

AMCHP 2008 ANNUAL CONFERENCE

WE ARE MAKING A DIFFERENCE:

Healthy Weight in Women: The Importance of Collaboration

March 1st to 5th, 2008

ELEANOR LONG: Good morning. Thank you, and there's plenty of places up here if you'd like to have a seat, please. My name is Eleanor Long, I'm from Los Angeles County, we serve 11 million people. So it's a challenge.

Okay. Yes. Let's see if I can figure out -- oh, yeah, there we go. Thank you very much for setting up this problem so succinctly. And essentially we have half of our women overweight or obese and we also do have tremendous disparities in the rates of obesity and overweight, and I just got data that our rate has leveled off in the last big health survey, so we don't know what's going on, but we're not climbing, the rates are not climbing over the last 12 months.

So I'll just jump right in because the implications of what we've learned are huge and I want all of you to consider how you can build on the data, on the knowledge base to make it better and more likely that women can achieve a healthy weight in the future.

We went to WIC and we began doing focus groups. I'm a health educator, and that means that I know the interventions do not work unless they have input and insights from the targeted populations, so I don't care how much money you've got, you've got to listen to your targeted population, you've got to.

Now, let me give you a real quick insight. How many of you have a master's degree in public health in the room. I'd say a majority. All of you are eligible to work with your local universities to mentor MPH students. I work two for my focus groups, one was Spanish speaking and one was African-American and I couldn't have done this without them.

So if you use your resources correctly and you think out of the box, this is not an expensive intervention and they are easy to implement but you've got to really build into your front end, getting your RFPs, getting your content forms approved by WIC, getting everybody to say yes, you can do this.

So why do we do focus groups? We wanted to know what the targeted populations thought about this and how we could address this epidemic of obesity, how best to promote healthy eating. And WIC is doing a great job. One of the things that we did find is these women do know a lot about healthy eating and the benefits of physical activity. They have tremendous knowledge and they have tremendous barriers. So we want culturally sensitive motivating messages and we want to affect change in this populations.

So we decided on focus groups. I know it's qualitative, but we also did a survey at the end of each one of the focus groups with each participant so we got some quantitative data, too, and I suggest that that's a good idea, and we'll be happy to share our instruments with any of you.

We had 11 focus groups conducted over the summer and like I said if you don't preplan and you've got students that have time in the summer time, if you don't have everything set up by the middle of April, it's not going to happen, so you need to be thinking right now to build it so that you can do it in the summer.

We had 38 Latinas, we had 14 African-American women, and they were enrolled in WIC. Essentially we did a lot of strategies to get these focus groups set up ahead of time. None of them worked.

What you have to do then is go to the center and recruit. If you can find some way to prearrange for this, maybe if you send a cab out to the house and you provided child care you could get the ones that had enrolled or had signed up ahead of time for your focus group you could get them to your focus group but other than that, which we didn't have resources for, you're not going to get those people.

We would have as many as 25 women that had agreed to come because we were giving them a \$25 grocery card that they could spend anyway they wanted to, and yet of 25 people with a telephone call both from the WIC staff and from my staff, only one of 25 would show up. So you help me make a better strategy.

So just plan -- it's not failure if your women are not showing up, you're there, you're ready to do a focus group, get out there and recruit on the floor.

So I'm going to talk to you about the findings from the two groups separately of course, because they are very different, and I'm going to give you the most interesting in case I get that five minute warning first. The findings from the African-American focus groups are very, very important.

Okay. You see this doctor. Over and over that's the only provider they're going to listen to. I had a woman in one of the focus groups she had diabetes, she had always been overweight she talked about the fact that she had gotten the message that she was overweight from providers through the years but it wasn't until she developed diabetes and an African-American doctor told her said to lose weight that she listened. So over and over again they do not listen to Caucasian providers, period.

And I think this is where I came to with the data, I think that they have an intuitive knowledge that the BMI charts are wrong. So why should they listen to

somebody who says according to this BMI chart you are obese, whenever they don't trust the BMI chart, and perhaps with very good reasoning.

So I really want you to think about this and work on this with us to see if we can validate the BMI on the appropriate BMI chart for African-American population.

Here's what we hear. These are at least second generation working moms, at least second generation. Their mothers didn't have any time to cook, they don't have any time to cook. Their mothers took them to fast foods when ever they were kids, they take their children to fast food now. They developed a taste for fast foods.

How many of you saw Super Size Me? Remember how he talked about the craving for the taste and how his mood actually was affected by whether or not he had eaten at McDonalds lately? So we've got to work. We were talking about stake holders at the table with your coalition.

LA, me, myself, we're really going after getting the fast-food people to the table because that's where America is eating dinner in the low-income population areas. So they've got to be there to help us promote health eating.

We have a coalition that is amazing. We are 48 people strong representing 26 organizations but it's because I call them ahead of time, two days before, I send

them out reminders and it's close to nagging, and I make sure that I keep listening to them. What do you want in this meeting? At the end of every meeting we do a hot wash, what would improve this meeting for you.

So you bring the speakers and the topics that they want to attend a meeting and listen to. Very, very important.

The barriers to physical activity was same among African-American women and Latinas, there's safety, there's the fact that they don't have any time, they're exhausted after working. And essentially I know for myself after I've put in a nine hour day, do I want to go to the gym? I don't think so. I want to go home. And this is true across all populations. We've got to work with women where they are. That's in the workplace.

You've got to become the advocates and the champions of workplace wellness, you've got to be the one that if you're in a meeting like ours that goes more than an hour that you are the one that says, look, everybody get up, let's do five minutes of physical activity. You've got to be the champion for change, we've got to change the culture to build physical activity into the workplace.

And child care is a big huge issue, too. So they know about the benefits of healthy eating, they know the benefits of physical activity, but the barriers are huge in their neighbors and in their lives. So we've got to address the barriers in

order to -- and we can even have women lose weight but if you put them back into the environment where they gain weight, they're going to have all that weight back on them plus, because we're messing with their metabolic rate, right.

We know that dieting is counterproductive. So we've got a lot of work to do, and especially this BMI issue. I am overweight according to the BMI chart. My mother's 94. I picked her up at Christmas. They waist about 115 pounds. She's five foot 3. She has all of her weight in her bones. She is heavy.

If you carry your weight in your bones and in your extremities and not around your gut, what are your health risks in carrying your weight in your bones. So if the BMI doesn't take all of this into account, how useful is it as a tool? Waist circumference is much better.

We need to craft the messages. If they know they're -- I know I'm not overweight. If a physician told me to lose weight I just told him you are obviously not tuned into me, I eat well, I exercise every day that I can and I am a healthy weight for me. But I am in the overweight category for my height and for my height.

Okay. So these are important issues that we all need to work together. So we've got to have emotional -- oh, five minutes. I knew it. We've got to have emotionally appealing messages, we've got to address environmental barriers, we've got to make safe neighbors, we've got to work with our city planners to make sure the

city builds in routes to schools and safety and walk and that the sidewalks are in good repair.

I just got back from Barcelona. At night they're out walking, pushing the baby carriages on the streets of Barcelona all into the night on the weekends. It is a cultural thing. Let's make our culture one of health and just quickly just to give you the highlights of this and I'll quit when I get one, one minute, essentially Latinas are becoming unhealthier with assimilation. They're developing that taste for fast foods and they are working outside the home and they're just -- and they don't know how to cook.

This is what we hear over and over again. People don't know how to cook. We've got to provide cooking lessons. We have got to have culturally appropriate cooking lessons that are in the neighborhoods and that are somehow appealing and draw that population in.

We're competing with McDonalds, so all of this I've talked about, the barriers to physical activities are the same with both populations. We've got to teach about the consequences of overweight but we've got to define overweight correctly. And we've got to mobilize leaders, we've got to have champions, we've got to realize that women are in the workplace. That's where we can reach them. Not -- don't expect them to do something when they go home. Reach them in the workplace. Improve the physical environment, give access to your parks, fitness

programs in community, kitchens, community kitchens, and our future plans
we're continuing our collaborative because our collaborative empowers the
partners, we listen to one another and learn from one another, we --