information and access to healthy choices to make that dictum of 'personal responsibility' mean anything. One cannot point fingers and say "it's their fault they are fat" if we are not giving people the skills, knowledge, and access to make choices to ameliorate the situation.

144. 1. Increase physical activity p.46-51

For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and
- avoiding withholding physical activity as punishment.

2. State child care regulatory agencies should require that child care providers and early child- hood educators practice responsive feeding. For toddlers/preschoolers—provide meals and snacks as part of a daily routine; require adults to sit with and eat the same foods as the children; when serving children from common bowls (family-style service) allow them to serve themselves; when offering foods that are served in units (e.g., sandwiches) provide age- appropriate portions and allow children to determine how much they eat; and reinforce children’s internal cues of hunger and fullness.

3. [Reduce Television Viewing page 88]

Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two–five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two–five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs.

4. healthcare, p.75-80

Child care regulatory agencies should require child care providers to adopt practices that promote age-appropriate sleep durations.

145. As an agency working with victims of trauma including child sexual abuse, domestic violence, child abuse and neglect, chronic mental/physical illness, grief, loss and other traumas, we see eating disorders including obesity as a symptom of untreated trauma for young children as well as adults. We hope that the overall plan is a comprehensive one that includes this special population. Somatic symptoms including obesity and other eating disorders is a special area that must be addressed in addition to the psychological results of trauma.

146. I am commenting on the overall as a whole. I don't see how you plan on addressing health disparities. I want to know how this plan helps to reduce them.



147. As a parent of a toddler and five-year-old, I strongly feel that the plan must STAY AS IT IS and be immediately released to the public. As a Public Health Nurse, I strongly feel that the plan must STAY AS IT IS and be immediately released to the public. Reducing obesity requires a partnership that includes individuals (children and adults), medical professionals, the private and public health sector, and government—all working together.

In particular...

Early Care and Education pages 46-51

1. For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and
- avoiding withholding physical activity as punishment.

[Increase Physical Activity page 87]

2. Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breast-feeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work.

[Increase Breastfeeding page 93]

3. State child care regulatory agencies should require that child care providers and early childhood educators practice responsive feeding. For toddlers/preschoolers—provide meals and snacks as part of a daily routine; require adults to sit with and eat the same foods as the children; when serving children from common bowls (family-style service) allow them to serve themselves; when offering foods that are served in units (e.g., sandwiches) provide age-appropriate portions and allow children to determine how much they eat; and reinforce children's internal cues of hunger and fullness.

4. Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two–five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two–five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs.

[Reduce Television Viewing page 88]

5. Child care regulatory agencies should require child care providers to adopt practices that promote age-appropriate sleep durations.

Source:

<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>

Healthcare pages 75-80

1. The role of the individual and family in the plan. What role should individuals play in their own health? What role should individuals play in improving the health of their communities?

- All individuals clearly need to make informed choices about their health. Parents need to take the leading role, through both modeling behavior and making informed choices about what foods they buy and prepare for their children, encouraging their child to be active, and reinforcing sustainable habits that improve healthy outcomes. However, to be successful parents need to be well-informed and the messages children receive from other sources (e.g. other care providers, schools, the media, and advertising) need to reinforce their efforts;
- Therefore, as the pg. 76 obesity care model notes, the environment and medical system both play a direct role in influencing patient/family self-management that lead to improved health outcomes. We need all these factors to work together so that individuals are informed and provided the support they need to improve their health and the health of their community.

2. Level of evidence that supports the recommendations.

- This comprehensive plan has been thoroughly researched and vetted. Recommendations therefore directly follow the preponderance of evidence.

3. Feasibility of recommended actions and goals.

- Many of the recommendations related to policy and practice changes are very feasible and, with minimal effort, can have a positive impact on children's health. Some recommendations will take more substantive change, but the plan sets reasonable timelines during which these can be accomplished.
- Health section strategies are particularly feasible. Health care providers need to be a part of the obesity prevention solution, in order to lower health costs overall. They recognize that fact, and policies are increasingly allowing providers to be paid accordingly, for preventive and value-based care and counseling.

4. Where new regulations are proposed, do the benefits outweigh the costs? Do they focus on outcome objectives or process objectives? Could non-regulatory approaches achieve similar outcomes?

- The benefits far outweigh the cost, and over the long-term will lower health costs overall. Process objectives in the medical and wider community contribute to positive outcomes for individuals and communities overall. Non-regulatory approaches have not found overarching success. Though we must continue to work in both non-regulatory and regulatory ways to lower rates of obesity in our community – it is critical that we use both for an endemic so large.

5. Are there government policies that have an adverse impact on sound nutrition?

- Policies in the health care system that focus on pay-per-service, and not value, contribute to a system that focuses on acute care, and not prevention. Reimbursing for quality maternity care and breastfeeding supports, BMI best-practice guidelines, and nutrition and physical activity counseling will shift the way in which health providers can

practice – to ensure better health outcomes with regard to obesity. These are policies we should be promoting in public benefit programs, as well as private insurance.

Reduce Sugar-sweetened Beverages Consumption page 92

\* NOTE: Sugar-sweetened beverages refers to all beverages with added sugars including carbonated soft drinks, juice drinks, sports drinks, flavored and enhanced waters, sweetened teas and energy drinks.

1. Sugar-sweetened beverages are a major contributor to childhood obesity. Every additional daily serving of soda increases a child's risk for obesity by 60 percent. Sugar-sweetened beverage consumption in childhood also increases the risk for overweight and obesity in adulthood.
2. Wisconsin spends billions of dollars each year buying beverages that are sold on state property or provided by the state, such as our correctional facilities, state parks, and other state offices. State and local governments should leverage their buying power and be a model for healthy food policy by ensuring that beverages purchased for consumption or sale on state property meet minimum nutrition standards.
3. It has not been by chance that sugar-sweetened beverage consumption has doubled in the U.S. over the last 30 years<sup>1</sup>. The increase was the result of bold and unrelenting marketing campaigns, increases in portion sizes, concerted efforts to keep prices low, and dramatic expansion of product availability. The beverage industry now spends \$500 million annually on marketing campaigns directed at children — more than the marketing budget for any other consumable product.
4. Sugar-sweetened beverage consumption has been a huge contributor to the obesity epidemic. All lines of scientific evidence indicate a strong link between sugar-sweetened beverage consumption and obesity. 43 percent of the increase in daily calories Americans consumed between 1977 and 2001 came from sugar-sweetened beverages alone. Because calories in liquid form do not trigger the same sensation of fullness as solid foods, the calories we drink add to those we eat rather than replacing them. Adults who drink a soda or more daily are 27% more likely to be overweight or obese, regardless of income or ethnicity.
5. Disparities in sugar-sweetened beverage consumption. Latinos and African-Americans are more likely to consume sugar-sweetened beverages on a daily basis compared to whites. This disparity is influenced by a lack of grocery stores, a high prevalence of convenience stores, and the low cost of sugar-sweetened beverages compared to healthier beverages in many predominantly Latino and African American communities, along with a long history of soda marketing that targets these communities.

Source: <http://www.kickthecan.info/fact-sheets-0> via <http://www.publichealthadvocacy.org/>

148. The draft plan does an effective job of stating the need for a comprehensive plan to prevent and manage obesity in Wisconsin. The plan clearly demonstrates the importance role that all stakeholders play in the state, including individual citizens who must do their part to promote their own health and wellness. While the report offers a good amount of useful information, a significant omission is that the plan does not specifically speak to the link between individuals with disabilities and obesity. National organizations

including the Centers for Disease Control and Prevention and the Office of the Surgeon General, have documented the fact that individuals with disabilities are a population group that is experiencing health disparities at rates similar or greater than rates for other low income and racial minority groups. State organizations have also spoken out on this, with a significant point being made in the State Health Plan - Healthiest Wisconsin 2020, that health disparity between people with and without disabilities is now part of its focus. With regard to obesity specifically, staff of the Wisconsin Division of Public Health recently reported in their “draft-working papers” that a significantly higher percentage of adults with disabilities are obese when compared to adults without a disability (36% to 25%). The differences are significant in both older (37% v 26%) and younger age groups (33% and 20%). Public Health staff also report that adults with a disability are less likely to report any physical activity in the past 30 days (67% versus 79%). Lack of physical activity is a major contributor to obesity and it is important to note that conditions related to disability do not necessarily prohibit exercise of some sort. (Office of Health Informatics and Bureau of Community Health Promotion, Division of Public Health, Department of Health Services. “Draft Working Papers: Health and Disability in Wisconsin-Estimates from Three Population-based Surveys.” 6/12/12.) For all of these reasons, I recommend that the draft plan be amended to include wording that encourages greater data collection and analysis to document the health status of those with disabilities and the underlying factors that contributes to that obesity. Wording should also be included that speaks to specific action steps that could be taken to reduce obesity rates of those with disabilities in the state. These action steps could be developed with current staff of the Division of Public Health and representatives of disability groups throughout the state.

#### 149. Wisconsin Public Health Association’s Input on 2012-2020 Nutrition, Physical Activity and Obesity Plan

The Wisconsin Nutrition, Physical Activity & Obesity State Plan (State Plan) is a powerful tool for diverse stakeholder to use in fighting obesity in Wisconsin. The Wisconsin Public Health Association (WPHA) has been one such stakeholder as we represent a diverse public health workforce in this state.

We strongly welcome the focus on policy, environmental and systems change. We are also encouraged by the use of an ecological model, where socioeconomic factors are the base (based on the figure on page 5 of the plan). Although it is not explicitly stated in the plan, these socioeconomic factors are the strongest, most powerful influencers of health, and obesity specifically. The evidence has been building over the last few decades that communities with lower socioeconomic levels are also the ones who suffer highest levels of obesity. It is not a coincidence that the lowest socioeconomic communities, with the highest rates of obesity are most often communities of color. To extrapolate this further, addressing obesity in such communities through individual level interventions (clinical, counseling and education) will not be enough. The problem of obesity in lower socioeconomic communities is not a simple one and there is no silver bullet solution. It requires analysis from a historic, context-driven, system perspective. Once this perspective is taken, one will see that the solutions lie in the realm of dealing with issues

such as poverty and racism, as opposed to individual interventions to improve nutrition and increase physical activity.

We see that this plan has made some efforts to include the vantage point of equity and we applaud this. We recommend to take this a step further and weave principles of equity into every goal, objective and outcome throughout the plan.

Furthermore, in addition to a policy focus to improve the nutrition and physical environment landscape, we recommend the incorporation of social and economic policy and advocacy – as we know that socioeconomic factors have the largest impact on obesity.

Finally, we believe that for the implementation of this plan to be successful and sustainable, there must be commitment on two levels. First, there must be an effort to meaningfully involve the community perspective, especially low socioeconomic communities which suffer the worst rates of obesity. Unfortunately, agency level interventions are historically unsuccessful in reaching their goals without community buy-in and participation. Second, there must be a funding commitment. The efforts to involve communities in policy, environmental and systems change are resource heavy. Only with the right level of committed funding will we see the accomplishment of the plan's goal – lower levels of obesity.

We commend the writers of the plan for considering these factors and strongly support the implementation of this plan with the suggestions stated above. We would like the Wisconsin Division of Health to consider the WPHA as a partner in these efforts to improve health in the state of Wisconsin.

150. Overall: The State Plan is an important resource for coordinating efforts and continuing to build an infrastructure for evidence based, statewide work to combat the obesity epidemic.

Early Care and Education: (pages 46-51): Research reveals that focusing on physical activity in children before the age of 5 promotes life-long healthy habits. Regularly active children are much more likely to maintain a healthy weight and less likely to develop illnesses such as Type 2 diabetes, cancers and other chronic diseases.

Healthcare (pages 75-80): Healthcare systems need to work together to focus on prevention by providing routine screenings and making referrals to nutritionists and physical activity resources in their communities.

Worksites (pages 81-84) Common sense would suggest that healthy employees yield better results for employers. Workplace strategies to improve employee health make good sense.

Active Community Environments (pages 63-66) Community bike paths and pedestrian walk ways are vital for promoting healthy citizens. Research has shown that people who have parks or recreational facilities nearby exercise 38% more than those who do not have easy access.

Nutrition Environment (pages 67-74) We should strive to make the healthy choice the easiest and most accessible by increasing access to and affordability of fruits and

vegetables in a variety of settings - restaurants, grocery stores, farmers' markets, gardens, and food pantries.

Schools: Educational environments should encourage healthy choices including increased opportunities for physical activity and better nutrition. Farm to School programs foster healthy kids, fight obesity, provide our farmers with new markets, and revitalize local economies.

What can I do (pages 85 - 93) This plan provides needed guidance to encourage individuals, providers, schools, worksites and policymakers to take an active role in fighting obesity and preventing chronic disease. We must work together and promote healthier lifestyles at all levels through a coordinated well planned effort.

151. I would like to see fresh fruit and pure fruit juices available to children as part of their lunch and breakfast programs at school. As it sits now, even if children want to make a healthy lunch choice, they may have to pay extra for these items.

152. If your ambitious plan is going to succeed in the elementary schools you need to consider offering funding dollars to schools to increase physical education time with a certified physical education teacher; otherwise districts will simply count recess as additional time or increase class sizes without keeping a workable pupil-teacher ratio. A number of district initiatives have been implemented at our district over the years to elevate our instruction from "gym" time to "physical education." These initiatives notably include a 20 year all-district Jump Rope For Heart Event and a currently successful 38 year all-city Track and Field Wellness Day. There was also participation in a DPI Standards writing committee, a presentation at the state school boards association convention, a developing a jump rope for heart demonstration team with the heart association to 'pay it forward' to schools in the state. Given all this proactive effort, each time we approached our administration to increase our weekly contact from the limited structure of two twenty-five classes per week to even two thirty minute periods we were told there was no funding. Your plan is 'spot on' but I suspect our district would 'opt out' if there is no funding component to increase instructional staff and contact time with students. Thank You.

153. Schools: School is often one of the only places for children to get healthy guidelines. Often times their home life is not a healthy lifestyle. It is very important to incorporate healthy eating along with activity in all WI schools. I really like the idea of having a PE checklist that all schools need to obey by. I have children in the Oshkosh School District and my biggest concern is not having gym class all year. They only have gym for one semester. Some children may not get any other form of activity, so gym class should be all year round for all schools in WI. This would help get children to be active. Also sports should be promoted more. It seems as though sports are the first thing looked at when making budget cuts. This will only harm students. School is also a good place to really tune in on building self esteem, which will make children want to make better health choices.

Community Nutrition Environment: Farmers markets are great! There should be more perks and rewards for shopping at local farmers markets. Maybe there could be coupons or

drawings to help encourage people to shop local farmers markets. Also, I think there should be more marketing on fresh produce at local grocery stores.

HealthCare: I think education patients that are at risk is a great way to educate people. Often times people need the extra education to help make them make better choices. I think more health seminars and classes should be offered to the public. Often times people are simply not educated in how to make better choices.

Increase Nutrition and Physical Activity Infrastructure: I agree that workplace, schools and local clubs should all work together. There should be more activities for families to do together that promotes a healthy lifestyle. We need to figure out how to get people out that would not normally do these types of events. Often times healthy people are the ones showing up for physical events. That is great, but we need to encourage all people to get active and encourage families to get active together. When children see their parents being active, they will follow.

#### 154. Overall state plan - Intro & Background (page 1-45)

These comments have been compiled by a group of UW-Extension Family Living Specialists who provide leadership for Extension food, nutrition and health education programs and partnership activities statewide. UW-Extension Family Living Programs respond to community needs with research-based education and partnerships that support Wisconsin families and communities. Our food, nutrition and health programs promote healthy, well-nourished families as they learn to manage food dollars, plan nutritious meals, and purchase, prepare, and serve food that is safe to eat.

Poor health outcomes, such as cardiovascular disease, type 2 diabetes, and some types of cancer have increased in tandem with dramatic increases in the rates of overweight and obesity (Dietary Guidelines for Americans 2010, page 55). As stated in the Dietary Guidelines for Americans, environmental settings play an important role in helping or hindering the ability of individuals to make healthy decisions about food and physical activity. Thus, the opportunity for health begins in our families, neighborhoods, schools and worksites. Individual behavior is dependent upon the ability to positively react to the environment that surrounds us, including access and availability of healthy, affordable food and opportunities for physical activity. Not all Wisconsinites have the same chance to live a healthy life. Not only are low-income individuals and people of color disproportionately affected by diet-related disease, they may have fewer opportunities to make healthier choices in the communities in which they live, learn, work, and play.

Obesity and nutrition related diseases are complex issues with system-wide implications. To effectively make strides in preventing and reducing rates of obesity, a comprehensive strategy involving partners from all sectors is imperative. Staff at DHS primarily wrote the State Plan with national guidance from the CDC, and statewide partners have reviewed the plan in a collaborative manner. As an institution, Cooperative Extension implements the Wisconsin Nutrition Education Program (SNAP-Ed and EFNEP), and other community-based educational programs to promote healthy eating and prevent

obesity. We have been a long-time partner of DHS and other agencies with health and nutrition programs at the state and local-level and we support the strategic directions outlined in the State Plan as written.

### Goals, Strategies, and Objectives

#### Infrastructure

I1: Training and technical assistance in evidence based approaches to support nutrition, physical activity, coalition and partnership building are important and valid components of the State Plan. Coordinated efforts and resource allocations are imperative in order to create sustainable impacts on individual behavior through strategies supporting systems, policy, and environmental change.

I2: The opportunity for health begins in our families, neighborhoods, schools, and jobs. Support for community coalitions and local partnerships of key stakeholders representing each of these target areas is critical to planning and implementing effective research-based intervention strategies. Cooperative Extension educators participate in and co-lead many local nutrition and physical activity coalitions in the state alongside local departments of health. Our educators continuously remind us of the importance to build capacity at the community level for effective group work, assessing community strengths, needs, and issues, and program planning and evaluation – all of which are actions supported by the State Plan. We also applaud the Plan’s emphasis on involvement of low-income, culturally diverse, and traditional underserved populations in programs to improve health and reduce disparities at a local and population level.

I3: Cooperative Extension State Specialists and County Educators have participated in leadership roles and as members of WI PAN since its inception in 1999. WI PAN provides an important space for networking and resource sharing, as well as strengthening bridges between academia and community led efforts. These activities have enabled communities to attract public and private grant funds that have helped communities stretch their limited resources in addressing priority issues. WI PAN’s coordination functions have also been helpful in avoiding unnecessary duplication of efforts and making the most of existing support. We encourage maintaining and strengthening WI PAN and we look forward to continuing our collaborations with WI PAN and contributing to achieving collective impact in nutrition, physical activity, and obesity programming.

I4: Developing consistent and effective messages to influence and support individual perceptions, attitudes, beliefs, and self-efficacy towards behavior change is a critical component of improving nutrition and physical activity indicators. Consistent research and evidence-based messages delivered by all partners will help contribute to positive shifts in social and cultural norms and further ensure sustainability of State Plan efforts.

#### Advocacy

Educating stakeholders and community partners on best-practice and evidence-based approaches to support nutrition and physical activity can build awareness, knowledge, and importance of programs, tools, and resources for obesity prevention. As mentioned



previously in the State Plan, Health Impact Assessments are an important contribution to evaluating how proposed policies will impact health and nutrition of all Wisconsinites.

#### Surveillance & Evaluation

Sound monitoring and evaluation practices of obesity prevention efforts are critical to informing the progress of the efforts outlined in the State Plan. Process and impact objectives are necessary and appropriate measurable components of the state program plan in order to capture activities, and short-term impact (i.e. community garden was implemented, reaching 200 community residents). Outcome objectives (i.e. change in BMI or weight status, likely to occur at the population level over 5-10 years) are much more difficult to measure due to the long-term implications of programs. This further reinforces the need to establish sound statewide surveillance efforts. While coordinating efforts among partners for sharing data and other types of evidence may be a challenging task, particularly given differences in funding accountability and organization structure, it is an important step to establishing collective action in obesity prevention in Wisconsin. Coordinated systems for surveillance and evaluation efforts should be designed and implemented collectively by partners.

#### Early Care & Education, pages 46-51

The first five years of a child's life is a critical period of development. Studies consistently report that ensuring sound nutrition from birth up until a child's fifth birthday is a cost effective intervention that will have life-long implications. Nearly 30% of 2-4 year olds participating in the WIC program are overweight or obese, and these WIC children are also at a greater risk for living in food-insecure households, meaning they lack stable access to healthy and affordable foods.

Not all families have the same opportunities to be as healthy as others. For families disproportionately affected by negative health outcomes, policies and environmental interventions that support nutritional quality of food and physical activity opportunities at all early care and education settings, including group and family child care centers and Head Start, build upon the positive outcomes of family-based interventions such as those implemented by Cooperative Extension.

The American Academy of Pediatrics recommends exclusive breastfeeding up until 6 months, followed by extended breastfeeding up to 1-year and beyond. Research continuously has linked breastfeeding to a number of improved health outcomes, including reduced risk for obesity and other diet-related diseases. According to the Centers for Disease Control and Prevention (CDC), policies and environmental interventions designed to support and encourage breastfeeding may be among the most cost effective measures for promoting population health over the short and long-term (see [http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding\\_r2p.pdf](http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf)).

#### Schools, pages 52-62

We fully support the State Plan's recommendations to strengthen and develop supportive policies and infrastructure for improved school nutrition environment and nutrition education. One in five children in WI is living in poverty (2010 US Census Bureau). And

nationally, households with children experience food insecurity at almost twice the rate of those without children (USDA ERS). Many of these children are dependent on school meals (breakfast and lunch) to meet their daily nutritional needs. During the 2010-2011 school year, there were over 125,000 free and reduced priced qualifying students eating breakfast and almost 300,000 eating lunch daily (FRAC School Breakfast Score Card, Jan 2012). Low-income is both a risk factor for obesity and food insecurity, making the nutritional quality of all food provided in school (vending machines, a la carte, other competitive foods, etc) a critical opportunity to influence child health.

Strategy S3 to increase access to fresh fruits and vegetables for school-age children is a win-win for combating hunger and preventing obesity. Farm to school programs have shown to increase student participation in school meal programs which means more money coming into schools, improved student dietary behavior, and increased knowledge, skills, and attitudes and beliefs of food production and nutrition education. A gap in training and technical assistance for school administrators, school food service directors, and farmers interested in implementing farm to school exists in WI. We support the recommendations to continue support for existing resources and training to expand WI's farm to school programs so more schools can participate and to make the current programs more comprehensive.

We endorse the recommendation to increase the state match for school reimbursement rates for breakfast and lunch. School meals provide an important nutrition safety net for children qualifying for free and reduced-price meals. Children who eat breakfast, are more alert, have better attendance, improved memory, and improved educational outcomes including math scores and reading ability (Impact of school breakfast on children's health and learning, Nov 2008). And, increases to the reimbursement rate will further support the implementation of improvements to the nutritional quality of meals served in school as outlined in the 2010 Healthy, Hunger-Free Kids Act.

Strategy S5 supports recommendations set forth by the CDC and Institutes of Medicine to reduce access to sugar sweetened beverages among youth and is aligned with the Dietary Guidelines for Americans 2010 recommendation to reduce calories from added sugars. Sugar sweetened beverages are the largest source of added sugars in the diet of U.S. youth – a factor potentially contributing to obesity among youth (NYPANS 2010). A recent study by Robert Wood Johnson Foundation and Pew Health Trust as part of the Kids' Safe and Health Foods Project as part of a health impact assessment on competitive foods sold in schools concluded that “stronger policies implemented on snacks, beverages, and a la carte items led to increased revenues due to participation in school meal programs in most cases.” (June 2012)

Physical activity has been shown to be an important part of a child's day not only for balancing caloric intake and reducing risk for obesity and chronic disease, but also is supported by research suggesting improvements in academic achievement. Schools are an important place for children to obtain opportunities for physical activity and can further support the built community environment and strategies outlined in goal CA-3. We fully

support the recommended strategies outlined in goal S-7 to create more opportunities for kids to be active every day.

#### Community Physical Activity Environment, pages 63-66

We applaud this goal's recommendations for community-based initiatives that provide opportunities for Wisconsinites to be physically active year-round. Strategy CA-3 to increase access to public or community facilities for physical activity is of particular importance since access to well-managed and safe facilities is a vital need of many Wisconsin families. The needs are particularly great for families in remote areas, families in neighborhoods where crime and safety issues limit opportunities for physical activity, and families that cannot afford fees that are commonly associated with team sports and athletic facilities.

A sound body of research supports strategy CA-3. The Dietary Guidelines for Americans 2010 states "strong evidence supports that regular participation in physical activity helps people maintain a healthy weight and prevent excess weight gain." We therefore recommend that this strategy be expanded to include specific mention of support for physical activity in non-school programs such as after-school activities, summer day camps, community gardens, and recreational classes as well as schools and day care settings that are covered in other sections of the Plan.

#### Community Nutrition Environment, pages 67-74

We support goal 7's strategies for improvements in our food environment. Low-income and food insecure populations are disproportionately affected by diet-related diseases, and also have limited access and availability of healthy, affordable, culturally appropriate and safe foods. Issues of transportation in rural communities, combined with rising housing costs, medical expenses, home energy costs (i.e. heating), and other competing expenses result in shrinking household budgets allocated to food expenditures. A growing body of literature suggests that the presence of unhealthy food outlets (fast food, convenience stores, etc) may be just as important as increasing the availability of food outlets offering a wide array of affordable healthy foods. Nutrition education and incentives to purchase healthier food items and deter from unhealthy food choices is therefore critical.

Strategy CN-1 to increase access to and affordability of fruits and vegetables is important for growing community and regional food systems, supporting local economies, and building supply and demand for fruits and vegetables. Secondary strategies to reach equity in underserved audiences, such as use of electronic benefits transfers to accept Food Share (SNAP) and WIC, creating mobile markets to reach those limited by transportation barriers, supporting farm to school programs in school districts with a large proportion of children receiving free and reduced price meals, and developing zoning policies to preserve and increase use of land for community gardens, are important elements to achieving health equity.

Recent research concluded that fast food places are the biggest source of food consumed away from home, followed by restaurants with table service. Foods eaten away from

home have more total fat, saturated fat, sodium and cholesterol per 1,000 calories and less calcium, fiber and iron than foods eaten at home (Lin BH, 2012. Amber Waves). As nutrition educators, we therefore support the promotion of nutrition education messages and policies as outlined in strategy CN-3 in an effort to help consumers make informed decisions about the foods they eat when away from home.

The benefits of supporting breastfeeding interventions have already been addressed in comments to goal 4. We add that peer counseling, particularly for low-income mothers is a critical component to promoting nutrition equity, and applaud the suggestions to expand coverage of WIC peer counseling program and integrate breastfeeding support to home visiting and post-partum care programs.

#### Healthcare, pages 75-80

Healthcare practitioners are vital partners in promoting healthy nutrition and active lifestyles of their patients and other community members. As mentioned in our comments on Goal 04, there is an extensive body of research supporting the importance of breastfeeding as a vitally important practice to provide optimal nutrition for infants and start them on the best path for reducing their risk of obesity. Many of our family-centered educational programs support and encourage breastfeeding and we are pleased to note that the new state nutrition and physical activity plan encourages healthcare support for breastfeeding. As noted above, UW-Extension's county-based educators are active members and leaders in many local health/nutrition coalitions and we appreciate the plan's call for stronger partnerships and cooperation between community-based coalitions and local health care experts.

#### Worksites, pages 81-84

Many workers, especially workers from low-income families, are strapped for time to devote to physical activity. Their food choices for much of the day are often limited by the food available in vending machines and cafeterias where they work. For example, workers that have manufacturing positions often cannot leave the premises to eat lunch, may only have 30 minutes to eat, and if healthy choices are not provided, they do not have to opportunity to make that choice. In addition, breastfeeding choices of young mothers are often affected by whether they work in "breastfeeding-friendly" worksites. For these reasons, we are pleased that the state's newest plan for nutrition and physical activity includes a number of strategies that promote nutritious food choices, physical activity provisions, educational classes, and breastfeeding accommodations at all types of worksites.

155. Overall State Plan-I have skimmed over the State plan and feel very encouraged that this is becoming a stronger focus for our state!

#### 156. Schools section, page 56:

- The provision of funding to school food service directors and farmers to work on addressing barriers associated with implementing Farm to School is key. We know that schools report a 3-16% increase in meal participation when farm-fresh food is served. Thus, Farm to School programs bring in more funds for schools. They help communities by keeping money in the local economy, as well as by providing local farmers with a

stable market. Most importantly, Farm to School provides children with access to fresh fruits and vegetables that they may not have access to at home. The interest in and support for Farm to School across the state is large; lack of funding for such programs is the barrier that must be addressed. With adequate funding, more schools will be in the position to apply for and implement Farm to School programs.

Front Cover:

- When I opened the Wisconsin Nutrition, Physical Activity and Obesity State Plan (draft), the first image that caught my eye was the couple on bicycles. What stood out to me was the lack of bicycle helmets. Since this plan promotes physical activity, I think that public safety should be promoted as well.

157. Comments on Draft of the 2012-2020 Wisconsin Nutrition, Physical Activity and Obesity State Plan

The Wisconsin Beverage Association (WBA) appreciates the opportunity to comment on the draft of the 2012-2020 Wisconsin Nutrition, Physical Activity and Obesity State Plan. Reducing or preventing obesity is not only an admirable goal, but it is an achievable one which is supported by our industry. Our commitment to reducing obesity shows through our product innovation, as well as our voluntary policies and programs. We appreciate the opportunity to provide the following comments on plan goals related to beverage products.

With regard to the general goal of reducing sugar-sweetened beverage consumption, there are some key data points that are critically important.

- First, the contribution of sugar-sweetened beverages to the diet must be put in context. According to government data contained in the 2010 Dietary Guidelines for Americans, sugar-sweetened beverages account for only 7 percent of the calories in the average American's diet; that means that 93 percent come from other foods and beverages. Thus, focusing on one source of calories fails to look at the bigger picture.
- Even so, the non-alcoholic beverage industry continues to innovate, providing more no- and low-calorie and smaller-portion beverages from which consumers can choose.
  - o In fact, from 1999-2010, full-calorie soda sales have declined 12.5 percent.
  - o And since 1998, the innovation of more low- and no-calorie choices has helped drive a 23 percent reduction in the average calories per serving, according to Beverage Marketing Corporation, a leading analyst of industry sales data.

#### SCHOOL ENVIRONMENT

The state plan incorrectly states that "sugar sweetened beverage consumption remains prevalent" in schools. The related statistic that 73% of middle and high schools offer sugar-sweetened beverages is also incorrect. In fact, the hard work of removing regular soda from middle and high schools has already been completed.

- Since 2004, beverage companies cut total beverage calories shipped to schools by 88 percent by delivering on its national SCHOOL BEVERAGE GUIDELINES.

- Under the voluntary guidelines, only 100 percent juice, low-fat milk and bottled water are allowed in elementary and middle schools. Diet beverages and calorie-capped sports drinks, flavored waters and teas are added in high schools. No full-calorie sodas are allowed under the Guidelines and there are limits on portion size and calorie count. We know there is overwhelming compliance with the Guidelines among beverage companies in Wisconsin and nationally.

#### School Beverage Guidelines

##### • ELEMENTARY SCHOOL

- Bottled water
- Up to 8 ounce servings of milk\*\* and 100 percent juice\*
  - o Low fat and non fat regular and flavored milk\*\* with up to 150 calories/8 ounces
  - o 100 percent juice\* with no added sweeteners and up to 120 calories/8 ounces

##### MIDDLE SCHOOL

- Same as elementary school, except juice and milk may be sold in 10 ounce servings\*\*\*

##### HIGH SCHOOL

- Bottled water
- No- or low-calorie beverages with up to 10 calories/8 ounces
- Up to 12 ounce servings of milk\*\*, 100 percent juice\*, and certain other drinks
  - o Low fat and non fat regular and flavored milk with up to 150 calories/8 ounces\*\*
  - o 100 percent juice\* with no added sweeteners and up to 120 calories/8 ounces
  - o Other drinks with no more than 66 calories/8 ounces (e.g., light juices, sports drinks and enhanced waters)
- At least 50 percent of non-milk beverages must be water and no or low calorie options
  - \*100 percent juice that contains at least 10 percent of the recommended daily value for three or more vitamins and minerals.

\*\*Milk includes nutritionally equivalent milk alternatives (per USDA).

\*\*\*As a practical matter, if middle and high school students have shared access to areas on a common campus or in common buildings, then the school community has the option to adopt the high school standard.

With respect to suggested CDC policies in the school environment, the beverage industry supports the plan's recommended implementation of portions of the "Healthy, Hunger-Free Kids Act." The U.S. Department of Agriculture is expected to soon issue a proposed rule on what foods and beverages will be allowed under federal competitive foods regulations. The "Healthy, Hunger-Free Kids Act" stipulates that USDA look at existing standards, such as our industry's guidelines. When it comes to school nutrition standards, our industry was committed to passage of the "Healthy, Hunger-Free Kids Act." We worked alongside Members of Congress, as well as a broad coalition of public health and education groups – including the Center for Science in the Public Interest - and others in the food and beverage industry, to help passage of the bill.

With respect to advertising in schools, our industry has a longstanding commitment to responsible advertising and marketing practices. We are delivering on our commitment to advertise only water, juice and milk during programming with an audience comprised primarily of children under age 12. Also, as the product mix has changed in schools so has there been a change in vending fronts to promote the low and no-calorie beverage choices offered.

#### COMMUNITY NUTRITION

With respect to plan goals around labeling and marketing, our industry has a longstanding commitment to the health of our nation, and we are providing consumers with more information so they can make the choice that is best for them and their families. We announced our “Clear on Calories” initiative in early 2010 in support of First Lady Michelle Obama’s “Let’s Move!” campaign to end childhood obesity in a generation. We are placing total calories on the front of all bottles and cans up to and including 20 ounces so consumers know exactly how many calories are in the beverage before making a purchase. For packaging larger than 20 ounces, the labels provide calories per serving.

With our Clear on Calories initiative, we committed to placing calorie counts on fountain and vending machines. However, this effort overlapped with passage of healthcare reform. Specifically, FDA has been directed to propose regulations on calorie labeling for menus and menu boards (including beverages and self-serve fountain machines), as well as calorie labeling for vending machines. To ensure compliance with the pending regulations, we are now working within the regulatory process.

With respect to goals surrounding increased access to healthful alternatives and smaller portion sizes, through innovation, our companies have broadened their product portfolio, offering beverages in a wide variety of type, portion size and calories. These innovations are evident on store shelves and in vending machines throughout our communities.

The broad choices in beverage type include soft drinks, ready-to-drink teas, water, sports drinks, flavored and enhanced waters, juices, energy drinks and more. The new choices include an ever-increasing selection of low- and no-calorie beverage choices, as well as mid-calorie beverages. The innovation pipeline continues as our companies remain engaged in developing even more beverage options to fit the ways people live. Delivering a range of portion sizes is another way to help individuals and parents choose beverages that are right for them and their families. Soft drinks and other beverages packaged for individuals are now available in portion sizes ranging from 20-ounce bottles to 7.5-ounce cans, with several options in between. In schools, the beverage industry is providing many beverages – from low- and no-calorie sodas to sports drinks to juices – in smaller portion sizes. This shift to smaller-portion options is also part of the industry’s national School Beverage Guidelines.

#### SUSTAINABILITY - TAXES

We take issue with the plan’s claim that “public polling has indicated that the majority of Wisconsin residents support funding for obesity prevention, both generally and when asked about specific strategies like Farm-to-School programs, joint use agreements and a

tax on sweetened beverages.” This statement is contrary to the results of focus group testing conducted by the Department of Health Services (DHS) Chronic Disease Policy Advisory Group in 2010. As reported in 2011, DHS testing revealed that “many think obesity is an individual responsibility”. The testing showed that the public believes that programs to prevent obesity aren't necessary—everyone just needs to make better decisions. Indeed, beverage industry initiatives and product innovation are geared toward giving consumers more information and choices so they can make better decisions. The significant progress that has been made by the beverage industry has been achieved voluntarily and without discriminatory beverage taxes.

Not only are citizens sending a consistent, resounding message that they are able to make their own decisions about what to eat or drink without government help, but they are also against discriminatory beverage taxes. In 2010, beverage taxes were proposed in 23 states and cities; in the end, all but one failed. Americans don't support soft drink taxes, don't believe they'll reduce obesity and don't trust these taxes will go to pay for childhood obesity programs.

- Rasmussen Poll, April 2011: Some 59% of Americans oppose taxes on soda and only 32% favor the idea.
- Rasmussen Poll, March 2010: 86% of Americans say government shouldn't determine what we eat or drink; 56% oppose sin taxes on junk food and soda; 60% think sin taxes are unlikely to reduce obesity. And 73% believe state and national politicians who support taxes on soda and junk food are more interested in raising additional money for the government than public health.
- Adweek/Harris Poll, June 2010: 56% of Americans are opposed to a tax on soft drinks.
- Marist Poll for Wall Street Journal, June 2010: 63% of New Yorkers opposed their governor's proposed tax on sugar-sweetened beverages.

Our companies are also making a meaningful difference for families and individuals in our communities. In Wisconsin, the beverage industry and its employees generously contribute to charitable causes across the state, including \$11.4 million last year alone. This summer, we are proud to be working with the United Neighborhood Centers for Milwaukee and the Medical College of Wisconsin on “Growing Your Future” A Curriculum for Initiating Personal & Community Change”, a summer program in Milwaukee. “Growing Your Future” will provide inner-city adolescent participants the tools to develop a productive future orientation. Through the use of local community gardens as the setting and outdoor classroom, participating adolescents aged 13-17 will grow produce and develop strategies for marketing and selling their products. The participants will also learn the value of nutrition, physical activity, and business and job readiness skill development that they can apply in their own lives and share with others. Milwaukee area bottlers from Coca-Cola, Dr. Pepper Snapple, and Pepsi will be actively involved with five UNCOM neighborhood centers, including acting as youth mentors on the business skills component of the educational curriculum. Through our funding support and direct hands-on involvement in “Growing Your Future” the WBA is part of a larger community-based initiative focused on childhood obesity— the Milwaukee Childhood Obesity Prevention Project (MCOPP).



In closing, the beverage industry in Wisconsin and nationally will continue to do our part to help prevent or address obesity whether individually or in partnership with community stakeholders throughout Wisconsin. We appreciate the opportunity to provide comments and for your consideration. For more information please visit <http://www.ameribev.org>

158. The Wisconsin Health Freedom Coalition has serious concerns over this policy

#1: Mentioned on almost every page

The use of the term “evidence-based or practice based” is controversial and limiting. The current question is “whose evidence are we talking about”? The expansive amount of information on weight loss and nutrition has passed up the conventional medical model long ago. The conventional, medical evidence-based practices have not been successful at preventing or minimizing obesity. Rather their approach has provided expensive interventions. The WI plan wisely looks at the entire framework of a person’s life in order to assess how to promote healthy living. There are many more effective options for healthy living than the evidenced-based practices have to offer. We must protect all options and freedom of speech and not limit ourselves to conventional “evidenced-based” options.

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#2: Pages 4, 5, 6, 13, 22, 27, 29, 30, 31, 32, 33, 34, 38, 43, 80, 95, 96, 97, 99, 96, 97, 99, 102, 113, 117, 119

Effective people interventions should not be needed if a Plan is in place that provides an environment for healthy living. Intervening in people’s private lives and choices is controversial. If interventions include indirect policy interventions such as banning soda machines at a school or providing organic food in schools like Italy, then those are policy interventions as opposed to people interventions. Policies that limit advertising of toxic chemicals or availability of them in foods is preferable to policies limiting access to real food. For example, all people should have access to raw, wholesome foods from local producers. Is that an intervention? No, that is a policy empowering people to make healthful choices. Increasing accessible affordable options is a good way to begin prevention.

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#3: Page 4

Political Support: The plan outlines effective strategies for communicating evidence-based obesity prevention strategies, interventions, and policies with key decision-makers or policymakers at the state, community, and organizational levels. However, when a government decides that it will promote one group’s evidence over another’s then we see a danger in a government-supported monopoly potential and a threat to personal freedoms. Rather, we should be supporting massive information distribution about the problem and access to as many options as possible to address the problem. If the government starts promoting options that have financial strings attached-- for example, everyone should go to a Dietitian, and then the Dietitians gain the market share on nutrition information. That is not good and can cause more obesity. Rather, the

government should support all options and educate about the dangers of obesity and encourage consumers to empower themselves to make healthful choices.

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#4: Pages 4, 8, 14, 15, 21, 22, 24, 26, 27, 41, 42, 43, 45, 80, 102, 103, 114, 115, 119, 120  
Surveillance and Evaluation: The plan outlines effective strategies for developing indicators and methods, and engaging partners for collecting the surveillance and evaluation data to monitor and further progress in preventing obesity. Any plan that involves surveillance should also be expounding on patient and people privacy. Whose data is collected? What kinds of data are collected? How does the data affect privacy? What kinds of parameters for privacy are being suggested? The document uses the word “surveillance” quite freely when this country is filled with consumers worried about their privacy and ability to protect their own autonomy.

As far as surveillance and data mining, Scalia’s concurring opinion in *US v Jones* says it all, government data mining is seizure under the Fourth Amendment and as such a violation of due process.

The Fourth Amendment protects the: “...right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures.” Here, the Government’s physical intrusion on an “effect” for the purpose of obtaining information constitutes a “search.” This type of encroachment on an area enumerated in the Amendment would have been considered a search within the meaning of the Amendment at the time it was adopted. Pp. 3–4. *US v Jones* No. 10-1259 (2012)

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#5: Pages 4, 44, 96

New evidence is mentioned in the Program Improvement plan section. This is a good example of how important it is to keep all options open and those being freely used so that new evidence can emerge and be shared with the larger community. Conventional protocols need to be closely monitored for tendencies towards financial gain and monopolistic leanings. Keeping all ideas and options open for healthful living is important. Support for the Wisconsin Health Freedom Coalitions' work is essential in opening up options to solve the larger problems of health in our country.

159. Overall Plan: This Plan is excellent and comprehensive. The key to its success will be resources and individuals or organizations to ensure the work gets done. Specifically in the area of advocacy, an identified leader(s) will be needed to build coalitions, drive policy discussions and ensure change occurs. If this element is not sustained, WI will have a patch work of local efforts taking place but not statewide policy change.

Schools: The strategies are very good. Would the group consider stronger language on removing all unhealthy sugar drinks from schools - period?

Health Care: Stronger language that links what health care systems are doing to overall community or school efforts would be good. Facilitation of these partnerships may be needed.

160. Overall

I think the plan is very well done and comprehensive. Obesity is a tremendous burden in Wisconsin and I think we need to take steps to protect our residents. I think there has been success with statewide plans in the past, but I am a little concerned that there may be a lack of centralized structure for this plan and no funding.

Schools section, page 54

Our school has a wellness coordinator (myself - I am a contracted 5 hour a week nurse in the district). We have a policy which is very basic and a committee which meets sporadically. Schools need funding and support to carry out wellness activities. We do not allow sugar sweetened beverages during the school day. Students need access to water throughout the day. We will be working to implement the changes to the school lunch program. These are positive steps, but little schools could benefit from some of the farm to school type programs available in larger districts. Funding for phy ed needs to be available. The minimums do not comply with the recommended 60 minutes of activity (even when recess is counted). I would like to have a program for structured recess in our school.

161. Early Care and Education pp46-51: I very much agree with increasing physical activity for young children. However, to specify that it should be 15 minutes of every hour when toddlers and some preschoolers still need to take 2 hour naps each day, makes it unlikely to be easily achieved. Physical activity for infants under age 12 months might include tummy time or other adult assisted activity while the child is awake. I love that we adults are included in the physical activity as well. I see many overweight providers.

Sugar Sweetened Beverage Consumption, page 92: I appreciate the work that went into this focus area. The world in general is addicted to the sugar in sodas especially and having the machines out there in public places with bottled water costing more than the soda is ridiculous. If there were a way for the government to fund the cost of bottled water in the machines, imagine how that could affect public health, especially in lower income areas. Soda should be treated like a sweet treat, a cookie, rather than a thirst quencher.

162. Schools: Farm to School initiatives should have budgetary allowances in each school food budget (e.g. - 10% of a food budget must be grown or processed within a state region); Wellness policy teams at each school should contain members from the professional community - public health, dietitian, nurse or MD.

Nutrition Environment - State grants for community garden start up funding within food deserts or in communities that currently do not have an operating community garden. Community Gardens increase food security within a community. Farm Market stands should have a system in place for food reclamation by food pantries at the end of market.

163. \*General Plan: Proofreading and editing is greatly needed and necessary throughout the plan. I found it difficult to focus on the content because I was distracted by the inconsistencies and errors. (I'm not sure at what step that will be corrected, so I apologize if a formal editing will occur after this review step.)

\*General Plan: Inconsistencies in acronym use throughout the plan. I'm not sure what the protocol is, but many seemingly well-known acronyms were spelled out each time they were mentioned and others that were less-known (by me, anyways) were either not identified or identified once early on and thereafter referred to only by the acronym. (One example of this is the NPAO Program.) This should be clear and consistent throughout the plan.

\*Introduction, page 5

Editing: 2nd column, Change "why is in the wisconsin..." to "what is in..."

\*Introduction, page 6

Editing: In the listing of potential partners, the slashes ("/") are inconsistent with spacing. Also, some should be changed simply to "and" as they should not be considered "and/or" (e.g., "Coalitions and Communities", "Farmers, Local Growers, and Farmers' Market Managers")

\*Background, page 13

Under "This section contains...", #7 states "SEM model"- This is redundant and the SEM is not fully explained until page 18.

\*Background, page 13

Under "successes of 2005 state plan", 2nd sentence: "...progress has been made on 90% OF the objectives..."

In Figure 1, box 1: add comma-- "...best practices, etc."

\*Background, page 19

Heading of 1st column is confusing... maybe "SEM as a 3-pronged approach" or something like that.

164. Early Care and Education 49-50:

It is so important that we get kids off to a good start by requiring physical activity to be a part of the daily organization in child care settings. Currently 0 minutes of physical activity are required, yet we know physical activity is so important in preventing obesity.

Anything we can do to support breastfeeding when a mom goes back to work and leaves her child in childcare is so important. We know breastfeeding helps prevent overweight and obesity in children and has numerous health benefits for moms, babies and communities.

165. I really like this plan. There are so many great recommendations presented. I especially like the recommendations for breast feeding moms. So very important to get off to a good start.

As a result of this plan, with recommendations made for so many important areas in a person's life, no doubt it will have an impact on lessening obesity in the State of Wisconsin!

166. Thank you for specifying focus on this very important and so far, neglected, component of public health care.

167. The focus on individual responsibility at the expense of doing data driven, effective campaigns to change the environment and create healthier choices that empower people is both politically-based and irresponsible. Wisconsin should be following the guidelines and recommendations of the Centers for Disease Control.

168. Early Care & Education, p. 47 (strategy EC1): Increase supportive nutrition and physical activity environments in regulated care through state-level policy change. Policy change is essential to sustaining change. Expert agencies such as the American Academy of Pediatrics (AAP) and the Institute of Medicine (IOM) recommend changing the food environment to tackle obesity. IOM recommends smaller portion sizes, curbing food marketing to children, cutting sugary drink intake and boosting availability of healthy foods. (<http://www.foodnavigator-usa.com/Regulation/IOM-report-recommends-changing-food-environment-to-tackle-obesity>).

IOM also offers the following goals and strategies in relation to nutrition and physical Activity (PA) policies:

Goal 1: Make PA an integral and routine part of life.

Strategy 1-3: Adopt PA requirements for licensed child care providers. State and local child care and early childhood education regulators should establish requirements for each program to improve its current PA standards.

Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

Strategy 2-3: Utilize strong nutritional standards for all foods and beverages sold or provided through the government, and ensure that these healthy options are available in all places frequented by the public.

Government agencies (federal, state, local and school district) should ensure that all foods and beverages sold or provided through the government are aligned with the age-specific recommendations in the Dietary Guidelines for Americans.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

AAP recommends the following:

- Promote and strengthen childcare and school policies and programs that increase physical activity.
- Implement organizational and programmatic nutrition standards and policies.
- Improve jurisdiction-wide nutrition, physical activity, and screen time policies and practices in early child care settings.
- Increase access to healthy and affordable foods in communities.
- Improve nutritional quality of the food supply.
- Help people recognize and make healthy food and beverage choices.

(Source: American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies)

#### Increase Physical Activity, page 87

For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and
- avoiding withholding physical activity as punishment.

The Institute of Medicine (IOM) offers the following goal and strategy in relation to physical Activity (PA) policies:

Goal 1: Make PA an integral and routine part of life.

Strategy 1-3: Adopt PA requirements for licensed child care providers. State and local child care and early childhood education regulators should establish requirements for each program to improve its current PA standards.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

Reduce Television Viewing, page 88: Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two to five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two to five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs. (<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>) The American Academy of Pediatrics recommends Restricting Screen Time across all sectors (Practice, Communities, Schools, State, Federal) (Prevention of Obesity Policy Opportunities Tool (POPOT) ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html))).

#### Reduce Sugar-sweetened Beverages Consumption, page 91:

1. Sugar-sweetened beverages are a major contributor to childhood obesity. Every additional daily serving of soda increases a child's risk for obesity by 60 percent. Sugar-sweetened beverage consumption in childhood also increases the risk for overweight and obesity in adulthood.
2. Sugar-sweetened beverage consumption has been a huge contributor to the obesity epidemic. All lines of scientific evidence indicate a strong link between sugar-sweetened beverage consumption and obesity. 43 percent of the increase in daily calories Americans consumed between 1977 and 2001 came from sugar-sweetened beverages alone. Because calories in liquid form do not trigger the same sensation of fullness as solid foods, the calories we drink add to those we eat rather than replacing them. Adults who drink a soda

or more daily are 27% more likely to be overweight or obese, regardless of income or ethnicity.

3. Disparities in sugar-sweetened beverage consumption. Latinos and African-Americans are more likely to consume sugar-sweetened beverages on a daily basis compared to whites. This disparity is influenced by a lack of grocery stores, a high prevalence of convenience stores, and the low cost of sugar-sweetened beverages compared to healthier beverages in many predominantly Latino and African American communities, along with a long history of soda marketing that targets these communities. (Source for 1-3 above: <http://www.kickthecan.info/fact-sheets-0> via <http://www.publichealthadvocacy.org/>)

Institute of Medicine (IOM) offers the following goal and strategy in relation to sugar sweetened beverage policy:

Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

Strategy 2-1: Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

American Academy of Pediatrics (AAP) Strategies to improve nutrition for children and families: (at least 5 fruits/vegetables a day, limit or eliminate sugared drinks, eat a healthy breakfast everyday, incorporate plenty of fiber and low-fat dairy in your daily food intake, limit eating out and/or takeout, prepare food at home and together as a family) (Source: American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies)

Increase Breastfeeding, page 93:

Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work. (<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>)

The American Academy of Pediatrics recommends Breastfeeding Friendly Environments across all sectors (Practice, Communities, Schools, State, Federal) (Prevention of Obesity Policy Opportunities Tool (POPOT) ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html))).

169. All person receiving food stamp should be required to attend a 2-4 hours traingn on nutrition prior to approval of the benefits. the state can seek a waiver aS neede

170. I like the "What can I do" sections. It is organized but a little bit overwhelming when trying to read the entire document. That is why the sections are good. There has definitely been a lot of work put into it. A lot of this is currently being done. This will be

a good tool to help tie all of the efforts together. This will be useful in the wellness coalitions I am involved with and will provide a valuable reference.

171. Early training in the prevention of obesity is essential even if the concept is not fully understood by a young child, the belief that taking care of one's body by eating healthy and exercising leads to a better life, needs to be instilled from a very early age.

172. First, you asked: "Are there government policies that have an adverse impact on sound nutrition?" YES!!!! Why does the USDA require whole milk for children until the age of 2 when the fat source isn't even the healthy fats? This is an area of weakness that needs to be addressed. When it has been questioned by myself and colleagues it has never had a sound response.

Section 1: Infrastructure, pg 29. I strongly agree that coalitions could be the key to making this defense against obesity work. However, if this is to be one of the main sources of relaying information to families and providing resources from them, there is going to need to be some form of help at the state level in funding coalitions in order to perform this duty. I do feel coalitions are one of the best ways to accomplish this, however there needs to be a monetary and resource support for them to be successful and to keep them standing. (This fits into other areas as well as coalitions are mentioned a few times). In this same area, how funding will be distributed and determined is my question.

Section 3: Surveillance and evaluation, pg 42. I think this is a great idea, we definitely need to have a type of surveillance, evaluation and then an outcome for monitoring the "regulations/recommendations." If we expect success, especially in the school and early care areas, we need to have more strict rules and regulations to follow with some type of reward (star system) for those who are successful and "correction" for those who are not.

Section 4: Early care and education, pg 47. I feel there needs to be a higher standard held in this area and for ALL early care persons, not just big centers. Certification should be standard and one should have to follow the rules regardless of it is family or not. This is the most critical age for appropriate nutrition and physical activity intervention so this seems to make the most sense to focus on pretty matter-of-factly.

Section 5: Schools, pg 53. I am interested to see how the food standards and requirements will change up and coming. I feel previous recommendations limited a schools ability to adhere to healthy eating practices. Needing to adhere to certain standards to receive reimbursement for meals allowed schools to offer higher fat meats as a "protein" source as well as juice and other higher sugar options for a fruit serving. This needs to be constantly addressed. I feel we could look more locally for these resources as well and bridge that gap. Coordination on the states part between farms and schools not only in providing food but having local farmers "volunteer" (possibly as a write off even on taxes) to help schools grow their own gardens where kids could help to grow the food



that will feed them. Other states have successfully figured this out and I feel Wisconsin could as well.

Section 6: Community physical activity environment, Pg 64. Very much agree with needing more safe bike and walking routes not only in big cities but in smaller towns/communities as well. There would need to be ordinances in place and monetary support here but this is an area we are currently very weak in.

173. Early Care and Education (pages 46-51)

Early Care & Education, p. 47 (strategy EC1) and Nutrition Environment (pages 67-74)  
Increase supportive nutrition and physical activity environments in regulated care through state-level policy change.

Policy change is essential to sustaining change. Expert agencies such as the American Academy of Pediatrics (AAP) and the Institute of Medicine (IOM) recommend changing the food environment to tackle obesity. IOM recommends smaller portion sizes, curbing food marketing to children, cutting sugary drink intake and boosting availability of healthy foods. (<http://www.foodnavigator-usa.com/Regulation/IOM-report-recommends-changing-food-environment-to-tackle-obesity>).

IOM also offers the following goals and strategies in relation to nutrition and physical Activity (PA) policies:

Goal 1: Make PA an integral and routine part of life.

Strategy 1-3: Adopt PA requirements for licensed child care providers. State and local child care and early childhood education regulators should establish requirements for each program to improve its current PA standards.

Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

Strategy 2-3: Utilize strong nutritional standards for all foods and beverages sold or provided through the government, and ensure that these healthy options are available in all places frequented by the public.

Government agencies (federal, state, local and school district) should ensure that all foods and beverages sold or provided through the government are aligned with the age-specific recommendations in the Dietary Guidelines for Americans.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

AAP recommends the following:

- Promote and strengthen childcare and school policies and programs that increase physical activity.
- Implement organizational and programmatic nutrition standards and policies.
- Improve jurisdiction-wide nutrition, physical activity, and screen time policies and practices in early child care settings.
- Increase access to healthy and affordable foods in communities.
- Improve nutritional quality of the food supply.
- Help people recognize and make healthy food and beverage choices.

(Source: American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies)

Increase Physical Activity, page 87

For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and
- avoiding withholding physical activity as punishment.

The Institute of Medicine (IOM) offers the following goal and strategy in relation to physical Activity (PA) policies:

Goal 1: Make PA an integral and routine part of life.

Strategy 1-3: Adopt PA requirements for licensed child care providers. State and local child care and early childhood education regulators should establish requirements for each program to improve its current PA standards.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

Increase Breastfeeding, page 93:

Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work. (<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>)

The American Academy of Pediatrics recommends Breastfeeding Friendly Environments across all sectors (Practice, Communities, Schools, State, Federal) (Prevention of Obesity Policy Opportunities Tool (POPOT) ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html))).

Reduce Television Viewing, page 88: Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two to five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two to five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs. (<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>) The American Academy of Pediatrics recommends Restricting Screen Time across all sectors (Practice, Communities, Schools, State, Federal) (Prevention of Obesity Policy Opportunities Tool (POPOT) ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html))).

Reduce Sugar-sweetened Beverages Consumption, page 91:

1. Sugar-sweetened beverages are a major contributor to childhood obesity. Every additional daily serving of soda increases a child's risk for obesity by 60 percent. Sugar-sweetened beverage consumption in childhood also increases the risk for overweight and obesity in adulthood.

2. Sugar-sweetened beverage consumption has been a huge contributor to the obesity epidemic. All lines of scientific evidence indicate a strong link between sugar-sweetened beverage consumption and obesity. 43 percent of the increase in daily calories Americans consumed between 1977 and 2001 came from sugar-sweetened beverages alone. Because calories in liquid form do not trigger the same sensation of fullness as solid foods, the calories we drink add to those we eat rather than replacing them. Adults who drink a soda or more daily are 27% more likely to be overweight or obese, regardless of income or ethnicity.

3. Disparities in sugar-sweetened beverage consumption. Latinos and African-Americans are more likely to consume sugar-sweetened beverages on a daily basis compared to whites. This disparity is influenced by a lack of grocery stores, a high prevalence of convenience stores, and the low cost of sugar-sweetened beverages compared to healthier beverages in many predominantly Latino and African American communities, along with a long history of soda marketing that targets these communities.

(Source for 1-3 above: <http://www.kickthecan.info/fact-sheets-0> via <http://www.publichealthadvocacy.org/>)

Institute of Medicine (IOM) offers the following goal and strategy in relation to sugar sweetened beverage policy:

Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

Strategy 2-1: Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

American Academy of Pediatrics (AAP) Strategies to improve nutrition for children and families: (at least 5 fruits/vegetables a day, limit or eliminate sugared drinks, eat a healthy breakfast everyday, incorporate plenty of fiber and low-fat dairy in your daily food intake, limit eating out and/or takeout, prepare food at home and together as a family)

(Source: American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies)

174. increase breastfeeding initiation, duration & exclusivity, page 93.

After copying all 7 focus areas to be done, I focused in on the direction and wording under "What families & individuals can do", as this is to be personal/individual job within this larger job description, I believe.

All of the other 6 speak clearly to that group's role/job, except for this one, watered down and not consistent -I assume it is politically motivated??? The individual's job is to --Breastfeed you baby as often and for as long as you can, exclusively for 6 mo., and through 2 years,

for optimal health for their child (which all parents want). Secondly, It should state, to be consistent, --seek the information and support needed from etc., found right within your community, to begin well, nurse comfortably and to be successful in this effort. Please lets stop watering down the truth when in fact it's probably some of the strongest research based facts we have. Individuals deserve this and not to be influenced once again by "politically correct" wording. thank you

175. Overall - Health begins at home...and at childcare centers, schools, worksites and healthcare centers. I applaud the range of strategies and supportive policies in this thorough plan. It puts forth comprehensive, evidence-based, multi-sector recommendations – exactly what is needed to address the enormity of this complex public health problem. With just 25% of WI adults eating the recommended fruits and vegetables, only 38% of adults maintaining a healthy weight and more than 1:3 adults with high cholesterol, it's critical that we consciously examine how our institutions and community environments promote or undermine healthy behavior. People are more likely to eat better and move more when their physical environments make healthy choices easily accessible.

176. Overall - as a health professional working in this field for over 20 years, AND as a member of the county that had the highest rate of overweight among adults 2006-2008, this is a great document. Evidence and common-sense align to show that it is CRITICAL to include strategies for school, worksite and community policies in order to help the individual have access to better choices. We have wasted too much time on individual strategies such as diets that do not work. We need to focus on improving the choices for adults, but especially improving the food and activity levels that are provided for our youth in daycare and schools. Strong improvements to our environment are tested and proven to help.

Schools. I especially support the S2 through S5 (schools) strategies. Here in our county we need to address the poor nutrition available to kids, especially soda and snack foods.

Community Nutrition. CN1 through CN4 are great! They will not only help our community (which has 70% fast food restaurants) with nutrition, but also help our local economy by providing more market for small farmers and family farms. We need to make the connections between economy and health and the policy recommendations are wonderful way to get us started in the right direction in this area. Strategies CN3 and CN4 are very important - our medical providers believe that if we could reduce soda consumption we could go so far in reducing our problem in this county. BUT soda is everywhere and when it is available, it is consumed. I love soda and if it's available I'll drink it, but if it's not, I'm very grateful that I don't have to make the unhealthy choice. We need to help people make a better choice and reducing availability works. This can also help educate individuals that other healthier options can be a satisfying choice. Breastfeeding (CN4 objectives) has great data for positive outcomes, and the best way to do this is to create an environment that support individuals (especially at worksites)

Worksites (goal 9) are also critical, but you do not go far enough with addressing diverse worksite environments. We need to address the barriers to manufacturing industries such that we have here in Richland. Factories bring in fast food instead of offering health cafeteria items and rarely allow time during the day for stretching and physical activity. It is even worse for construction trades. We've talked to many construction workers who have lost their ability to be physically active and have no access to healthy foods on their job sites. We need to ask employers and health insurance plans to play their part by increasing incentives for building physical activity breaks and nutrition policies into factory and construction settings.

The What You can Do sections are excellent - they provide specific examples of action for people (like those in our county) who are really worried about this issue and ready to make positive changes. It also helps to move the focus from the individual "blaming the victim" that actually hinders action by adding to stigma of people who are overweight (70% of our county!) Working individually AND together is the only solution to this tough problem.

177. Caveat: It is possible that the document already responds to some of my comments. I didn't have the time to read everything as carefully as it deserves.

Intro, p 6: Great list of Partners, but it isn't clear whether these groups are already partnering in the effort or need to be approached. (I saw a reference to the "Coalition Support Group", but didn't see what this is or how it operates.)

Background, p 18: I like the SEM model. While ultimately, only the individual can change his/her diet and activity, no individual can do that without good information and resources.

Background, p 21: It isn't clear to me how the implementation will be accomplished. I am particularly interested in how the information and initiative will be transferred from WPAN and WPAOP to the "partner organizations". What marketing tools/incentives will be used to engage consumers, farmers, coalitions and others?

Strategies/outcome indicators, p26: Using a 10% goal may not be ambitious enough. Of course, 10% is more likely to be achieved than 20%, but if you set goals too low, there's no sense of accomplishment in reaching them.

What I Can Do, p 92: Don't use the term "energy-dense." Outside of the health professions, few people know what it means. Say "high calorie" or "fattening" or "junk"-- maybe all three as needed.

178. Nutrition Environment page 69 Infrastructure. Create a statewide system with public and/or private funds to receive and process state surplus agriculture products for use/distribution thru emergency food pantries, meals sites and shelters. Ohio has implemented an effective program that both helps farmers and increases access to state grown fresh fruits and vegetables among low-income people.

Nutrition Environment page 70 Resources & Training. Create an evaluation toolkit that food pantries and foodbanks can utilize to assess the nutritional quality and safety of their food inventories. Share strategies with them that promote healthier donations and distribution policies. Assess the effectiveness of these interventions.

Overall State Plan Comments - Individual responsibility is incredibly important but is only one part of a successful strategy. Obesity reduction is a roundtable that touches every segment of our state community equally (individuals, schools, child care, business, media, government, etc.) Individual responsibility does not operate in a vacuum but in the totality of the state's environment. The plan should engage all these diverse forces in order to be effective - which is the goal. Please include strategies that engage emergency food providers as part of the solution. Low-income usage at Wisconsin food pantries has increased over 50% since before the recession and these foods need to be nutritious.

179. Overall Plan - The Nutrition, Physical Activity and Obesity Plan reflects a comprehensive tool which community and state coalition members, in addition to all Wisconsin partners can use to help make Wisconsin's families healthy and physically active. The epidemic of obesity is a tremendous burden on our health care system and resources. The increase in the number of children diagnosed with Type 2 Diabetes is an indicator of one of the outcomes of the rise in obesity. This plan identifies what an individual can do, however develops a system approach to provide a resource for communities and the state which will impact the whole population.

Active Community Environments (pages 63 - 66) I have been very fortunate to live in a county that has made active community environments a priority. This county through advocacy, strong coalitions, business partners and public officials have seen how important physical activity is within our community. The Fox River Trail and East River Trail have been examples of their tireless work. They continue to work on safe streets and safe routes to school. Goal #6 can provide a resource for other coalitions and communities to strive to improve opportunities for their residents.

Nutrition Environment (pages 67 - 74) Increasing the access to healthy foods and promoting alternatives to sugar-sweetened beverages needs to be a priority with not only individuals but with all of Wisconsin. Since soda is profitable for many schools, the soda machine is located in many high school and middle schools. Increased access to healthier alternatives such as bottled water, milk choices are critical for our youth. Farmers Markets, Community Sustainable Agriculture (CSAs) need to be supported and promoted within our state to provide fresh fruits and vegetables and support our farmers. Farm to School programs need to be implemented to encourage our youth to eat healthy and to know how vegetables and fruits are grown. All of the actions and resources provided in Goal 7 will provide that needed guidance to assess the strengths of the community and weaknesses to determine priorities and a plan.

180. We need to do something or we will continue to fall behind other states and countries. We are eating and with lack of exercise, the state of WI will become

unproductive and unhealthy. we need to start with prevention in the early years of life and continue support throughout the lifetime. It is an epidemic that will not go away, but will continue to grow and we will end up "drowning" ourselves.

181. Goal 2 - Advocacy, page 36-41 Wisconsin currently allocates zero dollars for obesity prevention. Obesity prevention supporters need funding in order to secure sufficient public support and coordinate local and state leadership to enact best practice policies.

Goal 7 - Nutrition Environment, page 67-75 We need increased access to and affordability of fruits and vegetables in a variety of settings restaurants, grocery stores, farmers' markets, gardens, and food pantries.

Goal 9- Worksites, page 81-85 Wisconsin's employees would benefit from community, local or state worksite wellness initiatives. Worksite wellness initiatives should be integrated into the activities undertaken in the community.

182. Background, page 19. The three-pronged approach is critical in that as a state we need to be approaching this costly issue at every level that impacts the lives of our citizens. If we don't ensure that each piece is included, we can't ensure that our solutions will be seamless and sustainable.

The State Plan: goals, strategies & objectives, pages 26 & 27. These are very well defined and achievable for our state. Of great importance are the indicators that focus on early childhood (ages prenatal to 5) as habits are developed at this stage and we know that obesity, overweight and even symptoms of chronic illnesses are already appearing among 2 to 4 year olds.

Goal 2: Advocacy, Pages 37-40. A plan for educating and advocating for change is critical with this issue. To motivate individuals, communities and our state to make a difference, there needs to be supportive infrastructures for advocacy and easily accessible, evidence-based information. These strategies are doable and current initiatives have already made a difference. Support for their continuation is critical.

Goal 4: Early Care and Education, Page 47. The rationale here is spot on. We know that young children are already experiencing heightened rates of obesity and overweight so prevention efforts must focus on the first years of life. Additionally, this is a crucial window of development for healthy eating and physical activity habits. Children do not just inherently develop these. They need supportive early care and education environments because the majority of young children spend a large amount of time here. Supportive environments mean having effective role models and opportunities to practice gross motor skills, engage in physical activity, learn about healthy foods and make healthy eating choices.

Goal 4: Early Care and Education, Page 47. Strategy EC1 creates rapid change for Wisconsin's young children. Any child care provider caring for 4 or more children at a

time must be licensed and providers who accept Wisconsin Shares must participate in YoungStar, Wisconsin's Child Care Quality Rating and Improvement System. By integrating nutrition and physical activity best practices into licensing and quality rating and improvement systems, we are raising awareness, creating opportunities for caregivers to learn effective strategies through pre-licensing and YoungStar technical consulting services and making it easier for families to know that their young children are having their physical activity and nutrition needs met when outside the home.

Goal 4: Early Care and Education, Page 49. Strategy EC2 would mean that early care and education professionals had access to clear guidance regarding child nutrition.

Additionally, this would emphasize and move towards an affordable market for healthier options because licensing and CACFP would outline specific best practices.

Goal 4: Early Care and Education, Page 49. Strategy EC3 is critical to the development of healthy habits by young children. It is often thought that young children are highly active. In reality, young children have small bursts of activity. For example, a young child may play in the sandbox most of the time spent outside, but will get up quickly and run 20 seconds to get a shovel or bucket every so often, amounting to much less physical activity. Teacher-led physical activity encourages the higher intensity levels of physical activity. Additionally, teacher-led physical activity gives children opportunities to learn, practice and master gross motor skills. If a teacher or provider can give prompts or model movements, like throwing or running, a child is more likely to acquire skills that can be successfully built on. For example, if a teacher guides a child through the steps of throwing a ball (turning the body, bringing the arm back, looking for aim and then when to release as the ball is brought forward), the child is more likely to be successful sooner and will want to continue the activity. This is on contrast to the child who is on its own and may become frustrated without the support, and move on to another activity. If this skill isn't mastered, children will struggle to adopt more complex movements like running and throwing as often needed in various sports and games. Those times for unstructured physical activity are also important for children to be able to explore on their own. This fosters early learning through creativity and innovation. Lastly, pilot sites in Wisconsin and in other states have reported that with increased opportunities for physical activity, the need for classroom management has decreased, making more time for early learning opportunities.

Goal 4: Early Care and Education, page 50. The benefits to breastfeeding of momentous and lasting, as breastfeeding supports a healthy weight later in life, bolsters immune function and promotes the bond and attachment between baby and mother. As the need to work is a reality for the majority of Wisconsin's mothers, supports for continued breastfeeding upon the return to work is critical. Early care and education professionals are one of the top three sources that families rely on (along with family members and physicians). Thus, early care and education professionals need to be equipped with knowledge, strategies and environments that encourage the continuation of breastfeeding. By integrating this into YoungStar as quality indicator, professionals have an incentive for adopting these best practices. However, this also requires access to quality training and technical assistance for sustained success.



Goals 6 & 7: Community Physical Activity Environment & Community Nutrition Environment, pages 63-74. These two goals are key to success. Families have so many different priorities and responsibilities to balance. Community environments that promote physical activity and nutrition make healthy options the easy choice and the default choice. This supports families in being successful and has resounding impacts across the domains of life, including work life, school life and family health.

What Can I Do? By Focus Area, pages 85-93. This is a great quick access guide to getting started implementing best practices. These are the kinds of tips that early care and education professionals, as well as families and individuals want and need. It's quick, it's easy and creates a place to start.

183. The strengths of the overall plan include the focus on evidence based strategies, building on existing partnerships, the focus on the need to change environment and policies in order to make it easier for the public to make healthy choices. I think we need efforts to engage the food industry in promotion of healthy choices. I think we also need a more integrated approach in that at present there are numerous local coalitions working toward the same goals.

184. at the age of thirty five I had my breakdown I weighed 150 in six months I went up over two hundred/I don't like the way I look, but I neither have the energy to do something about it at the age of 63 I feel used up, I also just learned that antidepressants that help me so much/ have been showing signs that it can cause problems with your heart. this has helped me mentally, but has caused health problems, so what are we to do live our lives mentally sick or physically sick doesn't sound like much of a choice to me

185. Overall:

The Wisconsin Nutrition and Physical Activity Obesity Prevention State Plan is very comprehensive with goals and strategies for multiple settings and the individual. It will be most useful to separate the document into separate publications for each area.

186. As our state works to combat the obesity epidemic, the Girl Scouts of Wisconsin Alliance, serving more than 66,000 girls ages 5-18 in Wisconsin, offers a unique perspective and guidance on how to best address this challenge with girls. Girl Scouts' experience and our original research report, *The New Normal? What Girls Say about Healthy Living*, tell us that girls define health holistically and identify a strong connection between physical and emotional health. Many policy and programmatic solutions in the draft Wisconsin Nutrition, Physical Activity and Obesity State Plan exclusively focus on nutrition and physical activity – an approach that will likely fall short with girls. Girls believe being healthy combines good nutrition and physical fitness with emotional and social well-being. They are particularly influenced by their relationships with their peers, media images and their parents. For obesity prevention programs to be effective with girls, they will have to take a more holistic approach that addresses girls' self-esteem, their relationship with their peers, body image, media

literacy, eating disorders and other elements of emotional and social wellness. To address this need, the following recommendations are offered:

Strategy I2, p.31- Evaluating the capacity of coalitions and partnership should include measuring the ability of providers to be holistic in strategies so as to address girls and other groups with health equity disparities.

Strategy A2, objective A2.1, p. 38- should include the term “emotional health” to read: By 2012, increase the number of state policies introduced and enacted to support healthful eating, emotional health and physical activity in various settings. This would create a plan which successfully addressed the needs of the nearly 450,000 school-age girls in Wisconsin and helps the state realize significant progress toward the vision by 2020.

Strategy S6, p. 59- to maximize partnerships and collaborations, the following should be added to suggested actions, resources and training: Disseminate resources from youth programs and after-school providers which are correlated with the PE standards and other related Common Core Standards for the State of Wisconsin.

#### What Can I Do, Increase Physical Activity

What families and individuals can do (p. 87)

Add: Make the connection with youth programs that offer age-appropriate activities that help children understand the importance of energy balance in an active, healthy lifestyle.

What schools can do (p. 87)

Add: Develop partnerships with youth programs that can provide in-school or after-school activities which help schools meet the physical activity goals by providing options which meet the PE Standards and/or Core Curriculum standards.

#### What Can I Do, Reduce television viewing

What families and individuals can do (p. 88)

Add: Talk to children about the differences between reality TV and actual reality. Take advantage of parent resources

([http://www.girlscouts.org/research/pdf/real\\_to\\_me\\_tip\\_sheet\\_for\\_parents.pdf](http://www.girlscouts.org/research/pdf/real_to_me_tip_sheet_for_parents.pdf)) to get the conversation started.

What schools can do (p. 88)

Add: Connect with youth programs that can provide an in-school or after-school curriculum which provides age-appropriate media literacy that is correlated to Core Curriculum standards of Wisconsin.

#### What Can I Do, Increase fruit and vegetable access, availability, consumption

What schools can do (p. 90)

Add: Work with a youth development program to bring Core Curriculum aligned activities to your school which help students understand the food network, take action to develop school or community projects to increase access and become life-long “locavores”.

Overall content (no room in the content section in #8): Girl Scouts supports policies and programs that take a comprehensive approach to obesity and eating disorder prevention, and address both the physical and emotional sides of health. This intersection is not seen in the current draft.

Effective policies must promote cross-sector collaboration among schools, health professionals, families, and youth-serving organizations, such as the Girl Scouts. The emphasis on collaborations and partnerships is integrated throughout the content and represents a real strength of the draft.

By emphasizing a holistic view of health that includes a variety of community partners, policymakers can ensure that communities have the resources and tools they need to improve children's nutrition, physical activity, and emotional wellness. The Girl Scouts of Wisconsin Alliance looks forward to working with state health officials in improving how we as a state promote the health of Wisconsin residents, especially girls.

187. School section: resources list. I am not convinced the Milk Marketing board is a sincere player in this situation, given their push to chocolate milk for kids. Why add calories, if they believe their base product--plain milk--is nutritionally significant?

School section: While most districts have a Wellness Policy, the implementation and follow up is often the downfall. Specific strategies to make sure policy is followed through are needed. A separate health committee isn't necessary if the required Wellness Committee is truly operational.

Schools: The farm to school/local connection for school foods is a must, and should be funded. This means the State will need to reimburse a portion for school meals, not just the Feds. Is Wisconsin serious enough to put money down?

188. This is a general comment on the plan. As a practicing oncologist, I daily see the need for effective obesity control, and I believe this plan will be a major step in this direction and benefit to the citizens of Wisconsin. I strongly support adoption of the plan.

189. Strategy S1-supportive policies

"Have a general school policy"--add to have specific or measurable objectives because in the school my children attend, the general policy is vague enough that everyone's idea of what is "healthy" can fit into it instead of being more specific. Please emphasize the classroom be limited in treats and foods that are of little nutritional value.

I would like to see addition specific comments regarding foods served within the classroom. While it is implied in a section, I don't feel it is really specified that children receive an large amount of high calorie, non nutritive foods in the classroom for parties, star student activities, birthdays, etc.

Strategy S5 add classroom as well or emphasize classroom as a part of this

190. 1. Overall Comment: Throughout the plan, we suggest changing the word “physician” to “health care provider” in order to reflect the greater circle of practitioners who see patients in a variety of settings. Nurses, nurse practitioners, and physician assistants are the front-line primary care providers who will be doing the majority of the lifestyle counseling.

2. Introduction, Page 6: We suggest adding a separate category for public community colleges that provide GED and HSED programs. Please separate this from research-focused universities since they serve different populations and have different needs. For example: through its GED and HSED programs, Madison College serves school-age children, many of whom are from low-income, culturally diverse, underserved populations that are affected by health disparities.

3. Introduction, Page 6: Please add insurers/payers to this list. They control the payment systems that can expand reimbursement for lifestyle counseling and wellness activities.

4. What can I do? Schools (K-12), Page 11: Please expand the K-12 range to include public community colleges that provide GED and HSED education. For example: Madison College serves school-age children but we are not currently eligible for Farm to School programs or training & technical assistance related to nutrition and physical activity.

5. What can I do? Universities, Page 11: Please separate public community colleges that provide GED/HSED. These should be categorized separately from research-focused universities.

6. Background, Nutritional Guidelines, Pages 16-17: Will the final plan contain the updated Dietary Guidelines for Americans that was published in January of 2011? Hopefully during 2012-2020 we will find a way to implement nutritional guidelines that meet the following three standards: 1. evidence-based, 2. free of commercial bias, and 3. written in plain language using best practices in health literacy. For example: “Keep trans fatty acid consumption as low as possible” should be “Don’t eat trans fat.” Since these guidelines are the backbone of our nutrition-education efforts, we need an evidence-based approach that is not influenced by commercial lobbying of food/beverage/agriculture/chemical companies.

7. Acknowledgements, Page 121: For future strategic planning and review, please consider inviting representatives from Madison College to participate on this committee. We serve over 40,000 students and employ over 2,500 people in 12 counties.

8. Partnering Organizations, Page 123: Please add Madison College to this list. We would be honored to help implement this plan and create a healthier Wisconsin.

191. Early Care & Education, p. 47 (strategy EC1) and Nutrition Environment (pages 67-74)

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

Policy change is essential to sustaining change. Expert agencies such as the American Academy of Pediatrics (AAP) and the Institute of Medicine (IOM) recommend changing the food environment to tackle obesity. IOM recommends smaller portion sizes, curbing food marketing to children, cutting sugary drink intake and boosting availability of healthy foods. (<http://www.foodnavigator-usa.com/Regulation/IOM-report-recommends-changing-food-environment-to-tackle-obesity>).

IOM also offers the following goals and strategies in relation to nutrition and physical Activity (PA) policies:

Goal 1: Make PA an integral and routine part of life.

Strategy 1-3: Adopt PA requirements for licensed child care providers. State and local child care and early childhood education regulators should establish requirements for each program to improve its current PA standards.

Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

Strategy 2-3: Utilize strong nutritional standards for all foods and beverages sold or provided through the government, and ensure that these healthy options are available in all places frequented by the public.

Government agencies (federal, state, local and school district) should ensure that all foods and beverages sold or provided through the government are aligned with the age-specific recommendations in the Dietary Guidelines for Americans.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

AAP recommends the following:

- Promote and strengthen childcare and school policies and programs that increase physical activity.
- Implement organizational and programmatic nutrition standards and policies.
- Improve jurisdiction-wide nutrition, physical activity, and screen time policies and practices in early child care settings.
- Increase access to healthy and affordable foods in communities.
- Improve nutritional quality of the food supply.
- Help people recognize and make healthy food and beverage choices.

(Source: American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies)

Increase Physical Activity, page 87

For toddlers and preschool children, potential actions include:

- providing opportunities for light, moderate, and vigorous physical activity for at least 15 minutes per hour while children are in care;
- providing daily outdoor time for physical activity when possible;
- providing a combination of developmentally appropriate structured and unstructured physical activity experiences;
- joining children in physical activity;
- avoiding punishing children for being physically active; and

- avoiding withholding physical activity as punishment.

The Institute of Medicine (IOM) offers the following goal and strategy in relation to physical Activity (PA) policies:

Goal 1: Make PA an integral and routine part of life.

Strategy 1-3: Adopt PA requirements for licensed child care providers. State and local child care and early childhood education regulators should establish requirements for each program to improve its current PA standards.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

Increase Breastfeeding, page 93:

Adults who work with infants and their families should promote and support exclusive breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more. Employers should reduce the barriers to breastfeeding through the establishment of worksite policies that support lactation when the mothers return to work. (<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>)

The American Academy of Pediatrics recommends Breastfeeding Friendly Environments across all sectors (Practice, Communities, Schools, State, Federal) (Prevention of Obesity Policy Opportunities Tool (POPOT) ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html))).

Reduce Television Viewing, page 88: Adults working with children should limit screen time, including television, cell phone, or digital media, to less than two hours per day for children aged two to five. Child care settings should limit screen time, including television, cell phone, or digital media, for preschoolers (aged two to five) to less than 30 minutes per day for children in half-day programs or less than one hour per day for those in full-day programs. (<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies/Recommendations.aspx>) The American Academy of Pediatrics recommends Restricting Screen Time across all sectors (Practice, Communities, Schools, State, Federal) (Prevention of Obesity Policy Opportunities Tool (POPOT) ([www.aap.org/obesity/matrix\\_1.html](http://www.aap.org/obesity/matrix_1.html))).

Reduce Sugar-sweetened Beverages Consumption, page 91:

1. Sugar-sweetened beverages are a major contributor to childhood obesity. Every additional daily serving of soda increases a child's risk for obesity by 60 percent. Sugar-sweetened beverage consumption in childhood also increases the risk for overweight and obesity in adulthood.
2. Sugar-sweetened beverage consumption has been a huge contributor to the obesity epidemic. All lines of scientific evidence indicate a strong link between sugar-sweetened beverage consumption and obesity. 43 percent of the increase in daily calories Americans consumed between 1977 and 2001 came from sugar-sweetened beverages alone. Because calories in liquid form do not trigger the same sensation of fullness as solid foods, the calories we drink add to those we eat rather than replacing them. Adults who drink a soda or more daily are 27% more likely to be overweight or obese, regardless of income or ethnicity.

3. Disparities in sugar-sweetened beverage consumption. Latinos and African-Americans are more likely to consume sugar-sweetened beverages on a daily basis compared to whites. This disparity is influenced by a lack of grocery stores, a high prevalence of convenience stores, and the low cost of sugar-sweetened beverages compared to healthier beverages in many predominantly Latino and African American communities, along with a long history of soda marketing that targets these communities. (Source for 1-3 above: <http://www.kickthecan.info/fact-sheets-0> via <http://www.publichealthadvocacy.org/>)

Institute of Medicine (IOM) offers the following goal and strategy in relation to sugar sweetened beverage policy:

Goal 2: Create food and beverage environments that ensure that healthy food and beverage options are the routine, easy choice.

Strategy 2-1: Adopt policies and implement practices to reduce overconsumption of sugar-sweetened beverages.

(Source: Institute of Medicine: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. May 2012)

American Academy of Pediatrics (AAP) Strategies to improve nutrition for children and families: (at least 5 fruits/vegetables a day, limit or eliminate sugared drinks, eat a healthy breakfast everyday, incorporate plenty of fiber and low-fat dairy in your daily food intake, limit eating out and/or takeout, prepare food at home and together as a family) (Source: American Academy of Pediatrics, Community Transformation Strategic Directions and Examples of Child-Focused Strategies)

192. Wisconsin Public Health Association

Input on DRAFT 2012-2020 Nutrition, Physical Activity and Obesity Plan  
Prepared by the WPHA Policy Development & Review Committee

The Wisconsin Nutrition, Physical Activity & Obesity State Plan (State Plan) is a powerful tool for diverse stakeholders to use in fighting obesity in Wisconsin. The Wisconsin Public Health Association (WPHA) has been one such stakeholder, as we represent a diverse public health workforce in this state.

We strongly welcome the focus on policy, environmental and systems change. We are also encouraged by the use of an ecological model, where socioeconomic factors are the base (based on the figure on page 5 of the plan). Although it is not explicitly stated in the plan, these socioeconomic factors are the strongest, most powerful influencers of health, and obesity specifically. The evidence has been building over the last few decades that communities with lower socioeconomic levels are also the ones who suffer highest levels of obesity. It is not a coincidence that the lowest socioeconomic communities, with the highest rates of obesity are most often communities of color. To extrapolate this further, addressing obesity in such communities through individual level interventions (clinical, counseling and education) will not be enough. The problem of obesity in lower

socioeconomic communities is not a simple one and there is no silver bullet solution. It requires analysis from a historic, context-driven, system perspective.

The draft plan has made efforts to include the vantage point of equity, and the WPHA applauds this approach. We would however recommend taking that a step further by weaving principles of equity into every goal, objective and outcome throughout the plan.

Furthermore, in addition to a policy focus to improve the nutrition and physical activity landscape, we recommend the incorporation of social and economic policy and advocacy – as we know that socioeconomic factors have the largest impact on obesity.

Finally, we believe that for the implementation of this plan to be successful and sustainable, there must be commitment on two levels. First, there must be an effort to meaningfully involve the community perspective, especially low socioeconomic communities which suffer the worst rates of obesity. Unfortunately, agency level interventions are historically unsuccessful in reaching their goals without community buy-in and participation. Second, we believe a funding commitment is important. The efforts to involve communities in policy, environmental and systems change are resource heavy. Although WPHA understands the state's current fiscal situation, it's still important to recognize the need for appropriate levels of committed funding in order to accomplish the plan's goal of lower levels of obesity.

In closing, WPHA would like to thank the Department for their efforts on the DRAFT 2012-2020 Nutrition, Physical Activity and Obesity Plan. We strongly support the implementation of the plan with the suggestions stated above and look forward to working with the state as a partner in the effort to improve health in the state of Wisconsin.

193. Page 80,

194. I believe the plan is appropriate if implemented and outcomes are measured. The plan is well designed and I look forward to being a part of reducing the plan's goals, especially in the areas of Childhood Obesity.

195. The Plan is very thorough and will be useful as guidance and structure for our local coalition and nutrition education plans for WIC.

Funding to assist coalitions, health care centers, schools, daycares and city planners is absolutely necessary. Without funding, each of these entities will limp along towards accomplishing goals but many of the Plan's well thought out goals, strategies and objectives will be left untouched. Other's will simply be ignored without any regulatory teeth.

Below are some considerations for additions to further enhance a few of the goals.

196. As we know Obesity is at epidemic proportions in both Adults & children. I lost 122#s 10 years ago at the age of 55 & all my ailments disappeared. What we are doing now is not working & we do not need more regulation by Nutritionists who are not causing a major shift in the right direction. They do not have all the answers & should not be given any more power to regulate other segments of the Natural market which is



having much more success & is much less expensive & gives the public many more options. thank You

197. Response to the questions put forth by Karen McKeown, Administrator with the Div. Of Public Health;

The individual and the family has a significant role to play in maximizing their own health and well-being, however there are many societal issues which negatively impact an individual's ability to do so effectively. Individuals do not act in isolation utilizing their individual knowledge, attitudes, and skills. We know from experience that education alone is not as viable a change strategy because other factors may impede its success. There are interpersonal, organizational, community and public policy issues that affect an individual's ability to act independently. This is referred to as the Socio-Ecological Model utilized by the institute of Medicine for the past ten years.

Think globally, act locally can only go so far in effectively addressing the significant health challenges we experience in our health care settings, child care centers, schools, communities, places of work etc. A recent example has been successfully responding to the proliferation of the promotion of tobacco products ensnaring our youth which required a socio-ecological approach.

The level of evidence that supports the recommendations put forth in this state plan are scientifically based, and can be applied within all five levels of the socio-ecological model, The recommendations and strategies promote the health and well- being of all citizens of our state and provide action strategies that health promoting individuals' and groups can help infuse into the daily fabric of our lives. There is ample evidence if we fail to act at this critical juncture we may well imperil our state and nations future economic survival.

The actions and goals are very realistic, responsive, and provide guidance and support for those working to promote the health and well-being of all individuals. I am utilizing the draft of the Early Care and Education segment currently in supporting Child Care and head Start programs in my area. As a volunteer in my local school district I have found the "What can I do?" segment very helpful in stimulating discussions and evaluating the need for local action to promote health and well-being.

I can find no evidence that non-regulatory approaches could achieve all the necessary outcomes. The effectiveness of applying the comprehensive Socio-Ecological model underscores the important role each is called to play. This state plan is extremely well done, practical in its recommendations, reader friendly, empowers local communities etc. to act in the best interests of all people whether young or old, living in poor circumstances or blessed with a plethora of resources. I will celebrate its adoption by our state and pledge to do my part to apply the work that many knowledgeable and insightful individuals have contributed to its development.

198. Comments about overall plan and specific questions of Karen McKeown:

Individuals and families have primary role in the plan and their own health. They also should help to improve the health of their communities. However, social determinants of health (behavior/lifestyle, genetics, education, socioeconomic status, and neighborhood, and access to quality affordable health care) significantly affect the ease and likelihood of individuals and families having healthy nutrition, physical activity, normal weight, and overall well-being. Strong evidence supports the impact of social determinants on health.

The goals, strategies, objectives, focus areas and actions are feasible. State tax investments and regulations are needed when private organizations lack incentives to promote healthy lifestyles in schools and worksites.

The MCW Institute for Health and Society is investing in a new initiative focused on population health improvement for employees, patients and communities affected by type 2 diabetes and obesity. We'd appreciate partnering with WI DHS to achieve our shared goals. Contact me at [jmeurer@mcw.edu](mailto:jmeurer@mcw.edu). Thanks!

199. Comments on Draft of the 2012-2020 Wisconsin Nutrition, Physical Activity and Obesity State Plan

Provided by the Wisconsin Grocers Association,

The Wisconsin Grocers Association would like to submit general comments regarding the draft of the 2012-2020 Wisconsin Nutrition, Physical Activity and Obesity State Plan.

We agree with many of the goals outlined in the draft, but are concerned with the overall role that government will be playing, the increased regulations, advertising limitations, potential food ban, and the suggestions of increasing taxes to reduce obesity in Wisconsin.

In addition, while we sincerely appreciate the opportunity to offer comments to the draft, we are very disappointed that the sectors of the grocery industry were not included in the discussions leading up to and including development of the draft plan.

Finally, we expect that these comments are the first in a long series of evaluations, reviews, modifications and changes to this plan so that in the end it is an inclusive plan rather than one which will pit stakeholders against each other or against the Department of Health and the Administration in battles to be fought in the legislature, the media and other venues.

Wisconsin Grocers Association is a statewide trade association representing retailers, distributors, manufacturers, vendors and suppliers in the retail food industry in Wisconsin. We work closely with our national organizations and with all of the retail associations and organizations in Wisconsin. The WGA and our members are continually looking at ways to encourage healthy eating. Some of these efforts include:

- Implemented a Buy-Local-Buy-Wisconsin program in conjunction with the State Department of Agriculture, Trade & Consumer Protection which includes a website ([www.grtocersbuylocal.com](http://www.grtocersbuylocal.com)) promoting the use of locally grown fruits and vegetables.
- Developing a consumer based website ([www.eatathomewi.com](http://www.eatathomewi.com)) which includes major sections on healthy eating and nutrition.
- Working with many organizations in the development of a statewide food council.
- Developing a scholarship program in which we would provide grants to local schools so they can provide nutrition education to school age kids.
- Working with the Department of Health Services on nutrition and healthy eating programs.

The members of the WGA are continually promoting healthy eating and physical activity in numerous ways including: holding healthy eating and cooking classes, hosting fun-runs, bike rides and charity walks; providing healthy recipes in store and on their websites; and sponsoring local sports like little leagues. In general, grocers have their customer's interest in mind and want to ensure and promote healthy lifestyles.

There are several items identified as goals, strategies and objectives outlined in the draft Nutrition, Physical Activity and Obesity State Plan that are of concern to the WGA and our members:

#### The State Plan – Page 27

At the outset, we take issue with state government mandating what consumers can purchase and consume. We believe these decisions are individual choices that certainly can be influenced with education helping people make the right choices for themselves and their families.

#### Goal 1: Infrastructure – Strategy 11-12, Page 29-33

We understand and support the need for a statewide program addressing the issues of obesity and the strategies I1-I4 and are generally supportive. We will closely watch the process by which the department seeks to fund these initiatives in the early stages (Objective I1.4) without imposing fees or taxes as well as efforts to build partnerships which would go to this type of funding mechanism.

#### Goal 1: Infrastructure – Strategy 14, Page 34

We are extremely concerned with the implications from any effort to restrict or ban advertising and the posture the Department would take with respect to advertising and marketing “to counteract advertising and promotion of products...” This approach opens the door to the slippery slope of state controlled advertising messages and directly attacking products, manufacturers and retailers. We are extremely concerned. The manufacturers and retailers in our industry work hard to provide responsible advertising and marketing practices. The WGA is concerned that this could lead to state regulations and limitations on advertising, which we would strongly oppose.

#### Goal 2: Advocacy – Strategy A2, Page 38-39

Understanding the need to build support for the changes put forward in the plan, we are concerned about the state resources, and how they will be funded to take on the magnitude of this project. If funding is secured through federal, and other grant opportunities, the retail community may find that it is competing with state and federal funding on what to eventually will amount to legislative fights. This plan and process is not new as much of it comes from the anti-tobacco efforts that have been engaged in the state for the past two decades. Depending on what is incorporated into the final document, recruiting members from the business community and other venues may not necessarily be successful.

#### Goal 7: Community Nutrition Environment – Strategy CN1/Suggested Actions, Page 69

Depending on how the Department wants to define a food desert, the idea of “incentives” to fill a location with a store misses the point about why the areas has no brick and mortar store. By requiring a retailer to carve out a portion of the store for certain products in exchange for the incentives demonstrates a lack of understanding of the business model and risks associated with running a grocery store. Mandates of product requirements may actually doom the idea before it can even be discussed. {This applies as well to funding options with the Fresh Food Financing Initiative and ‘supportive policies mentioned on page 70-71.}

Goal 7: Community Nutrition Environment – Strategy CN1/Infrastructure, Page 69

We reserve comment, but are skeptical of the “formative assessment” of the distribution and retail operations of the industry. Should such a study go forward, we would expect to be part of the discussions, design, implementation and drafting of the report. We can help the department better understand the challenges to the distribution systems as they related to comments of expanding deliverable product. One of the bright spots of the draft is the commitment to support mobile market programs, but stop short of having the government fund these businesses.

Goal 7: Community Nutrition Environment – Strategy CN2/Suggested Actions, Page 70

The plan proposes to “Support implementation of the Federal Menu Labeling Law”. The Federal Menu Labeling Law that was included in the Patient Protection and Affordable Care Act (PPACA) requires uniform standards for chain restaurants, but has unintentionally included “chain grocery stores” which also includes many of the independently owned, franchised stores such as Piggly Wiggly, Sentry and others. Our national associations have estimated that this will cost grocers nationwide more than \$1 billion to implement, and in Wisconsin this could devastate many of the small mom-and-pop stores that would need to comply. Federal legislation has been introduced to force the FDA to adopt Option 2 which would preclude grocery stores from the regulation which was developed for restaurants, not grocery stores. Unless relief is provided at the federal level, we would strongly oppose enforcement of this provision by the state.

Goal 7: Community Nutrition Environment – Strategy CN3/Objective CN3:2, Page 71

We are opposed to creating islands of policy among local governments addressing this issue. Many retail operations with multiple stores would be faced with inconsistent local mandates, regulations and costs. We are vehemently opposed to any effort to mandate portion size, cost and availability.

Goal 7: Community Nutrition Environment – Strategy CN3/Local Implementation, Page 72

We are opposed to the state mandating price differentials between products for any reason, proportionally or otherwise. It is our position that whether this is done as a tax increase or a penalty of sort, no matter what the vehicle, it is not the role of the state to manipulate prices in this manner.

Overall Comment: Reducing sugar-sweetened beverage consumption: The plan claims that “public polling has indicated that the majority of Wisconsin residents support funding for obesity prevention, both generally and when asked about specific strategies like Farm-to-School programs, joint use agreements and a tax on sweetened beverages.” We are concerned that the state is promoting a tax on sugar-sweetened beverages which we would adamantly oppose. Past legislative efforts to tax soda and sugar sweetened beverages have failed, and we do not believe there would be public support for a new consumer tax, much less legislative support. Retailers oppose the soda tax for several reasons including the administrative burden of collecting the tax and submitting it to the state, and the effect of limiting the number of options available for customers. In general, a soda tax is a regressive tax and will have a bigger impact on low-income households that spend more than 20% of their income on food compared to the 6.5% that average income households spend on food.

200. Active Community Environments: Agree with CA2 need safe walking/biking routes to schools and work. Agree with CA3: great idea to open schools after hours to the public to use their gyms, pools, other physical activity facilities.

201. Under the schools section pg 52-62, a couple of general comments. Under HHFKA, schools have to comply with new nutrition standards by July 1, 2012, regardless of whether or not they receive additional funding, so goal of meeting these by 2016 seems too far out. Also, there is an ever present battle for minutes in the day for core curriculum, nutrition education always seems to take a back seat, as well as physical activity. I feel that focus needs to be in providing funding/support for staff to oversee before and after school physical activity events, or extending school day by x number of minutes to accommodate nutrition education. I really do support the idea of moving nutrition education out of the cafeteria. Also, in school districts that have lesser % of free/reduced programs, additional funding for universal breakfast programs would be helpful.

202. There is reference to local Complete Streets policies and active transportation, which is excellent. This area could be strengthened in terms of evidence-based policies and infrastructure (e.g. providing transportation alternatives other than cars). (ex. Active Community Environments)

I like the "what can I do" section, as it engages community members in population-focused strategies.

203. Worksites - I hope you take into consideration the current programs that have been working, especially in low income and communities of color. Some of these programs can be much more successful if they had access to more funds. I would also like to encourage for this program to reach out to those local programs that have developed or worked under best practice to educate their communities in different health aspects. It is important to engage community workers through FQHC or other agencies like planned parenthood. This is important if your true goal is to reach as many people as possible.

#### 204. Overall

Obesity has been bred into the American public. We won't return to a restaurant that won't "fill our plate" we don't think that being overweight is our own fault. Obesity is killing this great country that many have fought so hard to maintain.

#### 205. COMMENT 1: Overall plan, specific to questions 1-5 framing the proposal

Further to input from expert members of the Wisconsin Chapter of the American Academy of Pediatrics, we would like to submit our recommendations vis-à-vis the above-mentioned document. It is a laudable effort and we are pleased to be able to provide a pediatrics perspective.

#### Question 1:

The role of the individual and family in the plan. What role should individuals play in their own health? What role should individuals play in improving the health of their communities?

#### WIAAP Comment:

The Plan is careful to identify the roles of individuals and families in the larger context of systems and the organizations operating within. Role modeling by parents is clearly essential in nutrition, physical activity and obesity prevention. Routine primary care should monitor and indicate early interventions and anticipatory guidance including system-wide support of breastfeeding, suggested healthy eating habits and food choices, BMI measurement and monitoring, recommendations for physical activity, and more. Access to primary health care for all children means prevention and management of expensive chronic diseases.

Public health initiatives through community organizations and state agencies serve to educate, enhance and complete the continuum of care and safety of our children and families. These resources are critical building blocks and touch points for families, schools, faith-based initiatives and other community advocates seeking to improve the current and future productivity of their populace.

#### Question 2:

Level of evidence that supports the recommendations.

#### WIAAP Comment:

The plan cites evidence from a variety of state and federal gold-standard sources, including the Centers for Disease Control, Healthy People 2020, and the American Public Health Association. In addition to AAP's Bright Futures standards (already included), we would recommend the inclusion of the AAP policy statements cited at the end of these comments.

While the evidence on obesity prevention and long-term intervention outcomes is still evolving, the best practice recommendations are consistent with current literature and evidence. It is of note that these recommendations, while not statutory, demonstrate the state agencies' responsible and extensive review, collation, evaluation and recommendation with the interest of all children and families in the state.

Question 3:

Feasibility of recommended action and goals.

WIAAP Comment:

It is clear that the authors have taken a cross-sector approach to the considerably difficult process of presenting these recommendations and resources. Our experience has been that true collaboration requires communication and consensus, as well as realistic expectations.

We are not in a position to comment specifically on the fiscal implications of this plan, however have confidence in the authors' assessments and will work to advance the agenda whenever possible, with the help of a wide variety of network collaborators. DHS, DCF, DPI and others have already made a considerable investment in establishing key relationships that have them poised to go to work on these initiatives once implemented.

We would ask that we, as the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP), be added to the existing partner list on page 123, as WIAAP has participated in WECOPI since November 2010 and the larger WIPAN group since March 2012.)

If the group has not already, it would be advisable to confer also with the Wisconsin Academy of Family Physicians (WAFP), as we do not see them on this list.

It would be advisable to confer also with the Wisconsin Academy of Family Physicians (WAFP), who represent a sizeable membership of interested providers.

Question 4:

Where new regulations are proposed, do the benefits outweigh the costs? Do they focus on outcome objectives or process objectives? Could non-regulatory approaches achieve similar outcomes?

WIAAP Comment:

Public health wisdom reflects what research shows – individual interventions do not and cannot effect the sea change of widespread, ingrained systems. Both outcome and process objectives are needed to knit together a plan that works in Wisconsin.

DHS, with the help of other public health agencies and grassroots organizations, has an opportunity to lead the way in these initiatives, not as short-term trendsetters but as proven policy visionaries with long-term healthier results.

Current research on what will happen if we do not make significant public health interventions are staggering. If trends continue, chronic health issues in our citizens will trend younger and younger. We will see conditions in adolescents and pre-adolescents – life threatening, long term conditions – previously found only in adults.

Critical to this discussion is the measurement of indicators, outcomes, and costs associated with them. It is impossible to use perception as an accurate measure of change.

Finally, it is critical that further evaluation of “the how” of sound, effective communication between public health initiatives and private primary care providers can be improved.

Question 5:

Are there government policies that have an adverse impact on sound nutrition?

WIAAP Comment:

Some improvements we see would be adequate payment for maternity and breastfeeding supports, best practice guidelines on BMI, and an evaluation of the WIC and Wisconsin Food Shares programs to ensure low-income families have better access to real, healthy food. Systems to link resources together and provide families with the information they need in real time will be critical to the success of these initiatives.

To intentionally commit to a statewide, integrated approach to nutrition, physical activity and obesity prevention requires a budgetary imperative. Setting these goals must be done within the context of establishing the capacity and infrastructure to attain them. The plan sets measures by which to judge the effectiveness of the efforts.

COMMENT 2 - Infrastructure

Objective II.5 (page 30)

By 2012, a statewide breastfeeding coalition will be established. (Baseline=inactive group)

WIAAP Comment

The Wisconsin Breastfeeding Coalition (WBC) recently held its second annual meeting and is chaired by Jennifer Thomas, MD, MPH, IBCLC, FAAP, FABM. She can be reached at [drjen4kids@gmail.com](mailto:drjen4kids@gmail.com). The WBC web site can be found at <http://www.wibreastfeeding.com/page1.aspx>



Under “Local Implementation,” it would be helpful to clarify the perceived/stated ‘disparities.’ Does this mean Madison? Milwaukee? Other areas?

#### COMMENT 3 - Goal 4 - Early Care and Education

Strategy EC4 (page 50)

“Promote and sustain breastfeeding of infants in regulated care.”

WIAAP Comment

Clearly “regulated care” falls within the structure, mission and responsibility of the DHS and other public health agencies. However it is notable that messaging and educational materials should attempt to reach outside regulated in-home and center-based child care settings.

#### COMMENT 4 - Goal 5 - Schools

Strategy S2 (page 55)

“Increase standards based nutrition education in grades K-12.”

WIAAP Comment

We have not seen the suggested curriculum but would encourage instruction on the benefits of breastfeeding as part of the overall nutrition spectrum.

#### COMMENT 5 Goal 7 (Page 67) – COMMUNITY NUTRITION ENVIRONMENT

Strategy CN 4.2 (page 72)

“By 2016, increase the number of volunteer community-based groups that support and promote breastfeeding, (e.g. La Leche League) from 36 to 42.”

WIAAP Comment

See earlier comment on objective II.5. Where do these benchmark numbers originate? Are they different from the coalitions?

#### COMMENT 6 - Goal 8 (Page 75) – HEALTHCARE

Strategy H1.1 (page 76)

“By 2016, increase the average score of the State Maternity Practices in Infant Nutrition and Care (mPINC) from 71 to 80.”

WIAAP Comment

These appear to be the numbers from 2009. Is there 2011 data available?

206. Appreciate the general theme relative to increasing collective impact and systems approach.

Advocacy, pages 36 to 40. Very important section in my opinion. It is only through legislative awareness and understanding that policy can be impacted.

207. Overall State Plan: I am impressed by the depth & breadth of this plan compared to the first NPAO State Plan. Having spent almost 30 years working in public health I have learned that when the Dept. of HHS must be able to provide leadership & technical assistance for public health departments and local coalitions as they do not have the capacity or know how to do this on their own. By having a formal linkage between the DHHS to WI University's, Schools of Public Health & Medical Schools for research, training and development of assessment and evaluation (data collection); that the NPAO program is then ready to support local health departments and coalitions. I know this first hand from all of the critical support our Coalition has received the past two years from the NPAO Program with our implementation grant and as I now represent our Coalition on a newly forming County Chronic Disease Coalition which could very much use all of the technical support and training that our Coalition was able to take advantage of.

The role of the individual and the family can only be realized when the policies, infrastructure, licensure, education and environments needed are in place. I have learned this truth from almost 30 years of working in health departments as a registered dietitian with a masters degree in public health nutrition and with 7 years as a school board member.

Early Care and Education: As with most of the areas of the plan, the more evidence-based training that can be required for any kind of licensure and maintenance of licensure will result in outcomes that you are working towards to prevent obesity. Data collection for evaluation across the state is critical to know where you are, baseline and have you accomplished what you set out to do. Using licensing to support improved nutrition and PA environments makes excellent sense because you use best practice and evidence-based research to set your goals and objectives and then use licensure and evaluation to know that what you are needing to have done is being accomplished.

Schools: Having spent 7 years as a school board member I can state that there is a lot of room for improvement in how and what we teach our youth and adolescents about food and nutrition & PA. Beginning with having a person responsible for coordinating health and wellness and mandating a health advisory council is a logical place to begin if the state really wants to benefit from reducing obesity in WI. Improving the quality of all school meals is critical. The research shows that by decreasing sugar-sweetened beverages; increasing whole grains, fresh fruits and vegetables; and having nutrition standards for foods sold outside of the meals is effective in reducing obesity. Increasing nutrition education standards along with environmental changes gives students the opportunity to put into practice what they are learning. Examples from the Farm to School programs is exciting. Being able to replicate this program in many more WI communities is so exciting for the farmers and students. Enforcing the national school meal guidelines benefits WI and so benefits our public school students. By forming a health advisory council you educate a wide variety of individuals and build the support critical for schools to be successful in making these changes. When the state leads the

way in all of these initiatives through licensure, standards, and requirements then it doesn't matter where we send our children to school because all schools will be doing the same.

Healthcare: Our implementation grant, that I was responsible for carry out, worked with strategy H1. We had both hospitals in our County implement an evidence-based breastfeeding policy, from the Academy of Breastfeeding Medicine, and between June 2011 and March 2012 the Oneida County WIC program saw an 18% increase in exclusive breastfeeding at 1 month of age! The research states that just having the policy, only 1 step of the 10 Steps to Baby Friendly Hospital, will increase breastfeeding initiation and duration. I can tell you that the funding and support from the WINPAO Program was critical to our success with the hospitals, you gave us legitimacy! We used the hospitals mPINC scores as a motivator.

If WI could begin to use Badger Care to reimburse lactation support in perinatal services, research shows you would save money, lots of money. (Research available upon request.) This should be extended to all commercial and self-funded insurance plans in the state because it will save all of them money and Wisconsinites would be healthier and less obese. The state of WI could require the implementation of the Joint Commission's Perinatal Core Measure on exclusive breastmilk feeding. This would require much needed hospital data collection on exclusive breastmilk feeding and demonstrate whether or not evidence-based breastfeeding practices are being implemented.

When I talk with our nursing school program about adding breastfeeding into their MCH ed. program they say they can't because they are working to ed. to the standards. So we need to incorporate minimum lactation care competency requirements into health professional credentialing, licensing and certification process.

There has to be training and environmental changes along with infrastructure changes and supportive policies to reach the levels of breastfeeding that will not only reduce obesity but promote the health of women and infants and save the state of WI millions of dollars.

208. First of all, I commend the DHS for having a plan and for public input. Second, the role of government in shaping policy for our physical environment and nutrition/food access environment is crucial. Evidenced based approaches should be used to shape public policy to decrease access to food of negative nutritional value and to make physical activity fun and inviting and easy to access. Individuals can do only so much if the food/nutrition and physical environment make it harder to be active and eat healthier. There is a role for state regulation to shape healthy behaviors as demonstrated in the regulations to control where people smoke and age of allowing purchase of tobacco products, cost of cigarettes through taxes, etc. We can use the successes of the anti-smoking movement in social marketing and government regulations to discourage smoking to shape public policy that encourages healthy eating and increased physical activity. Money that comes from the federal government to states in the form of Community Transformation grants should be distributed through a competitive granting process to local units of government and public health agencies. This money should not all be kept at the state level. Local communities know what they need best and should be granted funds with full accountability to do what would work in that particular community.

209. I fully support the objectives of the State Plan. The engagement of non-traditional partners is essential because government cannot do what individuals will not implement. We need help from multiple sources. Though government can encourage good lifestyle habits and implement programs in schools to help achieve these goals, it still comes down to the individual and family.

Groups such as the American Dietetic Association (now AND) are weak on good nutrition guidelines, being heavily influenced by big business interests (Aspartame increases appetite and is neurotoxic, MSG is addictive and increases appetite). Allowing them to control licensure and thus have a monopoly on dietetics and nutrition would be an absolute disaster in attacking our obesity and health problems.

210. Learning about the effects of eating and little activity must start very early. This should be in the curriculum starting in PreK, 4K, 5K, and every year thereafter. Teachers need to get on board. Many still think morning donuts are OK. It starts at home and in the classroom. Change comes with education. Too many cupcakes and frosted cookies in the classroom plus rewarding with candy.

211. Nutrition Environment, Page 70