

**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](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	Leah Tanner, Health Equity Liaison, Seattle Children's Hospital, 206-884-1388, leah.tanner@seattlechildrens.org  Global Alliance to Prevent Prematurity and Stillbirth (Seattle Children's Hospital), Native American Women's Dialogue on Infant Mortality
<b>Project Title</b>	Policy into Practice: Implementing the Governor's Interagency Council on Health Disparities' Adverse Birth Outcomes Recommendations to address persistent maternal infant health disparities in American Indian/Alaska Native communities in Washington State.
<b>Rationale for the Project</b>	
<p><i>Include:</i></p> <p><b>Problem statement:</b> Indigenous peoples have inhabited Washington State for thousands of years; currently there are twenty-nine federally recognized tribes, three tribes with pending federal recognition and thousands of Native peoples in cities throughout the state. American Indian/Alaska Native (AI/AN) communities bear a high burden of adverse birth outcomes, including higher rates of maternal risk factors such as preterm birth, maternal smoking, late or no prenatal care, and a significantly higher infant mortality rate than White infants. The leading causes of AI/AN postneonatal (28 - 364 days) infant mortality are Sudden Infant Death Syndrome (SIDS), external causes, other infections, and congenital anomalies. In 2015 the Governor's Interagency Council on Health Disparities (GICHHD) selected adverse birth outcomes as a priority topic and convened a committee to develop recommendations to improve birth outcomes. The Adverse Birth Outcomes Committee (ABOC) submitted five recommendations, which were included in the GICHHD Reports to the Governor and Legislature. The recommendations are: 1) Fund community driven strategies in communities with high risk for adverse birth outcomes; 2) Increase funding for First Steps; 3) Promote equity in government through cultural humility and Government-to-Government training for state employees, the use of equity assessment tools in agency decision making, and increase capacity for Health Impact Reviews; 4) Medicaid reimbursement for doula care; 5) Support the American Indian Health Commission's Maternal-Infant Health Strategic Plan. The Native American Women's Dialogue on Infant Mortality (NAWDIM) collective, in partnership with the Global Alliance to Prevent Prematurity and Stillbirth (GAPPS) and Open Arms Perinatal Services (OAPS) proposes to evaluate NAWDIM's Cradleboard Project to measure its impact to improve adverse birth outcomes in American Indian/Alaska Native communities, develop a monitoring plan for ongoing surveillance of AI/AN maternal and infant health outcomes, and develop an advocacy plan supporting the recommendations to share with tribal leaders and tribal communities.</p> <ul style="list-style-type: none"> <li>• <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.<sup>i</sup></i> <ul style="list-style-type: none"> <li>○ Data sources: "Public Health-Seattle &amp; King County, Assessment, Policy Development &amp; Evaluation Unit, Perinatal Periods of Risk Analysis for King County, 2014."; "Perinatal Indicators Report, Washington State Department of Health, October 2015; Mortality Table F6. Mother's Race by Infant County of Residence, Washington State Department of Health; Maternity Support Services and Infant Case Management Use by Women with Medicaid-paid Births in 2013, Native American, Non-Hispanic, State of Washington – First Steps Database.</li> <li>○ An article on reducing SIDS describes how culturally sensitive programs are important in reaching AI/AN</li> </ul> </li> </ul>	

communities. National Center for Cultural Competence. Using Traditional Practices to Support Change Washington State. *Promising Practices Series*. Spring 2007

- “June 2015 Update, State Action Plan to Eliminate Health Disparities, Governor’s Interagency Council on Health Disparities, Pages 2 – 8”
- “Adverse Birth Outcomes Recommendations, December 9, 2015 Health Disparities Council Meeting Materials, Item 06, Report”
- This study is focused on the association between prenatal care and childhood obesity. Utz, R.L, Reither, E.N. and N. Waitzman. Prenatal Care, Childhood Obesity, and Ethnic Health Disparities: Analyses from a Unique Population Database. *Journal of Health Care for the Poor and Underserved*. 2012; 23: 302-320
- Evidence shows community-based doula programs are effective in lowering cesarean rates and improving breastfeeding rates. Health Connect One (2014). The Perinatal Revolution: New research supports the critical role Community-Based Doula Programs can play in improving maternal and child health in underserved birthing populations. Accessed at [www.healthconnectone.org](http://www.healthconnectone.org) on 1/14/2016

- *Relationship to federal objectives for Medicaid<sup>ii</sup> with particular attention to how this project benefits Medicaid beneficiaries.* The project relates to the following federal objectives: 1) Increase and strengthen coverage of low income individuals, 2) increase access to, stabilize, and strengthen provider networks serving Medicaid and low-income populations, and 3) Improve health outcomes for Medicaid and low income populations.

**Project Description**

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

- Reduce avoidable use of intensive services
- 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
- 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).*  
The project will impact women and families in AI/AN communities, both on reservations and in urban areas. Current data from the Washington State First Steps database shows 1,030 Medicaid paid births in 2013 for AI/AN women.
- *Relationship to Washington’s Medicaid Transformation goals.* Improving preterm birth will reduce the use of specialty care for those infants. Addressing maternal risk factors such as smoking and late or no prenatal care will improve population health. There is also evidence Medicaid reimbursement for doula services is cost-effective, helping lead to Medicaid per-capita growth is below national trends.
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*  
The community-based intervention is NAWDIM's Cradleboard Project, with the following goals: 1) evaluate the effectiveness of NAWDIM’s Cradleboard Project and partnership with OAPS in reducing adverse birth outcomes in AI/AN communities, leading to the Cradleboard Project being an evidence-based program 2) develop an advocacy plan for the Adverse Birth Outcomes Committee’s recommendations to share with tribal government and community leaders, leading to support for the recommendations; 3) develop a monitoring plan for ongoing surveillance of AI/AN maternal and infant health outcomes.

- *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.* Unknown at this time.
- *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.* Potential partners for the project are: Native American Breastfeeding Coalition of Washington, Equal Start Community Coalition, Indian Health Service, tribal service providers, urban Indian service providers.

**Core Investment Components**

*Describe:*

- *Proposed activities and cost estimates (“order of magnitude”) for the project.* NAWDIM will organize cradleboard making classes, leveraging their existing relationships with 18 tribes and American Indian/Alaska Native organizations throughout the state. A cradleboard class is a day long session that includes constructing cradleboards, facilitated Talking Circles for participants on topics such as stress and community support, education on safe sleep using Healthy Native Babies safe sleep curriculum and materials, and education on breastfeeding. New components for classes will include information about community-based doula services and advocating for support for the GICHHD recommendations. NAWDIM will partner with OAPS to share information about community based doula services with tribes and AI/AN community organizations. NAWDIM and OAPS will partner with GAPPS to develop an advocacy and awareness raising plan for the ABOC's recommendations to improve birth outcomes to share with tribes and AI/AN community based organizations. NAWDIM, OAPS, and GAPPS will partner to develop an ongoing monitoring plan for surveillance on AI/AN maternal and infant health outcomes. Estimated costs per year for 20 classes and staffing for NAWDIM, OAPS, and GAPPS:

NAWDIM Staffing 3 Positions	\$45,396
OAPS Staffing 1 Position	\$15,132
GAPPS Staffing 3 Positions	\$58,861
Materials and supplies for 20 classes	\$15,000
Travel	\$5,000
Total	\$139,389

- *Best estimate (or ballpark if unknown) for:*
- *How many people you expect to serve, on a monthly or annual basis, when fully implemented.* NAWDIM aims to reach 200 AI/AN mothers and 150 tribal leaders per year over the course of the project.
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.* NAWDIM anticipates taking 3 months to implement the project in King County and taking 9 months to expand to other regions.

**Project Metrics**

**Key process and outcome measures (and specific benchmark performance data if known)**

First trimester care, preterm births, maternal smoking, infant mortality. Benchmark data is available from First Steps.