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	Brian Saelens, Ph.D., 206.884.8247, brian.saelens@seattlechildrens.org; Seattle Children's Research Institute Organizations involved in developing this project suggestion: Seattle Children's Research Institute, Public Health – Seattle and King County
Project Title	Child care and community support for young children's healthy eating and physical activity

Rationale for the Project

Pediatric obesity is a leading U.S. public health problem with higher prevalence among lower income and minority race/ethnic groups,[1] resulting in persistent disparities in obesity-related chronic diseases into adulthood including diabetes, cardiovascular disease, and some cancers.[2] Nearly 1 in 4 children 2-5 years old in the U.S. is overweight or obese, with recent national prevalence estimates ranging from 9.0% for Asian populations to 29.8% for Hispanic populations.[1] Obesity rates in these young children are nearly 3 times higher among U.S. children in the lowest versus highest socioeconomic strata.[3] Expert consensus and emerging evidence has recently identified intervention strategies for childhood obesity prevention, [4,5] with recommendations encouraging interventions focusing on early childhood and to be multi-level (e.g., in home, in child care/schools).[4-7] However, very few multi-level interventions have been implemented, particularly in lower income and more ethnically/racially diverse communities.[8,9]

One setting with great potential for intervention is early childcare. Nearly 80% (about 25 million) of all U.S. children ages 2 to 5 with employed mothers are in childcare for an average of almost 40 hours a week.[10] Out-of-home childcare has become the primary U.S. learning environment for young children's food and activity habits, making them opportunities for better promoting and engaging children in healthy eating and physical activity.[5] However, many childcare programs struggle to implement best practices for children's healthy eating and physical activity. A 2013 WA statewide survey of licensed child care centers and licensed family home care (care provided by a non-relative to <10 children in the provider's home) found that most care settings do not engage in best practices (e.g., only 22% report having children be outside for at least 90 minutes daily).[11] Local evaluations find that only 16% of King County childcare programs serve vegetables at snack time at least 5 times per week and less than half serve fruit at least twice daily (best practices). On the physical activity side, provider-led physical activity is provided in only 20% of King County family home childcares. Few if any requirements exist in Washington or other states for policies, practices, or training childcare providers in health, nutrition, or physical activity.

The childcare sector is only one setting though. Recommendations for CO prevention beginning in early childhood also encourage changes in home/parental practices around food and physical activity.[5,12] Home-based interventions targeting various aspects of healthy eating (e.g., increasing fruits/vegetables, decreasing sugar-sweetened beverages) and activity (e.g., increasing physical activity, decreasing screen time) have demonstrated some success, with the most effective interventions marked by having higher parent/caregiver involvement, training parents/caregivers in specific behavior change skills, and some form of home environmental change.[13]

Project Description

Which Medicaid Transformation Goals[i] 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

The proposed project is a multi-level obesity prevention intervention, focusing on practice and policy/environment changes in childcare and also at home to improve young children's diet quality and increase their daily physical activity. The child care component would involve providing child care providers (both at centers and in licensed family home care) with *Let's Move Child Care*[14] assessment to identify best practices goals, group trainings to help sites attain those goals, and on-going technical assistance (TA) to achieve best practices. As we have established through our healthy communities work in King County, trainings and TA could be provided by local community organizations with prior experience training and interacting with child care providers (e.g., around early learning). Modest resources would also be made available for centers and family home care sites to change the food and physical activity environment (e.g., for outdoor play equipment, family-style food serving materials).

The home-based intervention component focuses on helping interested caregivers/parents engage in strategies to encourage their young children's healthy eating and physical activity. The home-based intervention will orient around the 7 (breakfast daily) -5 (fruit/vegetable servings) -2 (or fewer hours of screen time) -1 (hour or more of physical activity) -0 (added sugared drinks) behaviors that constitute the majority of behavioral targets to prevent and control overweight in young childhood.[15] Interested families with 2-5 year old children enrolled at centers or licensed family homes engaged in the childcare component would be eligible for the home-based intervention delivered by training community health workers. The intervention would include 5 visits during a 6 months period.

- *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).*

Lower income and ethnically/racially diverse preschool-aged children and their families in King County (although this could be done in other parts of WA state as well) and the child care centers and licensed family home child care sites where these children receive care.

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

This project focuses on improving the health of young children in lower income and otherwise disadvantaged communities, improving diet quality and physical activity in this population, which are among the primary risk factors for future obesity, diabetes, and other cardiovascular diseases.

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

Goals would include improving access to healthy eating and physical activity opportunities in home and at child care centers, with the ultimate goal of reducing disparities in obesity prevalence between lower versus higher income communities in King County.

- *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.

- *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.*

Community-based organizations who are already engaged in child care provider training (e.g., Child Care Resources, Horn of Africa Services, local governments) and organizations already deploying community health workers (e.g., Public Health – Seattle and King County or PHSKC), WA State Department of Early Learning

Core Investment Components

Describe:

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

Assess, train, and provide TA for interested child care centers and licensed family home sites (estimate $2500-4000 per center or site)
Provide home-based obesity prevention intervention by community health workers (estimate $900 per interested family)

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

Child care centers generally serve 80+ families and licensed home care providers serve often 6-10 families; expected reach of the project would be dependent upon resources provided.

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

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

Given our prior experience with child care provider training and technical assistance, as well as PHSKC's experience with training and deploying community health workers, implementation could start very quickly.

- *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*[ii].

Changes in childcare setting policy and/or practice can be evaluated with the *Let's Move Childcare* tool
Changes in home settings and parenting around young children's eating and physical activity can be evaluated with well-established measures
Changes in child weight status can be measured in the childcare and home settings

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

If possible in the future, medical home (e.g., primary care) based estimates of childhood obesity prevalence among young children could be estimated and children exposed to the proposed intervention versus not could be compared; in the long-term, later childhood obesity prevalence at the school or community level could be examined through school-based Healthy Youth Survey data

References

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4. Institute of Medicine, ed *Preventing Childhood Obesity: Health in the Balance.* Washington, DC: The National Academies Press; 2005.
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14. The Nemours Foundation. Let's Move Child Care. https://healthykidshealthyfuture.org/.
15. Dietz W, Lee J, Wechsler H, Malepati S, Sherry B. Health plans' role in preventing overweight in children and adolescents. *Health Aff (Millwood).* 2007;26(2):430-440.

[i] 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.

[ii] 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.