
KAREN HURD

STATE REPRESENTATIVE • 68TH ASSEMBLY DISTRICT

Assembly Bills 1013, 1014, 1015, and 1016
Public Testimony
Committee on Health, Aging and Long-Term Care
January 31, 2024

Thank you, Chair Moses, Vice-Chair Rozar, and committee members for hearing these bills related to Childhood Obesity.

On August 24, 2023, the Speaker created the Assembly Speaker's Task Force on Childhood Obesity and appointed me to serve as the task force's chair. The task force was directed to study childhood obesity and weight management. The task force was tasked with considering circumstances contributing to childhood obesity, including physical activity, nutrition, medical, and other root causes, and physical environment factors. The task force also reviewed current and past efforts to prevent and improve weight management in order to consider and build upon effective practices.

Following these efforts, the task force was directed to consider recommending legislation in the following areas:

- School-based efforts to impact circumstances contributing to childhood weight management.
- Parental support for and education on childhood weight management.
- Early interventions and screenings to better identify and promote healthy weight management.
- Removal of potential barriers and promotion of better access to proper nutrition, spaces for play, and other physical activities.
- Data collection efforts and implementation of childhood weight management interventions.

After the appointment of the seven additional members, the task force held six public meetings throughout the state for the purpose of receiving testimony and recommendations for legislation to address childhood obesity in Wisconsin.

We heard from many organizations and individuals throughout the state regarding the childhood obesity issue. Additionally, we solicited information from and conferred with the WI Department of Health Services, Department of Public Instruction, Department of Children and Families, and Department of Military Affairs. The National Conference of State Legislatures researchers also came to Madison to give testimony on the issue. The bills before you today arose from these hearings and subsequent discussions.

Childhood obesity is a problem in the state of Wisconsin. Ten percent of children age 2-5 years are obese; 15.2% ages 6-11 years; 17.9% ages 12-17 years, and obesity continues to increase as our citizens age until 47.1% of our Wisconsin population is obese by the age of 65 years (statistics supplied by WI Department of Health Services).

Support for AB1014 and AB1015:

Obesity in children is not caused by a singular reason or even a few specific reasons. The contributors to childhood obesity are many. Commonly, it is believed that poor dietary choices and lack of physical activity are the main causes of obesity. Certainly, these are contributors and can stand alone as a cause of obesity; however oftentimes, poor dietary choices and lack of physical exercise are symptoms of a more complex problem. For example, adverse childhood experiences (ACEs) and social determinants of health (SDOHs) can create stress which can lead a child (and a parent) to comfort himself/herself with poor dietary choices and to seek to escape their reality through activities that are not physically exerting—such as screen time. Almost all persons in Wisconsin, including children, are already aware that poor dietary choices and lack of exercise contribute to obesity. However, obesity continues to be a problem despite the education and knowledge of these two causes. Therefore, we must broaden our approach.

It is well recognized among experts in childhood obesity that the following are factors that are contributors/causes of childhood obesity (this list is not exhaustive):

- Poor prenatal health choices
- Postnatal lack of guidance for parents for their infants
- Lack of breastfeeding
- Lack of sleep
- High risk behaviors
- Lack of protective factors in the home
- Mental health issues (anxiety, depression, low life satisfaction)
- Violence in the home
- Substance use in the home
- Genetics
- Disabilities
- Health Disorders
- Medications
- Lack of access to healthy foods
- Lack of access to green spaces for physical activity
- Inability to analyze influences
- Inability to access valid and reliable information and resources
- Poor interpersonal communication
- Poor decision-making skills
- Lack of goal-setting
- Lack of self-management
- Lack of self-advocacy

Across the state of Wisconsin we have many programs that address childhood obesity. However, the programs are generally isolated and may only cover some of the aspects of the many factors that affect childhood obesity. It will take an expansion and/or scaling up of our current programs as well as new programs to come into existence to adequately and completely address the childhood obesity issue. We need a variety of programs that target the various factors of childhood obesity while at the same time addressing the specific demographic of the area in which the program is located.

AB 1014 and 1015 brings under one umbrella a method that can address all the contributing factors to childhood obesity by providing incentive through state grant funding for locale-specific childhood obesity measures to be implemented through organizations whose mission it is to assist with the childhood obesity problem. These organizations can be YMCAs, Family Resource Centers, schools, county governments, medical clinics, gyms, health centers, and more. Private matching funds or in-kind services are a requirement of obtaining a grant. The more support from the private industry that an organization can garner, the more likely the grant award and its subsequent renewal if the organization can show that its programming is effective.

AB 1014 and 1015 provide incentive and responsibility for the four entities involved in childhood obesity: 1) the child and his/her parent/guardian; 2) the organization providing the childhood obesity programming; 3) the private sector; and 4) the state of Wisconsin.

These two bills put the requirement of administering a \$5,000,000 grant program for the fiscal year 2024-2025 under the Department of Health Services.

AB 1013, making available DoubleBucks for SNAP recipients in the purchase of fruits and vegetables, and AB 1016 encouraging the physical activity of school children, I also support. The authors of these bills will give details. Collectively, these four bills will help Wisconsin lower childhood obesity rates which will impact positively not only our children, but the adults to which they will grow; and therefore, the health of our entire citizenry. All aspects of life improve in Wisconsin when we are a healthy population.

I am happy to answer any questions the committee may have.



STATE REPRESENTATIVE
ROBYN VINING
14TH ASSEMBLY DISTRICT
WAUWATOSA • WEST ALLIS

Rep. Robyn Vining
Testimony in Support of Assembly Bills 1013, 1014, and 1015
January 31, 2024

To my esteemed colleagues of the Assembly Committee on Health, Aging and Long-Term Care,

I am sorry to not be with you today to testify in support of Assembly Bills 1013, 1014, and 1015, bills that received unanimous support from the members of the Speaker's Task Force on Childhood Health. Due to a surgery I had scheduled this week, I am unable to be with you in-person. Please understand my absence today is no reflection of lack of support for these bills, and should you wish to discuss these bills further, I will gladly speak with you by phone this week. Thank you for taking the time to consider this legislation to support childhood health.

Every child in Wisconsin deserves access to healthy food, and the opportunity to lead a healthy lifestyle filled with love and play. As the Vice-Chair of the Speaker's Task Force on Childhood Health, I had the privilege of hearing experts from across Wisconsin emphasize the significance of investing in Wisconsin's kids and giving families the resources they need to raise their kids in a healthy environment.

Assembly Bill 1013 doubles the purchasing power for Wisconsin families on federal food assistance when buying healthy, locally-grown produce. Assembly Bills 1014 and 1015 invest in grants to improve the health of children through community-specific initiatives. These bills empower communities across Wisconsin to invest in initiatives tailored to their unique needs. Assembly Bill 1016 also came out of the Task Force, but I did not co-sponsor and will not be testifying in favor of Assembly Bill 1016 because it remains unclear to what impact it will have on the health of Wisconsin students. I am willing to listen and understand if this is a bill worth supporting, and I ask you to join me with that same spirit of consideration.

Our goal is to unite in a shared purpose to better serve Wisconsin's kids, and make Wisconsin a place where all children—regardless of circumstance or background—can grow up safe, healthy, and happy. The health of our children is important to the future of our state, and these bills take meaningful steps toward ensuring Wisconsin's kids grow up healthy and happy.

I ask that you support Assembly Bills 1013, 1014, and 1015 in this committee and on the Assembly floor, so we can move Wisconsin forward, *together!*

Forward together,

Rep. Robyn Vining
Wisconsin State Representative
14th Assembly District



CORY TOMCZYK

STATE SENATOR • 29TH SENATE DISTRICT

AB 1014 & AB 1015

Assembly Committee on Health, Aging, and Long-Term Care
Wednesday, January 31, 2024

Childhood obesity is a problem in the state of Wisconsin. Ten percent of children age 2-5 years are obese. Unfortunately, obesity continues to increase as our citizens age until 47.1% of our Wisconsin population is obese by the age of 65 years. This is not healthy nor is it sustainable.

We cannot point to one specific, or even a few, specific reasons why children (and later adults) become obese. There is a myriad of factors that contribute to this epidemic. We typically jump to a poor diet and lack of exercise as the main causes for weight gain and obesity. While those are a good start, there are so many others that compound and lead to obesity and poor health among Wisconsin's children. Some other factors are: lack of sleep, mental health disorders, genetics, eating disorders, medications taken, lack of healthy food/unable to afford healthy food, poor parental direction, and so many more. While we know these can be causes and most people know that diet and exercise are key to a person's health, obesity is still an issue. More work must be done.

AB 1014 provides incentives through a grant for child obesity measures to be implemented in locale-specific organizations who have a mission that includes assisting with childhood obesity. Some of these organizations could be: YMCA, local schools, county governments, gyms, healthcare centers, etc. In order to obtain the grant, private matching support must be obtained. If a program can prove it is being effective, there is a better chance of receiving a higher grant amount.

AB 1014 provides incentive and responsibility for the four entities involved in childhood obesity: 1) the child and his/her parent/guardian; 2) the organization providing the childhood obesity programming; 3) the private sector; and 4) the state of Wisconsin. DHS would be responsible for administering the grant.

AB 1015 subsequently provides the funding for this initiative, which totals \$5 million in 2024-2025.

Obesity leads to so many health problems as a child gets older that could be avoided if weight issues are handled during childhood. Slowing childhood obesity can have a positive impact on the health of Wisconsinites and ultimately save lives if done right.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Assembly Committee on Health, Aging, and Long-Term Care

FROM: HJ Waukau, Legislative Director

DATE: January 31, 2024

RE: AB 1014 relating to: Childhood obesity prevention and management grants
AB 1015 relating to: Childhood obesity prevention and management grants and making an appropriation

The Wisconsin Department of Health Services (DHS) would like to submit written testimony for information only for Assembly Bill 1014 (AB 1014) and Assembly Bill 1015 (AB 1015) relating to childhood obesity prevention and management grants, and providing an appropriation for said grants, respectively. AB 1014 requires DHS in coordination with relevant state agencies, to award two-year grants to organizations, cities, villages, towns, counties, school districts, or Tribal Nations for childhood obesity prevention and management programs. It also provides an individual income tax subtraction and a corporate income and franchise tax exemption for any amount of money or in-kind services provided to a grant recipient that is used to satisfy the matching requirements under the bill. AB 1014 further defines what constitutes a childhood obesity prevention and management program for children 22 years of age or younger, including unborn children. Regarding the grants, DHS would be prohibited from awarding a grant unless the applicant shows their program includes or will include the participation of the child's parent or guardian, the applicant agrees to provide nonidentifying data on program effectiveness, and contributes matching funds or in-kind services of at least 25 percent of the grant award. DHS is also required to prioritize applications in which all of an applicant's matching funds are provided by nongovernmental entities. Grants may be extended for an additional two-year period at their previously awarded level (or higher if matching funds also increase), if the program demonstrates to DHS it is effective and sufficient funds remain available. DHS would also be required to submit an annual report on the grants to the legislature.

AB 1015 provides \$5,000,000 for fiscal year 2024-25 to DHS for the purposes of awarding the childhood obesity and prevention management grants. It also provides DHS with the authority to utilize a portion of funds for administration of the grants.

Children with overweight or obesity issues are often at risk for many chronic conditions such as diabetes, heart disease, high blood pressure, high cholesterol, cardiovascular problems and kidney disease among many others. According to the Centers for Disease Control and Prevention (CDC), obesity-related medical costs are \$173 billion per year,¹ and 19.7 percent of kids age 2-19 years are affected by obesity, with higher percentages among Black (16.6 percent) and Hispanic children (26.2 percent).² Estimates from 2020 show Wisconsin's childhood obesity rate is lower (14.6 percent) than the national average

¹ "Overweight & Obesity: Why it Matters," Centers for Disease Control and Prevention, July 14, 2022, <https://www.cdc.gov/obesity/about-obesity/why-it-matters.html>.

² "Overweight & Obesity: Childhood Obesity Facts," Centers for Disease Control and Prevention, May 17, 2022 <https://www.cdc.gov/obesity/data/childhood.html>.

(16.2 percent).³ Additional data for Wisconsin shows high-school aged children obesity rates are 14.5 percent,⁴ and according to the University of Wisconsin's "Wisconsin Health Atlas," the statewide obesity prevalence among children ages 2-17 is 14.8 percent.⁵

Addressing childhood obesity requires a comprehensive set of strategies and solutions. Both AB 1014 and AB 1015 are part of a package resulting from the Speaker's Task Force on Childhood Obesity. DHS had the opportunity to present before the task force and discussed the complications of childhood obesity, provided zip-code level data on childhood obesity rates, identified high-need counties, shared historical funding levels for DHS-focused programs on childhood nutrition and physical activity, and provided a framework for how to improve childhood obesity and nutrition in Wisconsin.

Regarding the structure of AB 1014 and AB 1015, DHS had extensive discussions with the bill authors on multiple provisions of the bill and appreciates the collaborative dialogue. The current version of both bills reflects those discussions. There are several provisions however that merit additional comment.

Consistent with DHS comments on similarly structured grant proposals, having a matching requirement, either financially or in-kind, may have a chilling effect on the number and types of applicants who would otherwise apply. Requiring a match component potentially disincentivizes smaller or less well-resourced applicants, limiting the reach of grant programs for lower-income or underserved populations. Additionally, while AB 1015 provides for administrative use of the grant funds, DHS will require 1.0 FTE to help with administration and evaluation of the childhood obesity prevention and management grants.

DHS appreciates the dialogue and conversation with the bill authors to make adjustments to AB 1014 and AB 1015 and looks forward to continued collaboration. Further, DHS thanks the Committee for the opportunity to provide written testimony for information only and offers itself as a resource for the Committee.

³ "NSCH Interactive Data Query (2016-Present)," Data Resource Center for Child & Adolescent Health," last accessed January 27, 2024, <https://www.childhealthdata.org/browse/survey/results?q=8455&r=1&r2=51>.

⁴ "Nutrition, Physical Activity, and Obesity: Wisconsin Data," Wisconsin Department of Health Services, April 7, 2023, <https://www.dhs.wisconsin.gov/physical-activity/wisdata.htm>.

⁵ "Obesity is a condition that touches every life in Wisconsin," Wisconsin Health Atlas, last accessed January 27, 2024, <https://www.wihealthatlas.org/obesity/findings>.



To: Members, Assembly Committee on Health, Aging and Long-Term Care
From: Wisconsin Parks and Recreation Association
Date: January 31, 2024
RE: Testimony in support of AB 1014 and AB 1015

WPRPA submits these comments in support of AB 1014 and AB 1015, to create a childhood obesity prevention and management grant program. WPRPA is a membership association that is dedicated to enriching the professional and educational opportunities available to personnel in parks, recreation, aquatics, and related fields, so that they may better service the needs of their communities and or participants, and to advocating and promoting the benefits of parks and services to the public.

Local public park and recreation departments serve as Community Wellness Hubs. Community Wellness Hubs are trusted gathering places that connect every member of the community to essential programs, services and spaces that advance health equity, improve health outcomes, and enhance quality of life. Embedded within the Community Wellness Hubs are a variety of programs targeting childhood obesity and family healthy living. This includes youth activities and sports, youth and family nutrition education and wellness classes, and social support.

AB 1014 and AB 1015 highlight the importance and need for more child health and wellness programming. WPRPA supports the increased awareness of this issue and the investment included under these bills for program grants. WPRPA appreciates the work of the Speaker's Task Force on Childhood Obesity and urges the committee to support these bills.