

Health Priority: Overweight, Obesity and Lack of Physical Activity
Objective 4: Overweight and Obesity (Logic Model)

4a: By 2010, reduce the proportion of Wisconsin children who are overweight from 11.4 percent to 9.4 percent.

4b: By 2010, reduce the proportion of Wisconsin adolescents who are overweight from 10 percent to 8 percent.

4c: By 2010, reduce the proportion of Wisconsin adults who are obese from 20 percent to 15 percent.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes – Impact		
	Activities	Participation/Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>School Based Staff time to form statewide leadership/collaboration/partnerships.</p> <p>School administration time to review, revise, and implement policy.</p> <p>School staff time to attend training(s) on Dietary Guidelines for Americans and Food Guide Pyramid.</p> <p>Work Site and Senior Site Based Staff time from partner agencies to form and operate a local coalition.</p> <p>Funding for local coalitions to conduct outreach and education to work sites and senior sites to promote eating for health.</p>	<p>School Based Formation of statewide leadership/collaboration/partnerships to develop and implement training(s), educational campaign(s), and grassroots organizing. Recommended partners include Division of Public Health and the Department of Public Instruction; Community and School Nutrition professionals.</p> <p>Training for teachers and administrative staff on the U.S. Department of Agriculture’s <i>Dietary Guidelines for Americans</i> and the <i>Food Guide Pyramid</i>.</p> <p>Educational campaigns and/or meetings with school administrators, legislators, teachers, and community members to advocate for and inform regarding school policies that promote good overall dietary quality. Content will include emphasis on</p>	<p>All Categories Parents and families</p> <p>Tribes</p> <p>Department of Health and Family Services, Division of Public Health</p> <p>Local health departments</p> <p>Wisconsin Association of Health, Physical Education, Recreation, and Dance (WAPHERD)</p> <p>School Based Parent Teacher Organizations</p> <p>Department of Public Instruction</p> <p>Wisconsin Dietetic Association</p>	<p>School Based Increase the proportion of schools that promote the U.S. Department of Agriculture’s <i>Dietary Guidelines for Americans</i> (U.S. Department of Agriculture, 2000) and <i>Food Guide Pyramid</i> (U.S. Department of Agriculture, 1996, U.S. Department of Agriculture, 2000) through policies that:</p> <ul style="list-style-type: none"> • Decrease the percentage of schools with exclusive contracts with soda companies. • Promote the use of non-food items as prizes or rewards in the classroom and larger school environment, rather than using food as a reward. • Increase the proportion of children and adolescents whose intake of meals and snacks at school. 	<p>School Based Increase the percentage of children and adolescents who follow <i>the Dietary Guidelines for Americans</i> and the <i>Food Guide Pyramid</i> (National Association of State Boards of Education, 2000; U.S. Department of Agriculture, 2000; U.S. Department of Health and Human Services, 2000; Wisconsin Department of Public Instruction, 2000).</p> <p>Work Site and Senior Site Based Increase the percentage of adults who follow the <i>Dietary Guidelines for Americans</i> and the <i>Food Guide Pyramid</i>.</p> <p>Environmental Increase the availability of and access to</p>	<p>By 2010, reduce the proportion of Wisconsin children who are overweight from 11.4 percent to 9.4 percent.</p> <p>By 2010, reduce the proportion of Wisconsin adolescents who are overweight from 10 percent to 8 percent.</p> <p>By 2010, reduce the proportion of Wisconsin adults who are obese from 20 percent to 15 percent.</p>

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<p>Environmental Local community based coalitions</p> <p>Funding for local staff</p> <p>Healthcare System Time to develop and implement training.</p> <p>Health care provider time to attend training.</p> <p>Healthcare institutions capacity to offer services – funding to hire staff or establishment of contracts for services.</p> <p>Volunteer and paid staff time of statewide taskforce leadership to organize advocacy efforts regarding insurance coverage.</p> <p>Breastfeeding/Feeding Relationship Staff time to attend training.</p> <p>Staff time to form coalitions or taskforces to promote breastfeeding.</p>	<p>diversity competence in school policies and training.</p> <p>Grassroots community advocacy for policy change which includes parents, Parent Teacher Organizations/Parent Teacher Associations, school representatives, and teachers.</p> <p>Integration of the benefits of good overall dietary quality and basic nutrition information into the curriculum for the professional preparation of teachers.</p> <p>Work Site and Senior Site Based Form local coalitions.</p> <p>Conduct outreach and education to work sites about the benefits of promoting and supporting eating for health among employees:</p> <ul style="list-style-type: none"> • cost-effectiveness • “best practice” models from work site. <p>Conduct media campaign to promote healthy eating among working adults and older adults who are not working.</p>	<p>Wisconsin School Food Service Association</p> <p>School administration including foodservice management Wisconsin’s institutions of higher education</p> <p>University of Wisconsin Extension</p> <p>Cooperative Extension</p> <p>Food industry</p> <p>Work Site and Senior Site Based Business associations</p> <p>Unions</p> <p>State and local government</p> <p>City councils and county boards</p> <p>Media and marketing representatives</p> <p>Health professional organizations</p>	<ul style="list-style-type: none"> • Increases the percentage of older children and adolescents with knowledge of the relationship between caloric intake and energy expenditure. <p>Work Site and Senior Site Based Increase the proportion of work sites that promote the U.S. Department of Agriculture’s <i>Dietary Guidelines for Americans</i> and <i>Food Guide Pyramid</i> through policy and programs:</p> <ul style="list-style-type: none"> • Increase the percentage of work sites that offer nutrition and/or weight management programs or counseling (e.g., American Heart Association “One of a Kind,” or “Heart at Work,” CDC’s “Personal Energy Plan – PEP”). • Increase the percentage of work sites that offer food options on site that contribute to good overall dietary quality. 	<p>healthier food options at food environments away from home.</p> <p>Increase the availability of and access to:</p> <ul style="list-style-type: none"> • healthier foods from which to prepare meals at home • opportunities to learn at-home food preparation skills. <p>Healthcare System Increase the proportion of physicians and other health care providers who counsel and refer on nutrition and weight management.</p> <p>Increase the proportion of physicians and other health care providers who utilize the <i>Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults</i>.</p> <p>Increase the proportion of physicians and other health care providers</p>	

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<p>Funding for coalitions</p> <p>Funding for media campaign.</p> <p>Hospital capacity to adopt breastfeeding policies and programs.</p> <p>Work site capacity to adopt breastfeeding programs and policies.</p> <p>Capacity to monitor breastfeeding rates and trends.</p>	<p>Establish work site wellness programs:</p> <ul style="list-style-type: none"> based on input from employee survey content should include emphasis on diversity competence. <p>Environmental Conduct focus groups regarding improving the food environment.</p> <p>Grassroots advocacy to promote policy and practice changes that effect the food environment.</p> <p>Promote programs that foster a healthy diet.</p> <p>Healthcare System Training for health care providers on motivational interviewing.</p> <p>Integration of information on the benefits of preventing overweight/obesity and skills in motivational interviewing into thcurriculum for health care professionals</p> <p>Dissemination of information regarding overweight/obesity</p>	<p>American Cancer Society</p> <p>Senior centers</p> <p>Department of Health and Family Services, Division of Supportive Living</p> <p>Community leaders</p> <p>Malls and shopping centers</p> <p>Hotels</p> <p>Environmental Food industry</p> <p>Businesses associations</p> <p>State and local government</p> <p>Health professional organizations</p> <p>University of Wisconsin-Extension</p> <p>Food Stamp Nutrition Education Program Expanded Food and Nutrition Education Program</p>	<ul style="list-style-type: none"> Increase incentives for work sites to provide health promotion benefits (e.g., tax credits, lower healthcare premiums). <p>Increase the percentage of senior sites that offer education related to weight management counseling.</p> <p>Environmental Explore options for providing incentives/subsidies to vendors to make and/or offer healthier food options.</p> <p>Increase the percentage of food environments away from home that offer a variety of fruits and vegetables.</p> <p>Increase the percentage of food environments away from home that offer low fat (1 percent) or fat free (skim) milk.</p> <p>Increase the percentage of food environments away from home that offer point-</p>	<p>who utilize the <i>Obesity Evaluation and Treatment: Expert Committee Recommendations</i> for children and adolescents (Barlow and Dietz, 1998; University of California, 2000).</p> <p>Breastfeeding/Feeding Relationship Increase the percentage of infants who are breastfed for 12 months or longer to 25 percent.</p> <p>Increase the percentage of new parents who receive information on the feeding relationship, feeding cues, and the division of responsibility in feeding.</p>	

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	<p>prevention to healthcare providers.</p> <p>Advocacy and policy development for insurance coverage.</p> <p>Health care institutions have identified referral source for nutrition and weight management counseling, either through hiring of staff or establishment of formal referral linkages.</p> <p>Increased availability of family-based behavior change programs for children who are overweight or at risk for overweight.</p> <p>Assure diversity competence in programs and policies.</p> <p>Breastfeeding/Feeding Relationship Integration of information on the benefits of breastfeeding and skills in breastfeeding counseling into the curriculum for health care professionals.</p>	<p>WIC</p> <p>Wisconsin Grocers Association</p> <p>Farmers Market managers</p> <p>Community garden managers</p> <p>Health Care System Healthcare providers</p> <p>Health professional organizations</p> <p>Department of Regulation and Licensing</p> <p>Insurance companies</p> <p>American Heart Association</p> <p>American Lung Association</p> <p>American Diabetes Association</p> <p>American Cancer Society</p>	<p>of purchase nutritional information for foods served.</p> <p>Increase the availability of healthier food options at food pantries and programs (i.e., SHARE).</p> <p>Increase access to and participation in programs that foster a healthy diet (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Farmers Markets; Community Gardens; Community Supported Agriculture; Food Stamp Nutrition Education Program; Expanded Food and Nutrition Education Program (FSNEP and EFNEP)).</p> <p>Healthcare System Increase health care provider knowledge, awareness, and skills for motivational interviewing.</p> <p>Increase the percentage of health care institutions</p>		

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	<p>Train healthcare professionals on the basics of lactation and breastfeeding counseling.</p> <p>Training for health care providers on the parent-child feeding relationship and division of responsibility in feeding (University of Washington, 1990).</p> <p>Make available to parents and healthcare professionals educational materials that include information on the feeding relationship, feeding cues, and the division of responsibility in feeding.</p>	<p>University of Wisconsin-Extension</p> <p>Wisconsin institutions of higher education</p> <p>Medical schools</p> <p>State Medical Society</p> <p>Physician and healthcare provider professional organizations</p> <p>Weight management programs</p> <p>Breastfeeding/Feeding Relationship Healthcare professionals</p> <p>Local community members</p> <p>Employers</p> <p>Childcare providers</p> <p>Legislature</p> <p>Hospitals and healthcare institutions</p> <p>Breastfeeding support groups</p>	<p>with formalized referral linkages to nutrition professionals.</p> <p>Increase insurance coverage of counseling for nutrition and weight management.</p> <p>Breastfeeding/Feeding Relationship Increase the percentage of women who initiate breastfeeding in the early post-part period.</p> <p>Increase the number of hospitals that have adopted the Ten Steps to Successful Breastfeeding.</p> <p>Increase the number of work sites that have policies that support breastfeeding employees.</p> <p>Increase the number of healthcare providers that receive training on the parent-child feeding relationship and the division of responsibility in feeding.</p>		