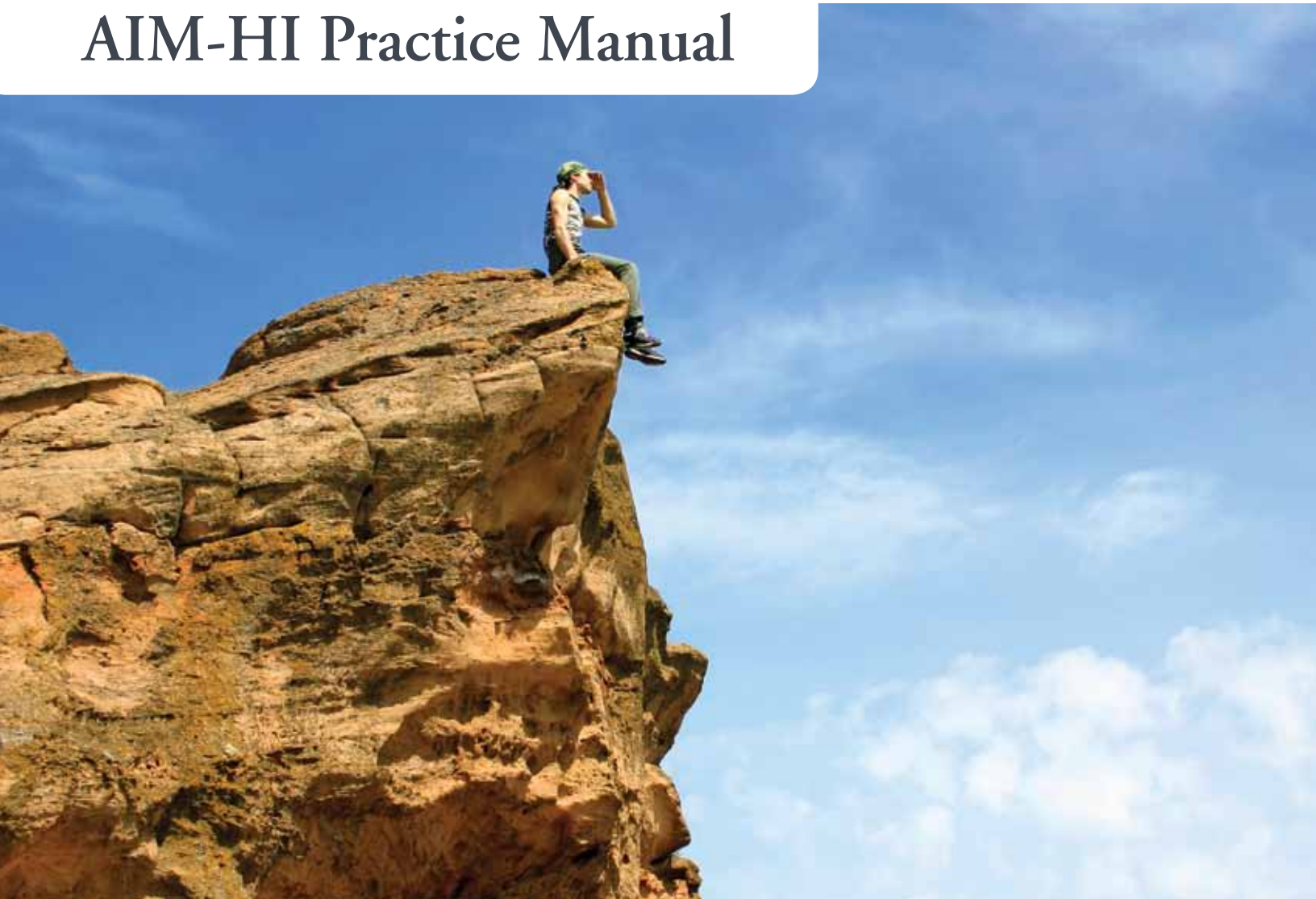


AIM-HI Practice Manual



*Make fitness the treatment of choice for prevention
and management of chronic conditions.*



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

AIM HI
Americans In Motion - Healthy Interventions

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Introduction	2	Talking With Overweight and Obese Patients	12
		The Eating Cycle	12
Fostering a Healthy Office	3	The AIM-HI Fitness Inventory and Fitness Prescription. . .	14
Cultivate Champions.	3	AIM-HI Fitness Inventory Reproducible Sample	15
Develop a Fitness Culture and Show It Off!	3	AIM-HI Fitness Prescription Reproducible Sample	17
Create Fitness Support Teams	3	AIM-HI Food & Activity Journal Reproducible Sample.	18
Activate a Staff Challenge	3	Pharmacotherapy	19
Use the Tools	4	Increasing the Likelihood of Success	19
Ideas for Creating a Healthy Office.	4	Following Up With Patients.	20
		Addressing Relapse	21
Integrating Fitness Into Your Practice	5	Cultural Considerations	21
Assess Your Practice's Environment	5	Health Literacy	21
Be Sensitive to Obese Patients' Needs	6		
Adjust Office Processes and Procedures	6	Foundations for Fitness	22
Patient Visit Flow Chart.	7	Physical Activity	22
Establish a Referral System	8	Healthy Eating	22
Get Paid (Reimbursement).	8	Emotional Well-Being	22
		Physical Activity and Emotional Health	22
Working With Patients.	10	Nutrition and Emotional Health	23
The Teachable Moment	10	Sleep and Emotional Health	23
The Patient-Centered Conversation	10	Improving Emotional Health.	24
Stages of Change	11	AIM-HI Resources	25



Family physicians and their practice teams play a vital role in encouraging patients to lead healthy lives through physical activity, healthy eating and emotional well being — that is, through **fitness**. Your practice has taken a major step toward improving your patients' fitness by participating in AIM-HI.

FITNESS: physical activity, healthy eating and emotional well-being

AIM-HI presents fitness as “the treatment of choice” for prevention and management of many chronic conditions. AIM-HI was developed by family physicians for family physicians and the family medicine office environment. In part, this approach was adapted from “Am I Hungry?,” a multidimensional program developed by family physician Michelle May, MD.

Create a fitness focus in your practice through implementation of these critical strategies:

- Raise awareness among clinicians and office staff regarding their own personal physical activity, nutrition and emotional well-being, and encourage everyone to make changes for better health. This is covered in **“Fostering a Healthy Office.”**
- Create an office environment that is conducive to integrating AIM-HI concepts in everyday office routines. This is covered in **“Integrating Fitness Into Your Practice.”**
- Use the AIM-HI philosophy and tools to help your patients improve their fitness. This is covered in **“Working With Patients.”**
- Improve clinician and staff knowledge of the central role of physical activity, nutrition and emotional well-being in health. This is covered in **“Foundations for Fitness.”**

The AIM-HI approach relies on three critical tools that all family medicine practices are encouraged to adopt:

1. **AIM-HI Fitness Inventory** — a brief survey that captures patients' confidence about their personal fitness. It also provides a snapshot of their readiness to change.
2. **Fitness Prescription** — a contract between patient and clinician that uses simple, measurable, mutually agreed upon goals that are assessed periodically.
3. **Food & Activity Journal** — a week-long journal patients can use to track their physical activity and nutrition.

On the AIM-HI website, www.americansinmotion.org, you will find supplementary patient education handouts you can use to stimulate dialogue with patients. Feel free to expand on the AIM-HI concepts and materials to suit your practice and patient populations.

Implement AIM-HI sequentially, as presented in this manual. The goal is to maximize awareness and integration of AIM-HI steps at the practice level before you adopt strategies at the patient level.



AIM-HI Works!

AIM-HI means to take care of yourself. AIM-HI does not necessarily mean you have to lose weight to feel better. Healthy choices make you feel better.

Cynthia Yates Martin, RN
Case Manager, OB Nurse Educator
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AIM-HI encourages clinicians and staff to “walk the talk” and become active participants in making simple changes in their own lives, creating a “healthy office.” Your practice may reap a number of benefits:

- **Increased credibility** — Patients perceive clinicians who practice healthy personal behaviors as more credible and better able to motivate them to make healthy lifestyle choices.
- **Increased motivation to help patients** — Practice members who actively engage in improving their own fitness are more motivated to provide fitness counseling to their patients.
- **Improved health** — Making small changes in your own habits can add up to better health and well-being.
- **Improved morale and teamwork** — Working for a common cause will provide staff the opportunity to share a personal experience, which can strengthen working relationships.

Create a culture of fitness that is supportive, productive and visible to patients. Consider the following strategies to begin the process:

1. Cultivate Champions

For clinicians and staff, AIM-HI is a personal venture. Identify a champion to conduct an initial staff meeting to express the importance of personal fitness and the desire to conduct this activity as a team. The champion should emphasize the importance of AIM-HI, demonstrate leadership, and work to increase buy-in.

Make it a collaborative process. Since the whole practice will have an opportunity to improve their personal fitness using AIM-HI tools, use a collaborative process that allows all staff and clinicians to plan how best to work as a team while committing to personal processes of change. Your practice may want to form a committee to assist the champion in developing and implementing the project.

2. Develop a Fitness Culture and Show It Off!

There are numerous ways to develop and establish a fitness culture. The important part is getting the entire staff thinking and talking about fitness among themselves and with patients. Examples of how to demonstrate your fitness culture include:

- Wearing identity items (t-shirts, pedometers, buttons) that promote fitness and elicit questions from patients.
- Placing visual cues, such as posters, placards and table tents, that show fitness is a priority for the practice.

3. Create Fitness Support Teams

Establishing fitness teams or fitness buddies will help keep staff motivated and engaged. Team members provide each other a sense of belonging, motivation and encouragement.

4. Activate a Staff Challenge

Encourage friendly internal competitions or group activities related to fitness. Friendly competitions among staff can be motivating and highly effective for building camaraderie and encouraging fitness.

The champion can create a chart that tracks team progress and shows patients you are involved in change.

If your team sets up friendly competitions, ensure that they are not solely focused on weight loss, since not everyone will be working on a weight goal. Instead, teams can compare steps or miles walked, time spent in motion, food choices or calories in vs. calories out.

Teams can use one of the many free online tracking systems, such as America on the Move (www.americaonthemove.org). Online tracking systems are an excellent resource to track team involvement and success, and are also great for patients.

MyPyramid.gov is an online tool based on the Dietary Guidelines for Americans. The website offers a free, personalized meal plan that balances calories and activity. It also includes activities for children and families.



Family medicine offices in the AIM-HI research study created posters featuring staff members who had made changes for better fitness. The posters were placed in exam rooms to introduce AIM-HI to patients.

5. Use the Tools

Creating a healthy office means clinicians and staff personally use the tools that patients will use. Use of the Fitness Inventory and Food & Activity Journal will provide your staff with first-hand knowledge of how best to use these tools with patients. Using tools as a group will allow your practice to share personal goals, success stories and challenges faced in each of your personal campaigns to improve fitness.



AIM-HI Works!

It helps that I have co-workers who are doing the same things to change their lifestyles.

Janette Richardson
Front Office Receptionist
Alcona Health Center
Lincoln, MI

Ideas for Creating a Healthy Office

A number of family medicine offices have already worked to create a healthy office. Below are some of their suggestions for working together to create a culture of fitness.

Increase Movement	<ul style="list-style-type: none"> • Start an office walking group at lunch time. • Use stairs daily or more frequently. • Join a fitness center (have the practice pay or offset costs through a shared plan!). • Create a buddy system for working out. • Use a gym or track at a nearby school. • Hold exercise and dance classes for staff/patients/non-patients who are interested; hold them in the waiting room during non-patient hours. • Participate in local walks/runs as a practice team. • Purchase pedometers for staff. • Go bowling together.
Improve Nutrition	<ul style="list-style-type: none"> • Install a water cooler in break rooms and waiting rooms. • Change from sweetened tea to unsweetened tea. • Start a “healthy lunch” program, providing a healthy lunch for the entire office. • Change the nutritional quality of snacks brought by staff and clinicians. • Request that pharmaceutical representatives bring in healthier foods. • Share healthy recipes. • Post a chart showing the number of calories in various portions of fast foods.
Publicize Your Efforts & Successes	<ul style="list-style-type: none"> • Make posters about competitions and put them outside the employee lounge. • Post a scoreboard for teams’ successes on the practice website. • Post easy-to-read BMI charts in all patient areas. • Wear badges that say “We AIM-HI ... Ask us why!” • Get a local newspaper to do a story about your fitness efforts. • Develop an information board that highlights one staff member’s fitness activities each week (or one patient’s activities). • Hang completion certificates in well-traveled hallways. • Place AIM-HI literature in break/lunch room.
Incorporate Patients	<ul style="list-style-type: none"> • Challenge patients to walk 10,000 steps with you. • Wear a pedometer and use it as a prompt for discussing fitness with patients.
Develop Educational Opportunities & Incentives	<ul style="list-style-type: none"> • Present work-time seminars about fitness. • Have clinicians give weekly or monthly lectures on healthy tips, goal setting and weight loss basics. • Use the America On the Move website. • Provide prizes for teams. • Provide time for fitness in-services. • Allow staff to flex schedules to accommodate fitness breaks. • Allow staff to adjust job responsibilities to cover AIM-HI program responsibilities. • Start a staff “biggest winner” competition (focus on healthy eating, physical activity or pounds lost).

Integrating Fitness Into Your Practice

This part of the AIM-HI manual will help you think about how your office works and how you can make small changes to encourage clinicians and staff to integrate fitness into your practice.

1. Assess Your Practice’s Environment

Your practice can demonstrate a commitment to fitness and facilitate patient-centered conversations about fitness by proactively setting up the physical environment to support fitness. Conduct a brief, informal assessment of your practice.

Examine your policies, procedures, equipment, etc. by using these assessment questions;

- How does your practice encourage patients to engage in behavior change for:
 - Physical activity?
 - Healthy eating?
 - Emotional well-being?

Examples may include distributing educational materials, referring patients to behavior change classes, and employing behavior change specialists, such as health educators and dietitians.
- How does your practice environment currently promote fitness?
- Imagine that your practice is successfully doing everything it can to promote fitness. How might that look?
- What are some of the challenges to promoting fitness in your current practice routine?
- What has worked in terms of promoting fitness in your practice? What hasn’t?
- What policies, procedures and systems do you have in place for promoting fitness?
- What roles and responsibilities do staff have in promoting fitness?
- What community resources are available for patients?
- How do you link patients to community resources?
- What fitness promotion services and activities (with patients) does your practice document?
- What areas would you like your practice to improve as it relates to promoting fitness?

Checklist for Office Environment

Does the waiting room have the following culturally appropriate materials?

- Fitness health guides or educational materials
- Fitness posters
- Fitness magazines
- Audio/video displays

Do exam rooms or areas adjacent to exam rooms have the following?

- Tape measure (for waist circumference measurements)
- Scales with a capacity of more than 300 pounds
- Scales located in private area
- Sturdy exam tables and chairs to accommodate large patients
- Gowns for people of different sizes
- Body Mass Index measuring tools
 - Adult BMI chart
 - BMI-for-Age instruction guide
 - Growth and BMI charts for children and teens ages 2 to 20
- Fitness posters
- List of local resources

Do you have established procedures (protocols) for:

- Following the Adult Obesity Clinical Guidelines
- Distributing patient education materials
- Starting a conversation about fitness
- Documenting fitness promotion
- Following up with patients
- Evaluating fitness promotion activities



AIM-HI Works!

I had health concerns. I realized that my concerns would get worse if I didn't make changes. My doctor treated me with medication and encouraged me to be more active. I started a new job at a family medicine practice, where fitness was a focus. That helped me to be even more motivated. I am (now) the most fit I've ever been in my whole life. My energy level has increased and I have an overall feeling of wellness.

Teri Archuleta
Medical Receptionist
Silver Sage Center for Family
Reno, NV

AIM-HI Works!

A year and a half ago, my doctor told me I had congestive heart failure. I was 35. My daughter was 7 years old. I thought, "If I don't change my eating habits and get off the couch, she won't have a mother." I started walking after work. I eat when I am hungry and incorporate small snacks, so I don't over-eat. I have lost 20 pounds and my progress has been an incentive for others to make wise choices for a healthy lifestyle. I am no longer on heart medication.

Wanda Harris
Front Office Supervisor
Berkeley Family Practice
Moncks Corner, SC



2. Be Sensitive to Obese Patients' Needs

Clinicians and staff in your practice may want to spend some time becoming aware of their own biases, developing empathy and working to address the needs and concerns of overweight and obese patients.

Create a supportive environment with large, armless chairs in waiting rooms, adequately-sized medical equipment and patient gowns, and friendly patient reading material.

You also may want to examine your own biases about weight. Ask yourself:

1. Do I make assumptions regarding a person's character, intelligence, professional success, health status or lifestyle behaviors based only on the person's weight?
2. Am I comfortable working with people of all shapes and sizes?
3. Do I give appropriate feedback to encourage healthy behavior change?
4. Am I sensitive to the needs and concerns of obese individuals?
5. Do I treat the individual or only the condition?

Recognizing and reducing stigma about weight in your own practice will make your office a more patient-centered practice.

3. Adjust Office Processes and Procedures

Consider how you might modify your current office processes to integrate AIM-HI. Successful integration of AIM-HI into your practice routines will promote sustainability of the program, help staff think about fitness issues as a part of clinical care (not just an educational add-on), and create an environment that supports fitness.

Evaluate Patient Flow

Take a moment to examine how patients flow through your office and consider each of the AIM-HI tools (Fitness Inventory, Fitness Prescription and Food & Activity Journal). This will help you identify opportunities for patients to be exposed to fitness promotion messages and receive adequate support from staff. Questions you may want to consider include:

- What happens when patients enter the clinic?
- Who do patients see before seeing the physician?
- What happens to patients when vital signs are measured?
- What information is exchanged with patients before the patient-clinician encounter?
- What happens when patients see the physician?
- How do clinicians support fitness during the encounter?
- What services are documented, and how?
- What reminder systems and prompts are in place to alert clinicians of opportunities to discuss fitness?
- What happens when patients exit the clinic?

Change the System

Determine specific points where you can modify your office procedures to create opportunities to make sure each clinician and staff member understands his or her role and responsibilities.

- Incorporate the AIM-HI Fitness Inventory into periodic screenings.
- Put AIM-HI patient education materials in your reception area and exam rooms.
- Add BMI and waist circumference to routine vital sign measurements.
- Add system prompts/reminders for clinicians to address fitness with patients.
- Provide billing staff information on reimbursement and coding.
- Offer staff continuing education opportunities.
- Provide regular updates and feedback to staff.
- Establish a feedback mechanism with health clubs or weight management programs to track patients who have been referred by your office.

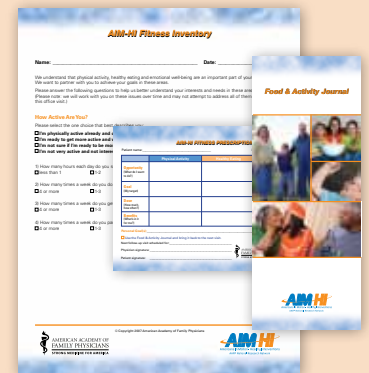
Consider how your clinic can incorporate system triggers to encourage and support patients, clinicians and staff. Prompts can include:

- The AIM-HI Fitness Inventory, which will provide a starting point for conversations
- Automated alerts on charts of patients with conditions affected by lifestyle choices
- Weight management or lifestyle DVDs played in the reception area
- Staff pedometers that can be used as prompts for fitness conversations. Challenge patients to walk 10,000 steps with you.

Get Started With the AIM-HI Tools

After you have evaluated your practice's current physical environment and resources and considered how you might make changes to better support fitness in your practice, you are ready to begin using the AIM-HI tools with patients. We recommend developing a specific implementation plan.

1. Ensure that all staff and clinicians know about AIM-HI and their role in sharing tools with patients. Hold an in-service training session to motivate staff, promote teamwork and help formalize the protocol for delivering AIM-HI. For example, you can:
 - Share information that you gathered during your practice assessment.
 - Document and evaluate fitness promotion.
 - Follow up with patients.
2. Decide how each tool (AIM-HI Fitness Inventory, Fitness Prescriptions and Food & Activity Journals) will be delivered to and used with patients.
3. Strategically place AIM-HI materials throughout your office and make them visible to patients, staff and clinicians.



Learn more about using the AIM-HI tools on page 14.

Patient Visit Flow Chart

Front Office Staff:

- Hand patient AIM-HI Fitness Inventory.

Nurses or Medical Assistants:

- Calculate BMI.
- Measure waist circumference.
- Explain why these (BMI, waist circumference) are done.
- Review AIM-HI Fitness Inventory and screen issues for clinician to address.
- Introduce or remind patients about AIM-HI tools.

Clinicians:

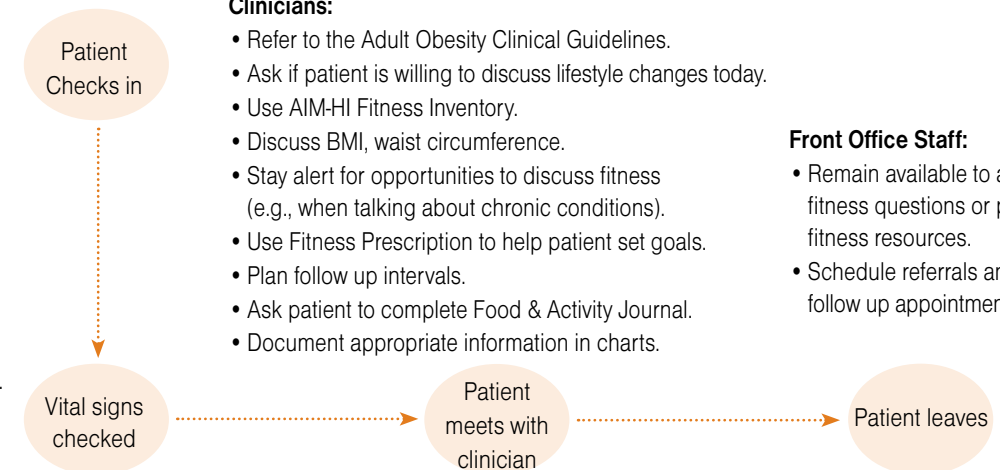
- Refer to the Adult Obesity Clinical Guidelines.
- Ask if patient is willing to discuss lifestyle changes today.
- Use AIM-HI Fitness Inventory.
- Discuss BMI, waist circumference.
- Stay alert for opportunities to discuss fitness (e.g., when talking about chronic conditions).
- Use Fitness Prescription to help patient set goals.
- Plan follow up intervals.
- Ask patient to complete Food & Activity Journal.
- Document appropriate information in charts.

Front Office Staff:

- Remain available to answer fitness questions or provide fitness resources.
- Schedule referrals and follow up appointments.

Nurses or Medical Assistants:

- Remain available to answer fitness questions.





AIM-HI Works!

Six years ago, I was diagnosed with diabetes at age 29. I had to start taking medication to control it. For more than 17 years, I had struggled to lose weight and had been on every yo-yo diet imaginable. I finally realized that my emotions played a part in what I eat. I learned not to reach for food in order to deal with stress. After physical activity, I feel much better and am able to deal with any problems. Also helpful are the Clinic Health Education Department tips and AIM-HI's Food & Activity Journal and Health Guide. My cholesterol is normal now and I am completely off all medication! It's been two years and I've lost 64 pounds.

Liz Villasenor
Staff Accountant
The Children's Clinic
Long Beach, CA

4. Establish a Referral System

Centers for Disease Control and Prevention data indicate that patients are three times more likely to undertake a weight loss program if a clinician suggests that they do so. While you and your staff may not have all the answers or resources a patient needs, there is help available. Find out about resources in your community and develop a fitness referral list that includes:

- Registered dietitians
- Health educators
- Physical activity centers
- Personal trainers
- Walking groups
- Wellness centers
- Psychologists
- Therapists

Remember, not all referrals will be weight-based. Also keep in mind that out-of-pocket costs may be a barrier for some referrals. Below are two referral resources developed in cooperation with the AAFP:

- Age-friendly Fitness Locator (www.icaa.cc/facilitylocator.htm) — The International Council on Active Aging (ICAA) created a special section of its Web site to help physicians quickly locate fitness and wellness facilities dedicated to serving adults fifty and older.
- Medically-integrated Fitness Centers (www.medicalfitness.org) — The Medical Fitness Association Web site has a search tool for locating fitness centers dedicated to improving outcomes for patients with chronic diseases.
- Registered Dietitians (www.eatright.org) — Visit the American Diabetic Association Web site to locate a registered dietitian.

5. Get Paid (Reimbursement)

There are diagnosis codes for obesity (278.00, "Obesity, unspecified"), morbid obesity (278.01) and overweight (278.02). However, payment for these diagnoses is very limited. Some insurance carriers routinely deny claims with a primary diagnosis of obesity or overweight.

The most consistent way to get payment for the services you provide is to bill for the management of the numerous co-morbidities associated with overweight and obesity. If the chief purpose of the visit is to manage co-morbid conditions, the codes for the conditions should be listed first.

Some private insurers will pay for medically necessary physician supervision of weight reduction programs if members have a documented history of failure to maintain a reasonable weight and BMI, or if the member has specific co-morbidities. You should check with payers before billing for this.

Some private insurers consider nutritional counseling medically necessary for chronic disease states in which dietary adjustment has a therapeutic role. The counseling must be prescribed by a physician and furnished by a licensed health professional recognized under the plan. Again, consult with individual payers before providing this service.

Billing Based on Time

If you spend more than half of the face-to-face time with a patient in counseling and coordination of care activities, the level of evaluation and management service provided may be chosen based on time. Counseling is defined as discussion with a patient and/or family concerning one or more of the following areas:

- Diagnostic results and/or recommended diagnostic studies
- Prognosis
- Risks and benefits of management (treatment) options
- Instructions for management (treatment) and/or follow up
- Importance of compliance with chosen management (treatment) options
- Risk factor reduction
- Patient and family education

Thus, time spent with the patient discussing the potential benefits of lifestyle changes that may lessen the risks associated with or help in the management of their diagnosed condition would be considered counseling.

Patients may be seen in follow up visits by staff, incident to the clinician, for services such as recheck of blood pressure. These follow up visits may be reported with code 99211 as long as they are medically necessary.

Billing for Preventive Services

Many insurers pay for preventive medicine service visits. These can include a risk factor review; an age and gender appropriate history (personal, social, and family) and exam; and counseling and guidance to reduce risk factors. A preventive service visit provides a prime opportunity to counsel patients on nutrition and physical activity.

A preventive services visit is not problem-oriented and does not involve a chief complaint. If, during the preventive visit, your patient presents a significant new complaint or a chronic condition that requires you to perform the key components of a problem-oriented visit, then you can use both a preventive visit code and a problem-oriented visit code. The problem-oriented service should be clearly documented and distinct from the documentation of the preventive service, and you should append modifier 25, "significant, separately

identifiable E/M service by the same physician on the same day" to the appropriate office visit code. Link the appropriate ICD-9 code to the applicable CPT code to distinguish between preventive and problem-oriented services.

Communicate with payers proactively to find out if they will pay for preventive and problem-oriented services provided on the same date. Medicare requires that you deduct the amount of the problem-oriented service from the cost of the preventive service provided on the same date. If an insurer won't pay for both the preventive and problem-oriented service, you may want to report only the one that is the primary focus of the visit and requires the greatest amount of your time. Another option, if the condition doesn't require immediate attention, is to complete the preventive services exam and have the patient schedule a follow-up visit to address the problem.

Welcome to Medicare Exam

All beneficiaries enrolled in Medicare Part B are eligible for a "Welcome to Medicare" physical examination. This one-time visit has to be performed within one year of the beneficiary's Medicare Part B enrollment.

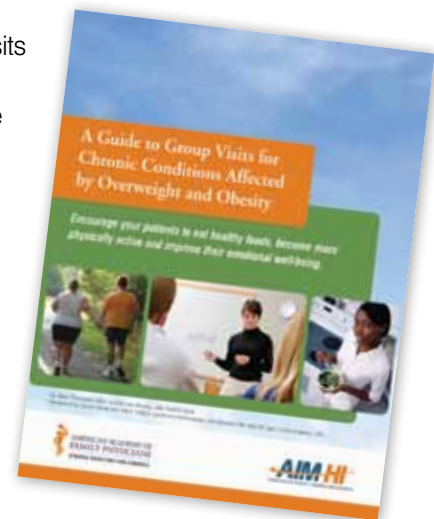
The "Welcome to Medicare" exam includes a review of the patient's medical and social history, including their diet, physical activity history and body mass index; education on prevention; counseling on diet if the patient is overweight; and referral to other covered services.

Details are available on the Centers for Medicare & Medicaid Services website at <https://www.cms.gov/WelcometoMedicareExam/>.

Group Visits

In most instances, group visits are not specifically covered by Medicare or most private health insurance plans.

However, Masley et al. have been successful in documenting and billing for services performed for individual patients. Use an appropriate level office visit code (99212-99215) based on the individual patient's diagnosis, history, exam, and the medical decision-making you document. Learn more about group visits in "A Guide to Group Visits for Chronic Conditions Affected by Overweight and Obesity" available in the Tools for Your Office section of the Americans In Motion website at www.americansinmotion.org



This section of the AIM-HI manual covers how you can use the AIM-HI tools and philosophy to help patients improve their fitness.

The Teachable Moment

The AIM-HI approach focuses heavily on recognizing, creating and capitalizing on “teachable moments.” A teachable moment is a point in a patient visit where you are able to reshape the conversation from advice-giving to shared decision-making. This opportunity often arises when patients are presented with information that requires them to attend to or process new information. Capitalize on teachable moments to discuss healthy lifestyle choices. Some key opportunities include:

- New patient visits
- Annual physicals
- Women’s wellness exams
- Well-child exams
- Group visits
- Problem-oriented office visits for the many diseases influenced by lifestyle choices

The goals of a fitness conversation are to:

- Build a dialogue that is patient-centered and focused on the total patient
- Bring about a desire for behavior change and eliminate resistance when dealing with lifestyle and personal change
- Approach change through realistic, measurable goal-setting
- Improve continuity of care
- Develop a plan together that ultimately places the patient in the position of power

The Patient-Centered Conversation

A major component to any conversation is assessing patients’ attitudes and readiness to change. The AIM-HI Fitness Inventory promotes patient-centered conversations by helping you and your staff assess and consider patients’ attitudes and readiness to discuss changes in lifestyle choices. As you capitalize on teachable moments, your actively engage patients in conversation to determine areas where they would like to focus, how they would like to proceed, and what their personal goals are.

Motivational interviewing is goal-directing counseling to motivate behavior change. Motivational interviewing uses the OARS technique to help patients move through the stages of change. OARS is an acronym for:

- Open-ended questions
- Affirmations
- Reflective listening
- Summaries

When using the OARS technique to talk to patients about fitness:

- Express empathy — When patients think you’re listening to them and understand their concerns, they’ll be less defensive and may be more likely to open up. As they talk, you can assess where they need support.
- Support self-efficacy — Make your patients responsible for identifying the changes they want to make. Focus your attention on helping them believe that they can change. Point out previous successes they have had, or how other patients have successfully changed.
- Roll with resistance — Don’t challenge patients who resist change. Instead, ask them what their solution is for the problem they’ve identified.
- Develop discrepancy — Help patients see the discrepancy between where they are and where they want to be.

Visit www.motivationalinterview.org for more information about motivational interviewing.

Stages of Change

The Stages of Change model delineates the stages people go through when making a change in behavior. The following shows how you can use a patient’s stage of change to have a patient-centered discussion about fitness.

Patient Characteristics	Stage of Change	Discussion Topics	Example Questions	Potential AIM-HI Patient Education Handouts
Not currently interested or considering change, “ignorance is bliss”	Pre-contemplation	Discuss the potential benefits of lifestyle changes and indicate that you are available if and when they are ready to discuss it further.	<ul style="list-style-type: none"> • How do you feel about your health these days? • Would you consider me a resource if you decide to make changes in the future? 	
Open to making changes for better health at this time, “sitting on the fence”	Contemplation	Discuss some of the changes they could make and help them set an achievable goal (e.g., eat more fruits and vegetables, make time for exercise or gain more “me” time for hobbies, etc.)	<ul style="list-style-type: none"> • Are you willing to make some changes to improve your cholesterol levels? • What would you like to do to try to simplify your life? • Would you be open to exploring a couple of ways to be more active every day? • What are some things you could see yourself doing to relax? 	<ul style="list-style-type: none"> • Every Little Bit Counts • One Step at a Time • All Foods Fit • Life Balance
Ready to commit to changes, “testing the waters”	Preparation	Let patients decide what their goals are. The emphasis should be on the patient’s goal and how he or she can make small changes in daily life for meaningful, lifelong results.	<ul style="list-style-type: none"> • What would you like to see come out of trying to eat better? • What do you want out of this? 	<ul style="list-style-type: none"> • Food & Activity Journal • One Step at a Time • Getting Started • Overcoming Physical Activity/Exercise Obstacles • Am I Hungry? • End Mindless Eating • Search Your Shelf
Already doing something to improve their health, “Charge!”	Action	Offer support, referrals and tools. Anticipate challenges and setbacks and discuss ways to handle them.	<ul style="list-style-type: none"> • You seem healthier than you were at our last visit. Have you been doing anything different? • You look really fit today. Tell me what you have been doing since I last saw you. • You seem to be in a good mood today. Tell me what you’ve been up to. 	<ul style="list-style-type: none"> • Food & Activity Journal • Overcoming Physical Activity/Exercise Obstacles • Fat Facts • Think Your Drink • Search Your Shelf • Manage Your Stress

AIM-HI patient education handouts are available at www.americansinmotion.org.

AIM-HI Works!

One of our patients has significantly improved his health in the last 7 months by making reasonable changes in his eating and activity. He is 58 years old and started with a BMI of 33. On recheck today he has lost 20 lbs, decreased his BMI to 30, dropped his diastolic blood pressure from 96 to 78, and improved his LDL cholesterol from 111 to 85. His success has helped encourage me to keep talking to patients about making healthy changes. When someone is really ready to improve his or her life, I am armed and waiting.

Vance Blackburn, MD
North Shelby Family Health
Birmingham, AL



Key Reminders:

1. Keep in mind that patients will be at different stages of change. Therefore, each conversation must be individualized.
2. The goal is to facilitate discussion and enable patients to determine their own solutions for improved health.
3. Allow patients to share reasons for or against change and how their current lifestyle choices may support or conflict with their health goals.

4. State that you are willing to provide ongoing support and encouragement.
5. Refer patients to community resources to help them build on the efforts they make toward better health.

As you enable patients to take charge of their own health and make healthy decisions, you may want to offer additional resources to let them explore healthy changes they can make after the visit. AIM-HI patient education handouts are available online at www.americansinmotion.org.

Talking With Overweight and Obese Patients

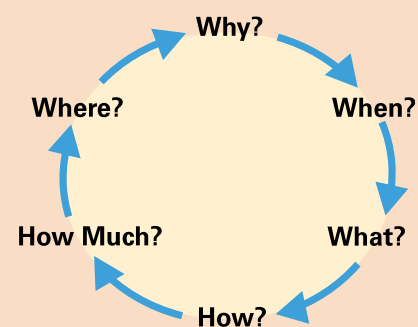
Be sensitive when talking to patients. Some specific strategies recommended by the North American Association for the Study of Obesity (www.naaso.org) include:

1. Consider that patients have probably had negative experiences with other health care professionals regarding their weight, and approach patients with sensitivity.
2. Recognize the complex etiology of obesity and communicate this to colleagues and patients to avoid stereotypes that obesity is attributable to personal willpower.
3. Explore all causes of presenting problems, not just weight.
4. Recognize that many patients have repeatedly tried to lose weight.
5. Emphasize behavior change rather than just the number on the scale.
6. Negotiate concrete changes (e.g., start to add movement by walking for 30 minutes and eat at home three or more times a week), rather than simply saying, "You need to lose weight."
7. Acknowledge the difficulty of lifestyle changes.
8. Recognize that small weight losses can result in significant health gains.

The Eating Cycle

Help patients learn to distinguish their biological need for food from the emotional or environmental cues that trigger an urge to eat or overeat. Use these questions and bite-sized messages to talk to patients about their eating cycles.

The Eating Cycle was developed by family physician Michelle May, MD, FAAFP. For more information go to www.AmIHungry.com.



Decision	Possible Questions to Start the Conversation	Bite-sized Messages
Why? Why do I eat?	<ul style="list-style-type: none"> • Why do you think you eat? • Are you aware of any situations of emotions that trigger you to want to eat when you aren't hungry? (Examples: mealtimes, ballgames, certain people, stress, boredom, buffets, getting ready to start a diet) • Have you tried a lot of diets? What happened? How did they work for you long term? Why? 	<ul style="list-style-type: none"> • Instinctive Eating Cycle: Hunger is the primary reason for eating; it is a primitive yet reliable regulator of fuel intake. • Overeating Cycle: Environmental and emotional cues can trigger an urge to eat (or to continue eating) whether there is a physical need for fuel or not. • Restrictive Eating Cycle: Diets can lead to preoccupation with food and feelings of deprivation that eventually lead to rebound overeating.
When? When do I feel like eating?	<ul style="list-style-type: none"> • When do you feel like eating? • How can you tell when you're hungry? • How could you distract yourself from eating until you get hungry? • What could you do to cope more effectively with your emotional triggers for eating? For example: manage stress better, find a hobby, treat yourself to a hot bath, ask for help around the house. 	<ul style="list-style-type: none"> • Ask yourself, "Am I hungry?" whenever you feel like eating. (Help patients develop an internalized mechanism of knowing when to eat.) • Hunger is a physical feeling; it is not the same thing as cravings, appetite or a desire to eat. • Getting too hungry can be a trigger for overeating. • Identify and reduce environmental cues for overeating, for example putting food out of sight, avoiding areas like the break room where food is likely to be found and ordering half-portions or sharing meals. • Identify and cope with emotional triggers for overeating such as boredom, stress, sadness, anger, loneliness, celebrating, or rewarding yourself. (Refer as needed).

AIM-HI Works!

Instead of focusing on what and how much food you should eat, the key is first understanding why you want to eat in the first place. This awareness will give you the opportunity to meet your true needs appropriately.

Michelle May, MD, Phoenix, AZ

Decision	Possible questions to start the conversation	Bite-sized Messages
What? What do I eat?	<ul style="list-style-type: none"> • What do you eat in a typical day? • Do you restrict yourself from eating certain foods then later give-in and overeat those foods? • Are there any areas of your diet that you think could be improved? • What specific change(s) would you like to make? • What health issues do you need to be aware of when choosing food (h/o high cholesterol, family h/o diabetes, BMI > 25, etc.) • What kinds of beverages do you drink? • What types of food do you want to eat when you're eating for emotional reasons? • What kinds of food could you keep on hand to eat when you are hungry? 	<ul style="list-style-type: none"> • All Foods Fit: there are no "good" foods or "bad" foods. • Use balance, variety and moderation to guide your choices. www.mypyramid.gov provides a good general guide to healthful eating. Balance — provide your body with the necessary nutrients. Balance eating for nourishment with eating for enjoyment. Variety — eat a variety of foods from the different food groups and a variety of foods within each group. Moderation — consider overall dietary intake, not just the portion size of one particular item. • Ask yourself three questions when deciding what to eat: What do I want? What do I need? What do I have? • Make small, focused, incremental changes, for example, increasing fruits and vegetables, improving the quality of the fluids you drink, lower your saturated and trans fat intake and switching to healthier fats.
How? How do I eat?	<ul style="list-style-type: none"> • Do you eat while distracted, for example, watching TV, driving, working? • Do you think you eat fast? • Do you eat differently in private than you do in public? 	<ul style="list-style-type: none"> • Eat mindfully: stay aware of your body, the food and the ambience. • Minimize distraction: turn off the TV, eat while seated at a table. • Savor each bite, noticing the appearance, aromas and flavors. • Put your fork down between bites.
How Much? How much do I eat?	<ul style="list-style-type: none"> • How do you typically feel after eating? • How does it feel when you have eaten too much food? • What situations or emotions trigger overeating for you? • What could you do to address those triggers more effectively (for example, order less food, get up from the table, turn off the TV, etc.) 	<ul style="list-style-type: none"> • Your stomach is only about the size of your fist so it only takes about a palm-full of food to fill it. • Eating too much can cause you to feel uncomfortable and sluggish. (Help them develop an internalized mechanism of portion control.) • When you eat more than your body needs, it has no choice but to store the extra fuel. • Practice ending your meal when you are satisfied instead of stuffed.
Where? Where do I invest my energy?	<ul style="list-style-type: none"> • Where do you spend (or invest) the fuel you consume? • Are you physically active? • Do you limit your "screen time?" • Do you exercise? What do you like to do? • What else do you do? For example, do you like to play with your children, do you have hobbies, do you volunteer, do you like to travel? • Is there anything else you would like to do that you are not doing now? What are your goals for your relationships, your career, your life? 	<ul style="list-style-type: none"> • The food you consume provides the energy and nutrients to live, work, play and exercise. • When you eat more than you need, the excess fuel will be stored to be used for fuel later. • Increased physical activity in daily living can have a significant impact on your fuel balance. • Exercise will improve your health, increase your stamina and function, and make you feel better. • When you invest your energy in living a full, balanced life, you are less likely to use food to meet your needs, therefore breaking an Overeating and Restrictive Eating Cycle.



The AIM-HI Fitness Inventory and Fitness Prescription

The AIM-HI Fitness Inventory captures patients' confidence about their personal fitness. It also provides a snapshot of their readiness to change and desire for help.

Whether a patient is underweight, overweight, suffers from a chronic disease, or even appears to be healthy, he or she should be encouraged to consider choices that will lead to a healthier lifestyle. The AIM-HI Fitness Prescription can help you and your patient create a plan for better fitness.

How to Use the Fitness Prescription and Fitness Inventory

1. Have your front office staff ask the patient to fill out the AIM-HI Fitness Inventory at check-in.
2. Review the inventory before entering the room.
3. During teachable moments, use the answers on the inventory to guide discussions. Ask open-ended questions, such as, "What are you interested in focusing on at this time? Physical activity? Healthy eating? Your emotional well-being?"
4. Use the Fitness Prescription to record a few realistic, actionable and sustainable changes. Make sure the patient makes the decisions on what behaviors to change.
5. Sign the Fitness Prescription and have the patient sign it as a statement of your mutual commitment to working together.
6. Record what was discussed and what was written on the Fitness Prescription, including the plan for follow-up, in the patient's record.
7. Keep a copy of the Fitness Inventory with the patient's record. Have the patient complete a new inventory at least once a year.
8. Follow up at the next visit.

Food & Activity Journal

Encouraging a patient to keep a Food & Activity Journal will help him or her become more aware of current behavior, patterns and choices made each day related to eating and physical activity. Awareness is an important part of making lasting changes for healthy living. The Food & Activity Journal is a practical tool patients can use to record their observations about physical activity, nutrition and emotional well-being.

Ask your patient to complete this journal and bring it back to their next appointment. Emphasize that the purpose is awareness, not judgment. Reinforce that using a journal is a proven tool for changing behavior and successful weight loss.

To order free copies of the tools, call 800-274-2237 and ask for items #1995, 1997, and 1999.

AIM-HI Works!

I especially like the AIM-HI Fitness Prescription because the patient picks something specific to work on to improve his/her fitness, sets a goal, and knows what the positive outcome can be. It gives me talking points for motivational interviewing each time the patient has a follow-up visit. Patients are so proud of the changes they are making!

Carol O'Connor, RN, CDE
Health Education Director
Alcona Health Center
Lincoln, MI



AIM-HI Works!

I love to use the Food & Activity Journal and the patients love them as well. They provide such good input on what exactly we consume. Patients have made dramatic changes in their eating habits because of the journals they keep.

Imelda Meza, Medical Assistant
Chronic Disease Educator
The Children's Clinic
Long Beach, CA

AIM-HI Fitness Inventory

Name: _____ Date: _____

We understand that physical activity, healthy eating and emotional well-being are an important part of your health. We want to partner with you to achieve your goals in these areas.

Please answer the following questions to help us better understand your interests and needs in these areas. (Please note: we will work with you on these issues over time and may not attempt to address all of them in this office visit.)

How Active Are You?

Please select the one choice that best describes you:

- I'm physically active already and don't need help to be more active.
- I'm ready to get more active and would like help.
- I'm not sure if I'm ready to be more active, but I'm ready to talk about it.
- I'm not very active and not interested in being more active at this time.

1) How many hours each day do you spend watching TV or videos or on the computer?

- less than 1 1-2 more than 2

2) How many times a week do you do yard or house work or duties on the job that cause you to work up a sweat?

- 4 or more 1-3 Less than 1

3) How many times a week do you get out for a brisk walk of 10 minutes or more?

- 4 or more 1-3 Less than 1

4) How many times a week do you participate in sports or an exercise program?

- 4 or more 1-3 Less than 1

(turn over)

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How Well Do You Eat?

Please select the one choice that best describes you:

- I'm eating healthy at this time.
- I'm ready to make some changes to eat healthier and would like help.
- I'm not sure if I'm ready to change the way I eat, but I'm ready to talk about it.
- I'm not interested in changing the way I eat at this time.

A serving of food is the amount that would fit in the palm of your hand.

1) How many servings of fruits or vegetables do you eat each day?

- 5 or more 3-4 2 or less

2) How many servings of whole grains (like whole grain bread or cereal, oatmeal, brown rice, etc.) do you eat each day?

- 3 or more 2 1 or less

3) How many times a week do you eat lean protein like chicken, turkey, fish, tofu or beans?

- 6 or more 3-5 2 or less

4) How many times a week do you eat high fat foods like fried food, pastries or chips?

- 1 or less 2-3 4 or more

5) How many times a week do you eat fast food meals or snacks?

- 1 or less 2-3 4 or more

6) How much margarine, butter or meat fat (lard) do you use in your cooking or put on bread, potatoes or other vegetables?

- very little some a lot

7) How many sugary drinks (like regular soft drinks, sweet tea or fruit flavored drinks) do you drink each day?

- none 1-2 3 or more

8) How many times a week do you eat desserts or other sweets?

- 3 or less 4-6 7 or more

9) How often do you eat when you are not hungry, for example out of habit or for emotional reasons?

- Rarely Sometimes Often All the time

How Happy or Satisfied Are You?

Please select the one choice that best describes you:

- I'm happy and satisfied with my life at this time.
- I'm ready to make some changes to be happier and would like help.
- I'm not sure if I'm ready to work on being happier, but I'm ready to talk about it.
- I'm not interested in working on my happiness or satisfaction at this time.

In the last week, how often did poor physical or emotional health keep you from doing your usual activities?

- Not at all Some days Most days Everyday

How often does stress or depression affect your ability to pursue healthy lifestyle changes?

- Rarely Sometimes Often All the time

How many days per week do you participate in some form of a spiritual or cultural activity that gives you emotional strength?

- Daily 3-6 days 1-2 days None

AIM-HI FITNESS PRESCRIPTION

Patient name: _____

Date: ___/___/___

	Physical Activity	Healthy Eating	Emotional Well-Being
Opportunity (What do I want to do?)			
Goal (My target)			
Dose (How much, how often?)			
Benefits (What's in it for me?)			

Personal Goal(s): _____

- Use the Food & Activity Journal and bring it back to the next visit.

For more information visit www.familydoctor.org.

Next follow-up visit scheduled for: _____

Physician signature: _____

Patient signature: _____



AAFP Catalog Order #1997

Spanish Version AAFP Catalog Order #1998

AIM-HI FITNESS PRESCRIPTION SAMPLE

Patient name: John Smith

Date: 6/2/10

	Physical Activity	Healthy Eating	Emotional Well-Being
Opportunity (What do I want to do?)	Go for a walk or ride a bike. Use the stairs when possible. Wear a step counter to track steps. Play a game.	Ask yourself, "Am I hungry?" before eating. Try 2 cups instead of 4 cups of coffee each day. Try 1 or 2 more fruits & vegetables, and dairy each day.	Read a book or go to a library. Try yoga or deep breathing. Go fishing. Listen to music.
Goal (My target)	Be more active every day.	Be aware of what you eat. Make mindful choices.	Relieve stress and relax.
Dose (How much, how often?)	At least 30 mins. a day or try 15 mins., twice a day.	Eat only when hungry. Stop eating before feeling full.	Try to do something every day.
Benefits (What's in it for me?)	More energy, quality time with the kids, better health, less money spent on prescriptions.	Be in charge of eating habits and choices.	Reduce stress and take your mind off things.

Personal Goal(s): _____

- Use the Food & Activity Journal and bring it back to the next visit.

For more information visit www.familydoctor.org.

Next follow-up visit scheduled for: _____

Physician signature: _____

Patient signature: _____



Date: _____

DAY _____

TIME	Food and Drink (type and amount)	Physical Symptoms, Thoughts, Feelings	Am I hungry?
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WHAT DID I DO TO BE ACTIVE TODAY? (Include time)

WHAT DID I DO FOR MYSELF TODAY? ("Me time")

FOOD FOR THOUGHT (Notes, goals, insights, challenges, reminders, questions)



Pharmacotherapy

Although lifestyle modifications with diet and physical activity form the foundation of weight management, appropriate use of anti-obesity medications can contribute to treatment success. AIM-HI supports the initiation of pharmacotherapy with lifestyle modification in adults for the following situations:

1. BMI > 30
2. BMI 27–29 with one or more obesity-related disorders

Data from clinical trials suggest that anti-obesity medications produce an overall net weight loss of 2 to 10 kg with most of the weight shed during the first six months of use.

The Guidelines for Adult Obesity contain a table of medications that can be used for weight loss. Most anti-obesity medications are approved by the US Food and Drug Administration (FDA) for short-term use. Until more safety data are available, providers should refrain from prescribing medications for weight loss for durations longer than those approved by the FDA.

The most commonly used medications approved by the FDA for the induction and maintenance of weight loss are sibutramine (Meridia), orlistat (Xenical), phentermine (Ionamin), diethylpropion (Tenuate) and phendimetrazine (Bontril, Anorex, Plegine). These agents target appetite suppression or inhibition of intestinal absorption to produce weight loss. Other agents used off-label for weight loss include metformin (Glucophage), topiramate (Topamax), bupropion (Wellbutrin) and fluoxetine (Prozac). An over-the-counter version of orlistat, Alli, is a half-strength version of the prescription drug.

Increasing the Likelihood of Success

It is probably safe to assume that most patients know that regular physical activity and healthy eating are important components of overall health and fitness. However, this knowledge isn't always enough to initiate and maintain a healthier lifestyle.

Use or encourage the following to increase the likelihood of success.



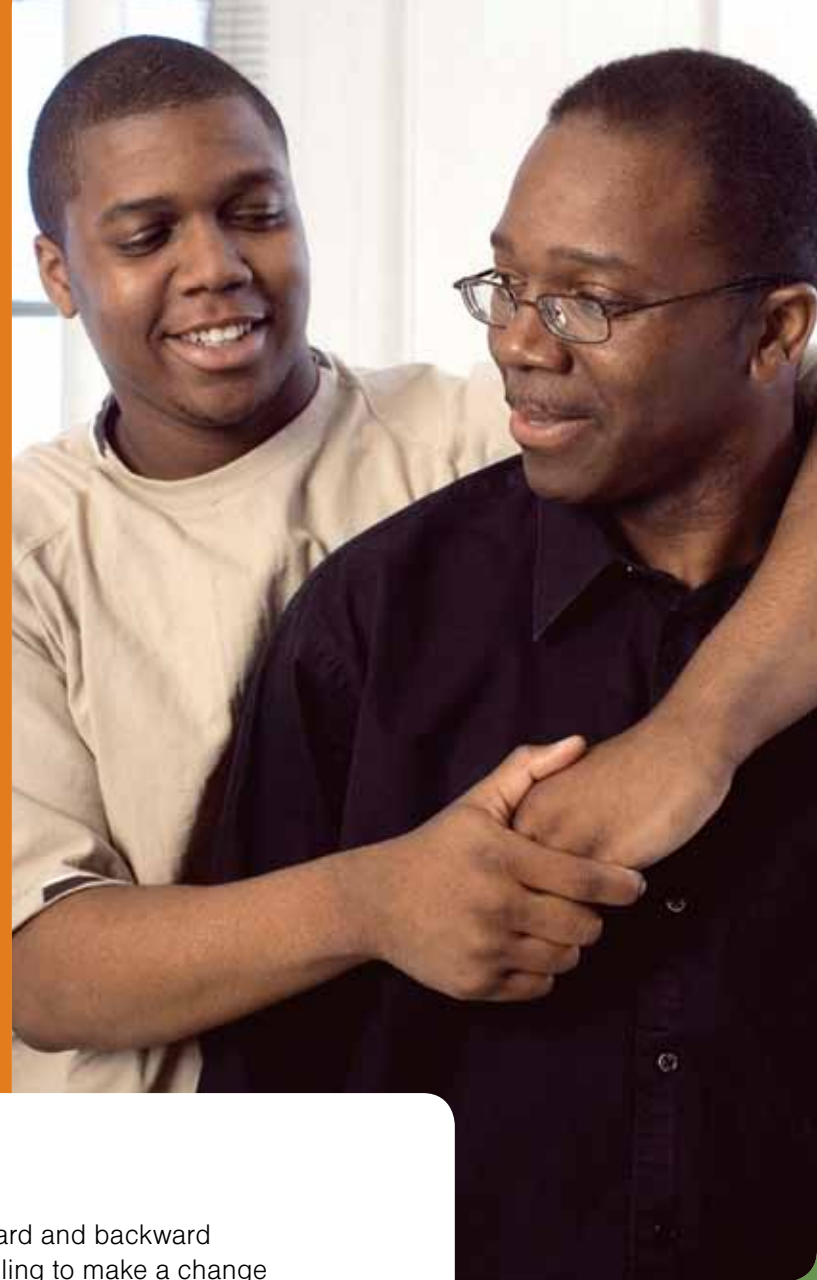
Social Support	Support from family and friends enhances adherence to programs.
Self-efficacy	Urge patients to choose activities that interest them and start at a level they are confident they can do.
Health Contracts	The Fitness Prescription is a written agreement negotiated with the patient to accomplish a health goal. Use the Fitness Prescription to facilitate discussion and help patients set realistic goals.
Regular Performance Feedback	Provide regular, sincere feedback. Don't underestimate the power of your words as a powerful reward and motivator. Make sure your comments focus on the behavior (e.g. "Wow, you have been exercising consistently for four weeks!") rather than on the outcome. Make sure your feedback is related to the patient's specific goals. Regular feedback fosters adherence and can help patients stay focused on reasonable expectations.
Positive Reinforcement	Encourage patients to identify tangible rewards for reaching short- and long-term goals.



AIM-HI Works!

My entire practice team is fully engaged in AIM-HI. We're a healthier office and our enthusiasm, along with the AIM-HI tools we've integrated into our care systems, is helping our patients make changes to improve their health.

Tom Marshall, MD
Alcona Health Center
Lincoln, MI



Following Up With Patients

Most people change behavior gradually. Patients cycle forward and backward through stages ranging from uninterested, unaware, or unwilling to make a change (precontemplation), to considering a change (contemplation), to deciding and preparing to make a change (preparation), to modifying behavior (action), to avoiding a relapse (maintenance). Relapses of some sort are almost inevitable. An adequate, individualized plan for support and follow-up will help your patient with his or her change efforts, preferably leading to the “maintenance” phase of a healthier lifestyle.

You and your patient should establish a plan for adequate follow-up. This plan should be tailored to the patient’s needs and health concerns. Part of the shared decision-making process includes a plan to evaluate progress or renegotiate goals. When formulating this plan, consider the appropriate intervals and the contact method that will work for both clinician and patient.

- **When?** Schedule the first follow-up visit within three weeks of issuing the Fitness Prescription.
- **Who?** Frequency of contact for treatment is a major determinant of success, but the contact need not be limited to direct, in-person visits with the physician. Maintain frequent contact with patients through dietitians, nurses and health educators.
- **How?** In addition to follow-up visits, you can arrange to have patients call a staff member to discuss how they’re doing, or have a staff member call patients. E-mail contact is also an option.

Addressing Relapse

Relapse is part of the process of lifelong change. When you are working with patients who have relapsed, try not to view it as a failure. Patients may think this way, so you might want to explain that some relapse is to be expected. Similarly, try to avoid thinking of patients who relapse as noncompliant, nonadherent or unmotivated. These labels do not account for the complex nature of the behavior-change process.

When counseling a patient who has relapsed, begin by normalizing the situation and focusing on the positive. Explain to the patient that even though a relapse has occurred, the patient has learned something new about him- or herself and about the process of changing behavior.

- **Ask what got in the way.** Have the patient identify obstacles. Note that this isn’t a why question. If you assume that relapse is normal and expected, the why is already answered. Help the patient focus on the details of the obstacles, which will later facilitate problem-solving. Some situations aren’t changeable, so the patient will have to discover strategies to overcome these challenges.
- **Ask how the patient will deal with the same situation in the future.** This conversation will help the patient shift the focus from failure to problem-solving. Here is another opportunity for a patient-centered conversation. Patients will be more vested in solutions if they come up with them. As part of this discussion, you can have patients identify what worked previously.
- **Acknowledge the difficulty of the behavior change and provide encouragement.** Support patients and help them re-engage in the change process.
- **Have patients make a new plan or modify the current one using the Fitness Prescription.** Shorten the interval between repeat visits. Consider using phone calls for patients having difficulty reaching their goals. Ask patients if they need a new plan, need to modify their goals or need a shorter time frame to gauge their success.

Patients should finish this discussion with a sense that they have realistic, actionable and sustainable goals and that they can get back on track.

Cultural Considerations

You may see patients from a variety of cultural backgrounds. As you help these patients set fitness goals, be aware of traditions that might pose challenges. Having patient-centered conversations will help ensure that goals and action plans are culturally appropriate.

Health Literacy

Ninety million people in the United States have difficulty understanding and using health information. People with low health literacy have a reduced capacity to obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

Low health literacy may mean that patients do not understand drug labeling or medical instructions, with the result that they appear non-compliant. Patients may not understand health publications, may not give an adequate history, may be unable to provide truly informed consent, and may have difficulty responding to medical and insurance forms.

You may want to assume that many of your patients have limitations in their health literacy. Consider the following recommendations:

1. Create a safe environment where patients feel comfortable talking with you.
2. Use plain language instead of medical jargon or technical language.
3. Sit down to achieve eye level communication.
4. Use visual models to illustrate a procedure or condition.
5. Ask patients to “teach back” care instructions. Have patients explain back to you the instructions you gave them or demonstrate procedures you explained.

These techniques should help you reduce miscommunication caused by low health literacy.



Foundations for Fitness

This section of the AIM-HI manual provides educational background information on fitness — physical activity, healthy eating and emotional well-being.

Physical Activity

The beneficial effects of physical activity on disease prevention and treatment are well established. The general health benefits of increasing physical activity extend to patients of all ages and abilities. Guidelines from the US Surgeon General, the US National Institutes of Health and the US Centers for Disease Control and Prevention, in collaboration with the American College of Sports Medicine, recommend that adults participate in 30 minutes or more of moderate-intensity physical activity on most — and preferably all — days of the week.

For those wanting to lose weight or maintain weight loss, the duration of moderate-intensity physical activity needs to be increased to at least 60 minutes per day.

For more information about physical activity, see the patient education handouts at www.americansinmotion.org.

Healthy Eating

It can be difficult to self-regulate caloric intake in an environment where tempting foods are abundant and sedentary lifestyles are common. Goals for changes in eating behaviors should be to:

- Establish sustainable healthy eating habits using an incremental, non-diet approach
- Develop optimal health and well-being
- Prevent and treat chronic disease
- Achieve an appropriate energy balance to reach and maintain a healthier weight

For those who are overweight, even a 5% to 10% weight loss can produce significant health benefits.

Signs of progress include:

- Increased energy levels and stamina
- Enhanced function in daily living
- Improvement in the way clothes fit
- Improved health measures, such as cholesterol levels, blood sugar and blood pressure
- Improved sense of well-being

Straight weight-reduction diets don't work for most people in the long run. AIM-HI uses a non-diet approach that allows people to let go of restrictive and complicated diet rules and instead learn simple steps to lead a healthy lifestyle that can be mastered one manageable piece at a time. Small, incremental changes are far more likely to be successful than an "all or nothing" approach.

For more information about healthy eating, see the patient education handouts at www.americansinmotion.org.

Emotional Well-Being

Physical activity, nutrition and emotional well-being are interconnected. People who don't move their bodies enough or who aren't consuming nutritious meals often lack energy and feel "down." Similarly, those who are dealing with stress, anxiety or depression often don't have the motivation to improve their diet and physical activity; yet, doing so often will help them feel better.

Physical Activity and Emotional Health

Physical activity activates serotonin and norepinephrine, two neurotransmitters associated with mood. Research suggests that exercise may help synchronize these neurotransmitters, improving mood. Additionally, physical activity stimulates the production of endorphins, which produce feelings of well-being, provide for natural pain relief and aid relaxation.



AIM-HI Works!

How exciting it is to be working with the patients and seeing them get so motivated when they meet a goal. You share in their achievements and in return you get ideas to relay to your other patients. Networking is great and building that support really makes a difference in helping patients succeed. With AIM-HI, the patients really have a sense that their doctor/office staff really care about them.

Pam Mathis, RN
Clinical Manager
Blue Ridge Family Physicians
Raleigh, NC

Wanda Dolby
Clinical Research Assistant
Blue Ridge Family Research
Raleigh, NC

Nutrition and Emotional Health

People eat for emotional reasons, including celebrating, expressing love or finding comfort. Across cultures, social events often revolve around eating. Emotional connections to food are normal.

Emotional eating becomes a problem when it is the primary way a person copes with emotions. Emotional triggers for eating include boredom, stress, sadness, anger, loneliness and even happiness. Eating can be a way to comfort, avoid, numb or distract oneself from emotions. Weight problems often result and can be difficult to resolve. People who are overweight often eat in response to environmental and emotional cues, rather than in response to cues of hunger and satiety.

Sleep and Emotional Health

Quantity and quality of sleep can affect emotional well-being. Most adults need seven to eight hours of sleep each night. People tend to sleep more lightly and for shorter periods as they age. About half of all people over 65 years of age have frequent sleeping problems, such as insomnia.

Inadequate sleep creates a "sleep debt" that eventually must be repaid. Signs of sleep deprivation include daytime drowsiness (including drowsiness during boring activities), or falling asleep within five minutes of lying down.

AIM-HI Works!

Not everyone has money to join a gym, but there are things you can do around your home or out in the yard to keep active. You don't have to stop eating the foods you like, but learn to eat in moderation. You can make healthy choices even at restaurants by ordering a la carte. Making small changes like these can improve your health.

Stephanie Hardy
Office Manager
Baton Rouge Family Medicine
Baton Rouge, LA



Too little sleep results in an inability to concentrate. It can also impair memory, physical performance, judgment and reaction time. People who chronically suffer from a lack of sleep — either because they do not spend enough time in bed or because they have an untreated sleep disorder — are at greater risk of developing depression.

During deep sleep, activity is drastically reduced in parts of the brain that control emotions, decision-making processes and social interactions. This suggests that adequate deep sleep may help maintain optimal emotional and social functioning.

Those who experience sleep deprivation have decreased levels of leptin and increased levels of ghrelin in their blood. Leptin signals to the brain that the body has enough to eat. Ghrelin stimulates hunger and food intake. It is hypothesized that decreased leptin levels and increased ghrelin levels stimulate overeating.

Tips for a Good Night's Sleep:

- Set a schedule. Turn in and get up at the same time each morning, even on weekends.
- Be physically active. Daily physical activity aids with sleep. Try to exercise at least three hours before going to bed.
- Avoid caffeine, nicotine and alcohol.
- Relax before bed. Relaxing routines such as taking a warm bath or reading can make it easier to fall asleep.
- Sleep until sunlight. If possible, wake up with the sun, or use very bright lights in the morning. Sunlight helps the body's internal biological clock reset itself each day.
- Don't lie in bed awake. If you can't fall asleep within 30 minutes, get out of bed and do something else until you feel tired.
- Maintain a comfortable temperature in the bedroom.

Improving Emotional Health

Those who are emotionally healthy have learned healthy ways to cope with the stress and problems that are a normal part of life. They feel good about themselves and have healthy relationships.

Managing emotional health involves sorting out the causes of sadness, stress and anxiety:

- Express feelings in appropriate ways. If feelings of stress, sadness or anxiety are causing physical problems, talk to someone close to you or ask a clinician, counselor or religious advisor for advice and support.
- Live a balanced life. Don't obsess about problems at work, school or home. Learn positive ways to deal with negative feelings.
- Calm your mind and body. Relaxation methods such as meditation can help bring emotions into balance. Meditation can take many forms, including exercising, stretching or deep breathing.
- Take care of yourself. Develop a regular routine for eating healthy meals, getting enough sleep and exercising.

Coping with Stress

Feelings of stress are caused by the body's self-defense instinct. This instinct is good in emergencies, but if it goes on for too long, stress can cause physical symptoms and anxiety, fear and tension.

Early warning signs of stress include tension in the shoulders and neck or clenching hands into fists.

Tips for dealing with stress:

- Talk with a trusted friend, family member or counselor.
- Set realistic goals at home and at work.
- Exercise regularly.
- Eat well-balanced meals.
- Get enough sleep.
- Don't worry about things you can't control.
- Participate in something you don't find stressful, such as sports, social events, or hobbies.
- Prepare to the best of your ability for events you know may be stressful, such as a job interview.
- Try to look at change as a positive challenge, not as a threat.
- Work to resolve conflicts with other people.



AIM-HI Works!

I just recently was able to lose about 25 pounds using these AIM-HI and Am I Hungry? strategies we're talking about in our practice now. I am a little thinner, but I'm also just happier eating this way. I feel like I have more control without feeling like I'm missing something. I can enjoy what's in front of me, but not feel like I have to eat ALL of it all the time. And the best part is when I feel hungry, I can eat.

John Epling, MD
Upstate Medical Center Family Medicine
Syracuse, NY



AIM-HI Resources

Access these patient handouts in the Patient Education section on the Americans In Motion website — www.americansinmotion.org:

Physical Activity

- Every Little Bit Counts
- One Step at a Time
- Getting Started
- Overcoming Physical Activity/Exercise Obstacles

Healthy Eating

- All Foods Fit
- Healthier Eating: Getting Where You Need to Be
- Fat Facts
- Think Your Drink!
- Am I Hungry?
- End Mindless Eating
- Search Your Shelf
- How to Measure Your Meal

Emotional Well-Being

- Life Balance — Investing in You!
- Manage Your Stress

AIM-HI Works!

AIM-HI has revolutionized the way I practice. I now consider changes in fitness-related behaviors to be a first-line treatment for the majority of chronic disease conditions.

Chester Fox, MD
Jefferson Family Medicine
Buffalo, NY





www.americansinmotion.org