

Health Programs With Rigorous Research

To inform departments, stakeholders, and the legislature about health programs throughout the nation that have a rigorous body of research, the Research and Evidence-Based Policy Initiatives team is releasing this inventory of evidence-based health programs. These programs have rigorous research completed on them that meets the research standards set by the Washington State Institute of Public Policy (WSIPP).

Please note that the following list of programs corresponds with the health program areas reviewed by WSIPP. Program areas include:

- Emergency Department Visits
- Hospital Readmissions
- Maternal Health
- Obesity
- Patient-Centered Medical Homes
- Type 2 Diabetes

For additional information regarding this program inventory, please refer to the Research and Evidence-Based Policy Initiatives team's Colorado Results First Health Findings report, which can be accessed at the following link: <https://sites.google.com/state.co.us/rfpfs/colorado-results-first/reports>.

Program Name	Description	Link to Research	Evidence of program favorably impacting outcome(s)?	Evidence of program having neutral or no impact on outcome(s)?	Evidence of program unfavorably impacting outcome(s)?	Program Administered by HCPF or CDPHE?
Behavioral Interventions To Reduce Obesity						
High-Intensity, In-Person Programs for Adults	Behavioral interventions for obesity include behavioral counseling, therapy, and educational components, and often include diet and exercise components as well. For these interventions for obese adults, programs that target diabetic populations as well as those aimed at preventing obesity are excluded. Programs in this specific category are delivered to obese adults and are conducted face-to-face, with 12 or more sessions a year for 12 months or more.	http://www.wsipp.wa.gov/BenefitCost/Program/473	Yes Outcomes: -Decreases Diastolic Blood Pressure -Decreases Obesity -Decreases Systolic Blood Pressure -Decreases Weight (Weight Change)	Yes Outcomes: -HDL Cholesterol -LDL Cholesterol	No	No
Low-Intensity, In-Person Programs for Adults	Behavioral interventions for obesity include behavioral counseling, therapy, and educational components, and often include diet and exercise components as well. For these interventions for obese adults, programs that target diabetic populations as well as those aimed at preventing obesity are excluded. Programs in this specific category are delivered to obese adults and are conducted face-to-face, with fewer than 12 sessions a year or for less than 12 months.	http://www.wsipp.wa.gov/BenefitCost/Program/474	Yes Outcomes: -Decreases Diastolic Blood Pressure -Decreases LDL Cholesterol	Yes Outcomes: -HDL Cholesterol -Obesity -Systolic Blood Pressure -Weight Change	No	No
Low-Intensity, In-Person Programs for Children	The behavioral interventions included target obese and overweight youth under age 18, providing them with counseling, education, and other supports to improve diet, increase physical activity, and reduce weight. The programs use techniques designed to promote and sustain behavioral changes, including goal setting, self-monitoring, stimulus control, and other strategies. The programs in this category provide less than 25 hours of face-to-face intervention.	http://www.wsipp.wa.gov/BenefitCost/Program/477	Yes Outcome: -Decreases Obesity	Yes Outcome: -Weight Change	No	No
Moderate- To High-Intensity, Face-To-Face Programs for Children	The behavioral interventions included target obese and overweight youth under age 18, providing them with counseling, education, and other supports to improve diet, increase physical activity, and reduce weight. The programs use techniques designed to promote and sustain behavioral changes, including goal setting, self-monitoring, stimulus control, and other strategies. The programs in this category provide at least 25 hours of face-to-face intervention.	http://www.wsipp.wa.gov/BenefitCost/Program/476	Yes Outcomes: -Decreases Obesity -Decreases Weight (Weight Change)	No	No	No
Remotely-Delivered Programs for Adults	Behavioral interventions for obesity include behavioral counseling, therapy, and educational components, and often include diet and exercise components as well. For these interventions for obese adults, programs that target diabetic populations as well as those aimed at preventing obesity are excluded. Programs in this specific category are delivered to obese adults and are conducted remotely, usually via computer or phone.	http://www.wsipp.wa.gov/BenefitCost/Program/475	Yes Outcomes: -Decreases Obesity -Decreases Systolic Blood Pressure -Decreases Weight (Weight Change)	Yes Outcome: -Diastolic Blood Pressure	No	No
Remotely-Delivered Programs for Children	The behavioral interventions included target obese and overweight youth under age 18, providing them with counseling, education, and other supports to improve diet, increase physical activity, and reduce weight. The programs use techniques designed to promote and sustain behavioral changes, including goal setting, self-monitoring, stimulus control, and other strategies. The programs in this category are provided remotely, usually via computer or phone.	http://www.wsipp.wa.gov/BenefitCost/Program/478	No	Yes Outcomes: -Obesity -Weight Change	No	No
Lifestyle Interventions To Prevent Type 2 Diabetes						
Long-Term, Intensive, Individual Counseling Programs	All lifestyle diabetes prevention programs target individuals at high risk for developing type 2 diabetes, providing them with counseling and other support. Typical programs in this category include those that provide three years of active intervention, including individual counseling sessions and supervised exercise classes.	http://www.wsipp.wa.gov/BenefitCost/Program/471	Yes Outcomes: -Decreases Diabetes -Decreases Fasting Glucose -Decreases Weight (Weight Change)	No	No	No
Shorter-Term Programs With Group-Based Counseling	All lifestyle diabetes prevention programs target individuals at high risk for developing type 2 diabetes, providing them with counseling and other support. Programs in this category are shorter-term, lower-cost, group-based counseling programs provided in community settings (e.g. YMCA's, churches).	http://www.wsipp.wa.gov/BenefitCost/Program/472	Yes Outcomes: -Decreases Fasting Glucose -Decreases Weight (Weight Change)	No	No	Yes -CDPHE
Health Care System Efficiency: Transitional Care Programs To Prevent Hospital Readmissions (Including Pre-Discharge Assistance and/or Post-Discharge Follow-Up Interventions)						
All Programs, General Patient Populations	Transitional care programs focus on preventing future hospital readmissions after discharge. Programs in this category may provide coaches, patient education, medication reconciliation, individualized discharge planning, enhanced provider communication, and patient follow-up after discharge. Additionally, programs in this category are intended for general patient populations.	http://www.wsipp.wa.gov/BenefitCost/Program/479	No	Yes Outcome: -Hospital Readmissions	No	Yes -HCPF
Brief Phone Follow-Up Only	Transitional care programs focus on preventing future hospital readmissions after discharge. Programs in this category include those that provide post-discharge patient follow-up by telephone only, with no pre-discharge assistance.	http://www.wsipp.wa.gov/BenefitCost/Program/482	No	Yes Outcome: -Hospital Readmissions	No	No
Comprehensive Programs	Comprehensive transitional care programs focus on preventing future hospital readmissions after discharge. Programs in this category include those that provide pre-discharge assistance (e.g. a transition coach, enhanced discharge planning, and primary care provider communication), as well as post-discharge follow-up. Additionally, programs in this category can include comprehensive transitional care programs for high-risk patient populations.	http://www.wsipp.wa.gov/BenefitCost/Program/481	Yes Outcome: -Decreases Hospital Readmissions	No	No	No

Health Care System Efficiency: Patient-Centered Medical Home (PCMH)						
PCMHs Implemented In Integrated Health Systems (High-Risk Populations Due To Chronic Illness Or Older Age)	The PCMH model attempts to make health care more efficient by implementing a set of changes to primary care. PCMHs are designed to provide comprehensive care, treating both acute needs and promoting population health. The model emphasizes care coordination across providers, patient engagement, evidence-based care, use of health information technology, and enhanced patient access. This category includes PCMHs implemented in integrated health systems. Programs in this category target higher risk, older patients.	http://www.wsipp.wa.gov/BenefitCost/Program/704	Yes Outcome: -Decreases Health Care Costs	No	No	No
PCMHs In Physician-Led Practices With Utilization Or Cost Incentives (General Population)	The PCMH model attempts to make health care more efficient by implementing a set of changes to primary care. PCMHs are designed to provide comprehensive care, treating both acute needs and promoting population health. The model emphasizes care coordination across providers, patient engagement, evidence-based care, use of health information technology, and enhanced patient access. This category includes PCMHs implemented in physician-led practices where providers are offered financial incentives to reduce utilization and costs, such as shared cost-savings.	http://www.wsipp.wa.gov/BenefitCost/Program/707	Yes Outcome: -Decreases Emergency Department Visits	Yes Outcomes: -Health Care Costs -Hospitalization -Specialist Visits	No	Yes -HCPF
PCMHs In Physician-Led Practices With Utilization Or Cost Incentives (High-Risk Populations)	The PCMH model attempts to make health care more efficient by implementing a set of changes to primary care. PCMHs are designed to provide comprehensive care, treating both acute needs and promoting population health. The model emphasizes care coordination across providers, patient engagement, evidence-based care, use of health information technology, and enhanced patient access. This category includes PCMHs implemented in physician-led practices and where providers are offered financial incentives to reduce utilization and costs, such as shared cost-savings. Programs in this category serve chronically ill or older adults specifically.	http://www.wsipp.wa.gov/BenefitCost/Program/708	No	Yes Outcome: -Health Care Costs	No	No
PCMHs In Physician-Led Practices Without Explicit Utilization Or Cost Incentives (General Population)	The PCMH model attempts to make health care more efficient by implementing a set of changes to primary care. PCMHs are designed to provide comprehensive care, treating both acute needs and promoting population health. The model emphasizes care coordination across providers, patient engagement, evidence-based care, use of health information technology, and enhanced patient access. This category includes PCMHs implemented in physician-led practices.	http://www.wsipp.wa.gov/BenefitCost/Program/705	Yes Outcome: -Decreases Emergency Department Visits	Yes Outcomes: -Health Care Costs -Hospitalization -Specialist Visits	No	Yes -HCPF
PCMHs In Physician-Led Practices Without Explicit Utilization Or Cost Incentives (High-Risk Populations)	The PCMH model attempts to make health care more efficient by implementing a set of changes to primary care. PCMHs are designed to provide comprehensive care, treating both acute needs and promoting population health. The model emphasizes care coordination across providers, patient engagement, evidence-based care, use of health information technology, and enhanced patient access. This category includes PCMHs implemented in physician-led practices. Programs in this category serve chronically ill or older patients specifically.	http://www.wsipp.wa.gov/BenefitCost/Program/706	Yes Outcome: -Decreases Emergency Department Visits	Yes Outcomes: -Health Care Costs -Hospitalization -Specialist Visits	No	No
Health Care System Efficiency: Interventions to Reduce Unnecessary Emergency Department Visits						
Asthma Self-Management Education For Children	Asthma self-management education aims to manage asthma symptoms and avoid emergency department visits by teaching children to identify and avoid asthma triggers, recognize symptoms, and take appropriate action to manage symptoms. Programs in this category provide asthma self-management education delivered by a social worker, nurse, or computer program, and includes interventions delivered to children or children and their families in an individual or group setting. These programs include interventions that are initiated in the health care system.	http://www.wsipp.wa.gov/BenefitCost/Program/489	No	Yes Outcomes: -Emergency Department Visits -Hospitalization -School Attendance	No	No
General Education On Appropriate Emergency Department Use	Programs in this category include those that disseminate informational booklets to members of health insurance plans who receive Medicaid benefits. Booklets typically explain when to use emergency services, offer assistance in finding a primary care physician, and describe self-care for minor conditions.	http://www.wsipp.wa.gov/BenefitCost/Program/488	No	Yes Outcome: -Emergency Department Visits	No	Yes -HCPF
Intensive Case Management For Frequent Emergency Department Users	These interventions target the highest-frequency emergency department visitors, providing a case manager or clinical case management team to assist in accessing appropriate medical care and community resources with the aim of reducing unnecessary emergency department visits.	http://www.wsipp.wa.gov/BenefitCost/Program/487	Yes Outcomes: -Decreases Emergency Department Visits -Decreases Hospitalization	No	No	Yes -HCPF
Maternal and Infant Health: Home Visiting Programs						
Other Prenatal Home Visiting Programs	Home visiting programs in this category provide services to women, children, and families during the prenatal period. In these programs, nurses, social workers, or trained paraprofessional providers make regular home visits to provide one or more non-clinical services that support maternal wellness and infant health during the prenatal period. Services may include case management, health education, risk assessment, psychosocial support, or nutritional counseling. Programs are intended for women with high-risk pregnancies based on socioeconomic status, age, race, or other pregnancy risk factors. Women are eligible for these programs during their pregnancy and program services may continue for up to 12 months postpartum. All provider types are included in this category. All women receive clinical prenatal care. This category does not include "name-brand" programs that provide prenatal home visiting as part of a larger model (e.g. Nurse Family Partnership, Healthy Families America). This category excludes programs that solely target adolescent women.	http://www.wsipp.wa.gov/BenefitCost/Program/716	Yes Primary Participant (Mother) Outcome: -Decreases Preterm Birth (<37 weeks) Secondary Participant (Infant) Outcomes: -Decreases Infant Mortality -Decreases Preterm Birth (<37 weeks)	Yes Primary Participant (Mother) Outcomes: -Adequate Prenatal Care -Cesarean Sections -Low Birthweight Births -Small for Gestational Age -Very Low Birthweight (<1500g) Secondary Participant (Infant) Outcomes: -Low Birthweight Births -Neonatal Intensive Care Unit Admission -Small for Gestational Age -Very Low Birthweight (<1500g)	No	Yes -HCPF
Resource Mothers Program	The Resource Mothers Program is a prenatal home visiting program for pregnant adolescents age 19 and under. Adolescent women are eligible for this program during their pregnancy and for 12 months postpartum. In this program, a paraprofessional provider called a "Resource Mother" makes monthly visits to the adolescent's home to provide case management, risk assessments, psychosocial support, or health education. A social worker supervises the Resource Mothers. Resource Mothers provide an average of 16 home visiting hours, 1 training hour, and 1 supervisory hour per participant. All women receive clinical prenatal care.	http://www.wsipp.wa.gov/BenefitCost/Program/715	Yes Primary Participant (Mother) Outcomes: -Decreases Preterm Birth (<37 weeks) -Prevents Infants From Being Small for Gestational Age Secondary Participant (Infant) Outcomes: -Decreases Preterm Birth (<37 weeks) -Prevents Infants From Being Small for Gestational Age	Yes Primary Participant (Mother) Outcomes: -Low Birthweight Births -Very Low Birthweight (<1500g) Secondary Participant (Infant) Outcomes: -Low Birthweight Births -Very Low Birthweight (<1500g)	No	No

Maternal and Infant Health: Smoking Cessation for Pregnant Women						
Contingency Management	Contingency management is a supplement to counseling treatment that rewards participants for attending treatment and/or abstaining from substance use. Interventions in this category include those that focus on women who smoke during pregnancy who are also receiving smoking cessation counseling, and provide rewards contingent on quitting and remaining abstinent. Rewards are in the form of vouchers that can be exchanged for goods. Individuals typically receive treatment for an average of three months.	http://www.wsipp.wa.gov/BenefitCost/Program/709	Yes <u>Primary Participant (Mother)</u> Outcomes: -Decreases Low Birthweight Births -Decreases Preterm Birth (<37 weeks) -Decreases Regular Smoking -Decreases Smoking During Late Pregnancy <u>Secondary Participant (Infant)</u> Outcomes: -Decreases Low Birthweight Births -Decreases Preterm Birth (<37 weeks)	Yes <u>Secondary Participant (Infant)</u> Outcome: -Neonatal Intensive Care Unit Admission	No	Yes -CDPHE
Intensive Behavioral Interventions	Programs in this category include smoking cessation interventions that provide moderate-to-intensive in-person or phone counseling to women who are pregnant. Programs are tailored for women who smoke during pregnancy, include more than a single brief counseling session, and offer self-help materials to encourage smoking cessation. Motivational interviewing is the most common type of counseling.	http://www.wsipp.wa.gov/BenefitCost/Program/711	Yes <u>Primary Participant (Mother)</u> Outcome: -Decreases Smoking During Late Pregnancy	Yes <u>Primary Participant (Mother)</u> Outcomes: -Low Birthweight Births -Regular Smoking <u>Secondary Participant (Infant)</u> Outcome: -Low Birthweight Births	No	No
Nicotine Replacement	Programs in this category include smoking cessation interventions that provide nicotine replacement therapy (in the form of patches or gum) in conjunction with behavioral counseling to women who are pregnant. Programs are tailored for women who smoke during pregnancy and treatment is for approximately 6 to 12 weeks.	http://www.wsipp.wa.gov/BenefitCost/Program/710	Yes <u>Primary Participant (Mother)</u> Outcome: -Decreases Smoking During Late Pregnancy	Yes <u>Primary Participant (Mother)</u> Outcomes: -Low Birthweight Births -Preterm Birth (<37 weeks) <u>Secondary Participant (Infant)</u> Outcomes: -Low Birthweight Births -Neonatal Intensive Care Unit Admission -Preterm Birth (<37 weeks)	No	Yes -CDPHE
Postpartum Smoking Relapse Prevention	Programs in this category recruit women who quit smoking during pregnancy and then provides counseling to prevent relapse. These programs include at least some postpartum counseling.	http://www.wsipp.wa.gov/BenefitCost/Program/712	Yes Outcome: -Decreases Regular Smoking	No	No	No
Maternal and Infant Health: Strategies to Reduce Unnecessary Cesarean Sections						
Audit And Feedback	Audit and feedback is a physician-centered approach to reducing cesarean section rates by reviewing cesarean sections for their appropriateness according to pre-established guidelines. These interventions vary in the frequency with which the audits are performed and the feedback provided. There is also variation in whether information is provided anonymously or if physicians or departments are associated with their cesarean section rates.	http://www.wsipp.wa.gov/BenefitCost/Program/618	No	Yes Outcome: -Cesarean Sections	No	No
Continuous Support	These hospital-based interventions measure the influence of continuous emotional and physical support for women in labor in reducing cesarean sections. Interventions vary and can include intrapartum support, prenatal education, postpartum care, and/or lactation support. Similarly, practitioners also vary, as interventions can be delivered by nurses with additional training, doulas who are not included in hospital staff, or friends or family of the laboring mother who have received additional training.	http://www.wsipp.wa.gov/BenefitCost/Program/620	No	Yes Outcome: -Cesarean Sections	No	No
Mandatory Second Opinion	These programs require physicians to consult an additional physician for a second opinion before conducting a cesarean section.	http://www.wsipp.wa.gov/BenefitCost/Program/622	Yes Outcome: -Decreases Cesarean Sections	No	No	No
Multi-Faceted Hospital-Based Interventions	These interventions encompass bundled reform packages adopted by hospitals in order to change physician decision-making in performing cesarean sections. While the specific components of these bundled reform packages vary, they typically include the adoption of physician best practices, especially guidelines on when cesarean sections should be performed, and the limitation of inductions before 39 weeks of gestation. Most reform packages also attempt to change physician behavior by publishing either their anonymous or identified cesarean section rates via a report card or by creating a physician review board that regularly audits the appropriateness of performed cesarean sections. These packages can also include the recruitment of physicians to serve as local opinion leaders or potentially other clinical or non-clinical interventions.	http://www.wsipp.wa.gov/BenefitCost/Program/624	Yes Outcome: -Decreases Cesarean Sections	No	No	In Progress CDPHE in collaboration with HCPF and the Colorado Perinatal Care Quality Collaborative are in the process of launching the "Reduction of Cesarean Section Among First Time, Low Risk Mothers" program. The program will be piloted in three sites across Colorado.

Maternal and Infant Health: Interventions to Prevent Excessive Gestational Weight Gain						
Interventions for the General Population	This category includes a wide range of programs that aim to prevent excessive gestational weight gain. Programs include those that offer an exercise class and programs that offer counseling on recommended weight gain during pregnancy. Typically, athletic trainers lead exercise programs in groups and counseling is delivered one-on-one in a clinical setting by a health educator, midwife, or obstetrician. Counseling ranges from one to nine sessions.	http://www.wsipp.wa.gov/BenefitCost/Program/637	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Decreases Blood Pressure -Decreases Excess Gestational Weight Gain -Decreases Gestational Diabetes 	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Cesarean Sections -Low Birthweight Births -Preeclampsia -Preterm Birth (<37 weeks) -Weight Change <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Low Birthweight Births -Macrosomia -Neonatal Intensive Care Unit Admission -Preterm Birth (<37 weeks) 	No	No
Interventions for Those with Obesity-Related Risk Factors	This category includes a wide range of programs that aim to prevent excessive gestational weight gain in a population with obesity-related risk factors (based on women's pre-pregnancy Body Mass Index). Programs include those that offer an exercise class and programs that offer counseling on recommended weight gain during pregnancy. Typically, athletic trainers lead exercise programs in groups and counseling is delivered one-on-one in a clinical setting by a health educator, midwife, psychologist, or obstetrician.	http://www.wsipp.wa.gov/BenefitCost/Program/636	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Decreases Excess Gestational Weight Gain -Decreases Gestational Diabetes <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Decreases Macrosomia 	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Blood Pressure -Cesarean Sections -Hospitalization -Low Birthweight Births -Postpartum Depression -Preeclampsia -Preterm Birth (<37 weeks) -Small for Gestational Age <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Infant Mortality -Low Birthweight Births -Neonatal Intensive Care Unit Admission -Preterm Birth (<37 weeks) -Small for Gestational Age 	No	No
Maternal and Infant Health: Prenatal Care Programs						
Enhanced Prenatal Care Programs Delivered Through Medicaid	Enhanced prenatal care programs delivered through Medicaid provide non-clinical services that support maternal wellness and infant health during the prenatal period, such as care coordination, health education, risk assessment, psychosocial support, or nutritional counseling. These programs are delivered in a primary healthcare setting and are provided by either a nurse or a social worker. Women are eligible for these programs during their pregnancy, with some benefits continuing through the first 12 months postpartum. Participants typically receive program benefits for 3 to 16 months, including both prenatal and postpartum services. All programs included in this category are implemented by Medicaid. All women receive clinical prenatal care.	http://www.wsipp.wa.gov/BenefitCost/Program/680	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Decreases Low Birthweight Births -Decreases Preterm Birth (<37 weeks) -Decreases Very Low Birthweight (<1500g) <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Decreases Infant Mortality -Decreases Low Birthweight Births -Decreases Neonatal Intensive Care Unit Admission -Decreases Preterm Birth (<37 weeks) -Decreases Very Low Birthweight (<1500g) 	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Small for Gestational Age <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Small for Gestational Age 	No	No
Group Prenatal Care (Compared To Standard Prenatal Care)	Traditionally, prenatal care visits are conducted by an obstetrician or midwife in a clinical setting. Group prenatal care is an alternative strategy to deliver prenatal education and conduct clinical assessments in a non-clinical and group setting. Groups are typically led by an obstetrician or midwife and may also include a registered nurse or medical assistant as a second staff member. Programs may use the CenteringPregnancy model of prenatal care, which includes 10 sessions of education and clinical assessments in a group setting. On average, sessions are two hours long with groups of 6 to 12 women. Programs may provide prenatal education in groups of 6 to 8 and teach pregnant teens to conduct routine clinical measurements on their peers. Individuals receive group prenatal care for about seven months.	http://www.wsipp.wa.gov/BenefitCost/Program/638	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Prevents Infants From Being Small for Gestational Age <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Prevents Infants From Being Small for Gestational Age 	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Cesarean Sections -Low Birthweight Births -Postpartum Depression -Preterm Birth (<37 weeks) <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Low Birthweight Births -Neonatal Intensive Care Unit Admission -Preterm Birth (<37 weeks) 	No	No
Non-Medicaid Enhanced Prenatal Care Programs For Adolescents	Programs in this category provide intensive case management, group classes, or both, provided by either a paraprofessional or team of health service providers. Adolescent women are eligible for these programs if they are 18 or under during their pregnancy. Participants typically receive services for four months during the prenatal period, with an average of 12 one-hour sessions. Additionally, all women receive clinical prenatal care.	http://www.wsipp.wa.gov/BenefitCost/Program/681	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Decreases Preterm Birth (<37 weeks) -Decreases Very Low Birthweight (<1500g) <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Decreases Preterm Birth (<37 weeks) -Decreases Very Low Birthweight (<1500g) 	<p>Yes</p> <p><u>Primary Participant (Mother)</u> Outcomes:</p> <ul style="list-style-type: none"> -Low Birthweight Births <p><u>Secondary Participant (Infant)</u> Outcomes:</p> <ul style="list-style-type: none"> -Infant Mortality -Low Birthweight Births 	No	No

Maternal and Infant Health: Prenatal Care Programs Continued						
Non-Medicaid Enhanced Prenatal Care Programs For African-American Women	Programs in this category provide African-American women psychosocial support and health education regarding risk reduction. Some programs also include case management and nutritional counseling. Services are provided by paraprofessionals or nurses. Participants typically receive the program for five months, including prenatal and postpartum services. Additionally, all women receive clinical prenatal care.	http://www.wsipp.wa.gov/BenefitCost/Program/679	No	Yes <u>Primary Participant (Mother)</u> <u>Outcomes:</u> -Cesarean Sections -Low Birthweight Births -Preterm Birth (<37 weeks) -Very Low Birthweight (<1500g) <u>Secondary Participant (Infant)</u> <u>Outcomes:</u> -Low Birthweight Births -Neonatal Intensive Care Unit Admission -Preterm Birth (<37 weeks) -Very Low Birthweight (<1500g)	No	No
School Programs						
Preschool Programs To Create A Healthy Food Environment And Increase Physical Activity	Programs in this category include a wide variety of preschool interventions to create a healthy food environment and increase physical activity. Programs may include nutrition education for children and parents, additional time engaged in physical activity, and healthier snacks and drinks during the school day. Interventions serve children in preschools ages three to six years old.	http://www.wsipp.wa.gov/BenefitCost/Program/576	Yes <u>Outcome:</u> -Decreases Obesity	No	No	Yes -CDPHE
School-Based Body Mass Index Screening And Parental Notification	Programs provide universal screenings that measure students' body mass index (BMI) at specified grade levels. Confidential letters are sent home to families to communicate students' BMI, weight category, and corresponding health risk.	http://www.wsipp.wa.gov/BenefitCost/Program/578	No	Yes <u>Outcome:</u> -Obesity	No	No
School-Based Obesity Prevention Education	School-based obesity prevention education interventions provide classroom curriculum and instruction on nutrition and physical activity for elementary and middle school students. The programs are taught by classroom or physical education teachers during the school day and do not replace standard curriculum or health classes. The focus of the curriculum varies and includes topics such as the importance of nutrition and physical activity, reducing soda consumption, and reducing screen time. Most programs take place during a single school year.	http://www.wsipp.wa.gov/BenefitCost/Program/573	No	Yes <u>Outcome:</u> -Obesity	No	No
School-Based Programs To Create A Healthy Food Environment	Programs aim to improve the food environment in schools through changes such as removing soda and energy dense foods from cafeterias and vending machines, improving the nutrition of school meals, promoting water consumption, and encouraging students to bring healthier food from home. Programs provide increased opportunities for physical activity during the school day.	http://www.wsipp.wa.gov/BenefitCost/Program/575	Yes <u>Outcome:</u> -Decreases Obesity	No	No	No
School-Based Programs To Increase Physical Activity	Programs add additional physical activity to the elementary or middle school day through guided activities led by the classroom teacher or physical education teacher. They do not replace standard physical education classes or recess. The format of these interventions vary, but most programs incorporate physical activity into the standard classroom curriculum. Some programs also include instruction on the importance of physical activity and/or nutrition. Intervention lengths range from two months to six school years.	http://www.wsipp.wa.gov/BenefitCost/Program/574	No	Yes <u>Outcomes:</u> -Obesity -Test Scores	No	No
Workplace Programs						
Workplace-Wide Interventions To Prevent Obesity	Programs target all employees and the specific interventions offered can vary, but interventions include at least one of the following program components: weight loss and/or healthy eating competitions; fitness classes and/or walking clubs; classes or information on obesity prevention; newsletters, signs and posters promoting healthy choices; onsite farmers' markets; increased availability of on-site healthy foods and vending options; and decreased price of on-site healthy foods and drinks.	http://www.wsipp.wa.gov/BenefitCost/Program/577	No	Yes <u>Outcome:</u> -Obesity	No	No