

Working with Patients

This section of the AIM-HI manual covers how you can use the AIM-HI tools and philosophy to help patients improve their fitness. First, we start by discussing how to work with patients in a patient-centered way, different characteristics of the Stages of Change, how to take advantage of teachable moments, and how to be sensitive to cultural considerations and issues of health literacy. Next we move into step-by-step instructions for using the AIM-HI tools — the Health Inventory, the Fitness Prescription, and the Food & Activity Journal. Finally we describe how to set (and keep) follow up appointments with patients, how to encourage progress and maintenance of behavior changes, and how to prescribe pharmacotherapy, when indicated.

The Patient-Centered Conversation

A major component to any conversation is assessing patients' attitudes and readiness to change. "Patient-centeredness" is a communication style in which clinicians actively seek patients' views of their illness and/or health and encourage patients to express expectations, thoughts, feelings, and other aspects of their individual experience during the patient-clinician encounter. There's emerging evidence that "patient-centered" care is associated with greater patient satisfaction and better medical outcomes than more traditional approaches that have been described as more disease or doctor-centered.

The AIM-HI Fitness Inventory promotes patient-centered conversations between patients and clinicians by helping clinicians to assess and consider patients' attitudes and readiness to discuss changes in lifestyle choices, rather than simply telling patients what to do. As clinicians capture "teachable moments" with patients to discuss fitness, they should actively engage patients in the conversation to uncover their readiness to change, identify areas where they would like to focus, how they would like to proceed, and what their personal goals may be.

Behavioral counseling techniques such as the Five A's or motivational interviewing also promote "patient-centered" communication. Both approaches were developed and have been found effective to help address behavior change.

The Five A's approach (Ask, Advise, Assess, Assist, Arrange) involves a process of steps to structure interventions in a concise and effective manner to address many health behaviors.

- Visit <http://www.ahrq.gov/clinic/3rduspstf/behavior/behavintr.pdf> for more information about the Five A's behavioral counseling construct.
- Visit www.motivationalinterviewing.org for information about Motivational Interviewing.

Motivational interviewing is another effective counseling technique for behavior change. It is "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence." Motivational interviewing is based on:

- using nondirective counseling skills through reflective listening,
- centering the conversation on the patient, and
- using reflective listening statements, directive questions and strategies to bring out the patient's internal motivation or desire to change.

While time may be too limited in the average patient encounter to thoroughly apply such principles, it is possible to apply the basics of these effective behavioral counseling techniques to all your conversations with patients. It is also critical to communicate your ongoing support and motivate your patients toward sustained behavior change. Tailor your approach to enable patients to open up and discuss their health.

The Stages of Change Theory divides people into categories based on their thoughts and actions about change. People move 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"). The following table shows how you can use a patient's readiness for change to have a patient-centered discussion about fitness.

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Patient Characteristics	Stage of Change	Discussion Topics	Example Questions	Potential Handouts
Not currently interested or considering change; "ignorance is bliss"	Pre-contemplation	Come at the problem/issue with a "benefits based" approach. 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 are interested in making changes in the future? 	Appendix A
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 determine an achievable goal (e.g., to eat more fruits and vegetables, to make time for exercise, OR to 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? 	Appendix B, D, E H and P
Ready to commit to changes; "testing the waters"	Preparation	Let patients decide what their goal is. 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? 	Appendix B, C, E, F, G, L, M, N and O
Already doing something to improve their health; "Charge!"	Action	Offer support, referrals and tools. Anticipate challenges and set-backs and discuss ways to handle them.	<ul style="list-style-type: none"> • You seem healthier today since our last visit. Have you been doing anything different? • You look really fit today. Tell me what you have been doing since I saw you last time. • You seem to be in a good mood today; tell me what you've been up to. 	Appendix B, C, G, J, K, N and Q

Adapted from C.O.R.E., Centers for Obesity Research and Education.

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 then 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 needed.

As you enable patients to take charge of their own health and make healthy decisions, you may offer some additional resources to let them further explore what healthy changes they can make after leaving the visit. See the handouts in the appendices for specific patient materials.

The Teachable Moment

The AIM-HI approach focuses heavily on recognizing, creating, and capitalizing on the “teachable moment.” The “teachable moment” is that point in the patient visit where you are able to reshape the conversation from advice-giving to shared decision-making. This opportunity often presents itself when patients are presented with information that requires them to attend to or process new information. We encourage you to capitalize on “teachable moments” in every possible patient encounter to discuss healthy lifestyle choices. Some key opportunities you could use include new patient visits, annual physicals, women’s wellness exams, well-child exams, group visits, and problem-oriented office visits for the many diseases influenced by lifestyle choices. Once you decide to engage your patient in this conversation, it is important to open and discuss the topic effectively.

A teachable moment also presents itself when clinicians provide patients with a set of issues concerning their overall health. This moment allows clinicians the opportunity to re-evaluate assumptions, create an opportunity to deepen learning, and empower the patient to act.

Rarely does a patient present with the stated need to “help me improve my nutrition.” Rather a patient presents with a specific acute or chronic condition. The current treatment approach includes addressing the acute or chronic problem; however, visits such as these are also opportunities to address other areas. You may note a change in vital signs or hear patients casually mention issues that provide a segue into a conversation about fitness. Remember, too, that the majority of chronic diseases can be improved through increased activity and improved nutritional status.

Helping patients understand the opportunities for improved fitness and how it is interrelated with their chronic problems is very important but challenging. Use an open-ended, non-threatening question/answer patient-centered conversation to discuss these concepts in a way that does not make the patient resistant.

As you notice “teachable moments” to discuss fitness with patients, actively engage them in a conversation to uncover their readiness to change, what areas they would like to focus on, how they would like to start and what their personal goals are.

We believe that by modifying routine patient care to incorporate six simple steps with each and every patient, practices can:

- 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, yet measurable, goal setting,
- improve continuity of care
- develop a plan together that ultimately places the patient in the position of power, not the clinician.

AIM-HI encourages the use of these six steps (and tools) with patients.

1. Have patients complete the **AIM-HI Fitness Inventory** and review their interests and readiness to make changes (Appendix A)
2. Using the AIM-HI Fitness Inventory, establish a patient-centered dialogue and ask questions
3. Agree on goals and write a **Fitness Prescription** (Appendix B)
4. Commit to each other by signing the Prescription
5. Provide a **Food & Activity Journal** (Appendix C)
6. Set up a plan for follow up and referral if needed

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The AIM-HI Fitness Inventory (Appendix A)

The AIM-HI Fitness Inventory is intended to capture the patients' interest, willingness, and confidence about their personal fitness. It also provides a snapshot of their readiness to change and desire for help. Using the AIM-HI Fitness Inventory, you'll find that some patients may already be in a process of change and sustained behavior change (requiring your support, encouragement and credible guidance) while others will be in the pre-contemplative stage.

The AIM-HI Fitness Inventory has two parts and purposes. First, it assesses the patient's interest and readiness by asking if the patient is currently engaging in specific fitness activities and if not, asks whether or not he or she would be willing to start. It also gives the option to decline support. This is an important element of the AIM-HI Fitness Inventory. If patients are not ready or willing to address their fitness concerns (pre-contemplation), your facilitation of the conversation will be different than for that of a patient in contemplation or maintenance.

Second, the AIM-HI Fitness Inventory asks brief questions pertaining to current activity in each fitness domain. This element is also important because to establish a productive dialogue, you can ask patients about their progress and build upon what they are currently doing.

The AIM-HI Fitness Inventory provides the clinician and staff with a springboard for discussion, education, and counseling to discuss fitness and a healthy lifestyle in a proactive and positive way. It will aid in the development of a shared plan.

We suggest the **front office staff administer the AIM-HI Fitness Inventory at check-in**. Once completed, it should be handed to the intake nurse or medical assistant. It is then reviewed, used to guide initial discussions, and made available for clinicians. Prior to entering the exam room, the clinician will review the AIM-HI Fitness Inventory. During the patient encounter, the clinician will highlight items of particular relevance and ask questions, in addition to addressing the reason for the visit. Patients' responses on the AIM-HI Fitness Inventory will be related to their interest, willingness, confidence and readiness towards fitness and ultimately will lead the

patient and the clinician to establish specific, realistic and actionable goals and more importantly a shared plan.

The AIM-HI Fitness Inventory should be integrated into the office routine and reassessed annually for all patients. This activity should be considered just as important as gathering insurance information each year. The AIM-HI Fitness Inventory should also be provided to all new patients upon entering your practice.

Using the AIM-HI Fitness Inventory Results

You can use the AIM-HI Fitness Inventory to work with the patient to **establish goals that are realistic, specific and actionable**. For example, a patient indicates on the AIM-HI Fitness Inventory that she has an active lifestyle, does not participate in a formal walking or exercise program, and is not interested in making a change. However, she is interested in improving her diet and indicates that she is not eating five fruits or vegetables a day and has a diet high in saturated fat. She has no concerns about her emotional well-being at this time.

Using the **Fitness Prescription**, the clinician would work with her to set concrete goals for change. For example, she might first choose to set a goal to increase her fruits and vegetables by taking fruit to work for a snack and having a salad with dinner. At the next follow up visit she says she succeeded in improving her fruit and vegetable consumption, so with your encouragement, she might next decide to decrease her saturated fat intake by buying leaner cuts of meat and substituting beans or fish several times a week.

As patients experience **small successes, their self-efficacy improves** and they become **motivated** to make additional lifestyle changes. Setbacks can be framed as "learning experiences or opportunities."

Fitness Prescription (Appendix B)

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 for primary prevention and weight management or weight maintenance. The AIM-HI Fitness Prescription is a tool that helps you and the patient create a plan for the future. Although there are more physically oriented “exercise prescriptions” the AIM-HI Fitness Prescription is a broader approach using a 4x3 approach. The three domains of fitness (physical activity, healthy eating, and emotional well-being) are interrelated with the four areas of personal interest and commitment.

- **Opportunity** — “What do I want to do or what am I willing to do?” (walk after dinner, use stairs, ride a stationary bike, park further away, get off the bus a block early and walk)
- **Goal** — “My Target, My Reason” (to keep up with my kids, feel better about myself, lose weight, reduce the cost of my medications)
- **Dose** — “How much, how often?” (I think I can only do three times a week to start, I will start with 15 minutes each day except for weekends)
- **Benefit** — “What’s in it for me?” (better fitting clothes, less money out for medications, breathe easier, feel stronger, fit in my old jeans, kids will be proud, enjoy playing again, feeling less stressed)

The AIM-HI fitness prescription is a broad approach that considers all three fitness domains as interconnected. This approach will minimize the burden on the clinician and provide a useful, simple, easy to understand framework for the patient. All four areas can be addressed in follow up visits and adjusted as needed.

The fitness prescription was developed to be a comprehensive, coordinated tool to suggest an interconnectedness; however, for some it may be overwhelming. For those patients and staff, setting one goal, such as physical activity, first, may be best. If the patient does well with this, another fitness domain, such as healthy eating, may be added during consecutive visits.

The most important/effective prescription you can write for patients is a personalized prescription based on their specific interests and needs, encouraging them to be physically active, eat healthier and take care of their emotional well-being.

Using the AIM-HI Fitness Prescription

Using the patient’s completed AIM-HI Fitness Inventory as your guide, ask open-ended questions and discuss potential goals. Refer back to the AIM-HI Fitness Inventory to identify the changes the patient is open to making. Work together with the patient to identify small changes that are both realistic and sustainable for the patient. **Keep in mind that this prescription may be just the first step toward supporting ongoing behavior changes.**

It is totally appropriate to agree to just one goal in one fitness domain or goals in all three fitness domains. **The outcome to this dialogue** will be to create a personalized fitness prescription with the **patient deciding on choices and committing to what he or she feels is realistic.**

One technique to ensure patients are invested in the goal setting process is to ask or allow them to, in their own hand-writing, using their words, fill in the goals for each of the three domains.

It is important to determine what the patient would like to explore and then focus on those benefits. This can be done simply by asking questions such as:

- What types of things do you enjoy doing?
- What makes you feel good about yourself?
- What kinds of things could you see yourself doing between now and our next visit to improve your overall health?

The personalized prescription also indicates that follow up conversations will be needed to share successes and challenges at the next visit. Once the personalized fitness prescription is provided to the patient, make sure to reference what was discussed and the outcome in the patient’s record. Make a note to follow up at the next visit you have with the patient to assess his/her progress, successes, challenges and insight.

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Signing the prescription signifies a contract between you and your patient. This has been proven to be an effective strategy for behavior change. Encourage patients to keep this prescription posted on their refrigerator or in a prominent place in the home and bring it with them for each visit.

How to Use the Fitness Prescription

1. Review the AIM-HI Fitness Inventory with the patient.
2. Using the AIM-HI Fitness Inventory as a guide, ask open ended questions such as “What are you interested in focusing on at this time?” to assess the patient’s readiness to change.
3. Based on the responses, work with the patient to identify one or two small changes that he or she is willing to make and that are realistic, actionable and sustainable.
4. Create the personalized fitness prescription with the patient, setting specific and measurable goals.
5. Allow the patient to write the goal in his or her own words to internalize it and ensure that the goal is properly communicated or represented.
6. Sign and have the patient sign the fitness prescription as a statement of your mutual commitment to work together.
7. Record what was discussed and what was written on the Fitness Prescription including the plan for follow up in the patient’s record.

Writing the AIM-HI Fitness Prescription

Just like any other prescription, individuals should know what is being prescribed, why, how to take it and any side effects or warnings. With this in mind, consider the following:

Opening Opportunity: Using the AIM-HI Fitness Inventory, note which opportunities in any or all of the fitness domains the patient is open to exploring.

Example One: A patient suggests she likes the nice weather and would like to be outdoors more.

Discuss activities she may be interested in doing outdoors to be more active, such as going for a walk or riding a bike. Encourage the use of a pedometer (step counter) to help motivate and create awareness of daily activity.

Goal: Once you have noted which opportunities will be considered, allow her to make note of specific goals for any or all areas of fitness.

Ask her to consider how often she feels she can be successful at this goal — if once, twice or more each week. Help her set a realistic goal.

Benefits: Ask her to verbalize what she will get out of this opportunity and encourage her to think about the benefit each time she is engaging in activity.



Food & Activity Journal (Appendix C)

Encouraging the patient to keep a Food and Activity Journal will help him or her become more aware of current behavior, patterns and the choices made each day related to eating and physical activity. Awareness is an important part of making lasting changes for healthy living. The **Food and Activity Journal** is a practical tool that patients can use to record their observations about their choices, including when, what and how much they eat, the situations (feelings) that may have affected their decisions and the types of activity and movement in their day.

Using the Food & Activity Journal

Ask the patient to complete this journal and bring it back to the next appointment. Emphasize that the purpose is awareness not judgment.

This is an opportunity to make a referral to a registered dietitian or exercise professional, if appropriate. Suggest the journal be taken to the dietitian for discussion with the dietitian.

Reinforce that using a journal is one of few very successful tools for changing behavior and successful weight loss. If the patient is receptive, encourage the “Search the Shelf” activity. (Appendix N) This is also a fun activity for kids. Another interesting activity that shows how adjusting serving bowls for one month can decrease overall calories consumed can be found in Appendix M.

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). You can expect that relapses of some sort are almost inevitable. An adequate, individualized plan for **support and follow up** will help the patient with his or her change efforts, preferably leading to the “maintenance” phase of a healthier lifestyle.

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

How and When?

The more frequently you have contact with the patient, the better the outcome. Schedule the first follow up visit within three weeks of issuing the fitness prescription.

Contact Methods

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 provider. Use whatever means exist to maintain frequent contact with patients, including contact with clinicians, dietitians, nurses, and health educators.

Telephone follow up. You can arrange to have patients call their clinician or a staff member to discuss how they are doing. If you have a staff member who can dedicate some time to this effort, have that person call patients. Determine what is best for your practice.

E-mail follow up. Using techniques similar telephone follow up, you can contact patients by e-mail.

Addressing Relapse

Relapse is part of the process of working toward life-long 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**. For patients, experiencing relapse as failure, especially when it happens repeatedly, may cause them to give up. Similarly, try to **avoid thinking of patients who relapse as “noncompliant,” “nonadherent,” or “unmotivated.”** These labels focus on the patient’s character and 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. The goal here is to have the patient identify obstacles. Note that the question isn’t a *why* question — again, if you assume that relapse is normal and expected, the why is already answered. For example, patients who travel frequently may find that they have trouble maintaining their physical activity goals while on business trips. Help the patient focus in on the details of the obstacles, which will later facilitate problem-solving. Some situations (such as business travel) aren’t

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necessarily changeable, so the patient will have to discover strategies that help overcome (rather than simply avoid) these challenges.

Ask HOW the patient would 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 very patient-centered conversation: patients will be more vested in solutions if they come up with them than if you prescribe them. As part of this discussion, you can have patients identify what worked previously.

Acknowledge the difficulty of the behavior change and provide encouragement. The goal of this exchange is to support patients and help them re-engage in the change process.

Have patients make a new plan or simply modify the current one using the Fitness Prescription, and shorten the interval between repeat visits required for success. 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 timeframe to gage 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.

Being 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. Some specific strategies recommended by North American Association for the Study of Obesity www.naaso.org are outlined below:

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 changes rather than just the number on the scale.

6. Negotiate concrete changes (e.g., start to add movement by walking for 30 minutes, 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.
9. Create a supportive health care environment with large, armless chairs in waiting rooms, appropriately-sized medical equipment and patient gowns, and friendly patient reading material.

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

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 healthful 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 improve not only your interactions with patients, but will make your office a more patient-centered practice.

Cultural Considerations for Addressing Fitness

We know that you work with people from cultures other than your own, and you may have a lot of experience counseling patients from varied cultural backgrounds about fitness. Even so, it is helpful every now and then to think about how to improve communication between health care professionals and patients. Be aware that **every clinical encounter is cross-cultural**. This awareness is essential and will greatly help you with your interactions with patients from a variety of cultural backgrounds.

In the tables that follow (pages 20 – 22), we present some cultural generalizations as starting points, where one begins with an assumption about a group but then seeks further information about whether the assumption fits that individual. **Clinical care should remain individualized.**

African American communities	
<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • General perception that “eating healthy” can be seen as giving up part of their cultural heritage and trying to conform to the dominant culture; fear ridicule for “acting white.” • Usually, family and friends are not supportive of dietary changes. • There may be no sense of urgency. • Barriers include the poor taste (or perceived poor taste) and expense of “healthy” foods. • These communities may lack information about or access to healthier choices. • Those living in low income neighborhoods, may have fewer well-equipped playgrounds, parks and recreational facilities, pedestrian and bike-friendly streets, and other safe and affordable places to exercise, play and be active. • Physical activity for women is perceived to result in undesirable outcomes, including appearing too masculine. • For people without a private vehicle, public transportation may be the only option, and can be an impractical, time consuming and costly means of accessing a supermarket that is not within walking distance. • The belief that obesity is to be anticipated and accepted as part of ones’ heritage may influence patients’ beliefs in the efficacy of exercise and the autonomy of their personal struggle with weight control. • Body weight and physical activity are generally viewed as independent. • People may perceive that one could be both fit and heavy. As a result, women may believe the physical and mental health benefits of physical activity should be emphasized over weight-related outcomes in physical activity interventions. • View time as relative to the situation, which allows for a feeling of punctuality even when 15-20 minutes late. 	<p><i>Helpful Hints:</i></p> <p>The following cultural generalizations may assist clinicians in interacting with patients from these cultures. Remember that diversity exists within groups as well as between them and it is important not to over generalize; clinical care should remain individualized.</p> <ul style="list-style-type: none"> • Apply the term “healthy” to the community environment as a whole, not simply to individuals. • Help patients focus on the future — what they can “become.” • Acknowledge the importance of social and cultural symbolism of certain foods. • Address patients by their formal names, not by their first names, especially for elderly patients. • Make direct eye contact. • Explain reason for obtaining information, since there may be reluctance to engage in personal disclosure. • Be aware of historic and basic distrust of health professionals by some African Americans, and how it might impact your discussions regarding fitness.

Asian American communities	
<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • Some Asian cultural traditions emphasize self-humility in social interactions, which may lead to feeling uncomfortable about giving and receiving compliments. • For many Asian American groups, physical contact such as a handshake or a hug between a woman and a man may be interpreted as a sexual advance or overture. • Fear of shame and stigma reinforce denial rather than open admission of problems. • High noncompliance with western prescription medications among the Asian American populations is of concern. 	<p><i>Helpful Hints:</i></p> <ul style="list-style-type: none"> • Be aware that the idea of a visit to a health care professional for a checkup without getting prescriptions for medications does not live up to the expectations of many Chinese Americans. • Some Southeast Asians may respond “yes” to a question as a way of being polite and avoiding conflict, even when they do not understand the question being asked; when developing a fitness plan, ask for the patient to repeat the plan back to you in their own words. • Do not expect some Asian elders to look straight into your eyes, as some Asians may equate this with disrespect. • Try to ascertain the patient’s use of Chinese healing arts, which may include nutrition and dietary therapy, exercise, meditation, acupuncture, and herbal remedies, and incorporate aspects of Chinese healing arts into the patient’s fitness plan.

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Muslim communities	
<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • For many Muslims, disease may be seen as the will of God, a test of faith, or as a punishment for sins committed. • It is important to respect the cultural diversity of Muslims in the US. While Muslims have many similarities, they are from a variety of countries and have many different food and cultural traditions. • Muslim patients may tend to demonstrate passivity in the presence of an authority figure. 	<p><i>Helpful Hints:</i></p> <ul style="list-style-type: none"> • Be aware of the Muslim tradition of fasting during Ramadan. • In scheduling appointments, make accommodations for daily prayers by Muslims. • For Muslims, gelatin is prohibited if originating from pigs. • Respect the modesty of your female Muslim patients when weighing, discussing or demonstrating physical activities, etc. • Try to provide patients with a healthcare professional of the same sex. • Explain the need for requesting patients to disclose personal information. Muslim patients may be reluctant to share such content/information with others. • Consider sharing some bit of personal information to gain the patient's trust, such as personal difficulties in maintaining a regular exercise routine. • Ensure that the "family leader" considered the "spokesperson" is involved in the decision making process and all conversations or communication with the patient.

Native American/American Indian communities	
<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • Health care professional's approach to physical activity, healthy eating, and emotional well-being must respect traditional healing practices that aim to restore balance and harmony to the mind, body, spirit and community. • Many Native American/American Indian individuals relate through kinship. They may have long memories and significant experience with each other. This serves both to facilitate and to hamper change. • The non-Indian concepts of personal insight, individual awareness, and self-actualization are seen as agents of separation between traditional Native Americans and their world; approaching fitness in these terms may not be helpful. 	<p><i>Helpful Hints:</i></p> <ul style="list-style-type: none"> • Recognize that you are part of an entire traditional healing process that has an established history, practice, credibility, and acceptance; understanding the roles and services of each healer in the circle may prove advantageous in discussing fitness. • Be aware that the pace when working with Native American/American Indian patients may be different than your cultural norm. Waiting and patience are words often used. • For best result, the interaction between healer (you) and client should involve family, tribal, and community members who may also benefit from the exchange between the individual, the group, and the sociocultural environment. • Be aware that lactose intolerance is common among Native Americans.

Cultural suggestions adapted from The Provider's Guide to Culture and Quality, available at <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>

<p>Latino/Hispanic communities</p>	
<p><i>Challenges:</i></p> <ul style="list-style-type: none"> • Weight gain eventually affects many Latino immigrants who, for the most part, eat healthier and get more exercise before coming to the U.S. • Immigration, acculturation, and conditions in countries of origin are factors relevant to Latino obesity. • Cultural beliefs like <i>fatalismo</i>, the idea that whatever happens, happens: “I’m going to get diabetes like my parents and my grandparents.” • Maternal nutrition knowledge of recent immigrants and feeding practices may be factors in obesity. • For those living in low income neighborhoods, they may have fewer well-equipped playgrounds, parks and recreational facilities, pedestrian and bike-friendly streets, and other safe and affordable places to exercise, play and be active. • Traditional foods, such as flour tortillas and use of lard, may not be what you consider “healthy.” • Due to economic constraints, many Latinos settle in low-income neighborhoods that have limited access to affordable healthy food options available in produce markets, well-stocked discount supermarkets, and other outlets that offer healthy ready-to-eat foods. • Fast food restaurants, taco wagons, and street vendors tend to cluster in areas where people have fewer options to obtain healthy food. • For people without a private vehicle, public transportation may be the only option, and can be an impractical, time consuming and costly means of accessing a supermarket that is not within walking distance. • View time as relative to the situation, which allows for a feeling of punctuality even when 15-20 minutes late. 	<p><i>Helpful Hints:</i></p> <ul style="list-style-type: none"> • Work with extended families—such as the grandmother who heads the family and may prepare all the meals—instead of focusing on individual family members. • Always be respectful, and explain without being condescending. Out of a sense of <i>respeto</i> (respect) many Hispanic patients tend to avoid disagreeing or expressing doubts to their healthcare professional. • Combine traditional and other treatment approaches. Determine what, if any, traditional healing methods your patients are using and evaluate the potential adverse impact of combining a traditional treatment with other medications or plans. • When non-Hispanic healthcare professionals place themselves two feet or more distance away from their Hispanic patients, they may be perceived as not only physically distant but also uninterested and detached. Overcome such perceptions by sitting closer, leaning forward, giving a comforting pat on the shoulder, or other gestures that indicate an interest in the patient.
<p>Latinos/Hispanics are a diverse group. The following generalizations, based on patient’s area of origin, may help you understand more about your patients.</p> <ul style="list-style-type: none"> • Mexican Americans: <ul style="list-style-type: none"> • Are traditionally present-oriented. • View time as relative to the situation, which allows for a feeling of punctuality even when 15-20 minutes late. • Tend to feel that something is very wrong if oxygen is required. • May keep spiritual amulets, religious medallions, or rosary beads present near the patient, and would be expected to remain with the patient during treatment or activities. • People from Latin America and the Caribbean: <ul style="list-style-type: none"> • Value maintenance of eye contact, especially when discussing issues deemed of a personal nature, such as eating habits. • Value friendly physical contact, such as touching the shoulder or upper arm. • Expect friendliness and being treated with respect, which can help in setting the stage for a collaborative approach to fitness. • View socializing and spending time with family and friends as a vital part of life, so presenting physical activity as a social function may be beneficial. • Eat cakes and sweets as part of a regular diet. 	

Working with Patients

Health Literacy

As you work with patients, consider that they may have low 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.** The concept of health literacy includes many components beyond simply reading and writing, including numeracy, listening, and speaking. Many aspects of health literacy depend on cultural and conceptual language.

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Health literacy may impact patient-clinician communication. Low health literacy may mean that patients do not understand drug labeling or medical instructions, with the result that they appear non-compliant. In one study, poor literacy resulted in five times the number of mistakes in interpreting prescriptions and twice the number of visits to the doctor compared to those with adequate literacy skills. Similarly, patients with varied levels of health literacy 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.

Patients with low health literacy and chronic diseases, such as diabetes, asthma, or hypertension, have less knowledge of their disease and its treatment and fewer correct self-management skills than more literate patients. While ethnic minority groups are disproportionately affected by low health literacy, the majority of people with low literacy skills in the U.S. are white, native-born Americans. Thus, you may want to assume that many of your patients may have some 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. Rather than standing, sit down to achieve eye level with your patient.

4. Use visual models to illustrate a procedure or condition.
5. Ask patients to “teach back” care instructions you give to them.

Verbally teaching back instructions is a simple method to improve patients’ understanding of verbal health information. Simply ask patients to explain back to you the instructions you gave them, or have the patients demonstrate procedures after you have explained them. These techniques should help you reduce miscommunication related to low health literacy.

Pharmacotherapy

Although lifestyle modification 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 (Appendix R) contains a table of medications that can be used for weight loss. Note that no anti-obesity medication has been approved by the US Food and Drug Administration (FDA) for more than two years of use; however, data have been published with up to four years use. Thus, medication represents a short-term solution to a long-term problem. Until more safety data are available, providers should refrain from prescribing medications for weight loss for durations longer than those approved by the FDA. **Medication without concurrent lifestyle modification is ineffective;** medication should be used in conjunction with diet and physical activity.

The most commonly used medications approved by the US FDA for the induction and maintenance of weight loss include sibutramine (Meridia), orlistat (Xenical), and phentermine (Ionamin). 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 Xenical, Alli, is a half-strength version of the prescription drug.