Healthy Weight and Wellness: An Innovative Healthy Lifestyle Clinical Program

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Introduction:

The Healthy Weight and Wellness (HWW) program is the name of a new clinical program at Anthony L. Jordan Health Center to help patients eat healthier, improve their fitness, lose weight, and improve their energy and well-being overall. The targets of this program are patients that are overweight or obese that have 1-2 weight-related chronic condition(s) or symptom(s) (i.e. diabetes, hypertension, chronic kidney disease, etc.) within Rochester, NY (Monroe County). The innovative components of this program involves a structure of a group medical visit which serves as both a method to develop a supportive environment and a financially sustainable program that utilizes regular medical visit reimbursement to support the program.

The group medical visits take place once every other week with a pilot goal of around 20 people per group. This new program was piloted for 12 weeks for a total of 6 group medical visits. Each visit consisted of each patient checking in, having their vitals and history taken, and then participating in the group-based interactive program. Any additional time was provided to the patients to talk to the physician or nurse practitioner about any concerns or issues they are having thus serving as a complete medical visit. These programs included education on the USDA MyPlate, sampling raw fruits and vegetables, and exercise/instruction videos on physical activity.

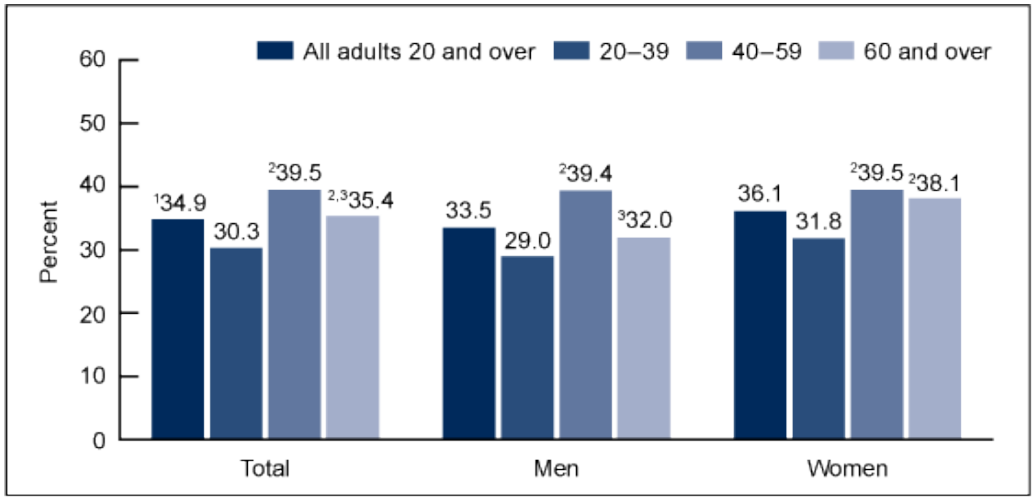
One of the important components of the HWW program is that it takes into consideration that the patients' issues surrounding their eating and lifestyle habits can sometimes be more than just their diet and exercise and rather is tied to their mental health as well. Therefore, as part of the curriculum, the HWW has a few sessions dedicated to developing better coping skills to stress and assessments like the

Generalized Anxiety Disorder Assessment (GAD-7) to make sure the patients are being screened for depression/anxiety-like symptoms.

Background:

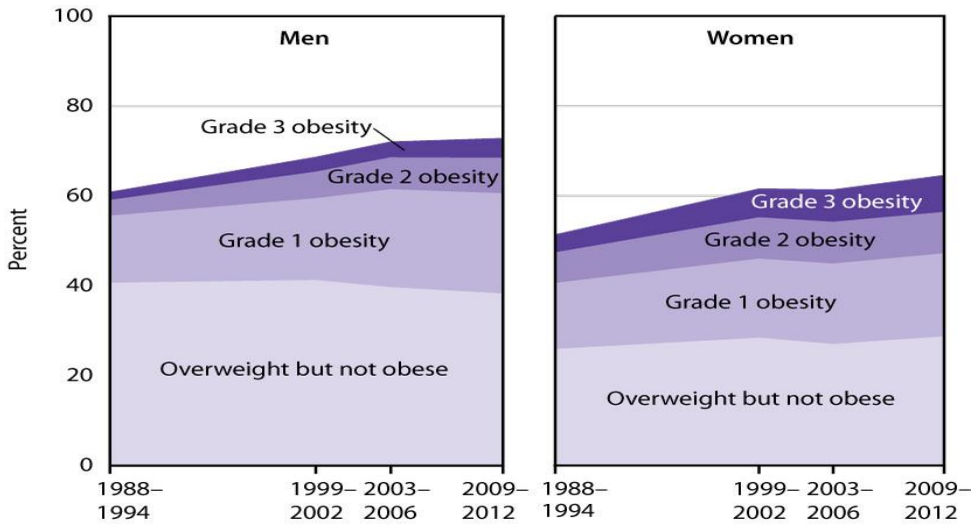
Obesity is a chronic condition that is very complex. The classic U.S. diet of an abundance of saturated fats and starches has led to an obesity epidemic that is continuously becoming an issue and increasingly taxing the American healthcare system. In the U.S., 35% of adults aged 20 and over are obese and 69% are overweight or obese from 2011-2012 (see Figure 1). This rate did not change from the 2009-2010 NHANES report and over the course of 24 years has steadily increased overall (see Figure 2).

Figure 1. Age-adjusted prevalence of obesity, by sex and age group, among adults aged 20 and over: United States, 2011–2012



[1]Crude estimate 35.1%.
[2]Significant difference from ages 20–39.
[3]Significant difference from ages 40–59.
NOTE: Estimates are age-adjusted for all adults aged 20 and over by the direct method to the 2000 U.S. census population using the age groups 20–39, 40–59, and 60 and over.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2012.

Figure 2. Overweight and obesity among adults aged 20 and over, by sex: United States, 1988-1994 through 2009-2012



NOTE: Overweight but not obese is body mass index (BMI) greater than or equal to 25 but less than 30; grade 1 obesity is BMI greater than or equal to 30 but less than 35; grade 2 obesity is BMI greater than or equal to 35 but less than 40; grade 3 obesity is BMI greater than or equal to 40.
SOURCE: CDC/NCHS, Health, United States, 2013, Figure 11. Data from the National Health and Nutrition Examination Survey.

A study by Kenneth Thorpe published in 2009 projected that in 2018 the total cost of obesity to the healthcare system will be $344 billion dollars which would amount to around 21% of all direct health care spending in the U.S. In this same projection, there will be roughly $3,340 spent per year per obese person as a direct result of their condition. These trends in the U.S. has also been mirrored in Rochester to some degree as well and has opened the door for innovative programs like the Healthy Weight and Wellness program to start addressing this growing public health and economical concern.

According to the 2012 Monroe County Adult Health Survey, 30% of adults in Rochester are obese and additionally 36% of adults are overweight. This is higher than the average for New York State which was 24% in 2012. Factors like location in the city (urban vs. suburban) and race have been shown to have great disparities within Rochester's obesity rates. In fact, according to a 2012-2013 Gallup-Healthways Well-Being Index survey, it was concluded that Rochester is #6 out of the top 10 "Most Obese Major U.S. Communities" (see Figure 3).

Figure 3: Top 10 Most and Least Obese Major U.S. Communities

Least Obese Major U.S. Communities

Community	% Obese
Denver-Aurora, CO	19.3
San Diego-Carlsbad-San Marcos, CA	19.3
San Jose-Sunnyvale-Santa Clara, CA	19.5
San Francisco-Oakland-Fremont, CA	19.7
Boston-Cambridge-Quincy, MA-NH	20.5
Miami-Fort Lauderdale-Pompano Beach, FL	21.8
Washington-Arlington-Alexandria, DC-VA-MD-WV	22.2
Minneapolis-St. Paul-Bloomington, MN-WI	22.7
Los Angeles-Long Beach-Santa Ana, CA	22.7
Seattle-Tacoma-Bellevue, WA	22.8

January 2012-December 2013
Gallup-Healthways Wellbeing Index

GALLUP

Most Obese Major U.S. Communities

Community	% Obese
Memphis, TN-MS-AR	31.9
San Antonio, TX	31.1
Richmond, VA	28.8
New Orleans-Metairie-Kenner, LA	28.7
Columbus, OH	28.7
Rochester, NY	28.6
Louisville-Jefferson County, KY-IN	28.4
Oklahoma City, OK	28.4
Detroit-Warren-Livonia, MI	28.1
Cleveland-Elyria-Mentor, OH	28.0

January 2012-December 2013
Gallup-Healthways Wellbeing Index

GALLUP

The New York State (NYS) Prevention Agenda is a blueprint for New York State's local health departments that requires the health departments to report their Community Health Improvement Plan (CHIP). Rochester has identified "reduce obesity" as its number one focus area in their 2013-2017 CHIP. This plan has four main areas:

1. Helping employers to make changes to ensure that employees have access to healthy choices,
2. Developing a plan to support active transportation (biking and walking);
3. Improving access to safe, inviting places to be physically active in city neighborhoods and
4. Improving access to affordable healthy foods within city neighborhoods.

The Healthy Weight and Wellness program focuses on the last two main areas of Rochester's CHIP; improving access to physical activity resources and healthy food. It is estimated using "cause of death rates" in Rochester and a figure of "actual cause of death" from a study published by McGinnis and Foege that 33% of all deaths in Rochester are attributed to diet, physical activity and smoking. According to the Monroe County Adult Health Survey, roughly 20-30% of Monroe county residents consumes 1+ soda/sugar sweetened beverages, and consumes fruits and vegetables less than once a day. Additionally

16% report that they do not engage in any leisure-time physical activity in the past month. These numbers reflect the dire need of innovative methods on dealing with the city's obesity epidemic.

Methods:

The implementation of the Healthy Weight and Wellness (HWW) program started with a goal of enrolling 20 patients per group medical visit session (the ultimate goal is to reach 40 patients with two groups). The following were the criteria that was used to enroll patients into the program:

Patients must be…

1. Overweight or obese (BMI ≥25),
2. Aged 18 years or older,
3. Have at least 1-2 weight-related chronic condition(s) or symptom(s) (examples: diabetes, hypertension, dyspnea, sleep apnea, etc.),
4. English-speaking (not necessarily English as a native language),
5. Ambulatory, and
6. Current patients of the Anthony L. Jordan Health Center with some form of health insurance (either public or private).

Enrollment started with the program development team reaching out to clinicians within the Anthony L. Jordan Health network to refer patients they felt were eligible according to the criteria. Clinicians would identify a candidate for the program and then one member of the program development team would call the patient to administer the screener and the pre-survey. Eventually another strategy was used where a member of the program development team would serve as a direct point-person within the clinics. As part of this process, clinicians would identify a patient that met the criteria for the HWW program, discuss a quick overview of the program and then call in the designated member of the development team to enter the room to discuss the details of the program and administer the screener and pre-survey (see Appendix A: Initial Screener and Pre-survey).

Information like height, weight, and BMI were included in the screener and eventually collected from the patient's 1st group medical visit check-in. All of those who were referred by clinicians in the Anthony L. Jordan health clinics met the above criteria for enrollment into our program. The offer of transportation

assistance was offered to each patient (if they needed it). The main exclusion which was picked up in the screener was whether the patients could commit to the six sessions over the 12 weeks of the program.

The pre-survey was developed to capture their current health and wellness status (how much soda consumed, snack foods, physical activity, etc.) and the addition of the Generalized Anxiety Disorder Assessment (GAD-7) mental health screener to capture depression/anxiety-like symptoms. The survey will be administered in the beginning and the middle of the program and then finally the questions will be added to the post-survey at the end of the program to measure changes over time.

The HWW program curriculum was developed to incorporate evidence-based resources for weight management, as well as some activities catered to the mental health component of the program (see Appendix A: HWW Curriculum). As part of the first session's curriculum, we collected feedback as to what the patients were hoping to see or learn from the program which was then used to validate the curriculum components. In the first visit, group dynamics were also assessed and discussed to reach a plan to make sure the group medical visit environment remained overall supportive, safe, timely and respectful.

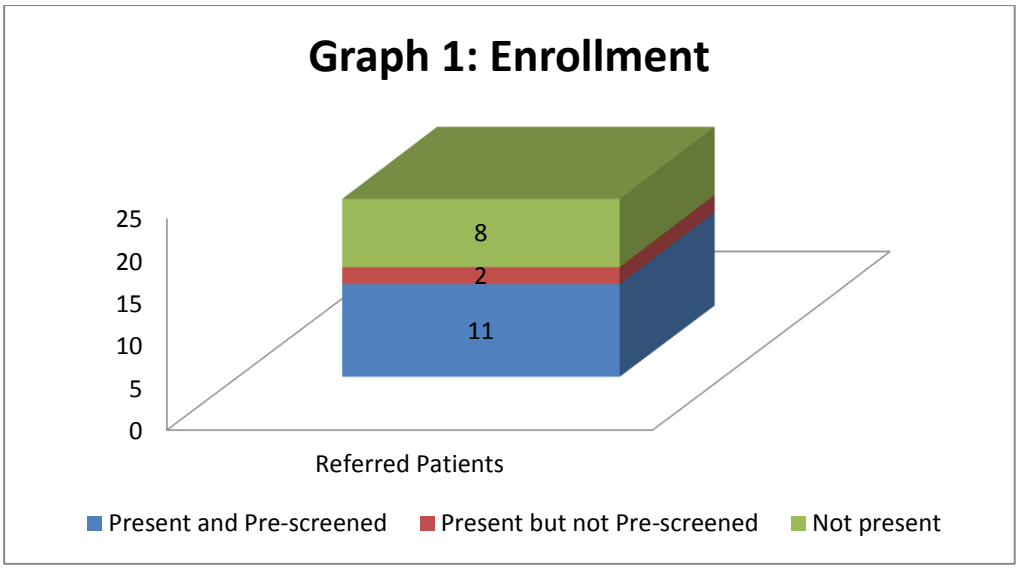
As part of the group medical visit structure, patients had their vitals taken alongside the program and met with their physician or nurse practitioner to discuss any medical issues they might be having. These vitals included: blood pressure, weight, height, waist circumference, HbA1c, etc. A template was developed within the eClinical Works electronic health record system for quick entry of progress notes and billing (see Appendix A: EHR Template).

Results:

Enrollment

The first group which started July 10, 2014 had a total of 21 patients referred to the program (ages 37-69), 15 that were screened and 13 showed up to the first visit. Out of the 13 there were 2 that did not complete

an initial screener prior to attending the first visit but were determined to meet the criteria on their initial visit (see Graph 1). Active enrollment is still on-going for the second group which is scheduled to begin August 14, 2014.



Initial Screener Data

The average BMI for the participants who were screened (n=11) was 41, with 55% ranging between 30-40 and 45% that were greater than 40 (max was 56). The most common weight-related chronic conditions (WRCC) were hypertension (91%), depression (55%) and joint pain (45%). This was mirrored by the fact that 64% of participants have no physical activity outside of daily walking (without the intent to exercise)*, 73% claim that their quality of life is "fair" or below**, and 27% of participants claimed that "pain" was a barrier to being in the HWW program. As for dietary habits the average meals, vegetables, fruit and fast food per day was 2 meals/servings and vegetables were 1.5 servings. Finally, 30% of participants claimed that they got <4 hours of sleep per night and based on shared stories from the first visit it appears that the reasoning may be associated with poor habits leading up to their trying to fall asleep (see Chart 1).

Chart 1: Initial Screener

WEIGHT-RELATED CHRONIC DISEASE	
Weight-Related Chronic Disease	Percentage of Participants
Diabetes	36.36%
Hypertension	90.91%
Coronary Artery Disease	9.09%
Chronic Kidney Disease	0.00%
Obstructive Sleep Apnea	0.00%
Depression	54.55%
Joint Pain	45.45%
Hyperlipidemia	36.36%
GERD	18.18%
Other	54.55%

SOCIAL/BEHAVIORAL FACTORS	
Social/Behavioral Factors	
<4 hours of Sleep	30.00%
≥7 hours of Sleep	40.00%
Smokers	9.09%
Alcohol users	36.36%
Other substance users	9.09%
Concerning symptom: Weight	45.45%
Most common barrier: Pain	27.27%

No Physical Activity Outside Daily Walking (without intent to exercise)*	55.45%
Most Common Motivation: Reduce Pain	18.18%
Most Common Motivation: Family	27.27%
Most Common Support: Family	54.55%
Most Common Support: Friends	36.36%
Quality of Life is Fair or Below**	72.73%

DIETARY HABITS	
Food Consumption	Average
Meals/day	2
Vegetables/day	1.5
Fruit/day	2
Fast food/week	2

BODY MASS INDEX (BMI)	
BMI	Percentage of Participants
BMI > 30 but <40	54.55%
BMI >40	45.45%
	Average
Average BMI of Participants	41.11

*No Physical Activity Beyond Daily Walking (without intent of exercise): any mentioning of "daily walking" or "none".
**Quality of Life is Fair or Below: wording like "fair", "needs improvement", "poor"

Preliminary Pre-Survey

From the 13 participants that showed up for the first visit, 9 had completed their pre-survey before the first visit (2 of which were the same participants that did not complete a screener). Currently pre-survey data is still being collected. From the current responses (n=9) there was 44% who tested above 10 on the GAD-7. This measurement of 10 has been determined to have an 89% sensitivity and a 82% specificity for generalized anxiety disorders.

Discussion:

The screener data provided a "window" into what some of the challenges are going to be in the target pilot group of the Healthy Weight and Wellness program. Continued successful development of this program will be contingent upon the ability to adapt the curriculum according to the patient's desires.

During the first visit the program development team planned to dedicate a portion of the curriculum to hear from the patients what they wanted to gain from the HWW program. Out of this conversation, 14 topics were identified:

- Regulating Portions
- Foods that speed up metabolism
- How to relieve pain with exercise and diet
- Emotional regulation for eating
- How exercise and diet can be used in treating other chronic conditions beyond obesity (dyspnea, sleep apnea, etc.)
- Information on how to determine whether you have food allergies and its actions on the body (i.e. bloating, energy, etc.)
- Shopping healthier
- Eating healthier
- Maintaining weight
- Information on how healthy foods can be directly helpful for treating ailments
- Cooking healthy (without salt)
- Easy healthy cooking information
- Healthy cooking for 1 or many
- Foods that work negatively on your body

After comparing this list of what the patients' identified and the HWW program's preliminary curriculum for the remaining group medical visits, there were 9 that matched out of the 14. Topics like relieving pain through diet/exercise and overall alternative medicine strategies seem to be a common theme of material that has not been factored into the proceeding curriculum of the remaining group medical visits. These topics also highlight some of the patients' identified common barriers and concerns of pain management with a healthy lifestyle.

Recommendations:

Enrollment:

- **Use the variables in the screener to capture patient-driven topic areas for the curriculum –** variables like "barriers", their weight-related chronic conditions, and reporting of their quality of life were mirrored well within the discussion of desirable topics for the program.
- **Start enrollment and screening/survey earlier-** by capturing screener data before the development of the curriculum will reduce the amount of additions and changes you will ultimately make.
- **Have a member of the program development team be present at the clinics being used for recruitment –** by meeting with the clinicians in-person it sparks more motivation to actively refer patients to the program. It also provides an on-site resource for the clinicians to utilize to give more information and answer questions directly about the program. The benefit to the program development team of this arrangement is it allows for a one-stop shop of enrolling and screening/surveying patients.
- **While conducting the screener and surveys discuss as a team how to ask and explain each question-** with multiple people providing these screeners and surveys it is important to make sure that if questions are being explained it is done with some degree of consistency (or not explained at all and patients determine what the meaning might be).

Program Planning/Implementation:

- **Develop a quick template within the electronic health records system-** one of the biggest factors in the HWW program is the balance of time. Since the program is considered a group medical visit each patient must undergo quick assessments (i.e. vitals, discussions with the care provider, etc.) and still have time to be a part of the program. By having a quick template (with limited free text entry) it will free up more time for the curriculum.
- **Make sure to load the template for each patient prior to the visit-** by placing the patients in the EHR schedule for the group medical visit it will save time by adding the developed template. The

more preparations before the visit the better in regards to managing the time balance (medical visit vs. curriculum programming).

- **Call patients during the off week to check-in and the day before to remind them of the visit.**
- **Look out for literacy issues-** one great method to determine if there might be an issue with literacy is to watch how the patient fills out the pre-survey. If enrolling over the phone ask whether the patient has reading difficulties.
- **Prepare the program development team to be sensitive to group dynamics-** since the program relies on group visits with patients who are typically strangers to one another it is wise to monitor and assess the group dynamics. Continue to look for solutions to tempering strong personalities, reducing long testimonies and prevent peer to peer negative statements.
- **Provide handouts that will capture chief complaint, goals, review of systems (ROS) and current medication list-** patients can help reduce the amount of time for the clinical assessments by filling out handouts before they are pulled into the side room for their individual visit.
- **Create a shared digital filing system for handouts.**

Conclusion:

Medicine is undergoing a lot of changes to coincide with the Affordable Care Act's emphasis on preventative care. After collecting data from the screeners/pre-survey, and implementing the first visit of the Healthy Weight and Wellness program there is a lot of excitement around this program as an attempt to deal with Rochester's obesity issue. This is just one example of a local health center trying to meet the needs of the community. From the first group medical visit there was a lot of positive feedback given from the patients about the program and their excitement. Measures of retainment in the program will be needed to determine how effective the program is at engaging the patients.

Some limitations worth mentioning of this program is that the pilot is limited to patients within one health system network in Rochester. Environments when pre-surveys and screeners were administered to the

patients could have also altered responses. For example, patients might have felt more inclined to answer sensitive questions over the phone as opposed to in-person and responses might have been skipped more when provided the hard copy of the pre-survey as opposed to giving responses over the phone. Finally, there was a degree of adaptation in the process due to the nature of implementing a new program. Some of these adaptations include changes in ways of enrolling patients, and setting up the room for the program's events. However, none of these adaptations were markedly different from one patient to the next and will be improved for the remaining sessions of the 1st group and the active enrollment of the 2nd.

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Appendix A (Screener and Survey)

Healthy Weight and Wellness - Initial Screen

Referred by

Diagnosis

- ☐ Obesity
- ☐ DM2
- ☐ HTN
- ☐ CAD
- ☐ CKD
- ☐ OSA
- ☐ Depression
- ☐ Joint Pain
- ☐ Other:

On average, how many hours do you sleep per night?

- ○ Less than 4 hours
- ○ 4-5 hours
- ○ 6-7 hours
- ○ 8-9 hours
- ○ Greater than 9 hours

Select the following if the answer is "yes":

- ☐ Smoke?
- ☐ Alcohol?
- ☐ Other substance abuse?

Concerning symptoms

Other factors the patient feels are involved in their health and well-being

Readiness for GMV

- ○ Not ready
- ○ Thinking about it
- ○ Ready

Willingness to commit to 6 Bi-weekly visits

- Not willing
- Thinking about it
- Willing

Perceived Barriers?

Your PERSONAL Goal?

Meals/day?

0	1	2	3	4	5	6	7	8

Vegetables/day

0	1	2	3	4	5	6	7	8

Fruit/day

0	1	2	3	4	5	6	7	8

Fast food/week

0	1	2	3	4	5	6	7	8

Physical Activity?

Motivation
What is your primary motivation for achieving a healthy weight?

Support Available?
If yes, what kind?

Current quality of life?

Social Health/Concerns

Access to medical care
Examples: not seeing their same PCP's, wait time

Height

Weight

BMI

Waist circumference

Hip circumference

Body fat

BP

HR

RR

HgbA1c

FBG

Lipid Profile

PFT

Sit to Stand

Group Medical Visit Pre-Survey

What is the reason you would start eating a healthy diet and exercising more?

How ready are you to make changes to your diet/exercise?

	1	2	3	4	5	
Not ready	○	○	○	○	○	Very ready

How confident are you in your ability to make these changes?

	1	2	3	4	5	
Not confident	○	○	○	○	○	Very confident

State 3 main barriers to changing diet/increasing exercise
(Example: 1. safety, 2. tired all the time, 3. no social support)

State 3 main sources of motivation/support to changing your lifestyle
(Example: 1. personal health, 2. friends/family, 3. faith)

Over the past 4 weeks...

How many times per week did you exercise?

(Example: 3)

What exercise(s) did you do? And for how long?

(Example: jog - 3 times/week, biked - once....)

How many times per week did you eat fast food, snacks, dessert?

(Example: 3)

How many times per week did you drink soda/sweet tea/shelf juice?

(Example: 3)

How many times per week did you use margarine or butter to season/cook your meal?

(Example: 3)

How many times per week did you eat fruit or vegetables at every meal?

(Example: 3)

Do you feel that you sometimes eat/snack even when you are not hungry?

- Yes
- No

What are some of the reasons you eat when not hungry?

Check all that apply

- Bored/emotional

- [ ] Free food
- [ ] Candy jar convenience
- [ ] Watching TV
- [ ] Other people eating
- [ ] Clean plate syndrome
- [ ] Can't say no
- [ ] Other:

How are you feeling right now?

	(1) Not at all true	(2)	(3) Somewhat true	(4)	(5) Very true
At this moment, I feel alive and vital.	○	○	○	○	○
Currently I feel so alive I just want to burst.	○	○	○	○	○
I look forward to each new day.	○	○	○	○	○
At this moment, I feel alert and awake.	○	○	○	○	○
At this moment, I feel tired and exhausted.	○	○	○	○	○
At this moment, I feel so overwhelmed.	○	○	○	○	○
I am so lifeless and dis-spirited.	○	○	○	○	○

Over the last two weeks, how often have you been bothered by the following problems?
(GAD-7)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	○	○	○	○
2. Not being able to sleep or control worrying	○	○	○	○
3. Worrying too much about different things	○	○	○	○
4. Trouble relaxing	○	○	○	○
5. Being so restless that it is hard to sit still	○	○	○	○
6. Becoming easily annoyed or irritable	○	○	○	○
7. Feeling afraid, as if something awful might happen	○	○	○	○

If you checked any problems above, how difficult have they made it for you to do work, take care of things at home, or get along with other people?

- ○ Not difficult at all
- ○ Somewhat difficult
- ○ Very difficult
- ○ Extremely difficult

Healthy Weight and Wellness Curriculum

	Topic	Time Allocation	Objectives	Plan & Activities	Resources
Session 1	**Introduction, normalizing to group model, initial goal setting**	15	1. Complete initial data collection	Check-in, vitals, weigh-in, questionnaire completion,	
		5	2. Introduce GMV model and obtain HIPAA compliance	Introduce players and their roles and support services available within Jordan Health Center. Discuss HIPPA.	Look AHEAD, session 1, p. 5-6. Group Lifestyle Balance Program Session 1, p.1
		5	3. Introduce Group, expectations, schedule and topics	Discuss group expectations, goals of program. Provide schedule and topics	
		20	4. Learn what makes for successful Health, Wellness, and weight loss	Wheel of Well-being; Foundations of weight loss: what we eat, when we eat, how much we eat, and how much we move	Healthy Living Program, Class 2, p. 9
		15	6. Learn strategies for making change successful	Introduction to Emotional Regulation	Heather Muxworthy
		10	5. Review goals and make a first action plan	Strategies of successful goal setting, set a weekly Goal and Make an Action Plan	Healthy Living Program, class 3, p.11 - 12
		5	7. Listen to questions/concerns	Open to participants	
		15		Video: Weight Control: Losing weight and keeping it off (Milner Fenwick) with discussion (12m video)	
		90			
			Extras:	Sampling raw vegetables with cottage cheese dip, obtain food and activity journals if wanted	My Food Diary and the Hunger-Satiety Scale Handouts found at www.weightmanagement.com (American Board of Obesity Medicine,

					Certified Diplomat)
	Topic	**Time Allocation**	**Objectives**	**Plan & Activities**	**Resources**
Session 2	**Healthy Eating**	15	1. Collect data	Vitals, weight, etc.	
		10	2. Learn about healthy eating	What you eat, when you eat, how much we eat	Lifestyle Balance Program, Session 6, p1; National DPP session 4, p. 2-3, HLP class 14, p. 54
			3. Learn how to create a healthy plate	Introduce USDA MyPlate	www.choosemyplate.gov
		20	4. Learn about healthy portion sizes of foods	Measuring common (real) foods and using food models to create a healthy plate. Demonstration and hands-on activity: creating healthy plates and measuring portion sizes	HLP class 6 p22
		15	5. Learn about Fats and cholesterol; where they are and simple ways to cut unhealthy fats	Fats (saturated, trans, unsaturated), Cholesterol (LDL, HDL, TGs)	ADA Toolkit No. 6 and No. 9 with HLP class 8 p 27, 28, 29, HLP Class 9 p 32, 33, 34, 35, 36
		10	6. Goal setting and Action Plans	Discuss possible goals and make an individual action plan	
		20		Exercise DVD (Walking 1 mile)	Leslie Sansone WalkFit
		90			
	Topic	**Time Allocation**	**Objectives**	**Plan & Activities**	**Resources**
Session 3	**Being Active**	15	1. Collect data	Vitals, weight, etc.	
		15	2. Reflection: what is/isn't working?	Group Discussion. What is working, what is frustrating, checking in with Emotional Regulation	Heather

		5	3. Describe current level of physical activity and why physical activity is important to health	Group discussion.	National DPP p 55, 57-59, HLP, class 4, p. 13-15
		10	4. Receive and set up pedometer	Group Activity	HLP, class 2 p 6 - 7
		15	5. Take a walk	Go outside and walk around Kennedy Towers	
		5	6. Discuss how to find the time to be active.	Finding the time, keeping it safe	National DPP, p 66
		5	7. Discuss how to keep activity safe		National DPP, p 68
		10	8. Goal setting and Action Plans	Discuss possible goals and make an individual action plan	
		10	9. Motivation	Guest Speaker and Demonstration: Melanie's superwoman at Kennedy Towers!	
		90			
	Topic	**Time Allocation**	**Objectives**	**Plan & Activities**	**Resources**
Session 4	**Reading Nutrition Facts Labels and using them to make healthy choices**	15	1. Collect data	Vitals, weight, etc.	
		20	2. Learn how to read a Nutrition Facts Label to identify calories, fat, cholesterol, sodium and fiber	How to read the Nutrition Facts Label - Hands on activity	USDA Department of Health and Human Services Eat Healthy/Be Active Community Workshops (#5 Making Healthy Eating Part of Your Total Lifestyle), HLP class 12, p. 43
		5		Simple ways to Cut Down on Sodium	HLP, class 9, p. 38, DGA workshops p. 31

		5		Adding Fiber	
		5	3. Learn which common foods have the most sugars	Sugar display in cereal and beverages	HLP class 7 p. 26
		10	4. Goal setting and Action Plans	Discuss possible goals and make an individual action plan	
		15		Structured Physical Activity	
		10		Hands on Activity: Make & Take Soul Food Seasoning	HLP, class 12, p45
		85			
Session 5	**Emotional eating, Stress and Problem Solving**	15	1. Collect data	Vitals, weight, etc.	
		20	3. Learn how to stop negative thoughts and talk back with positive ones	Emotional Eating, Stress & Emotional Regulation	Heather - Emotional Regulation skills
		10	4. Learn the 5 steps to problem solving.	Problem Solving	HLP p. 16, 17
		5	2. Learn strategies for relaxation	Relaxation and Breathing Techniques	HLP p 59, 60, 61
		10	5. Goal setting and Action Plans	Discuss possible goals and make an individual action plan	
		15		Structured Physical Activity	
		15		Guest Speaker/ Yoga instructor	
		90			
	Topic	**Time Allocation**	**Objectives**	**Plan & Activities**	**Resources**

Session 6	**Eating on a Budget, Shopping Strategies, Ongoing Action Plan and Continued Support for Health from Healthy Weight and Wellness Program**	15	1. Collect data	Vitals, weight, etc.	
		25	2. Eating on a budget: Plan! Plan! Plan!	Learn the 3 steps for healthy eating on a budget - planning, purchasing, and preparing	USDA Department of HHS, Community Workshops, No. 3: Eating healthy on a Budget, p.3.6 - 3.8 plus handouts
				Learn how to plan meals and snacks ahead of time	
		5	3. Where to find fresh seasonal vegetables and fruits	Learn where to find farm markets and curbside markets near your home	$5 Public Market Token
		10	4. On-going support from Jordan Health Center	Learn of support groups near your home and how to get continued support from Jordan Health to maintain your own Healthy Weight and Wellness	
		10	5. Goal setting and Action Plans	Discuss possible goals and make an individual action plan	
		15		Structured physical activity	
		10		Guest Speaker Or Cooking Demo	
		90			

SAMPLE ELECTRONIC HEALTH RECORD TEMPLATE

Subjective:

Chief Complaint(s):

Weight loss (lbs):, Complaint of Weight related chronic condition:

HPI:

General

Complains of Weight-related chronic condition (WRCC):

Better/worse/the same:

Satisfied w/ present tx?:

Other tx's tried?:

Self-mgmt goal for this WRCC?:

Complications from it?:

Self-care measures include

Motivation:

Resources for change:

Expresses concern

Barriers:

Weight History:

History of weight loss?

Weight loss goal amount:

Weight gain history:

Weight loss attempts:.

Physical Activity:

Physical Activity low-moderate.

Self-Mgmt

Diet Diet normal. Exercise Exercise Activity level:.

Current Medication:

Medical History:

Allergies/Intolerance:

Gyn History:

Periods ---. Menarche ---. gyn Age of menarche:. Sexual activity currently sexually active. Last pap smear date ---. Last mammogram date ---. Hx of abnormal pap None. LMP ---. STD ----. Birth control ----. Menstrual Problems --- denies excessive cramping, --- heavy bleeding or spotting. Gyn Problems Denies dyspareunia or postcoital bleeding.

OB History:

Total pregnancies 0.

Surgical History:

Hospitalization:

Family History:

Social History:

ROS:

Objective:

Vitals:

Past Results:

Examination:

General Examination

GENERAL: normal.

HEENT: normal.

CV: normal.

LUNGS: normal.

ABDOMEN: normal.

MSK: normal.

PSYCH: normal.

MA_PE

BACK/SPINE: normal.

Physical Examination:

Assessment:

Assessment:

Hypertension - 401.9

Obesity - 278.00

Plan:

Treatment:

Procedures:

Immunizations:

Therapeutic Injections:

Diagnostic Imaging:

Lab Reports:

Preventive Medicine:

General Self-Management: Nutrition/diet: discussed, handout. Exercise/Activity discussed. time spent in education and counseling: greater than 50% of this 30 minute visit was spent in education of the patient's as indicated in my assessment and plan. Diabetic self management goal: Reviewed diet.

Disposition & Communication:

Next Appointment:

2 Weeks

Billing Information:

Visit Code:

99215 OFC OP VISIT ESTHIGH CX.

Procedure Codes:

97804 MEDICAL NUTRITION, GROUP.