

## Women Together for Health

Location: Maricopa County, Arizona  
 Date Submitted: 2006, updated 5/2011  
 Category: **Emerging Practice**

### BACKGROUND

The Maricopa County Department of Public Health (MCDPH) Office of Health Promotion and Education and the Office of Nutrition Services, has collaborated with community organizations to deliver a comprehensive, culturally sensitive program called Women Together for Health (WTFH). WTFH is a free, community-based program that addresses modifiable lifestyle behaviors to improve the health of women and their families. This program was developed in 2002 to address issues of healthy weight, physical activity, proper nutrition, stress management, and tobacco use in women of childbearing age. WTFH is targeted to at risk populations, specifically women of color and those with limited education or income in order to reduce health disparities. Classes are taught in English or Spanish.

### PROGRAM OBJECTIVES

Upon completion of this program, participants will:

- Maintain or decrease their Body Mass Index (BMI) as measured by pre/post-health surveys
- Demonstrate an increase in their physical activity level by 2,000 steps above baseline, as measured by the client's step logs
- Report an increase of at least one serving of fruit and/or vegetable consumption as measured by pre/post-health surveys
- Make a minimum of one dietary improvement (such as increasing eating whole grains, decreasing fat in dairy products or increasing fruit and vegetable intake) as measured by pre/post-health surveys
- Feel confident in using stress management techniques, or believe they can manage stress as reported on pre/post-health surveys

At three months post program, participants will:

- Maintain healthy behaviors (such as increased physical activity, or increased healthy eating choices) as documented by an independent evaluator on a follow-up survey

### TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

- #1: Percent of women with a past year preventive visit.
- #14: A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes.

### TARGET POPULATION SERVED

This program targets minority women of childbearing age (18- 44 years) with limited education, family income, and employment opportunities. One of the main reasons women of childbearing age are targeted is that by reaching the pillar of the family, the mother, it is hoped that any new skills she develops during the course will also apply her spouse and children. A mother often chooses and shops for her family's meals (whether healthy and wholesome or not) and plans her family's activities (whether active or sedentary). WTFH reaches its target population by offering classes in public spaces such as churches, English as a second language classrooms, Head Start sites, prisons, community centers, and public housing projects.

### PROGRAM ACTIVITIES

WTFH is offered in a 10-hour (one day per week for eight to ten weeks) format available in English or Spanish, and is co-facilitated by a registered dietitian and a health educator. The curriculum focuses on women learning skills to make sustainable lifestyle changes for health improvement by emphasizing physical activity and proper nutrition. Participants are provided pedometers to encourage increased physical activity and receive instruction on the proper pedometer usage and how to document its use. Each week participants set an individual goal based on their current fitness level. Physical activity logs are provided and collected at each session to measure activity. In addition, participants learn about the benefits of stretching and strengthening exercises. Resistance bands and water bottles are provided and used for exercises that participants can do at home. The benefits and tastes of good nutrition are taught through the inclusion of interactive activities such as 5 a Day BINGO, fast food menu planning, and food demonstrations. The Food Guide Pyramid is used as a primary teaching tool

for daily nutritional recommendations. Tips on weight management and the latest information on fad diets and dietary supplements are provided. Also, participants are asked to keep a weekly food record to assess their intake and set nutrition goals. Participants are encouraged to make small changes in their eating habits to encourage lasting results. All WTFH lessons are designed for low-income families. For example, the physical activity lessons equip the women with free tools (which are inexpensive and easy to replace) that they can use at home, or in their communities, since most our target audience cannot afford a gym membership. All of the nutritional lessons are designed to fit a family whose dietary budget is supplemented by Food Stamps or WIC packages.

### PROGRAM OUTCOMES/EVALUATION DATA

Pre/Post assessments regarding lifestyle behaviors were administered during the first and last class. Of the 706 participants that enrolled in 2008, 370 women completed the program. The data below are for 2008, but the percentages of change seem to be consistent with other years. Of the women that completed the program:

- 65% reported increasing physical activity by 2,000 steps or more over the course of the program; this is the equivalent of 20 minutes of physical activity
- 100% made at least one dietary improvement
- >60% of women either maintained or decreased their BMI over the course of the program.
- 71% maintained regular physical activity, healthy eating habits, and regularly used stress management techniques three months after the completion of the program

These changes are also documented three months after the program completion and according to demographic data, the program continues to attract the target population.

### PROGRAM COST

The program began in 2002, and due to curriculum and program changes, the data are compiled yearly. The program was federally funded through the Maternal and Child Health Block Grant. The program employed 1.5 FTE health educators, 1.5 FTE registered dietitians, a .5 FTE administrative assistant and a .25 Program Manager. All program supplies were also paid for by the program. Total annual program cost was \$432,000.

### ASSETS & CHALLENGES

#### Assets

The program works best in sites where participants already meet regularly, and where there is an encouraging site coordinator present. Community contacts have been the single biggest factor in the success of this program.

#### Challenges

A high percentage of women do not complete the program. WTFH tries to achieve a 60% or greater retention rate, but this is sometimes difficult.

#### Overcoming Challenges

Site coordinators are an invaluable asset in terms of increasing the program retention rate. They help to support the women and encourage completion of the program.

### LESSONS LEARNED

Working collaboratively with the community is instrumental to the success of this program.

### FUTURE STEPS

As of May 2011, the program is no longer being implemented in the community.

### COLLABORATIONS

This program involved collaboration between Maricopa County's Office of Nutrition Services and the Office of Health Promotion and Education. In addition, Community Based Organizations (CBOs), churches, schools, and Head Start provided this program to their participants. The community sites were responsible for providing an appropriate location for the program, and for marketing the program to their clients.

### PEER REVIEW & REPLICATION

This program was not peer reviewed as of 5/2011.

A similar program, People Together for Health, was based on WTFH, but includes men and adolescents. The data for that program have shown similar results.

### RESOURCES PROVIDED

This program is no longer being implemented.

**Key words:** Preconception Health, Health Disparities, Healthy Weight, Smoking Cessation

**\*\*For more information about programs included in AMCHP's Innovation Station database, contact [bp@amchp.org](mailto:bp@amchp.org). Please be sure to include the title of the program in the subject heading of your email\*\***

