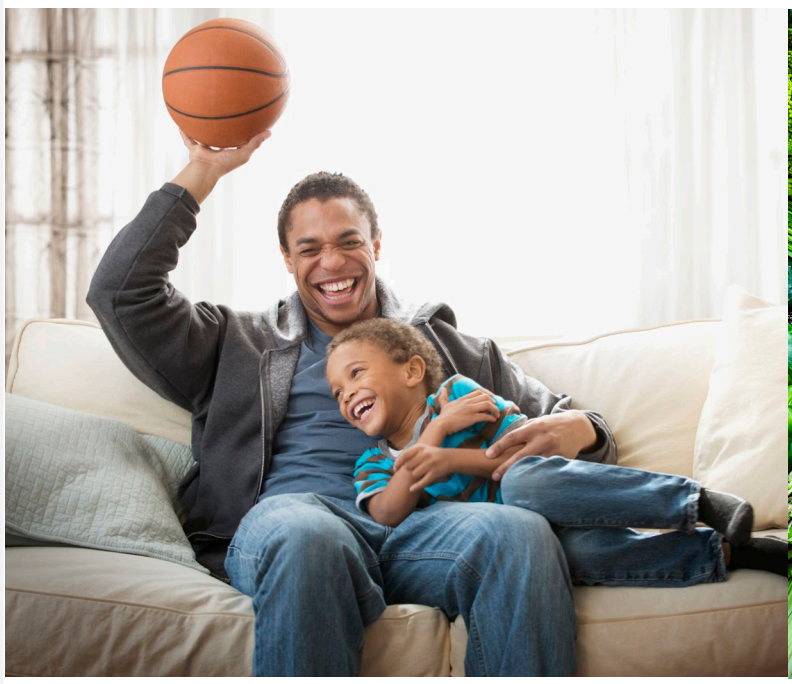
fit families

Eat healthy • Be active • Your kids are watching







Wisconsin Fit Families
2007-2025 Summary Report

September 30, 2026

This report was prepared by Hilary Joyner and Sarah Linnan
at the University of Wisconsin Population Health Institute for
the Wisconsin Department of Health Services.

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University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Wisconsin Fit Families Program 2007-2025 Summary Report

fit families

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Program Description

Wisconsin Fit Families is a multi-level, evidence-based program that aims to prevent child obesity by empowering families to adopt healthy eating and physical activity behaviors. The primary intervention of Fit Families is a 13-month direct nutrition education program delivered to parents/guardians of children aged 2- to 4-years old enrolled in the Women, Infants, and Children (WIC) program. Through in-person and virtual visits and phone/text coaching, Fit Families coaches guide parents/guardians to choose goals that address healthy eating and active lifestyles. The Fit Families program also includes policy, systems, and environmental (PSE) activities and partnerships with government and community organizations to promote health.

Fit Families is a multi-level program that addresses the family and community that surround a child and shape their habits

Community

Fit Families staff form **partnerships** and engage in **Policy, Systems and Environment (PSE) work** to promote health in their wider communities.

WIC Clinic

Participating WIC clinics adopt **wellness policies and challenges**. Staff serve as **role models** of healthy behaviors for families visiting the clinic.

Family

Parents/guardians receive **direct education** in the form of **coaching** related to physical activity and nutrition. Parents can choose to work on modeling healthy behavior.

Child

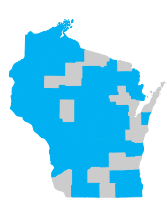
Children's behaviors and habits are shaped by their families and communities.

Direct Education Numbers

17,906 children and 14,226 parents
participated in Fit Families
Between July 2007 and September 2025

183,173 contacts made
in total by all coaches

70% of graduates
received the intended 10+ coaching sessions



50+ counties and tribes
served throughout Wisconsin

About this report

This report is intended to provide background information, an overview of the Fit Families program, and an analysis of the 13-month direct education coaching component provided by the Wisconsin Fit Families program from July 2007 – September 2025. Data was consistently collected for the direct education portion of Fit Families for nearly 19 years. While there were changes in funding, the number and location of funded Wisconsin Fit Families sites, and the data collection protocol, the direct education component of the Fit Families project remained mostly steady for the entirety of its implementation. For these reasons, the focus of this report is on the direct education program, associated data, and its legacy.

Fit Families Evaluation

Staff at the University of Wisconsin-Madison Population Health Institute (UWPHI) supported the evaluation of the Fit Families program from its initial planning and development through the end of the project in Federal Fiscal Year 2026 (FFY26). UWPHI staff conducting the evaluation changed throughout the course of the program. The primary intent of the Fit Families evaluation was to provide useful, actionable program evaluation results to inform and shape the Fit Families-SNAP-Ed program's work. While the focus of this report is direct education, evaluation efforts encompassed all areas of the program, including:

- Policy, system, and environment (PSE) work
- Partnerships and collaborations
- Parent satisfaction (though satisfaction surveys)
- Clinical environmental assessment (2014-2018).

Information Sources

Direct Education data used in this report were collected and reported by participating agency staff. Fit Families coaches conducted a parent interview at enrollment and at the end of the 13-month direct education program. Data included family and child identification numbers, completion status, demographic information, children's BMI, and nutrition and physical activity-related behaviors. Fit Families coaches also documented monthly encounters with parents/guardians by recording the date, type of contact, goal areas, and goal progress.

Data collection tools changed over the years and data was collected in a variety of ways. This included data collection on paper forms, Microsoft Access databases, spreadsheets, and finally through REDCap electronic data capture tools.[3,4]

Information on the other areas of the program was collected through various mechanisms over the years. Fit Families project sites documented their organizational interventions, partnerships, community interventions, and PSE changes in the online Program Evaluation and Reporting System (PEARS) beginning in FFY18. Starting in 2023, information on the statewide program was also entered into National PEARS (NPEARS).

Other information from this report was pieced together through a review of existing evaluation reports, presentations, grant applications, and other files that were available at the writing of this report. Due to changing staff and archiving of information, it is possible that some details were missed or misinterpreted.

fit families

Fit Families Program History

Longevity of Fit Families

The Fit Families program began in 2007 and was implemented for nearly 19 years, serving 17,906 children and their families. Fit Families has consistently shown positive results throughout its implementation. Fit Families coaching ended during FFY25. New enrollments and monthly contacts ceased before the end of FFY25. Some sites continued PSE work into FFY26.

Program Development

In 1999, USDA funded five WIC agencies across the US to develop individual projects to identify and test ways to use the WIC program to better address childhood obesity[1]. These projects evolved into "Fit WIC". In 2005, the Wisconsin WIC Association received a Partnership Planning Grant to explore the possibility of establishing a Fit WIC/Fit Families program in Wisconsin to address the rising obesity rates among children ages 2-4. Six Wisconsin WIC programs began planning the program based on the Social Ecological model.

The Wisconsin Fit Families program was developed with the intention to enroll children during their WIC certification. After an interview about their eating and activity habits, collecting BMI, and determining their readiness, families would set goals, choosing one of the core messages they wanted to work on over the next 12 months. Parents would have a monthly contact and individualized counseling with a Fit Families counselor for one year. Families would then receive monthly follow up contacts from the Fit Families counselor to encourage and support them as they worked toward meeting the goals. After 12 months of participation, they would repeat the interview to gather BMI and eating/activity habits. The program would include incentives to encourage follow through.

Participating WIC programs would be provided with a Fit Families Tool Kit. They would adopt a wellness policy to encourage staff to model healthy habits and implement wellness challenges to help change the clinic environment. Staff would receive training on how to promote health messages. In the community, partnerships would be developed with organizations serving WIC families to extend the health messages.

Parent Satisfaction

Coaches distributed satisfaction surveys to parents/caregivers when their children graduated the 13-month coaching program. Results consistently showed high satisfaction with the program and the core program messages.

Pilot Study

The Fit Families program was funded through the Community-Academic Partnership (later called Wisconsin Partnership Program or WPP) for implementation from March 2007-February 2010. It worked with the original 6 WIC programs to identify families and enroll them in the 12-month program developed with the planning grant. Data were collected from June 2007-November 2009. Analysis and reporting was conducted from December 2009-January 2010.

The quasi-experimental study found a positive impact on children's fruit and vegetable consumption, juice intake, activity, and screen time. The program found that staff knowledge and confidence improved, participant satisfaction was high, and the health habit outcomes of participating families improved. Two pilot cohorts completed the program during the initial phase funded by the Community-Academic Partnership Fund and showed positive results compared to a control group not enrolled in the program.

Implementation

Funding to continue Wisconsin Fit Families after the pilot study came from the U.S. Department of Agriculture's Supplemental Nutrition Assistance Program Education (SNAP-Ed) in Wisconsin. Beginning in FFY10, Fit Families staff worked with state nutrition staff to incorporate Fit Families programming into existing SNAP nutrition education efforts. Four of the original six Fit Families WIC projects were selected to implement Fit Families in this way, with the intention to enroll eligible children from WIC and other nutrition related community programs.

Most of the ideas associated with changes to program goals and objectives were incorporated into the initial program design. Certain aspects of the program, such as PSE work and increased collaboration, became a more prominent part of the program over time. While the specific goals, program objectives, and participant objectives changed or expanded over the years, the program itself stayed relatively the same. The growth and evolution of the program is detailed in the following pages.

Timeline of major milestones that impacted the Fit Families program and evaluation

2005
Wisconsin WIC Association received a planning grant

March 2007- February 2010
Pilot Program funded by the Community-Academic Partnership Fund

October 2010 (FFY10)
Fit Families funded through SNAP-Ed

FFY14 - FFY18
Clinical Environment Assessment completed

FFY17
New program goals and objectives include PSE work

FFY18
Project sites began using PEARS, reporting on additional work including at least one PSE effort and one Partnership annually.

2020
The COVID pandemic impacted services and programs.

2022
SNAP-Ed Evaluation Framework and indicators more fully incorporated.
New SNAP-Ed national reporting application (NPEARS) released.

FFY23
Changes related to the SNAP-Ed evaluation framework were incorporated into the evaluation. Evaluation team updated yearly report format and parent satisfaction survey.

FFY24
Evaluation team started work to improve the reporting of PSE and other work.

September 2025
Direct Education coaching ended. Some agencies continued PSE work.

January 2026
All Fit Families programming ended.

Program Goals and Objectives

Program goals and objectives changed and evolved throughout the Fit Families program. The most notable changes occurred in FFY18 when collaboration and PSE work were incorporated as an official goal and in FFY22/FFY23, when goals and objectives were aligned with the SNAP-Ed Evaluation Framework and associated indicators. The SNAP-Ed Evaluation Framework and indicators were dated beginning in FFY22 but were not formally introduced into the Wisconsin Fit Families program and evaluation report until FFY23.

In addition to changing program goals and objectives, the participant objectives (originally attached to goal 1) and targets also changed over the course of Fit Families.

Goal 1 Changes

Before 2010
The Fit Families/FIT WIC project will improve the eating and activity habits of low-income WIC parents and their 2-4-year-old children.

2010-2017
Participants in the Fit Families Program will eat more fruits and vegetables, decrease their intake of sweetened beverages, increase their daily physical activity and decrease their daily screen time to reduce their risk of becoming overweight/obese.

2018-2022
Provide behaviorally focused, evidence-based nutrition education and obesity prevention interventions consistent with current dietary guidelines and USDA food guidance with and for families eligible for SNAP-Ed.

2022-2025
Provide Nutrition Education: Wisconsinites receiving or eligible for SNAP-Ed will achieve and sustain their full potential for health and well-being as they relate to food, nutrition, and physical activity.

Goal 2 Changes

2010-2011
Increase participation in the Food Share Program.

2012-2017
Provide SNAP eligibles/eligible families with appropriate knowledge on the availability, benefits, and application procedures for SNAP.

2018-2022
Collaborate with other projects, programs, partners, and coalitions who share common goals to maximize opportunities and resources.

2022-2025
SNAP-Ed grantees will support policy, systems, and environmental (PSE) changes at jurisdictional and organizational levels that are driven or informed by community voices and aligned with direct education to improve healthy food and physical activity access.

Goals 3-5 Added

2022-2025
Goal 3
Collaborate to Achieve Healthy Communities: Multi-sector collaboration and collective action will advance systems change to support optimum community food, nutrition, and physical activity access.

Goal 4
Honor Communities and Cultures: Wisconsin SNAP-Ed programs will honor the unique communities, cultures, and experiences that exist across our state

Goal 5
Build Capacity: Wisconsin SNAP-Ed programs and partners have the knowledge, funding, and resources to accomplish the state-level goals and objectives

Policy, System, and Environmental Change

New program goals and objectives were added around PSE and collaboration in FFY17. In FFY18, PEARS was introduced and a new requirement for each site to report **at least one PSE and one Partnership** each year was implemented. Evaluation continued to focus mainly on the 13-month Direct Education Program. Reporting on PSE change and partnerships was not always consistent or complete.

During FFY24, the evaluation team began making efforts to improve reporting of partnership and PSE activities as program emphasis shifted to prioritize these aspects of the program. These program goals would have become a focus of the evaluation in subsequent years had the program continued.

PSE change efforts included implementation of a wide range of activities that supported physical activity, reduced sedentary behavior, and nutrition.

Many PSE activities targeted fruits and vegetables. Sites reported work in all stages of PSE implementation and reported that SNAP-Ed funds or people provided an array of support.

Policy changes, such as increasing heathy food and beverage options or increasing physical activity were reported. Examples of reported **system** changes included incorporating physical activity into the school day, increasing acceptance and use of SNAP/EBT/WIC, improving hours of operation at food distribution sites, and use of a screening tool for food insecurity. Examples of **environmental** changes included initiating edible gardens, using onsite gardens for meals/snacks, and encouraging use of physical activity facilities and outdoor spaces. Many initiatives and programs leading to PSE change were implemented throughout the Fit Families program, impacting communities statewide.

Clinic Environmental Assessments

Participating sites were encouraged to create clinic environments that supported healthy eating and activity behaviors using 22 evidence-based PSE changes.

From FFY14 to FFY18, project sites completed the Clinic Environment Assessment Tool yearly to monitor the extent of implementation of each strategy. Findings showed that clinics were moving closer to full implementation of the PSE strategies over time.

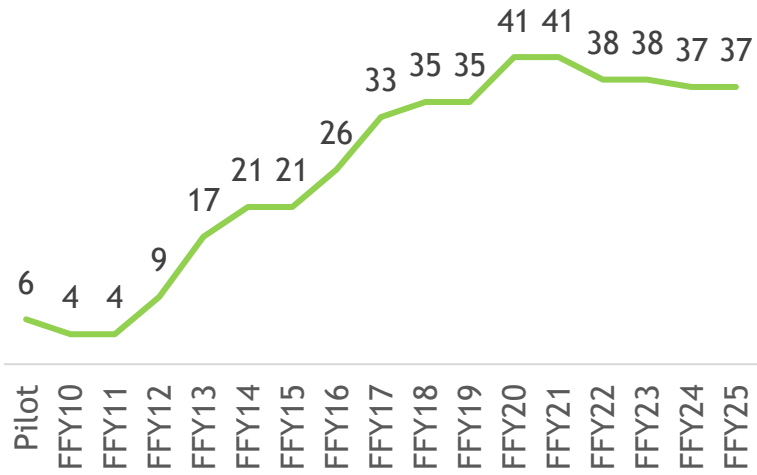
Staff promoting healthy eating, goal setting with families, and evaluating obesity prevention efforts within their programs were notable strengths at both new and continuing sites.

Program Growth Over Time

Growing Reach

The Fit Families program expanded over time, adding new sites over the years. Four of the sites from the initial pilot study recruited participants starting in FFY10. These sites served as the first mentor sites to support newer sites with ongoing training and technical assistance.

Number of Project Sites by Fiscal Year

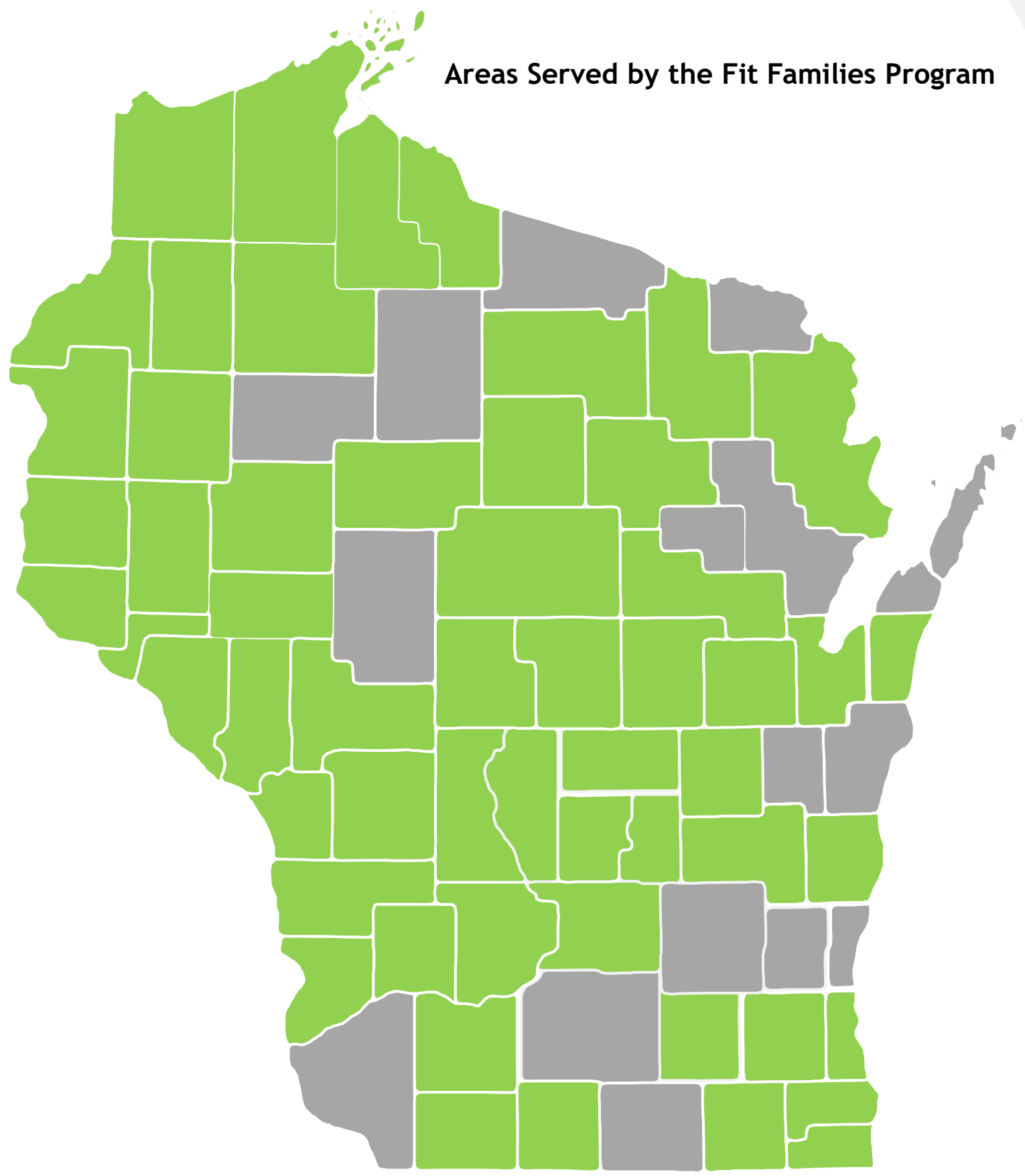


By FFY20, Fit Families had expanded to 41 sites across the state. Some sites served more than one tribe or county. In total, the program served families in over 55 tribes and counties. The map, at right, shows the areas served over the duration of the program. For a list of participating agencies, see page 15.

Community Partnerships

Fit Families sites engaged a wide variety of partners across many sectors over the years including libraries, local governments & agencies, agricultural organizations, food banks & pantries, public health, parks and recreation, schools, healthcare organizations and many others.

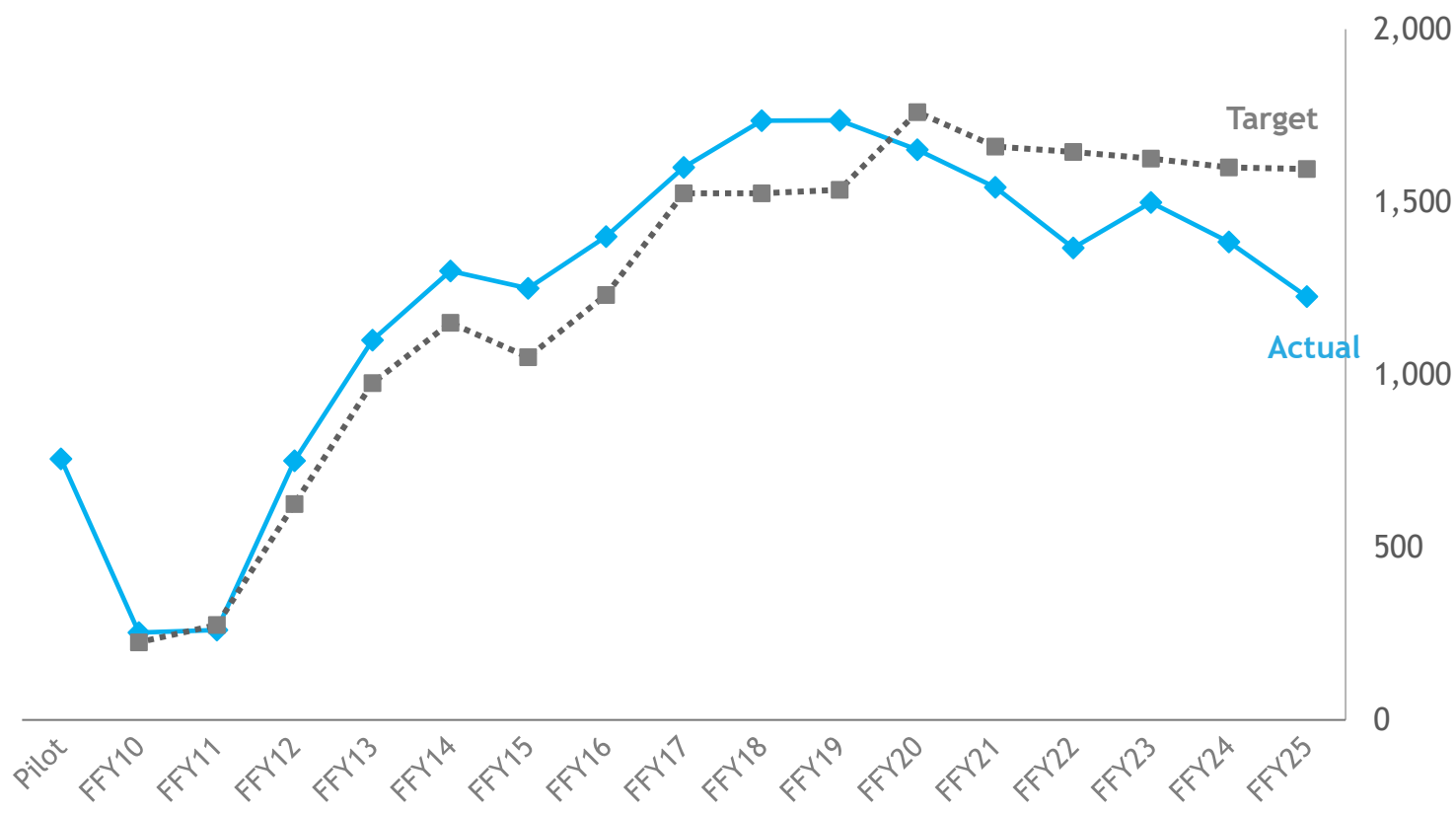
Areas Served by the Fit Families Program



Growing Enrollment

Each project site set target enrollment numbers yearly. Coaches recruited participants until they had met or exceeded the target number of children enrolling for the year. Children could re-enroll in the program and participate for multiple years. Over the course of the program, there were 20,867 enrollments of 17,906 children. Of these children, 2,772 enrolled two or more times. The program reached 14,226 parents. Many parents participated for multiple years, receiving coaching for one or more children. Coaches would often enroll younger siblings from participating families as they reached 24 months and aged into the program. Additionally, older siblings occasionally re-enrolled after reaching 48 months because a younger sibling was still active in the program, and their parent/guardian wanted to continue receiving coaching related to their previously enrolled child.

Target and Actual Child Enrollment by Fiscal Year



13-Month Direct Education Coaching Series

14,226
parents

and

17,906
children
Participated

in Wisconsin
Fit Families
over 18 years

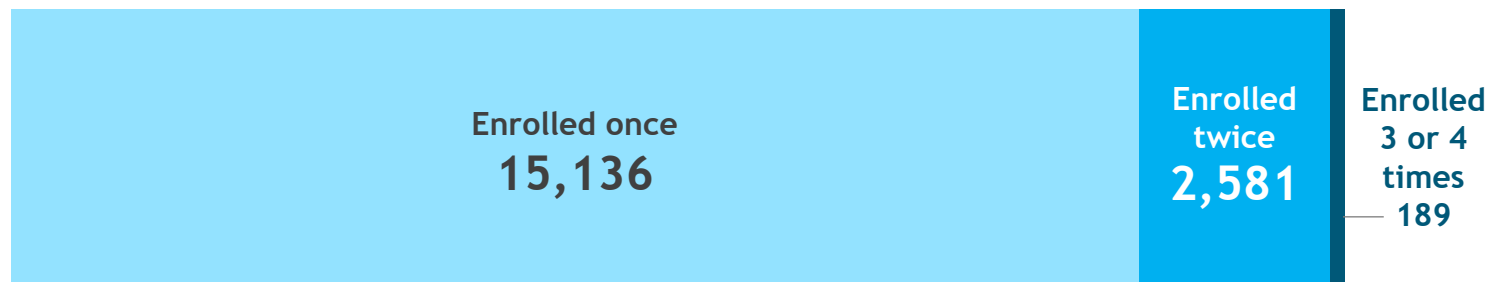
Enrollment and Active Children

This section provides information about parents/ guardians and their children who participated in Fit Families coaching during the pilot study and implementation of the program, with enrollments from July 2008 through the end of enrollment August 31, 2025.

17,906 children enrolled 20,867 times

Wisconsin Fit Families project sites reported **20,867 total enrollments** during the 18 years of the program, compared to a total target enrollment of 20,785 (785 children included in the pilot study plus 20,000 during regular recruitment from FFY10 to FFY25).

After their initial enrollment, eligible children could re-enroll for additional years, with each enrollment counted toward the target. Of the total 17,906 children, **15,136** enrolled one time, **2,581** enrolled twice, 187 enrolled three times, and 2 enrolled four times.



Monthly Contacts

In the individual direct education component of Fit Families, parents/guardians of 2- to 4-year-old children receive monthly contacts with Fit Families coaches to discuss their goals and progress for 13 months.

Fit Families coaches delivered monthly nutrition education contacts in-person and virtually, by text, e-mail or phone call. In-person contacts were often made when families were in the WIC clinic for recertification. Coaches conducted contacts in English, Spanish, Hmong and Dari. Other languages were available as needed through translation services.

Virtual contacts were much more common than in-person contacts, with 129,417 (71%) of contacts delivered virtually and 53,756 (29%) delivered in person.

Fit Families
coaches delivered

53,756
in-person

and

129,417
virtual
contacts

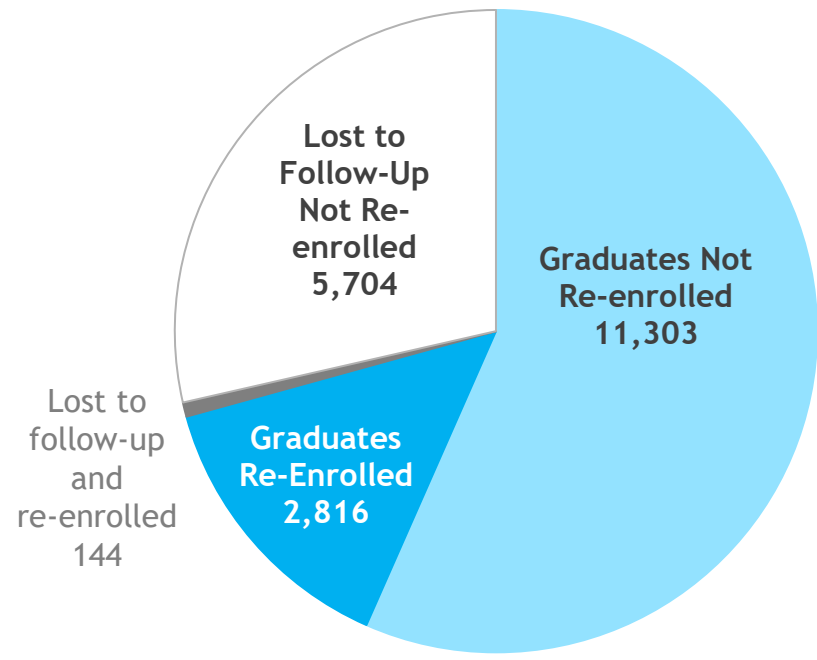
Graduation and Re-Enrollment

71% of Fit Families enrollees graduated

A total of **19,967** enrollments in the program were eligible to graduate by the end of the program. Of those, **14,119** (70.7%) graduated the program. Of those who graduated from the program, **2,816** (19.9%) enrollments re-enrolled for another year.

A total of **5,704** (29.3%) enrollments were lost to follow-up and did not end in graduation from the program. Of these, **144** enrollees enrolled again.

Not all active children were eligible to graduate by the end of FFY25. These 900 children were considered to have completed the program.

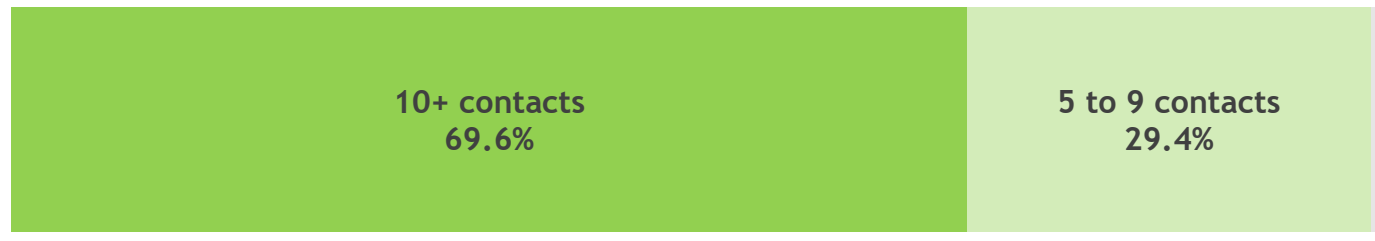


Graduation Status of Fit Families Enrollees

Most graduates received the intended 10+ contacts

The intended dose of the Fit Families direct education component is 10+ monthly contacts with a coach. Children were eligible to graduate if they had been in the program for 11 or more months when the program ended. This resulted in only 46.4% of the 222 FFY25 enrollee graduates receiving the intended 10+ contacts compared to 70.6% of graduates enrolled in FFY24.

Of the 14,119 enrollees who graduated the program, **69.6% received 10+ contacts**, 29.4% received 5-9 contacts, and 1.0% received 2-4 contacts.



Number of direct education contacts received by children who graduated from the program

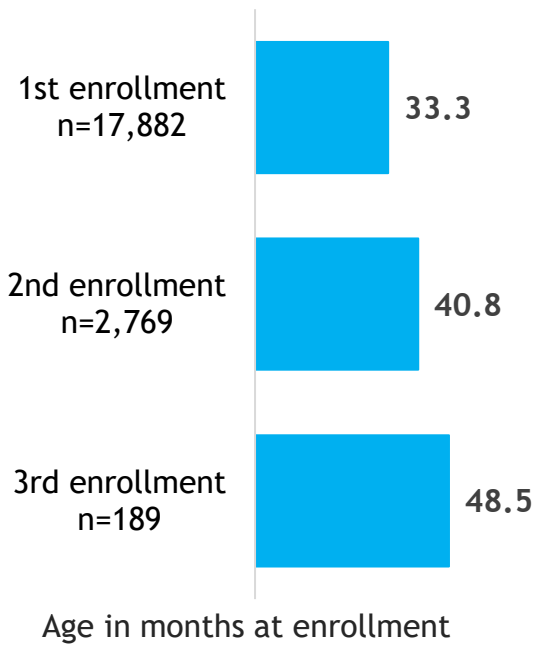
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Coaching Participant Demographics

Demographic characteristics are presented for the **14,226 parents/guardians** that participated in the individual, direct education component of Fit Families and their **17,906 children**.

Children's Age

At enrollment, all children were between 14 months and 79 months old. The average age of children was 34.4 months.



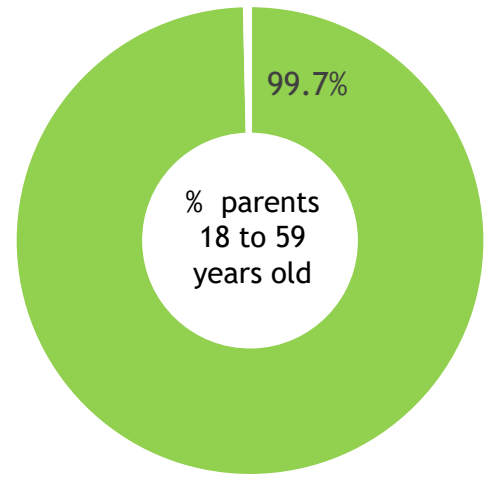
While the program was aimed at 2- to 4-year-olds, older siblings often re-enrolled when a younger sibling was still active in the program.

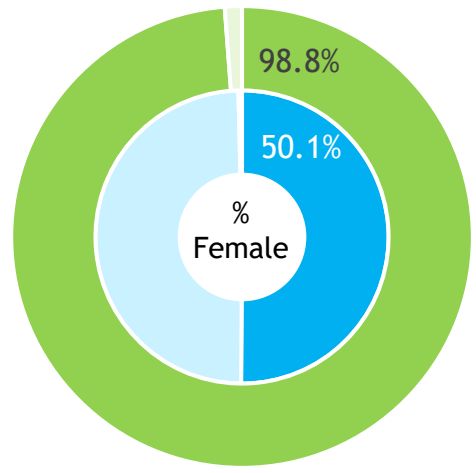
Children could enroll in Fit Families multiple times. Those re-enrolling in the program tended to be older than first time enrollees.

At first enrollment, children were an average of 33.3 months old, 40.8 months old at second enrollment, and 48.5 months old at their third enrollment.

Parents' Age

Of the 14,226 parents/ guardians served by Fit Families through FFY25, 99.7% were between 18 and 59 years old. Less than 1% of parents/guardians were over age 60 or under 18.





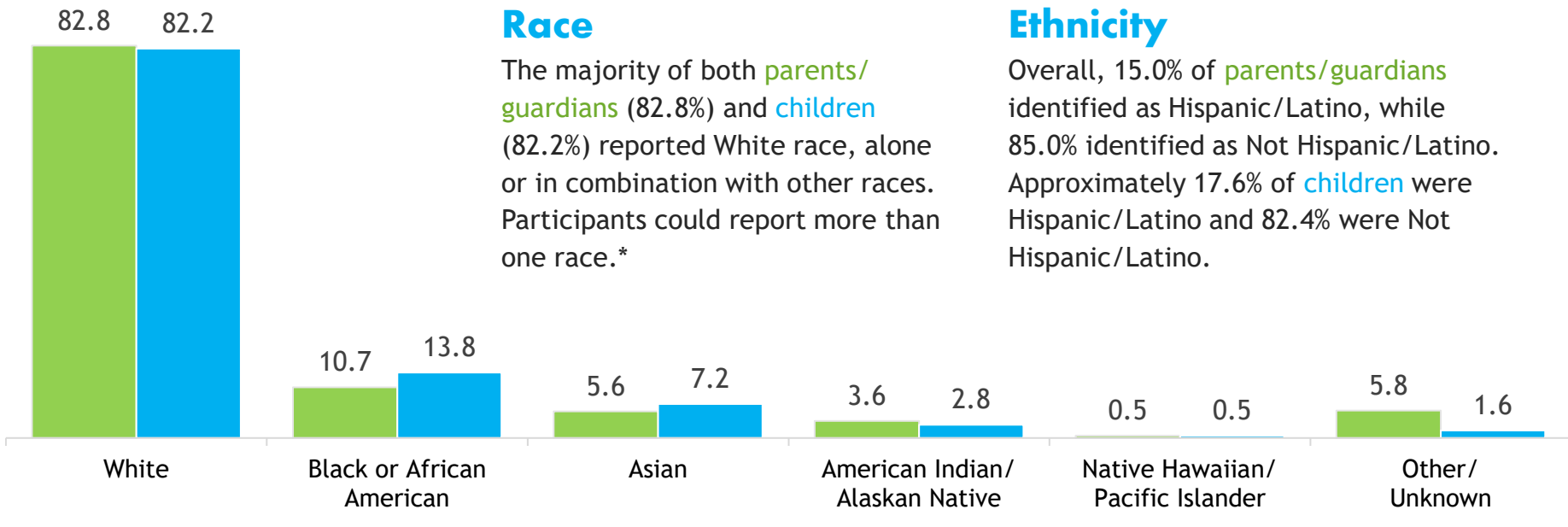
Gender

Among children, about half (50.1%) were female and half (49.9%) were male.

Nearly all parents/guardians who participated in Fit Families self-identified as female (97.7%). This is not unexpected because Fit Families partners with WIC clinics for this program.

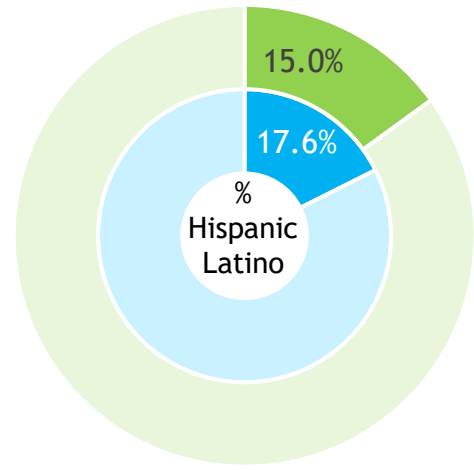
Race

The majority of both parents/ guardians (82.8%) and children (82.2%) reported White race, alone or in combination with other races. Participants could report more than one race.*



Ethnicity

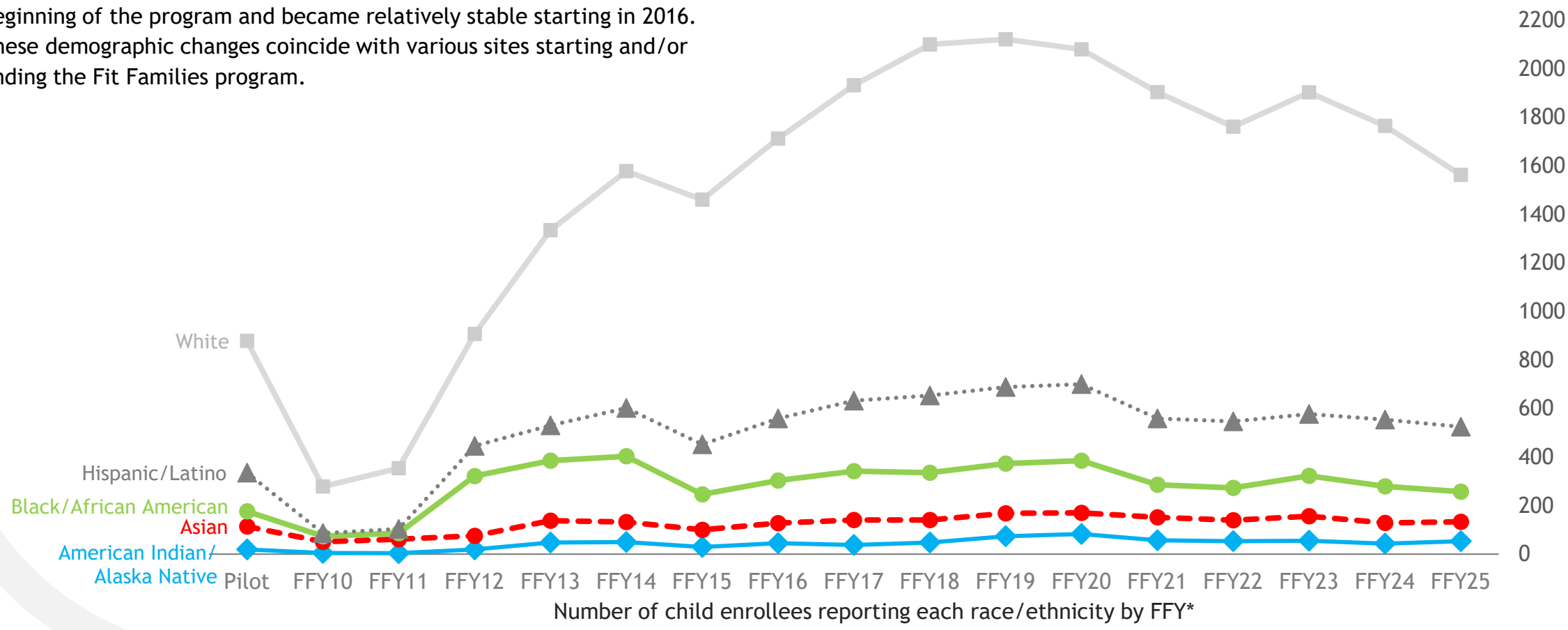
Overall, 15.0% of parents/guardians identified as Hispanic/Latino, while 85.0% identified as Not Hispanic/Latino. Approximately 17.6% of children were Hispanic/Latino and 82.4% were Not Hispanic/Latino.



Demographic Shifts Over Time

The majority of child participants reported White race each year. The proportion of children identifying as Asian, Black/African American, Hispanic/Latino and American Indian/Alaska Native changed most during the beginning of the program and became relatively stable starting in 2016. These demographic changes coincide with various sites starting and/or ending the Fit Families program.

*Participants who identified as bi-/multi-racial were counted in each reported racial group. Using this methodology, the statewide total and total by year adds up to greater than 100% of enrollments.



Number of child enrollees reporting each race/ethnicity by FFY*

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Evolving Messages and Objectives

Core Messages

The original program core messages were developed during initial program planning. They were updated to streamline messaging. The updated Core Messages remained unchanged for most of the program's duration. The core messages align with the different goals parents could choose at enrollment, and the coaching they would receive during monthly contacts.

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Eat healthy • Be active • Your kids are watching

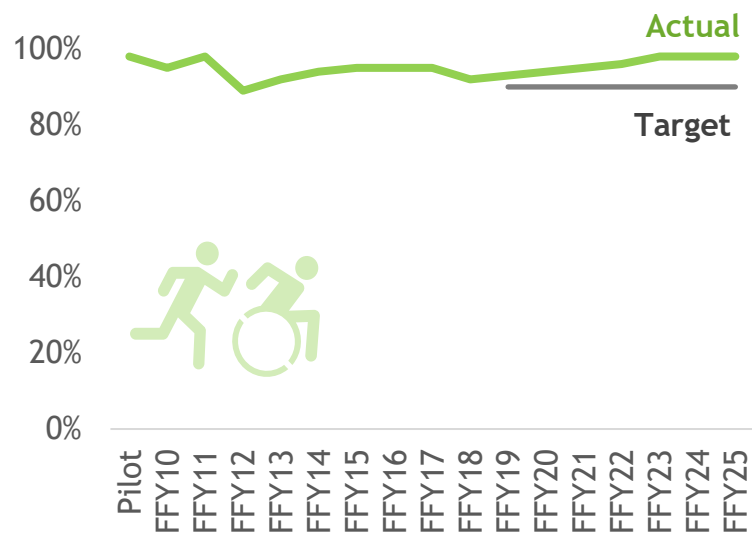
Original Program Core Messages	Updated Core Messages
Make every bite count: *Encourage children and their parents to eat the recommended amount of fruits and vegetables* each day.	***MAKE EVERY BITE COUNT:*** *More fruits and vegetables*
Make every sip count: *Reduce or eliminate use of sugared beverages.*	***MAKE EVERY SIP COUNT:*** *More healthy beverages*
Be active every day: *Engage in active play or physical activity for at least 60 minutes every day and reduce screen time to two hours or less each day.*	***MOVE MORE, WATCH LESS:*** *More physical activity, less screen time*
Eat healthy, be active: Your kids are watching: *Encourage parents to be good role models for their children.*	***YOUR KIDS ARE WATCHING:*** *Model healthy eating and physical activity*

Participant Objectives

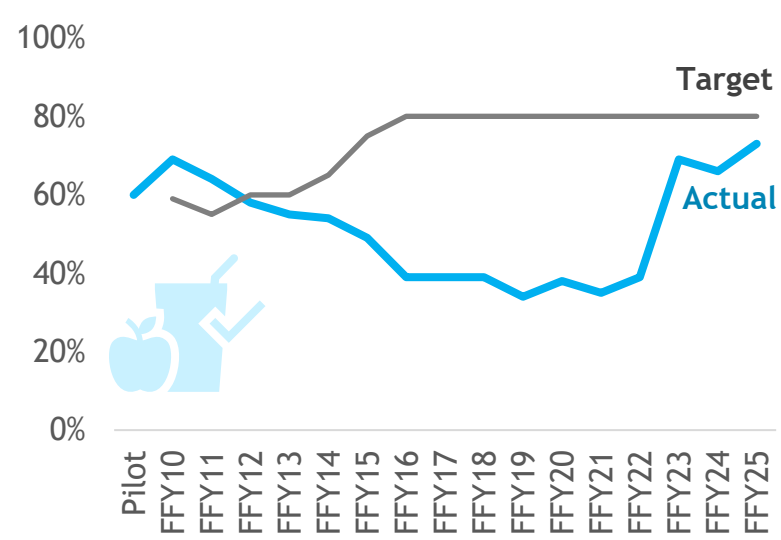
Originally, Goal 1 (see prior page) addressed participant behaviors. Starting in 2010, the program identified specific behavioral objectives for participants that were related to the core messages of the program. Most of these objectives remained unchanged throughout the program. Physical activity behavior was measured from the beginning of the program, but the official statewide target was set in FFY19.

By the end of their 2 to 4-year-old's one year participation in Fit Families, [target] of parents will report that their child…

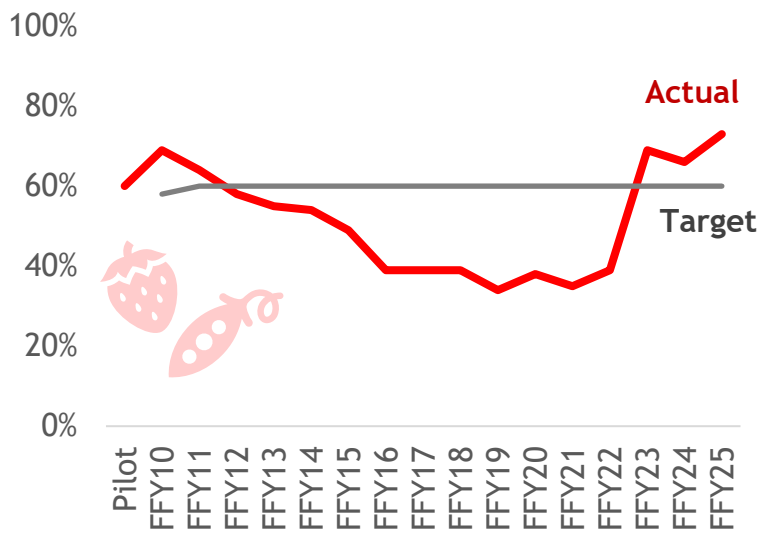
Engages in 60+ minutes of physical activity per day



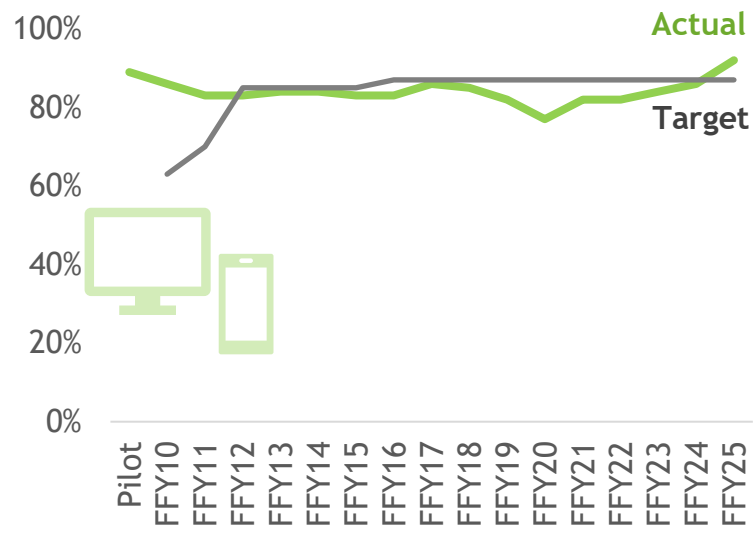
Drinks 6 oz. or less of juice per day



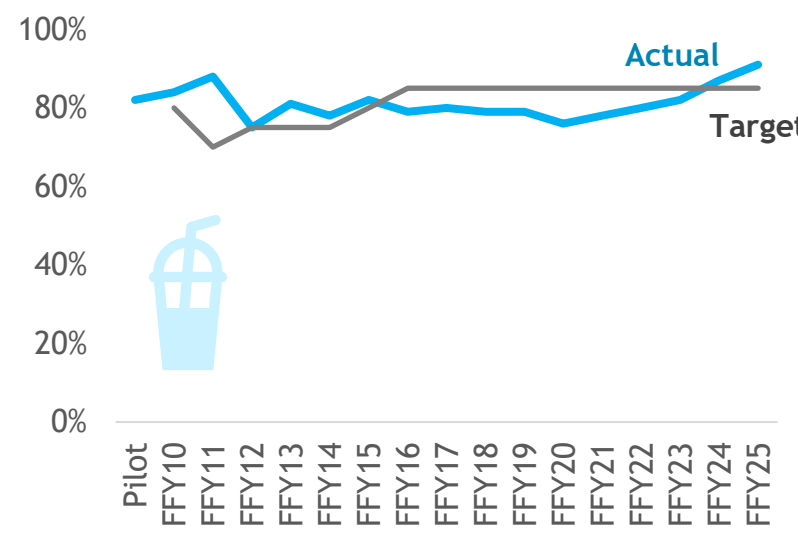
Eats 4+ servings of fruits and vegetables per day (1/2 cup servings)



Engages in 2 hours or less of screen time per day



Drinks 1 or less sweetened beverage per week (8 oz. per serving)



FFY23 Changes

The FFY23 transition to the new SNAP-Ed reporting tool, N PEARS, prompted a review of existing participant outcomes. While most remained the same, two changes were made to align with the SNAP-Ed Evaluation Framework indicators. Statewide targets were created for each new or updated participant objective.

The objective for number of ½-cup servings of fruits and vegetables was split into separate objectives for servings of fruits and servings of vegetables.

A behavioral measure of the frequency of drinking water was added, along with a statewide objective for the percent of children drinking water three or more times per day.

Eat 2+ servings of fruits per day
Target: 40%

Eat 2+ serving of vegetables per day
Target: 20%

Drink water 3+ times per day
Target: 80%

Behavioral Targets

More graduates met behavioral targets at graduation than at enrollment each year of the program.

The direct education portion of Fit Families focused on coaching parents to help them improve their children's behaviors related to maintaining a healthy weight. At enrollment and graduation, parents reported on enrollees' habits related to diet and exercise. Information on graduates is presented in the charts below.

Fruits & Veggies

At enrollment, **33%** met the target of eating **at least 4 servings of fruits and vegetables per day** compared to **48%** at graduation. (Serving size was ½ cup.)

At enrollment, children ate an average of 3 servings. Very few children ate 0 servings of fruits and veggies.

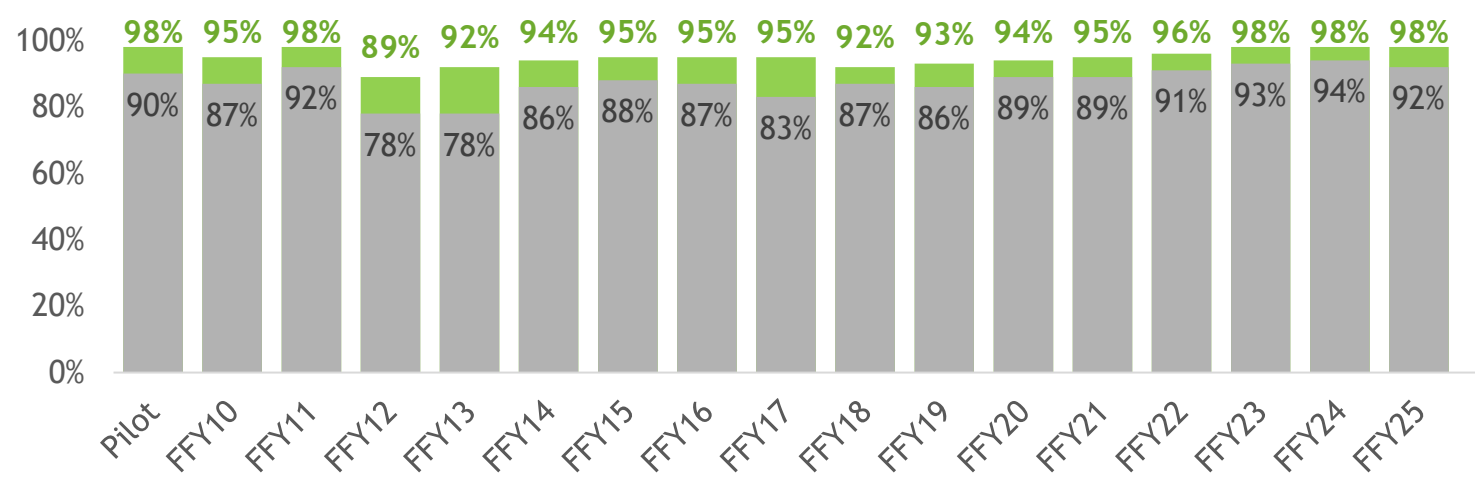
*Starting in 2023, parents reported servings of fruits and servings of vegetables separately, rather than combined.

Percent of graduates meeting target behavior at enrollment and graduation by fiscal year of enrollment

Physical Activity

At enrollment, **88%** met the target of engaging in **≥60 minutes of physical activity per day,** compared to **95%** at graduation.

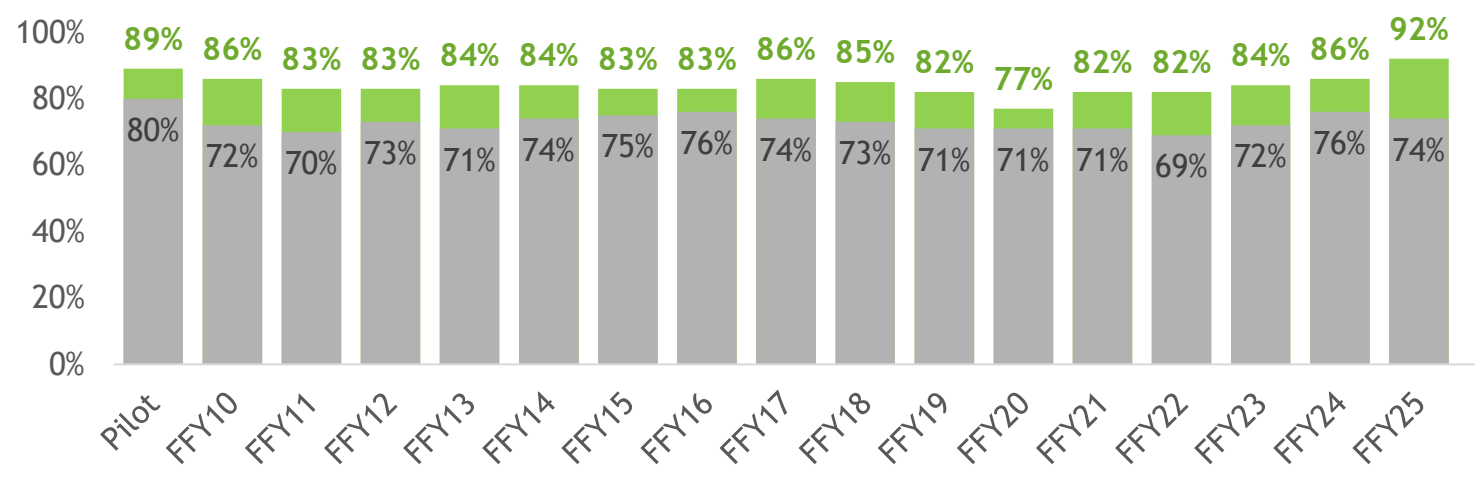
Physical activity was the target most often achieved by children both at enrollment and graduation. More children engaged in over 60 minutes of physical activity per day at graduation (79%) compared to enrollment (69%).



Screen Time

At enrollment, **73%** met the target of **engaging in ≤2 hours of screen time per day**, compared to **83%** at graduation.

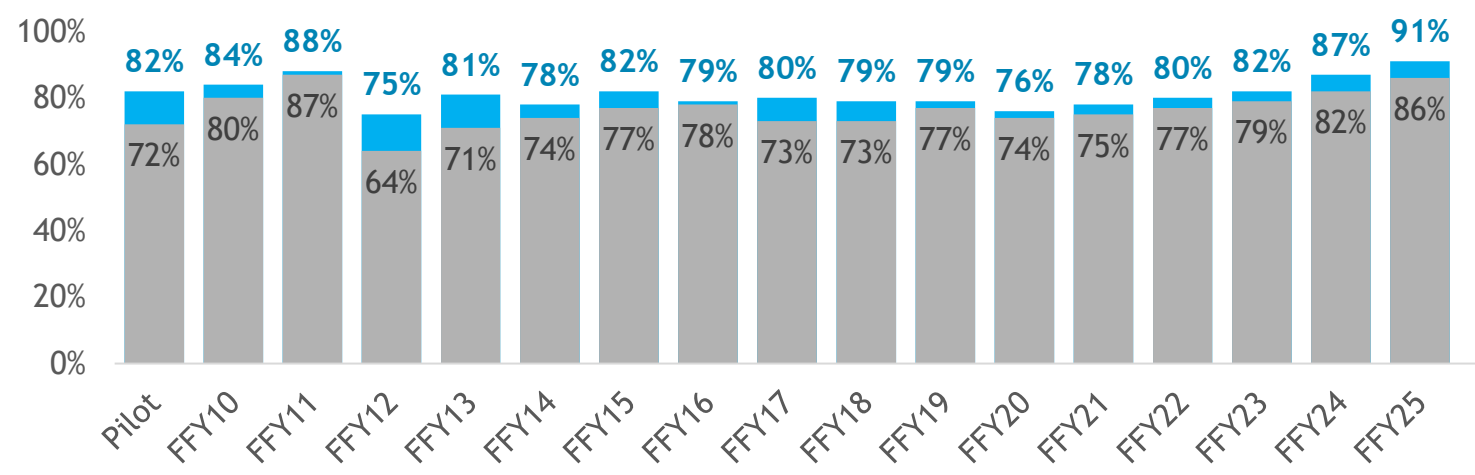
At enrollment, 5% of children watched 5 or more hours of screen time per day, compared to 2% at graduation. Very few children watched 0 hours of screen time per day at enrollment (2%) and graduation (1%).



Sugary Drinks

At enrollment, **75%** met the target of drinking **≤1 sweetened beverage per week** (8 oz. serving), compared to **80%** at graduation.

Many parents reported that their children did not drink any servings of sugary drinks. Of all graduates, 60% drank 0 servings per week at enrollment and 64% at graduation.

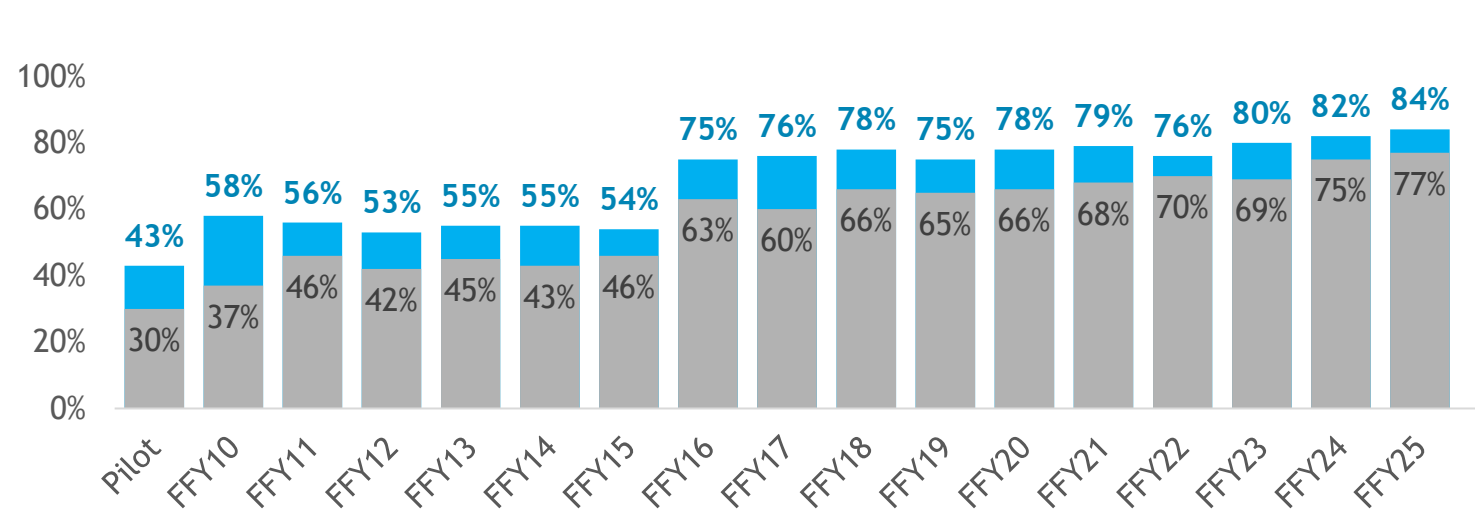


Juice

At enrollment, **60%** met the target of drinking **≤6 ounces of juice per day**, compared to **70%** at graduation.

At enrollment, 23% of children drank 0 servings of juice per day compared to 30% at graduation

* Before FFY23, parents reported juice consumption as less than, equal to, or more than 6 oz per day. Starting in FFY23, parents reported total ounces



fit families

Participant Goals

At enrollment, parents selected which goals they will work on with each of their enrolled children. Parents could add or change goals during the 13-month program as they made progress on their initial goals. Goal data was missing for 1,502 enrollments, including all FFY18 enrollees.

Bite

Make Every Bite Count... More Fruits & Veggies

Overall, **10,476 (54%)** of the 19,365 total enrollments with available goal data worked on the Bite goal. These families received coaching related to increasing fruit and vegetable consumption.

Move

Move More... Watch Less

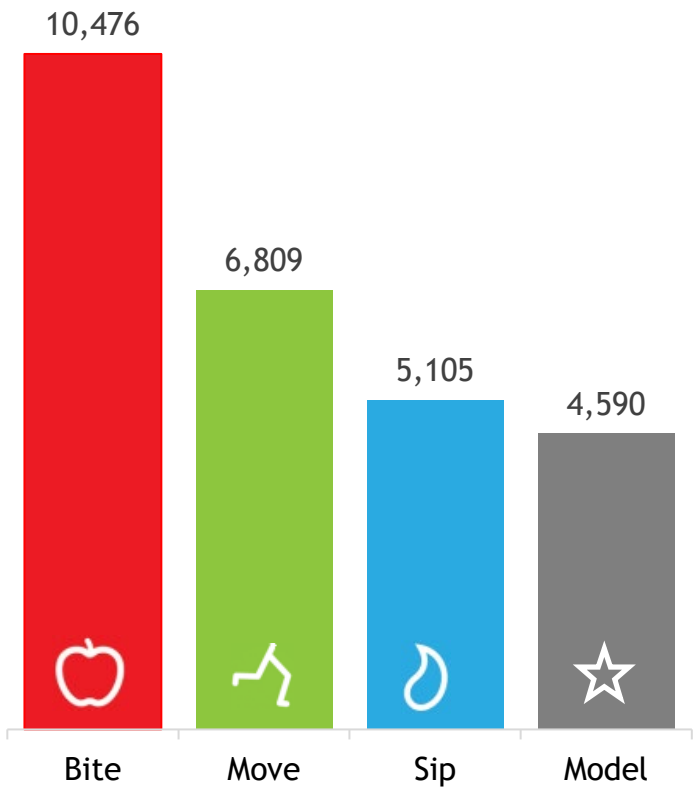
Overall, **6,809 (35%)** of the 19,365 enrollments with goal data selected the Move goal. These families received coaching related to increasing physical activity and reducing sedentary behavior related to screen time.

Sip

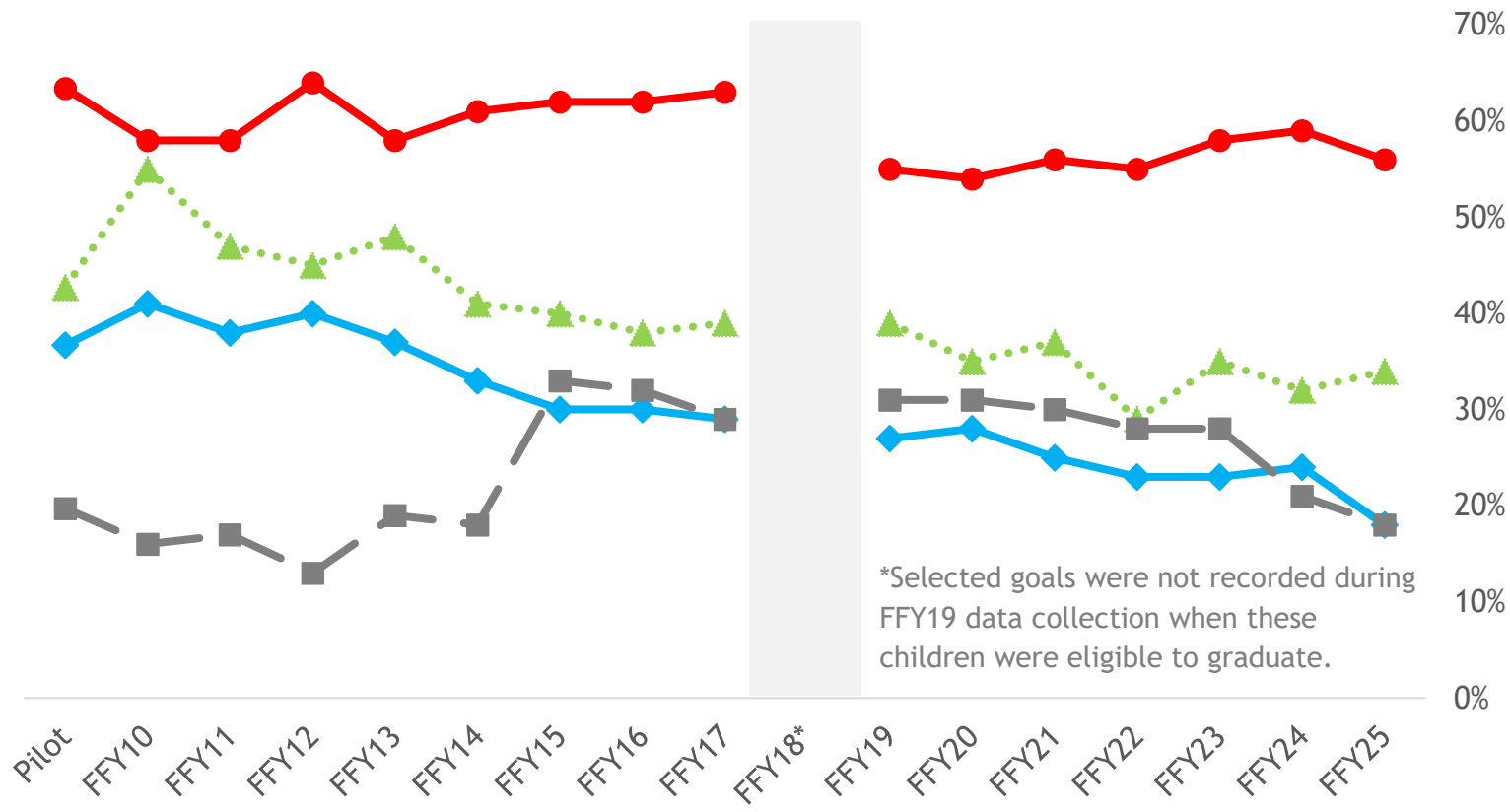
Make Every Sip Count... More Healthy Beverages

Overall, **5,105 (26%)** of the 19,365 enrollments with goal data worked on the Sip goal. These families received coaching related to reducing consumption of sugar sweetened beverages and juice and increasing water consumption,

Bite was the most frequently selected goal overall and in each year of the program.



Count of enrollments working on each goal



Percent selecting each goal by fiscal year of enrollment

Model

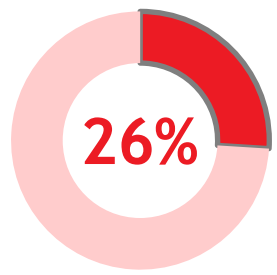
Your Kids are Watching

Model Healthy Eating and Physical Activity

Parents could choose to work on the Model goal in conjunction with at least one other goal. These parents received coaching on how to model healthy eating and physical activities for their children.

Of the 19,365 total enrollments, **4,590 (24%)** worked on the Model goal.

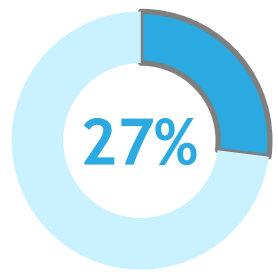
3,374 graduates **worked on the Model goal**



working on the **Bite** goal also worked on the **Model** goal

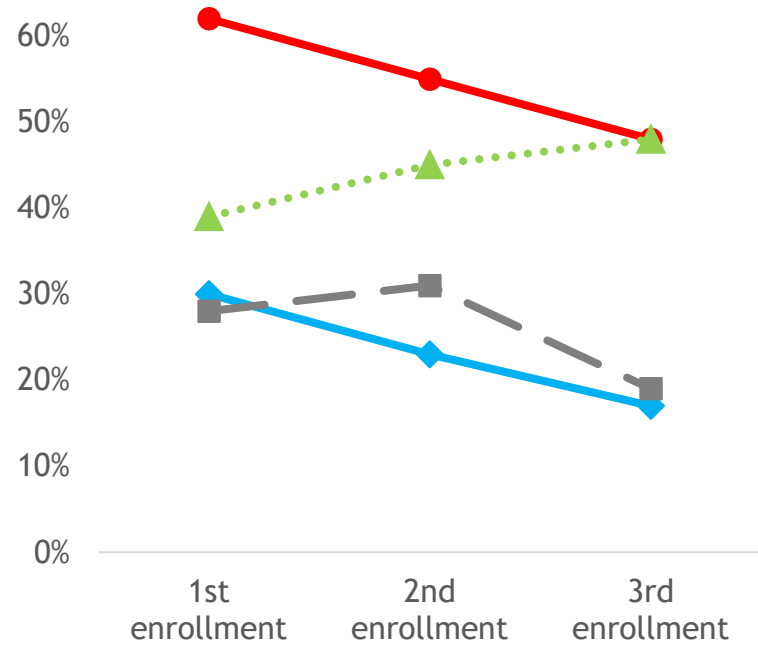


working on the **Move** goal also worked on the **Model** goal



working on the **Sip** goal also worked on the **Model** goal

Children were less likely to work on the Bite and Sip goals and more likely to work on the Move goal with each subsequent enrollment.



Healthy Eating

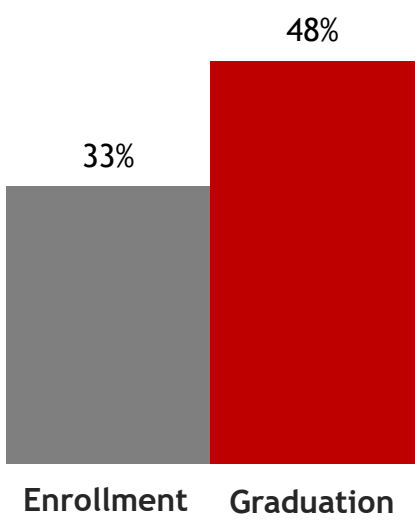
To what extent did children's dietary behaviors change after they graduated from Fit Families?

Bite — Make Every Bite Count... More Fruits & Veggies

Parents/guardians reported the number of ½-cup servings of fruits and vegetables each child consumed per day at enrollment and graduation.

Servings of fruits and vegetables were reported separately starting in FFY23. For these analyses, servings were summed to recreate the older participant objective for combined servings of fruits and vegetables.

More children ate at least 4 servings of fruits and vegetables per day at graduation than at enrollment.

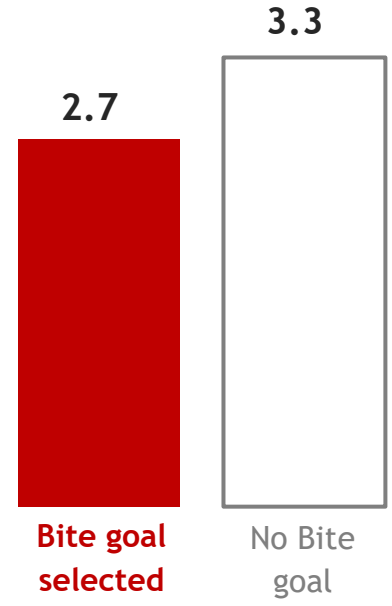


The program had a participant objective of eating at least 4 servings of fruits and vegetables per day (½ cup per serving)

Of all participants, 33% ate ≥4 servings of fruits & vegetables per day at enrollment.

Among enrollments that ended in graduation, 33% met the target at enrollment, compared to 48% at graduation.

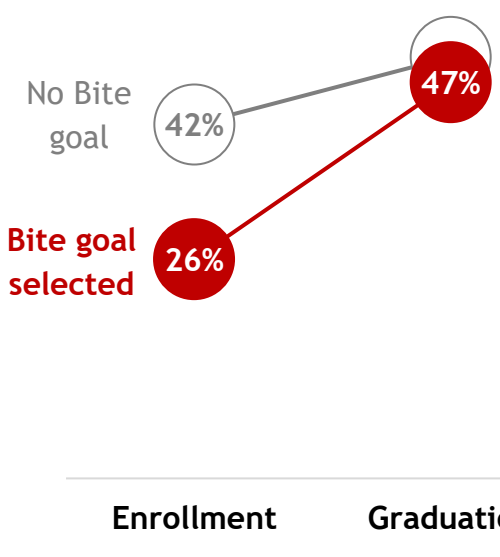
Children working on the Bite goal ate fewer servings of fruits and veggies per day at enrollment.



Among all enrollments, children ate an average of 3 ½-cup servings of fruits and vegetables per day.

Children who worked on the Bite goal ate an average 2.7 servings at enrollment compared to 3.4 servings among those who did not work on the Bite goal during that year in the program.

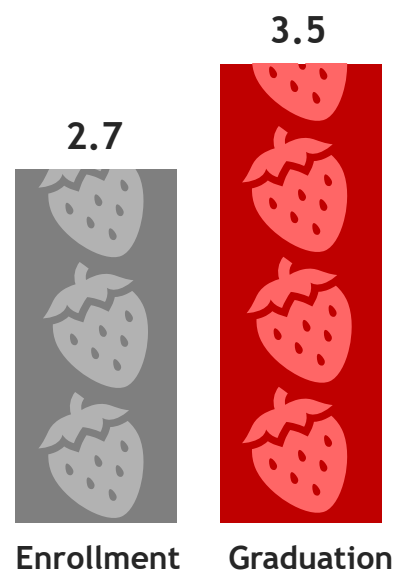
Graduates that worked on the Bite goal were less likely to meet the recommended servings at enrollment, but not at graduation, compared to those not working on the Bite goal.



Among children whose parents/guardians selected the Bite goal, 26% met the recommended level of ≥4 servings of fruits and vegetables per day at enrollment, while 42% reached the recommended level at graduation.

The percent of children meeting the recommended level also increased among those *not* working on the Bite goal.

Children working on the Bite goal ate 0.8 more ½-cup servings of fruits and vegetables at graduation than at enrollment.

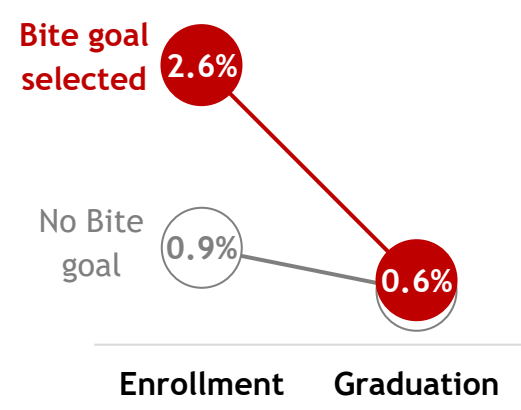


Children who selected the Bite goal increased their fruit and vegetable consumption from 2.7 to 3.5 servings per day by graduation, reflecting an average increase of 0.8 servings.

By graduation, fruit and vegetable consumption was only slightly lower among children working on the Bite goal compared to those *not* working on the Bite goal. Those children not working on the Bite goal consumed 3.3 servings per day at enrollment and 3.6 at graduation.

7,270 graduates worked on the Bite goal

Very few children ate zero servings of fruits and vegetables at enrollment, and those who did were more likely to work on the Bite goal.



At enrollment, 1.8% of all enrollees ate 0 servings of fruits and vegetables per day.

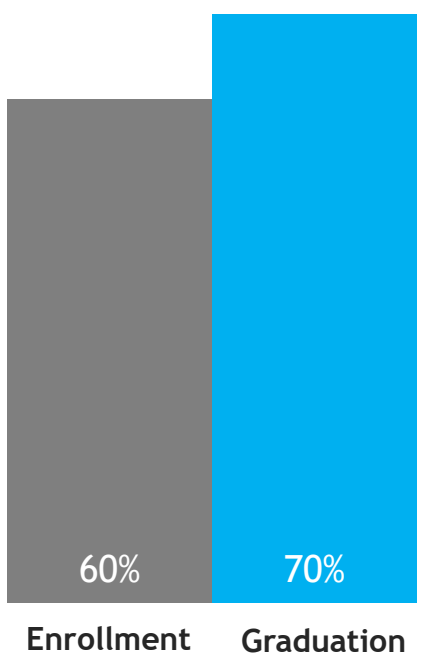
Among graduates who selected on the Bite goal, 2.6% ate 0 servings at enrollment, compared to 0.9% of those not working on the Bite goal. By graduation, only 0.6% of both groups ate no fruits and vegetables daily.

Sip

Make Every Sip Count...
More Healthy Beverages

Overall, **5,105 (26%)** of the 19,365 enrollments with goal data worked on the Sip goal.

More children met the recommended levels of juice and sweetened beverage consumption at graduation than at enrollment.

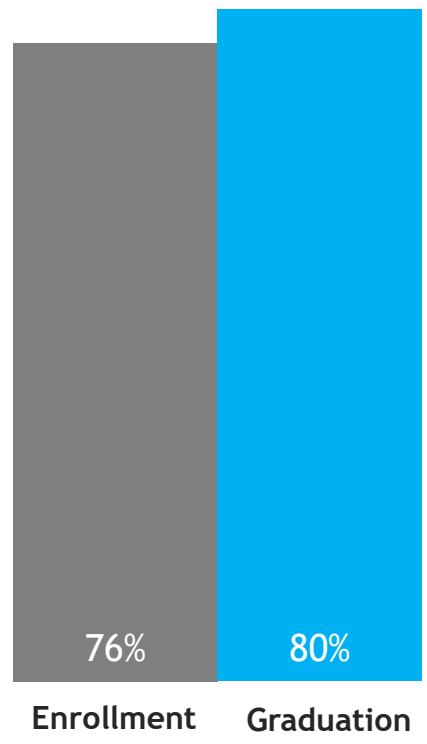


Juice

The program had participant objective of drinking ≤6 ounces of juice per day.

Of all enrollments, 58% drank ≤6 ounces of juice per day at enrollment.

Among children who graduated, 60% met the target at enrollment, compared to 70% at graduation.



Sweetened Beverages

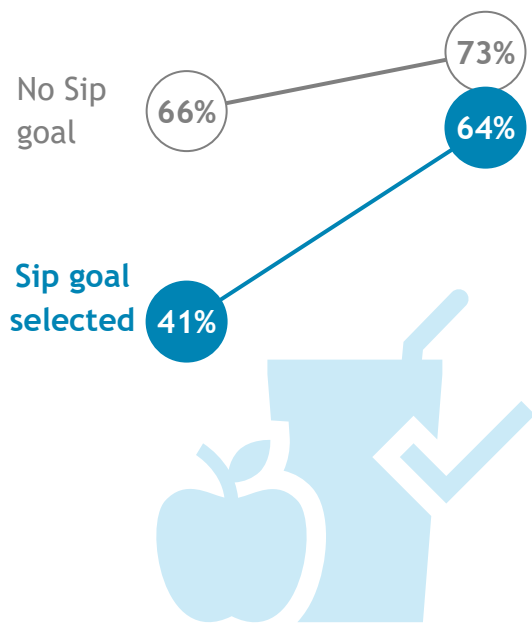
The program had a participant objective of drinking ≤1 sweetened beverage per week (8 oz. per serving).

Of all enrollments, 75% drank ≤1 sweetened beverage per week at enrollment.

Among children who graduated, 76% met the target at enrollment, compared to 80% at graduation.

Children working on the Sip goal were less likely to meet recommended levels of juice and sweetened beverage consumption at enrollment compared to those not working on the Sip goal.

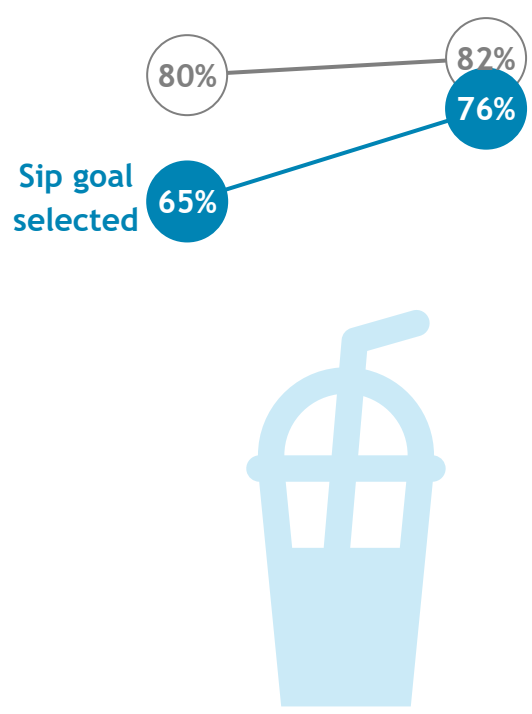
3,487 graduates worked on the Sip goal



Juice

Among children whose parents/guardians selected the Sip goal, 41% met the recommended ≤6 ounces of juice per day at enrollment, while 64% reached the recommended level at graduation.

The percent of children meeting the recommended level of juice consumption also increased among those *not* working on the Sip goal.

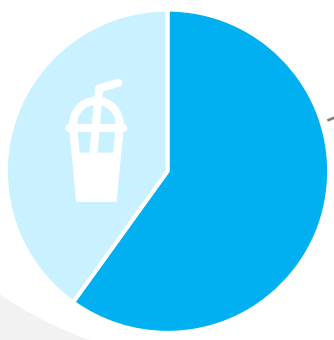


Sweetened Beverages

Among children whose parents/guardians selected the Sip goal, 65% met the recommended ≤1 sweetened beverage per week at enrollment, while 76% reached the recommended level at graduation.

The percent of children meeting the recommended level of sweetened beverage consumption also increased among those *not* working on the Sip goal.

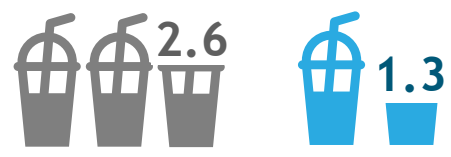
Parents reported that many children did not drink sweetened beverages at enrollment and graduation.



At graduation, 59% of graduates working on the sip goal drank 0 servings per week compared to 50% at enrollment.

Of those *not* working on the Sip goal, 64% drank 0 servings per week at enrollment and 66% at graduation

Children working on the Sip goal drank 1.2 fewer 8oz servings of sweetened beverages at graduation than at enrollment.



At enrollment, children working on the Sip goal consumed about 11 oz. more of sweetened beverages, on average, than those that did not select the Sip goal.

By graduation, this difference was reduced to about 3 oz. more. Children not working on the Sip goal drank about 8 oz. per week.

Physical Activity & Sedentary Behavior

To what extent did children's physical activity and screen time behaviors change after their completion of Fit Families?

Move

Move More...
Watch Less

Overall, **6,809 (35%)** of the 19,365 enrollments with goal data selected the Move goal.

More children met the recommended levels of physical activity and screen time at graduation than at enrollment



Physical Activity

The program had a participant objective of engaging in ≥60 minutes of physical activity per day.

Of all enrollments, 88% engaged in ≥60 minutes of physical activity per day at enrollment.

Among children who completed the program, 88% met the target at enrollment, compared to 95% at graduation.



Screen Time

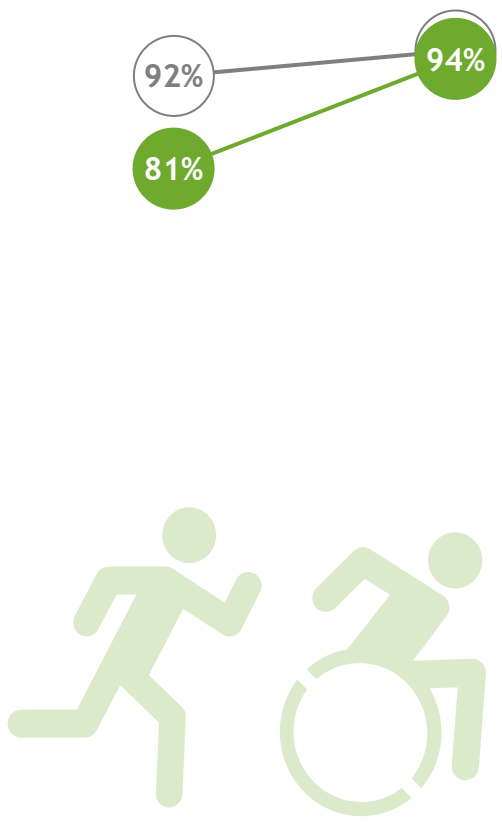
The program had a participant objective of engaging in ≤2 hours of screen time per day.

Of all children active in FFY25, 73% engaged in ≤2 hours of screen time per day at enrollment.

Among children who completed the program, 73% met the target at enrollment, compared to 83% at graduation.

Children working on the Move goal were less likely to meet recommended levels of physical activity and screen time at enrollment, but not at graduation

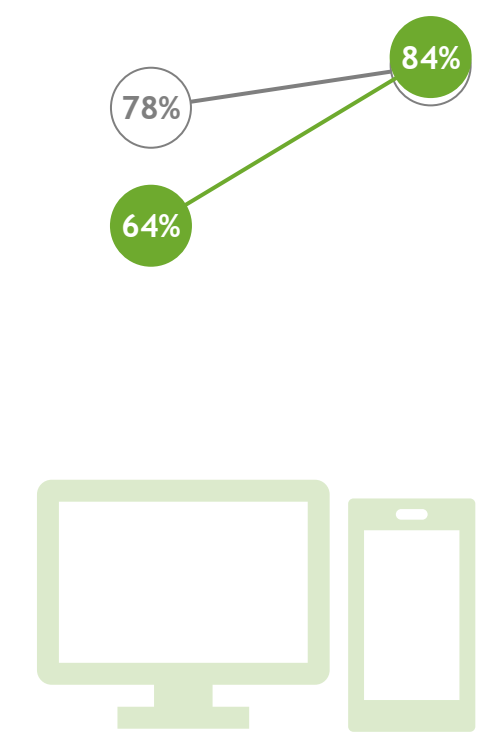
4,847 graduates worked on the Move goal



Physical Activity

Among children whose parents/guardians selected the Move goal, 81% met the recommended ≥60 minutes of physical activity per day at enrollment, while 94% reached the recommended level at completion.

The percent of children meeting the recommended level of physical activity also increased among those *not* working on the Move goal.



Screen Time

Among children whose parents/guardians selected the Move goal, 64% met the recommended ≤2 hours of screen time per day at enrollment, while 84% reached the recommended level at completion.

The percent of children meeting the recommended level of screen time also increased significantly for children who were not working on the Move goal.

Childhood Obesity Prevention

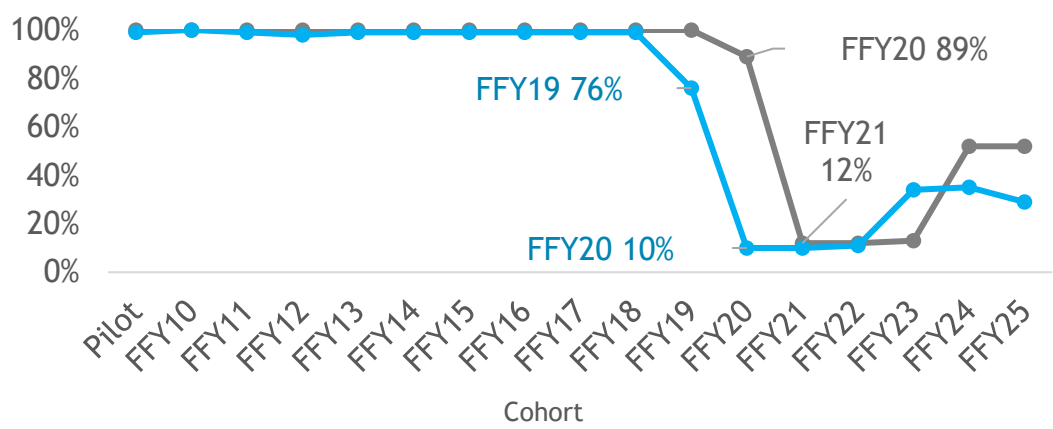
Body Mass Index (BMI)

The Fit Families program was initially developed to prevent childhood obesity by empowering families to adopt healthy eating and physical activity behaviors. These changes could help children maintain a healthy weight.

At enrollment and graduation, Fit Families coaches recorded children's body mass index (BMI). BMI was based on in-person measurements of height and weight, usually taken during WIC appointments. The COVID pandemic imposed lasting restrictions on in-person appointments, which disrupted coaches' ability to collect BMI measurements for multiple fiscal years.

All children enrolled in FFY19 (between 10/1/2018 and 9/30/2019) had enrollment BMI data compared to just 12% of FFY21 (enrolled 10/1/2020 - 9/30/2021). Graduation BMI data follows a similar pattern with a lag of about a year. This is because children's BMI at graduation was measured at the end of the 13-month program. The response to the COVID pandemic in Wisconsin began in spring 2020, midway through FFY20. Note that 89% of children enrolled in FFY20 (10/1/2019 - 9/30/2020) had enrollment BMI data, compared to only 10% of FFY20 cohort graduates.

The percentage of all enrollments with BMI data and percentage of all graduates with BMI data dipped dramatically as COVID disrupted in-person visits.



Healthy Weight

Body mass index (BMI) may be a familiar concept. While an imperfect measure, it is useful for tracking weight change over time. It can also be used to compare groups of people.

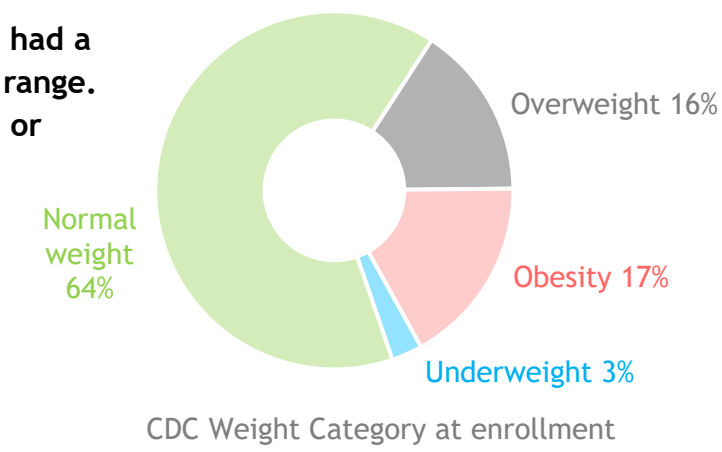
Measuring healthy weight in children is more complex than in adults. Young children grow quickly, and their body composition changes as they mature. What is considered a healthy BMI depends on the child's age in months and sex.

To define weight categories, a child's BMI is compared to a population of children of the same age and sex using percentiles or z-scores. In this report, weight categories are defined using the Center for Disease Control (CDC) criteria (see table, below). Children's BMIs at enrollment and graduation were classified as having obesity, overweight, normal (healthy) weight, or underweight.

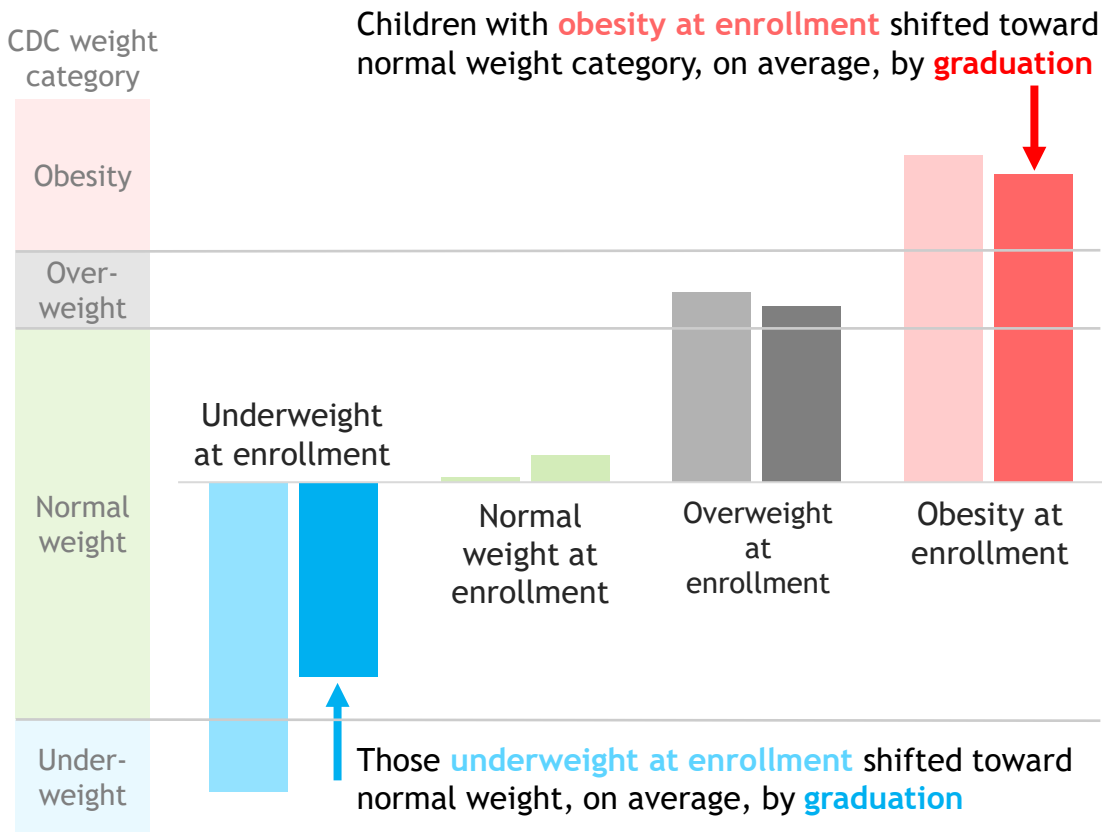
CDC Weight Category Definitions

Category	Percentile	z-score
Obesity	95th and above	> 1.645
Overweight	85th to <95th	1.036 – 1.645
Normal weight	5th to <85th	-1.645 - 1.036
Underweight	Below 5th	< -1.645

Almost 2/3 of enrollments had a BMI in the healthy weight range. About 1/3 had overweight or obesity at enrollment.



Children who started Fit Families with obesity or underweight shifted toward healthy weight from enrollment to graduation, on average.



BMI Change

Change in BMI over time was calculated by subtracting the BMI z-score (zBMI) at enrollment from the zBMI at graduation. A zBMI change score of 0 means no change in the child's zBMI score from enrollment to graduation. Positive change scores indicate an increase in zBMI over time, while negative change scores reflect a decrease.

The interpretation of zBMI change scores depends on the child's weight category at enrollment. For children who started the program in the underweight category, a positive zBMI change score shows a shift toward healthy weight. For children in the overweight or obesity category, a negative zBMI change score shows a shift toward the healthy weight category.

BMI results presented in this report are based on 6,938 first-time enrollments that ended in graduation for children who had enough data to calculate zBMI change scores, namely sex; BMI at enrollment and graduation; and the child's age in months at enrollment and graduation.

Impact of Dose

The program dose was measured by the number of months that the parent was reached for a contact either in person, or virtually by phone, email, text, or letter. Virtual contacts became more common as the COVID pandemic reduced coaches' ability to conduct in person contacts and collect BMI data. Most of the children included in this analysis graduated the program when virtual contacts were less prominent.

Parents received an average of 10.4 total contacts, meeting the recommended dose of 10 or more monthly contacts. An average of 4.5 contacts were in person, 3.3 were by phone, and 2.6 were by email, text, or letter. Children with obesity at enrollment received 0.26 fewer total successful contacts, on average, than children in the other weight categories.

There were no significant differences in the zBMI change scores based on the total number of contacts, number of in-person contacts, or number of email/text/letter contacts. However, for children who had obesity at enrollment, receiving more phone contacts was related to greater shifts, on average, toward healthy weight. This association remained after adjusting for the difference in total contacts between groups.

These results suggest that phone contacts were especially helpful for parents of children with obesity at enrollment in the Fit Families program.

Context

Recommendations

The data presented in this report demonstrate the consistent positive outcomes of the 13-month direct education coaching component of the Fit Families program for nearly 19 years. Additional evaluation findings not included in this report, such as participant satisfaction surveys and assessments of other program components, have also indicated positive or promising results. Given its strong track record of success, Fit Families has been an important program for addressing childhood obesity in Wisconsin and promoting healthy behaviors among children and families.

While we acknowledge that the program has concluded, we remain hopeful that future funding opportunities will allow it to be reinstated. The program's demonstrated impact highlights its value in supporting the health and well-being of children and families across Wisconsin.

Acknowledgements

The evaluation team at the University of Wisconsin-Madison's Population Health Institute has had the privilege to work with the Wisconsin Fit Families program since its development. We are honored to have been able to support the program, contribute to its development and refinement over the years, and highlight its positive impacts on Wisconsin families and communities. We would like to acknowledge the former UWPHI evaluation staff who previously contributed to the program evaluation, especially the first evaluator, Charlanne FitzGerald.

We are grateful for all the hard work of the many coaches, mentors, and staff who made the program such a long-term success. Thousands of Wisconsin families have participated in coaching over the years. Partnership and PSE activities supported by the program have helped shape communities across the state.

Wisconsin Fit Families Project Sites

- Barron County Fit Families
- Bay Area Fit Families (Bayfield, Ashland & Iron Counties)
- Brown County
- Buffalo County Fit Families
- Chippewa County Fit Families*
- Columbia County Fit Families
- Dunn County Fit Families
- Eau Claire City-County Fit Families
- Family Planning Health Services (Marathon County)
- Fond du Lac County Fit Families
- Forest County Health Department
- Great Lakes Inter-Tribal Council (GLITC)
- Green County Health Department
- Healthfirst Network Fit Families (Marathon, Lincoln & Langlade Counties)
- Jackson County Fit Families
- Jefferson County Fit Families
- Juneau/Adams Fit Families (Juneau & Adams Counties)
- Kenosha County Fit Families
- Kewaunee County Fit Families*
- La Crosse County Fit Families*
- Lac du Flambeau
- Marinette County WIC
- Milwaukee (city of)
- MLK Heritage Health Center, Milwaukee Health Services
- Monroe County Fit Families
- Noble Community Clinic Fit Families *previously Family Health/La Clinica* (Green Lake, Waushara & Marquette Counties)
- NWCSA Fit Families (Douglas County)
- Oneida County
- Outagamie County Fit Families
- Pierce-Pepin Fit Families (Pierce & Pepin Counties)
- Polk County Fit Families
- Portage County Fit Families
- Wild Rivers WIC (Burnette, Washburn, Sawyer & Polk Counties)
- Portage County Fit Families Program*
- Racine Kenosha Community Action Agency
- Sauk County Health Department*
- Shawano County Fit Families
- Sheboygan County Fit Families
- Southwest Suburban Health Department Fit Families (Milwaukee County)
- St. Croix County Fit Families
- SWCAP (Crawford, Richland, Iowa & Lafayette Counties)
- Trempealeau Buffalo Fit Families (Trempealeau & Buffalo Counties)
- Vernon County Fit Families
- Walworth County Fit Families
- Waukesha County Fit Families
- Waupaca County Fit Families*
- West Allis
- Winnebago County Fit Families
- Wood County Fit Families

*Fit Families Mentor sites provided program leadership and guidance and support to other sites.

Technical Notes

Enrollments refers to each time a child was enrolled in the program and includes duplication for children who re-enrolled in the program after being lost to follow-up or graduating.

Children refers to individual children, counting each child once regardless of the number of times they enrolled in the program. It is possible that some children may have been counted more than once due to changes in data collection mechanisms and data entry errors.

Parent/guardian refers to the adult that enrolled their child(ren) in the Fit Families program. Adults were able to enroll multiple children and to enroll one or more child for multiple years. Rarely, an individual child had a later enrollment with a different parent/guardian.

Children's behavior was measured by parent/ guardian report, not program staff. Reported behaviors were categorized as meeting the goal or not meeting the goal based on whether they reached the participant objective for each behavior.

Because measures of behavior were not precise, our ability to detect the effects of the program on behavior are somewhat limited. For example, coaches noted that some children drank many servings of juice daily upon enrollment. Even if these children reduced juice consumption considerably during the program, they may still not have reached the behavioral objective.

Child BMI was calculated by program staff based on height and weight measurements taken during in-person interactions with WIC staff. Evaluation staff computed BMI z-scores based on the Extended CDC BMI-for-age growth charts,[5] including the 2022 extended BMI-for-Age Growth Charts for children with obesity. This update expanded the definition of plausible BMI values to account for population-level increases in severe obesity. Based on these updated criteria, BMI z-scores below -4 and above +8 were excluded from the BMI analyses included in this report. Separate BMI z-scores were calculated for enrollment and graduation to account for the change in children's age during the 13-month program. Change in BMI z-score was calculated by subtracting the BMI z-score at graduation from the BMI z-score at enrollment.

Behavioral and BMI measurements documented more than three months from enrollment or graduation were excluded from analyses. BMI measurements for children without documented data on birthdate or sex were excluded due to the inability to calculate the BMI z-score.

Data cleaning and analysis for this report were conducted using IBM SPSS Statistics (Version 31.0). While we have done our best to ensure accuracy, the long duration of the program and multiple changes in data collection methodology presented challenges to pooling data across all years.

Statistical tests were conducted to assess the significance of differences observed between groups. P-value thresholds were adjusted for multiple comparisons. Linear regression models were used to predict change in BMI z-score. The final model adjusted for the total number of successful contacts to address confounding between weight categories.

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https://www.dhs.wisconsin.gov/nutrition/snap-ed.htm

fit families