From good ideas to actions: Model driven community collaborative to prevent childhood obesity

Jennifer L. Huberty, PhD
Physical Activity in Health Promotion
University of Nebraska Omaha

Mary Balluff, MS, RD, LMNT
Chief, Community Health and Nutrition Services
Douglas County Health Department

Molly O'Dell MD, MFA
Director of Community Health
Alegent Health

Background

- Childhood obesity continues to rise across gender, income level, ethnicity,
 and age
 - State of Nebraska mirrors national data
 - 20th heaviest state in nation overall obesity rate of 26%
 - * Latino students more likely than any other race to be obese
 - * African American 20% more likely to be overweight than Caucasian
- Institute of Medicine Report (IOM, 2007) best chance of success in addressing childhood obesity is if public, private, voluntary organizations:
 - **X** Combine endeavours
 - **Share resources**
 - **Create and sustain efforts**

Collaborative efforts – All challenge?

- Limitations
 - * Resources limited, ecological levels not considered, evaluation difficult
 - ★ Sustainability not always addressed
 - * Turf and control issues
 - Who gets credit?
- Benefits
 - * Help to replicate successful models
 - **⋈** Build advocacy
 - **Refine where and how to focus energies for largest impact**

Activate Omaha Kids

- Purpose of presentation
 - Describe collaborative and models used to guide the decision making process
 - Share business plan samples and organizational structure
 - Suggestions for other communities
- Background of the Collaborative
 - **X Our Healthy Community Partnership**
 - *** Alegent Health**
- Mission By 2011 all Omaha children will achieve measurable improvements in nutrition, PA and healthy living supported by community collaboration and the environments in which they live.

Models Used

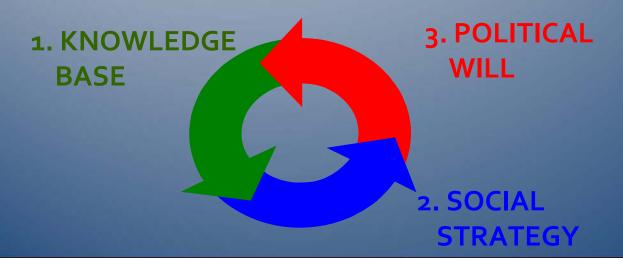
- * Ecological Model
 - Provides a framework for understanding the interrelations among diverse personal and environmental factors in human health and illness (Stokols, 1996)
 - Helped to define the scope of work needed to create meaningful results
 - Made sure the collaborative looked across all the environments that affect a child's behavior





Health Policy Model

- Richmond & Kotlechuck (1991)
 - **Knowledge base** needed to facilitate decision making
 - Political will is the mechanism by which communities needs are heard and resources allocated
 - Social Strategy is the way in which knowledge is applied and political will is built
 - Helps to reset behavior and contributes to sustained change



5 P Model - Robert Wood Johnson's (RWJ) Active Living by Design

- Innovative approach to increasing PA through community design, public policy, and communication strategies
- Sustainable change is created when communities engage in a range of activities from partnerships to programming and policy change

Supports



STRATEGIES



Short Term Changes



Intermediate Changes



Health & Lifestyle Changes

- •Local Officials
- •Existing
 Programs and
 Resource
- Coalitions and Advisory Groups
- Businesses andNon-Profit
- Groups
 •Engaged
 Residents

PREPARATION

PROMOTIONS

PROGRAMS

POLICY INFLLIENCE

PHYSICAL PROJECTS

- •Partnership capacity to promote active living
- •Awareness of health benefits of routine activity
- •Social support from family/peers
- •Media coverage
- Policy changes
- •Community Mobilizatio

- MainstreamingOpportunitiesfor ActiveLiving
- •Community
 Environment

Physical Activity



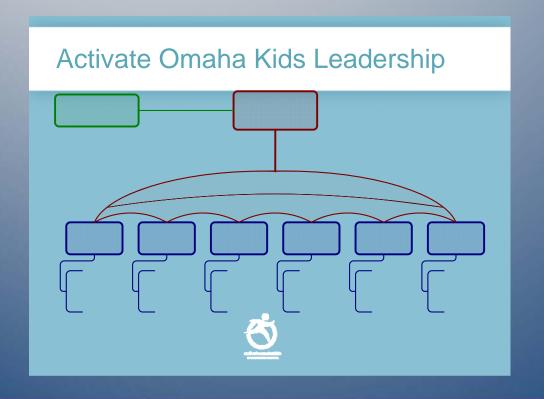
- Obesity
- Diabetes High
- •Blood Pressure

Decision Accelerator – Community Dialogue Begins

- * 75 total participants were representatives from all aspects of Ecological Model (ex. schools, hospitals, human service agencies, and families)
 - Criterion: reach, experience, expertise, decision making authority related to childhood obesity
- Identified key focus areas to address childhood obesity in the community
 - Review best practices & research
 - **Group consensus regarding solution**
 - * Horizon plan to create long-term milestones to achieve outcomes
 - **⋈** Identify short-term action steps to begin

Outcome of Decision Accelerator – PLANKS

- 7 strategic focus areas PLANKS identified
 - 💥 3 content Physical activity , Nutrition, Physical environment
 - 3 process Social marketing, Evaluation, Resources (fundraising/leadership)



Plank Meetings Decision Process– Leading to Business Plans

Created list of activities that could be implemented in community based on Ecological Model

Conducted literature review to identify best practices

List condensed and ranked based on criteria using the Health Policy Model

- 1. What was the expertise to conduct activity
- 2. Could champions be identified
- 3. Did the activity fit into the fabric of community
 - feasible in Omaha, NE

Final list organized based on measurable objectives – submitted to Executive Committee as strategic plan

Strategic Plan –PA Plank Increase the number of children who participate in PA one hour each day

What steps are necessary?	Who will perform the steps?	When with the steps be accomplished?	How will the steps be accomplished?
Find partners and schools ready to change	UNO, UNMC, DCHD	Beginning Spring 2008	GA and faculty to make calls and get schools involved
Begin collaborative - meeting with school representatives (PE teachers, Recess Aids, Teachers, Parents)	UNO, UNMC, DCHD	Spring 2008	GA and faculty to make calls and schedule meetings etc.
Develop AHS plan; include indoor and outdoor recess strategies	AHS consultants	Summer 2008	Travel for two day trip, AHS booklets/school, AHS materials and equipment
Hire staff for AHS, train teachers and staff for AHS	UNO, UNMC, , Parents	Summer 2008 Boosters - 2008/2009 school year	Travel for two day trip and booster sessions, with subsequent "booster" conducted by GA.
Pilot AHS for one year and implement AHS	UNO, UNMC, DCHD	Pilot Fall 2008	2 playground aides per school to oversee AHS (Costs for schools) Coordination — 1 or 2 Faculty & 2 GA

Business Plan

Ecological, Health Policy, & 5 P models guided final business plan

Matrix designed

Ecological Model Organizations	Child	Family/ Home	Medical Home	School/ Peers	Faith Community	Community at Large (Neighborhood)	Business and Govt.	Culture and Society
UNO		Women Bound to be Active Healthy Weight in Women Healthy Families-North		Club Possible				
ОНСР						Report Card Moving Forward with School Wellness	Integrated Comm Plan	Community Health Integration
Activate Omaha		Caught in the Act Women Bound to Be Active		Safe Routes to School Club Possible Infrastructure for McMillan SRTS		Omaha community infrastructure changes Citizen's handbook	Bikeable community Mayor's Advisory Group Bike Map	
Douglas County Health Dept.	Summer Kids Clubs WIC	Healthy University Healthy Weight in Women Learning		Club Possible Safe Routes to School		Latinas en Accion	Summer Kids Clubs WIC	Healthy University Healthy Weight in Women Learning
KEY	Preparation: planning, data collection, coalition building, partnerships, assessments, training	Promotion: messages, awareness, presentations, news releases, fact sheets, social marketing, speakers bureau, media contacts, community events, point of decision	Programs: ongoing activities, clubs, walk to school, physical activity and nutrition programs, challenges, contests	Policy: advocacy, relationships w/ policymakers, educate policymakers, school policy, master plan, health impact analysis	Physical Projects: built environment, streets, sidewalks, parks, signage, bike routes, trails, gardens			

Results

- Evaluation began in Fall of 2008
 - x Survey to assess OW status, nutrition intake habits, PA levels in children
 - **Evaluation plans developed for 7 initiatives**
 - assessment of access to healthy foods (NEMS)
 - 2. Expansion of existing afterschool nutrition and PA program
 - 3. Structured recess
 - 4. Peer breast feeding support
 - 5. Walking school bus
 - 6. BMI assessment at physician visits
 - 7. Social marketing



- * 1,000,000 secured to fund 7 of 16 initiatives Alegent Health
- * Number of national and local funds were awarded
 - **RWJ**, DCHD, local corporation, local foundations
- Tracking tool captured projects, barriers, enhancements

Tracking Tool

Initiative	Scope of work	Progress toward scope	Metrics	Progress of metrics	Barriers/ Problems	Focus (next 30 days)	Potential Spin-offs
Structured Recess	Implement in 2 schools	Feasibility in schools, Fall 2008	PA frequency and levels pre and post	Logic model in progress	None to date	Identify schools; arrangemen ts for early August training on direct observation	Grant submitted and pending

Lessons Learned - Suggestions for others

- Combination of dedicated staff & volunteers
 - **Staff needed to drive project forward**
 - Volunteers (community stakeholders) provide political will to move coalition activities forward
- Shared agenda
 - Cooperation and compromise should be the culture
 - **★ Share a common vision and agenda shared values**
- Build upon assets
 - Connect with and support others with complimentary missions and create value in their participation in collaborative
 - Continue to engage new constituents/build capacity from outside the core group and engage grass roots to advocacy
- ***** Evaluation
 - Have to know what success looks like never know if it has been realized until community has defined this.