

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

Oklahoma has the 11th highest rate of overweight or obese children ages 10 to 17 in the country.<sup>1</sup> Comanche County, which has the third-highest percentage of obese SoonerCare (Oklahoma Medicaid) members in the state, recently collaborated with state health entities to implement a number of obesity prevention efforts.<sup>2</sup> To build on these efforts, the Oklahoma Health Care Authority (OHCA), the state's Medicaid agency, partnered with the Oklahoma State Department of Health (OSDH) and other public health stakeholders to increase use of nutritional counseling services among pediatric SoonerCare members in the county.

## Collaborative Structure

Leadership from OHCA and OSDH had previously created cross-agency quality-improvement workgroups to focus on the most pressing health matters in the state, including tobacco use, hypertension, and diabetes. The success of those efforts prompted the two agencies to launch a joint childhood obesity workgroup in 2015 to align prevention and reduction initiatives and improve Medicaid benefits and services for low-income families. The workgroup, which met monthly, included agency leadership, subject-matter experts, and data specialists.<sup>3</sup> Building on previous work with the Comanche County Health Department (CCHD) on obesity reduction, the team also invited the department to participate in the collaborative.

## Intervention Focus

The team worked to: (a) engage SoonerCare families and providers; and (b) increase nutritional counseling services billed to Medicaid. Determining that providers were not aware of when and how to bill and refer to nutritional counseling services, the team delivered technical assistance to them in this area. The team also produced a one-page fact sheet, *The Nutritional Services Benefit*, to explain the nutritional benefit to providers and encourage them to contact Medicaid for consultation and additional information.<sup>4</sup>

With funding from CCHD, the team also hired a registered dietitian to provide nutritional counseling services to children ages three to 19 with a body mass index (BMI) of 26 or above, and engaged with providers to encourage referrals. The registered dietitian also shared updates on patient progress with the providers.

### 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 for reducing 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.

## Evaluation

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### Measurement

The registered dietitian tracked all patient encounters, noting for each visit: referral source; date; patient weight; body mass index (BMI); and bicep, waist, hip, and thigh measurements.<sup>5</sup> The Oklahoma team also examined Medicaid data to assess the proportion of nutrition counseling visits billed to the agency.

### Findings

Between August 2015 and November 2016, 67 pediatric patients in Comanche County received nutrition counseling services from the registered dietitian. The number of visits per patient ranged from 1 to 33, with an average of five visits each. Patient BMI decreased by an average of 0.4 (this decrease showed a statistical trend,  $p=.06$ ), ranging from a decrease of 7.2 to an increase of 3.6. As the number of visits per patient increased, greater decreases in BMI were seen, to a small, but statistically significant extent (Pearson correlation coefficient was  $-.3$ ;  $p = 0.008$ ). Between September 2015 and December 2016, the registered dietitian completed 365 patient visits, for which 306 Medicaid claims were filed.<sup>6,7</sup>

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These findings are promising for future efforts that aim to reduce childhood obesity in the community through the use of a registered dietitian. Results from the analysis of the nutrition counseling data are suggestive of a positive program effect — a substantial finding given the relatively small sample size — but data over a longer period of time are needed to support this claim.

### What's Next?

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While state budget constraints have stalled further work on this intervention, the team will present results to OHCA and OSDH leadership to consider new funding pathways to continue in Comanche County and potentially expand to other areas of the state. To pursue the latter, the team would need to create a uniform process for providers to refer patients to local health departments for nutritional counseling services. The team will also continue to collaborate on related child health initiatives, even if funding is not available to extend this pilot.

The registered dietitian in Comanche County is exploring potential partnerships with local YMCA agencies to identify funding opportunities and determine strategies to serve more children in the area. The Oklahoma team is also considering how to spread this model to other areas of the state using telehealth, and how to address related billing and privacy issues.

### 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](http://www.chcs.org).

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### ENDNOTES

<sup>1</sup> The State of Obesity (2016). “Study of Children Ages 10 to 17.” Available at: <https://stateofobesity.org/children1017>.

<sup>2</sup> Based on 2014 SoonerCare member data.

<sup>3</sup> The workgroup includes members from OSDH, OHCA, the University of Oklahoma Healthy Futures clinic, the Comanche County Health Department, and federally qualified health centers (FQHCs) in Comanche County.

<sup>4</sup> Oklahoma Health Care Authority (2015). “The Nutritional Services Benefit.” Available at: <http://www.chcs.org/media/OK-Nutritional-Services.pdf>.

<sup>5</sup> Oklahoma Health Care Authority and Oklahoma State Department of Health (November 2017). “Oklahoma Nutritional Counseling Tracker.” Available at: <http://www.chcs.org/media/OK-Nutritional-Counseling-Tracker.xlsx>.

<sup>6</sup> The data collection timeframe relates to the time the registered dietitian collected data between her start date of September 2016 and December 2016.

<sup>7</sup> Claims were not filed for all patients seen by the registered dietitian, as some individuals were not covered by Medicaid and others had already exceeded the annual registered dietitian visit cap. In these cases, the registered dietitian continued to provide services to the patients, even though no claims were filed.