
View Abstract

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TITLE: Serving Health on MyPlate: Visual Tools Guide Healthy Eating

ABSTRACT BODY:

Statement of Problem or Question (one sentence): Will a brief nutritional counseling intervention during the primary care visit impact patient confidence and motivation around choosing healthy foods?

Objectives of Program/Intervention (no more than three objectives): To increase satisfaction in dietary counseling, as well as confidence and motivation to make healthier food choices, among patients in our adult primary care clinics.

Description of Program/Intervention, including organizational context (e.g. inpatient vs. outpatient, practice or community characteristics) : New Yorkers living in our Afro-Caribbean Flatbush/East-Flatbush Brooklyn community have a high incidence of diet-related illnesses such diabetes (15.6%), obesity (34.3%), and hypertension (30%). In 2017, 18% of Brooklyn adults reported consuming less than one fruit or vegetable daily. The current strategy includes referral to a dietician, however in 2018 there was a 39% no-show rate. Access is limited by social determinants of health including transportation, cost, and employment scheduling conflicts.

From July to November 2019, a team of primary care providers (PCPs) counseled patients during scheduled visits using "MyPlate," a standardized visual 9-inch tool recommending the following meal proportions: 50% fruits and vegetables, 25% starch, and 25% protein. This team included an interdisciplinary group of residents and nurse practitioners, formally trained in motivational interviewing and patient-centered communication techniques. These techniques were used in delivery of "MyPlate," and to aid patients in choosing specific diet change goals.

Measures of success (discuss qualitative and/or quantitative metrics which will be used to evaluate program/intervention): We used a quasi-experimental design with a pre- and post-intervention survey that utilized a 5-point Likert Scale to assess patient insight into the importance of diet to their health, confidence in their ability to choose a healthy diet, and their motivation to make these dietary changes.

Findings to Date (it is not sufficient to state →findings will be discussed→): 64 patients were included in the study; 63 answered all questions. Using a paired sample t-test, a statistically significant increase was observed across all patient factors (insight, satisfaction, confidence and motivation). Post-intervention, questions measuring insight increased the average Likert scale from 3.09 to 3.95 (p<0.001). Average Likert scales improved for questions assessing satisfaction 3.79 to 4.56 (p<0.001), confidence 3.91 to 4.34 (p=0.020), and motivation 4.28 to 4.66 (p=0.004) after MyPlate counseling.

Key Lessons for Dissemination (what can others take away for implementation to their practice or community?): Utilization of "MyPlate" for brief, directed nutrition counseling during primary care visits is effective in populations where social determinants of health impact viability of traditional methods. When delivered using clinical communication techniques, such as motivational interviewing and patient centered communication, patient confidence and motivation to change increases.

Impact: Patients with inconsistent access to care are at risk for healthcare disparities when education is not delivered at the point of care. Insight, satisfaction, confidence, and motivation increases when MyPlate education is conveyed using motivational interviewing and patient-centered communication. Tailored, culturally relevant versions of standardized tools may be even more effective when translating educational messages for both individuals and communities.

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AUTHORS (FIRST NAME INITIAL LAST NAME): C. Virmani^{1, 2}, S. tan¹, J. Perez^{1, 2}, Z. Sattar^{1, 2}, C. Grant^{1, 2}, E. Botti^{1, 2}, S. Joseph¹, D. L. Stevens^{4, 2}, A. A. Chang^{5, 3}, M. S. Lee^{1, 2}

- INSTITUTIONS (ALL):** 1. Ambulatory Medicine, Kings County Hospital, Brooklyn, NY, United States.
2. Internal Medicine, SUNY Downstate Health Sciences University, Brooklyn, NY, United States.
3. Internal Medicine, Internal Medicine Residency Program, SUNY Downstate, Brooklyn, NY, United States, Brooklyn, NY, United States.
4. Ambulatory Care, NYC Health + Hospitals/Kings County, Brooklyn, NY, United States.
5. Ambulatory Medicine, NYC Health + Hospitals/Kings County, New York, NY, United States.

SGIM MEMBERSHIP STATUS (IHD):

Chetan Virmani : Non-Member → Resident

suzette tan : Non-Member

Jessica Perez : Non-Member

Zeeshan Sattar : Non-Member → Resident

Christon Grant : Non-Member → Resident

Evan Botti : Non-Member → Resident

Sandra Joseph : Non-Member

David Stevens : Non-Member

Andrew Chang : Full Member

Melissa Lee : Non-Member

PRESENTATION FORMAT: Poster Only

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