
Health Care & Wellness Committee

HB 2643

Brief Description: Concerning efforts with private and public partnerships to help produce Washington's healthiest next generation.

Sponsors: Representatives Farrell, Riccelli, Cody, Bergquist, Stanford, Gregerson, Sawyer, Tarleton, Fey, Stonier, Robinson, Walkinshaw, Morrell, Pollet, Ormsby and Freeman; by request of Governor Inslee.

Brief Summary of Bill

- Establishes the Governor's Council for the Healthiest Next Generation to identify policy-related action plans and funding recommendations that protect children's health.

Hearing Date: 1/29/14

Staff: Jim Morishima (786-7191).

Background:

Many public and private entities have programs, or provide resources, aimed at improving the health of children. For example:

- The Department of Health administers a variety of programs relating to child health, including programs that:
 - provide health screening, nutrition education, food, and breastfeeding support to pregnant women, new mothers, and children under the age of five;
 - promote an integrated system for at-risk children who require an above-average amount of services;
 - offer technical assistance on how to keep children safe, healthy, and in developmentally appropriate learning environments; and
 - help identify children with hearing loss.
- The Department of Early Learning provides information to parents on topics such as nutrition and health care, licenses childcare facilities, and offers early intervention

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services to children with disabilities and developmental delays through the Early Support for Infants and Toddlers program.

- The Office of the Superintendent of Public Instruction offers resources and establishes standards for health and fitness education. The Washington State School Directors Association, with the assistance of the Department of Health and the Washington Alliance for Health, Physical Education, Recreation, and Dance, developed a model policy regarding student access to nutritious food and opportunities for developmentally appropriate exercise.
- The American Indian Health Commission developed a strategic plan for improving the health status for American Indian/Alaskan Native pregnant women and infants.
- Local governments are authorized to conduct child mortality reviews and participate with private, nonprofit organizations to prevent unintentional childhood injuries.

There is currently no statewide entity that coordinates efforts to improve the health of children in Washington.

Summary of Bill:

The Governor's Council for the Healthiest Next Generation.

The Governor's Council for the Healthiest Next Generation (GCHNG) is established to identify policy-related action plans and funding recommendations that protect children's health and support community-level changes. The action plans and funding recommendations must be based on data, best practices, and expert opinion. It is stated that the Legislature intends the GCHNG to be accountable, measure and complete a comprehensive coordinated project with private and public organizations that have work underway, guide and inform activities, and offer small grants to expand effective programs or innovative incentives.

The membership of the GCHNG includes:

- the Governor or his or her designee, who will also serve as the chair;
- the chairs of the legislative health and education committees;
- agency heads of the Department of Health, the Office of the Superintendent of Public Instruction, the Department of Early Learning, the Health Care Authority, the Department of Agriculture, the Department of Transportation, and the Department of Social and Health Services; and
- local and state community and business leaders appointed by the Governor.

For the purpose of informing its research, policy, and funding recommendations, the GCHNG may create ad hoc advisory committee to obtain input and supporting working relationships with nutrition and physical activity practitioners, parent and student associations, school and child care administrators and faculty, businesses, and established stakeholder organizations. The GCHNG must maintain a contact list of the ad hoc advisory committees for the purpose of providing notices to stakeholders regarding the purpose of the committees, timelines for planned work, means for participation, and desired outcomes.

The Governor must discontinue the GCHNG upon a determination of reduced need or resources.

The Strategic Work Group.

A strategic work group (Work Group) is established under the oversight of the GCHNG. The Work Group includes the existing efforts of, and representation by, the Department of Health, the Office of the Superintendent of Public Instruction, and the Department of Early Learning. The Work Group must also include representatives of local public health and others with expertise in nutrition and physical activity.

The Work Group must:

- provide expertise and collaborate across three high-impact focus areas to prevent childhood obesity: breastfeeding-friendly environments, health early learning environments, and healthy school environments;
- take the following immediate actions to improve children's health:
 - support comprehensive breastfeeding policies;
 - use existing toolkits for early learning professionals, including child care providers and early childhood education and assistance contractors that provide recommended strategies to ensure all children are active, eating healthy food, and have access to drinking water. The toolkits must be made available on the Department of Early Learning's web site;
 - create a mentoring program to support child care providers in early learning facilities and school staff to implement the toolkits and recommended strategies developed by the Work Group and the GCHNG;
 - use research and best practices to enhance the performance standards for the Early Childhood Education and Assistance Program. The best practice standards must include standards on healthy eating and physical activity, must include nutrition education activities in written curriculum plans, and must incorporate healthy eating, physical activity, and screen time education into parent education suggested topics;
 - revise statewide guidelines for quality health and fitness education in schools;
 - consider childhood obesity prevention research and best practices when revising rules concerning children's health outcomes; and
 - identify and support other cross-collaboration opportunities between state agencies and other private and public organizations; and
- submit, by December 31, 2014, recommendations to ensure better children's health to the Governor, the GCHNG, and the appropriate committees of the Legislature. The recommendations must include:
 - a summary of impacts of childhood obesity on short and long-term health outcomes, health care and other costs, academic achievement in early learning, and school settings;
 - opportunities for partnerships and multi-sector collaboration;
 - an identification, description, and gap analysis of state and local government and community-based programs using expertise from the GCHNG to prevent childhood obesity, including cross-agency efforts such as environmental factors, safe streets, access to drinking water, and consideration of all different families and populations;
 - an assessment of the feasibility, benefits, and challenges of the strategies in each of the high-impact focus to prevent childhood obesity;

- an identification of additional policy and funding recommendations, including a range of actionable items for consideration by the Legislature. The items must include innovative programs to increase physical fitness in schools, healthy food choices, and tobacco and substance use cessation and prevention;
- additional action steps and outcomes to reduce childhood obesity, including a focus on reducing health disparities in specific population groups; and
- costs and resources required to implement the strategies identified by the Work Group.

Shared Goals and Benchmarks.

The GCHNG and the Work Group must collaborate to identify shared goals and benchmarks, such as:

- increasing the percentage of infants who continue to be breastfed for at least six months;
- increasing the percentage of children ages two through four with a healthy weight; and
- increasing the percentage of 10th graders with a healthy weight.

Appropriation: None.

Fiscal Note: Requested on January 23, 2014.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.