



TACIR

The Tennessee Advisory Commission
on Intergovernmental Relations



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MEMORANDUM

TO: Commission Members

FROM: Cliff Lippard *Cliff*
Executive Director

DATE: 15 December 2022

SUBJECT: Public Chapter 503, Acts of 2021 (Childhood Obesity in Tennessee)—Final Report for Approval

The attached Commission report is submitted for your approval. It was prepared in response to Public Chapter 503, Acts of 2021, which directs the Commission “to perform a comprehensive evaluation on the socioeconomic impact childhood obesity has in Tennessee and its short and long-term effects.” The Commission is required to report its findings and recommendations no later than January 31, 2023. The report’s recommendations remain unchanged from the draft report:

Funding for the Tennessee Department of Education’s Coordinated School Health (CSH), which has not been increased since 2007, was not calculated as part of the K-12 funding formula used through the 2022-23 school year—the Basic Education Program (BEP). Recognizing the importance of the CSH program and its funding, the CSH is included in the base funding amount of the new Tennessee Investment in Student Achievement (TISA), which the state will begin to use to calculate K-12 funding in school year 2023-24. However, currently available information about TISA does not show the amount of state funds each district will receive for CSH. **Given that research supports the importance of coordinated collaborative efforts in addressing childhood obesity, the Commission recommends the General Assembly ensure each district receives at least the same amount of state funds for CSH under TISA than before it.**

Studies have found evidence of declining rates of obesity for children participating in WIC—going against national trends (the nationwide rate for preschoolers rose over the same period) and putting preschool children participating in WIC on par with the overall national rate, which includes higher-income children. In 2019, 43.6% of eligible

Tennesseans participated in the program, below the national average (57.4%) and below the rate of some of its neighboring states. Although no data are available showing how effective its current efforts to increase participation are, the Commission encourages the Tennessee Department of Health to continue trying to increase participation in Tennessee’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

In 2021, Public Chapter 373 created the Chronic Weight Management Task Force to study the health implications of chronic weight management and Type 2 diabetes. The task force has held four public hearings with public health experts and will report its findings and recommendations to the General Assembly by January 15, 2023. **Even though the focus was not limited to childhood obesity, the Commission recommends the administration and General Assembly strongly consider the recommendation of the Chronic Weight Management Task Force, given their medical expertise and focus on improving treatment options for obesity.**

Both the CDC and the Health and Medicine Division (HMD) of the National Academies recommend “multi-level strategies to develop environments and policies that support healthy eating and physical activity across a range of settings, including schools, worksites, communities, and health care.” **Given the consensus on the importance of multi-level strategies, the Commission recommends that the state adopt a data-driven and community-level three-step approach to further address childhood obesity:**

- **The first step would be to collect the appropriate community-level data, most of which is not yet available. The Tennessee Livability Collaborative, a working group of approximately 20 state agencies with a mission of improving the prosperity, quality of life, and health of Tennesseans, is already working on collecting a set of 120 community indicators, many of which—such as access to parks and recreation and food insecurity—are relevant to childhood obesity. The Collaborative can add more indicators relevant to childhood obesity. Agencies participating in the Collaborative already work together to coordinate state efforts to solve difficult problems. The Collaborative is supported by Tennessee Department of Health staff, and the Department of Health is willing to further coordinate state efforts to target childhood obesity through the Collaborative.**
- **The second step would be to analyze and evaluate the data, including examining how different demographics are affected by childhood obesity. The Office of Evidence and Impact (OEI) in the Tennessee Department of Finance and Administration, which promotes and facilitates data sharing among departments to gather deeper insights about program outcomes,**

identify gaps in state services, and inform intelligent policy design, would be particularly helpful with this kind of analysis. OEI is willing to support TDOH and the Livability Collaborative.

- The third step is for the state to use insights from the data to create pilot programs in communities with high rates of childhood obesity to test the effectiveness of these programs. If a local community does then slow or even halt the growth in its rate of childhood obesity, that local data would allow the state to evaluate more precisely which efforts are leading to the positive change, and state officials could then consider taking the initiatives statewide.

This data-driven community approach would be a new direction for the state on this issue, and the Livability Collaborative and OEI are willing to work closely with other Tennessee state departments to find out what is working to improve childhood obesity at the community level. However, even if successful, it is likely that halting and reversing the trend at the state level will take time and require efforts across multiple administrations.