



# ***SAMHSA-HRSA Center for Integrated Health Solutions***

## **Supporting Clients to Make Healthy Food Choices and Increase Physical Activity**

A Provider Action Brief

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*This brief was developed by Chad Morris at the University of Colorado for the SAMHSA-HRSA Center for Integrated Health Solutions to disseminate to SAMHSA-funded Primary and Behavioral Health Care Integration grantees.*

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS), in partnership with the University of Colorado Behavioral Health & Wellness Program, offers a series of briefs on:

- Making healthy food choices and increasing physical activity
- The importance of prevention and health screening
- Understanding sexual health
- Managing diabetes

Maintaining a healthy weight and basic physical fitness are important parts of good health.<sup>i</sup> <sup>ii</sup> This brief provides clinicians, case managers, and peer providers guidance for assisting clients to take achievable steps toward their healthy living goals. The brief presents practical, time limited examples of how to raise awareness, enhance client self-management, encourage action based on strengths, and document change.

## Why Talk to Clients about Healthy Eating and Physical Activity?

More than one third of adults in the United States are obese (34.9%).<sup>iii</sup> Obesity, often due to preventable behaviors, is a contributing factor of many leading causes of death, including heart disease, diabetes, stroke, and some types of cancer.<sup>iv</sup> Rates of obesity are increasing across all socioeconomic and education levels, with the average American gaining 1-2 pounds per year, every year.<sup>v</sup>

Individuals with behavioral health and other chronic health conditions are even more at risk for weight-related death and disability.<sup>vi</sup> Prevalence studies find that individuals with behavioral health conditions are overweight or obese at double the rate found in the general population.<sup>vii</sup> For this reason, excess weight among persons with behavioral health conditions has been deemed “an epidemic within an epidemic.”<sup>viii</sup>

Specific psychiatric disorders and the use of many psychiatric medications are directly tied to weight issues. For example, depression is more common among people who are obese than those who have a healthy weight.<sup>ix</sup> Research indicates that obesity may increase risk of depression by as much as 55 percent, but that depression also increases risk of obesity by 58 percent.<sup>x</sup> Also, some individuals diagnosed with schizophrenia are sedentary over three-quarters of their waking day (81%), contributing greatly to excess weight.<sup>xi</sup>

Weight management can be difficult for anyone, but persons with behavioral health conditions face additional barriers to sustained weight loss.<sup>xii</sup> Weight gain is a common side effect of many psychiatric medications and associated metabolic syndrome.<sup>xiii</sup> Individuals who begin psychiatric medications at an earlier age (< 24 years), and who remain on the medication for at least five years, are more likely to be obese.<sup>xiv</sup> Moreover, studies indicate that individuals with diagnoses such as schizophrenia engage in low levels of physical exercise and are more likely to consume high calorie foods that have insufficient nutrient value.<sup>xv</sup>

In addition to increased risk of death and disability associated with being overweight, obese individuals also face increased stigma and discrimination from the general public, employers, and health care providers<sup>xvi</sup>: “Weight bias translates into inequalities in employment settings, health care facilities, and educational institutions, often due to widespread negative stereotypes that overweight and obese persons are lazy, unmotivated, lacking in self-discipline, less competent, non-compliant, and sloppy.”<sup>xvii</sup>

### Avoid Stigmatizing Language

While providers must have an understanding of the evidence base regarding healthy eating, nutrition, and physical exercise, it is often counterproductive to use terms such as “obesity”, “overweight”, or “nutrition” in clinical interactions. Clients may often find such terminology stigmatizing or demeaning. When working with clients, providers can use more neutral terms like “healthy weight,” “nutritious food choices,” and “physical activity.”<sup>1</sup>

As defined by the USDA, clients often experience

- **Food deserts**, which are low-income communities with limited access to healthy foods like fresh fruits and vegetables.
- **Food insecurity**, the limited or uncertain availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways.<sup>xviii</sup>

### Cultural Considerations

Cultural and social influences teach a person how and what to eat. Often the cultural eating behaviors of the family, rather than genetics, contribute to weight management problems.

Social and cultural factors influence perceptions of what a healthy or normal body weight should be. For example, research indicates that overweight and obese youth are more likely to underestimate their own weight problems when they are surrounded by people who are overweight or obese.

A common barrier to making healthy food choices include some clients' limited financial resources. Healthy food is often more expensive than processed food. While convenient, processed foods are often high in salt, fat, and carbohydrates. Individuals in psychiatric hospitals or congregate living settings may have limited access to a kitchen or may only be provided with high calorie foods that are low in nutrients. Also, when clients do have access to kitchens for personal cooking, many have never learned how to prepare healthy meals. For many, eating is a way to cope with stress, boredom, or other negative mood states and clients may need to develop new constructive coping strategies. Moreover, clients may live in areas that may be unsafe for physical activity, or other community resources are scarce.

Weight gain is due to a combination of biological and psychosocial factors, however, eating a healthful, balanced diet and being physically active is essential for achieving a healthy weight and feeling well. Popular exercise programs often over-promise quick-fix "miracle workouts" or are not intuitively modifiable to meet all fitness levels. And it is also easy to become side tracked by the latest weight loss and exercise fads, diets, and procedures.

Providers can communicate a number of other measurable benefits to regular physical activity. Moderate physical activity decreases risk of cardiovascular disease,<sup>xix</sup> improves mood in people living with depression,<sup>xx</sup> increases emotional health for people diagnosed with schizophrenia,<sup>xxi</sup> improves cognitive functions in those living with dementia,<sup>xxii</sup> and improves self-esteem in children and adolescents.<sup>xxiii</sup>

Many providers may feel uncomfortable discussing a clients' weight or are less willing to engage clients on a topic they feel may be too challenging.<sup>xxiv</sup> As health care providers, it is important to have empathy for people who are overweight or obese and constructively support their efforts to lose weight. Changing nutritional and exercise habits is difficult and, without support, failure is common.

Making lifestyle changes takes motivation and new skills which providers can effectively promote. It is critical that providers support clients to create achievable, person-centered goals and expectations for sustained lifestyle changes. For instance, while weight loss bolsters motivation to persist in health behavior change strategies, failure to lose weight is associated with reverting back to unhealthy habits. Providers can be of best help to clients by supporting them to avoid time-limited strategies (such as diets) and instead supporting them to create person-centered wellness goals that they might permanently integrate into their lives. These are "small wins," such as progressively drinking less soda or a daily practice of attending to emotional well-being through journaling.

### Key Messages

- A 5-7% reduction in body weight over 6 months is an achievable goal that will have a positive impact on health.
- Regardless of weight, healthy eating and physical activity helps support feeling better and having more energy.

While physical activity and dietary needs must be tailored to clients' health status and physical ability, increased physical activity in combination with a balanced diet carries few risks and is nearly always advisable.<sup>xxv</sup> For some clients, aerobic activities might be incrementally increased walking or chair-based activities. Whether healthy eating and/or increased physical activity is the client's primary goal, providers can actively engage clients in discussions of personal wellness, assist them to set achievable goals, and then monitor progress over time.<sup>xxvi</sup>

## Keep it Simple and Effective

The most powerful tool a provider has is their relationship with their clients.<sup>xxvii</sup> And the most effective healthy living strategies focus on increasing motivation to change; achievable, person-centered goal setting; and referral to evidence-based services. It is important that providers adopt a client-led approach, which focuses on individual concerns and specific reasons or benefits of current behaviors.

Clients may not want to initially discuss weight and physical activity. Meet the client where they are and focus on their strengths. Allow clients to express what they feel are their primary physical and emotional health issues first and then, if appropriate, identify ways to individually introduce healthy eating and increased physical activity based on their strengths and supports into the treatment dialogue. An important strategy for meeting clients where they are is to invite open discussion of how their community and family influences their eating and physical activity habits.

The 5 A's model to intervention (Ask, Advise, Assess, Assist, and Arrange) is a practical structure for addressing many wellness issues, including healthy eating and physical activity, follow-up, and community referrals.

Here are four steps for how you might build these strategies into daily practice. For more information, see the 5 A's section of the DIMENSIONS: Well Body Toolkit for Healthcare Providers at [www.bhwellness.org/resources/toolkits/](http://www.bhwellness.org/resources/toolkits/)

### I. How Do I Initiate a Discussion Regarding Healthy Eating and Physical Activity?

#### **Establish a Whole Health Partnership**

**Ask** and **advise** about weight in a respectful manner. For those facing significant weight-related risks, try to follow the client's lead. Clients may have other issues they want to bring to your attention first. Start a dialogue by acknowledging the issues a client may find most pressing, and look for opportunities to weave discussion of positive behavior change into every visit.

## Measuring Weight

### Body Mass Index (BMI)

BMI is the most widely used indicator of healthy weight and is an indicator of body fatness, without directly measuring body fat. While BMI is a common clinical tool, providers should also be aware of its limitations:

- BMI does not differentiate between fat mass and lean mass (e.g. muscles, bones).
- It does not assess fat distribution.
- It can be counter-productive to focus on biometrics such as BMI when many clients may find labels such as "obese" stigmatizing.

### BMI Calculator and Weight Ranges

A BMI calculator can be found at [http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/english\\_bmi\\_calculator/bmi\\_calculator.html](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html)

BMI 18.5 - 24.9 = Normal; maintain a healthy weight and avoid weight gain

BMI  $\geq$ 25 - 29.9 = Overweight; avoid weight gain and consider weight loss (BMI  $\geq$ 27 with comorbidity: consider medications)

BMI  $\geq$ 30 = Obese; support weight loss and consider medications

BMI  $\geq$ 40 (or  $\geq$ 35 with co-morbidity)= Support weight loss and consider medical weight loss options

### Waist Circumference

Another way to assess weight is to by measuring waist size. These waistlines are associated with higher risk of developing obesity-related conditions:

- A man whose waist circumference is more than 40 inches
- A non-pregnant woman whose waist circumference is more than 35 inches

To measure waist size (circumference), place a tape measure around the bare abdomen just above the hip bone. Be sure that the tape is snug, but does not compress the skin, and is parallel to the floor. Ask the client to relax, exhale, and then measure the waist.

Using a motivational interviewing approach, ask permission to discuss the client's eating and physical activity habits. Make it clear that whole health is relevant to everyone regardless of actual weight or current behaviors.

Begin assessing the client's readiness to change. Those not yet willing to change may still appreciate educational materials and ongoing discussion. Ask permission to give such materials and continue a dialogue regarding health and wellness.

### **Starting the Conversation**

"We all can work on our overall health. Are there areas you would like to work on?"

"How do you think your eating habits might be affecting your daily life?"

"Can we spend a few minutes talking about healthy eating and physical activity?"

"Do you have any concerns regarding your eating and exercise habits?"

"Would you be willing to make some changes to your diet or daily activity?"

### **Demonstrate Your Investment**

When you have good rapport with clients, a direct message regarding their health is activating.

In a clear, strong, and personalized manner, advise clients to make healthy food choices and increase physical activity. Advise in a nonjudgmental manner and guide the client towards physical wellness by providing options. Politely and nonjudgmentally explain the potential risks of their current habits but emphasize the benefits of modifying their behaviors. An example would be:

"I need you to know that healthy eating and increased physical activity are some of the best things you can do to protect your health now and in the future."

## **II. Strategies for Assessing Clients' Healthy Eating and Physical Activity**

As you partner with clients to identify personal healthy living goals, it is important to assess clients' current and past behaviors and experiences; understanding the client's relationships with food/physical activity and the socioeconomic, familial, and environmental factors can help support progress toward healthy living goals. In addition, it is valuable to know the client's history of weight loss attempts, physical/leisure time activities, as well as patterns of significant weight change.

### **Starting the Conversation**

"Have you tried to change eating habits in the past? How did it go?"

"Have you tried to change add physical activity to your schedule in the past? How did it go?"

"What kind of foods do you eat on typical day?"

"How would you describe your diet?"

"How would you describe your current level of physical fitness?"

"What areas might improve your diet -- by limiting how much of something you eat, adding something healthy to your diet, or increasing your physical activity?"

"How do you typically feel before and after eating?"

"What do you want to know about healthy eating or additional ways you can increase your physical activity?"

If the individual is ready to change their health behaviors, proceed to **Assist** (below).

If your client is not yet ready to take action, don't give up. Engage clients with effective motivational interventions that keep them thinking about how they can engage in healthy lifestyle changes. For example, ask their permission to continue sharing healthy lifestyle opportunities and resources. Repeat motivational interventions during future clinical visits and engage in person-centered planning so the individual truly owns the goal.

### **III. How Can I Assist Clients to Develop Achievable Healthy Eating and Physical Activity Goals?**

Mutually develop practical, incremental strategies for healthy eating and physical activity. The treatment plan you create will be the client's plan; they are the owners of behavioral change. Document healthy living goals in the treatment and rehabilitation plan.

Clients often have a great deal of misinformation when it comes to a healthy diet and increasing physical activity. Keep it simple and use these keys to successful goals and treatment planning:

- Stop or reduce some behaviors. This may involve choosing not to buy unhealthy foods at the store.
- Develop new coping skills. This may mean learning alternative methods to manage difficult emotions such as boredom or stress.
- Do something new. This may involve eating new foods, such as fruits or vegetables, or taking walks after meals.

In the **Assist** phase, the clinician should set up the client for success by insuring that goals are specific and achievable.

#### **Starting the Conversation**

"What would be a first step for you?"

"What are your goals regarding your health?"

"What are potential barriers to meeting your goal?"

"Is there anybody you can think of that might support you with your wellness goals?"

Clients motivated to make healthy changes may initially attempt to make too large a change. The clinician can help clients break major life changes into manageable steps. Slow, incremental change in the right direction is sustainable.

Refer clients that need more assistance or potential medical procedures (such as bariatric surgery for severe obesity).

#### **Treatment / Rehabilitation Plan Examples:**

- I will keep a daily food diary and review this weekly during counseling sessions.
- I will add 1-2 servings of fruit and vegetables per day as recorded in my daily food diary.
- I will drink one less soda per day as recorded in my daily food diary.
- I will attend a cooking-on-a-budget group once per week.

- I will write a personal recovery plan that includes triggers for unhealthy eating and sources of support in meeting my healthy eating goals.
- I will keep a physical activity log and review this weekly during counseling sessions.
- I will walk 30 minutes at least 4 days a week.
- I will undergo a basic physical fitness assessment (e.g., a six-minute walk test).
- I will join a physical activity-focused group in the community (e.g., yoga at a local church, walking after dinner with client's family).

#### **IV. Following Up with Clients**

What gets regularly tracked gets done. **Arrange** follow-up appointments to check in with clients on their wellness goals and make changes as needed to insure goals are achievable and person-centered. This is also an opportunity to promote community integration by making linkages and referrals to local wellness resources. During follow-up visits you can:

- Congratulate successes. Provide positive feedback about changes, no matter how small.
- Explore challenges to taking action if the person has not moved towards their goals.
- Discuss any set-backs and anticipate challenges in the immediate future.
- Consider referral to additional resources and/or treatment, including peer-driven services that offer ongoing social support.

#### **Starting the Conversation**

“What has helped you make progress towards your goal?”  
“What challenges did you experience in working toward your goal?”  
“Do you think we need to make any changes to your goal?”

#### **Resources**

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) has further resources and strategies for addressing healthy eating and physical activity. Visit [www.integration.SAMHSA.gov/health-wellness/wellness-strategies](http://www.integration.SAMHSA.gov/health-wellness/wellness-strategies).

Here are some additional resources for providers that provide details on healthy eating and physical activity.

**DIMENSIONS: Well Body Toolkit for Healthcare Providers** contains guidance on helping clients maintain a healthy weight including developing skills for engaging individuals in weight management conversations, low burden means of assessing change, and evidence-based treatment options.

[www.bhwellness.org/toolkits/Well-Body-Toolkit.pdf](http://www.bhwellness.org/toolkits/Well-Body-Toolkit.pdf)

**DIMENSIONS: Supplement for Priority Populations- Behavioral Health** provides education on factors contributing to increased rates of obesity among individuals with mental illnesses and addictions. Supplement guidelines address the unique needs of persons with behavioral health conditions.

[www.bhwellness.org/toolkits/WB-Toolkit-Supp-Behavioral-Health.pdf](http://www.bhwellness.org/toolkits/WB-Toolkit-Supp-Behavioral-Health.pdf)

**Weight Control Information Network, National Institute of Diabetes and Digestive and Kidney Diseases** provides a wide range of resources for both providers and clients.

[www.win.niddk.nih.gov/publications/](http://www.win.niddk.nih.gov/publications/)

Nutritional guidelines from the **United States Department of Agriculture (USDA)**

[www.choosemyplate.gov](http://www.choosemyplate.gov)

USDA **food insecurity assessment** questions

[www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx](http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx)

The **Harvard School of Public Health-The Obesity Prevention Source** is an online resource providing education for healthcare providers on issues of obesity prevention and intervention.

[www.hsph.harvard.edu/obesity-prevention-source/obesity-prevention/healthcare/](http://www.hsph.harvard.edu/obesity-prevention-source/obesity-prevention/healthcare/)

The **Centers for Disease Control and Prevention-Obesity**

[www.cdc.gov/obesity/](http://www.cdc.gov/obesity/)

The **USDA Snap-ed** website offers a variety of resources for healthy eating on a budget.

<http://snap.nal.usda.gov/basic-nutrition-everyone/healthy-low-cost-recipes>

The **Good and Cheap** cookbook presents recipes that are both nutritious and inexpensive. [www.leannebrown.ca/cookbooks](http://www.leannebrown.ca/cookbooks)

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