

University of Vermont

UVM ScholarWorks

Family Medicine Clerkship Student Projects

Family Medicine Community

2021

Dietary Health Screening

Luke Hallgarth

University of Vermont

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

Hallgarth, Luke, "Dietary Health Screening" (2021). *Family Medicine Clerkship Student Projects*. 724.
<https://scholarworks.uvm.edu/fmclerk/724>

This Book is brought to you for free and open access by the Family Medicine Community at UVM ScholarWorks. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of UVM ScholarWorks. For more information, please contact scholarworks@uvm.edu.

Dietary Screening

Luke Hallgarth

South Burlington Family Medicine

October & November 2021

Dr. Calkins & Dr. Luebbers



The University of Vermont
LARNER COLLEGE OF MEDICINE

Problem Identification

Dietary recalls by patients are subjective & inefficient with time. A large portion of time is spent looking through past notes for previous dietary habits & goals.

Physicians do not have a quantitative tool to track patient's progress with unhealthy dietary habits.

Public Health Cost

- Predicted to have an increase of 65 million obese adults in US by 2030. Combined with associated diseases related to obesity, will cost US healthcare system an additional ~\$55 billion / year.¹
- Patients with BMI > 30 had associated increased healthcare costs of 25-44% compared to non-overweight (BMI < 25) patients.²



Community Perspective: Family Medicine Physicians

- How many of your patients are you speaking about diet with?
 - “Almost all, at least 75%”
- What are the largest offenders for food groups?
 - “It’s mostly processed sugar, white flour, processed foods ... People don’t even realize they’re eating processed foods.”
- Are many patients unable to recall their dietary habits?
 - “They [patients] leave out things like snacks & beverages. I have to be very specific other than general.”
- “I wish there more opportunities to talk to patients about nutrition outside of their annual physical. A lot of patients don’t have access to a dietician.”
- “Time management makes it more difficult to dig into the diet specifics.”



Intervention

- Standardized screening tool to be distributed to all patients for annual wellness & diabetes appointments.
- Contains categories of commonly consumed poor food choices (red meats, fried foods, sweets, etc.)
- Easily & quickly scored. Numerical score associated with unhealthiness of patient's dietary habits.

Dietary Health Rating

How many servings of ___ have you consumed over the past week? Circle the most accurate response.

Some, but not all, examples are listed below each category.

Category	Number of servings				
Red Meat (beef, pork, lamb, deli meats, etc.)	0	1-2	3-4	5-6	7+
Sweets (cakes, cookies, ice cream, etc.)	0	1-2	3-4	5-6	7+
Fried Foods	0	1-2	3-4	5-6	7+
White Breads	0	1-2	3-4	5-6	7+
Fast Food	0	1-2	3-4	5-6	7+
Salty Snacks (pretzels, chips, etc.)	0	1-2	3-4	5-6	7+
Sodas (including diet sodas)	0	1-2	3-4	5-6	7+
Fruit Juices	0	1-2	3-4	5-6	7+
Alcohol (beer, wine, spirits)	0	1-2	3-4	5-6	7+



Results

- Implement over course of multiple appointments for those patients looking to decrease weight, A1c level, or blood pressure
- Input dietary score into chart at each visit
- Track dietary scoring against patient's A1c, weight loss, & health goals

Effectiveness & Limitations

- Effectiveness:
 - Provides patients with more time to recall their dietary habits
 - Allows for numerical score that patients can track to monitor their dietary progress
 - Physicians spend less time asking specific questions, the data is readily available
- Limitations:
 - Patients have different interpretations of what a “serving” is
 - Survey is optional; many patients will decline
 - Adds to amount of paperwork at beginning of visits



Future Recommendations

- Create dot-phrase in EPIC that mirrors questionnaire & allows numerical inputs
 - Dot-phrase should populate previous responses
- Tailor screening tool for patient's goals; weight loss, hypertension, diabetes management, etc.

References

1. Wang YC, McPherson K, Marsh T, Gortmaker SL, Brown M. Health and economic burden of the projected obesity trends in the USA and the UK. *Lancet*. 2011 Aug 27;378(9793):815-25. doi: 10.1016/S0140-6736(11)60814-3. Erratum in: *Lancet*. 2011 Nov 19;378(9805):1778. PMID: 21872750.
2. Quesenberry CP Jr, Caan B, Jacobson A. Obesity, health services use, and health care costs among members of a health maintenance organization. *Arch Intern Med*. 1998 Mar 9;158(5):466-72. doi: 10.1001/archinte.158.5.466. PMID: 9508224.

