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Is there a Role for Lay Peer Coaches in the Treatment of Obesity in Primary Care?

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Lifestyle interventions for weight loss have been developed and have demonstrated efficacy [1-4]. Despite this, translation of these programs to applied clinical settings such as primary care has been limited, even though weight loss programs delivered in primary care have the potential for widespread reach to patients affected by obesity. In fact, a variety of health organizations have called for greater involvement of primary care physicians in weight management [1,5,6]. However, there are numerous barriers to treatment delivery, including time constraints for physicians and other staff, insufficient reimbursement, and physician discomfort and/or limited training in behavior change counseling [7-11]. In the context of these barriers, weight loss counseling infrequently occurs in this clinical setting [12,13], and primary care weight management programs have typically achieved limited success [14,15].

To address some of the limitations of previous primary care interventions, obesity treatment delivered by trained peer coaches may provide an innovative and practical alternative. Peer coaches, also referred to as community health workers (CHWs) or lay health educators, are typically defined as individuals who participate in some capacity in health promotion, receive training for intervention delivery (but have no formal professional healthcare training), and have an existing relationship or other connection with the population receiving care [16]. Importantly, peer coaches have successfully assisted in the management of other chronic conditions, including diabetes [17] and cardiovascular disease [18].

Peer coaches may be particularly useful for obesity interventions in primary care because coaches can serve as care extenders for the primary care team and may be more accessible to patients and more familiar with their personal experiences than healthcare providers [16,19,20]. Also, patients are accustomed to receiving ongoing care through their physician's office. With appropriate training, coaches may be uniquely positioned to provide support, encouragement, and community linkages to promote adherence to long-term behavior change. Peer coaches may be especially effective for helping patients incorporate new or complex treatment regimens into their daily lives [19], which would have clear application to lifestyle interventions for obesity.

In support of this idea, a handful of recent studies have examined obesity interventions delivered by peer coaches/CHWs in other applied settings, including community centers, churches, and senior centers [21-24]. Many of these peer-delivered interventions have achieved clinically meaningful weight loss that differed significantly from comparison conditions [21-24]. In addition, a recent single-group pilot study examined the effects of a peer-based weight loss intervention specifically delivered in primary care, and this program also achieved significant weight reductions and was well-received by patients [25].

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While these initial findings are encouraging, additional research is needed to better understand the potential impact of peer-delivered obesity interventions for primary care. In particular, randomized trials comparing peer-led interventions to alternative treatment options are needed. Such trials will require adequate sample sizes and extended follow-up to fully address this research question. Additional work is also needed to better understand individuals' characteristics, background, and training that ideally prepare them to serve in the role of peer coach for obesity treatments. On a practical note, identifying and implementing reimbursement strategies for these clinical services will be important for the feasibility and sustainability of peer-delivered programs in primary care.

In summary, peer coaches may offer an efficient option for delivering weight loss programs in primary care. If peer-based weight management programs prove effective in primary care, this could offer a practical and sustainable approach for weight loss treatment delivery, which would have significant public health reach for the management of obesity and the reduction of weight-related health conditions. The development and evaluation of training and certification procedures for peer coaches, as well as standardized intervention materials to be used by coaches, could promote the dissemination of such programs to various health systems, providers, and practices.

References

1. Jensen MD, Ryan DH, Apovian CM, Ard JD, Comuzzie AG, et al. (2014) AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *J Am Coll Cardiol* 63: 2985-3023.
2. Foster GD, Makris AP, Bailer BA (2005) Behavioral treatment of obesity. *Am J Clin Nutr* 82: S230-S235.
3. Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, et al. (2002) Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 346: 393-403.
4. The Look AHEAD Research Group (2010) Long-term effects of a lifestyle intervention on weight and cardiovascular risk factors in individuals with type 2 diabetes mellitus: Four-year results of the Look AHEAD Trial. *Arch Intern Med* 170: 1566-1575.
5. Moyer VA, Force USPST (2012) Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med* 157: 373-378.
6. Centers for Medicare and Medicaid Services (2011) Decision memo for intensive behavioral therapy for obesity (CAG-00423N).
7. Hølund U, Thomassen A, Boysen G, Charles P, Eriksen EF, et al. (1997) Importance of diet and sex in prevention of coronary artery

- disease, cancer, osteoporosis, and overweight or underweight: a study of attitudes and practices of Danish primary care physicians. *Am J Clin Nutr* 65: S2004-S2006.
8. Bocquier A, Verger P, Basdevant A, Andreotti G, Baretge J, et al. (2005) Overweight and obesity: knowledge, attitudes, and practices of general practitioners in France. *Obes Res* 13: 787-795.
 9. Foster GD, Wadden TA, Makris AP, Davidson D, Sanderson RS, et al. (2003) Primary care physicians' attitudes about obesity and its treatment. *Obes Res* 11: 1168-1177.
 10. Kushner RF (1995) Barriers to providing nutrition counseling by physicians: a survey of primary care practitioners. *Prev Med* 24: 546-552.
 11. Ruelaz AR, Diefenbach P, Simon B, Lanto A, Arterburn D, et al. (2007) Perceived barriers to weight management in primary care--perspectives of patients and providers. *J Gen Intern Med* 22: 518-522.
 12. Yates EA, Macpherson AK, Kuk JL (2012) Secular trends in the diagnosis and treatment of obesity among US adults in the primary care setting. *Obesity (Silver Spring)* 20: 1909-1914.
 13. Sciamanna CN, Tate DF, Lang W, Wing RR (2000) Who reports receiving advice to lose weight? Results from a multistate survey. *Arch Intern Med* 160: 2334-2339.
 14. Hartmann-Boyce J, Johns DJ, Jebb SA, Summerbell C, Aveyard P (2014) Behavioural weight management programmes for adults assessed by trials conducted in everyday contexts: systematic review and meta-analysis. *Obes Rev* 15: 920-932.
 15. Tsai AG, Wadden TA (2009) Treatment of obesity in primary care practice in the United States: a systematic review. *J Gen Intern Med* 24: 1073-1079.
 16. Norris SL, Chowdhury FM, Van Le K, Horsley T, Brownstein JN, et al. (2006) Effectiveness of community health workers in the care of persons with diabetes. *Diabet Med* 23: 544-556.
 17. Heisler M, Vijan S, Makki F, Piette JD (2010) Diabetes control with reciprocal peer support versus nurse care management: a randomized trial. *Ann Intern Med* 153: 507-515.
 18. Brownstein JN, Bone LR, Dennison CR, Hill MN, Kim MT, et al. (2005) Community health workers as interventionists in the prevention and control of heart disease and stroke. *Am J Prev Med* 29: 128-133.
 19. Heisler M (2010) Different models to mobilize peer support to improve diabetes self-management and clinical outcomes: evidence, logistics, evaluation considerations and needs for future research. *Fam Pract* 27: i23-i32.
 20. Helgeson VS, Cohen S (1996) Social support and adjustment to cancer: reconciling descriptive, correlational, and intervention research. *Health Psychol* 15: 135-148.
 21. Leahey TM, Wing RR (2013) A randomized controlled pilot study testing three types of health coaches for obesity treatment: Professional, peer, and mentor. *Obesity (Silver Spring)* 21: 928-934.
 22. Katula JA, Vitolins MZ, Morgan TM, Lawlor MS, Blackwell CS, et al. (2013) The Healthy Living Partnerships to Prevent Diabetes study: 2-year outcomes of a randomized controlled trial. *Am J Prev Med* 44: S324-S332.
 23. West DS, Bursac Z, Cornell CE, Felix HC, Fausett JK, et al. (2011) Lay health educators translate a weight-loss intervention in senior centers: a randomized controlled trial. *Am J Prev Med* 41: 385-391.
 24. Parikh P, Simon EP, Fei K, Looker H, Goytia C, et al. (2010) Results of a pilot diabetes prevention intervention in East Harlem, New York City: Project HEED. *Am J Public Health* 100: S232-S239.
 25. Dutton GR, Phillips JM, Kukkamalla M, Cherrington AL, Safford MM (2015) Pilot Study Evaluating the Feasibility and Initial Outcomes of a Primary Care Weight Loss Intervention With Peer Coaches. *Diabetes Educ* 41: 361-368.