
KAREN HURD

STATE REPRESENTATIVE • 68TH ASSEMBLY DISTRICT

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