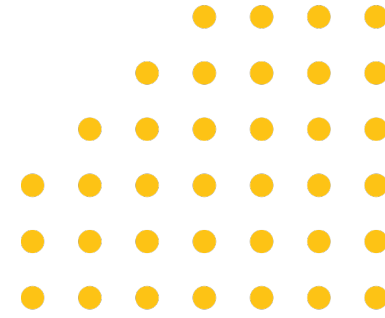




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**inhealth**  
Lifestyle Therapeutics.



**TELEMEDICINE HEALTH  
COACHING FOR CHRONIC  
DISEASES & VISITS FOR  
WEIGHT LOSS**

**Week of RSCA**

**Researchers**

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# BACKGROUND

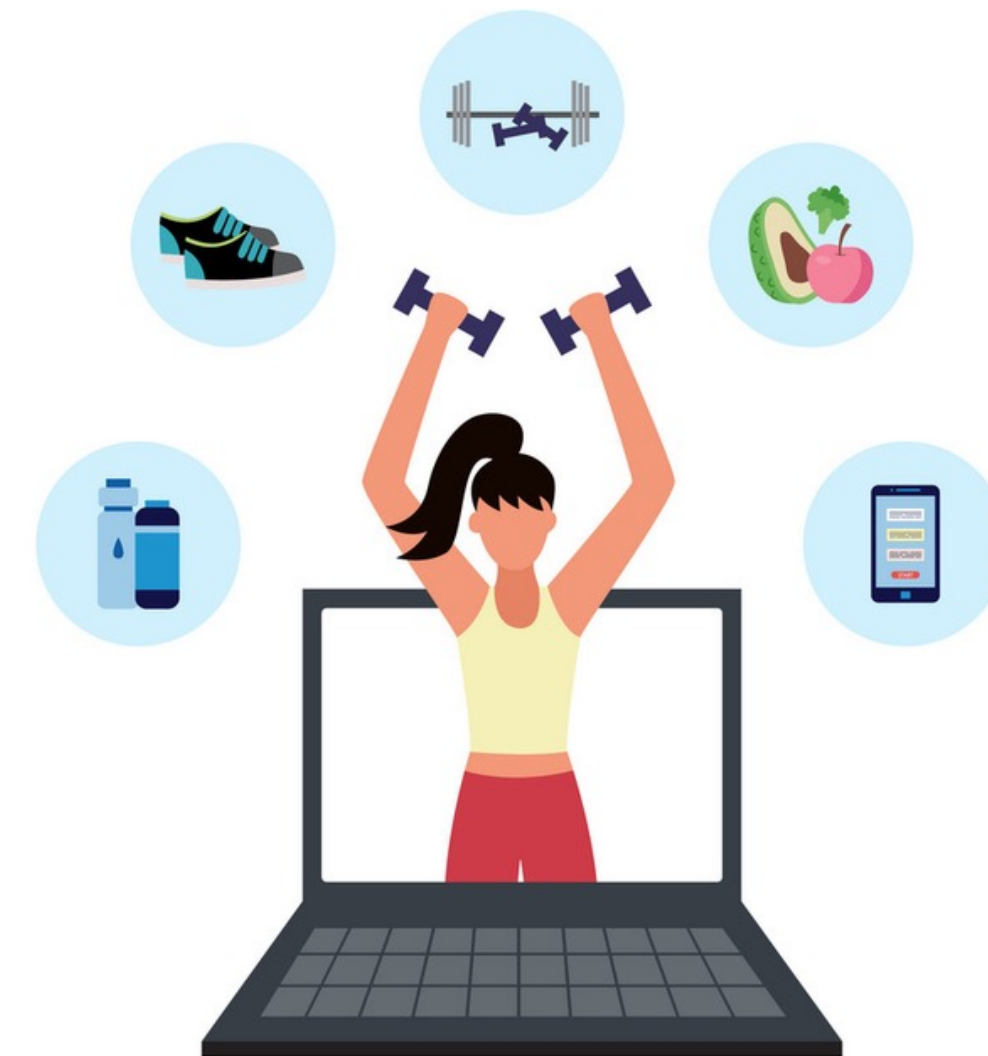


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## *Telemedicine Health Coaching for Chronic Diseases & Visits for Weight loss*

*Health and wellness coaching (HWC)* provides **health education** within a clinical environment.

In combination with standard care from providers, HWC **can improve weight management** across chronic conditions. (obesity, hypertension, and sleep apnea)



# SPECIFIC AIM



Study aims to determine relationship between HWC and weight loss across different chronic condition healthcare provider types (taxonomies).

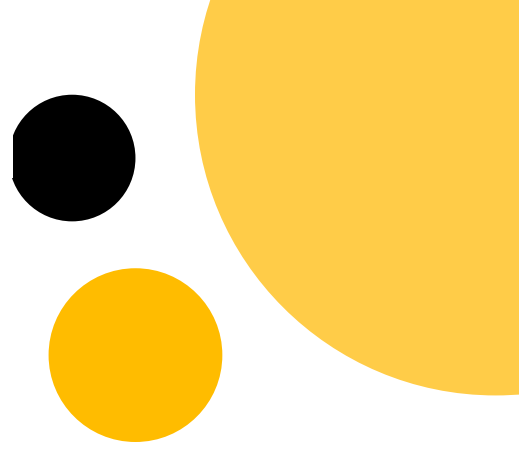
OBESITY

HYPERTENSION

SLEEP APNEA



# HYPOTHESIS



## *Problem Statement*

Evidence is lacking to support the usage of health coaching for patients with obesity from various provider taxonomies.

## *Hypothesis*

Hypothesized that patients referred to health coaching from obesity medicine providers would have the greatest weight lost



# METHODS

1

*Patients were recruited from usual healthcare providers in the US and met with a HWC from InHealth Lifestyle Therapeutics Inc.*

3

*One-way ANOVA with post-hoc Tukeys test and Spearman correlations were conducted in SPSS v.29 and significance was compared to alpha =.05.*

2

*The data was retrospectively collected from medical charts in InHealth's system. Variables collected include:*

- *Weight and height for body mass index (BMI)*
- *Demographic information: gender and age.*
- *Number of visits with a HWC*
- *Referring provider type*



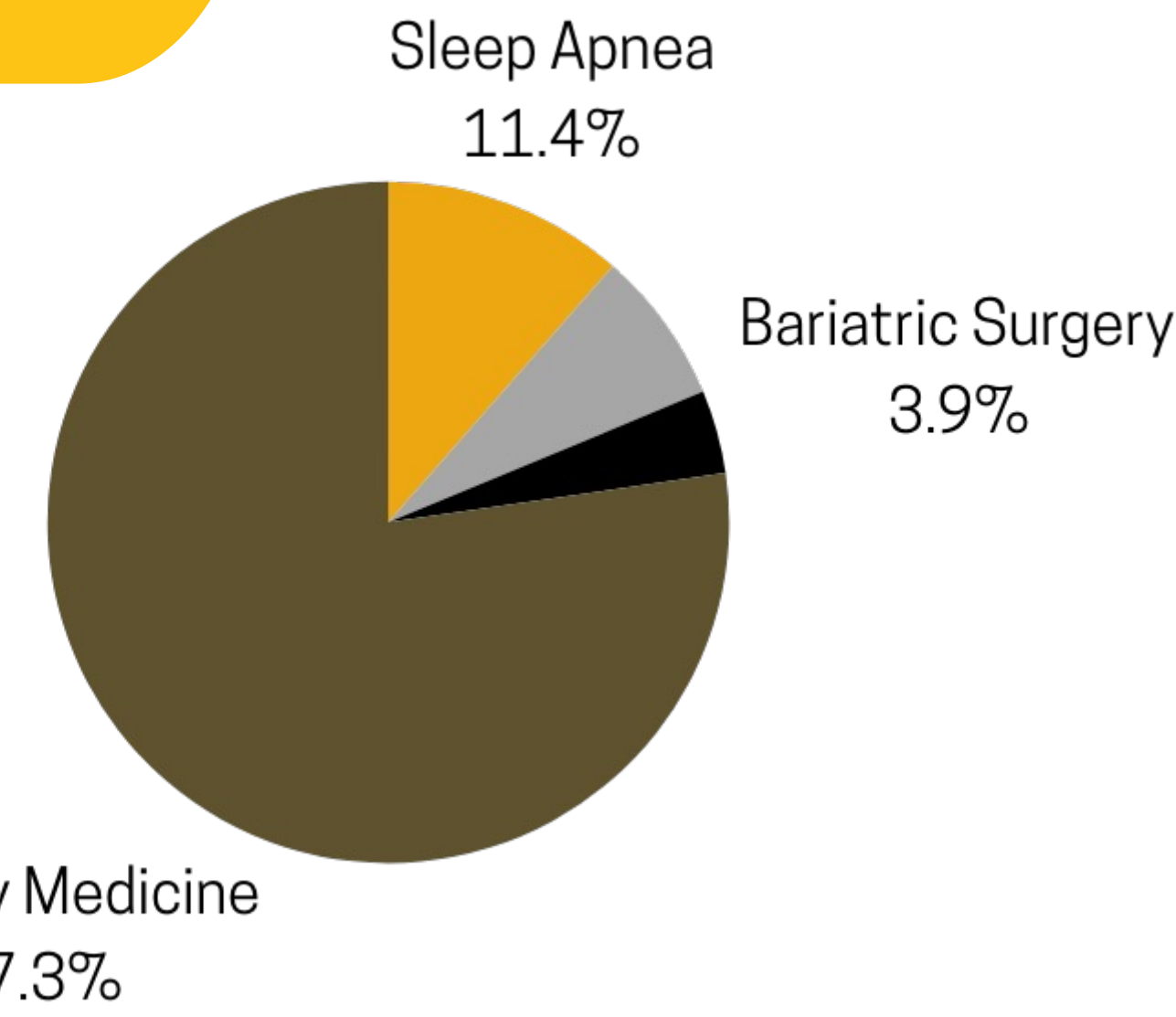


# RESULTS

- ***N=3,267 patients***
- ***initial BMI average was 41.9 (SD = 9.17) kg/m<sup>2</sup>.***



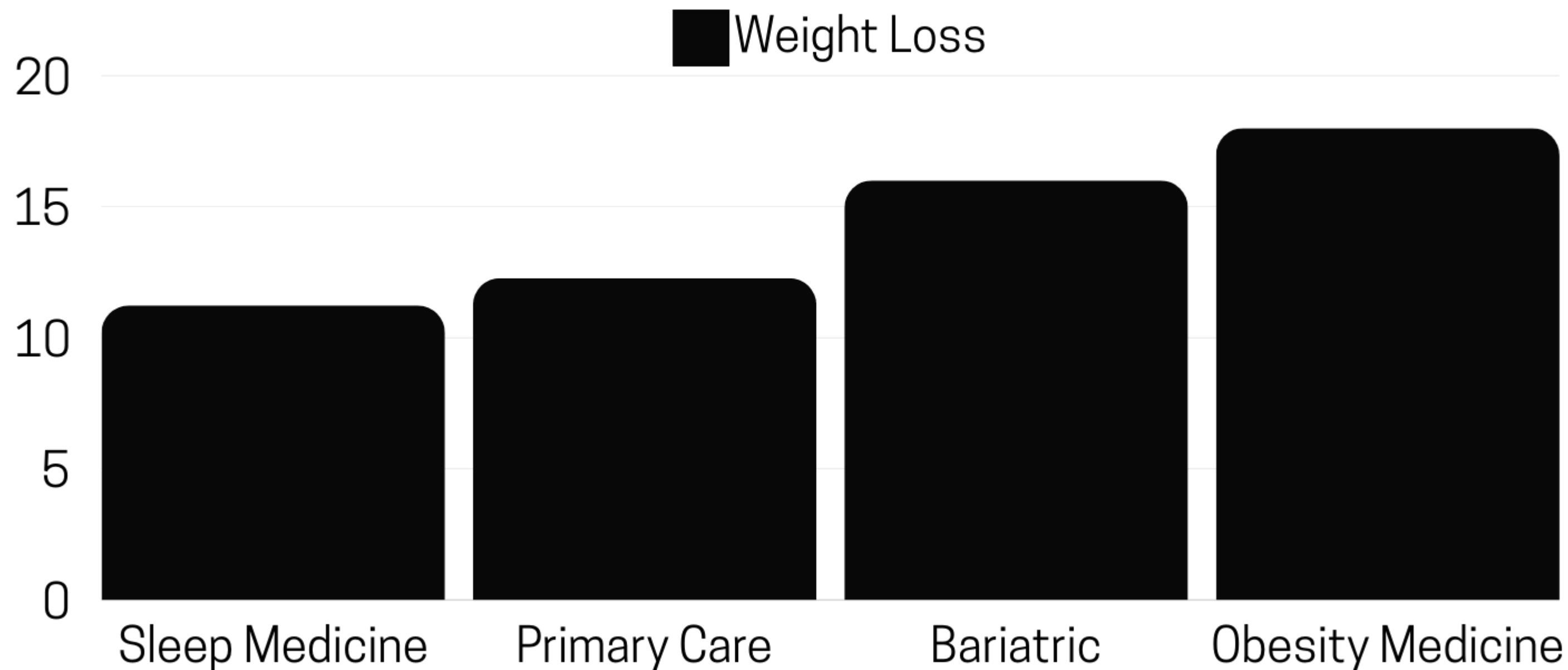
**Figure 1: 68% (n=2189) were female**



**Figure 2: Percentaged per chronic condition**



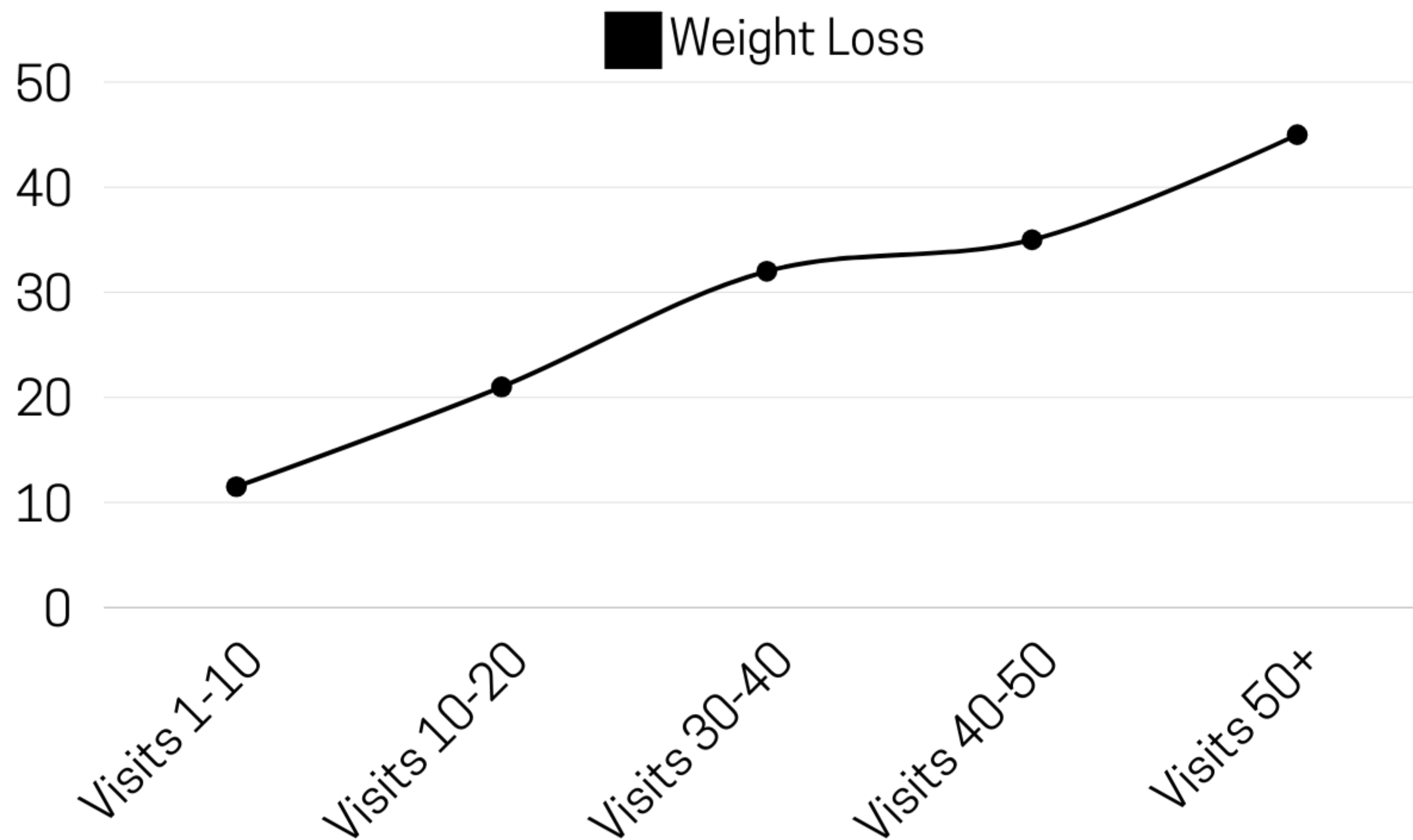
**Among the chronic conditions, patients from obesity medicine providers lost significantly more weight than any other chronic condition practice ( $F(3,3263)=10.84, p<.001$ ).**



**Figure 3: Weight loss across chronic condition**



**Additionally, among the entire patient population, patients with higher visit counts were more likely to lose weight ( $r=0.71$ ,  $p<.001$ ).**



**Figure 4: Total weight loss from entire population ( $n=3,267$ ) and visits**





# DISCUSSION



## Obesity & Weight Loss

Evidence is consistent with the literature where increased touch points (visits) leads to greater weight loss.



## Unexpected Results

Although patients from obesity medicine providers had significant weight loss, we expected patients from bariatric surgeons to have higher rates of weight loss because of the high amount of starting body weight.

# LIMITATIONS

- The data was skewed towards obesity medicine ( 77 %). There was an inaccurate representation of the data across the four chronic conditions.
- Extraneous variables: Not able to make it to the meeting, eating more due to mental illness or event
- Based on only U.S population. This study could vary in different countries where listed chronic conditions aren't as prevalent and there are sociocultural differences.



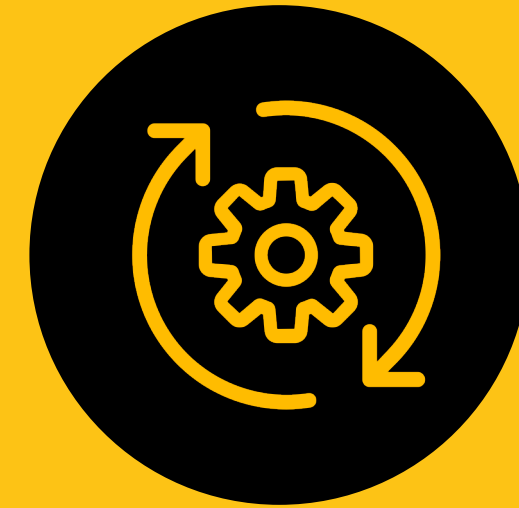
# CONCLUSIONS



## ***Application***

Further research could address the importance of HWCs across different chronic conditions.

More awareness to the field of Obesity Medicine since obesity medicine specialists are underutilized in the medical field, with only 3,500 nationwide.

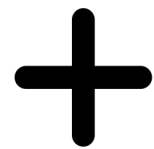


## ***Implementation***

Increasing access to HWC alongside Obesity Medicine Physicians in hospital systems across could improve weight lost.



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# THANK YOU

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