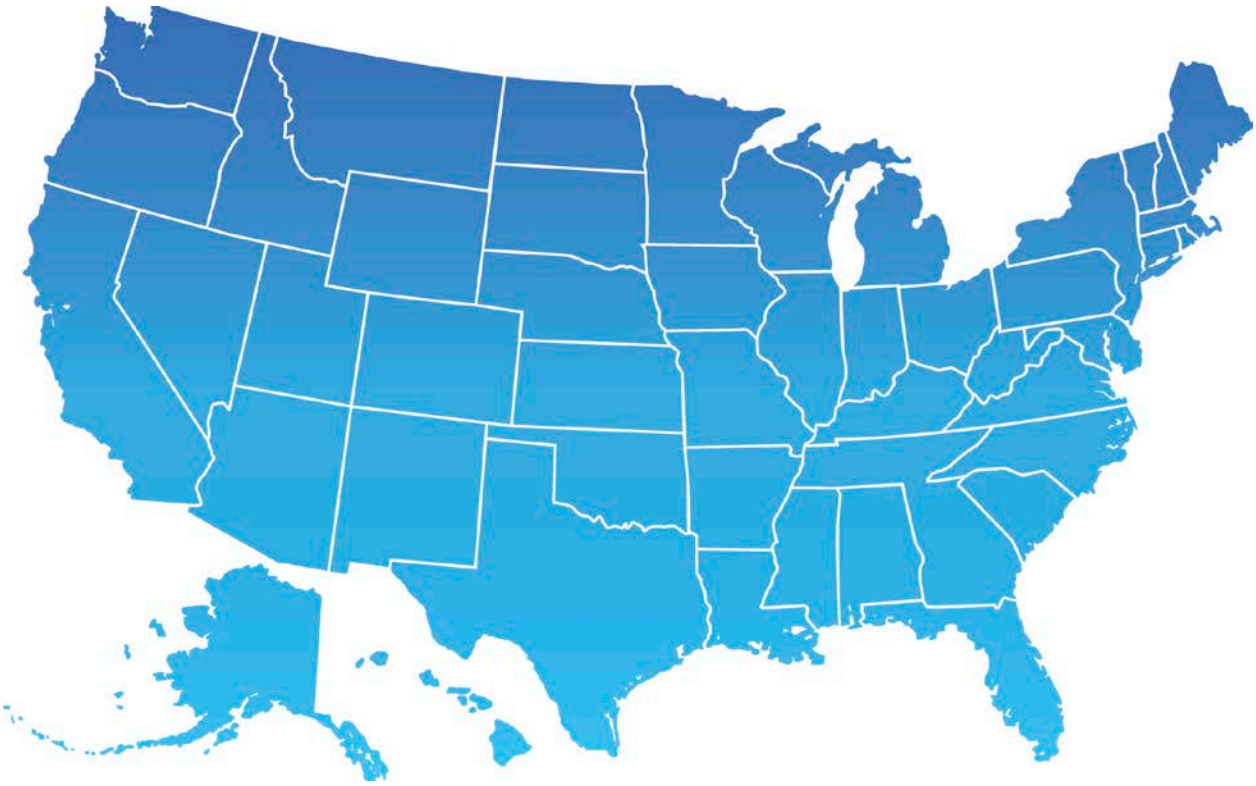

Using State Laws & Regulations to Promote Healthy Eating and Physical Activity in Afterschool Programs

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Acronyms & Organizations Frequently Cited in this Report

Acronym	Definition
21st CCLC	21st Century Community Learning Centers
AHA	American Heart Association
ASES	After School Education and Safety program
ASLSNPP	After School Learning and Safe Neighborhoods Partnerships Program
CACFP	Child and Adult Care Food Program
CCS	Center for Collaborative Solutions
CDE	California Department of Education
DASH Program	Distinguished After School Health Program
HBI	Healthy Behaviors Initiative
HOST Coalition	Healthy Out-of-School Time Coalition
NAA	National AfterSchool Association
NAA HEPA Standards	National AfterSchool Association Healthy Eating and Physical Activity Standards
NC CAP	North Carolina Center for Afterschool Programs
NC DHHS	North Carolina Department of Health and Human Services
NC DPH	North Carolina Department of Health and Human Services (DHHS), Division of Public Health
NC DPI	North Carolina Department of Public Instruction
OST	Out-of-School Time
PHA	Partnership for a Healthier America
WFIT	A World Fit for Kids

1. BACKGROUND

Out-of-school time (OST) programs provide academic and social development opportunities to school age children before and after school and during summer and holidays. OST programs also provide food and physical activities to children. More than 10 million U.S. children participate in afterschool programs, with almost half from low-income households (Afterschool Alliance, 2014). Because of their reach and focus, OST programs are a promising setting for reducing child obesity risk by promoting healthy eating and providing opportunities for physical activity.

Until 2011, the OST field lacked comprehensive guidance on how to promote healthy eating and physical activity. The Healthy Out-of-School Time (HOST) Coalition (http://www.niost.org/HOST-Site) addressed this gap by developing the National AfterSchool Association Healthy Eating and Physical Activity (NAA HEPA) standards. The 11 standards (see Appendix A) are science based and represent a strong consensus among prominent OST advocacy, service, and policy organizations operating at a national level. They comprise six healthy eating and five physical activity standards. Both the healthy eating and physical activity domains include standards for content and quality, staff training, program support, social support, and environmental support. The healthy eating domain has an additional standard for nutrition education policy and practice that does not have a corollary in the physical activity domain. In both healthy eating and physical activity, the content and quality standards translate nutrition and physical activity science into actions that OST programs can take to offer children health-promoting foods, beverages, and physical activity. The nutrition education standard defines actions that constitute high-quality curricular delivery. The remaining eight standards address program and organizational policy and infrastructure and reflect implementation and health promotion science and management expertise. They describe configurations for staff training, staff and parent engagement, program infrastructure, and facilities that can support and sustain healthy eating and physical activity practices.

Large national organizations, such as the YMCA, Alliance for a Healthier Generation, National Recreation and Park Association, and Boys & Girls Clubs of America, have adopted some or all of these standards in their programs. Because of these voluntary, non-regulatory efforts, thousands of OST sites nationwide are in various stages of implementing the NAA HEPA standards. Data from YMCA (Hohman & Mantinan, 2014) and Alliance for a Healthier Generation sites (Wiecha et al.) show that implementation is a gradual process achieved over time. HOST Coalition leaders estimate that several years are necessary for most programs to sustainably implement a majority of the NAA HEPA components.

Although these efforts indicate greatly heightened activity in OST regarding nutrition and physical activity, recent studies suggest that about 40% of NAA members still have not

heard of the HEPA standards (Wiecha, Hall, & Barnes, 2014; Wiecha & Hall, 2015; Wiecha, Hall, & Richer, 2015). Some members are aware of them but are not currently using them to guide planning. In three annual surveys of NAA members (Wiecha, Hall, & Barnes, 2014; Wiecha & Hall, 2015; Wiecha, Hall, & Richer, 2015), about 60% reported they knew of the standards and many—but not all—reported using one or more of them to guide program practices. Moving the adoption and implementation needle further and faster may require new approaches.

State or local laws present one option to increase awareness, uptake, and implementation of HEPA standards in afterschool programs. Currently, state-level policy, support, and regulation of OST programs vary considerably in terms of content and approach. Generally, as with early care and education (ECE), school-age OST programs may be subject to state licensing, administrative rule making, or other types of regulation or certification, although programs serving young children and school-age children are usually regulated separately. Many states now use Quality Rating and Improvement Systems (QRISs) for both early childhood and school-age programs, which are metric-based methods for assessing and improving program quality. In the case of ECE, QRIS was created to present childcare providers with additional goals related to school readiness. However, recent research in ECE settings has shown that a majority of states with QRIS have also now incorporated HEPA practices, suggesting a growing commitment to childhood obesity prevention efforts (Nemours, 2016). Although OST regulation's primary concern is typically ensuring children's safety, 27 states have one or more quality standards for healthy eating and/or physical activity in OST programs enforced through licensing or other types of rules and regulations, some of which are consistent with the NAA's intent (Ralston-Aioki & Frost, 2016).

In addition to state regulations, some states, notably California and North Carolina, have dedicated state funding streams to support OST programs (described in case studies in section 4 of this report). it is important to note that many OST programs also receive funding through federal programs, including the US Department of Education's 21st Century Community Learning Centers (21st CCLC) and the federal Child Care Development Block Grant program. In addition, some OST programs may choose to participate in one or more of the U.S. Department of Agriculture (USDA) child nutrition programs, including the Child and Adult Care Food Program (CACFP), the National School Lunch Program, and the Summer Food Service Program (http://www.fns.usda.gov/school-meals/child-nutrition-programs). These federal programs support schools serving low-income families and establish nutrition standards for snacks and meals.

This report focuses on the potential benefits and unintended consequences of state policies specifically focused on OST programs. Because of the centrality of the NAA HEPA standards in the OST field, the report addresses how they can be adapted for use in policy and rule-making. The report relies on key informant interviews and case studies of California and North Carolina. It recognizes that training, technical assistance, and other forms of capacity

building are a critical component of both regulatory and non-regulatory approaches to supporting NAA HEPA.

The primary research question for this project is: “Can state policy approaches increase awareness, adoption, and implementation of HEPA standards?” The answer we found is “it depends”—on potential benefit, jurisdictional context, funding streams, and the needs of the providers and children. To foster and disseminate good state policy models, data are needed identifying the benefits of existing policy approaches at the state level.

2. APPROACH AND METHODS

2.1 Project Overview

The charge to this project was to explore the potential benefits and unintended consequences of using state regulatory approaches to improve implementation of the NAA HEPA standards. We developed a conceptual framework based on implementation science and diffusion of innovations (DOI) theory which guided subsequent data collection. We employed qualitative data collection methods to accomplish two research aims, (1) to elicit expert opinion and (2) to develop state case studies that were informed by the conceptual framework. Research took place during February, March, and April 2016. HOST Coalition leadership team members reviewed and provided input on a draft of our recommendations in May 2016.

2.2 Conceptual Frameworks

In theory, state policy approaches have the potential to alter the current dynamics of NAA HEPA adoption, implementation, and sustainability by shifting from a voluntary approach with limited reach to a policy approach that has universal reach within jurisdictions. Properly crafted, state policies can make uptake occur faster, more thoroughly, and in more programs than purely private-sector approaches. They can provide resources and structures for capacity building, training, and monitoring. Nonetheless, policy approaches can also disrupt OST service settings by introducing additional costs and increasing disparities in quality driven by some providers' inability to absorb those costs.

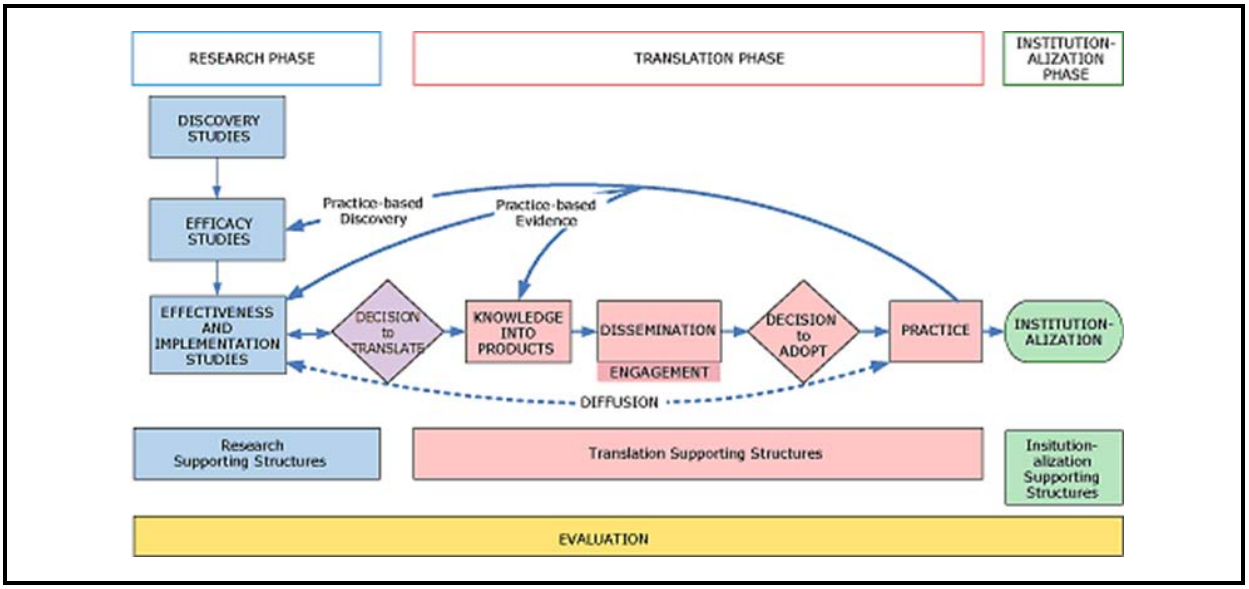
Eccles and Mittman (2006) define implementation science as "the scientific study of methods to promote the systematic uptake of research … into routine practice …" (p. 1). Implementation and translational science frameworks, although derived largely from health care research, also apply to a range of service settings, including health promotion in OST settings (Wiecha, Hannon, & Meyer, 2012). We use the term "translation" to refer to moving science into practice (Rohrbach, Grana, Sussman, & Valente, 2006).

Implementation science draws on DOI theory (Rogers, 1983), which states that specific attributes affect an innovation's utility within specific networks of individuals and/or settings. Among these attributes are *compatibility* with current values; *comparative advantage* over current practice; *trialability*, or the option to "try out" the innovation without making an irreversible commitment; *complexity,* with less perceived complexity enhancing uptake; and *observability* of desired outcomes (which increases the innovation's appeal to other potential users). Innovations with these attributes spread better than others. Other influences on diffusion success are also important; these include characteristics of the system in which the innovation will be embedded (such as a school or

clinic) and the attributes of the end user (such as a teacher or doctor) (Rohrbach et al., 2006).

Considering the system, user, and innovation as an implementation triad helps organize our discussion of state policy. Defining the NAA HEPA standards as an innovation enables us to conceptualize a framework for their diffusion through non-regulatory or regulatory channels. The Centers for Disease Control and Prevention's Knowledge to Action framework in **Figure 2-1** provides a graphic, generalizable representation, similar to a logic model, of knowledge translation from inputs (research phase) to outputs (translation phase) and outcomes (institutionalization phase). We place the NAA standards in the first pink "Knowledge into Products" box and dissemination activities among the "Translation Supporting Structures." State policy approaches are one type of "translation supporting structure" designed to promote implementation of the standards; non-regulatory capacity-building approaches such as those taken by Y-USA and Alliance for a Healthier Generation are another type. We apply DOI theory at the supporting structure level, allowing us to examine whether state policy approaches possess DOI attributes such as compatibility and comparative advantage. Shipan and Volden's 2012 review demonstrates the applicability of DOI theory to policy diffusion; their analysis indicates that when policy approaches are compatible with current systems while offering a clear advantage, and are not too cumbersome to fund and implement, they can succeed within their jurisdictions and, if the results are clearly articulated to others, spread to other jurisdictions.

Figure 2-1. Knowledge to Action Framework



Reprinted from Wilson et al. (2011).

Time and experience determine whether users will sustain new practices that emerge from innovative policies. Institutionalization is the period when formerly innovative practices have been fully integrated and "normalized" within the practice setting or system (May & Finch, 2009). While the Knowledge to Action framework shows this as a simple step to the right, new practices take time and effort before they become embedded (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004). Capacity building, a domain within implementation science, prepares systems and users for implementation and sustainability and should be intentional, sequential, and grounded in effective training and technical assistance practices (Leeman et al., 2015). Effective capacity building safeguards an organization's investment in change by improving skills and infrastructure to the point where the threat of reversion to the status quo subsides (Greenhalgh et al., 2004).

2.3 Methods

The research team obtained primary data through two sequential activities, expert interviews and two state case studies (California and North Carolina). Each involved key informant interviews and supplementary document research as needed.

2.3.1 Expert Interviews

In March 2016, we conducted interviews with nine experts who were knowledgeable about the NAA HEPA standards and who were also active in OST policy, advocacy, and service issues on a national level. Eight participants were affiliated with five organizations represented on the HOST Coalition leadership team, and one participant was affiliated with the Public Health Law Center at Mitchell Hamline School of Law. The nine participants were from:

- Afterschool Alliance, a national advocacy and policy organization (2 individuals)
- Alliance for a Healthier Generation, a technical assistance and policy organization (1)
- National AfterSchool Association, a professional membership organization (2)
- National Institute on Out-of-School Time, a policy research group at Wellesley College (1)
- Public Health Law Center, a policy research center (1)
- Y-USA, the national office of the YMCA (2)

Based on our conceptual framework, we developed an interview guide to explore potential benefits and risks of using state policy approaches to promote dissemination, adoption, and implementation of the NAA HEPA standards (see Appendix C). Interviewees received the

guide before the scheduled call. Each organization was interviewed separately by two RTI teams.[1]

Interviews took place by phone. The two research teams separately coded the notes and then reconciled them for any disparities of interpretation. The interview participants reviewed a draft analysis for accuracy.

2.3.2 California and North Carolina Case Studies

The case studies describe experiences with translating OST healthy eating and physical activity guidelines into state policy. Their purpose was to describe advocacy efforts to develop legislation in two different states, including the coalitions that formed and the process for moving the policy through the legislative system. Data collection activities included interviews with key informants in April 2016 and document review. The research team developed a state policy interview guide (see Appendix D) and obtained information on the baseline regulatory framework for OST in the state, including the current political context, sponsors/advocates/coalitions, and opposition and challenges.

California's recent pioneering legislation in this area (2014, Appendix E and F) and North Carolina's campaign to pass similar legislation (2016, Appendix G) led us to select these two states for study.

In both states, we recruited key informants from nonprofit organizations associated with the development of the legislation under study. In California we were also able to interview the state official charged with implementing the regulation. One person from each of the following organizations was interviewed:

- California
  - California Department of Education (CDE), After School Division (http://www.cde.ca.gov/re/di/or/asd.asp)
  - A World Fit for Kids (California OST Organization with fitness focus) (http://www.worldfitforkids.org/2015/us/about.php)
  - Center for Collaborative Solutions (CCS) (California OST quality improvement organization) (https://www.ccscenter.org/)
- North Carolina
  - North Carolina Center for Afterschool Programs (NC CAP) (http://www.nccap.net/)
  - American Heart Association Triad Area Affiliate of North Carolina (http://www.heart.org/HEARTORG/Affiliate/Triad-NC-Home-Page_UCM_MAA009_AffiliatePage.jsp)

[1] The RTI Institutional Review Board determined that this project was not human subjects research.

- North Carolina Alliance of YMCAs (http://www.ncymcaalliance.org/)

Both members of the RTI research team reviewed the interview notes, and interview participants vetted our draft interpretations to ensure accuracy.

3. SUMMARY OF EXPERT INTERVIEWS

Findings from the nine expert interviews appear under the following headings:

- Experts' HEPA Aspirations
- Complexity of the NAA HEPA Standards
- Compatibility of State Policy Approaches with Current OST Context
- Comparative Advantage of State Policy Approaches

3.1 Experts' Aspirations

We asked the nine experts that participated in the interview, "In your opinion, what is a reasonable goal or vision for HEPA use and uptake nationally?" Overall, they envisioned broader spread of HEPA practices through both policy approaches and non-regulatory organizations or networks. Further, they expressed hope that coalitions that promoted HEPA dissemination or that formed to promote HEPA policy would represent a broad base of organizations. They expected that adaptation by large service providers (such as, Alliance for a Healthier Generation, Boys & Girls Clubs of America, National Recreation and Park Association, and YMCA of the USA) would lead to widespread HEPA uptake, but cautioned that broad uptake would be harder to achieve among programs unaffiliated with large providers, such as independent OST programs and those affiliated with or run by school districts.

Experts also expressed hope that the OST field, and lawmakers, would eventually integrate healthy eating and physical activity into other policies, regulations and quality initiatives that already exist. According to the interviews, integrating nutrition and physical activity into existing quality initiatives could improve implementation and increase policy efficiency by allowing states to leverage and modify current regulations rather than crafting new regulation.

3.2 Complexity of the NAA HEPA Standards

3.2.1 Dissemination Challenges Related to Complexity

While extensive efforts to disseminate the NAA HEPA standards have led to substantial adoption and implementation, many OST programs in the United States are still not aware of the standards. Some experts expressed concern that the complexity of the standards undermines their uptake. Several comments noted that advocates have had difficulty crafting simple and consistent dissemination messages in part because the NAA HEPA standards have many components. Experts also expressed concern that branded, organization-specific campaigns that reference commitment to a subset of the standards add to the perception that there are multiple sets of standards in circulation unrelated to

one another, even though in fact an underlying consensus in the field supports the NAA HEPA standards. For example, Boys & Girls Clubs of America, National Recreation and Park Association, and Y-USA have each adopted and branded a subset of the NAA HEPA standards.

3.2.2 Implementation Challenges

With 5 years of experience implementing the NAA HEPA standards in different program settings, the eight HOST Coalition leadership team members we interviewed agreed on the main implementation challenges. The challenges identified reflect the complexity of the standards in their effects on staff, food procurement, infrastructure, and resource allocations. Paraphrased comments from experts appear below:

- Comments on staff competency and motivation issues
  - Staff turnover and staff retention were major barriers to sustainability.
  - Staff lifestyles [engagement in healthy eating and physical activity] can influence staff capacity to engage and role model.
  - Staff have limited opportunities for training and professional development.
  - Organizations may lack funding for training.
  - The field needs generic training materials that are not organization-specific.
- Comments on food procurement
  - Providers may lack money for healthy snacks.
  - Providers may lack control over food procurement, preparation, or storage decisions, especially in schools where the food comes through the school food service or in sites that have federal programs that have some control over food decisions.
- Comments on organizational or systems incompatibility
  - Multiple other priorities or program requirements compete for program resources and time.
  - Each state has different OST rules and regulations that complicate national-level efforts by requiring state-specific adaptations
  - Cultural influences (within a community or among staff) may conflict with guidelines.
- Comments on resource-related issues
  - There is a lack of resources for monitoring impact.
  - Providers may lack funding for sustainability and maintaining change.
  - Programs or policies may fail to target adequate funds to low-resource sites serving low-income children.

3.2.3 Reducing Complexity

Further discussion with experts looked at ways to mitigate complexity while crafting state policy approaches based on the NAA HEPA standards. Several experts supported de-emphasizing the healthy eating content standards in state policy. One reason for this approach was that the federal child nutrition programs already have nutrition regulations for OST programs. Introducing a new layer of guidance risked redundancy or potential conflicts that may result in noncompliance. For example, OST programs that use the federal food programs may be unable to change their menus to meet NAA's standards because an administering or sponsoring entity may make their food procurement decisions. Other OST programs have limited access to kitchens or limited budgets for purchasing food, which could limit their ability to align their menus with the NAA standards even though they might be in full compliance with federal programs. Several experts recommended that OST healthy eating policy should focus on leveraging the federal food programs by facilitating participation in them or by using federal food guidelines as a required minimum quality standard while incentivizing the higher NAA standard.

3.3 Compatibility of State Policy Approaches with Current OST Context

Experts agreed that state policy for NAA HEPA needs to build on and be integrated into preexisting regulatory frameworks. Experts noted that NAA HEPA should ideally integrate with other regulated OST quality domains such as safety or staff credentials rather than stand apart as a separate requirement. Moreover, if state policy approaches for NAA HEPA implementation can fit into an existing regulatory context or if they can "look like" other policies that providers are familiar with, providers will be more inclined to accept them.

The experts also noted that the best approach for one jurisdiction might not be a perfect fit elsewhere; thus, the preferred policy is the one with the highest compatibility and highest likely benefit within a specific jurisdiction. Interview participants identified several policy instruments or approaches that are already in use in many states that could be adapted for promoting NAA HEPA standards:

- Where appropriate, add to existing licensing regulations, with the caveat that many OST providers are exempt from licensing, and exemptions vary by state. Because funding streams are often tied to licensure, compliance would become an incentive through this approach.
- Instead of crafting new legislation, incorporate rules into existing policy using administrative rule-making powers that may already be available to state agencies.
- Use regulation to establish "voluntary recognition programs" which allow providers to opt into receiving a certificate showing compliance with standards. An example of this, California's Distinguished After School Health certification program (DASH), is described in Section 4.

- Incorporate NAA HEPA standards into other existing systems, such as Quality Rating and Improvement Systems (QRIS), where they would not pose an unnecessary burden above and beyond licensing, and where nutrition and physical activity metrics are compatible with the structure of the QRIS.

In addition, experts identified innovative public policy approaches, for example:

- Building on competitive grant processes in existing federal programs that have quality and assessment criteria.
- Obtaining special line item budget appropriations for NAA HEPA implementation, as YMCAs did in New York State in 2014 and 2015.

Experts also specified characteristics of state policy approaches that would be compatible with the needs and expectations of the OST field. Experts advocated the following specific policy characteristics:

- The policy should provide the most benefit to the neediest types of sites to reduce disparities between high- and low-resource sites.
- The policy should support professional development and training for implementation and sustainability.
- The policy should create a voluntary initiative that programs may opt out of participating in, rather than one that is mandatory or punitive.
- The policy should identify new streams of funding (i.e., appropriations) and use existing funding streams to incentivize compliance and provide funding to needy sites.

In addition to state policy approaches, experts also emphasized that other efforts can continue to support widespread NAA HEPA adoption. For example, many state-level afterschool networks have adopted healthy eating and physical activity as part of non-regulatory voluntary improvement initiatives. These include a growing list of NAA state affiliates that have adopted the NAA standards (including Florida, New Hampshire, Maine and Oregon) and numerous YMCA state alliances focusing on the YMCA's adapted HEPA standards.

3.4 Comparative Advantage of State Policy Approaches

3.4.1 Potential Benefits of State Policy Approaches

Policy advocates must be prepared to make a compelling case that regulation addresses a need that cannot be addressed through non-regulatory means, and that the regulation will reap meaningful benefits. In discussions on this topic, experts were divided about the need for state-level regulation to promote healthy eating and physical activity standards. Perhaps the best summary of their comments is "it depends"—on potential benefit, jurisdictional context, funding streams, and the needs of the providers and children.

Experts presented several arguments suggesting regulatory approaches were superior to purely private-sector efforts. Because state policy approaches can have more universal coverage than private-sector approaches, they can potentially benefit more programs and children. Because federal or state funding streams may be tied to licensing or other certification or recognition approaches, public policy can bring funding to the field in ways that private-sector approaches cannot, including ways to fund training and professional development and provide incentives to improving quality. Further, public policy can disseminate and support a more consistent set of quality metrics compared to individualized organizational efforts.

Experts described several potential positive outcomes from policy approaches. First, experts anticipated an increase in the proportion of programs that meet healthy eating and physical activity quality standards and, over time, altered norms and expectations among providers and participating families. Experts voiced their assumption that healthier offerings could improve children's health behaviors and reduce their risk for obesity and other chronic diseases.

A second potential positive outcome mentioned was that state policy approaches could help build awareness that the OST field is an active, organized participant in child obesity efforts. Some experts noted that raising the visibility of the field's commitment to obesity prevention could help change community perceptions and perhaps increase support for programs.

A third potential positive outcome of state policy that experts noted was the possibility that it could direct additional funding to OST programs. For example, state policy approaches could benefit programs serving low-income children in low-resource communities by directing incentives, training, and subsidies to such programs. This would help them provide the same quality of healthy eating and physical activity that other, higher resourced programs can provide through private-sector initiatives (outside of regulation). Related to this, regulation could also bring needed funds to programs by identifying and funding specific improvement needs, and by rewarding improvement. For example, regulation could require that programs are accountable to standardized quality metrics; if such metrics identify a common deficit, funding could be directed to resolve the problem. However, in the absence of quality metrics, identification of common problems would be difficult.

A final benefit was the potential for simplifying compliance and monitoring expectations for OST by integrating healthy eating and physical activity quality standards into other OST quality initiatives. In some states, advocacy for specific quality content areas (i.e. focusing solely on one topic) has resulted in content-specific silos and multiple certification or monitoring systems and incentive structures that may favor one content area and ignore others. By integrating quality standards into existing regulatory frameworks, states could consolidate improvement efforts across multiple quality content areas and develop uniform

reporting and certification mechanisms, reducing overall complexity and reducing competition for programs' attention.

3.4.2 Concerns about State Policy Approaches: Potential Unintended Consequences

Some experts questioned whether there was a compelling, generalizable case for state policy approaches. First, experts noted that the question must be considered on the merits of each state's regulatory, funding, and advocacy climate. In some states, for example, public policy approaches may have limited impact if extensive exemptions from licensing or other regulation exclude many OST programs. Second, experts cautioned that we should learn from early adopter states before rushing to promote state policy approaches. Finally, some experts observed that private-sector voluntary efforts may promote more innovation and intrinsic motivation than regulatory approaches, although it may be possible to infuse some of these qualities into state policy. We heard that although regulation can promote *compliance,* fully voluntary initiatives may be more likely to promote *commitment.*

Some experts were concerned that state policy approaches could have serious negative consequences unless crafted carefully to address local context and the realities of OST program management. While perceived benefits were mainly about quality, perceived risks focused on both quality and quantity. For example, regulation can increase the costs of running a program through fees, inspections, and upgrades, which better-resourced programs will find easier to bear than others. Without the appropriation of additional funds, regulation can pose an excessive burden on low-resource sites, which could lead to program closures and potentially limit access to after-school care in some areas. Many low-resource sites serve low-income communities and are critical to local parents' ability to work, knowing that their children are safe. Even a voluntary certification policy, without resources to support capacity building and improvement in low-resource sites, could lead to or increase disparities in quality between low- and high-resource sites.

Outside of the supply and quality issue, another potential unintended consequence is related to messaging of the NAA HEPA standards. Experts voiced some concern that diffusion of policy models could result in a "drift" from the original standards and undermine the original goal of the NAA HEPA standards, which was to provide a uniform, science-based message for the field. For example, the coalitions within different states might begin with the NAA HEPA standards, but final policy could include language extensively modified from the original. In addition, we heard concerns that policy language could evolve to reflect special interests of outside constituencies, resulting in an even larger patchwork of standards than already exists, and further confusing the field. On a practical level, experts warned, excessive variation in policy language among states will reduce the utility of standardized training and technical assistance approaches and increase the need for state-specific training models, which raises costs.

3.4.3 Expert Interview Conclusions

Expert interviews indicated that state policy for OST could, if crafted well, increase quality equitably among OST sites and could especially benefit low-resource sites. Nonetheless, they cautioned that at this time, with little experience using state policy approaches, there is some risk of unintended consequences. For example, many OST sites may lack the capacity to invest in quality improvement and/or do not have access to additional resources to assist with implementation including training and technical assistance. Further, experts noted that initial forays into state policy approaches should seek voluntary rather than mandatory participation by providers, and should be integrated into pre-existing rules and regulations wherever possible.

4. STATE CASE STUDIES

The following case studies describe experiences with translating OST healthy eating and physical activity guidelines into state policy. Their purpose was to describe advocacy efforts in two different states to develop legislation, including describing the coalitions that formed and the process for moving the policy through the legislative system.

4.1 California

4.1.1 Background

California has a significant history of state support for OST, with a strong regulatory framework supporting OST programs. A robust advocacy and nonprofit support environment for OST also exists in California, including influential groups such as the California Afterschool Network, the Center for Collaborative Solutions, and A World Fit for Kids. Table 4-1 lists California's significant policy initiatives and investments to date. For example, state funds provide support to over 4,200 After School Education and Safety program (ASES) sites. In addition, federal funding for California afterschool programs is available through the 21st Century Community Learning Centers program (21st CCLC), which funds roughly 400 sites, and the Child Care Development Block Grant.

As part of OST quality measures, many types of California OST programs must be licensed by the California Department of Education (CDE), while others are exempt from licensing and associated rules. Most programs that are exempt are recreation programs and those operated by public and private schools.

Table 4-1. California's Significant Policy Initiatives and Investments

Year	Policy Initiative	Funding Authorized
1998	After School Learning and Safe Neighborhoods Partnerships Program (ASLSNPP)	$50 million
2002	ASLSNPP increased funding	$121 million
2002	Proposition 49 renamed ASLSNPP the After School Education and Safety Program (ASES)	$550 million authorized but not appropriated due to budget constraints
2006	ASES	$550 million annual appropriation begins

Approximately 1.7 million children participate in California's OST programs. Table 4-2 provides estimates of the number of California's K–12 children who participate in afterschool

programs in comparison to the number of children who go unsupervised. According to the Afterschool Alliance (Afterschool in California, 2016), approximately 2.4 million California children, including those already participating, would participate in an afterschool program if one were available.

Table 4-2. Children Participating in California's Afterschool Network

	Number of K–12 Children
Total afterschool program participants	1,661,374
Number of total who are 21st CCLC participants	132,439
Unsupervised children afterschool	1,247,699

Source: Afterschool Alliance. (2016a). Afterschool in California. Retrieved from http://www.afterschoolalliance.org/policyStateFacts.cfm?state_abbr=CA

4.1.2 DASH

Legislation Goals and Scope

California was the first state to pass legislation establishing a voluntary healthy eating and physical activity recognition program for OST (California SB 949, After School Programs: Distinguished After School Health Recognition Program, see Appendix E). The bill, approved in September 2014, established the DASH Recognition Program in the CDE and received an appropriation of $177,000. The program recognizes before-, after-, and summer school programs that meet exemplary health education, nutrition, and activity standards (California Legislature, 2014), which are largely consistent with the NAA HEPA standards and also reference appropriate USDA food program standards. The bill also references standards for staff training and training models developed by HOST Coalition members.

DASH began receiving applications in spring 2016 and received 202 applications from over 4,200 elementary and middle school programs eligible to participate in the program. Of those, 190 programs became DASH certified. At this time the intent is that eventually all ASES and 21st CCLC programs (about 4,500) as well as high school based and other types of programs specified in the policy will become eligible to apply; however, only elementary and middle school programs were permitted to apply in 2016 (program counts provided by Funk [2016]). To be certified, programs completed an online application (Appendix F) in which they submitted evidence that the program met the following DASH criteria:

- All staff are trained on standards related to the DASH Program.
- Regular nutrition and health training is provided to attendees and parents.
- All staff and attendees are served drinking water.
- Attendees are served foods that meet DASH requirements.

- Attendees participate in 30 to 60 minutes of daily vigorous physical activity.[2]
- Program attendees' screen time is limited to comply with DASH requirements.
- Fundraising activities comply with DASH requirements.

History of Advocacy and Politics Supporting this Legislation

The development of DASH resulted from a sequence of actions over more than ten years. In 2004, the Center for Collaborative Solutions launched the Healthy Behaviors Initiative in partnership with the California Department of Public Health's Network for a Healthy California. Under the Healthy Behaviors Initiative, afterschool program staff learned how to make lasting policy, systems, and environment changes to support healthy behaviors using an adapted learning collaborative approach (in which programs work together to identify challenges and test solutions). The Healthy Behaviors Initiative began with 14 multisite OST programs and has since increased to 33. Over time, as information, ideas, and emerging research have spread, promoting healthy eating and physical activity has become increasingly normative in California OST programs. In addition, the state's approach to promoting OST quality continued to evolve; in 2014, the CDE developed 12 Quality Standards for Expanded Learning Programs (California Afterschool Network, 2014) that include healthy eating and physical activity items.

Implementation of the Quality Standards and the success of Healthy Behaviors Initiative increased readiness for DASH. Although the bill went through several revisions before stakeholders reached consensus, the broad coalition behind it helped defuse opposition and aided its passage. In promoting the legislation, DASH supporters engaged a number of key players, with strong leadership from the Center for Collaborative Solutions and A World Fit for Kids. In addition to building on coalition leaders' experience with the Healthy Behaviors Initiative, the coalition learned from other California efforts to promote healthy eating and physical activity in OST through the California Afterschool Network. The DASH bill also benefited from knowledge gained through an earlier experience, in which the legislature rejected an OST physical activity bill over concern that it lacked a coordinated approach to health promotion.

Issues Surrounding the Legislation

The DASH program faces five primary challenges:

- Self-certification: Applicants are required to submit supporting documentation to mitigate concerns about relying purely on self-report of achieving DASH standards. CDE convened a team of reviewers to examine the 202 applications received in

[2] The DASH application includes a discrepancy in the language describing physical activity requirements. In the front matter, the application says "attendees participate in 30–60 minutes of daily vigorous PA," whereas later in the document, the application refers to "moderate to vigorous" physical activity.

spring 2016 and required that the principal of the school where the program operates sign the application. The review process is onerous, but alternative methods of vetting applications are not available within the current budget.

- Eligibility: Certification is currently only open to programs operating at elementary and middle schools at this point, with a focus on After School Education and Safety (ASES) grantees, which excludes some afterschool providers. About 4,200 sites were eligible to apply this year (Funk, 2016). While eligibility will expand to include high school level sites in 2017, other types of OST programs in CA are not yet eligible to apply.
- Incentive structure: The incentives for certification—listing on a state website and a certificate—may not be enough to encourage many OST programs to participate.
- Sunset provision: The sunset provision for January 2018 gives DASH two cycles of application and approval in which to demonstrate its merit. DASH is in an experimental phase and will likely require modifications after the first year of implementation. However, there is not much time for identifying and responding to barriers to program participation; developing alternative, more efficient methods to verify applications; and determining how to integrate DASH with the CDE Quality Standards so that DASH-level healthy eating and physical activity expectations are built into the foundation of every program.
- Lack of appropriations: In 2016, California appropriated only $177,000 to DASH, which barely covers administrative costs (no dollars are currently available for training and technical assistance). The bill's proponents anticipate needing $1.5 million to implement the law fully. Many programs interested in DASH certification may lack resources to improve staff or program capacity; therefore, the bill risks favoring higher-capacity programs. Acquiring private funding to supplement and support the initiative may be possible.

4.2 North Carolina

4.2.1 Background

North Carolina's regulatory framework for OST includes licensing, access to federal funding streams, and state-funded program enhancement grants. Licensure is controlled by the Division of Child Development and while some North Carolina OST programs are subject to licensing, many are exempt. Most programs that are exempt operate for less than 4 hours a day or are seasonal, operate out of a provider's home, or are programs run by public schools.

North Carolina currently has an estimated 5,000 afterschool programs (NC Center for Afterschool Programs, 2016). Federal funding for afterschool programs in North Carolina is through the 21st CCLC and the Child Care Development Block Grant. Approximately 235,000 children participate in North Carolina's OST programs. Table 4-3 provides estimates of the number of North Carolina's K–12 children who participate in afterschool programs versus the number of children who go unsupervised. According to the Afterschool Alliance (Afterschool in North Carolina, 2016), over a half million children in North Carolina,

including those already participating, would participate in an afterschool program if one were available.

Table 4-3. Children Participating in North Carolina's Afterschool Network

	Number of K–12 Children
Total afterschool program participants	234,908
Number of total who are 21st CCLC participants	32,539
Unsupervised children afterschool	295,984

Source: Afterschool Alliance. (2016b). Afterschool in in North Carolina. Retrieved from http://www.afterschoolalliance.org/policyStateFacts.cfm?state_abbr=NC

North Carolina has a large OST network with deep roots. Established in 2002, the North Carolina Center for Afterschool Programs (NC CAP) is a statewide afterschool and expanded learning network receiving both public and private funding (http://www.nccap.net/). The organization represents afterschool programs serving more than 150,000 children across North Carolina. The organization partners with dozens of other agencies with the goal of increasing access to high-quality afterschool programs. NC CAP also has a campaign to raise awareness about the importance of afterschool programs.

Like California, North Carolina has established state funding streams for OST. In 2014, the North Carolina General Assembly appropriated $5 million for the After-School Quality Improvement Grant Program administered by the Department of Public Instruction (DPI). The grants require a partial match, and they assist afterschool enrichment programs, particularly those working with at-risk students, with improving quality by, for example, minimizing class sizes, emphasizing digital content, and prioritizing student proficiency in science, technology, engineering and math (STEM). Between 2014 and 2016, 21 providers received grants through this program.

4.2.2 HB 1030, Section 12E.2: Healthy Out-of-School Time Recognition Program

Legislation Goals and Scope

Using North Carolina as a case study provided an opportunity to examine an ongoing healthy eating and physical activity state policy campaign. The legislation—House Bill (HB) 1030—was authorized on July 1, 2016, and established the Healthy Out-of-School Time (HOST) Recognition Program within the state's 2016 Appropriations Act (Appendix G). To obtain certification from the HOST Recognition Program, programs must demonstrate "consistency and implementation of HEPA standards" (General Assembly of North Carolina,

2016), defined in the bill as the "National Institute on Out-of-School Time Healthy Eating and Physical Activity Standards."[3] Certification is available to any OST program.

North Carolina's Department of Health and Human Services, Division of Public Health (DPH) will administer the program electronically through their website in collaboration with NC CAP. Although certification is through self-assessment, DPH will perform minimal verification by reviewing data from a random sample of sites. The bill requires that DPH review program certification standards at least once every 5 years to reflect advancements in the field (General Assembly of North Carolina, 2016).

Certification is valid for one calendar year. DPH will post a list of certified OST programs on their website, and certified programs will be required to provide parents with information about the certification at the physical location of the OST program and on the program's website. Furthermore, DPH will require that certified programs obtain parent signatures acknowledging that parents are aware of the HOST Recognition Program requirements and the policies that the program has in place to meet the HOST standards (General Assembly of North Carolina, 2016).

The progress of the HOST Recognition Program largely reflects the efforts of the NC Alliance of YMCAs, who modelled it on California's DASH program. Originally, the HOST Recognition Program was part of a bipartisan bill - North Carolina HB 474, the Healthy Out-of-School Time Recognition Program; however, that bill did not pass in both the House and the Senate during the 2016 legislative session. Rather, the initiative ultimately passed as part of the 2016 budget bill (HB 1030, the 2016 Appropriations Act), but without an appropriation. Implementation of the recognition program at this writing is awaiting action from DPH and NC CAP.

4.3 State Case Study Conclusions

Both California and North Carolina have a history of legislative actions supporting afterschool programs, and both states also have active organizations supporting OST programs and legislation.

Both case studies examine voluntary recognition certifications for healthy eating and physical activity standards, but because of legislative history, current OST initiatives, and political climates within the two states, the manner in which these two pieces of legislation evolved were quite different.

[3] We note that "National Institute on Out-of-School Time Healthy Eating and Physical Activity Standards" is a misnomer. In conversations with the bill's primary advocate, we learned that this actually refers to the NAA HEPA standards. Reasons for the language discrepancy are unclear.

The California legislation passed in 2014, and the first year of applications for certification were recently reviewed. California was the first state to develop legislation related to NAA HEPA standards for OST and built a broad coalition around DASH led by long-time, well-known champions close to the issue both in and out of state government. Advocacy gained considerable momentum from the successes of previous initiatives that established strong communities of practice. The coalition was successful in obtaining a modest appropriation for administering DASH.

The North Carolina legislation which passed in July 2016 followed a somewhat different process from California. There was a narrower coalition and its constituents did not have a long history of working together in this area. In addition, the absence of an appropriation request weakened support among potential allies. Successful authorization of the NC legislation provides another important learning opportunity for the OST community.

Experiences in California and North Carolina can guide advocacy efforts in other states. Going forward, the OST community may learn more from both of these states about implementation challenges, the perceived benefits of voluntary certification programs, the role of coalition support, how to gauge appropriate funding levels, and the impact of these initiatives on OST program quality.

5. RESEARCH CONCLUSIONS AND RECOMMENDATIONS

5.1 Research Conclusions

The interviews with experts and the state case studies in this report have identified important potential benefits and risks of using state policy approaches to increase healthy eating and physical activity in OST settings. Our overall conclusion is that under the right circumstances and when crafted the right way, state policy approaches have the potential to result in faster, more equitable, and more thorough improvements to healthy eating and physical activity in OST settings compared with the status quo focus on private-sector dissemination and training efforts. Regulation that uses incentives and voluntary participation could result in increasing the number of OST programs promoting health among children and their families in low-resource communities. In addition, regulation (especially when integrated with existing OST regulation) could serve to elevate healthy eating and physical activity to the same level of importance as other regulated OST quality content areas.

Nonetheless, policy efforts should proceed carefully in order to allow the field the opportunity to identify which best practices in policy design maximize benefit and minimize risk. States where regulatory, budgetary, political, and advocacy conditions are ripe should certainly move forward, but other states may benefit from waiting for evidence from those that go before them. Policy efforts should explicitly identify and mitigate the risk of creating unfunded mandates, which may have the unintended consequence of widening quality gaps between high- and low-resources sites or, worse, drive low-resource sites out of business by imposing costs and other burdens involved with the improvement process.

5.2 Recommendations

Recommendations resulting from this research project fall into three areas: shaping policy content to fit local context, understanding and engaging the policy constituency, and using data to inform policy diffusion.

5.2.1 Shaping Policy Content

Shaping policy content refers to selecting policy approaches, such as licensing or certification, and crafting policy language. We recommend that state-based coalitions consider their jurisdiction's specific context when creating policies. "Imitation" of one state's policy in another state is a common practice but can lead to poor fit with local conditions (Shipan & Volden, 2012). States should establish that the policy is compatible with or extends the OST regulatory frameworks already in place; they should also make the case that the policy will improve on the status quo, and, depending on circumstances, they may need to craft policy that is "trialable," that is, policy that legislators or program-level adopters can embrace incrementally before making a wholesale commitment. The

importance of trialability increases when the new policy appears complex, radical, or expensive. For example, legislators and administrators that balk at a large commitment of state staff or dollars to an untested experiment in healthy eating and physical activity policy may welcome an opportunity to pilot it on a smaller level. While policy ideally would be based on all 11 NAA HEPA standards, some states may reasonably pursue a judicious selection of standards or a phased approach that brings in more standards over time. At the program level, trialability could refer to mini-grants or other methods that foster initial easy wins and build sequential, staged program improvements over time.

Specific recommendations for shaping policy content are:

- Identify all current regulatory infrastructure germane to OST and consider how the policy may leverage or be integrated into existing structures. These may include licensing, QRIS, federal food program regulations, school food service regulations, and early care and education regulations, among others. Determine what types of OST providers are currently regulated and which are currently exempt.
- Identify the best policy structure, e.g., voluntary recognition programs, special line items for pilot projects, licensing modifications, administrative rule making, and other approaches.
- Base policy content on the language in the NAA HEPA standards and avoid content drift that compromises scientific integrity or weakens potential impact.
- Build policy that strives to include the following attributes:
  - Uses voluntary, not mandatory, approaches at least initially. While policy may evolve to include mandatory elements over time, voluntary opting-in is probably more acceptable in states with little history of state-level OST regulation of nutrition and physical activity. It would be difficult at this time for states to fund capacity building efforts for programs to comply with mandatory requirements, and would be unfair to impose mandatory requirements without providing such assistance.
  - Identifies state and federal funding streams (i.e., via appropriations) to support capacity building and program improvement or to reward accomplishments
  - Promotes equity and decreases disparities; seeks to reduce quality gaps between high- and low-resource programs
  - Promotes innovation and commitment rather than a compulsory approach to attaining minimum proficiencies
  - Creates access to capacity building, such as professional development and training; leverages existing training and technical resources developed by organizations such as Y-USA, Alliance for a Healthier Generation, and National Institute on Out-of-School Time, among others
  - Does not duplicate or contradict child nutrition program regulations
  - Includes metrics for monitoring reach and impact

5.3 Shaping a Policy Constituency

It is common practice to build a broad constituency for new policy efforts. For state policy campaigns in healthy eating and physical activity, advocates need to build a support base among public agencies, systems, service providers, advocates, and policy makers that engages comprehensive and complementary interests and builds consensus.

Specific recommendations for advocates related to building support for healthy eating and physical activity policy are listed below:

- Policy level:
  - Carefully establish whether the funding climate and local politics will be receptive to the policy campaign and take appropriate steps to improve readiness (e.g., through coalition building or through formal and informal marketing and communications).
  - Understand the costs of implementing the policy and map them to the state's appropriations system and the federal and state funding streams that currently affect OST.
  - Identify elected and appointed officials who will champion the policy.
- OST system level:
  - Identify the structure and functioning of the OST field in the state. This can include the presence of nongovernmental organizations, training and technical assistance intermediaries, policy groups, and formal networks of OST providers.
  - Involve a range of partners, champions, and leaders within the OST system.

5.4 Using Data to Inform Policy Diffusion

State policy approaches promoting uptake of the NAA HEPA standards are so new that the field lacks evidence of their impact. Thus, before broad dissemination of policy approaches occurs, we recommend rapid monitoring and evaluation of the impact of healthy eating and physical activity state policies in early adopting states like California and North Carolina. Lessons learned in such vanguard states should be disseminated to promote emulation of best practices (Shipan & Volden, 2012), identify common quality gaps that could be addressed systematically, and permit ongoing quality improvement in policy design. Ideally, monitoring efforts will use similar assessment systems across jurisdictions and an external evaluator. Over time, as more states adopt policies, quantitative and qualitative assessment systems—data and stories— will reveal the types of policies that achieve the most progress in different types of settings.

5.5 Concluding Statement

State policy approaches to improving healthy eating and physical activity in OST programs have the potential to become an important addition to the nation's toolkit for preventing obesity and chronic disease. This report summarizes early perceptions and concerns about

state policy approaches from selected experts involved in policy, advocacy, and service, and raises questions for future research. The information in this report was not intended to be exhaustive nor are the brief numbers of interviews with selected individuals intended to be representative of the field. Moving forward, research on the outcomes and impact of policy approaches in early adopting states like California and North Carolina is essential. Advocates and practitioners need to learn how state policy approaches can best mobilize participation among providers and leverage existing resources, including federal funding streams and capacity building approaches that nongovernmental organizations have developed. Policy approaches should evolve as knowledge becomes available through experience. Such knowledge should include evaluations of reach and impact, identifying how different types of state policy approaches affect program practices and, ultimately, how they affect children's eating and physical activity behaviors.

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Appendix A:

NAA

National AfterSchool Association

Healthy Eating and Physical Activity (HEPA) Standards

Content and Quality

Programs serve foods and beverages in amounts and types that promote lifelong health and help prevent chronic disease. These include minimally processed foods made with whole grains and heart-healthy fats or oils and without added sugar or trans fats; fruits and vegetables; and beverages made without added sugars.

Staff Training

Staff regularly participate in learning about healthy eating that is presented using effective training models based on content that is evidence-based.

Social Support

The program creates a social environment, including positive relationships, that encourages children to enjoy eating healthy foods.

Program Support

Infrastructure supports healthy eating through management and budgeting practices.

Environmental Support

The program's physical environment- kitchen facilities, vending machines, and promotional advertisements - supports healthy eating.

Nutrition Education Curriculum

Programs that offer nutrition education classes will ensure that materials presented to children are evidence-based, objective, and are delivered by qualified personnel.

National AfterSchool Association

Healthy Eating and Physical Activity (HEPA) Standards

Content and Quality

Programs provide physical activity whose frequency, duration, intensity and variety promote lifelong health and helps prevent chronic disease. Physical activity offerings support the USDHHS 2008 guidelines recommending that all children and youth obtain at least 60 minutes of physical activity per day that includes a mixture of moderate and vigorous intensity activity as well as bone and muscle strengthening activities.

Staff Training

Staff regularly participate in learning about physical activity that is presented using effective training models based on content that is evidence-based.

Social Support

The program creates a social environment, including positive relationships, that encourages children to enjoy and participate in physical activity.

Program Support

Infrastructure supports physical activity through management and budgeting practices.

Environmental Support

The program's physical environment supports the physical activity standards with adequate, safe and age-appropriate space and equipment.

Appendix B:

YMCA Healthy-Eating-and-Physical Activity-Standards

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHOICES WITHIN LIMITS

Healthy Eating and Physical Activity Standards

In response to a call by First Lady Michelle Obama and the Partnership for a Healthier America, the Y has expanded its longtime commitment to supporting healthy living by adopting a set of Healthy Eating and Physical Activity (HEPA) standards. Based, in part, on years of research with key partners, the HEPA standards will build a healthier future for our nation's children by creating environments rich in opportunities for healthy eating and physical activity.

Standard	Early Learning Afterschool
Beverages	Water is accessible and available to children at all times, including at the table during snacks and meals.
	Provide only water and unflavored low-fat (1%) or nonfat milk (for children 2 or older), family style.
Family Engagement	Engage parents and caregivers using informational materials and activities focused on healthy eating and physical activity a minimum of once every three months (a minimum of three to four times per year).
Food	Children serve themselves (*family style*) all food and beverages from common bowls and pitchers with limited help. Staff sit with children during snacks and meals.
	Provide fruits or vegetables (fresh, frozen, dried, or canned in their own juice) at every meal and snack.
	Do not provide any fried foods. Fried foods include items like potato and corn chips, in addition to foods that are pre-fried and reheated (e.g., pre-fried french fries that are then baked, chicken patties, chicken tenders, chicken nuggets, fish sticks, Tater Tots®, etc.).
	Do not provide any foods that contain trans fat (listed as partially hydrogenated oils in the ingredients).
	Offer only whole grains, as determined by confirming that the first item listed in the ingredients contains the word *whole* (e.g., whole wheat, whole oats, whole-grain flour, whole brown rice).
	Provide foods that don't list sugar (e.g., sugar; invert sugar; brown sugar; words ending in *–ose*; and syrups like high fructose corn syrup, honey, etc.) as one of the first three ingredients or that contain no more than 8 grams of added sugar per serving.

Standard	Early Learning	Afterschool
Food *(cont.)*	Y staff will model healthy eating behaviors at all times. This includes consuming the same foods and beverages as children during meals and snacks (if possible) and avoiding consumption of foods or beverages that are inconsistent with the HEPA standards during program time.	
Infant Feeding	Promote and support exclusive breastfeeding for six months and the continuation of breastfeeding in conjunction with complementary foods for one year or more.	
Physical Activity	Provide children with opportunities for moderate and vigorous physical activity for at least 60 minutes per day during a full-day program or 30 minutes per day for a half-day morning or afternoon program. The time can be broken down into smaller increments. Include a mixture of moderate and vigorous activity (activity that increases the heart rate and breathing rate), as well as bone- and muscle-strengthening activities. Take active play outdoors whenever possible. Y staff will model active living by participating in physical activities with children.	
	Provide daily opportunities for infants to freely explore their indoor and outdoor environments under adult supervision. Engage with infants on the ground each day to optimize adult–infant interactions. Provide daily tummy time, or time in the prone position, for infants less than 6 months of age.	
Screen Time	Eliminate screen time (television, movies, cell phone, video games, computer, and other digital devices) for children under 2 years old. For children over 2, limit screen time to less than 30 minutes per day for children in half-day programs and to less than 1 hour per day for those in full-day programs. During screen time, seek to minimize children's exposure to commercials and ads marketing unhealthy foods.	

For more information or questions related to the Y's HEPA standards, contact YMCA of the USA at 800-872-9622.

Appendix C:

HEPA Expert Interview Guide

March 2016

Discussion Guide

State Policy Approaches to Supporting Diffusion of NAA Healthy Eating and Physical Activity Standards

RTI International

Contact: Kristen Capogrossi, PhD: kcapogrossi@rti.org

Participant information

Thank you for agreeing to participate in a structured discussion about state policy approaches to supporting diffusion of the **NAA HEPA** Standards. In this document are a range of questions that we may explore with you. In these discussions, we want to tap into your expertise and we recognize that everyone brings something different to the HEPA enterprise. If you can review the questions ahead of time, you can identify the ones that are the best fit for you, and we can review that information at the beginning of the call so we can tailor our conversation with you.

1. How would you describe your organization's role in out-of-school-time with respect to supporting the NAA HEPA standards ("HEPA" throughout this document)?
    a. What are your organization's key contributions or activities with respect to HOST- just a list at this time
        i. Examples: Y Partnership for a Healthier America Commitment, AHG HOST Initiative, NIOST's NCASE…)
    b. NAA--What is the current role of state affiliates in supporting HEPA?
2. In your opinion, what is a reasonable goal or vision for HEPA use and uptake nationally?
3. What do you think have been the major implementation challenges with HEPA to date?
4. What do you think have been the major diffusion or dissemination challenges with HEPA to date?
5. What are some areas in which OST is currently regulated at the state level that you think are good examples for us to understand? That is, what are the best regulatory frameworks or models that states use to promote quality in OST?
    a. Consider methods of regulation (QRIS, licensing, administrative rule making)
    b. Consider topic areas in OST that are currently regulated (For example, Safety, Food Services, professional credentialing…)
    c. How does the current regulatory model in OST compare to the model for Early Care and Education (ECE)? In what ways can/should we emulate ECE regulation?
6. What do you think state policy approaches can do better than voluntary efforts with respect to promoting HEPA spread and implementation?
    a. What types of implementation supports for HEPA do you think state policy should include? What are the highest priorities?

7. What are the possible benefits you foresee to state regulation of HEPA? (for the field, for your organization & its initiatives, for programs, for children and families)
8. Are there specific standards that you think are higher priority than others for translation into state regulation? (Healthy eating content? PA content? Staff training? Program infrastructure?)
9. Under what circumstances – in what kinds of political, regulatory or advocacy contexts--do you think a state policy approach could succeed?
10. What are possible unintended consequences that might flow down from state HEPA policy efforts? (for the field, for your organization & its initiatives, for programs, for children and families) How would you propose that policy efforts avoid these?

Appendix D:

General Guide for State Case Study Interviews

Healthy Eating Research
Commissioned Analysis on OST State Policy Approaches
Discussion Guide for State Case Study Interviews
April 2016

1. "SO WHAT": What is the policy/advocacy/legislation trying to accomplish? What are the goals? What is it responding to?

2. What was the baseline regulatory framework for OST before this policy was brought forward?

3. How did the sponsors/advocates/supporters know it was time to pursue the policy agenda? What conditions made the state "ripe" for action? Is the policy agenda part of a bigger agenda?

4. Who were/are the coalitions that support the policy agenda—who are the champions? What are some effective strategies they've pursued? (look for advocates, service providers, elected officials and program administrators that could be champions & key supporters)

5. In this state, why was the policy agenda structured the way it was structured? Why did this seem like the best structure to use?

    a. What are the specific components of the policy agenda related to supporting quality HE, PA and staff training/professional development? Why do one or more of these get more emphasis than others?

6. What stands in the way of this policy agenda? Has there been open or subtle opposition; lack of interest; budget cuts or crises; etc.? What does the opposition stem from?

7. In CA: What do you think will be the major challenges for implementation of DASH? What are you most excited about? What benefits do you foresee? Where do you think DASH will be in 5 years if all goes well?

Appendix E:
California Bill SB949

Senate Bill No. 949

CHAPTER 369

An act to add and repeal Article 23.5 (commencing with Section 8490) of Chapter 2 of Part 6 of Division 1 of Title 1 of the Education Code, relating to after school programs.

[Approved by Governor September 16, 2014. Filed with Secretary of State September 16, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

SB 949, Jackson. After school programs: Distinguished After School Health Recognition Program.

Existing law, the Child Care and Development Services Act, provides, among other things, a comprehensive, coordinated, and cost-effective system of child care and development services for children from infancy to 13 years of age and their parents, including a full range of supervision, health, and support services through full- and part-time programs. Existing law also provides for the licensure and regulation of various types of child care facilities, including day care centers, by the State Department of Social Services.

This bill, until January 1, 2018, would establish the Distinguished After School Health (DASH) Recognition Program, to be administered by the State Department of Education. The bill would require the department to develop a process, administered on the department's Internet Web site, whereby an after school program, as defined, may be recognized as meeting prescribed requirements, including training staff on healthy eating and physical activity, providing healthy food and drinks to program attendees, and providing program attendees with physical activity and limited screen time, as defined. The bill would require the department to include in the process on the Internet Web site an option to create a certificate, using a template designed by the department, that includes specified information, including a document, signed by the after school program director, demonstrating the manner in which the after school program meets the above requirements. The bill would provide that the certificate would be valid for one year and would require the department to post a list of after school programs that have qualified on its Internet Web site. The bill would provide that funding for the DASH Recognition Program is subject to an appropriation being made for these purposes in the annual Budget Act or another statute, or the receipt of funding from nonstate sources.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known, and may be cited, as the Distinguished After School Health Recognition Program.

SEC. 2. The Legislature finds and declares all of the following:

(a) Childhood obesity poses a serious threat to the children of our state and to their future.

(b) According to the American Heart Association, 23.9 million children in America who are 2 to 19 years of age, inclusive, are overweight or obese and, of these children, more than one-half, 12.7 million, are obese.

(c) In California one out of three children is obese or overweight.

(d) The medical and workforce consequences of childhood obesity also threaten the fiscal viability of our health care system and our economy if not addressed. California costs attributable to physical inactivity, obesity, and overweight in 2011 were estimated at $52.7 billion.

(e) The after school provider community has the reach and opportunity to provide a healthy after school experience to over 1,500,000 children in the out-of-school time period. These numbers include 4,400 publicly funded after school programs in California, including After School Education and Safety Program (ASES) and 21st Century Community Learning Centers (CCLC) programs that serve over 450,000 low-income pupils (K-12th grade) statewide, public and nonprofit after school programs, and 600,000 schoolage children in licensed childcare settings.

SEC. 3. Article 23.5 (commencing with Section 8490) is added to Chapter 2 of Part 6 of Division 1 of Title 1 of the Education Code, to read:

Article 23.5. Distinguished After School Health Recognition Program

8490. The Distinguished After School Health Recognition Program is hereby established, to be administered by the department.

8490.1. For purposes of this article, the following definitions shall apply:

(a) "After school program" means After School Education and Safety Program (ASES), 21st Century High School After School Safety and Enrichment for Teens (High School ASSETs) program, and other qualified out-of-school time programs that serve schoolage children outside of regular school hours, including before school and on weekends.

(b) "DASH recognition program" means the Distinguished After School Health Recognition Program enacted pursuant to this article.

(c) "Program attendee" means a person enrolled in an after school program.

(d) "Screen time" means time spent viewing or working on television, videos, computers, and hand-held devices, with or without Internet access.

8490.2. The department shall develop a process, to be administered on its Internet Web site, for an after school program to be recognized as an after school program that meets the requirements of this article and shall

include all resources and links that an after school program may use to meet the requirements of this article.

8490.3. The process required by Section 8490.2 shall provide an after school program with the option to create a certificate, using a template designed by the department, that includes a document, signed by the after school program director, demonstrating the manner in which the after school program meets each of the following:

(a) Each staff member of the after school program has received training on the standards of this article and the importance of modeling healthy eating and physical activity. Training shall be in accordance with the YMCA of the USA, the Center for Collaborative Solutions, A World Fit For Kids!, the National Institute on Out-of-School Time, or other similar programs.

(b) The after school program provides regular and ongoing nutrition education to each program attendee to help the program attendee develop and practice healthy habits.

(c) The after school program ensures that each program attendee participates, on a daily basis, in an average of 30 to 60 minutes of moderate to vigorous physical activity, consistent with Guidelines 7 and 8 of the department's California After School Physical Activity Guidelines, while the after school program is in session.

(d) Screen time is limited during the operational hours of the after school program and is only allowed in connection with homework or an activity that engages program attendees in a physical activity or educational experience, consistent with the California After School Physical Activity Guidelines.

(e) Healthy foods, including, but not limited to, fruits or vegetables, without added sugar, are served to program attendees as snacks on a daily basis. Fried foods, candy, or foods that are primarily sugar-based, high in sodium, or include trans fat are not served to program attendees or consumed by staff during the after school program's hours of operation. Snacks or meals provided pursuant to the After School Education and Safety Program (ASES), the 21st Century High School After School Safety and Enrichment for Teens (High School ASSETs) program, and the Child and Adult Care Food Program (CACFP) meal guidelines are deemed to meet this standard.

(f) Program attendees are served water, low-fat or nonfat milk, nonfat flavored milk, or 100 percent fruit juice. A preference shall be given for water. Safe and clean drinking water is available and accessible at all times to program attendees and staff. Milk and fruit juices are not served in quantities exceeding eight ounces per day. Sugar-sweetened beverages are not served to program attendees and staff of the after school program do not consume sugar-sweetened beverages at the after school program site.

(g) If the after school program is conducting a fundraiser during after school program hours, all of the following shall apply:

(1) Items sold shall be in compliance with the requirements specified in subdivisions (e) and (f).

(2) Sales shall be in compliance with the USDA Competitive Food Sales regulations.

(3) Sales shall not be scheduled during snack or meal service.

(h) If the after school program is located on a schoolsite, the after school program communicates with the school regarding nutrition education and physical activity, as appropriate, to provide the program attendees with a complete educational experience. All activities shall also adhere to the school district's wellness policy.

(i) The after school program has implemented an educational program for parents of program attendees that provides the parents with nutrition and physical activity information relevant to the after school program and the health of their children.

(j) Information about the implementation of the requirements listed in subdivisions (a) to (i), inclusive, is available for review by a parent at both the physical location of the after school program and on the after school program's Internet Web site, if there is one. The after school program also maintains in its records a document signed by all parents acknowledging that they are aware of the DASH recognition program requirements and policies to institute and reinforce these specific healthy behaviors for all children served in the after school program.

8490.4. A certificate issued under this article shall be valid for one calendar year. An after school program that wishes to create a new certificate for the subsequent year shall, by January 1 of that year, verify with the department, pursuant to Section 8490.2, that the after school program continues to follow the DASH recognition program criteria pursuant to Section 8490.3.

8490.5. The department shall maintain and update a list of after school programs that qualify under the provisions of this article and shall post that list on its Internet Web site, including the date of qualification for each after school program.

8490.6. Funding for the recognition program established pursuant to this article is subject to an appropriation being made for purposes of this article in the annual Budget Act or another statute, or the receipt of funding from nonstate sources.

8490.7. This article shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

Appendix F:

California Department of Education 2016

Distinguished After School Health Recognition Program

Cover Sheet

Please refer to the application instructions and the rubric for instruction and clarification in completing the Distinguished After School Health Recognition Program application.

Local Education Agency _____

School Name or Program Provider, if Different _____

_____

County Office of Education _____

School Site or Program Name _____

Name of Program Contact _____

Signature _____

E-mail _____

Phone # _____

Name of Principal _____

Signature _____

E-mail _____

Phone # _____

By signing, I affirm the accuracy of this application.

Instructions

COMPLETING the Distinguished After School Health Check List

These instructions are to assist before, after, and summer school programs in applying for recognition in the Distinguished After School Health (DASH) Recognition Program certificate. Packets are due **April 8, 2016**.

A complete DASH Packet consists of: Part A - DASH Cover Sheet, Part B - DASH Check List, and Part C - Supporting Documentation.

E-mail the application packet to AfterSchool@cde.ca.gov. The e-mail subject line must be in the following naming convention: DASH APPLICATION_School Name.

If you are unable to e-mail your application packet, please send one original DASH packet to:

California Department of Education
After School Division
1430 N Street, Suite 3400
Sacramento, CA 95814-5901
Attention: Kim Hanks

DASH Program Synopsis

Senate Bill 949 established the DASH Program to recognize those after school programs in the before, after, or summer school provider community who are meeting exemplary health education, nutrition, and activity standards.

The Legislature recognized that the before and after school community has the reach and opportunity to provide a healthy after school experience to over 1,500,000 children in the out-of-school time period. These numbers include 4,400 publicly funded after school programs in California. This group includes the After School Education and Safety and the 21st Century Community Learning Centers programs that serve over 450,000 low income pupils (Kindergarten through twelfth grade) statewide, public and nonprofit after school programs, and 600,000 school age children in licensed childcare settings.

Nutrition programs enhance daily nutrient intake, leading to improvements in academic performance and psychosocial functioning. Consistent nutrition messages throughout the school reinforce classroom nutrition education and help students build knowledge and skills for lifelong wellness. Nutrition education involves multiple channels of communication: classroom instruction, student activities (i.e., taste testing), or interactive poster/bulletin board activities.

Distinguished After School Health Recognition Program

Physical education and physical activity programs help children learn and practice skills that can lead to healthy, active lifestyles.

Criteria 1–3

The overall framework of selection criteria for the DASH program is contained in the check list. The criteria are organized into the following:

1. Education, Collaboration and Communication
2. Healthy Eating, Beverages, and Nutrition Education
3. Moderate to Vigorous Physical Activity

Evidence

Select and attach documents that support your affirmative response in the most efficient way possible. For example, a section of meeting minutes instead of a multipage document. Each document may support one or more items under each criteria. The evidence examples given are suggestions, you are not limited to these items.

The principal of each school is responsible for ensuring the accuracy and completeness of the final packet.

Review of the DASH Packets

The DASH packets will be reviewed by a selected panel and the panel decisions are final. Successful candidates will receive a certificate, and the program name will be posted on the After School Division Web site. Certificates are valid for two years.

Criteria Check List for Distinguished After School Health Recognition Program 2015–16

The following criteria will be used to evaluate your Before, After, or Summer School Program Health, Exercise, and Nutrition Practices.

The focus of this application is before, after, and summer school programs serving Kindergarten through Middle School that meet the requirements of the Distinguished After School Health (DASH) Recognition Program.

The requirements include that:

1. All staff are trained on standards related to the DASH Program.
2. Regular nutrition and health training is provided to attendees and parents.
3. All staff and attendees are served drinking water.
4. Attendees are served foods that meet DASH requirements.
5. Attendees participate in 30–60 minutes of daily vigorous physical activity.
6. Program attendee screen time is limited to comply with DASH requirements.
7. Fundraising activities comply with DASH requirements.

Distinguished After School Recognition Program Requirements and Standards

CRITERIA 1 - EDUCATION, COLLABORATION, and COMMUNICATION Indicate if your program meets the standard by checking the appropriate box. Submit one item of supporting evidence with your checklist. The evidence you select may support multiple criteria in this section.		Evidence (Example)	Program Meets This Requirement	Needs to be Addressed
1.A	**Staff Education** Each staff member of the program has received training on nutrition standards and the importance of modeling healthy eating and physical activity. Training shall be in accordance with the Young Men's Christian Association of the United States of America, the Center for Collaborative Solutions, A World Fit For Kids!, the National Institute on Out-of-School Time, or other similar programs.	Agenda, Training Materials		
1.B	**Student Education** The program provides regular and ongoing nutrition education to each program attendee to help the program attendee develop and practice healthy habits.	Agenda, Training Materials		
1.C	**Collaboration and Communication** If the program is located on a school site, the program communicates with the school regarding nutrition education and physical activity, as appropriate, to provide the program attendees with a complete educational experience. All activities shall also adhere to the school district's wellness policy.	Notices, Meeting Minutes		
1.D	**Parent Education** The program has implemented an educational program for parents of program attendees that provides the parents with nutrition and physical activity information relevant to the program and the health of their children.	Notices, Agendas, Training Materials		

CRITERIA 2 - HEALTHY EATING, BEVERAGES, AND NUTRITION EDUCATION Indicate if your program meets the standard by checking the appropriate box. Submit one item of supporting evidence with your checklist. The evidence you select may support multiple criteria in this section.		Evidence (Example)	Program Meets This Requirement	Needs to be Addressed
2.A	**Foods Provided** Healthy foods, including, but not limited to, fruits or vegetables without added sugar, are served to program attendees as snacks on a daily basis. Fried foods, candy, or foods that are primarily sugar-based, high in sodium, or include trans fat are not served to program attendees or consumed by staff during the program's hours of operation. Snacks or meals provided pursuant to the After School Education and Safety Program, the 21st Century High School After School Safety and Enrichment for Teens Program, and the Child and Adult Care Food Program meal guidelines are deemed to meet this standard.	Detailed Menu Plans		
2.B	**Water and Beverages** Program attendees are served water, low-fat or nonfat milk, nonfat flavored milk, or 100 percent fruit juice. A preference shall be given for water. Safe and clean drinking water is available and accessible at all times to program attendees and staff, though it need not be in packaged bottles. Milk and fruit juices are not served in quantities exceeding eight ounces per day. Sugar sweetened beverages are not served to program attendees and staff of the program do not consume sugar sweetened beverages at the program site.	Program Policy		

CRITERIA 2 (cont.)		Evidence (Example)	Program Meets This Requirement	Needs to be Addressed
2.C	**Nutrition Education** The school implements a comprehensive program in health education focused on the acquisition of skills needed to adopt healthy eating behaviors and lifelong wellness practices. The nutrition education curriculum is research based, sequential, and aligned with the Nutrition and Physical Activity content area of the Health Education Content Standards for California Public Schools. See the Nutrition Education Resource Guide Web page on the California Department of Education (CDE) Web site located at http://www.cde.ca.gov/ls/nu/he/nerg.asp for instructional resources and more. Nutrition education is integrated into other subject areas besides health. The nutrition instruction program design includes an emphasis on healthy eating behaviors, physical activity, and food literacy. Nutrition education is developmentally appropriate, culturally relevant, and includes participatory, enjoyable nutrition promotion activities such as taste testing, farm visits, school gardens, classroom cooking, etc.	Training Materials		
2.D	**Program Fundraising** If the program is conducting a fundraiser during program hours, all of the following shall apply: (1) items sold shall be in compliance with the requirements specified in 2.A and 2.B above, (2) sales shall be in compliance with the United States Department of Agriculture Competitive Food Sales regulations, and (3) sales shall not be scheduled during snack or meal service.	Fundraising Flyers		

CRITERIA 3 - MODERATE TO VIGOROUS PHYSICAL ACTIVITY Indicate if your program meets the standard by checking the appropriate box. Submit one item of supporting evidence with your checklist. The evidence you select may support multiple criteria in this section.		Evidence (Example)	Program Meets This Requirement	Needs to be Addressed
3.A	**Physical Activity** The program ensures that each program attendee participates, on a daily basis, in an average of 30 to 60 minutes of moderate to vigorous physical activity, consistent with Guidelines 7 and 8 of the California After School Physical Activity Guidelines on the California After School Physical Activity Guidelines Web page on the CDE Web site located at http://www.cde.ca.gov/ls/ba/as/documents/paguidelines.pdf.	Program Schedule		
3.B	**Screen Time** Screen time is limited during the operational hours of the program and is only allowed in connection with homework or an activity that engages program attendees in a physical activity or educational experience, consistent with the California After School Physical Activity Guidelines.	Program Policy		
			Total: _____	**Total:** _____

Appendix G:

North Carolina Bill HB1030

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2015

H **4**

HOUSE BILL 1030
Committee Substitute Favorable 5/17/16
Committee Substitute #2 Favorable 5/18/16
Fourth Edition Engrossed 5/19/16

Short Title: 2016 Appropriations Act. (Public)

Sponsors:

Referred to:

May 5, 2016

A BILL TO BE ENTITLED

AN ACT TO MODIFY THE CURRENT OPERATIONS AND CAPITAL IMPROVEMENTS APPROPRIATIONS ACT OF 2015 AND TO MAKE OTHER CHANGES IN THE BUDGET OPERATIONS OF THE STATE.

The General Assembly of North Carolina enacts:

PART I. INTRODUCTION AND TITLE OF ACT

INTRODUCTION

SECTION 1.1. The appropriations made in this act are for maximum amounts necessary to provide the services and accomplish the purposes described in the budget. Savings shall be affected where the total amounts appropriated are not required to perform these services and accomplish these purposes, and the savings shall revert to the appropriate fund at the end of each fiscal year, except as otherwise provided by G.S. 143C-1-2(b).

TITLE OF ACT

SECTION 1.2. This act shall be known as the "Current Operations and Capital Improvements Appropriations Act of 2016."

PART II. CURRENT OPERATIONS AND EXPANSION GENERAL FUND

CURRENT OPERATIONS AND EXPANSION/GENERAL FUND

SECTION 2.1. Appropriations from the General Fund of the State for the maintenance of the State departments, institutions, and agencies, and for other purposes as enumerated, are adjusted for the fiscal year ending June 30, 2017, according to the following schedule:

Current Operations - General Fund	**FY 2016-17**
EDUCATION	
Community Colleges System Office	36,899,293

"**SECTION 12D.1.(b)** For each year of the 2015-2017 fiscal biennium, the maximum monthly rate for residents in Alzheimer's/Dementia special care units shall be one thousand five hundred fifteen dollars ($1,515) per month per resident."

SUBPART XII-E. DIVISION OF PUBLIC HEALTH

USE OF AIDS DRUG ASSISTANCE PROGRAM (ADAP) FUNDS TO PURCHASE HEALTH INSURANCE

SECTION 12E.1.(a) The Department of Health and Human Services, Division of Public Health, shall create within the North Carolina AIDS Drug Assistance Program (ADAP) a health insurance premium assistance program that utilizes federal funds from Part B of the Ryan White HIV/AIDS Program and ADAP funds to provide eligible beneficiaries with premium and cost-sharing assistance for the purchase or maintenance of private health insurance coverage, including premiums, co-payments, and deductibles. In creating this program, the Department shall ensure full compliance with federal Health Resource and Services Administration (HRSA) guidance, including the methodology used to do all of the following:

(1) Assess and compare the cost of providing prescription drugs to eligible beneficiaries through the health insurance premium assistance program created pursuant to this section versus the existing ADAP program.

(2) Ensure that insurance premium assistance program funds are used solely to pay for premium and cost-sharing assistance for the purchase or maintenance of private health insurance coverage that provides, at a minimum, prescription coverage equivalent to the formulary available under Part B of the Ryan White HIV/AIDS Program.

(3) Limit the total annual amount of funds expended for the health insurance premium assistance program authorized by this section to no more than the total annual cost of maintaining the same individuals on the existing ADAP Program.

SECTION 12E.1.(b) By March 1, 2017, the Department shall submit a report to the House Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division on the operation of the program authorized by subsection (a) of this section, including any obstacles to implementation.

HEALTHY OUT-OF-SCHOOL TIME (HOST) RECOGNITION PROGRAM

SECTION 12E.2.(a) Program Established.–There is created the "Healthy Out-of-School Time (HOST) Recognition Program" to be administered by the Department of Health and Human Services, Division of Public Health, in collaboration with the North Carolina Center for Afterschool Programs based in the Public School Forum.

SECTION 12E.2.(b) Definitions. – The following definitions shall apply in this section:

(1) Department. – The Department of Health and Human Services, Division of Public Health.

(2) HEPA Standards. – The National Institute on Out-of-School Time Healthy Eating and Physical Activity Standards.

(3) Out-of-school time program. – Any nonlicensed program provided to children and youth ages 17 and under that is currently exempt from G.S. 110-91 or any other qualified out-of-school time programs that serve school-age children outside of regular school hours, including before school and on weekends.

(4) Program attendee. – A person enrolled in an exempt out-of-school time program.

(5) Screen time. – Time spent viewing or working on television, videos, computers, or handheld devices, with or without Internet access.

SECTION 12E.2.(c) Program Development. – The Department shall develop a process, to be administered on its Internet Web site, for an out-of-school time program to be recognized as a program that meets the HEPA Standards as outlined in this section. The Web site shall include all resources and links that an out-of-school time program may use to meet the requirements of this section. Programs being recognized shall demonstrate consistency and implementation of HEPA standards.

The Department shall develop and implement a process for providing minimal verification of self-assessments submitted by out-of-school time programs applying for recognition, which may include a site visit or other form of review. At a minimum, the Department shall review a random sample of program self-assessments within 30 to 60 days of receipt of the assessments.

Periodically, or at least once every five years, the Department shall review, and if necessary, revise and update the program standards to reflect advancements in nutrition science, dietary data, and physical activity standards to ensure consistency with nationally recognized guidelines for out-of-school time programs.

SECTION 12E.2.(d) Certificate; Program Information. – The Department shall provide a certificate to out-of-school time programs that demonstrate that the program meets HEPA standards. If the out-of-school time program is located on a school site, the out-of-school time program shall communicate with the school regarding nutrition education and physical activity, as appropriate, to provide the program attendees with a complete educational experience. All activities shall also adhere to the local school administrative unit's wellness policy, as appropriate.

The Department shall have information about the program available for review by a parent at both the physical location of the out-of-school time program and on the program's Internet Web site, if applicable. The Department shall require that the out-of-school time program maintain in its records a document signed by all parents acknowledging that they are aware of the HOST Recognition Program requirements and policies to institute and reinforce these specific healthy behaviors for all children served in the out-of-school time program.

SECTION 12E.2.(e) Certificate Renewal. – A certificate issued under this section shall be valid for one calendar year. An out-of-school time program that wishes to create a new certificate for the subsequent year shall, by January 1 of the following year and thereafter, verify with the Department that the out-of-school time program continues to follow the HOST Recognition Program criteria established in accordance with subsection (d) of this section.

SECTION 12E.2.(f) List of Programs. – The Department shall maintain and update a list of out-of-school time programs that qualify under the provisions of this section and shall post that list on its Internet Web site, including the date of qualification for each program.

SECTION 12E.2.(g) Availability of Funds. – The provisions of the Healthy Out-of-School Time (HOST) Recognition Program enacted under this section are subject to the availability of funds for that purpose.

DISCONTINUATION OF COMMUNITY-FOCUSED ELIMINATING HEALTH DISPARITIES INITIATIVE GRANTS AND REPURPOSING OF FUNDS

SECTION 12E.3.(a) The Department of Health and Human Services, Division of Public Health, shall not award any new Community-Focused Eliminating Health Disparities Initiative grants under Section 12E.3 of S.L. 2015-241 after June 30, 2016.

SECTION 12E.3.(b) By September 30, 2016, the Department shall terminate all existing grants awarded pursuant to Section 12E.3 of S.L. 2015-241.

SECTION 12E.3.(c) Section 12E.3 of S.L. 2015-241 is repealed effective October 1, 2016.