



ALEX JOERS

WISCONSIN STATE REPRESENTATIVE
79TH ASSEMBLY DISTRICT

**Testimony of Representative Alex Joers
Senate Committee on Health
SB 948: Healthy Food Incentive Program
February 6, 2024**

Chairwoman Cabral-Guevara and Members of the Committee:

Thank you for holding this public hearing on Senate Bill 948. As one of the authors, I appreciate the opportunity to testify in favor of this proposal to create a healthy food incentive program in Wisconsin.

Healthy food incentive programs—also known as Double Dollars, Double Up Food Bucks, or Market Match—allow Wisconsinites participating in SNAP to utilize matching dollars exclusively for locally grown fruits and vegetables. Eligible retailers for these programs include farmers markets, grocery stores, and other healthy food vendors. For example, one program allows families that spend \$20 of SNAP at a participating farmers market to receive a matching \$20 through the program to spend on fruits and vegetables.

As mentioned, many programs already exist across the country in states like Ohio, Kentucky, and Michigan. In Wisconsin, we have several existing local programs, including in Wood, Brown, Milwaukee, Eau Claire, and Dane Counties. This legislation would allow us to expand these efforts, encouraging healthy food purchases in additional locations across the state.

This legislation requires that priority must go to retailers that source primarily from Wisconsin farmers, so local agriculture will benefit. For example, research done on the existing program in the Green Bay area determined that the program resulted in \$29,000 of additional income for local farmers.

By incentivizing SNAP shopping at venues like farmers markets, we can also boost the local economy. Data from the Double Dollars program in Wood County shows that program recipients not only averaged \$23 spent at the market, but also averaged an additional \$54.21 spent at neighboring businesses during the same trip.

Now, how is the program funded? This bill would require no new appropriation to be implemented. Funding for the program is available through 2017 Act 266, which allocated \$425,000 for a pilot program with very similar goals. However, due to time constraints in the original legislation, the program was never implemented and the full amount remains in the created appropriation. This bill would enable access to those funds that were never expended, allowing them to be used towards a similar purpose.

The funding will also be used to seek matching funds through GusNIP, a US Department of Agriculture grant program that supports similar efforts around the country. This means our investment could have double the impact, with no new appropriation from the state.

Healthy food incentive programs offer the opportunity to support our farmers, families, and local economies. Please join me in supporting Senate Bill 948.



JOAN BALLWEG

STATE SENATOR • 14TH SENATE DISTRICT

**Senate Bill 948: Healthy Food Incentive Program
Senate Committee on Health
Testimony of Senator Joan Ballweg
February 6, 2024**

Good morning, Chair Cabral-Guevara and members of the committee. Thank you for hearing this important piece of legislation.

This legislation is a product of the Speaker's Task Force on Childhood Obesity. I am glad to partner with Representative Joers and the members of this task force to use existing state money to encourage families to eat healthy, locally-grown, fresh food.

Senate Bill 948 establishes a Nutrition Incentive Program that will allow families to stretch their grocery budgets thus expanding access to fresh, healthy food. This program will be funded with \$425,000 of existing funds at the Department of Health Services. This legislation enables access to these existing funds and does not require a new appropriation.

Under this bill, families that participate in the Supplemental Nutrition Assistance Program (SNAP) will be eligible for extra money to purchase fruits and vegetables at local grocery stores or farmers markets. These programs, which currently operate in other states, are sometimes referred to as Double Dollars, Double Up Food Bucks or Market Match. Families that receive SNAP benefits would be eligible for "double bucks" meaning that if they spend \$10 at a farmers market on fresh fruits and vegetables that they would receive an extra \$10 to spend on additional fresh food.

Enactment of this legislation would help accomplish one of the main objectives of the Speaker's Task Force on Childhood Obesity, which is to build healthy eating habits for youth in Wisconsin.

Thank you for your consideration of Senate Bill 948.



KAREN HURD

STATE REPRESENTATIVE • 68TH ASSEMBLY DISTRICT

Senate Bills 948, 952, and 953
Public Testimony
Senate Committee on Health
February 6, 2024

Thank you, Chair Cabral-Guevara, Vice-Chair Testin, 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 SB 952 and SB 953:

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.

SB 952 and 953 bring 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.

SB 952 and 953 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.

SB 948, making available DoubleBucks for SNAP recipients in the purchase of fruits and vegetables, I also support. Collectively, these three 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.



TO: Senate Health Committee
FROM: Nicole Hudzinski, Government Relations Director, American Heart Association
DATE: February 6, 2024
RE: Senate Bill 948, relating to healthy food incentive program

Good morning, Chair Cabral-Guevara and members of the Senate Health Committee. My name is Nicole Hudzinski, and I am the Government Relations Director here in Wisconsin for the American Heart Association. I am here today to ask you to support Senate Bill 948, creating a healthy food incentive program.

Before I begin, I want to thank members of the Speaker's Task Force on Childhood Obesity for months of work— traveling the state, hearing from stakeholders, and really delving into a complex issue. I also want to thank Sen. Ballweg for her support and authorship on this bill.

Senate Bill 948 creates a healthy food incentive program. Programs like this are available in almost every other state, and are oftentimes referred to as Double Dollars, Double Up Food Bucks, or Market Match. Here in Wisconsin, some programs currently exist in local communities, for example in Dane County, Milwaukee County, Green Bay, Eau Claire and WI Rapids. Program impact in these communities varies, depending on program design and resources.

The way these programs work is when a SNAP shopper visits a participating retailer, oftentimes a farmers' market, they withdraw, for example, \$20 SNAP from their SNAP EBT card to spend at the market on SNAP eligible products. Then, they are provided an additional \$20 DOUBLE DOLLARS to spend only on fruits and vegetables at the market, for a total of \$40 dollars to spend. Some programs also include grocery stores/co-op's, and some even include CSAs— community supported agriculture. Program design may vary depending on the retailer.

Healthy incentive programs are a win for families, farmers, and local economies. With these programs, families can stretch their grocery budget and prioritize purchasing nutritious, locally grown produce. Farmers benefit from new customers and increased sales, and the local economy benefits when SNAP dollars are spent locally.

I also want to mention there are federal matching dollars available to help fund programs like this. The United States Department of Agriculture (USDA) has a grant program called the Gus Schumacher Nutrition Incentive Program (GusNIP) which provides matching dollars to states and communities implementing nutrition incentives.

In closing, I again want to thank the Committee for having a hearing on this bill today. The American Heart Association has been actively involved in these types of programs nationwide for the past several years, and it is exciting to see Wisconsin having a conversation about creating a program, too. I ask for your support on Senate Bill 948, and I am happy to answer any questions.



TO: Senate Committee on Health

DATE: February 6, 2024

RE: Support for SB 948/AB 1013, regarding healthy food incentive programs

As session comes to a close, we ask you to prioritize Senate Bill 948/Assembly Bill 1013 authored by Senator Ballweg and members of the Speaker's Task Force on Childhood Obesity. The bill creates a Healthy Food Incentive program in Wisconsin, benefiting families, farmers, and our local economy.

Nationwide, almost every state operates a healthy food incentive program. They are commonly called Double Up Food Bucks, Double Dollars, or Market Match, and they provide matching dollars to purchase additional produce at participating retail locations. Retail locations can include farmers markets, community supported agriculture (CSAs- seasonal produce box subscription purchased directly from a farmer), grocery stores and other healthy food retailers, depending on program design and resources.

In addition to helping families stretch their grocery budgets and creating increased sales for local farmers, nutrition incentive programs are good for the local economy. Federal dollars are channeled into the local economy by incentivizing families to utilize their SNAP/FoodShare dollars directly with farmers and on locally grown produce.

According to a report released in January 2021, titled *The Economic Contributions of Healthy Food Incentives*, existing programs that were studied have an estimated contribution multiplier ranging from 1.1 to 1.6 for incentives spent at retail food stores, with the multiplier increasing to a range from 2.4 to 3.1 for incentives spent on farm-direct sales, such as farmers markets, farm stands and CSAs¹.

Additionally, the United States Department of Agriculture (USDA) encourages states and communities to establish nutrition incentive programs. Through a USDA program called the Gus

¹The Economic Contributions of Healthy Food Incentives. January 2021. Retrieved January 22, 2024 from [The Economic Contributions of Healthy Food Incentives \(fairfoodnetwork.org\)](https://www.fairfoodnetwork.org/)

Schumacher Nutrition Incentive Program (GusNIP), federal matching dollars are available, potentially doubling any state funding allocated to the program.

Nutrition incentive programs are a win for families, farmers, and the local economy. As session comes to a close, we ask you to prioritize AB 1013/SB 948.

If you have question, please contact Nicole Hudzinski, Government Relations Director, American Heart Association at nicole.hudzinski@heart.org or 608-225-4042.

American Cancer Society- Cancer Action Network
American Heart Association
Bay View Community Center
Bellin Health/Gundersen Health System
Boys and Girls Club of Greater Green Bay
Children's Wisconsin
Chorus Community Health Plan
Dane County Farmers Market
Feeding American Eastern WI
HealthTide
House of Hope
Madison Area Food Pantry Gardens
Mayo Clinic Health System
Menomonie Market Food Coop
NorthEast WI Community Clinic
REAP Food Group
Rural WI Health Cooperative
Sheboygan County Interfaith Organization Farmers Market
SSM Health
The Salvation Army
Upper Midwest Alliance of YMCA
UW Health/School of Medicine and Public Health
UW Milwaukee
Viroqua Chamber
Wello
WI Academy of Nutrition and Dietetics
WI Farm Bureau
WI Farmers Market Association
WI Grocers Association
WI Primary Health Care Association
Willy Street Coop

February 6, 2014

Dear Senate Health Committee,

My name is Dr. Carrie Chapman. I am a cardiologist in Appleton, Wisconsin, and a volunteer advocate for the American Heart Association. I am writing to you in support of SB 948, the Healthy Food Incentive Program.

What a great way to incentivize healthy eating for economically disadvantaged Wisconsin families. As a provider we see this every day. Families with less financial means tend to rely on less nutritious and heavily processed foods because it's cheaper. This leads to a disproportionately higher rate of obesity, diabetes, hypertension and overall poor cardiovascular health for those in lower socioeconomic classes. This in turn leads to a higher economic burden on our health care system. 90% of cardiovascular disease is preventable and it starts with healthy eating habits in the home. Helping families stretch their budget for locally grown fruits and vegetables not only benefits our public health but also supports our local farmers. Programs like this are really a win-win for Wisconsin.

Thank you for your consideration.

Carrie Chapman, MD

Appleton, WI

Testimony on Senate Bill SB 948: Healthy Food Incentive Program

Good afternoon, Chair Cabral-Guevara and Members of the Committee. My name is Sally Zirbel-Donisch. I am a Pediatric Nurse Practitioner and volunteer with the American Heart Association. I am here to speak in support of Senate Bill SB 948, a bill creating a Healthy Food Incentive Program.

In my 35 years of working as a pediatric nurse practitioner in schools, I saw obesity rates steadily increase in our students. Today, 1 in 6 children are obese, which is 17%. We also know that obesity rates are significantly different based on household income, with the children in the lowest economic group with the highest rates of obesity at 24%.

Of course, the most significant concern about the increasing rates of obesity in children and adolescents is the increasing risks for poor health. These risks include high blood pressure, high cholesterol, type 2 diabetes, liver issues, breathing problems such as asthma and sleep apnea, and joint problems. As researchers continue to search for ways to treat obesity, the most effective method remains prevention.

One of the programs that I helped coordinate as a pediatric nurse practitioner in the schools was the Fresh Fruit and Vegetable Program. Students received a healthy fruit or vegetable snack daily. Students often reported that they did not have fruits and vegetables available to eat in their homes. In talking with their parents, many shared that they could not afford fruits and vegetables as they were too expensive. They needed to make sure they had other essential foods on hand. They were more concerned about the "quantity of groceries rather than the quality." With limited resources, they had to make difficult food choices.

The Healthy Food Incentive Program would enable children and families participating in FoodShare to stretch their food dollars further and prioritize healthy foods and eating, all while supporting local farmers.

Please support Senate Bill SB 948: Healthy Food Incentive Program.

Thank you for considering my testimony. I am happy to answer any questions.

Sally Zirbel-Donisch
Pediatric Nurse Practitioner
Member of the American Heart Association WI Advocacy Committee
Middleton, WI



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Health

FROM: HJ Waukau, Legislative Director

DATE: February 6, 2024

RE: SB 948 relating to: Healthy food incentive program

The Wisconsin Department of Health Services (DHS) would like to submit written testimony for information only on Senate Bill 948 (SB 948) regarding the creation of a healthy food incentive program. Under SB 948 DHS would be required to contract with one or more nonprofit organizations (based on a competitive selection process), to administer a statewide healthy food incentive program. This program would allow FoodShare recipients to extend their purchasing power by “earning” additional FoodShare benefits to purchase eligible food items at eligible retailers, up to a certain maximum amount per day. SB 948 gives DHS the authority to set the maximum allowable daily earning amount. DHS would also be required to seek federal funding to support this program from the U. S. Department of Agriculture’s (USDA) Gus Schumacher Nutrition Incentive Program (GusNIP). Additionally, DHS would not be able to utilize more than 25 percent of the available funds to administer the healthy food incentive program.

SB 948 is a recommendation from the Speaker’s Task Force on Childhood Obesity and leverages programs also known as Double up Food Bucks or Market Match. Families participating in the Supplemental Nutrition Assistance Program (SNAP), known as FoodShare in Wisconsin, can purchase fruits and vegetables from participating grocers and food retailers with their benefits and receive a matching amount of benefits to spend. Similar programs currently exist in several counties in Wisconsin and SB 948 would implement this program statewide. SB 948 would use funding approved from a previous pilot program, but not implemented, to support the program. Additional federal matching dollars through GusNIP, if approved, would double the funds available to the state to administer the program. Currently, \$425,000 exists in the appropriation under Wis. Stat. 20.435(4)(bt), and assuming a 50 percent match, DHS would have \$850,000 to implement the program.

The healthy food incentive program would benefit farmers, grocers, families, and local economies. It increases the nutrition security and long-term health outcomes of FoodShare members by extending the purchasing power of lower-income individuals and families who are enrolled in FoodShare when food costs and other expenses have increased. It encourages FoodShare members to purchase nutritious foods and increases sales among Wisconsin businesses, increases sales of locally grown produce supporting Wisconsin farmers and producers, and funnels more money into local economies. A USDA analysis of SNAP shows that for every \$5 of FoodShare benefits spent it generates \$9 of economic impact.¹

While the healthy food incentive program would have positive benefits for farmers, grocers, families, and FoodShare members alike, DHS has several recommendations regarding SB 948 that could improve program administration. First, DHS recommends the deletion of the “fruits and vegetables” definition

¹ Kenneth Hanson, “The Food Assistance National Input-Output Multiplier (FANIOM) Model and Stimulus Effects of SNAP,” United States Department of Agriculture, October 2010, https://www.ers.usda.gov/webdocs/publications/44748/7996_err103_1.pdf?v=5934.4.

under SB 948. SB 948 defines fruits and vegetables as “any variety of fresh, canned, dried, or frozen whole or cut fruit or vegetable that does not contain added sugar, fat, oil, or salt.” DHS recommends that SB 948 not define fruits and vegetables as a statewide comprehensive list of eligible items would be challenging to implement across a range of participating retailer establishments, create unnecessary barriers for smaller and medium-sized retailers, and create unnecessary administrative complexity. Second, DHS recommends the bill stipulate that eligible retailers must be authorized as SNAP retailers to improve administrative clarity. Third, rather than referring to “food stamp programs,” SB 948 should refer to SNAP or FoodShare programs as appropriate.

Additionally, DHS recommends the removal of the 25 percent matching stipulation for use of program funds, at least for a period of two years. Launching a new program will have significant one-time implementation costs for things such as technology, training, and program promotion among others; which will likely exceed the 25 percent threshold under SB 948. Potential costs include systems updates for the state’s electronic benefit transfer card vendor, changes to point-of-sale systems for all SNAP retailers, changes to the eligibility management system, and annual evaluations. Further, DHS estimates that it will need 1.0 FTE to administer the healthy food incentive program. The anticipated cost of the position is \$114,800 (\$57,400 GPR) annually. Given these factors is within the realm of possibility that DHS’s administrative costs will exceed 25 percent in the first few years of the program.

DHS agrees with the concept of establishing a healthy food incentive program. Implementing it statewide increases health equity and extends purchasing power statewide. However, SB 948 as written is too prescriptive. Allowing more flexibility in the bill will ensure DHS can design and implement a program to best fit the needs of eligible retailers and maximize the program impact while minimizing administrative cost and burden. DHS also appreciates the dialogue and conversations with the bill authors to make updates to previous versions of SB 948 and looks forward to future collaboration.

DHS thanks the Committee for the opportunity to provide written testimony for information only on SB 948 and offers itself as a resource for the Committee if it has any questions.

Senate Committee on Health

2023 Senate Bills 948, 952, and 953

Relating to healthy food incentives and childhood obesity prevention

February 6, 2024

Good morning, Chair Cabral-Guevara and members of the Senate Committee on Health. SSM Health would like to thank the committee for allowing us the opportunity to submit written testimony in support of three different bills on your agenda today: Senate Bill 948, which would create a healthy food incentive program at the Department of Health Services (DHS); and Senate Bills 952 and 953, which create and fund a childhood obesity prevention and management grant programs at DHS. We appreciate you holding a hearing on these important bills related to childhood health and obesity prevention. We also want to specifically thank Representative Hurd for chairing the Speaker's Task Force on Childhood Obesity and her leadership on this topic.

SSM Health is a Catholic, not-for-profit health system that serves four states across the Midwest and employs approximately 14,500 employees and physicians in Wisconsin. Our footprint in the state includes seven hospitals, ten post-acute care facilities, and more than 85 physician offices and other outpatient care sites. As part of our work, we have a pediatric provider – Dr. Sachin Jugal – who is board certified in obesity medicine and based out of our Greater Fond du Lac ministry. Dr. Jugal specializes in childhood obesity and hosts time each month specifically for obesity prevention and intervention visits at one of our clinics in the area.

As part of their hearing schedule the Task Force on Childhood Obesity received testimony from Dr. Jugal on two separate occasions, and had the opportunity to hear directly from some of his patients and their parents on the importance of this focused care. They also heard from SSM Health's Regional Director of Community Health – Megan Timm. It was clear from their remarks that youth obesity is a growing concern and that it is an important, but complicated topic. There is no one, simple cause of obesity and there is no straightforward way to address it. Contributing factors can include the obvious ones like diet and exercise, but also things children have less control over like adverse childhood experiences (ACEs), social determinants of health (SDOH), and toxic stress caused by a variety of factors. As such, a multi-faceted healthy lifestyle is key in helping prevent obesity. Diet, physical activity, sleep, and screen time – to name a few – are factors in promoting a healthy lifestyle and these proposals will provide some needed resources to help with this work.

The first bill in this package – SB 948 – focuses on the pivotal diet portion of a healthy lifestyle. The bill would create an incentive program that promotes healthy food consumption. On top of the nutritional benefit gained from a healthy diet, the habits it forms in children can have long-lasting impacts and this program has the chance to make a difference in ensuring kids have better access to a healthier diet. In one of his patient examples Dr. Jugal has seen firsthand that extra effort with healthier eating habits can lead to great results.

SSM Health has been supportive of similar healthy food incentive initiatives across our ministries, and through our work in the clinical space, we are seeing increased patients screening high for food insecurity. Adding a resource that would allow individuals to stretch their grocery budgets a bit further for certain healthy foods is a win-win.

Additionally, SB 952 and SB 953 create and fund a grant program that promotes collaboration as it relates to obesity prevention, which is crucial given the complexity of trying to address this issue. We know there is a lot of great work being done by a variety of different organizations across the State of Wisconsin. Dr. Jugal is working on a collective with his health care peers and other local and regional organizations who are passionate about preventing childhood obesity. These efforts are necessary when trying to encourage a total healthy lifestyle.

However, there is not always the capacity and resources to do this work in a collaborative way even though we know that children need a variety of different supports to help achieve a healthier lifestyle. The grant and subsequent programs and partnerships created from these bills will go a long way in providing the essential foundation for the primary prevention model for obesity prevention that Dr. Jugal cites in his work.

SSM Health is committed to the health of our pediatric patients and the entire communities we serve. And we appreciate the Task Force focusing on this important topic and look forward to the work that will be able to take place because of these proposals.

Thank you again for the opportunity to provide written comments in support of Senate Bill 948, Senate Bill 952, and Senate Bill 953. If you have any questions, please feel free to reach out to SSM Health's Director of Government Affairs, Ben Van Pelt, at benjamin.vanpelt@ssmhealth.com. As an addendum to these comments, we have also attached the slides from Dr. Jugal's testimony to the Task Force on November 1, 2023.



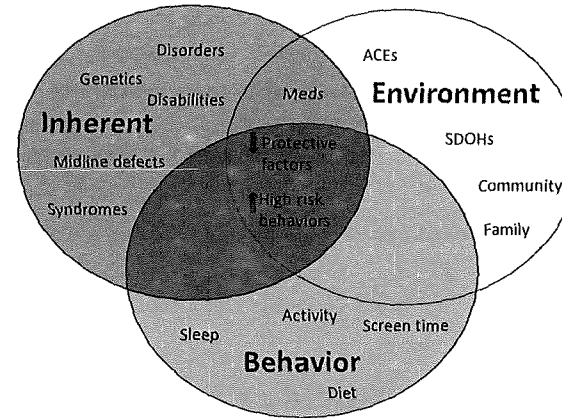
Childhood Obesity Management

Healthy Lifestyle is Key
Addressing Toxic Stress Vital to Comprehensive Intervention

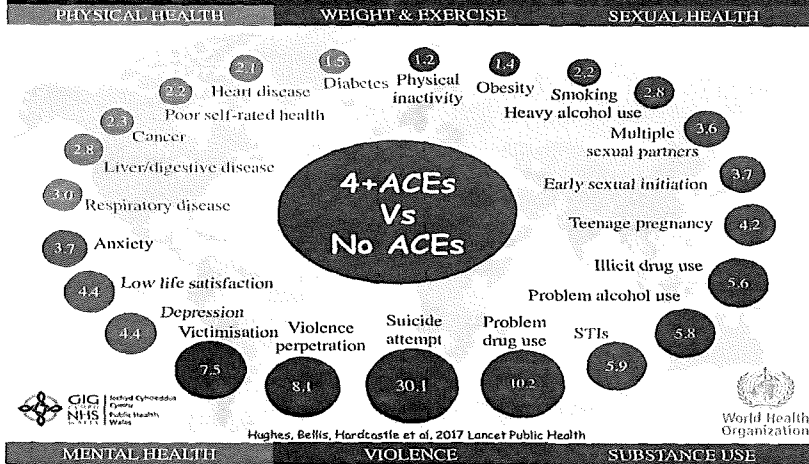
Sachin Jogle, MD
Pediatrics, Fond du Lac Regional Clinic - SSM Health
Wisconsin Speaker's Task Force on Childhood Obesity
Madison, WI
November 1, 2023



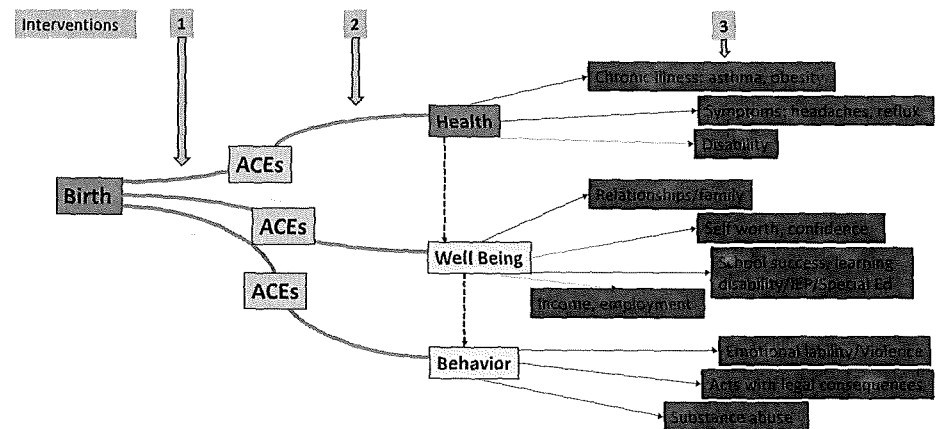
Causes of Childhood Obesity



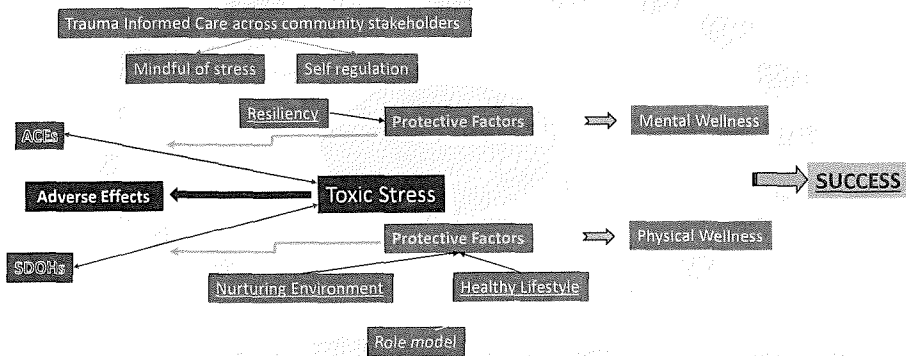
Collaborative Global ACE Analysis with WHO



ACEs Affect Health, Well-Being, Behavior - Interventions to Help at Stages of Impact



Primary Prevention Model for SUCCESS



SSMHealth.

Why Healthy Lifestyle

Long term health

Lowers risk of headaches, joint pain, stomach pain from acid reflux.
Improves mental health such as depression and anxiety
Decreases risk of vitamin and mineral deficiencies
Potentiates normal immune function and the ability to fight infections and to heal
Helps keep body's organs (such as heart, lungs, kidneys, liver, bones) normal
Reduces risk of disability or earlier death

Reduction of risk of chronic illness

Lessons the risk of long-term illnesses such heart disease, diabetes, osteoporosis, cancer, high blood pressure, fatty liver disease, gallstones, arthritis, Alzheimer's and obesity

Improves Mental Health

Ability to better cope detrimental effects of ACEs/toxic stress
Decreases emotional lability, mood/depression, anxiety, schizophrenia symptoms
Decreases high risk behavior – substance abuse, violence, sexual
Cognitive benefits – processing speed, executive function

Helps improve personal and family life

Improved emotional and physical health, which enriches self-worth
Encourages more social and family time and interactions

Helps optimize school, work, and success

Increases alertness, cognition, ability to absorb and process information
Reduced frequency and severity of being ill results in less days being off from school or work.
These result in better potential of doing your best and being successful

SSMHealth.

Promotion of Healthy Lifestyle

- Diet, Physical Activity, Sleep, Screen Time (All four)
- Preconception maternal obesity prevention and treatment
- Prenatal healthy lifestyle promotion
- Postnatal Anticipatory Guidance for every child
- Postnatal surveillance and intervention¹
 - "5-2-1-0" from infancy
 - Promote breast milk feeding for first 6 months
 - Start screening for obesity early
 - Flag charts of children with overweight and obesity
 - Assess barriers for healthy lifestyle (SDOHs, ACEs)
- **Advocacy:** Promote efforts in schools, communities, businesses, public health policies



¹ Davis MD et al. Pediatrics 120 (4): S229-S253, 2007
Part of AAP recommendations

SSMHealth.

Examples of Effects of Healthy Lifestyle

Mia: 8yr old female with abnormal weight gain since 3 yrs old

- Weight increase noticed 3 years ago (around COVID),
- More inside home, 2-3 hours TV + phone, 2 meals/day, sugary drinks
- More tired, feet hurting, asthma
- Fatty liver disease, high cholesterol

Dorian: 12yr old male with abnormal weight gain since 7 yrs old

- Snacks quite a bit, only 2 meals daily
- Low energy/feeling tired. Sleep disturbance/inconsistent

SSMHealth.

Childhood Obesity Interventions

Components of Comprehensive Treatment	Overweight		Obesity	
	<6y	6 to <12y	<6y	6 to <12y
Motivational Interviewing* (KAS 10)	✓	✓	✓	✓
Intensive Health Behavior and Lifestyle Treatment* (KAS 11)	✓	✓	✓	✓
Weight Loss Pharmacotherapy* (KAS 12)				✓
Offier referral to Comprehensive Pediatric Metabolic & Bariatric Surgery program* (KAS 13)				✓

TREATMENT
 * PCPs should treat overweight/obesity & comorbidities concurrently (KAS 9) following the principles of the medical home and the chronic care model, using a family-centered and non-stigmatizing approach that acknowledges obesity's biologic, social, and structural drivers (KAS 9)

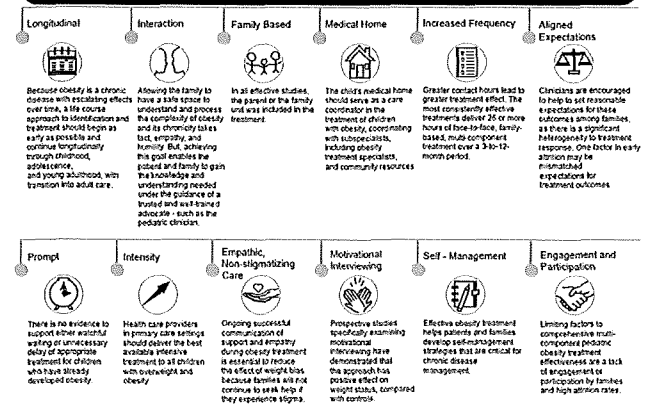
★ Optimize Healthy Lifestyle/Behavior

Intensive Health Behavior and Lifestyle Treatment (IHBLT)

WHO:	WHEN:	WHAT:	WHERE:	DOSAGE:	FORMAT:	CHANNEL:
<p>Patient and family in partnership with a multidisciplinary treatment team*</p>	<p>Promptly for child or adolescent with overweight or obesity</p>	<p>Health education and skill building on multiple topics</p> <p>Behavior modification and counseling</p>	<p>Healthcare setting</p> <p>Community-based setting with linkage to medical home</p>	<p>Longitudinal treatment across 3-12 months with ideally ≥ 26 contact hours</p>	<p>Group,</p> <p>Individual, or</p> <p>Both</p>	<p>Face-to-face (strongest evidence)</p> <p>Virtual (growing evidence)</p>

* PCPs and/or PHCPs with training in obesity as well as other professionals trained in behavior and lifestyle fields such as dietitians, exercise specialists and behavioral health practitioners

Facilitators for Successful Health Behavior Lifestyle Treatment



Gaps between Evidence-Based Interventions and Current Policies/Coverage

- Interventions with evidence grades of “A” or “B” (as given by USPSTF) mandated to be covered (with no out-of-pocket costs)*
- State Medicaid or commercial health plans do not cover most of them
- “Health care systems should build the capacity necessary to deliver this evidence-based level of care.”

USPSTF: United States Preventive Services Task Force
 *Under the Affordable Care Act
 SE Hampel, et al (AAP Clinical Practice Guideline) Pediatrics 151 (2), 2023.



With Limited Resources... Need for Regional Collaboration

Collective collaboration between health care experts and passionate in childhood obesity:

- SSM, Aurora, MCW, UW, Ascension, Prevea, Marshfield
- Subspecialties
- Resources (local, regional assets)

SSM regional approach

Barriers:

- Intra and Inter-organization red-tape
- Bundling vs. separate co-pays for one-stop-shop visits
- Health insurers’ restrictions



Childhood Obesity Intervention/Prevention: Optimize Healthy Lifestyle and Screen/Manage SDOHs and MBH/”P”ACEs

Healthy Lifestyle through MI and IHBLT (26 contact hours per year = every 2 weeks)

- Organized “contact” throughout community to provide MI-driven messaging

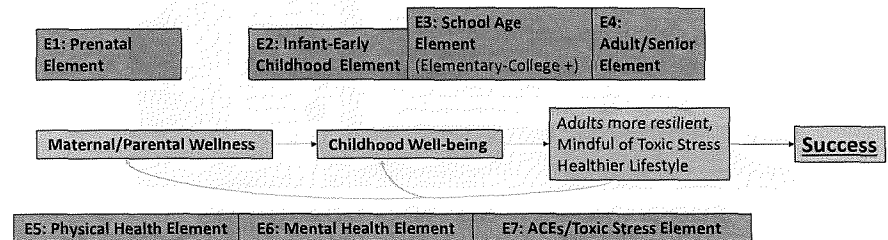
SDOH screen abnormal → CH Coordinator/Social Services → Local resources

MBH/ACE screen abnormal → Behavioral Health

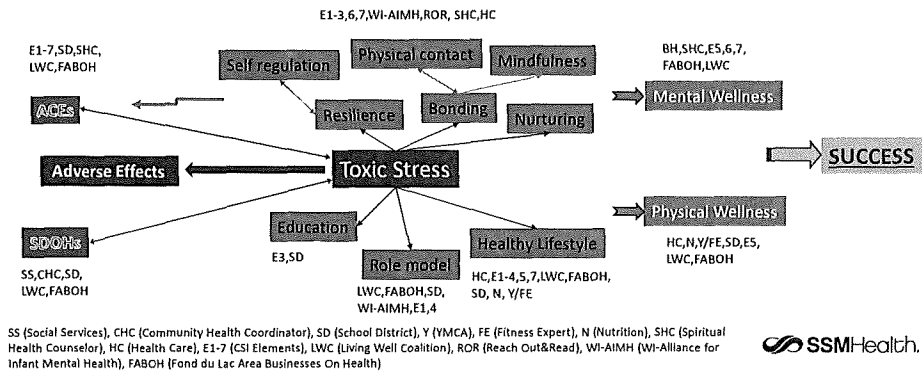
- Barrier: Limited IHBLT, CHC/SS or BH capacity through healthcare alone
- Comprehensive Community wrap-arounds → HL promotion, Reduce SDOH/Toxic Stress
 - Local coalitions (Elements) with like-minded interests/expertise
 - Local/Regional/State support (businesses/stakeholders, County/State incentives)
 - County HD → CHIP priorities → Action Plans
 - Community-based Services Integration (CSI) entity
 - Provides equity to resources for collective impact
 - Oversight of collaboration and success
 - Funnel in Asks for local Action Plans (good for local/regional funding, grants)
 - Central data repository → Entity HD → WI State
 - Grant writing/submission
 - Distribute resources: funding, volunteers, educational/messaging materials



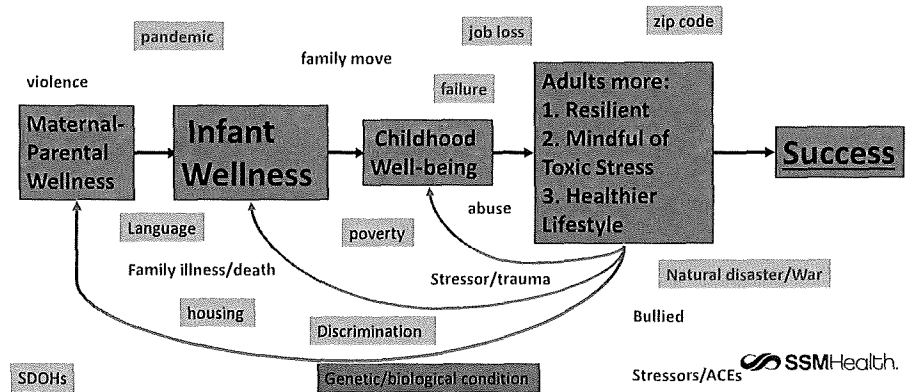
CSI Team Community → Primary Prevention Approach



CSI Team Empowered Model for SUCCESS



Individual Wellness → Optimize One's Potential



"Both face poverty, but the daughter still sees her dad as a king; And he sees her as his whole world!"



Photographer and quote source unknown



TO: Senate Committee on Health
FROM: Ashleigh Spitz, Clinical Dietician; Mark Rakowski, President, Chorus Community Health Plans, Children's Wisconsin
DATE: Tuesday, February 6, 2024
RE: Support for SB 948 – Healthy food incentive program and SB 953/952– Childhood obesity prevention and management grants

My name is Ashleigh Spitz and I am a clinical dietician at Children's Wisconsin (Children's). I appreciate the opportunity to share perspectives on behalf of a number of departments at Children's, including on behalf of Mark Rakowski, President of Chorus Community Health Plans (CCHP), an affiliate of Children's Wisconsin. On behalf of Children's and CCHP, we'd like to share our support for the healthy food incentive program and obesity prevention and management grants. I want to thank Chair Cabral-Guevara and members of this Committee for the opportunity to share our perspectives.

I also want to acknowledge and thank Assembly Speaker Robin Vos for establishing the Task Force on Childhood Obesity and recognizing the importance of this issue and to Task Force Chair Representative Karen Hurd and Vice-Chair Representative Robyn Vining for their dedication to this issue.

Many of you are familiar with Children's, with our top pediatric hospital and clinical care, primary care and urgent care offices, CCHP, various community health programs, child well-being services and more. Children's vision is to have Wisconsin kids be the healthiest in the nation and in striving to achieve this ambitious vision, we recognize that most of the drivers of a child's health and well-being are often reflected in the social, cultural and environmental factors that surround a child and their family.

Together, the bills heard today as part of the Speaker's Task Force on Childhood Obesity, go hand-in-hand in making strides to address children's nutrition, health and overall well-being. Supporting healthy nutrition and preventive health care are all key aspects to promoting wellness among our children across the environments where they spend a majority of their time. We also recognize that mental health is just as important as physical health, and that supporting kids to achieve healthy bodies should be done in a way that is patient-centered and respectful.

Like other hospitals, we conduct a community health needs assessment (CHNA) every three years to understand our communities' most pressing health priorities for kids. The communities who surround both our Milwaukee hospital and our Neenah hospital have highlighted overweight, obesity and addressing social determinants of health as top priorities for their children's health. Children's is involved in community coalitions in Milwaukee and the Fox Valley who are dedicated to promoting healthy eating, active living and addressing childhood obesity. Supporting families in accessing healthy foods to create nutritious meals, providing education and resources to families to support their child's health, and ensuring children are active each day all contribute to positive health outcomes – physically, mentally, emotionally and socially.

Children's offers e-learning programs at no cost to schools across the state on several health topics, including health and wellness. Children's Mission: Health e-learning program provides students in grades K-8 with a fun, interactive way to learn how to establish healthy habits, increase physical activity and

avoid childhood obesity. Mission: Health aligns with Wisconsin and National Health Education Standards and focuses on teaching students age-appropriate material. Children's also has school nurses in 10 Milwaukee Public Schools who support health education for students, staff, and families with healthy meal nights and classroom physical activity breaks. Children's has also implemented the Nourishing Partners Program which screens families who come into our Emergency Department to identify their food access needs. We then provide immediate financial support for Children's cafeteria as well as follow-up connections to food and other community resources.

Children's also offers The NEW (Nutrition, Exercise and Weight Management) Kids Program for children ages 2 to 18 with medical conditions related to an elevated body mass index (BMI) – like high cholesterol, elevated liver enzymes, or high blood pressure – or who are gaining weight too quickly. A dedicated team of health professionals works to provide a customized care plan designed specifically for each child focused on establishing both a healthier lifestyle and positive eating habits.

Recently, our team at Children's has been working on a pilot program testing the integration of registered dietitians into the primary care setting to bring care upstream to patients. Similar to what we have done for mental and behavioral health, we are testing how we can seamlessly provide children and their caregivers with the guidance, education and resources they need to promote nutrition, health and wellness. This focus on prevention and early intervention is aligned with Children's strategy around transforming child and adolescent health.

For several years, CCHP, who provides more than 160,000 Wisconsin residents with BadgerCare and individual and family plans, has been involved in efforts to improve nutrition education and promote healthy eating and fresh food access among their members. These include grants from the City of Milwaukee Fresh Food Access Fund program, supporting various farmers markets with matching funds to incentivize fresh produce purchases and providing access to tele-nutrition services to their members at no cost. While many families struggled with food insecurity before the pandemic, we've seen this need exacerbated with more families participating in FoodShare (SNAP) including many who have children.

SB 948 would enable families using FoodShare to purchase fruits and vegetables at eligible retailers to receive an additional amount to spend on future healthy purchases. Importantly, funds for this project have previously been allocated for a similar pilot effort that was not implemented. We also advocated in support of Milwaukee County's Market Match program – a very similar model to the one outlined in this legislation.

Food insecurity is much more common among households that have low incomes, are headed by a single parent, have limited education levels, or are predominantly Black and Hispanic. In fact, according to the Wisconsin Food Security Project, the disparity in food security between Black and White households in Wisconsin is among the largest in the country. Supporting families in purchasing more healthy food options through a healthy food incentive program provides an opportunity to address key health inequities in our community. Importantly, families from all walks of life and from all parts of our state face challenges in accessing healthy foods for a variety of reasons. While many existing federal, state and local programs are key to supporting kids and families in accessing food they need, we know that families continue to face barriers and AB 1013 would be one way to support more families by directly investing in the purchase of nutritious foods.

Incentive programs have been demonstrated to increase participants' consumption of fruits and vegetables. For every dollar that a family spends on healthy food, they get another dollar to spend on

more healthy food. We're all familiar with the benefits of a healthy diet – especially for children – to grow, develop, learn and thrive. Healthy meals can reduce risks of obesity, heart disease, diabetes, cancer, stress and mental illness. However, fresh vegetables and fruit are often expensive, putting healthier options out of reach for many. That's why efforts like this one are critical to extending families' dollars further to support healthy food purchases.

In addition to supporting families with healthy food, families should also be supported with the knowledge, education and skills to use these healthy foods in a way that works for their family, their culture and their lifestyle. While what we put into our bodies is critically important to our overall health and well-being, so too is looking holistically at all factors of health to ensure children are on a healthy trajectory. SB 953 and SB 952 outline opportunities to fund a variety of stakeholders who are working to prevent childhood obesity and support weight management. In pediatrics we often focus on prevention, leaning into upstream efforts to screen for any concerns and provide early interventions as necessary to support health and well-being.

Whether its efforts like this one that are typically not reimbursable by insurance, or efforts happening in schools, child care settings and other community organizations, the funding outlined in SB 953 and SB 952 would help support healthy weight management among Wisconsin children.

The proposals outlined today speak to important aspects of kid's health and well-being. No one approach will address this issue holistically – it takes a spectrum of efforts across many settings to help support children and their families. I ask for your support of these proposals to help promote nutrition and health and well-being among children and their families. Thank you for your consideration.

Ashleigh Spitz
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Children's Wisconsin

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