Indian Health Diabetes Best Practices:

Adult Weight Management and Diabetes

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Indian Health Service
Division of Diabetes Treatment and Prevention
5300 Homestead Road, NE
Albuquerque, New Mexico 87110
(505) 248-4182

www.ihs.gov/medicalprograms/diabetes

Indian Health Diabetes Best Practice: Adult Weight Management and Diabetes

Contents

What is adult weight management?

A variety of approaches for adult weight management are available to help individuals achieve and maintain a healthy body weight. Obesity is a chronic disease, and health care providers and clients must understand that successful treatment requires a lifelong effort. Strategies need to be formulated to address the social, cultural, and environmental factors that underlie overweight and obesity.

Why is weight management important?

People who are overweight or obese are at greater risk for developing diabetes and cardiovascular disease. In people who have diabetes, overweight and obesity can complicate the management of diabetes by increasing insulin resistance and raising blood sugar levels. Overweight and obesity can also worsen the long-term complications of diabetes (Klein *et al*., 2004). Consider these facts:

- 60–90% of type 2 diabetes appears related to obesity or weight gain (Anderson *et al*., 2003).
- In addition to diabetes, obesity increases the risk for high blood pressure, high cholesterol, cardiovascular disease, kidney disease, asthma, pregnancy complications, sleep apnea, and degenerative joint disease (Klein *et al*., 2004; Neisner *et al*., 2003).
- As body mass index (BMI) increases, the risk of developing diabetes dramatically increases. People with a BMI $\geq$ 35 kg/m^2 (Class II Obesity) are 20 times more likely to develop diabetes than individuals with a lower BMI (Klein *et al*., 2004).
- The prevalence of obesity is high among American Indian and Alaska Native adults. Data from the 1998 Indian Health Service (IHS) Diabetes Care and Outcomes Audit indicate that the overall obesity rate in individuals with diabetes was 56% (Rith-Najarian *et al*., 2002). The 2005 IHS Diabetes Care and Outcomes Audit found an increasing prevalence of obesity at 65% (IHS, 2005).

Weight management appears to be the most important therapeutic task for most individuals with type 2 diabetes (Anderson *et al*., 2003). The good news is that even a modest weight loss of 10–15 pounds (5% of body weight) in people with diabetes can decrease insulin resistance, lower fasting blood sugar levels, and reduce the need for diabetes medication (Klein *et al*., 2004). In people with prediabetes, the Diabetes Prevention Program found that a weight loss of 5–7% of initial body weight through an intensive lifestyle intervention program, reduced the risk of developing type 2 diabetes by 58% (Knowler *et al*., 2002; DPP Research Group, 2002). The benefits of weight loss and management also extend beyond diabetes and can help reduce risk factors for other chronic diseases.

Best practices for adult weight management

The best practices for adult weight management describe the best methods for:

- Assessing overweight and obesity.
- Using lifestyle approaches to treat overweight and obesity. These may include:
  - Dietary approaches to treat overweight and obesity.
  - Physical activity to treat overweight and obesity.
  - Behavior change approaches to treat overweight and obesity.
  - Other approaches to treat overweight and obesity when lifestyle approaches do not work.
- Recognizing exclusions from weight loss therapy.

Table 1 summarizes the best practices for adult weight management.

Table 1. Best practices for adult weight management.

Provider Recommendations	Best Practices
1. **Assess** overweight and obesity	***Why?*** Assessing clients for overweight and obesity will help you determine their risk for associated diseases and health problems, guide weight management goals, and document outcomes. In addition, obesity in people with diabetes is associated with poorer control of blood sugar levels, blood pressure, and cholesterol, placing them at higher risk for both cardiovascular and microvascular diseases (Anderson *et al*., 2003). ***How?*** Assessment for overweight and obesity should include the following components (American Dietetic Association, 2002; NHLBI, 2000): – **Anthropometric**: Obtain height and weight, calculate BMI, and measure waist circumference. – **Medical**: • Identify specific, but rare, identifiable causes of overweight (e.g., endocrine problems, neurological problems, medications, and genetics). • Identify obesity-associated disorders (e.g., Polycystic Ovarian Syndrome) and medical complications (e.g., metabolic, degenerative, anatomic, and neoplastic complications). • Identify severity of obesity (BMI classification expressed as kg/m^2) and extent of physical disability. An adult who has (WHO, 1997; NHBLI, 1998): – BMI < 18.5 is underweight. – BMI = 18.5–24.9 is normal weight. – BMI = 25.0–29.9 is overweight. – BMI = 30.0–34.9 is obesity class I. – BMI = 35.0–39.9 is obesity class II. – BMI > 40.0 is obesity class III. Waist circumference is most useful when BMI is < 35 kg/m^2. High risk is associated in men with a waist circumference > 40 inches and in women with a waist circumference > 35 inches. – **Psychological**: • Screen for depression and history of eating disorders. • Screen exclusion from weight loss therapy (e.g., readiness to change, uncontrolled psychiatric illness, substance abuse, etc.).

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Table 1. Best practices for adult weight management. (continued)

Provider Recommendations	Best Practices
1. **Assess** overweight and obesity (continued)	• Include the following in a basic depression screening: – Assess if eating, sleeping, weight, and social activity have changed significantly in the last six weeks. – Use the *Diagnostic and Statistical Manual* (DSM-IV) guidelines. • Refer to an appropriate provider if necessary. • Refer to the Indian Health Best Practice on depression care. – **Nutritional**: Make a referral to a registered dietitian for an in-depth nutritional assessment to include: • Assessment of usual food intake and eating patterns. • Weight and dieting history. • Assessment of triggers to excessive or disordered eating. • Possible barriers to treatment. • Environmental factors. – **Physical activity**: Assess activity and obtain medical clearance. – **Behavior change**: • Assess motivation to learn and readiness to change. • Use the National Heart, Lung, and Blood Institute Brief Behavior Assessment Tool (NHLBI, 2000). – **Equipment**: • Use a wall-mounted stadiometer, calibrated balanced beam scale, and suitable measuring tape for anthropometric assessments. • Make sure the equipment accommodates a wide range of body sizes.

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Table 1. Best practices for adult weight management. (continued)

Provider Recommendations	Best Practices
2. Use **lifestyle approaches** to treat overweight and obesity, including dietary approaches, physical activity, and behavior change	***Why?*** Overweight and obesity can complicate diabetes management and are risk factors for high blood pressure, dyslipidemia, and cardiovascular disease. Moderate weight loss can improve blood sugar control and reduce cardiovascular disease risk. Weight loss is an important treatment strategy for prevention of chronic disease and is THE most successful intervention for the prevention of diabetes (Knowler, 2006). A program that focuses on lifestyle changes provides the most successful approach for weight loss and maintenance, and is the foundation for treatment (Klein *et al*., 2004; DPP Research Group, 2002). ***How?*** – Utilize an individualized program that combines a lower-calorie diet, increased physical activity, and behavior change (see below.) – Maintain this program for at least six months before considering other approaches discussed below. – Provide long-term support, which is critical to maintaining weight loss and preventing weight regain. – Ensure ongoing support from the community, health care system, and providers. – Provide culturally relevant interventions.
3. Include **dietary approaches** to treat overweight and obesity	***Why?*** Strong evidence suggests that dietary changes result in moderate weight loss (Hill *et al*., 2005; Klein *et al*., 2004; Nonas, 1998). Most individuals in community and clinical settings lose 5–7 pounds during a weight loss program; although this weight loss seems modest, it significantly improves health indicators (Jain *et al*., 2004). Virtually all calorie-reduced diets result in short-term weight loss. Keeping weight off is a major challenge for most individuals. ***How?*** – Recognize that there is not *one best type* of diet. Use an individualized approach when working with individuals. The best predictor of weight loss was not the type of diet, but sticking with the diet, regardless of the diet used (Dansinger *et al*., 2005). – Choose a variety of nutrient dense foods and beverages within and among the basic food groups. Choose foods that limit the intake of saturated and trans fatty acids, cholesterol, added sugars, salt, and alcohol.

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Table 1. Best practices for adult weight management. (continued)

Provider Recommendations	Best Practices
3. Include **dietary approaches** to treat overweight and obesity (continued)	– Use the Acceptable Macronutrient Distribution Range (AMDR) (DHHS and USDA, 2005): • Total Fat: 20–35% calories, with less than 10% from saturated fat, less than 300 mg cholesterol, and consumption of trans fatty acids as low as possible. • Carbohydrates: 45–65% calories. Choose fiber-rich whole grains, fruits, and vegetables often. • Protein: 10–35% of calories. Choose lean meats and poultry, and vary protein choices with more fish, beans, peas, nuts, and seeds. – Use alternative dietary approaches when working with individuals in weight loss programs. – Use a broad spectrum of diet options to better match individual food preferences, lifestyles, and risk profiles. The diet plan must be realistic for the individual. – Follow a basic dietary approach: • Meet recommended nutrient intake within energy needs by adopting a balanced eating pattern such as the USDA Food Guide or the DASH (Dietary Approaches to Stop Hypertension) Eating Plan (DHHS, 2005). • Set a realistic goal of losing 10% of starting weight, at a rate of 1–2 pounds per week for six months. • Decrease daily calorie intake by 500–1,000 calories. Most of the initial weight loss will result from decreased calorie intake. • Recommend eating fewer calories and increasing physical activity to achieve the 500–1,000 calorie deficit. • Advise clients to consult a provider for recommendations for an appropriate vitamin and mineral supplement for people on low-calorie diets (Dwyer *et al*., 2005). • Consider commercial weight loss programs, which might be appropriate for some individuals. Check to see if the program follows the *Voluntary Guidelines for Providers of Weight Loss Products or Services* to evaluate these programs (Partnership for Healthy Weight Management, 1999).

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Table 1. Best practices for adult weight management. (continued)

Provider Recommendations	Best Practices
3. Include **dietary approaches** to treat overweight and obesity (continued)	• Consider using the weight maintenance strategies practiced by successful weight loss maintainers in the National Weight Control Registry: – Eat a low-fat diet. – Self-monitor weight and food intake frequently. – Engage in a high level of regular physical activity (e.g., one hour daily) (Wing and Hill, 2001).
4. Include **physical activity** to treat overweight and obesity	***Why?*** Physical activity programs should be part of weight loss therapy and maintenance. Diet and exercise together provide the best approach for weight loss and maintenance. Physical activity has other benefits: it helps lower total cholesterol, low-density lipoprotein (LDL) cholesterol, and triglycerides, and it decreases abdominal fat and increases cardiorespiratory fitness (NHLBI, 1998). Most initial weight loss occurs as a result of decreased calorie intake, rather than increased physical activity (NHLBI, 2000). However, for long-term weight loss, increased physical activity is essential (Wing and Hill, 2001). ***How?*** – Refer the client to a provider for clearance, if indicated, before the client starts a physical activity program (NHLBI, 1998). – Formulate a specific plan or prescription for exercise upon which the provider and individual have mutually agreed. – Recommend a physical activity program that generally includes 30–45 minutes of activity, 3–5 days per week. Set a long-term goal to be active on most, if not all, days of the week. – Provide referrals to physical therapy, exercise physiologists, and community resources. – Develop interventions that include the individual, family, and community. – Sustain physical activity to prevent weight regain.

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Table 1. Best practices for adult weight management. (continued)

Provider Recommendations	Best Practices
5. Include **behavior change approaches** to treat overweight and obesity	***Why?*** Behavior change is an important part of any comprehensive weight loss program (Berkel *et al*., 2005; DiLillo *et al*., 2003; McTigue *et al*., 2003). Strategies that focus on specific behavior changes, rather than global psychosocial issues, produce more sustained lifestyle changes. ***How?*** – Provide ongoing, culturally appropriate individual and group counseling, interventions, and case management. – Recognize that individuals must want to lose weight, change their eating and activity patterns, and keep the changed eating and activity patterns for a lifetime. – Focus on changing current behavior related to physical activity and food intake to achieve weight loss. – Base specific behavioral strategies on strengthening self-efficacy, positive coping skills, and motivational interviewing. – Use the following techniques to help change behaviors: • Self-monitoring • Goal setting • Stimulus control • Problem solving • Cognitive restructuring • Relapse prevention • Stages of change – Consider new behavior modification approaches, such as internet-based interventions and telephone interventions. – Refer clients for additional behavioral health services for psychosocial issues as necessary.

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Table 1. Best practices for adult weight management. (continued)

Provider Recommendations	Best Practices
6. Consider using **other approaches** to treat overweight and obesity if lifestyle approaches do not work	***Why?*** Other approaches, such as non-diet approaches, medications, and surgery, can help produce weight loss, lower cholesterol, lower blood pressure, and improve self-esteem (Bacon *et al*., 2005; Jain *et al*., 2004; Torgerson *et al*., 2004; Fabricatore and Wadden, 2003; Padwal *et al*., 2004; NIH, 2000; NHLBI 1998). ***How?*** – Non-diet approaches: • Use programs such as the *Health at Every Size* program, which has been shown to be successful for obese women. • Focus on internal body cues for hunger and fullness rather than on calorie counting and dieting (Foster *et al*., 2002; Miller and Jacob, 2001). – Medications and supplements: • Consider pharmacotherapy, which may be helpful for eligible high-risk clients and should be used only under medical supervision. • Use prescription weight loss medications as part of a program that also includes diet, physical activity, and behavior modification. • Avoid ephedra-containing medications and supplements. • Interpret claims of success by dietary and herbal supplement manufacturers with caution. – Surgical interventions: • Restrict surgery for individuals who meet very specific criteria. • Implement a program that includes diet, physical activity, and behavioral and social support before, during, and after surgery.

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Table 1. Best practices for adult weight management. (continued)

Provider Recommendations	Best Practices
7. Recognize **exclusions from weight loss therapy**	***Why?*** Some individuals should not be involved in a weight loss program. ***How?*** – Exclude the following individuals from a weight loss program: • Pregnant and lactating women. • Individuals with: – Serious uncontrolled psychiatric illness (e.g., major depression). – A serious illness and for whom caloric restriction would exacerbate the illness. – A history of anorexia nervosa and bulimia. – Active substance abuse. • Refer people with a serious uncontrolled psychiatric illness, a history of an eating disorder, or active substance abuse for specialized care (NHLBI, 2000).

Best practices for health care organizations

A health care organization that wants to improve adult weight management must be motivated and prepared for change throughout the entire organization. The organization's leadership must identify adult weight management as important work. They must also develop clear improvement goals, policies, and effective improvement strategies. This will help encourage the entire organization to make changes that will help improve adult weight management and diabetes care.

Table 2 describes the best practices for health care organizations.

Table 2. Best practices for health care organizations.

Organization Recommendations	Best Practices
System and programmatic changes	***Why?*** Changes in health care systems have been associated with increased delivery of appropriate diabetes care. These changes, like the ones listed below, can contribute to the effective prevention and treatment of overweight and obesity by connecting individuals with the medical support and community resources necessary to sustain healthy choices (Neisner *et al*., 2003). ***How?*** Evidence suggests that the following activities can help improve diabetes care: – Support environmental and policy changes to create an environment that promotes healthy lifestyles. – Increase awareness that weight management is a lifelong concern. – Use evidence-based guidelines to facilitate clinical decision-making and improve outcomes. – Use a multidisciplinary team approach. – Provide staff training to increase sensitivity and foster respect for overweight and obese clients. – Provide community education to improve understanding of weight management.

Essential elements of best practice adult weight management programs

High quality diabetes care involves implementing six essential elements* in your health care organization. These elements are:

- Community resources and policies.
- Health care organization leadership.
- Patient self-management support.
- Delivery system design: Services, programs, systems, and procedures.
- Decision support: Information and training for providers.
- Clinical information systems: Collecting and tracking information.

Table 3 summarizes how these elements apply to basic, intermediate, and comprehensive adult weight management programs. In addition, the Appendix illustrates the elements of basic, intermediate, and comprehensive adult weight management programs.

*Adapted from the Chronic Care Model, which was developed by the MacColl Institute for Healthcare Innovation at the Group Health Cooperative. For more information on the Chronic Care Model, visit their website at www.improvingchroniccare.org.

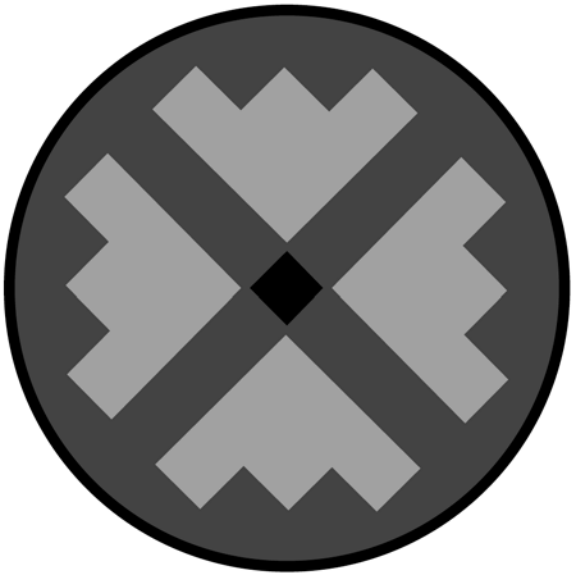

Table 3. Essential elements of basic, intermediate, and comprehensive best practice programs for adult weight management.

Basic Adult Weight Management Programs	Intermediate Adult Weight Management Programs Basic program *plus*:	Comprehensive Adult Weight Management Programs Basic and intermediate programs *plus*:	Examples
Community resources and policies			
– Establish formal lines of communication with the community. – Develop partnerships with community organizations. – Provide opportunities for consumer input. – Provide access to programs both on reservations and in urban areas.	– Conduct an inventory of available community resources.	– Develop and implement a community education program on weight loss management and maintenance.	– For people who live in reservation communities, provide access to wellness centers, supervised exercise facilities, and group sports. – For people who live in urban areas, provide access to support groups and safe exercise programs and facilities. – Identify local people who can act as liaisons and teachers. – Provide weight management training for community programs, such as Head Start and elder programs.

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Table 3. Essential elements of basic, intermediate, and comprehensive best practice programs for adult weight management. (continued)

Basic Adult Weight Management Programs	Intermediate Adult Weight Management Programs Basic program *plus*:	Comprehensive Adult Weight Management Programs Basic and intermediate programs *plus*:	Examples
Organization leadership			
– Recognize weight as a serious health issue that can be addressed through individual and public health efforts. – Create a supportive culture for addressing issues relating to weight loss and weight management. – Support quality improvement. – Support a multidisciplinary weight management team with appropriate resources and space. – Establish polices and procedures for weight loss and maintenance programs.	– Advocate for policy changes that will create an environment for practicing healthier lifestyles.	– Include adult weight loss management outcome measures in annual performance-based objectives.	– Make discussions about weight issues okay. – Be willing to dedicate appropriate resources (e.g., large blood pressure cuffs and large chairs without arms). – Ensure that the health environment reflects healthy lifestyles, such as vending machines with healthier choices and policies that allow and promote physical activity. – Use the Government Performance and Results Act (GPRA) indicator for calculating BMI. – Increase training opportunities for health care staff, tribal leaders, and community programs. – Increase appropriate referrals to and from wellness centers. – Add weight management to performance evaluations for appropriate staff.

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Table 3. Essential elements of basic, intermediate, and comprehensive best practice programs for adult weight management. (continued)

Basic Adult Weight Management Programs	Intermediate Adult Weight Management Programs Basic program *plus*:	Comprehensive Adult Weight Management Programs Basic and intermediate programs *plus*:	Examples
Patient self-management support			
– Offer individualized treatment plans and procedures for documentation. – Ensure access to outreach services. – Provide culturally-competent care, resources, and support services for individuals, families, and communities. – Use collaborative decision-making approaches between clients and providers.	– Develop and implement a structured intervention program using a culturally appropriate, evidence-based weight management curriculum and skilled weight management counselors. – Investigate commercially available weight loss programs to see if they fit the needs of your community.	– Develop and implement a comprehensive, culturally appropriate education program with modules on weight loss and weight loss maintenance.	– Encourage self-monitoring of food intake and activity records. – Use Patient Care Component (PCC) templates, patient education codes, and the Resource and Patient Management System (RPMS) case management package. – Hire professionals and paraprofessionals with special certified training in weight management. – Prescreen charts to flag needed education services. – Develop a collaborative plan between clients and providers. – Identify the client's readiness to change, and use problem solving techniques. – Use support groups and talking circles.

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Table 3. Essential elements of basic, intermediate, and comprehensive best practice programs for adult weight management. (continued)

Basic Adult Weight Management Programs	Intermediate Adult Weight Management Programs Basic program *plus*:	Comprehensive Adult Weight Management Programs Basic and intermediate programs *plus*:	Examples
Delivery system design: Services, programs, systems, and procedures			
– Establish a multidisciplinary weight management team that meets on a regular basis. The team should include, at minimum, a primary care provider, registered dietitian, and community lay worker/ lifestyle coach. – Adopt standards of care and treatment guidelines. – Establish mutual referral processes between community- and clinic-based programs. – Screen for risk, behavior, depression, and readiness to learn.	– Expand the weight management team to include a certified exercise technologist, public health nurse, mental health specialist, and behavioral support specialist. – Use a case management approach. – Develop and implement structured fitness and activity programs. – Develop customized documentation forms.	– Establish a comprehensive weight management team that includes specialists, such as psychologists and an exercise physiologist, who devote dedicated time to the program. – Implement interventions that are stage-matched to treatment. – Implement tobacco cessation and stress management programs.	– Clearly define roles and protocols for case and care management. – Provide group education in demonstration kitchens, education rooms, and fitness spaces. – Use the RPMS appointment system with reminders.

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Table 3. Essential elements of basic, intermediate, and comprehensive best practice programs for adult weight management. (continued)

Basic Adult Weight Management Programs	Intermediate Adult Weight Management Programs Basic program *plus*:	Comprehensive Adult Weight Management Programs Basic and intermediate programs *plus*:	Examples
Decision support: Information and training for providers			
– Adopt screening practices for BMI, such as the practices included in the IHS Standards of Care for Patients with Diabetes. – Train providers in BMI assessment and weight loss management therapies. – Inform clients about guidelines through culturally appropriate messages.	– Provide specialty training for the weight management team.	– Adopt detailed guidelines that include adult weight management. – Train local providers in adult weight management.	– Use evidence-based guidelines from the National Institutes of Health and the National Heart, Lung, and Blood Institute. – Include training in weight management and behavior change strategies in continuing medical and professional education. – Support a team member in obtaining certification, such as the Commission on Dietetic Registration Adult Weight Management Certification. – Use clear, non-judgmental, non-stigmatizing messages about guidelines through written materials, videos, and verbal communication.

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Table 3. Essential elements of basic, intermediate, and comprehensive best practice programs for adult weight management. (continued)

Basic Adult Weight Management Programs	Intermediate Adult Weight Management Programs Basic program *plus*:	Comprehensive Adult Weight Management Programs Basic and intermediate programs *plus*:	Examples
Clinical information systems: Collecting and tracking information			
– Establish a weight management registry and tracking system. – Establish a continuous quality improvement process (e.g., BMI and GPRA). – Participate in annual diabetes audits.	– Track care progress. – Establish short, intermediate, and long-term outcomes.	– Track and report outcomes.	– Use the National Heart, Lung, and Blood Institute clinical guidelines for overweight and obesity in adults. – Use the RPMS adult regular health summary. – Consider establishing an adult weight management health summary. – Respond to referrals.

Evaluating your adult weight management program

Evaluation is important because it helps you see what is working and what is not working in your adult weight management program. It will show you if adjustments or changes need to be made in order to improve your diabetes program. Evaluation also provides you with information that you can use to share your successes with clients, providers, tribal leaders, administrators, the community, funders, and other stakeholders.

Consider including the following when developing your program and evaluation:

- Measure BMI changes over time.
- Identify measurable short- and long-term objectives based on your program's goals.
- Evaluate data tracking and analysis processes and procedures.
- Determine if your program and health care organization has:
  - A long-term commitment to prevent and treat overweight and obesity.
  - Access to physical activity areas in your community.
  - Access to healthy food at a reasonable cost.
  - A defined target population:
    - For weight loss, high-risk individuals include: (1) BMI $\geq$ 30; or (2) BMI 25–29.9 or high waist circumference or two or more co-morbidities.
    - For prevention of further weight gain, target individuals with BMI 25–29.9 who are not otherwise at high risk.
  - Written objectives that are measurable, attainable within the timeframe set by your program, and related to the purpose of your program.
  - Short- and long-term goals.
  - A budget that reflects your program's ultimate goals and plans.
  - A proposal that is relevant to diabetes care, addresses cultural and social issues within your community, and outlines in detail how outcomes will be achieved.
  - A proposal that describes client and community education if necessary.
  - Personnel whose qualifications are appropriate for reaching your program's goals and objectives.
  - A main contact person (e.g., project director).
  - The ability to maintain interventions and outcomes after grant funding is complete.

Sustaining your adult weight management program

Often, for weight management goals to be reached, programs must be in place for more than a few years. Here are some helpful tips for sustaining your program:

- Bill for medical nutrition therapy and diabetes self-management training services in those clients who are overweight or obese and have diabetes and/or kidney disease.
- Ensure that the community, tribal leaders, professionals, and participants have ownership in the program.
- Look for grant funding and other sources of funding to help support the program.

Contacting others for help

Contacting other people involved in adult weight management is important because they can help you get started. Your peers at other health care organizations can share their expertise, materials, and ideas, and can also tell you what has worked for them and what has not worked. This can help you avoid reinventing the wheel. Here are some tips on how to connect with others:

- Ask your Area Diabetes Consultant for the names of people who may be able to help you.
- Contact the IHS Division of Diabetes Treatment and Prevention for ideas. They may be able to point you in the right direction.
- Ask the IHS Integrated Diabetes Education Recognition Program for suggested contacts. They have names and contact information for people who work with IHS-accredited diabetes education programs.
- Flip through issues of *Health for Native Life Magazine*. The magazine profiles many diabetes programs throughout Indian Country. The articles may give you ideas for activities to try and people to contact.
- Review resources from the National Diabetes Education Program (NDEP). NDEP offers materials that will help your program get started, including information specifically for American Indians and Alaska Natives. You can access these resources at the website: www.ndep.nih.gov

Real-world best practice programs

Albuquerque Service Unit — Trimdown Program
(A basic best practice program)

Theresa Kuracina, SM, RD, CDE, Diabetes Program Dietitian

☏ (505) 248-7619

tkuracina@abq.ihs.gov

Trimdown is a six-week program where participants identify eating and exercise behaviors or habits they need to change to be healthier. They develop plans to practice healthy behaviors for eating and exercise that include the support of others. Topics include walking off weight, eating for health and good taste, trimming fat, and shopping smartly.

Gallup Indian Medical Center — Lifestyle Balance Program
(Between an intermediate and comprehensive best practice program)

Mildred Lincoln, RD, Clinical Dietitian
☎ (505) 722-1282
mlincoln@gimc.ihs.gov

Alvera Enote, RD, Public Health Nutritionist
☎ (505) 722-1278
aenote@gimc.ihs.gov

Patricia Sheely, RD, CDE, Clinical Dietitian
☎ (505) 722-1523
psheely@gimc.ihs.gov

This is a 22-week program that follows the Diabetes Prevention Program (DPP) 16-session curriculum with the addition of guest speakers (two psychologists, a podiatrist, a pediatrician, and an internist), exercise sessions, and a cooking demonstration. Participants meet weekly for classes, to weigh-in, and to return their food and exercise logs. In addition, they meet individually with a coach on a regular basis. The emphasis is on changing lifestyle behavior by decreasing fat intake and increasing activity. A significant amount of time is spent on problem identification and solving, stress management, and positive thinking. Participants are given a daily fat gram goal. The weight loss goal is 7% of their initial weight, and the activity goal is 150 minutes of brisk exercise per week.

Lionel R. John Health Center — Seneca Health Trail Blazers — Trails of the Iroquois
(A basic best practice program)

Tracy Frazier, RD, CDN
☎ (716) 945-5894, extension 3242
Tracy.Frazier@senecaHealth.org

Robin Crouse, Health Educator
☎ (716) 945-5894, extension 3242
Robin.Crouse@SenecaHealth.org

Patti Kenjockety, Health Educator
☎ (716) 945-5894, extension 3242
Patti.Kenjockety@SenecaHealth.org

In this program, participants meet weekly, and the meetings are set up similar to Weight Watchers© meetings. The weigh-in period is followed by a short education session, group discussion, and "boost time". Participants are encouraged to come weekly for the group support. To track participant progress, the program moves a clan animal across a map of New York along a trail that leads from the tribal territory to other tribes across the state. The group receives information on each of the different tribes that they might reach to help them learn about the cultures of tribes in New York. As an incentive, the program distributes beads for weight loss (with one pound equal to one bead); leather is provided to make a bracelet or necklace. So far, the program has run 24 weeks of meetings and observed a group weight loss of 250 pounds.

Red Lake Band of Chippewa Indians — Weight Management Program
(An intermediate best practice program)

Jill Breyen, RD, LD

☎ (218) 697-3316

Jill.Breyen@ihs.gov

This program is for anyone in the community who wishes to maintain their weight or lose weight with the goal of preventing or controlling diabetes and other diseases. The class meets twice a week for 6–8 weeks. Each week, a dietitian teaches one class that focuses on nutrition, and a fitness specialist teaches the other class that focuses on physical fitness. Approximately 25% of the time is devoted to support group activities, during which participants share what works for them and the struggles they have had. The weighing-in is optional, and the program focuses on healthy lifestyle changes.

Fresno Native American Health Centers — "Greatest Loser" Program
(Between an intermediate and comprehensive best practice program)

Erika Ireland, RD, CLC

☎ (559) 221-3680

erikai@fresnonativehealth.org

This program is a healthy lifestyle campaign for urban American Indians and Alaska Natives who want to improve health and wellness. The program is modeled after the hit television show, "The Biggest Loser©", and has adapted the *Healthy Directions: A Dietitian's Guide to Effective Weight Management* curriculum. This 10-week program promotes proper education on nutrition, fitness, and health. It also incorporates behavior modification and mental and spiritual health. The program has shown strong promise within the community, and can boast measurable program outcomes after two programs (i.e., after 20 weeks of lifestyle education).

Helpful websites

American Council for Fitness and Nutrition

www.acfn.org

American Diabetes Association

www.diabetes.org

American Dietetic Association

www.eatright.org

American Obesity Association

www.obesity.org

Center for Weight and Health at the University of California, Berkeley

http://nature.berkeley.edu/cwh/

Centers for Disease Control and Prevention BMI calculator

www.cdc.gov/nccdphp/dnpa/bmi/index.htm

Centers for Disease Control and Prevention Division of Nutrition and Physical Activity

- www.cdc.gov/nccdphp/dnpa/index.htm

Chronic Care Model

- www.improvingchroniccare.org

Council of State Governments obesity prevention resources

- www.healthystates.csg.org/Public+Health+Issues/Obesity/Obesity+Resources.htm

Dietary Guidelines for Americans 2005

- www.healthierus.gov/dietaryguidelines/

Federal Trade Commission weight loss programs information

- www.ftc.gov/bcp/conline/pubs/health/wgtloss.pdf

Food and Drug Administration obesity information

- www.fda.gov/oc/opacom/hottopics/obesity.html

Guide to Community Preventive Services

- www.thecommunityguide.org/obese

IHS Maternal Child Health Program

- www.ihs.gov/MedicalPrograms/MCH/sitemap.cfm

Minority Women's Health information on obesity and overweight in American Indian and Alaska Native women

- www.4woman.gov/minority/americanindian/obese.cfm

National Association of Anorexia Nervosa and Associated Disorders

- www.anad.org/site/anadweb/

National Diabetes Education Program

- www.ndep.nih.gov

National Heart, Lung, and Blood Institute *Clinical Guidelines and Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*

- www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

National Heart, Lung, and Blood Institute *Selecting a Weight Loss Program*

- www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/wtl_prog.htm

National Institute of Diabetes and Digestive and Kidney Diseases *Choosing a Safe and Successful Weight-loss Program*

- http://win.niddk.nih.gov/publications/choosing.htm

National Institute of Diabetes and Digestive and Kidney Diseases *Weight-control Information Network*

- http://win.niddk.nih.gov

National Institute of Diabetes and Digestive and Kidney Diseases weight loss and control information

- www.niddk.nih.gov/health/nutrit/nutrit.htm

North American Obesity Society

- www.naaso.org

Obesity Online (NAASO)

- www.obesityonline.org/site/index.cfm

***Obesity Research* journal from the Obesity Society**

- www.obesityresearch.org

Partnership for Healthy Weight Management

- www.consumer.gov/weightloss/guidelines.htm

President's *HealthierUS* Initiative

- www.healthierus.gov

Seattle Indian Health Board electronic health information on American Indians and Alaska Natives

- www.tribalconnections.org/ehealthinfo/diabetes.html

Surgeon General's Call to Action to prevent and decrease overweight and obesity

- www.surgeongeneral.gov/topics/obesity

United Health Foundation "Talk to Your Doctor About Your Weight"

- www.unitedhealthfoundation.org/mouth.html

U.S. Department of Agriculture "Food Pyramid for Adults"

- www.mypyramid.gov

U.S. Department of Agriculture "My Pyramid for Kids"

- www.mypyramid.gov/kids

Other helpful resources

American Council for Fitness and Nutrition. *Tipping the Scales on Obesity: Meeting the Challenges of Today for a Healthier Tomorrow*. 2004. Available online at: www.acfn.org/acfntools-tipping/.

American Diabetes Association. *Professional Toolkit. Clinical Management of Obesity with Special Attention to Type 2 Diabetes*. 2004. Available online at: www.diabetes.org.

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APPENDIX:

Components of basic, intermediate, and comprehensive adult weight management programs

Comprehensive Program

Includes all of the previous elements plus …

- ☑ Expanded weight management team that includes specialists with dedicated time to the program, such as psychologists, behaviorists, or exercise physiologists.
- ☑ Interventions that are stage-matched to treatment.
- ☑ Tobaccos cessation and stress management programs.
- ☑ Tracking and reporting of outcomes.

Intermediate Program

Includes all of the previous elements plus…

- ☑ Expanded weight management team that may include certified exercise technician, public health nurse, mental health/behavioral support specialist.
- ☑ Structured intervention program using a culturally-appropriate, evidence-based weight management curriculum.
- ☑ Advocacy for policy changes that create an environment for practicing healthier lifestyles.
- ☑ Established short-term, intermediate, and long-term outcomes.
- ☑ Case-management approach.
- ☑ Structured fitness and activity programs.
- ☑ Specialty training for team.
- ☑ Care tracking process

Basic Program

Includes all of the previous elements plus…

- ☑ Identified weight management team (minimum PCP and RD with links to the community).
- ☑ Formal lines of communication with opportunity for consumer input.
- ☑ Established policies and procedures for weight loss and maintenance programs.
- ☑ Adopted standards of care and treatment guidelines.
- ☑ Mutual referral process between the community and the program.
- ☑ Basic screening for risk identification, behavior, depression, and readiness to learn.
- ☑ Weight management registry.
- ☑ Customized documentation forms.
- ☑ Access to outreach services.
- ☑ Established CQI process (e.g., BMI GPRA).

Is Your Program Ready?

Do we have the following items in place?

- ☑ Is overweight and obesity a perceived problem by the community?
- ☑ Is there a supportive culture for addressing weight issues?
- ☑ Is tribal leadership and health care administration committed to long-term involvement for both a weight loss program and an ongoing weight maintenance support program?
- ☑ Does true collaboration exist among tribal leadership, administration, the clinic, and the community?
- ☑ Is there functional information technology support?
- ☑ Are potential outreach services identified?
- ☑ Is there minimal staff available?