

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.

Please email completed templates by **January 15, 2016**, to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	<p>Marguerite Ro          Director of Chronic Disease &amp; Injury Prevention, Public Health- Seattle &amp; King County          Tel: 206-263-8811          Email: marguerite.ro@kingcounty.gov</p> <p>Organizations involved in developing this project suggestion: Seattle Children’s Hospital, City of Seattle, Public Health – Seattle &amp; King County</p>
<b>Project Title</b>	Reducing childhood obesity through healthy eating and active living strategies
<b>Rationale for the Project</b>	
<p>Childhood obesity is one of Washington’s most serious health challenges, putting Washington’s children at increased risk for health problems such as heart disease, hypertension, and diabetes as they age. Key healthy eating and active living indicators failed to meet Healthy People 2010 objectives and many are not on track to meet Healthy People 2020 objectives. Some communities and sectors within communities have not participated in health improvement work because of resource constraints. Large race/ethnic, income, and geographic inequities in chronic disease risk factors and outcomes persist. In King County, 20% of 12-18 year olds are overweight or obese, and among low-income children ages 2-4 in King County, 36% are overweight or obese. Improving access to healthy and affordable food and high quality opportunities for physical activity are two proven strategies to reduce childhood obesity. This project aims to implement programs and evidence-based changes to the environment to improve this high priority health issue through community-based and community-led strategies.</p> <p>Access to healthy and affordable food is a significant issue, particularly in our low income communities. Three different King County community reports cite cost as the biggest burden to healthy eating, and only a few solutions have been implemented to increase healthy food affordability. 36% of King County children are eligible for free or reduced price school meals and food and food insecurity is unacceptably high at 12% of King County households with children, indicating a need to implement programs to create lasting change. Many reputable organizations and reports, including the Institute of Medicine 2012 report on Accelerating Progress in Obesity Prevention recommend creating food and beverage environments that ensure that healthy food and beverage options are the routine, healthy choice.</p> <p>77% of our King County youth ages 12-18 are not getting the recommended 60 minutes of physical activity seven days per week. Inadequate physical activity is linked to obesity which in turn is linked to an array of both intermediate and long term health effects such as cardiovascular disease, high blood pressure, high cholesterol, type 2 diabetes, stroke and several types of cancer. The Institute of Medicine, the Centers for Disease Control and Prevention, and other reputable organizations recommend making physical activity an integral and route part of life.</p> <p>Sugary drinks are the largest contributor of calories and added sugars to the U.S. diet. This increased consumption of sugary drinks has contributed to high obesity and diabetes rates-particularly in low income and in communities of color who are specifically targeted by the beverage industry. Decreasing sugary drinks consumption will decrease the risk of obesity and related diseases. The Institute of Medicine, American Heart Association, and American Academy of Pediatrics and others recommend decreasing consumption of sugary drinks in part through outreach and better education about sugary drinks.</p>	

*How this project benefits Medicaid beneficiaries:*

Annual costs for childhood obesity and related conditions among Medicaid clients are about 80% greater than the costs for privately insured children, and children from racial and ethnic minority groups are at higher risk. Not only does childhood obesity impact Medicaid costs today, children who are obese are more likely to be obese as adults, driving up future costs to Medicaid. (Center for Health Care Strategies, 2015)

**Project Description**

*Which Medicaid Transformation Goals are supported by this project/intervention? Check box(es)*

- X Improve population health, focused on prevention

*Which Transformation Project Domain(s) are involved? Check box(es)*

- X Population Health Improvement – prevention activities

**Region:** This project could be regional or statewide with targeted efforts based upon income, Medicaid eligibility, and other health equity indicators. (For example, school interventions will be prioritized based on percent eligibility in the free/reduced school meal program. This would help assure that the intervention would occur in a system/geographic area that has a significant percentage of Medicaid beneficiaries)

**Relationship to WA Medicaid Transformation goals:**

WA State Common Measure Set: Youth obesity: BMI Assessment/Counseling

Healthiest Next Generation/Results Washington: Increase percentage of 10<sup>th</sup> graders with healthy weight; Increase the number of Washington schools serving nutritious, Washington grown foods to children

**Project goals, interventions, and outcomes:**

Goals: (1) increase access to healthy and affordable food, (2) improve food security, (3) increase fruit and vegetable consumption, (4) reduce sugary drink consumption, (5) improve physical activity levels, and (6) reduce overweight/obesity.

Potential menu of options:

Healthy Eating

- Expand access to the *Good Food Bag* program for Medicaid and Supplemental Nutrition Assistance Program (SNAP) recipients. This limited program provides healthy, local produce to low income families at a subsidized cost. Currently, the bags contain \$10 of produce for \$5 and are dropped off at convenient pick up locations such as child care sites, health care offices, and community centers.
- Partner with health care providers to implement programs to increase fruit and vegetable consumption among children and families including food prescriptions for Medicaid patients and on-site farm stands.
- Work with schools that serve a majority of students eligible for free/reduced school meals to develop and implement plans to improve school nutrition environments – applying behavioral economics to food placement; increasing availability of healthy foods; and creating school gardens . This work could also be done with youth-serving organizations that serve a large proportion of low-income or Medicaid eligible youth.

Physical Activity

- Work with target schools to implement evidence-based high quality physical activity and education programs. This work could also be done with youth-serving organizations.
- Implement walking school buses and bike trains to increase physical activity for school-aged children in schools and school districts with a majority of Medicaid eligible students.

**Linkages to other transformation initiatives:** There are significant opportunities to connect these interventions to other transformation initiatives. As the health care delivery system moves to more fully integrate physical and behavioral health services and provide “whole person” care, referral and linkage mechanisms to the services provided in the community – including those providing healthy eating and active living support – can be developed. Connections can also be cultivated to other health system transformation efforts, such as programs providing care coordination for children with complex health and social issues. Locally through the King County ACH structure, it

would be important to develop a cross-sector partnership structure that could oversee the project development and implementation using a Triple Aim framework. This could include creating linkage between clinical practices and strategies developed through this project, monitor milestones and performance indicators, track return on investment, and explore post-waiver sustainability strategies.

*Potential partners:* In King County, potential partners include schools/school districts, health care providers, community-based organizations, city governments, community based organizations, food banks/meal programs, community centers, etc. Public Health – Seattle & King County has a positive track record in partnering with community groups to implement successful programs. Selected strategies would be developed and implemented based upon specific community interests and assets.

**Core Investment Components**

Activities:

- (1) Identify partners to participate in working collaboratively on the project
- (2) Coordinate with selected partners to identify specific strategies for implementation
- (3) Identify and provide the specific resources needed for each project
- (4) Begin implementation
- (5) Provide technical assistance, support, and other resources to communities
- (6) Evaluate, refine, and identify lessons learned

*Cost Estimate:* This is a very scalable project. The amount of funding will drive the number of projects, partners, and communities for this work. From past experience, it is imperative to have subject matter expert staff housed at PHSKC to be close partners with the community. Funding for specific projects and community partners is also a must. For instance, based upon our current CDC Partnership to Improve Community Health collaborative agreement, \$1.1 M supports approximately 4 FTE and 19 community partners for 1 year, with 80% going to community partners.

*Full Implementation:* For example, Public Health – Seattle & King County is a very experienced health department with deep ties and connections to community partner and we could scale up very quickly and begin implementation within a few months.

*Return on Investment:* We know that the cost of obesity and associated chronic diseases is a significant barrier on our health care system. By investing early and focusing on childhood, we can prevent chronic diseases before they become a financial burden on the health system. Obese adults spend 42% more on direct health care costs than adults who are a healthy weight. Reducing obesity, improving nutrition and increasing physical activity can help lower costs through fewer doctor’s visits, tests, prescription drugs, sick days, emergency room visits and admissions to the hospital and lower the risk for a wide range of diseases including an array of cancers, heart disease, stroke, and diabetes.

**Project Metrics**

Food insecurity  
 Fruit and vegetable consumption  
 Body Mass Index (overweight and obesity) – note: youth obesity BMI assessment and counseling is a measure in the Helathier WA common core measure set  
 Soda/sugary drink consumption  
 Physical activity levels