

# Patient Education Obesity Project

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# Introduction

- Overview
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  - Methods
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- Personal interest in primary care preventative medicine, obesity

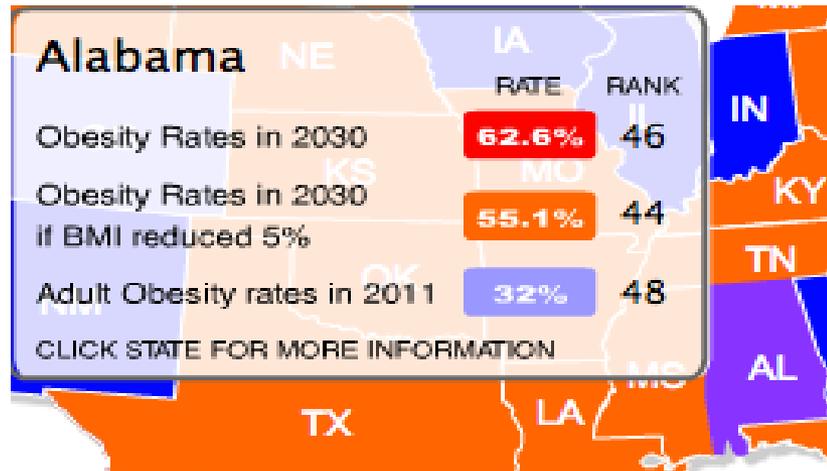


## Obesity:

- Obesity Excess weight, defined as BMI of 30 or more
- Contributes to 112,000 Preventable deaths per year.
- Obesity-related medical treatment costs between \$147 and \$210 billion a year (2006 data).
- Compared to an average patient: obesity cost an extra \$1429- \$2741 per year
- "Today's epidemic of overweight and obesity threatens the historic progress we have made in increasing America's quality and years of healthy life." -Dr. Regina Benjamin

# Background

- Alabama 5th most obese state
- According to F as in Fat “How Obesity Threatens America’s Future”
  - 2010-32.2%, 2012 the prevalence of self reported obesity was 33%.
  - 2012 : Diabetes 12.3%- 3<sup>rd</sup> among states
  - 2011 Hypertension 40%- 1<sup>st</sup> among states
  - If obesity rates continue to rise by 2030 :13 states-adult obesity rates above 60 percent, 39 states- rates above 50 percent, and all 50 states- rates above 44 percent.

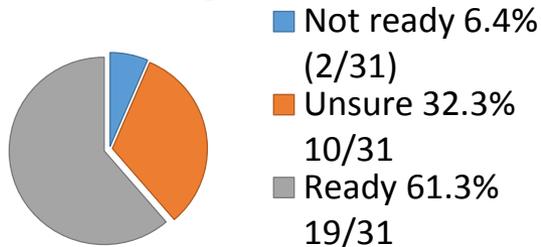


# Methodology

- Patient Survey:
  - Patients with a BMI of 30 and above were given an obesity survey.
  - Option: Obesity Education and/or Action Plan(weight loss program) “Lets Get Started: Making Better Choices”
  - Educational materials on obesity and weight loss tips were given to patients.
- Weight Loss Program “ Lets Get Started Making Better Choices”:
  - Three Plans: Exercise More, Food Switch, Drink Switch
  - Success: Doing your plan
  - Patients in weight loss program were given a pre and post obesity surveys to monitor progress.
  - Weekly follow-up calls were made to monitor progress
  - Weight checks were done after two weeks of being in the weight loss program.\*

# Survey Results

## How motivated are you to lose weight?



## How successful do you think you would be at losing weight?



- 100% (31/31) of patients were receptive to Obesity Education.
- 71%(22/31) considered themselves overweight .
- 3% (1/31)considered themselves obese.
- 29% of patients (9/31) do not have money at the end of the month for food.
- 62%( 18/31) of patients think eating healthy costs a lot of money.
- Patients want to learn more about how to lose weight, cook healthy meals and exercises to help lose weight.
- Most patients buy groceries from Greers Food Tiger, Family Dollar and Dollar General.

# Results

Obesity Education	100%	31/31
Action Plan Enrollment	77%	24/31
Successful Follow up Calls	67%	16/24
Unable to make Contact	12.5%	3/24
Dropped from Program	21%	5/24
% Follow up Calls Continuing Plan	81%	13/16
% Weight Check	69%	11/16
% Decrease in Weight	36%	4/11

# Discussion

- Obesity Education issues:
  - Perception: Patients don't identify as obese and they believe eating healthy cost a lot of money
  - Patients misperception of healthy drinks and the normal number of meal intake per day.
- Questions Raised/ Barriers
  - Patients lack motivation on follow-up calls or hadn't started yet.
  - Follow-up to Clinic was low due to lack of transportation, unable to contact, other medical issues
  - Patient Finances
  - Time- 4 week project
- Future Research Projects
  - Focus on modest weight loss of 5-10 percent of weight. Ex: 200 lb. patient losing 10 pounds.
  - Encourage Healthy Lifestyle: target overweight patients BMI 25 and above
  - Should focus on one part of patient perception ex: obesity, BMI and Body Image.
  - Access Motivation Techniques- outside the office
  - Long-term: weight loss should be monitored monthly and reassessed to adjust goals/treatment.

# Recommendations

- Obesity education continued with emphasis on :
  - Harmful effects of obesity
  - Sugary drinks
  - Portion control
  - Understanding calories and healthy weight loss.
- Set goal for weight loss at 5% of patients weight. Encourage Healthy Lifestyles: patients overweight: BMI 25 and up
- Assess where patients are on change readiness ruler and make adjustments accordingly.
- Patients who are ready need a written action plan, multiple options for weight loss, information to help stop cravings, and follow-up calls/visits.

# Conclusion

- Obesity education is important to decrease incidence of preventable diseases and mortality.
- Health and financial benefits if obese patients loose 5% of their weight
- Change Readiness Ruler is a tool that could help providers gauge patients motivation for weight loss.
- “Every time you eat or drink you either feed disease or fight it” –Heather Morgan

**We will fight together!**



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