

building a
healthier
Polk

A Polk Vision Initiative

Strategy 3

Primary Care Provider

Focus Group

Executive Summary



Introduction

Building a Healthier Polk is a group of community partners brought together by Polk Vision who are working on a three year plan to increase healthy weight rates. The Initiative is built on 6 key strategy areas: school age based, community based, physician based, worksite based, higher education based and communications. The goal of the initiative is to reduce the obesity rate (BMI>30) in Polk County to less than the state average (37.6% to 27.2% 2010 BRFSS report) by October, 2015.

Strategy 3, assessing clinical practice in addressing body mass index (BMI), used a survey tool to evaluate whether primary care physicians documented a BMI on their patients and provided counseling or education related to achieving a healthy weight. Primary care was defined as family medicine, internal medicine, pediatrics, gynecology, and general practice physicians.

The survey was sent to 353 primary care physicians, of which 99 responded (28% response rate). Of those who responded 95 (96%) were documenting BMIs on their patients and 86 (87%) were providing counseling, education or referral regarding weight reduction for overweight or obese patients. While documentation and counseling rates within the survey respondents were high, the Strategy 3 workgroup members felt that additional information from primary care providers was needed to define obstacles to patients achieving a healthy weight.

Method

Members conducted interviews with 28 primary care providers, including physicians and ARNPs, to assess providers’ opinions about their practice experiences and perceptions of patients’ challenges with obesity.

The following questions were asked:

1. What challenges are you facing addressing obesity?
2. How have patients attitudes towards weight discussion changed over the years?
3. How has patient care been impacted by the crisis of obesity?

Responses were recorded and compiled and analyzed at subsequent Strategy 3 Workgroup meetings.

Summary

Common and consistent themes are provided in Addendum A.

The following are identified needs of providers and opportunities for communities and individuals.

Providers

- Physician training on effective weight reduction modalities
- Availability of educational tools or resources for patient education to be used within office practices
- Listing of referral resources for nutritional counseling, weight loss programs, exercise, bariatric surgery, and weight reduction specialists
- Effective way of dispersing information to health care providers

Communities

- Easy access to affordable healthy foods
- Easy access to safe places to exercise
- Access to a medical home
- Nutritional education for the community to teach people about healthy eating
- Establishment of a diverse county-wide task force to address health disparities with respect of race/ethnicity, age, gender, income, religious, and cultural differences

Individuals

- Understand the negative impact of obesity on quality of life
- Devote time to meal planning and preparation and exercise to improve health
- Parents or other care givers should encourage and expect children to be more physically active
- Parents or other care givers need to be open-minded when discussing a child's weight issues
- Be receptive to recommendations of providers
- Do not expect a quick or easy fix
- Take personal responsibility

Conclusion

This document contains a summary of primary care providers' challenges in helping their patients fight obesity.

Their comments validate the need for a multi-faceted approach to create environments in Polk County conducive to healthy living. Additionally, there is an increased need for individuals to make choices leading to a healthier lifestyle and weight.

Partners involved in Building a Healthier Polk are positioned to drive momentum and influence long term change directly and by engaging other members of the community.

ADDENDUM A**What challenges are you facing addressing obesity?****Providers' challenges**

- Difficulty in initiating conversation because of fear of offending patients or parents.
- Lack of Medicaid reimbursement and time for health maintenance visits.
- Lack of training regarding weight management.
- Lack of educational tools or resources.
- Lack of knowledge of referral resources (nutritional counseling, exercise assistance, bariatric surgery).
- Language and cultural barriers.
- Appropriateness of visit. Difficult to discuss weight when a visit is for an acute condition.
- Lack of confidence that their recommendations will make a difference.
- Perception that many patients are non-compliant with provider recommendations.

Providers' perception of challenges for patients and families

- Lack of financial resources to follow healthy diet and exercise plan. "Fresh fruits and vegetables are more expensive than a box of macaroni and cheese". Programs with a history of weight loss success are too expensive (i.e. Weight Watchers).
- Lack of access to healthy foods.
- Lack of time for meal preparation.
- Lack of focus on healthy living. Many families are trying to survive and don't have the energy to work toward a healthy lifestyle.
- Lack of long term commitment. Many patients want a quick fix and don't want to exert effort.
- Lack of physical activity. Children are less active now. Spending hours in front of TV, computer, or video games while consuming snacks.
- Lack of easy access to a safe place to exercise. Many patients do not live in a neighborhood conducive to exercise.
- Parental denial of child's obesity. Many times the parents are overweight and they view that as normal.
- Lack of a medical home. Seeking episodic medical care is not conducive to addressing obesity.
- Lack of knowledge. Many people do not understand basic calorie counting and nutritional value. Many do not understand that 100 extra calories in a day can result in a 10 pound weight gain in a year.
- Cultural differences in eating habits may promote obesity.

How have patients attitudes towards weight discussion changed over the years?

- Many patients don't realize their obesity is not just about "looks", but it impacts their overall health and well-being.
- Depression is common in obese patients. People don't have the energy to fight the battle and feel hopeless.
- Many patients just want a pill to fix it and don't want to exert the effort.
- It seems to be socially acceptable to be overweight, because so many people are.
- Do not believe that attitudes have changed, but there is more public emphasis on this issue.
- Attitudes fluctuate. Many are still in denial, but others are receptive to discussion.
- The majority want to lose weight. However, the obstacle is that many are not good at making lifestyle changes.
- Both patients and professionals may nowadays have a more liberal attitude towards obesity.

How has patient care been impacted by the crisis of obesity?

- Obesity promotes chronic diseases like diabetes, hypertension, arthritis, and heart disease and their associated complications.
- "I am seeing more problems with hip and joint pain."
- It is difficult to provide appropriate medication dosing.
- Starting to see an increase in the number of adolescents with Type II diabetes.
- Obesity may impair a patient from having certain diagnostic tests or procedures because of weight limits of equipment. Interpretation of diagnostic tests may be more challenging.
- We are now seeing younger people die of conditions previously occurring in older adults, such as heart attacks and strokes.
- Obesity makes it harder to control high cholesterol, diabetes, and high blood pressure.
- Entire health care industry has been financially impacted by the obesity problem due to the cost of chronic disease management and more frequent hospitalizations.