# A BILL FOR AN ACT

MAKING AN APPROPRIATION FOR EARLY CHILDHOOD HEALTH.

#### BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the early childhood 2 years are critical to an individual's health, educational 3 success, and well-being throughout the life span. 4 A large body of evidence ties experiences in early 5 childhood with health throughout life, particularly in 6 adulthood. For example, in 2011 the Institute of Medicine's Standing Committee on Childhood Obesity Prevention issued its 7 8 "Early Childhood Obesity Prevention Policies", which recognized 9 that early childhood has emerged as a critical period for 10 assessing the beginnings of obesity and instituting preventive 11 measures. Childhood obesity is a serious public health problem 12 that has adverse and long-lasting consequences for individuals, 13 families, and communities. Childhood obesity tends to persist 14 into adulthood and increases the risk for chronic diseases, 15 including diabetes. In Hawaii, adult obesity has more than 16 doubled between 1995 and 2009, and childhood obesity increased

by thirty-eight per cent between 1999 and 2009. As a result of

the increased risks related to obesity, this generation of

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1 children may be the first generation not to outlive their parents due to unhealthy lifestyles. Obesity-related medical 2 3 expenditures in Hawaii were over \$323,000,000 in 2009, and are 4 continuing to rise. 5 Obesity results from an energy imbalance that involves 6 consuming more calories than are expended by physical activity. 7 Body weight is the result of environment, behavior, culture, 8 socioeconomic status, genes, and metabolism. Environment and behavior are prominent factors in whether or not a person may be 9 10 overweight or obese, and as such, environment and behavior are 11 the most promising areas for prevention and treatment. Many 12 environments that surround children encourage sedentary time, 13 automobile-oriented modes of transportation, and insufficient access to safe places to walk, bike, and be physically active. 14 15 Low-cost fast food, sugary beverages, and snacks high in 16 calories with low nutritional value, in comparison to healthy **17** options, are widely available. Unhealthy environments that 18 promote over-consumption and create barriers to physical 19 activity compete with establishing healthy behaviors in a

child's early years and can lead to obesity and related health

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problems.

1 Policies can have a large impact on environments and 2 behaviors that promote obesity. Policies such as the department 3 of education's wellness guidelines have contributed to healthier 4 food and beverages in schools. However, the requirements for 5 health and physical education could be further strengthened. 6 Current policy does not require health or physical education units in middle school grades, although many schools offer these 7 8 courses as electives. 9 The department of health, in partnership with stakeholders, 10 has set forth goals and recommendations for decreasing obesity 11 in the Hawaii physical activity and nutrition plan and the 12 physical activity and nutrition plan supplement. Implementing 13 the recommendations in these plans requires government 14 departments and organizations statewide to collaborate to 15 achieve the goals, strategies, and action steps outlined in 16 these documents. 17 Consequently, the legislature further finds that in order 18 to positively impact the health of Hawaii's children, a task 19 force must be established to update and prioritize policy 20 recommendations for the legislature on measures that will create 21 healthier environments and expand programs and services that 22 promote healthy lifestyles. A policy approach developed by a 2012-1152 SB2778 SD1 SMA.doc

- 1 strategic team of experts from multiple sectors will foster a
- 2 collaborative process for the review, discussion, and
- 3 development of recommendations for childhood obesity legislation
- 4 supported by stakeholders.
- 5 The department of health has made significant strides in
- 6 obesity data collection and analysis. The Hawaii physical
- 7 activity and nutrition surveillance report describes obesity in
- 8 the State for middle school students, high school students, and
- 9 adults. The healthy Hawaii initiative cross-sectional telephone
- 10 survey provides further data on attitudes and behavior relating
- 11 to physical activity, nutrition, and obesity. However, neither
- 12 the report nor the survey addresses young children; additional
- 13 data collection and analysis is necessary to better understand
- 14 the contributing factors for obesity among this vulnerable
- 15 population.
- 16 To improve the health of Hawaii's people, we must promote
- 17 healthy lifestyles from the earliest years that will continue
- 18 throughout the life span. Preventing obesity in infants and
- 19 young children holds promise for enabling significant gains
- 20 toward both reversing the epidemic of childhood obesity and
- 21 reducing obesity in adulthood.

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         SECTION 2. (a) There is established a childhood obesity
    prevention task force to develop and recommend legislation
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    related to the prevention of childhood obesity.
              The task force shall be composed of:
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         (b)
5
         (1)
              The director of finance, or the director's designee;
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         (2)
              The director of commerce and consumer affairs, or the
7
              director's designee;
              The superintendent of education, or the
8
         (3)
              superintendent's designee;
9
10
         (4)
              The director of health, or the director's designee;
11
              The director of human services, or the director's
         (5)
              designee;
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13
         (6)
              The director of taxation, or the director's designee;
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              A representative from the department of the attorney
         (7)
              general;
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16
              A representative from the state advisory council on
         (8)
17
              early childhood education and care;
18
         (9)
              A representative from the board of education;
              A representative from the department of the attorney
19
        (10)
20
              general;
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              A representative from the University of Hawaii's
        (11)
22
              department of public health sciences;
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| 1  | (12)      | A representative from the University of Hawaii's John  |
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| 2  |           | A. Burns school of medicine;                           |
| 3  | (13)      | A representative from the American Heart Association;  |
| 4  | (14)      | A representative from the American Cancer Association; |
| 5  | (15)      | A representative from the American Diabetes            |
| 6  |           | Association;   |
| 7  | (16)      | A representative from the Hawaii Association for the   |
| 8  |           | Education of Young Children;                           |
| 9  | (17)      | A representative from the house of representatives;    |
| 10 | (18)      | A representative from the senate; and                  |
| 11 | (19)      | A representative selected by the governor.             |
| 12 | (c)       | The director of health shall serve as the chairperson  |
| 13 | or may de | signate a chairperson and vice-chair person.           |
| 14 | (d)       | The childhood obesity prevention task force shall:     |
| 15 | (1)       | Assemble accurate research, fiscal and demographic     |
| 16 |           | information, and justification to support policy       |
| 17 |           | development, and track outcomes; and                   |
| 18 | (2)       | Research other state, county, and organizational       |
| 19 |           | policy agendas and suggested best practices related to |
| 20 |           | childhood obesity prevention policies.                 |
| 21 | (e)       | The task force may create subcommittees for the        |

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purpose of developing policy recommendations.

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- (f) The task force shall meet at least monthly from July
   through November 2012.
- 3 (g) The task force shall be administratively attached to
- 4 the department of health.
- 5 (h) Members of the task force shall not receive
- 6 compensation for their services but shall be reimbursed for
- 7 necessary expenses, including travel expenses, incurred in the
- 8 performance of their duties under this Act.
- 9 (i) The task force shall report its findings and
- 10 recommendations, including proposed legislation, to the
- 11 legislature no later than twenty days prior to the convening of
- 12 the 2013 regular session, and shall be dissolved on June 30,
- **13** 2013.
- 14 SECTION 3. There is appropriated out of the general
- 15 revenues of the State of Hawaii the sum of \$ or so
- 16 much thereof as may be necessary for fiscal year 2012-2013 to:
- 17 (1) Collect and analyze Hawaii-specific early childhood
- obesity data to identify children at risk;
- 19 (2) Increase awareness of the health implications of early
- childhood obesity;
- 21 (3) Promote best practices through community-based
- initiatives to improve healthy life choices; and

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| 1 | (4) Establish a task force to develop and recommend         |
|---|---|
| 2 | legislation related to the prevention of childhood          |
| 3 | obesity.  |
| 4 | The sum appropriated shall be expended by the department of |
| 5 | health for the purposes of this Act.                        |
| 6 | SECTION 4. This Act shall take effect on July 1, 2012.      |

### Report Title:

Health; Early Childhood; Task Force; Appropriation

### Description:

Establishes a childhood obesity prevention task force. Appropriates funds to the department of health to support early childhood development. (SD1)

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