NUTR ONE-ONE: IMPROVING PATIENTS’ METABOLIC PROFILE WITH ONE-ON-ONE NUTRITIONAL COACHING

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INTRODUCTION

Obesity is extensively associated with a variety of comorbidities including: diabetes, hypertension, hyperlipidemia, fatty liver disease, obstructive sleep apnea, gastroesophageal reflux disease, vertebral disc disease, osteoarthritis, and increased risk of postmenopausal breast, endometrial, colon, lung, and Hodgkin’s cancer (Ludwig, Dittmer, Thomson, & Bogg, 2011). Evidence shows that providing education concerning lifestyle changes and giving nutritional guidelines has a positive effect on the populations’ health outcomes and specifically obesity rates (Sun et al., 2015). The focus of improving dietary lifestyles should begin with low-income populations because they are the least likely to make positive dietary changes in the absence of systematic education (Bischoff et al., 2012). Obese individuals with major chronic diseases (Ketino-Rovera et al., 2008). The effective methods for distributing nutritional information to such populations are health counseling and personalized coaching. These methods have shown to be cost effective and valuable strategies towards positively managing poor lifestyles habits (Sun et al., 2012). Evidence shows that primary healthcare settings are an ideal location for addressing the issues of obesity and restricting disease burden within a population (Je, Yank V, Liao et al., 2013). However, a U.S. national survey reveals that “there is a continuing failure to incorporate weight management into critical practice, especially that of primary care” (Je, Yank V, Liao et al., 2013). In fact, Helmink et al. states that many general practitioners support the notion of implementing weight management and counseling into their practice, but due to a significant lack of time to dedicate specifically to each patient, they are unable to so (Helmink et al., 2010). Currently, there is very little institutional support where obesity prevention and treatment programs are being implemented, and the existing clinics are far from adequate (Bischoff et al., 2012).

One-on-One program concentrated on metabolically compromised subjects and behavioral change techniques: motivational interviewing, one-on-one interventions, nutritional education, and lifestyle counseling to create a positive and notable change to both the subjects and the overseeing attending physicians.

This study addressed the overwhelming epidemic of metabolic syndromes and focused on the effects of one-on-one counseling and follow-up methods in participants subjects. The nutritional education methods and nutritional behavioral modification methods were utilized to teach and modify the subjects’ nutritional activities. The overall clinical experience and satisfaction of participating subjects were later evaluated. The One-on-One program concentrated on metabolically compromised subjects and behavioral change techniques: motivational interviewing, one-on-one interventions, nutritional education, and lifestyle counseling to create a positive and notable change to both the subjects and the overseeing attending physicians.

METHODS

The participant subjects were interviewed to gain insight into their daily nutritional routines and patient’s anthropometric histories were obtained. Each participant was then encouraged to set a primary health goal. A personalized nutritional lesson was given to address the health goal and current nutritional behaviors. The patient and health coach then arrived at three simple and obtainable lifestyle modifications to reach the initial goal. Obstacles were addressed and a follow-up phone call was scheduled to obtain self-reported results and insure accountability and support.

RESULTS

Personalized one-on-one nutritional health coaching through the Nutri One-on-One study has proven to be successful, as 96% of the study’s participants reported that their health goals were met or were close to being met (Helmink et al., 2010). The average subject had completed his or her three health actions at a rate of 78%. The scaled education for the nutritional lifestyles and behavior change continued to create positive behavioral modifications within subjects and installed a support system that kept subjects motivated and continued to work towards their goals. All 3 of the usual primary care settings were the best of the usual primary healthcare visit, and 86% of subjects reported that the intervention was successful. Overall the intervention was successful as significant level of knowledge was retained, accomplishments in their primary care visit satisfaction was reported, and considerable achievements of health goals through patient health actions were reported.

CONCLUSIONS

A brief nutritional counseling in a one-on-one environment assists people in adopting healthy lifestyle behaviors. These types of counseling may help prevent and control diseases. Through effective goal setting, motivation to change, and Collaborative practice, patients could achieve goals in a healthy manner. However, personalizing one-on-one nutritional coaching focused on patient’s goal proved to be successful. The education on healthy living, nutrition, and lifestyle techniques created optimistic behavior modifications. The follow-up sessions continued to provide reinforcement in overcoming success. This type of counseling should be advocated within the health care system on a more routine bases.

REFERENCES


Je, Yank V, Liao et al., 2013). A U.S. national survey reveals that “there is a continuing failure to incorporate weight management into critical practice, especially that of primary care” (Je, Yank V, Liao et al., 2013). In fact, Helmink et al. states that many general practitioners support the notion of implementing weight management and counseling into their practice, but due to a significant lack of time to dedicate specifically to each patient, they are unable to so (Helmink et al., 2010). Currently, there is very little institutional support where obesity prevention and treatment programs are being implemented, and the existing clinics are far from adequate (Bischoff et al., 2012). Overall the intervention was successful as significant level of knowledge was retained, accomplishments in their primary care visit satisfaction was reported, and considerable achievements of health goals through patient health actions were reported.

Figure 1: A Flow Chart of Procedural Steps

Figure 2: Patient Initial Health Session Form

Figure 3: Lesson Plan: Five Key Messages

Figure 4: Survey: Participant Overall Success

Figure 5: Metabolic Syndrome Factors Seen in Participants

Figure 6: Survey: Participant Overall Success in Obtaining Primary Goal