

Medicaid and Public Health Collaboration to Reduce Obesity in Low-Income Children: Oregon

Oregon Medicaid and public health entities within the Oregon Health Authority (OHA) are partnering to reduce childhood obesity across the state by: (a) expanding the use of community health workers for obesity screening and referrals; and (b) supporting coordinated care organizations (CCOs) to implement evidence-based strategies for obesity prevention and treatment.

Collaborative Structure

OHA, which encompasses both the state Medicaid and public health programs, has a history of cultivating Medicaid-public health collaboration starting with tobacco cessation initiatives dating back to the late 1990s. More recently, OHA extended that collaboration to other performance improvement efforts, including addressing childhood obesity, which is one of seven priority areas for the state.¹ As part of its overall health system transformation efforts, the state also created the CCO model, which furthers opportunities for collaboration. CCOs are community-level entities accountable for the health outcomes of the Medicaid population and managed by one budget to coordinate care across physical, behavioral, and oral health care services.

In addition to representation from the Medicaid and public health divisions, the Oregon team addressing childhood obesity includes representatives from the following OHA agencies:

- The Transformation Center, which provides training and technical assistance to the CCOs;²
- Health Policy and Analytics Division, which provides support to the Metrics and Scoring Committee, a Governor-appointed board responsible for determining CCO incentive metrics and planning health system change efforts; and
- The Office of Equity and Inclusion (OEI), which oversees the certification of traditional health workers (THWs), which are community health and social service providers, including community health workers, doulas, and peer health navigators.

The team also engaged the Oregon Community Health Workers Association, Oregon Primary Care Association, and Traditional Health Worker Commission to build the capacity of THWs to promote chronic disease risk reduction.

INNOVATIONS IN CHILDHOOD OBESITY PROFILE SERIES

Although a wide range of efforts to reduce childhood obesity are currently underway, few involve meaningful collaboration between the Medicaid and public health sectors. To leverage this untapped opportunity, the Center for Health Care Strategies (CHCS), with support from Kaiser Permanente Community Benefit, launched the *Innovations in Childhood Obesity (ICO)* initiative in 2015 to foster collaboration between Medicaid and public health organizations to develop, test, and disseminate innovative approaches to reduce obesity among low-income children. This series of profiles details how state Medicaid and public health agencies partnered to reduce the prevalence of childhood obesity in their communities.

Intervention Focus

The Oregon team supported state and local entities to better prevent, diagnose, and treat childhood obesity by:

1. *Using care teams to routinely screen for obesity and offer evidence-based obesity prevention interventions and referrals to community-based providers.*

The team focused on increasing the capacity of THWs to deliver evidence-based chronic disease prevention and management programs in health care and community settings in Oregon's Multnomah and Benton counties. Focusing on these counties provided an opportunity to build on previous trainings done with THWs around tobacco cessation. The team: (a) developed resources on evidence-based community interventions for THWs to use for educational and referral purposes; (b) trained THWs in the *Mover es Poder/Power of Movement* curriculum; and (c) evaluated the impact of the training on THW on beliefs, attitudes, and skills. This "train-the-trainer" curriculum teaches Latino and African-American THWs methods to reduce health disparities related to obesity, tobacco, and other chronic diseases, with an emphasis on risk reduction and healthy behaviors. In collaboration with OEI and the Oregon Community Health Worker Association, training expanded to build the capacity among populations experiencing health inequities, including American Indian/Alaska Native and Oregon's emerging immigrant communities.

2. *Supporting CCOs and local public health authorities statewide to implement evidence-based obesity-prevention efforts in their communities.*

By providing cross-sector data and evidence-based recommendations, the team aimed to support CCOs; the OHA Health Evidence Review Commission, which reviews evidence for chronic disease prevention; and local public health authorities in identifying proven multi-sector interventions for Medicaid investment. Oregon's collaborative team also assisted the Metrics and Scoring Committee around adult and childhood obesity incentive measures for which CCOs would be financially accountable to the OHA (CCO incentive measures are only adopted for health issues in which an evidence base exists for related interventions). *Weight Assessment and Counseling in Children and Adult*,³ which was approved as a CCO incentive metric⁴ for 2018, will measure how well CCOs are improving care, making services accessible, eliminating health disparities, and reducing costs related to childhood obesity.

OHA Healthy Communities grants to local public health authorities (2012-2016) also created a forum to promote policy, system, and environmental approaches for chronic disease prevention with partners such as health care, community, schools, housing, parks and recreation, and business. These partners came together to promote healthy communities through healthy eating, physical activity, and tobacco-free living.⁵

Evaluation

Measurement

The *Mover es Poder* curriculum for THWs was implemented as a pilot program in Multnomah County and evaluated for effectiveness. The team surveyed THWs before and after the training to measure changes in psychological empowerment, confidence, and self-reported health status.

The *Mover es Poder* curriculum was a part of the broader *Healthy Communities* initiative (2012-2016), a statewide effort to help communities become healthier, including a focus on obesity prevention. Oregon's team incorporated this work into its *Innovations in Childhood Obesity* efforts, and tracked data on measures related to program reach (e.g., the number of community partnerships established; the number of health policy and system changes; and the grant funds obtained).

The Healthy Communities initiative engaged 10 local public health authorities in the state, covering much of the southwestern region. Through this initiative, OHA established over 800 community partnerships, enacted more than 120 health policy and system changes, and raised more than \$5 million in funds for local health promotion through grants and other external sources to promote healthier eating and physical activity in the communities.

OHA's Metrics and Scoring Committee recently passed the new CCO incentive metric for obesity prevention and treatment for youth for adoption in 2018.

Findings

Thirteen THWs from community-based organizations participated in two training programs. Pre/post survey results indicated that THWs felt more empowered and confident after the training, and themselves had a rise in self-reported physical activity. Results demonstrate how THWs integrated healthy behaviors into their work with clients and community members, as well as modeling healthy behaviors for themselves and their families.

In addition, at the end of *Innovations in Childhood Obesity*, Oregon's team emphasized that broad collaboration within OHA was central to its success. OHA's strong commitment to collaboration facilitated relationships with politicians, CCOs, and key community-based organizations, including establishing a contract with the Oregon Community Health Worker Association and the Oregon Primary Care Association to expand its statewide work for certification and hiring of THWs. The team's robust collaboration also facilitated the spread of evidence-based policy and practices to improve health and reduce costs throughout the state, such as facilitating the adoption of the childhood obesity CCO incentive metric.

What's Next?

OHA's Metrics and Scoring Committee recently passed the new CCO incentive metric for obesity prevention and treatment for youth for adoption in 2018. The Oregon team will provide technical assistance to CCOs around implementing this measure. In addition, the team will continue to support the capacity of THWs as key partners in delivering evidence-based chronic disease prevention and management programs in health care and community settings. The team will collaborate with the Oregon Community Health Worker Association with the goal of integrating chronic disease prevention into core THW certification curricula. Emerging lessons from the team's work over the past several years reinforced the team's efforts to: (a) address childhood obesity within larger systems change processes; and (b) support opportunities for multi-sector interventions, which can engage CCOs in non-medical services, programs, and initiatives to promote health in the community.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs.

ABOUT INNOVATIONS IN CHILDHOOD OBESITY

CHCS, with support from Kaiser Permanente Community Benefit, launched the *Innovations in Childhood Obesity (ICO)* initiative to: (1) fuel the development of obesity-reduction efforts by states, health plans, and their community partners; and (2) expand cross-sector collaboration within selected states. The *ICO* fostered collaboration between Medicaid and public health organizations in five states — Arizona, Maryland, Oklahoma, Oregon, and Texas — to develop, test, and disseminate innovative approaches to reduce obesity in low-income children. To learn more, visit www.chcs.org.

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ENDNOTES

¹ For more information on Oregon’s work to “Slow the Increase of Obesity,” visit <http://www.oregon.gov/OHA/PH/ABOUT/Pages/ship-obesity.aspx>.

² For more information about Oregon’s Transformation Center, visit <http://www.oregon.gov/oha/hpa/csi-tc/pages/index.aspx>.

³ For more information about Oregon Health Authority Measure Sets, see: <http://www.oregon.gov/oha/HPA/ANALYTICS/CCODData/2018%20Measures.pdf>.

⁴ For more information on CCO incentive metrics, see: <http://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>.

⁵ For more information about Oregon’s Healthy Communities initiatives, visit <http://www.oregon.gov/oha/PH/PreventionWellness/HealthyCommunities/Pages/index.aspx>.