

Form Approved

OMB No. 0990-_____

Exp. Date 03/01/2015

Measurement name

OWH Striving for a Healthy Community

PRE-TEST for PROVIDERS
Removing the Barriers to Lesbian and Bisexual Women's Obesity

Reduction

For: Physicians and nurses,
Prior to training

√ **PRE-TRAINING EVALUATION FORM**

Location:

Date:

Identification Number:

1. How often do you ask your clients/patients about their sexual orientation and/or the gender of their sexual partners?
 - o I ask this of every patient
 - o I ask this of every patient who I think may be LGBT
 - o I never ask about this because I don't think it's appropriate
 - o I never ask about this because I don't know how to phrase the questions
 - o Other _____

2. How often do you discuss weight reduction desirability/strategies with patients who are overweight or obese?
 - o Always or almost always
 - o Frequently
 - o Sometimes, depending on how receptive I think they'll be
 - o Almost Never
 - o Never

FOR THE FOLLOWING STATEMENTS, PLEASE INDICATE WHETHER YOU AGREE OR DISAGREE Please circle one number for each statement.

1= strongly disagree

2= disagree

3 = not sure

4= agree

5= strongly agree

1. Lesbians and bisexual women may avoid healthcare because they don't trust the practitioner to be culturally competent. 1 2 3 4 5

2. Overweight and obese women often delay or avoid healthcare if they feel their health care provider holds a bias against women who are large. 1 2 3 4 5

3. Most lesbian/bisexual women would appreciate intake forms that ask patients if they are heterosexual/lesbian/bisexual/transgender. 1 2 3 4 5

4. I don't believe I should ask my patients about their sexual Identity. 1 2 3 4 5

5. Lesbian and bisexual women are more likely than other women to overuse alcohol. 1 2 3 4 5

6. Most overweight/obese patients are not motivated to achieve a healthy weight 1 2 3 4 5

7. Physicians/nurses should always instruct their overweight/obese patients to lose weight. 1 2 3 4 5

8. Asking if a patient is motivated to lose weight is an important component to helping a patient to lose weight in order to improve her health 1 2 3 4 5

9. Patients who are advised by their physician how to modify their behavior to lose weight are more likely to lose weight than those who do not get this advice. 1 2 3 4 5

10. Setting long-term goals is helpful in encouraging a patient to lose weight. 1 2 3 4 5

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Questions on lesbian and bisexual women are taken from Mautner Project's Removing the Barriers Training, certified by Corexcel for continuing education credits, i.e.:

Corexcel is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

Corexcel is accredited as a provider of continuing education in nursing by the State of Florida, Board of Nursing (provider no. 50-452) and the State of California, Board of Nursing (provider no. CEP 13687). Corexcel is an Authorized CEU Sponsor of the International Association for Continuing Education and Training (IACET).

This program is approved for 2.30 nursing contact hours.

This program is approved by the National Association of Social Workers (Approval # 886447440-9907) for 1.5 Social Work continuing education hours.

IMNE designates this educational activity for a maximum of 2.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

NOTES for questions related to obesity:

Note for #2: Drury, C.A.A.D. and Louis, M., "Exploring the Association Between Body Weight, Stigma of Obesity, and Health Care Avoidance. Journal of the American Academy of Nurse Practitioners, 14:12, Dec 2002.

Note for #3 Seaver, M.R et al, "Healthcare Preferences Among Lesbians: A Focus Group Analysis" Journal of Women's Health 17:2, 2008.

Note for #6 Befort, C.A. et al, Weight-Related Perceptions Among Patients and Physicians: How Well do Physicians Judge Patients' Motivation to Lose Weight?" Journal Gen Internal Medicine 2006; 21: 1086-1090 cites BRFSS data that 70% of obese women are trying to lose weight.

Note for #7 Befort, C.A., et al. *ibid.* Weight reduction can be approached as a partnership b/w the client and provider, rather than as a directive such as "Lose weight" aimed at the client.

Note for #8 Befort, C.A. et al, *ibid.* motivational interviewing is a communication style emphasizing reflective listening and direct questioning whereby the provider refrains from drawing conclusions but rather first assesses patient motivation and expectations in a collaborative manner that both validates and provides guidance that the patient may be more likely to accept and act upon."

Note for #9 Bleich, S.N. et al, "Physician practice patterns of obesity diagnosis and weight-related counseling" *Patient Education and Counseling* 82 (2011) 123-129. "Patients who are advised by their physician to modify their behavior are generally more confident and motivated to engage in lifestyle modifications (e.g. dietary changes, increased physical activity). "

Note for #10 Franklin, B.A. and Vanhecke, T.E., "Counseling Patients to Make Cardioprotective Lifestyle Changes: Strategies for Success." *Preventive Cardiology*, Winter 2008. "A modest weight loss over a 2- month period is easier to focus on than the full weight loss needed to get the patient to their ideal body weight." "The easier you make it for patients to act, the easier it will be to overcome inertia."