

*Trina Histon, PhD, summarizes the purpose, methods, and scope of programs currently being offered*

## KP Regional Weight Management Programs

By Trina Histon, PhD

We at Kaiser Permanente (KP) can justifiably take pride in offering our members many options for attaining and maintaining healthy body weight. KP Regions offer many programs to meet the needs of children, adolescents, and adults who are mildly overweight to severely obese. This brief, general summary of KP Regional Weight Management Programs introduces to The Permanente Journal readers the purpose, methods, and scope of these programs currently being offered in many KP Regions.

### Diverse Selection of Weight Management Programs

The broad diversity of weight management programs offered to KP members results from several factors. First, our membership is diverse: Our patients represent all ages, body mass indexes, ethnic and racial groups, health status, and other characteristics germane to weight management. A one-session weight management class can meet the needs of some Health Plan members, but other members want the continuing support of ongoing group and professional guidance throughout the long, complex processes of achieving and maintaining weight loss. Many overweight and obese members also have chronic disease and therefore need specialized resources not only to support weight loss but to help cope with chronic medical conditions while emphasizing each patient's critical role in influencing his or her future health status.

The diversity of these weight

management programs reflects the complexity of achieving and maintaining weight loss as well as the lack of evidence-based information about these processes, particularly the difficult process of maintaining weight loss. For example, we know from the Finnish Diabetes Prevention Study Group<sup>1</sup> that intensive lifestyle intervention for people with impaired fasting glucose can delay onset of diabetes, but we do not know whether this strategy is effective for other medical conditions. In addition, although we know that the core component of effective weight management programs is information—about diet, nutrition, physical activity, and methods of modifying behavior and maintaining weight loss—we have not yet identified what components, if any, are most effective for specific populations. All KP Regional Weight Management Programs offer various versions and combinations of these resources.

### Relation Between KP Organizational Strength and Successful Weight Management Programs

With an estimated 4.4 million overweight or obese adult KP members nationwide, we are challenged to take a population-level approach to weight management. What types of intervention can address the growing prevalence of excess weight most effectively and efficiently?

The unique strengths of KP's organizational structure enable us to parse the problem of epidemic excess weight into segments, each of which can be matched with a problem-solving strategy. Our organizational structure facilitates active collaboration among researchers inside and outside KP and allows us to track new recommendations from outside entities such as the US Preventive Services Task Force, an

independent panel of experts in primary care and prevention. In addition to ongoing or completed evaluation of weight management programs, several KP Regions are standardizing forms for evaluating patients at intake, assessment, and follow-up to facilitate more systematic study.

We must continue to develop weight management programs in the absence of definitive, long-term study results. As our knowledge base increases, we can improve programs by eliminating nonessential elements and augmenting effective ones.

Current weight management programs in each KP Region are described in the next section and are summarized in Table 1.

### Current KP Regional Weight Management Programs KP Colorado

In partnership with the American Heart Association's *Slim for Life* program, KP Colorado has, since 1997, offered a one-year weight management class for adults that encourages them to introduce dietary change and more physical activity into their lifestyle. During the year, participants attend seminars on weight-related behavioral issues (for example, motivation and "emotional eating") and meet five times with a case manager who assesses participants' progress. Par-

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# Weight Management and Obesity Symposium

ticipants who meet the criteria for pharmacotherapy are offered this treatment option, for which participants bear the full cost of any nonformulary medications prescribed. Of 262 participants who completed the program in 1999 and 2000, about 28% lost at least 5% of their initial weight, and 11.8% of participants lost at least 10% of their initial weight. Mean weight loss per person was 8.3 pounds—about 1.4 pounds per month.

Bariatric surgery is also available at KP facilities for Health Plan members who meet the criteria for this procedure, an open (transabdominal) Roux-en-Y procedure.

### KP Mid-Atlantic States

For six years, dietitians in the KP Mid-Atlantic States Region

have offered a weight management class containing instructional material about several topics: healthy dietary change; beliefs and attitudes about weight; factors that influence eating and physical activity; and healthy lifestyle choices. This program has not yet been formally evaluated.

Members who meet the criteria for bariatric surgery may receive this surgery at non-KP facilities, where non-KP physicians perform the open Roux-en-Y procedure under contract with KP.

### KP Northwest

In KP Northwest, a weight management program began in 1989 and gradually developed into three programs that range from a self-study guide, *Weight Loss Basics*,<sup>2</sup> to a 12-week program (or

alternatively, a five-week program) which encourages participants to develop new life skills instead of dieting restrictively. During both the five-week and the 12-week programs—which provide information about readiness to change, dietary improvement, and finding ways to increase physical activity—participants lose a mean 1.1 pounds per week.

In addition, members who meet the criteria for bariatric surgery may receive this surgery (the open Roux-en-Y procedure) from KP surgeons.

### KP Northern California

Weight management programs in KP Northern California (KPNC) started in 1996 and now include a variety of adult-oriented programs, the cornerstone of which is a

multisession class, *Lifestyle and Weight Management Program*.

This class is facilitated by a team consisting of a dietician, a counselor, a health educator and/or exercise physiologist. At various sites throughout KPNC, the program is augmented by strategies such as offering group appointments or tailoring classes to specific issues (eg, medical weight management, self-esteem and emotional issues, and weight loss for African Americans).

A counseling protocol developed by the KPNC Regional Health Education Department on the basis of a four-session intervention is designed to help primary care clinicians to counsel members effectively about physical activity, healthy eating, and lifestyle change. A resource guide is available to help primary care clinicians and staff incorporate information about body mass index (BMI) into routine care and provide additional weight management resources for KP clinicians and members. Members who meet the criteria for bariatric surgery may receive this surgery either by KP surgeons or at non-KP facilities. KP surgeons and non-KP physicians contracting with KP usually perform the open Roux-en-Y procedure but sometimes use the laparoscopic approach.

Weight management programs tailored for different pediatric age groups are offered at KP and non-KP facilities. These programs are family-based, focus on behavior modification, and range from single classes to multisession programs.

*Get More Energy*, a poster developed by the department, is posted in pediatric and family

**Table 1. Kaiser Permanente regional weight management programs**

Region	No. of centers	Components	Duration	Cost to member
Colorado	6	Health education; diet, physical activity, behavior modification. Case management.	1 year	\$100-170 Nonformulary drugs at member expense.
Mid-Atlantic States	2 to 5 each quarter	Health education; diet, physical activity, behavior modification.	4 sessions	\$10/session
Northwest	11	Health education; diet, physical activity. Group support.	5-12 weeks	\$60-140
Northern California	28	<b>Adults:</b> Health education; diet, physical activity. Group appointment. Primary care counseling protocol.	8-16 weeks	\$0-100
	20	<b>Pediatrics:</b> Family-based health education; diet, physical activity, behavior modification. Group support.	2-10 weeks	\$0-500
Southern California	12	<b>Adults:</b> Health education; diet, physical activity. <b>Children, adolescents, and caregivers:</b> Health education; diet. Obesity Center. Meal replacement, counseling, behavior modification, telephone follow-up, telephone classes, weight maintenance. Case management.	1 session to 1 year	Fees vary.
Group Health Cooperative, Ohio and Georgia	3	Health education; diet, physical activity, behavior modification. Meal replacement, telephone classes, weight maintenance.	Up to 18 months	\$15-35/week

practice settings and is used as a training tool for pediatricians. The poster includes information about BMI and effective weight management counseling for children and families.

KPNC is collaborating with its Division of Research to evaluate this weight management program. Results of the evaluation will be available this year.

### **KP Southern California**

At each of its 12 medical centers, KP Southern California (KPSC) offers a variety of weight loss programs ranging from single classes to extended programs lasting six months or longer. These programs teach behavior modification and methods of solving problems under close medical supervision. In addition, a unique, freestanding, fee-for-service metabolic obesity center operates in KPSC and offers classes tailored to specific issues, such as the effects of sexual abuse on weight.

For adult Health Plan members who meet the criteria for bariatric surgery, this treatment (the open or laparoscopic Roux-en-Y procedure) is available from KP physicians as well as from non-KP physicians who have contracted with KP to do the procedure. Weight management programs for adolescents and for their caregivers consist

of one or two sessions and address reasons for weight gain, caloric content of food (including "fast food"), low-fat cooking, and strategies designed to increase physical activity.

Programs about pediatric weight management are offered to parents and caregivers and teach about food choices, including the relation between fast-food consumption and weight gain.

This weight management program has not yet been formally evaluated.

### **Group Health Cooperative**

Group Health Cooperative (GHC) provides four different weight management programs: meal replacement, weekly classes, individual contact (by phone or in person) with a health educator, or a combination of these services. Programs are tailored to members' needs and address such topics as weight maintenance and achieving various degrees of weight loss (ie, 10 pounds, 30 pounds, or more). At-home counseling is available for Health Plan members who are unable to attend classes at a clinic location.

For adult members who meet the criteria for bariatric surgery, this treatment (usually the laparoscopic Roux-en-Y procedure) is available at GHC facilities and is done by GHC physicians.

A five-year analysis of GHC weight management activities is underway. Results are expected to be available later this year.

### **KP Ohio, KP Georgia, and KP Hawaii**

For members of KP Ohio and KP Georgia who meet the criteria for this procedure an open Roux-en-Y procedure is performed. Non-KP physicians perform the surgery under contract with KP.

Members who meet criteria in KP Hawaii receive surgery by KP physicians at a KP facility; the preferred procedure is laparoscopic Roux-en-Y.

### **Conclusion**

This overview of KP Regional Weight Management Programs presents a region-by-region snapshot of where we are now and helps provide a roadmap for where we need to go. ❖

### **Acknowledgments**

*In facing the critical public health issue of weight management, KP is building upon the talents and dedication of hundreds of KP physicians and health care professionals working at the regional level. It is their innovation, commitment, and collaborative spirit that ultimately will allow KP to address the challenges ahead.*

*I would like to take this opportunity to thank some representatives from*

*Care Management Institute's Weight Management Clinical Network who have been working together on an interregional basis to develop tools, programs, and training to enhance our program's ability to respond to this epidemic quickly and with a solid understanding of the evidence. Thanks to them, also, for helping to ensure accuracy of these overviews for their regions.*

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## **The Beginning**

The beginning is always today.

*Mary Wollstonecraft, 1759-1797, writer and feminist*