County-level Data

- The U.S. Food Environment Atlas [http://ers.usda.gov/FoodAtlas/](http://ers.usda.gov/FoodAtlas/). Food environment factors—such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics—interact to influence food choices and diet quality. The Atlas includes mapping capabilities and assembles statistics on three broad categories of food environment factors:
  
  - Food Choices—Indicators of the community's access to and acquisition of healthy, affordable food, such as: access and proximity to a grocery store; number of foodstores and restaurants; expenditures on fast foods; food and nutrition assistance program participation; quantities of foods eaten; food prices; food taxes; and availability of local foods
  - Health and Well-Being—Indicators of the community’s success in maintaining healthy diets, such as: food insecurity; diabetes and obesity rates; and physical activity levels
  - Community Characteristics—Indicators of community characteristics that might influence the food environment, such as: demographic composition; income and poverty; population loss; metro-non-metro status; natural amenities; and recreation and fitness centers.

- The Community Health Data Initiative is an ongoing joint initiative from the US Department of Health and Human Services and the Institute of Medicine to compile the wealth of available health data and create tools to make it more accessible to communities and other consumers across the country. This data is being stored in the [Health Indicators Warehouse](http://www.healthindicators.gov/), which is being developed as a larger central location for indicators related to disease prevention, health promotion and health care quality and performance. County-level data from both the County Health Rankings and Community Health Status Indicators are available at this site. Some city-level data (primarily related to health care) appears to also be available. You can also create maps, charts, or view trend data, as well as look for relevant interventions to recommend. You can also sign up to receive updates as data is added to the site, and (in the FAQ section) they say that they will work to reconcile indicator values from different data sources that agree.
  
  - To search the main Health Indicators Warehouse site, visit: [http://www.healthindicators.gov/](http://www.healthindicators.gov/)
  - If you can’t find the information that you need, CDC suggests that you then visit their page (under development) for the overall Community Health Data Initiative, which may contain a few additional data sources: [http://www.cdc.gov/nchs/data_access/chdi.htm](http://www.cdc.gov/nchs/data_access/chdi.htm)
  - Also, two sites already incorporated into the Health Indicators Warehouse have separate searchable interfaces that you may sometimes find easier to view or interpret. These include:
• County Health Rankings: part of the Mobilizing Action Toward Community Health (MATCH) project which is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. MATCH rankings are based on a combination of factors such as individual health behaviors, education and jobs, quality of health care, and the environment and include county-level rates for obesity and physical inactivity: http://www.countyhealthrankings.org/wisconsin (data may be updated in March)

• Community Health Status Indicators site: includes indicators related to demographics (including vulnerable populations), causes of death, risk factors for premature death, access to care, use of preventive services, birth measures, infectious disease, and environmental health. It also provides comparison values and lists peer counties across the country. This source is available at: http://www.communityhealth.hhs.gov/HomePage.aspx

• County specific information on the levels of diabetes, obesity, and physical inactivity for the nation were recently made available by CDC. The site also includes the capacity to view age-adjusted rates and trends: http://apps.nccd.cdc.gov/DDTSTRS/default.aspx.

• Local data for overweight/obesity and exercise (i.e., physical inactivity) from the BRFSS data can also be found on the Wisconsin Interactive Statistics on Health (WISH) website.
  o Rates for small Wisconsin counties are likely to be more reliable using the “All Counties” module because this dataset includes a planned over-sampling of small counties for 2006 through 2008. This module is available at: http://dhfs.wisconsin.gov/wish/measures/BRFS/allCounty.htm.
  o Rates for larger counties, state regions, and demographic subgroups, such as low-income, can also be obtained from the “State, Regions, and Selected Counties” module of WISH, but there are usually not sufficient numbers for subgroups at the county level. Click on “begin query” at: http://dhfs.wisconsin.gov/wish/main/BRFS/BRFSHome.htm.

• Public health profiles with general data for each county are available at http://dhfs.wisconsin.gov/localdata/pubhlthprofiles.htm.

• Additional community indicators that may provide more context specifically related to child well-being (e.g., children in licensed child care, #neglect/abuse cases, etc.) may be found at the Kid’s count website: http://datacenter.kidscount.org/.

State
• The Wisconsin Division of Health’s Nutrition, Physical Activity, and Obesity Program (DNPAO) and the Wisconsin Partnership for Physical Activity and Nutrition (WI PAN) published a full report and executive summary of data on overweight/obesity and nutrition in Wisconsin. http://dhs.wisconsin.gov/health/physicalactivity/Dataindex.htm
  o The main DNPAO website also provides resources for the planning and conduct of community interventions (especially see the Community Resources page): http://www.dhs.wisconsin.gov/health/physicalactivity/
  o Wisconsin nutrition and physical activity rates for adults (including rates for some subgroups) are readily available from the CDC’s BRFSS website at: http://apps.nccd.cdc.gov/brfss/ Following is an example of Wisconsin 2009
BRFSS statistics showing that 65.6% of adults in WI (almost 2/3) are either overweight or obese.

<table>
<thead>
<tr>
<th>Category</th>
<th>WI Data</th>
<th>US Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Adults at normal body weight (BMI 18-25)</td>
<td>34.3%</td>
<td>36.0%</td>
</tr>
<tr>
<td>% of Adults that are overweight (BMI 25-30)</td>
<td>36.4%</td>
<td>36.2%</td>
</tr>
<tr>
<td>% of Adults that are obese (BMI &gt;30)</td>
<td>29.2%</td>
<td>26.9%</td>
</tr>
</tbody>
</table>


- One-fourth of high school students are at risk for becoming overweight or are overweight according to their height and weight (self-reported) for their age. Males are more likely to be overweight compared to females.
- Approximately one out of five (18%) students reported eating 5 or more fruits and vegetables per day over the last week.
- One out of three (33%) students reported drinking one or more cans, bottles, or glasses of pop per day over the last 7 days. Males were significantly more likely to drink pop compared to females.


Progress toward nutrition health goals in the previous state health plan (overweight for children enrolled in WIC, high school students and adults 18+, fruit& veg consumption of adults 18+ and high schools students, dairy consumption of high school students, and physical activity of high school students and adults 18+) are available for WI at this site: [http://dhfs.wisconsin.gov/statehealthplan/track2010/](http://dhfs.wisconsin.gov/statehealthplan/track2010/).
Goals related to nutrition and physical activity in the new state health plan (Healthiest Wisconsin 2020) are available at: http://www.dhs.wisconsin.gov/hw2020/index.htm


- In Wisconsin, over 700 low-income persons entering WNEP in 2003 were asked about their current health behaviors and practices. When asked if they serve more than two vegetables to their families each day; 39% respondents said they do this sometimes, seldom or not at all. When asked if they eat or drink two or more fruits or fruit juices each day 47% of respondents said they do this sometimes, seldom or not at all. When asked if they choose fat free or lowfat milk instead of whole milk; 40% said they sometimes, seldom or never do this. When asked if they think about healthy food choices when deciding what to feed their families; 43% said they do this sometimes, seldom or not at all. When asked if they are active doing things like walking, gardening or heavy housework for at least 30 minutes most days; 36% of respondents said they do this sometimes, seldom or not at all.

- Additional data on the situation and needs for nutrition education in Wisconsin are available in the preamble to the Eating Well and Being Active team plan of work https://www.uwex.edu/ces/flp/apps/flrc/team/eating/ (login required).


General

- The Nutrition for Family Living e-newsletter has articles that summarize research relevant to WNEP learners’ needs. For example, an article on low-income women’s experiences with food programs, food spending and food-related hardships was summarized in January, 2010. See http://www.uwex.edu/ces/wnep/specialist/nfl/index.cfm.

- Reviews on the epidemiology of obesity have been summarized in a journal that you can access online: http://epirev.oxfordjournals.org/current.dtl. The article by Youfa Wang and May A. Beydoun on The Obesity Epidemic in the United States—Gender, Age, Socioeconomic, Racial/Ethnic, and Geographic Characteristics: A Systematic Review and Meta-Regression Analysis has socio-economic breakdowns on page 8 for adults and on page19 for children and adolescents. Following is an excerpt from the adults section: “Minority groups (i.e., non-Hispanic Blacks and Mexican Americans) had a higher combined prevalence [of overweight and obesity] than non-Hispanic Whites by almost 10 percentage points. The corresponding prevalences in 2003–2004 were 76.1 percent and 75.8 percent versus 64.2 percent. The racial/ethnic differences among men were much smaller than among women. In 1999–2002, the combined prevalence and the prevalence of obesity among non-Hispanic Black women was 20 percentage points higher than among White women (77.2 percent vs. 57.2 percent, and 49.0 percent vs. 30.7 percent, respectively). Among non-Hispanic Black women aged 40 years or older, more than 80 percent were overweight or obese, and more than 50 percent were obese. In 1999–2002, the prevalence of extreme obesity among African-American women was more than twice
that among White and Mexican-American women (13.5 percent vs. 5.5 percent and 5.7 percent).”

- Articles regarding overweight and obesity in youth have been published in *Pediatrics* and are available at: [http://pediatrics.aappublications.org/content/vol120/Supplement_4/](http://pediatrics.aappublications.org/content/vol120/Supplement_4/).

This summary was prepared with the assistance of Jan Liebhart at the Wisconsin Department of Health Services.

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