

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: HW Childhood Obesity Prevention Project
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Department of Health requests General Fund-State to partner with the Office of Superintendent of Public Instruction and Department of Early Learning on a comprehensive childhood obesity prevention project. The project identifies opportunities work together using proven best practices, creates obesity prevention toolkits, and reports to the governor and legislature on strategic initiatives that target high-impact methods to prevent childhood obesity.

Fiscal Detail

Operating Expenditures		<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
001-1	General Fund- State	87,000	297,000	384,000
Total Cost		87,000	297,000	384,000

Package Description:

Promoting healthy starts and reducing the prevalence of obesity among children takes a coordinated effort. Other states have found opportunities for collaboration and using best practices to prevent chronic obesity – and it's working. According to the Robert Wood Johnson Foundation, the states currently showing a decline in childhood obesity rates have made, "...broad, sweeping changes to make healthy foods available in schools and communities – and integrate physical activity into people's daily lives." The requested funding allows Department of Health and partner agencies to collaborate on proven high-impact focus areas to reduce childhood obesity. Specifically the funding pays for staff in the Department of Health, Office of Superintendent of Public Instruction, and Department of Early Learning to work on strategies that promote sweeping changes to the way state and local entities reduce childhood obesity in Washington.

There are more than 1.4 million children and youth in Washington according to the Office of Financial Management. Data shows that about 11 percent of 2-4 year olds enrolled in the Women, Infants, and Children (WIC) program are obese (2012) – and 10 percent of high school students are obese (2012). Children who are obese are significantly more likely to become obese adults according to the Journal of Adolescent Health. Obese children and adults have higher risk for heart disease, stroke, diabetes, and cancer. These chronic diseases pose a significant burden on Washington's health care system and inflate public and private health care costs. The estimated annual medical cost for adult obesity in Washington is \$2.98 billion.

Chronic diseases including obesity are the leading causes of death in Washington. Childhood obesity is caused by factors such as parental health, infant feeding practices, unhealthy nutrition and physical activity choices by children and parents, and policies and environments that make it difficult for kids to eat healthy and be active. The Department of Health, Office of Superintendent of Public Instruction, and Department of Early Learning are well positioned to play key roles to significantly reduce childhood obesity. However, the state lacks a coordinated and comprehensive approach for addressing childhood obesity.

Investment in Obesity Reduction

Department of Health requests General Fund State dollars to implement a cross-agency project to significantly reduce childhood obesity with Office of Superintendent of Public Instruction and Department of Early Learning. Each of the following Childhood Obesity Prevention Project areas requires collaboration as well as policy and systems change strategies to reduce the prevalence of obesity in Washington:

1. **Women's health before and during pregnancy:** Women who are overweight or obese when a pregnancy begins are more likely to have an overweight or obese child. This is also true for women who gain too much weight during pregnancy. In 2011, about 25 percent of women were obese before pregnancy and about 31 percent gained too much weight during pregnancy.
2. **Breastfeeding promotion:** Breastfeeding can help to protect a child from becoming overweight or obese. The American Academy of Pediatrics recommends exclusive breastfeeding for six months. Only 20 percent of mothers in Washington report exclusively breastfeeding for six months.
3. **Healthy child care and early learning environments:** Nationally about 24 percent of children up to four years old are primarily cared for in a day care, preschool, or head start setting. About 430,000 infants and children were enrolled in licensed/unlicensed early learning environment in 2012 in Washington. According to the Women, Infants, and Children nutrition program enrollee data, about 11 percent of preschoolers were obese in 2012.
4. **Healthy school environments:** Children eat up to half of their daily calories at school and spend up to half of their waking hours there. About 10 percent of middle and high school students are obese. In October 2013, more than 1 million children were attending school.

The agencies have identified work products and high impact strategies as part of the Childhood Obesity Prevention Project:

1. Department of Health will measure progress toward goals in improving the health of mothers and infants and monitor the ongoing obesity prevention work using multiple data sets.
2. Department of Health will work with hospitals, clinics, worksites, and early learning facilities to develop and implement comprehensive breastfeeding policies and support for breastfeeding mothers.
3. In collaboration with stakeholders, Department of Early Learning will create a Childhood Obesity Prevention Toolkit for early learning professionals, including child care providers and early childhood education and assistance contractors. This will be available on Department of Early Learning's website.
4. Department of Early Learning and Department of Health will ensure childhood obesity prevention strategies are embedded in the Early Achievers Program, the state's voluntary Quality Rating and Improvement System described in RCW 43.215.100.
5. Department of Early Learning will use research and best practices to improve the performance standards of early care and education professionals. These standards will include, but are not limited to, nutrition education work for children in written curriculum plans, physical activities, and screen time education to parents.
6. Office of Superintendent of Public Instruction will collaborate with stakeholders to create a childhood obesity prevention toolkit for schools. It will include free and low-cost options for schools to use. The

toolkit will include contact information for public and private stakeholders that can provide technical assistance, resources, and staffing to schools during implementation of the toolkit.

7. Office of Superintendent of Public Instruction will produce materials to help school districts create obesity prevention curricula, policy, and environmental changes to improve obesity and education outcomes for children.
8. Office of Superintendent of Public Instruction will use childhood obesity prevention research and best practices when revising the state's health and fitness standards.
9. Department of Health, Office of Superintendent of Public Instruction, and Department of Early Learning will consider childhood obesity prevention research and best practices when revising rules concerning children's health outcomes.

In addition to these high impact strategies, Department of Health will coordinate creation of a plan for future cross-cutting strategies to prevent childhood obesity. The plan will serve as the springboard for comprehensive statewide action that includes:

1. Identifying other collaboration opportunities between Department of Health, Office of Superintendent of Public Instruction, and Department of Early Learning, along with recommended actions;
2. Identifying additional policy and budget recommendations including a range of actionable items for consideration by the legislature;
3. Additional action steps and outcomes to reduce childhood obesity, including a focus on reducing health disparities in specific population groups;
4. Costs and resources required to implement future activities; and
5. Identifying public-private partnership opportunities to leverage public resources and generate broader impact to promote children's health.

Department of Health will coordinate a report summarizing the results and recommendations of the Childhood Obesity Prevention Project including:

1. Impacts of childhood obesity on short and long term health outcomes, health care and other costs, academic achievement in early learning, and school settings.
2. Identification, description, and gap analysis of state and local government and community-based programs to prevent childhood obesity, including cross-agency efforts.
3. Assessment of feasibility, benefits, and challenges of strategies in four focus areas: Women's health before and during pregnancy; Breastfeeding promotion; Healthy child care and early learning environments; and Healthy school environments.

Ultimately the report and coordinated action plan will do several things to help reduce childhood obesity:

- **Provide staffing in each agency to focus on childhood obesity:** This will enable all three agencies to prioritize and ensure children have every opportunity to achieve a healthy weight while the agencies continue progressing on an already full list of priorities.
- **Provide direction for stakeholders to create synergy for statewide strategies:** Many statewide coalitions have developed strategies to address childhood obesity. This report and action plan will provide context and options for them to incorporate into their policy strategies for the future.
- **Increase effectiveness of policy and systems changes:** Each of the three state agencies has responsibilities related to creating healthy, safe places for kids. These responsibilities come with

competing priorities. Through this planning process, agencies can share barriers to and strengths of policy and systems options, and ultimately develop solutions that can work better for all.

- **Adopt strategies:** Partner agencies will be able to use the action plan to develop their strategic plans and take stronger positions in coalitions and partnerships.
- **Improve the health of environments children interact with on a regular basis, such as schools and early learning facilities:** Kids will be more likely to make healthier choices that ultimately lead to reductions in childhood obesity rates and more children with a healthy weight status.

Agency Fiscal Contact: Diamatris Winston, 360-236-3490 diamatris.winston@doh.wa.gov

Agency Program Contact: Amy Ellings, 360-236-3754 amy.ellings.@doh.wa.gov

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Implementation of the activities proposed in this decision package will allow Department of Health to:

- Increase the percent of mothers who breastfeed their infants through six months of age.
- Increase the number of students engaging in physical activity at school.
- Increase the number of people with increased access to healthy food and beverages in institutional settings, early learning environments.
- Increase the number of people with better and easier access to physical activity in communities through Complete Streets, Safe Routes to Schools, and related built environment.

Performance Measure Detail

Activity: A002 Chronic Disease Prevention

Is this DP essential to implement a strategy identified in the agency's strategic plan?

This decision package supports the following 2012-16 Department of Health Strategic Plan goal and objective:

Goal 2: Policies and systems in Washington support a healthy start to life and ongoing wellness for all.

Objective 1: We promote health and reduce health disparities through policy change.

Strategy 1: Engage new partners to enact policy and systems changes that support tobacco-free living, active living, and healthy eating.

Does this decision package provide essential support to one of the Governor's priorities?

Yes. Washington will be more successful at childhood obesity prevention if agencies have the needed resources and strategic plan to support the work. Developing a coordinated, cross-agency plan for reducing childhood obesity is a major step toward building momentum and capacity for reducing childhood obesity statewide.

This decision package directly and indirectly supports Results Washington Goal 4 – Healthy and Safe Communities:

- Measure 1.2.Y-b: Increase percentage of 10th graders with healthy weight from 75 percent to 76 percent by 2016.
- Measure 1.2.A-a: Increase percentage of adults with healthy weight from 37 percent in 2011 to 38 percent by 2016.
- Measure 1.2.A-a.1: Increase percentage of persons with healthy weight by 2016 among Native Hawaiians/Other Pacific Islanders from 26 percent to 27 percent; American Indians/Alaska Natives from 22 percent to 23 percent; African Americans from 24 percent to 25 percent; Hispanics from 26 percent to 27 percent.

The work products outlined in this decision package also support point number 9 of *Governor Inslee's Building a Working Washington Health Care System: Make Washington a healthier state with a focus on childhood obesity*. <http://www.jayinslee.com/issues/healthcare>

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Yes. It addresses childhood obesity, which is increasingly recognized as an issue that impacts health care costs and prevalence of chronic disease. This work supports the Priorities of Government – Statewide Results Area to *Improve the health of Washingtonians*. This work is specifically linked to the Improve Healthy Behaviors indicator – and the Obesity Rate Among Adults and Obesity Rate Among Youth measures.

What are the other important connections or impacts related to this proposal?

Department of Health, Department of Early Learning, and Office of Superintendent of Public Instruction engaged stakeholders in creating the agency request legislation leading to this decision package. Several stakeholders are working to improve childhood and adult obesity rates through policy and environmental change. The state YMCA recently received funds from Robert Wood Johnson Foundation to promote policy and environment change in state policy, communities, schools, and early learning. The Childhood Obesity Prevention Coalition and other stakeholders have been promoting policy and environmental change in early learning facilities for several years. The strategies in this decision package support the stakeholders' work.

What alternatives were explored by the agency and why was this alternative chosen?

Department of Health considered developing a policy platform and recommendations for the governor to consider. Department of Health decided to instead work with Department of Early Learning and Office of Superintendent of Public Instruction to ensure optimum coordination and broad impact. It is important to engage both Department of Early Learning and Office of Superintendent of Public Instruction in problem-solving to ensure sustainable approaches to preventing childhood obesity and reducing obesity rates.

What are the consequences of not funding this package?

The lack of a systematic approach will prevent the state from having broad and lasting impact on childhood obesity.

What is the relationship, if any, to the state capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Department of Health is proposing agency request legislation that also involves Office of Superintendent of Public Instruction and Department of Early Learning. There is no all-encompassing law addressing systemic childhood obesity prevention in Washington. These new sections would fold into existing statutes (RCW Chapter 70) and would be the start to a comprehensive statewide approach to address childhood obesity. Prospective policy alternatives may require additional rulemaking and legislation.

Expenditure and revenue calculations and assumptions

Revenue:

None.

Expenditures:

In the last quarter fiscal year (FY) 2014 and continuing into FY 2015 the requested funding will support the following:

- Department of Health will require 1.0 FTE of a Health Services Consultant 3 (HSC3), and .50 FTE of an Epidemiologist 2 (Epi 2). Total cost is \$186,000. The consultant will be responsible for facilitating this collective effort, coordinating the report generation, and gathering expertise on women's health, breastfeeding promotion, and healthy eating/active living strategies as needed. The Epi 2 will assist with literature and best practices review and data collection. The Epi 2 will also analyze and synthesize data from various sources such as Healthy Youth Survey, Pregnancy Risk Assessment Monitoring System, and Women, Infants and Children Program.

Department of Health will use interagency agreements (personal service contracts) to pass funding through to Department of Early Learning and Office of Superintendent of Public Instruction.

- Department of Early Learning will require 1.0 FTE of a Program Specialist 5 to serve as an obesity prevention coordinator within the agency. Total cost is \$98,000. The specialist will be the liaison between Department of Early Learning and Department of Health; coordinate with Thrive by Five, Coalition on Safety and Health in Early Learning, Child Care Aware, and other relevant partners; serve as a subject matter expert on early childhood development; and provide expertise on the best prevention strategies to implement in child care and early learning environments.
- Office of Superintendent of Public Instruction would require 1.0 FTE of a Health Services Consultant 4 to serve as an obesity prevention coordinator within the agency. Total cost is \$100,000. The consultant would be the liaison between Office of Superintendent of Public Instruction and Department of Health; coordinate with Educational Service Districts and School Nutrition Association, School Nurses of

Washington, and other relevant partners; serve as a subject matter expert on the relationship between academic achievement and health; and provide expertise on the best prevention strategies to implement in schools.

Total estimated expenditures in FY 2014 are \$87,000 and FY 2015 \$297,000. The Department of Health will use existing FTE by redirecting current staff with proper expertise to this priority short term effort.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This initial request is for one-time project funding. Per the proposed legislation, partner agencies will submit recommendations to prevent childhood obesity in a report to the governor and appropriate legislative committees identifying specific strategies, feasibility, and costs associated with each of the focus areas identified above. Upon reviewing the recommendations the governor and/or legislature may consider policy options and appropriate funding levels needed to reduce the prevalence of childhood obesity in Washington.

For federal grants: Does this request require a maintenance of effort or state match?

No.

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

No.

<u>Object Detail</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
A Salaries and Wages	24,000	99,000	123,000
B Employee Benefits	7,000	30,000	37,000
C Personal Service Contracts	50,000	148,000	198,000
E Goods and Services	5,000	18,000	23,000
G Travel	0		0
J Capital Outlays	1,000		1,000
T Intra-Agency Reimbursements	0	2,000	2,000
Agency Indirects			0
Total Objects	87,000	297,000	384,000