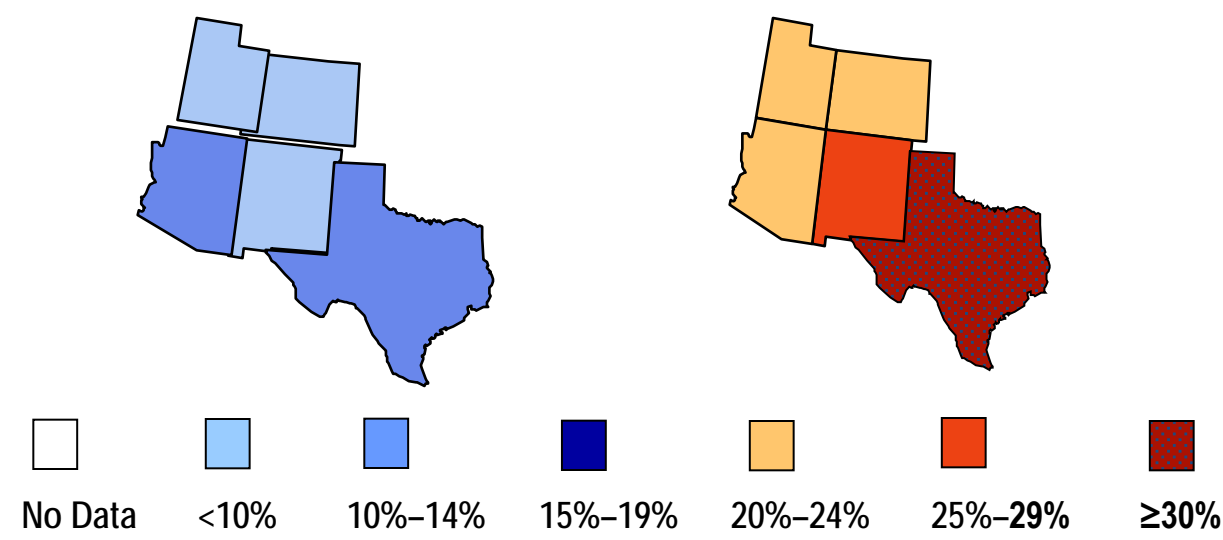


Expanding the Toolbox of Obesity Prevention Measures

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Introduction

Obesity Trends 1985, 2010



•Obesity is ever-increasing in patient populations both nationwide and locally in Arizona.

Materials and Methods

•In 2011, we conducted a survey of UA FCM nurses, residents, and faculty, regarding the perceived barriers to obesity prevention. See Tables 1 – 3.

Female	67.7%
Age (mean)	39.8 (s.d. =11.8)
White Non-Hispanic	66.1%
MD/DO	82.3%
RN/LPN/MA	17.7%
Graduate medical/professional school >2000	63.3%
Not overweight/obese	61.3%
At least 30 min. physical activity 3x/week	48.4%

	Never–Sometimes	Often—Always
Weigh patient	4.8%	91.9%
Document weight in chart	4.8%	90.3%
Document height in chart	38.7%	58.1%
Assess BMI	50.0%	45.2%
Discuss BMI/weight changes	51.6%	45.2%
Track changes in BMI	59.7%	37.1%
Generate graph of BMI over time	80.6%	16.1%

	Somewhat –Large Barrier
Amount of time	93.5%
Lack of materials	71.0%
Lack of referral resources	72.6%
Lack of training	66.1%
Lack of reimbursement	58.1%
Concerns about effectiveness	56.5%

Intervention

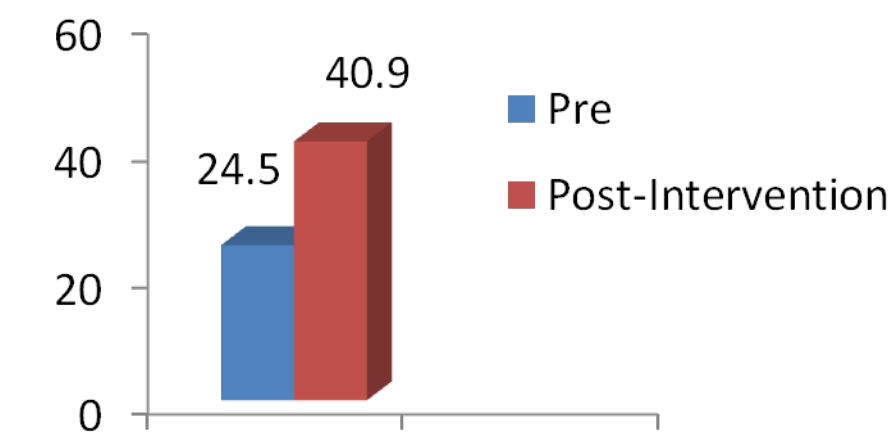
•In 2012, based on these identified barriers, and on the evidence accrued by an extensive literature search, a “toolbox” of local resources was developed. See Figure 1.

•In October 2012, a 1-hour, FCM department-wide in-service training was prepared and given to residents and faculty. The perceived barriers of *Lack of materials*, *Lack of referral resources*, and *Lack of training* were addressed. In addition, the Obesity Prevention Toolbox was presented and discussed.

Results

• A follow-up provider-only survey was sent out via email and responses were compared to those from the first 2011 survey. Select results are presented in Figure 2.

Figure 2. Percentage of Providers Reporting Receipt of Training in Weight Loss Management in the Past One Year



Discussion

•Developing and discussing concrete tools and improving access to local resources is one means of addressing providers’ reported barriers to incorporating weight management in their daily practice.

•Of note, 7 of 13 write-in responses to post-intervention surveys referred specifically to the in-service event as a source of recent training in clinical weight management.

•Although limitations of the study design preclude direct comparisons, general trends seem to indicate that providers found the intervention to be a legitimate means of training in obesity management.

• Further development of provider-friendly, practical tools and training events are reasonable approaches to overcoming barriers to weight management.

References

•Gordon JS, Thomson C, Kutob R, Burns KD, Byron D, Marquis A, & Cunningham J. Practices, attitudes, self-efficacy, and perceived barriers for preventing and treating obesity in the primary care clinic. Poster presented at the Research Frontiers in Nutritional Sciences Conference, February 29 – March 1, 2012, Tucson, AZ.

•Centers for Disease Control and Prevention: National Diabetes Surveillance System. <http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>

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Figure 1. Weight Loss Toolbox

