Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

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 with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	*Adrienne Dorf, Healthiest Next Generation Program Manager, Washington State Department of Early Learning; (360) 890-0852; Adrienne.dorf@del.wa.gov* *Departments of Early Learning (DEL)and Health(DOH)*
Project Title	*Implementing Learning Communities to Prevent Childhood Obesity in Early Care and Education Programs*

Rationale for the Project

- ***Problem statement – why this project is needed.***

Healthy eating and physical activity are essential components of child health, development and school readiness. Emerging research links children's healthful eating, engagement in daily age-appropriate physical activity and limited screen time to maintaining a healthy weight. About twenty-four percent of low-income 2-4 year old children in Washington State are overweight or obese (2014 WA State WIC data). Early care and education (ECE) settings are widely recognized as critically important places to promote healthy eating and physical activity behaviors among preschool children. More than 157,000 children in Washington State are enrolled in licensed child care programs. The care environment greatly influences what children eat and do and can play a key role in preventing childhood obesity.

- ***Supporting research (evidence-based and promising practices) for the value of the proposed project.***[i]

Research in Washington State ECE programs shows that there is considerable room for improvement when it comes to the nutritional quality of foods served to children; the feeding environment; and the amount of time children are physically active. In 2013, the University of Washington Center for Public Health Nutrition surveyed licensed ECE programs, caring for children ages 2-5, in Washington State to better understand nutrition, physical activity and screen time practices and environments. The survey results indicated that ECE programs are serving too many foods that are high in fat, sugar, and salt and are not meeting national recommendations for servings of fruits, vegetables and whole grains. Additionally the survey results indicate that few programs are utilizing family-style meal service which offers opportunities for children to develop and practice a variety of fine motor, language and social skills in the presence of an adult who is modeling healthy eating behaviors. When it comes to physical activity, the survey results show that the majority of ECE providers do not follow national evidenced-based best practice standards (CFOC, 3rd edition) for outdoor play time and daily physical activity. (Full survey results are available at: http://depts.washington.edu/uwcphn/work/ece/waccsurvey.shtml)

Several promising models have been developed to prevent childhood obesity in ECE settings by promoting healthy changes to policies and practices. All models involve bringing together a community of learners to create a network of shared ideas and mutual support. The models all include the following components: an assessment of current program practices; goal setting for change; staff participation in group training sessions that address the national evidenced-based best practice standards on healthy eating and physical activity for young children; and follow up onsite program technical assistance by a trained consultant to assist program staff in implementing the goals. There are two existing national models that could be adapted based on community specific needs: the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) and the Early Care and Education Learning Collaborative (ECELC). NAP SACC is one of the most intensively studied and widely disseminated interventions available to guide ECE program staff in improving nutrition and physical activity practices. A number of studies evaluating NAP SACC

have been published and it has consistently been shown to increase child care provider knowledge; improve ECE program policies, and to decrease children's BMI (Alkon,et.al., 2014). The ECELC is an intervention aligned with the national Let's Move! Child Care Initiative that is implemented by Nemours Children's Health System with funding from the CDC. ECELC has launched 35 Learning Collaboratives in 9 states, impacting 730 child care programs and 74,000 children. Recent analysis indicates that at baseline participating programs were meeting about 53% of NAP SACC best practice standards and that, 7 months later, after the trainings and on-going technical assistance this had increased to 65%. The Gretchen Swanson Center for Nutrition continues to evaluate the intervention.

- *Relationship to federal objectives for Medicaid[ii] with particular attention to how this project benefits Medicaid beneficiaries.*

This project is directly aligned with the Medicaid objective to improve health outcomes for Medicaid and low-income populations. The goal of *Implementing Learning Communities to Prevent Childhood Obesity in Early Care and Education Programs* is to improve child nutrition and physical activity in licensed ECE programs in order to prevent childhood obesity. Children who are overweight are five times more likely to become overweight as adults which puts them at risk for many significant chronic diseases including heart disease and type 2 diabetes. Many low-income children are enrolled in ECE programs across the state. In 2014 an estimated 40,718 children, 25% of all children in licensed care, received state subsidized child care (WSU, 2014). In addition about 67% of family home child care programs and 46% of child care centers are enrolled in the USDA Child and Adult Care Food Program (CACFP). CACFP is a federal entitlement program that provides reimbursement for meals and snacks to eligible child care programs. Programs that participate in the CACFP typically serve lower income children.

Project Description

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

- ☐ Reduce avoidable use of intensive services
- **X Improve population health, focused on prevention**
- ☐ Accelerate transition to value-based payment
- ☐ Ensure Medicaid per-capita growth is below national trends

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

- ☐ Health Systems Capacity Building
- ☐ Care Delivery Redesign
- **X Population Health Improvement – prevention activities**

Describe:

- ***Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).***

This project will target licensed child care programs serving lower income children in areas of the state that have higher childhood obesity rates.

- ***Relationship to Washington's Medicaid Transformation goals.***

This project aligns with Washington State's Medicaid Transformation goal to "improve population health with a focus on the prevention of pediatric obesity" and the "promotion of healthy women, infants and children".

- ***Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.***

The goal of *Implementing Learning Communities to Prevent Childhood Obesity in Early Care and Education Programs* is to increase healthy eating and physical activity opportunities for young children in order to prevent obesity. Specifically this project would:

- Increase the number of ECE programs that follow national evidenced-based best practice standards for healthy eating and breastfeeding.
- Increase children's access to daily physical activity opportunities

- Empower program leadership to engage staff in ongoing assessment, action planning and quality improvement.
- Engage families as partners in supporting children's optimal development and acquisition of healthy habits.

Specific interventions would include the following:

- Completion of an assessment of current program practices.
- Participation in 5 in-person learning sessions
- Development of action plans to target improvements in program practices and policies
- Implementation of action plans with support from onsite trained consultants.
- Evaluation process to include pre and post quizzes and assessment tools.

Expected Outcomes:

- Improved staff and parent knowledge of healthy practices and policies to support healthy eating and physical activity
- Improved ECE programs practices including healthier meals and snacks, increased opportunities for physical activity and less recreational screen time use.
- Long term sustainability is enhanced by engaging program staff and families as partners in support of children's health, development and well-being.

The long term goal would be *to* integrate *Implementing Learning Communities to Prevent Childhood Obesity in Early Care and Education Environments* into Early Achievers, the Washington State Department of Early Learning's, currently voluntary, Quality Rating and Improvement System (QRIS). In doing so the national best practices for healthy eating and physical activity would be included as quality measures for all participating child care programs. Beginning this year Early Achievers will reach programs that serve the lowest income and most high risk children since all licensed child care programs that accept children whose families receive state child care subsidies must enroll. In other words Implementing Learning Communities to Prevent Childhood Obesity in Early Care and Education Environments would have the potential to reach the most at-risk children.

This project has the potential to reduce health disparities as it will specifically target ECE programs serving children of low-income families who are disproportionally impacted by obesity and chronic disease. Childhood obesity rates are typically highest in lower income communities and in children of color.

- ***Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.***

This project is aligned with First Lady Michelle Obama's *Let's Move! Child Care Initiative* focused on childhood obesity prevention in early care and education settings. It also aligns with the goal of Governor Inslee's Healthiest Next Generation Initiative (HNG) which is to help the children of Washington State maintain a healthy weight, enjoy active lives and eat well.

- ***Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project***
- Partners include: Child Care Aware of Washington; Childhood Obesity Prevention Coalition; Coalition for Safety and Health in Early Learning ; Public Health Seattle and King County and Seattle Children's Research Institute

Core Investment Components

Describe:

- ***Proposed activities and cost estimates ("order of magnitude") for the project***.

The project design would involve bringing together selected staff from 15 early learning programs to form one Learning Community in a specific geographic area of the state. The Learning Community interventions would take place over a 12 month period. Each Learning Community would have 2 trainer/technical assistance providers guiding them through the intervention. Additionally there would be a need for regional and state level coordinators and the number needed would depend upon the number of Learning Communities in-place within the state.

There are currently 1,977 child care centers and 3,832 family home child care programs in the state. The average capacity for a child care center is 67 children and for a family home child care program it is 10 children. Of the 157,000 children enrolled in licensed child care, about 85% are cared for in child care centers and the remaining 15% are cared for in family home child care programs (WSU, 2014)

- ***Best estimate (or ballpark if unknown) for:***
  - **How many people you expect to serve, on a monthly or annual basis, when fully implemented**.

On an annual basis there might be 10 Learning Communities in place throughout the state. Each Learning Community would serve 15 early care and education programs. Therefore 10 Learning Communities would serve 150 programs and would impact 1,500 to 10,000 children depending on whether the enrolled programs were centers or family homes.

  - **How much you expect the program to cost per person served, on a monthly or annual basis**.

The estimated annual cost of the project per child care program (center or family home) is $12,500. This translates to a per child cost of $187 (center) to $1,250 (family home).

- **How long it will take to fully implement the project within a region where you expect it will have to be phased in**.

It would take about 6 months to implement the first Learning Community in a region. Each subsequent Learning Community in a region would take less time to implement.

- **The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline**.

The Washington State Department of Health is currently funded by a Childhood Obesity Intervention Cost Effectiveness Study (CHOICES) grant from the Harvard TH Chan School of Public Health to study the cost-effectiveness of implementing NAP SACC in Washington States Early Achievers System. Initial results of the analysis could be available as early as March 2016, with the final results available in Fall 2016. The results will include the cost of the NAP SACC intervention, the incidence of childhood obesity prevented, and the 10-year healthcare cost savings. If this proposal interests the Health Care Authority, DOH and DEL would be happy to share the results of this cost-effectiveness study.

In terms of calculating a traditional ROI it should be noted that there are many challenges to creating an ROI for a NAP SACC- style intervention that impacts young children. First an ROI that only looks at obesity related health care costs saved might miss the interventions impact on overall improved health outcomes for the children that would enable them to be more school ready and could potentially have a positive impact on future educational, work and salary outcomes and quality of life. Additionally interventions like NAP SACC are unlikely to show great metrics because a model timeframe of 10 years puts these children at 13-15 years of age when, compared to adults, they are still healthy and do not have high health care costs.

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

***Wherever possible describe**:*

- ***Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application http://www.hca.wa.gov/hw/Documents/waiverappl.pdf pages 46-47[iv].***

Key outcome measures for the Learning Community models include:

- Pre and post learning session knowledge tests
- Pre and post intervention NAP SACC assessments completed to determine practice and policy changes implemented.
- Onsite technical assistance providers verification of program practice and policy changes.

Additionally a sample of actual pre and post intervention BMI measures could be made of children enrolled in the participating programs.

- ***If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?**
  N/A

[i] The Washington State Institute for Public Policy, http://www.wsipp.gov, has identified "evidence-based" policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation

[ii] Medicaid objectives as stated in GAO report 15-239, April 2015, http://www.gao.gov/products/GAO-15-239:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director's Letter – available at: http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html.

[iii] Transformation goals as stated in Washington's Medicaid Transformation waiver, http://www.hca.wa.gov/hw/Documents/waiverappl.pdf:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

[iv] This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in "*Service Coordination Organizations – Accountability Measures Implementation Status*", (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.