WASHINGTON DC
HEALTHY KIDS, HEALTHY COMMUNITIES
CASE REPORT

WASHINGTON DC

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2008 to December 2012

ACKNOWLEDGMENTS

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BACKGROUND

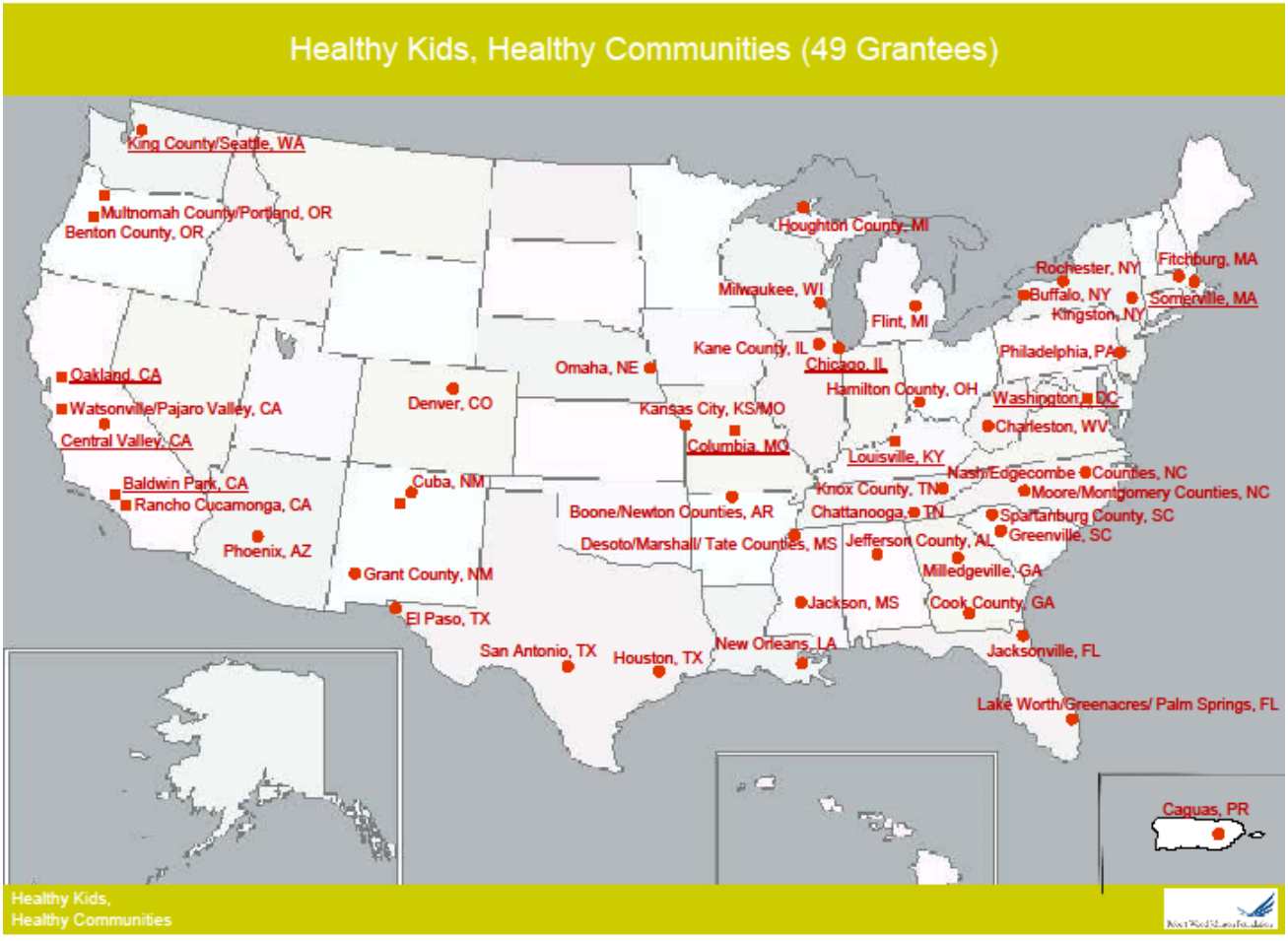
Healthy Kids, Healthy Communities National Program

With the goal of preventing childhood obesity, the Healthy Kids, Healthy Communities (HKHC) national program, funded by the Robert Wood Johnson Foundation (RWJF), provided grants to 49 community partnerships across the United States (See Figure 1). Healthy eating and active living policy, system, and environmental changes were implemented to support healthier communities for children and families. The program placed special emphasis on reaching children at highest risk for obesity on the basis of race, ethnicity, income, or geographic location.[1]

Project Officers from the HKHC National Program Office assisted community partnerships in creating and implementing annual workplans organized by goals, tactics, activities, and benchmarks. Through site visits and monthly conference calls, community partnerships also received guidance on developing and maintaining local partnerships, conducting assessments, implementing strategies, and disseminating and sustaining their local initiatives. Additional opportunities supplemented the one-on-one guidance from Project Officers, including peer engagement through annual conferences and a program website, communications training and support, and specialized technical assistance (e.g., health law and policy).

For more about the national program and grantees, visit www.healthykidshealthycommunities.org.

Figure 1: Map of Healthy Kids, Healthy Communities Partnerships



Evaluation of Healthy Kids, Healthy Communities

Transtria LLC and Washington University Institute for Public Health received funding from the Robert Wood Johnson Foundation to evaluate the HKHC national program. They tracked plans, processes, strategies, and results related to active living and healthy eating policy, system, and environmental changes as well as influences associated with partnership and community capacity and broader social determinants of health.

Reported "actions," or steps taken by community partnerships to advance their goals, tactics, activities, or benchmarks from their workplans, formed community progress reports tracked through the HKHC Community Dashboard program website. This website included various functions, such as social networking, progress reporting, and tools and resources to maintain a steady flow of users over time and increase peer engagement across communities.

In addition to action reporting, evaluators collaborated with community partners to conduct individual and group interviews with partners and community representatives, environmental audits and direct observations in specific project areas (where applicable), and group model building sessions. Data from an online survey, photos, community annual reports, and existing surveillance systems (e.g., U.S. census) supplemented information collected alongside the community partnerships.

For more about the evaluation, visit www.transtria.com/hkhc.

DC Partnership

In December 2008, the DC partnership received a four-year, $400,000 grant as part of the HKHC national program. This partnership focused on regional efforts influencing Washington DC and local efforts working in Wards 7 and 8. Summit Health Institute for Research and Education, Inc. (SHIRE) was the lead agency for the DC partnership. The partnership and capacity building strategies included:

- *Community Engagement:* Several community engagement activities and opportunities were held to ensure resident voices were being heard, particularly from those living in Wards 7 and 8 in DC.
- *Park Ambassadors:* The DC partnership worked with Groundworks Anacostia and other DC partners to design a Park Ambassador program that would employ local residents to watch over parks and playground spaces, while also providing a stable job for residents.

See Appendix A: DC Partnership Evaluation Logic Model for more information.

Along with partnership and capacity building strategies, the DC partnership incorporated assessment and community engagement activities to support the partnership's healthy eating and active living strategies.

The healthy eating and active living strategies of the DC partnership included:

- *Nutrition Standards in After School:* A policy was adopted that instituted an After School Meal Program in DC. This program provided federal funding to qualifying educational and enrichment programs that operated during the school year to serve healthy meals and snacks to children and teens, ages 18 and under.
- *Healthy Eating Initiatives:* DC Hunger Solutions collaborated with DC Council and Councilmembers; with support from the DC partnership, to pass Food, Environmental, and Economic Development ("FEED") DC Act of 2010. This act was designed to improve access to healthy foods in lower-income neighborhoods, encourage green technology in food stores, and create good jobs in areas with very high levels of unemployment. The Department of Parks and Recreation, with support from the DC partnership, expanded the Department of Parks and Recreation Fee-based Use Permit Authority Act of 2012, which included provisions for healthy vending at park and recreation centers in DC.
- *Third Party Reimbursement:* The DC partnership collaborated with the Department of Health to create policies to reimburse community-based fitness and healthy living programs by insurers. In January 2012, billing codes were modified by the DC Department of Health Care Finance to expand codes available to providers delivering services to overweight and obese children and adults.

See Appendix A: DC Partnership Evaluation Logic Model for additional information.

COMMUNITY DEMOGRAPHICS

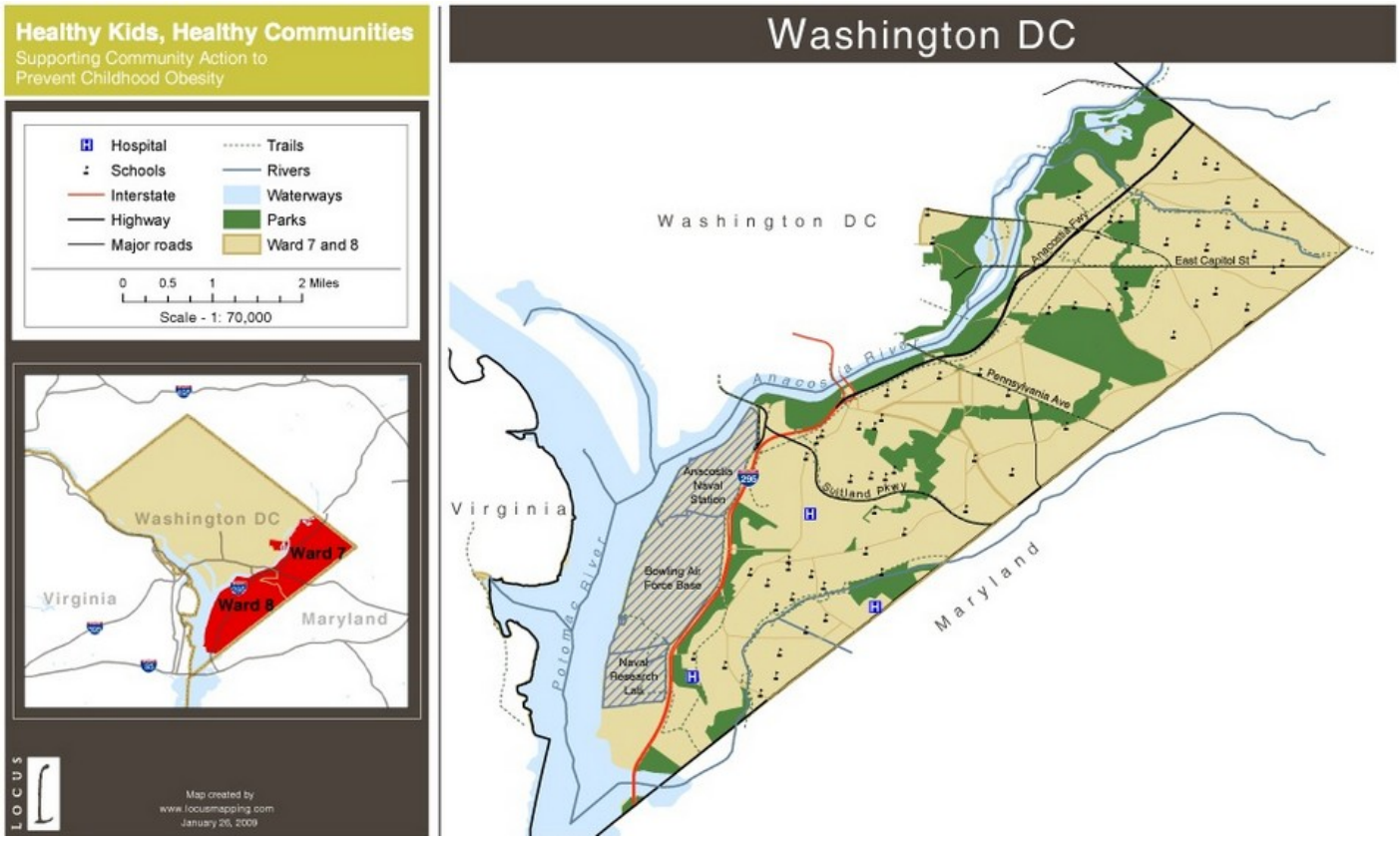
Washington DC is the capital of the United States and, in 2010, had a population of 601,723, the 24th most populated city in the United States. Commuters from the surrounding Maryland and Virginia suburbs raise the city's population to more than one million during the work week. The Washington DC Metropolitan Area has a population of 5.8 million, the seventh largest metropolitan area in the country. In DC approximately 50% of the population was African American, while in the two target areas for HKHC, Ward 7 and Ward 8, the population was predominately (92-95%) African American (see Table 1).

Specific efforts of HKHC targeted Wards 7 and 8, which are located east of and separated from the rest of the city by the Anacostia River (see Figure 2). These areas have the lowest per capita incomes in the city and the highest rates of adult obesity or overweight, diabetes, and hypertension.

Table 1: Washington DC Demographics [2,3]

Community	Population	African American	Hispanic/ Latino	White	Asian/ Pacific Islander	American Indian/ Native American	Some Other Race	Percent Living Below Poverty Line
Washington DC	601,723	50.7%	9.1%	38.5%	3.5%	0.3%	4.1%	18.9%
Ward 7	71,068	94.9%	2.3%	1.8%	0.2%	0.3%	1.0%	N/A
Ward 8	70,927	92.4%	1.4%	5.3%	0.4%	0.2%	0.5%	N/A

Figure 2: Map of Washington DC[4]



DC PARTNERSHIP

Lead Agency and Leadership Teams

In 2008, the Summit Health Institute for Research and Evaluation, Inc. (SHIRE) brought the DC partnership together to discuss the HKHC proposal opportunity. SHIRE, a non-profit organization, was established in 1997 to promote health and wellness for all people and worked to eliminate health disparities. SHIRE served as the lead agency for the DC partnership by bringing together necessary partners and resources to accomplish healthy eating and active living policy and environmental changes. Part of its mission within the DC partnership was to establish community partnerships, conduct policy advocacy, provide training and technical assistance, and initiate demonstration projects to inform policy change.

SHIRE was primarily active at the local level, focusing efforts in Washington DC, Prince George's County, and other parts of Maryland. However, for the HKHC project, the focus areas were Wards 7 and 8 in DC.

The leadership team of HKHC included a co-founder of SHIRE and the Project Director for the DC partnership. The Project Director acted as key liaison to RWJF, communicated with organizational leaders, worked with partners to establish the scope of work for contractual arrangements, secured funding, and identified key partners. The Project Director also served on many committees. The Project Coordinator served as a staff person for SHIRE and was responsible for coordinating meetings among partners, ensuring important information was collected and disseminated among the group, and meeting with the group to discuss challenges and advocacy needs.

The partnership was made up of individuals representing agencies. No political figures were included in the partnership. The partnership had relationships with Council members that represented Wards 7 and 8 as well as Council members who had a particular interest in health issues. Key partners included:

- Groundwork Anacostia was an essential partner in the strategy to institute a Park Ambassadors Program. This program was designed to involve the community in advocating for park improvements, documenting maintenance issues and vandalism, and promoting the park through weekly visits. Groundwork Anacostia provided advocacy training to youth in the community. The leaders of Groundwork Anacostia had knowledge of important stakeholders in federal and local parks departments, both of whom managed and maintained DC parks.
- The Office of Planning was an essential partner for the Park Ambassadors work which operated within the school system.
- DC Hunger Solutions was founded in 2002 to create a hunger-free community and improve the nutrition, health, economic security, and well-being of low-income District residents. DC Hunger Solutions led the After School Meal Program.
- The Department of Health was a strong partner in helping the DC partnership navigate policies and government systems.

See Appendix B for a list of all partners.

Organization and Collaboration

The DC partnership met on a monthly basis to discuss project updates and opportunities. In 2009, sub-committees were formed for the Park Ambassadors, Third Party Reimbursement initiatives, and After School Meal Program. The sub-committees held meetings for focused conversations on each strategy area.

Partnership Funding

As part of the HKHC initiative, grantees were expected to secure a cash and/or in-kind match equal to at least 50% of what was provided by Robert Wood Johnson Foundation over the entire grant period. In 2009, $58,000 was leveraged from Kaiser Permanente, United Way, and the Marpart Foundation. Throughout HKHC, several organizations offered in-kind support totally $157,000 from key partners: Groundworks Anacostia, the Office of Planning, the Office of State Superintendent Education within the DC Public Schools Department, the Department of Health, and other organizations. See Appendix C: Sources and Amounts of Funding Leveraged for additional information.

COMMUNITY ASSESSMENT

In 2009, SHIRE and DC Hunger Solutions hired three interns who were responsible for conducting an assessment reviewing literature and policies relevant to the DC partnerships efforts. As a result of this initial assessment, four key target areas were identified for the DC partnership to address through HKHC: 1) the current Medicaid Waivers and Certification Process, 2) successful state models of paid park keeper proposals, 3) DC-specific zoning codes, and 4) regulations around food vending and park spaces.

In 2010, a Health Expo was held to engage community residents in conversations around a vision for a healthier DC. At the expo, 1,600 surveys were collected to understand questions regarding healthy eating and active living policies, environments, and behaviors of residents in Washington DC. Community members were engaged in on-site discussion and consultation as a part of their participation process. The survey analysis revealed similar strategy areas identified as priorities for the DC partnership.

Residents of Wards 7 and 8 were engaged in the process of adopting healthy eating and active living policies in Washington DC. The DC partnership completed community assessments in the form of surveys, focus groups, and key informant interviews primarily focused in Wards 7 and 8, but also at other health conferences, health forums, and a grocery store. As a result of these assessments, 251 surveys were completed and six focus groups were facilitated, with a total of 61 adult and teen participants. Several key informant interviews and meetings were held with an Advisory Neighborhood Commissioner of Ward 7, the Ward 8 Health Council Chair, and the DC Department of Health's Bureau Chief of Child, Adolescent and School Health who coordinated all childhood obesity prevention activities, including DC's first State Obesity Prevention and Reduction Plan. An evaluation consultant analyzed the survey and focus group data and created a database to track residents' contact information (approximately 100) for continued engagement in the DC partnership as advocates or supporters.

Healthy Eating Initiatives

In their efforts to develop the Health Corner Stores Initiative, DC Hunger Solutions completed baseline surveys and investigated food options at corner stores. Results of this evaluation indicated there was a lack of healthy foods at corner stores, specifically fresh fruits and vegetables. DC Hunger Solutions evaluated the reasons that corner stores were not stocking vegetables and fruits. They determined several barriers that made stocking fresh fruits and vegetables difficult for corner stores. First, stores were contracted to receive products directly from a distributor, which prevented the store from stocking any other brands. Second, stores did not have appropriate shelving or displays for fresh produce. Refrigeration was an issue for several stores as well.

The DC partnership recognized the importance of considering how existing corner stores were used by the public and the community's perceived role of each corner store. Depending on the role of the corner store in the community, stores could be modified to either sell more fresh produce or to provide healthier snacks. The perceived role of certain stores was to provide snacks, but not necessarily fresh produce, like lettuce. For these stores the role of providing snacks could be preserved, but snack food options would need to be healthier. For other stores, there was an expectation among community members that they could offer fresh produce, which made these stores ideal for adding fruit and vegetable stands.

PLANNING AND ADVOCACY EFFORTS

Community Outreach and Engagement

The DC partnership engaged a broad cross-section of DC's public and private agencies that worked together harmoniously to tackle the obesity epidemic in Wards 7 and 8.

In 2011, a SHIRE Conference – *Building Community Engagement in Underserved Neighborhoods: The Path to Empowerment* provided a meaningful learning experience for community members, private sector leaders, local government agencies, and other stakeholders about the importance of community engagement strategies, which was a priority for the DC partnership.

The DC partnership anticipated conducting Town Hall meetings as part of the community consultation process. Partners at the DC Department of Health (DOH) convened several Town Hall meetings in Wards 7 and 8 during, all focused on obesity prevention. Partners also educated senior DOH officials on HKHC DC policies, as well as members of the DC State Obesity Prevention and Reduction Plan Workgroup, to ensure that if policy options were discussed during the Town Hall meetings, HKHC policies would be mentioned.

Park Ambassadors

The DC partnership worked with Groundwork Anacostia and other DC partners to design a Park Ambassador program that would employ local residents to watch over parks and playground spaces. The vision was that the Park Ambassador position would be an opportunity to promote community stewardship and bridge the communication between the community and the Department of Parks and Recreation. In turn, the Park Ambassador increased safety in parks, maintained the cleanliness of the park, and provided a safe and supervised park and play space.

A leadership team, comprised of representatives from the National Parks Service, Department of Parks and Recreation, DC Office of Planning, DC Department of Health, elected officials, Groundwork Anacostia, SHIRE, and community representatives from Wards 5, 6, 7, and 8, was developed to address the Park Ambassador pilot and to promote Outdoors for Health initiatives. The Outdoors for Health initiatives were designed for community residents and partners to advocate for park improvements and increased usage.

A policy analysis was conducted to identify the feasibility of institutionalizing a paid Park Ambassador workforce in Washington DC. Findings showed that funding needed to be available for the Park Ambassador position. Although the Park Ambassador position was not institutionalized, the DC partnership sought funding to support the program.

Advocacy

In 2011, SHIRE launched the Early Childhood Healthy Living Advocacy Initiative with funding from Kaiser Permanente of the Mid-Atlantic States. Through this initiative SHIRE built a team of community advocates with knowledge of local policies and regulations that supported the development of healthy nutrition and physical activity practices for DC children. SHIRE prepared parents, families, and educators by providing experiences that informed them of healthy living requirements in child care settings. Following training, project participants better understood existing DC statutes, policies, and regulations that required healthy nutrition and daily physical activity for young children.

In 2011, youth ages 16-20 from Wards 7 and 8 participated in the SHIRE "Voices From A Changing City" Advocacy Training Program. Approximately 40 youth participated and asked to attend City Council meetings to advocate about their interests for the community.

Youth residing in Ward 8 created a healthy living curriculum and presented to local elementary students. SHIRE, in partnership with the Deputy Mayor of Planning and Economic Development - New Communities Project, and the Far South East Family Strengthening Collaborate, announced a Health Education program through which Teen Peer Educators disseminated healthy living information to elementary school age children. The Teen Peer Health Educators team consisted of selected youth ages 14-19.

After three to four years of working in the community, the DC partnership focused on bringing in additional community partners to assist with advocacy efforts. This was especially important due to the fact that Department of Health partners could not advocate for policy change.

Promotions

As a result of the HKHC Capacity Building Grant, the DC partnership produced a youth advocacy public service announcement VOICES From A Changing City. This was a youth advocacy program which documented the successful efforts of those youth participating in the DC partnership advocacy training. The public service announcement served as a tool to inform, educate, and encourage future advocacy efforts among youth.

The DC partnership received media support throughout the initiative, including published articles in the newspaper (e.g., The Washington Informer) and interviews aired on local television stations (e.g., News Channel 8). In addition, the DC partnership presented at several national, state, and local conferences.

NUTRITION STANDARDS IN AFTER SCHOOL

DC Hunger Solutions, in collaboration with the DC partnership, worked to ensure that children and teens had access to meals during after school programs.

Policy, Practice, and Environmental Changes

In 2009, a policy was adopted that instituted an After School Meal Program in DC. This program provided federal funding to qualifying educational and enrichment programs that operated during the school year to serve healthy meals and snacks to children and teens, ages 18 and under.

Implementation

DC Hunger Solutions led the After School Meal Program initiative. The partnership passed the policy, creating the After School Meal Program in DC schools. Work prior to HKHC provided a strong starting point for the DC partnership since the foundation for policy change was already developed.

Under the Healthy, Hunger-Free Kids Act of 2010, all states participated in the After School Meal Program. Prior to the passage of the Act, only Washington DC and 13 other states were authorized to implement the federal program. Food served at the After School Meal Program had to meet federal nutrition standards, including the same nutrition standards used for school lunches.

The role of the DC partnership was to educate and collect feedback on the after school meal program from the community and then initiate the program in Wards 7 and 8. DC Hunger Solutions then worked to roll out the supper program throughout the city.

Source: DC Partnership

Partnerships between the after school program administration, food services, and the state agency were fostered from the beginning. All partners were excited about the supper program and were helpful in the process of initiating the supper program in schools. Since the after school program already existed, a system and framework was built upon, including using after school program staff to administer the supper program.

The DC partnership collaborated with the Office of the State Superintendent of Education to recruit and train dozens of community-based after school program providers on how to apply for and serve suppers. The DC Public Schools served suppers at all school-based after school programs. The DC partnership also worked with DC Department of Parks and Recreation to serve suppers at its park and recreation center-based after school programs and to sponsor meals served at independent community-based, faith-based, and other organizations.

Typically schools contracted with large food service companies to provide meals for students. In Washington DC, schools contracted with Chartwells, which was responsible for conducting a pilot After School Meal Program in 14 DC schools. DC Central Kitchen and Revolution Foods were the organizations that provided freshly prepared, healthy meals for children in Wards 7 and 8.

Population Impact

Daily meals were provided through the After School Meal Program in DC to more than 9,200 youth and teens. In 2011, the Afterschool Supper Program was implemented in 102 schools in DC. At least 16,000 students were involved in after school programs at peak times, so efforts to expand participation have continued. DC Healthy Schools and FEED DC Acts were successfully passed by the DC City Council in 2010. DC Hunger Solutions and other HKHC partners played key roles in providing relevant data and research to educate elected officials about the need for action to address providing healthy foods during after school programs.

Challenges

One of the main challenges to the supper program was staffing food service workers in schools. Most food service workers in schools left early in the morning or after lunch. This meant that the meals served at the after school supper had to be served by after school program providers and not necessarily food service workers.

An administrative challenge of the supper program was counting the number of meals served, which was the basis for reimbursement amounts. Though after school program attendance was taken, it was not necessarily reflective of the children who received a meal. Additionally, the number of children attending the after school program fluctuated throughout each year, so the number of students enrolled did not necessarily reflect those who attended or who received a meal. A tally process of checking off one-by-one as they received a meal, was the basis for receiving federal reimbursements.

Another challenge of the supper program was providing a variety of healthy foods that children would actually consume. The supper program did not have access to ovens, so hot meals were not an option. Originally, administrators planned to start the program with cold meals, then transition to serving hot meals. However, many facilities that hosted supper programs were in disrepair and lacked the electrical capabilities to support ovens. Without the ability to serve both hot and cold meals, menus were limited and serving foods that were pleasing to the children was a challenge.

Lessons Learned

There was interest in expanding the supper program to other community-based sites, such as, churches with an after school Boys and Girls Club. One of the barriers to expanding in this manner was a lack of policies and regulations that protected the safety of the children in these types of settings. Community-based organizations that only hosted a before school or after school program were exempt from policies and regulations designed for child care facilities, which were very restrictive and intended for daycare centers. This posed a problem for the supper program since these community-based sites did not have government oversight to conduct their after school programs, but were eligible to receive the government-based funding for the supper program. Though there was a desire to ensure any site hosting a supper program was a safe place, there was no policy in place in DC that applied to community-based sites interested in hosting a supper program.

There grew a need among community-based supper program sites for help in navigating contracts with food companies. Many sites were grouped together under one contract with a large food supply company. To decrease dependence on large food supply companies, efforts to increase the capacity of DC Central Kitchen and the food bank continued, yet these smaller non-profit organizations were not able to accommodate all the needs of the supper program.

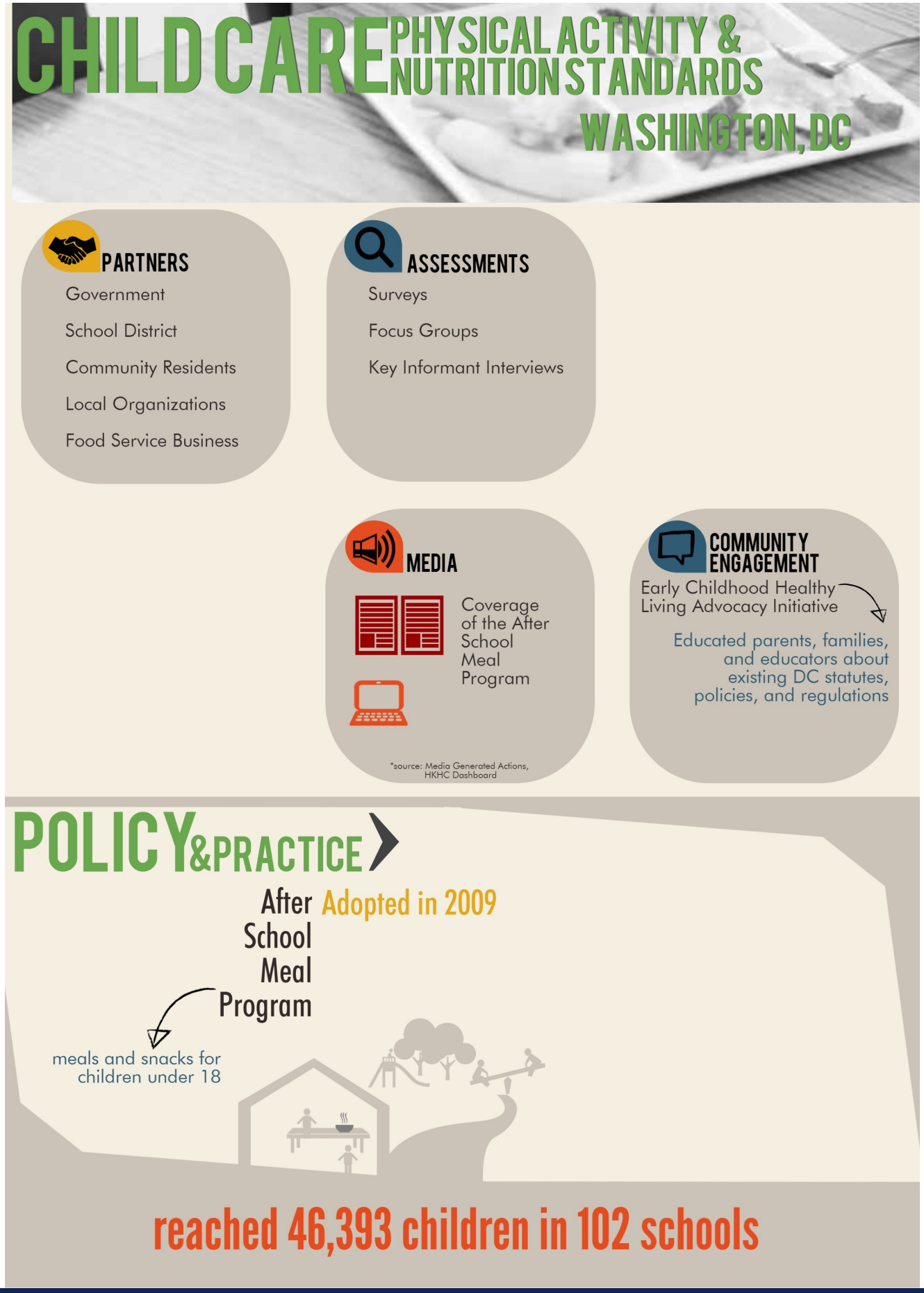
> "One other exciting thing that is happening in DC with food is that it's no longer about just get the kids some food. They are really trying to work on improving the school food, making it healthier and seeing the connections between hunger and obesity so the plates have changed across the schools because of the Healthy Schools Act and some of the visionary leadership in food service, more fruits and whole grains, vegetables. So that's been pretty cool." - Staff

Sustainability

The Hunger-Free Kids Act of 2010 federal policy was designed to ensure meals were offered in after school programs. DC Hunger Solutions and the DC partnership plan to continue providing support to new organizations that are trying to implement the policy by providing technical assistance and locating resources.

For more information, see Figure 3: Nutrition Standards in Child Care Infographic.

Figure 3: Nutrition Standards in Child Care Infographic



HEALTHY EATING INITIATIVES

Source: Transtria LLC

The DC partnership investigated saturation effects (through a saturation index) of unhealthy food sources and determined that there was no difference between fast food establishments and convenience stores in terms of unhealthy foods offered. Prior to studying the saturation effects in Washington DC, it was thought that targeting fast food restaurants, possibly via a moratorium on any new establishments, would be an appropriate strategy for increasing access to healthy foods. However, establishing a moratorium did not make sense since few fast food restaurants were interested in building or opening new stores during the recession. Fast food establishments were also starting to offer healthier items on their menus. For these reasons, convenience stores became the target for increasing access to healthy foods. The partnership also focused on healthy vending by changing policies to allow for farmers' markets and green carts to operate within public parks.

Policy, Practice, and Environmental Changes

DC Hunger Solutions collaborated with DC Council and Councilmembers; with support from the DC partnership, to pass Food, Environmental, and Economic Development ("FEED") DC Act of 2010. This act was designed to improve access to healthy foods in lower-income neighborhoods, encourage green technology in food stores, and create good jobs in areas with very high levels of unemployment.

The Department of Parks and Recreation, with support from the DC partnership, expanded the Department of Parks and Recreation Fee-based Use Permit Authority Act of 2012, which included provisions for healthy vending at parks and recreation centers in DC. For example, sugary beverages were no longer allowed to be sold in vending machines at these locations.

Implementation

The saturation index study indicated that there were differences in full-service grocery stores and the quality of food at convenience stores, depending on the neighborhood in which they were located. In wealthier areas of the city, convenience stores maintained delis and offered specialty items. In other locations, convenience stores offered primarily pre-packaged snack foods.

The DC partnership supported initiatives to improve access to grocery stores and corner stores by compiling data for policymakers of the FEED DC Act of 2010. The Act provided incentives for the development of grocery stores in "food deserts" and provided financial, business, and technical assistance for small-scale healthy food retailers, such as fruit and vegetable vendors and corner grocery stores.

The DC Council voted to restore $300,000 for healthy food retail projects in the Department of Small and Local Business Development. These funds were used to help corner stores, farmers' markets, and other small food retailers sell healthy foods in underserved, low-income areas, as directed by the FEED DC Act.

DC Hunger Solutions initially brought produce from local farms directly to corner stores. Though this method proved there was a need and a market for fresh produce in the community, the plan was short-term and unsustainable, since DC Hunger Solutions was a policy organization. DC Central Kitchen was contracted to develop a sustainable produce supply system, since it maintained a relationship with local farmers, produce depots, and wholesalers. The goals were to stock corner stores with fresh produce, while at the same time, create opportunities for mutual economic growth for corner stores and farmers.

The Department of Health pushed for the healthy eating initiative and SHIRE played a supportive role. DC Hunger Solutions conducted educational activities that promoted the healthy eating initiative and eventually led to the Health Eating Act which was passed in 2010. This act provided subsidies that allowed

supermarkets to move into the community and ensured that park vending machines would have healthy drinks.

The push for the healthy vending initiative was a result of the partnership's assessment of the community. In partnership with Department of Parks and Recreation, the DC partnership worked to expand healthy food choices and organize healthy vending initiatives creating healthy food options for users of parks and recreation facilities – choices expanded and organized by the Department of Parks and Recreation Fee-based Use Permit Authority Act of 2012.

Lessons Learned

During the onset of HKHC, the DC partnership sought to limit unhealthy food options, particularly fast food locations, as there were a high number in the city. After conversations with residents from Wards 7 and 8, the focus shifted to increase healthy eating options. The DC partnership adapted its strategy goals to meet the needs of the communities, which led to greater momentum in the healthy eating arena.

THIRD PARTY REIMBURSEMENT

The DC partnership collaborated with the Department of Health to create policies to reimburse community-based fitness and healthy living programs by insurers. The third party reimbursement strategy was centered on developing standards of care within the healthcare system that would increase access to healthy eating and active living at the community level. Despite successes with implementing healthy eating and active living initiatives in a community or school, there was limited involvement in the healthcare system.

Policy, Practice, and Environmental Changes

In January 2012, billing codes were modified by the DC Department of Health Care Finance to expand codes available to providers delivering services to overweight and obese children and adults.

Implementation

This strategy was a priority for the DC partnership in late 2011. The partnership's goal was to provide physical education opportunities for families and children by making broad system changes to the way Medicaid handled reimbursements for physical activity. The broader goal was to involve the medical community and healthcare system in the community's efforts to curb childhood obesity.

> "Our goal is to figure out, identify these practices for both reshaping the systems within Medicaid and best practices for providing interventions for families and children." — Staff

Third party reimbursement would allow providers of physical activity within a community; (e.g., Zumba instructors, personal trainers), to be reimbursed for their services through the healthcare system. Ideally, a reimbursement system would help support community-based fitness as a means to reduce obesity by keeping financial resources within a community.

The Department of Health has a sister agency, the Department of Health Care Finance, which has jurisdiction over Medicaid. A new contract was drawn up for managed care organizations, which included requirements for third party reimbursement. The DC partnership encouraged these plans because it indicated that agencies in a position to establish policies supporting third party reimbursement were having conversations about it.

A review of initiatives supported by states with Medicaid funds was conducted. Meetings with key decision-makers within the Department of Health Care Finance occurred to create talking points and position papers outlining strategies for movement toward third party reimbursement. Additionally, a sample of community-based facilities was identified and available to provide fitness and healthy living services to pilot the reimbursement. However, a pilot was not implemented during HKHC.

There were several changes made to billing codes that allowed providers to help their obese patients. The changes were not directly attributable to the DC partnership, but it is possible that the work of the partnership, specifically of the partners from the Department of Health who advocated for an increase in Medicaid support for obesity prevention, played a role in the billing code changes.

Challenges

The Department of Health experience high level leadership changes that made it difficult to continue the momentum for the third party reimbursement strategy. The DC partnership would have preferred to initiate conversations with the Department of Health Care Finance earlier, but their partners at the Department of Health wanted to serve as the primary advocate for this strategy.

Sustainability

The third party reimbursement strategy is a long-term project. The DC partnership will continue to meet with leadership at the Department of Health Care Finance. The department has encouraged the group to move forward with its objective, but on an extended timeline.

SUSTAINABILITY OF THE PARTNERSHIP AND INITIATIVE

Moving forward beyond HKHC, SHIRE will continue to act as a lead agency in future endeavors. The responsibilities will expand as the group begin work on improving active living accessibility via a newly-formed, city-wide outdoor coalition as a continuation of the Park Ambassadors initiative. Leadership from Groundwork Anancostia may be involved with training new employees in the park rangers program.

SHIRE will maintain a leadership role by bringing necessary components and partners together to accomplish its objectives and reach out to partner agencies with topical expertise in HKHC strategies. Groundwork Anacostia has strengths that contribute to parks initiatives. DC Hunger Solutions provides expertise for healthy eating initiatives. SHIRE will support these partners' efforts and provide cohesiveness to the work. The National Parks Service will partner with SHIRE and Groundwork Anacostia in their parks initiatives led by the Outdoors for Health Coalition.

Political support for HKHC (and now SHIRE's objectives), has increased greatly particularly from the DC Council. SHIRE and the partnership were successful in building relationships with Council members. Their advocacy efforts have made initiatives with a focus on the environment and healthcare more of a priority for the Council.

Government partners are limited in their ability to advocate for policy change. They can make recommendations and share information with the partnership, but cannot actively participate in advocacy. These restrictions were limiting during HKHC. Moving forward, the HKHC leadership is aware of these restrictions and will be cautious when working with government partners.

Future Funding

It is anticipated that the Park Ambassadors and Third Party Reimbursement initiatives will leverage additional funding in the future, however, no commitments for funding have been received.

REFERENCES

1. Healthy Kids, Healthy Communities National Program Office. *Home and About*, 2009. http://www.healthykidshealthycommunities.org/ Accessed January 13, 2014

2. U.S. Census Bureau. *2010 Census*. http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml Accessed January 13, 2014

3. U.S. Census Bureau. *2007-2011 American Community Survey*. http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml Accessed January 13, 2014

4. Healthy Kids, Healthy Communities National Program Office. *Washington DC,* 2009. http://www.healthykidshealthycommunities.org/communities/washinton-dc Accessed January 13, 2014

APPENDIX A: DC PARTNERSHIP EVALUATION LOGIC MODEL

In the first year of the grant, this evaluation logic model identified short-term, intermediate, and long-term community and system changes for a comprehensive evaluation to demonstrate the impact of the strategies to be implemented in the community. This model provided a basis for the evaluation team to collaborate with the DC partnership to understand and prioritize opportunities for the evaluation. Because the logic model was created at the outset, it does not necessarily reflect the four years of activities implemented by the partnership (i.e., the workplans were revised on at least an annual basis).

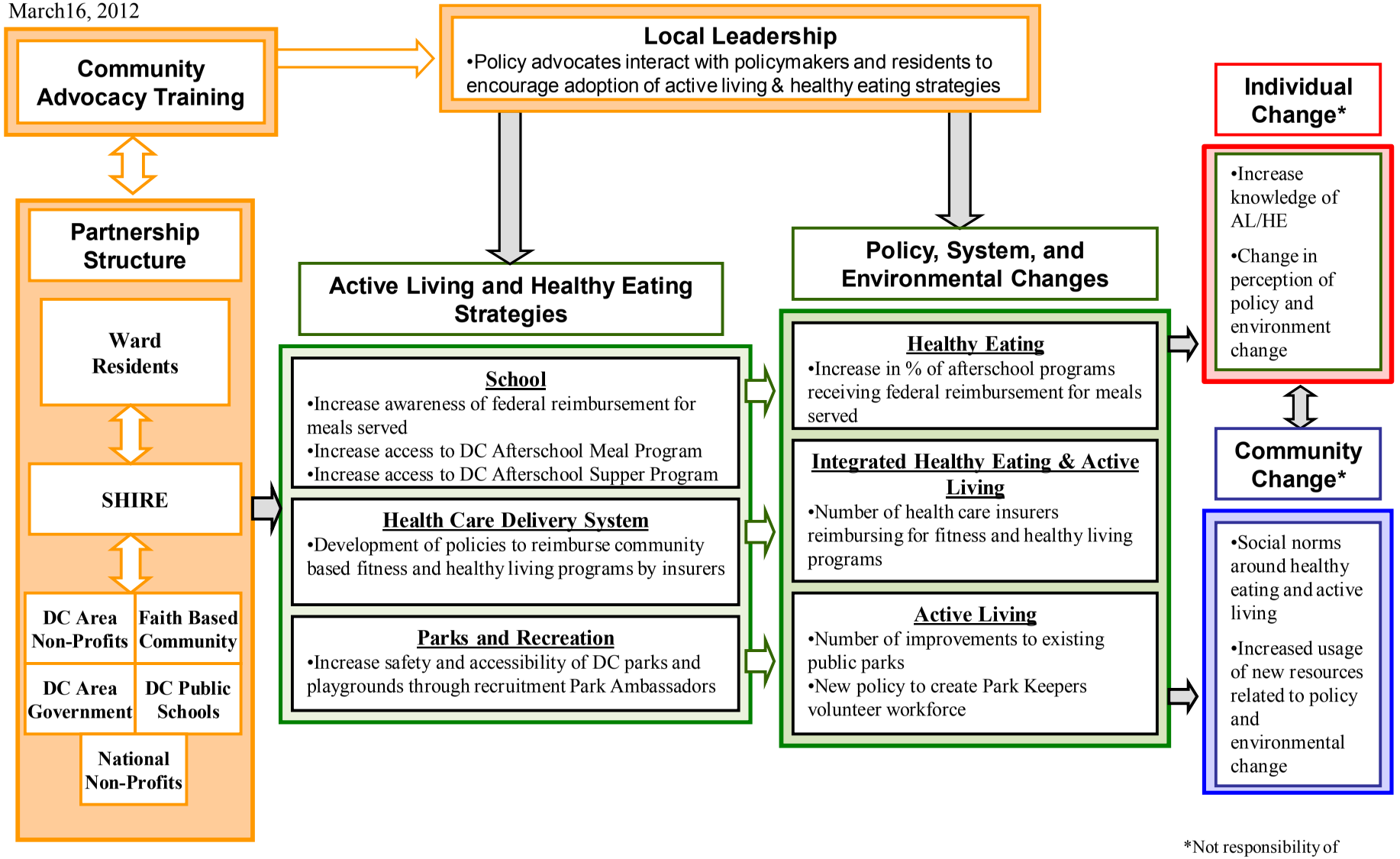
The healthy eating and active living strategies of DC partnership included:

- *Nutrition Standards in After School:* A policy was adopted that instituted an After School Meal Program in DC. This program provided federal funding to qualifying educational and enrichment programs that operated during the school year to serve healthy meals and snacks to children and teens, ages 18 and under.
- *Healthy Eating Initiatives:* DC Hunger Solutions collaborated with DC Council and Councilmembers; with support from the DC partnership, to pass Food, Environmental, and Economic Development ("FEED") DC Act of 2010. This act was designed to improve access to healthy foods in lower-income neighborhoods, encourage green technology in food stores, and create good jobs in areas with very high levels of unemployment. The Department of Parks and Recreation, with support from the DC partnership, expanded the Department of Parks and Recreation Fee-based Use Permit Authority Act of 2012, which included provisions for healthy vending at park and recreation centers in DC.
- *Third Party Reimbursement:* The DC partnership collaborated with the Department of Health to create policies to reimburse community-based fitness and healthy living programs by insurers. In January 2012, billing codes were modified by the DC Department of Health Care Finance to expand codes available to providers delivering services to overweight and obese children and adults.

Washington, DC HKHC Logic Model

Summit Health Institute for Research and Education, Inc. (SHIRE)

March16, 2012



*Not responsibility of Community Partner to measure.

APPENDIX B: DC PARTNERSHIP LIST

Type of Individuals/ Organization	Partners
Business/Industry/Commercial	Bright Screen Productions
	Unity Upper Cardozo WeCan! Program
Civic Organization	Summit Health Institute for Research and Education (SHIRE)*
	DC Hunger Solutions
Foundation	Consumer Health Foundation
Government	DC Department of Parks and Recreation
	DC Department of Health, Community Health Administration
	District of Columbia Office of Planning
	Greater Washington Urban League
Other Community-Based Organizations	Groundwork Anacostia River DC
	Neighborhood Farm Initiative
	Washington Parks and People
Policy/Advocacy Organization	National Black Child Development Institute
School	DC Public Schools

*Denotes the lead agency for the DC partnership

APPENDIX C: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Sources of Revenue

Community Partnership: Washington DC

Resource source		Amount	Status	
Business	**Year**			
Matching funds				
	2009		Annual total	$7,600.00
		$7,600.00	*Accrued*	
	2011		Annual total	$1,000.00
		$1,000.00	*Accrued*	
Sum of revenue generated by resource source		$8,600.00		
Individual/private donor	**Year**			
Matching funds				
	2009		Annual total	$1,820.00
		$1,820.00	*Accrued*	
Sum of revenue generated by resource source		$1,820.00		
Local government	**Year**			
Matching funds				
	2010		Annual total	$3,300.00
		$3,300.00	*Accrued*	
	2011		Annual total	$11,100.00
		$3,600.00	*Accrued*	
		$7,500.00	*Accrued*	
	2012		Annual total	$18,800.00
		$11,600.00	*Accrued*	
		$7,200.00	*Accrued*	
Sum of revenue generated by resource source		$33,200.00		
Foundation	**Year**			
HKHC funds				
	2008		Annual total	$80,342.36
		$51,351.07	*Accrued*	
		$14,500.00	*Accrued*	
		$763.16	*Accrued*	
		$1,200.00	*Accrued*	
		$1,760.00	*Accrued*	

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APPENDIX C: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Washington DC			
Resource source		Amount	Status	
		$1,703.22	*Accrued*	
		$1,540.52	*Accrued*	
		$1,028.17	*Accrued*	
		$6,496.22	*Accrued*	
	2009		Annual total	$91,760.96
		$27,500.00	*Accrued*	
		$2,000.00	*Accrued*	
		$107.86	*Accrued*	
		$659.57	*Accrued*	
		$675.53	*Accrued*	
		$60,818.00	*Accrued*	
	2010		Annual total	$87,161.30
		$8,081.53	*Accrued*	
		$5,353.80	*Accrued*	
		$20,700.00	*Accrued*	
		$3,800.00	*Accrued*	
		$1,500.00	*Accrued*	
		$827.10	*Accrued*	
		$1,499.65	*Accrued*	
		$44,546.32	*Accrued*	
		$852.90	*Accrued*	
	2011		Annual total	$101,748.00
		$4,775.00	*Accrued*	
		$7,423.00	*Accrued*	
		$66,400.00	*Accrued*	
		$6,250.00	*Accrued*	
		$2,400.00	*Accrued*	
		$10,000.00	*Accrued*	
		$2,000.00	*Accrued*	
		$2,500.00	*Accrued*	
Matching funds				
	2009		Annual total	$33,000.00

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APPENDIX C: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Washington DC			
Resource source		Amount	Status	
		$8,000.00	*Accrued*	
		$25,000.00	*Accrued*	
	2010		Annual total	$25,000.00
		$25,000.00	*Accrued*	
	2011		Annual total	$31,000.00
		$25,000.00	*Accrued*	
		$6,000.00	*Accrued*	
	2012		Annual total	$5,300.00
		$5,300.00	*Accrued*	
Other				
	2011		Annual total	$2,000.00
		$2,000.00	*Accrued*	
Sum of revenue generated by resource source	$457,312.62			
Non-profit organization	Year			
Matching funds				
	2009		Annual total	$32,200.00
		$1,800.00	*Accrued*	
		$2,400.00	*Accrued*	
		$25,000.00	*Accrued*	
		$3,000.00	*Accrued*	
	2010		Annual total	$35,600.00
		$10,600.00	*Accrued*	
		$25,000.00	*Accrued*	
	2011		Annual total	$10,600.00
		$3,600.00	*Accrued*	
		$7,000.00	*Accrued*	
	2012		Annual total	$24,700.00
		$10,000.00	*Accrued*	
		$8,100.00	*Accrued*	
		$3,600.00	*Accrued*	
		$3,000.00	*Accrued*	
Sum of revenue generated by resource source	$103,100.00			

APPENDIX C: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

Community Partnership	Washington DC			
Resource source		Amount	Status	
Other	Year			
Matching funds				
	2011		Annual total	$25,000.00
		$25,000.00	*Accrued*	
	2012		Annual total	$2,350.00
		$2,350.00	*Accrued*	
Sum of revenue generated by resource source		$27,350.00		
Grand Total				$631,382.62

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