



# Joining Forces for Healthier Communities

  
**CollabOrate**  
for Healthy Weight  
a project of NICHQ

**T**he United States has the highest obesity rate in the developed world. Today, about a third of children in the US are obese or overweight, and more than a third of adults are obese.

The ramifications of this, both in terms of health impact and cost, are staggering: unhealthy weight is associated with chronic conditions such as Type 2 diabetes, cardiovascular disease, and hypertension, among others. The total cost of treating obesity-related conditions in the US is estimated to be as high as \$300 billion per year, contributing to our nation having the highest per capita spending in the world.

**Collaborate for Healthy Weight** aims to help address this problem. A national project of the National Initiative for Children’s Healthcare Quality (NICHQ) and the Health Resources and Services Administration (HRSA) and funded through the Prevention and Public Health Fund created by the Affordable Care Act, Collaborate for Healthy Weight brings together primary care providers, public health professionals, and leaders of community organizations to work across traditional professional borders to address obesity at the community level.

“Making this very explicit linkage among three sectors — primary care, public health, and the community — is a very important step, and has often been a missing link in the fight against obesity,” says Mary Wakefield, PhD, RN, HRSA’s Administrator.

### Working Together in New Ways

A key component of the Collaborate for Healthy Weight initiative is the Healthy Weight Collaborative, a pioneering effort to apply quality improvement methodology to obesity prevention. This effort is focused not only on what needs to change, but also on how to make change, through a discipline known as “improvement science.”

Ten multi-disciplinary teams from across the country worked in their communities to address obesity at the local level in Phase 1 of the project from September 2011 to July 2012. The teams were composed of members from a wide variety of organizations who combined their expertise and experience — often for the first time — to work toward community-wide healthy weight. Consistent with quality improvement principles, the teams routinely collected data to assess their progress and shared lessons learned with each other, and the work is continuing in many of these communities. In February 2012, nearly 40 more teams from throughout the nation joined the effort in Phase 2 of the project.

NICHQ facilitated their progress by providing an environment for rapid cycle testing and the robust exchange of ideas, with the expert assistance of a world-class faculty.

Cross-sector partnerships are absolutely key to making progress, says Charles Homer, MD, MPH, NICHQ’s President and CEO. “Primary care is a critical part of the solution, not just in clinical offices, but also as a powerful voice in the community. Public health departments are essential in every community to implementing policies and programs at the community level. And both these entities require the active engagement of other community partners. They need out-of-school programs to provide physical activity and serve healthy food, daycare centers to promote healthy habits, and worksites to provide healthy food and promote physical activity.”

### Framework for Change

To guide their work, the Healthy Weight Collaborative teams have been using six key strategies, built on published literature, expert guidance, and lessons learned from other public health initiatives. In this report, these strategies are presented as the six “Keys to Success” listed to the right.

At the project kick-off meeting, Howard Koh, MD, MPH, Assistant Secretary of Health for the US Department of Health and Human Services, referred to the ten Phase 1 teams as pioneers. “You are writing a new chapter of public health history,” he told them, “using collaboration and quality improvement techniques to address a public health problem.”

This report presents examples of how these multi-disciplinary teams are carrying out their work with creativity, commitment and shared passion for improving the health of their communities. We hope these stories inspire other communities to build strong partnerships and use the approaches pioneered here to take their own steps in reversing this epidemic.

#### KEYS TO SUCCESS

- 1 Form an effective team and make a clear plan
- 2 Create a consistent message
- 3 Develop a system for assessing weight status and health behaviors
- 4 Deploy a customized healthy weight plan for all individuals
- 5 Align resources to build the capacity of your community
- 6 Influence policies that enable exercise and healthy eating

# 1 Form an effective team and make a clear plan

When team members with different perspectives develop common goals, they can be powerful forces for change. Consensus and clarity about how to achieve those goals are critical to the team's eventual success.

## WORKING TOGETHER TOWARD SHARED GOALS GETS RESULTS.



**S**an Diego County had already been working in many ways to address concerns about the health of its residents when the **San Diego, California** team joined the Healthy Weight Collaborative. “Our plan was to look at the systems that were already in place in San Diego that promote a healthy lifestyle and prevent childhood obesity, and bring those systems together in a collaborative way so that efforts are not ‘siloed,’” explains team leader Shaila Serpas, MD, a family medicine physician and Associate Residency Director at Scripps Mercy Family Medicine Residency Program in Chula Vista, CA. A city just south of San Diego and a few miles from the Mexican border, Chula Vista is where the team is focusing its efforts.

The team members represent a range of organizations from primary care, public health, and the community, including the county, the school district, the YMCA, the American Academy of Pediatrics, and several local collaboratives and coalitions focused on health.

The team chose to focus on an area of Chula Vista where a primary care clinic, an elementary school, and a childcare center are all within walking distance of each other.

In the Chula Vista Family Clinic, the team engaged staff in quality improvement activities that included provider education and greater staff engagement in integrating healthy lifestyle messages into daily work, and to better track BMI documentation and follow-up. Together they developed a “prescription pad” where providers can check off which healthy lifestyle changes a patient agrees to work on. The patient signs the “prescription” and takes it home as a reminder.

The team has worked with Rice Elementary School to measure students’ BMI, and has supported special family events at the school such as cooking demonstrations with healthy recipes and Zumba classes, a popular Latin-inspired dance-fitness program. They have also worked effectively with the school district to overhaul the wellness policy, instituting a new “no-food celebration” rule, so that birthdays and other special occasions are celebrated with games and/or small prizes such as pencils or stickers rather than typical sweet treats. New fundraising guidelines have eliminated the sale of cookie dough and candy to raise money. The team has also helped the schools create better access to gardening and physical activities. In the child care center, they helped sponsor a successful health fair.



San Diego team members conduct fitness exercises with 4th and 5th graders at Rice Elementary School in preparation for the annual fitness testing.

The team believes that its plan to align all of these efforts across multiple locations within this concentrated area is the key to achieving and sustaining healthy weight in their community. “We have a lot of passion, and we are engaged with enthusiasm,” says Serpas.

The **Sarasota County, Florida** team includes members with strong skills in clinical practice, quality improvement, partnership development, program evaluation, social marketing, and health communication. The group also has a broad sphere of influence that includes a large patient base, childcare and aftercare settings, parents, community partners, and local leaders. The team is diverse, strong, and committed, says its leader Kari Ellingstad, Director of the Community Health Improvement Project.



Connie Toops, school nurse at Emma E. Booker Elementary School in Sarasota, provides a brief health lesson focused on the 5-2-1-0 message.

The team created a plan that includes developing a Healthy Lifestyle Goal Worksheet to be sent home with students in one of the elementary schools within their target area. The worksheets encourage families to assess their current lifestyle, examine changes they could make to become healthier, and set goals collaboratively with a school nurse, a public health official, or a primary care physician.

In collaboration with four community organizations, the team completed training for 21 child care centers, spreading a healthy lifestyle message and teaching directors how they can integrate it into their daily curricula. The centers completed a “Let’s Move” action plan, in which their local efforts are aligned with the larger national effort. The team has continued to support these centers in their ongoing work.

The Sarasota team has piggy-backed much of its work on efforts that were already happening in the county, and their work as a team has helped to better coordinate some of those initiatives. “The Collaborative brought us clear strategies and guidance in terms of which sectors needed to pull together to form an effective team,” says Ellingstad, “and has helped us focus and advance in a short time toward our goals.”

## 2 Create a consistent message

How can a public health campaign about adopting healthy habits hope to compete with the flood of ads that fill the daily lives of most Americans? To cut through the clutter, messaging needs to be clear, creative, customized, and consistent.

**A CONSISTENT MESSAGE CAN BRING COMMUNITIES TOGETHER.**

**W**hen families get a consistent message about healthy lifestyle changes in school, in child care settings, in the pediatrician's office, at community events, in the media, it is easier to remember and more meaningful," says pediatrician Ihuoma Eneli, MD, leader of the **Columbus, Ohio** team. Eneli also serves as Medical Director for the Center for Healthy Weight and Nutrition at Nationwide Children's Hospital in Columbus.

The Ohio team took advantage of a valuable local resource to develop a message tailored to the community's needs. "We partnered with the Ohio State University department of communications, where students created six different messages," says Eneli. The team narrowed the six ideas down to two finalists, and decided to ask "the experts" to help them select the winning message. "We involved parents, children, and pediatricians in the final selection," says Eneli.

Now, the message they chose is consistently delivered in multiple settings in the community: "Eat, Live, Be WELL." WELL stands for Walk, run or play for one hour every day; Eat a fruit or vegetable with every meal; Limit sugary drinks to one cup per day; Limit TV, video game, and computer time to less than two hours per day.

"Consumer input is invaluable," says Eneli. "With feedback from children, parents, and providers we were able to make some changes in our message that made it easier to deliver in different settings." After only a month of distribution, the team estimates that its message had been given to nearly 50 percent of the 16,000 children and families in the team's target neighborhood, and had been seen by more than 10,000 individuals outside the target population.

Members of the **Yellowstone County, Montana** team agree that having a consistent message is important. They also add that it can be an important symbol of unity among the community's various health organizations. "We have two hospitals represented on our team, and they are highly competitive, but in this effort they are united," says Hillary Hanson, MPH, Team Leader and Director of Population Health Services at the Yellowstone County Health Department. "It is powerful that our hospitals and community health centers are on board and using the same message. It's a big deal in our community."



To get its message out to the community and to healthcare professionals, the team chose to use the popular 5-2-1-0 message first developed in Maine, and now used widely throughout the nation to raise awareness about healthy habits. The numbers are reminders to eat five servings of fruits or vegetables each day, limit screen time to two hours or less, get one hour or more of exercise, and drink zero sugary drinks.

"We started by using it in primary care settings, but then it spread and now WIC and Maternal and Child Health are using it too," says Hanson. Recently the team developed refrigerator magnets that carry this message, and partnered with the Special Olympics to distribute them at a local event. They are also having the 5-2-1-0 logo added to local bike trail maps as they are reprinted.

"We can't wait for the day when we hear someone say, 'I hear that message everywhere I go!'" says Hanson.

The **Kansas City, Missouri** team decided to add a few more numbers to its version of the 5-2-1-0 message. "Our message is 5-4-3-2-1 Fit-Tastic!" says Deborah Markenson, Team Leader and Director of Kansas City's Childhood Obesity Collaborative-Weighing In at Children's Mercy Hospitals and Clinics. The message, built on a concept developed by the Consortium to Lower Obesity in Chicago Children (CLOCC), urges healthy habits which include five servings or more of fruits and vegetables



daily, four servings of water (not sugary drinks), three servings of low- or non-fat milk or yogurt, two hours or less of screen time, and one hour or more of physical activity every day.

"The message campaign is the part I'm most excited about," says Shelly Summar, MEd, RD, LD, Program Coordinator for Weight Management at Children's Mercy Hospitals and Clinics. "It has really helped to unify our approach, and helped the team embrace a clear call to action. It's a cornerstone of our work."

This team also involved the community in the creation of the message, gathering feedback from community partners and consumer focus groups on everything from the overall message itself to the graphic icons that illustrate each number. "We wanted to make sure the meaning of each number was clear even without words to explain it," says Summar.

"We want our community partners to feel it is their message," says Markenson. "The materials we develop will be simple so each organization can add their own logo. This way the community partners can be identified and we'll still get our message out."



# 3 Develop a system for assessing weight status and health behaviors

You can't improve what you can't measure.

That's the quality improvement mantra.

Getting an accurate picture of each individual's weight status is an important first step toward conversations about healthy behaviors.

**MEASUREMENT IS MOTIVATING FOR INDIVIDUALS AND COMMUNITIES.**



**G**athering baseline data about the prevalence of obesity and overweight in the target area is an essential step in developing a strategy to improve the overall health of the community. But ultimately, this work is about empowering individuals to take action to improve their own health. The Healthy Weight Collaborative teams have developed systems to ensure that all individuals have their weight status assessed as a first step in the development of customized action plans.

The **Boston, Massachusetts** team has worked with its provider partners to incorporate the healthy weight assessment it developed — called “Steps to Health” — into their electronic health records. This includes a BMI measurement and tracking function, as well as a healthy weight plan, which will help practices more easily track patients' measurements and goals over time. The team is working to spread this tool to more pediatric practices.

The **Columbus, Ohio** team is focused on the low-income areas of Columbus, where every kindergartener, third and fifth grader in the city schools has had a BMI assessment. That information is communicated to parents and those outside the healthy range are encouraged to see their primary care physician to create a healthy lifestyle plan. The providers in the clinics are also measuring BMI, and the team is working with them on techniques for counseling around nutrition and physical activity.

The **Woodruff County, Arkansas** team decided that rather than encourage, instruct, and/or plead with families to bring their children to the local clinic for a BMI check, they would bring the clinic to the children to inspire individual action. Using a mobile health unit, providers from ARcare, a federally-qualified community health center that serves the area, spend time at local schools talking to the kids about healthy habits and measuring their vital statistics inside the traveling clinic. Kids are enthusiastic about this novel approach to healthcare, and comprehensive data was captured and shared with families. What's more, since ARcare now includes BMI measurements and healthy weight plans in its electronic medical record system, the data is permanently part of each patient's record, giving the patient, parents, and all of his or her providers important information and tools for monitoring and making progress.



Children wait to be seen in ARcare's mobile unit, excited to discuss their healthy weight and to create a healthy weight plan.



Virginia Good, MD, a pediatrician at the Sarasota, FL, Children's Health Center, assesses a patient and spreads the 5-2-1-0 message in the healthcare setting.

Focusing their efforts on a very manageable and well-defined population has helped the **San Diego, California** team add to the data the county already had on the children's health status in their region. Working with one elementary school, the team completed BMI assessments and created healthy weight plans for each of the 800 children at the school. The team plans to roll this process out to every school in the district.

The **Rochester, New York** team was able to get access to detailed obesity and overweight data at the population level, broken down geographically, to obtain an overall view of the health of the communities in its region. “We know that 15 percent of kids in our region are overweight, and 15 percent are obese,” says team leader Stephen Cook, MD. “But we also know that in the city, the childhood obesity rate is between 22 percent and 27 percent, while in the suburbs it is from 9 percent to 14 percent. This helps us target our efforts.”

# 4 Deploy a customized healthy weight plan for all individuals

Ralph Waldo Emerson said that life is a journey, not a destination. If this is true, then we can all benefit from a good road map to guide our steps.

**PEOPLE RESPOND TO PERSONALIZED PLANS THAT ADDRESS THEIR NEEDS.**



**W**hen the **Sarasota County, Florida** team began its work in the Healthy Weight Collaborative, the group already knew about the importance of designing programs and communications based on feedback from community members. Unfortunately they had learned that lesson the hard way, when parents reacted angrily to letters from school informing them about their child's BMI. While the schools thought this was a service to parents, many parents saw it as judgment about their parenting skills.



Tory Taylor, MSN, FNP, helps students at Elydale Elementary School in Ewing, VA, learn about healthy snacks and healthy lifestyles.

So the schools held parent focus groups to gather feedback, and as a result developed a gentler, more effective way to communicate this information to parents, including providing them with online resources. This experience was fresh in the minds of several members of the team when they began their work.

One key step was the development of customizable healthy weight plans that facilitate the assessment of healthy behaviors and enable goal-setting between providers and patients tied to those behaviors. "The patient or parent fills out the top portion of the form," says team lead Kari Ellingstad, "and the provider completes the lower portion, which includes an assessment and the plan they have worked on together." Each plan is kept in the patient's medical record, and for children, a copy also goes to their school nurse.

Ellingstad says that feedback from providers on the assessment plans is positive. "They think it is a useful tool, especially because it includes both the assessment and the plan, and involves the schools so there is follow-up on several fronts."

The **Lee County, Virginia** team reached out to the community to determine the sorts of programs and support individuals and families would find empowering as they implement their own healthy weight plans. "We are creating focus groups using a community-based participatory research model, and we're approaching community groups to help us with this," says team member Eleanor Sue Cantrell, MD, District Health Director for the Lee County Health Department. "We are starting by focusing on physical activity."



A display in a Rochester, NY, practice demonstrates the amount of sugar contained in popular beverages.

The results of the focus groups helped the team put its energy and resources into programs and activities that the community is more likely to embrace.

The team responded to specific requests from throughout the community, including from the Lee County Public Schools. For example, some physical education teachers said that students were interested in Zumba classes at school. So a nurse at the Stone Mountain Health Center, which is represented on the team, offered to become an instructor. The project funded her certification, and Stone Mountain offered to compensate her for the time she spends teaching. Several schools have piloted this popular exercise as part of the physical education curriculum, and based on their success, there are plans to offer Zumba across the school system. Interest in Zumba classes "spread like wild fire," says the team, so now when children and their families develop healthy weight plans, they can commit to participating in Zumba classes being offered in the community and at several workplaces.

# 5 Align resources to build the capacity of your community

Aristotle said the whole is greater than the sum of its parts. This is certainly true when primary care, public health and community groups collaborate.

Together, they can more effectively use existing resources and inspire the creation of new ones.

**POWERFUL PARTNERSHIPS MAKE THINGS HAPPEN, AND COMMUNITIES REAP THE REWARDS.**



**T**he **Rochester, New York** team is building on existing relationships among organizations that have worked together for years to address weight and health concerns in the local area. Some team members have been engaged in ongoing projects for many years. Others are new to the team, but not to the issues the team seeks to address.

The team's goals are to expand on the work already underway, pull together community strategies at the county level, engage parents, and create new policy, says team leader Stephen Cook, MD, a pediatrician at Golisano Children's Hospital.



Locally grown apples are distributed at a Rochester City school event focused on healthy eating options.

Cook says the team includes about 20 people from a wide range of organizations. "We have members from the YMCA, the state and county health departments, the Cornell Cooperative Extension Program, the local PBS affiliate, the medical society, insurers, and parents," he says.

Parent representative Ann Vodacek has played an important role, serving as a sounding board for the healthcare professionals on the team. "I remind the group that obesity is not just a clinical issue," says Vodacek. "It is multi-faceted and parents need to be part of the solution."

In 2007 Vodacek started an after-school running program for kids in third through sixth grade, "a great example of how people can engage with this effort at their own level," says Cook. Geared especially for children who aren't active in other sports, the running program is offered twice a year for six or eight weeks. "We limit it to 50 kids and it fills up every time," says Vodacek. "And in addition to running, we slip in information about nutrition, health, and being a good sport."

The team is also working with private pediatric practices, providing additional training about healthy weight counseling, and with the public schools to make changes to vending machine policies and to increase the amount of recess time during school. The breadth of expertise, as well as the diverse professional contacts of each team member, gives the team tremendous reach in the community, says Cook.

The **Lincoln County, Washington** team has focused its efforts primarily on improving the health of children in the Davenport School District, which includes students in kindergarten through grade six. However, team leader Ed Dzedzy, who is Administrator of the Lincoln County Health Department, says that by working across sectors, the team was able to do something the schools couldn't do on their own.

The team includes several members who work for the public schools, including the superintendent and a member of the school board, as well as members from local hospitals and other provider organizations, the Lincoln County Health Department, the City Council, and the Empire Health Foundation, which works to improve health in eastern Washington.

One of the team's early accomplishments showcases the value of a cross-organizational team. Dzedzy says the Health Department wanted schools to measure and record students' BMI data, but worried that it would be an onerous task. "In discussions with the schools, we learned they already have a data system that tracks students' fees, grades, lunch money, attendance, and also their health



Students from the Davenport Elementary School District celebrate the kick-off of the "Let's Go LinCo!" campaign, a unified message shared in multiple settings throughout the community.

information. They said it would not be a problem to track that data and provide it to parents. This really simplified our ability to track this information." He adds that all the counties in the region use the same data system in their schools, so it will be an easy step, eventually, to broaden the effort.

"The whole partnership between the schools, public health, and the medical clinics makes this work," says Jolene Erickson, a community health nurse. "The family gets a letter at home, and if the child is outside the normal range, they are urged to follow up with their primary care physician." It is too early to tell what impact this will have on BMI rates, but it is a promising model.

# 6 Influence policies that enable exercise and healthy eating

Whether it is a bike trail, outdoor play equipment, or a farmers market, environments can make healthy habits easier to adopt. Policy changes can ensure these changes are strategic and enduring.

**HEALTHY ENVIRONMENTS SUPPORT HEALTHY HABITS.**

**E**ncouraging people to make sustainable lifestyle changes requires more than just projects and programs; it necessitates policy change to create enduring improvements in the environment. This can lead to tangible, useful, and hands-on facilities and environments that make healthier lifestyles easier to adopt and sustain. This might include community gardens where people can grow healthy foods, walking and biking trails where they can easily exercise, and more healthy food options in public schools.

In pursuing all of these options, the Healthy Weight Collaborative teams have utilized ideas and resources developed in another NICHQ project called “Be Our Voice” to become advocates for better policies within their communities. This advocacy has sparked noticeable change at the local level, making the healthy choice the easy choice.

The **Woodruff County, Arkansas** team is working with the rural town of Augusta, population 2,000, and the public schools to bring about tangible changes that will benefit its citizens. Although the team’s specific target population is children in kindergarten through grade three, the benefits of its work are affecting the whole town.

“We met with the city council and the mayor to get approval to buy the town some outdoor exercise equipment,” says team leader Jamie Whitehead, an advanced practice nurse with ARcare. “They were very excited that we wanted to do something for the whole community, and they agreed to take over the maintenance of the equipment once we installed it.” Already, says Whitehead, the equipment is getting regular use in a local park.

Team member Carrie Fortune, ARcare’s Grants Manager, says the team has also purchased salad bars for the elementary and high schools in town. This will give students healthier options during



Students at the Augusta Elementary School participate in a “Name That Food” game to help them differentiate between certain fruits and vegetables.

the school day. “Many of the children come from low-income families that find it hard to afford healthier foods,” says Fortune, who adds that the only grocery store in town is “quite expensive.” The salad bars at school will introduce some children to healthy foods they’ve never tried before.

The team is also considering two more food-related options that would benefit the town: community gardens that could provide fresh, healthy and affordable produce, and a farmers market where local farmers could sell fresh produce to their neighbors.

The **Kansas City, Missouri** team is partnering with the Kansas City Parks and Recreation Department to develop and disseminate an audit tool that citizens can use to provide feedback about the city’s recreation programs and parks. The goal is to improve both the parks and the programs so they support more physical activity among local residents.

The team is also working on a plan that would improve the food and beverage options available in local hospitals, so they can serve as examples for other employers who want to “walk the talk” of healthy lifestyle changes for employees.

The **Boston, Massachusetts** team is training both parents and educators in six early childhood centers about adopting healthy lifestyle choices. Staff, including teachers, program directors, and even food service cooks, participated in the training, learning how to foster healthy habit development in young children, and find fun



Children at an early childcare center in Rochester, NY, are provided training on obesity prevention.

and creative ways to get kids moving and eating healthy foods.

In addition to the training, each center received a physical fitness and a nutrition resources kit to carry on the lessons they had learned. “The physical fitness kits include exercise CDs and equipment to keep kids moving, such as parachutes, bean bags, and scarves,” says team member Janet Rose, Director of Nutrition and Food Service at Associated Early Care and Education.

The centers are now required to have at least 60 minutes of moderate-to-vigorous physical activity each day, and one nutrition activity each week. Each center must document these activities for the organization’s Quality Assurance Department. In addition, parents who contribute to the organization’s new blog about healthy changes they’ve made at home receive a cookbook with healthy family recipes.





## THE TEAMS



^ The **Boston, Massachusetts** team is working to improve the health of the 71,000 mostly low-income residents of Roxbury, MA, a neighborhood of Boston. Three primary care practices that serve this community are piloting the Collaborative's programs, and best practices will eventually be spread to other Boston communities and beyond.



^The **Sarasota County, Florida** team is targeting children ages five to nine in a local elementary school, children ages two to nine served by the Sarasota County Health Department Child Health Center, and children ages two to five in Sarasota County child care settings. In Sarasota County, more than 18 percent of school-age children are obese.



^The **Columbus, Ohio** team is working to improve the health of fifth-graders in the low-income areas of Columbus served by Nationwide Children's Primary Care Network. Currently 47 percent of fifth-graders in this area are overweight or obese, well over the national average of 33 percent. The team aims to reduce this rate to 38 percent in five years.



^The **Lincoln County, Washington** team is working to improve the health of all children in the Davenport school district, building on work that has been ongoing in the county to improve overall health of all Lincoln County residents. The overweight rate of kindergarteners through seventh graders in the district is 15 percent, with another 15 percent at risk.



^The **Kansas City, Missouri** team is targeting its work at nearly 11,000 children and their families in the Kansas City area served primarily by Children's Mercy Hospital clinic sites. About 28 percent of the two- to five-year-olds in this area are overweight or obese, higher than the national average for this age group.



^ The **Lee County, Virginia** team is working closely with the public schools to improve the health of the community, where 42 percent of children ages five to 17 are overweight or obese. Lee County, population 26,000, is located at the southwestern tip of Virginia in the heart of Appalachia.



^The **San Diego, California** team is coordinating its efforts with a number of local initiatives and organizations with shared goals. The team's target population is the adult and pediatric residents of the South Bay area of San Diego, and particularly Chula Vista, where the obesity rate is 40 percent.



^ The **Rochester, New York** team is working to improve health for children ages two to 18 in the greater Rochester and Monroe County Region, where 15 percent of children are overweight, and 15 percent are obese.



^Arkansas has one of the highest obesity rates in the nation. In the delta region where the **Woodruff County, Arkansas** team works, 49 percent of the population is overweight or obese. The group is working closely with schools and providers to promote, teach and measure healthy habits.



^The **Yellowstone, Montana** team is part of a larger effort begun in 2004 called "Healthy By Design," which aims to transform Yellowstone County into a community that fosters healthy choices. 2011 data show that 72.7 percent of county residents are overweight or obese, a 10 percent jump from 2006 when it was last measured. What's more, only 35 percent of the county's obese residents said they were counseled about their weight by a health professional.

## THANK YOU

**NICHQ wishes to thank the following organizations for making Collaborate for Healthy Weight possible:**

Primary support from the Health Resources and Service Administration (HRSA)

Additional support from Kaiser Permanente and the United Health Foundation

**In partnership with:**

Association of State and Territorial Health Officials (ASTHO)

Association of Maternal and Child Health Programs (AMCHP)

Institute for Healthcare Improvement (IHI)

Maine Medical Center/Let's Go!, a program of The Kids CO-OP at The Barbara Bush Children's Hospital at Maine Medical Center (MMC)

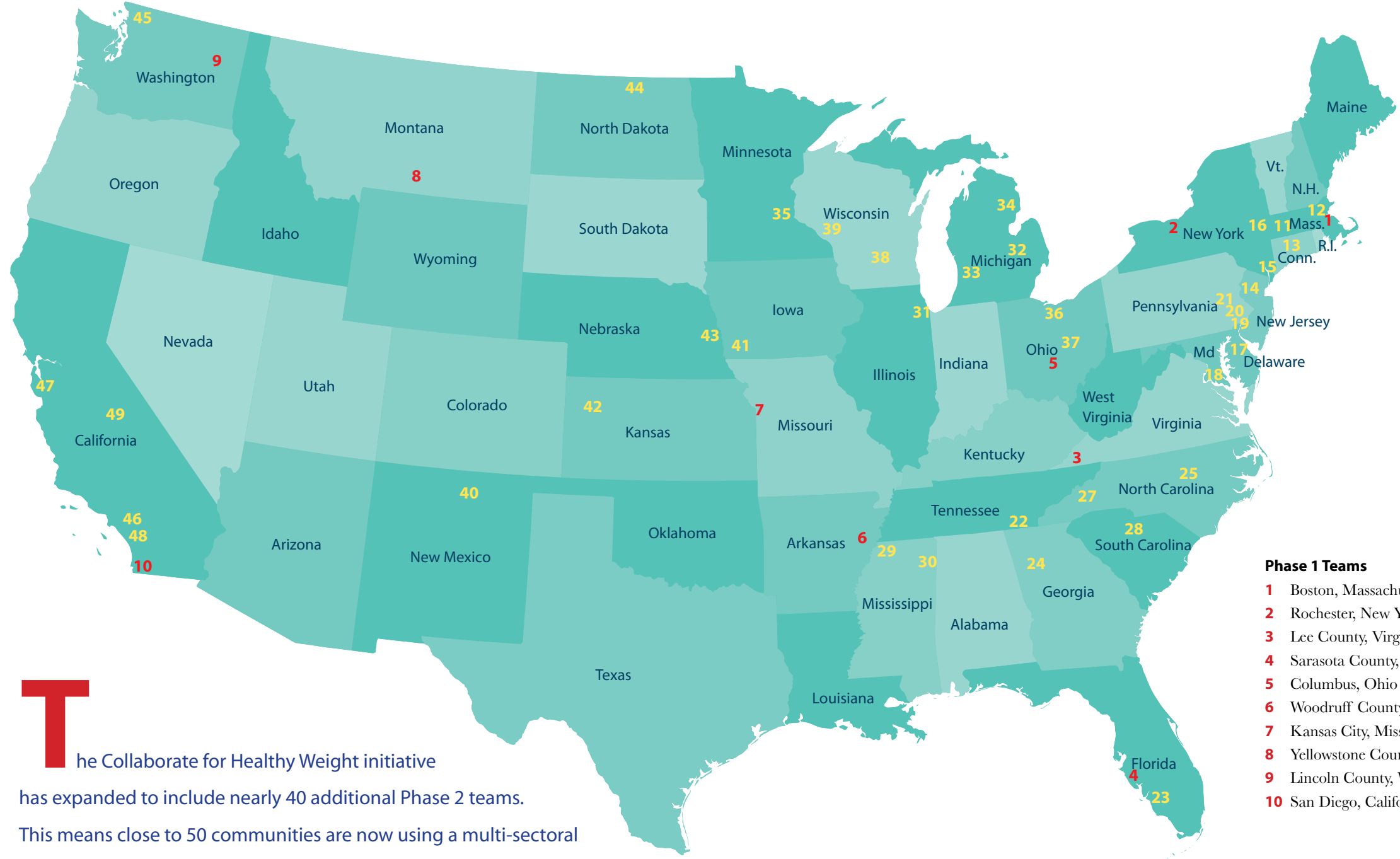
National Association of County and City Health Officials (NACCHO)

National Association of Community Health Centers (NACHC)

Nemours

**NICHQ also wishes to thank the teams participating in both phases of the project, the Healthy Weight Collaborative faculty and staff, and the improvement advisor, Kathy Reims.**

# TRANSITIONING TO PHASE 2



- Phase 2 Teams**
- 11 Holyoke, Massachusetts
  - 12 Somerville, Massachusetts
  - 13 Waterbury, Connecticut
  - 14 Northwestern New Jersey
  - 15 Haverstraw, New York
  - 16 Rensselaer County, New York
  - 17 Delaware
  - 18 District of Columbia
  - 19 Philadelphia, Pennsylvania
  - 20 Montgomery County, Pennsylvania
  - 21 Schuylkill County, Pennsylvania
  - 22 Hamilton County, Tennessee
  - 23 Lee County, Florida
  - 24 Fulton County, Georgia
  - 25 Durham County, North Carolina
  - 26 Forsyth County, North Carolina
  - 27 Western North Carolina
  - 28 Fairfield County, South Carolina
  - 29 Northwestern Mississippi
  - 30 Tupelo, Mississippi
  - 31 Aurora, Illinois
  - 32 Genesee County, Michigan
  - 33 Grand Rapids, Michigan
  - 34 Iosco County, Michigan
  - 35 Hennepin County, Minnesota
  - 36 Erie County, Ohio
  - 37 Holmes County, Ohio
  - 38 Adams County, Wisconsin
  - 39 Ho Chunk Nation, Wisconsin
  - 40 Taos, New Mexico
  - 41 Southwest Iowa
  - 42 Thomas County, Kansas
  - 43 Omaha, Nebraska
  - 44 Turtle Mountain Band of Chippewa Indians, North Dakota
  - 45 Whatcom County, Washington
  - 46 Pasadena, California
  - 47 San Mateo County, California
  - 48 Santa Ana, California
  - 49 Visalia, California
- Phase 1 Teams**
- 1 Boston, Massachusetts
  - 2 Rochester, New York
  - 3 Lee County, Virginia
  - 4 Sarasota County, Florida
  - 5 Columbus, Ohio
  - 6 Woodruff County, Arkansas
  - 7 Kansas City, Missouri
  - 8 Yellowstone County, Montana
  - 9 Lincoln County, Washington
  - 10 San Diego, California

**T**he Collaborate for Healthy Weight initiative has expanded to include nearly 40 additional Phase 2 teams. This means close to 50 communities are now using a multi-sectoral approach to achieving healthy weight on a local level.

The ten Phase 1 teams highlighted in this report are sharing their best practice lessons with these new locations and some are mentoring these teams for continued learning. This is creating a growing healthy weight movement across the country.

We invite your community to be part of this movement. You can learn more at [www.collaborateforhealthyweight.org](http://www.collaborateforhealthyweight.org)



Stronger Partnerships.  
Healthier Futures.



[www.collaborateforhealthyweight.org](http://www.collaborateforhealthyweight.org)

Written by Ann B. Gordon Design: Yellow Inc.