

<b>Contact Information</b>	<i>Cindy Green, 509-435-3730, cgreen@srhd.org</i>  <i>Which organizations were involved in developing this project suggestion?</i> Spokane Regional Health District, Community Minded Enterprises
<b>Project Title</b>	<i>Title of the project/intervention</i> Start Healthy Start Now
<b>Rationale for the Project</b>	
<p><i>Include:</i></p> <ul style="list-style-type: none"> <li>• <i>Problem statement – why this project is needed.</i> Among the children in the 6-county Better Health Together service area, data gathered in regional Head Start facilities over a five-year period have demonstrated that 31-33% of children in these programs are overweight or obese according to CDC BMI or age growth charts. Childhood obesity can lead to serious health problems that begin in childhood and last into adulthood. Eating behaviors and skills are learned early in life and help set the pattern into adulthood. The majority of US children are placed in some form of non-parental care during their preschool years. Depending on the amount of time a child spends each week, young children may receive between 30 and 70% of their weekly meals from the child care provider. Research in child care facilities has identified numerous opportunities to improve nutritional quality of foods served to children, increase the amount of time children are engaged in physical activity, and better support for caregivers in promoting healthy behaviors. Within child care centers, cooks receive no special training or support for preparing nutritious food for children. The quality of food preparation is dependent on personal skills and resources of the person hired. The vast majority of people hired as cooks for child care do not have a food preparation background. Child care center directors and cooks depend on the requirements of the federal Child and Adult Care Food Program (CACFP) as a guide for providing nutritious food. The CACFP guidelines have been recently upgraded, but work still needs to be done to determine their alignment with the current Dietary Guidelines. Physical activity, the other important aspect in regulating weight plays a critical role in the prevention of obesity and engaging in active play is essential to healthy development. Play contributes to the cognitive, physical, social, and emotional well-being of young children. It is recommended that preschoolers accumulate at least two hours of physical activity every day, including time spent in unstructured, free play. Although research indicates that most preschool children are not meeting these recommendations for physical activity<sup>13–16</sup> and the childcare environment may account for as much as 47 percent of the variation in children’s activity levels.</li> <li>• <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.<sup>i</sup></i> Existing evidence indicates the following as promising strategies for promoting healthy eating and physical activity in child-care settings: integrating opportunities for physical activity into the classroom curriculum; modifying foodservice practices; providing classroom-based nutrition education; and engaging parents through educational newsletters or activities<sup>1</sup></li> <li>• <i>Relationship to federal objectives for Medicaid<sup>ii</sup> with particular attention to how this project benefits Medicaid beneficiaries.</i> Start Healthy Start Now relates to the Medicaid objective: Improve health outcomes for Medicaid and low-income populations. The program will be active in Head Start and EACAP program, two child care programs focusing on low income children. In addition, most child care centers have slots for low income children supported by state funding for their needs. Many of these children are on Medicaid.</li> </ul>	

<sup>1</sup> Robert Wood Johnson Foundation, Research Synthesis – Preventing Obesity Among Preschool Children. October 2011

Project Description
<p><i>Which Medicaid Transformation Goals<sup>iii</sup> are supported by this project/intervention? Check box(es)</i></p> <p><input type="checkbox"/> Reduce avoidable use of intensive services</p> <p><input checked="" type="checkbox"/> Improve population health, focused on prevention</p> <p><input type="checkbox"/> Accelerate transition to value-based payment</p> <p><input type="checkbox"/> Ensure Medicaid per-capita growth is below national trends</p> <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <p><input type="checkbox"/> Health Systems Capacity Building</p> <p><input type="checkbox"/> Care Delivery Redesign</p> <p><input checked="" type="checkbox"/> Population Health Improvement – prevention activities</p> <p><i>Describe:</i></p> <ul style="list-style-type: none"> <li>• <i>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).</i></li> </ul> <p>The target population are children birth to 5 years old and the child care workers who care for them. Within the six county region there are more than 450 child care centers and family child cares that have a population of children and adult care givers of approximately 42,000.</p> <ul style="list-style-type: none"> <li>• <i>Relationship to Washington’s Medicaid Transformation goals.</i></li> </ul> <p>Start Health Start Now helps Washington achieve its goal of improving population health, with a focus on prevention and management of diabetes, cardiovascular disease, <b>pediatric obesity</b>, smoking, mental illness, substance use disorders, and oral health that is coordinated and whole-person centered.</p> <ul style="list-style-type: none"> <li>• <i>Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.</i></li> </ul> <p><b>Goals:</b></p> <p>Increase healthy food intake and physical activity among children in formal child care in six counties in eastern Washington.</p> <p>Increase percentage of children at a healthy weight in formal child care in six counties in eastern Washington.</p> <p><b>Interventions:</b></p> <p>Train child care staff on whole foods preparation</p> <p>Visit child cares to provide technical assistance in implementing whole foods preparation</p> <p>Assist child care directors in developing and implementing healthy food policies</p> <p>Educate child care workers on nutrition and healthy eating practices and skills</p> <p>Educate child care workers on health eating curricula that is age appropriate</p> <p>Educate child care workers on physical activity needs and curricula</p> <p>Provide educational materials for parents</p> <p><b>Outcomes:</b></p> <p>Increase number of child care facilities with policies promoting whole food preparation and use</p> <p>Increase number of child care facilities using whole foods cooking practices</p> <p>Increase whole foods served in child care facilities</p> <p>Increase number of minutes of active physical activity in child care facilities</p> <p>Increase number of child care facilities using age appropriate physical activity and nutrition curricula</p> <p>Increase number of parents receiving nutrition and physical activity information</p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> </ul> <p>Start Healthy Start Now will be the prequel to the scratch cooking programs implemented at many of the local schools in the region. Starting children early with good eating and physical activity habits will be sustained through many of the school districts.</p> <ul style="list-style-type: none"> <li>• <i>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.</i></li> </ul>

SRHD will partner with Community Minded Enterprises, the organization leading the Washington State Early Achievers program for eastern Washington. Early Achievers is Washington’s quality rating and improvement system for licenses child care providers. Early Achievers will provide linkages to child care settings and promote the program.

**Core Investment Components**

*Describe:*

- *Proposed activities and cost estimates (“order of magnitude”) for the project.*
- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.  
Anticipated number of children served annually by nutrition interventions 5,000  
Anticipated number of children served annually by physical activity interventions is 10,000
  - How much you expect the program to cost per person served, on a monthly or annual basis.  
The anticipate cost per child is \$17.50.
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*  
The anticipated start up time is 4-5 months. Start Healthy Start Now was initiated under a CDC grant and materials were developed. The evaluation of the project showed places where the project could improve and these changes would be done in the first 4-5 months. In addition, the original program was only conducted with child care centers, this version would include child care homes, providing a larger reach, but will involve more time intensity due to the smaller number of children per home versus a center.
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*

**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<sup>iv</sup>.*

**Process and outcome measures:**

- # of child care facilities and # of policies promoting whole food preparation and use
- # of child care facilities using whole foods cooking practices and # of practices used
- # of minutes of active physical activity in child care facilities
- # of child care facilities using age appropriate physical activity and nutrition curricula
- # of parents receiving nutrition and physical activity information

The evaluation plan from the initial Start Healthy Start Now will be revised to more effectively capture baseline data, process, and outcome data.

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

## Development of Washington State Medicaid Transformation Projects List – December 2015

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<sup>i</sup> 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>

<sup>ii</sup> 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>.

<sup>iii</sup> 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.

<sup>iv</sup> 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](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](http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf).