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Community-Engaged Lifestyle Medicine Consult Service

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The Community Engaged Lifestyle Medicine Consult (CELM) service operates in the context of an academic Preventive Medicine residency program at the University of Texas – Rio Grande Valley. The Rio Grande Valley is a four-county area located in South Texas, miles from the U.S. Mexico-Border. This historic, predominantly Latino community of over 1 million people is rich with culture, color and spirit, but increasingly affected by a sobering epidemic of lifestyle disease and associated risk factors. One in two Hispanic children now face a risk of a lifetime of diabetes; nearly half the population is obese, with over 60% diagnosed with diabetes or pre-diabetes. The push for change evolved into the creation of the region’s first Preventive Medicine residency program, part of the Department of Pediatrics & Preventive Medicine, established and granted accreditation in 2015. The PM program, led by Program Director Dr. Krishnaswami, in cooperation with community, public health, academic and clinical stakeholders, developed the innovative model of Community-Engaged Lifestyle Medicine, and its associated preventive medicine/lifestyle-medicine consultancy model. The model complements and integrates with the existing infrastructure of primary care practices, as opposed to replacing primary care.

The program’s vision is to train residents and providers in serving the preventive and lifestyle health needs of vulnerable and diverse communities, build wellness and momentum for healthy behavior, and ultimately contribute to health equity.

What motivated you to practice Lifestyle as Medicine?
Dr. Krishnaswami was blessed with many environmental drivers for good health and wellness, including a family and culture that practiced a vegetarian diet (back when it was considered “weird”) and strong family love and support. However, as an overweight teenager who eventually lost 50 pounds through dietary change and exercise, she experienced the power of activity to boost mental health and wellness. Years later, she harnessed this personal experience to promote wellness through lifestyle medicine: working with obese teenagers as a Community Medicine Fellow, delivering community talks on exercise, promoting grassroots support and connection through group work and counseling, training future leaders in preventive and lifestyle medicine – and to her current work, which is establishing the state of Texas’ first health-equity oriented Lifestyle Medicine curriculum in an academic Preventive Medicine residency.

Dr. Martin Luther King once said, “Of all forms of inequality, injustice in health care is the most shocking and inhumane.” The Rio Grande Valley is a microcosm for larger patterns within the United States, and even globally. Low-income populations have accessed relatively fewer benefits in population-wide disease prevention efforts, and currently lose years of life and wellness to diseases preventable and treatable through lifestyle.

Dr. Krishnaswami views lifestyle medicine not only as a mechanism to treat and prevent disease, but as a common denominator capable of reversing pervasive health disparities. Her passion for lifestyle medicine as a health equity tool began during her training in public health and preventive medicine, where she began to apply community engagement in free clinics and group settings to build health literacy and deliver “grassroots lifestyle medicine”. Her commitment to optimizing lifestyle in diverse communities drew her from a busy academic position in Los Angeles to a medically underserved community in South Texas, miles from the Mexico border, which faces epidemic rates of diabetes, obesity, and lifestyle-related disease.

Coming to medicine from a multicultural, business and economics background, Dr. Krishnaswami has always had an eye on systems-level, upstream sources for improvement. She is also committed to the healing potential of hope, empathy and the trust-centered doctor-patient relationship in building health. In the context of a residency program, she envisions future generations of physicians learning and applying the essential skills of community-focused lifestyle medicine, helping to build capacity and turning the tide on preventable disease and health disparities.
What type of lifestyle-related services do you provide?

Patients in the Community-Engaged Lifestyle Medicine consult (hereafter called LM consult for brevity) participate in the creation of a detailed “Health Risk Assessment” that includes basic LM vital signs (including Waist-Hip ratio), laboratory testing, and a detailed intake questionnaire to evaluate self-efficacy and health literacy. This Health Risk Assessment is tailored to the population being served – diabetic patients, pregnant women, university students, employees, obese patients, etc. The physician reviews the data and calculates basic health risks (2-year mortality, ASCVD risk, etc) for the patient. The patient then completes a one hour visit with the Preventive Medicine Lifestyle physician, where time is spent collaboratively 1) building health literacy (helping the patient gain an understanding of his/her condition, what the “numbers” mean, and the potential for risk reduction through lifestyle, 2) identifying key lifestyle “risk” factors (exercise, food, stress, family, etc) and 3) developing targeted Health Action Plans with weekly action items (covering the domains of Movement, Food, Love and Support). Finally, the consult service also includes dedicated efforts to coach patients on better understanding their medications, given the need for medication health literacy in our population.

Following the consult, the physician writes prescriptions for various relevant items, including: 1) personalized grocery store tours led by an in-store Registered Dietitian (arranged through a partnership with H-E-B, one of the largest grocery store chains in Texas), 2) group visits and group classes, 3) exercise at home and participation in classes available at the clinic, 4) cooking classes (available at the clinic) and others. Visits are once a month for 6 months; extension is granted based on patient outcomes, availability and preferences.

In addition to the individual consult, patients also attend ACLM Group Life Balance classes. The Preventive Medicine physician participates as a co-facilitator at least one class a month, helping to tailor and deliver the content and offering a 15-minute “Ask the Doc” for patients at the end of the class. To maintain continuity, the Preventive Medicine physician also co-leads a hands-on lifestyle seminar with a community dietitian in a grocery store setting at least once a month. The grocery store setting is chosen for participants on a lifestyle related topic.

When are services offered and by what type of provider?

The main site for clinical services is HOPE Family Health Services, a very busy free clinic. The volume is very high, and wait lists long; primary care providers often see 50 patients in one half day. The LM clinic is co-located with the Primary Care services, but is a distinct service (not primary care.) The LM clinic constitutes the required continuity patient care experience for the Preventive Medicine residents, in the context of the residency. The PM residents provide the care, and supervision is maintained by the Clinic Physician Assistant and the PM Program Director (Dr. Krishnaswami). Primary Care services are offered separately and are not part of the LM consult. A team of volunteers, including interns obtaining their Masters in Public Health and a Diabetes Prevention Fellow help with patient intake, recruitment, scheduling, and follow up. One of the clinic staff, who works individually with patients in behavioral health, is trained in ACLM Core Competencies and assists with clinic logistics and troubleshooting.

Because one of the goals of the PM residency is to educate and inspire other learners to understand the potential of Community-Engaged Lifestyle Medicine as a tool to build health equity and wellness, the residency also engages medical students, residents across training specialties, students of public health and allied professions in various aspects of the above services.

Dr. Janani Krishnaswami is the facilitator and strategic planner of the clinic, in cooperation with key community and clinic stakeholders. There are two residents in the program (a total of 4 beginning in July 2018) who will receive their direct patient care experiences through the clinic experiences.

Future expansion will include delivering the LM consult for UTRGV students and employees (where significant disparities exist with regard to job title and health status), in mobile clinic efforts promoting women’s health, at schools, and in colonias (underserved and unincorporated, often rural communities that lack basic infrastructure).

What kind of assessments/ test / tools etc. do you utilize in your practice?

The Consultancy is a direct patient care experience building competency in lifestyle-based primary, secondary and tertiary disease prevention. PMC experiences occur inside and out of the health care system. In the clinical setting, residents participate in team-based approaches to wellness promotion. Community activities occur in a variety of local settings, including grocery stores and community centers, where residents engage vulnerable patients and groups in adopting healthy lifestyle behaviors. Residents will also be involved in evaluating quality and outcomes of PMC activities via epidemiological and public health research. This year, one of the residents is actively involved in identifying and simulating billing models for implementation of the model in other settings. Another research project is actively underway to identify whether the LM consult service will have meaningful change on uninsured diabetic patients’ attitudes, behaviors, and outcomes related to diabetes.

The consultancy features four multi-level components: Preventive Medicine Lifestyle Consult, intensive lifestyle consult for chronic disease (diabetes) patients with specific lifestyle risk factors; Social Linkages for Health – group visits and peer support groups for chronic disease patients; Quality Improvement and Assessment – assessment of data on program process and activities to evaluate effectiveness, quality and outcomes; and Health Outside the Hospital – grocery store visits and community workshops promoting healthy nutrition and physical activity.

To ensure sustainability, iterations of the LM consult model will be offered in multiple settings (e.g., it is meant to be adaptable and an add-on service to other practices in order to complement and support the existing structure). The main site, the community clinic, sees mostly indigent patients who lack insurance. In other sites, about 1/3 of the patients have some form of insurance. We also currently offer the service in the context of a monthly “Lifestyle and Health / Women’s Health” mobile unit that reaches patients unable to access lifestyle medicine and other services due to transportation or distance. This mobile unit features a Community Connector, who works to connect indigent patients with existing lifestyle
resources in the community. The work of the residents and other allied health professionals is entirely driven through the residency program, which receives funds through private partnerships, service agreements, grants, and state and federal funds.

**Where is your practice located?**
The practice is operated by the University of Texas – Rio Grande Valley Preventive Medicine Residency, in McAllen, Texas. It is the first Preventive Medicine Program in the Rio Grande Valley, and was newly established and accredited in 2016. The development of the residency curriculum and model of “Community Engaged Lifestyle Medicine” was collaboratively developed and led by the Program Director, Dr. Krishnaswami.

**What is your patient demographic?**
The Rio Grande Valley (RGV) consists of four counties (Cameron, Hidalgo, Starr, and Willacy) in South Texas along the Texas-Mexico border. The area is home to over 1.3 million people (half the Texas-Mexico border population) and has a projected population of over 1.7 million by 2025. 90% are of Hispanic origin.

The RGV’s demographic profile reflects key socioeconomic drivers of health disparities. Over a third (35%) of the population lives in poverty, compared to 18% and 17% at the state and national levels. Per capita incomes ($14,454) are almost half those of state ($26,513) and national ($28,555) levels. Low educational attainment, a contributor to low health literacy and associated with poor health outcomes, is another challenge: only 62% of the population over age 25 are high school graduates compared to 82% in Texas and 86% nationally. Nearly half (45%) of the population aged 18-64 lack health insurance in 2014; over one-third are ineligible for state or federal health assistance programs.

The RGV’s Hispanic population experiences markedly greater burden and severity of chronic disease and associated risk factors. Twenty-eight percent of the population reports poor or fair health compared to 18% in Texas and 10% nationally. 45% of the population has a Body Mass Index ≥ 30 compared to 35% nationally. In 2012, 22% of the population had diabetes, higher than state (16%) and national (14%) prevalence; only 15% of diabetics in the region reported diabetes control, compared to 19% state-wide and nationally.

**What reimbursement model(s) do you offer?**
The services are offered in the context of a free clinic, so no fees are collected. Sustainability comes from the partnership between the UT System, Doctors Hospital Renaissance, UTRGV, and the Hope Clinic. The residency pays for the salaries of the providers (PM residents), and the residency itself is funded by federal grants that fund the medical care for uninsured, underserved populations. Partnership with the grocery store chain H-E-B enables the grocery store and nutrition tours for uninsured patients. Other state and federal grants fund outreach in the Mobile Van Unit, and for initiatives related to Women’s Health.

As we plan to expand services beyond the free clinic, to various insured populations (Medicaid, CHIP, private insurance for employees) we are working to identify billing and coding mechanisms for use in these populations.

**How are your services provided?**
1:1; Couples; Families; Groups; Education; Process; Shared Medical Appointments

**What advice do you have for other physicians/allied health professionals who are dedicated to a lifestyle medicine-first approach to healthcare?**
It is very important to have a team effort and partnership with multiple stakeholders, each of whom are invested in and committed to Lifestyle Medicine, to ensure successful operations and working out the inevitable “kinks” that occur. Partnerships and alliances are essential to making this work in an underserved setting. So many times, there are already several valuable lifestyle efforts that are doing great work. However, the capacity is reduced because often these initiatives are disconnected, resulting in under or mis-utilization. Moreover, one wants to avoid recreating something that already exists. Therefore, it is necessary to engage a variety of stakeholders in conducting a needs assessment, setting priorities and understanding patient need, and developing/delivering the initiative. Only then do you create something that will actually add value to the community and belong to them, which is the building block of capacity and sustainability. This community engaged process also generates a “movement” that inspires an entire community to adopt and embrace healthy living.

Another piece of advice: with community-engagement, expect frequent glitches and tweaks, and do not be attached to ONE idea or way of doing things. Teamwork is a constantly evolving process, and a good system will be responsive to new findings and new patient and team feedback, flexible, positive and adaptable to change.

**What changes are you seeing right now in healthcare/medicine that makes you most hopeful?**
The road to change can seem to be frustrating and lined with potholes. It is especially difficult when we work against pervasive marketing messages, engrained tastes, mixed messages, silos, egos, and skepticism and misunderstanding from established leaders. As early adopters, the key is to stay driven and committed to the evidence-based mission - and remember who it is you are working for. The ACLM community - and the collaboration of physicians and providers across the world uniting for lifestyle - serves as the best indication that change is possible and on its way.