



**Statement by Tina Zuk
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Government Relations Director, VT
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The American Heart Association supports S.261 to reduce adverse childhood experiences in Vermont including the related impact they have on obesity and cardiovascular disease in Vermont.

This is important to our organization and Vermont given that the adult rate of obesity in Vermont has been steadily climbing from 10% in 1990 to 25.1% currently. An alarming 14.1% of 2-4 year olds in the WIC program are obese and 12.4% of high school students.

We also encourage the committee to include additional efforts to decrease obesity in Vermont to decrease the impact on ACES.

- ACES and adversity along the lifespan of a person is known to be associated with increased risk of poor cardio-metabolic outcomes including obesity, type 2 diabetes and hypertension.
- There is growing evidence as well of obesity's contribution to childhood depression, anxiety and self-esteem.
- Being overweight in childhood or adolescence has been linked to increased risk of bullying, weight-based victimization, lower health-related quality of life and lower self esteem.
- There are increasing studies now examining the bi-directionality of this association. i.e. ACES can cause obesity and obesity can cause ACES. We have provided a beginning literature review highlighting these relationships.
- Some key facts include:
 - For physical abuse, depression caused faster weight gain in girls, suggesting treatment for depression in this population may slow weight gain in childhood or adolescence.
 - Overweight adolescents are more likely to be bullied, putting them at increased risk of depression and anxiety and may develop coping strategies including avoiding physical exercise and binge eating, which contributes further to overweight.
 - Bullying may further contribute to poor cardiometabolic outcomes.
 - Bullying ("weight-based victimization") increases risk of depression, anxiety, poor body image, social isolation, and suicidality and coping strategies may include binge eating and avoidance of physical activity, which may further contribute to overweight/obesity.
 - Girls more often than boys used healthy coping strategies ("tried eating healthier foods" or "exercised more").

- More than half of the studies reviewed provided evidence for association between obesity and depression. In seven out of ten studies authors reviewed, childhood or adolescent obesity was a statistically significant predictor for depression

- Regarding S.261:
 - We strongly support Section 16, §136 concerning the wellness program and advisory council on wellness and comprehensive health. However, this part largely discusses what can be done in schools concerning nutrition, etc. We would encourage the committee to include additional language to also address obesity via other venues.
 - Obesity is a complex problem and part of its solution will mean changing existing norms. This has to be done on many fronts
 - i.e. S.70 which is before the committee would address early childhood eating patterns by ensuring nutrition standards for kids' meals in restaurants. 73% of Vermont parents we surveyed support this legislation
 - We also strongly support, Section 10 §702 re: Blueprint interventions that are designed to prevent chronic disease and improve outcomes for persons with chronic disease by addressing changes in individual behavior. We need to do more to start early to focus on prevention before the chronic diseases are established.
 - Healthy restaurant kids' meals, sugar sweetened beverage taxes, complete streets, etc. Are all effective ways of addressing and preventing obesity early.
 - VDH's 3-4-50 effort attempts to make the healthy choice the easy choice where Vermonters learn, work, eat and play. We would encourage the committee to consider including similar language in the bill under the wellness section.

Thanks so much for your time and consideration.