Patient Education Obesity Project

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Introduction

• Overview
  • Background
  • Methods
  • Results
  • Discussion
  • Recommendations

• 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%- 3rd among states
  - 2011 Hypertension 40%- 1st 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?
- Not ready 6.4% (2/31)
- Unsure 32.3% (10/31)
- Ready 61.3% (19/31)

How successful do you think you would be at losing weight?
- Not successful 6% (2/31)
- A little Successful 39% (12/31)
- Good Success 39% (12/31)
- Very successful 16% (5/31)

- 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

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Numerator/Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity Education</td>
<td>100%</td>
<td>31/31</td>
</tr>
<tr>
<td>Action Plan Enrollment</td>
<td>77%</td>
<td>24/31</td>
</tr>
<tr>
<td>Successful Follow up Calls</td>
<td>67%</td>
<td>16/24</td>
</tr>
<tr>
<td>Unable to make Contact</td>
<td>12.5%</td>
<td>3/24</td>
</tr>
<tr>
<td>Dropped from Program</td>
<td>21%</td>
<td>5/24</td>
</tr>
<tr>
<td>% Follow up Calls Continuing Plan</td>
<td>81%</td>
<td>13/16</td>
</tr>
<tr>
<td>% Weight Check</td>
<td>69%</td>
<td>11/16</td>
</tr>
<tr>
<td>% Decrease in Weight</td>
<td>36%</td>
<td>4/11</td>
</tr>
</tbody>
</table>
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 loosing 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 lose 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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