



CORY TOMCZYK

STATE SENATOR • 29TH SENATE DISTRICT

SB 952 & SB 953

Senate Committee on Health
Tuesday, February 6, 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.

SB 953 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.

SB 953 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.

SB 952 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.

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.

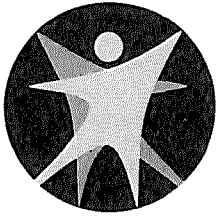
SB 952 and 953 bring under one umbrella a method that can address all the contributing factors to childhood obesity by providing incentive through state grant funding for locale-specific childhood obesity measures to be implemented through organizations whose mission it is to assist with the childhood 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.



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 952 relating to: Childhood obesity prevention and management grants and making an appropriation
SB 953 relating to: Childhood obesity prevention and management grants

The Wisconsin Department of Health Services (DHS) would like to submit written testimony for information only for Senate Bill 953 (SB 953) and Senate Bill 952 (SB 952) relating to childhood obesity prevention and management grants, and providing an appropriation for said grants, respectively. SB 953 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. SB 953 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.

SB 952 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 (16.2 percent).³ Additional data for Wisconsin shows high-school aged children obesity rates are 14.5

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>.

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>.

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 SB 953 and SB 952 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 SB 953 and SB 952, 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 SB 952 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 SB 953 and SB 952 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.

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, Senate Committee on Health
From: Wisconsin Parks and Recreation Association
Date: February 6, 2024
RE: **Testimony in support of SB 952 and SB 953**

WPR submits these comments in support of SB 952 and SB 953, to create a childhood obesity prevention and management grant program. WPR 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.

SB 952 and SB 953 highlight the importance and need for more child health and wellness programming. WPR supports the increased awareness of this issue and the investment included under these bills for program grants. WPR appreciates the work of the Speaker's Task Force on Childhood Obesity and urges the committee to support these bills.

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.

1/10/23

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.



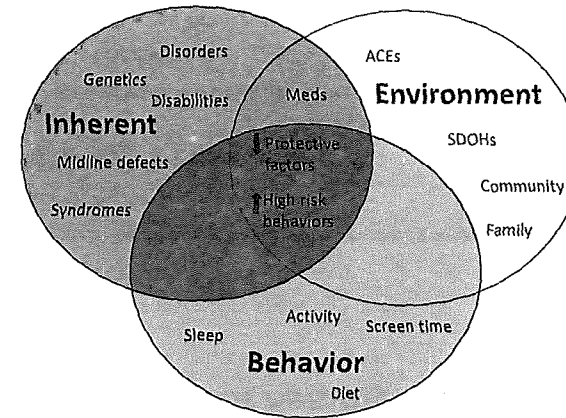
Childhood Obesity Management

Healthy Lifestyle is Key
Addressing Toxic Stress Vital to Comprehensive Intervention

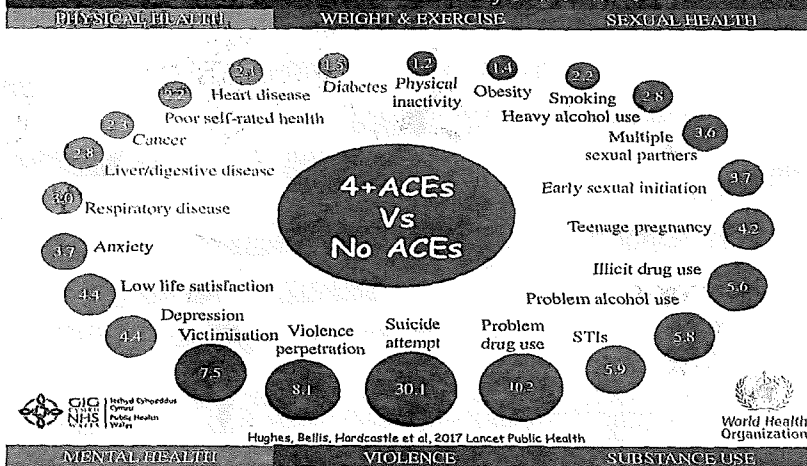
Sachin Jagal, MD
Pediatrics, Fond du Lac Regional Clinic - SSM Health
Wisconsin Speaker's Task Force on Childhood Obesity
Madison, WI
November 1, 2023



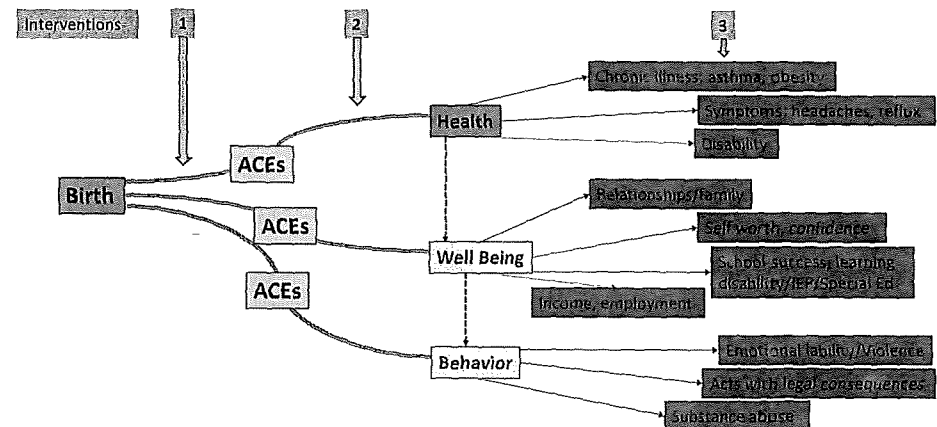
Causes of Childhood Obesity



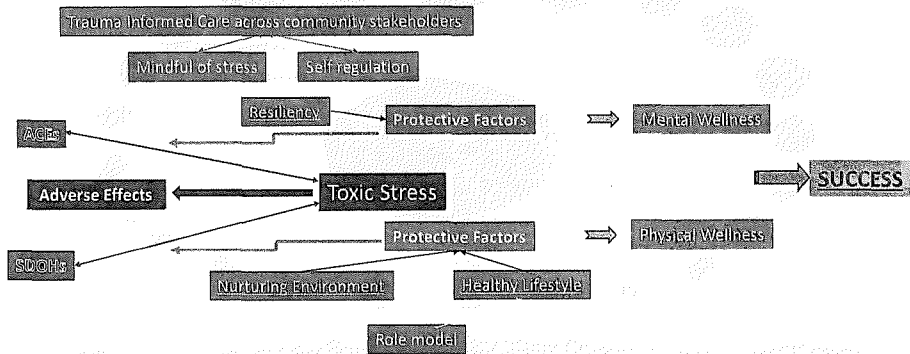
Collaborative Global ACE Analysis with WHO



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	≥12y	<6y	6 to <12y	≥12y
Motivational Interviewing* (KAS 10)	✓	✓	✓	✓	✓	✓
Intensive Health Behavior and Lifestyle Treatment* (KAS 11)	Δ	✓	✓	Δ	✓	✓
Weight Loss Pharmacotherapy* (KAS 12)						✓
Offer referral to Comprehensive Pediatric Metabolic & Bariatric Surgery programs* (KAS 13)						✓

TREATMENT

P&PHCPs should treat overweight/obesity & comorbidities concurrently (or 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)

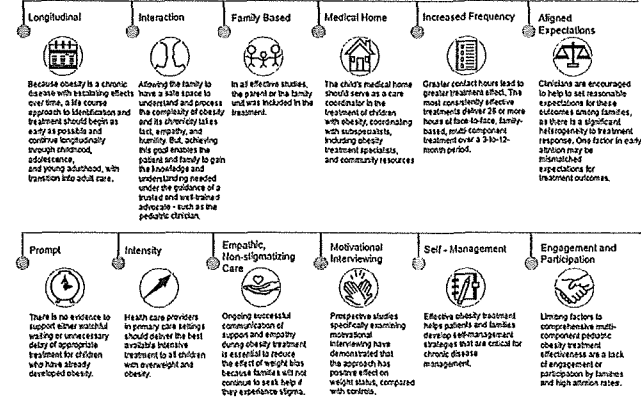
★ Optimize Healthy Lifestyle/Behavior

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 ≥ 28 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

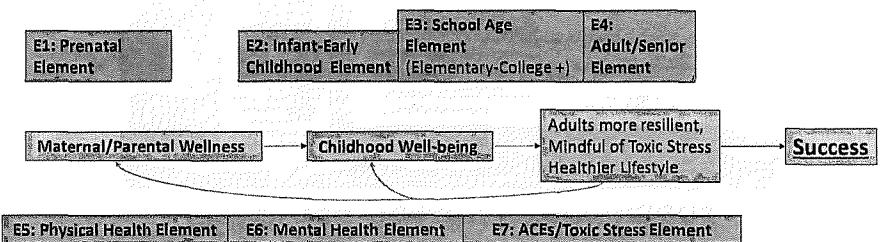
SDOH screen abnormal → CH Coordinator/Social Services → Local resources

MBH/ACE screen abnormal → Behavioral Health

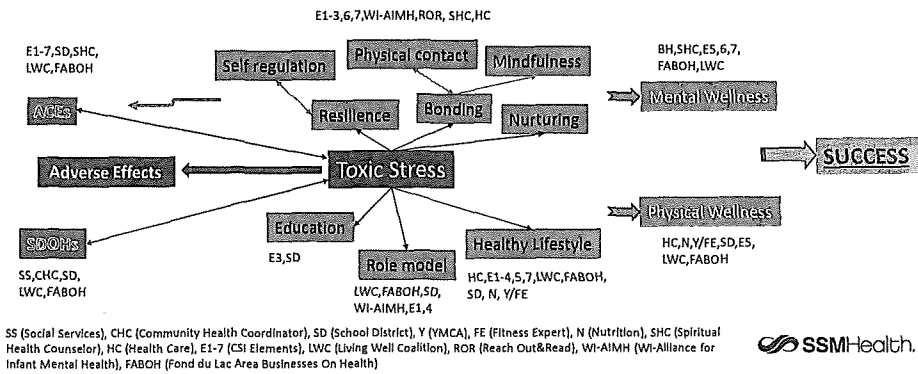
- Barrier: Limited IHBLT, CHC/SS or BH capacity through healthcare alone
- Comprehensive Community wrap-arounds → HL promotion, Reduce SDOH/Toxic Stress
 - Local coalitions (Elements) with like-minded interests/expertise
 - Local/Regional/State support (businesses/stakeholders, County/State incentives)
 - 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 → County HD → WI State
 - Grant writing/submition
 - Distribute resources: funding, volunteers, educational/messaging materials



CSI Team Community → Primary Prevention Approach

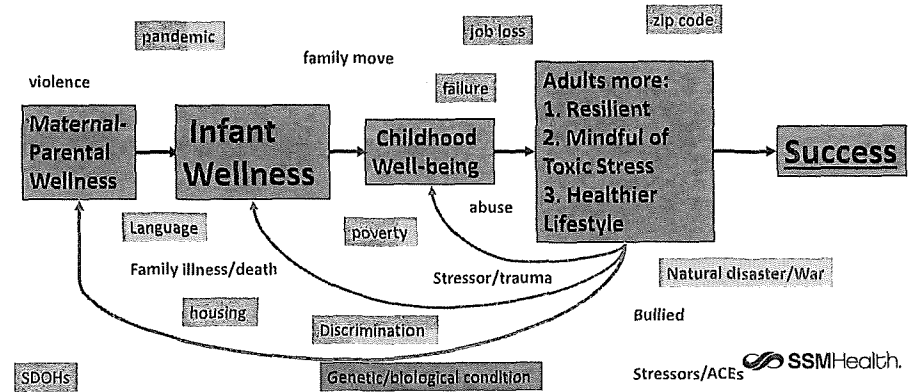


CSI Team Empowered Model for SUCCESS



SS (Social Services), CHC (Community Health Coordinator), SD (School District), Y (YMCA), FE (Fitness Expert), N (Nutrition), SHC (Spiritual Health Counselor), HC (Health Care), E1-7 (CSI Elements), LWC (Living Well Coalition), ROR (Reach Out&Read), WI-AIMH (WI-Alliance for Infant Mental Health), FABOH (Fond du Lac Area Businesses On Health)

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 Wisconsinites 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.

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