ANY NEW IDEAS TO FIGHT OBESITY?

WHAT SCHOOLS, COMMUNITIES AND STATES CAN DO... WHAT WE ALL CAN DO
TODAY’S PRESENTATION

Organized by the Ps:

• Problem
• Prevention
• Plan
• Partnerships
• Priorities
• People
WHERE ARE WE?

THE PROBLEM
THE PROBLEM

- 64% of Wisconsin adults are overweight or obese

- 72% of Wisconsin adults are overweight or obese (Survey of Health of Wisconsin data)

- 25% of Wisconsin high school students are overweight or obese

- 31% of WI children 0-4 years old participating in WIC are overweight or obese
THE PROBLEM

• Obesity-related medical expenses in Wisconsin are expected to reach $2.7 billion this year, putting a tremendous burden on our families, businesses, communities and taxpayers.

• Poor nutrition and lack of physical activity are central causes.
WHAT CAN WE DO?

PREVENTION, PLANS (STRATEGIES), & POLICY
PREVENTION

Increase:
• Breastfeeding
• Fruit and Vegetable Consumption
• Healthy Beverage Consumption
• Physical Activity

Decrease:
• High-Energy Dense Food Consumption
• TV/Screen Time
THE HEALTH IMPACT PYRAMID

Source: T. Frieden, A Framework for Public Health Action: The Health Impact Pyramid
Making Healthy Choices Easier

**Individual**
- Culture
- Skills
- Knowledge
- Time

**Environment**
- Affordability
- Price/Economic
- Access
- Policy
- Advertising

Breastfeeding, Healthy Eating & Physical Activity

Environment
• Nutrition + physical activity strategies = more impact

• Multi-setting interventions = more impact
  • Institute of Medicine Accelerating Progress on Obesity Report (May 2012)
  • Shape Up Somerville; resulted in changes in BMI
  • La Crosse & Wood Counties—Communities Putting Prevention To Work (2010-2012)

• Combining strategies that address individual behavior, the environment, and utilize formal or informal policy = more impact
SNAPSHOT OF STRATEGIES

MULTIPLE SETTINGS = NUMEROUS STRATEGIES.
EARLY CHILDHOOD SETTING

- **Nutrition Strategies:**
  - Increase access to safe, and good-tasting water
  - Apply nutrition standards for meals and snacks served
  - Youth gardening
  - Breastfeeding-friendly childcare centers

- **Physical Activity Strategies:**
  - Increase physical activity minutes during the day
  - Increase minutes of teacher-led physical activity
  - Decrease use of computer/screen time
SCHOOL SETTING

• Nutrition Strategies:
  • Increase access to fruits and vegetables (salad bar, farm to school, school garden)
  • Increase access to water/healthy beverages
  • Nutrition education
  • Taste testing

• Physical Activity Strategies:
  • Increase minutes of Physical Education
  • Increase access to physical activity opportunities before, during, and after school day
    • Safe Routes to School
    • Active Recess
COMMUNITY SETTING

• Nutrition Strategies:
  • Increase access to fruits and vegetables (farmers’ markets, community gardens, grocery stores, farm to institution)
  • Increase access to healthier food retail outlets (especially in underserved neighborhoods or communities)
  • Increase access to safe and good-tasting water

• Physical Activity Strategies:
  • Increase biking and pedestrian supports (bike lanes, side walks)
  • Increase multi-use trails
  • Increase access to parks and recreation facilities for physical activity (joint use)
POLICY STRATEGIES

• Nutrition Strategies:
  • Set nutrition standards for foods and beverages offered in schools
  • Economic development/supports for local food production, distribution, and procurement
  • Increase supports for breastfeeding (worksitewellness;maternitycarepractices)

• Physical Activity Strategies:
  • Increase the amount of physical activity in PE programs in schools
  • Reduce screen time in public service venues (child care centers; schools)
  • Increase infrastructure supports for biking and walking
POLICY RESOURCES

- CDC Chronic Disease State Policy Tracker:

- National Governor’s Association: Center for Best Practices:
  - http://www.nga.org/cms/center

- Wisconsin Population Health Institute:
  - http://uwphi.pophealth.wisc.edu/index.htm
Current research is looking at which combinations of strategies have most impact.
FARM TO SCHOOL

School Wellness Policy

School Garden; Local Food Procurement

Nutrition Education; Taste Testing
WHAT IS HAPPENING IN WI?

STRATEGIES ALREADY IN THE FIELD.
WI’S CURRENT PREVENTION EFFORTS

- Early Care and Education
- Schools
- Community
  - Food Environment
  - Built Environment
- Worksites
- Healthcare
HIGHLIGHT: SCHOOLS--STATE LEVEL WORK

• Active Schools Project
• Farm to School
• Got Dirt? Garden Initiative
• USDA Fresh Fruit and Vegetable Snack Program
• Development/dissemination of resources for school wellness policy revisions
Active Schools Programs in 21 school districts
FARM TO SCHOOL

• Comprehensive Farm to School programs in over 45 school districts

• 1,000 youth gardens started since 2005
WHAT ELSE CAN BE DONE?

PLANS SERVE AS AN OUTLINE.
THE PLAN

- Outlines goals and evidence-based strategies for achieving
- Released in 2013 by WI DHS and Partners
- Download from WI DHS website
• 2010-2015 Wisconsin Comprehensive Cancer Control Plan
HOW WILL WE DO THIS?

PARTNERSHIPS, PRIORITY SETTING, & PEOPLE.
COMMUNITY COALITIONS

2010 Nutrition and Physical Activity Coalitions by Self-Ranked Capacity

2011 Nutrition and Physical Activity Coalitions by Self-Ranked Capacity

Coalition Self-Ranked Capacity
- No Response
- Medium Capacity
- Low Capacity
- High Capacity

Created by: Emily Reynolds
Date Created: 5/16/2012
Data Source: This data was collected from the WI DHS NPAQ Program Survey from 2011 & 2012.
PARTNERSHIPS

• Substantial partnerships developed at the state-level to address obesity
  • Wisconsin Partnership for Activity and Nutrition
  • Wisconsin Obesity and Diabetes Work Group

• NEW—using Collective Impact to better align government, private sector, communities, funders, advocates, and researchers

• Collective Impact Example:
  • Wisconsin Early Childhood Obesity Prevention Initiative
Leveraging Resources

Centers for Disease Control and Prevention (805 Funding)

American Recovery & Reinvestment Act

National Institute of Health

US Department of Agriculture

Wisconsin Partnership Program

$1,500,000

$666,922

$400,000

$47,000

$150,000
PRIORITIES

• Collective Impact—used for complex social issues

• Using Collective Impact to build alignment across sectors
  • Government—state and local
  • Communities
  • Research Institutions
  • Non-Profit Organizations
  • Advocacy Organizations
  • Corporate Sector
  • Funders
  • Health Systems
PRIORITIES

• Collective Impact involves setting a common agenda and then prioritizing strategies to get there.

• 2014---WI Obesity Prevention Network and partners convening conversations across several sectors to create a common agenda for addressing obesity in Wisconsin
PEOPLE

• There is a role for everyone in addressing obesity in WI.

• Community engagement---involving people at all levels

• Policymaker Role(s):
  • Strategizing and pursuing possible public policy solutions
  • Becoming part of the common agenda setting process
  • Raising the public’s awareness
ONLINE & MULTIMEDIA RESOURCES

PREVENTION SPEAKS
HEALTHINPRACTICE.ORG

DHS NUTRITION, PHYSICAL ACTIVITY AND OBESITY PROGRAM WEBSITE

Walkable Neighborhoods
When community members evaluate pedestrian routes by taking a walk together, everyone sees for themselves whether they are places you’d want to walk. Do a walk audit in your neighborhood to start discussion about improvements for people to walk safely and comfortably.

More About Walkable Neighborhoods
KEY POINTS

- Wisconsin obesity rates are alarming, signifying an urgency to do something.

- Need both individual and organizational/community/societal change.

- Evidence-base leaning towards a multi-sector approach.

- Cross-sector partnerships through collective impact, paired with community engagement of the public and communities is what it will take.

- Everyone has a role. Policymakers have a role.
CONTACT INFORMATION

- Amy Meinen, Wisconsin Obesity Prevention Network
  - ameinen@wisc.edu
  - 608-265-2005

- Many other obesity prevention experts in WI