Operation Change Program Overview Part 1, with Dr. Yashika Watkins

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Dr. Yashika Watkins details some of the underpinnings of the Operation Change program and shares insights into how the program can be replicated. This is the first in a series of podcasts exploring the Operation Change program, which will include testimonials from program leaders and participant case reports. Hosted by Eileen Bodie.

Eileen Body: Welcome to the Health Disparities Podcast. A program of the Movement is Life Caucus, where we have conversations about health disparities with people who are working to eliminate them. I'm Eileen Bodie. I've been a member of the caucus for 10 years, and I'm delighted to be hosting today's conversation with Dr. Yashika Watkins, who will be talking about the Operation Change Programs. Dr. Yashika Watkins is an associate professor of health policy and administration at Chicago State University. She holds a Master's in Public Health and has been involved with Movement is Life for many years, leading much of the early development of the Operation Change strategy, which we'll talk about later. Welcome to the Health Disparity Podcast, Dr. Watkins. How did you begin this vision of Operation Change and why did you begin it?

Dr. Watkins: So, Movement is Life came to Chicago. And Movement is Life is, as you guys know also a disciplinary group of professionals working to eliminate musculoskeletal health disparities. So, they came to Chicago and had this idea of doing a community-based program. Movement is Life at the time

was in its infancy. So, when I say in its infancy or toddler years, when you think about children, about two years old at the time. So, they wanted to create activities, community-based activities to eliminate health disparities. And so, Operation Change was the idea, was the way to do this. So, they came to Chicago and Dr. Tom Mason, and I knew each other through the public health world.

So, Dr. Tom Mason was the co-chair of Movement is Life at the time. And he contacted me and say, "Hey, I'm on this steering committee. And I want you to work with Movement is Life on this program that we're developing." So, I went to one of the original meetings about Operation Change. It was the very first meeting about Operation Change. I was in that meeting and I was asked to be the Project Director for Operation Change.

Eileen Body: Well, what was the Idea of Operation Change then?

Dr. Watkins: The idea was to have a physical activity intervention, in the community. So, a physical activity intervention targeting, African American women that, identified as being obese and having arthritis, osteoarthritis in particular. So, joint pain, and knee pain. It’s a physical activity, intervention focused on movement. Not exercise, just strictly movement. So walking, doing chores around the house, teaching people about the importance of moving to reduce joint pain. At the time, it was thought that movement

actually made, you were told back in the day, not to move when you had joint pain, that you would make it worse. But at the time we were learning the importance of moving and that it was exactly the opposite of what people were being told that you should move to actually improve your joint pain.

Eileen Body: So, how has the program evolved from when it first started?

Dr. Watkins: Initially, it was a research study. So, in 2012, Operation Change came to Chicago and it was implemented as a research study, which I implemented, along with Movement is Life. So, Operation Change was implemented in 2012 as a 12-week program. At the end of the program, we had a graduation ceremony, and, in that ceremony, the women were crying. They were literally crying, and they say, "No, you cannot leave. You cannot leave. You can't leave us here without anything. We need this program." Movement is Life really, revisited this issue of Operation Change, should we bring it back to the community? And if we do, what does it look like? Is it a research study again like it was implemented in 2012 or is it more programming? So, in 2013, we thought that Operation Change should evolve. So, in 2013, that was the last year that we did research. So, we brought it back as a research study, but some things that we did differently were that we allowed the participants to come up with the topics, for the program.

Eileen Body: How did that go?

Dr. Watkins: Very well. Very well. We actually talked to the participants and from the focus groups we had done from the 2012 program, we used those focus groups and said, these are the topics that are most germane to helping women make behavior change. The other thing we did was develop modules. We delivered the content in the 2013 program through modules. We had six modules. The first was, mental health. Second was nutrition, social support was next, provider presentations, assets to care and community health workers. We really decided for that last one, we wanted to focus on community health workers, because those are the people on the ground in the community helping, patients and consumers navigate the healthcare system. Even in our talks with the, participants, we felt that was really important to include.

Eileen Body: So, was the program successful.

Dr. Watkins: Very successful, very successful. So, again, we had another graduation ceremony and they just cried and cried and cried and said, well, "What are we to do now?" Because at that point we had done it for two years. And so, the question was, how do we now, make the program sustainable?

Eileen Body: And how has it evolved into other Operation Change programs?

Dr. Watkins: What has happened is, the Chicago program, that was our baby, our initial program. So that program is still going strong, but we've expanded the program now to other cities. And, again, the first two years was research, but now it's strictly programmatic. We are still collecting, data, but it's obviously, de-identified, each participant has an ID, but it's no longer research with the purpose of, trying to find any statistical significance for example. It's trying to see, how was it successful? Did women report, having decreased joint pain? Improving their function, for example, less depression, feeling better about themselves and feeling like they can take care of themselves and that this was important. This was something they should do for themselves, and they were worthy of having a good life.
So, it's morphed beyond Chicago. We've included now four additional cities St. Louis, Missouri, Mount Vernon, New York, urban communities, obviously, but we've also included now white women. Because the initial Operation Change programs were in African American and Hispanic/Latino communities, for the first two years. And so, the Hazard, Kentucky program is now our first program that is focusing on white women.

Eileen Body: So, in terms of the evolvement of the Operation Change program. The program now is 18 weeks and three modules.

Dr. Watkins: It's eighteen weeks and each module gets three weeks.

Eileen Body: Okay.

Dr. Watkins: But every Saturday you have three hours, three to four hours, we say. It varies based on the presenter. One or two hours of education, an hour of physical activity. And then depending on if the presenter in the morning needed an additional hour, if they didn't, then maybe one to two hours of motivational interviewing.

Eileen Body: So, could you explain the structure of the Operation Change program and the different components that it has?

Dr. Watkins: So, the program is usually held on the weekends and in the morning. Hazard, Kentucky is the only program that's held at night because they have a different, structure. But every Saturday in all the programs, we have a three to four-hour program, and, at the beginning of the program, we have education.

So, the program, brings in a speaker to talk about the module topics. So, as I mentioned previously, there are six module topics and, three weeks are spent on each of the six module topics. So, the first one again, is

mental health. Speakers are brought in to discuss mental health and movement. How does mental health, for example, impact engagement and movement? So, speakers will be brought in to discuss that.

The second hour of the program is physical activity. Now the physical activity is adapted. So, it's adapted based off a person's, function. So, we have some ladies who were in wheelchairs, so they couldn't go and walk on the track at the YMCA. So, we brought in a trainer to teach them how to do exercises in their chair, in their wheelchair. So, that's one of the great things about Operation Change. Everything is adapted to the participants' needs.

And then the last component of the program on Saturday is motivational interviewing. And this has been at the outset of the program. It is used as a tool to, elicit behavior change. So, the theoretical underpinning for the program is the trans-theoretical model, or as some people say, stages of change. So, we say people enter in and out of stages of change when they're trying to make behavior change.

Eileen Body: Has the motivational interviewing been a positive impact on women's lives within the program?

Dr. Watkins: Oh, definitely. So, the motivational interview is delivered via focus groups. So, the participants are split up into three to four focus groups depending on the size of the program. And they talk, along with what we term was a champion. And the champion was to help them talk about their barriers to behavior change and how they can circumvent those barriers. It was great, because they were in that group setting, the women will listen to each other's stories and some of the women had similar stories. So, they would listen to, for example, how did Debra circumvent her barrier that I may be experiencing? Or maybe the way she circumvented is a way that I hadn't even thought of thought of trying to use to approach the problems I'm experiencing. So, it was really great. They could really feed off each other and learn from each other, and they drew support from each other. For the social support module, this was powerful, we asked them to bring in a social support person. And I distinctly remember that Saturday, there were over 40 participants and only three of them brought in a person outside the program. And so, we said, "Hey, where are your social support persons?" And they said, "Honestly, this person is my social support person." They turned to the person next to them, for example, and said, this person is my social support person, not an outside person.

So, they had really developed already in the program and comradery and a, a support on each other within each other to help each other throughout the program. It was amazing that they had already developed that among

themselves. When we thought they would bring in a family member or friend, but it was amazing that during the short time of the program, they had developed support amongst the other participants and pointed to those participants as their support system.

Eileen Body: So, when the women finished these 18-week programs, what is their reaction? What is their response?

Dr. Watkins: So, they love it. I developed a testimonial page at the end of the 2019 program. And it just makes you cry because one woman wrote how it saved her life. And she talked about how the other women in the group didn't know that she had been clean from drugs. I think maybe two or three months prior to entering the program and how being clean from drugs. After she got clean, she realized, now I've tackled the demon of drugs. Now I need to deal with my own personal health, my weight, my joint pain. And so, she got into the program and learned so much about herself and about why she is important and why she is worth saving, that she felt like the program saved her life.

Eileen Body: So, you've got, Operation Change programs in African American communities, Latino communities and Caucasian rural community. How are they similar and how are they different?

Dr. Watkins: They are similar in that they're all experiencing the same medical problems. They're all experiencing joint pain. They have comorbid conditions, for example, Type 2 diabetes, high blood pressure, but they're different in the way that they approach their health problems. For example, the Hispanic/Latino community. When we came up with homework exercises for the participants, and, we were in the nutrition module, we said, go home, bring back a recipe that you cooked at home, a new dish that you cooked at home that was healthy. The participants came back and said, "Actually, we have two recipes." Because we asked them to bring in their recipe and they said, "I have two. I had the one I had to cook for my husband and I have the healthy one I had to cook for me." And we hadn't even thought of that. We hadn't even thought of, oh, and that goes back to the social support again. So, they said that they felt that their family liked the program for them and encouraged them to go to the program, but they didn't really get that sense of support from the family, for example, in terms of nutrition. And that goes to them pointing to each other as support systems. So their support systems were each other in this behavioral change. Now, did the family members eventually, decide to make a behavior change? Yes. Some of them did some of them didn't.

So, in comparison to the African American community, a lot of those participants, the women, they were the head of the household and so they didn't have that same thing to think about. So, they brought in one recipe

and they said, this is what I cooked for myself. And this is what I cooked for my grandkids, for example. In the African American community, I've looked at the differences in the data, in terms of caregiving. I noticed there's a lot more caregiving going on in African American community of grandchildren, for example, then, I've noticed in Hispanic/ Latino community. So, the Spanish Latino program, we had last year in San Diego and I saw very little caregiving going on of extended family members. So, I would say that's a big difference.

In Hazard, Kentucky, the main issue there was access to care because it's in a rural area. So, it's getting up and down the mountain. And you can only go certain times of the day, depending on the season. So, in the winter in particular it's a little bit more treacherous trying to get down that mountain. So, having access to care was a big issue. Having to drive a long way to see your provider that it's up to your insurance, was a big issue, which you don't see in the urban programs. You do still see problems with access to care, with regards to insurance type, but not, problems with access to care in terms of having, clinics in hospitals, around you. They were around you in urban areas, but in the rural area in Kentucky, you just had to drive further.

Eileen Body: So, how are they similar? Do you find similarities among all three?

Dr. Watkins: The, similarities were definitely, they were all suffering from the same thing, joint pain. Joint pain, obesity, those comorbid conditions that come with joint pain. So, type two diabetes, high blood pressure, for example, some cancers. So, they were all suffering from the same thing. And that was the common shared experience. How they approached it was different.

Eileen Body: Do you think we need more Operation Change programs elsewhere?

Dr. Watkins: Definitely, definitely need more of these programs. Not only more of them, but once these programs are over, I think the bigger issue too, is how do we sustain these programs? So, teaching community members, having the participants take this on and have it been self-sustaining in the community. We want to come into communities and offer Operation Change, but we don't want to offer it and then say goodbye. We have to go to another city, for example. We want to bring it into the community, have it be self-sustaining so that, the community continues to benefit.

Eileen Body: How can you expand the Operation Change program to other communities, both urban and rural?

Dr. Watkins: So, partnering with community organizations that have resources to support the program. Foundation funding would be great as well.

Partnering with community liaison members, having the community support, having the buy-in of the community, seeing the importance of the program and seeing the need for the program in the community. I think those are the first things and once they buy in and they're having the support from community organizations to support the program is key.

Eileen Body: It sounds like you've got two issues. One is, is to provide the evidence to foundations, to come up with the financial resources to support it. And then secondly, to have the community once it's in place, to actually sustain it.

Dr. Watkins: Right, exactly.

Eileen Body: So, how do you attract foundations to get interested in financially supporting these programs?

Dr. Watkins: So, getting the word out about Movement is Life and about Operation Change, that's number one. We found that when we go across the country and talk about Operation Change. When people hear the results of it, the outcomes, they realize, oh, this program is great. We need this program. So, I would say that's not as big of a problem as is the problem of coming up with the resources to implement the program. And once it's been

established in the community, sustaining the program, beyond the initial iteration of it.

Eileen Body: What is your passion about this Operation Change problem? Why is it so important?

Dr. Watkins: Helping people that we are able to help people. Like I said, in that testimony the woman gave, she said Operation Change saved her life. I never thought when I got into this, years ago that the work I would be doing would help save someone's life, and when I read that, it just shook me to my core. I thought, this is why I do what I do.

Eileen Body: So Dr. Watkins, this is a great idea. How do you springboard from a single idea to make it into an actual program?

Dr. Watkins: So, Movement is Life, came to Chicago, I believe it was May of 2012 and came and said, "I want to implement this program this summer." And I thought as a researcher, “Oh my gosh, they're trying to implement this program.” And I think it was within a short time span, only two weeks. So, they came and said, "We want to implement this and how do we do this?" And so, I was contacted, through Dr. Thomas Mason, who was co-chair at the time of Movement is Life and through him, I then contacted people within my professional network. So, it really was when I looked back on it,

it was an application of social network theory. Looking within your own networks, and seeing who you know professionally, who can help in the execution of the program. So, Dr. Tom Mason contacted me. I started contacting people within my professional network, my professional public health network, who could be team members for the program for the African American program.

For the Hispanic Latino program. Movement is Life, partnered with HealthConnect One. So, community health worker, organization in Chicago, and through HealthConnect One, we met Duanny Alva, who became the project coordinator for the Operation Change, Hispanic/Latino side. And Duanny helped identify community health workers and HealthConnect One that could become team members for that side.

So, it was amazing how the small idea, just morphed into this really large idea, but it morphed into this large idea, and we were able to generate a team at both sides through professional networks. So, I'm just making the contact through Dr. Mason and then Dr. Mason then used his professional networks, I used mine, Danny used hers and we just created a fabulous program.

Eileen Body: So, it sounds like if you go new into a community with an idea of Operation Change, you really need to tap into community leaders, health,

professional leaders, just to have the spider web go out to create the team.

Dr. Watkins: Exactly, exactly. Definitely. That's the way to do it. You have to have some connection in the community. That's the only way to do it, to make it work. If you don't have the connection, even if it's not through, because the Hispanic/Latino side, it was through the organization HealthConnect One, but the African American side, it was through Dr. Thomas Mason. So even if it's not a person, even if the connection is through an organization, you have to have some form of a connection to be able to create the spider web of a network.

Eileen Body: Thank you, Dr. Watkins. We really appreciate your time today to discuss Operation Change. And I hope that you can continue to evolve it into other cities, other communities, and that it'll change a lot of women's lives. Thank you today, also to our listeners for joining us on this episode of the Health Disparities Podcast, we hope you found it interesting. Please remember to subscribe on iTunes or you can sign up on our website to receive notifications of new episodes. I'm Eileen Bodie and on behalf of Movement is Life. We thank you very much for your time today.

Dr. Watkins: Thank you.