

Health Priority: Adequate and Appropriate Nutrition

Objective 2: Breastfeeding and Healthy Eating (Template)

Long-term (2010) Subcommittee Outcome Objective:

By 2010, increase the proportion of Wisconsin's population that makes healthy food choices.

2a: By 2010, increase the proportion of Wisconsin's population to 40 percent that makes healthy food choices.

2b: By 2010, increase the proportion of mothers who initiate breastfeeding their infants in the hospital to 80 percent.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
23.5% of people in Wisconsin self-report they consume fruits and vegetables 5 or more times per day.	2002 Wisconsin Behavior Risk Factor Surveillance System. Available at: http://apps.nccd.cdc.gov/brfss
Breastfeeding: In hospital: 67.7%; at 6 months: 37.7%; at 12 months: not available	2000 Ross Mothers' Survey, Abbott Laboratories, Ross Products Division
Healthy Eating Index: None	This is a developmental objective
Healthy Eating: Calcium Intake 46%	2001 Wisconsin Youth Risk Behavior Survey
Healthy Eating: Fruit and Vegetable Intake 22%	2000 Wisconsin Behavioral Risk Factor Survey
Healthy Eating: Vegetable Intake 14%	2001 Wisconsin Youth Risk Behavior Survey
Healthy Eating: Fruit Intake 57%	2001 Wisconsin Youth Risk Behavior Survey

Federal/National Baseline	Federal/National Sources and Year
22.6% of people in the US self-report they consume fruits and vegetables 5 or more times per day.	2002 United States Behavior Risk Factor Surveillance System. Available at: http://apps.nccd.cdc.gov/brfss
Breastfeeding: In hospital: 68.4%; at 6 months: 31.4%; at 12 months: 17.6%	2000 Mothers' Survey, Abbott Laboratories, Ross Products Division
Breastfeeding: At 1 year 16%	Mothers' Survey, Abbott Laboratories, Ross Products Division, 1999
Healthy Eating: Fruit and Vegetable Intake 23.1%	2000 Behavioral Risk Factor Surveillance System, CDC, National Center for Chronic Disease Prevention and Health Promotion
Healthy Eating: Fruit Intake 28%	Continuing Survey of Food Intakes by Individuals, USDA, 1994-96
Healthy Eating: Vegetable Intake 3%	Continuing Survey of Food Intakes by Individuals, USDA, 1994-96
Healthy Eating: Grain product Intake 7%	Continuing Survey of Food Intakes by Individuals, USDA, 1994-96

Federal/National Baseline	Federal/National Sources and Year
Healthy Eating: Saturated fat Intake 36%	Continuing Survey of Food Intakes by Individuals, USDA, 1994-96
Healthy Eating: Total fat Intake 33%	Continuing Survey of Food Intakes by Individuals, USDA, 1994-96
Healthy Eating: Sodium Intake 21%	National Health and Nutrition Examination Survey, CDC, NCHS, 1988-94
Healthy Eating: Calcium Intake 46%	National Health and Nutrition Examination Survey, CDC, NCHS, 1988-94
Healthy Eating: Iron deficiency a) 9%, b) 4%, c) 11%	National Health and Nutrition Examination Survey, CDC, NCHS, 1988-94
Healthy Eating: Anemia in low-income women 29%	Pregnancy Nutrition Surveillance System, CDC, NCCDPHP, 1996
Healthy Eating: Iron deficiency in pregnant females (developmental)	No baseline data available (developmental)
Healthy Eating: Meals and snacks at school (developmental)	No baseline data available (developmental)
Healthy Eating: School Health Education Unhealthy dietary patterns 84% Inadequate physical activity 78%	School Health Policies and Programs Study, CDC, NCCDPHP, 1994
Healthy Eating: Action to help control blood pressure 72%	National Health Interview Survey, CDC, NCHS, 1998
Healthy Eating: Mean total blood cholesterol levels 206 mg/dL	National Health and Nutrition Examination Survey, CDC, NCHS, 1988-94
Healthy Eating: High blood cholesterol levels 21%	National Health and Nutrition Examination Survey, CDC, NCHS, 1988-94
Healthy Eating: Low birth weight (7.6%) and very low birth weight (1.4%)	National Vital Statistics System, CDC, NCHS, 1998
Healthy Eating: Total Pre-term births (11.4%), Live births at 32-36 weeks gestation (9.4%), Live births at less than 32 weeks gestation (1.9%)	National Vital Statistics System, CDC, NCHS, 1997
Healthy Eating: spina bifida and other neural tube defects: 6 new cases per 10,000 live births in 1996	National Birth Defects Prevention Network, CDC, NCEH, 1996
Healthy Eating: Optimum folic acid 21%	National Health and Nutrition Examination Survey, CDC, NCHS, 1991-94

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
19 – Nutrition and Overweight	Promote health and reduce chronic disease associated with diet and weight.	19-5	Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
		19-6	Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables.
		19-7	Increase the proportion of persons aged 2 years and older who consume at least six daily servings of grain products, with at least three being whole grains.
		19-8	Increase the proportion of persons aged 2 years and older who consume less than 10 percent calories from saturated fat.
		19-9	Increase the proportion of persons aged 2 years and older who consume no more than 30 percent of calories from total fat.
		19-10	Increase the proportion of persons aged 2 years and older who consume 2,400 mg or less of sodium daily.
		19-11	Increase the proportion of persons aged 2 years and older who meet dietary recommendations for calcium.
		19-12 19-12a 19-12b 19-12c	Reduce iron deficiency among young children and females of childbearing age. (12a) Children aged 1 to 2 years; (12b) Children aged 3 to 4 years; and (12c) Nonpregnant females aged 12 to 49 years.
		19-13	Reduce anemia among low-income pregnant females in their third trimester.
		19-14	(Developmental) Reduce iron deficiency among pregnant females.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
		19-15	(Developmental) Increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at schools contributes to good overall dietary quality.
7 – Educational and Community-Based Programs	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.	7-2	Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury, violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.
12 – Heart Disease and Stroke	Improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.	12-11	Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, or reducing sodium intake) to help control their blood pressure.
		12-13	Reduce the mean total blood cholesterol levels among adults.
		12-14	Reduce the proportion of adults with high total blood cholesterol levels.
16 - Maternal, Infant, and Child Health	Improve the health and well-being of women, infants, children, and families.	16-10	Reduce low birth weight (LBW) and very low birth weight (VLBW).

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
		16-12	(Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.
		16-15	Reduce the occurrence of spina bifida and other neural tube defects (NTDs).
		16-16	Increase the proportion of pregnancies begun with an optimum folic acid level.
		16-19 16-19a 16-19b 16-19c	Increase the proportion of mothers who breastfeed their babies. (19a) in early postpartum period; (19b) at 6 months; and (19c) at 1 year.

Definitions	
Term	Definition
Appropriate nutrition	Refers to overall eating habits that promote overall good health. Nutritious foods contribute to the healthy birth outcome for pregnant women and the growth and development of growing infants and children. Nutritious foods, in appropriate amounts, help prevent many chronic diseases related to diet and weight.
Healthy eating	Refers to foods that promote overall good health. Healthy diets are low in fat and saturated fat, high in fiber, and contain adequate amounts of fruits, vegetables, and dairy products.

Rationale:

Healthy food choices affect individuals starting with conception and throughout life.

- An inadequate diet and weight gain during pregnancy are associated with babies being born too small or too early. An inadequate intake of folic acid before pregnancy can lead to spina bifida, a serious birth defect in infants. Good nutrition, including breastfeeding, during periods of rapid growth promotes healthy brain development and better prepares children for school.
- Deficiencies in a number of nutrients, particularly calcium and iron, have been shown to increase blood lead poisoning risk.
- Breastfed infants have fewer and less severe bacterial and viral diseases, including meningitis, gastroenteritis, otitis media, pneumonia, botulism, urinary tract infections, and necrotizing enterocolitis. Breastfeeding also helps prevent some chronic diseases, including Type 1 diabetes, cardiovascular disease, inflammatory bowel diseases, lymphoma, asthma, and other allergic diseases. Growth patterns observed in the first year of life suggest that breastfeeding may help prevent obesity.

- The growing concern about unhealthy diets, in large part, is related to the burden of chronic disease. Unhealthy diets, such as those high in fat, low in fiber, and low in fruits and vegetables, are associated with an increased risk for the top three causes of death in the country: heart disease, cancer, and stroke. Unhealthy diets can also lead to overweight and obesity, hypertension, and osteoporosis.
- Type 2 diabetes in children and adolescents is currently epidemic in the United States. It is estimated that Type 2 is occurring eight to ten times more frequently in children than it did 10 years ago. This incidence is even higher among minority racial and ethnic groups. Obesity is probably the most common risk factor for Type 2 diabetes.
- A lifestyle of decreased exercise and increased consumption of high-calorie, high-fat foods is responsible for the obesity epidemic in Wisconsin. Healthy eating and physical activity is the best prevention for overweight and obesity.

Outcomes:

Breastfeeding

Short-term Outcome Objectives (2002-2004)

- By 2004, increase the number of worksites that have policies that support breastfeeding employees.
- By 2004, the number of active community nutrition coalitions that focus on breastfeeding will increase from 22 to 30.
- By 2004, the “Loving Support” social marketing campaign will be conducted statewide.

Medium-term Outcome Objectives (2005-2007)

- By 2005, increase the number of hospitals that have adopted the “Ten Steps to Successful Breastfeeding” to 10.
- By 2006, 70 percent of mothers will breastfeed in their early postpartum period.
- By 2008, the number of active community nutrition coalitions that focus on breastfeeding will increase from 30 to 50.

Long-term Outcome Objective (2008-2010)

- By 2010, 75 percent of mothers will breastfeed their babies in early postpartum period, 50 percent will be breastfeeding at 6 months, and 25 percent will be breastfeeding at one year.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Division of Public Health Nutrition staff will provide leadership in the development and provision of training and technical assistance.
- Partners will coordinate and collaborate to promote statewide breastfeeding policies and activities. Partners include, but are not limited to, the Wisconsin Breastfeeding Coalition, Wisconsin Association of Lactation Consultants, Wisconsin Association of Perinatal Care, and other state and local breastfeeding coalitions.
- The LaLeche League and other partners will contribute to the provision of educational materials, a breastfeeding support infrastructure, and qualified and competent breastfeeding educators.

- Wisconsin hospitals will be encouraged to adopt the “Ten Steps to Successful Breastfeeding.”
- Partners will collaborate to increase funding and other resources for educational materials and media.
- Educational institutions (e.g., dietetic and other medical professional programs) will add breastfeeding promotion and support information to curricula.
- The state and local WIC programs will contribute staff and other resources for counseling, education, and materials.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Establish an ongoing training and education program regarding breastfeeding support (e.g., 3-Step Counseling) for health care providers to assure that those working with mothers and children are familiar with the benefits of breastfeeding and breastfeeding management.
- Promote the "Ten Steps to Successful Breastfeeding" in hospitals.
- Incorporate breastfeeding into health and nutrition curricula in schools to establish breastfeeding as the cultural norm in Wisconsin.
- Establish and maintain active community nutrition coalitions to focus on breastfeeding that involve citizens, health care providers, employers and policymakers.
- Establish worksite family and community programs/policies that enable and support breastfeeding continuation when women return to work.
- Conduct a statewide “Loving Support” campaign to promote breastfeeding to the general public.
- Promote use of the “Loving Support” materials statewide.
- Monitor breastfeeding incidence and duration trends, including minority and ethnic/racial population groups.
- Partners in the achievement of these objectives include health care providers, hospitals, schools, business, policymakers, and the general public. The activities are intended to reach the general public and other partners that will influence a woman’s decision to breastfeed and her ability to continue breastfeeding.

Healthy Eating

Short-term Outcome Objectives (2002-2004)

- By 2003, the Division of Public Health will employ at least one full time equivalent (FTE) public health nutritionist with a focus on chronic disease prevention and health promotion.
- By 2004, educational activities conducted in Wisconsin will parallel the National March of Dimes Folic Acid Campaign.
- By 2004, 15 community nutrition coalitions will have developed a plan for making nutrition policy changes and for implementing a system of community education.
- By 2004, 50 counties will participate in “Jump ‘n Jive” or similar social marketing campaign from the Nutrition Education Network.

- By 2004, the number of Division of Public Health programs that have nutrition staff involved will increase from 2 to 4.
- By 2004, a plan to decrease nutrition related disparities will be written.

Medium-term Outcome Objectives (2005-2007)

- By 2006, Nutrition Standards of Practice will be used by 10 managed care organizations.
- By 2008, increase the percentage of nonpregnant women of childbearing age who report taking a daily vitamin containing folic acid from 29 percent to at least 50 percent.
- By 2008, 10 community nutrition coalitions will have reported one or more improvements in nutrition policy.
- By 2008, 65 percent of persons 2 years and older will meet the dietary recommendations for calcium.
- By 2008, 40 percent of persons 2 years and older will consume at least three daily servings of vegetables a day.
- By 2008, 70 percent of persons 2 years and older will consume at least two daily servings of fruit a day.
- By 2008, 45 percent of persons 2 years and older will consume six servings of grain foods daily, with half or more in the form of whole grains (if data available).

Long-term Outcome Objective (2008-2010)

- By 2010, increase by 50 percent the proportion of Wisconsin's population over the age of 2 years that have a "good" or better score using the Healthy Eating Index or an equivalent measure.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- The Bureau of Health Information, Department of Health and Family Services, will assist in the development of the Nutrition Index.
- Sustainable funding and resources are needed to establish and maintain necessary technology for data collection, data entry, and analysis.
- The March of Dimes Folic Acid Education Campaign will provide materials for the promotion campaign.
- The Division of Public Health Nutrition Section staff will provide the leadership for training, technical assistance, grant writing, program planning, and evaluation.
- Traditional and nontraditional partners will promote consistent and accurate health and nutrition messages. Potential partners include the medical community, including family planning, and other community health and nutrition educators.
- Sustainable funding is necessary for the development, printing, and distribution of education materials, including media materials and campaigns.
- State, local, and community nutritionists will provide the leadership and expertise in the development of Nutrition Standards of Practice.
- The Minority Health Officer will assist in establishing a plan to address nutrition-related disparities.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- Modify the United States Department of Agriculture Healthy Eating Index in order to evaluate *Healthiest Wisconsin 2010* objectives/outcomes to be used by health professionals and policymakers. The Bureau of Health Information will assist in the development of a Wisconsin Healthy Eating Index. Since there is not currently data for the consumption of grains, determine the feasibility of collecting this data for Wisconsin.
- Promote the importance of women of childbearing age to take a vitamin containing folic acid to prevent neural tube defects, per the Folic Acid Education Program. This will reach health care professionals and the general public, particularly women of childbearing age.
- Nutritionists will conduct training to local health departments and other nutrition partners on making nutrition policy changes in the community and developing a system of community nutrition education based on a community needs assessment.
- Promote the benefits of a lower fat milk and dairy product consumption via “1% or Less” or a similar marketing campaign such as “Moove to Low Fat Milk” that is targeted to the general public. Materials provided by the Department of Health and Family Service Nutrition Section will be used to promote a consistent and accurate message.
- Promote the participation of counties statewide to participate in “Jump ‘n Jive” or a similar social marketing campaign from the Nutrition Education Network. The campaign for 2002 is “Walk, Dance, Play...Be Active Every Day.”
- Promote the increased consumption of fruits and vegetables via the “5 A Day” marketing campaign, and/or a similar campaign, targeted to the general public.
- The Division of Public Health will employ a public health nutritionist with programmatic focus on chronic disease prevention and health promotion.
- In cooperation with other public health program staff, the nutritionist will help incorporate a nutrition component in relevant Division of Public Health programs, including the Diabetes Control Program, Cancer Control Program, Cardiovascular Health Program, and Well Woman's Program.
- Monitor the progress of nutrition outcomes by minority and ethnic groups. This will assist nutrition and other public health staff target activities and interventions.
- Develop and distribute standards of practice for health care providers regarding the nutrition-related components for the prevention and treatment of chronic diseases in the public health setting.
- Participants involved in the achievement of these activities include the Division of Public Health, health care professionals/providers, local health departments, tribes, schools, policymakers, and the University of Wisconsin Extension. The activities and achievement of goals are intended to ultimately reach the general public.

Evaluation and Measurement:

The objectives related to breastfeeding will be evaluated using the following baseline data and methods:

- Ross Mother's Survey 2000 for Wisconsin baseline: In hospital: 67.7 percent; at 6 months: 37.7 percent; at 12 months: not available
- Comparison of State Breastfeeding Coordinator's data re: the number of active nutrition coalitions that focus on breastfeeding.
- Determine baseline and evaluation of the number of worksites that support breastfeeding.
- Evaluate other breastfeeding data that compares by race and ethnic groups.
- Monitor the number of hospitals designated as adopting implementing the "Ten Steps to Successful Breastfeeding." Determine feasibility of adding this to the Bureau of Health Information hospital survey.

The objectives related to healthy eating will be evaluated using the following baseline data and methods:

- The Nutrition Index is developed; baseline data is established. The Index is used to evaluate mid-term and long-term outcomes. (In the meantime, use state-level intake data from existing sources). Baseline for calcium intake (three or more servings): 2001 Wisconsin Youth Risk Behavior Survey 46 percent; vegetable intake (three or more servings) 2001 Wisconsin Youth Risk Behavior Survey 14 percent; fruit intake (two or more servings) 2001 Wisconsin Youth Risk Behavior Survey 57 percent; fruit and vegetable intake (five or more servings) Wisconsin Behavioral Risk Factor Survey: 22 percent; grains intake: determine feasibility of collecting data.
- Track campaign activities that parallel March of Dimes Folic Acid Campaign.
- March of Dimes Survey to provide national baseline data; Behavior Risk Factor Surveillance will provide Wisconsin data.
- Survey local Special Nutrition Program for Women, Infants, and Children projects to determine number of active coalitions that focus on healthy eating and progress on policy changes.
- Track the number of standards of practice distributed to managed care organizations and health departments; conduct follow-up evaluation of usage/implementation by 2008.
- Measure "Jump 'n Jive" counties by application materials from participating counties.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Overweight, Obesity and Lack of Physical Activity: Breastfeeding and healthy eating is a primary factor in the prevention and treatment of overweight and obesity.

Sufficient, Competent Workforce: A sufficient and competent nutrition workforce is needed to plan and provide state and local agency nutrition activities. Nutrition professionals (e.g., Registered Dietitians) also provide the training and quality assurance for those individuals that are not dietitians but are sharing nutrition messages.

Equitable, Adequate and Stable Financing: Adequate and stable funding is necessary for state and local social marketing campaigns and staffing a competent workforce.

Existing, emerging, and re-emerging communicable diseases: Adequate and appropriate nutrition implies a safe food supply, free of food-borne pathogens.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Rates for breastfeeding and dietary intake will be monitored in order to identify problem areas and determine appropriate interventions.

Educate the public about current and emerging health issues: Promote and educate the public about healthy eating habits in a variety of communication methods.

Promote community partnerships to identify and solve health problems: Nutrition and breastfeeding promotion must involve many partners in the community, as these topics reach the public in many aspects of their lives.

Create policies and plans that support individual and community health efforts: Nutrition and breastfeeding improvements will require the leadership of nutritionists in the development and promotion of policies and implementation plans in hospitals, health departments, and other health and nutrition programs.

Link people to needed health services: Nutrition and breastfeeding promotion will include referral to other needed health and nutrition services.

Assure a diverse, adequate, and competent workforce to support the public health system: A sufficient and competent nutrition workforce is needed to plan and provide state and local agency nutrition activities.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services: Utilize existing data sources and develop a new Healthy Eating Index to evaluate the effectiveness of nutrition and breastfeeding promotion activities.

Foster the understanding and promotion of social and economic conditions that support good health: Raise the awareness of the relationship between good nutrition and healthy eating, and the relationship between breastfeeding and healthy infants. Foster conditions in the community that promote healthy eating and breastfeeding success.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: Through statewide, systems-based public health nutrition strategies that reach all Wisconsin families.

Eliminate health disparities: Related to nutrition-related chronic diseases, dietary intake, and breastfeeding.

Transform Wisconsin's public health system: Through creation of a coordinated statewide effort to address this health issue. Establish and maintain partnerships between government and non-governmental programs and agencies; nontraditional partners in promoting healthy eating.

Key Interventions and/or Strategies Planned

- The public health community will be partners to promote and support the initiation and duration of breastfeeding through the elimination of barriers to breastfeeding. This includes hospitals implementing “Ten Steps to Successful Breastfeeding;” implementation of the “Loving Support” media campaign to promote a positive image of breastfeeding; promotion of active local breastfeeding coalitions to address breastfeeding throughout the community; and the increase of worksites that support breastfeeding mothers.
- Conduct an ongoing “1% or Less Campaign,” or a similar initiative to promote consumption of low fat milk. This will affect several objectives related to healthy eating, particularly calcium intake, but other national objectives such as fat intake and cholesterol levels. This strategy will also be used in the health priority, Obesity, Overweight, and Lack of Physical Activity.
- Conduct an ongoing “5-A-Day” campaign to promote consumption of at least five fruits and vegetables a day and will be evaluated by two objectives. This strategy will also be used in the health priority, Obesity, Overweight, and Lack of Physical Activity.
- Public Health Nutritionists will provide the leadership in developing and maintaining community nutrition coalitions that bring together partners within the community to promote various nutrition related activities (e.g., breastfeeding, food security, healthy eating).
- The public health community will partner with the March of Dimes and other interested parties to promote the importance of women of childbearing age to take a vitamin containing folic acid to prevent neural tube defects, per the Folic Acid Education Program. This will reach health care professionals and the general public, particularly women of childbearing age.
- Public health nutritionists will provide leadership in the:
 - Training of local health departments, tribes, and other nutrition partners on making nutrition policy changes in the community and developing a system of community nutrition education based on a community needs assessment.
 - Monitoring of the progress of nutrition outcomes.
 - Development and distribution of standards of practice for health care providers regarding the nutrition-related components for the prevention and treatment of chronic diseases in the public health setting.

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