

Adult Weight Assessment and Follow-up

Impact of Obesity in Rural Northern California

- Obesity increases the risk of many health conditions and contributes to some of the leading causes of preventable death, posing a major public health challenge.⁴⁰
- 25% of Rural Northern California adults report a BMI of 30+ (obese), while the California average is 23%⁴¹ and the US average is 37.7%.⁴²
- California has the highest obesity-related costs in the United States, estimated at \$15.2 billion with 41.5% of these costs financed through Medicare and Medi-Cal.⁴³
- Early screening and careful monitoring of BMI will help health care providers identify adults who are at risk and provide focused advice and services to help them reach and maintain a healthier weight.

How Health Centers Provide the Necessary Care

Clinical Interventions

- Document BMI for all adults at least annually and incorporate counseling on nutrition and physical activity into all health center visits.
- Write prescriptions for physical activity for patients with a BMI that is out of the healthy range.
- Develop wellness plans that guide patients in adopting changes for healthy diet and exercise. Equip patients with pedometers and assist them in setting and achieving activity goals.
- Convene nutrition counseling and/or exercise support groups to promote healthy behaviors.

Community Interventions

- Set up walking groups or other programs to support positive behavior change.
- Assist patients and community members in using apps through their mobile phone to track calorie consumption and/or physical activity.
- Support development of local, community gardens, farmers markets, or community food co-ops that increase access to fresh foods and encourage healthy diets including vegetables and other high fiber foods.
- Conduct community cooking classes to promote healthy eating.
- Explore opportunities to develop joint use agreements with local schools to provide access to community facilities for physical activity.

⁴⁰ <https://www.cdph.ca.gov/programs/cpns/Documents/ObesityinCaliforniaReport.pdf>

⁴¹ <http://www.countyhealthrankings.org/app/california/2016/measure/factors/11/map>

⁴² National Health and Nutrition Examination Survey (NHANES), CDC/NCHS

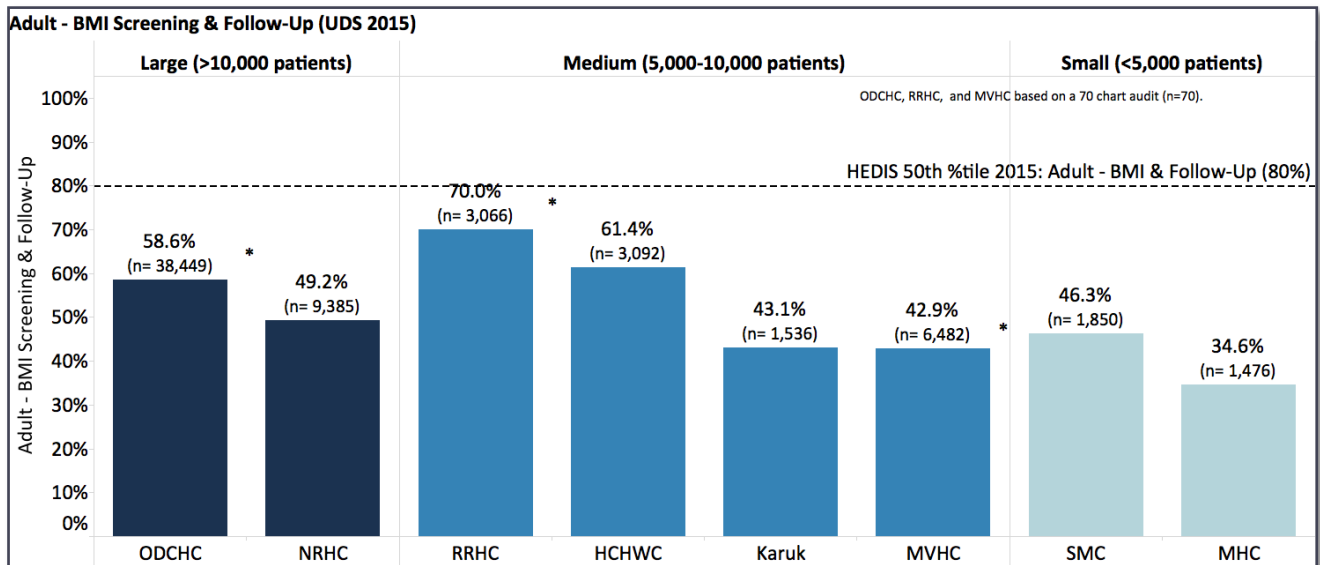
⁴³ Trogdon JG, Finkelstein EA, Feagan CW, Cohen JW. State- and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity*. Jan 2012;20(1):214-220

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Rural Northern California Health Center Data

Key Points

- Any patient seen at the health center, including those only seen for an acute care visit (e.g. cold or flu) are included in this measure. Health centers are challenged to integrate nutrition and physical activity counseling into all encounters with patients.
- Health centers have achieved improvement over the past few years in providing weight assessments and counseling for adults. A heightened awareness of the issue, automated reminders, and documentation enhancements in electronic health record systems may have contributed to the improved performance.



Measure Definition (UDS)

Percentage of patients aged 18 and older with (1) a documented BMI during the most recent visit or within the 6 months prior to that visit, and (2) when the BMI is outside of normal parameters a follow-up plan is documented.

- The U.S. Preventive Task Force recommends that clinicians screen all adult patients for obesity and offer counseling and behavioral interventions to promote weight loss. Body Mass Index (BMI) provides weight ranges correlated to height and gender. A higher BMI correlates to being overweight or obese.

National Quality Goals and Benchmarks

National Committee for Quality Assurance (NCQA): The average (50th percentile) for Medicaid HMO plans is 57.5% of adults have BMI recorded and a follow-up plan as appropriate.