WISCONSIN PUBLIC HEALTH COUNCIL

Assure safe and healthy people by monitoring progress on the state health plan, Healthiest Wisconsin 2020, and on the readiness for public health emergencies.

July 20, 2012

Dennis Smith, Secretary
Wisconsin Department of Health Services
1 West Wilson Street, Room 650
Madison, WI 53703

Re: Comments on the Nutrition, Physical Activity, and Obesity Plan

Dear Secretary Smith:

The Wisconsin Public Health Council has reviewed the Department’s Nutrition, Physical Activity, and Obesity Plan. We appreciate the Department’s flexibility in allowing comments past the July 18, 2012, deadline. As part of our review, we have carefully considered the five aspects of the plan listed on the Department’s website as of particular interest. In this letter, we respectfully submit our comments and perspectives.

We believe the proposed plan should be strongly supported and advanced by the Department. It provides the framework to protect and improve health, and is a vital strategy to save lives, conserve limited resources, and improve the health of the people in Wisconsin and the communities in which we live, grow, work, learn, and play.

We believe that nutrition policy is good health policy. Healthy eating is a staple for a good life. Adequate and appropriate nutrition is a cornerstone to prevent chronic disease and promote vibrant health. Preparing and sharing meals provide a common means through which people maintain a sense of family and community. In addition to nourishment being required for survival, eating also serves as a basic source of enjoyment. The nutritional, social, cultural, and pleasurable aspects of food contribute to everyone’s quality of life. Correspondingly, physical activity is important and yet most people don’t get enough. Recent developments such as reliance on cars for almost all transportation, significant decreases in walking and biking to school, housing developments where shopping and parks are not within safe walking distance, busy lifestyles, and increasing time spent with computers and video gaming all have engineered physical activity out of the daily routine. Finally, chronic diseases – such as heart disease, stroke, cancer, diabetes, asthma and arthritis – are among the most common and costly of all health problems in the United States (National Center for Chronic Disease Prevention and Health Promotion, 2009b). The good news is that chronic diseases are also among the most preventable diseases.

1 West Wilson Street, Room 133, Madison, WI 53702
DHSPublicHealthCouncil@wisconsin.gov | http://publichealthcouncil.dhs.wi.gov
The Nutrition, Physical Activity, and Obesity State Plan is framed according to broad-based expertise and frameworks that reflect widely accepted recommendations to improve health outcomes. As for Healthiest Wisconsin 2020 (HW2020), the primary audiences of this plan are partners and systems. Page 46 of HW2020 describes its 18 major audiences. Nearly all of these audiences need to be counted on to advance nutrition, increase physical activity, and prevent obesity and the serious and costly chronic diseases that result. The Nutrition, Physical Activity, and Obesity State Plan is a statewide guidance document that reflects shared leadership and shared accountability for the public’s health in the following ways:

- The plan reflects actions that can be taken at the individual and systems levels and the intent of HW2020: Aligning policies and systems for better health.
- The plan identifies health disparities and social, educational, and economic factors as important underlying factors that contribute to the negative and costly health outcomes, premature death, and disability that require a broad palette of solutions to the obesity problem. The severity and magnitude of obesity’s effects in Wisconsin warrant strategies on multiple fronts, ranging from individual and family behavior, to groups, to entire populations and systems. Such a palette of strategies would address policies and systems that protect health and inform the public without compromising liberty and choice.
- The plan is anchored in the concept that no one agency, including government, can solve these growing problems; however, a long-range plan provides the vision and framework that shows how all agencies and organizations can make sustaining and healthy contributions. It takes the work of many to improve the health of all.

**Question 1: The role of the individual and family in the plan. What role should individuals play in their own health? What role should individuals play in improving the health of their communities?**

- From the start (page 7), the plan identifies what individuals and organizations can do. Then, following on page 86 and beyond, specific recommendations further describe what individuals can do. The individual choice issues laid out at the beginning and end of the plan represent important bookends, and fully respect individual choices and preferences. The Department, along with its partners, could do more to assure resources are made available to help individuals and families and thereby further satisfy this issue.
- We support freedom and choice. Many times individuals and families may not have access to information and feasible choices about food and activity. The Department and its partners can make an important contribution by providing access to valid (evidence-based) information to inform the actions individuals and families can take to choose healthier alternatives.
- Improving and protecting health requires balanced approaches on multiple levels; e.g., individual, community, businesses, government. Health improvement can be achieved by individuals; however, health can also be improved through the community agencies and organizations designed to improve and protect safety and health. This is a natural synergy. Effective actions require balanced approaches.
- Obesity prevention is a complex issue. While there are many similarities between tobacco prevention and control, some approaches will be different. Multiple strategies in multiple settings/sectors will need to be implemented to have population-wide impact – no single change will be the solution. Having access to enough food that is affordable and safe, but also nutritious, can be challenging for people of all ages. Similarly, healthy patterns of physical activity start early by children learning basic life-long skills; but children also need safe places to play and be active as part of the daily routine.

**Question 2: Level of evidence that supports the recommendations.**

- The proposed plan is based on evidence from multiple state, national, and federal agencies and organizations (e.g., CDC, USDHHS, Healthy People 2020, HW2020, and the American Public Health Association).
• The evidence cited throughout the plan flows from a key HW2020 guiding principle: temper evidence with the wisdom of communities. This principle comes alive in the plan through the broad-based input of agency and organizational partners, most notably the Wisconsin Partnership for Activity and Nutrition (WIPAN).

• There is yet much to learn about “proven effectiveness.” Recommendations in the plan reflect what is known through evidence and what, to the best of current knowledge, has the highest probability of creating population health improvement.

• The recommended solutions are not statutory; rather, they are best practices to advance program, service, and organizational changes through policy that may be effective and can be measured for its effectiveness over time.

• Some solutions may initially appear controversial, as current influences and practices in place seem “normal.” Most change – even positive – initially meets some skepticism and controversy. The initial objective is to create dialogue toward developing and implementing solutions.

• Like HW2020, the proposed plan is a partnership document, led and owned by many agencies and organizations, including the Department. Like HW2020 and other plans in the Division of Public Health, the Nutrition, Physical Activity, and Obesity State Plan fulfills at least one statutory charge to the Department. As set forth in Wisconsin Statute, Chapter 250 (1) (g), the department shall: develop policy and provide leadership in public health throughout the state that fosters local involvement and commitment, that emphasizes public health needs and that advocates for equitable distribution of public health resources and complementary private activities commensurate with public health needs.

• As cited by the World Health Organization (2010) . . . the causes of health and well-being lie outside the health sector and are socially and economically formed. It is well-established that social, economic, and educational factors exert a powerful effect on health, illness, injury, premature death, and disability. This is not debatable and provides a strong rationale for leading change through a dual focus espoused in the plan: individuals and systems. As cited by Thomas Frieden (2010), Director, U.S. Centers for Disease Control and Prevention, . . . interventions that address social determinants of health have the greatest potential public health benefit. Action on these issues needs the support of government and civil society if it is to be successful.

• Increasingly, default decision-making is a promising systems-level approach to make health the easy choice for individuals and entire population groups. This is consistent with the balanced approaches espoused in HW2020. According to Frieden (2010), health policy needs to move toward addressing the context of our daily lives: . . . Changing the environmental context so that individuals can easily take heart-healthy actions in the normal course of their lives can have a greater population impact than clinical interventions that treat individuals.

Question 3: Feasibility of recommended actions and goals.

• This plan presents pathways to “better health for all” by aligning policies and systems. It represents the detailed implementation plan for three focus areas of HW2020 currently under review by the Public Health Council:
  o Adequate, appropriate, and safe food and nutrition
  o Physical activity
  o Chronic disease

• The plan is feasible because it is an eight-year plan grounded in shared leadership and shared accountability. It is a strong, hopeful, and visionary plan based on evidence and know-how.

• However, what is always challenging with plans with such scope and depth will be to make certain that “systems capacity” is in place to move it forward beyond the current partners (WIPAN) and, at the same time, sustain forward movement. That is why shared leadership and shared accountability are important to nurture and grow. The Department cannot do this alone. Requisite capacity is needed to assure positive outcomes in the health of Wisconsin people, the direct beneficiaries of this plan. Many opportunities abound in the Department to align policies and systems for better health (e.g., Family Care, Badger Care, and HW2020). Moreover, we are also aware of coordinated chronic disease prevention efforts within the Department that are
moving in the right direction – away from topical silos and categorical approaches to prevention. Wisconsin has been recognized as an exemplar and is a leading state in integrated chronic disease prevention.

- Moreover, **government has a responsibility to establish leadership and facilitate the achievement of the public health mission and vision in Wisconsin**. While governmental agencies cannot and should not be made solely responsible for guaranteeing the public’s health, they can and should take responsibility for seeing that the appropriate people and groups come together to address public health issues ([Healthiest Wisconsin 2010](#), page 11). This is an important opportunity for the Department to shine by promoting and facilitating dialogue and collaborative action on this critical problem. Such leadership opportunities taken by the Department can enhance and develop policies through systems-level documents like this plan. Cross-system dialogue is an important strategy to facilitate the advancement of policies, systems, and infrastructure that can create the conditions for better health and provide guidance on successful interventions that are applicable on multiple levels (e.g., individual, government, industry).

**Question 4: Where new regulations are proposed, do the benefits outweigh the costs? Do they focus on outcome objectives or process objectives? Could non-regulatory approaches achieve similar outcomes?**

- It is expected that it will take time for the food and beverage industries to modify their business models in ways that continue to support these critical industries while at the same time promoting healthy choices. Nonetheless, industry changes have been occurring for years, especially in restaurants (smaller portions, healthy options).
- The current issues surrounding nutrition, physical activity, obesity, and chronic disease are multifactorial. When these factors operate in a negative dynamic, they contribute to poor health outcomes, reduced quality of life, and increased likelihood of illness, injury, premature death and disability. It is not possible to attribute these outcomes to one factor – individual behavior. There are multiple contributors to bad outcomes, and such bad and preventable outcomes have staggering costs in both money and human suffering.
- We need both process and outcome objectives. This plan supports both. One suggestion would be to assure that quality improvement strategies and approaches are foundational to implementation.

**Question 5: Are there government policies that have an adverse impact on sound nutrition?**

This is an excellent question. However, HW2020 poses this question in the form of an affirmative goal: **Policies and systems aligned for better health.** Examples of policies and system changes recommended in the plan include the following:

- Strengthening childcare licensing rules to include standards for physical activity and nutrition, competencies and training for early care providers, and after-school providers.
- Farm-to-school and food systems changes to improve access to healthy foods.
- Complete streets to create active community environments.
- Comprehensive worksite wellness programs.
- Maternity care practices to support breastfeeding initiation, exclusivity and duration.
- Healthcare-community linkages to support self-management of health and chronic conditions.
- This is an appropriate question that can take us to the next level: systems-level inquiry. Because of inherent complexities and levels of systems within governmental, public, private, nonprofit, and voluntary sectors, this question can be answered more fully through inquiry and dialogue. HW2020 is positioned, with the support of the Department, to begin a process to help answer this important question. Although any of HW2020’s 23 focus areas are a target, why not start with the focus areas of nutrition and physical activity?
- What is known is that intervening at the individual level alone is not effective for systems-level change. Both individual and systems changes are needed. There are multiple contributors to unhealthy outcomes, and such negative and preventable outcomes have staggering costs in terms of both money and human suffering.
• There is need to implement and test various approaches that experts and communities deem the most plausible best practices.

• All policies and systems should work together to support the individual making his or her own choices. What is needed is easy access to healthy options (default decision-making).

• Capacity is to be found in strong infrastructure supports to assure a sound foundation for preventive action. Capacity and infrastructure are synonymous and represent the capacity needed to address major population-level health issues in Wisconsin, most of which are identified in HW2020. Importantly, nutrition and physical activity are considered by health experts to be two of the top three behavioral risk factors in the United States (Curry and Fitzgibbon, 2009). Reference note: Curry, S.J. and Fitzgibbon, M.L. (2009). Theories of Prevention. In Schumaker, S.A., Ockene, J.K., and Riekert, K.A. (Eds), *The Handbook of Health Behavior Change* (pp. 6-8). New York: Springer Publishing.

Thank you for the opportunity to provide our input. We are happy to meet with you to discuss our response further.

Sincerely,

[Signature]

Gary Gilmore, MPH, PhD, MCHES  
Chair, Wisconsin Public Health Council  
ggilmore@uw腋.edu

Terri Kramolis, RN, MSHA  
Chair, State Health Plan Quality Improvement Committee  
tkramolis@bayfieldcounty.org

C: Wisconsin Public Health Council Members  
Karen McKeown, MSN, RN, Administrator, Wisconsin Division of Public Health
DATE: February 5, 2013

TO: The Honorable Tony Evers
Superintendent, Wisconsin Department of Public Instruction

FROM: Gary Gilmore, MPH, PhD, MCHES
Chair, Wisconsin Public Health Council

Terri Kramolis, RN, MSHA
Chair, State Health Plan Quality Improvement Committee,
Wisconsin Public Health Council

RE: In Support of the Wisconsin School Health Awards Program

The Wisconsin Public Health Council believes that it takes the work of many to improve the health of all. The Wisconsin Department of Public Instruction and Wisconsin’s primary and secondary schools have been longstanding public health system partners. We commend you for your leadership not only in creating conditions in which students, faculty and staff can be healthy but also in supporting healthy schools in healthy Wisconsin communities.

The Wisconsin School Health Awards Program aligns extremely well with our efforts to focus on policies and systems for better health. We believe Wisconsin’s primary and secondary schools are critically important in creating optimal health and academic outcomes for all children and youth. The Wisconsin Public Health Council has taken formal action to acknowledge the importance of the School Health Awards Program. As part of this action, we offer our support as a collaborating partner as you prepare for the award ceremony anticipated in May 2013.

The Wisconsin Public Health Council, authorized under Wisconsin State Statutes s. 15.19(13) and s. 250.07(1m), oversees progress of Healthiest Wisconsin 2020: Everyone Living Better, Longer. Healthiest Wisconsin 2020 is Wisconsin’s statewide public health agenda as authorized in Wisconsin State, Section 250.07 (1) (a)
http://www.dhs.wisconsin.gov/hw2020/index.htm
Throughout 2012 and to the present, we have been assessing progress and advancing policy recommendations regarding three specific focus areas in the agenda since its publication in July 2010. These areas are:

1. Adequate, appropriate and safe food and nutrition
2. Physical activity
3. Chronic disease prevention and management

As a result of our progress reviews, we attest that:

- Healthy school policies and practices are important public health policies and practices.
- Wisconsin primary and secondary schools are vital settings in which to promote, protect, and improve health for large segments of the population including students, faculty, and staff.
- Wisconsin primary and secondary schools and the Wisconsin Department of Public Instruction are core public health system partners that substantially contribute to the full range of opportunities to foster healthy people in healthy Wisconsin communities.

In the near term, please expect a call from Margaret Schmelzer, MS, RN, State Health Plan Director and Ms. Bridget Clementi, member of the Public Health Council to discuss this letter and identify ways in which the Wisconsin Public Health Council can co-sponsor and/or support the Wisconsin School Health Awards Program.

Thank you.

Attachment:
Healthiest Wisconsin 2020 Brochure

Copy: Governor Scott Walker
Dennis Smith, Secretary, Wisconsin Department of Health Services
Douglas White, Student Services/Wellness Director, DPI
Members, Wisconsin Public Health Council
Henry Anderson, MD, State Health Officer
Sandra L. K. Breitborde, Deputy Administrator, Division of Public Health
Karen McKeown, MSN, RN, Administrator, Division of Public Health
Patricia Guhleman, MS, Director, Office of Policy and Practice Alignment
Emily Holder, MAA, CHES, Coordinated School Health Programs Consultant, DPI
Mary Pesik, RD, CD, Coordinator, Nutrition, Physical Activity and Obesity Program
Wisconsin Local Health Officers
Regional Office Directors
### Crosscutting Focus Areas and Objectives

#### Eliminate Health Disparities
- Develop comprehensive data to track disparities
- Align resources to eliminate health disparities

#### Socioeconomic and Educational Determinants
- Develop and promote policies to reduce discrimination and increase social cohesion
- Support and develop policies to reduce poverty
- Support and develop policies to improve education

#### Other Crosscutting Objectives
- Improve and connect health service systems
- Prepare youth and families to protect their health and the health of their communities
- Promote environments that foster health and social networks
- Evaluate the effectiveness and impact of health policies and programs
- Establish resources for governmental infrastructure

### Health Focus Areas and Objectives

#### Twelve Focus Areas and Objectives

**Alcohol and Drug Use**
- Change underlying attitudes, knowledge and policies
- Improve access to services for vulnerable people
- Reduce risky and unhealthy alcohol and drug use

**Chronic Disease Prevention and Management**
- Promote sustainable chronic disease programs
- Improve equitable access to chronic disease management
- Reduce chronic disease health disparities

**Communicable Diseases**
- Immunize
- Prevent disease in high-risk populations

**Environmental and Occupational Health**
- Improve the quality and safety of the food supply and natural, built and work environments
- Promote safe and healthy homes in all communities

**Healthy Growth and Development**
- Assure children receive periodic developmental screening
- Improve women’s health for healthy babies
- Reduce disparities in health outcomes

**Injury and Violence Prevention**
- Create safe environments and practices through policies and programs
- Improve systems to increase access to injury care and prevention services
- Reduce disparities in injury and violence

**Mental Health**
- Reduce smoking and obesity among people with mental disorders
- Reduce disparities in suicide and mental disorders
- Reduce depression, anxiety and emotional problems

**Nutrition and Healthy Foods**
- Increase access to healthy foods and support breastfeeding
- Make healthy foods available for all
- Target obesity efforts to address health disparities

**Oral Health**
- Assure access for better oral health
- Assure access to services for all population groups

**Physical Activity**
- Design communities to encourage activity
- Provide opportunities to become physically active
- Provide opportunities in all neighborhoods to reduce health disparities

**Reproductive and Sexual Health**
- Establish a norm of sexual and reproductive health across the life span
- Establish social, economic and health policies to improve equity in sexual health and reproductive justice
- Reduce disparities in sexual and reproductive health

**Tobacco Use and Exposure**
- Reduce use and exposure among youth
- Reduce use and exposure among adults
- Decrease disparities among vulnerable groups

### Infrastructure Focus Areas and Objectives

#### Nine Focus Areas and Objectives

**Access to High-Quality Health Services**
- Assure access to high-quality health services
- Assure patient-centered health services for all

**Collaborative Partnerships**
- Identify resources to support partnerships
- Build effective partnerships resulting from respect and empowerment

**Emergency Preparedness, Response, Recovery**
- Increase integration and partner collaboration
- Increase community engagement

**Funding**
- Establish stable revenue sources to support health departments
- Effectively use funds available to support health departments

**Health Literacy**
- Increase awareness of literacy’s effects on health outcomes
- Strengthen communication for effective health action

**Improve Data to Advance Health**
- Exchange data
- Make data accessible
- Use data standards to measure health

**Public Health Capacity and Quality**
- Strengthen quality in practice
- Achieve public health standards

**Public Health Research and Evaluation**
- Forge new paths to a healthy Wisconsin
- Take actions that are proven to work
- Target research to reduce health disparities

**Workforce that Promotes and Protects Health**
- Assure the workforce is prepared to practice in evolving delivery systems
- Establish systems to analyze workforce sufficiency, competency and diversity

(P-00323 (04/12))
It takes the work of many to improve the health of all.

Healthiest Wisconsin 2020
Division of Public Health
Wisconsin Department of Health Services
Madison, Wisconsin

Web Link:
http://dhs.wisconsin.gov/hw2020/

HW2020 Mailbox:
DHSHW2020@dhs.wisconsin.gov

Getting Started / Making a Difference
The Healthiest Wisconsin 2020 Action Model

- Assess strengths, needs and resources with your community partners.
- Select priorities and align to HW2020 using the HW2020 Endorsement Form.
- Find and use programs and policies that work.
- Implement strategies with your partners and the community.
- Evaluate efforts and report results.

- Evaluate & report results
  - Assess community strengths needs & resources
    - Engage community partners

- Implement strategies
  - Healthy People in Healthy Wisconsin Communities
    - Select priorities & align to HW2020

Find / use programs & policies that work
DATE: February 28, 2013

TO: The Honorable Eloise Anderson  
Secretary, Wisconsin Department of Children and Families

FROM: Gary Gilmore, MPH, PhD, MCHES  
Chair, Wisconsin Public Health Council

RE: In Support of Early Care and Education Standards

The Wisconsin Public Health Council believes that it takes the work of many to improve the health of all. The Wisconsin Department of Children and Families is an important public health system partner. We commend you and the Early Childhood Advisory Council for your collaborative leadership to protect and improve the health of children and families in Wisconsin.

The work of the Early Childhood Advisory Council, while advancing your goals for early childhood and for children in foster care, supports our public health efforts to align policies and systems for better health. Shared leadership and collaboration between state governmental agencies directly benefit the public’s health by creating conditions in which children and families can be healthy. The Wisconsin Public Health Council has taken formal action not only to acknowledge the contributions of your Department but to extend our hand in partnership in furtherance of child care licensing standards through your YoungStar Program.

The Wisconsin Public Health Council, authorized under Wisconsin Statutes s. 15.19(13) and s. 250.07(1m), oversees progress of Healthiest Wisconsin 2020: Everyone Living Better, Longer. Healthiest Wisconsin 2020 is Wisconsin’s statewide public health agenda as required in Wisconsin Statutes, Section 250.07 (1) (a):

http://www.dhs.wisconsin.gov/hw2020/index.htm

Throughout 2012 and to the present, we have been assessing progress and advancing policy recommendations regarding three specific focus areas in the agenda. These areas are:

1. Adequate, appropriate and safe food and nutrition
2. Physical activity
3. Chronic disease prevention and management
As a result of our progress reviews, we attest that:

- Strengthening childhood licensing standards through practical, low-cost measures (e.g., supporting breastfeeding, providing access to potable water, improving food and beverages served, and increasing teacher-led and unstructured physical activity to at least 60 minutes per day) through the YoungStar Program has widespread benefits that promote the health of young children and benefits families and child care staff.

- Strengthening the nutrition and physical activity criteria in YoungStar will improve the health of Wisconsin children at greatest risk for poor nutrition, inactivity and obesity.

- Early Care and Education providers need pre-service and ongoing training in nutrition and physical activity to incorporate these concepts into their programming and the environment. Similar concepts may be incorporated into foster parent pre-placement training.

- The 10 Steps to Breastfeeding-Friendly Child Care, Active Early and Healthy Bites resources have been created and disseminated to support the implementation of evidence-based activities by early care providers.

- The Early Childhood Advisory Council’s Obesity Project Team recommendations provide a critical avenue to preventing childhood obesity and preventable chronic diseases.

In the near term, please expect a call from Margaret Schmelzer, MS, RN, State Health Plan Director, and Dr. James Sanders, member of the Public Health Council, to discuss this letter and identify ways in which the Wisconsin Public Health Council can partner with your Department and the Early Childhood Advisory Council, including reviewing the proposed obesity recommendations from the Council and supporting YoungStar.

Thank you.

Attachment:
Healthiest Wisconsin 2020 Brochure

Copy:
Governor Scott Walker
Dennis Smith, Secretary, Wisconsin Department of Health Services
Jane Penner-Hoppe, staff, Early Childhood Advisory Council
Dianne Jenkins, Policy Initiatives Advisor
Linda McCart, Policy Director, Office of Policy Initiatives & Budget
Members, Wisconsin Public Health Council
Henry Anderson, MD, State Health Officer
Sandra L. K. Breitborde, Deputy Administrator, Division of Public Health
Karen McKeown, MSN, RN, Administrator, Division of Public Health
Patricia Guhleman, MS, Director, Office of Policy and Practice Alignment
Susan Uttech, MS, Director, Bureau of Community Health Promotion
Mary Pesik, RD, CD, Coordinator, Nutrition, Physical Activity and Obesity Program
Wisconsin Local Health Officers
Regional Office Directors
WISCONSIN PUBLIC HEALTH COUNCIL

Assure safe and healthy people by monitoring progress on the state health plan, Healthiest Wisconsin 2020, and on the readiness for public health emergencies.

DATE: February 28, 2013

TO: The Honorable Ben Brancel
Secretary, Wisconsin Department of Agriculture, Trade and Consumer Protection

FROM: Gary Gilmore, MPH, PhD, MCHES
Chair, Wisconsin Public Health Council

RE: In Support of Farm to School Initiatives

The Wisconsin Public Health Council believes that it takes the work of many to improve the health of all. The Wisconsin Department of Agriculture, Trade and Consumer Protection has been a longstanding public health system partner. We commend you and the Farm to School Advisory Committee for your collaborative leadership to support local economic development and improve and protect the health of students by assuring access to locally grown fruits and vegetables during the school day.

The work of your Department and the Farm to School Advisory Committee supports our public health efforts to align policies and systems for better health. Shared leadership and collaboration between state governmental agencies directly benefit the public’s health by creating conditions in which people can be healthy; in this case, school-age children and youth, teachers, and families. The Wisconsin Public Health Council has taken formal action not only to acknowledge the contributions of your Department but to extend our hand in partnership in furtherance of farm to school initiatives.

The Wisconsin Public Health Council, authorized under Wisconsin Statutes s. 15.19(13) and s. 250.07(1m), oversees progress of Healthiest Wisconsin 2020: Everyone Living Better, Longer. Healthiest Wisconsin 2020 is Wisconsin’s statewide public health agenda as required in Wisconsin Statutes, Section 250.07 (1) (a):

http://www.dhs.wisconsin.gov/hw2020/index.htm

Throughout 2012 and to the present, we have been assessing progress and advancing policy recommendations regarding three specific focus areas in the agenda. These areas are:
1. Adequate, appropriate and safe food and nutrition
2. Physical activity
3. Chronic disease prevention and management

As a result of our progress reviews, we attest that:

- For Farm to School to be effective, both the “supply side” and “demand” issues must be considered. These issues include support and incentives for specialty crop production, aggregation, storage, and distribution of product to schools and other institutional markets; the ability of school food services to handle fresh produce; and the acceptability of these foods to students.

- State-level grant resources through *Buy Local, Buy Wisconsin* and/or a Farm to School Program will expand the availability of farm-produced foods in Wisconsin schools so there is capacity to expand and sustain this evidence-based approach.

- To be effective in promoting and protecting health, a comprehensive program must include three elements: procurement and distribution of locally grown fruits and vegetables for service in the school, nutrition and agriculture education, and school/youth gardens.

- Farm to School can improve the local economy, change the environment to support locally produced foods, and improve health, especially in vulnerable populations.

The Public Health Council stands ready to assist the Department of Health Services, the Department of Public Instruction, and the Department of Agriculture, Trade, and Consumer Protection in making this a reality. In the near term, please expect a call from Margaret Schmelzer, MS, RN, State Health Plan Director, and Terri Kramol, member of the Public Health Council, to discuss this letter and identify ways in which the Wisconsin Public Health Council can partner with your Department and the Farm to School Advisory Committee.

Thank you.

Attachment: Healthiest Wisconsin 2020 Brochure

Copy: Governor Scott Walker
Dennis Smith, Secretary, Wisconsin Department of Health Services
Teresa Engel, Staff, Wisconsin Farm to School Council
Members, Wisconsin Public Health Council
Henry Anderson, MD, State Health Officer
Sandra L. K. Breitborde, Deputy Administrator, Division of Public Health
Karen McKeown, MSN, RN, Administrator, Division of Public Health
Patricia Guhleman, MS, Director, Office of Policy and Practice Alignment
Susan Uttech, MS, Director, Bureau of Community Health Promotion
Mary Pesik, RD, CD, Coordinator, Nutrition, Physical Activity and Obesity Program
Wisconsin Local Health Officers
Regional Office Directors
ATTACHMENT E

WISCONSIN PUBLIC HEALTH COUNCIL

Assure safe and healthy people by monitoring progress on the state health plan, Healthiest Wisconsin 2020, and on the readiness for public health emergencies.

DATE: March 20, 2013

TO: Ms. Karen McKeown, MSN, RN
Administrator, Wisconsin Division of Public Health
Chair, Governor’s Council on Physical Fitness and Health

FROM: Gary Gilmore, MPH, PhD, MCHES
Chair, Wisconsin Public Health Council

RE: In Support of Aligning Policies and Systems for Better Health

The Wisconsin Public Health Council believes that it takes the work of many to improve the health of all. The mission of the Governor’s Council on Physical Fitness and Health is strongly aligned to the charge of the Wisconsin Public Health Council and the framework and focus area objectives contained in Healthiest Wisconsin 2020: Everyone Living Better, Longer.

Shared leadership and collaboration between state governmental agencies, and in this case state councils created by state statute or Executive Order, directly benefit the public’s health by creating conditions in which people can be healthy where they live, work, learn and play. The Wisconsin Public Health Council extends our hand in partnership with the Governor’s Council on Physical Fitness and Health to promote and protect the health of children, youth, and adults to prevent chronic diseases and improve quality of life through primary prevention efforts aimed at improved nutrition, increased physical activity and reduced overweight and obesity.


Throughout 2012 and to the present, we have been assessing progress and advancing policy recommendations regarding three specific focus areas in the agenda. These areas are:

1. Adequate, appropriate and safe food and nutrition
2. Physical activity
3. Chronic disease prevention and management
As a result of our progress reviews, we attest that:

- Aligning policies and systems with shared missions creates durable networks, trust, and buy-in; increases access to information and ideas; models the way for communities; and improves opportunities for substantive results.
- Adequate, appropriate and safe nutrition, including breastfeeding, is a cornerstone for preventing chronic disease and promoting vibrant health. 
- Physical activity is a preventive factor for many adverse health conditions, such as heart disease, stroke, high blood cholesterol, depression, and bone and joint diseases.
- A system of partnerships goes to the heart of the definition of public health in Wisconsin. Partnerships extend the reach and impact of services and programs, and increase support for important policies. They improve outcomes through shared leadership, shared accountability and shared resources.
- Lessening the impact of obesity and chronic diseases will require public and private organizations to implement population-level, evidence-based strategies in families, early care and education, schools, communities, worksites and health care, with an emphasis on the populations and geographies at greatest risk.
- A stable infrastructure at the state and local level is needed to provide leadership, training and technical assistance, communication, and resources, and to monitor and report progress to stakeholders and the public.

The Public Health Council stands ready to align our efforts and make coordination and collaboration between our two councils a reality. In the near term, please expect a call from Margaret Schmelzer, MS, RN, State Health Plan Director, and Ms. Terri Kramolis, member of the Public Health Council, to discuss this letter and identify ways to work together for the people of Wisconsin and the communities where we live, grow, work, learn and play.

Thank you.

Attachment:
Healthiest Wisconsin 2020 Brochure

Copy: Governor Scott Walker
Kitty Rhoades, Secretary-Elect, Wisconsin Department of Health Services
Members, Governor’s Council on Physical Fitness and Health
Members, Wisconsin Public Health Council
Henry Anderson, MD, State Health Officer
Sandra L. K. Breitborde, Deputy Administrator, Division of Public Health
Kimberly Liedl, Council Staff, Office of the Governor
Patricia Guhleman, MS, Director, Office of Policy and Practice Alignment
Mary Pesik, RD, CD, Coordinator, Nutrition, Physical Activity and Obesity Program
Wisconsin Local Health Officers
Regional Office Directors