

# SENATE BILL REPORT

## 2SHB 2643

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As Reported by Senate Committee On:  
Health Care, February 27, 2014

**Title:** An act relating to coordinating and expanding efforts with private and public partnerships to help ensure Washington's healthiest next generation.

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

**Sponsors:** House Committee on Appropriations Subcommittee on Health & Human Services (originally sponsored by Representatives Farrell, Riccelli, Cody, Bergquist, Stanford, Gregerson, Sawyer, Tarleton, Fey, Stonier, Robinson, Walkinshaw, Morrell, Pollet, Ormsby and Freeman; by request of Governor Inslee).

**Brief History:** Passed House: 2/17/14, 68-28.

**Committee Activity:** Health Care: 2/24/14, 2/27/14 [w/oRec-WM].

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### SENATE COMMITTEE ON HEALTH CARE

**Majority Report:** That it be referred without recommendation and be referred to Committee on Ways & Means.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Pedersen, Ranking Member; Angel, Bailey, Cleveland, Keiser and Parlette.

**Staff:** Mich'l Needham (786-7442)

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

1. The Department of Health (DOH) administers a variety of programs relating to child health, including programs that:
  - a. provide health screening, nutrition education, food, and breastfeeding support to pregnant women, new mothers, and children under the age of five;
  - b. promote an integrated system for at-risk children who require an above-average amount of services;
  - c. offer technical assistance on how to keep children safe, healthy, and in developmentally appropriate learning environments; and
  - d. help identify children with hearing loss.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

2. The Department of Early Learning (DEL) provides information to parents on topics such as nutrition and health care, licenses childcare facilities, and offers early intervention services to children with disabilities and developmental delays through the Early Support for Infants and Toddlers program.
3. The Office of Superintendent of Public Instruction (OSPI) offers resources and establishes standards for health and fitness education. The Washington State School Directors Association, with the assistance of DOH 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.
4. The American Indian Health Commission developed a strategic plan for improving the health status for American Indian and Alaskan Native pregnant women and infants.
5. Local governments are authorized to conduct child mortality reviews and participate with private, nonprofit organizations to prevent unintentional childhood injuries.

**Summary of Bill:** The Governor's Council for the Healthiest Next Generation (Council) is established to:

- identify policy-related action plans and funding recommendations based on data, best practices, and expert opinion that protect children's health and support community-level changes;
- measure and complete a comprehensive coordinated project with private and public organizations that have work underway;
- guide and inform activities; and
- consider innovative incentives that have been demonstrated to work to help children be more active and healthy.

The membership of the Council includes the following:

- the Governor, or a designee, who also serves as the chair;
- the chairs of the legislative health and education committees;
- agency heads of DOH, OSPI, DEL, 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.

The Council may create ad hoc advisory committees to obtain input and support 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 Council 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 Council upon a determination of reduced need or resources.

A strategic work group (Work Group) is established under the oversight of the Council. The Work Group includes the existing efforts of, and representation by, DOH, OSPI, and DEL. The Work Group must also include representatives of local public health and others with expertise in nutrition and physical activity.

The Work Group must:

1. provide expertise and collaborate across the following three high-impact focus areas to prevent childhood obesity: breastfeeding-friendly environments, healthy early learning environments, and healthy school environments; and
2. take the following immediate actions to improve children's health:
  - a. support comprehensive breastfeeding policies;
  - b. 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 DEL's website;
  - c. 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 Council;
  - d. 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;
  - e. revise statewide guidelines for quality health and fitness education in schools;
  - f. consider childhood obesity prevention research and best practices when revising rules concerning children's health outcomes; and
  - g. identify and support other cross-collaboration opportunities between state agencies and other private and public organizations;

By December 31, 2014, the Work Group must submit recommendations to the Governor, the Council, and the appropriate committees of the Legislature. The recommendations must include the following:

- 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 to prevent childhood obesity. The identification, description, and gap analysis must use expertise from Council and include cross-agency efforts and analysis such as environmental factors, safe streets, access to drinking water, and consideration of family and population differences;
- an assessment of the feasibility, benefits, and challenges of the strategies in each of the high-impact focuses 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.

The Council and the Work Group must collaborate to identify shared goals and benchmarks, such as increasing the percentage of infants who continue to breastfeed for at least six months; increasing the percentage of children ages two through four with a healthy weight; and increasing the percentage of tenth graders with a healthy weight.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** Yes.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:** PRO: This is a multidisciplinary approach to help prioritize scarce resources and encourage interagency policymaking for the health of our children. Our clinic sees mostly Medicaid children and there is a higher rate of obesity in these children than in the general population. Many go hungry and find food that is cheap and filling and not necessarily nutritious. There is a need to approach this broadly to address the environmental issues and improve access to nutrition and physical activity. Obesity is a factor in chronic diseases that requires systematic change. We have seen recent success with system change and a reduction of obesity rates for children in the Seattle School District. A systems approach with collaboration across agencies and organizations improved access to healthy food choices, new physical education equipment, and a change in the snacks sold by students, that resulted in a 17 percent reduction on obesity. It is important to have the resources to help ensure coordination across agencies and organizations. It is important to ensure children have opportunities for health from the very start. It is an exciting opportunity to align efforts across organizations and communities and families. This is the first generation of children not expected to live as long as their parents and it is critical we address the obesity epidemic. Approximately 23 percent of the children in Washington are obese. We can build in the successful efforts across the country and apply the lessons like those in Seattle-King County. It helps us reach children where they are, at schools and in daycare centers, and instill healthy habits early. The military finds that we have 20–25 percent of applicants that cannot qualify due to the weight screening criteria. It is critical we start with youth, improve health habits, and ensure they have opportunity to succeed in the military and in life. Retired generals and admirals that have spent careers supporting healthy habits and mission readiness. We issued a report entitled "Too Fat to Fight" to bring attention to the need for change that spans many issues and recognizes the range of environmental factors.

**Persons Testifying:** PRO: Representative Farrell, prime sponsor; Dr. Lena Liu, Seattle Children's Hospital; Lindsey Hovind, American Heart Assn.; Lauren Hipp, MomsRising; Nancy Bickford, WA Military Dept.; Steve Leahy, Mission Readiness; John Wiesman, Secretary of Health.