Weigh Forward: Achieving Healthy Weight Goals in Underserved Communities

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Introduction

- Jackson-Hinds is the largest provider of primary health care services to the uninsured and underserved in Central Mississippi. The organization is uniquely positioned to make a significant impact on epidemic obesity in this patient community.

- 67.9% were overweight, with a Body Mass Index (BMI) > 25 [1].
- 34.0% were obese, with a Body Mass Index of 30 or greater [1]

Consequences of obesity:
- Health: physical and emotional
- Economic: Poverty trap problem
- Quality of life

Goal:
- To better understand the problem of obesity in the Jacks-Hinds area and how it is currently being addressed by JHCHC providers.
- Develop a feasible and effective solution for this unmet need.
Methodology

Provider Survey

Patient Survey

Workshop

*Data was analyzed w/ the "Survey Monkey" web-based application and/or Excel spreadsheet.
About 75% of respondents felt that the patients they see most often are above normal-weight, being either overweight or obese.

Most responders felt that the majority of patients (54%) seen in their depts. have a weight-related illness or condition (e.g. obesity, diabetes, high cholesterol, heart disease, etc.).

75% of respondents felt that “anytime is a good time” to discuss an overweight patient’s weight status with him or her. 70% said that they either frequently or always express their concern to patients regarding their weight.
59% of patients surveyed view their weight status as overweight, whereas only 10% view their weight as obese.

62% of patients surveyed have had a provider tell them they were overweight or obese, while 56% of those survey have had a provider express concern for their health due to their weight.

The top 3 detractors of patient weight loss attempts were stress (46%), busy schedule (46%) and lack of energy (44%).
Results - Workshop

Provider Survey

Healthy Weight Quiz

1. Genetic factors are the main contributor to a person’s weight status.
   - True
   - False

2. The most important environmental contributors to weight gain are poor eating and exercise habits.
   - True
   - False

3. The amount of calories you take in and burn is unaffected by food source. That is to say, a calorie is a calorie, whether it comes from sugar, protein, or fat.
   - True
   - False

4. Dieting (i.e. calorie restriction) is the best way to lose weight and maintain the loss.
   - True
   - False

Workshop

No. (BW)............ 13
No. (AW)............ 5

Grade (BW): 69% 76%
Grade (AW): 89% 91%
Discussion

Importance of a Plan

The majority of provider respondents said that they were counseling patients, giving patients educational information and discussing the benefits of weight loss with them. However, less than half of respondents (44%) were helping patients to develop diet and exercise plans. Clinical studies comparing soft counseling against hard counseling and/or weight-loss programs is sparse, but the data available suggest that these latter interventions are indeed more effective at achieving weight loss [2].

A Unmet Need

Additionally, the data collected verifies that there is a significant, unmet need within the Jackson-Hinds patient community. Both provider and patient surveys tell a story of a patient population which is a majority overweight or obese, and in need of more intensive, long-term interventions.

Outcomes-based Medicine

The importance of longitudinal data cannot be understated. This project demonstrates the ability of the survey to collect patient information, feedback outcomes data, and incite changes in JHCHC best practices. For example, I feel that my project was able to very rapidly test the provider/patient population to assess current weight statutes and treatments. Yet, my surveys represent only a single data point, which says nothing about change or effectiveness. At least two data sets are required for that.

A Plug for Workshops

Reduction in portion sizes was the primary method reported for weight loss. I suspect this is by means of food abstinence or caloric restriction. Patients may be unsure or uniformed as to how to change their diets, despite the fact the majority of provider respondents stated otherwise. Additionally, little was being covering with respect exercise.
Recommendations

Talking with Patients about Weight Loss: Tips for Primary Care Providers

As a healthcare provider, you are in a unique position to talk with your patients about weight control. This fact sheet offers tips and resources for addressing this sensitive topic with your patients.

Why talk to patients about their weight?

Two-thirds of Americans are overweight or obese. This serious condition puts many people at risk for diabetes, heart disease, and other medical problems. Weight control may help prevent obesity and reduce these health problems.

Studies show that talking with patients about weight control helps to prevent behavior change. For many providers, that’s all they need to do for their patients.

Patient education is the key to helping patients maintain their weight.

Research shows that patients who were counseled in a primary care setting about the benefits of healthy eating and physical activity were less likely to gain weight. They lost weight and maintained their loss better than those who did not receive counseling.

People who are overweight or obese often have difficulty in eating and reaching weight loss goals. But it is often weight for weight problems that more often than not is the main reason people have difficulty in losing weight. By speaking with patients regularly and helping them to measure and track their progress, you play an important role in helping patients improve their health.

Which patients might benefit the most?

Measuring your patients’ body mass index (BMI) can help them begin to identify their overweight problem. The BMI is a measure of body fat based on a person’s height to weight ratio. It provides a simple, easy way to look at weight and gives a general idea of whether a patient is too heavy or too thin. Your patient may be at risk for overweight if they have a BMI of 25 or above.

A BMI between 25 and 30 plus or minus several health problems linked to weight, such as a history of high blood pressure or diabetes.

A BMI over 30 plus any of the following factors:

• A history of diabetes
• A family history of diabetes
• A family history of high blood pressure

How do I bring up the topic?

Patients do not want their health care provider to assume that all their patients are overweight. Address their concerns about weight and offer advice that is appropriate to each patient’s unique condition. Ask about the symptoms and health problems related to weight, such as fatigue or joint pain. These symptoms can be associated with obesity and can be reduced by addressing weight loss.

Open the discussion about weight in a thoughtful way. Feel out your patient’s readiness to talk about their weight. Use some pertinent facts or quotes, such as “The average person who gains 10 pounds per year will weigh almost 120 pounds more at age 50 than at age 20.” Ask your patient what their future looks like in 10 years. Would they be happy with their body weight and activity level at that time?

Healthy Weight Center Programs

GET FIT, LOSE IT, STAY FIT
Get started with a one-hour orientation for individual treatment planning. Available options include:

Get Fit

- Appropriate for BMI 25-30
- Duration: 2 months

Activities:

• A one-hour and half-hour individual appointment with a dietitian
• A nutrition and a half-hour individual exercise session
• Two supervised exercise or circuit training sessions

Lose It

- Appropriate for BMI 30+
- Duration: 4-6 months

Activities:

• A one-hour meal planning session with dietitian
• A one-hour individual exercise session

Also Available:

- Follow-up individual dietitian appointments
- Follow-up individual exercise sessions
- Individual social work appointments
- Group education classes
- Supervised exercise or circuit training sessions

Stay Fit

- Appropriate for past Healthy Weight Center participants BMI 25+
- Duration: 4 months

Activities:

• Two half-hour individual dietitian appointments
• Two half-hour individual exercise sessions
• Eight supervised exercise or circuit training sessions
Conclusion

Sources of Error

- The number of provider respondents was not sufficient to be representative of the entire provider population.
- The number of patient respondents was not sufficient to be representative of the entire patient population.
- Multiple data points were only taken for the workshop, so any interpretation of data with respect to the effectiveness of current provider approaches would be erroneous.
- The data collected is primarily qualitative and sentiment-based, ascribing significant bias to the results.

Key Points

- The Healthy Weight Project was a needs assessment, characterizing the current weight profile of patients in the JHCHC patient community, and an effort to determine the feasibility and effectiveness of a workshop style intervention. It will hopefully serve as a starting point for future endeavors of this accord.
- Data collected from patient and provider surveys as well as the Healthy Weight Workshop demonstrated that Jackson-Hinds patients are in need of greater, more intensive interventions to facilitate weight reduction.
- Both JHCHC patients and staff are poised to accept such interventions.
Acknowledgements

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM
Jackson-Hinds Comprehensive Health Center

Dr. Jasmin Chapman
Dr. Linda Assad
DR. JOHN PATTERSON
Dr. Rice cakes
Mr. Justin Smith Jd.
MS. Jennifer Bradley
Ms. HILDA WANSLEY
PCLP Scholars
Everyone Else!