AN OBESITY QUALITY IMPROVEMENT PROJECT

1. **Getting Started**
In its 2005 Community Health Needs Assessment process, Cass County identified obesity as a major community health issue. Several obesity-prevention initiatives have occurred since then, but it is difficult to measure progress in our efforts since obesity-related data is not county-specific and is often quite old. We need a timely measurement process that can help us determine whether we’ve impacted obesity locally with our interventions.

2. **Assemble the Team**
Healthy Cass County, our community health coalition, has a vested interest in the outcome of its efforts. Many of its members are business leaders that desire healthier workforces and a healthier community. Some are service leaders that desire to collaborate to increase efficiency and effectiveness. The coalition has multiple funding streams that expect outcomes-based programming. Healthy Cass County members are all offering their time and commitment to the activities of the coalition. They know and understand the challenges and barriers of the work, and are accountable for the outcomes. Team members, therefore, are the coalition members of Healthy Cass County.

3. **Examine the Current Approach**
The team decided to analyze how we currently implement our programming by using a flowcharting process.

4. **Identify Potential Solutions**
Prior to the quality improvement project, obesity outcomes data was sparse. BRFSS data provided percentages of overweight and obese residents, but this data was not current nor was it primary data for Cass County residents. Since obesity is determined by BMI (Body Mass Index), obtaining the BMI’s of residents in a longitudinal fashion would be desirable in confirming the outcomes of our work.

5. **Develop an Improvement Theory**
An examination of our current approach identified opportunities for us to collect our own BMI data on participants. We already employ a registration process for program participants, so quality improvement project team members developed a form to collect pre- and post- BMI’s. Team members also developed a process to track the BMI’s by participant over time (multiple programs and interventions.)

6. **Test the Theory**
Our AIM statement desired that our new BMI collection process would indicate that 50% of program participants will either 1) maintain BMI’s (if 25 – 29.9) or 2) reduce BMI’s by 2 points (if 30 or over). Our first test of the new process occurred with the “UnWrapped” program in early fall. Using the new process, we were able to collect BMI’s on only 28% of the participants, so we were not able to assess whether we met our AIM statement.

7. **Check the Results**
To help us delve further into why we weren’t getting the BMI responses we expected, we conducted a Cause and Effect discussion:

8. **Standardize the Improvement or Develop New Theory**
We integrated the changes into our process for subsequent programs (PAWS and Holiday Challenge) and our reporting rate increased (from 28% to 68%). The new BMI collection process indicated that 55% of participants maintained BMI’s (if 25-29.9) or reduced BMI’s by 2 points (if 30 or over). The project is meeting its goal!

9. **Establish Future Plans**
We will ask all coalition members (who may be doing programming of their own) to use the data collection process to make our local BMI database even more robust.