

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM



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.

Mississippi Fast Facts: Weight status (2010)

- 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

Provider Survey on Patient Weight & Obesity

1. Please select the clinic where you currently work. If you work at multiple locations, please select the site where you spend the most time. You will use this location as a reference for completing the rest of the survey.

Other (please specify)

2. Please select your current department.

Adult Medicine
 Pediatrics
 Women's Health
 WIC
 Otolaryngology
 Dentistry
 Social Services
 Other (please specify)

3. Please select your current job title.

Physician

Sites.....All
 Dept.All
 No.50

Patient Survey

Patient Weight Survey

1. Clinic where you are currently being seen?

2. How long have you been a patient of Jackson-Hinds Comprehensive Health Center or an affiliated clinic?

Less than 1 year
 1-5 years
 5-10 years
 Over 10 years

3. How do you view your current weight?

Underweight
 Normal weight
 Overweight
 Obese

4. Has a health care provider ever told you that you were underweight, overweight, or obese?

Yes (please specify which): _____
 No

Sites.....4
 Dept.AM
 No.125

Workshop

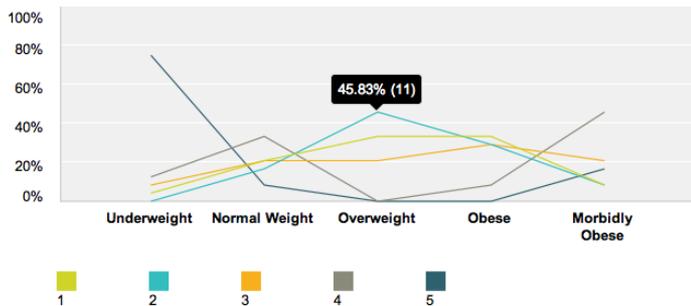


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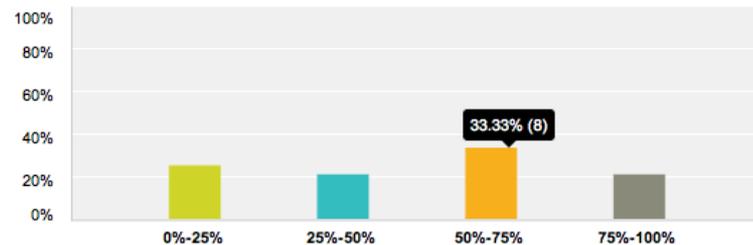
*Data was analyzed w/ the "Survey Monkey" web-based application and/or Excel spreadsheet.

Results – Provider Survey

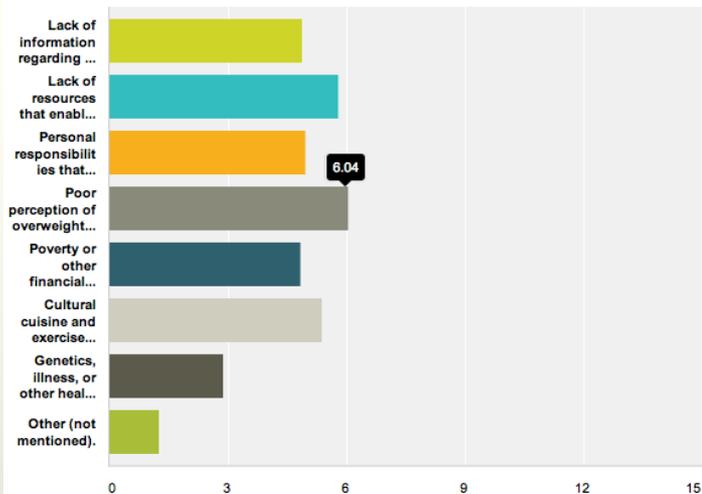
JHCHC Patient Weight Profile



JHCHC Weight-Related Health Conditions



Causes of Overweight Status



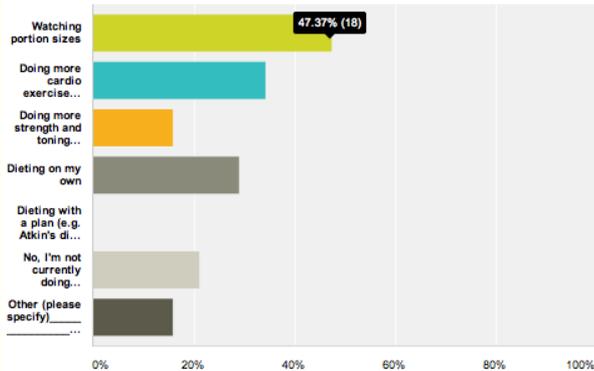
About 75% of respondents felt that the patients they see most often are above normal-weight, being either overweight or obese.

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.).

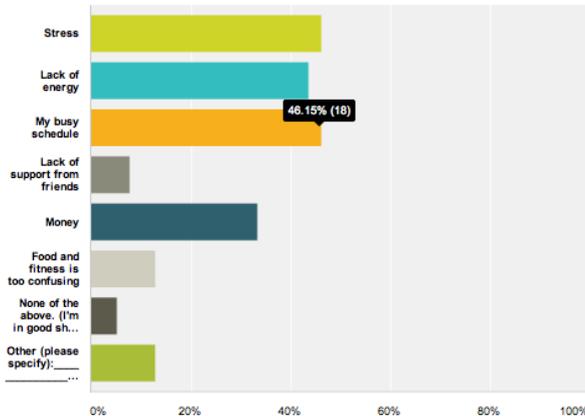
75% of respondents felt that “anytime is a good time” to discuss an overweight patient’s weight status with him or her. 70% said that they either frequently or always express their concern to patients regarding their weight.

Results – Patient Survey

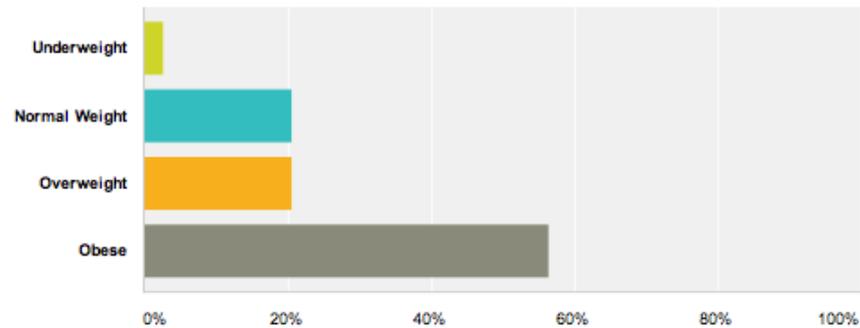
Patient Weight-Loss Strategies



Weight-Loss Detractors



JHCHC Patient Body Mass Index



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

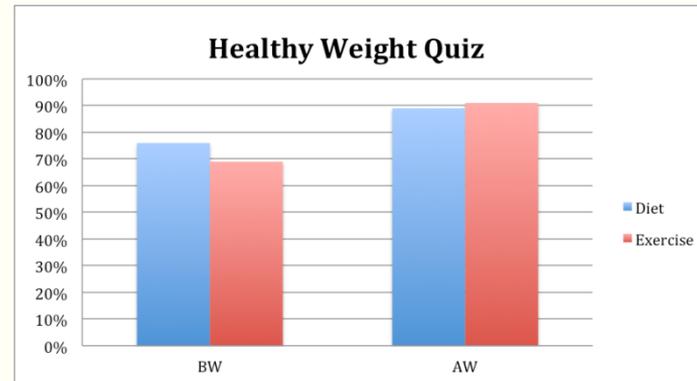
4. Dieting (i.e. calorie restriction) is the best way to lose weight and maintain the loss.

- True
 False

No. (BW)..... 13

No. (AW)..... 5

Workshop



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 statuses 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 unformed as to how to change their diets, despite the fact the majority of provider respondents stated otherwise. Additionally, little was being covered with respect exercise.

Recommendations

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

WIN *Weight-control Information Network*

As a health care provider, you are in an ideal position to talk to 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 American adults are overweight or obese. This excess weight may put them at risk for diabetes, heart disease, and other medical problems. Weight control may help patients delay and reduce these issues.

Studies show that talking with patients about weight control helps to promote behavior change. But many providers fail to do so for these reasons:

- lack of office time with patients
- lack of training on how to talk to patients about weight

Research has shown that patients who were counseled in a primary care setting about the benefits of healthy eating and physical activity often took positive action. They lost weight and exercised more than patients who did not receive counseling.

People who are overweight or obese often want help in setting and reaching weight-loss goals. But it may be tough for some patients to talk about their weight. By speaking with patients caringly and working with them as partners, you can play a key role in helping patients improve their health.

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Which patients might benefit the most?

Measuring your patients' body mass index (BMI) on a regular basis can help you identify those who may benefit the most from information on weight loss. The BMI measures body fat based on a person's height in relation to weight and provides a score to signal whether someone is at a healthy weight.

Approach the subject of weight loss if your patient has

- a BMI of 30 or above
- a BMI between 25 and 30 plus two or more health problems linked to weight, such as a family history of heart disease or diabetes
- a waist size over 35 inches (women) or 40 inches (men)—even if BMI is less than 25—and two or more health problems linked to weight

See the Resources for Health Care Providers section of this fact sheet for a web link to an online BMI calculator.

How do I bring up the topic?

Patients do not want their health care providers to assume that all their problems are weight-related. Address your patients' main health concerns first. Allow them to talk about other issues that may be affecting their physical or emotional health, such as family or work issues.

Open the discussion about weight in a respectful way. Find out if your patient is willing to talk about the issue. Use terms preferred by patients, such as "weight," "excess weight," "unhealthy body weight," and "BMI," or ask your patient what terms he or she prefers. You may want to start like this:

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Eat Healthy • Be Active Community Workshops

Based on the *Dietary Guidelines for Americans 2010* and *2008 Physical Activity Guidelines for Americans*

Be Active, Healthy, and Happy!

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 25-29

Duration: 2-3 months

Includes:

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

LOSE IT

Appropriate for: BMI 30+

Duration: 4-6 months

Includes:

- A one-hour meal planning start 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

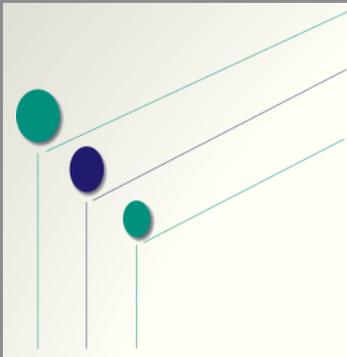
Includes:

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

Provider Education

Workshop

Weight-Loss Program



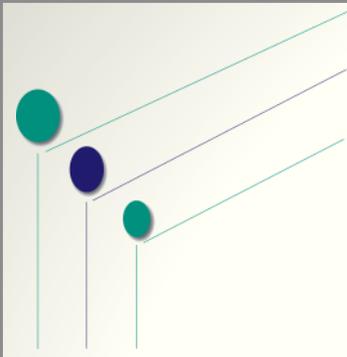
Conclusion

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

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