Weight Management – The bigger picture

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22 June 2022 - CQI Collaboratives Conference

Background - AIHW Statistics

- 71% Aboriginal Torres Strait Islander (ATSI) people > 15 years had a BMI - overweight or obese in 2018-2019
- Increased from 66% (in 2012-2013) to 71%

- Highest in Regional areas (76%) and lowest in Remote areas (62%) in 2018-2019

- 1.5 times more obesity vs non-Indigenous Australians

- Increased risk; heart disease, type 2 diabetes, kidney and urinary diseases, some cancers, respiratory and joint problems, sleep disorders and social problems.

- Diet-related diseases responsible for 75% of the mortality gap between ATSI and non-Indigenous Australians

Indigenous Australians and those living outside *Major cities* or who are in lower socioeconomic groups are more likely to be overweight or obese

Diet-related AIHW statistics

- In 2012-13, very few ATSI adults or children consumed adequate amounts of healthy foods consistent with recommendations of the Australian Dietary Guidelines.

- 41% of total daily energy reported by ATSI people came from unhealthy foods and drinks classified as ‘discretionary’

- ATSI people 2 years and over reported consuming an average 18 teaspoons sugars per day

- Two-thirds of ATSI people’s free sugar intake came from sugary drinks.

Australian Dietary Guidelines

Enjoy a wide variety of nutritious foods from the 5 food groups every day:

- **plenty of vegetables**, including different types and colours and legumes/beans
- **fruit**
- **grain (cereal) foods,** mostly wholegrain and/or high fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- **lean meats and alternatives** and poultry, fish, eggs, tofu, nuts, seeds and legumes/beans
- **dairy,** including milk, yoghurt, cheese and/or their alternatives, mostly reduced fat
- **drink plenty of water.**

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- NEW internal position - February 2021
  Service 5 clinics (Knuckey St, Malak, Rapid Creek, Bagot and Palmerston Clinics)

- Service across the life-course ie pregnancy, babies, children, adults and elderly

- Average 12 referrals per week;
  - Obesity, Diabetes, low BMI, Iron Deficient Anaemia, children above and below healthy weight range and fussy eating/ late introduction solids

- 6-12 weeks wait time for Obesity and Overweight

DDHS Weight Management – Initial consult

- Referral from GP associated with Care Plan or Health Check (x5)
- Call client to introduce and offer dietetic service
    - Start building rapport and collect information
- Offer appt at clinic or phone call, when/ where suits client
    - At lunchtime if working? transport? joint appt with DNE?
- Initial consult
    - Build rapport ie (Family, Fishing, Food, Footy), local words
    - Nutrition Assessment
    - Develop SMART goals “whats important to you?”
    - negotiate Meal Plan

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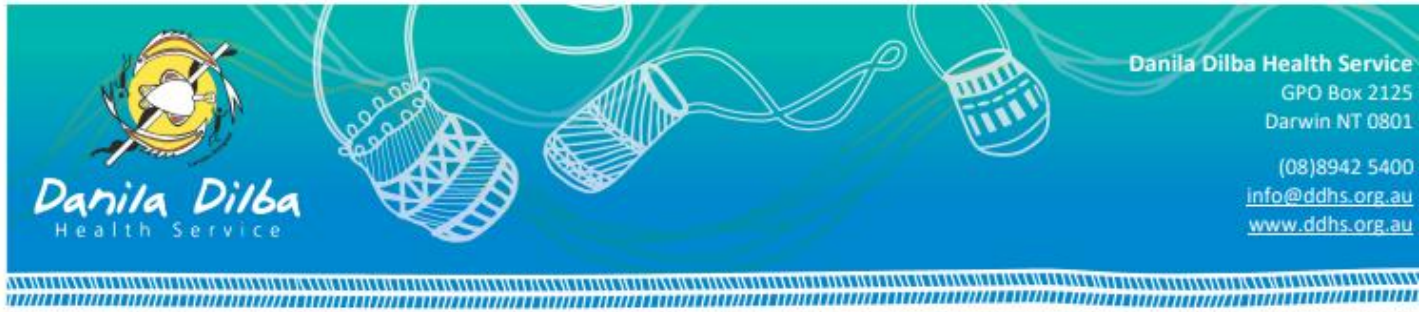
Date: _____ Name: _____

My Healthy Eating Plan

	Suggestions	
Breakfast		
Snack		
Lunch		



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www.ddhs.org.au

DATE: _____ NAME: _____

MY HEALTH GOAL

MY HEALTH GOAL (MAKE IT S.M.A.R.T.)	
THREE THINGS TO DO TO ACHIEVE MY GOAL	1.
	2.
	3.
I WILL KNOW I HAVE ACHIEVED MY GOAL WHEN	

DDHS Weight Management– review consults

- Review at 2, 4 or 6 weeks depending on client
- Provide culturally appropriate education at clients' pace -ask permission
- Provide resources ie print, laminate, video, apps, email, phone call
- Practice client-focused, motivational interviewing, ask better Qs
  - "what do you feel you can work on when you leave here?"
- Celebrate wins;
  - returning to service
  - changes to eating, exercise, mental well being
  - weight stable/ weight loss/ lower Hab1c%

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What is working well?

- Referral pathway and triaged referrals (Priority 1, 2, 3)
- Culturally acceptable, conveniently located
- Client-focused, joint clinician appts, family appts, book future appts
  - "what is important to you when it comes to health and well being?"
- Individualise - food insecurity, disordered eating, medications, ETOH
- Multi disciplinary approach. GP is at the centre!
- Not one size fits all – low carb, low fat, meal replacements
- Slow weight loss
- Find the motivating reason to change ie grandchildren

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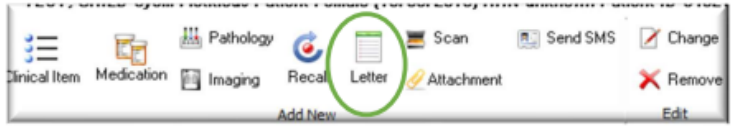
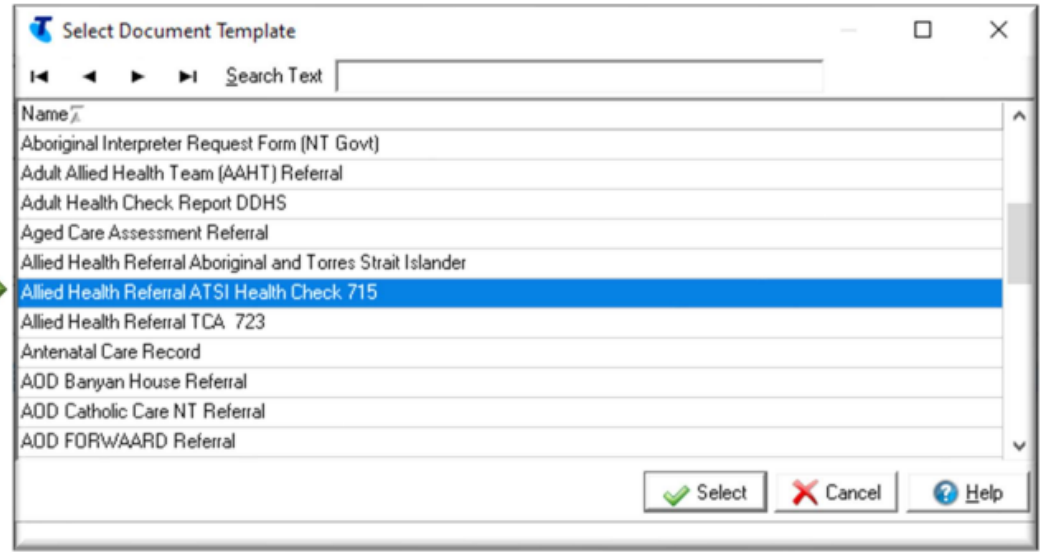
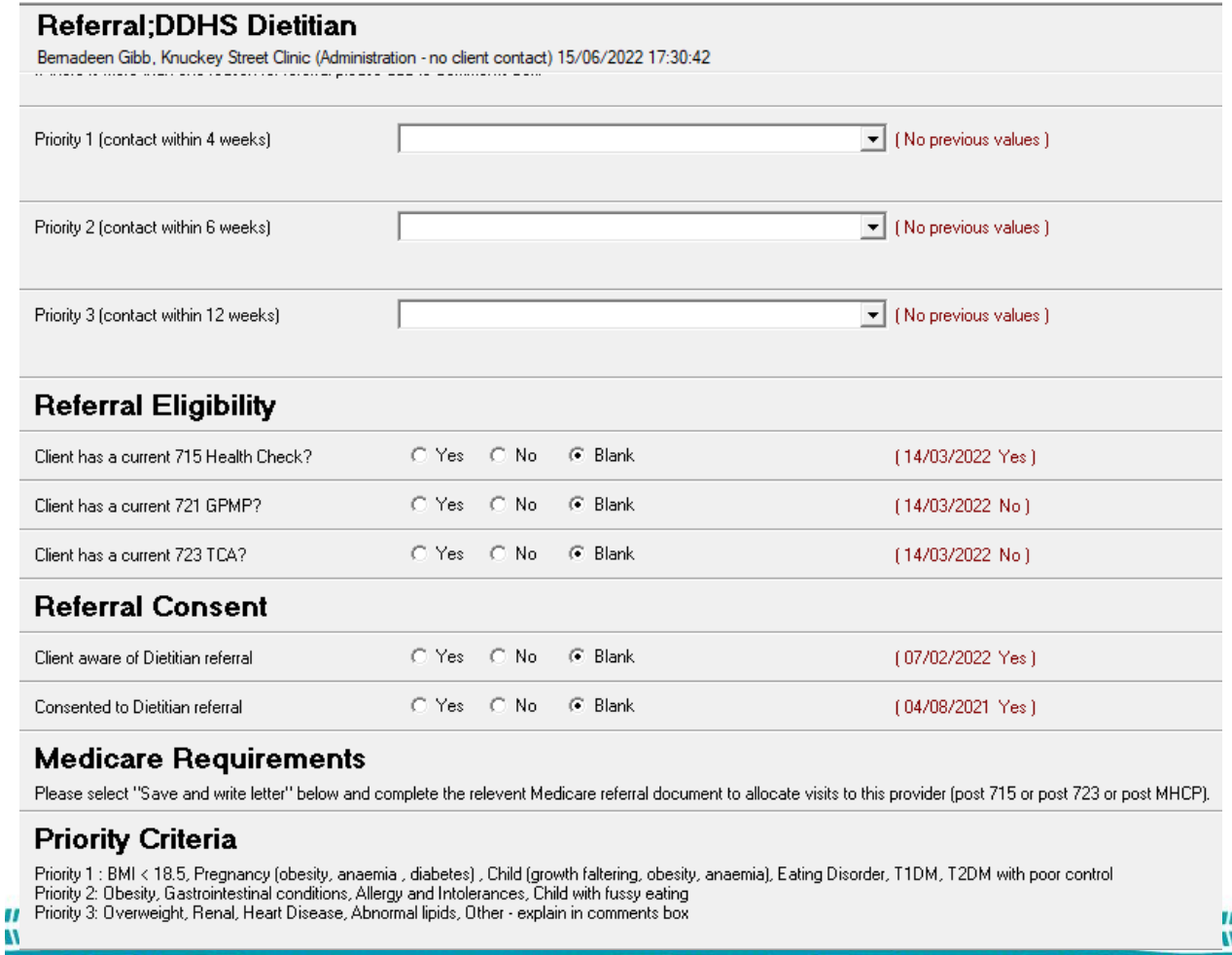
Communicare Referral and Triage Pathway

- Select "Letter" for Document Templates:
  1. Allied Health Referral ATSI Health Check 715 or
  2. Allied Health referral TCA 723







Referral;DDHS Dietitian

Bernadeen Gibb, Knuckey Street Clinic (Administration - no client contact) 15/06/2022 17:30:42

Priority 1 (contact within 4 weeks)		(No previous values)
Priority 2 (contact within 6 weeks)		(No previous values)
Priority 3 (contact within 12 weeks)		(No previous values)

Referral Eligibility

Client has a current 715 Health Check?	○ Yes ○ No ◉ Blank	(14/03/2022 Yes)
Client has a current 721 GPMP?	○ Yes ○ No ◉ Blank	(14/03/2022 No)
Client has a current 723 TCA?	○ Yes ○ No ◉ Blank	(14/03/2022 No)

Referral Consent

Client aware of Dietitian referral	○ Yes ○ No ◉ Blank	(07/02/2022 Yes)
Consented to Dietitian referral	○ Yes ○ No ◉ Blank	(04/08/2021 Yes)

Medicare Requirements

Please select "Save and write letter" below and complete the relevent Medicare referral document to allocate visits to this provider (post 715 or post 723 or post MHCP).

Priority Criteria

Priority 1 : BMI < 18.5, Pregnancy (obesity, anaemia , diabetes) , Child (growth faltering, obesity, anaemia), Eating Disorder, T1DM, T2DM with poor control
Priority 2: Obesity, Gastrointestinal conditions, Allergy and Intolerances, Child with fussy eating
Priority 3: Overweight, Renal, Heart Disease, Abnormal lipids, Other - explain in comments box

Case study – 30 year old male

Referred March 2021

- Weight 170.3kg, BMI 50kg/m2, Hba1c 6.7%
- Quit drinking ETOH 5 months prior
- Lives with parents and sister, studying at Batchelor in blocks
- Diet: BF: 4 toast with honey, L: 4 Toast or takeaway, D: stew + 3 cups rice , 2nd helping
- Sugary drinks, Ice coffee 500ml x5/ week

Over 14 months: provided 8 face to face consults, 2 phone calls, (3 x DNA)

Developed SMART Goals and Meal Plan together

Provided Nutrition Education – ie recommended daily serves, portions, label reading, emotional eating, exercise, food preparation, fat and carbohydrate awareness

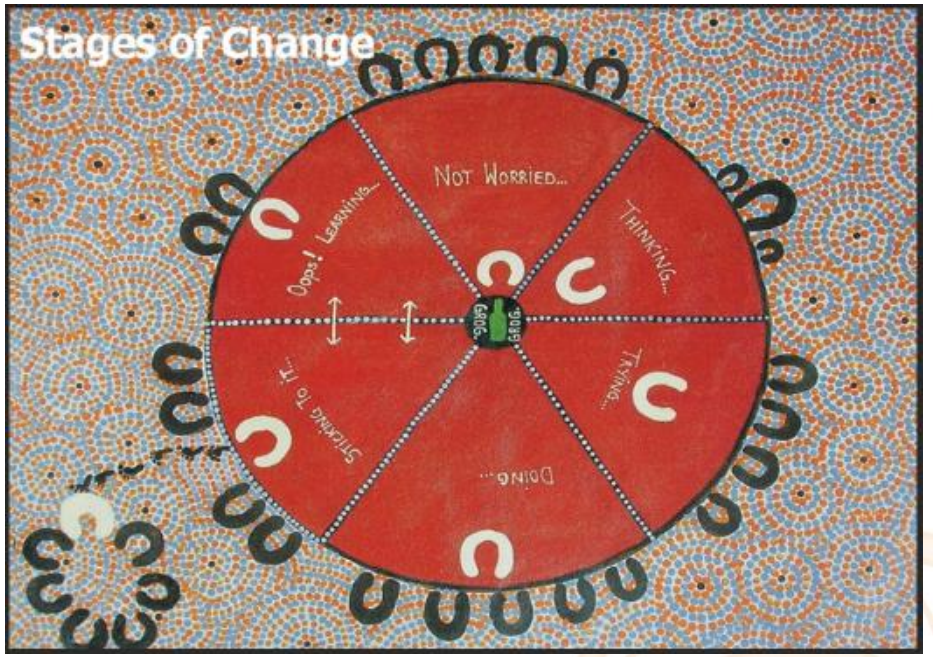
Utilised plate model, cups measures, online apps, printed and emailed material

Referred to Podiatrist and Physio, SEWB, offered Weight Management Clinic Palmerston

TODAY

- Weight 147kg (lost 23kg over 14 months ie 410g/ week), gradual loss and kept it off
- Hba1c 5.4%, Cholesterol 4.4
- Reduced medication
- Diet: BF: 3 WB + skim, L: tuna, bread + eggs, AT: Muesli bar, D: stew/ grilled chicken + 1 cup Basmati rice
- Omitted ice coffee, swapped to diet drinks x1/ week. Influenced family cooking
- Walking 50mins x2/ day. Edith Falls walk with friends and felt proud of self!

What is NOT working well?



- Getting clients attend appts
  - Did client know about appt? update details
  - Wait list too long – no longer a priority
  - Client out of town - poor access to healthy choices
  - Stigma of obesity and diabetes – use ‘weight management’
  - May decline to come if no weight loss
  - Not sure what a Dietitian does? (confusion with Diabetes Educator)
  - Pre-contemplation stage – help way up the pros and cons
  - May need to re-engage several times like smoking cessation
  - Simultaneous care ie RDH, TERS, HLNT, Private Dietitian

What is NOT working well?

- Not as simple as ‘calories in, calories out’, requires motivation and perseverance – burnout, takes time to change ie family habits, emotional triggers
- Obesogenic environment
- When to refer to Weight Management Clinic at Palmerston?
  - when not met goals after lifestyle intervention
- Receive referrals post-bariatric surgery

Some Solutions

- Better administrative support
- Book client at time of referral
- Review service model ie patient journey
- Planning to start ‘Diabetes group education’
  - Encourage AHP lead
  - need transport and admin support
  - Medicare claiming to assess eligibility for group and attendance

Weight management is a lifelong problem, with times of progress and setbacks requiring ongoing support

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References

2.22 Overweight and obesity - AIHW Indigenous HPF

Lee A, Ride K (2018) Review of nutrition among Aboriginal and Torres Strait Islander people. Australian Indigenous HealthInfoNet. From http://healthbulletin.org.au/articles/review-of-nutrition-among-aboriginal-and-torres-strait-islander-people

Clinical Practice Guidelines for the management of overweight and obesity | NHMRC

DAA Best Practice Guidelines for the Treatment of Overweight and Obesity in Adults (pennutrition.com)

RACGP - National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people

The Obesity Collective (obesityaustralia.org)