

AMCHP 2008 ANNUAL CONFERENCE

WE ARE MAKING A DIFFERENCE:

Healthy Weight in Women: The Importance of Collaboration

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HELEN JACKSON: Good morning. Have you ever thought about building a home or have built a home? The first thing you come up with is a design to achieve the results that you're seeking. Usually you seek out advice from experts in the field, you explore what will be your risk and rewards for building this home and then what resources do you have to make this happen?

After you do all of that, you seek out those subcontractors and decide who will have what role in order to build this house. And you do a review of all of these things and determine your reasoning for building this home, you know, is it to get a new house or is it to get more space, to improve the efficiency of the utilization of your home life?

And after you do all of that, you say I'm ready to begin to build a home. And that's what happened with us. We began to build a partnership between our state and our counties. One Sunday morning an invitation was extended to us by CityMatCH and AMCHP to work on a national action learning collaborative for the sole purpose to address healthy weight in women.

Excitement kind of ran through all of the three counties that were select to participate and of course the state of Florida was elated. And then a long distance relationship evolved.

Our challenge in Jacksonville, which is Duval County, Leon County and Orange County, and Tallahassee is also in Leon County, was to view our geographical boundaries and separations and roadblocks and the different obstacles as stepping stones and opportunities to address the issue of healthy weight in women.

The aim is to develop culturally appropriate acceptable and environmental friendly interventions for guiding and assisting women to obtain and maintain a healthy weight.

Imagine three geographically disperse counties normally competing for funds actually sharing resources for the good of women in the State of Florida.

This was a really covenant relationship in concept. We engaged with various members of our team who had expertise in the areas of nutrition, physical activity, epidemiology, evaluation, community based program and research, health education, nursing, psychosocial counseling, environmental health and academic teaching.

How could we begin to reach common ground and achieve a sense of oneness in this new state-county relationship? We were all specialists in our field before this partnership. What we had to first gain an understanding and appreciation of the strengths of each of our members.

The collaboration was beginning to teach us the importance of having a diverse membership and what each could bring to help build our partnership. So we organized a steering committee, we gain support from state and county leaders, we conducted our first group meeting, we created different work groups because of the geographical separation we needed to make sure that the work got started. So we divided them into teams that looked at the data, the curriculum, the RB or internal review board process, the evaluation strategies and we began to collect, analyze and review the data.

So what was the problem? Florida women like most women across the United States had behaviors and life styles that would lead to less than normal or less than expectations for healthy weight across our nation, okay.

So what did the data tell us? We did an assessment of PRAMS and behavior risk factors, surveillance surveys, the FEMA reviews, the BMIs and the schools, the WIC enrollees, the vital stats and basically it boiled down to the fact that overweight and obesity was prevalent among women of childbearing age to the tune of 42 percent statewide and the counties ranged between 40 and 45 percent

The PRAMS data also revealed that the most chronic illness is obesity. So you might ask yourself, what problems were identified. Among the problems identified were that women were overweight and/or obese prior to pregnancy, so it didn't matter if they were on WIC or Healthy Start or what, before they even came into the system they were overweight or obese and that women who became pregnant retained the weight that they gained during pregnancy after the baby was delivered.

We further examined and combined our resources and discovered that we were a sunrise, sunset state, therefore we named our team Sunshine Team.

Throughout the process we have grown in our reasoning, in our roles, in our resources, in the rewards and the risks and also the results that we have achieved. We had so many resources when we looked at WIC and Healthy Start, health services, family planning, et cetera, however we were faced with the dilemma that everyone is faced with, these are categorical dollars.

So our team presented the data again to the state and county groups and together we selected postpartum women with BMIs greater than 25 as our target group. We asked ourselves were there any other curriculum in Florida that addressed this particular group of women, and we came up with three. You see two of them shown here.

Shape Up, Jacksonville and Better Weight For a Better You, better known as baby, and the Body and Soul Program which is a faith based program. All three of the programs looked at women that were over 18 years of age, all three of them had the components of nutrition and physical activity and some type of food demonstration.

The shapeup program was available to all women, Baby available to Hispanics and Latino and African-American women, and the Body and Soul program was targeted for the African-American women. Together the three programs served 1457 women.

All three programs were deemed to be having successful weight loss because if you gain no weight that's a success. So the weight loss range was from 0 to 65 pounds. So we had to make a decision, and that decision led us to let's talk about the evaluation of these programs. And the fear of the evaluation began to surface.

Because we had asked ourselves questions like is this program properly designed? How can we sustain the program with scarce resources? What specific elements should be evaluated to know that the program and intervention strategies worked? Will the program be able to leap from best practice to

evidence based practice? And can we replicate the program statewide and nationwide?

Needless to say that the evaluation tools are still being revised and refined. We have some components that you see on the screen that we're looking at, including knowledge change and behavior change. We find that these are only the tip of the iceberg, however, as we began to ask ourselves those questions. The state-county relationship is really a tremendous asset and so important for sustaining any program and growing any program. We learned that the sum of the whole is better than its parts. We all brought something to the table, something tangible, something useful. Individually the three counties could not do it alone. But working with the state and working with each other we gained strength, we gained trust and gaining trust is not a easy thing, especially when resources are scarce.

So that's one of the lessons learned. We also learned that when you get read to build a house or to build a program you don't always have to start from scratch. Think about your vision of the house that you were going to build when we first began. And think about the resources that you had to ask yourself whether or not you had. You might not have been able to build the house that you initially planned to build because of the resources that you had available to you. But what you chose to do I hope is to build the best that you could with the resources

that you have and not try to build a foundation for which you could not finish your project. And that's a valuable lesson.

Also coordination and communication is essential. You have to always keep an open line of communication, especially when you have a long-distance relationship. The more you speak the more you communicate, the better understanding you have, the better home you will build or the better project you will build.

So where do we go from here? We have finalized our curriculum, we are piloting it in one of the counties. The evaluation is being restructured. We're looking at the interventions, the curriculum, the process and the results. We're building additional state-county partnerships as Miami has decided to join us and they're way at the tip of Florida.

We're also going to use a process to address additional women's health priorities. We're incorporating the process into other curriculums an agencies, reevaluating the process, making the necessary modifications for our curriculum's enhancement and we're replicating the program so that it could be used statewide and nationwide.

We also see the need to expand our relationship and so these are just some of the partners that we have already begun to contact. So how can you start a

collaborative effort for your state and county? Consider early on the resources that you need to sustain your curriculum prior to beginning. Anticipate the unexpected such as budget cuts, and always have an alternative plan.

Make certain that your curriculum is culturally appropriate and culturally sensitive. Remember one program does not work for everyone so keep your antennas open always be willing to improve and expand. And always remember there are additional resources available to you on the web, through your state and through your national organizations. Thank you.