

Dodge Jefferson Healthier Community Partnership

Community Health Assessment



2013



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Acknowledgements

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Perspective – Creating a strong sense of health

The collaboratively developed community health needs assessment provides the foundation to improve the health of our residents. This assessment includes perspectives on health from professionals and lay people in our community, building on values that can make Dodge and Jefferson Counties healthier and happier places to be.

The federal government now requires that non-profit hospitals partner with their local public health departments to conduct a community health needs assessment. This data driven process was used by the hospitals and health departments to engage in a rigorous approach to improving the health of Dodge and Jefferson County.

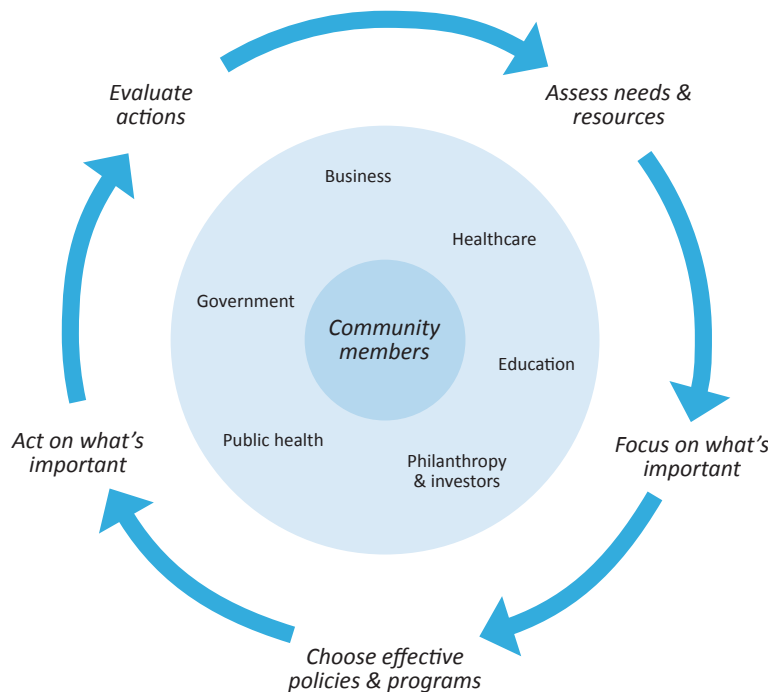
Goals and Objectives:

- Identify critical health issues, prioritize health needs, and deploy a community health improvement plan.
- Enhance a healthy workforce and economy by planning cost saving health actions that mobilize area organizations to improve the health of their employees and clients.
- Build capacity within the community to promote living better and longer through shared responsibility.

Participants:

We came together as a group of leaders that care about improving the health of the people in our communities. We know from experience that our neighbors, schools, and businesses are of the utmost importance to the well-being of our communities. That is why we've met over the last year to analyze data and discuss how to move forward with making Dodge and Jefferson Counties the healthiest places to be.

We're working together to improve health:



Our leadership team is represented by:

- Beaver Dam Community Hospital
- Dodge County Human Services and Health Department
- Fort Healthcare
- Jefferson County Health Department
- Jefferson County Human Services
- Local government
- UWHP Watertown Regional Medical Center
- UW Population Health Institute
- Watertown Department of Public Health
- Wisconsin Division of Public Health

What are chronic diseases?

You've probably heard about many of them, chronic diseases are all too common. Heart disease, stroke, arthritis, obesity, asthma, and cancer are all chronic diseases.¹

You might also recognize these diseases because some are the leading cause of death and disability in Wisconsin, the United States, and many parts of the world. They cause 7 out of 10 deaths in the US every year.¹

Arthritis, a major chronic disease, is the leading cause of disability in the United States. Diabetes is the leading cause of kidney failure, non-traumatic lower extremity amputations, and new cases of blindness each year among U.S. adults aged 20–74 years. Heart disease and stroke are the 1st and 3rd leading causes of death.¹

Like the name implies, chronic diseases are long lasting, expensive, and difficult to treat.

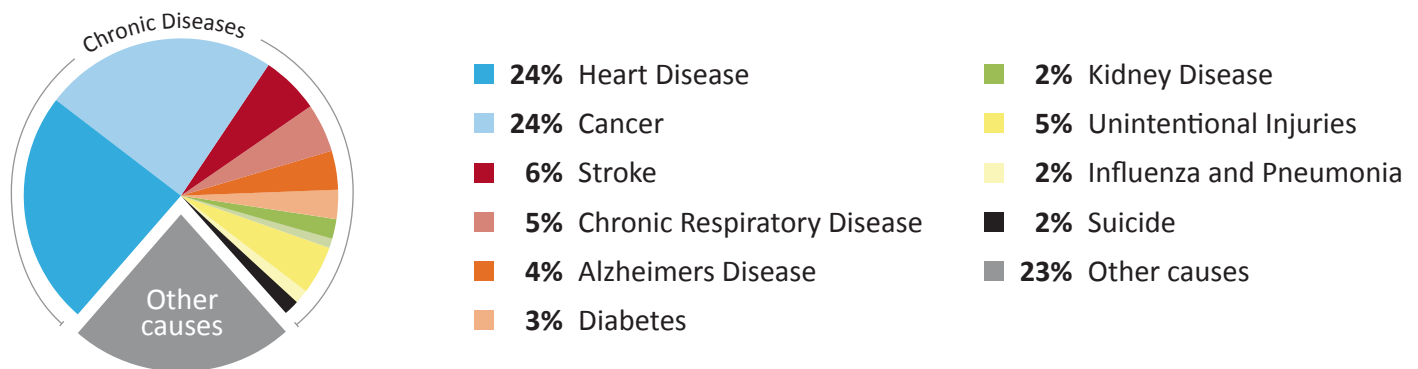
Chronic diseases can be disabling, painful, and require expensive medical care.²

\$1.15 billion dollars annually is spent in Wisconsin through Medicaid to treat chronic diseases alone. This cost is equal to about 4% of the state's entire operating budget.²

Individuals with chronic disease often need frequent health care services which may lead to loss of work time and unemployment. Unemployment is a risk factor for depression, and depression a risk factor for obesity, which further complicates the individual's treatment of chronic disease and long term recovery.²

Why do Wisconsinites die?

Chronic diseases account for a large percent of deaths in Wisconsin.



Chronic diseases can be prevented by how we live our lives.

The good news is that the World Health Organization (2005) estimates that by eliminating the risk factors leading to chronic disease, at least 80 percent of all heart disease, stroke, and Type 2 diabetes would be prevented, as well as over 40 percent of all cancers.¹

Chronic diseases are among the most preventable of diseases because of a small set of common risk factors that can be changed by:

- Healthy eating
- Active living
- Tobacco free living
- Preventing excessive alcohol use
- Mental & emotional well being
- Healthy and safe community environments.³

We need to create environments where healthy choices are the easy choices. Otherwise, long term successes will be difficult. We can do this through policy and systems changes to enhance healthy living in Dodge and Jefferson Counties.¹

About this report

Make Watertown, Jefferson County and Dodge County healthier places to live, work, and play.

Previous community health assessments and improvement plans have resulted in many accomplishments. Most recently, a clinic opened in Watertown to treat people without insurance. This clinic gives an opportunity for those in need to be treated for illnesses early which can prevent the need for more expensive care later.

Watertown, Dodge, and Jefferson have a history of successful community based work to improve the health of those in their communities. Our immunization coalitions have increased the number of immunizations administered, providing the best protection available against illness and disease.

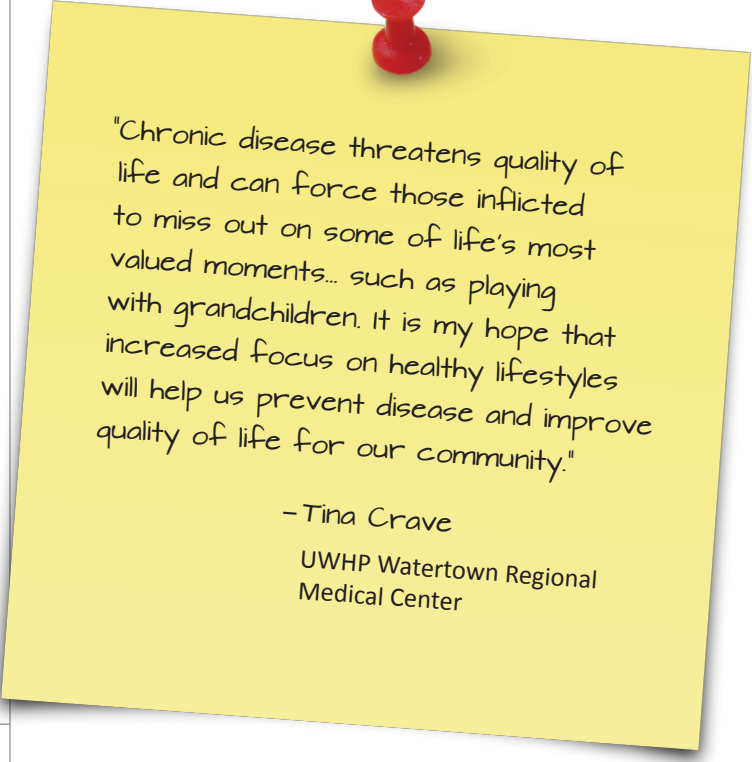
The people of Watertown, Jefferson County and Dodge County know their strengths and concerns and can take action to improve their communities.

Prevention is powerful policy.

The World Health Organization (2005) estimates that by eliminating the risk factors leading to chronic disease, at least 80 percent of all heart disease, stroke, and Type 2 diabetes would be prevented, as well as over 40 percent of all cancers.

The statewide smoking ban in public places and increased cigarette tax has significantly reduced the amount we smoke which is leading to less disease, disability, and death in our counties.

In 1993, Wisconsin enacted mandatory beverage training for responsible beverage service.⁴ Studies have demonstrated that a high quality mandatory responsible beverage service training program has reduced the amount of underage and dangerous drinking—further reducing alcohol related injury, violence, disability, and death.⁵



"Chronic disease threatens quality of life and can force those inflicted to miss out on some of life's most valued moments... such as playing with grandchildren. It is my hope that increased focus on healthy lifestyles will help us prevent disease and improve quality of life for our community."

— Tina Crave

UWHP Watertown Regional
Medical Center

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- 4: Wis. Stat. Ch. 101.123
- 5: Several research studies indicate that following implementation of a server or seller training program, servers and sellers were more likely to demonstrate responsible practices such as offering non-alcoholic beverages and food, and slowing service of alcohol (Buka & Birdthistle, 1999; Gliksman et al., 1993; Toomey et al., 1993). In addition, customers were more likely to have lower BAC levels and traffic crashes declined (Holder & Wagenaar, 1994; Lang et al., 1998; Riccelli, 1986). However, some studies found minimal or no effects from server training programs (Toomey et al., 1993; Lang et al., 1996; 1998). Differences in study results may be due to variations in types and quality of training programs, in particular, whether managers as well as employees were trained. Several researchers have concluded that training and active involvement of managers is particularly vital to the success of server training policies (Saltz & Hennessey, 1991; McKnight, 1993; Toomey et al., 1998).

Where we're focusing: Prevention

Today, we're focusing on prevention. Risky behaviors and unhealthy decisions are two things that lead to chronic diseases. They are also things that we can influence. We can change our choices and environments to prevent many chronic diseases.

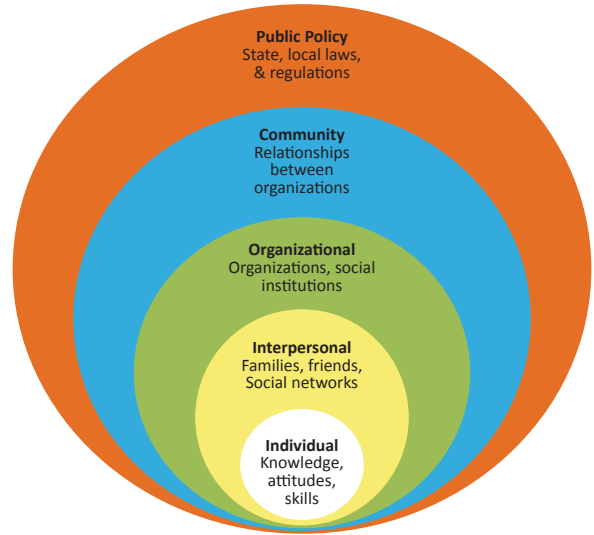
Why Prevention?

Chronic diseases are responsible for 7 in 10 American deaths and account for 75% of U.S. health spending.

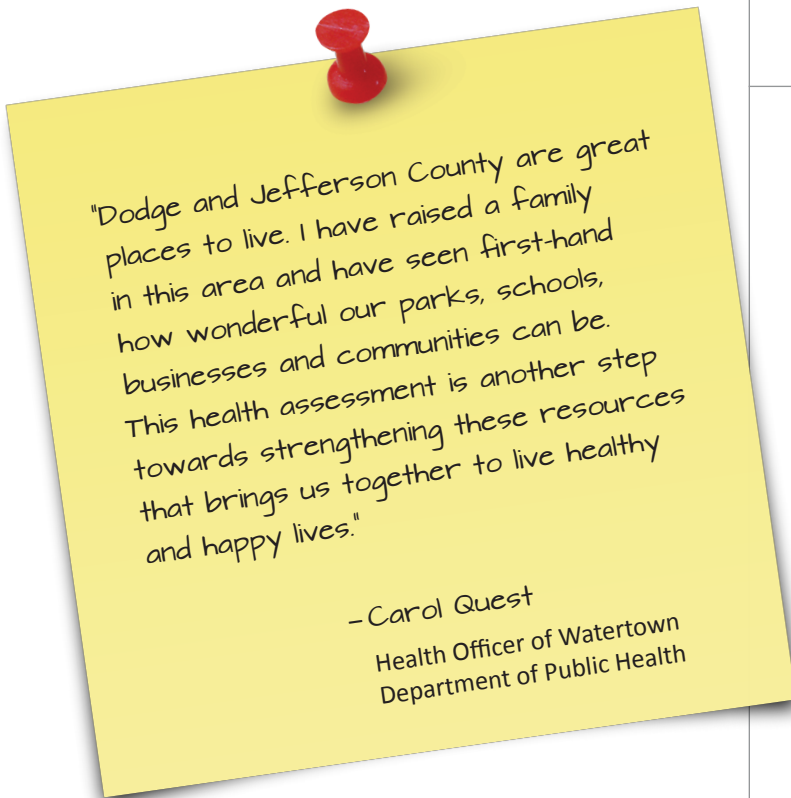
Chronic diseases are often preventable.

Americans use preventive services at about half of the recommended rate.

People are influenced by their friends, family members, and the places they live and work.



Social Ecological Model to Health



We can prevent chronic diseases by changing...

The places we live, through:

- Policy
- Programs
- Partnerships

Our risky behavior, through:

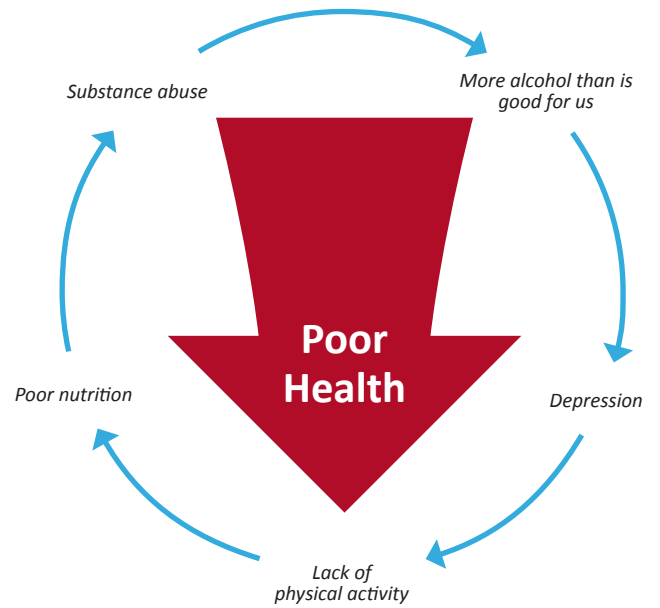
- Shared responsibility
- New models of care
- Promotion of healthy choices

Behavior comparison



Risky behaviors and poorly built environments lead to...

- About half of deaths
- Most chronic disease
- Most disability

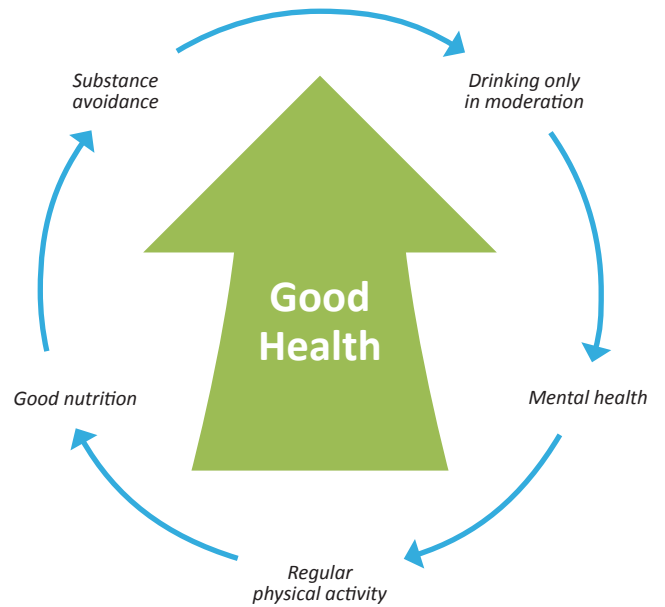


Often, chronic disease is a result of multiple factors influencing each other in a negative cycle of poor health.



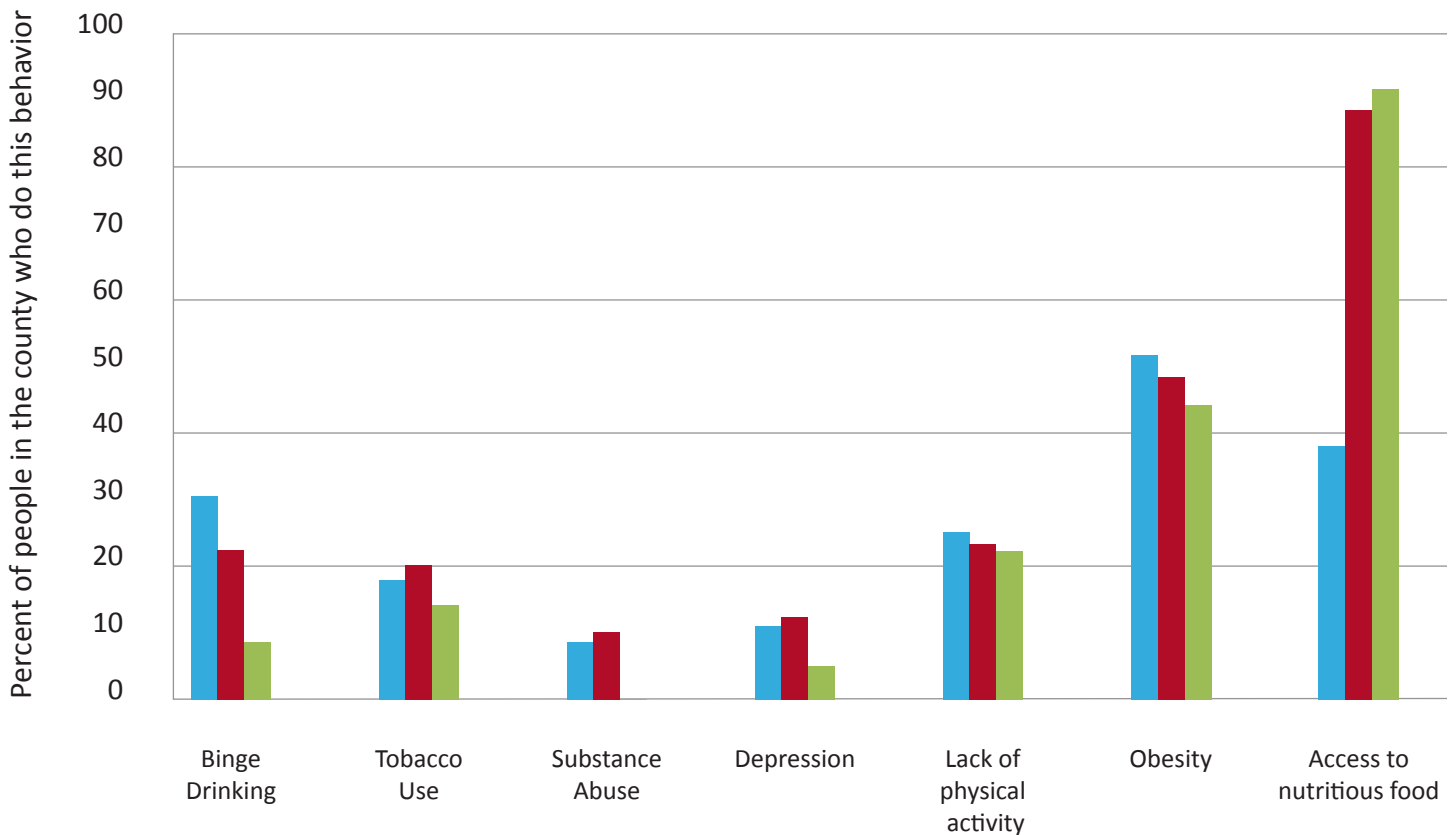
Safe behaviors and well built environments lead to...

- Increased health
- Lowered chronic disease
- Less disability



Positive factors work together to bring about an overall healthier lifestyle.

How do behaviors in Dodge & Jefferson compare to the National Benchmark?



- Dodge
- Jefferson
- National Benchmark

About the data

This graph shows how we compare to the national benchmark in risky behavior. The national benchmark is useful because it provides us with a point to compare. It allows us to know how much we are changing relative to the nation. Benchmarks are desirable rates of incidence for a particular piece of data. We measure each of these aspects of health so we can get an idea of where we need to devote time and resources to keep people living happy and healthy lives. Generally speaking, Dodge and Jefferson Counties are similar with respect to the prevalence of risky behavior and the environments that support or protect against them.

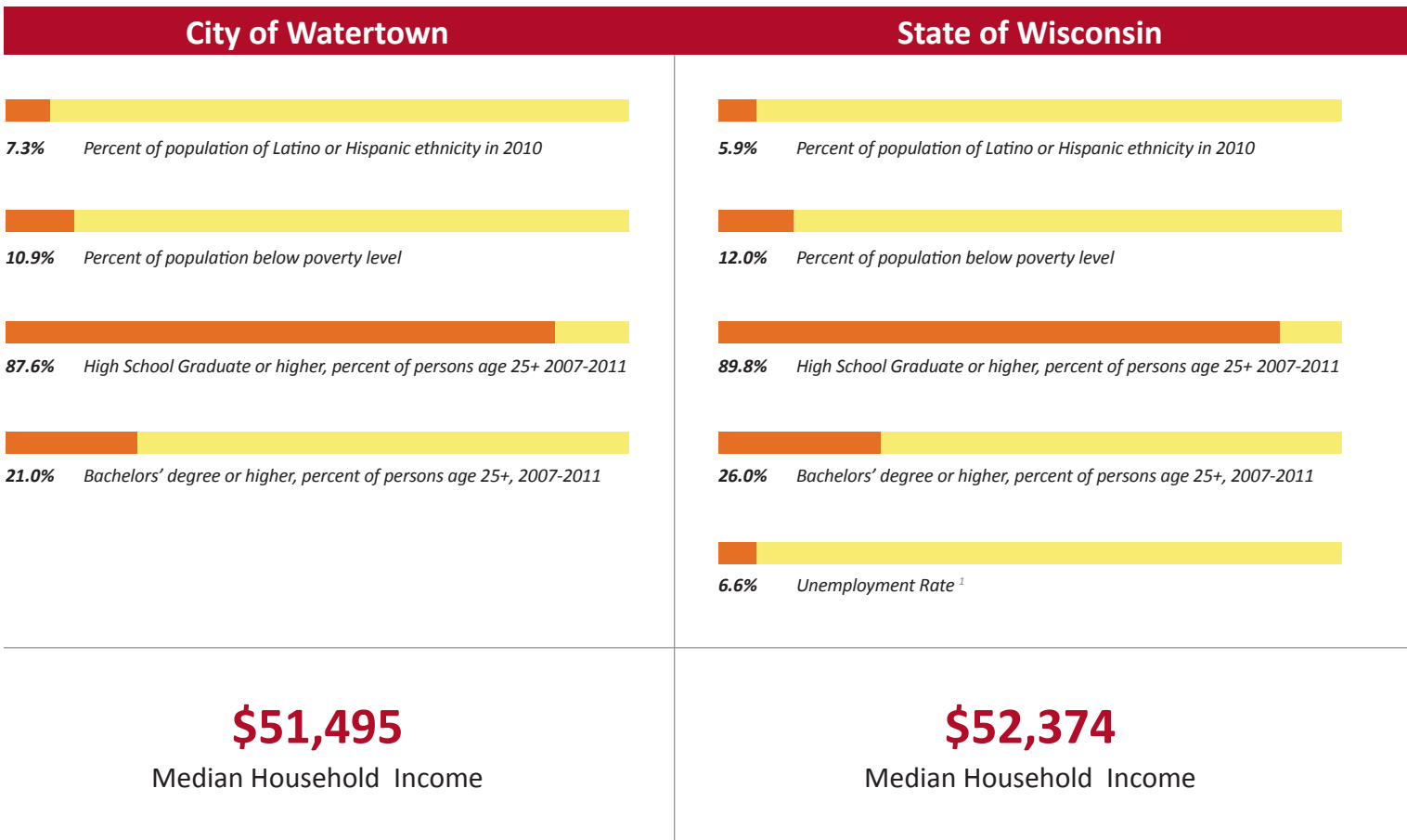
Demographics:

Learn more about the people who live in Dodge and Jefferson Counties, the City of Watertown and the State of Wisconsin.

The population data shows that Dodge County, Jefferson County, the city of Watertown and the state of Wisconsin are similar in terms of population change, ethnicity, poverty, education and unemployment. (Note: There is less than a 5% difference among them.)

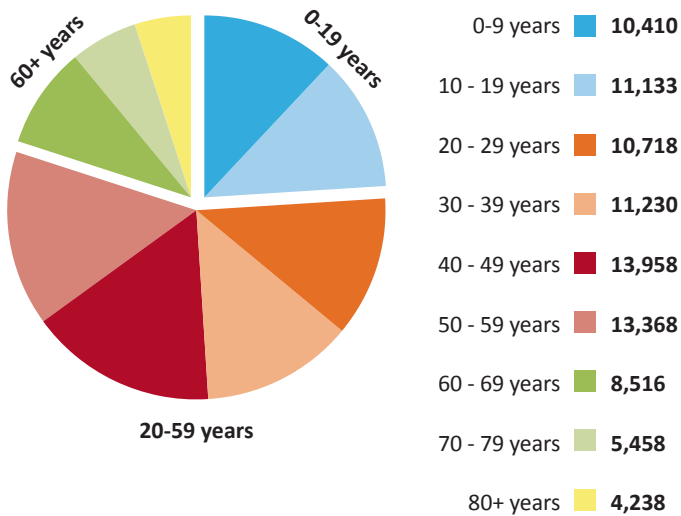
The median household income for Jefferson County is 6% higher when compared to Wisconsin. The median household income for Dodge County and the city of Watertown is similar to Wisconsin.

The population breakdown by age group is similar for both Dodge County, Jefferson County and the state of Wisconsin. (There is less than 5% points difference between Dodge and Jefferson counties populations by age groups.)



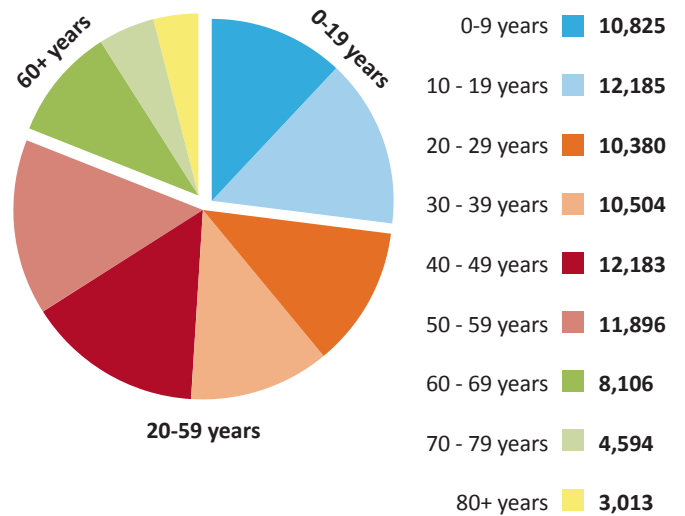
Dodge County

Age of Population



Jefferson County

Age of Population



4.0% Percent of population of Latino or Hispanic ethnicity in 2010

8.3% Percent of population below poverty level

86.9% High School Graduate or higher, percent of persons age 25+ 2007-2011

15.2% Bachelors' degree or higher, percent of persons age 25+, 2007-2011

7.0% Unemployment Rate ¹

6.9% Percent of population of Latino or Hispanic ethnicity in 2010

9.4% Percent of population below poverty level

90.1% High School Graduate or higher, percent of persons age 25+ 2007-2011

22.5% Bachelors' degree or higher, percent of persons age 25+, 2007-2011

6.7% Unemployment Rate ¹

\$53,589

Median Household Income

\$55,615

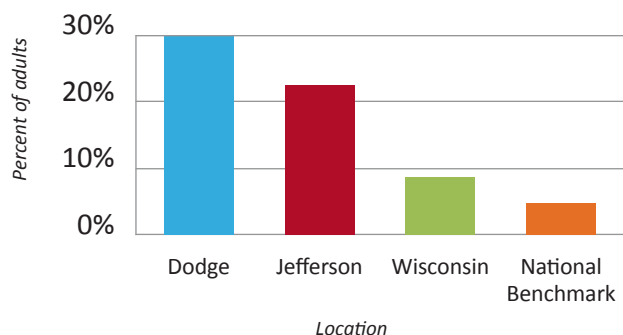
Median Household Income

What happens when we drink too much?

What is excessive drinking?

Excessive drinking is the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.¹ Excessive drinking has great social and economic costs. Excessive drinking can create health problems as well as worsening and complicating others. Excessive drinking causes problems at home and at work. This can include destroying family relationships and loss of productivity at work. The cost to society of excessive drinking cannot be understated. This is a public health problem of epic proportions, both to the health and economy of the places we live.²

Percent of adults that report binge drinking once in 30 days or daily heavy drinking



Binge drinking is higher in Dodge & Jefferson counties than the U.S. average.

What are some common alcohol related conditions and diseases?

- | | |
|---------------------------|-------------------------|
| Liver diseases | Suicide |
| Pancreatic diseases | Hypertension |
| Heart disease | Motor vehicle accidents |
| Stroke | Depression |
| Injuries and disabilities | |

Binge drinking is responsible for 76% of the economic cost of excessive alcohol consumption.

Economic Impact Dodge County³

\$113.7 million
Annual economic cost of excessive alcohol use

\$1,281.33
Cost per County resident

That cost per resident is divided between:

Lost productivity:
\$925

Healthcare costs:
\$141

Criminal justice costs:
\$120

Other costs:
\$96

In 2011, excessive alcohol consumption in Dodge Co contributed to:

21
Alcohol-related deaths

675
Alcohol-related hospitalizations

762
Alcohol-related arrests

Economic Impact Jefferson County³

\$100.4 million
Annual economic cost of excessive alcohol use

\$1,199.71
Cost per County resident

That cost per resident is divided between:

Lost productivity:
\$866

Healthcare costs:
\$132

Criminal justice costs:
\$112

Other costs:
\$90

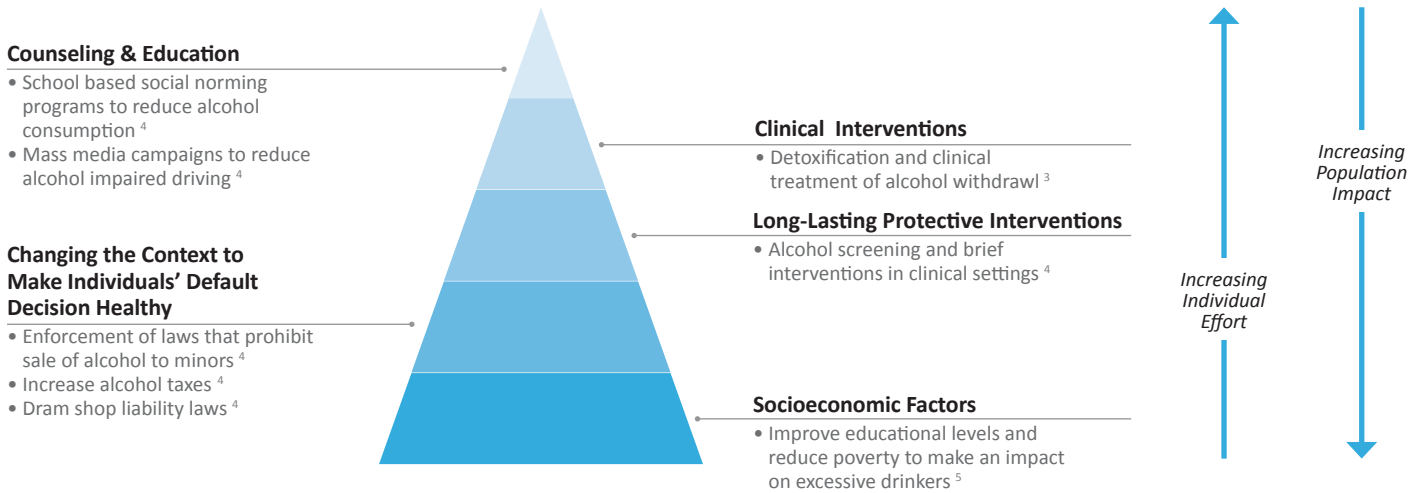
In 2011, excessive alcohol consumption in Jefferson Co contributed to:

18
Alcohol-related deaths

491
Alcohol-related hospitalizations

735
Alcohol-related arrests

Improving Health Requires Many Different Approaches adapted from 6



The table below³ is the percentage of alcohol related costs attributed to each payer type by category.

Example: Healthcare costs attributed to excessive drinking are paid by government, the excessive drinker and their family, and others, including private health insurers, employers, and crime victims.

	Government	Excessive drinker and family	Others in society
Healthcare	60.9	10.3	28.8
Lost productivity	35.1	54.6	10.4
Criminal justice	98.8	1.1	0
Motor vehicle crashes	0	14.2	85.8
Other	65.8	4.8	29.3

In Wisconsin: alcohol tax falls short in paying for the cost that excessive drinking has on society. Wisconsin collected **\$69 million** in alcohol taxes in 2011. That is only ONE PERCENT of the \$6.8 billion in economic costs attributed to excessive drinking.³

"As Public Health Officer it saddens me to see so many people affected by excessive alcohol use. Excessive alcohol use can lead to increases in motor vehicle accidents, injuries both intentional (suicide) and unintentional, lost productivity, premature death, child/domestic abuse, poor decision making and worsening of chronic health problems including liver, pancreas, and heart disease, high blood pressure, and depression. Improving the health of our community means working on the problem of excessive alcohol use and its impact."

– Jody Langfeldt, RN, BSN
Public Health Officer

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What happens when we use tobacco?

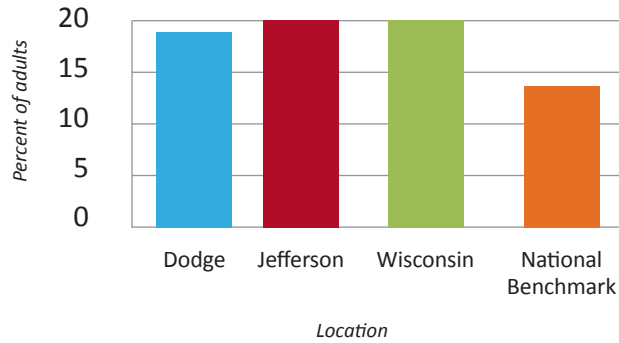
Tobacco use affects us all.

It's important to measure tobacco use because each year approximately 443,000 premature deaths in Wisconsin can be attributed to smoking. In fact, 15% of all annual deaths in Wisconsin are attributed to tobacco use.² Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birth weight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.¹

What are some common tobacco related conditions and diseases?

- Cancer
- Cardiovascular disease
- Hypertension
- COPD/Respiratory diseases
- Low birth weight
- Still birth

Percent of adults that currently smoke every day or most days and have smoked at least 100 cigarettes in a lifetime:



Almost 1 in 5 people in Dodge and Jefferson counties smoke cigarettes every day. That's higher than the national average.

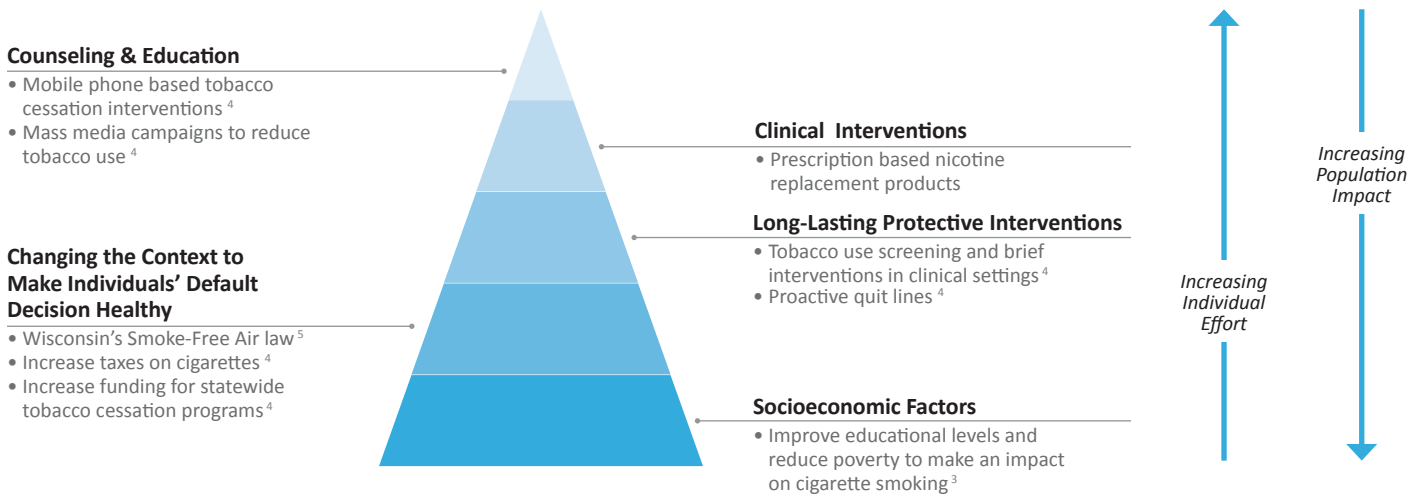
Economic Impact - Dodge County

<p>\$70.6 million Economic impact of cigarette smoking</p>	<p>\$803 Cost per County resident</p>	<p>Annually in Dodge Co cigarette smoking is attributed to an average:</p> <p>123 deaths</p> <p>77% of deaths from lung cancer</p> <p>12% of deaths from cardiovascular disease</p>
<p>\$26.9 million Economic impact due to lost productivity</p>	<p>That cost per resident is divided between:</p> <p>Lost productivity: \$305</p>	
<p>\$43.7 million Economic impact due to health care costs</p>	<p>Healthcare costs: \$490</p>	

Economic Impact - Jefferson County

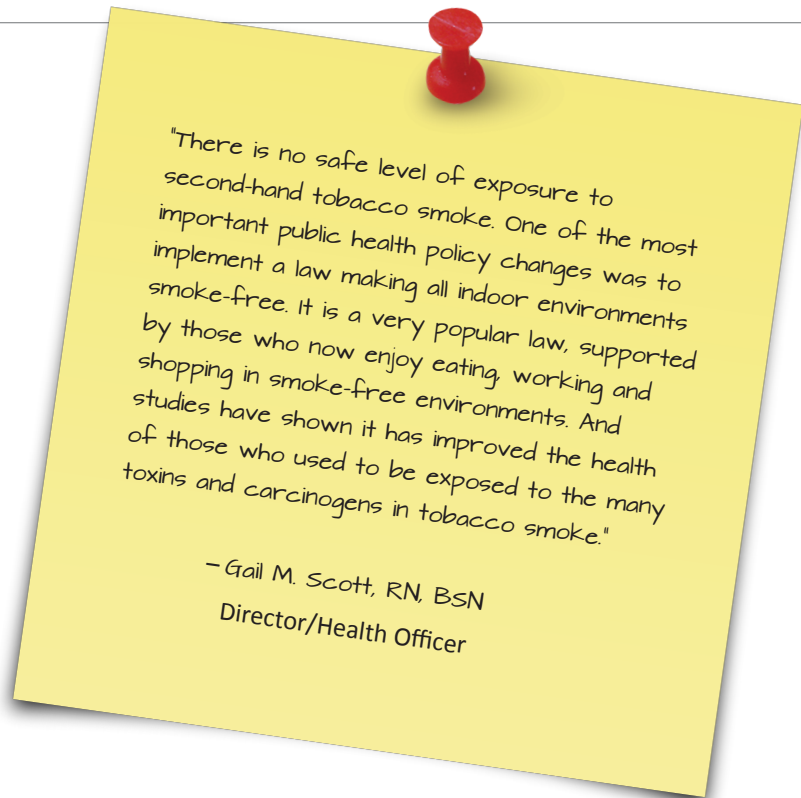
<p>\$64.5 million Economic impact of cigarette smoking</p>	<p>\$798 Cost per County resident</p>	<p>Annually in Jefferson Co cigarette smoking is attributed to an average:</p> <p>89 Deaths</p> <p>78% of deaths from lung cancer</p> <p>14% of deaths from cardiovascular disease</p>
	<p>That cost per resident is divided between:</p> <p>Lost productivity: \$303</p>	
	<p>Healthcare costs: \$495</p>	

Improving Health Requires Many Different Approaches adapted from 6



Percent of low birthweights where the mother smoked during pregnancy

	Dodge County	Jefferson County
2008	7.87 %	7.41 %
2009	4.83 %	7.78 %
2010	12.33 %	7.94 %



Works Cited

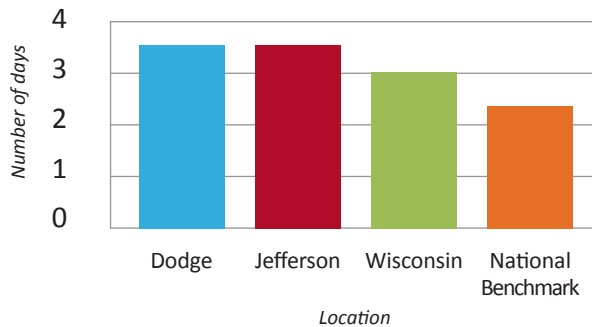
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- 3: Wisconsin Department of Health Services
2011 Behavioral Risk Factor Surveillance System (BRFSS) Tobacco Fact Sheet
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What happens when we are mentally unhealthy?

What does it mean to be mentally unhealthy?

This measure is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported in the graph* is the average number of days a county's adult respondents report that their mental health was not good. Overall health depends on both physical and mental well-being. The number of days when people report that their mental health was not good represents an important facet of health-related quality of life.¹

*Average number of mentally unhealthy days reported in the past 30 days:



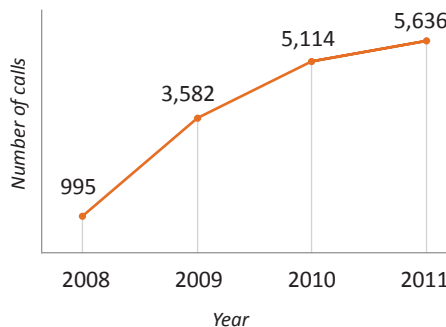
People in Dodge and Jefferson counties experience **more mentally unhealthy days** than the the state and national average.

Prevalence of health risks and chronic diseases by Serious Psychological Distress (SPD) status⁷

	With SPD	Without SPD
Smoking	36	18
Physical inactivity	50	18
Obesity	44	25
Diabetes	13	6
Asthma	26	9
Cardiovascular disease*	18	6

*Defined as ever once having a heart attack or stroke or a diagnosis of coronary heart disease

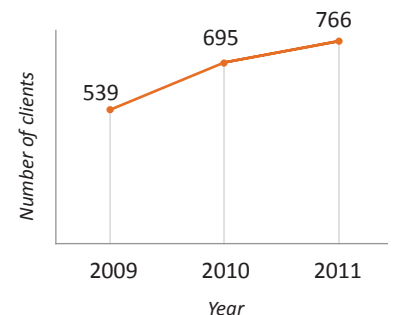
Emergency Mental Health Calls to Jefferson County



Recent years have seen a **steady increase in the number of Emergency Mental Health calls** to Jefferson County.

Between 2010 and 2011 **after hours EMH calls to Dodge County rose by 12%**

Clients seen for Alcohol and other Drug Abuse, and Mental Health Services in Outpatient Clinics by Jefferson County



The number of clients seen for AODA and Mental Health Services in Outpatient Clinics by Jefferson County **has risen over recent years.**

Average number of days in the past 30 days when a mental health condition interfered with work or other activities, by serious psychological distress status (SPD):⁸

With SPD: **9 days**
Without SPD: **Less than 1 day**

Economic Impact

\$1.4 billion:

The amount the United States loses annually due to loss of worker productivity because of mental illness.

If employers were more aware of the impact that mental illness has on their staff the workplace setting could be an ideal location to establish a mental health promotion program to improve employee health.²

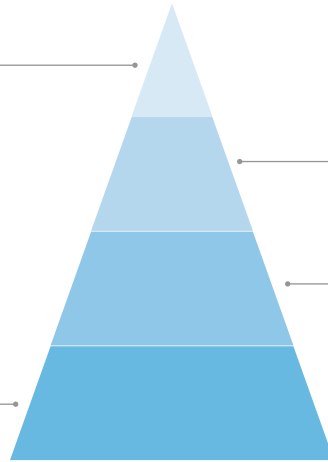
Improving Health Requires Many Different Approaches adapted from 6

Counseling & Education ⁹

- Individual and group treatment.
- Psychoeducation.
- Peer support.
- Symptom management.

Socioeconomic Factors ¹⁰

- Mental health issues are overrepresented in individuals with lower socioeconomic status.

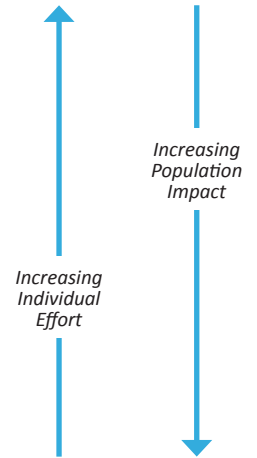


Clinical Interventions ⁹

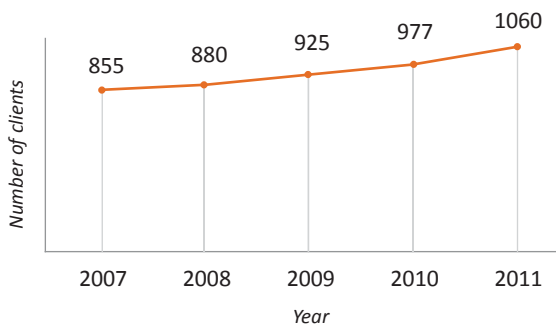
- Psychopharmacological treatment, i.e. medication.

Long-Lasting Protective Interventions ⁹

- Integrated treatment for dual diagnosis.
- Case coordination services.



Clients Seen for Mental Health Counseling by Dodge County



Since 2007, the number of clients seen for Mental Health Counseling by Dodge County has **increased steadily**.

"Limited access to behavioral health services remains an issue across the country and Dodge County is not immune from this issue. Behavior choices such as abuse of alcohol through binge drinking and abuse of prescription and illegal drugs only complicates the already complex mental health issues we face in Dodge and Jefferson County."

— Mike Murphy RN, BSN, MBA
Chief Patient Care Officer
Beaver Dam Community Hospitals

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8: Wisconsin behavioral risk Factory survey 2007

9: SAMHSAs national registry of evidence based programs and practices

10: Low Socioeconomic Status and Mental Disorders: A Longitudinal Study of Selection and Causation During Young Adulthood. Center for Demography and Ecology. University of Wisconsin – Madison. Richard A. Miech. Avshalom Caspi. Terrie E. Moffitt Bradley E. Wright. Phil A. Silva

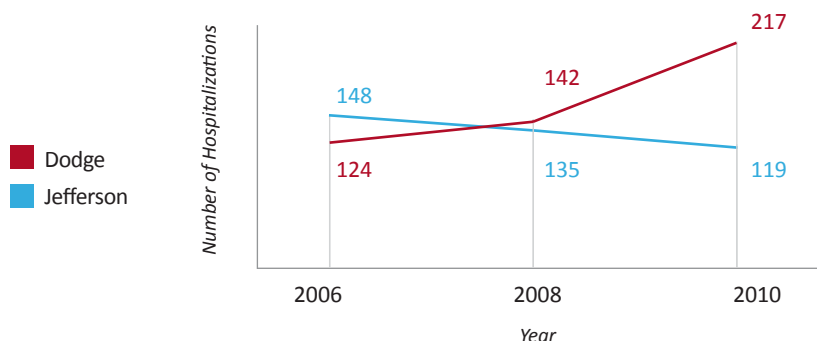
What happens when we abuse substances?

What is the definition of substance abuse?

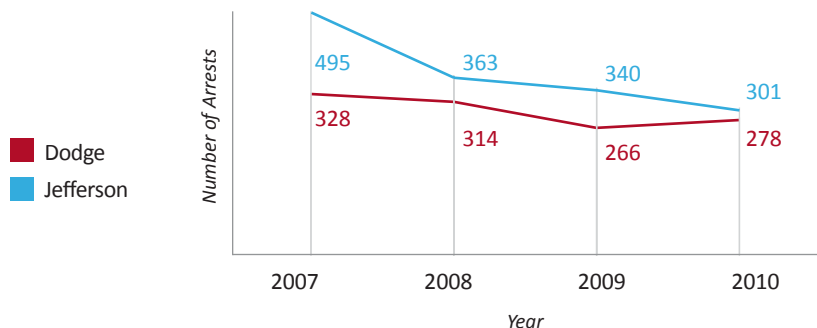
The Wisconsin Office of Justice Assistance defines drug law violations as the violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use; they include the unlawful cultivation, manufacture, distribution, sales, purchase, use, possession, transportation, or importation of any controlled drug or narcotic substance.²

Illicit drug use negatively effects the places we live. Social, economic, and health costs associated with substance abuse is staggering. Drug abuse, dependence, arrests, and death are serious consequences that deserve attention. On average, illicit drug use in Dodge and Jefferson County is below the state average. In Wisconsin, the non-medical use of prescription drugs continues to be a serious problem. Thirteen percent of Wisconsin adults ages 18-25 reported using pain relievers for non-medical reasons. In 2011, eighteen percent of Wisconsin high school students reported illicit use of prescription drugs at least once in their lives. The proportion of Wisconsin drug-related deaths in which heroin is mentioned on the death certificate more than doubled between 2005 and 2010. The proportion with a mention of other opioids, the most prevalent category, increased by approximately 33%, and the proportion with a mention of benzodiazepines increased by 60%. Mentions of cocaine, on the other hand, decreased by half. Dodge and Jefferson rates for drug related hospitalizations continue to be below the Wisconsin rate.²

Drug related Hospitalizations based on the patient's county of residence^{2, 3, 4}



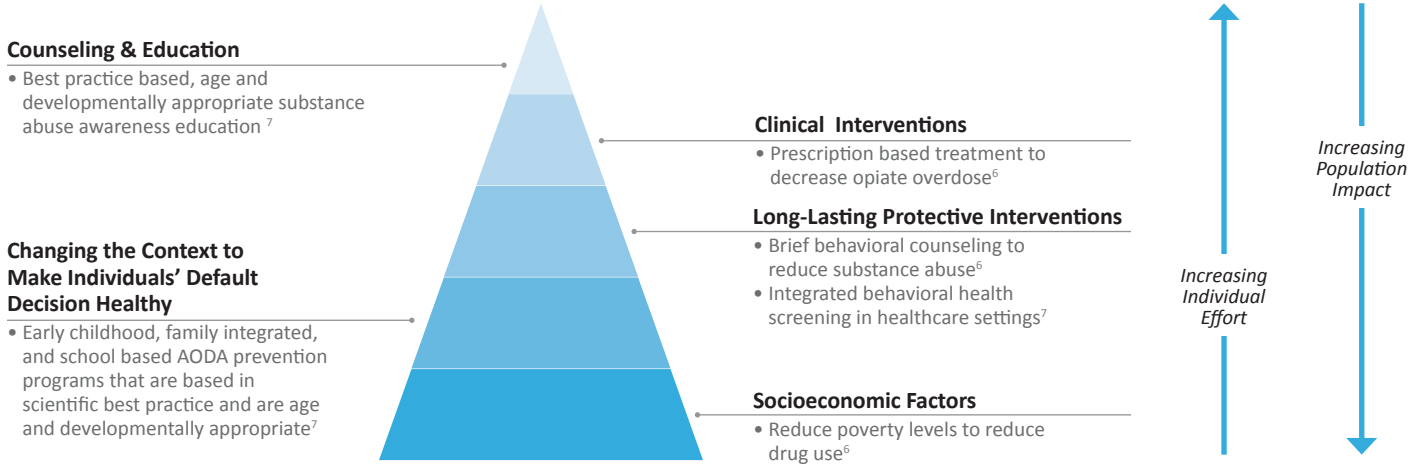
Arrests for drug law violations per 100,000 population by county²



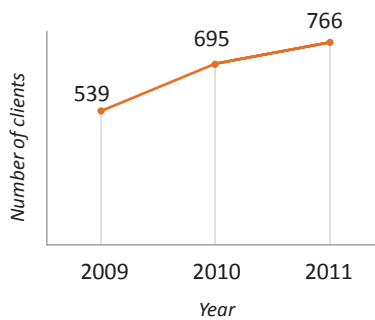
Economic Impact

The economic and health cost of substance abuse in Wisconsin is an important public health issue and interventions should be established at all levels to reduce the negative consequences of substance abuse on our communities.

Improving Health Requires Many Different Approaches adapted from 6



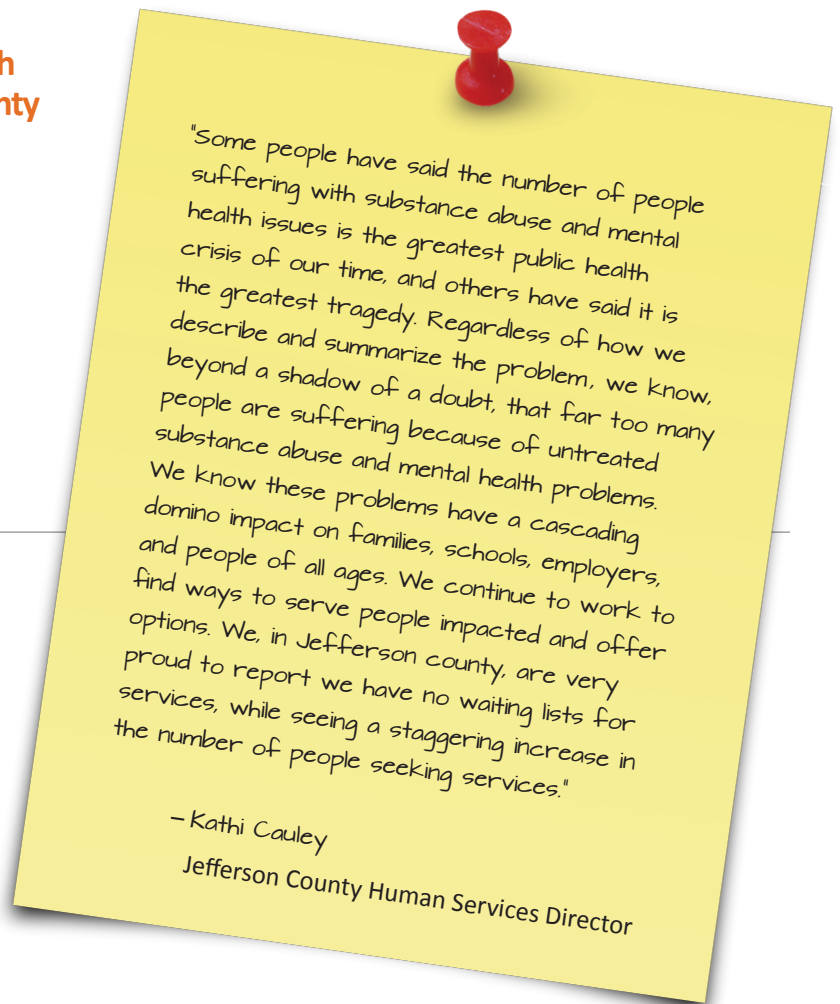
Clients seen for AODA and Mental Health Services in Outpatient Clinics by Jefferson County



The number of clients seen for AODA and Mental Health Services in Outpatient Clinics by Jefferson County **has risen over recent years.**

Works Cited

- 1: [www.countyhealthrankings.org]
- 2: Wisconsin Department of Health Services, Division of Public Health and Division of Mental Health and Substance Abuse Services. Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2012 (P-45718-12). Prepared by the Office of Health Informatics, Division of Public Health, in consultation with the Division of Mental Health and Substance Abuse Services and the University of Wisconsin Population Health Institute. September 2012.
- 3: Wisconsin Department of Health Services, Division of Public Health and Division of Mental Health and Substance Abuse Services. Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010 (P-45718-10). Prepared by the Population Health Information Section, Division of Public Health, in consultation with DMHSAS and the University of Wisconsin Population Health Institute. November 2010
- 4: Wisconsin Department of Health Services, Division of Public Health and Division of Mental Health and Substance Abuse Services. Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008 (P-45718). Prepared by the Bureau of Health Information and Policy, Division of Public Health, in consultation with DMHSA and the University of Wisconsin Population Health Institute. July 2008.
- 5: Wisconsin hospital inpatient discharge database, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services.
- 6: Frieden, Thomas. MD MPH. A Framework for Public Health Action: The Health Impact Pyramid. American Journal of Public Health. 2010 April; 100(4): 590-595.



7: Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition.

What happens when we are physically inactive?

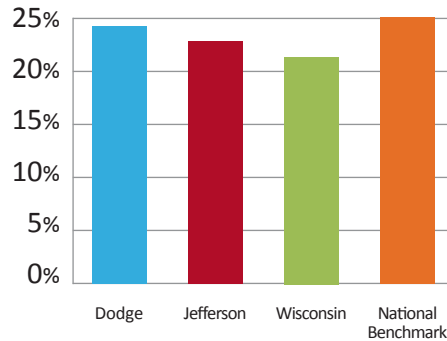
What is the definition of physical inactivity?

Physical inactivity is defined as the percent of the adult population that during the past month, other than a regular job, did not participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise.¹ It is important to measure physical inactivity because it contributes to many chronic diseases, notably type-2 diabetes.² Additionally, physical inactivity is important because it contributes to obesity. In simplistic terms, when we don't exercise enough and eat too much, we create a lifestyle that is unhealthy for ourselves, our communities, and the economy. Evidence shows that although how much we exercise and eat are personal decisions, they are greatly influenced by the places we live. How much we exercise is not an accident. It is a result of an environment that makes choosing to exercise easy or difficult.³ Communities with high rates of physical activity have been shown to have many sidewalks, safe parks and trails, accessible gyms and play spaces that make being physical active easier than communities built without sidewalks and without places to play that are safe and desirable.³

What are some common conditions and diseases related to a lack of physical activity?

- Coronary heart disease
- Hypertension
- Stroke
- Type-2 diabetes
- Cancers such as endometrial, breast, and colon
- High cholesterol
- Liver and gallbladder disease
- Sleep apnea
- Osteoarthritis
- Reproductive complications
- Depression and poor mental health

Percent of adults aged 20 and over reporting no leisure time physical activity



Almost 25% of adults in Dodge and Jefferson do not spend any of their free time doing physical activities.

Rate of recreational facilities per 100,000 people¹

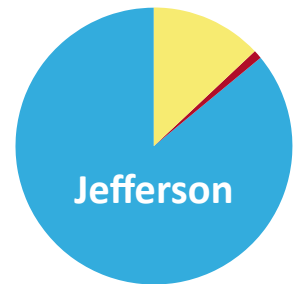
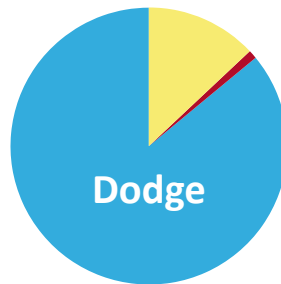


How is the land in Jefferson County used?



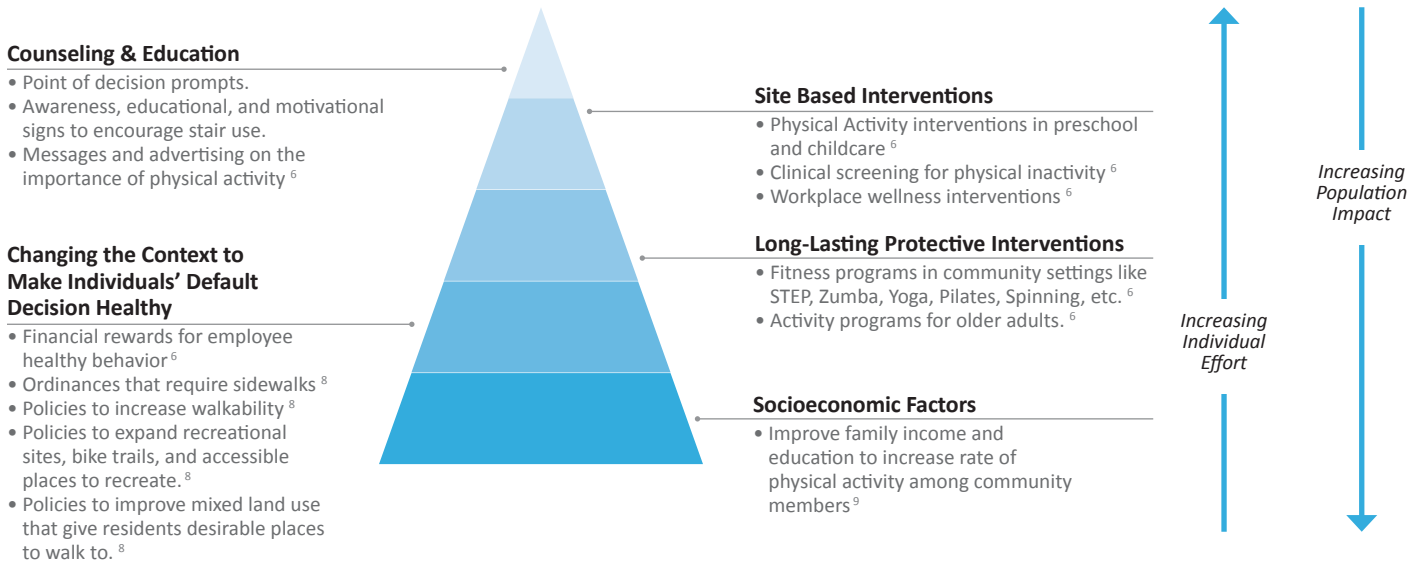
Economic Impact

On average, physical inactivity costs each person:⁵



Studies demonstrate that if a county can increase the availability of indoor and outdoor places to play then they can decrease the amount spent on health care dollars to treat conditions associated with diabetes. In simple terms, we can save money by investing in places where our residents can be physically active, help them to stay fit, and keep them away from our hospitals and at home healthy with their friends and family.⁴

Improving Health Requires Many Different Approaches adapted from 7

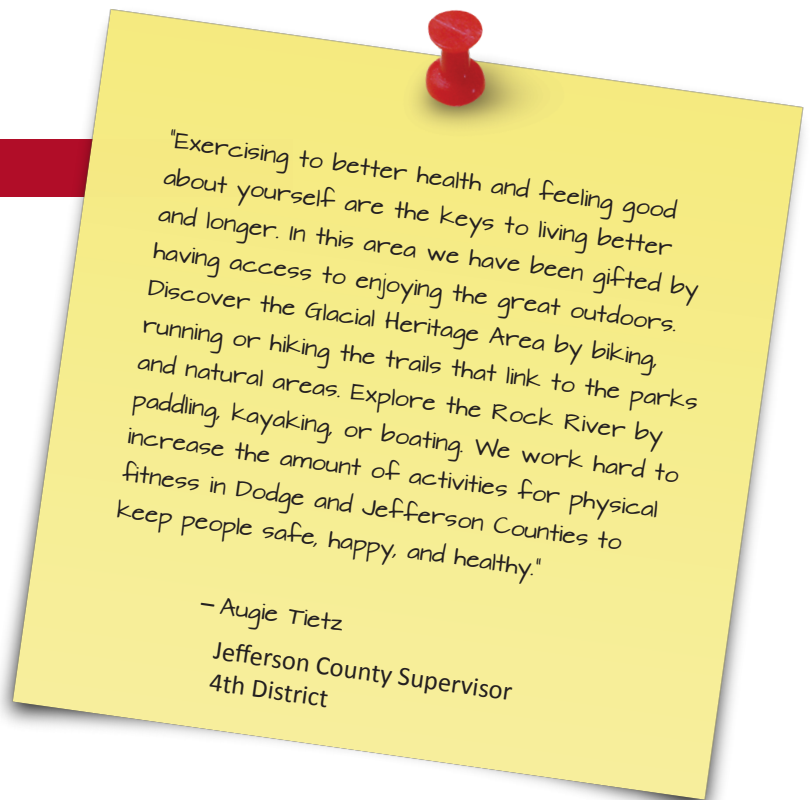


Evidence shows that counties with more recreation opportunities share 3 characteristics:

- 1) Higher rates of physical activity⁴
- 2) Lower county expenditures of health care costs associated with chronic diseases where physical inactivity contributes⁴
- 3) Lower rates of obesity⁴

Works Cited

1: [www.countyhealthrankings.org]
 2: Rana JS, Li TY, Manson JE, Hu FB. Adiposity compared with physical inactivity and risk of type 2 diabetes in women. *Diabetes Care*; Jan 2007;30,1:53-58.
 3: Blackmore, Kelli. Duffy, Madeline. Moen, Sarah. Sekhon, Navnit. Warrens, Jessica. Assessing the Built, Social, and Nutrition Environment in Jefferson County.
 4: Rosenberger, Randall S. Sneh, Yoav. Gurvitch, Rachel. A Spatial analysis of Linkages between Health Care Expenditures, Physical Inactivity, Obesity, and Recreation Supply. *Journal of Leisure Research* 2005, Vol 37, No. 2 pp. 216-235.
 5: Physical Inactivity Cost Calculator. <http://www.ecu.edu/picostcalc/>
 6. What works for health. Policies and Programs to Improve Wisconsin's Health
 7: Frieden, Thomas. MD MPH. A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*. 2010 April; 100(4): 590-595.
 8: Assessing the Built, Social, and Nutrition Environment in Jefferson County. Survey of the Health of Wisconsin.
 9: Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion



What happens when we are overweight?

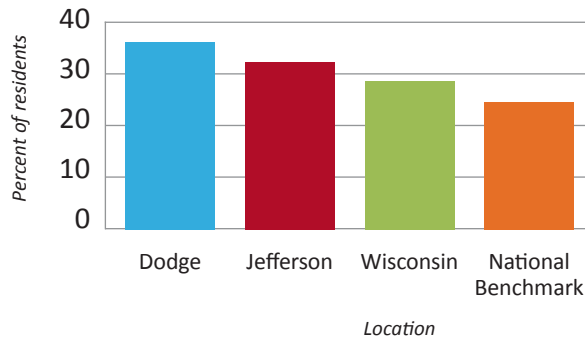
What is obesity?

This measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m².¹ In simple terms obesity is an imbalance between how much food we eat and how much we burn through exercise and daily living. Although it is an individual decision for how much to eat and exercise the evidence shows that the places we live can determine the likelihood that we will become obese. There are many factors involved that make obesity prevention a complicated issue.¹ Obesity is common, costly, and most importantly preventable.²

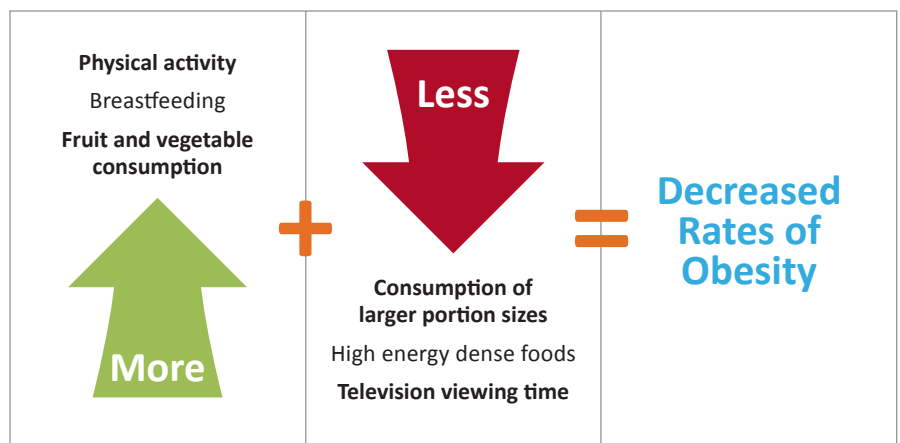
What are some common obesity related conditions and diseases?

- Coronary heart disease
- Hypertension
- Stroke
- Type-2 diabetes
- Cancers such as endometrial, breast, and colon
- High cholesterol
- Liver and gallbladder disease
- Sleep apnea
- Osteoarthritis
- Reproductive complications
- Depression and poor mental health

Percent of the adult population that has a Body Mass Index greater than or equal to 30



Dodge and Jefferson counties have more overweight residents than state and national averages.

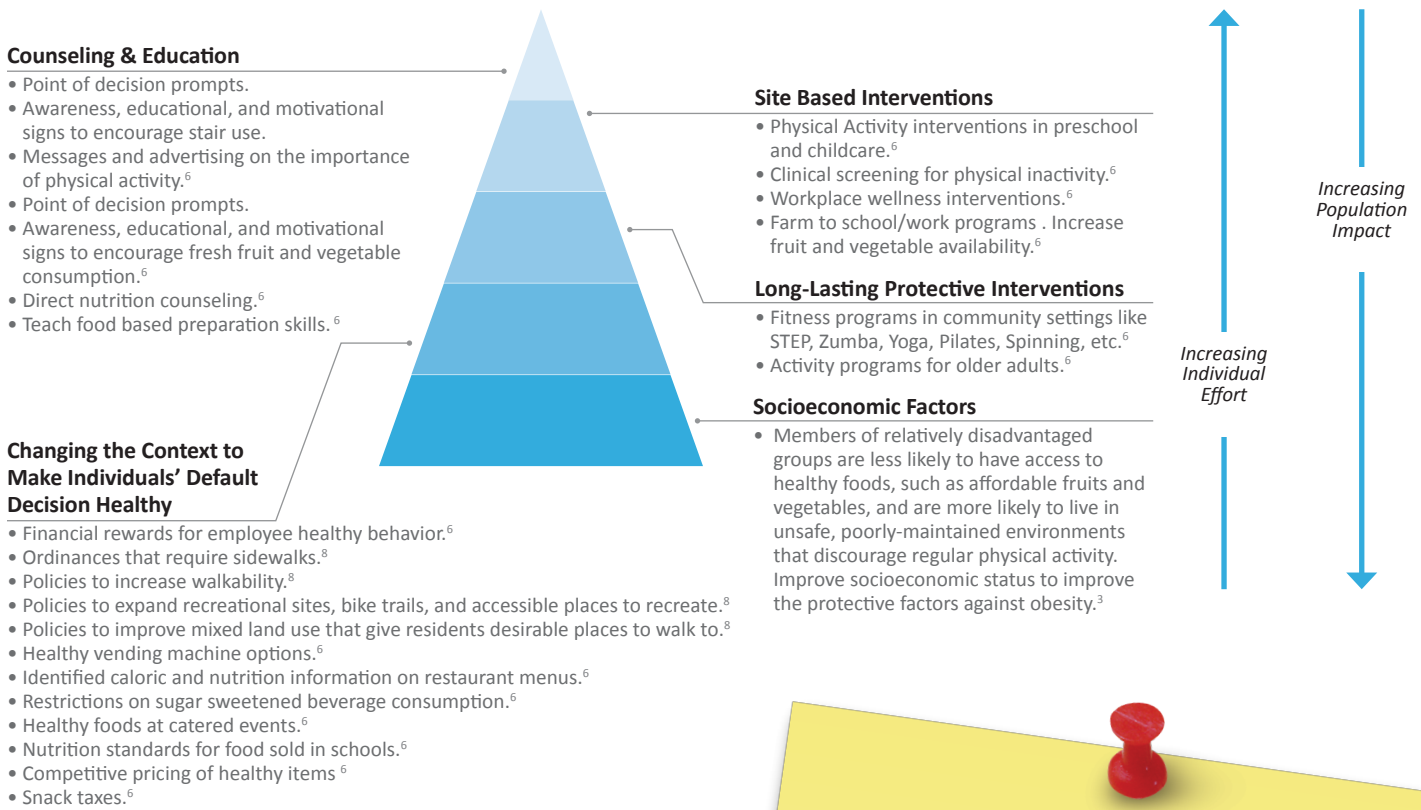


Improving the rates of breastfeeding, physical activity, and healthy eating and decreasing the rates of television viewing time, consumption of larger portion sizes and high energy dense foods, will result in decreased rates of obesity.³

Economic Impact

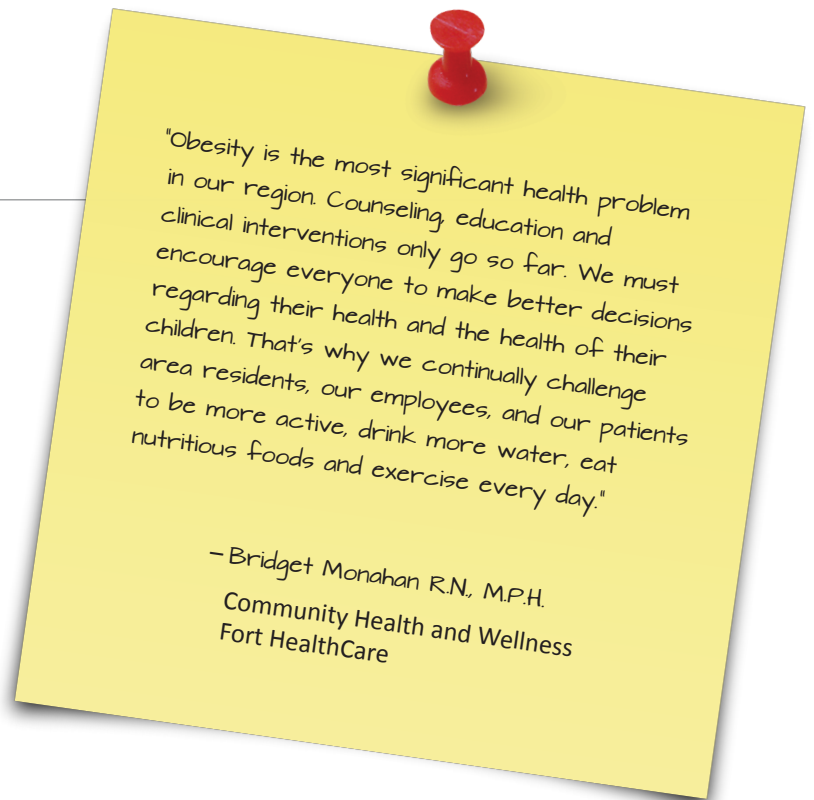
Wisconsin is in the middle for expenses due to the seven chronic disease which are mostly associated with obesity. Additionally, Wisconsin spends about \$1.5 billion dollars annually on obesity-related medical expenses. It is estimated that about half the costs associated with obesity are publicly subsidized through Medicare and Medicaid. The real costs of obesity would be much larger if loss of worker productivity were factored in.³

Improving Health Requires Many Different Approaches adapted from 7



Works Cited

- 1: [www.countyhealthrankings.org]
- 2: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion
- 3: Obesity, Nutrition, and Physical Activity in Wisconsin. Wisconsin Department of Health Services. Division of Public Health. Nutrition , Physical Activity, and Obesity Program and Wisconsin Partnership for Activity and Nutrition 2008.
- 4: Rana JS, Li TY, Manson JE, Hu FB. Adiposity compared with physical inactivity and risk of type 2 diabetes in women. *Diabetes Care*; Jan 2007;30,1:53-58.
- 5: Blackmore, Kelli. Duffy, Madeline. Moen, Sarah. Sekhon, Navnit. Warrens, Jessica. Assessing the Built, Social, and Nutrition Environment in Jefferson County.
- 6: Rosenberger, Randall S. Sneh, Yoav. Gurvitch, Rachel. A Spatial analysis of Linkages between Health Care Expenditures, Physical Inactivity, Obesity, and Recreation Supply. *Journal of Leisure Research* 2005, Vol 37, No. 2 pp. 216-235.
- 7: Physical Inactivity Cost Calculator. <http://www.ecu.edu/picostcalc/>
- 8: What works for health. Policies and Programs to Improve Wisconsin's Health
- 9: Frieden, Thomas. MD MPH. A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*. 2010 April; 100(4): 590-595.
- 10: Assessing the Built, Social, and Nutrition Environment in Jefferson County. Survey of the Health of Wisconsin.
- 11: Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion



Healthy eating

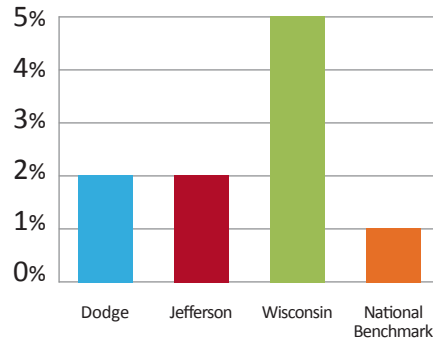
What is healthy eating?

Limited access to healthy food is a measure of the proportion of the population who are low income and do not live close to a grocery store. In rural areas this means living less than 10 miles from a grocery store. This is an important measure because the availability of nutritious food is an important protective factor against obesity and chronic disease. Access to fast food restaurants is measured because the availability and consumption of fast food is correlated with a high prevalence of obesity, overweight and premature death.¹

What are some common conditions and diseases related to poor nutrition?

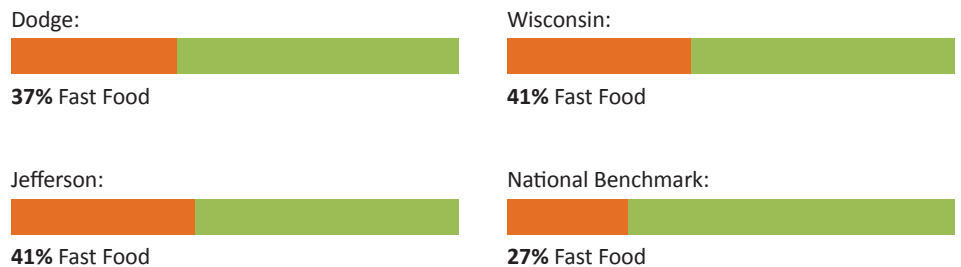
- Coronary heart disease
- Hypertension
- Stroke
- Type-2 diabetes
- Cancers such as endometrial, breast, and colon
- High cholesterol
- Liver and gallbladder disease
- Sleep apnea
- Osteoarthritis
- Reproductive complications
- Depression and poor mental health

Percent of the population that has limited access to a healthy food outlet



Wisconsin, Dodge and Jefferson all have a higher population of people with limited access to a healthy food outlet than the national benchmark.

Percentage of all restaurants that are considered Fast Food restaurants in an area



Wisconsin, Dodge and Jefferson all have a larger percentage of all restaurants that are Fast Food restaurants than the national benchmark.

Economic Impact

Wisconsin is in the middle for expenses due to the seven chronic disease which are mostly associated with obesity. Wisconsin spends about **\$1.5 billion** annually on obesity-related medical expenses. It is estimated that about half the costs associated with obesity are publicly subsidized through Medicare and Medicaid. The real costs of obesity would be much larger if loss of worker productivity were factored in.³ The economic impact of access to nutritious foods can be seen as impacting the deadly cost of obesity in our counties.¹

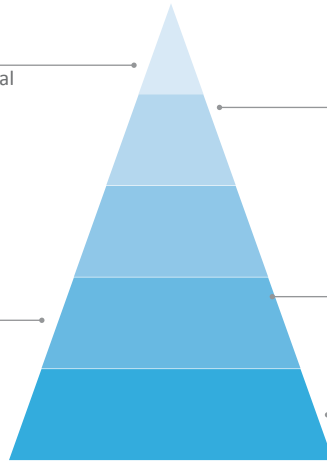
Improving Health Requires Many Different Approaches adapted from 7

Counseling & Education

- Awareness, educational, and motivational signs to encourage fresh fruit and vegetable consumption.⁶
- Direct nutrition counseling.⁶
- Teach food based preparation skills⁶

Changing the Context to Make Individuals' Default Decision Healthy

- Financial rewards for employee healthy behavior.⁶
- Healthy vending machine options.⁶
- Identified caloric and nutrition information on restaurant menus.⁶
- Restrictions on sugar sweetened beverage consumption.⁶
- Healthy foods at catered events.⁶
- Nutrition standards for food sold in schools.⁶
- Competitive pricing of healthy items.⁶
- Snack taxes.⁶



Site Based Interventions

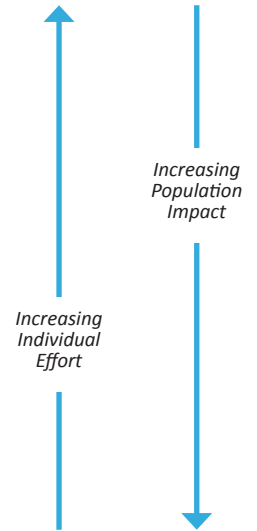
- Workplace wellness interventions.⁶
- Vegetable gardens in schools.⁶
- Fresh fruit and vegetable tastings in schools.⁶
- Healthy vending machine options in schools and worksites.⁶

Long-Lasting Protective Interventions

- Farm to school/work programs.⁶
- Increase fruit and vegetable availability.⁶

Socioeconomic Factors

- Members of relatively disadvantaged groups are less likely to have access to healthy foods, such as affordable fruits and vegetables, and are more likely to live in unsafe, poorly-maintained environments that discourage regular physical activity. Improve socioeconomic status to improve the protective factors against obesity.³



Percentage of children eligible for free and reduced lunches

Dodge:



36.2% of children are eligible.

Jefferson:

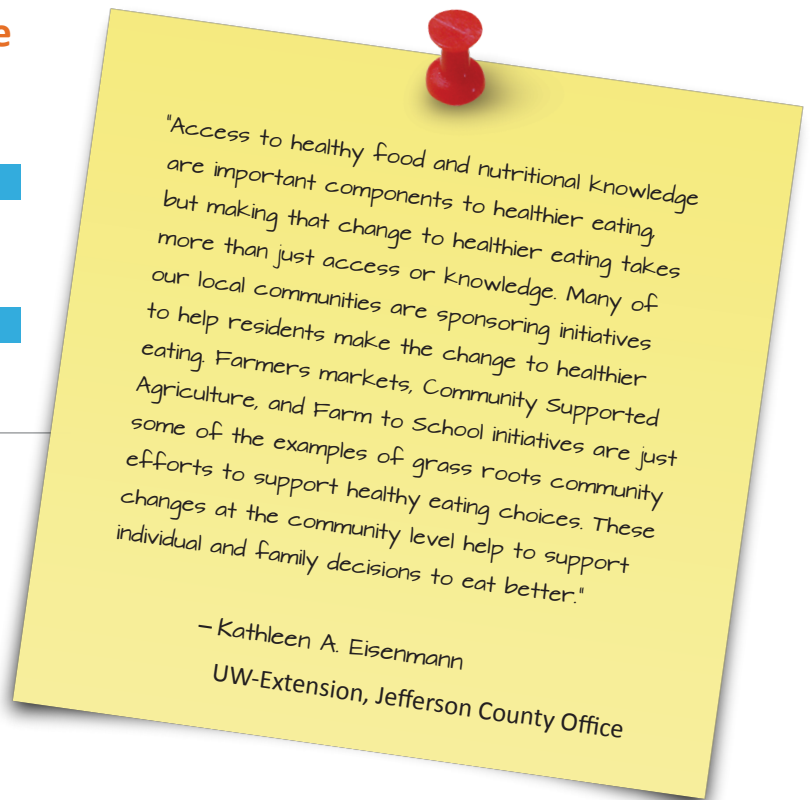


37.2% of children are eligible.

Works Cited

- 1: [www.countyhealthrankings.org]
- 2: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion
- 3: Obesity, Nutrition, and Physical Activity in Wisconsin. Wisconsin Department of Health Services. Division of Public Health. Nutrition, Physical Activity, and Obesity Program and Wisconsin Partnership for Activity and Nutrition 2008.
- 4: Rana JS, Li TY, Manson JE, Hu FB. Adiposity compared with physical inactivity and risk of type 2 diabetes in women. *Diabetes Care*; Jan 2007;30,1:53-58.
- 5: Blackmore, Kelli. Duffy, Madeline. Moen, Sarah. Sekhon, Navnit. Warrens, Jessica. Assessing the Built, Social, and Nutrition Environment in Jefferson County.
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- 8: Assessing the Built, Social, and Nutrition Environment in Jefferson County. Survey of the Health of Wisconsin.

9: Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion



Community Health Assessment Plan: Focusing on Obesity Prevention

Why Focus on Obesity Prevention?

Our leadership committee met over the course of one calendar year to discuss the health issues facing Dodge and Jefferson County. Data was collected from numerous sources including interviews done with community stakeholders. After a thorough examination of the issues facing the residents of Dodge and Jefferson Counties, it was determined that a community health improvement plan to focus on Physical Inactivity, Nutrition, and Obesity Prevention will be supported. The issues considered by the leadership committee were:

- 1. Community Impact** – How is our community currently, and in the future, going to be affected by the health priority in terms of:
 - Number of people affected
 - Costs associated in not doing something (health care, lost work, supportive living)
 - Severity of the condition (chronic illness, disability, death)
 - Impact on quality of life
- 2. Ability to Impact** – Are there known strategies to make a difference? Are there adequate resources available in our community to address the health priority?
- 3. Community Readiness** – Is the community ready to address the health priority in terms of:
 - Stakeholders awareness of the concern
 - Community organizations receptiveness to addressing the health priority
 - Citizens being somewhat open to hearing more about the health priority
- 4. Gaps in the Community** – Is there a gap(s) in community efforts to address the health priority?
- 5. Data Review** – How is our community doing compared to surrounding areas and the state?

What is currently being done to fight obesity

We can all work together to make the healthy choice the easy choice. Whether we decide to exercise or eat healthy is a personal choice, but it is also heavily influenced by the places we live. That's why we need to change the environments, policies, and programs that influence our behavior so it is easier for us to make healthy choices. In some cases that might consist of one-on-one nutrition counseling or classroom education, and it could also take the form of a program that gives you a discount on your health insurance premium if you exercise and eat healthy.

Here are some ways that our leadership committee has been involved in changing our communities and workplaces into healthier places to be:

- WRMC educational presentations on wellness, fitness, and nutrition offered throughout the year.
- Watertown Regional Medical Center(WRMC) offers one-on-one wellness coaching at no cost to all employees and their spouses.
- Point of decision prompts placed in Dodge County Human Services and Health Department stairwells to educate health benefits of using stairs and encourage use.
- Dodge and Jefferson County schools engaged in farms-to-school, a program designed to bring fresh fruits and vegetables into the classroom and cafeteria to engage students in healthy eating.
- Promotion of school gardens in Dodge and Jefferson County to promote gardening based physical activity, education and awareness of where food comes from, and healthy eating through consumption of garden grown produce in the classroom and cafeteria.
- Local legislative support to increase the mileage of bike paths and recreational play areas in Dodge and Jefferson County.
- Local educations through UW-Extension that coordinate classes and education to lower income students, seniors, and families to promote healthy eating.
- Community coalitions, organized with support from local health departments that engage residents through walking groups, gardening classes, and promotion of farms-to-school programs.
- WRMC participates in Weight Watchers at Work.
- WRMC offers healthy food options at discounted prices while increasing the price on unhealthy food items.
- Beaver Dam Community Hospital offers a \$50/month in health insurance premiums for employees that participate in a series of 3 health improvement actions.
- WRMC offers a premium discount on their health insurance plan if employees meet certain health status requirements.
- WRMC is a community supported agriculture drop off site.
- WRMC coordinates walking, running, and biking groups that meet during and after work.
- FHC hopes to bring biometric screening and PHA to all schools in its service area, as well as, increase the number of local corporations it partners with.
- Through its Health Community Coalition FHC hopes to make Water the Drink of choice in its service area.
- FHC is working to increase the number of grocery stores and restaurants that offer point of decision prompts for healthy choices.

Where can we improve nutrition, physical activity, and sustain healthy weight in our community?¹



Active community environments

Active communities develop master plans that include local committees to promote bicycle and pedestrian friendly routes. Resolutions that are coordinated with local laws can enhance safe physical activity and promote farmers markets and access to fruits and vegetable in order to reduce the impact obesity, physical inactivity, and poor nutrition have on our communities.



Early care and education

Early care and education settings are ideal locations to make an impact with policies that increase physical activity, support improved nutritional standards for meals and snacks, and promote breastfeeding for infants.



Food system

Local communities should work to increase the number of farmers markets, community gardens, and access to community supported agriculture. As a community we can work to strengthen the local farming economy by providing increased markets and accessibility to local fruits and vegetables.



Healthcare

Healthcare facilities can make an impact on obesity by implementing evidence based guidelines that support breastfeeding, BMI screening and counseling, and participation in healthcare-community partnerships that work to make the healthy choice the easy choice. Healthcare settings should also implement a systems approach to identify and follow-up with at risk, overweight, and obese patients.



Schools

Schools are ideal locations to support policies that engage students and staff to increase consumption of fruits and vegetables, increased physical activity, and development of policies that make commitments to reducing obesity. This has been done through farms to school programs, establishments of school wellness policies, decreasing access to energy dense foods and sugar sweetened beverages, in addition to promoting all around healthy lifestyles.



Worksite

Worksites can implement comprehensive wellness programs that use evidence based strategies to promote, support, and develop healthy staff and their families.

Works Cited

1: The Wisconsin Nutrition, Physical Activity, and Obesity State Plan 2012-2020

What can I do?¹

Increase Nutrition and Physical Activity Infrastructure

What Families and Individuals Can Do

- Get involved with your local physical activity and nutrition coalition to develop and promote alternative means of transportation such as walking and biking and provide better access to healthy foods.

Find your local coalition:

<http://www.dhs.wisconsin.gov/physical-activity/Resources/CoalitionInfo/index.htm>

What Communities Can Do

- Assess coalition membership and recruit active and diverse members:

<http://www.dhs.wisconsin.gov/physical-activity/Resources/CoalitionBuilding/index.htm>

- Identify key needs in the community and develop an action plan to address the needs:

<http://www.dhs.wisconsin.gov/physical-activity/Resources/Planning/Index.htm>

- Select key settings or groups that your coalition can work with to implement some of the strategies listed with those groups.
- Consider leading a city-wide worksite wellness initiative.

What Early Care and Education Providers Can Do

- Connect with a local coalition in your area. To find contact information for a coalition in your area, visit:

<http://www.dhs.wisconsin.gov/physical-activity/Resources/CoalitionInfo/index.htm>

What Healthcare Providers Can Do

- Take a focused family history and assess diet and physical activity behaviors.
- Give consistent messages to all children, regardless of weight, on: empty calorie foods and beverages. Eat the recommended amount of fruits and vegetables, be physically active at least 60 minutes/day, limit screen time to < 2 hours/day, limit energy-dense foods and beverages.

What Schools Can Do

- Make the connection with community activities to strengthen buy-in. Examples include:
 - Join or form a local coalition to coordinate nutrition and physical activity initiatives.
 - Integrate school activities with community, business and healthcare initiatives. Form partnerships with community organizations to support or develop programs. Tie into existing promotions, media campaigns and special events (i.e. walk-to-school day, etc)
 - Develop a plan connecting summer programs for year round activity.

What Worksites Can Do

- Make the connection with community activities to strengthen buy-in. Examples include:
 - Join or form a local coalition to coordinate nutrition and physical activity initiatives.
 - Integrate business activities with community, school and healthcare initiatives.
 - Organize or participate in any community-wide worksite wellness or well city initiatives.

Works Cited

1: Wisconsin Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program, Wisconsin Partnership for Activity and Nutrition. Wisconsin Nutrition, Physical Activity and Obesity State Plan. January 2012.

What can I do?¹

Increase Physical Activity

What Families and Individuals Can Do

- Map out destinations (parks, stores, restaurants) near your home and then walk or bike to those that are nearby. Search on www.walkscore.com or download a worksheet at:

<http://www.dhs.wisconsin.gov/forms/F4/F40092.pdf>

What Communities Can Do

- Establish local bike/pedestrian committees to develop community plans to increase active transportation options.
- Institute “Complete Streets” (ensure alternative means of transportation i.e. pedestrian, bicycle, etc.) principles in transportation planning.
- Develop or expand Recreational Use Agreements between schools, communities, parks and recreation and other groups with physical activity facilities.

What Early Care and Education Providers Can Do

- Provide at least 90 minutes of physical activity/day for toddlers and 120 minutes/day for preschoolers, with at least 60 minutes for preschoolers of teacher led structured activity.
- Use What Works in Early Care and Education to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active in the childcare setting:

<http://www.dhs.wisconsin.gov/publications/P0/P00232.pdf>

What Healthcare Providers Can Do

- Improve physician education and counseling of patients on obesity prevention. Use What Works in Healthcare to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active.

<http://www.dhs.wisconsin.gov/publications/P4/p40142.pdf>

What Schools Can Do

- Use What Works in Schools to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active in the school setting:

<http://www.dhs.wisconsin.gov/publications/P4/p40132.pdf>

- Develop or expand a Safe Routes to School Program:

<http://www.dot.state.wi.us/localgov/aid/saferoutes.htm>

- Increase options to provide opportunities for 60 minutes of physical activity per day for each student:

<http://www.dpi.wi.gov/sspw/pdf/pasastoolkit.pdf>

What Worksites Can Do

- Implement physical activity strategies from the Wisconsin Worksite Wellness Resource Kit <http://www.dhs.wisconsin.gov/physical-activity/Worksite/index.htm> . Examples:
 - Offering flexible work hours to allow for physical activity during the day.
 - Offer on-site fitness opportunities, such as group classes or personal training.

Works Cited

1: Wisconsin Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program, Wisconsin Partnership for Activity and Nutrition. Wisconsin Nutrition, Physical Activity and Obesity State Plan. January 2012.

What can I do?¹

Reduce Screen Time

What Families and Individuals Can Do

- Limit total screen time for children to less than 2 hours a day and don't put a TV or computer in a child's bedroom.
- Require a certain amount of physical activity time per day in order to "earn" additional video or screen time.

What Communities Can Do

- Endorse and promote multi-use agreements between municipalities and facilities such as schools, parks, churches and shopping centers, that may be used for physical activity.
- Support community-wide campaigns, such as Screen Free Week.

What Early Care and Education Providers Can Do

- Television and video use is limited to less than 60 minutes per day for preschool children.
- Allow no screen time for children under 2 years of age.
- Advise parents to limit total screen time (TV, video games, computer, etc.) to < 2 hours/day.

What Healthcare Providers Can Do

- Advise patients to limit total screen time (TV, video games, computer, etc.) to < 2 hours/day and to follow American Academy of Pediatrics recommendations to:
 - Allow no screen time for children under the age of 2.
 - Limit children over age 2 to less than 2 hours of screen time per day.
 - Keep TV sets, DVDs, video games and computers out of children's bedrooms.

What Schools Can Do

- Reduce or eliminate food advertising of low nutrient foods in the school and in school-based TV Programs (i.e. Channel One).
- Incorporate media literacy related to food marketing into academic curriculum.
- Limit TV viewing during school meals/snacks.

What Worksites Can Do

- Place TVs in non-eating areas of the workplace.
- Limit food advertising in the cafeteria (i.e. print and other media).

Works Cited

1: Wisconsin Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program, Wisconsin Partnership for Activity and Nutrition. Wisconsin Nutrition, Physical Activity and Obesity State Plan. January 2012.

What can I do?¹

Increase Fruit and Vegetable Access, Availability, and Consumption

What Families and Individuals Can Do

- Support and promote community and home gardens; donate excess produce to a food pantry or senior meal site.
- Establish regular family meals and mealtimes.
- Consistently offer a variety of fruits and vegetables for meals and snacks.
- Role model healthy eating habits for children.

What Communities Can Do

- Improve access to retail venues (food stores and restaurants) that sell high-quality fruits and vegetables, especially in underserved communities.
- Start or expand Farm-to-Institution programs in schools, hospitals, workplaces, and other institutions.
- Start or expand farmers' markets; explore means for offering Electronic Benefit Transfer (EBT) access.
- Start or expand community-supported agriculture programs; explore means for offering Electronic Benefit Transfer (EBT) access.
- Include fruits & vegetables in emergency food programs (e.g., food banks and food pantries).

What Early Care and Education Providers Can Do

- Use What Works in Early Care and Education to focus efforts on evidence-based and promising strategies:

<http://www.dhs.wisconsin.gov/publications/P0/P00232.pdf>

- Serve more fruits & vegetables with meals & snacks (1 fruit & 2 vegetables in lunches & dinners).
- Ensure that water is readily available throughout the entire day.
- Provide nutrition education-related curriculum and activities for children.
- Get training on preparation/menu planning of healthy foods and strategies for supporting healthy eating habits of children.
- Provide an opportunity for children to garden:

<http://www.dhs.wisconsin.gov/physical-activity/FoodSystem/Gardening/Index.htm>

What Healthcare Providers Can Do

- Improve physician education and counseling of patients on obesity prevention. Use What Works in Healthcare to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active:

<http://www.dhs.wisconsin.gov/publications/P4/p40142.pdf>

- Encourage wellness benefits as part of health insurance, such as CSA reimbursement.

What Schools Can Do

- Use What Works in Schools to focus your efforts on evidence-based and promising strategies to help children eat healthier and be more active in the school setting:

<http://www.dhs.wisconsin.gov/publications/P4/p40132.pdf>

- Apply for the Healthier US Challenge Award or Wisconsin School Health Award.
- Increase healthy food options in lunchrooms, a la carte, vending and school stores; make options appealing.
- Use point of decision prompts to highlight fruits and vegetables.
- Increase availability of fruits and vegetables in school meals and snacks; incorporate student preferences (i.e. salad bar) and provide taste testing opportunities.
- Use the Wisconsin Model Academic Standards for Nutrition Education.
- Apply to become a Team Nutrition School.
- Start a school fruit and vegetable garden:

<http://www.dhs.wisconsin.gov/physical-activity/FoodSystem/Gardening/Index.htm>

- Use farm-to-school initiatives to incorporate fresh, locally grown produce into meals.

What Worksites Can Do

- Establish an organizational policy related to offering healthier foods and beverages at meetings and conferences.
- Provide healthy eating reminders and prompts to employees via multiple means (i.e. email, posters, payroll stuffers, etc.).
- Offer appealing, low-cost fruits and vegetables in vending machines and in the cafeteria.
- Include a family component; provide cookbooks, food preparation, and cooking classes for employees' families.
- Ensure on-site cafeterias follow healthy cooking practices and set nutritional standards for foods served that align with the US Dietary Guidelines for Americans.
- Offer healthy foods at meetings, conferences, and catered events.
- Use point of decision prompts as a marketing technique to promote healthier choices.
- Offer local fruits and vegetables at the worksite (i.e. worksite farmers' market or community-supported agriculture drop-off point).
- Make kitchen equipment (i.e. refrigerator, microwave, stove) available to employees.
- Provide an opportunity for on-site gardening for employees.

Works Cited

1: Wisconsin Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program, Wisconsin Partnership for Activity and Nutrition. Wisconsin Nutrition, Physical Activity and Obesity State Plan. January 2012.

What can I do?¹

Encourage Healthy Food and Beverage Consumption

What Families & Individuals Can Do

- Encourage consumption of healthful food and drink options.
- Limit access to foods of minimal nutritional value in the home.
- Include water, fat-free or low-fat milk at meals and snacks.

What Communities Can Do

- Promote access to and consumption of healthful food and drink options.
- Improve supermarket and small store access in underserved areas so that healthy foods and beverages are available.

What Early Care & Education Providers Can Do

- Provide drink options such as milk (non-fat or low-fat), water or 100% juice.
- Help make water accessible or available indoors, outside and at meals, upon request.
- Offer healthy snack options, such as vegetables, fruits, whole grains, low-fat dairy or low-fat protein and reduce the number of empty calorie choices.

What Healthcare Providers Can Do

- Improve physician education and counseling of patients on obesity prevention.
- Include screening and counseling about healthful foods and beverages as part of routine medical care.
- Offer healthy food and beverage options in cafeterias and vending machines.
- Encourage staff to model healthy eating behaviors.

What Schools Can Do

- Increase health food and beverage options in lunchrooms, a la carte, vending and school stores.
- Reduce or eliminate foods and beverages of minimal nutritional value before, during and after the school day.
- Use point of decision prompts to highlight healthy food and beverage alternatives.
- Make water available throughout the school day.
- Use the Wisconsin Model Academic Standards for Nutrition Education and expand curriculum-based strategies that support these standards.

What Worksites Can Do

- Consider developing a policy related to offering healthy foods and beverages at meetings and conferences.
- Increase water availability throughout the day.
- Offer appealing, low cost healthful food and beverage options in vending machines and the cafeteria.
- Reduce the amount of food and beverages of minimal or low nutritional value that are sold onsite.
- Use point of decision prompts to highlight healthy choices.

Works Cited

1: Wisconsin Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program, Wisconsin Partnership for Activity and Nutrition. Wisconsin Nutrition, Physical Activity and Obesity State Plan. January 2012.

What can I do?¹

Increase Breastfeeding Initiation, Duration, and Exclusivity

What Families and Individuals Can Do

- Give mothers the support they need to breastfeed their babies, including education, time, flexibility and emotional encouragement.
- Educate fathers and grandmothers about breastfeeding through local campaigns and educational initiatives involving churches, civic organizations, health clubs, community centers and schools.

What Communities Can Do

- Develop and strengthen programs to promote and support breastfeeding through mother-to-mother support, peer counseling, community advocacy and outreach efforts, and through integration into family-focused public health programs.
- Participate in social marketing campaigns to promote breastfeeding with culturally sensitive messages and utilizing a variety of media and technological venues.

What Early Care and Education Providers Can Do

- Provide an appropriate place for mothers to breastfeed their baby
- Implement policies that support breastfeeding.

What Healthcare Providers Can Do

- Provide supportive breastfeeding practices in hospitals or become a baby friendly hospital:
<http://www.babyfriendlyusa.org>
- Provide ongoing professional support to mothers through in-person visits or telephone contact to increase the proportion of women who continue breastfeeding at least to 12 months.
- Develop systems, including professional education and training, to guarantee continuity of skilled support for lactation between hospitals and health care settings.

What Schools Can Do

- Provide an appropriate place and adequate break time for breastfeeding teachers.
- Provide age appropriate education on breastfeeding integrated into academic curriculum (i.e. biology, psychology, health, etc.).
- Adopt policies that support breastfeeding.

What Worksites Can Do

- Support nursing mothers by providing:
 - “Mother Rooms” for expressing milk in a secure and relaxed environment.
 - High-quality breast pumps at work.
 - A refrigerator for storage of breast milk.
 - Policies that support breastfeeding, including paid maternity leave for all workers.
 - Lactation education and support programs.
 - Offer flexible scheduling and/or on-site or near-site child care to allow for milk expression during the workday.
- Adopt alternative work options (i.e. teleworking, part-time, extended maternity leave) for breastfeeding mothers returning to work.

Works Cited

1: Wisconsin Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program, Wisconsin Partnership for Activity and Nutrition. Wisconsin Nutrition, Physical Activity and Obesity State Plan. January 2012.



My Health Pledge: I pledge to make a commitment to improve health in Dodge and Jefferson counties.

About Me

1. My full name _____

2. The organization or group I represent, if any _____

3. The type of organization I represent (Check up to three):

- | | | |
|--|---|---|
| <input type="checkbox"/> Advocacy organization | <input type="checkbox"/> School | <input type="checkbox"/> Research institution |
| <input type="checkbox"/> Coalition/community group | <input type="checkbox"/> Worksite/employer | <input type="checkbox"/> Retail/business setting |
| <input type="checkbox"/> Food service/restaurant | <input type="checkbox"/> Communications/media | <input type="checkbox"/> University/academic organization |
| <input type="checkbox"/> Health plan/insurer | <input type="checkbox"/> Faith community | <input type="checkbox"/> General public |
| <input type="checkbox"/> Professional association | <input type="checkbox"/> Health care delivery | <input type="checkbox"/> Senior citizens |
| <input type="checkbox"/> Recreational/sports setting | <input type="checkbox"/> Government agency non-profit | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Resident | <input type="checkbox"/> Public health department | <input type="checkbox"/> Other _____ |

4. I will bring this report to my organization, group, family, and friends and discuss the impact health has on our community (Check one):

- Yes No

5. I will work on the following activities or goals in the "what can I do" section to make Dodge and Jefferson a healthier place to be by:

6. I would like to become a member of my local coalition to support healthy living in Dodge and Jefferson Co. (Check one):

- Yes No Current Member

My Contact Information

Name _____

Organization (if applicable) _____ Position (title) _____

Mailing address _____

Telephone number _____ Fax number _____

Email _____

Website _____ Facebook page _____

7. Please detach this form and mail to: **DJHCP
415 S. 8th Street,
Watertown, WI 53094**

Or FAX to: 920-206-7798

For information on the methodology or rationale used in this document, or for other inquiries please contact:

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