Wisconsin's Physical Activity and Nutrition Road Map

Being physically active and having nutrition security (access to sufficient and nutritious food options) are critical to the health of our communities, especially as many are still experiencing the impacts of the COVID-19 pandemic and struggling to recover from it. The Wisconsin Department of Heath Services (DHS) Chronic Disease Prevention Program (CDPP), Wisconsin Maternal and Child Health Program, and healthTIDE are partnering to engage stakeholders around the creation and funding of a statewide Physical Activity and Nutrition (PAN) Road Map that is community-centered, community-driven, and equity-focused.

This document serves as a starting point to understand key data, community needs, evidence-based strategies, and infrastructure needed to implement PAN initiatives statewide.

Centering Community Voices

In October 2020, we engaged community organizations in a listening session to ensure the road map for improving physical activity and nutrition is community-centered and community-

nutrition is community-centered and community-driven. Below are the key themes derived from this listening session:

Center Equity

- Address systemic and institutional racism.
- Provide health equity training and technical assistance.
- Shift power and power structures.

Offer Flexible Funding

- Fund capacity building.
- Allow community autonomy with strategies.

Physical activity and nutrition is one of the top five priorities identified in community health assessments and improvement plans of local health departments and hospitals across the state. Tribal communities are also focusing on policy, system, and environmental (PSE) change to address obesity.

Support community voices and leaders.

Honor lived experience and community innovation.

Identify shared outcomes that unite and connect communities.

Recognize the importance and value of partnership and relationship building.

State Listening Session

In December 2020, we engaged statewide partners in a listening session to gather additional feedback to inform the PAN Road Map, and share the initial feedback from the community listening session. Discussions focused on COVID-19 impact, equity, infrastructure, and funding. Feedback aligned with the community listening session, particularly around centering community voices. Key themes of this session related to infrastructure and funding to support community-centered work.

Cross-Sector Partnerships

- Support cross-agency partnerships to facilitate progress.
- Leverage existing cross-sector partnerships.

Capacity Building

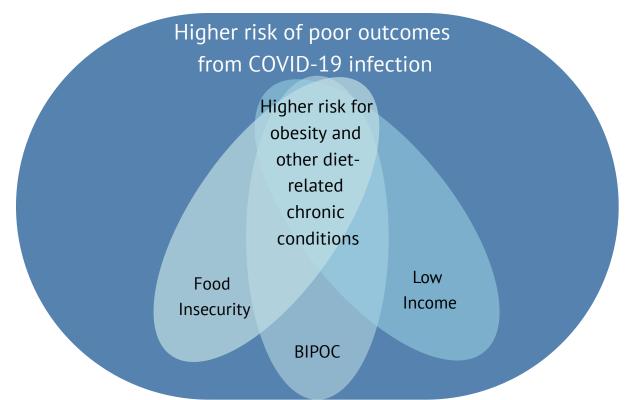
- Identify how to provide technical assistance (TA) to partners not yet funded.
- Provide TA on systems thinking, partnerships, evaluation, etc.
- Demonstrate the need for an investment to build capacity and infrastructure.

Funding Considerations

- Revamp current funding structures and parameters to better support community engagement.
- Find balance between having a statewide plan and supporting community autonomy in their strategies.

COVID-19 Impacts

The COVID-19 pandemic has shown us the importance of investing in prevention and ensuring communities have healthy environments and the resources necessary to support physical activity and healthy eating. While much is still unknown about the long-term effects of COVID-19, we do know that those with obesity and other diet-related chronic conditions are at higher risk for poor outcomes from infection. Additionally, the pandemic has highlighted the disproportionate impact of COVID-19 on Black, Indigenous, and People of Color (BIPOC) due to existing socioeconomic factors such as poverty, racism, and discrimination.



Graphic adapted from: Business for Impact at Georgetown University McDonough School of Business, Portion Balance Coalition.

The pandemic exacerbated existing barriers and inequities, and created new obstacles to healthy eating and physical activity, including: gym closures, reduced food purchasing power from income loss, the interruption of school meal programs, and rapid changes to safety net benefits and food assistance programs.² As the pandemic continues to make us sick and limit normal activity, it's crucial that policy adjustments are designed to sustain and support families' nutrition needs and offer safe opportunities for physical activity. It's also critical that we learn from the current crisis to ensure there are policies in place to protect the health of Wisconsinites during future crises.

Ongoing COVID-19 relief and recovery efforts will play a role in shaping healthier, more resilient communities, and it is imperative that any future work stemming from this Road Map centers the lived experience of community members most impacted by inequitable conditions for health.

Opportunities for Health

Not everyone has the same opportunities to access and benefit from healthy foods and physical activity in Wisconsin. These opportunities are shaped by policies and systems that encourage or discourage making the healthy choice the easy choice.³

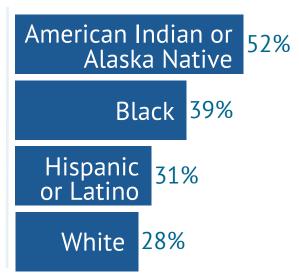
Residential segregation and other forms of structural racism have contributed significantly to creating differences in opportunities to be healthy. There are glaring disparities across races, ethnicities, and geographies in Wisconsin.

For example, childhood obesity rates across zip codes vary from as low as 6% up to as much as 39%.⁴ Adult obesity rates among Black and American Indians or Alaska Natives are significantly higher than White adults in Wisconsin.

Addressing these unfair systems policies, and practices is crucial in closing the gaps in obesity rates. Strategies that only focus on reducing the obesity rate overall without addressing differences in places and people have the potential to increase disparities.

- **1 in 12** Wisconsin households were food insecure before the COVID-19 pandemic.⁵
 - 47% of Wisconsin farmer's markets accept SNAP benefits.⁶
 - secondary schools allow students to buy soda or fruit drinks from at least one vending machine at the local store, canteen, or snack bar.⁷
 - 1 in 5 hospitals have a comprehensive breastfeeding policy.8
 - of people living in rural areas have adequate access to places for physical activity (e.g., sidewalks, bicycle lanes, gyms), compared to 86% in urban places.9

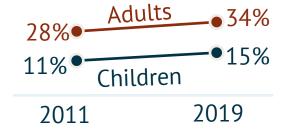
Age-adjusted adult obesity by race and Hispanic or Latino ethnicity, 2014-2016.10



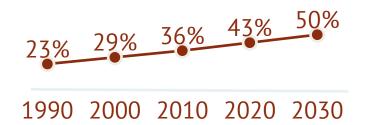
We Must Act Now

Obesity rates in Wisconsin continue to rise for both children and adults. One in six currently has obesity. Obesity rates in adults are expected to reach 50% by 2030.

Percent with obesity¹¹



Estimated Adult Obesity by 2030¹²



We Know What Works

Evidence-based strategies in the following settings are proven to address and prevent obesity:

- Early Care & Education (ECE)
- Community
- Schools
- Health care
- Worksites

The Road Map includes PSE change across these settings.

Physical Activity and Nutrition Strategies

The following list of PAN strategies are meant to be utilized and adapted based on community needs. Based on our discussions with community members, we know that innovative community-led, practice-based, or evidence-based strategies adapted to fit the different needs and culture of a community are necessary to center community-driven solutions and ideas.

These strategies should be prioritized in communities and among populations that have experienced inequitable distribution of power and resources.

Physical Activity Strategies



Access to Places for PA

- Walking or activity groups
- Groups that support people with disabilities or chronic conditions

Prompts to Encourage PA

- Point of decision signage (e.g., prompt to take the stairs)
- A system of signs (wayfinding) to more easily navigate walkable places
- Active transportation promotion

Community Campaigns

Events combined with multichannel messaging

School and Youth Programs

- Comprehensive School Physical Activity Program (CSPAP)
- Opportunities to be active before, during, and after school
- Policy and programming for 60 to 120 minutes of daily physical activity in ECE
- Policy and programming to limit screen time to less than one hour daily in ECE

Social Supports

- Shared-use agreements
- Workplace facilities and policies
- Improve access to community PA facilities

Activity-Friendly Routes to Everyday Destinations

- Complete Streets
- Comprehensive or master plans supportive of active living
- Zoning to support active travel
- Active transportation options to and from school (e.g., Safe Routes to School)
- Walking and biking routes and trails
- Safety and crime prevention

Individual Supports

- Peer and professional support
- Technology, wearables, and apps

Nutrition Strategies



Access to Healthy Food and Beverages

- Food sovereignty for Tribal Nations
- Robust local and regional food systems
- Farm to institution
- Gardening initiatives
- Healthy options in retail venues
- Nutrition incentives for federal nutrition assistance programs

Nutrition Policy

- Healthy nutrition standards in public venues and worksites
- Healthy options in emergency food programs
- Food policy councils
- Zoning to support healthy retail outlets and fewer unhealthy food and beverage outlets
- Promotion and expansion of federal nutrition assistance programs

Breastfeeding and Chestfeeding

- Community peer counselors and support groups
- Evidence-based maternity care practices
- Continuity of care and referral systems
- Private lactation spaces in public venues and worksites

Healthy Nutrition Environments*

- Healthy foods and beverages available and promoted
- No or limited marketing of unhealthy food and beverage options

*Environments encompass multiple settings (e.g., ECE, worksites, community, schools, health care)

Individual Supports

- Nutrition education
- Technology and apps for cooking and healthy eating tips

A Healthy Communities Approach

Wisconsin has a strong history of physical activity and nutrition efforts spanning multiple settings and systems. The Wisconsin Department of Health Services (DHS) Chronic Disease Prevention Program (CDPP) received funding from the Centers for Disease Control and Prevention (CDC) in 2003 to support the formation of a statewide Nutrition and Physical Activity Program.

The second edition of the Wisconsin Nutrition and Physical Activity State Plan 2013-2020 was developed through a collaborative process with coalitions and partners around the state. Formed in 2012 with initial funding provided by the Wisconsin Partnership Program, healthTIDE is a network of statewide and place-based community partners working together to connect, align, and unite multi-sector partners to create lasting policy, system, and environmental (PSE) changes related to healthy eating, physical activity, and healthy communities. Both the CDC funding and the Wisconsin Partnership Program funding ended in late 2018 and 2019 respectively.

Currently, no dedicated funding or infrastructure exists for the Wisconsin DHS CDPP and our partners to support implementing PSE changes necessary for healthy communities.

A full scale investment in local communities and tribal nations, with stable and flexible funding for dedicated staff, leadership, and resources, is needed to implement sustainable PSE change prevention strategies that go beyond pilot efforts and mini-grants. Creating and sustaining environments that make breastfeeding, healthy eating, and physical activity easier for people of all ages and abilities can have a major impact on the prevention of chronic diseases and can help address the vast health inequities that exist across our communities. This type of investment would represent a substantial and unprecedented public-private partnership in state and community-level health promotion and chronic disease prevention in Wisconsin.

These are the ideal components needed to establish a Healthy Communities approach for statewide PAN work:

- **Rebuild community and state-level resources.** State infrastructure is critical to adequately support investment in local communities and tribal nations, with stable and flexible funding for dedicated staff, leadership, and resources.
- **Engage across sectors.** DHS and healthTIDE would actively convene, engage, and mobilize broad multi-sectoral partnerships to build momentum and investment in prevention. This includes meaningful engagement with under-represented groups within each community and groups most affected by health inequities.
- **Design for statewide implementation.** Invest across all 72 counties and 11 tribes for broad-based support from stakeholders.
- **Streamline options for communities.** Provide a "menu" of evidence-based PSE change strategies, with an emphasis on breastfeeding, nutrition, and physical activity in populations most impacted by inequities.
- Adapt for tribal implementation. Tribal communities are a vital partner in this work. The Physical Activity and Nutrition initiative should be adapted for implementation with tribal communities to ensure culturally-responsive technical assistance and evaluation strategies are developed in collaboration with the tribes.
- **Build public-private partnerships.** Develop and strengthen partnerships with a variety of different sectors to leverage funding and resources for scale and sustainability.
- Ensure robust evaluation framework. Building broad support for a sustained investment of this scale requires accountability that the program is making a meaningful impact on the health and well-being of our state. The Road Map includes funding for formal and ongoing evaluation of project processes and outcomes.

We reviewed information from other states and consulted with experts across the U.S. to learn about successful local and statewide healthy community efforts. One such example is the Minnesota Statewide Health Improvement Partnership (SHIP) created by a groundbreaking health reform law. The SHIP is a comprehensive health strategy coordinated by the Minnesota Department of Health across all counties and tribal nations to support critical primary prevention activities led by local and tribal partners. The SHIP provides grants to communities for initiatives for active living, healthy eating, and tobacco cessation. In fiscal year 2018-19, grants were awarded to 41 community health boards and 10 tribal governments totaling \$35 million. SHIP has a focused menu of evidence-based strategies for greater reach and a centralized evaluation methodology.

Road Map Overview

The intention of this road map is to serve and support Wisconsin communities and their efforts to create healthier places and spaces that support optimal health. In order for communities to be healthier, significant investments and equitable PSE changes are needed. This Road Map outlines how to build and center these necessary supports that are in alignment with what communities' needs are. To support communities in these efforts, statewide infrastructure, PSE change, and funding are also needed. Of note, the term 'local' is discussed in the Road Map and is synonymous with 'community'.

Road Map Action Areas

Local-Level Policy, Systems, and Environmental Change

Aim: Collectively advance evidence-based and practice-based, culturally-appropriate strategies in various settings, including local policies and systems changes.

This action area allows for innovative community strategies.

State-Level Policy, Systems, and Environmental Change

Aim: Collectively advance state policies and systems-level change strategies that support healthy eating and active living.

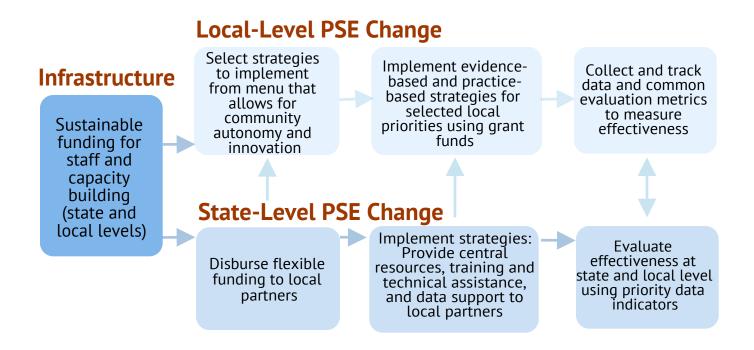
This action area will require identifying key state-level strategies and developing a centralized structure for technical assistance and capacity building. This work should align with COVID-19 relief and recovery efforts.

Infrastructure

Aim: Establish sustainable funding for:

- 1. Local healthy communities investment.
- 2. A centralized, statewide infrastructure including dedicated staff and capacity building for physical activity and nutrition work at state and local levels.

The visual below shows the high-level relationship between the Road Map action areas for coordinated implementation of PAN strategies across the state, with the ultimate goal of supporting and strengthening communities. This final model is informed by community listening session feedback, evidence-based literature, and staff expertise.



Call to Action

A collective effort is needed to shift toward the strategies and practices outlined in this Road Map to center equity and community voice in statewide PAN work. For additional information and for details on how to participate in emerging workgroups to jumpstart the PAN Road Map, please visit the DHS Chronic Disease Prevention Program's Nutrition, Physical Activity, and Obesity website.

Additional actions you and/or your organization can take:

- Visit healthTIDE and sign up for email alerts. Follow healthTIDE social media (Facebook and Twitter @healthTIDE) for relevant statewide updates and opportunities.
- Join the DHS Physical Activity and Nutrition listserv to get related news and messages.
- Share the Physical Activity and Nutrition Road Map with your networks.
- Align COVID-19 relief and recovery efforts to healthy community strategies.
- Include Road Map strategies in local and state investments for COVID-19 response and recovery, and community resilience investments.
- Share how your organization and/or community have been impacted by increases in food insecurity, lack of access to physical activity spaces, food supply change concerns, etc. with local and state decision-makers.

References

- **1.** Assessing and Improving Community Health in Wisconsin Database. UW Population Health Institute. Available at: www.improvingwihealth.org. Accessed May 12, 2021.
- **2.** The State of Obesity in America: Better Policies for a Healthier America, Trust for America's Health, September 2020. Available at: https://www.tfah.org/report-details/state-of-obesity-2020/.
- **3.** Wisconsin Health Atlas, Obesity by Place. University of Wisconsin-Madison. Available at: https://www.wihealthatlas.org/obesity/place. Accessed May 12, 2021.
- **4.** Joyner HR, Charron LM, Lindberg SM, et al. "One Size Fits All" Doesn't Work for Obesity Prevention: Obesity in Wisconsin, 2015-2016. University of Wisconsin-Madison, 2018. Map available at www.wihealthatlas.org/obesity/place.
- **5.** Wisconsin Food Security Project. Applied Population Lab, University of Wisconsin Madison. Available at: https://foodsecurity.wisc.edu/. Accessed May 12, 2021.
- **6.** United States Department of Agriculture. "Local Food Directories: National Farmers Market Directory." Available at: https://www.ams.usda.gov/local-food-directories/farmersmarkets. Accessed May 12, 2021.
- 7. Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity. "Nutrition, Physical Activity, and Obesity: Data, Trends and Maps." Available at https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html. Accessed May 12, 2021.
- **8.** Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity. "Nutrition, Physical Activity, and Obesity: Data, Trends and Maps." Available at https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html. Accessed May 12, 2021.
- **9.** "Rural Wisconsin Health 2017" Report. Wisconsin Office or Rural Health. Available at: http://worh.org/library/rural-wisconsin-health-2017. Accessed May 12, 2021.
- **10.** Wisconsin Behavioral Risk Factor Survey, 2011-2016. All estimates except for the "Age" section are age-adjusted to the 2000 U.S. Census. Chronic Disease Prevention Program, April 2018.
- **11.** Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity. "Nutrition, Physical Activity, and Obesity: Data, Trends and Maps." Available at https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html. Accessed May 12, 2021.
- **12.** Ward ZJ, Bleich SN, Cradock AL, Barrett JL, Giles CM, Flax CN, Long MW, Gortmaker SL. Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity. N Engl J Med. 2019;381:2440-50. doi: 10.1056/NEJMsa1909301.