
# The Healthiest Next Generation Initiative

October 2015

**#HealthiestNextGen**

This page is left blank intentionally.

# The Healthiest Next Generation Initiative

October 2015

#HealthiestNextGen

For more information or additional copies of this report contact:
Washington State Department of Health
Division of Prevention and Community Health
Office of the Assistant Secretary
Phone: 360-236-3766

John Wiesman, DrPH, MPH
Secretary of Health

Ross Hunter
Director, Department of Early Learning

Elizabeth "Bette" Hyde
Director, Department of Early Learning (retired)

Randy Dorn
State Superintendent, Office of Superintendent of Public Instruction

*Cover photos: Students from Ilalko Elementary's PE Everyday Class and Olympia High School's Freedom Farmers program*

*Photography by Tracy Wilking, tracy.wilking@doh.wa.gov*

> 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*

# Acknowledgements

The Department of Health is grateful for the resources and support to assist in one of our top priorities—creating the healthiest next generation. We especially thank Governor Jay Inslee, First Lady Trudi Inslee, Governor's Office, Department of Early Learning, Office of Superintendent of Public Instruction, Governor's Interagency Council on Health Disparities, members of the Community Health Advisory Committee, members of the Governor's Council for the Healthiest Next Generation and other partners for their dedication to improving children's health.

We also appreciate 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 (see pages 80–84).

## Governor's Council for the Healthiest Next Generation

**Honorable Jay Inslee**, Governor of Washington
**First Lady Trudi Inslee**
**Honorable Randi Becker**, State Senator, Washington State Legislature
**Marc Berejka**, Director, Government and Community Affairs, REI
**Brian Bonlender**, Director, Department of Commerce
**Antony Chiang**, President, Empire Health Foundation
**Debra Clemens**, Superintendent, Cheney School District
**Honorable Annette Cleveland**, State Senator, Washington State Legislature
**Honorable Eileen Cody**, State Representative, Washington State Legislature
**Gary Cohn**, Superintendent, Everett Public Schools
**Vic Colman**, Director, Childhood Obesity Prevention Coalition
**Nora Coronado**, Commissioner, Commission on Hispanic Affairs; Coordinator, University of Washington Latino Center for Health
**Ben Danielson**, Clinical Director, Odessa Brown Children's Clinic
**Bret D. Daugherty**, Adjutant General, Washington Military Department
**Randy Dorn**, State Superintendent, Office of Superintendent of Public Instruction
**Lori Dunn**, Manager, PreK-12 Physical Education, Seattle Public Schools
**Ed Dzedzy**, Administrator, Lincoln County Health Department
**Erin Dziedzic**, Principal, Dziedzic Public Affairs
**Hugh Ewart**, Director, State and Federal Government Relations, Seattle Children's
**Honorable Jessyn Farrell**, State Representative, Washington State Legislature
**Scott Forslund**, Director, Snohomish County Health Leadership Coalition; Executive Director, Providence Institute for Healthier Communities
**Amy Frasieur**, President, Washington Academy of Nutrition and Dietetics
**Debra French**, Executive Director, Washington State Dairy Council
**Howard Frumkin**, Dean, School of Public Health, University of Washington

**Melanie Gillespie**, Executive Director, Foundation for Healthy Generations
**Heather Gillette**, Board President, Washington State PTA
**Danette Glassy**, Pediatrician, Washington Chapter, American Academy of Pediatrics
**Kathryn Grandy**, Marketing Coordinator, Chelan Fresh Marketing
**Honorable Paul Harris**, State Representative, Washington State Legislature
**Carrie Hite**, President, Washington Recreation and Parks Association;
Director, Edmonds Parks, Recreation, and Cultural Services
**Kathryn Hobbs**, Executive Director, Washington State PTA
**Katie Holmes**, Senior Vice President, Operations and Membership, Washington State Hospital Assn.
**Ross Hunter**, Director, Department of Early Learning
**Elizabeth "Bette" Hyde**, Director, Department of Early Learning (retired)
**Paul Johns**, Director, Youth Football and Alumni Programs, Seattle Seahawks
**Eric Johnson**, Executive Director, Washington Association of Counties
**Mona Johnson**, Director, Student Support, Office of Superintendent of Public Instruction
**Honorable Karen Keiser**, State Senator, Washington State Legislature
**Stephen Kutz**, Chair, American Indian Health Commission
**Steve Leahy**, Director, Mission Readiness, Washington State
**Laurie Lippold**, Public Policy Director, Partners for Our Children
**Robert Matthews**, General Manager, Integrated Marketing Devices and Studios, Microsoft
**Emma Medicine White Crow**, Chair, Governor's Interagency Council on Health Disparities
**Ralph Morton**, Executive Director, Seattle Sports Commission
**Sheri Nelson**, Director, Government Affairs, Association of Washington Business
**Sara Osborne**, Director, Public and Government Affairs, Safeway Inc., NW Division
**Lynn Ann Peterson**, Secretary, Department of Transportation
**Kevin Quigley**, Secretary, Department of Social and Health Services
**Honorable Marcus Riccelli**, State Representative, Washington State Legislature
**Mac Riggan**, Vice President of Marketing, Chelan Fresh Marketing
**Kirk Robinson**, Deputy Director, Department of Agriculture
**David Schumacher**, Director, Office of Financial Management
**Tom Seigel**, Superintendent, Bethel School District
**Dorothy Teeter**, Director, Health Care Authority
**Scott Washburn**, President and CEO, YMCA of Snohomish County
**Matt Watrous**, Executive Director, Boys and Girls Club of Washington State
**Sam Whiting**, President and CEO, Thrive Washington
**John Wiesman**, Secretary, Department of Health

## Community Health Advisory Committee

**Theresa Adkinson**, Healthy Communities Manager, Grant County Health District
**Kathryn Akeah**, Healthy Communities Program Manager, Department of Health
**Sue Anderson**, Executive Director, Statewide Pioneering Healthier Communities,
Washington State Alliance of YMCAs
**Janna Bardi**, Acting Assistant Secretary, Prevention and Community Health, Department of Health
**Sharon Beaudoin**, Chief Operating Officer, WithinReach
**Preston Cody**, Health Care Services Division Director, Health Care Authority
**Bill Cole**, Managing Director, Community Capital Facilities, Department of Commerce

**Vic Colman**, Director, Childhood Obesity Prevention Coalition
**Ian Corbridge**, Policy Director, Clinical Issues, Washington State Hospital Association
**Kathleen Davis**, Director, Local Programs, Department of Transportation
**Kim Eads**, Program Manager, Department of Agriculture
**Katie Eilers**, Assistant Director, Community Health, Kitsap County Health
**Elaine Engle**, Director, Health Education and Promotion (retired), Spokane Regional Health District
**Danette Glassy**, Pediatrician, Washington Chapter, American Academy of Pediatrics
**Caitlin Hill**, Grant Coordinator, Southwest Healthy Living Collaborative
**Lindsay Hovind**, Government Relations Director, American Heart Association, Washington
**David Hudson**, Section Manager, Community-Based Prevention, Office of Healthy Communities, Department of Health
**Nat Jackson**, Premier Wellness Coach, Wellness First
**Mona Johnson**, Director, Student Support, Office of Superintendent of Public Instruction
**Danielle Kenneweg**, Manager, Health Promotion and Communication Section, Prevention and Community Health, Office of the Assistant Secretary, Department of Health
**Mary Looker**, Chief Executive Officer, Washington Association of Community and Migrant Health Centers
**Sarah Lyman**, Senior Associate, Strategy and Operations, Empire Health Foundation
**Jason McGill**, Health Policy Advisor, Governor's Office
**Jo Montgomery**, Founder, School of Acrobatics and New Circus Arts
**Lynn Nelson**, Administrator, Health and Student Support, Capital Region ESD 113
**Jan Ward Olmstead**, Coordinator, Public Health Projects, American Indian Health Commission
**Daisye Orr**, Organizational Performance, Development and Results Manager, Prevention and Community Health, Department of Health
**Julie Peterson**, Senior Director of Policy, Foundation for Healthy Generations
**Marguerite Ro**, Chief, Assessment, Policy Development and Evaluation, Public Health – Seattle & King County
**Theresa Tamura**, Executive Director, Philanthropy and Community Engagement, Group Health Foundation
**Crystal Tetrick**, Member, Communith Health Leadership Committee; Member, Washington State Association of Local Public Health Officials
**Shelley Wallace**, Health Promotion Coordinator, Tacoma-Pierce County Health Department
**Alison Carl White**, Executive Director, Better Health Together
**Greg Williamson**, Assistant Director, Partnerships and Collaboration, Department of Early Learning
**Brady Woodbury**, Administrator, Asotin County Health District
**Dennis Worsham**, Deputy Secretary for Public Health Operations, Department of Health

## Governor's Interagency Council on Health Disparities

**Sofia Aragon**, Executive Director, Washington Center for Nursing
**Marietta Bobba**, Program Manager, Planning and Grants Development Manager, Department of Social and Health Services
**Gail Brandt**, Health Equity Manager, Prevention and Community Health, Department of Health
**Nora Coronado**, Commissioner, Commission on Hispanic Affairs
**Vazaskia Crockrell**, Health Equity/CLAS Manager, Health Care Authority
**Kim Eads**, Program Manager, Department of Agriculture
**Willie Frank**, Nisqually Tribal Delegate, American Indian Health Commission

**Sara Franklin**, Commissioner, Commission on African American Affairs

**Nova Gattman**, Legislative Liaison and Policy Analyst, Workforce Training and Education Coordinating Board

**Mona Johnson**, Alternate Representative, Office of Superintendent of Public Instruction

**Diane Klontz**, Assistant Director, Community Services and Housing Division, Department of Commerce

**Stephen Kutz**, Tribal Representative, State Board of Health

**Diana Lindner**, Alternate Representative, Commission on Hispanic Affairs

**Frankie T. Manning**, Consumer Representative and Council Vice Chair

**Emma Medicine White Crow**, Governor's Representative and Council Chair

**Dan Newell**, Assistant Superintendent of Secondary Education and Student Support, Office of Superintendent of Public Instruction

**Jan Ward Olmstead**, Alternate Representative, American Indian Health Commission

**Millie Piazza**, Environmental Justice Coordinator, Department of Ecology

**John Ridgway**, Alternate Representative, Department of Ecology

**Gwendolyn Shepherd**, Consumer Representative

**Greg Williamson**, Assistant Director, Partnerships and Collaboration, Department of Early Learning

## Advisors: Governor's Interagency Council on Health Disparities

**Melanie Anderson**, Contracts Administrator, Health Care Authority

**Sofia Aragon**, Executive Director, Washington Center for Nursing

**Laura Flores Cantrell**, Senior Program Officer, Washington Dental Service Foundation

**Nora Coronado**, Commissioner, Commission on Hispanic Affairs

**Adrian Dominguez**, Epidemiologist II, Spokane Regional Health District; Adjunct Professor, Eastern Washington University

**Sara Franklin**, Commissioner, Commission on African American Affairs

**Chris Genese**, Seattle Campaigns Director, Washington Community Action Network

**Michael Itti**, Executive Director, Commission on Asian Pacific American Affairs

**Eli Kern**, Epidemiologist II, Public Health – Seattle & King County

**Diane Klontz**, Assistant Director, Community Services and Housing Division, Department of Commerce

**Jan Ward Olmstead**, Coordinator, Public Health Projects, American Indian Health Commission

**Millie Piazza**, Environmental Justice Coordinator, Department of Ecology

**Joana Ramos**, Board Co-Chair, Washington State Coalition for Language Access

**Genya Shimkin**, Founder, The Q Card: Empowering Queer Youth in Healthcare

**Matías Valenzuela**, Director, Office of Equity and Social Justice, King County Executive

**Heather Villanueva**, Senior Community Strength Organizer, SEIU 775

**Leslie Walker**, MD, Division Chief, Adolescent Medicine, Seattle Children's

## Equity Review Group: Governor's Interagency Council on Health Disparities

**Sofia Aragon**, Executive Director, Washington Center for Nursing

**Gail Brandt**, Health Equity Manager, Prevention and Community Health, Department of Health

**Kameka Brown**, Former Member, Commission on African American Affairs

**Nora Coronado**, Member, Commission on Hispanic Affairs

**James Krieger**, Chief, Chronic Disease & Injury Prevention, Public Health – Seattle & King County

**Stephen Kutz**, Chair, American Indian Health Commission

**Devon Love**, Project Director, Center for MultiCultural Health

**Frankie Manning**, Vice Chair, Governor's Interagency Council on Health Disparities

**Emma Medicine White Crow**, Chair, Governor's Interagency Council on Health Disparities

**Jason A. Mendoza**, Associate Professor of Pediatrics, University of Washington; Investigator, Seattle Children's Research Institute

**Susan Millender**, Executive Director, Guided Pathways–Support for Youth and Families

**Martin Sanchez**, Community Health Coordinator, Yakima Valley Memorial Hospital

**Celeste Schoenthaler**, Healthy Eating & Active Living Program Manager, Public Health – Seattle & King County

**Gwendolyn Shepherd**, Member, Governor's Interagency Council on Health Disparities

**Tyati Tufono**, 1st Vice Chair, Commission on Asian Pacific American Affairs

## Staff

**Dan Alexanian**, Acting Deputy Assistant Secretary, Prevention and Community Health, Department of Health

**Janna Bardi,** Acting Assistant Secretary, Prevention and Community Health, Department of Health

**Drew Bouton**, Director of Policy, Legislative and Constituent Relations, Department of Health

**Gail Brandt**, Health Equity Manager, Prevention and Community Health, Department of Health

**Karyn Brownson**, State Suicide Prevention Plan Project Manager, Health Systems Quality Assurance, Department of Health

**Adrienne Dorf**, Healthiest Next Generation Program Manager, Department of Early Learning

**Amy Ellings**, Healthy Eating Active Living Program Manager, Department of Health

**Lindsay Herendeen**, Health Services Consultant, Office of Environmental Public Health Sciences, Department of Health

**Christy Curwick Hoff**, Health Policy Advisor, Governor's Interagency Council on Health Disparities

**Bridget Igoe**, Nutrition Coordinator, Prevention and Community Health, Department of Health

**Mona Johnson**, Director, Student Support, Office of Superintendent of Public Instruction

**Stephanie Liden**, Communications Manager, Department of Early Learning

**Allene Mares,** Director, Center for Public Affairs, Department of Health

**Jason McGill**, Health Policy Advisor, Governor's Office

**Daisye Orr**, Organizational Performance, Development and Results Manager, Prevention and Community Health, Department of Health

**Sally Porter**, Graphic Designer, Prevention and Community Health, Department of Health

**Lisa Rakoz**, Healthiest Next Generation Program Supervisor, Office of Superintendent of Public Instruction

**Sierra Rotakhina**, Health Policy Analyst, Governor's Interagency Council on Health Disparities

**Tracy Wilking**, Healthiest Next Generation Coordinator, Department of Health

**Greg Williamson**, Assistant Director, Partnerships and Collaboration, Department of Early Learning

**Dennis Worsham**, Deputy Secretary for Public Health Operations, Department of Health

# Table of Contents


A Call to Action ..... 1
- Updated Recommendations from the Governor's Council ..... 2
- Update on Proviso Activities ..... 6
- Leveraging the Proviso: Creating the Initiative ..... 7
- Heart of Healthiest Next Generation Initiative ..... 12

The Opportunity ..... 15
Infrastructure for Collaboration ..... 18
The Challenge ..... 22
- Recent Data on Children's Health in Washington ..... 22
- Early Learning Settings: Results of State Survey ..... 24
- Schools: In the Context of National Guidance ..... 31

How to Create the Healthiest Next Generation ..... 34
- Reducing Child-related Health Disparities ..... 34
- Tobacco and Substance Use Prevention in Youth ..... 37

Detailed Update on Proviso Activities ..... 40
Sustaining Our Success ..... 51
Endnotes ..... 52

**Appendices** ..... 58
Appendix A: Governor's Policy Brief (February 2015) ..... 59
Appendix B: Engrossed Substitute Senate Bill 6002 (Section 219) ..... 62
Appendix C: Reviewed National Guidance ..... 63
Appendix D: Recent Legislative Activity in Other States 2012–2013 ..... 64
Appendix E: Recommendations from the Governor's Council 2014 and Achievements ..... 65
Appendix F: Department of Early Learning (DEL) Healthiest Next Generation Toolbox ..... 68
Appendix G: Office of Superintendent of Public Instruction (OSPI)
- Healthiest Next Generation Toolbox ..... 70

Appendix H: Office of Superintendent of Public Instruction
- Health and Fitness Standards Revision Meeting Dates ..... 74

Appendix I: Safe Routes to School Issue Brief ..... 78
Appendix J: Success Stories ..... 80
1. Highline Public Schools ..... 80
2. Camas Early Learning Center ..... 81
3. Mount Vernon School District ..... 82
4. Tumwater School District ..... 83
5. Confluence Health ..... 84

Appendix K: Governor's Interagency Council on Health Disparities – Guidance ..... 85
1. Language for Interventions/Funding ..... 86
2. Language Requiring Community Engagement ..... 88
3. Language Requiring Collection of Data ..... 89
4. Inclusive Language ..... 91
5. Framework and Considerations ..... 93

# 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 (HNG) 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 equitably.

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]

The initial goal of the Healthiest Next Generation Initiative was to help Washington's children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities. The initiative was 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.

Based on successes in our first year, we were encouraged by partners to expand the Healthiest Next Generation Initiative as a vehicle to improve other areas of children's health in early learning settings, schools and communities. These are the primary places where children spend their time outside of the home and whose practices can either reinforce or inhibit the work of families and caregivers to keep children safe and healthy. Approaching these settings in a comprehensive way when it comes to health (as many communities in Washington already do) is efficient, provides optimal benefits to our children and can have additional positive impacts, such as protecting the environment.

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:

- Implement the state recommendations to improve healthy weight identified and prioritized by the Governor's Council for the Healthiest Next Generation (see page 3).
- Sustain the practice of improving children's health in all environments by dedicating ongoing funding for Healthiest Next Generation coordinators at the departments of Health (DOH) and Early Learning (DEL) and Office of Superintendent of Public Instruction (OSPI).

- Act on other improvements needed in children's health:
  - Implement recommendations to prevent youth tobacco use and exposure (see page 5).
  - Align substance use prevention work and funding related to youth risk behaviors for tobacco and marijuana (such as the use of vaping devices) and alcohol.
  - Reduce barriers to ensure children get all recommended immunizations at the right time.
  - Prevent youth suicide risk upstream by adopting recommendations under Goal 5 of the State Suicide Prevention Plan: *Integrate social and emotional health education into early learning programs, community programs and K-12 schools*.
  - Address any other comprehensive health issues identified in early learning settings, schools and communities.

## Updated Recommendations from the Governor's Council

On September 18, 2014, Governor 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, tribal governments and local public health discussed their top priorities for improving children's health and prioritized a set of recommendations.

The Governor's Council for the Healthiest Next Generation met for the second time on July 23, 2015 to review progress made toward the original recommendations (from September 2014) and to consider new priorities. The original recommendations, along with noted achievements are featured in Appendix E, page 65.

Reducing health disparities is an important aspect of the Healthiest Next Generation Initiative. Therefore, support and funding of these recommendations should include stipulations to prioritize low-income settings or those areas with the poorest health outcomes.

The following are the updated 2015–2016 recommendations:

## EARLY LEARNING SETTINGS

- Provide greater health outreach and support on breastfeeding, nutrition, physical activity and screen time to providers of informal child care (Family, Friend and Neighbor Care).[2a] In addition, using an equity lens, provide outreach to other community based programs, such as libraries, play and learn groups, museums and parent support groups.
- Partner with local public health and community health organizations in high need communities to:
  - conduct limited health and developmental screenings in child care and preschool settings;
  - assure that children have medical/dental providers for ongoing preventive care.
- DEL supports consultation to child care providers caring for infants and toddlers in order to improve the quality of program practices. DEL will expand the current Infant/Toddler Consultation[3] to include activities that support breastfeeding, nutrition, physical activity and screen time.
- Work towards integrating national *Caring for Our Children*[4] standards, including those on breastfeeding, nutrition, physical activity and screen time into DEL aligned program standards under the alignment work being done as part of the Early Start Act of 2015.
- Increase the number and quality of comprehensive health trainings, as well as specific trainings on breastfeeding, nutrition, physical activity and screen time offered through Early Achievers.[5]

## SCHOOLS

- Sustain and expand *Healthy Kids–Healthy Schools Grants*; funding to make changes to the school environment so children eat healthier, choose water and have more opportunities for physical activity. Grants can be used for improvements such as school kitchen equipment, kitchen remodeling, garden-related structures, greenhouses, water bottle filling stations, playground and other physical education equipment. Support schools to equitably engage in current grant process.

- Encourage schools to implement a minimum of 30 minutes of active daily recess. Encourage recess before lunch.
- Feed all children well by increasing voluntary participation in breakfast programs such as *Breakfast After the Bell*,[6] eliminating the co-pay for school lunch in grades 4-12 and supporting the Summer Food Service Program (expand to include after-school programs).
- Promote and support school districts to adopt and/or revise health and physical education curriculum aligned to the new K-12 Washington State Health and Physical Education[7] Learning Standards.
- Support and encourage schools to increase year-round fresh fruit, vegetables and healthy food by offering more fruits, vegetables and minimally-processed foods, by sustaining and expanding Farm to School at Department of Agriculture and by expanding *Backpacks for Kids*.
- Support the *Governor's Blue Ribbon Task Force on Parks and Outdoor Recreation* by promoting outdoor recreation in schools.

## COMMUNITIES

- Increase access to fruits and vegetables and other healthy foods by promoting participation in Washington's Supplemental Nutrition Assistance Program (SNAP/Basic Food/food stamps) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), while supporting efforts that make high-quality healthy foods more affordable, accessible and convenient for program clients and all families in Washington.
- Integrate health equity into Washington State Department of Transportation (WSDOT)'s overall agency plan. Particularly focus on health equity when planning, investing in and implementing comprehensive *Safe Routes to School*[8] programs and Complete Streets[9] and Active Transportation projects.
- Encourage breastfeeding by fully implementing *Breastfeeding Friendly Washington* in hospitals, early learning settings, worksites and clinics; funding Medicaid to reimburse for breastfeeding education and lactation counseling; and assuring breastfeeding support is defined and covered by insurance.

- Implement Healthy Communities[10] programs statewide.
- Fund the Youth Athletic Facilities grant program which provides grants to nonprofits and local municipalities to support indoor and outdoor youth athletic facilities (including playground equipment and outdoor fitness zones).
- Invest in local and state parks to help ensure families and children can enjoy the outdoors.

## RECOMMENDATIONS FOR TOBACCO USE PREVENTION IN YOUTH

The following policy recommendations were not officially discussed at the Governor's Council meeting; however, many council members raised these issues as important to creating the healthiest next generation because they will help reduce access to and use of harmful products:

- Fund a comprehensive tobacco prevention program, that includes e-cigarette and vapor product prevention.
- Increase regulation on vaping devices to match regulation on tobacco products.
- Raise the age for purchase and use of tobacco and vaping products to 21.

*Communiy School of West Seattle*

## Update on Proviso Activities

**Overview:** July 1, 2014 to June 30, 2015

See Appendix B for the text from Engrossed Substitute Senate Bill 6002, Section 219. A detailed update on proviso activities follows on page 40.

| Item | Status | Expected Impact |
|---|---|---|
| Expansion of programs across Washington that have demonstrated success in increasing physical activity, access to healthy food and drinking water. | Identification complete | 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. | Toolkits identified; mentoring ongoing | 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). | ECEAP contract language enhanced as of July 2015 | Increase the healthy eating and physical activity of over 8,300 children. |
| Revise statewide guidelines for quality health and fitness education in schools. | Revision complete | Potential increase in the health of over 1 million students annually. |
| Establish performance metrics. | Complete | Ability to measure progress toward goal of creating healthiest next generation. |

## Leveraging the Proviso: Creating the Initiative

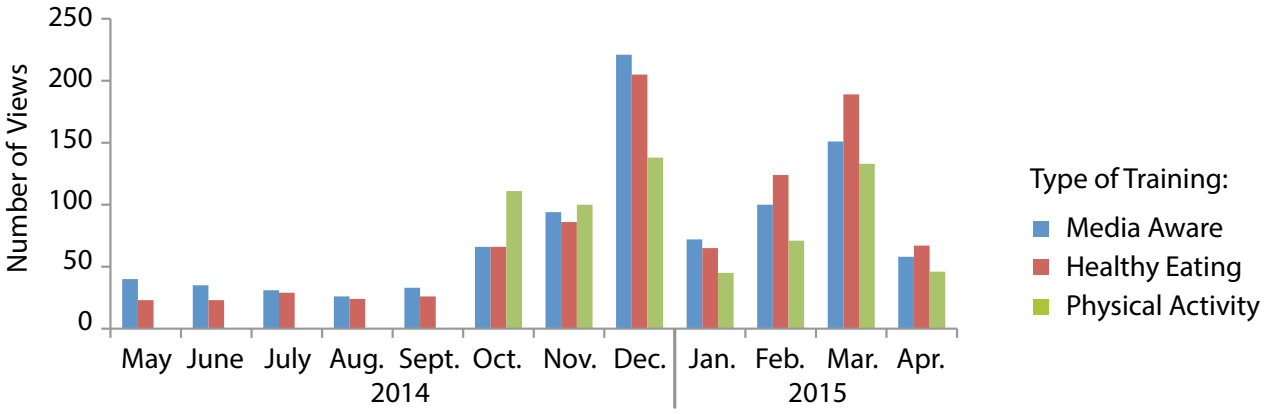
In addition to the outlined activities in the proviso, the following work was accomplished under the umbrella of the Healthiest Next Generation Initiative between July 1, 2014 and June 30, 2015. This work was carried out by staff members at DOH, DEL, OSPI and other state agencies in collaboration with community partners. It was supported by proviso funding (for HNG coordinators at DOH, DEL and OSPI), in-kind resources and federal funding from the Centers for Disease Control and Prevention (CDC) and the United States Department of Agriculture (USDA).

### EARLY LEARNING SETTINGS

- DEL *Child Care Basics* curriculum revised to include content on the national best practice standards for healthy eating, infant feeding, physical activity and screen time reduction. This is the curricula approved by the Washington State Training Registry System (STARS) as the initial professional development training for all new child care center directors, supervisors and lead teachers and all family home child care providers and must be completed within 6 months of employment. A re-launch of the curriculum is scheduled to happen before the end of 2015.
- DEL and Child Care Aware of Washington are developing a proposal to fund the creation of Professional Learning Communities in two regions of Washington State to focus on improving the quality of care in licensed early learning centers with respect to nutrition, physical activity, screen time reduction and breastfeeding support. This project will be modeled on the National Early Care and Education Learning Collaborative (ECELC), a five-year, CDC-funded effort, implemented by Nemours, a nationally-recognized leader in children's health care and their partners. The project is an intervention aligned with Preventing Childhood Obesity in Early Care and Education Programs,[11] selected standards from *Caring for Our Children* (3rd ed.)[12] and the goals of Let's Move! Child Care (LMCC).
- DEL and Washington Dental Service Foundation are partnering to create and distribute kits to early learning programs to promote consumption of tap water rather than sugar-sweetened beverages or juice. Exploring distribution options.

- In partnership with other state and local agencies and organizations, including DOH, DEL prepared an overview document to assist in preparing for responses to the USDA's open comment period for proposed rule changes for the Child and Adult Care Food Program (CACFP). Document compared: current CACFP program standards, best practice standards and proposed CACFP changes. DEL submitted comments to the USDA in support of the changes and provided suggested improvements to the proposed revisions. Because child care regulations and ECEAP Performance Standards in Washington State require programs to follow CACFP guidelines, this rule revision will have a significant impact on the healthfulness of foods served in early learning settings.
- DEL, DOH and OSPI are working with Public Health–Seattle & King County to engage a major retailer in ongoing conversations about ways to make it easier for child care providers to select and buy food and beverages that would meet and exceed the proposed USDA CACFP guidelines. Planning to hold several focus groups with early learning professionals to inform conversations.
- DEL and Thrive Washington, the merged organization of Thrive by Five Washington and the Foundation for Early Learning, are partnering to begin conversations with the Health Care Authority (HCA) to explore potential partnerships between Thrive Washington's Early Learning Regional Coalitions and the HCA's Accountable Communities of Health, part of the Healthier Washington initiative which will bring multiple sectors together to work on shared health goals within designated regions. The goal of this partnership is to develop shared priorities and strategies for promoting and improving the health of young children in early learning settings and in communities throughout the state.
- Developed success story: Camas Early Learning Center
- Increased use of University of Washington Center for Public Health Nutrition's STARS accredited (online) trainings (Media Aware, Healthy Eating, Physical Activity) based on launch of DEL's Healthiest Next Generation Toolbox.

- **September/October:** Trainings added to Public Health–Seattle & King County website.
- **December:** Early learning professionals must complete STARS classes by December 31 each year.




- **March:** Launch of DEL's Healthiest Next Generation Toolbox with inclusion of trainings.

## SCHOOLS

- OSPI staff began promoting Let's Move! Active School in October 2014 and by the end of May 2015, there were 1,450 schools registered as a Let's Move! Active School from 109 school districts in Washington State. Before OSPI began promoting, 334 schools were registered, resulting in an increase of 1,116 schools! There are 295 school districts which encompasses over 2,300 schools in Washington State.
- OSPI staff attended the *Comprehensive School Physical Activity Program (CSPAP) Training-of-Trainers* at Society of Health and Physical Educators (SHAPE) America in August 2014. Training was utilized through several professional development opportunities during 2014–2015 school year.
- Developed success stories on:
  - Mount Vernon School District's student transportation program,
  - Highline Public School's alternative breakfast programs, and
  - Tumwater School District's expanded and improved physical education program.

- OSPI staff presented an overview of the Healthiest Next Generation Initiative at OSPI's Student Support Conference to school nurses, administrators, teachers and support staff on May 14, 2015 in Wenatchee.

## COMMUNITIES

- DOH and over 60 multi-sector public and private partners were awarded a $5.86 million highly-competitive USDA grant to promote the purchase of fruits and vegetables by Supplemental Nutrition Assistance Program (SNAP/Basic Food/food stamps) recipients through supermarkets, farmers markets and health systems. The project period is 2015–2019.
- DOH partnered with the Washington State Hospital Association to launch Breastfeeding Friendly Washington Hospitals, a voluntary recognition program to recognize the time, effort and cost hospitals have dedicated to the importance of breastfeeding.
- DOH collaborated with the Department of Transportation to create an issue brief on the safety, health and environmental impacts of the Safe Routes to School Program.

### Agency Communications

- Healthiest Next Generation webpages are now available from the Department of Health, Department of Early Learning and Office of Superintendent of Public Instruction.
- Agencies and partners are continuing to post on Twitter through hashtag #HealthiestNextGen.

### Media Coverage

- Closing the Broccoli Gap (*The New York Times*, June 5, 2015)
- Nutrition wins with new $5.86 million grant for SNAP participants in WA (DOH, April 2, 2015)
- Healthiest Next Generation Program Tackles Child Health (NPHIC, February 2015)

- Rise of Bike Trains a Win for Children's Health, Environment (Huffington Post, December 22, 2014)
- Childhood obesity prevention: Let's all help Washington kids to get moving! (DOH, October 7, 2014)
- Gov. Inslee launches Healthiest Next Generation Initiative to reduce childhood obesity (GOV, September 18, 2014)
- Drop in youth obesity epidemic tied to public health investments (DOH, February 20, 2014)

**Community Engagement**

- A thank you letter went to all success story submitters from Governor Jay Inslee, Secretary John Wiesman (DOH), State Superintendent Randy Dorn (OSPI) and Director Elizabeth "Bette" Hyde (DEL).
- An update on the initiative was sent to all success story submitters with links to communication materials in February 2015.
- Secretary Wiesman and Director Hyde celebrated the return of local fruits and vegetables by opening the Port Townsend Farmers Market (April 4, 2015).
- First Lady Trudi Inslee, Secretary Wiesman and Director Hyde promoted healthy early settings while visiting West Olympia's Sound to Harbor Head Start/Early Childhood Education and Assistance Program (ECEAP) (April 16, 2015).
- Department of Transportation Secretary Lynn Peterson was joined by Deputy Secretary for Public Health Operations Dennis Worsham and several dozen students from Pioneer Elementary in Olympia for National Bike to School Day (May 6, 2015).

## Heart of Healthiest Next Generation Initiative

During summer 2014, we invited early learning settings, schools and communities in Washington to tell us about efforts to support breastfeeding and to help children enjoy active lives and eat well.

We received over 200 stories about what is working in local communities. These stories became the foundation for the statewide recommendations (page 65) and, in essence, the heart of the Healthiest Next Generation Initiative.

Thank you to the agencies and organizations that responded and gave us permission to recognize them in this report.

Those who responded only represent a portion of the great work being done across the state to create the healthiest next generation. Join us at hashtag #HealthiestNextGen to share what you are doing.

## Early Learning Settings

Camas Early Learning Center • Central Christian Childcare • Community School of West Seattle
Green Lake Preschool • Seattle Children's Research Initiative • The Shyne School •
Skagit/Island Head Start • SNAP-Ed Island County • University of Washington School of Medicine •
Washington Chapter of the American Academy of Pediatrics • YMCA of the Inland Northwest

## Schools

Apollo Elementary School • Auburn High School • Bellingham Public Schools • Bethel School District
Black Hills High School • Blaine Elementary School • Bremerton School District •
Broadview Thomson K-8 School • Carbonado Historical School District • Cascade Christian Academy •
Cheney Public Schools • Chief Kanim Middle School • Cle Elum-Roslyn School District
Columbia Valley Garden Elementary School • Concrete Elementary School •
Cottonwood Elementary • Decatur High School • Eatonville School District • Edmonds School District
Ellensburg Christian School • Epiphany School • Everett Public Schools • Evergreen Public Schools
(Clark) • First Place • Freeman School District • Griffin School District • Hamilton Elementary School
Heritage High School • Highline Public Schools • Ilalko Elementary School • The Island School
Jefferson Elementary School • Kent School District • Lafayette Elementary School • Lake Grove
Elementary School • Langley Middle School • Larson Heights Elementary School • LaVenture
Middle School • Lower Columbia School Gardens • Mark Morris High School • Mount Erie
Elementary School • Mount Vernon School District • Olympia High School's Freedom Farmers •
Omak School District • Orcas Island Farm to Cafeteria Program • Park Orchard Elementary School
Pioneer Elementary • Prairie High School • Roosevelt Elementary School • Seattle Public Schools
St. George School • Steilacoom High School • Stillpoint School • Summit School • Tahoma High
School • Tahoma Junior High School • Three Cedars Waldorf School • Todd Beamer High School
Toppenish High School • Tumwater School District • Walla Walla Public Schools

**Communities**

American Heart Association • Asia Pacific Cultural Center • Austin Foundation • Beecher's Pure Food Kids Foundation • Bike Clark County • Cascade Bicycle Club • Christ Lutheran Latchkey • City of Des Moines • City of White Salmon • Clallam County Health & Human Services WIC Nutrition Support • Clark County Public Health • Committee for Children • Empire Health Foundation • Family Education and Support Services • Food Access Coalition for Kittitas County • Got Green • Grays Harbor County Breastfeeding Coalition • Group Health • Healthy Living Collaborative of Southwest Washington • Hidden Creek Community Church • Jefferson County Public Health/WIC • Jefferson County YMCA • Kitsap Public Health District • Klickitat County Health Department • Lincoln County Health Department • Lummi Nation • Lummi CEDAR Project • Matt Griffin YMCA • MultiCare Health System/Mary Bridge Children's Hospital • Public Health–Seattle & King County • Providence Mount Carmel Hospital • Safe Routes to School Working Group of White Salmon • Salishan Community Health Advocates • School's Out Washington (SOWA) • Seattle Children's Hospital • Seattle Indian Health Board • Snohomish County Health Leadership Coalition • South Sound Breastfeeding Network • Spokane Regional Health District • St. Joseph Medical Center • Tacoma-Pierce County Health Department • Thurston County Safe Kids • University of Washington School of Nursing • Washington State Alliance of YMCAs • Whatcom Council of Governments • Whatcom County Health Department • Whidbey Island Nourishes (WIN) • Yakima Pediatric Association • Yakima Valley Memorial Hospital • YMCA of Greater Seattle • YMCA of Snohomish County • YMCA at Washington State University

# 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 to improve the health of children.**

VISION:
Make our next generation the healthiest ever.

In the beginning, the goal of the Healthiest Next Generation was to improve healthy weight in children. However, it has become clear from our successes and through conversations with partners that this goal needs to expand to include more aspects of children's health.

Many early learning settings, schools and communities across the state integrate health into their environments, policies and practices. However, these changes are occurring only in pockets, often as a result of a grant or a local champion, and disparities persist.

Investing in children's health has positive impacts beyond the child; it is good for the economy, local infrastructure and our future workforce.

For example:

- Serving more fruits and vegetables in early learning settings and schools may also support local agricultural business.
- Improvements that support walking and biking to school can result in enhancements to school grounds, sidewalks and streets. These changes may also decrease pedestrian and bicycle fatalities, reduce school transportation costs, improve traffic and mitigate climate change. See Appendix I.
- The right immunizations at the right time not only protect children from getting serious illnesses, but adults too. Community (or herd) immunity protects everyone, but it only works when most people in the community have immunity to the disease, either by having had the disease or getting vaccinated.
- Preventing youth tobacco use and exposure to secondhand smoke protects our future workforce and saves in healthcare costs. Tobacco use and exposure results in over 8,300 deaths and $2.8 billion in healthcare costs annually in Washington State.[13]

- Creating safe, stable and nurturing relationships and environments may help prevent the devastation of youth suicide. Positive school experiences and family support are shown to protect against suicide attempts.[14] In 2014, 13 percent of 8th graders and 15 percent of 10th graders reported no adults to turn to when sad or hopeless.[15]

*Olympia High School's Freedom Farmers*

## 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

| | |
|---|---|
| **Early Learning**<br>Licensed child care centers, family home care centers, school-age child care centers | ▪ Breastfed or fed breastmilk safely pumped and stored by their mother<br>▪ Active every day<br>▪ Playing in safe places<br>▪ Spending less time in front of screens<br>▪ Eating nutritious snacks and meals<br>▪ Drinking clean water instead of sugar-sweetened drinks |
| **Schools**<br>Public and private K-12 | ▪ Active every day<br>▪ Playing in safe places<br>▪ Eating nutritious meals<br>▪ Drinking clean water instead of sugar-sweetened drinks |
| **Communities**<br>Healthcare, local government, neighborhoods, parks, retailers, worksites | ▪ It is easy to find affordable, healthy food<br>▪ There are safe places to play and be active<br>▪ Hospitals follow the Ten Steps to Successful Breastfeeding<br>▪ Employers provide a safe place to pump and store breastmilk<br>▪ Healthcare providers encourage breastfeeding |

# Infrastructure for Collaboration

While the focus areas of the Healthiest Next Generation are not new, what is new about the 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 the health of 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 (DOH) and Early Learning (DEL) and Office of Superintendent of Public Instruction (OSPI) 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.

## Cross Agency Team

DOH, DEL and OSPI formed a Cross Agency Team with one staff member each dedicated to the initiative. Proviso funding for these three positions was one-time from July 1, 2014 through June 30, 2015. Prior to this funding, no state funding existed for improving 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, 2014. DOH is the lead agency for the team and convenes meetings.

From July through September 2014, the Cross Agency Team engaged in a statewide appreciative inquiry process to identify recommendations for consideration by the Community Health Advisory 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. The focus after this process was on implementation of proviso activities, collaboration with partners and stakeholders, communication about the initiative and other strategies to improve children's health (see Leveraging the Proviso, page 7).

In the 2015–2017 budget, the legislature invested $246,000 to support a staff position at DOH for the Healthiest Next Generation Initiative. Concerned about the lack of funding allotted for staffing at DEL and OSPI, the three agencies developed a plan to leverage resources to extend the positions at DEL and OSPI through June 30, 2016 with the hope of additional ongoing funding in the supplemental budget. The Cross Agency Team will continue to work to fulfill recommendations from the Governor's Council and implement other initiative activities.

## Community Health Advisory Committee

The Community Health Advisory Committee meets quarterly and members include community and business leaders, administrators of local health agencies and state agency representatives. The committee envisions a Washington State where all residents live longer and healthier lives because they live in healthy communities. In addition to the Healthiest Next Generation Initiative, the committee also advises DOH on the implementation of three federal grants funding chronic disease prevention, healthy literacy, maternal and child health and sexual assault prevention. DOH convenes the committee.

## Governor's Council for the Healthiest Next Generation

Governor 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, tribal governments and local public health discussed their top priorities for improving healthy weight in children. A prioritization process at this meeting led the Governor to propose a budget investment of over $63 million to support healthy eating and physical activity in early learning settings, schools and communities. While this proposed investment was not fully realized, a number of the recommendations received funding (see Appendix E).

The Council met for the second time on July 23, 2015 to review progress and achievements toward the initial recommendations for how to create the healthiest next generation. The Council also considered a revised set of recommendations which had been prioritized by the Community Health Advisory Committee and noted those they would be willing to leverage or support. This revised set is found on page 2 (A Call to Action).

A clear outcome from this meeting was the desire to use the Healthiest Next Generation frame to talk about more health issues addressed in early learning settings, schools and communities such as immunizations, tobacco and marijuana prevention and mental/emotional health. Expanding the initiative in this way allows for enhanced collaboration between partners and a broader discussion about all health issues impacting children in Washington State. The group intends to meet again in 2016.

## Governor's Interagency Council on Health Disparities

The Governor's Interagency Council on Health Disparities advises the Governor, Legislature and state agencies on actions to eliminate health disparities, primarily by race/ethnicity and gender. Inequities in healthy weight among children is one of the Council's current priorities.

To align efforts and avoid duplication, the Council is partnering on the Healthiest Next Generation Initiative. Last Fall, the Council convened a special Equity 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. Then in Spring 2015, the Council was invited to develop guidance that state agencies, the Governor's Office, and the legislature could use to promote equity in state government policy and program decisions. The Council enthusiastically welcomed this opportunity. An overview of the guidance is provided on page 34 and the complete documents are included in the appendix.

To learn more about their work, see the Council's June 2015 Update: State Action Plan to Eliminate Health Disparities.

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.

### Governor's Council for the Healthiest Next Generation (HNG)

**Purpose:** High-level policy group, sets strategic direction and state policy agenda.

**Chairs:** Governor Jay Inslee and First Lady Trudi Inslee

**Executive Staff:** Jason McGill, Health Policy Advisor, Governor's Office and Dennis Worsham, Deputy Secretary for Public Health Operations, Department of Health

**Membership:** Community, business and state agency leaders

**Convenes:** 1–2 times a year

### Community Health Advisory Committee

**Purpose:** Advise on federal community funding administered by Department of Health. Advise on HNG recommendations.

**Chair:** Dennis Worsham, Deputy Secretary for Public Health Operations, Department of Health

**Membership:** Community organizations, state and local public health managers

**Convenes:** Quarterly

### Cross Agency Team

**Purpose:** Carry out HNG proviso, recommendations and other initiative activities.

**Membership:** HNG coordinators at departments of Health and Early Learning and Office of Superintendent of Public Instruction

**Convenes:** Monthly

### Governor's Interagency Council on Health Disparities

**Purpose:**
Serves as an advisor and partner on initiative activities.

### Sector–Specific Stakeholders and Partners

**Purpose:**
Give input to Cross Agency Team. Each agency is responsible for identifying, communicating and consulting with appropriate groups.

# The Challenge

The health of Washington's children today is directly tied to the health of our entire state.

While there is an opportunity, we must also address the problem we are trying to solve. The health of Washington's children today is directly tied to the health of our entire state.

## Recent Data on Children's Health in Washington

- **Healthy Weight.** 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.[16] Obesity-related medical problems in adults increase medical costs. The estimated annual medical cost for adult obesity in Washington is $2.98 billion.[17] Obesity in adults also results in missed work days and lower productivity.
  - In Washington, about 28 percent of children aged 2–4 served by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in 2012 were overweight or obese. The WIC Nutrition Program serves half of all infants born in Washington.
  - In addition, 75 percent of 10th graders are at a healthy weight.[18] Among students in grade 10, American Indians, Blacks, Hispanics and Pacific Islanders were significantly less likely than Non-Hispanic Whites to be at a healthy weight.[19]

**Nutrition**

- Rates of obesity and overweight are linked in part to a student's diet. In 2014, 78 percent of 10th graders ate less than five servings of fruits and vegetables a day.[20]
- Progress, however, can be seen in the reduced daily consumption of sugar-sweetened beverages at school. In 2014, 4 percent of 10th graders drank a sugar sweetened beverage at school compared to 13 percent in 2012.[21]

**Physical Activity**

- Rates of obesity and overweight are also linked in part to a student's physical activity. In 2014, 76 percent of 10th graders in our state did not meet the recommendations for 60 minutes of physical activity 7 days a week.[22] That same year, 74 percent of 10th graders in our state did not participate in daily physical education.[23]

- In addition, 58 percent of 10th spent at least three or more hours a day in recreational screen time (watching TV, playing video games or using a computer for fun).[24]

- **Immunizations.** In 2014, the National Immunization Survey reported that 67.4 percent of Washington children ages 19–35 months completed a recommended series of immunizations, below the state and Healthy People 2020 goal of 80 percent.[25]
- **Marijuana.** In 2014, about 18 percent of 10th graders reported smoking marijuana in the last 30 days.[26]
- **Mental Health.** An estimated 10.6 percent of Washington youth have had at least one depressive episode and nearly half of children in need of mental healthcare in 2011–2012 did not receive it.[27]
- **Suicide.** Suicide is the second leading cause of death in Washington for youth aged 10–24.[28] In 2014, 16 percent of 8th graders and 20 percent of 10th graders considered attempting suicide.[28a] Suicide risk is greater among certain groups of youth such as Native Americans, whites, males, and gay, lesbian, bisexual, transgender and questioning youth.[29]
- **Tobacco.** In 2014, about 8 percent of 10th graders reported smoking tobacco in the last 30 days.[30] In addition, about 14 percent of American Indian/Alaska Native 10th graders reported smoking in the last 30 days.[31]

*Community School of West Seattle*


## Early Learning Settings: Results of State Survey

More than 128,000 children are enrolled in licensed child care in the state and nearly 70 percent attend full-time (25 hours or more per week).[32] The state licenses three types of programs for child care: family home child care (FHCC), child care centers (centers) and school-age child care centers.[33] Although there are about three times as many FHCC programs as centers, the majority of children are cared for in centers. Washington State requires licensed child care programs to follow rules and regulations described in the Washington Administrative Code (WAC). The WAC's for licensed child care address a variety of physical, environmental, and administrative rules.

The gold standard in best practices for health and safety in early care and education programs is provided by *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, a collaboration of the American Academy of Pediatrics, the American Public Health Association and the National Resource Center for Health and Safety in Child Care and Early Education.[34] Based on these best practice standards, the Washington State Department of Health (DOH) and Public Health–Seattle & King County jointly funded the University of Washington Center for Public Health Nutrition (CPHN) to conduct the first statewide survey of licensed child care providers to learn more about their nutrition and physical activity practices and program environments.

CPHN invited all licensed child care programs for children 2–5 years of age to participate in the survey. Two self-administered tools were created: one for child care center directors and one for FHCC owners/providers. The survey tools were available in two formats: online or paper.

An overall total of 36 percent of programs completed the survey, representing 46 percent of centers and 32 percent of FHCC programs (footnote report).[35] Programs participating in the survey have the capacity to care for nearly 60,000 children.[36] The survey included questions about nutrition and physical activity practices, beliefs and attitudes, challenges, communication with families, food procurement and training needs. With a few exceptions, all the survey questions were based on national, evidenced-based standards contained within *Caring for our Children* to promote healthy weight in children in child care settings. A list of best practice standards for nutrition and physical activity/screen time follows on page 29. Highlights from the survey follow based on the national best practice (percentages reflect centers and FHCCs individually). Areas doing well are those with 50 percent or above participation.

*Communiy School of West Seattle*

**Nutrition Highlights from**
**Washington State Survey of Nutrition and Physical Activity in Child Care**

Areas we considered to be doing well are noted in **green**. Areas below 50 percent are considered needing improvement and are noted in red.

| Fruits and Vegetables | Centers | FHCCs |
|---|---|---|
| Non-starchy vegetables served twice a day, and once a day for half-day programs | 25% | 40% |
| "Powerhouse vegetables"—dark green, orange, red or deep yellow vegetables—are served at least once per day | 18% | 32% |
| Vegetables at snack time served at least five times a week | 10% | 14% |
| **Grains** | | |
| Sugary cereal is never served | **71%** | **50%** |
| **Fried Foods and Processed Meats** | | |
| Processed meats (hot dogs, sausage bacon) are never served | 32% | 18% |
| Fried and breaded meat (chicken nuggets, fish sticks, chicken strips) are never served | 39% | 14% |
| **Beverages** | | |
| Sugary drinks (juice drinks, flavored waters, sweet teas, sports drinks, soda) are never served | **90%** | **79%** |
| Flavored milk is never served | **85%** | **72%** |
| Low-fat (1%) or fat-free (non-fat) milk is served to children aged 2 years and older | **57%** | **63%** |
| Drinking water is indoors and outdoors where it is visible and available for self-serve | **54%** | 48% |
| **Healthy Eating Environment** | | |
| Meals and snacks are served family-style | 40% | 6% |

**Physical Activity/Screen Time Highlights from Washington State Survey of Nutrition and Physical Activity in Child Care**

Areas we considered to be doing well are noted in **green**. Areas below 50 percent are considered needing improvement and are noted in red.

| Outdoor Play | Centers | FHCCs |
|---|---|---|
| Children go outside even when the weather is rainy, cold, snowy or hot (with proper protection from the weather) | **63%** | **56%** |
| Children aged 2–5 play outside for 90 minutes or more each day | 22% | 22% |
| **Physical Activity** | | |
| Two-year-olds get 90 minutes of physical activity each day | 26% | 35% |
| Preschoolers (3–5 year olds) get 120 minutes of physical activity each day | 12% | 19% |
| Preschoolers get adult-led physical activity for at least 60 minutes each day (over the course of a full-day) | 8% | 20% |
| **Active Environment** | | |
| Staff incorporates physical activity into learning activities and transitions every time they see an opportunity | 32% | 35% |
| **Screen Time** | | |
| Screen time is limited to one hour a week or never offered | **88%** | 35% |
| If screen time is provided, it is rarely or never used to encourage desired behavior | **86%** | **71%** |
| If TV or videos are shown, they are always free from commercials and advertising | **85%** | 35% |

## Identified Challenges

In addition to surveying their nutrition and physical activity practices, providers were invited to also identify challenges for promoting healthier eating and increased physical activity. Respondents were allowed to select up to four challenges from a list of factors, or they could indicate "None." A selection of responses follows:

### NUTRITION

- 43 percent of centers and 57 percent of FHCCs said there were no major challenges to promoting healthier eating.
- Among those programs that identified a challenge, the highest rate of response among centers, at 32 percent, was food costs, while 20 percent of FHCCs identified both food costs and children won't eat healthy food as reasons for not promoting healthier eating.

### PHYSICAL ACTIVITY AND SCREEN TIME

- 41 percent of centers and 57 percent of FHCCs said there were no major challenges to providing more physical activity.
- Among those programs that identified a challenge, the highest rate of response among centers, at 29 percent, was not having an outdoor covered space followed closely by 25 percent of programs responding that they did not have enough indoor play space. The most often selected response among FHCCs, at 18 percent was not having outdoor covered space followed by 16 percent identifying that the weather is too hot, cold or wet to go outside.

Complete results of the survey are available here:
http://depts.washington.edu/uwcphn/work/ece/waccsurvey.shtml

The results of the survey show that, in some areas, centers and FHCCs are doing well and that there is a need for improvement in other areas. When reflecting on their own challenges to improve the nutritional value of foods being served, they often cited food costs as a barrier and when reflecting on barriers to increasing physical activity they cited the limitations of their facilities, both for indoor and outdoor activity. These identified limitations do not necessarily point to the need for more training, but rather for new ways to lower food costs, such as cooperative buying and financial support to improve and enhance facilities. Child care programs provide a critical service in our economy at a crucial

moment in a child's development and making improvements to help children live active, healthier lives is within our reach with additional strategic investments.

## Best Practice Standards for Early Care and Education

### NUTRITION [37]

- Drinking water is visible and available inside and outside for self-service.
- 100 percent fruit juice is served no more than twice a week in 4–6 ounce portions or never served.
- Sugary drinks such as fruit drinks, soda, sports drinks and sweetened tea are never served.
- Children 2 years and older are served only 1 percent or non-fat milk.
- Fruits and vegetables are served at every meal.
- French fries, Tater Tots®, potato chips or other pre-fried potatoes are served no more than once per month or never.
- Chicken nuggets, fish sticks, and other fried or pre-fried frozen and breaded meats or fish are served no more than once per month or never.
- A whole grain product is served at least once per day.
- Cereals contain six grams or less of sugar per serving.
- Sweet grains/baked goods (such as cookies, cakes, Danishes and doughnuts) are served no more than once every 2 weeks.
- Adults sit with and eat the same foods as children at meal and snack time.
- All meals and snacks are served family-style and children are encouraged to serve themselves with limited help (as developmentally appropriate).
- Fruits and/or vegetables are served at one snack per day or more.
- Food or beverages are never withheld from children as a form of punishment.
- Food is never used as a reward.

## INFANT FEEDING [38]

- Programs have a written "Infant Feeding Policy" reviewed by a registered dietitian.
- Infants are fed on cue and staff receives training on infant feeding cues.
- Programs encourage, support and accommodate breastfeeding mothers and infants.
- Age-appropriate solid foods are introduced to infants at six months of age.
- Infants are not fed juice.
- Infants, under six months of age, are not given water, unless directed by a healthcare provider.

## PHYSICAL ACTIVITY AND SCREEN TIME [39]

- Children in full day care are provided outdoor play for 60–90 minutes per day.
- Infants have outside time two to three times per day.
- Toddlers are provided 60–90 minutes of active play daily.
- Preschoolers are provided 90–120 minutes of active play daily.
- Children in part-time programs are allowed at least 20 minutes of active play 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.
- Media and computer time for children is used only for educational purposes.

## Schools: In the Context of National Guidance

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.[40]

### NUTRITION

As a result of the Healthy, Hunger-Free Kids Act of 2010, there have been several key changes to the NSLP and 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 43rd for participation rates in the SBP, with 44 percent of students qualifying for free and reduced-price meals, 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 $23.8 million dollars.[41]

## PHYSICAL ACTIVITY/PHYSICAL EDUCATION (PE)

The overarching guidance for physical activity among children and adolescents is to participate in 60 minutes of physical activity every day of the week, preferably daily. According to the CDC, there is substantial evidence that physical activity can help improve academic achievement, including grades and standardized test scores.[42] See the chart on the next page for an overview.

*Ilalko Elementary's PE Everyday Class*

## Physical Education in Washington State

| Grade Level | National Guidance for Physical Education (PE)[43] | Washington State Guidance for Physical Education (PE)[44] |
|---|---|---|
| K–5 | ▪ 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.<br>▪ At least 50 percent of physical education class time should be spent in moderate to vigorous physical activity. | ▪ Students in grades 1–8 are required to participate in an average of at least 100 instructional minutes per week per year in physical education. |
| 6–8 | ▪ 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.<br>▪ At least 50 percent of physical education class time should be spent in moderate to vigorous physical activity. | ▪ Students in grades 1–8 are required to participate in an average of at least 100 instructional minutes per week per year in physical education |
| 9–12 | ▪ Participate in physical education for all years of enrollment in high school.<br>▪ PE shall be provided five days/ week, or the equivalent of 225 minutes/ week (45 minutes per day), for the entire school year.<br>▪ 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. | ▪ Students are required to participate in two health and fitness credits (.5 credits health; 1.5 credits fitness) for high school graduation.<br>▪ Students may be excused from the fitness requirement under RCW 28A.230.050. Such excused students are required to demonstrate proficiency/competency in the knowledge portion of the fitness requirement.<br>▪ Schools must offer a one credit course or its equivalent in physical education for each grade level in high school. |

# How to Create the Healthiest Next Generation

Recognizing that Washington's future depends on our children's health, Governor 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.

Creating the healthiest next generation includes:

- Collaborating with business and community leaders, representatives of the healthcare community, legislators, local, state and tribal governments under a common vision to improve children's health.
- Implementing recommendations for statewide action based on community successes. A list of the recommendations from the July 2015 meeting of the Governor's Council for the Healthiest Next Generation are featured on page 3.
- Improving health in all environments where children spend time outside of the home, particularly early learning settings, schools and communities.
- Making changes in state agencies to reduce barriers at the community and organizational level for improving children's health.
- Reducing child-related health disparities.

## Reducing Child–related Health Disparities

Recognizing that inequities exist and trying to ensure that any recommendations, if prioritized, could reach communities most in need, the Governor's Interagency Council on Health Disparities was invited to develop guidance that state agencies, the Governor's Office and the legislature could use to promote equity in state government policy and program decisions. For the purpose of this guidance, equity means "all people have full and equal access to opportunities that enable them to attain their full potential."[45] Inequities are differences that are "not only unnecessary and avoidable but are considered unfair and unjust."[46] Disparities refer to significant differences in social or health outcomes among different groups.

In order to develop the guidance, Council staff interviewed or received written comments from 22 experts across the state that conduct equity-promoting work. Staff contacted individuals who work closely with the community and/or do social justice work and then asked these stakeholders to connect them with other experts. Stakeholders shared resources and provided insights in the early stages of this project and also reviewed and provided feedback on drafts of the document. In addition, staff reviewed policy and other document language that has been used in Washington and across the country, current local equity initiatives and frameworks, and publications on social justice. A draft of the equity guidance was posted on the Council's website and the public was invited to provide feedback. The Council adopted the guidance at its public meeting on May 13, 2015 which was held at the South Seattle Community College Georgetown Campus.

This document includes suggested language that can be tailored to and inserted into state policies, plans, programs, budgets, rules, grants, contracts, and solicitation documents (such as Request for Proposals [RFP], Request for Quotations [RFQ], Request for Qualifications and Quotations [RFQQ]) to promote equitable opportunities for health and well-being. While language plays an important role in promoting equity, achieving equity in state government will require a comprehensive approach that uses frameworks and tools to analyze equity impacts.

The sample policy language can be categorized into four distinct sections:

- Language for interventions and/or funding for populations impacted by inequity (Appendix K1)
- Language requiring engagement and consultation with representatives from diverse populations in decision-making processes (Appendix K2)
- Language requiring collection, analysis, and/or reporting of disaggregated data (Appendix K3)
- Inclusive language for policies and programs that can be used to strive for the greatest inclusion possible (Appendix K4)

Recognizing that every policy is different and boiler-plate language will not be enough to address equity in all situations and institutions, stakeholders also identified the following important considerations to address equity in Washington State:

- Collect, analyze and use accurate disaggregated data by subracial/subethnic categories to direct state resources and programs
- Promote diversity in state government hiring, contracting, recruitment, retention and promotion.
- Provide cultural humility[47]/awareness/competency training or diversity training for government employees and other public workers or occupations licensed through the state.
- Ensure that policies and practices promote full civic participation from populations who are facing inequities and eliminate barriers to participation
- Evaluate the potential equity impacts of proposed legislation, policies and programs before implementation.
- Ensure all state services and programs are culturally and linguistically appropriate for the diverse populations in Washington State.
- Address the structural, institutional and interpersonal "isms" (such as racism, sexism, ageism, sizeism, etc.) in state government.
- Explore and address the equity impacts of Washington's regressive tax system.
- Foster a consistent and respectful acknowledgement of the sovereignty of the tribal governments.
- Prioritize meaningful community engagement and relationship building.
- Ensure accountability in the state system.

The complete document is included as Appendix K5.

## Tobacco and Substance Use Prevention in Youth

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.

### STRATEGIES FOR PREVENTION: TOBACCO, e-CIGARETTES AND VAPING DEVICES

Tobacco use remains the leading cause of preventable death and disease in the state. Every day about 40 youth[48] begin smoking and almost all adults who smoke started smoking before they were 18 years old.[49] 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.[50]

While the rate of youth smoking has decreased in the last 10 years, the use of e-cigarettes and vaping devices are rapidly increasing with 18 percent of 10th graders in Washington saying they used one of these products in the last 30 days.[51] Nationally, between 2011 and 2013, there was a three-fold increase in the number of middle and high school students who had never smoked regular cigarettes but used e-cigarettes.[52]

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 that includes strategies to achieve equity and eliminate tobacco-related disparities.[53] 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.[54]
- A 25 percent reduction in adult smoking, resulting in 416,000 fewer adults smoking.[55]
- The prevention of 36,000 hospitalizations at a value of $1.5 billion.[56]

The Department of Health is allocated $600,000 per year from licenses and fees for youth tobacco prevention. Funding is used for prevention strategies such as retailer compliance checks and education and contracts with local health and community based organizations to

educate communities on the importance of tobacco-free places where children gather.

There are several strategies that have proven effective in preventing youth tobacco use, many of which are similar to those for improving children's health in other areas. Strategies include:

- 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.

Some evidence-based strategies that have been found to prevent tobacco use among youth include a mass media campaign with messaging that is tested among specific target audiences and includes tailored media buys, smoke-free laws and higher prices for products.[57] Recently, strong evidence emerged that raising the purchase age from 18 to 21 can be an effective way to reduce tobacco use among youth and young adults.[58]

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 posting 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.

## STRATEGIES FOR PREVENTION: MARIJUANA

While the prevalence of marijuana smoking among 10th graders has not changed significantly in the past several years, there are some concerning trends. More than half of 10th graders reported it was easy to get marijuana and the number of students saying there is 'no or low risk' from regular use doubled from 2004 to 2014.[59] Historically, when the perception of harm goes down and ease of access goes up, the number of kids using goes up.[60]

With the passage of Initiative 502 and subsequent passage of HB 2136, 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 DOH around marijuana prevention.

- A public health hotline for treatment referrals. We are using the existing Washington Recovery Helpline.
- Grants for community organizations to reduce the use of marijuana among youth.
- Media-based public education separately targeting youth and adults.

The legislature allocated $7.25 million each for fiscal year 2016 and fiscal year 2017 of marijuana tax money for a marijuana education public health program that folds in tobacco prevention work for high risk populations. DOH is mandated to use these funds for a marijuana use public health hotline, a community grants program to reduce marijuana use in youth and media- based education campaigns that target adults and youth separately.

# Detailed Update on Proviso Activities

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

Over 200 successes received!

## PROGRAM IDENTIFICATION

**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.[61] 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 Health Advisory 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 pages 3–5.

**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.**

Over 75 existing resources posted!

## TOOLKITS

The Healthiest Next Generation Coordinators at DEL and OSPI identified toolkits specific to each of their constituencies.

- **DEL:** Identified toolkits, resources and trainings on the national best practice standards for healthy eating and physical activity for early learning professionals to create the Healthiest Next Generation Toolbox. Over 25 items are featured and all are recommended by DEL to contain accurate and credible information, including several free STARS[62] approved trainings created by the University of Washington Center for Public Health Nutrition. Once featured in the toolbox, the STARS approved trainings began receiving noticeably more use, see page 9. An overview of the Toolbox is provided in Appendix F.
- **OSPI:** Identified existing toolkits from across the country specific to nutrition, physical education, physical activity and school wellness policies to create the Healthiest Next Generation Toolbox for school professionals. Toolkits and resources are aligned to support professional learning and professional development (PD) opportunities for schools and school districts and are focused on strategies to encourage children to be active, eat healthy food and have access to drinking water. Approximately 100 toolkits were identified and half have been selected to be featured at PD events. An overview of the Toolbox is provided in Appendix G.

*Olympia High School's Freedom Farmers*

School staff, teachers, child care licensors, child care health consultants

## MENTORING

The Healthiest Next Generation Coordinators at DEL and OSPI identified ways to start, expand and enhance mentoring opportunities with each of their constituencies.

**DEL:** Early learning professionals interface with a number of different professionals who can offer mentoring opportunities, including licensors, consultants and other child care providers.

- **DEL Child Care Licensors**
  DEL child care licensors (licensors) from across the state were trained by the Healthiest Next Generation program manager and a Puget Sound Educational Service District senior nutrition coordinator during the spring of 2015 in order to increase and enhance their knowledge of the national best practice standards for healthy eating and physical activity in child care programs. Licensors have the following responsibilities for the agency: licensing child care programs, conducting on-site inspections, monitoring child care programs, investigating complaints, conducting group orientations and providing technical assistance towards quality child care.

  Resources, toolkits, websites and materials were shared during the trainings. The licensors will use this information as they work onsite with child care providers to improve program practices. Four trainings took place in locations across the state.

- **Child Care Health Consultants/Private Contractors**
  The Coalition for Safety and Health in Early Learning (CSHEL) is a statewide organization of health professionals working in early learning settings. The organization holds quarterly meetings and offers an opportunity for health consultants to network and increase their knowledge and skills. In the past local health jurisdictions (LHJs) received funding from both DOH (Healthy Child Care Washington) and from the Child Care Development Block Grant at DEL for child care health consulting. Those funding sources are no longer available and therefore many LHJ's no longer provide child care health consulting or consulting to Head Start and ECEAP Programs. Instead, many private health consultants are now providing services to early learning programs with or without the latest knowledge of the national best practice standards for healthy eating and physical activity. Therefore, an effort was taken to identify and contact these private health consultants and invite them to become members of CSHEL.

CSHEL also developed a needs assessment for these health consultants and is using the data to inform future work.

This effort is possible because of the availability of funds beginning in July 2014 which had not been spent prior to the start of the DEL Healthiest Next Generation coordinator in November 2014.

Beginning, expanding and enhancing opportunities

**OSPI:** Through OSPI, training and professional development opportunities exist for school staff, administrators and teachers. Over the course of this year, we have worked to enhance existing opportunities and initiate new ones focusing on nutrition, physical education, physical activity and school wellness policies. An overview follows:

- **School Staff**
  Initiated collaboration between OSPI Student Support and OSPI Nutrition Services. Staff met quarterly to review and enhance efforts for healthy eating and active living in schools. Activities included:
  - Supported school districts to review and revise nutrition and physical activity policies;
  - Partnered with Washington Action for Healthy Kids (AFHKs) to promote school wellness policies; and
  - Participated in AFHKs monthly meetings to share resources and updates with participating partners from around the state.
  - Collaborated with AFHKs to co-design professional development and technical assistance for the Learning Connection Workshop Series. Series included:
    - **Smart Snacks in School:** 56 participants from 43 districts.
    - **Breakfast After the Bell:** 25 participants from 20 school districts.
    - **School Wellness Teams A to Z:** 20 participants from 11 school districts.

- **Teachers**
  OSPI staff, in collaboration with the American Cancer Society, participated in *School Health Guidelines to Promote Healthy Eating and Physical Activity Training-of-Trainers* (August 2014). Training is designed to support student, family and community engagement on School Health Advisory Councils (SHACs) in order to develop, implement and evaluate school wellness policies related to nutrition

and physical activity. OSPI staff, in collaboration with the Society of Health and Physical Educators (SHAPE) Washington, then delivered training for teachers during two separate events:

- West's Best Conference, Seattle: 26 participating teachers from across the state.
- OSPI Student Support Conference, Wenatchee: 20 participating teachers from across the state.

OSPI staff also partnered with SHAPE Washington to provide 10 one-day Physical Activity Leader (PAL)[63] trainings to over 455 teachers and community partners throughout the state. The training provided participants with the formula and tools for making sustainable change to shifting the culture of physical education and physical activity in their schools and communities. The training focused on Comprehensive School Physical Activity Program (CSPAP)[64] and the Let's Move! Active Schools Program. After the training, participants have access to a collaborative online community of other PALs and can join in knowledge sharing, success stories and discussion boards.

- Two school districts included all their physical education (PE) teachers in the training: Seattle Public Schools (138 participants) and Federal Way Public Schools (68 participants)

*Ilalko Elementary's PE Everyday Class*

OSPI staff provided professional development during the SHAPE Washington State Conference (October 2014) to 44 participants reaching 34 districts. Statewide training to schools and school districts was provided to assess strengths and gaps and determine readiness for schools to implement CSPAP and register as Let's Move! Active Schools.

Health & Fitness Cadre: OSPI staff provided professional development to the Health & Fitness Cadre which is comprised of 30 health and fitness educators from across the state. Cadre members champion student health as a strategy for improving academic performance. Also, members are available for local, regional and state trainings for other health and fitness educators to provide support on best practices for quality instruction, assessments, Common Core State Standard connections, standards-based grading and more. The Cadre is in its sixth year and each year its focus of learning changes. This school year, the focus is on CSPAP implementation, development and evaluation as well as revision of the state health and fitness learning standards. The cadre met October 16–17, 2014. Because of its impact and success in schools, the Health and Fitness Cadre has become a model program for other states across the nation.

## EARLY CHILDHOOD EDUCATION AND ASSISTANCE PROGRAM

ECEAP

**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.[65]

Enhancing physical activity and menus for over 8,000 children.

The legislature has mandated the alignment of child care regulations, ECEAP performance standards and Early Achievers[66] program requirements within DEL. Therefore, it is not possible at this time to make changes to the ECEAP performance standards. Instead, staff proposed changes to the ECEAP contract between DEL and its contractors—including cities, community-based organizations, educational service districts and schools—to enhance existing provisions relating to nutrition, physical activity and screen time. The agreed upon enhancements, based on best practices were added into the contracts for the 2015-2016 school year.

The additional health and safety requirements for the ECEAP contractors are:

The Contractor must:

- Create a policy on the promotion of physical activity and removal of potential barriers to physical activity participation.
- Require a minimum of 30 minutes a day of outdoor play for full and extended day programs only, unless conditions pose a health and safety risk to children.
- Staff must support children's play and learning by promoting children's active play and participating in children's active games when appropriate.
- Have a planned curriculum that includes:
  - Specific nutrition education activities including teaching healthy foods and portion sizes.
  - Use of media only for educational purposes or physical activity and never during meals.

Additional inclusions for ECEAP Performance Standard D-15 (Meals and Snacks) when planning menus are:

- Limit the amount of highly processed foods which include saturated fats and high fat foods; fried and breaded meats; and fried potatoes.
- Serve foods low in salt which include limiting salty foods such as chips and pretzels.

- Limit grains high in sugar and fats including, but not limited to, muffins, cakes, Pop Tarts®, French toast sticks, etc.
- Avoid sugar including, but not limited to, sweets such as candy, sodas, sweetened drinks, fruit nectars and flavored milk.
- Serve whole grain breads, cereals and pastas at least once a day.
- Serve a variety of vegetables and whole fruit, rather than juice with no added sugars.
- When serving juice, ensure it is 100 percent juice and only served at meal times.
- Ensure drinking water is available for self service, indoors and outdoors.

## QUALITY HEALTH AND FITNESS STANDARDS

Completed first revision since 2008.

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

This is the first revision of the guidelines since they were adopted in 2008. Health and fitness teaches our students that good health and safety principles can lead to a lifetime of healthy practices, resulting in more productive, active and successful lives. To support this aim, the K-12 Washington State Health and Fitness Learning Standards were developed by a team of health and fitness teachers from across Washington, with a subsequent review by national experts, to describe what students should know and be able to do from kindergarten through grade 12. These standards establish the concepts and skills necessary for safe and healthy living and, in turn, for successful learning. The 2008 K-12 Washington State Health and Fitness Learning Standards help guide our educators toward excellence in teaching and our students toward mastery in learning and skill development.

In 2014, a revision was warranted as a result of the proviso and in light of the release of the following national standards documents:

- 2008 National Health Education Standards[67]
- 2012 National Sexuality Standards[68]
- 2014 National Physical Education Standards[69]
- Common Core State Standards in English language arts and mathematics[70]

The revised standards will be known as the K–12 Washington State Health and **Physical Education** Learning Standards.

This revision process is also in response to continuous improvement of our state standards, ensuring the use of challenging academic content standards as we continue to implement the assessments required in health and physical education.

**Overview of Revision Process**

In October 2014, OSPI convened a team of 13 health and fitness educators with expertise in a number of areas, including early childhood education, K-12 physical education and K-12 health education to develop recommendations for the revision of the state's 2008 Washington K-12 Health and Fitness Learning Standards. Members of the team were from elementary, middle and high schools and a member of the National Physical Education Standards Committee was also included. The team became known as the Health and Fitness Standards Revision Team.

OSPI convened monthly meetings through June 2015 and used the National Standard sets, other states' standards, Common Core State Standards and the Next Generation Science Standards to inform revision. For a complete list of meetings, see Appendix H.

In March 2015, 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 who provide guidance on processes. After review and discussion, OSPI received support from the CARC to proceed with a K-12 Washington State Health and Physical Education Learning Standards revision. A new webpage was launched in May 2015 detailing the revision process, Health and Physical Education Learning Standards Revision Process.

Upon completing drafts of both the Health and Physical Education Standards, each were reviewed by an internal task force, submitted for a Bias & Sensitivity Review and posted for public comment. The revised standards will be shared with districts through the OSPI Health and Physical Education webpage. OSPI will develop a communication plan to assist school districts on the transition/implementation process of the new health and physical education standards. Throughout this transition period, OSPI health and physical education content specialists will provide information and support to the field.

## ESTABLISH PERFORMANCE METRICS

The Department of Health collects data in a number of areas that relate to children's health. We have also made an alignment with Results Washington, Governor Inslee's performance management system for state agencies. Current data reflects where we are now and the arrow denotes whether we are trying to increase or decrease the specific measure in order to create an improvement in children's health.

See the table on the next page.

*Community School of West Seattle*

## Healthiest Next Generation Performance Metrics

| Measures | Current Data | Direction Needed for Improvement |
|---|---|---|
| **Breastfeeding** | | |
| Percentage of mothers who breastfed their baby for at least two months.[71] | 81% for 2012 | ▲ |
| Percentage of infants in the Women, Infants and Children (WIC) program who continue to breastfeed for at least 6 months.[72] | 46% | ▲ |
| Number of birthing hospitals recognized for supporting breastfeeding at the bronze, silver or gold level through Breastfeeding Friendly Washington.[73] | TBD | ▲ |
| **Healthy Weight** | | |
| Percentage of children ages 2-4 (receiving WIC services) who are overweight and obese.[74] | 28% | ▼ |
| Percentage of 10th graders with a healthy weight.[75] | 71% | ▲ |
| **Nutrition** | | |
| Percentage of 10th graders who did not eat breakfast yesterday.[76] | 35% | ▼ |
| Percentage of 10th graders who didn't eat five fruits and vegetables a day.[77] | 78% | ▼ |
| Percentage of 10th graders who ate chips or snack foods at school.[78] | 55% | ▼ |
| Percentage of 10th graders who bought sweetened drinks at school.[79] | 25% | ▼ |
| Percentage of 10th graders who drank sugar-sweetened beverages in past week.[80] | 80% | ▼ |
| Number of Washington schools serving nutritious, Washington-grown foods.[81] | 1,734 out of 2,368 total | ▲ |
| **Physical Activity** | | |
| Percentage of 10th graders who did not meet physical activity recommendations (60 minutes of physical activity per day).[82] | 76% | ▼ |
| Percentage of 10th graders who did not participate in daily PE classes.[83] | 74% | ▼ |
| Percentage of 10th graders who had 3 or more hours of daily screen time.[84] | 58% | ▼ |
| Participation in outdoor activities on state public recreation lands and waters.[85] | 2,870,635 outdoor licenses and permits sold | ▲ |
| **Transportation** | | |
| Number of pedestrian and bicycle fatalities on public roadways (per year).[86] | 84 | ▼ |
| Number of traffic-related fatalities on all roads (per year).[87] | 436 | ▼ |
| Transportation-related greenhouse gas emissions.[88] | 42.4 million metric tons per year | ▼ |

# Sustaining Our Success

The Healthiest Next Generation Initiative is a framework for organizational changes, budget investments and state policies that reduce health disparities, improve health equity and leverage what early learning settings, schools and communities are doing to improve children's health. It is recognition that health is our common ground; integral to learning, quality of life and productivity.

In short, the Healthiest Next Generation is Washington's promise to its children. **Let's get to work.**

*Olympia High School's Freedom Farmers*

# Endnotes


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.

2. "Bending the Cost Curve in Washington," Trust for America's Health and Robert Wood Johnson Foundation, Washington, DC, September 2012, http://healthyamericans.org/assets/files/TFAH2012FasInFatFnlRv.pdf accessed on October 8, 2015.

2a. Family, friend and neighbor providers include grandparents, aunts and uncles, elders, older siblings, friends, neighbors and others who help families take care of their kids on an informal basis.

3. Infant-toddler child care consultations are delivered in licensed child care settings by trained consultants to help support the needs of infants and toddlers.

4. 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.

5. Early Achievers, Washington's voluntary quality rating and improvement system, gives participating child care professionals free access to coaching, professional development and a tangible way to demonstrate their commitment to providing quality care and education for young children. Early Achievers rates the quality of child care and early education programs on a scale of 1 to 5. Higher ratings demonstrate a track record of delivering high-quality care. Providers can move up the rating scale by completing milestones and gaining points through an evaluation.

6. *Breakfast After the Bell* is any school breakfast program that provides students an opportunity to eat breakfast after the start of the instructional day.

7. The standards were previously known as the K-12 Washington State Health and Fitness Learning Standards.

8. *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.

9. 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.

10. 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.

11. An early care and education (ECE) learning community brings groups of early education professionals together to learn with and from each other and to use what they learn to make quality improvements in a focused area of their programs. This empowerment model is designed to support the growth of leadership and efficacy of ECE providers as they learn, change, grow and become champions for children's health, development and learning. The learning community model brings together a large number of early care and education (ECE) programs to participate in a learning system to make quality improvements in a focused area making it an excellent opportunity to share information and demonstrate best practices Early Achievers (WA State QRIS) coaches and child care health consultants from the designated region will be trained to lead the Learning Communities.

# **Endnotes** continued


12. 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.
13. Robert Wood Johnson Foundation, "Broken Promises to Our Children: A State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later," Tobacco Free Kids, Washington, D.C., 2014, p. 63, http://www.tobaccofreekids.org/content/what_we_do/state_local_issues/settlement/FY2015/2014_12_11_brokenpromises_report.pdf accessed on October 7, 2015.
14. Washington State Department of Health, "Washington State's Plan for Youth Suicide Prevention," Washington State Department of Health, Tumwater, WA, September 2014, p.10, http://www.doh.wa.gov/Portals/1/Documents/Pubs/971013.pdf accessed on October 7, 2015.
15. Healthy Youth Survey Fact Sheet: "Depressive Feelings, Anxiety and Suicide for Washington State in 2014."
16. Centers for Disease Control and Prevention, "Progress on Childhood Obesity," CDC Vital Signs, U.S. Department of Health and Human Services, August 2013.
17. Justin G. Trogdon et al., "State-and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity," Obesity, Vol. 20, No. 1, January 2012.
18. Healthy Youth Survey Fact Sheet: Weight and Obesity for Washington State, Grade 10, 2014.
19. "Obesity and Risk Factor Summary Fact Sheet," Healthy Youth Survey, Washington State Department of Health, Tumwater, WA, February 2013.
20. Healthy Youth Survey Fact Sheet: Dietary Behaviors for Washington State, Grade 10, 2014.
21. Ibid
22. Healthy Youth Survey Fact Sheet: Physical Activity for Washington State, Grade 10, 2014.
23. Ibid
24. Ibid
25. Holly A. Hill, et. al. "National, State, and Selected Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2014," Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, August 28, 2015, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a1.htm accessed on October 6, 2015.
26. Healthy Youth Survey: "What do Washington State Youth Say about Marijuana," 2014.
27. Washington State Department of Health, "Washington State's Plan for Youth Suicide Prevention," Washington State Department of Health, Tumwater, WA, September 2014, http://www.doh.wa.gov/Portals/1/Documents/Pubs/971013.pdf accessed on October 7, 2015.
28. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), www.cdc.gov/injury/wisqars. Originally accessed January 25, 2013.

28a. Healthy Youth Survey: "Depressive Feelings, Anxiety, and Suicide for Washington State," Grades 8 and 10, 2014.

29. Washington State Department of Health, "Washington State's Plan for Youth Suicide Prevention," Washington State Department of Health, Tumwater, WA, September 2014, p. 7, http://www.doh.wa.gov/Portals/1/Documents/Pubs/971013.pdf accessed on October 7, 2015.

# **Endnotes** continued


30. Healthy Youth Survey Fact Sheet: Tobacco Use for Washington State, Grade 10, 2014.
31. "Tobacco-related Disparities in Washington State," Washington State Department of Health, Tumwater, WA, October 2014, http://www.doh.wa.gov/Portals/1/Documents/Pubs/340-240-TobaccoRelatedDisparities.pdf accessed on October 7, 2015.
32. "The 2013 Washington State Survey of Nutrition and Physical Activity in Child Care," University of Washington Center for Public Health Nutrition, Seattle, WA, December 2014, p. 22.
33. FHCC providers offer care in the home where they live. Depending on their license, FHCC may care for up to 12 children, 1 month to 12 years of age. Child care centers offer care in commercial, privately owned, school or faith-based spaces. Depending on their license, centers providers may care for children ages 1 month to 12 years of age. School age enters offer care for children ages 5–12 years of age when school is not in session. School-age centers are often located on school grounds, in a commercial space or a privately owned space in a faith-based facility. As of 2013, Washington State had 5,540 licensed child care programs caring for children ages 2–5. About 72 percent of these licensed programs were FHCCs and centers make up only 27 percent of licensed child care programs but care for about 82 percent of all 2–5 year olds.
34. 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, IIL: American Academy of Pediatrics; Washington, D.C.: American Public Health Association, 2011.
35. "The 2013 Washington State Survey of Nutrition and Physical Activity in Child Care," University of Washington Center for Public Health Nutrition, Seattle, WA, December 2014, p. 22.
36. Ibid
37. 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.

    D. Ward et. al. "Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd Edition," Chapel Hill, NC, Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina, 2014.

    "Nutrition and Physical Activity in Child Care Healthy Policies Toolkit," University of Washington Center for Public Health Nutrition, Seattle, WA, August 2014.
38. Ibid
39. Ibid
40. OSPI Child Nutrition Program, October 2013.
41. "Washington: Profile of Hunger, Poverty, and Federal Nutrition Programs," Food Research and Action Center, Washington, D.C., February 2015. Participation numbers for the School Breakfast Program are from school year 2013–2014.
42. 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.

# **Endnotes** continued


43. National Physical Activity Plan, "Comprehensive School Physical Activity Program Policy Continuum," Columbia, SC, February 2012.
44. "Comprehensive School Physical Activity Program (CSPAP) Policy Continuum," SHAPE America, Reston, VA, February 10, 2012, http://www.shapeamerica.org/advocacy/upload/CSPAP-Policy-Continuum-2-10-12final.pdf accessed on October 8, 2015.
45. This definition of equity is from King County Ordinance 16948.
46. This definition of inequity is adapted from the Washington State Department of Health's working definition of health inequity.
47. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances, and to developing mutually beneficial partnerships with communities on behalf of individuals and defined populations. Melanie Tervalon and Jann Murray-Garcia, "Cultural humility versus cultural competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education," *Journal of Health Care for the Poor and Underserved;* Vol. 9, No. 2, May 1998, pp. 117-125.
48. "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.
49. Centers 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.
50. "2012 Healthy Youth Survey: Youth Cigarette Smoking Fact Sheet", Washington State Department of Health, February 2013.
51. Healthy Youth Survey Fact Sheet: Tobacco Use for Washington State, Grade 10, 2014.
52. 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?sid=983636de-4b67-4bf2-89ce-cb7f89aa96c3 accessed on February 11, 2015.
53. Centers 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.
54. "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.
55. Ibid
56. Julie 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.
57. Paul Davis, Tobacco Prevention and Control Program Manager, Washington State Department of Health, personal interview, October 23, 2014.
58. Institute of Medicine, "Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products," Washington, D.C., March 2015, http://iom.nationalacademies.org/~/media/Files/Report%20Files/2015/TobaccoMinAge/tobacco_minimum_age_report_brief.pdf accessed on October 7, 2015.

# **Endnotes** continued


59. Healthy Youth Survey Fact Sheet: Marijuana Use for Washington State, Grade 10, 2014.
60. "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.
61. International Association for Public Participation, "Techniques for Effective Public Participation: Foundations in Effective Public Participation," IAP2 Federation, 2014, Louisville, CO, p. 74, http://www.cdc.gov/healthyyouth/physicalactivity/pdf/13_242620-A_CSPAP_SchoolPhysActivityPrograms_Final_508_12192013.pdf accessed on October 8, 2015.
62. STARS: Washington's training requirements for early learning professionals.
63. The PAL Learning System is a cutting-edge, all-inclusive professional development resource within the Let's Move! Active Schools framework. This professional development is adaptable to individual school environments to support teachers and administrators who will champion an effort to ensure 60 minutes a day of physical activity for all school-age youth. Founded on a federal model of learning and with financial support from the Centers for Disease Control and Prevention and the Department of Education, the PAL Learning System sets champions up for success with 12 months of continued learning and support.
64. Comprehensive School Physical Activity Program (CSPAP) is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally-recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime. Comprehensive School Physical Activity Programs: A Guide for Schools was developed by the Centers for Disease Control and Prevention: http://www.cdc.gov/healthyyouth/physicalactivity/pdf/13_242620-A_CSPAP_SchoolPhysActivityPrograms_Final_508_12192013.pdf. The program reflects strong coordination and synergy across five components: quality physical education; physical activity before and after school; physical activity during school; staff involvement; and family and community engagement. The goal of CSPAP is to provide coordination among the CSPAP components to maximize understanding, application, and practice of the knowledge and skills learned in physical education so that all students will be fully physically educated and well-equipped for a lifetime of physical activity.
65. "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.
66. Early Achievers: Washington's voluntary quality rating and improvement system for child care providers.
67. Joint Committee on National Health Education Standards, *National Health Education Standards: Achieving Excellence, Second Edition*, American Cancer Society, Atlanta, GA, 2007.
68. Future of Sex Education Initiative, "National Sexuality Education Standards: Core Content and Skills, K-12," Journal of School Health, John Wiley & Sons Inc., Malden, MA, 2011.
69. Lynn Couturier et. al., National Standards & Grade-Level Outcomes, SHAPE America, Reston, VA, 2014.

# **Endnotes** continued


70. National Governors Association Center for Best Practices and Council of Chief State School Officers, "Common Core State Standards English language arts and Mathematics," Washington D.C., 2010.
71. Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System, 2012.
72. Washington State Department of Health, Supplemental Nutrition Program for Women, Infants, and Children (WIC), WIC Data by County-FFY 2014, http://www.doh.wa.gov/portals/1/Documents/Pubs/960-221-2014WICDataByCounty.pdf.
73. Washington State Department of Health, Strategic Plan, 2014-2016. [Note: this program launched August 3, 2015.]
74. *WIC Client Information Management System (CIMS)* [Data File] (2014). Olympia, WA. Washington State Department of Health, Office of Nutrition Services.
75. Healthy Youth Survey, Washington State, 2014
76. Ibid
77. Ibid
78. Ibid
79. Ibid
80. Ibid
81. Results Washington Goal 4, 2014
82. Healthy Youth Survey, Washington State, 2014
83. Ibid
84. Ibid
85. Results Washington Goal 3, 2014
86. Results Washington Goal 2, 2012
87. Results Washington Goal 4, 2013
88. Results Washington Goal 3, 2013

# Appendices

## The Healthiest Next Generation Initiative Supporting Documents

# Appendix A: Governor's Policy Brief (February 2015)

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

3

# 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 of 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:

(1) 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, DE, 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 2012–2013

## 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.

Source: 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.

# Appendix E: Recommendations from the Governor's Council 2014 and Achievements

| Recommendation | 2015 Achievements |
|---|---|
| **FOUNDATIONAL**<br>Staffing at departments of Health and Early Learning and Office of Superintendent of Public Instruction | **PARTLY ACHIEVED**<br>▪ In Governor's proposed budget.<br>▪ Received two-year funding for HNG coordinator at the Department of Health. ($246,000) |
| 1. Implement voluntary breakfast programs such as *Breakfast After the Bell*, eliminate co-pay for school lunch in grades 4-12 and support summer food service programs. **SCHOOLS** | ▪ *Breakfast After the Bell* grants in Governor's proposed budget—bill passed House, but not Senate—not included in budget. |
| 2. Implement Safe Routes to School programs and require a consistent walking school bus for all schools receiving funds. **COMMUNITIES** | **ACHIEVED!**<br>▪ In Governor's proposed Transportation budget.<br>▪ Received funding for new Safe Routes to School Program projects ($20M) |
| 3. Encourage school districts to adopt a health and fitness education curriculum aligned with state standards [K-12 Washington State Health and Physical Education Learning Standards]. **SCHOOLS** | **PARTLY ACHIEVED**<br>▪ OSPI is finalizing revision of state standards as part of HNG proviso. |
| 4. Implement early learning programs: increase training on nutrition, physical activity and screen time in Early Achievers; fund regional Early Learning Collaboratives; update rules and regulations for licensed Child Care Centers to address latest standards on nutrition, physical activity and screen time. **EARLY LEARNING** | **PARTLY ACHIEVED**<br>▪ Training for child care providers in Governor's proposed budget. |
| 5. Implement healthy communities programs statewide. **COMMUNITIES** | **PARTLY ACHIEVED**<br>▪ DOH provides federal funding to elect counties. |

# Appendix E continued

| Recommendation | 2015 Achievements |
|---|---|
| 6. Implement Breastfeeding Friendly Washington; fund Medicaid to reimburse for breastfeeding education and lactation counseling; and assure breastfeeding support is covered by insurance. **COMMUNITIES** | **PARTLY ACHIEVED**<br>▪ Washington State Hospital Association and DOH are launching *Breastfeeding Friendly Washington* Hospitals in August, a voluntary recognition program for hospitals implementing practices to support breastfeeding.<br>▪ For 2016 plan cycle, Office of Insurance Commissioner is requiring individual and small group plan insurers to describe and identify how coverage of breastfeeding services and supplies. |
| 7. Implement Complete Streets statewide. **COMMUNITIES** | **ACHIEVED!**<br>▪ In Governor's proposed budget.<br>▪ Received funding for Complete Streets. ($3.3M). |
| 8. Encourage fruit and vegetable purchases through Washington's Basic Food (food stamp) program. **COMMUNITIES** | **PARTLY ACHIEVED**<br>▪ Over 60 multi-sector public and private partners and DOH received a USDA grant to promote the purchase of fruits and vegetables by Supplemental Nutrition Assistance Program (SNAP) recipients through supermarkets, farmers markets and health systems. ($5.86M) |
| 9. Install refillable water bottle filling stations in schools. **SCHOOLS** | **ACHIEVED!**<br>▪ In Governor's proposed budget.<br>▪ Received funding for Healthy Kids – Healthy Schools Grants with up to $1M maximum dedicated to water bottle filling stations. ($5.0M) |
| 10. Implement late start for high schools and add 30 minutes of dedicated physical activity time to the school day. **SCHOOLS** | No known progress. |
| **Recommendations from the *Governor's Blue Ribbon Task Force on Parks and Outdoor Recreation* aligned with HNG** | |
| 11. Fund the Youth Athletic Facilities grant program which provides grants to nonprofits and local municipalities to support indoor and outdoor youth athletic facilities. **COMMUNITIES** | **PARTLY ACHIEVED**<br>▪ In Governor's proposed budget.<br>▪ Received funding for local governments and other nonprofit organizations to construct or renovate outdoor facilities. ($10.0M) |
| 12. Invest in state parks to help ensure families and children can enjoy the outdoors. **COMMUNITIES** | **PARTLY ACHIEVED**<br>▪ In Governor's proposed budget.<br>▪ Received funding to preserve and expand the ability of state parks facilities to enhance visitors' experience. ($52.7M) |

# Appendix E continued

## Additional Healthiest Next Generation Recommendations
(September 2014)

**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**

- Encourage schools to provide active daily recess.
- 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.

# Appendix F: Department of Early Learning (DEL) Healthiest Next Generation Toolbox


The trainings, resources and toolkits below are recommended by DEL and contain accurate and credible information.

## STARS APPROVED TRAININGS

The trainings listed below are STARS approved and address the topics of healthy eating, physical activity, screen time reduction and infant feeding.

The three FREE online modules below were developed by the University of Washington Center for Public Health Nutrition:

- Let's Move! Child Care: Healthy Eating Online STARS Module
- Let's Move! Child Care: Physical Activity Online STARS Module
- Media Aware Child Care Online STARS Module

Penn State University and the Centers for Disease Control and Prevention have partnered to create six Let's Move! Child Care (LMCC) training modules. The free online training modules provide practical strategies for implementing best practices in early care and education (ECE) settings for promoting healthy weight in young children. Click here for access information.

## TOOLKITS

**Toolkits on healthy eating and physical activity for early learning settings:**

- Farm to Preschool Toolkit from the Washington State Department of Agriculture
- Let's Move! Child Care
- Nutrition and Physical Activity in Child Care: Healthy Policies Toolkit from the University of Washington Center for Public Health Nutrition
- Nutrition and Physical Activity Self Assessment for Child Care (NAPSACC)

## RESOURCES

**Resources on healthy eating, physical activity and breastfeeding:**

- Active Bodies Active Minds: Screen Time Reduction Information from the University of Washington Center for Public Health Nutrition

# **Appendix F** continued

- Child and Adult Care Food Program (CACFP)
- Child Care Health Program Public Health Seattle and King County
- Feeding Young Children in Group Settings from the University of Idaho
- Let's Move! Child Care (see very extensive lists of resources)
- Motion Moments Videos: Ideas for Weaving Physical Activity into Current Activities from NRCKids
- NAPSACC
- National Resource Center for Health and Safety in Child Care and Early Education
- PE Central: Preschool Physical Education Lesson Ideas
- Playworks (Games library with searchable games by age of children)
- Reducing Screen Time: Resources for People Working with School Age Children from the University of Washington Center for Public Health Nutrition
- Teaching Children About Nutrition During Mealtime: Videos from the Gretchen Swanson Center for Nutrition
- USDA MyPlate for Kids
- USDA Team Nutrition materials

Source (as of June 30, 2015):
http://www.del.wa.gov/development/health/HNGresources.aspx

Washington State Department of
Early Learning

# Appendix G: Office of Superintendent of Public Instruction (OSPI) Healthiest Next Generation Toolbox


Resources to support professional learning and professional development opportunities.

## NUTRITION

**Action for Healthy Kids**

Learning Connection Workshop Series:

- Breakfast After the Bell: A Nuts and Bolts Workshop
- Washington School Breakfast Summit
- Smart Snacks in School Nutrition Standards Workshops
- Building your School Health Team A-Z

**Cornell Center for Behavioral Economics**

- Smarter Lunchrooms Movement

**Farm to School**

- National Farm to School Network
- Washington State Department of Agriculture Farm to School Toolkit
- Washington Sustainable Food & Farming Network

**Let's Move! Active Schools**

- Chefs Move To Schools Program

**President's Council on Fitness, Sports & Nutrition**

- Allyson Felix: Energize Your Day With School Breakfast Video (0:31 sec)
- Eat Healthy
- School Breakfast Program

**OSPI Child Nutrition Tools and Resources for Food and Nutrition**

- At-Risk Afterschool Meals
- Cooking for a Healthy Future Nutrition and Culinary Workshop Materials and Resources
- Dietary Specifications – Sodium: School Nutrition Programs Reference Sheet
- HealthierUS School Challenge
- Menu Planning and Meal Patterns

# Appendix G continued

- Planting the Seeds for A Healthy Future Garden and Nutrition Workshop Materials and Resources
- Program Applications and Requirements
- Resources
- School Wellness Policy Best Practices
- Training
- Washington Smarter Lunchrooms Toolkit

**USDA Food and Nutrition Service**

- Choose MyPlate.gov
- Energize Your Day with School Breakfast Toolkit
- Healthier School Day: Tools for School
- Healthy Meals Resource System National Nutrition Month
- Resource Library
- School Breakfast Programs
- Team Nutrition
- Team Nutrition MyPlate
- Team Nutrition Popular Events Idea Booklet
- Tools for Schools: Focusing on Smart Snacks
- Tools for Schools: Reducing Sodium
- The School Day Just Got Healthier

**Washington State Dairy Council**

- Eatsmart Nutrition Education
- School Breakfast

## PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

- Action for Healthy Kids
- Action for Healthy Kids Brain Breaks, Instant Recess and Energizers
- Active Kids Do Better-Let's Move Active Schools Video (1:00 min)
- Active Schools in Action Video (3:17 min)
- Alliance for a Healthier Generation (Creating Healthier Healthy School Environments)
- ChildObesity180
- Fuel Up To Play 60
- GENYOUth Foundation
- Let's Move
- Let's Move! Active Schools
- Physical Educators' Guide for Working with Paraprofessionals

# Appendix G continued

- President's Council on Fitness, Sports & Nutrition – Be Active
- Presidential Youth Fitness Program
- Sizzle Reel: Active Kids Video (0:47 sec)

**OSPI Health and Fitness Education**
- Overview
- Assessments
- Health and Fitness Connections to the Common Core State Standards
- Laws and Regulations/Graduation Requirements
- Learning Standards
- Resources to Support Quality Instruction
- Safe Routes to School Programs

**Centers for Disease Control and Prevention**
- Body Mass Index Measurement in Schools (Executive Summary)
- Characteristics of an Effective Health Education Curriculum
- Comprehensive School Physical Activity Programs: A Guide for Schools
- Health and Academics
- Health Education Curriculum Analysis Tool (HECAT)
- National Health Education Standards
- Physical Education Curriculum Analysis Tool (PECAT)
- School Health Guidelines to Promote Healthy Eating and Physical Activity
- School Health Index
- The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance

**Recess**
- Peaceful Playgrounds
- Playworks (power of play)
- Recess Before Lunch Can Mean Happier, Healthier Kids
- Recess for Elementary Students

**Safe Routes to School**
- Feet First
- National Center for Safe Routes to School
- OSPI – Safe Routes to School Program
- Safe Routes to School Washington

# Appendix G continued

**Society of Health and Physical Educators (SHAPE) America**

- SHAPE America
  - Appropriate Instructional Practices Guidelines, K–12: A Side-by-Side Comparison
  - Instructional Framework for Fitness Education
  - Let's Move! Active Schools
  - National Health Standards
  - National PE Standards
  - Opportunity to Learn: Guidelines for Physical Education, A Side-by-Side Comparison
  - Physical Activity Guidelines
  - Physical Activity Leader (PAL) Learning System & Training
  - Physical Education Guidelines
  - Physical Education Position Statements
  - Presidential Youth Fitness Program
  - Take the Pledge to Make Every Kid Healthy Video (2:33 min)
  - Teacher's Toolbox
  - The Essential Components of Physical Education

## SCHOOL WELLNESS POLICY

- Action for Healthy Kids Wellness Policy Tool
- Alliance for a Healthier Generation Wellness Policies
- OSPI Child Nutrition School Wellness Policy Best Practices for Policy Development, Implementation and Evaluation
- WellSAT Toolkit (Wellness School Assessment Tool)

Source (as of June 30, 2015):
http://www.k12.wa.us/StudentSupport/HealthiestNextGeneration/Resources.aspx

# Appendix H:
## Office of Superintendent of Public Instruction
# Health and Fitness Standards Revision Meeting Dates

| Health and Fitness Standards Revision Meeting Dates | |
|---|---|
| **Meeting/Activity** | **Date** |
| July 2014 | |
| OSPI Internal Standards Revision Meeting | July 15 |
| OSPI Internal Standards Revision Meeting | July 28 |
| Briefing to OSPI Leadership on Standards Revision Process | July 30 |
| OSPI Internal Standards Revision Meeting | July 31 |
| August 2014 | |
| Briefing to OSPI Leadership on Standards Revision Process | August 4 |
| OSPI Internal Standards Revision Meeting | August 5 |
| OSPI Internal Standards Revision Meeting | August 14 |
| Briefing to OSPI Leadership on Standards Revision Process | August 27 |
| September 2014 | |
| OSPI Internal Standards Revision Meeting | September 2 |
| OSPI Internal Standards Revision Meeting | September 3 |
| OSPI Internal Standards Revision Meeting | September 9 |
| OSPI Internal Standards Revision Meeting | September 10 |
| OSPI Internal Standards Revision Meeting | September 16 |
| OSPI Internal Standards Revision Meeting | September 22 |
| Meeting to Prep for Standards Revision | September 24 |
| Meeting to Prep for Standards Revision | September 25 |
| Meeting to Prep for Standards Revision | September 29 |
| Health and Fitness Standards Revision Team Meeting | September 30 |
| October 2014 | |
| Health and Fitness Standards Revision Team Meeting | October 1 |
| Meeting to Prep for CARC | October 2 |
| Meeting to Prep for CARC | October 6 |
| CARC Meeting | October 8 |
| OSPI Internal Standards Revision Meeting | October 1 |
| Briefing to OSPI Leadership on Standards Revision Process | October 13 |
| OSPI Internal Standards Revision Meeting | October 22 |
| OSPI Internal Standards Revision Meeting | October 23 |
| Meeting to Prep for Standards Revision | October 27 |
| Health and Fitness Standards Revision Team Meeting | October 28 |
| Health and Fitness Standards Revision Team Meeting | October 29 |

# Appendix H continued

| | |
|---|---|
| November 2014 | |
| OSPI Standards Revision Internal Meeting | November 4 |
| OSPI Standards Revision Internal Meeting | November 6 |
| Briefing to OSPI Leadership on Standards Revision Process | November 7 |
| Briefing to OSPI Leadership on Standards Revision Process | November 10 |
| OSPI Internal Standards Revision Meeting | November 13 |
| Meeting to Prep for Standards Revision | November 17 |
| Health and Fitness Standards Revision Team Meeting | November 18 |
| Health and Fitness Standards Revision Team Meeting | November 19 |
| December 2014 | |
| OSPI Internal Standards Revision Meeting | December 3 |
| Briefing to OSPI Leadership on Standards Revision Process (Supt Dorn) | December 4 |
| OSPI Internal Standards Revision Meeting | December 8 |
| Health and Fitness Standards Revision Team Meeting | December 11 |
| Health and Fitness Standards Revision Team Meeting | December 12 |
| OSPI Standards Revision Internal Meeting | December 17 |
| Briefing to OSPI Leadership on Standards Revision Process | December 19 |
| January 2015 | |
| OSPI Internal Standards Revision Meeting | January 6 |
| OSPI Internal Standards Revision Meeting | January 9 |
| Meeting to Prep for Standards Revision | January 13 |
| Health and Fitness Standards Revision Team Meeting | January 14 |
| Health and Fitness Standards Revision Team Meeting | January 15 |
| Briefing to OSPI Leadership on Standards Revision Process | January 23 |
| February 2015 | |
| OSPI Internal Standards Revision Meeting | February 2 |
| Briefing to OSPI Leadership on Standards Revision Process | February 3 |
| Meeting to Prep for Standards Revision | February 9 |
| Health and Fitness Standards Revision Team Meeting | February 10 |
| Health and Fitness Standards Revision Team Meeting | February 11 |
| Meeting to Prep for CARC | February 17 |
| OSPI Internal Standards Revision Meeting | February 20 |
| OSPI Internal Standards Revision Meeting | February 23 |
| OSPI Internal Standards Revision Meeting | February 24 |
| OSPI Internal Standards Revision Meeting | February 25 |
| Meeting to Prep for CARC | February 26 |
| Virtual Elementary Fitness Standards Revision Team Meeting | February 27 |

# Appendix H continued

| March 2015 | |
|---|---|
| Virtual Meeting to Prep for CARC | March 4 |
| Meeting to Prep for CARC | March 9 |
| CARC Meeting | March 10 |
| Briefing to OSPI Leadership on Standards Revision Process | March 23 |
| Virtual Elementary Health Standards Revision Team Meeting | March 25 |
| April 2015 | |
| OSPI Internal Standards Revision Meeting | April 2 |
| OSPI Internal Standards Revision Meeting | April 13 |
| OSPI Internal Standards Revision Meeting | April 15 |
| Virtual Elementary Health Standards Revision Team Meeting | April 16 |
| Virtual Elementary Physical Education Standards Revision Team Meeting | April 17 |
| OSPI Internal Standards Revision Meeting | April 20 |
| OSPI Internal Standards Revision Meeting | April 21 |
| OSPI Internal Standards Revision Meeting | April 22 |
| Health and Fitness Standards Revision Team Meeting | April 23 |
| Health and Fitness Standards Revision Team Meeting | April 24 |
| OSPI Internal Standards Revision Meeting | April 29 |
| OSPI Internal Standards Revision Meeting | April 30 |
| May 2015 | |
| Virtual Elementary Health Standards Revision Team Meeting | May 1 |
| Invitation sent for Physical Education Review | May 2 |
| OSPI Internal Standards Revision Meeting | May 4 |
| Briefing to OSPI Leadership on Standards Revision Process | May 5 |
| Virtual Elementary Health Standards Revision Team Meeting | May 6 |
| Virtual Elementary Health Standards Revision Team Meeting | May 7 |
| Meeting to Prep for Bias & Sensitivity Review | May 11 |
| Meeting to Prep for Standards Revision | May 18 |
| Health and Fitness Standards Revision Team Meeting | May 19 |
| Health and Fitness Standards Revision Team Meeting | May 20 |
| Physical Education Review due | May 20 |
| Virtual Elementary Health Standards Revision Team Meeting | May 27 |

# Appendix H continued

| June 2015 | |
|---|---|
| Meeting to Review Applications for Bias & Sensitivity Team | June 1 |
| Health and Fitness Standards Revision Team Meeting | June 2 |
| Health and Fitness Standards Revision Team Meeting | June 3 |
| Virtual Secondary Health Standards Revision | June 9 |
| Team Meeting | |
| Virtual Secondary Health Standards Revision Team Meeting | June 10 |
| Bias & Sensitivity Meeting for Physical Education | June 22 |
| Health and Fitness Standards Revision Team Meeting | June 29 |
| Health and Fitness Standards Revision Team Meeting | June 30 |

**OSPI Leadership Team Supporting Health and Fitness Standard Revisions**
Randy Dorn, State Superintendent of Public Schools
Jessica Vavrus, Assistant Superintendent, Teaching and Learning
Mona Johnson, Director, Student Support

**OSPI Internal Standards Revision Team**
Lisa Rakoz, Healthiest Next Generation
Lisa Kloke, Health and Fitness Education
Marissa Rathbone, HIV/Sexual Health Education
Laurie Dils, Personal Responsibility Education Program (PREP) Coordinator

**Health and Fitness Standards Revision Team**

**Elementary School**
- Dana Henry, Federal Way Public Schools
- Dan Persse, Blaine School District
- Deb Lindgren, Bremerton School District
- Dustin Lungo, Cheney Public Schools

**Middle School**
- Caitlin Cray, White Salmon Valley School District
- Mary Trettevik, Renton School District
- Sally Dieringer, Wenatchee Public Schools
- Sara Russell, Tahoma School District

**High School**
- Darin Nolan, Bellingham Public Schools
- Joe Bento, Renton School District
- Kimberly Jackson, Franklin Pierce School District
- Lori S. Dunn, Seattle Public Schools
- Nichole Marich-Calkins, Highline Public Schools

**Curriculum Advisory Review Committee (CARC) Team**

# Appendix I:
# Safe Routes to School Issue Brief

Washington State Department of Transportation

Washington State Department of Health

DOH 120-039 April 2015

## How Walking and Biking to School Helps Everyone

Over the last 40 years, the number of students that walk to school has decreased dramatically. In 1969, nationally, 48 percent of kindergarten through eighth grade students usually walked or biked to school; by 2009, that percentage had dropped to just 13 percent.[1] In 2014, 15 percent of children in Washington State walked to school, 1 percent biked to school, 44 percent rode the school bus and 38 percent were driven to school by a parent or guardian. [2]

Parents cite the most common barriers for children walking or biking to school as distance, age of the student and the presence of unsafe road crossings. [3] These results are consistent with a national study that found that almost half of the decline in walking to school could be a result of the increased distances between home and school.[4] Yet, about 53 percent of students in Washington State live within two miles of school and 30 percent of those children ride the school bus. [5]

### Problem: Decline in walking or biking to school

The problems linked to a decline in students walking or biking to school impact the underlying costs of education, student health, climate change and traffic congestion.

**Increase in student transportation costs.** In the 2013-2014 school year, the state expenditures for school bus service totaled approximately $318 million, up $88 million from 2009. State funding covered about 82 percent of school bus costs statewide; schools and school districts cover the remaining expense.

**Decrease in student physical activity.** The Centers for Disease Control and Prevention recommends 60 minutes of physical activity every day. In 2014, only 24 percent of 10th graders in our state met this recommendation.[6] Lack of physical activity is one risk factor for not being at a healthy weight. In 2014, about 71 percent of 10th grade students were at a healthy weight; 14 percent were overweight and 11 percent were obese.[7] Extra weight puts young people at risk for being overweight in adulthood and for serious health problems like asthma, diabetes and heart disease.

**Increase in air pollution.** A byproduct of traffic congestion and idling related to school transportation is air pollution. Air quality directly affects respiratory conditions for people living with asthma. An estimated 110,000 youth in Washington have asthma.[8] Asthma is linked to depression in youth and may result in missed school days and an inability to play sports or participate in other activities.[9]

**Impact on climate change.** Motor vehicles emit carbon dioxide and other air pollutants, known as greenhouse gas emissions. These gases trap heat in the atmosphere and increase the earth's surface temperature, which contributes to changes in the world's weather patterns and a rise in sea levels.[10]

**Increase in traffic congestion.** Private vehicles used to transport students to school can increase the number of vehicles on the road and lead to traffic congestion. It is estimated that parents and caregivers taking children to school cause 14 percent of all rush hour traffic.[11] Traffic congestion can lead to travel time delays, frustrated drivers and increased vehicle emissions.

---

[1] "How Children Get to School: School Travel Patterns from 1969 to 2009," National Center for Safe Routes to Schools, Chapel Hill, NC, November 2011. http://saferoutesinfo.org/sites/default/files/resources/NHTS_school_travel_report_2011_0.pdf accessed on November 7, 2013.
[2] Washington State Student Travel Survey, Washington State Department of Transportation and Washington State Department of Health, 2014.
[3] Ibid.
[4] Noreen C. McDonald et al. "Active Transportation to School," *American Journal of Preventive Medicine*, Vol. 32, No. 6, June 2007, pp. 509-516.
[5] Washington State Student Travel Survey, Washington State Department of Transportation and Washington State Department of Health, 2014.
[6] Healthy Youth Survey, Washington State, 2014, https://www.askhys.net/.
[7] Ibid.
[8] "The Burden of Asthma in Washington State, 2013 Update," Washington State Department of Health, Tumwater, WA, http://www.doh.wa.gov/Portals/1/Documents/Pubs/345-240-AsthmaBurdenRept13.pdf accessed on April 8, 2015.
[9] "How Asthma Affects the Quality of Life in Youth," Washington State Department of Health, Tumwater, WA, 2013, http://www.doh.wa.gov/Portals/1/Documents/Pubs/345-332-QualityOfLife.pdf accessed on December 22, 2014.
[10] "Climate Change 101: Understanding and Responding to Global Climate Change," Center for Climate and Energy Solutions, Arlington, Va., January 2011. http://www.c2es.org/docUploads/climate101-fullbook.pdf accessed on March 17, 2015.
[11] "How Children Get to School: School Travel Patterns from 1969 to 2009," National Center for Safe Routes to Schools, Chapel Hill, NC, November 2011. http://saferoutesinfo.org/sites/default/files/resources/NHTS_school_travel_report_2011_0.pdf accessed on November 7, 2013.

## A Solution: Safe Routes to School programs

In 2005, the federal government established the Safe Routes to School Program with the goal of increasing the numbers of children walking or biking to school safely. The program supports pedestrian and bicycle safety infrastructure improvements such as sidewalks, crosswalks and bike paths as well as pedestrian and bicycle education programs.[12] In 2012, the federal Safe Routes to School Program was included in the Transportation Alternatives Program as a part of the Moving Ahead for Progress for the 21st Century Act.

Washington State formally established the state's program with the passage of Engrossed State Senate Bill 6091 in 2005. Demand for funding continually exceeds available resources. Over the past 10 years, the Washington State Department of Transportation (WSDOT) has awarded $51 million in funding to 138 projects and has received over $240 million in requests for funding.[13]

Safe Routes to School programs address the barrier of unsafe road conditions cited by over 60 percent of parents in the 2014 Washington State Student Travel Survey. On average, there are about 400 fatal and injury traffic crashes each year that involve pedestrians and bicyclists. School-aged children represent a disproportionately high share of these crashes.[14] Schools participating in Safe Routes to School programs that have evaluated their program show an additional 75,000 feet of sidewalks near schools, a reduction in motorist travel speeds and increased student compliance with safe crossing.[15]

## Community Successes

These three examples show how schools are helping to support the healthiest next generation by making Safe Routes to School programs their own.

**Auburn School District.** Pilot project funding resulted in sidewalks and bike lanes, while also improving traffic conditions for pedestrians such as increasing the number of four-way stops at crosswalks. Pioneer Elementary decreased its bus fleet from six busses down to one. About 85 percent of students walk or bike to school.[16]

**Bonney Lake Fennel Creek Trail Connection.** For $1.5 million, Fennel Creek Trail was built to connect a large family housing area with schools on the other side of the watershed. The trail reduced the need for school bus routes.

**Longview Elementary, Moses Lake.** A grant of $133,000 allowed the school to create a multi-use path and sidewalks to connect the school with a nearby neighborhood providing approximately 50 children with a safe and active route to and from school.[17]

## Contacts

Kathleen Davis, Director of Local Programs
Department of Transportation
360-705-7871, DavisK@wsdot.wa.gov

Janna Bardi, Director, Office of Healthy Communities
Department of Health
360-236-3678, Janna.Bardi@doh.wa.gov

[12] Noreen C. McDonald et al., "Impact of the Safe Routes to School Program on Walking and Bicycling," *Journal of the American Planning Association*, Vol. 80, No. 2, Spring 2014, p. 154.
[13] "2015-2017 Prioritized Project List and Program Update: Pedestrian and Bicycle Safety & Safe Routes to School Grant Programs," Washington State Department of Transportation, Highways & Local Programs Division, Olympia, WA, December 2012.
[14] "The Gray Notebook 56, WSDOT's quarterly performance report on transportation systems, programs, and department management," Washington State Department of Transportation, Olympia, WA, February 2015, pp. 1-3. http://wsdot.wa.gov/publications/fulltext/graynotebook/Dec14.pdf
[15] Ibid.
[16] "Auburn, Washington: Collaboration Creates Success," Safe Routes: National Center for Safe Routes to School, Chapel Hill, NC., http://www.saferoutesinfo.org/data-central/success-stories/auburn-washington-collaboration-creates-success accessed on December 22, 2014.
[17] "Moses Lake, Washington: Safety Solutions Are a Community Effort," Safe Routes: National Center for Safe Routes to School, Chapel Hill, NC, http://www.saferoutesinfo.org/data-central/success-stories/moses-lake-washington-safety-solutions-are-community-effort accessed on December 22, 2014.

# Appendix J1: Success Stories
# Highline Public Schools

## Feeding Children Well

### How Highline Public Schools is Creating the Healthiest Next Generation

*Photo courtesy of Highline Public Schools*

**The Healthiest Next Generation Initiative**

The goal of the Healthiest Next Generation Initiative is to help all children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities.

Join partner organizations, the Departments of Health and Early Learning and Office of Superintendent of Public Instruction in elevating local success statewide.

This story is an example of what one school district is doing to create the healthiest next generation in Washington.

**QUICK FACTS**

**Highline Public Schools:**
19,000 students in 39 schools

**Legislative Districts:**
33 and 34

**CONTACT**

Department of Health
John Wiesman, DrPH, MPH
Secretary of Health
jmwiesman@doh.wa.gov
Dennis Worsham
Deputy Secretary for Public Health Operations
dennis.worsham@doh.wa.gov

#### Opportunity

Highline Public Schools in South King County educates over 10,500 elementary school age students every day. Although district-wide more than 74 percent of these five- to eleven-year-olds qualify for free or reduced price meals (with some schools as high as 90 percent), only 30 percent were eating breakfast. To the district, these numbers meant that not only were many children starting the day hungry, but federal dollars were being left on the table. Also, students who eat breakfast are more prepared to learn and do better in school. With the support of Highline Public Schools Superintendent Susan Enfield, the school district explored increasing participation in the federal School Breakfast Program.

#### Action

An assessment of elementary schools in 2012 found several reasons why Highline students weren't eating breakfast. Long lines, overcrowded cafeterias and students getting to school too late to eat were at the top of the list. These results left the district wondering: what if students could eat breakfast in their classroom?

In 2013, Sarah Keen, Highline Public Schools Nutrition Services Manager, received competitive funding from Action for Healthy Kids and the Washington State Dairy Council to pilot a Breakfast in the Classroom program at three elementary schools. Working closely with principals, teachers and facilities staff at each school, all students in these schools got nutritious breakfast items such as cereal, milk, fruit and juice right in their classroom.

#### Impact

Over the 2013–2014 school year, breakfast participation rates more than doubled at schools with Breakfast in the Classroom. Michelle Crane, a teacher at White Center Heights Elementary School said she used to have four or five students complain they were hungry every day after morning recess and now "they never ever complain they are hungry."

For 2014–2015, they expanded the alternative breakfast program to three more elementary schools. These schools implemented Grab and Go, a program that allows students to pick-up nutritious breakfast items from the cafeteria and bring their food to homeroom. Grab and Go programs have increased participation in the School Breakfast Program by about 20 percent, and staff are able to serve around 300 students in 20 minutes.

The District also offers the Fresh Fruit and Vegetable Program, an after-school snack program and the At-Risk Afterschool Meals Program at select locations. When the school year comes to an end, the District will connect qualifying students to the Summer Food Service Program, helping ensure students in Highline Public Schools are well fed all year long.

To learn more about the Healthiest Next Generation Initiative, visit: www.doh.wa.gov/healthiestnextgen or join us at hashtag #HealthiestNextGen

Washington State Department of Health
DOH 120-034 January 2015

# Appendix J2: Success Stories
# Camas Early Learning Center

## Caring for Children Well

### How the Camas Early Learning Center is Creating the Healthiest Next Generation

*Photo courtesy of Camas Early Learning Center*

**The Healthiest Next Generation Initiative**

The goal of the Healthiest Next Generation Initiative is to help all children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities.

Join partner organizations, the Departments of Health and Early Learning and Office of Superintendent of Public Instruction in elevating local success statewide.

This story is an example of what one child care center is doing to create the healthiest next generation.

**QUICK FACTS**

**Usk/Cusick:** 212
Location of the Kalispel Tribe
**Camas ELC:** 113 children
**Pend Oreille County:** 13,001
**Legislative District:** 7

**CONTACT**

Department of Health
John Wiesman, DrPH, MPH
Secretary of Health
jmwiesman@doh.wa.gov

Department of Early Learning
Bette Hyde, PhD, Director
Bette.Hyde@del.wa.gov

### Opportunity

In 2013, the Kalispel Tribe of Indian's child care center, the Camas Early Learning Center, enrolled in Start Healthy Start Now (SHSN) to improve children's health by training the child care center staff who care for them. SHSN, a federally-funded initiative, was launched by Inland Northwest Health Services with 21 regional partners, including Spokane Regional Health District, Community Minded Enterprises and Empire Health Foundation, to address obesity challenges in six eastern Washington counties.

The goal of SHSN was to increase healthy eating, physical activity and the awareness of adverse childhood experiences by providing training to teachers, cooks and directors of child care centers. The initiative not only provided useful training, but helped fulfill annual professional development hours in the State Training and Registry System (STARS) for the center staff.

### Action

As part of Start Healthy Start Now:

- Cooks were trained on whole foods cooking, including learning knife skills, making homemade soup stock and using whole grains such as quinoa and legumes like lentils.
- Staff members were engaged in learning creative and brain development physical activities for the children. The training was based on "Let's Move Child Care," a six-step national program that provides obesity prevention resources and trainings for early learning programs.
- Staff members were also trained on child behavior and development, gaining new knowledge and skills to help children in their care.

### Impact

No one expected the transformation that took place in the lives of the staff and the children at Camas Early Learning Center. "We have changed everything about our cooking... It was a dramatic change for the kids. It's good for the kids, but it is good for the adults too," said the cook, Shannon Fitzmorris. With new and more physical activities, the teachers have seen changes in the children too. "The younger ones nap better and wake with more stamina. The older ones are more open to being active and joining games or inventing games during 'choice' time," said Alice Moran, physical education teacher.

The center now hosts healthier celebrations and supports changes to improve the health of staff members, such as starting a break time walking club. "We are all in this together. I like being a part of a group that has a goal and a vision, and we put our heads together to make things happen," said Ms. Moran.

To learn more about the Healthiest Next Generation Initiative, visit: www.doh.wa.gov/healthiestnextgen or join us at hashtag #HealthiestNextGen

Washington State Department of Health
DOH 120-038 February 2015

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

Washington State Department of Early Learning

# Appendix J3: Success Stories
# Mount Vernon School District

## Opportunity Walks

### How Mount Vernon School District is Creating the Healthiest Next Generation

**The Healthiest Next Generation Initiative**

The goal of the Healthiest Next Generation Initiative is to help all children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities.

Join partner organizations, the Departments of Health and Early Learning and Office of Superintendent of Public Instruction in elevating local success statewide.

We profiled the district in 2012 and checked back to see how their plans unfolded to create the healthiest next generation.

**QUICK FACTS**

**Mount Vernon School District:**
6,402 students in 9 schools

**Legislative Districts:**
10, 39 and 40

**CONTACT**

Department of Health
John Wiesman, DrPH, MPH
Secretary of Health
jmwiesman@doh.wa.gov
Dennis Worsham
Deputy Secretary for Public Health Operations
dennis.worsham@doh.wa.gov

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

### Opportunity

Several years ago, Superintendent Dr. Carl Bruner had a vision for a comprehensive transportation policy within the Mount Vernon School District. This new approach would increase physical activity, cut the cost of school busses, reduce traffic congestion and improve the streets and sidewalks in the surrounding neighborhoods. The policy also had the potential to improve academic success, since students who are physically active do better in school. Fortunately, since 2003, the district had been collaborating with the City of Mount Vernon on a successive series of Safe Routes to School (SRTS) grants from the Washington State Department of Transportation (WSDOT) and funding from the Centers for Disease Control and Prevention to support this change.

### Action

Working closely with the Skagit County Public Health Department and Skagit Valley Hospital, the District developed a multi-step policy approach. Beginning in 2011, they changed the morning "bell time" schedule so schools would start sequentially. Then, using a newly developed Pupil Transportation Policy they assessed the streets surrounding the school, classifying them as safe or unsafe for walking.

During the 2013–2014 school year, the district implemented a policy to eliminate bussing for students living within one mile of the schools where a safe route exists. To help parents and students feel comfortable walking to school, crossing guards took on the role of Walking Monitors and walked students to and from school. The district also created walking maps and supported a community-wide "Stop for Walkers" campaign. Funding from a SRTS grant coupled these efforts with physical improvements to sidewalks and roads around the schools. These efforts built on the district's implementation of a K–4 pedestrian education program in 2009 and a 5–6 grade bicycle and pedestrian education program in 2011.

### Impact

The district reduced its bus fleet from 27 to 12, eased traffic congestion near schools and saved approximately $60,000 through the bell time policy change which was re-invested in the Walking Monitors. They estimate that 600 students are now walking to school. And the work hasn't stopped there!

Leveraging previous state and federal funding, the City of Mount Vernon and the district received another WSDOT SRTS grant for 2014–2016 to build a roundabout on a local thoroughfare. The district continues to find creative solutions to ease traffic congestion, improve student safety and get more students active.

To learn more about the Healthiest Next Generation Initiative, visit: www.doh.wa.gov/healthiestnextgen or join us at hashtag #HealthiestNextGen

Washington State Department of Health
DOH 120-035 February 2015

Washington State Department of Transportation

# Appendix J4: Success Stories
# Tumwater School District

## Championing Physical Activity

### How Tumwater School District is Creating the Healthiest Next Generation

*Photo courtesy of Black Hills High School*

**The Healthiest Next Generation Initiative**

The goal of the Healthiest Next Generation Initiative is to help all children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities.

Join partner organizations, the Departments of Health and Early Learning and Office of Superintendent of Public Instruction in elevating local success statewide.

This story is an example of what one school district is doing to create the healthiest next generation in Washington.

**QUICK FACTS**

**Tumwater School District:**
Over 6,000 students in 10 schools

**Legislative Districts:**
22 and 35

**CONTACT**
Department of Health

John Wiesman, DrPH, MPH
Secretary of Health
jmwiesman@doh.wa.gov

Dennis Worsham
Deputy Secretary for Public Health Operations
dennis.worsham@doh.wa.gov

### Opportunity

How can a school district improve their physical education (PE) program? That was the question. Greg Bert, Physical Education Coordinator at Black Hills High School (BHHS) in the Tumwater School District, wanted to answer. "Our class could be their last chance to receive instruction in quality physical education to learn how to have an active lifestyle," said Bert.

At Bert's urging, in 2011 the District successfully applied for and was awarded a three-year $1.1 million Carol M. White Physical Education Program (PEP) grant from the U.S. Department of Education to initiate, expand and improve PE for students in grades K–12.

### Action

The PEP grant meant improvements across the District, including:

- Aligning K–12 curriculum maps so student knowledge builds from year to year. A curriculum map outlines what is being taught at each grade level.
- Starting a new program for the District's youngest learners (kindergarten through second grade) called Early Learner Fitness (ELF). This program connects math, reading and writing skills through physical activity.
- Purchasing state-of-the art equipment, including Spin® Bicycles, and integrating technology to help students monitor their physical activity and heart rate.

The grant also required an evaluation which led the District to become one of the few in the state to report students' Body Mass Index (BMI). Parents and guardians can opt-out of this reporting; however, most families opt-in.

To align the curriculum maps, the District created the PE Leadership Team of elementary, middle and high school PE teachers that met quarterly. All 120 of the K–2 teachers learned to deliver the ELF curriculum while developing motor skills and fitness.

### Impact

With the launch of ELF, the District became a pioneer in the country for fitness among young students. "Now elementary students are able to talk about their body systems in a way that they could not before," said Tanya Greenfield, PEP Grant Coordinator.

Another outcome is an increase in students' knowledge and skills about living a healthier life. "We can very clearly see that students' cognitive understanding of fitness and nutrition was stronger at the end of the grant," said Sue Anderson, BHHS Assistant Principal. "And this puts them on the path for lifelong health."

With the grant complete, the District is considering how best to sustain the progress.

To learn more about the Healthiest Next Generation Initiative, visit: www.doh.wa.gov/healthiestnextgen or join us at hashtag #HealthiestNextGen

Washington State Department of Health
DOH 120-044 July 2015

# Appendix J5: Success Stories Confluence Health

## Supporting Breastfeeding

### How Confluence Health is Creating the Healthiest Next Generation

**The Healthiest Next Generation Initiative**

The goal of the Healthiest Next Generation Initiative is to help all children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities.

Join partner organizations, the Departments of Health and Early Learning and Office of Superintendent of Public Instruction in elevating local success statewide.

This story is an example of what one hospital is doing to create the healthiest next generation in Washington.

**QUICK FACTS**

**Confluence Health:**
75,000+ outpatient visits/year
39,800+ acute patient days (2014)
7,100+ Transitional Care Unit patient days (2014)

**Legislative District:** 12

**CONTACT**
Department of Health
**John Wiesman**, DrPH, MPH
Secretary of Health
jmwiesman@doh.wa.gov

#### Opportunity

The American Academy of Pediatrics recommends infants be exclusively breastfed for six months. Without hospital support, about one in three mothers stop breastfeeding early.[1] Babies who aren't breastfed are at greater risk for infections, SIDS, chronic conditions and having an unhealthy weight.

Four years ago when Michelle Murphy, RN, Childbirth Educator for Confluence Health: Central Washington Hospital began working towards becoming an International Board Certified Lactation Consultant, she never imagined leading the charge to change practices in the hospital's mother/baby unit to better support breastfeeding.

#### Action

Murphy shared her new knowledge with Barb Lawson, RN, BSN, Director of Mother/Baby & Pediatrics, Connie Morris, RNC, BSN, Clinical Manager, Mother/Baby & Pediatrics and the hospital's lactation team. She found them receptive to changes. Together, they reviewed the *Ten Steps to Successful Breastfeeding* developed by the World Health Organization to see what they could do.

Staff focused on placing babies skin-to-skin with their moms in the first hour of birth to increase breastfeeding. They call this the "Golden Hour," and everyone protects this precious time. Next, they offered a two-day breastfeeding training for all unit staff, clinic nursing staff, a midwife, plus invited Women, Infants, and Children (WIC) Nutrition Program staff and home-health nurses. Over 150 people attended. The hospital covered the cost of the training, a capital budget item. "It's huge that everyone is operating with the same knowledge base," said Lawson.

#### Impact

"Moms tell us the difference has been day and night," said Morris. And they're not done. Up next: revising the existing policy for breastfeeding, increasing lactation staffing hours from eight to 12 [each day], introducing a new lactation section in the medical record, educating physicians, translating education materials into Spanish and exploring the creation of a breast milk depot. "I would have never guessed five years ago that we would be where we are now," said Murphy.

To support their and other hospitals' efforts the Department of Health and the Washington State Hospital Association are teaming up to launch Breastfeeding Friendly Washington – Hospitals. This is a voluntary program recognizing the important role hospitals play in supporting breastfeeding. To learn more, visit: www.doh.wa.gov/BFWA/hospitals

Supporting breastfeeding is part of the Healthiest Next Generation Initiative. To learn more about the Healthiest Next Generation Initiative, visit: www.doh.wa.gov/healthiestnextgen or join us at hashtag #HealthiestNextGen

[1] Centers for Disease Control and Prevention, "Hospital Support for Breastfeeding: Preventing obesity begins in hospitals," CDC Vital Signs, National Center for Chronic Disease Prevention and Health Promotion, August 2011, http://www.cdc.gov/vitalsigns/breastfeeding/ accessed on June 5, 2015.

Washington State Department of Health
DOH 120-045 August 2015

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

Washington State Hospital Association

# Appendix K: Governor's Interagency Council on Health Disparities — Guidance

Recognizing that inequities exist and trying to ensure that any recommendations, if prioritized, could reach communities most in need, the Governor's Interagency Council on Health Disparities was invited to develop guidance that state agencies, the Governor's office, and the Legislature could use to promote equity in state government policy and program decisions. The Council adopted the guidance at its public meeting on May 13, 2015 which was held at the South Seattle Community College Georgetown Campus.

This guidance, which follows in the Appendix, includes suggested language that can be tailored to and inserted into state policies, plans, programs, budgets, rules, grants, contracts, and solicitation documents (i.e., Request for Proposals [RFP], Request for Quotations [RFQ], Request for Qualifications and Quotations [RFQQ]) to promote equitable opportunities for health and well-being. While language plays an important role in promoting equity, achieving equity in state government will require a comprehensive approach that uses frameworks and tools to analyze equity impacts.

# Appendix K1: Language for Interventions/Funding

| Language for interventions and/or funding for populations impacted by inequity | |
|---|---|
| **Sample Language** | **Considerations** |
| ***Sample Policy Language***<br>The [campaign/funding/intervention/ program/ resources/etc.] shall be culturally and linguistically appropriate and prioritized among [schools/early learning centers/communities/populations etc.] that [experience the largest disparities/ experience the largest opportunity gaps/with X% of students eligible for free and reduced-price meals/that are identified through the state accountability system as challenged schools in need of improvement under RCW 28A.657.020/whose enrollment of English language learner students has increased an average of more than five percent per year over the previous three years/etc.] or targeted to reach persons from [diverse cultural, racial/ethnic, and economic backgrounds; who live in geographically isolated areas; who have mental, intellectual, sensory, or physical disabilities; who have low literacy skills, limited proficiency in the English language, or insecure immigration status; or who are part of protected or other special populations, including veterans, refugees, or homeless, gay, lesbian, bisexual, or transgender individuals.] | Funding and resources can promote equity when they are targeted to populations impacted by inequity. However, unfunded mandates can have disproportionate negative impacts on these same populations so it is important to pair resources with requirements particularly for populations already facing disparities.<br><br>When possible, do not use income or other indicators as a proxy for race/ethnicity as it does not guarantee that resources will be targeted to address disparities by race/ethnicity or that outcomes will be measured by race/ethnicity.<br><br>When deciding which indicator to use (e.g. percent of students on free and reduced price lunch, populations experiencing the largest disparities, etc.) it is important to consider what the best indicator is for the particular policy or program.<br><br>Disparities or opportunity gaps can be gaps based on race/ethnicity, income, English proficiency, literacy, special learning needs, gender identity, sexual orientation, sex, geography, immigration status, veteran status, housing status, refugee status, disability status, etc.<br><br>While targeting resources to schools or districts experiencing inequities will help promote **interschool** equity, also explore potential policy language that will ensure that students who are in higher-income schools or high-performing schools that are experiencing educational disparities are also considered so that **intraschool** equity is also achieved. The same concept applies to early learning centers, communities, etc. |

# Appendix K1: Language for Interventions/Funding continued

| | |
|---|---|
| ***Sample Language for Solicitation Documents*** | This example language can be included in RFPs and other solicitation documents. This language includes race/ethnicity and geography and is just an example. Other populations who experience inequity should also be considered such as those that are traditionally under- or inappropriately-served due to, for example: sexual orientation, gender identity, sex, housing status, income, level of English proficiency, literacy, immigration status, housing status, veteran status, refugee status, or disability status. The language should be vetted with the populations that the solicitation or policy is trying to represent or serve. |
| [State agency/etc.] is committed to serving underserved racial/ethnic and/or rural populations. XX percent of the total possible points to be awarded in this RFP have been assigned to the Social Equity criteria below: (List Criteria) | |
| ***Sample Language for Solicitation Documents***<br>Preference will be given to proposals addressing underserved racial/ethnic and/or rural populations. A total of XX points are available for proposals addressing underserved racial/ethnic and/or rural populations. | |

# Appendix K2: Language Requiring Community Engagement

<table>
<tr><th colspan="2">Language requiring engagement and consultation with representatives from diverse populations in decision-making processes</th></tr>
<tr><th>Sample Language</th><th>Considerations</th></tr>
<tr><td>In fulfilling its responsibilities under this section, the [state agency/etc.] shall collaborate with Washington's tribes, tribal organizations, and/or urban Indian organizations; the four state ethnic commissions; nonprofit organizations knowledgeable about equity, [the opportunity gap/hunger and food security issues/housing insecurity/income insecurity/gender equity/etc.]; advocacy organizations; community based organizations; and representatives from diverse communities and populations that will be impacted.</td><td rowspan="2">This language should be adapted to include representatives from specific populations who will be impacted by the policy, particularly those who are frequently underrepresented in state decision-making processes. This may include lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals; veterans; refugees; adolescents and youth; or individuals with mental or physical disabilities, insecure immigration status, limited English proficiency, insecure housing status, or limited literacy skills. Other state bodies to consider including (depending on the topic area) are the Educational Opportunity Gap Oversight and Accountability Committee, the Governor's Interagency Council on Health Disparities, and the Washington State Supreme Court Minority and Justice Commission.<br><br>It is important that these decision-makers facilitate meaningful community engagement with individuals who actually represent communities rather than selecting representatives for political reasons our out of convenience. It is also essential to consider that some communities may not have traditional organizational infrastructure and that thoughtful and culturally sensitive approaches must be used in order to engage these communities. For example, some community representatives may not work for an organization that can reimburse them for travel expenses, so planning should include how these individuals are reimbursed for their time and/or personal expenses.</td></tr>
<tr><td>The [Taskforce/Council/Board/ Commission/Advisory Committee/etc.] must include X representative(s) of federally recognized Indian tribes whose traditional lands and territories lie within the borders of Washington State, designated by the federally recognized tribes; X members appointed by the Governor in consultation with the state ethnic commissions, who represent the following populations: African-Americans, Hispanic Americans, Asian Americans, and Pacific Islander Americans; and X representative(s) from diverse populations who will be impacted.</td></tr>
</table>

# Appendix K3: Language Requiring Collection of Data

| Language requiring collection, analysis, and/or reporting of disaggregated data | |
|---|---|
| **Sample Language** | **Considerations** |
| The [state agency/etc.] must collect all [student/health/ incarceration/birth certificate/death certificate/etc.] race/ethnicity data using the 2015-2016 Office of Superintendent of Public Instruction's Comprehensive Education Data Research System (CEDARS) Data Manual Appendices Y and Z, including the subracial and subethnic categories within those guidelines, with the following modifications to the subracial and subethnic categories:<br>(a) Further disaggregation of the Black category to differentiate [students/individuals] of African origin and [students/individuals] native to the United States with African ancestors;<br>(b) Further disaggregation of the White category to include subethnic categories for Eastern European nationalities that have significant populations in Washington.<br>(c) For [students/individuals who report as multiracial, collection of their racial and ethnic combination of categories. | When populations made up of diverse subpopulations are aggregated during data collection or analysis important distinctions between the subpopulations are masked. Collecting, analyzing, and reporting accurate data disaggregated by subracial and subethnic categories to the extent allowed by the data and with consideration to protecting confidentiality is essential to identifying and addressing disparities and monitoring if the policy, program, or funding interventions are affectively working toward equity and alleviating these disparities. For example, diverse subpopulations of Asian and Pacific Islanders are often collapsed into one Asian/Pacific Islander (API) data category, masking the unique outcomes and needs of these diverse populations. The 2015-2016 OSPI Manual calls for more detailed disaggregation for API and other populations which is why these standards are included in the sample language rather than U.S. Health and Human Services or Office of Management and Budget standards. However, even within a population with the same country of origin, there can be dramatic differences in outcomes and needs based on other factors such as English proficiency, immigration status, and refugee status. |

# Appendix K3: Language Requiring Collection of Data continued

| | |
|---|---|
| All data-related reports prepared by the [state agency/etc.] under this title must be disaggregated by at least the following subgroups: White, Black, Hispanic, American Indian/Alaskan Native, Asian, Pacific Islander/Hawaiian Native, Multiple Races, and Other. All data-related reports must also be prepared displaying additional disaggregation of data if analysis of the data (using aggregated years when appropriate) indicates significant differences among categories of individuals as it pertains to the subject of the report. | This example only includes data collection and reporting by race/ethnicity, but reporting by other information should be included as available and appropriate. For example, income, language spoken at home, English proficiency, literacy, gender identity, sexual orientation, sex, geography, immigration status, veteran status, housing status, refugee status, disability status, etc., can be included.<br><br>How data are collected and reported should be as inclusive as possible. For example, data is frequently collected using only binary male or female response options for sex which is exclusive and ignores transgender/non-conforming people, who experience discrimination and consequent disparities. Consider including language in the policy indicating that the sex question should be open-ended rather than binary or should provide additional response options. One recommendation is to ask this as a two-part question with the second portion being provided as an open-ended question: 1) What sex were you assigned at birth? (male/female) and 2) How do you identify your gender today? (male/female/transgender/ genderqueer/agender/bigender/etc.).<br><br>Community members can provide valuable insights on policy language in order to ensure that it does not create data collection and reporting processes which are exclusive or inappropriate.<br><br>Reporting guidelines should also be catered to the sector. For example education reports can also include disaggregation by transitional bilingual students, special education students, or students covered by section 504 of the federal rehabilitation act of 1973, as amended (29 U.S.C. Sec. 794). |

# Appendix K4: Inclusive Language

Policies that are written to ensure specific populations and groups are included often call for detailed language to describe the targeted group(s). This list provides some descriptive language to help make sure that the policy includes everybody who may identify as part of that group. It is also important to consider that policies and programs themselves can be exclusive if the language is not carefully considered. For example, gender binary language can create situations where transgender individuals are excluded. The list below is not exhaustive; the best course of action is to connect with members of the population or groups for which policies are written to ensure the language will translate effectively into practice.

| Inclusive language for policies and programs | |
|---|---|
| **Group** | **Descriptive Language** |
| All racial and ethnic groups and subgroups | race, ethnicity, national origin, or color |
| Persons of any religious faith | religion or spiritual faith |
| Sex/Gender | sex assigned at birth and/or gender |
| LGBTQ persons* | Actual or perceived sex, sexual orientation, gender identity and/or gender expression |
| Creed | creed/beliefs |
| Tribal entities** | sovereign tribal governments and persons belonging to sovereign tribal governments |
| Persons with disabilities | persons with mental, intellectual, physical, or sensory disabilities |
| Veteran or military status | all veterans regardless of type of discharge, or persons with active military status |
| Immigrant/Refugee populations | national origin, English language proficiency, or immigration status |
| Victims of crime or domestic violence*** | victims of crime and/or domestic violence, harassment or stalking |
| Persons convicted of a crime | offenders, convicted felons, persons convicted of misdemeanor charges and/or persons with adult or juvenile criminal records |
| Persons accused of a crime | persons awaiting trial and/or acquitted of a crime. |
| Incarcerated persons | individuals incarcerated in jail, adult or juvenile detention |
| Low-income persons | Persons with incomes at or below [fifty percent] of the Area Median Income (AMI) for the county or standard metropolitan statistical area in which they reside, or at or below [XX%] of the Federal Poverty Limit |
| Children and adolescents | juveniles/minors/individuals under XX years old |
| Older/aging adults | older/aging adults; persons over XX years old and/or persons perceived to be over XX years old |

# Appendix K4: Inclusive Language continued

| | |
|---|---|
| Pregnant women | pregnant women, breastfeeding women, and caregivers of young children |
| Agricultural workers | migrant and agricultural workers including persons with temporary or long-term work VISAs |
| *In many areas, there are still fundamental misunderstandings about the unique gender identities and expressions of LGBTQ persons. LGBTQ persons are regularly misidentified based on false assumptions of appearance. In LGBTQ inclusive policies is important to cover people who may be mistaken for a specific LGBTQ identity that is inaccurate.<br>** A large percentage of American Indian/Alaska Native people in Washington are urban Indians and/or are not members of a Tribal government; therefore, consider using the language "American Indian/Alaska Native" if Tribal affiliation is not needed.<br>*** Victims of domestic violence, stalking, and harassment often require special policy considerations for housing, employment and privacy, as they may need to leave a job or break a lease on short notice for their own safety or the safety of their families. | |

# Appendix K5: Framework and Considerations

## Integrated Frameworks and Important Considerations to Promote Equity

The stakeholders who contributed to this guidance document highlighted that every policy is different and boiler-plate language will not be enough to address equity in all situations and institutions.

While integrating equity-promoting language into government texts is important, creating equity in Washington State's government will require a holistic and integrated framework. The Washington State Department of Health's Health Equity Review Planning Tool, the State Board of Health and the Governor's Interagency Council on Health Disparities Health Impact Reviews, and Race Forward's Racial Equity Impact Assessment Toolkit are examples of tool and resources that already exist which can be used to analyze policies and programs to determine their likely impacts on equity. King County's Equity and Social Justice Integrated Effort is also an example framework to integrate equity into all levels of county government that could be adapted to state government. During these conversations, stakeholders also identified the following important additional considerations to address equity in Washington State:

- **Collect, analyze, and use accurate disaggregated data by subracial/subethnic categories to direct state resources and programs.** Disaggregated data and community feedback should be used in tandem to ensure equitable outcomes in addition to equitable inputs. When providing inputs (funding, resources, etc.) with the ***intent*** of promoting equity, it is important to also create capacity to examine outcomes and adjust implementation if the outcomes are not actually promoting equity.

- **Promote diversity in state government hiring, contracting, recruitment, retention and promotion.** This includes fostering an understanding that diversity (linguistic, cultural, etc.) is an asset that should be considered in hiring practices and that a workforce that reflects the demographics of Washington will be able to better serve Washingtonians.

- **Provide cultural humility/awareness/competency training or diversity training for government employees and other public workers or occupations licensed through the state. Cultural competence** is a "set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Striving to achieve cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment."[A] **Cultural humility** incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances, and to developing mutually beneficial partnerships with communities on behalf of individuals and defined populations.[B] Some state agencies have committed to ensuring that all staff receive cultural competency/humility training.

# Appendix K5: Framework continued

- **Ensure that policies and practices promote full civic participation from populations who are facing inequities and eliminate barriers to participation.** A number of barriers can exist that prevent individuals from full civic participation such as public meeting times and locations that conflict with work schedules or childcare needs; lack of interpreters at public meetings; lack of translated materials or culturally and linguistically appropriate outreach; and historical and current distrust of government. Policies can also hinder civic engagement if they create barriers to participation. Examples would include policies that restrict voting rights, create barriers to voting, or prohibit reimbursement for travel expenses incurred while participating on a board, council, commission, or other entity.

- **Evaluate the potential equity impacts of proposed legislation, policies, and programs before implementation.** When making decisions, focus on the impact not only the intent of the decision. Individuals who have expertise in equity should contribute to this process. State agency tribal liaisons should be involved in this process.

- **Ensure all state services and programs are culturally and linguistically appropriate for the diverse populations in Washington State.** Institute policies and processes that ensure the communication needs of the population are met, the legal requirements for language access are complied with, and the ways to implement language assistance services are understood.

- **Address the structural, institutional, and interpersonal "isms" (e.g. racism, sexism, ageism, sizeism, etc.) in state government**. Hold intentional conversations about race and other "isms" to engage political and community leaders.

- **Explore and address the equity impacts of Washington's regressive tax system.** Washington State has the most regressive tax system of any state in the U.S.[C] Regressive tax systems require the lowest income individuals to pay the largest share of their income in taxes and create an unequitable tax structure.

- **Foster a consistent and respectful acknowledgement of the sovereignty of the tribal governments.** Government-to-Government Training and state agency tribal liaisons are important resources already available to state employees and elected or appointed officials. Representatives of tribal governments can provide the best guidance on if policies, programs, and actions are respecting tribal sovereignty.

# Appendix K5: Framework continued

- **Prioritize meaningful community engagement and relationship building.** Communities can provide the best insight into policies, processes, and programs that will work to promote equity**.** Community engagement is also an important way to ensure that interventions will be continued by the community if/when state-level support ends. For example, the community should be engaged when drafting solicitations for contracts or grants. A diverse advisory committee could provide feedback on draft versions of solicitation documents to ensure the language will promote opportunity and equity and not perpetuate disparities.

- **Ensure accountability in the state system.** Establish metrics to track progress toward eliminating disparities and achieving equity in state government.

[A] Denboba, D., U.S. Department of Health and Human Services, Health Services and Resources Administration (1993). *MCHB/DSCSHCN Guidance for Competitive Applications, Maternal and Child Health Improvement Projects for Children with Special Health Care Needs.*

[B] Tervalon and Murray-Garcia (1998). Cultural humility versus cultural competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. Journal of Health Care for the Poor and Underserved;9(2):117-125

[C] Davis C, Davis K, Gardner M, et al. Who Pays? A Distributional Analysis of the Tax Systems in All 50 States: Fifth Edition. Institute on Taxation and Economic Policy. Available at http://www.itep.org/pdf/whopaysreport.pdf.

Washington State Department of Health

DOH 120-037 October 2015

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).