



APPENDIX

additional background

relevant national guidelines

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

physical activity guidelines:

2008 physical activity guidelines for Americans

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

Children & Adolescents

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

Adults

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

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

General

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

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

nutrition guidelines:

dietary guidelines for Americans

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

General Goals

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

Balancing Calories to Manage Weight

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

Foods and food components to reduce

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

additional background

Recommendations

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

For more detailed information, go to:

www.health.gov/dietaryguidelines

healthy people 2020 and healthiest wisconsin 2020

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

Healthy People 2020

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

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.

- Measure the impact of prevention activities.

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

www.healthypeople.gov/2020/topicsobjectives2020/pdfs/NutritionandWeight.pdf

Healthiest Wisconsin 2020

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

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

For a more detailed description of the *Healthiest Wisconsin 2020* nutrition and physical activity objectives, go to:

www.dhs.wisconsin.gov/hw2020/index.htm

additional background

nutrition, physical activity and obesity state plan

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

target behaviors for preventing obesity

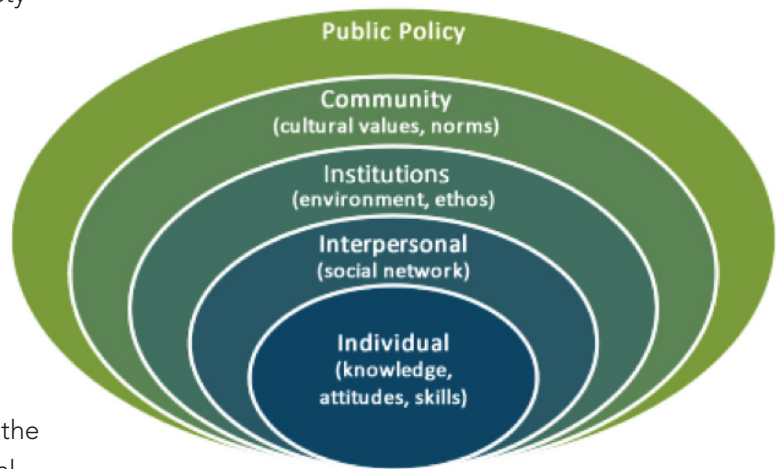
The Centers for Disease Control and Prevention (CDC) has identified target behaviors for state obesity programs to focus on. Wisconsin will leverage resources and coordinate statewide efforts with multiple partners to implement strategies to address the following CDC's Division of Nutrition, Physical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

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

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

policy and environmental focus

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



additional background

think 3-pronged approach

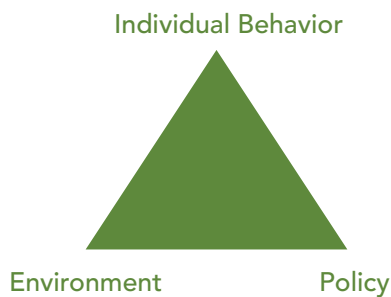
To simplify the SEM concept even further, groups working on obesity prevention should focus their work in three areas: policy change, environmental change, and individual behavior change. The concept of combining individual strategies with environmental and policy changes is a way to increase impact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

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

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

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

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



EXAMPLES OF POLICY & ENVIRONMENTAL CHANGES FOR PHYSICAL ACTIVITY:



Environmental Examples

Controlled intersection with "walk" light indicator.

Well marked crosswalk.

School Crossing sign up the block.



Policy Examples

Walking school bus group with accompanying parents.

Crossing guard on duty.

Distance for students to bus is >1 mile. Encourages students living closer to walk or bike.



social marketing planning approach: step-by-step description

1. Problem description

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

2. Collect formative assessment information

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

3. Determine strategies and objectives

This phase involves summarizing assessment information and utilizing it to develop concrete strategies for achieving the desired behavior change in the target audience. Further audience segmentation and final behavioral focus may also be needed. When possible, strategies should be evidence-based and geared toward policy, system and environmental

change. Objectives should be written in SMART format: Specific, Measurable, Achievable, Realistic and Timeframe-oriented. When developing the strategy, keep in mind the "4Ps" of marketing: product, price, place and promotion.

4. Intervention Design

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

5. Evaluation

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

6. Implementation

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

For more information on social marketing visit:
www.cdc.gov/nccdphp/dnpao/socialmarketing/index.html

nutrition, physical activity and obesity state plan strategies strength of evidence table

Determining the Strength of Evidence for State Plan Strategies

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

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

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

NOTE: Expected Outcomes – the evidence and strength of evidence will be presented by the behavior the strategy impacts (such as breastfeeding, physical activity, nutrition, TV viewing, etc.) and by the health outcome (obesity). There will be one row for each strategy.

nutrition, physical activity and obesity state plan strategy evidence table

Strategy	Expected Outcome	Source	Evidence Strength
EC 1 - Increase supportive nutrition and physical activity environments in regulated care through state-level policy change.	Improved nutrition, increased physical activity	<ol style="list-style-type: none"> 1. U.S. Department of Health and Human Services. <i>The Surgeon General's Vision for a Healthy and Fit Nation</i>. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, January 2010. 2. Benjamin, Sara E, et al. <i>Obesity prevention in child care: A review of U.S. state regulations</i>. BMC Public Health. 2008. http://www.biomedcentral.com/1471-2458/8/188 	Limited Evidence; Supported by Expert Opinion
	Obesity prevention	<ol style="list-style-type: none"> 1. Story, et. al. <i>The Role of Child Care Settings in Obesity Prevention</i>. The Future of Children, Volume 16, Number 1, Spring 2006 pp. 143-168. http://muse.jhu.edu/journals/foc/summary/v016/16.1story02.html 	Limited Evidence; Supported by Expert Opinion
EC 2 – Improve the nutritional quality of meals and snacks served in regulated care settings	Improved nutrition	<ol style="list-style-type: none"> 1. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2010. <i>Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition</i>. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf pp 11-25 2. U.S. Department of Health and Human Services. <i>The Surgeon General's Vision for a Healthy and Fit Nation</i>. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, January 2010. 3. Institute of Medicine (IOM). 2011. <i>Early Childhood Obesity Prevention Policies</i>. Washington, DC: The National Academies Press. pp.85-118. 4. Comprehensive Nutrition Programs in a Single Setting. Center for Training and Research Translation (Center TRT). http://www.centertrt.org/?p=strategy&id=1117 	Some evidence
		<ol style="list-style-type: none"> 1. Story, et. al. <i>The Role of Child Care Settings in Obesity Prevention</i>. The Future of Children, Volume 16, Number 1, Spring 2006 pp. 143-168. http://muse.jhu.edu/journals/foc/summary/v016/16.1story02.html 	Limited Evidence, Supported by Expert Opinion
EC 3 – Increase physical activity levels of children in regulated care	Increased physical activity	<ol style="list-style-type: none"> 1. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2010. <i>Preventing Childhood Obesity in Early Care and Education: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition</i>. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf pp 51-57 2. Bower, et. al. <i>The Childcare Environment and Children's Physical Activity</i>. American Journal of Preventive Medicine, Volume 34, Issue 1, Pages 23-29, January 2008. http://www.ajpmonline.org/article/S0749-3797(07)00616-2/abstract 	Some Evidence

Strategy	Expected Outcome	Source	Evidence Strength
		<ol style="list-style-type: none"> 3. Centers for Disease Control and Prevention. <i>Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community</i>. Atlanta: U.S. Department of Health and Human Services; 2011. http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf Benefits on P.3, and pages 17-20. 4. President's Council on Fitness, Sports, & Nutrition. <i>Physical Activity Guidelines for Americans Mid-Course Report: Strategies to Increase Physical Activity Among Youth</i>. (Unpublished). http://www.health.gov/PAGuidelines/midcourse/PAG_Mid-course_Report.pdf P.6 5. Institute of Medicine (IOM). 2011. <i>Early Childhood Obesity Prevention Policies</i>. Washington, DC: The National Academies Press. P.59-84. 	
	Obesity prevention	<ol style="list-style-type: none"> 1. Story, et. al. <i>The Role of Child Care Settings in Obesity Prevention</i>. The Future of Children, Volume 16, Number 1, Spring 2006 pp. 143-168. http://muse.jhu.edu/journals/foc/summary/v016/16.1story02.html 2. Jago, et. al. <i>BMI from 3–6 y of age is predicted by TV viewing and physical activity, not diet</i>. <i>International Journal of Obesity</i> (2005) 29, 557–565. http://www.nature.com/ijo/journal/v29/n6/abs/0802969a.html 	Limited Evidence, Supported by Expert Opinion
EC 4 - Promote and sustain breastfeeding of infants in regulated care	Increased breastfeeding rates and duration at the Early Childhood Education site	<ol style="list-style-type: none"> 1. University of Wisconsin Population Health Institute. Breastfeeding Promotion Programs. <i>County Health Rankings 2012</i>. 2012. http://www.countyhealthrankings.org/program/breastfeeding-promotion-programs 	Scientifically Supported
	Obesity prevention (reduced obesity rates later in life)	<ol style="list-style-type: none"> 1. Owen et. al. <i>Effect of Infant Feeding on the Risk of Obesity Across the Life Course: A Quantitative Review of Published Evidence</i>. <i>Pediatrics</i> Vol. 115 No. 5 May 1, 2005 pp. 1367-1377. http://www.pediatricsdigest.mobi/content/115/5/1367.full 2. Agency for Healthcare Quality. <i>Breastfeeding, Maternal & Infant Health Outcomes</i>. http://archive.ahrq.gov/clinic/tp/brfouttp.htm 3. CDC Fact Sheet with reference list: Research to Practice Series, No. 4, July 2007. Does breastfeeding reduce the risk of pediatric obesity. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf 4. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/ technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007. 5. Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity—a systematic review. <i>Int J Obes Relat Metab Disord</i> 2004;28:1247–1256. http://www.nature.com/ijo/journal/v28/n10/abs/0802758a.html 	Scientifically Supported
S 1 - Increase the number of Wisconsin schools implementing environment and policy	Improved nutrition, increased physical activity	<ol style="list-style-type: none"> 1. Story, et. al. <i>Schools and Obesity Prevention: Creating School Environments and Policies to Promote Healthy Eating and Physical Activity</i>. <i>The Milbank Quarterly</i>, March 2009. http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2009.00548.x/full 	Scientifically Supported

Strategy	Expected Outcome	Source	Evidence Strength
change strategies to support healthy eating and physical activity		<ol style="list-style-type: none"> 2. Matson-Koffman, et. al. <i>A Site-specific Literature Review of Policy and Environmental Interventions that Promote Physical Activity and Nutrition for Cardiovascular Health: What Works?</i> American Journal of Health Promotion; January/February 2005. http://ajhpcontents.org/doi/abs/10.4278/0890-1171-19.3.167?journalCode=hepr 3. Sallis, et. al, <i>Environmental Interventions for Eating and Physical Activity - A Randomized Controlled Trial in Middle Schools.</i> Am J Prev Med 2003;24(3) http://www.aahf.info/pdf/youth_articles/PIIS0749379702006463.pdf 4. Making Healthy Places, Designing and Building for Health, Well-being and Sustainability. Danneburg, et.a al.; 2011. http://books.google.com/books?hl=en&lr=&id=VVUF8zYoSEC&oi=fnd&pg=PA32&dq=school+policy+changes+physical+activity+and+nutrition&ots=LdM5K-gxoz&sig=O2VxR7Zu9YtelHitBy1izRYZMyo#v=onepage&q=school%20policy%20changes%20physical%20activity%20and%20nutrition&f=false 	
	Decreased obesity	<ol style="list-style-type: none"> 1. Story, et. al. <i>Schools and Obesity Prevention: Creating School Environments and Policies to Promote Healthy Eating and Physical Activity</i> - Section on Impact of Competitive Foods on Child Nutrition.. The Milbank Quarterly, March 2009. http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2009.00548.x/full 2. <i>A Policy-Based School Intervention to Prevent Overweight and Obesity.</i> Gary D. Foster, Sandy Sherman, Kelley E. Borradaile, Karen M. Grundy, Stephanie S. Vander Veur, Joan Nachmani, Allison Karpyn, Shiriki Kumanyika and Justine Shults <i>Pediatrics</i> 2008;121;e794 http://pediatrics.aappublications.org/content/121/4/e794.full 	Some evidence
S 2 - Increase standards based nutrition education in grades K-12	Improved nutrition	<ol style="list-style-type: none"> 1. University of Wisconsin Population Health Institute. School-Based Nutrition Education Programs. <i>County Health Rankings 2012.</i> 2012. http://www.countyhealthrankings.org/program/school-based-nutrition-education-programs 2. Howerton et. al. <i>School-based Nutrition Programs Produced a Moderate Increase in Fruit and Vegetable Consumption: Meta and Pooling Analyses from 7 Studies.</i> Journal of Nutrition Education and Behavior Volume 39, Issue 4 , Pages 186-196, July 2007 http://www.jneb.org/article/S1499-4046%2807%2900098-X/abstract 3. Knai et. al. <i>Getting children to eat more fruit and vegetables: A systematic review.</i> Preventive Medicine Volume 42, Issue 2, February 2006, Pages 85–95. http://www.sciencedirect.com/science/article/pii/S0091743505002215 4. <i>A Policy-Based School Intervention to Prevent Overweight and Obesity.</i> Gary D. Foster, Sandy Sherman, Kelley E. Borradaile, Karen M. Grundy, Stephanie S. Vander Veur, Joan Nachmani, Allison Karpyn, Shiriki Kumanyika and Justine Shults <i>Pediatrics</i> 2008;121;e794 http://pediatrics.aappublications.org/content/121/4/e794.full 	Some Evidence
	Obesity prevention and	1. School-Based Obesity Prevention Strategies for State Policymakers. <i>Strategy</i>	Limited

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

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

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

Strategy	Expected Outcome	Source	Evidence Strength
		968. doi:10.1001/archpedi.159.10.963 http://archpedi.jamanetwork.com/article.aspx?articleid=486133	
	Obesity prevention and weight management	1. Aaron Carrel, et. al. <i>Improvement of Fitness, Body Composition, and Insulin Sensitivity in Overweight Children in a School-Based Exercise Program: A Randomized, Controlled Study</i> . Arch Pediatr Adolesc Med. 2005;159(10):963-968. doi:10.1001/archpedi.159.10.963 http://archpedi.jamanetwork.com/article.aspx?articleid=486133 2. Kriemler, S., Zahner, L., Schindler, C., et. al. Effect of school-based physical activity programme on fitness and adiposity in primary school children: cluster randomized controlled trial. BMJ. 2010; 340: c785. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2827713/	Some Evidence
S 8 - Use an evidence-based fitness test to assess the endurance capacity of the student population in grades 4-12	Increased physical activity and fitness	1. National Association for Sport and Physical Education. <i>Appropriate Uses of Fitness Testing</i> . Position Statement. Reston, Virginia; 2010. http://www.aahperd.org/naspe/standards/upload/Appropriate-Uses-of-Fitness-Measurement.pdf 2. Frederick County Public Schools. <i>Fitness Testing</i> . Frederick, Maryland; 2012. Accessed online 8/27/12. http://physed.sites.fcps.org/node/570	Limited Evidence, Supported by Expert Opinion
	Obesity prevention and weight management	1. Barbara A. Dennison, et. al. <i>Childhood Physical Fitness Tests: Predictor of Adult Physical Activity Levels?</i> Pediatrics 2008. http://pediatrics.aappublications.org/content/82/3/324.short	Limited Evidence, Supported by Expert Opinion
CA 1 - Develop local community master plans that include incorporation of strategies that promote physical activity	Increased physical activity and fitness	1. University of Wisconsin Population Health Institute. Access to Places for Physical Activity. <i>County Health Rankings 2012</i> . 2012. http://www.countyhealthrankings.org/program/access-places-physical-activity 2. World Health Organization. <i>A healthy city is an active city: a physical activity planning guide</i> . 2012. http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/urban-health/publications/2008/healthy-city-is-an-active-city-a-a-physical-activity-planning-guide 3. Centers for Disease Control and Prevention. <i>Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community</i> . Atlanta: U.S. Department of Health and Human Services; 2011. http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf 4. Khan et. al. Recommended Community Strategies and Measurements to Prevent Obesity in the United States. CDC MMWR July 24, 2009 / 58(RR07);1-26 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm 5. Heath GW, Brownson RC, Kruger J, et al. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. J Phys Act Health. 2006;3(Suppl 1):S55-76	Scientifically Supported
	Decreased obesity	1. Mia A. Papas, et. al. The Built Environment and Obesity. Epidemiol Rev 2007;29:129–143. http://www.ncbi.nlm.nih.gov/pubmed/17533172 2. Penny Gordon-Larsen, et. al. Inequality in the Built Environment Underlies Key Health Disparities in Physical Activity and Obesity. Pediatrics Vol. 117 No. 2	Scientifically Supported

Strategy	Expected Outcome	Source	Evidence Strength
		February 1, 2006 pp. 417 -424 (doi: 10.1542/peds.2005-0058). http://www.pediatricsdigest.mobi/content/117/2/417.full	
CA 2 – Develop and implement active transportation options such as safe routes to school plans and bike to work options in communities	Increased physical activity	<ol style="list-style-type: none"> 1. University of Wisconsin Population Health Institute. Access to Places for Physical Activity. <i>County Health Rankings 2012</i>. 2012. http://www.countyhealthrankings.org/program/access-places-physical-activity 2. CDC. Youth Physical Activity Guidelines. CDC Physical Activity 2011 3. University of Wisconsin Population Health Institute. Safe Routes to Schools (SRTS). <i>County Health Rankings 2012</i>. 2012. http://www.countyhealthrankings.org/program/safe-routes-schools-srts 	Scientifically Supported
	Decreased obesity	<ol style="list-style-type: none"> 1. Frank, et. al. <i>Obesity relationships with community design, physical activity, and time spent in cars</i>. American Journal of Preventive Medicine, Volume 27, Issue 2, August 2004, Pages 87–96. http://www.sciencedirect.com/science/article/pii/S074937970400087X 	Some Evidence
CA 3 - Increase access to public or community facilities for physical activity	Increased physical activity and fitness	<ol style="list-style-type: none"> 1. University of Wisconsin Population Health Institute. Access to Places for Physical Activity. <i>County Health Rankings 2012</i>. 2012. http://www.countyhealthrankings.org/program/access-places-physical-activity 2. Brownson et. al. <i>SHAPING THE CONTEXT OF HEALTH: A Review of Environmental and Policy Approaches in the Prevention of Chronic Diseases</i>. Annual Review of Public Health, Vol. 27: 341-370 (Volume publication date April 2006). http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.27.021405.102137 	Scientifically Supported
	Decreased obesity	<ol style="list-style-type: none"> 1. Wolch et. al. <i>Childhood obesity and proximity to urban parks and recreational resources: A longitudinal cohort study</i>. Health & Place, Volume 17, Issue 1, January 2011, Pages 207–214. http://www.sciencedirect.com/science/article/pii/S1353829210001528 2. Dunton et. al. <i>Physical environmental correlates of childhood obesity: a systematic review</i>. Obesity Reviews Volume 10, Issue 4, pages 393–402, July 2009 http://onlinelibrary.wiley.com/doi/10.1111/j.1467-789X.2009.00572.x/full 	Limited Evidence, Supported by Expert Opinion
FS 1 – Increase access to and affordability of fruits and vegetables	Improved nutrition	<ol style="list-style-type: none"> 1. University of Wisconsin Population Health Institute. Increase Fruit and Vegetable Availability. <i>County Health Rankings 2012</i>. 2012. http://www.countyhealthrankings.org/program/increase-fruit-vegetable-availability 2. University of Wisconsin Population Health Institute. WIC and Senior Farmers Market Nutrition Programs. <i>County Health Rankings 2012</i>. 2012. http://www.countyhealthrankings.org/program/wic-and-senior-farmers-market-nutrition-programs 3. Herman DR, Harrison GG, Afifi AA, Jenks E. Effect of a targeted subsidy on intake of fruits and vegetables among low-income women in the Special Supplemental Nutrition Program for Women, Infants, and Children. <i>Am J Public Health</i>. 2008;98(1):98-105. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2156076/ 	Some Evidence

Strategy	Expected Outcome	Source	Evidence Strength
		<ol style="list-style-type: none"> 4. Alaimo K, Packnett E, Miles R, Kruger D. Fruit and vegetable intake among urban community gardeners. <i>J Nutr Educ Behav.</i> 2008;40(2):94-101. 5. Kimmons, J., et al. <i>Developing and Implementing Health and Sustainability Guidelines for Institutional Food Service.</i> Adv Nutr. May 2012. 6. Centers for Disease Control and Prevention. <i>Improving the Food Environment Through Nutrition Standards: A Guide for Government Procurement.</i> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention. February 2011. 7. Changing Access and Availability to Favor Healthy Foods and Beverages. Center for Training and Research Translation (Center TRT). http://www.centertrt.org/?p=strategy&id=1114&section=3 	
	Obesity prevention/reduction	<ol style="list-style-type: none"> 1. Rolls BJ, Ello-Martin JA, Tohill BC. What can intervention studies tell us about the relationship between fruit and vegetable consumption and weight management? <i>Nutr Rev.</i> Jan 2004;62(1):1-17. 2. Lin and Morrison. <i>Higher Fruit Consumption Linked with Lower Body Mass Index.</i> FoodReview USDA-ERS. 2002. http://webarchives.cdlib.org/wayback/public/UERS_ag_1/20120110085300/ http://connection.ebscohost.com/c/articles/9071366/higher-fruit-consumption-linked-lower-body-mass-index 	Limited Evidence, Supported by Expert Opinion
FS 2 - Increase access to and promotion of healthy foods in restaurants, food stores, and vending	Improved nutrition	<ol style="list-style-type: none"> 1. Bodor JN, Rose D, Farley TA, Swalm C, Scott SK. Neighbourhood fruit and vegetable availability and consumption: the role of small food stores in an urban environment. <i>Public Health Nutri.</i> 2008;11(4):413-420. http://journals.cambridge.org/abstract_S1368980007000493 2. Matson-Koffman DM, Brownstein JN, Neiner JA, Greaney ML. A site-specific literature review of policy and environmental interventions that promote physical activity and nutrition for cardiovascular health: what works? <i>Am J Health Promot.</i> 2005;19(3):167-193. 3. Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. Creating Healthy Food and Eating Environments: Policy and Environmental Approaches. <i>Annu Rev Public Health.</i> 2008;29(1):253-272. http://www.med.upenn.edu/chbr/documents/2008-Story-CreatingHealthyFoodEatingEnviro.pdf 4. Glanz, K. and D. Hoelscher, <i>Increasing fruit and vegetable intake by changing environments, policy and pricing: restaurant-based research, strategies, and recommendations.</i> Prev Med, 2004. 39 Suppl 2: p. S88-93. 5. University of Wisconsin Population Health Institute. Label Nutrition Information at Restaurants. <i>County Health Rankings 2012.</i> 2012. http://www.countyhealthrankings.org/program/label-nutrition-information-restaurants 6. University of Wisconsin Population Health Institute. Point-of-Decision Prompts: Healthy Food Choices. <i>County Health Rankings 2012.</i> 2012. 	Scientifically Supported

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

Strategy	Expected Outcome	Source	Evidence Strength
FS 4 – Increase access to education and programs that support breastfeeding initiation, exclusivity, and duration	Increased breastfeeding initiation and short term exclusivity (1); increased duration of breastfeeding,	<p>http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/r2p_sweetend_beverages.pdf</p> <ol style="list-style-type: none"> Centers for Disease Control and Prevention. <i>The CDC Guide to Breastfeeding Interventions: Educating Mothers</i>. Atlanta: U.S. Department of Health and Human Services; 2005. http://www.cdc.gov/breastfeeding/pdf/BF_guide_4.pdf Centers for Disease Control and Prevention. <i>The CDC Guide to Breastfeeding Interventions: Support for Breastfeeding in the Workplace</i>. Atlanta: U.S. Department of Health and Human Services; 2005. http://www.cdc.gov/breastfeeding/pdf/BF_guide_2.pdf Sikorski J, Renfrew MJ, Pindoria S, Wade A. Support for breastfeeding mothers: a systematic review. <i>Paediatr Perinat Epidemiol</i> 2003;17(4):407–417. Mitra AK, Khoury AJ, Hinton AW, Carothers C. Predictors of breastfeeding intention among low-income women. <i>Matern Child Health J</i> 2004;8:65–70. Arlotti JP, Cottrell BH, Lee SH, Curtin JJ. Breastfeeding among low-income women with and without peer support. <i>J Community Health Nurs</i> 1998;15:163–178. Yun S, Liu Q, Mertzlufft K, Kruse C, White M, Fuller P, et al. Evaluation of the Missouri WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) breast-feeding peer counselling programme. <i>Public Health Nutr</i> 2010;13:229–237. Dennis CL, Kingston D. A systematic review of telephone support for women during pregnancy and the early postpartum period. <i>J Obstet Gynecol Neonatal Nurs</i> 2008;37:301–314. 	Scientifically Supported
	Obesity prevention/reduction	<ol style="list-style-type: none"> Owen et. al. <i>Effect of Infant Feeding on the Risk of Obesity Across the Life Course: A Quantitative Review of Published Evidence</i>. <i>Pediatrics</i> Vol. 115 No. 5 May 1, 2005 pp. 1367-1377. http://www.pediatricsdigest.mobi/content/115/5/1367.full Agency for Healthcare Research and Quality. <i>Breastfeeding, Maternal & Infant Health Outcomes</i>. http://archive.ahrq.gov/clinic/tp/brfouttp.htm CDC Fact Sheet with reference list: Research to Practice Series, No. 4, July 2007. Does breastfeeding reduce the risk of pediatric obesity. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/ technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007. Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity—a systematic review. <i>Int J Obes Relat Metab Disord</i> 2004;28:1247–1256. http://www.nature.com/ijo/journal/v28/n10/abs/0802758a.html 	Scientifically Supported
H 1 – Implement evidence-based guidelines for quality maternity care practices	Increased breastfeeding rates, increased breastfeeding duration, improved motherly	<ol style="list-style-type: none"> The CDC Guide to Breastfeeding Interventions; pg. 2 The Surgeon General’s Call to Action to Support Breastfeeding 2011; pg.24, 25, 44 University of Wisconsin Population Health Institute. Breastfeeding Promotion 	Scientifically Supported

Strategy	Expected Outcome	Source	Evidence Strength
that are fully supporting of breastfeeding initiation, duration and exclusivity	attitude towards breastfeeding	<p>Programs. <i>County Health Rankings 2012</i>. 2012. http://www.countyhealthrankings.org/program/breastfeeding-promotion-programs</p> <p>4. Murray EK, Ricketts S, Dellaport J. Hospital practices that increase breastfeeding duration: results from a population-based study. <i>Birth</i> 2007;34:202–211.</p>	
	Obesity prevention/reduction	<p>1. Owen et. al. <i>Effect of Infant Feeding on the Risk of Obesity Across the Life Course: A Quantitative Review of Published Evidence</i>. <i>Pediatrics</i> Vol. 115 No. 5 May 1, 2005 pp. 1367-1377. http://www.pediatricsdigest.mobi/content/115/5/1367.full</p> <p>2. Agency for Healthcare Research and Quality. <i>Breastfeeding, Maternal & Infant Health Outcomes</i>. http://archive.ahrq.gov/clinic/tp/brfouttp.htm</p> <p>3. CDC Fact Sheet with reference list: Research to Practice Series, No. 4, July 2007. Does breastfeeding reduce the risk of pediatric obesity. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf</p> <p>4. Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, et al. Breastfeeding and maternal and infant health outcomes in developed countries: evidence report/technology assessment no. 153. Rockville, MD: Agency for Healthcare Research and Quality; 2007. AHRQ Publication No. 07-E007.</p> <p>5. Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity—a systematic review. <i>Int J Obes Relat Metab Disord</i> 2004;28:1247–1256. http://www.nature.com/ijo/journal/v28/n10/abs/0802758a.html</p>	Scientifically Supported
H 2 – Routinely screen and counsel patients on BMI status following evidence-based practice guidelines	Obesity prevention/reduction	<p>1. U.S. Preventive Services Task Force. <i>Screening for Obesity in Adults: Recommendations and Rationale – B rating</i>. Adults: June 2012, Children and Teens: January 2010 http://www.uspreventiveservicestaskforce.org/3rduspstf/obesity/obesrr.htm</p> <p>2. McTigue et. al. <i>Screening and Interventions for Overweight and Obesity in Adults</i> Systematic Evidence Reviews, No. 21 http://www.ncbi.nlm.nih.gov/books/NBK42795/</p> <p>3. Dansinger et. al. <i>Meta-analysis: The Effect of Dietary Counseling for Weight Loss</i>. <i>Ann Intern Med</i>. 3 July 2007;147(1):41-50 http://annals.org/article.aspx?articleid=735254</p>	Some Evidence
H 3 – Develop and implement a systems approach to identify and follow-up with at-risk, overweight and obese patients, including nutrition and physical activity counseling	Obesity prevention/reduction	<p>1. U.S. Preventive Services Task Force. <i>Screening for Obesity in Adults: Recommendations and Rationale – B rating</i>. Adults: June 2012, Children and Teens: January 2010 http://www.uspreventiveservicestaskforce.org/3rduspstf/obesity/obesrr.htm</p> <p>2. University of Wisconsin Population Health Institute. Individually-Adapted Behavior Change. <i>County Health Rankings 2012</i>. 2012. http://www.countyhealthrankings.org/program/individually-adapted-health-behavior-change</p> <p>3. McTigue et. al. <i>Screening and Interventions for Overweight and Obesity in Adults</i> Systematic Evidence Reviews, No. 21</p>	Scientifically Supported

Strategy	Expected Outcome	Source	Evidence Strength
		<p>http://www.ncbi.nlm.nih.gov/books/NBK42795/</p> <p>4. Dansinger et. al. <i>Meta-analysis: The Effect of Dietary Counseling for Weight Loss.</i> <i>Ann Intern Med.</i> 3 July 2007;147(1):41-50 http://annals.org/article.aspx?articleid=735254</p>	
H 4 – Participate in healthcare-community partnerships to facilitate the active referral of patients to community resources that increase access to opportunities for physical activity and high quality nutritious foods and beverages	Improved nutrition, Increased PA	<p>1. Centers for Disease Control and Prevention. <i>10 Essential Public Health Services.</i> Atlanta: U.S. Department of Health and Human Services; 2010. http://www.cdc.gov/nphpsp/essentialservices.html</p> <p>2. <i>Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (Strategy 4-1: Provide standardized care and advocate for healthy community environments).</i> Institute of Medicine 2012 publication. http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx</p> <p>3. Krebs NF, Jacobson MS. <i>Prevention of pediatric overweight and obesity.</i> <i>American Academy of Pediatrics Committee on Nutrition.</i> Pediatrics. 2003 Aug;112(2):424-30. http://www.ncbi.nlm.nih.gov/pubmed/12897303</p>	Limited Evidence, Supported by Expert Opinion
	Obesity prevention/reduction	<p>1. U.S. Preventive Services Task Force. <i>Screening for Obesity in Adults: Recommendations and Rationale – B rating.</i> Adults: June 2012, Children and Teens: January 2010 http://www.uspreventiveservicestaskforce.org/3rduspstf/obesity/obesrr.htm</p>	Limited Evidence, Supported by Expert Opinion
W 1 – Implement comprehensive worksite wellness programs using evidence-based strategies	Obesity prevention/reduction	<p>1. The Health and Cost Benefits of Worksite Health-Promotion Programs, Ron Z. Goetzel and Ronald J. Ozminkowski, Annual Review of Public Health, Volume 29, 2008. http://www.ncbi.nlm.nih.gov/pubmed/18173386</p> <p>2. Baicker, et. al. <i>Workplace Wellness Programs Can Generate Savings.</i> Health Aff February 2010 vol. 29 no. 2 304-311. http://content.healthaffairs.org/content/29/2/304.abstract</p> <p>3. University of Wisconsin Population Health Institute. Worksite Obesity Prevention Interventions. <i>County Health Rankings 2012.</i> 2012. http://www.countyhealthrankings.org/program/worksite-obesity-prevention-interventions</p> <p>4. Anderson et. al. <i>The Effectiveness of Worksite Nutrition and Physical Activity Interventions for Controlling Employee Overweight and Obesity - A Systematic Review.</i> Am J Prev Med 2009;37(4). http://www.thecommunityguide.org/obesity/EffectivenessWorksiteNutritionPhysicalActivityInterventionsControllingEmployeeOverweightObesitySystematicReview.pdf</p>	Scientifically Supported
W 2 – Promote, support and develop more worksite wellness efforts that are statewide, regional or city-wide	Obesity prevention/reduction	<p>1. The Health and Cost Benefits of Work Site Health-Promotion Programs, Ron Z. Goetzel and Ronald J. Ozminkowski, Annual Review of Public Health, Volume 29, 2008. http://www.ncbi.nlm.nih.gov/pubmed/18173386</p> <p>2. University of Wisconsin Population Health Institute. Worksite Obesity Prevention Interventions. <i>County Health Rankings 2012.</i> 2012.</p>	Some Evidence

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

acronyms

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

glossary

Action for Healthy Kids (AFHK): A nonprofit organization formed specifically to address the epidemic of overweight, undernourished and sedentary youth by focusing on changes at school. AFHK works in all 50 states and the District of Columbia to improve children's nutrition and increase physical activity, which will in turn improve their readiness to learn.

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

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

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

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

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

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

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

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

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

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

Community: A social unit that can encompass where people live and interact socially (a city, county, neighborhood, subdivision or housing complex). It can be a social organization wherein people share common

glossary (cont.)

concerns or interests. Often, a community is a union of subgroups defined by a variety of factors including age, ethnicity, gender, occupation and socioeconomic status.

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

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

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

Environmental Change (Environment): Physical, social, or economic factors designed to influence people's practices and behaviors. Examples of alterations or changes to the environment include:

- *Physical:* Structural changes or the presence of programs or services, including the presence of healthy food choices in restaurants or cafeterias, improvements in the built environment to promote walking (e.g., walking paths), and the presence of comprehensive school health education curricula in schools.
- *Social:* A positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice
- *Economic:* The presence of financial disincentives or incentives to encourage a desired behavior

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

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

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

Fresh Fruit and Vegetable Program: Funded through the federal 2008 Farm Bill, the Fresh Fruit and Vegetable Program (FFVP) provides children in participating elementary schools (with a 50% or greater free or reduced-priced student designation) with a variety of free fresh fruits and vegetables through a grant program. The purpose of the program is to expand and increase the variety and amount of fruits and vegetables children experience and consume.

glossary (cont.)

Fruits & Veggies—More Matters®: Formerly known as the 5 A Day Program, this national public health initiative was created to encourage Americans to eat more fruits and vegetables—fresh, frozen, canned, dried and 100% juice. The new initiative is a national call-to-action that is attainable and easy for people to understand—it is simply to eat more fruits and vegetables. More than 90% of Americans consume fewer fruits and vegetables than the daily amount recommended by the *Dietary Guidelines for Americans*, which ranges from 2 to 6 ½ cups.

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

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

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

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

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

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

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

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

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

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

Moderate-intensity Physical Activity: Physical activity that requires sustained rhythmic movements and refers to a level of effort a healthy individual might expend while walking briskly, mowing the lawn, dancing, swimming,

glossary (cont.)

bicycling on level terrain, etc. The person should feel some exertion but should be able to carry on a conversation comfortably during the activity.

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

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

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

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

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

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

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

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

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

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

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

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

Social Marketing: The application of commercial advertising and marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience in order to improve personal welfare and that of society.

glossary (cont.)

Social-Ecological Model: The model suggests that behavior change requires not only educational activities, but also advocacy, organizational change efforts, policy development, economic support and environmental change and that these “spheres of influence” can have an impact on individual health behavior. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels.

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

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

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

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

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

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

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

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

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

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

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

Wisconsin School Health Award: The Wisconsin School Health Award was created as a way to recognize and celebrate schools with policies, programs, and the infrastructure to support and promote healthy eating; physical

glossary (cont.)

activity; alcohol-, tobacco-, and drug-free lifestyles; and parental and community involvement. The goal of this award is to motivate and empower Wisconsin schools as they create and maintain healthy school environments.

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

Youth Risk Behavior Surveillance System (YRBSS): A system developed by CDC to monitor priority health risk behaviors that contribute to the leading causes of morbidity, mortality and social problems among youth in the United States. The survey is administered in Wisconsin to middle and high school students every other year.

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American Heart Association
Bike Walk Madison
Breastfeeding Promotion Network
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Brown County Planning Commission
Burlington Area School District
Challenge Chippewa Community Nutrition Coalition
Children's Health Alliance of Wisconsin
Children's Hospital of Wisconsin
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Group Health Cooperative of South Central Wisconsin
Gundersen Lutheran
Humana Inc
Hunger Task Force
inTEAM Associates; Inc.
Kimberly-Clark Corporation
La Crosse County Health Dept
La Leche League of Madison
M3 Insurance Solutions for Business
Madison Schools & Community Recreation
Marathon County Health Department
Marshfield Clinic
Medical College of Wisconsin
Mequon-Thiensville School District
Mount Mary College
Navitus Health Solutions
NEW Community Clinic - WIC
Oconto County Health and Human Services
Oneida Nation High School
Outagamie County Public Health
Platteville School Board/Belmont School District
Polk County Health Department
Portage County Health & Human Services
Public Health Madison and Dane County
R&R Insurance Services
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University of Wisconsin Hospital and Clinics
University of Wisconsin Madison Center for Integrated Agricultural Systems
University of Wisconsin Madison Center for Tobacco Research and Intervention
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Waupaca Learning Center
Wellness Council of Wisconsin
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Wisconsin Association for Health, Physical Education, Recreation, and Dance (WAHPERD)
Wisconsin Association of Lactation Consultants
Wisconsin Association of School Boards
Wisconsin Beverage Association
Wisconsin Dietetic Association
Wisconsin Medical Society
Wisconsin Milk Marketing Board
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