The Wisconsin Medical Society's Obesity Prevention Policy

The Wisconsin Medical Society recognizes obesity in children and adults as a major public health epidemic. The Society supports incorporating obesity prevention and treatment across multiple institutional environments as follows:

Physical activity environment: The built environment as shaped by transportation and land use policy promotes or inhibits physical activity. As such, community planners, public officials, and developers have an opportunity to prevent and remediate obesity. The Society supports:

- Community-level initiatives to increase availability and use of community recreational facilities so that all children and adults may be physically active in a safe and enjoyable way.[1]
- Proper and positive implementation of Wisconsin's Complete Streets Law, which requires the Department of Transportation to ensure bicycle and pedestrian facilities are included in all new highway construction and reconstruction projects funded in whole or in part from state or federal funds.[2]
- Legislation requiring new road and highway construction and reconstruction projects that, regardless of funding source, ensures bicycle and pedestrian facilities that meet Department of Transportation requirements as stated in Wisconsin's Complete Streets Law.[3]

Food & beverage environment: The Society believes ensuring access to healthy food and beverage options for all is a public health priority. As such, the Society encourages public officials and community leaders to make a concerted effort to reduce unhealthy food and beverage options while substantially increasing healthier food and beverage options at affordable, competitive prices. The Society supports:

- Discouraging overconsumption of sugar-sweetened beverages by making clean, potable water and a variety of competitively priced and appropriately sized non- sugar-sweetened beverage options readily available in public places, worksites and recreational areas.[4]
- Legislation limiting the amount of calories served in children's meals at chain and quick-service restaurants.[5]
- Financial and non-financial incentives such as tax breaks, subsidies, supportive zoning and technical assistance to food retailers that locate in underserved communities and that offer a variety of healthy, affordable food options.[6]
- Financial and non-financial incentives to encourage the production, distribution and procurement of foods from local farms.[7]
- State and federal agriculture policy which encourages production of a variety of crops designated for nutrient dense foods.[8]
- Where taxes on beverages with added sweeteners are implemented, the revenue should be used primarily for programs to prevent obesity, as well as to improve access to potable drinking water, particularly in schools and communities disproportionately affected by obesity and related conditions.[9,10]

Health care and workplace environments: Health care professionals and insurers are at the forefront of obesity prevention and treatment; as such they are in a position to catalyze individual and population health improvement. The Society:

- Supports standards of practice for routine medical examinations that include utilization of body

mass index (BMI), tape measurement of waist circumference for those with BMI less than 35 and counseling and behavioral interventions for prevention, screening, diagnosis and treatment of overweight and obesity in adults.[11]

- Supports standards of practice for routine medical examinations that include utilization of BMI-for-age for children (ages 2-20), assessing children's rate of weight gain and parents' weight status, and counseling and behavioral interventions for prevention, screening, diagnosis and treatment of overweight and obesity in children and adolescents.[12]
- Will encourage public and private insurers to ensure that health insurance coverage and access provisions address obesity prevention, screening, diagnosis and treatment for children, adolescents and adults.[13]
- Supports full medical and surgical insurance coverage for evidence-based obesity care, including ancillary services such as dieticians, exercise physiologists, and psychologists.[14]
- Encourages those who provide health care services to women of childbearing age to offer counseling on the following: the importance of conceiving at a healthy BMI; appropriate pregnancy weight gain, subsequent post-partum weight loss, breastfeeding initiation and continuation and making informed infant feeding decisions.[15]
- Encourages health care professionals, at each well-child visit, to provide guidance to parents of young children in ways to increase their child's level of physical activity, decrease their sedentary behavior and encourage healthy eating habits.[16]
- Encourages all employers to adopt workplace policies to support breastfeeding mothers that ensure comfortable private space and adequate break time.[17]

School environments: Children spend up to half their waking hours and consume one-third to one-half their daily calories in school environments.[18] As such, schools are uniquely positioned to serve as a focal point in addressing childhood obesity. The Society:

- Supports proper and positive implementation of the federal *Healthy Hunger Free Kids Act of 2010* as a way to promote strong nutritional standards for all foods and beverages sold or provided through schools.[19]
- Supports legislation that requires all beverage vending machines in Wisconsin's schools contain only bottled water, milk, 100% fruit juice, 100% vegetable juice or a blend of fruit and vegetable juices or other healthy beverage options.[20]
- Supports legislation that requires foods sold outside federally reimbursed USDA programs, often known as "competitive foods" or "a la carte options" also meet the nutrition standards set by the *Healthy Hunger Free Kids Act of 2010*.
- Recommends licensed child-care providers utilize existing Wisconsin Active Early Resource Kit for low-cost or no cost strategies and resources to promote 120 minutes of physical activity for children 2-5 years of age in the care of providers.[21]
- Recommends state and local education agencies expand the Wisconsin Active School Project to ensure that all students in grades K-12 have adequate opportunities to engage in at least 60 minutes of physical activity per school day.[22]
- Recommends the Department of Instruction develop and require K-12 curriculum standards for quality physical education that ensures at least 50% of class time is spent in vigorous or moderate-intensity physical activity.[23]

- Recommends the State Legislature and Department of Public Instruction adopt standards for K-12 sequential food literacy and nutrition science education curriculums based on the food and nutrition recommendations in the Dietary Guidelines for Americans.[24]

Messaging: The message environments surrounding people influence physical activity and food choices and play an important role in preventing and remediating obesity. The Society:

- Supports proper and positive implementation of Section 4205 of the Affordable Care Act, which requires nutrition labeling at restaurant chains with more than 20 locations.[25]
- Encourages the FDA and USDA to adopt a single standard for mandatory nutrition labeling system for all fronts of packages and retail store shelves.[26]
- Supports mandatory nutritional standards that limit foods and beverages marketed to children and adolescents to those that support a diet in accordance with the Dietary Guidelines for Americans.[27]
- Supports statewide initiatives to combat childhood obesity by developing a targeted evidence-based, innovative social marketing program with physical activity and nutrition messages for children, adolescents and their parents.[28]
- Will work to develop a statewide education effort, in conjunction with community advocates and interested parties, to create awareness of obesity prevention, obesity complications, and effective, sustained obesity treatment.

References

1. Glickman D, Parker L, Sim LJ, Del Valle Cook H, Miller AM, eds. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation.* Washington, DC: Institute of Medicine; 2012:135-142.
2. Bicycle Federation of Wisconsin. 2011-2012 Policy Priority. http://bfw.org/for-your-community/legislative-history/. Accessed October 23, 2012.
3. Wisconsin Medical Society. Obesity Policy Subcommittee recommendation. October 30, 2012.
4. Glickman D, et al. Strategy 2-1:166-184.
5. Glickman D, et al. Strategy 2-2:184-189.
6. Glickman D, et al. Strategy 2-4:201-207.
7. Khan LK, Sobush K, Keener D, et al. Centers for Disease Control and Prevention. Recommended community strategies and measurements to prevent obesity in the United States. *MMWR Recomm Rep.* 2009;58(RR-7):1-26.
8. Glickman D, et al. Strategy 2-5:207-216.
9. Friedman RR, Brownell KD. Yale Rudd Center for Food Policy & Obesity. Sugar Sweetened Beverage Taxes: An Updated Policy Brief. October 2012.
10. American Medical Association. Policy H-150.933. Taxes on Beverages with Added Sweeteners. Adopted June 2012.
11. Glickman D, et al. Strategy 4-1:289-298.
12. Glickman D, et al. Recommendation 2:162.
13. Glickman D, et al. Strategy 4-2:299-303.
14. Wisconsin Medical Society. Adaptation of Minnesota Medical Association Obesity Policy, 60.3994. Obesity Policy Subcommittee recommendation. October 30, 2012.
15. Glickman D, et al. Strategy 4-4:308-317 and Recommendation 4:289.
16. Glickman D, et al. Recommendation 3-4:289.
17. Glickman D, et al. Strategy 4-4:308-317 and Recommendation 4:289.
18. Glickman D, et al.:333.
19. Levi J, Segal LM, St Laurent R, Lang A, Rayburn J. *F as in Fat: How Obesity Threatens America's Future 2012.* Washington, DC: Trust for America's Health; September 2012:95.
20. American Academy of Pediatrics Committee on School Health. Soft drinks in schools. Pediatrics. 2004;113(1 Pt 1):152-154. http://pediatrics.aappublications.org/content/113/1/152.full.html. Accessed October 9, 2012.
21. Glickman D, et al. Recommendation 3:240 and Wisconsin Clearinghouse for Prevention Resources. Health in Practice website. Active Early. http://healthinpractice.org/obesity-prevention/active-early. Accessed October 20, 2012.
22. Glickman D, et al. Strategy 5-1:336-343.
23. Glickman D, et al. Strategy 5-1:336-343.
24. Glickman D, et al. Strategy 5-3:357-364.
25. Glickman D, et al. Strategy 3-3:257-262.
26. Glickman D, et al. Strategy 3-3:257-262.
27. Glickman D, et al. Strategy 3-2:249-257 and Recommendation 5:334-336.
28. Glickman D, et al. Strategy 3-1:241-249.