The Effect of Patient-Centered Lifestyle Interventions on Health Knowledge and Self-Empowerment in Patients with Obesity

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Background and Significance

The percentage of adults with obesity in South Carolina has increased for more than two decades now, reaching up to 35.3% in 2019[1]. Given that obesity is associated with other comorbidities including type 2 diabetes, hypertension, and cardiovascular disease, and that obesity is strongly affected by lifestyle habits, it is crucial to improve health education and disease prevention strategies in clinical practice[2]. This study analyzes the effectiveness of a novel lifestyle intervention program for patients with obesity in light of self-empowerment and health knowledge. It also reveals the specific barriers that Greenville patients face in adopting a healthier lifestyle. Finally, it offers insight to the use of medical students as program facilitators and how leading such a program can influence students' perceptions of patients' determinants of health.

Methods Overview

- Patient inclusion criteria included BMI >30 and previously expressed interest in making a lifestyle change
- N=10 patients, varying in age, race, and starting BMI
- Study was 12-weeks in length, with one session held weekly
- Week 1 involved meeting with the program facilitator to complete a pre-study survey, receive educational handouts for the coming sessions, and discuss goals in entering the program
- Weeks 2-11 involved a ~45 minute phone call each week, discussing each of the specific health related topics for that week
- A post-study survey is to be given on week 12
- Participants received no compensation for their participation and were allowed to discontinue the program at any time with no penalty
- Surveys given to patients must be adjusted according to their education level
- Education over the phone can be an effective method of reaching patients
- A patient’s initial motivation to change their lifestyle is crucial to their participation in and adherence to the program
- Common barriers faced by patients seem to include finding time to exercise and difficulty in changing diet when cooking for a family and/or partner
- Limitations of this study include a small cohort of patients (n=10) and all patients being women

Results and Discussion

- Preliminary observations suggest:
  - Surveys given to patients must be adjusted according to their education level
  - Education over the phone can be an effective method of reaching patients
  - A patient’s initial motivation to change their lifestyle is crucial to their participation in and adherence to the program
- Positive trends among patients seem to include unwavering desire to achieve health related goals, ability to understand each educational session, and ease of finding safe places to walk for exercise in Greenville, SC

Conclusions and Future Directions

- No definitive conclusions have been drawn at this time, as the study is still in progress
- Future Directions:
  - Give patients a pedometer at the beginning of the study to have a quantifiable measure of activity level- anticipating an increase throughout the program
  - Get patients’ weight, blood pressure, and fasting blood glucose level on week 1 and week 12
  - Increase the cohort of patients involved and connect them to encourage peer support as they embark on similar journeys to a healthier lifestyle
  - Consider providing a monetary incentive to increase patient participation and adherence
  - Increase diversity among the participants, especially with regards to gender and ethnicity
  - Record socioeconomic status to compare results among patients of different economic classes

References


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