

# 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.<sup>1</sup>
- 30% of Rural Northern California adults report a BMI of 30+ (obese), while the California average is 27%.<sup>2</sup>
- California had nearly 430,000 hospital admissions due to obesity-related conditions (2014) and approximately 21.6% of charges were paid by Medi-Cal.<sup>3</sup>
- 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.
- Collaboratively develop wellness plans that support patients in adopting changes for a healthy diet and integrating exercise into their lives. 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.
- Offer integrated behavioral health services to patients that support and promote wellness.

### *Community Interventions*

- 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.

<sup>1</sup> <https://www.cdph.ca.gov/programs/cpns/Documents/ObesityinCaliforniaReport.pdf>

<sup>2</sup> CA Health Interview Survey. CHIS 2018 Adult Public Use Files. Los Angeles, CA: UCLA Center for Health Policy Research.

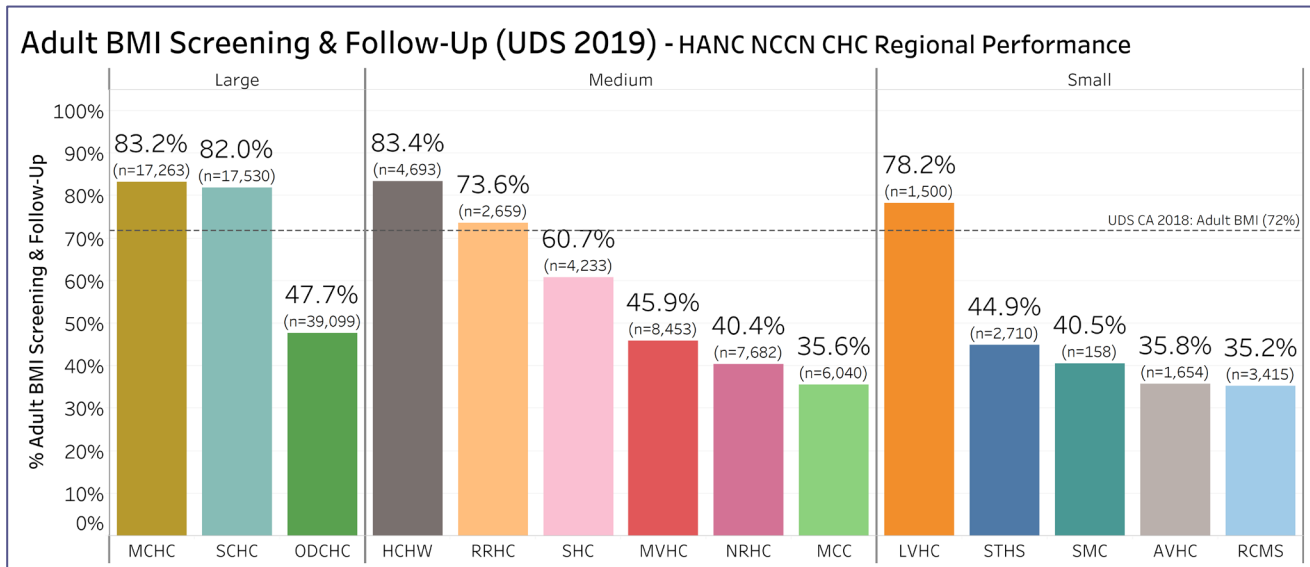
<sup>3</sup> California Department of Public Health (2016). Obesity in California: The Weight of the State, 2000-2014. [Available Online](#).

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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.



### Quality Measure Definition (UDS)

Percentage of patients aged 18 and older with (1) a documented BMI during the most recent visit or within the 12 months prior to that visit, and (2) when the BMI is outside of normal parameters a follow-up plan is documented (for adults age 18 and over BMI between 18.5 – 25.0 kg/m<sup>2</sup>).

- 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 and State Quality Benchmarks

**UDS 2018 U.S. Average:** The average performance among health centers across the U.S. was 70.2%.

**UDS 2018 CA Average:** The average performance among health centers in California was 71.8%.