

## Healthy You: Addressing Obesity in Primary Care

### Hamilton Family Health Team

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## Outline:

- Brief summary of literature and program development
- Overview of results, client and provider feedback
- MH and Nutrition interface
- Lessons learned and future directions



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## Hamilton Family Health Team

- 150 physicians
- 15 FTE RDs
- 45 FTE mental health counsellors and 4 FTE psychiatrists
- RNs, NPs, pharmacists
- Serving ¾ of Hamilton's population



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## Obesity Treatment Literature

- Integration of diet, activity and behaviour modification is more effective than any component individually (ICSI 2005)
- Group programs are more effective than self help over a 2 year period (Heshka et al, 2003)
- Results are comparable to weight loss results from medication (Bloch et al, 2003)



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## Healthy You Development

- Literature and program review
- Analysis of individual counselling components and challenges
- Evaluate and revise, revise, revise
- The mental health piece: Arose out of Vitality discussions
- Grew as participants asked for more and more
- Involves significant group process and requires a range of skills



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## Session 3

Feeling Good About Yourself  
Self Acceptance  
Creating New Behaviours/ Habits  
Emotional Eating  
Mindfulness



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## Emotional Eating

- CATCH THE THOUGHTS-ask what was going through my mind just now?
- BE CURIOUS NOT FURIOUS
- LEARN SOOTHING SKILLS



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## Lapses and Relapses

Identify what is going on – “breaking the chain”

Use the “best friend” technique

Practice assertiveness skills

Learn to take care of your self



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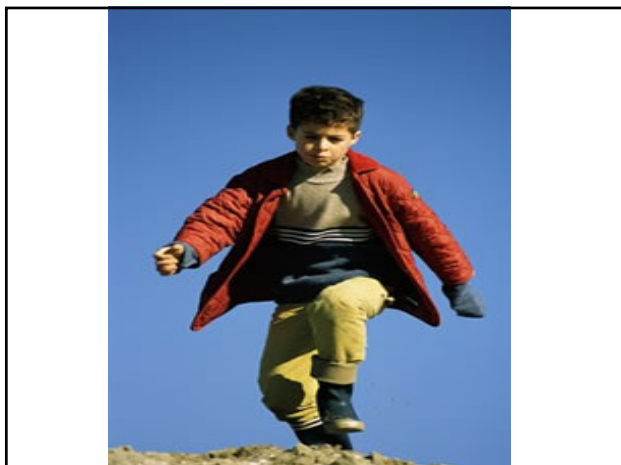
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## Client Outcomes

- 10 groups (n=188) were analysed
- **Paul Stress** (46±15 to 41±13)\*\*
- **Well Being** (62±17 to 71±18)\*\*
- **Weight(kg)** (98.7±22.6 to 94.9±20.3)\*\*
- **Dietary** kcal/d (1660±430 to 1440±300)\*\*,  
g fat/d (45±19 to 36±20)\*, g fibre/d (14±5  
to 16±7)\*



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## Client Outcomes

- Weight loss was **more successful** than individual therapy (3.8 kg vs 1.6 kg \*\*)
- Providing the group **improved** the amount of time affected by **missed** (45% to 35%\*) or **cancelled** appointments (34% to 27%\*) with the dietitian.



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## Client Feedback

Participants cited the handouts and information, camaraderie, motivation, information from a professional, feeling successful and learning to understand the meaning of the numbers (kcal, fat, fibre).

Every participant who completed an evaluation indicated that they would recommend this program to friends.



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## Drop out Rates

- The drop-out rate was 48%.
- RD contacted participants who attended fewer than five classes.
- Two general categories: those who were not able to attend for reasons unrelated to the program (eg. illness) and those who felt the program would not be useful to them.



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## Staff Feedback



- Family physicians, mental health counsellors and dietitians are supportive of weight loss counseling being provided in a group format.



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## DOING OUR WORK IN THE SAME PLACE BUT NOT TOGETHER

Often we are not in the office on the same day of the week – little opportunity to connect in midst of a busy practice

### LEARNING FROM EACH OTHER

Healthy You provides a common focus and opportunity to be present while the other “does their thing”



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## Extraneous Benefits



- Antidepressant and weight gain L&L
- Food and Mood
- Interprofessional burnout session
- Pain management
- Mindfulness workshop
- Group facilitation training



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## Lessons Learned

Listen to the participants  
Revise, revise, revise  
Face to face meetings crucial  
Watch other providers  
Be aware of overlapping scope of practice and learning possibilities (each of our pieces comes together to teach us about the whole person)



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## Future Directions:



- Food and Mood
- Stanford Model
- Nutrition aspects of other mental health groups
- Mental health aspect of nutrition groups
- Peer support



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## Thank you

- To our participants, who bring us such joy!
- To all of the mental health counsellors, dietitians and community partners who contributed to this program over the past 8 years



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## QUESTIONS?



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