

**DHS and DPI Input to Wisconsin Legislative Council Staff Memorandum #5
November 21, 2008**

A. STATEWIDE PUBLIC AWARENESS PROGRAMS	
1. Establish a Statewide Public Awareness Initiative on the Issues of Obesity and Healthy Lifestyles Background	
<p>Options</p> <p>a. Create an obesity prevention and healthy lifestyle education program in DHS similar to the youth tobacco prevention and education campaign.</p> <p>b. Require one or more state agencies to develop and execute a statewide public awareness campaign incorporating elements such as those contained in one or more of the state programs described in the excerpts from The Association of State and Territorial Health Officials (ASTHO) Compendium of State Healthy Lifestyle Initiatives, which are enclosed with Memo No. 6.</p>	<p>Wisconsin has roughly 41 local nutrition and physical activity coalitions. These coalitions generally have very limited funding, if any, from a variety of public and private sources. The DHS Nutrition, Physical Activity and Obesity (NPAO) Program is funded by the Centers for Disease Control and Prevention (CDC) and was recently awarded a 5-year grant (June 30, 2008-June 29, 2013). The NPAO Program released an RFP to support local coalitions to implement the <i>Wisconsin Nutrition and Physical Activity State Plan</i>. Approximately \$250,000 will be made available for an 18-month funding cycle with awards ranging from \$6,000-\$30,000. The focus of these grants is policy and environmental change rather than education.</p> <p>Currently, there is not a statewide public awareness campaign related to nutrition, physical activity and healthy weight due to lack of funding to support the development, placement and evaluation of such a campaign.</p>
2. Promote the Establishment of Local Programs Similar to “Building a Healthier Chicago”	
<p>Options</p> <p>a. Designate a state agency such as DHS to coordinate and support local and regional programs similar to BHC. Direct the coordinating agency to promulgate rules to establish requirements for local programs to be “certified.” The legislation could specify that for a program to obtain certification, a certain number of local organizations such as schools, day cares, local government, local chamber of commerce or businesses, local restaurants and grocery stores, the local public health department, health care providers, local Wisconsin Technical College System (WTCS) or University of Wisconsin (UW) campus must be involved.</p>	<p>The DHS Nutrition, Physical Activity and Obesity Program and the Wisconsin Partnership for Activity and Nutrition (WI PAN) does provide technical assistance to coalitions, communities and groups to support the development of community efforts. The NPAO Program has developed several resources for use by local groups including: Got Dirt?, the Worksite Wellness Resource Kit, the Governor’s Worksite Award, the Governor’s School Health Award, What Works summary sheets, etc. These materials are posted on the DHS website along with links to other resources. The NPAO Program has discussed the development of a “community award”, but have not yet begun the development process. Funds would be required to administer the program as well as provide incentives.</p> <p>Well City Milwaukee, http://www.welcitymilwaukee.org, was launched early in 2007 by the Milwaukee business community to create a more vibrant and productive workforce, to be at the forefront of effective action on controlling health care costs through disease prevention and health promotion and to become a national leader in wellness. This work is expected to have a ripple effect on the community at large. This type of effort may be able to be replicated in other cities to allow Wisconsin to be designated a “Healthy State”. Funding would be required to develop and administer this program for statewide dissemination.</p>
3. Establish a Permanent or Semi-Permanent State-Level Body to Oversee and Promote Healthy Lifestyle Initiatives and Programs Throughout the State	
<p>Options</p> <p>a. Enact statutory language requiring the Division of Public Health to</p>	<p>The Nutrition, Physical Activity and Obesity Program is supported through funding from CDC. The</p>

<p>continue its development and implementation of the Wisconsin Nutrition and Physical Activity State Plan.</p> <p>b. Develop legislation to support or enhance the implementation of the Wisconsin Nutrition and Physical Activity State Plan, or to require additional or different elements in the plan. For example, the legislation could require relevant state agencies to cooperate with the DHS Division of Public Health in implementing the plan, to maintain liaison with and periodically report to the DHS Division of Public Health concerning progress in achieving objectives in the state plan that are relevant to the agency's mission.</p> <p>c. Create a new state body to do develop and implement a state plan to promote healthy lifestyles. There are several types of governmental bodies that could be established to perform these functions, including executive branch bodies and a long-term legislative council committee. Legislation would also have to set forth the membership and duties of the body.</p>	<p>CDC funding also supported the development and now, to a large extent, the implementation of the Wisconsin Nutrition and Physical Activity State Plan.</p> <p>The NPAO Program provides updates, as requested, to the Public Health Council on the status of the Healthiest Wisconsin 2010 (state health plan) health priority area: overweight, obesity and lack of physical activity.</p> <p>The Governor's Council on Physical Fitness and Health does already exist and could potentially carry out some of the functions listed in the background if given adequate direction and authority. The NPAO Program provides staff support to the Council.</p>
<p>4. Establish a Telephone Hotline That Provides Advice and Support to Callers Trying to Make Lifestyle Changes Related to Weight Loss, Nutrition, and Exercise, Modeled After the Wisconsin Tobacco Quit Line</p>	
<p>Option</p> <p>Establish and fund a weight loss, nutrition and exercise hotline either operated directly by the state or operated by a private vendor under contract. Following the Quit Line model, the hotline could provide one-on-one counseling and referrals. It is unclear to what programs the hotline would make referrals. Printed material or referral to online material could be provided. Funding, staff, and lead time for development of materials and identification of potential referral agencies or programs would have to be provided.</p>	<p>We are not aware of any current activity related to this option.</p>
<p>B. PRE-SCHOOL</p>	
<p>1. Promote the Purchase of Locally Grown Products in Schools and Early Childhood Programs – Farm to School</p>	
<p>Options</p> <p>a. Create an appropriation for the Department of Agriculture, Trade and Consumer Protection (DATCP) and DPI and require that the funds be directed to the Buy Local Buy Wisconsin program at DATCP to develop farm to school partnerships and directed to DPI to provide resources on procuring, serving, and marketing local foods.</p> <p>b. Create an appropriation for DATCP for the Farm to School AmeriCorps program and direct DATCP to use the money to provide matching funds necessary to receive additional federal funding for this program.</p>	<p>Of all the options presented, option C is the appropriation the Department of Public Instruction feels would be most appropriate given the department's oversight of both the Child and Adult Care Food Program and the USDA's Fresh Fruit and Vegetable Program. The additional advantage of this option is that it would not require a separate application.</p> <p>The DPI oversees nutrition programs for daycare, preschool, and school age children. The department's Community Nutrition Team works with the youngest children we serve. This team administers the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP) which are federal United States Department of Agriculture (USDA) performance-based meal reimbursement programs. The CACFP reimburses eligible public, private, nonprofit and for-profit</p>

<p>c. Create an appropriation for DPI to increase meal reimbursement rates for locally sourced foods as part of school meals. This could be linked to schools participating in the Fresh Fruit and Vegetable Program, which would target children with low-income households.</p> <p>d. Create an appropriation to fund grants to be administered by DPI. The grants could be part of a competitive application process within school districts to support the development of farm to school programs.</p>	<p>child care centers, outside-school-hours centers, Head Start programs, “At Risk” After School Care Programs and emergency shelters for meals served to children. This program has a large impact on children with reimbursements for 34,972,989 meals in Federal Fiscal Year 2007 (October 1, 2006 - September 30, 2007). Federal regulations for these programs specify meal pattern requirements for children to ensure that daily energy needs are met for proper nutrition. In addition the Wisconsin Department of Health Services, Bureau of Regulation and Licensing, also requires adherence to the CACFP meal pattern for all licensed child care facilities.</p> <p>The DPI also administers USDA’s Fresh Fruit and Vegetable Program, which connects local produce and school snacks. Wisconsin has been allocated \$916,838 (\$184,101 in July 08 and \$732,737 in October 08). The department provides schools with assistance in their procurement.</p> <p>Institutional Food Marketing Coalition (grant-recipients of Buy Local, Buy Wisconsin funding)—The coalition is helping institutions to procure locally grown-foods. They have been collaborating with over 100 growers in a 100-mile radius of Montello, Wisconsin. The purpose of this work is to begin to aggregate large volumes of produce from smaller farms to meet the supply of the large markets. Additionally, the work of the coalition is serving as one model for farm-to-institution (which includes addressing uniform product, food safety, labeling, and trace-back, and delivery). The coalition is primarily working in Madison, Milwaukee, and Chicago but has not been geared to schools. To date there are no specific examples of Farm-to-Childcare, however DATCP has noted an increased interest from child care centers on purchasing locally. <i>See Buy Local, Buy Wisconsin efforts above that relate to general farm-to-institution.</i> Buy Local, Buy Wisconsin does provide technical assistance to purchasers and growers on how to procure locally grown foods.</p>
<p>2. Nutrition Standards, Nutrition Education, and Physical Education in Early Childhood Programs</p>	
<p>Options</p> <p>a. Specify that DCF administrative rules must require group child care providers to serve “nutritious foods” instead of “diverse types of food.” The committee could define what nutritious foods should mean or direct DCF to create a definition of nutritious foods in administrative rule.</p> <p>b. Require DCF to include a wellness component within its child care rating system which includes ratings on the nutrition of foods and beverages provided by the child care center, nutrition education provided at the child care center, and/or physical education provided at the child care center.</p> <p>c. Create nutrition education standards for child care centers in statute.</p> <p>d. Direct a state agency such as DCF or DPI to create nutrition education standards for child care centers.</p>	<p>Consult with DCF and the Wisconsin Child Care Administrator’s Association about these recommendations.</p> <p>Creating a definition of nutritious foods in an administrative rule may be problematic. For instance, the definition could end up conflicting with the meal patterns specified by USDA in the Child and Adult Care Food Program (CACFP) regulations. An alternative may be to codify compliance with the meal pattern requirements specified by USDA for the CACFP (7 CFR Part 226) in administrative rules governing child care provider licensing and certification.</p> <p>DPI would be happy to work with DCF to discuss nutrition education and physical education for child care centers and build on the Wisconsin Model Early Learning Standards.</p>

<p>e. Create a statute which specifies physical education standards for child care centers or requires child care centers to provide a certain amount of physical activity per day or per week.</p> <p>f. Direct a state agency such as DCF or DPI to create physical education standards for child care centers.</p>	<p>DPI, DWD, and DHS created the Wisconsin Model Early Learning Standards, which specify developmental expectations for children from birth through entrance to first grade. It can be accessed at http://www.collaboratingpartners.com/docs/ec-wmels-bk.pdf. Interagency funding has supported community collaboration coaches and a statewide training approach. We now have 70 early childhood professionals who are WMELS-Approved Trainers. In four years, they have provided over 45 full-length WMELS trainings which have reached 1,100 participants and 60 overview training opportunities for another 1,300 participants across Wisconsin.</p> <p>Currently, there are no physical education standards required for child care centers.</p>
<p>3. Create a Governor's Health Award for Preschools</p>	
<p>Options</p> <p>a. Create a governor's health award for preschools in statute to be awarded to child care providers and preschools which satisfy the award criteria established by DPI.</p> <p>b. Direct DPI to create a governor's health award for preschools. This option could include creating an appropriation to DPI to fund the award and/or to enable DPI to include a monetary component of the award.</p>	<p>The DPI would be amenable to expanding the current K-12 health award to preschools and child care providers. Any expansion of this award would, however, need to have resources and funding to develop, market and administer the program as well as incentives for childcare centers to participate.</p>
<p>C. K-12 SCHOOL</p>	
<p>1. Farm to School</p>	
<p>Please see item B. 1. on page 8 for an explanation of farm to school options, which could also apply to K-12 school.</p>	<p>AmeriCorps Farm-to-School: In November 2007, DATCP, DPI and DHS-NPAO were awarded a <i>Serve Wisconsin</i> grant that provided 20 part-time AmeriCorps members to work with Wisconsin schools interested in starting farm-to-school. The funding also provided a .75 FTE to manage AmeriCorps members (not a Farm-to-School Coordinator position). Furthermore, some of the Buy Local, Buy Wisconsin funding has been allocated to this effort. In November 2008, DATCP, DPI, and DHS applied to <i>Serve Wisconsin</i> to expand the existing AmeriCorps grant that supports ten farm-to-school pilot sites at Wisconsin schools/school districts. This would increase the number of AmeriCorps members from 20 to 40 and the pilot farm-to-school sites in Wisconsin from 10 to 20 sites.</p> <p>Wisconsin Homegrown Lunch (WHL) Project: Wisconsin Homegrown Lunch is a farm-to-school project co-sponsored by the REAP Food Group and the UW-Madison Center for Integrated Agriculture Systems. Working primarily with Dane County school districts, WHL collaborates with local farmers and school districts to bring locally produced foods to students through the classroom and lunchroom. WHL, in conjunction with the AmeriCorps Farm-to-School, provides technical assistance to schools/school districts that are interested in procuring foods locally.</p> <p>Great Lakes Regional Farm-to-School Network: A farm-to-school regional hub that is housed at the UW-Madison, Center for Integrated Agriculture Systems. The purpose of this hub is to support</p>

	farm-to-school projects in the Midwestern states. However, this funding does not provide for a Farm-to-School Coordinator exclusively in Wisconsin.
2. Nutrition Education	
<p>Options:</p> <p>a. Direct DPI to create nutrition education standards for schools and specify that the standards are mandatory.</p> <p>b. Specify the nutrition education standards in statute and mandate that schools use the standards.</p>	<p>Voluntary nutrition standards currently exist. It should be noted that none of the state model academic standards in any subject are required under statute or that schools are mandated to use those standards.</p> <p>Led by the Wisconsin Action for Healthy Kids (DPI) and other partners including the Wisconsin Dairy Council and DHS, nutrition education guidelines were developed in March 2008. DPI transitioned these guidelines to voluntary standards in August 2008. In the 2008-2009 school year, these new Nutrition Education Standards, with corresponding curriculum, are currently being piloted with a few school districts. In addition, DHS-NPAO has completed a literature review of peer-reviewed journals on the effect of nutrition education related to improved child nutrition.</p> <p><i>Got Veggies?</i>, a part of the statewide <i>Got Dirt? Garden Initiative</i> is a garden/nutrition education curriculum that is currently under development. Using the new Nutrition Education Standards, the purpose of <i>Got Veggies?</i> is to provide nutrition education curriculum for use with a school, after school, or child care garden.</p> <p>Nutrition education standards have been developed. The current plan is that these standards will be voluntary for schools to implement. Funding would need to be provided to support the implementation of the standards including staff development (training).</p> <p>The Governor’s School Health Award includes criteria related to nutrition education. Link http://www.schoolhealthaward.wi.gov/docview.asp?docid=15151&locid=73</p>
3. Create School Health Advisory Councils	
<p>Options:</p> <p>a. Direct each school district to create a school health advisory council and require that each council advise the district regarding issues including nutrition education, physical education curriculum, health education curriculum, nutrition standards, and physical activity programs.</p> <p>b. Specify that the council must include representatives from the school, the community, parents, and the food industry.</p>	<p>Having a school health advisory council is a requirement for schools to be eligible to receive the Governor’s School Health Award. Requiring a representative of the food industry to participate on a school district level council may not be possible. Link http://www.schoolhealthaward.wi.gov/docview.asp?docid=15151&locid=73</p> <p>75 percent of middle and high schools have one or more groups (e.g. A school health council, committee or team) that offer guidance on the development of policies or coordinates activities on health topics. These typically include school administration, staff, parents and community personnel. (2008 WI School Health Profile Report, DPI). In addition almost all school districts (98 percent), have human growth and development committees.</p> <p>Creating another council would require additional staff time and resources from the local school</p>

	district.
4. Nutrition Standards for School Foods and Beverages	
<p>Options:</p> <p>a. Direct DPI to set nutrition standards for food sold in school. The standards could be applied to all food sold in schools, only to <i>à la carte</i> items sold in school, only to free and reduced school meal programs, only to food sold in vending machines, or a combination of these.</p> <p>b. Create nutrition standards in statute for healthier foods and beverages at school and require schools to follow them. The standards could be applied to all food sold in schools, only to <i>à la carte</i> items sold in school, only to free and reduced school meal programs, only to food sold in vending machines, or a combination of these.</p>	<p>It is best to wait for the 2009 Reauthorization of Child Nutrition Programs before proceeding with any recommendations in this area. DPI believes that the development of state nutrition standards could make it very difficult to procure commodity foods (18-20 percent of school food) and instead, we should consider deferring to the meal patterns and nutritional requirements developed by the Institute of Medicine and codified in USDA regulations.</p> <p>DPI's School Nutrition Team oversees the federal school lunch, special milk, breakfast, after school snack, and fresh fruit and vegetable programs. All federal child nutrition programs for schools must adhere to the USDA Dietary Guidelines for Americans. These provide the requirements for the meal patterns used in the National School Lunch Program and School Breakfast Program. Current meal pattern requirements have been developed using the 1995 USDA Dietary Guidelines. USDA has partnered with the Institute of Medicine to make recommendations for new meal pattern requirements based on the 2005 USDA Dietary Guidelines. The School Meal Initiative Nutrient Analysis (SMI), which is a measure of consistency with the USDA Dietary Guidelines for Americans, is completed by DPI's Public Health Nutritionists who are Registered Dietitians. They are required to analyze one week worth of menus from a school in each of our 426 school districts and all private schools every 5 years. Currently, USDA requires monitoring of calories, fat, saturated fat, protein, calcium, iron, and vitamins A and C. As a State, we also monitor for sodium, dietary fiber, and cholesterol. Part of the SMI process includes consultative assistance by the Public Health Nutritionists as well as Nutrition Program Consultants to develop improvement plans to meet the nutrition standards.</p> <p>Per USDA regulation, schools also need to prohibit the sale of foods in the categories of minimal nutritional value and control the sale of any competitive foods in the food service areas during the designated meal periods. The rationale for this is that the availability of foods sold in competition with school meals jeopardizes the nutritional effectiveness of the programs and may be a contributor to the trend of unhealthy eating practices.</p> <p>Wellness policies became a USDA requirement for all schools to implement by the 2006-07 school year. Wellness policies have helped schools to address factors that contribute to childhood obesity, but schools have needed extensive education and support to meet and implement all the policy requirements. These policies must include:</p> <ul style="list-style-type: none"> • Goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness; • Nutrition guidelines selected by the district for all foods available on school grounds during the school day with the objectives of promoting student health and reducing childhood obesity; and • A plan for measuring implementation of the local wellness policy.

4. Require Schools to Provide Nutrition Content Information for Foods Available in School	
<p>Option</p> <p>a. Require schools to post information on nutritional content of foods sold by or available at school, on the school website, on school menus sent home with students and/or by posting the information in a visible place at each school. This requirement could apply to free and reduced school meals, <i>à la carte</i> items, items sold in vending machines, or a combination.</p>	<p>It would be extraordinarily difficult and labor intensive for schools to comply, particularly smaller school districts, with this requirement. To do this work consistently, systematically, and accurately would require considerable time from qualified nutritional professional and sophisticated software both at a significant cost to the district.</p>
5. Ban or Restrict Soft Drinks in School	
<p>Options</p> <p>a. Prohibit the sale of soft drinks to students in elementary, middle, and/or high school.</p> <p>b. Restrict the availability of soft drinks in elementary, middle, and/or high school to certain hours of the day or to certain times of the day.</p>	<p>USDA regulations already prohibit the sale of soft drinks and foods of minimal nutritional value in schools during meal service times. Many wellness policies developed by schools already do ban soft drinks during school hours.</p> <p>The Alliance for a Healthier Generation and the Institute of Medicine have both developed guidelines. As part of the Governor’s School Health Award, schools are required to follow one of these national guidelines to be eligible for the award.</p> <p>http://www.healthiergeneration.org/schools/ http://www.iom.edu/CMS/3788/30181/42502.aspx</p>
6. Prohibit Foods Containing Artificial Trans Fat in School	
<p>Options</p> <p>a. Prohibit schools from selling <i>à la carte</i> and snack foods containing artificial trans fat.</p> <p>b. Prohibit schools from selling food containing artificial trans fat in the free and reduced price meal programs.</p> <p>c. Prohibit schools from selling food in containing artificial trans fat in vending machines.</p> <p>d. Require schools to phase-out foods with artificial trans fats in school foods by a certain date.</p>	<p>It is best to apply this restriction to all foods in schools, but not immediately due to complications surrounding commodity foods and processed commercial foods. The Donated Food Distribution Program has been working towards eliminating trans fat in commodity foods for schools, but we don’t believe that has been 100 percent accomplished as yet. Moreover, processed commercial foods are even more likely to contain trans fat.</p> <p>The Alliance for a Healthier Generation’s Competitive Food guidelines does include trans fat. As part of the Governor’s School Health Award, schools are required to follow either these or the IOM national guidelines to be eligible for the award.</p> <p>http://www.healthiergeneration.org/schools/ http://www.iom.edu/CMS/3788/30181/42502.aspx</p> <p>The DHS Heart Disease and Stroke Program (HDSP) and the Heart Disease and Stroke Alliance are in the process of updating their 5-year plan and are including a policy sections. The policy section includes the development of a policy blueprint. Trans fat will be one of the areas of focus.</p>
7. Prohibit the Sale of Foods of Minimal Nutritional Value	
<p>Options</p> <p>a. Prohibit the sale of foods with minimal nutritional value at school at</p>	<p>USDA regulations already prohibit the sale of soft drinks and foods of minimal nutritional value in</p>

<p>specified times, such as during designated meal periods, between the start of the school day and the end of the last lunch period, or between the start and end of the school day. Foods of minimal nutritional value could include foods that contain artificial trans fat, a high level of saturated fat, sugar, sodium, a high calorie content, or specific foods such as candy and gum.</p> <p>b. Prohibit schools from offering foods of minimal nutritional value as identified by DPI in administrative rule.</p>	<p>schools during meal service times (e.g. school breakfast and school lunch) and school districts are required to have wellness policies which include nutrition guidelines for all foods available on school grounds during the school day.</p> <p>Wellness policies became a USDA requirement for all schools to implement by the 2006-07 school year. Wellness policies have helped schools to address factors that contribute to childhood obesity, but schools have needed extensive education and support to meet and implement all the policy requirements. These policies must include:</p> <ul style="list-style-type: none"> • Goals for nutrition education, physical activity, and other school-based activities designed to promote student wellness; • Nutrition guidelines selected by the district for all foods available on school grounds during the school day with the objectives of promoting student health and reducing childhood obesity; and • A plan for measuring implementation of the local wellness policy.
<p>8. Require That the Availability of Nutritious Foods in Vending Machines be Increased</p>	
<p>Option</p> <p>a. Enact a provision similar to a Colorado proposal, under which each school district is required to adopt a policy that provides that at least 50% of all items offered in vending machines located in public schools meet acceptable nutrition standards. The committee could specify nutrition standards in statute or direct DPI to create nutrition standards in administrative rule.</p>	<p>Local wellness policies are in place in all schools as part of a USDA requirement. These policies must include nutrition guidelines selected by the district for all foods available on school grounds during the school day.</p>
<p>9. Require That Schools Charge a Lower Price for Healthier Food and Beverages</p>	
<p>Options</p> <p>a. Direct school districts to charge a lower price for healthier food items, such as fresh fruit and vegetables, whole grains, skim or lower fat milk, foods lower in sodium, foods lower in fat, or foods lower in calories. This requirement could apply to free and reduced school meal programs, à la carte and snack foods, items in vending machines, or a combination of these.</p> <p>b. Direct school districts to charge a lower price for healthier food and beverages as identified by DPI in administrative rule.</p>	<p>Competitive pricing of healthier foods is a strategy that the NPAO Program promotes. However, pricing food items so as to maintain a financially viable program is already challenging for schools. In fact, schools are already subsidizing meals with instructional dollars. If pricing is required as an incentive for healthful eating, schools would likely need significant additional funding to succeed.</p> <p>Funding options would need to be provided to assure that the school food service remains viable. Consider in conjunction with number 10 below.</p>
<p>10. Require That Schools Charge a Higher Price for Foods and Beverages of Minimal Nutritional Value</p>	
<p>Options:</p> <p>a. Direct school districts to charge a higher price for food and beverages such as foods high in fat, saturated fat, sodium, sugar, or high in calories. This requirement could apply to free and reduced school meal programs, à la carte and snack foods, items in vending machines, or a combination of these</p>	<p>See above.</p>

<p>b. Direct school districts to charge a higher price for less healthy food and beverages, as identified by DPI in administrative rule.</p>	
<p>11. Increase Access to Fruits and Vegetables</p>	
<p>Options</p> <p>a. Direct schools to offer fresh fruits and vegetables at all meal times or at certain, specified times such as lunch, breakfast, or snack.</p> <p>b. In addition to the above option, create an appropriation for DPI and direct that the funding must be used to reimburse school districts for additional servings of fruit and vegetables in the school day.</p>	<p>The Fresh Fruit and Vegetable Program is a USDA program rather than a DOD Program. In 2008-09 Wisconsin received \$916,838 rather than \$871,000 as indicated. DPI administered this program and would be interested in increasing access to fresh fruits and vegetables. This initiative would likely be costly and it is our opinion that reimbursement for additional fruits and vegetables would need to be at a sum sufficient level to maintain the financial viability of food programs.</p> <p>The National Governors Association Expert Policy Panel recommended increasing access to fresh fruits and vegetables throughout the school day. The Panel recommended that this could be accomplished through use of salad bars, fruit and/or vegetable snacks, farm-to-school efforts, or increasing fruits and vegetables in school meal patterns (breakfast and lunch).</p> <p><i>Got Dirt? Garden Initiative:</i> NPAO Program and UW-Extension have partnered to support the Got Dirt? Garden Initiative. The purpose of this initiative is to increase access to and consumption of fruits and vegetables through the implementation of school, after school, and childcare gardens. To date, approximately 250 school and child care gardens have been started as a result of the Initiative. The Initiative has two main components: hands-on training for teachers/childcare providers on how to start youth gardens and resources (step-by-step toolkit, nutrition education, and information on different garden techniques).</p>
<p>12. Establish a Centralized Clearinghouse for Information on School Nutrition, Physical Activity, Including Providing Schools With Manuals, Training, and Awards</p>	
<p>Option</p> <p>a. Create an appropriation to expand current on-going school information and outreach efforts at DPI.</p>	<p>The NPAO Program has an extensive Website that is a clearinghouse for nutrition, physical activity and obesity information for all ages. The NPAO Program also has an electronic listserve for professionals to provide communication regarding funding, training, resources, etc.</p> <p>DPI works with the NPAO and also maintains listserves for teachers and other school professionals who work in these areas. DPI has staff dedicated to functions of school nutrition, health, and physical activity and actively works with various education-related groups, CESAs and other agencies to promote best practices, standards, and training. Additional dollars to support and expand these efforts are appreciated.</p>
<p>13. Create an Appropriation to Fully or Partially Fund the Governor’s School Health Award</p>	
<p>Option</p> <p>a. Create an appropriation for DPI and specify that the money be used to fund the Governor’s School Health Award.</p>	<p>Do in conjunction with 14.</p>
<p>14. Create an Appropriation to Enable the Governor’s School Health Award to Award a Cash Prize to Winning Schools</p>	

<p>Option</p> <p>a. Create an appropriation for DPI and specify that the money be used to provide a cash award to Governor’s School Health Award recipients in addition to the current recognition levels.</p>	<p>Schools receiving the Governor’s School Health Award have received a small monetary award in addition to the recognition. The funding has come from grant funds and is not sustainable long term with this structure.</p>
<p>15. Body Mass Index (BMI) Measurement</p>	
<p>Option</p> <p>Create a pilot program in DHS or DPI under which elementary, middle, and/or high schools are required to conduct BMI measurement and fitness testing for students and send the data to parents in a confidential health report. Direct DHS and DPI to develop administrative rules which include how schools should weigh and measure children, how to interpret the results, what to do with the results, and intervention recommendations.</p>	<p>This initiative will take significant staff time for preparation, administration, and referrals at the local level and has no involvement of community health care providers, which is a concern.</p> <p>While BMI measurement is rarely done in Wisconsin schools and would involve significant resources, fitness testing is common.</p> <p>Guidelines on how to weigh and measure students and how to use the results have been developed by the NPAO Program and Action for Healthy Kids and are available online at: http://dhs.wisconsin.gov/health/physicalactivity/Sites/School/To_Weigh_Measure.pdf</p>
<p>16. Physical Education and Physical Activity</p>	
<p>Options</p> <p>a. Require that the physical education requirements for grades K-6 (three times per week) be expanded to apply to grades K-8.</p> <p>b. Require physical education to be offered at a certain frequency during the week.</p> <p>c. Require physical education to be offered for a minimum amount of time per week.</p> <p>d. Require that a certain amount of physical activity be provided.</p>	<p>Standards in physical education already exist (see below), including time and frequency. Instead of focusing on more specificity as it regards seat time, it is more important to look at the quality of instruction. For instance, recess would not be considered by the department to be quality instruction and should not count towards any physical education requirement.</p> <p>Also when one considers requiring additional time in a certain subject, thought must be given to what other instruction will no longer be available to the student given limited time in the school day and limited school district resources.</p> <p>The department also regularly surveys state physical education teachers about their practices and is one of the few states that has done a comprehensive profile of secondary physical education programs. We can say that Wisconsin students on average are receiving a more comprehensive physical education program than many of their national counterparts.</p> <p>Current Physical Education Standards in Wisconsin (§121.02, Wis. Stats.)</p> <p>Standard J</p> <ol style="list-style-type: none"> 1. Comprehensive curriculum and program of instruction for all pupils. 2. K-6 -- Three times per week minimum. 3. In a middle school format, grade 6 weekly minimum. 4. K-6 by or under the direction of a licensed physical education teacher. 5. Senior high schools -- One year may be optional to pupils.

	<p>Standard K</p> <ol style="list-style-type: none"> 1. K-12 Sequential curriculum plan. <ol style="list-style-type: none"> a. Objectives-sequence-content-resources-instructional time by week/semester/school term. b. Evaluation method. <p>Standard L</p> <ol style="list-style-type: none"> 1. K-4 Regular instruction--Each week for an entire school year to meet the plan required in (K). <i>(Note: See J -- K-6 three times per week.)</i> 2. 5-8 Regular instruction -- Each week for the entire school year to meet the plan required in (K). 3. 9-12 -- Access for pupils each year. <p>Standard P</p> <ol style="list-style-type: none"> 1. In grades 9-12 at least 1.5 credits of physical education incorporating effects of exercise, health-related fitness, and lifetime activities. 2. Credits must be earned over three separate years.
<p>17. Require That Certified Specialists Teach Physical Education</p>	
<p>Option</p> <ol style="list-style-type: none"> a. Remove the authorization in the statute for physical education to be taught “under the direction of” a licensed physical education teacher. 	<p>If the goal is to require education only from a licensed physical education teacher by removing the option for “under the direction” of a licensed PE teacher, that may or may not help with the quality of instruction. Depending on how a district is delivering instruction it may decrease flexibility in when and how PE instruction is delivered due to availability of resources (staff) and facilities. Some districts may not have the resources to hire additional staff and will simply increase class sizes, which may be counterproductive to the goal of the option presented.</p>
<p>D. NUTRITION AND WALKABLE COMMUNITIES</p>	
<p>1. Strengthen the Nutrition Education Components of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Ensure That Healthier Food is Available Through FoodShare Background</p>	
<p>Options</p> <ol style="list-style-type: none"> a. Create an appropriation for DHS and direct the department to create a pilot program in the FoodShare program similar to the California healthy food purchase pilot program. b. Direct DHS to seek grant funding from the USDA to fund nutrition projects, including projects to increase the availability of fruits and vegetables under the FoodShare program. c. Require that FoodShare recipients participate in the Wisconsin Nutrition Education Program. 	<p>Defer to the FoodShare program regarding these options. Unable to gather feedback from FoodShare program for the purpose of this document.</p> <p>For option C, requiring participation in nutrition education would necessitate a significant investment in a monitoring and tracking system and may not be enforceable. This may not be allowed by USDA.</p>
<p>2. Prohibit Trans Fat in Restaurant Foods</p>	

<p>Options:</p> <p>a. Create a phased-in prohibition on foods containing artificial trans fat in statute similar to the California law.</p> <p>b. Direct DHS to provide technical assistance to restaurants to develop healthy alternatives or choices such as portion size options, fruit, or vegetable side dishes, and food preparation choices.</p>	<p>In the past year, the Wisconsin Restaurant Association has produced voluntary guidance for their membership on the removal of trans fats.</p> <p>The DHS Heart Disease and Stroke Program (HDSP) and the Heart Disease and Stroke Alliance are in the process of updating their 5-year plan and are including policy sections. The policy section includes the development of a policy blueprint. Trans fat will be one of the areas of focus. New York City has an Executive Order related to the city's procurement policy for all foods purchased and meals served. This policy includes elimination of trans fat, limiting sodium content and elimination of deep-frying.</p> <p>The NPAO Program is currently creating a resource (Restaurant Intervention Guide) for use by local coalitions and communities to work with restaurant owners and operators to increase access to healthy foods and beverages. This guide will address the items listed in option b.</p>
<p>3. Create a Wisconsin Health Seal for Restaurants</p>	
<p>Option</p> <p>a. Create a Wisconsin Health Seal, and direct DHS to administer it, to enable participating restaurants to identify and advertise meals or individual foods that meet nutrition requirements specified by the department. Authorize DHS to charge a minimal fee for menu or food analysis. This option could also include an appropriation to DHS to create and staff the program.</p>	<p>North Carolina also has a restaurant program, http://www.winnerscirclehealthydining.com/</p> <p>Funding would need to be provided to develop, administer and evaluate this program.</p>
<p>4. Tax Foods and/or Beverages With Minimal Nutritional Value</p>	
<p>Option</p> <p>a. Create a tax on the retail sale of minimally nutritious foods and beverages such as soda, foods that are high in sugar or fat, or foods that contain artificial trans fat. Direct the resulting revenues to be used to fund public health programs, such as a healthy lifestyles awareness campaign, providing money for grants to schools to create farm to school programs, create free fruit and vegetable programs at school, programs to encourage physical activity at school, or another type of public health program.</p>	<p>The Public Health Council prepared a paper on Public Health Financing that included recommendations for funding obesity prevention and other public health efforts. One option mentioned was a tax on foods/beverages.</p>
<p>5. Require Restaurants to Post Nutrition Information in Menus</p>	
<p>Option</p> <p>a. Enact legislation to require restaurants to post calorie or nutrition information on menus or menu boards, or to make that information available upon request.</p>	<p>We are not aware of statewide efforts related to this option other than the WRA Healthy Dining Program.</p> <p>The NPAO Program is currently creating a resource (Restaurant Intervention Guide) for use by local coalitions and communities to work with restaurant owners and operators to increase access to healthy foods and beverages. Posting nutrition information is a strategy in the guide.</p>
<p>6. Develop Legislation to Enable and Encourage Development of Walkable and Bikeable Communities</p>	

<p>Options:</p> <ul style="list-style-type: none"> a. Require all communities subject to current law to report whether they are in compliance with the statutory requirement to enact an ordinance that is similar to the model traditional neighborhood development ordinance. b. Impose penalties on communities that are not in compliance with the statutory requirement to enact an ordinance that is similar to the model traditional neighborhood development ordinance. c. Require communities with populations smaller than 12,500 to enact ordinances similar to the model traditional neighborhood development ordinance. d. Require the development of a model ordinance incorporating walkability and form-based zoning principles by a certain date. Require communities to enact an ordinance that is similar to the model ordinance by a certain date. e. Provide explicit statutory authority for cities to adopt zoning ordinances that allow for mixed-use development districts. f. Require the Department of Commerce (Commerce) to review its building codes to identify any impediments to the development of walkable communities. g. Require the Department of Transportation to include consideration of workability and bikeability, as well as integration of public transit, in all phases of transportation planning. h. Require the inclusion of bicycle and pedestrian oriented design in residential and mixed-use developments that receive any state financial assistance or tax benefits. 	<p>We were not aware of the statutes listed above nor the potential number of communities that are aware of the law or are meeting the requirement. The Department of Transportation (DOT) is working on “Complete Streets” language to be included in projects using DOT funds that would address option h above.</p> <p>There is sufficient scientific evidence to show that making the built environment more conducive to walking and biking does increase physical activity levels</p>
<p>E. HEALTH CARE PROVIDERS</p>	
<ul style="list-style-type: none"> 1. Establish Standards for Health Care Information (HIT) Interoperability 2. Specify That to be Designated as a Health Care Home in Wisconsin the Standards for Certification of Health Care Homes Established by the National Committee on Quality Assurance (NCQA) Must be Met 3. Enact Legislation Designed to Alleviate the Shortage of Primary Care Providers 	<p>As this relates to obesity prevention, registered dietitians and possibly physical therapists and exercise physiologists should be included in these discussions as likely providers of patient care in this area.</p>
<p>F. WORKPLACE WELLNESS AND THE ELDERLY</p>	
<p>1. Provide Tax Credits for Employer Wellness Programs That Include Health Risk Assessments and Follow-up Services</p>	
<p>Option</p> <ul style="list-style-type: none"> a. Provide tax credits for employee wellness programs. The legislation establishing the tax credit could specify elements of the program that 	<p>The NPAO Program and WI PAN have many resources related to worksite wellness targeting worksites and those how interact with worksites,</p>

would be required for the program to be eligible for the credit.	http://dhs.wisconsin.gov/health/physicalactivity/Sites/Worksite.htm
2. Direct WTCS to Provide Training for Health Risk Assessment Administration, Including Motivational Interviewing and Follow-up Coaching	
Option a. Direct WTCS to develop a short-term certificate in administration of health risk assessments.	We are not aware of efforts in this area.
3. Develop Programs to Promote Healthy Aging	
Options: a. Require DHS to review its current long-term statewide plans and health promotion programs to determine if the needs of the aging and elderly are appropriately addressed. Require DHS to develop a plan, based on the review, to address needs of the aging and elderly, including healthy aging and disease prevention strategies. b. Integrate strategies to promote disease prevention and wellness among older adults into other recommendations, as appropriate. c. Establish and fund a program to provide wellness services such as prescribed physical therapy and weight training classes to older adults who meet financial need criteria. d. As appropriate, require or provide incentives to encourage schools, shopping malls, fitness centers and other entities to make space and equipment available to older adults to provide safe environments for them to engage in physical activity.	Several DPH Programs are collaborating with the Division of Long-Term Care, Bureau of Aging and Disability Resources on implementing the “Living Well” Program. This program helps people with chronic health issues to build confidence in their ability to manage their health and to maintain active and fulfilling lives. Subjects covered include techniques to deal with problems such as fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility and endurance; appropriate use of medications; communicating effectively with family, friends and health professionals; nutrition; and making informed treatment decisions. The project is primarily funded through a grant from the Administration on Aging.