

Lifestyle Modification in an Urban Community: Health Not Cosmetics

This is a community-based project initiated by a Dr. Jose Rodriguez in the Tremont section of the Bronx, NY. Based on the socioeconomic statistics of this community and the health concerns seen in the family health center, it was in the best interest of the physicians at the Health Center at East Tremont to begin to address the large issue of obesity encircling the health issues rampant at medical visits. The program focuses on obesity and realistic lifestyle modifications. It takes place in the community health center and considers many of the non-medical variables impacting the obesity epidemic. The principle intervention is a weekly class introducing topics that support healthy lifestyle changes and promote weight loss through increased activity and decreased caloric intake. The goal is for the patient to assume responsibility for changes that they will achieve consistently on their own. Success is currently measured by attendance, weight loss and the use of a pedometer (distributed at the class) to incorporate exercise on a daily basis, with a goal of 10,000 steps per day for each patient.

The project is a coordination between physicians and medical students completing their Family Medicine clerkship. The medical students participate in weekly interventions in the class format. This results in the medical students connecting with the issue of obesity as a community-based population problem. Through the students' participation they come to learn about obesity and health, but most importantly about cultural competency.. The students are involved in preparing and presenting the workshops. They also conduct individual interviews to follow-up on interventions promoted during the classes. In addition educational handouts, linked to community resources, were produced to offer clients further lifestyle changes between class sessions.

This project is ongoing, as both physicians and medical students are committed to their role in reducing the obesity epidemic in an urban, low income, primarily African and Latino community clinic population.

We welcome your participation in our project.

Objectives of the Health Not Cosmetics Project

The Health not cosmetics project will have its major focus on obesity and lifestyle modification. The principal intervention will be a class on healthy lifestyles and weight loss. The class is not designed to be a quick fix; the first objective of the class is to motivate patients and students to move along the "stages of change" to progress towards lifestyle modification in the form of increased activity and decreased caloric intake. These changes are designed to be permanent changes in the patient's life, or to put it plainly things that the patients can do consistently.

The learning objectives are as follows:

- 1) To help students familiarize themselves with the treatment of obese patients.

- 2) To teach the student how to motivate patients about lifestyle changes and obesity.
- 3) To form a therapeutic alliance with the patients in their very personal battles with obesity.
- 4) To help student learn what their patients eat and how to make simple modifications in that diet to increase health.
- 5) To learn the patients activity levels and simple ways to increase them within the confines of their apartments.

The impact on the clients should be:

- 1) An increased understanding of the consequences of obesity.
- 2) An increased desire to change their lifestyle to include more healthy habits.
- 3) A commitment to make a difference in their lives.
- 4) To lose weight and feel better.

The project will most definitely help the students to become more culturally competent as they learn the lifestyles and lives of the patients and the barriers to healthy eating and exercise. Since most of the medical students will be from a different culture than the patients and they will be interacting with them in a non-doctor patient relationship, this will be invaluable for the student's cultural competency training.

The patients come from all races and backgrounds, and a wide section of the socioeconomic spectrum. Most of the patients are of African or Hispanic descent, but there are about 30% from other ethnic groups. The majority of the patients are Medicaid eligible or uninsured, but there are a fair number of well-educated people who are unable to escape poverty due to their difficulties with English. Since we are a family practice clinic, we see children and their parents in all stages i.e. pregnant, elderly, etc. We have a significant portion of our patients that are mentally ill, on methadone, and in other various circumstances in their lives. The rarest patient that we see would be the typical 70 kg man.