



Improving Healthy Weight in Children: The Healthiest Next Generation Initiative

December 2014

#HealthiestNextGen

Improving Healthy Weight in Children: The Healthiest Next Generation Initiative

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Cover Photo: Courtesy of YMCA of Pierce and Kitsap Counties, 2013

“

Research shows that, for the first time in our history, this generation is not expected to live as long as the previous generation.¹

This should be unacceptable to us.

We need to make the next generation the healthiest generation in the history of our state.

”

—Governor Jay Inslee
2014 State of the State Address

¹ Pam Belluck, "Children's Life Expectancy Being Cut Short by Obesity," *The New York Times*, March 17, 2005, http://www.nytimes.com/2005/03/17/health/17obese.html?_r=2& accessed on October 30, 2014.

Acknowledgements

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We are also very appreciative of the hundreds of individuals and community organizations who shared their success stories with us. We consider those stories the heart of the Healthiest Next Generation Initiative and we hope you see yourselves in this work.

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Table of Contents

- A Call to Action 1
 - Update on Proviso Activities 4
- The Opportunity 5
- The Challenge 10
- Detailed Update on Proviso Activities12
- How to Create the Healthiest Next Generation 17
 - Recommendations from the Governor’s Council 17
 - Recommendations Crosswalk: Institute of Medicine
with the Healthiest Next Generation..... 20
- Washington in the Context of National Guidance..... 23
 - Early Learning Settings 23
 - Schools 26
- Reducing Child-related Health Disparities..... 29
- Tobacco, E-cigarette, Vapor Product and Marijuana Prevention 31
 - Opportunities for Sustaining Our Success 34
- Appendices 36
 - Appendix A: Governor Policy Brief..... 37
 - Appendix B: Engrossed Substitute Senate Bill 6002
(Section 219) 40
 - Appendix C: Reviewed National Guidance 41
 - Appendix D: Recent Legislative Activity in Other States 2012-2013..... 42

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A Call to Action

If we want the next generation to be the healthiest ever, we must take vigorous action now. The Healthiest Next Generation Initiative is an opportunity to act on what we know works – to support families in helping their children grow up healthy and create systems in Washington that serve all children equally.

Unhealthy weight among our children is a contemporary problem linked to societal changes that we have the opportunity to correct. For example:

- In 1969, about 48 percent of students in the United States walked to school. This number dropped to 13 percent in 2009.²
- In 2012, about 72 percent of 10th graders in Washington did not participate in daily physical education classes.³

The goal of the Healthiest Next Generation Initiative is to help Washington's children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities. It is the product of partners in communities across Washington, with the support and leadership of Governor Jay Inslee and First Lady Trudi Inslee and the Washington State Legislature, the Departments of Health and Early Learning and Office of Superintendent of Public Instruction. These groups have come together to work on this important issue collaboratively. The Healthiest Next Generation Initiative is inspired by communities that have already made improvements to support their children. Now is our opportunity to make those improvements statewide.

Creating the healthiest next generation is within our reach if we:

- Sustain the Healthiest Next Generation Initiative by continuing funding of the program staff at the Departments of Health and Early Learning and Office of Superintendent of Public Instruction.
- Ensure resources are available for a comprehensive youth tobacco and marijuana prevention campaign, that includes E-cigarettes and vapor products.

A five percent drop in body mass index in Washington State could potentially save \$5 billion in healthcare costs in 10 years and \$14 billion in 20 years.²

² "Bending the Obesity Cost Curve in Washington," Trust for America's Health and Robert Wood Johnson Foundation, Washington, D.C., September 2012, www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf401512 accessed on February 11, 2015.

³ Healthy Youth Survey: Physical Activity for Washington State, 2012.

- Implement the policy recommendations identified and prioritized by the Governor’s Council for the Healthiest Next Generation for immediate and short-term action.

The Governor’s Council for the Healthiest Next Generation

On September 18, 2014, Gov. Inslee convened the first meeting of the Governor’s Council for the Healthiest Next Generation. This group of business and community leaders, representatives of the healthcare community, legislators, state agencies and local government discussed their top priorities for improving healthy weight in children and prioritized a set of recommendations; those featured in bold were identified as top priorities.

Recommendations for short-term action, within the next three years, to create the Healthiest Next Generation:

EARLY LEARNING SETTINGS

- **Increase training on nutrition, physical activity and screen time in Early Achievers.**
- Update the rules and regulations for licensed Child Care Centers to address the latest version of national standards on nutrition, physical activity and screen time and include required training for providers (initial, ongoing and professional development) on these topics.
- Fund regional Early Learning Collaboratives to help increase the capacity of licensed Child Care Centers to meet updated rules and regulations.

SCHOOLS

- **Encourage school districts to adopt a health and fitness education curriculum aligned with updated state standards.**
- **Feed all children well by increasing voluntary participation in breakfast programs such as *Breakfast After the Bell*, eliminating the co-pay for school lunch in grades 4-12 and supporting the Summer Food Service Program.** *Breakfast After the Bell* is any school breakfast program that provides students an opportunity to eat breakfast after the start of the instructional day.

- Encourage schools to provide active daily recess.
- Encourage drinking water by such actions as installing water bottle filling stations in schools.
- Add 30 minutes dedicated physical activity time [in schools].
- Adopt a late start for high schools.

COMMUNITIES

- **Implement healthy communities programs statewide.** Local collaboratives throughout the state work together to improve health outcomes through community-wide strategies increasing access to healthy food, physical activity opportunities and tobacco-free living.
- **Implement *Safe Routes to School* programs statewide and require a consistent *Walking School Bus* for all schools receiving funds.** *Safe Routes to School* programs work to improve safety and accessibility and reduce traffic and air pollution near schools. As a result, these programs help make bicycling and walking to school safer and more appealing transportation choices thus encouraging a healthy and active lifestyle from an early age. A *Walking School Bus* is a group of children walking to school with one or more adults.
- Encourage breastfeeding by implementing *Breastfeeding Friendly Washington*, funding Medicaid to reimburse for breastfeeding education and lactation counseling and assuring breastfeeding support is defined and covered by insurance.
- Implement complete streets statewide. Complete streets are for pedestrians, bicyclists, motorists and transit riders. They allow people of all ages and abilities the opportunity to move safely along a street. A complete street may include sidewalks, bike lanes, bus shelters, pedestrian signals, median islands and more.
- Encourage fruit and vegetable purchases through Washington's Basic Food (food stamp) program.



Update on Proviso Activities

Overview: July to October 2014

See Appendix B for the text from Engrossed Substitute Senate Bill 6002, Section 219. A detailed update on proviso activities follows on page 12.

Item	Status	Current Impact	Expected Impact
Expansion of programs across Washington that have demonstrated success in increasing physical activity, access to healthy food and drinking water.	Identification complete	List of evidence-based recommendations vetted by partners and stakeholders.	Statewide implementation of recommendations that can improve health of all children.
Provide toolkits and mentoring for early learning and school professionals to encourage children to be active, eat healthy food and have access to drinking water.	In progress – complete by July 1, 2015	Identification of resources and interested individuals.	Resources and mentoring will be available to the staff in 295 school districts and to over 6,000 child care programs.
Enhance performance standards for the Early Childhood Education and Assistance Program (ECEAP).	Beginning January 2015	Hiring of licensed health professional in Department of Early Learning to lead this work.	Increase the healthy eating and physical activity of over 8,300 children.
Revise statewide guidelines for quality health and fitness education in schools.	In progress – complete by July 1, 2015	State’s health and fitness guidelines are in line with national standards.	Potential increase in the health of over 1 million students annually.
Establish performance metrics.	In progress – complete by July 1, 2015	Alignment with Results Washington.	Ability to measure progress toward goal of creating healthiest next generation.

The Opportunity

The Healthiest Next Generation Initiative is an opportunity for community organizations, businesses, state and local agencies and other partners to collaborate under a common vision and goal.

Achieving this goal will present many related opportunities:

- Serving children more fruits and vegetables in early learning settings and schools can also support local agricultural business.
- Supporting children walking and biking to school can result in improvements to school grounds, sidewalks and streets and potentially decrease school transportation costs and traffic impacts.
- Healthy children overall perform better in school. A study published by researchers in 2008⁴, using data from the National Longitudinal Survey of Youth 1997 cohort and after accounting for family characteristics, showed “adolescents with poorer general health were found to be less likely than healthier students to graduate from high school on time and attend college or post-secondary education.”⁵
- In the school environment, children’s health is impacted by their access to physical activity and nutrition. Similarly, interventions relating to increased physical activity for children during the school day, through either extended physical activity or classroom physical activity breaks, have shown that, “students perform better or the same as control groups, despite their having less classroom instruction time.”⁶ A study conducted with elementary and middle school students in Baltimore and Philadelphia in which participating students received a free breakfast found that those students had improved nutrition, reduced depression and anxiety, improved attendance and higher math grades.⁷

VISION:

Make our next generation the healthiest ever.

GOAL:

Help our children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities.

⁴ Steven A. Hass and Nathan Edward Fosse, “Health and Educational Attainment of Adolescents: Evidence from the NLSY97,” *Journal of Health and Social Behavior*, Vol. 49, No. 2, June 2008, pp. 178–192.

⁵ Julia Dilley, “Research Review: School-based Health Interventions and Academic Achievement,” Washington State Board of Health, Washington State Office of Superintendent of Public Instruction, Washington State Department of Health, September 2009, p. 2.

⁶ *Ibid*, p. 16.

⁷ *Ibid*, p. 17.

Focus Areas of the Healthiest Next Generation Initiative

The focus areas of the Healthiest Next Generation Initiative are not necessarily new. In fact, the heart of the Healthiest Next Generation Initiative is to elevate changes that are already under way in some early learning settings, schools and communities to reach across Washington – to promote breastfeeding and help children eat well and enjoy active lives. Yet these changes are occurring only in pockets, often as a result of a grant or a local champion, and disparities persist.

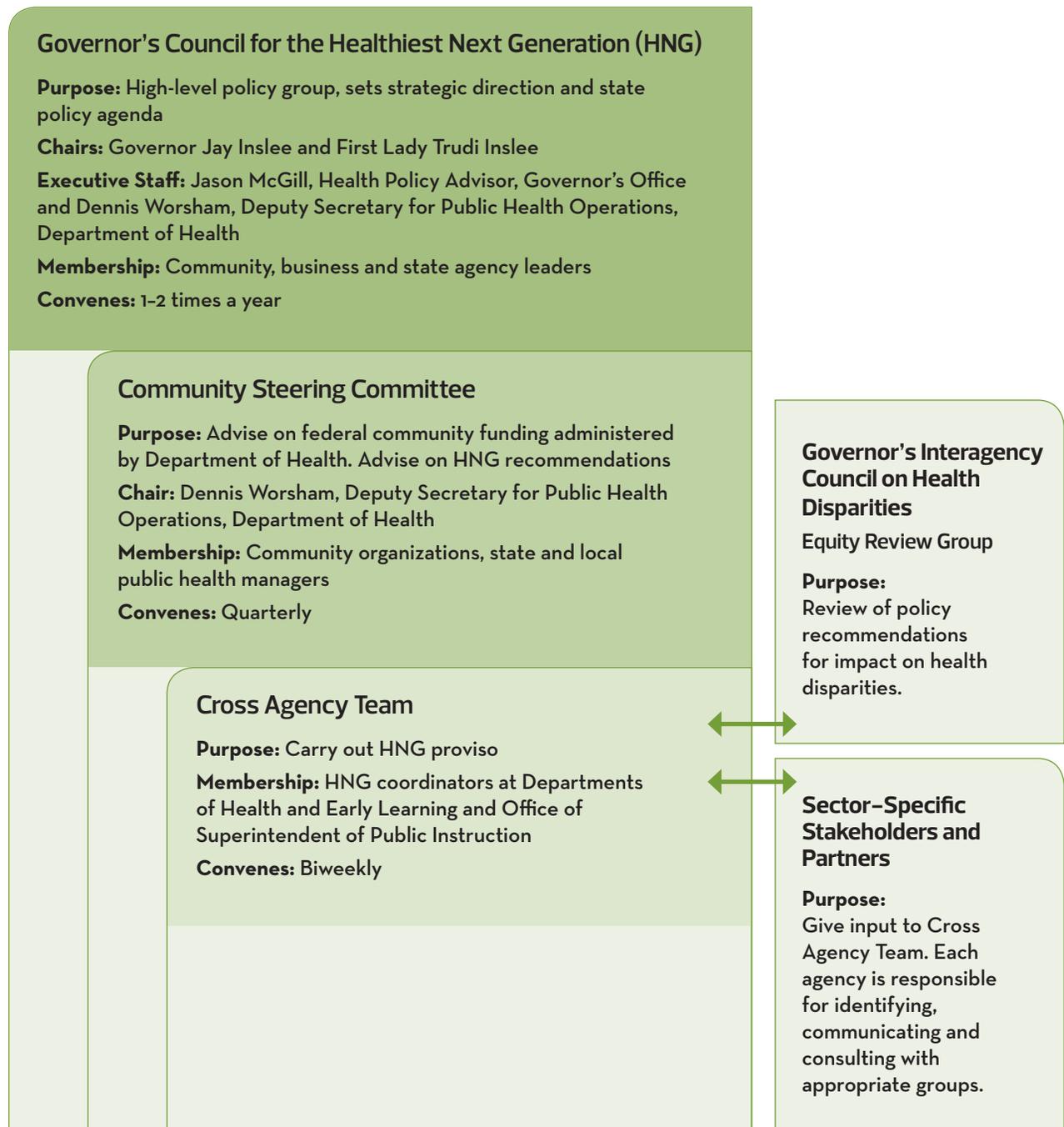
Focus Areas

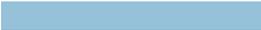
Healthy Early Learning Settings	Healthy Schools	Healthy Communities
<p>Infants and children cared for in early learning environments are:</p> <ul style="list-style-type: none"> ▪ Breastfed or fed breastmilk safely pumped and stored by their mother ▪ Active every day ▪ Playing in safe places ▪ Spending less time in front of screens ▪ Eating nutritious snacks and meals ▪ Drinking clean water instead of sugar-sweetened drinks 	<p>Children in school are:</p> <ul style="list-style-type: none"> ▪ Active every day ▪ Playing in safe places ▪ Eating nutritious meals ▪ Drinking clean water instead of sugar-sweetened drinks 	<p>Children grow up in communities where:</p> <ul style="list-style-type: none"> ▪ It is easy to find affordable, healthy food ▪ There are safe places to play and be active ▪ Hospitals follow the Ten Steps to Successful Breastfeeding ▪ Employers provide a safe place to pump and store breastmilk ▪ Healthcare providers encourage breastfeeding

What is new about the Healthiest Next Generation Initiative is the potential for state resources to make statewide changes that impact all communities in Washington, and the collaborative leadership of three state agencies and the Governor’s Office to improve healthy weight in Washington’s children. One-time funding from Engrossed Substitute Senate Bill 6002 in July 2014 (hereafter referred to as the proviso, included in Appendix B) established a formal collaboration between the Departments of Health and Early Learning and Office of Superintendent of Public Instruction as a Cross Agency Team to implement the activities within the proviso. In addition, all three agencies have invested significant in-kind resources of leadership and communication staff to launch the initiative and help it become successful.

Many partners are enthusiastic about the opportunities provided by the Healthiest Next Generation Initiative. To capitalize on that energy, we created an infrastructure for collaboration in identifying statewide recommendations.

Infrastructure for Collaboration





Cross Agency Team

The Departments of Health and Early Learning and Office of Superintendent of Public Instruction formed a Cross Agency Team with one staff member each dedicated to the initiative. The proviso funds to support these three positions became available on July 1, 2014. Prior to this funding, the three agencies forming the team didn't have resources focused solely on how to improve healthy weight in children. Some members of the Cross Agency Team began meeting in late July. Team members for all three agencies were in place by November 1. The Department of Health is the lead agency for the team and convenes meetings.

The work of the Cross Agency Team is to implement the activities in the proviso and assist with public communication and engagement around the initiative. From July through September, the Cross Agency Team was primarily focused on a statewide appreciative inquiry process to identify recommendations for consideration by the Community Steering Committee and the Governor's Council for the Healthiest Next Generation. An appreciative inquiry process is one that is built on looking at successes as opposed to problems.

Community Steering Committee

We have engaged a Community Steering Committee for the initiative. The committee will meet quarterly and members include community and business leaders, administrators of local health agencies and state agency representatives. The committee met for the first time on September 8, 2014 with the primary purpose of reviewing and refining the recommendations brought forward from the Cross Agency Team to identify the best actions to take to create the healthiest next generation. Final recommendations were presented to the Governor's Council for the Healthiest Next Generation.

Governor's Council for the Healthiest Next Generation

Gov. Inslee convened a Governor's Council for the Healthiest Next Generation for the first time on September 18, 2014. This group of

business and community leaders, representatives of the healthcare community, legislators, state agencies and local government discussed top priorities for improving healthy weight in children.

After a lively and passionate discussion, the council members voted on the recommendations of the Community Steering Committee. These recommendations are found on page 17. This group intends to meet again in mid-2015.

Governor's Interagency Council on Health Disparities

In Washington, 75 percent of 10th graders are at a healthy weight. There are some youth populations – American Indian/Alaska Native, Black, Hispanic, Native Hawaiian and other Pacific Islanders – with much lower rates of healthy weight.⁸ Recognizing that inequities in healthy weight exist, the Governor's Interagency Council on Health Disparities adopted obesity as one of its top priorities.

To align efforts and avoid duplication, the council is partnering on the Healthiest Next Generation Initiative. This council convened a special review group to provide input at two points in the process: the review of success stories received and an initial review of the proposed recommendations. The group identified gaps and recommended successes to elevate, with a focus on promoting equity. Members of the group included individuals from diverse communities around the state and leaders in childhood obesity prevention. The council also assisted with the collection of success stories and provided several briefing documents to inform the process.

To learn more, see the Council's [2012 State Policy Action Plan to Eliminate Health Disparities](#).



⁸ "Obesity and Risk Factor Summary Fact Sheet," Healthy Youth Survey, Washington State Department of Health, Tumwater, WA, February 2013.

The Challenge

23 percent of 10th graders are obese or overweight.¹²

While there is an opportunity, we must also address the problem we are trying to solve. Improving healthy weight also means preventing unhealthy weight. While in some cases children are underweight, in most cases they are overweight. Being at an unhealthy weight can impact a child's quality of life as well as placing them at risk for chronic conditions like asthma, diabetes and heart disease.

The health of Washington's children today is directly tied to the long-term health of our entire state. According to the Centers for Disease Control and Prevention (CDC), children who are overweight or obese as preschoolers are five times as likely as healthy-weight children to be overweight or obese as adults.⁹ Obesity-related medical problems in adults increase medical costs. The estimated annual medical cost for adult obesity in Washington is \$2.98 billion.¹⁰ Obesity in adults also results in missed work days and lower productivity.¹¹

Recent Data on Obesity Rates in the Children of Washington

- In Washington, about one-quarter of children ages 2-4 served by the Women, Infants, and Children (WIC) Nutrition Program in 2012 were overweight or obese. The WIC Nutrition Program serves half of all infants born in Washington.
- In addition, 23 percent of 10th graders are obese or overweight.¹²
- Among students in grade 10, American Indians, Blacks, Hispanics and Pacific Islanders were significantly more likely than Non-Hispanic Whites to be overweight or obese.¹³
- Rates of obesity and overweight are linked in part to a student's diet and physical activity. In 2012, 76 percent of 10th graders ate less than five servings of fruits and vegetables a day and 50 percent spent at least three or more hours in recreational screen time (watching TV, playing video games or using a computer for fun).¹⁴

- Last year, a report released by the CDC “showed that 18 states, including Washington, and one U.S. Territory experienced a decline in obesity rates among 2- to 4-year-olds from low-income families between 2008 and 2011.”¹⁵ Washington’s rate fell from 14.4 percent to 14 percent, a decrease considered statistically significant. According to the CDC, specific factors for the decrease could not be readily identified but may be related to a series of contributing factors including: implementation of physical activity and nutrition standards in early child care settings, improved access to healthier foods and physical activity access in communities and possibly also the alignment of the WIC food package with the Dietary Guidelines for Americans. Increases in breastfeeding may have also contributed to the decrease.¹⁶ However, Washington did not experience one of the highest reductions. That distinction went to the U.S. Virgin Islands, followed by Florida, Georgia, Missouri, New Jersey and South Dakota.

⁹ Centers for Disease Control and Prevention, “Progress on Childhood Obesity,” *CDC Vital Signs*, U.S. Department of Health and Human Services, August 2013, <http://www.cdc.gov/vitalsigns/pdf/2013-08-vitalsigns.pdf>, accessed on November 17, 2014.

¹⁰ Justin G. Trogon et al., “State- and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity,” *Obesity*, Vol. 20, No. 1, January 2012.

¹¹ David S. Ludwig and Harold A. Pollack, “Obesity and the Economy: From Crisis to Opportunity,” *Journal of the American Medical Association*, Vol. 301, No. 5, February 4, 2009, pp. 533–535.

¹² Healthy Youth Survey: Weight and Obesity for Washington State, 2012.

¹³ “Obesity and Risk Factor Summary Fact Sheet,” Healthy Youth Survey, Washington State Department of Health, Tumwater, WA, February 2013.

¹⁴ Healthy Youth Survey: Dietary Behaviors for Washington State, 2012.

¹⁵ “The State of Obesity in Washington,” Trust for America’s Health and Robert Wood Johnson Foundation, Washington, D.C., September 2014, <http://stateofobesity.org/states/wa/#print> accessed on October 28, 2014.

¹⁶ Ashleigh L. May et. al. “Obesity Among Low-Income, Preschool-aged Children—United States, 2008–2011,” *Vital Signs/Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, August 9, 2013, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a4.htm> accessed on October 28, 2014.

Detailed Update on Proviso Activities

In addition to establishing positions at the Departments of Health and Early Learning and Office of Superintendent of Public Instruction, the proviso also outlined a series of actions to be taken. An update on the status of those activities follows. All proviso activities will be complete as of July 1, 2015.

IDENTIFICATION COMPLETE

Expansion of programs across Washington that have demonstrated success in increasing physical activity, access to healthy food and drinking water.

To identify appropriate programs for expansion, the Cross Agency Team engaged in an appreciative inquiry process by asking partners and community-based organizations across the state what programs or actions they found effective in improving healthy weight in children. An appreciative inquiry process is one that is built on looking at successes as opposed to problems.¹⁷ Over 200 submissions were received.

Based on input from the Equity Review Group, collected success stories, national recommendations, best practices and professional expertise, the team drafted a list of statewide recommendations to create the healthiest next generation. As previously described, these recommendations were refined by the Community Steering Committee and prioritized for consideration by the Governor's Council for the Healthiest Next Generation. The recommendations as prioritized by the Governor's Council for the Healthiest Next Generation are found on page 17.

¹⁷ International Association for Public Participation, "Techniques for Effective Public Participation: Foundations in Effective Public Participation," IAP2 Federation, 2014, Louisville, CO, p. 74.

Provide toolkits and mentoring for early learning and school professionals with strategies to encourage children to be active, eat healthy food and have access to drinking water.

TOOLKITS

The Healthiest Next Generation Coordinators at Office of Superintendent of Public Instruction (OSPI) and Department of Early Learning (DEL) are in the process of identifying toolkits specific to each of their constituencies.

- OSPI: In the process of reviewing and compiling existing toolkits from across the country and creating a page within their website to post them. Toolkits will include the *School Wellness Policy Best Practices for Policy Development, Implementation, and Evaluation (2013)* and the Centers for Disease Control and Prevention's toolkit for school-based physical activity.
- DEL: In the process of reviewing and compiling existing toolkits from across the country and creating a page within their website to post them. The new Washington State Department of Agriculture's toolkit for Farm to Preschool initiatives will be featured.

MENTORING

- OSPI: Mentoring opportunities for school professionals are under review by the agency. One of these opportunities is the Health and Fitness Cadre which is comprised of 30 highly-qualified health and fitness educators selected from across the state. Cadre members champion student health as a strategy for improving academic performance. The members are available for local, regional and state trainings for other health and fitness educators to provide support on best practices in Health and Fitness instruction, scoring and implementation of health and fitness assessments, connections to the Common Core State Standards, grant writing, learning standards and more. The Cadre is in its sixth year and each year its focus of learning changes. This school year the focus is on Comprehensive School Physical Activity Program (CSPAP) implementation, development and evaluation as well as revision of the state health and fitness learning standards. Members meet in person once or twice a year, for two days

at a time, depending on available funds. Because it's been successful, the Health and Fitness Cadre has become a model program for other states.

- DEL: Mentoring opportunities for early learning professionals and child care providers are under review by the agency.

BEGINNING JANUARY 2015

Enhance performance standards for the Early Childhood Education and Assistance Program to include best practices on healthy eating and physical activity, nutrition education activities in written curriculum plans and the incorporation of healthy eating, physical activity and screen time education into parent education.

The Early Childhood Education and Assistance Program (ECEAP) is the state funded program that provides free services and support to eligible 3- and 4-year-olds and their families. Services include early learning preschool, family support and parental involvement, child health coordination (including medical and dental care) and nutrition. It complements the federally-funded Head Start program. ECEAP accepts families at or below 110 percent of the federal poverty level. The program prioritizes accepting children from families with the lowest incomes, or children who are homeless, in foster care or have multiple risk factors for the limited number of slots. In 2011–2012, there were 8,391 available slots.¹⁸

Work on enhancing the ECEAP Performance Standards and parent education materials to incorporate best practices in nutrition and physical activity will begin in January 2015.

IN PROGRESS complete by July 1, 2015

Revise statewide guidelines for schools for quality health and fitness education.

In 2008, Washington formally adopted the K-12 Washington State Health and Fitness Learning Standards. Since this time there has been a revision of the National Physical Education Standards (2014) and National Health

¹⁸ "Early Childhood Education and Assistance Program, Head Start and Early Head Start in Washington State 2012 profile," Department of Early Learning, Olympia, 2012, p. 8.

Education Standards (2008). In May 2014, OSPI provided an overview to the Curriculum Advisory and Review Committee (CARC) of the current K-12 Washington State Health and Fitness Learning Standards. The CARC is comprised of superintendents, assistant superintendents, principals, and curriculum directors. After review and discussion, OSPI received support from the CARC to proceed with a K-12 Washington State Health and Fitness Learning Standards revision process.

In early October 2014, OSPI convened a team of health and fitness educators with expertise in a number of areas, including, Early Childhood Education, K-12 Physical Education and K-12 Health Education. This team includes a member of the National Physical Education Standards Committee. Members of the team are from elementary, middle and high schools. OSPI is convening monthly meetings with the Health and Fitness Standards Revision Team through June 2015 and will use the National Standard sets, other states' standards, Common Core State Standards and the Next Generation Science Standards to inform revision. OSPI plans to issue the revised standards in June 2015.

Establish performance metrics.

The Department of Health currently collects data in the following areas that relate to healthy weight in children:

- Increase the percentage of Women, Infants and Children (WIC) Nutrition Program infants who continue to breastfeed for at least six months
- Increase the percentage of children ages 2-4, receiving WIC services, with healthy weight
- Increase the percentage of students meeting recommendations for 60 minutes of daily physical activity
- Increase the percentage of students eating at least five fruits/vegetables daily
- Decrease the percentage of students who drink two or more sodas a day

IN PROGRESS

complete by
July 1, 2015

Results
Washington
is Gov. Inslee's
performance
management
system for
state agencies.

ALIGNMENT WITH RESULTS WASHINGTON

Goal 1: World-Class Education

- Increase the percentage of public schools that provide access to all required subject areas (arts, world languages, career and technical education, fitness and social studies).

Goal 2: Sustainable, Efficient Infrastructure

- Reduce the number of pedestrian and bicycle fatalities on public roadways.

Goal 3: Sustainable Energy and a Clean Environment

- Reduce transportation-related greenhouse gas emissions.
- Increase participation in outdoor activities on state public recreation lands and waters.

Goal 4: Healthy and Safe Communities

- Increase the percentage of 10th graders with healthy weight.
- Increase the number of Washington schools serving nutritious, Washington grown foods.
- Increase the percentage of healthier food options being offered to low-income children and families through food pantries, farmers markets and meal programs.
- Decrease number of traffic related fatalities on all roads.

How to Create the Healthiest Next Generation

Below are the recommendations to create the Healthiest Next Generation. Items featured in bold were identified as top priorities.

Recommendations from the Governor's Council

EARLY LEARNING SETTINGS

- **Increase training on nutrition, physical activity and screen time in Early Achievers.**
- Update the rules and regulations for licensed Child Care Centers to address the latest version of national standards on nutrition, physical activity and screen time and include required training for providers (initial, ongoing and professional development) on these topics.
- Fund regional Early Learning Collaboratives to help increase the capacity of licensed Child Care Centers to meet updated rules and regulations.

SHORT-TERM
within the
next 3 years

SCHOOLS

- **Encourage school districts to adopt a health and fitness education curriculum aligned with updated state standards.**
- **Feed all children well by increasing voluntary participation in breakfast programs such as *Breakfast After the Bell*, eliminating the co-pay for school lunch in grades 4-12 and supporting the Summer Food Service Program.** *Breakfast After the Bell* is any school breakfast program that provides students an opportunity to eat breakfast after the start of the instructional day.
- Encourage schools to provide active daily recess.
- Encourage drinking water by such actions as installing water bottle filling stations in schools.
- Add 30 minutes dedicated physical activity time [in schools].
- Adopt a late start for high schools.

COMMUNITIES

- **Implement healthy communities programs statewide.** Local collaboratives throughout the state work together to improve health outcomes through community-wide strategies increasing access to healthy food, physical activity opportunities and tobacco-free living.
- **Implement *Safe Routes to School* programs statewide and require a consistent *Walking School Bus* for all schools receiving funds.** *Safe Routes to School* programs work to improve safety and accessibility and reduce traffic and air pollution near schools. As a result, these programs help make bicycling and walking to school safer and more appealing transportation choices thus encouraging a healthy and active lifestyle from an early age. A *Walking School Bus* is a group of children walking to school with one or more adults.
- Encourage breastfeeding by implementing *Breastfeeding Friendly Washington*, funding Medicaid to reimburse for breastfeeding education and lactation counseling and assuring breastfeeding support is defined and covered by insurance.
- Implement complete streets statewide. Complete streets are for pedestrians, bicyclists, motorists and transit riders. They allow people of all ages and abilities the opportunity to move safely along a street. A complete street may include sidewalks, bike lanes, bus shelters, pedestrian signals, median islands and more.
- Encourage fruit and vegetable purchases through Washington's Basic Food (food stamp) program.

LONG-TERM

EARLY LEARNING SETTINGS

- Revise the rules and regulations for Family Home Child Care and School-Age Child Care to meet the national standards on nutrition, physical activity and screen time and include required training for providers (initial, ongoing and professional development) on these topics.
- Fund the installation of water bottle filling stations in all 1,542 licensed Child Care Centers.

SCHOOLS

- Sustain and expand the *Farm to School* program at the Department of Agriculture.
- Support schools to increase fresh fruit and vegetable consumption.
- Eliminate waivers or exemptions for physical education in schools.
- Support school districts in providing minimally processed foods in school meals.

COMMUNITIES

- Adopt a statewide public awareness campaign to promote healthy weight strategies for children and families.
- Staff the statewide Food System Round Table.
- Implement *Healthy School Zones* across Washington.



Recommendations Crosswalk: Institute of Medicine with the Healthiest Next Generation

The Institute of Medicine is an independent, nonprofit organization established in 1970 as the health arm of the National Academy of Sciences. In 2012, it released a report called *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* that outlined five overarching recommendations for improving healthy weight in adults and children. Each recommendation has numerous corresponding strategies.¹⁹

Below is a crosswalk showing how we see the Healthiest Next Generation recommendations aligning with those from the Institute of Medicine. Bolded recommendations were prioritized by the Governor’s Council.

Institute of Medicine	The Healthiest Next Generation Initiative
<p>Integrating physical activity every day in every way</p> <p>Communities, transportation officials, community planners, health professionals and governments should make promotion of physical activity a priority by substantially increasing access to places and opportunities for such activity.</p>	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Implement <i>Safe Routes to School</i> programs statewide and require a consistent <i>Walking School Bus</i> for all schools receiving funds. ▪ Increase training on nutrition, physical activity and screen time in <i>Early Achievers</i>. ▪ Fund regional Early Learning Collaboratives to help increase the capacity of licensed Child Care Centers to meet updated rules and regulations. ▪ Update the rules and regulations for licensed Child Care Centers to address the latest version of national standards on nutrition, physical activity and screen time and include required training for providers (initial, ongoing and professional development) on these topics. ▪ Implement complete streets statewide. <p>Long-term:</p> <ul style="list-style-type: none"> ▪ Revise the rules and regulations for Family Home Child Care and School-Age Child Care to meet the national standards on nutrition, physical activity and screen time and include required training for providers (initial, ongoing and professional development) on these topics.

¹⁹ Institute of Medicine, “Recommendations: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation,” National Academy of Sciences, Washington, D.C., May 2012, http://www.iom.edu/~media/Files/Report%20Files/2012/APOP/APOP_insert.pdf accessed on October 31, 2014.

Institute of Medicine	The Healthiest Next Generation Initiative
<p>Making healthy foods available everywhere</p> <p>Governments and decision makers in the business community/private sector should make a concerted effort to reduce unhealthy food and beverage options and substantially increase healthier food and beverage options at affordable, competitive prices.</p>	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Feed all children well by increasing voluntary participation in breakfast programs such as <i>Breakfast After the Bell</i>, eliminating the co-pay for school lunch in grades 4-12 and supporting the Summer Food Service Program. ▪ Encourage fruit and vegetable purchases through Washington’s Basic Food (food stamp) program. ▪ Encourage drinking water by actions such as installing water bottle filling stations in schools. <p>Long-term:</p> <ul style="list-style-type: none"> ▪ Staff the statewide Food System Round Table. ▪ Sustain and expand the <i>Farm to School</i> program at the Department of Agriculture. ▪ Support schools to increase fresh fruit and vegetable consumption. ▪ Support school districts in providing minimally processed foods in school meals. ▪ Fund the installation of water bottle filling stations in all 1,542 licensed Child Care Centers.
<p>Marketing what matters for a healthy life</p> <p>Industry, educators, and governments should act quickly, aggressively, and in a sustained manner on many levels to transform the environment that surrounds Americans with messages about physical activity, food, and nutrition.</p>	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Adopt a statewide public awareness campaign to promote healthy weight strategies for children and families.
<p>Activating employers and healthcare professionals</p> <p>Healthcare and health service providers, employers, and insurers should increase the support structure for achieving better population health and obesity prevention.</p>	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Implement healthy communities programs statewide. ▪ Encourage breastfeeding by implementing <i>Breastfeeding Friendly Washington</i>, funding Medicaid to reimburse for breastfeeding education and lactation counseling and assuring breastfeeding support is defined and covered by insurance.



Institute of Medicine	The Healthiest Next Generation Initiative
<p>Strengthening schools as the heart of health</p> <p>Federal, state, and local government and education authorities, with support from parents, teachers, and the business community and the private sector, should make schools a focal point for obesity prevention.</p>	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Encourage school districts to adopt a health and fitness education curriculum aligned with updated state standards. ▪ Encourage schools to provide active daily recess. ▪ Add 30 minutes dedicated physical activity time [in schools]. ▪ Create a late start for high schools. <p>Long-term:</p> <ul style="list-style-type: none"> ▪ Eliminate waivers or exemptions for physical education in schools. ▪ Implement <i>Healthy School Zones</i> across Washington.

“ On their own, accomplishing any one of these [recommendations] might help speed up progress in preventing obesity, but together, their effects will be reinforced, amplified and maximized.²⁰ ”

—Institute of Medicine, “Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation,” 2012

²⁰Institute of Medicine, “Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation,” National Academy of Sciences, Washington, D.C., May 8, 2012, <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx> accessed on October 31, 2014.

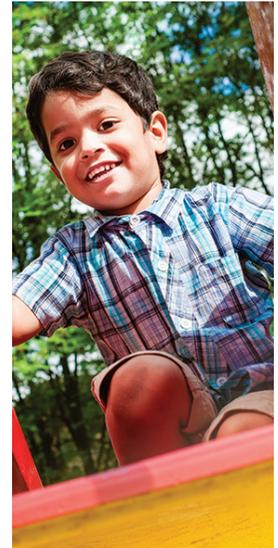
Washington in the Context of National Guidance

What follows is an overview of the national guidance on physical activity and healthy eating for children in early learning settings and schools. We have also included the status of Washington's programs in comparison. Unfortunately, current resource allocation and other limitations have prevented Washington from meeting the national guidance.

Early Learning Settings

The gold standard in best practices for early care and education programs is provided by the National Resource Center for Health and Safety in Child Care as published in *Caring for Our Children*, a collaboration of the American Academy of Pediatrics, the American Public Health Association and the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services. There are a total of 47 high-impact standards set forth for infant feeding, nutrition and physical activity/screen time for child care centers and family home child care centers. A comparison of the 47 high-impact standards with existing state regulations show child care centers meeting eight out of the 47 combined standards and family home care centers meeting 12 out of the 47 combined standards. A more detailed overview follows below.

A study funded by the Robert Wood Johnson Foundation that rated each state's child care center and family home regulations on healthy eating and physical activity gave a "C+" grade for healthy eating and a "C" for physical activity, on a scale of "A to F" to Washington State.²¹



²¹ Sara E. Benjamin Neelon, "Preventing Obesity in the Child Care Setting: Evaluating State Regulations," Robert Wood Johnson Foundation Healthy Eating Research, Princeton, NJ, 2008. Published via the web on July 6, 2011, http://cfm.mc.duke.edu/wysiwyg/downloads/State_Reports_Final.pdf.

NUTRITION

*Evidence-Based Standards for Nutrition in Early Care and Education Programs:*²²

- Foods that are high fat, high sugar, and high sodium are served less than once per week, if at all.
- Caregivers and children eat together and food is served family style.
- Food is not used as a reward or punishment.
- Water is readily available throughout the day.
- No sugar-sweetened beverages are served.
- Fruit juice is limited to a maximum of 4-6 ounces two times per week for children aged 1-5 years.
- Only 1 percent or nonfat milk is served to children over 2 years of age.
- Programs have a written “Infant Feeding Policy” reviewed by a registered dietitian.
- Infants are fed on cue and the staff receives training on infant feeding cues.
- Programs encourage, support and accommodate breastfeeding mothers and infants.
- Age-appropriate solid foods are introduced to infants between 4-6 months of age.
- Infants are not fed juice.
- Total of 21 high-impact standards relating to nutrition.

Washington: The state regulations for Child Care Centers fully meet just one of the 21 identified nutrition standards while state rules for Family Home Child Care Centers fully meets four of the 21 identified nutrition standards.

²² American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, “Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition,” Elk Grove Village, Il.: American Academy of Pediatrics; Washington, D.C.: American Public Health Association, 2011.

PHYSICAL ACTIVITY AND SCREEN TIME

*Evidence-Based Standards for Physical Activity and Screen Time in Early Care and Education Programs:*²³

- Children in full day care are provided outdoor play for 60-90 minutes per day.
- Infants have outside time 2-3 times per day.
- Toddlers are provided 60-90 minutes of vigorous play daily.
- Preschoolers are provided 90-120 minutes of vigorous play daily.
- Children in part time programs are allowed at least 20 minutes of vigorous activity per every three hours of care.
- Infants have supervised “tummy time” when they are awake.
- Activity is never withheld from children as a form of punishment.
- No screen time for children under two years of age.
- Children over two years of age should have no more than 30 minutes per week of total media time.
- Computer use is limited to no more than 15 minute increments except for school age children completing homework.
- Total of 15 high-impact standards relating to physical activity and screen time.

Washington: The state rules for Child Care Centers contain just two of the 15 identified physical activity/screen time standards, while state WACs for Family Home Child Care Centers fully meets four of the 15 identified physical activity/screen time standards.

²³ American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, “Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition,” Elk Grove Village, Il.: American Academy of Pediatrics; Washington, D.C.: American Public Health Association, 2011.

Schools

Washington's public education system reaches approximately 1.1 million students through grades K-12 across 295 school districts. Physical activity in school can be obtained through recess, when it is offered, as part of before and after school programs, and as part of a physical education class. In schools where meals are served, the minimum nutrition standards are set by the school's participation in the National School Lunch Program (NSLP) or the School Breakfast Program (SBP). The average daily participation in the NSLP is 487,430 students and the average daily participation in the SBP is 177,535 students.²⁴

PHYSICAL ACTIVITY/PHYSICAL EDUCATION (PE)

The overarching guidance for physical activity among children and adolescents is to participate in 60 minutes of physical activity most days of the week, preferably daily. According to the Centers for Disease Control and Prevention, there is substantial evidence that physical activity can help improve academic achievement, including grades and standardized test scores.²⁵

National Guidance for PE in Elementary Schools:²⁶

- All elementary students shall be required to participate in physical education for all years of enrollment in elementary school. Physical Education shall be provided five days/week, or the equivalent of 150 minutes/week (30 minutes per day), for the entire school year. At least 50 percent of physical education class time should be spent in moderate to vigorous physical activity.

Washington: OSPI requires that students in grades 1-8 have an average of 100 minutes/week in physical education. Districts have flexibility in determining how to meet this standard. In 2012, 42 percent of 6th graders in our state did not meet the recommendation for 60 minutes of physical activity daily.²⁷

²⁴ OSPI Child Nutrition Program, October 2013.

²⁵ Centers for Disease Control and Prevention, "The association between school based physical activity, including physical education, and academic performance," U.S. Department of Health and Human Services; Atlanta, Ga., 2010.

²⁶ National Physical Activity Plan, "Comprehensive School Physical Activity Program Policy Continuum," Columbia, Sc., February 2012.

²⁷ Healthy Youth Survey: Physical Activity for Washington State, 2012.

National Guidance for PE in Middle Schools:²⁸

- All middle school students shall be required to participate in physical education for all years of enrollment in middle school. Physical Education shall be provided five days/week, or the equivalent of 225 minutes/week (45 minutes per day), for the entire school year. At least 50 percent of physical education class time should be spent in moderate to vigorous physical activity.

Washington: OSPI requires that students in grades 1-8 have an average of 100 minutes/week in physical education. Districts have flexibility in determining how to meet this standard. In 2012, 44 percent of 8th graders in our state did not meet the recommendation for 60 minutes of physical activity daily.²⁹

National Guidance for PE in High Schools:³⁰

- All high school students shall be required to participate in physical education for all years of enrollment in high school. Physical Education shall be provided five days/week, or the equivalent of 225 minutes/week (45 minutes per day), for the entire school year. At least 50 percent of physical education class time should be spent in moderate to vigorous physical activity. Physical education shall be exclusive of health education and shall be available for all four years of high school, and there shall be no maximum placed on the number of physical education hours that a student can participate in.

Washington: Only 1.5 years of physical education are required during the high school years. Some high school students also petition for waivers to opt out of Physical Education during their high school years. In 2012, 49 percent of 10th graders and 53 percent of 12th graders in our state did not meet the recommendation for 60 minutes of physical activity daily.³¹

²⁸ National Physical Activity Plan, "Comprehensive School Physical Activity Program Policy Continuum," Columbia, Sc., February 2012.

²⁹ Healthy Youth Survey: Physical Activity for Washington State, 2012.

³⁰ National Physical Activity Plan, "Comprehensive School Physical Activity Program Policy Continuum," Columbia, Sc., February 2012.

³¹ Healthy Youth Survey: Physical Activity for Washington State, 2012.

SCHOOL NUTRITION

As a result of the Healthy, Hunger-Free Kids Act of 2010, there have been several key changes to the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). Regulatory changes include updated nutrition standards for school meals. The cornerstone of the new standards is new meal patterns, which include more servings of fruit and whole grains, a wider variety of vegetables and low-fat milk. The act also provides guidelines for foods served outside the NSLP and SBP, now commonly referred to as competitive foods. If a state has its own guidelines that are more nutritious than the federal guidelines, the state's guidelines take precedence.

Washington: The state provides no guidance for school nutrition standards or access to water outside the Healthy, Hunger-Free Kids Act. If guidance exists, it is present on a district-by-district basis. Washington ranks 39th for participation rates in the School Breakfast Program with 44 percent of students participating for the last year in which numbers are available. If the state's participation rate for free and reduced-price students increased to 70 percent, the state would receive an additional \$23 million dollars.³²

³² "Washington: Profile of Hunger, Poverty, and Federal nutrition Programs," Food Research and Action Center, Washington, D.C., December 1, 2013. Participation numbers for the School Breakfast Program are from school year 2011-2012.

Reducing Child-related Health Disparities

A review of the scientific literature over the last five years by the staff for the Governor's Interagency Council on Health Disparities shows that there is scarce evidence to indicate how to prevent obesity in the general population and even less evidence for best practices for addressing obesity disparities.³³ However, the staff from Public Health–Seattle & King County recently showed that youth obesity dropped in low-income school districts in King County that were part of a Centers for Disease Control and Prevention (CDC) funded grant initiative. The initiative focused on school-based prevention including improving opportunities for physical activity, the quality of physical education and healthy food choices on the school campus. The study showed a 17 percent decline in youth obesity rates in 2012 for the participating school districts: Auburn, Highline, Kent, Northshore, Renton, Seattle and Tukwila. Rates remained the same in districts in the county that were not involved in the initiative and in the rest of the state.³⁴ Total funding for obesity prevention in the CDC grant award to Public Health–Seattle & King County was \$15.5 million.³⁵

Feedback from members of the Equity Review Group, convened by the Governor's Interagency Council for Health Disparities, regarding development of the possible recommendations included:

- Specific strategies should be targeted for American Indian, Asian, Native Hawaiian, Pacific Islander, Hispanic/Latino, African American and new immigrant communities.
- An approach that combines nutrition and physical activity is most effective, although, it depends on the community as to which should come first.

³³ "Evidence–Base for Obesity Prevention Strategies Brief," Governor's Interagency Council on Health Disparities, May 2014.

³⁴ Eli Kern, et al. "Declines in Student Obesity Prevalence Associated with a Prevention Initiative—King County, Washington, 2012," *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, Vol. 63, No. 7, February 21, 2014, pp. 155–157.

³⁵ Centers for Disease Control and Prevention, "American Recovery and Reinvestment Act, Prevention and Wellness Initiative: Communities Putting Prevention to Work, Award Recipients," U.S. Department of Health and Human Services http://www.cdc.gov/nccdphp/dch/programs/communitiesputtingpreventiontowork/communities/profiles/pdf/hhs_cppw_communityfactsheet.pdf accessed on October 31, 2014.

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- We must build the skills of children (and their caregivers) in recognizing new foods, how to prepare them and ways to make them appealing.
 - Community members must build their skills in organizing together and building capacity to develop and implement programs that will support healthy eating and being physically active. Communities also should partner with schools.
 - Not all communities have access to safe drinking water.
 - Interventions should reflect the cultural history of food preparation and preference as a way to educate the community about adopting healthier behaviors.
 - Mental and spiritual health issues should be addressed because of the impact of emotions on healthy eating.

The review group also stresses being mindful of unintended consequences of policies that may first appear to positively impact all children. For example, unfunded school mandates have the potential to increase disparities as low-income communities are less likely to be able to address the mandate. The review group also suggests that any funding should be specifically prioritized for communities, schools and early learning settings that experience disparities in obesity rates.

Tobacco, E-cigarette, Vapor Product and Marijuana Prevention

Part of the proviso for the Healthiest Next Generation Initiative (see Appendix B) called for an identification and description of programs for preventing and stopping tobacco and substance use in youth.

In 2012, about 10 percent of 10th graders reported smoking tobacco in the last 30 days.³⁶ While the rate of youth smoking has decreased in the last 10 years, disparities persist. For example, in 2012 about 19 percent of American Indian/Alaska Native 10th graders reported smoking in the last 30 days.³⁷ Tobacco use remains the leading cause of preventable death and disease in the state. Every day about 40 youth begin smoking³⁸ and almost all adults who smoke started smoking before they were 18 years old.³⁹ Also, the use of E-cigarettes and vapor products has risen at an alarming rate among youth. Between 2011 and 2013, there was a three-fold increase nationally in the number of middle and high school students who had never smoked regular cigarettes but used E-cigarettes.⁴⁰

From 2000–2009, Washington invested \$260 million in youth tobacco prevention. During this time, we saw significant reduction in tobacco use, including:

- A 50 percent reduction in youth smoking, resulting in 96,000 fewer youth smoking.⁴¹

Every day about 40 youth begin smoking and almost all adults who smoke started smoking before they were 18 years old.^{38, 39}

³⁶ Healthy Youth Survey: Tobacco Use for Washington State, 2012.

³⁷ Healthy Youth Survey, Washington State, 2012.

³⁸ "Washington Tobacco Facts 2013," Washington State Department of Health, Tumwater, WA, January 2014, p.3, <http://www.doh.wa.gov/Portals/1/Documents/Pubs/340-149-WashingtonTobaccoFacts.pdf> accessed on November 3, 2014.

³⁹ U.S. Department of Health and Human Services, "Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General," Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, Ga., 2012.

⁴⁰ Rebecca E. Bunnell et al., "Intentions to Smoke Cigarettes Among Never-Smoking US Middle and High School Electronic Cigarette Users: National Youth Tobacco Survey, 2011–2013," *Nicotine & Tobacco Research*, Vol. 17, Issue 1, January 2015, pp. 228–235. <http://ntr.oxfordjournals.org/content/17/2/228.full.pdf+html?sid=8b0f571c-0bf3-4d1e-ac25-895360fec102> accessed on February 11, 2015.

⁴¹ "Washington Tobacco Facts 2013," Washington State Department of Health, Tumwater, WA, January 2014, p.3, <http://www.doh.wa.gov/Portals/1/Documents/Pubs/340-149-WashingtonTobaccoFacts.pdf> accessed on November 3, 2014.

- A 25 percent reduction in adult smoking, resulting in 416,000 fewer adults smoking.⁴²
- The prevention of 36,000 hospitalizations at a value of \$1.5 billion.⁴³

Currently, the Department of Health is allocated \$750,000 per year from licenses and fees for youth tobacco prevention. Funding is used for prevention strategies such as retailer compliance checks and education, contracts with Educational Service Districts to assist schools in strengthening tobacco prevention policies and educating communities on the importance of tobacco-free places where children gather.

In 2012, about 19 percent of 10th graders reported smoking marijuana in the last 30 days.⁴⁴ In addition, more than half of 10th graders reported it was easy to get marijuana and fewer students perceived a great risk of harm from using marijuana regularly. In 2012, 29 percent of 10th graders said that there was little or no risk of harm from regularly using marijuana—up from 17 percent in 2004.⁴⁵ Historically, when the perception of harm goes down the use goes up.⁴⁶

In 2014, the legislature invested \$1.5 million dollars for the fiscal year for tobacco, marijuana and E-cigarette prevention. This money is funding consultation to schools on substance abuse policies, cross cultural organizations' outreach to communities and a public education campaign to encourage parents to talk to their kids about not using marijuana.

⁴²“Washington Tobacco Facts 2013,” Washington State Department of Health, Tumwater, WA, January 2014, p.4, <http://www.doh.wa.gov/Portals/1/Documents/Pubs/340-149-WashingtonTobaccoFacts.pdf> accessed on November 3, 2014.

⁴³Julie A. Dilley, et al. “Program, Policy, and Price Interventions for Tobacco Control: Quantifying the Return on Investment of a State Tobacco Control Program,” *American Journal of Public Health*, Vol. 102, No. 2, February 2012, pp. e22–e28.

⁴⁴Healthy Youth Survey: Current Marijuana Use for Washington State, 2012.

⁴⁵*Ibid.*

⁴⁶“2012 Washington State Healthy Youth Survey: Facts about Alcohol, Other Drugs, and Suicidal Behaviors,” Washington State Department of Social & Health Services, Division of Behavioral Health and Recovery, Olympia, WA, 2012, <http://www.doh.wa.gov/Portals/1/Documents/Pubs/DSHS-HYS-2012-DBHR-Factsheet.pdf> accessed on October 31, 2014.

STRATEGIES FOR PREVENTION: TOBACCO

There are several strategies that have proven effective in preventing youth tobacco use, many of which are similar to those for improving healthy weight in children:

- State laws.
- School policies.
- Regulations to limit advertising.
- Increased taxes to discourage purchasing.
- Mass media campaigns.
- Role modeling ranging from celebrities to school staff and family members.

The three best evidence-based strategies that have been found to prevent tobacco use among youth include a mass media campaign, smoke-free laws and higher prices for products.⁴⁷

Washington has many laws and regulations in place that have helped reduce the youth smoking rates, including:

- Chapter 70.160 RCW prohibits smoking in most public places and workplaces, and requires that smoking occurs an adequate distance from entrances, exits, windows and air intakes to make sure smoke does not enter a protected space.
- TRCW 28A.210.310 requires the posting of signs prohibiting the use of tobacco products, consequences for students and school staff who violate the policy and a requirement that school district employees enforce the rules.
- Chapter 70.155 RCW prohibits the sale and distribution of tobacco products to minors.
- RCW 26.28.080 makes it illegal for anyone, including parents, to sell or give tobacco products to minors under the age of 18.

⁴⁷ Paul Davis, Tobacco Prevention and Control Program Manager, Washington State Department of Health, personal interview, October 23, 2014.

STRATEGIES FOR PREVENTION: MARIJUANA

With the passage of Initiative 502, recreational marijuana is now legal in Washington for purchase by adults 21 and over at stores licensed through the Liquor Control Board. Initiative 502 mandated three strategies for the Department of Health around marijuana prevention. Funding for these strategies is currently limited to the \$200,000 allocated from the \$1.5 million dollar one-time proviso for tobacco, marijuana and E-cigarette prevention.

- A public health hotline for treatment referrals. We are using the existing Washington Recovery Helpline.
- Grants for community organizations to strengthen school policies for tobacco, marijuana and E-cigarettes and train youth advocates working with racial/ethnic and minority populations.
- Media-based public education separately targeting youth and adults.

Unfortunately, research is just beginning about the most effective ways for preventing marijuana use in youth in a landscape where it is legal.

Opportunities for Sustaining Our Success

Increasing fines for retailers selling tobacco to minors

The Department of Health monitors tobacco retailers to ensure compliance with state law and provide education about not selling tobacco products to minors. The current fine for selling tobacco to minors was set in 1994 and is \$100 for the store and \$50 for the clerk. Increasing fines is one way to curb violations and prevent youth access to tobacco.

Funding for a comprehensive tobacco prevention program, that includes E-cigarettes and vapor products

Without funding for a comprehensive tobacco prevention program, there is concern about tobacco use rates increasing. Youth who used tobacco were also more likely to use other substances. Of 10th graders who smoked cigarettes, 74 percent also reported smoking marijuana and 58 percent reported binge drinking.⁴⁸

⁴⁸"2012 Healthy Youth Survey: Youth Cigarette Smoking Fact Sheet", Washington State Department of Health, February 2013, <http://www.doh.wa.gov/Portals/1/Documents/Pubs/160-186-HYS-2012-TobaccoFactsheet.pdf> accessed on October 31, 2014.



The Centers for Disease Control and Prevention recommends that the state spend \$44 million to \$63 million per year on a comprehensive tobacco prevention program.⁴⁹

Appropriate funding for youth marijuana prevention campaign

While the Department of Health has launched a media campaign to encourage parents to talk to their kids about not using marijuana, funding for a youth-specific campaign is not yet available. The agency is currently conducting formative research to determine what kind of media messages will be most effective to discourage youth from using. In order to fund an effective statewide youth marijuana prevention campaign, the legislature must appropriate funding from marijuana excise taxes, license fees, penalties and forfeitures specified for disbursement through Initiative 502. This funding is not expected to become available until at least July 2015.

⁴⁹Centers for Disease Control and Prevention, "Best Practices for Comprehensive Tobacco Control Programs," U.S. Department of Health and Human Services, Atlanta, Ga., 2014, p. 72, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf accessed on November 7, 2014.



Appendices

The Healthiest Next Generation Initiative Supporting Documents

Appendix A: Governor Policy Brief

JAY INSLEE
Governor

Policy Brief
February 2015

"Washington's future depends on the health of our children"

Governor Jay Inslee

www.governor.wa.gov

2015 Healthiest Next Generation Initiative

Every child deserves to grow up healthy and to have a promising future. Unfortunately, some experts believe that, for the first time in our nation's history, a generation of children may have shorter lives than their parents.



Recognizing that Washington's future depends on our children's health, Governor Jay Inslee launched the Healthiest Next Generation Initiative in September 2014 to join with families, community leaders and businesses across the state to make our next generation the healthiest one ever.

The Governor's Healthiest Next Generation Initiative offers the opportunity for community organizations, businesses, state and local agencies and other partners to collaborate under a common goal: help our children to eat well, maintain a healthy weight and enjoy active lives by promoting healthful choices in early learning settings, schools and communities.

Initiative focus areas

Strategies to create early learning settings, schools and communities that promote healthful choices are centered on these areas:

- » Physical activity: Helping children be active at least 60 minutes a day.
- » Healthful eating: Making sure children are well-fed and fed well, including having water to drink.
- » Breastfeeding: Supporting breastfeeding-friendly places.

Accomplishments

Funding made available in July 2014 supported temporary coordinator positions at the departments of Health and Early Learning and the Office of Superintendent of Public Instruction. Together, these agencies form a cross-agency team working to achieve the following by June 2015:

Completed or in progress

- » Convene community, business and state agency leaders to create the healthiest next generation ever.
- » Replicate programs that work and prioritize recommendations for statewide actions that help children be active and eat well in early learning settings, schools and communities.
- » Provide toolkits with strategies to ensure children are active, eating healthfully and drinking clean water in early learning settings and schools.
- » Promote healthful eating and active living goals in the Early Childhood Education and Assistance Program performance standards.
- » Revise statewide guidelines for health and fitness education to help children be more active at school.

Providing strategic direction for the initiative is a [Governor's council](#) composed of community, business and health and fitness leaders; legislators; and representatives from state agencies and local government. At the council's first meeting in September 2014, Governor Inslee invited participants to explore priorities for promoting healthy weight in children.

Proposed 2015–17 budget investments

Based on these priorities and recommendations from the Outdoor Recreation Task Force, the Governor proposed the following investments under the Healthiest Next Generation Initiative for the 2015–17 biennium:

- » Grants for elementary schools with 70 percent or more children eligible for free and reduced-price meals to operate Breakfast-after-the-Bell programs. (\$5.0 million)
- » Grants for schools to improve the health and safety needs of children, such as by installing playground equipment or water bottle-filling stations, upgrading school nutrition equipment or planting school gardens. Focus will be on schools with high need. (\$5.0 million)
- » Outdoor learning opportunities for young people. (\$1.0 million)
- » Early learning training module on health, nutrition and age-appropriate physical activity for child care providers. (\$30,000)
- » Grants for nonprofits and local governments to support indoor and outdoor youth athletic facilities projects. (\$6.4 million)
- » Additional funding for the Safe Routes to School Program to get more children biking and walking to school, reduce traffic congestion and improve air quality. (\$6.6 million)
- » Funding for municipalities to make their streets safe for walking, driving, bicycling and public transportation. (\$9.7 million)
- » Grants to improve conditions for cyclists and pedestrians in cities and towns across the state. (\$12.5 million)
- » Investments in state parks to help ensure families and children can enjoy the outdoors. (\$18.4 million)
- » Staffing for the departments of Health and Early Learning and the Office of Superintendent of Public Instruction to continue the foundational work of the initiative originally funded by the Legislature. (\$1.0 million)

2015 Healthiest Next Generation Initiative

Replicating successes and piloting new ideas

The Healthiest Next Generation Initiative is intended to bring to replicate the efforts underway in communities across Washington like the following:

- » Highline Public Schools set up **alternative breakfast programs** (Breakfast after the Bell and Grab and Go) in six elementary schools. These programs reduce potential stigma and ensure students taking the bus do not miss breakfast.
- » The Community School of West Seattle maintains two **open places** for children to play. This preschool has an outdoor play “rain or shine” policy and stocks extra boots and jackets for kids who need them. Fresh fruits and vegetables are on the menu every day and all classrooms have water pitchers with a self-serve tap.
- » The city of White Salmon adopted a complete streets ordinance and leveraged this to support a plan for **safer walking and biking** to Whitson Elementary School.
- » The Makah Tribe created an **all-season walking area** and conducted a community-wide survey to establish priorities for more improvements that promote wellness on the reservation.
- » Gear Up & Go! is an exciting Snohomish county-wide initiative launched in 2013 by school district superintendents and a group of teachers, health and physical education professionals, and public and private sector partners such as local businesses and the YMCAs, Sno-Isle libraries, and Boys and Girls Clubs. With parent permission and privacy safeguards in place, participating fifth-grade students wear a “PowerPod” that translates the intensity and duration of physical activity into digital points in a **fun and friendly game to encourage students to be more active**. The program is working with researchers to prove effectiveness.

- » **Sequential start times** in Skagit County’s Mount Vernon School District. The bus fleet has dropped from 27 to 12 vehicles, reducing traffic congestion and emissions around schools. Along with a new 1-mile **walk zone** around each school, this change allows children to walk to school safely and saves the district almost \$250,000.



- » **Improvements to school meals** in King County’s Auburn School District by sending more than 500 cafeteria staff to certified culinary training through the Washington School Nutrition Association.
- » YMCA’s partnering with schools to install **water bottle filling stations**.

For more information

- » Join us at #HealthiestNextGen
- » Visit www.governor.wa.gov and search for “healthiest”

JAY INSLEE
Governor

Appendix B: Engrossed Substitute Senate Bill 6002 (Section 219)

(24) (a) \$350,000 of the general fund state appropriate for fiscal year 2015 is provided solely for the Department of Health to support Washington's healthiest next generation efforts by partnering with the Office of Superintendent of Public Instruction and Department of Early Learning and other public and private partners to do the following:

- (i) Expand programs across Washington that have demonstrated success in increasing physical activity and access to healthy food and drinking water;
- (ii) Provide toolkits and mentoring for early learning and school professionals with strategies to encourage children to be active, eat healthy food, and have access to drinking water;
- (iii) Enhance performance standards for the early childhood education and assistance program to include best practices on healthy eating and physical activity, nutrition education activities in written curriculum plans, and the incorporation of healthy eating, physical activity, and screen time education into parent education;
- (iv) Revise statewide guidelines for schools for quality health and fitness education; and
- (v) Establish performance metrics.

(b) The Department shall collaborate with the governor or the governor's designee, chairs or designees of the appropriate legislative committees, state agencies, other state or local agencies and private businesses, and community organizations or individuals with expertise in child health, nutrition, and fitness to submit reports to the governor and the appropriate committees of the legislature by December 31, 2014 and June 30, 2015 that include:

- (i) An update and a summary of the current and expected impacts on the activities list in (a) of this subsection;
- (ii) An identification and description of other programs designed to prevent childhood obesity, including programs with a focus on child-related health disparities in specific population groups and programs for preventing and stopping tobacco and substance use; and
- (iii) An analysis and identification of potential programs, policy and funding recommendations for consideration by the legislature.

Appendix C:

Reviewed National Guidance

- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, “Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition,” Elk Grove Village, Il.: American Academy of Pediatrics; Washington, D.C.: American Public Health Association, 2011.
- Arianne Corbett, et al. “Childhood Obesity Prevention Strategies for Rural Communities,” Nemours, Wilmington, Del., 2014.
- Centers for Disease Control and Prevention, “School-based Obesity Prevention Strategies for State Policymakers,” Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Atlanta, Ga.
- Centers for Disease Control and Prevention, “Strategies to Improve the Quality of Physical Education,” Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Atlanta, Ga., 2010.
- Centers for Disease Control and Prevention, “Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables,” U.S. Department of Health and Human Services, Atlanta, Ga., 2011.
- Dana Keener, et al. “Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide,” U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, Ga., 2009.
- Institute of Medicine, “Recommendations: Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation,” National Academy of Sciences, Washington, D.C., May 2012.
- National Association for Sport and Physical Education & American Heart Association, “2012 Shape of the Nation Report: Status of Physical Education in the USA,” American Alliance for Health, Physical Education, Recreation and Dance, Reston, Va., 2012.
- White House Task Force on Childhood Obesity, “Solving the Problem of Childhood Obesity Within a Generation: Report to the President,” Washington, D.C., May 2010.

Appendix D: Recent Legislative Activity in Other States 2012–2013⁵⁰

GEORGIA

- Dedicate \$22.6 million in state funds to provide leadership, training, technical assistance and resources so local program personnel can deliver meals that support the nutritional well-being and performance at school.
- Provide for diabetes care and self-management for elementary and secondary school students.
- Establish a multidisciplinary Agricultural Commodity Commission for Georgia grown products.

MISSOURI

- Reimburse schools for school food programs.
- Develop guidelines for diabetes care management for students while at school.

NEW JERSEY

- Create a statewide mobile farmers market and produce voucher program.
- Amend Business Retention and Relocation Assistance Grant Program to increase reimbursement if grant-funded development project is located in a distressed municipality that lacks adequate access to nutritious food and will include either a supermarket or grocery store or prepared food establishment that sells only nutritious ready-to-serve meals.

⁵⁰ Amy Winterfeld, "State Actions to Reduce and Prevent Childhood Obesity in Schools and Communities: Summary and Analysis of Trends in Legislation," National Conference of State Legislatures, Denver, CO, May 2014.

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DOH 120-037 December 2014

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TYY 711).