

Tools and Strategies for Nutrition and Exercise Quality Improvement Project ECHO Model Sessions

Session 3: Motivational Interviewing for
Nutrition and Physical Activity



March 25, 2026

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- Raise hand if you would like to unmute
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 - Title
 - What brings you here today



National Center for Health in Public Housing

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TOOLS AND STRATEGIES FOR NUTRITION AND EXERCISE QUALITY IMPROVEMENT: PROJECT ECHO MODEL SESSIONS

Session 3: Motivational Interviewing for
Nutrition and Physical Activity
Improvement

March 25, 2026

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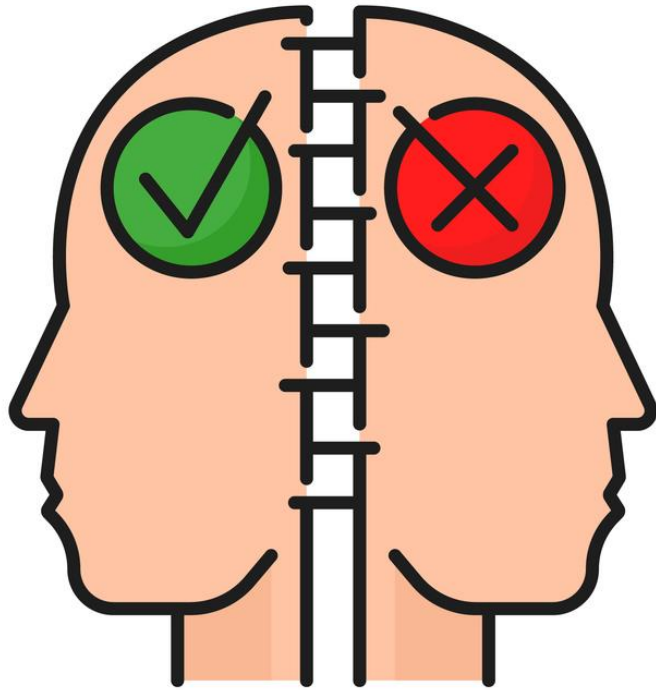


Case Study

A 45-year-old woman with obesity is experiencing knee pain and is reporting high-stress levels. During a routine check-up for high-blood pressure, the GP briefly notes the patient's BMI, states that her health issues are due to her weight, and advises her to "lose weight", "eat less", and "exercise more".

Discussion

- What are the elements of poor weight management advice?
- In the earlier case, how can you give “good advice” to the patient?
- How would you use open-ended questions and reflective listening to build rapport with a patient who feels judged or discouraged about their weight?



AMBIVALENCE

To begin with:

- Accept Ambivalence
- View change as a learning process
 - Understand that relapse is natural
- Elicit *change talk*

Goal of Change Talk

Collaborate with the patient to:

- Understand and explore their own motivations for change.
- Help them view the “change” as more enticing than the status quo.
- Increase their belief that they can change!



Why Change Talk?

Change is more likely to occur when the idea comes from the individual not from **you!**



How to Elicit Change Talk



**Ask
Permission**

**Use Open
Ended
Questions**

**Listen
Reflectively**

**Summarize
Feedback**

**Roll with
Resistance/
Ambivalence**

Ask Permission

“Do you mind if we discuss your weight today?”

“Can I tell you what concerns me about your weight?”

“Is it ok to talk about the possibility of losing some weight?”



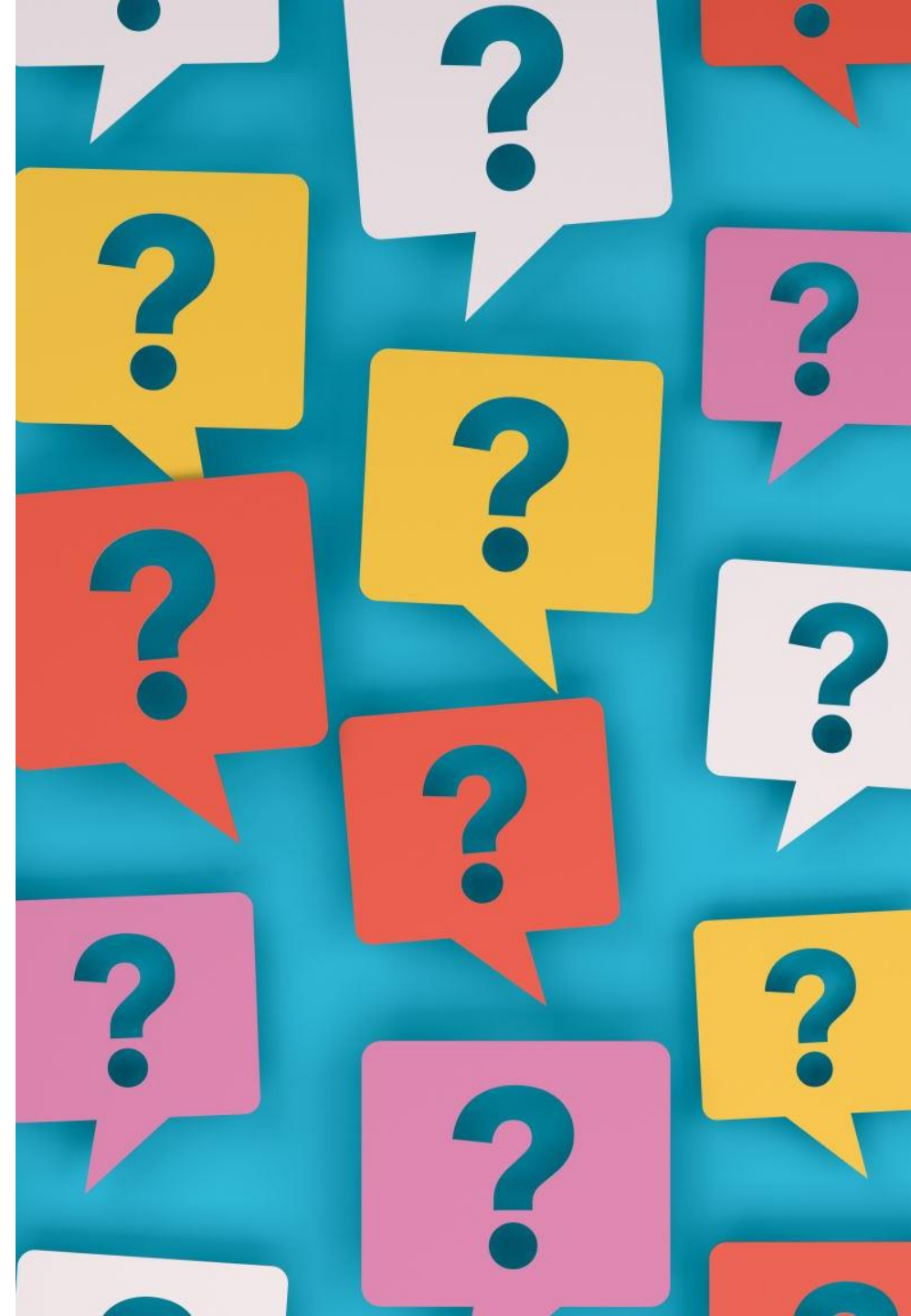


Open ended questions:

Questions that do not invite short or one-word answers.

Open Ended Questions (Cont.)

- Most open-ended questions begin with:
 - What
 - How
- What's wrong with why?



If reluctant:

“What would have to happen to you for you to consider.....?”

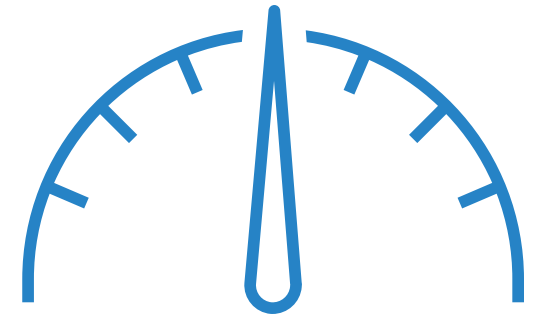




THE IMPORTANCE RULER

The Importance Ruler

- How important would you say it is for you to lose weight?
- On a scale from 0 to 10, where 0 is not at all important and 10 is extremely important, where would you say you are?
- 0 1 2 3 4 5 6 7 8 9 10
 - Not at all important - Extremely Important

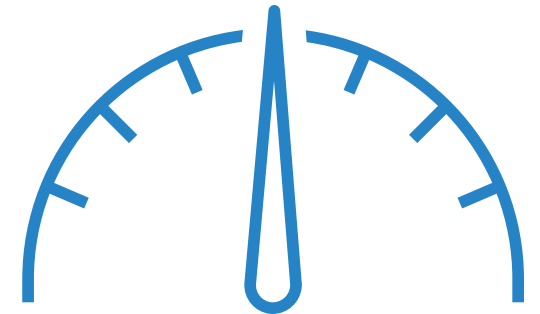




THE CONFIDENCE RULER

The Confidence Ruler

- If you decided to lose weight now, how confident are you that you could do it?
- On the same scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?
- 0 1 2 3 4 5 6 7 8 9 10
 - Not at all confident - Extremely confident



How to Boost Confidence



“What accomplishment are you most proud of?”



“If you can do that you can.....”

Listen Reflectively

- Use the patient's own words
 - "I hear you saying that the idea of exercising *is very scary.*"
 - "I am getting the feeling that you don't think you can stop drinking because *you have too much stress in your life.*"



Listen Reflectively Cont'd.

- “Can you help me understand.....”
- “What specifically concerns you about....”
- “OK, I hear you saying that on one hand you want to lose weight, but on the other hand you are afraid to do it.”



Ambivalence



- A natural part of the change process
 - Both the old and new have value
- Getting stuck is the problem
- Resolving ambivalence can be key
 - “The Decisional Balance Sheet”

Decision Balance Sheet

Lose Weight

PRO	CON

DON'T Lose Weight

PRO	CON



What's Your Reason for Change?

- Establish a strong, clear, internal reason for changing:
 - Health
 - How is obesity affecting health
 - Don't talk about DEATH
 - Money
 - Family
 - Social
 - Other

OARS In Motivational Interviewing

The following techniques help to advance motivational interviewing.

Open-ended questions: Encourage the patient to think out loud.

Affirmations: Recognize the patient's strengths.

Reflections: Say back what you heard or what you thought was meant.

Summaries: Summarize key parts of a conversation to help keep the conversation going or to transition to new steps.

KNOWLEDGE CHECK

When a patient says, “I know I should lose weight, but I just don’t have the motivation,” what is the BEST initial MI response?

- A. “You need to start exercising at least 3 times a week.”
- B. “Why don’t you feel motivated?”
- C. “What are some reasons you might want to make a change?”
- D. “You should try a structured diet plan.”

Which of the following is an example of “change talk”?

- A. “I’ve tried everything and nothing works.”
- B. “I don’t think I can give up fast food.”
- C. “I would feel better if I had more energy.”
- D. “This is just how my body is.”

KNOWLEDGE CHECK

A patient says, “Just tell me what to do and I’ll do it.” What is the most appropriate MI-consistent response?

- A. “Follow this exact meal plan.”
- B. “You should cut out all sugar immediately.”
- C. “I can share some options, but I’d like to hear what has worked for you before.”
- D. “You need to be more disciplined.”

Which technique best reflects reflective listening?

- A. “You need to lose weight for your health.”
- B. “It sounds like you feel frustrated with past attempts to lose weight.”
- C. “Have you tried counting calories?”
- D. “You should join a gym.”

KNOWLEDGE CHECK

What is the main goal of motivational interviewing in obesity care?

- A. To persuade the patient to follow medical advice
- B. To provide a strict weight loss plan
- C. To elicit the patient's own motivation and support behavior change
- D. To focus only on calorie reduction

Which response supports patient autonomy?

- A. "You must stop eating junk food."
- B. "The best way is to follow my plan exactly."
- C. "It's your decision, and I'm here to support you in what feels right for you."
- D. "If you don't change, your health will get worse."

To Improve conversations with patients about obesity and healthy weight, you may wish to incorporate some or all of these ideas:

- Share the agenda
- Raise the issue
- Be respectful and express empathy
- Build on what you hear (Ask-Tell-Ask)
- Cultivate change talk
- Guide toward a specific plan



Four Steps of Motivational Interviewing

A graphic for the 'Engage' step, consisting of a teal rounded rectangle behind a white rounded rectangle with a teal border.

Engage

A graphic for the 'Focus' step, consisting of a teal rounded rectangle behind a white rounded rectangle with a teal border.

Focus

A graphic for the 'Evoke' step, consisting of a teal rounded rectangle behind a white rounded rectangle with a teal border.

Evoke

A graphic for the 'Plan' step, consisting of a teal rounded rectangle behind a white rounded rectangle with a teal border.

Plan

Share the Agenda

Physician	“Hi, Mrs. Jones! It is good to see you!”	Greet the patient.
Mrs. Jones	“Good to see you too, doctor.”	
Physician	“How would you like to spend our time together today?” or “We have about 15 minutes today. How would it be best to spend our time together?”	Ask an open-ended question with or without time specification.

Share the Agenda

Mrs. Jones	“Well, I wanted to ask you about my knee. It is hurting whenever I do anything!”	Patient expresses her concern.
Physician	“OK, we can definitely talk more about your knee. What else?”	Don't begin assessment of the first problem until the patient's concerns have been fully surfaced and catalogued.
Mrs. Jones	“Well, I also want to know what you think of my blood pressure. I think it is good!”	
Physician	“OK, so your knee and blood pressure. Anything else?”	Summarize what you heard so far and ask again.
Mrs. Jones	“Oh, and I did get some blood drawn. We should talk about that too.”	
Physician	“OK, your knee, blood pressure, and the lab results from last week. Anything else?”	
Mrs. Jones	“No, I think that's everything!”	

Raise the Issue

Physician	“OK. I have a concern to add to our conversation as well. Would that be OK? I want to talk about a trend I noticed with your weight. So where should we start?”	The physician likely wanted to discuss the blood pressure and lab results as well. But weight is added as a clinical concern. Asking permission is respectful and further engages the patient despite the sensitive topic. Finally, the patient is given the option to prioritize the agenda.
Mrs. Jones	“Well, my knee is giving me a fit when I walk! So let's start there. You mentioned my weight, and I think it is a problem because everything I do makes my knee hurt so I can't do anything but eat!”	Often when you raise the issue of weight patients will begin to think about it even though they may not want to tackle it first.

Raise the Issue Cont'd.

Physician	“I think the topics of increasing weight, high blood pressure, and the trouble with the glucose in your blood are related. Would it be OK if we talked about those together?”	Having addressed the patient's first priority, the physician moves to the next items on the agenda. Because they are related, they can be integrated. If they were not related, the patient could be asked which item to discuss next.
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Be Respectful and Express Empathy

Physician	“What do you understand about how your weight affects your health?”	Ask an open-ended question that elicits the patient's perspective.
Mrs. Jones	“I know how important it is for me to lose weight, but nothing I have tried has worked for long!”	Physicians are trained to listen for problems and may hear “nothing worked.” Instead, focus on the importance of weight loss.
Physician	“Ok, continue.”	
Mrs. Jones	“I know my weight makes my sugar go up too. It is so frustrating that I cannot get this under control.”	This response again indicates that the patient understands the importance of weight loss, and the idea of gaining control is raised by the patient.
Physician	“I can see how challenging this is for you. You understand a lot about how weight is related to your health, and you really want to be in more control. Would it be OK if we talk about some ways that we could work together on this?”	Empathize with the patient's struggle. Don't jump in with suggestions or advice, but rather seek partnership with the patient to move forward.
Mrs. Jones	“I would really appreciate that!”	

Physician	“You have been successful at losing weight in the past, right? What has worked for you before?”	Asking the patient to discuss a past success is one way to discover patient strengths.
Mrs. Jones	“Well, I lost weight a few times just by eating fewer carbs. I was able to do a lot more walking and working in the garden and playing with Gracie, my granddaughter. But then I started having problems with my knee, and I couldn't move around as well and started to eat more.”	Besides describing what worked in the past, the patient may also tell you what caused weight loss to stop.
Physician	“OK, let me recap what I think I heard. When your knee started to hurt, you slowed down your activities and the weight came back – in fact, you gained even more. Until then, you were able to lose weight several times by cutting back on bread and pasta. You found you had more energy and were able to do more walking and gardening. Your granddaughter even noticed that you played more with her! Did I get that right?”	Summarize what you've heard. Emphasize what worked, acknowledging that the patient was frustrated when the weight loss stopped and that healthier weight appears to be important to him or her. This shows that you have been listening, summarizes the reasons for change, and highlights past success. Notice that this summary ended on the weight loss benefits that Mrs. Jones described. Patients most often will respond to what they hear last.
Mrs. Jones	“Oh yes! Gracie and I had the best time! We even flew a kite together. She loved it!”	
Physician	“Playing with Gracie is fun and really important to you!”	Acknowledge the enthusiasm and mirror the patient's emotion. This links the conversation with a value the p

How Ask-tell-Ask Works in Motivational Interviewing

ASK	
Ask permission to share information OR Ask what they know or want to know	<p>“Would it be OK if we talked about ... ?”</p> <p>“What do you know about ... ?”</p> <p>“What would you most like to know about?”</p>
TELL	
State information clearly and in small chunks	<p>Make it pertinent</p> <p>Focus on one or two key messages</p> <p>Use plain language</p> <p>Use pictures and figures as appropriate</p> <p>Emphasize options</p> <p>Avoid using “can't,” “must,” or “have to”</p>
ASK	
Ask for feedback or check understanding	<p>For feedback, ask:</p> <p>“What do you think of that?”</p> <p>“How are you feeling about what I just talked about?”</p> <p>For understanding, ask:</p> <p>“I'd like to make sure I did a good job explaining. Would you mind describing what you will do so I know I was clear?”</p>

How Ask-tell-Ask Works in Motivational Interviewing Cont'd.

<p>Physician</p>	<p>“Yes, I am sure that was not news you wanted to hear. On the other hand, we agree that weight loss is a good idea. You know that it will help your health and allow you great times with Gracie. We can figure out together what might work best for you.”</p>	<p>Practice reflective listening with empathy and emphasize your partnership.</p>
<p>Mrs. Jones</p>	<p>“Yes, I have to do something. I have lost weight before. It is just this darned knee.”</p>	<p>Change talk, sustain talk.</p>
<p>Physician</p>	<p>“Yes, you did a great job changing your diet and increasing your activity. Would it help if we talk about how some of my other patients with knee problems stay active?”</p>	<p>Acknowledge the patient's sustain talk, but move the conversation forward by beginning "Ask-Tell-Ask"</p>

How Ask-tell-Ask Works in Motivational Interviewing Cont'd.

Mrs. Jones	“I have heard about tai chi but have never tried it. I used to like to swim but hate the way I look in a bathing suit. I can walk , though, as long as I know I won't be causing further damage. I want to figure this out! ”	Exploration, sustain talk, change talk.
Physician	“OK, it sounds as though you have some options to think about. That's great! If it is OK with you, we can talk more about the specifics once we get your x-ray back.”	Close the visit on a hopeful note with a bridge to the next encounter. It is premature to plan.

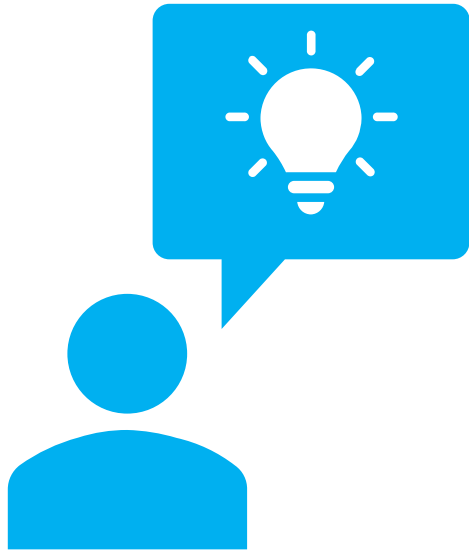
Guide Toward a Specific Plan

Physician	“Now that we know more about your knee, could we talk more about those options for exercise we discussed at your last visit?”	
Mrs. Jones	“Well, I like to walk when the weather is nice like it is now.”	
Physician	“It sounds as though you are ready to take some next steps. Many people find it helpful to make a specific plan about what they will do. Is that something you would be willing to do?”	
Mrs. Jones	“OK. I guess I could do that.”	
Physician	“If you were to decide to walk regularly, what would that look like for you?”	Resist the temptation to guide her. Let the patient tell you what she is thinking.
Mrs. Jones	“Well, I was thinking about walking around my neighborhood. There are some beautiful gardens!”	
Physician	“You look pretty happy about that. How far do you think you might go?”	Guide toward as much specificity as seems natural.

<p>Physician "That sounds like a great plan. Just to make sure I am clear about what you plan to do, could you say your plan back to me?"</p> <p>Mrs. Jones [Restates her plan.]</p> <p>Physician "Sometimes when people plan to make a change, it may be a bit daunting. On a scale of 0 to 10, where 0 is not at all confident and 10 is absolute certainty that you can do this, how would you rate your confidence to follow through on your plan?"</p> <p>Mrs. Jones "I think I am about a 5."</p> <p>Physician "That is a lot of confidence! What makes you a 5 instead of a 2 or 3?"</p> <p>Mrs. Jones "Well, I really want to do what is best for my health. But, honestly I am worried about wearing myself out. I haven't done much walking lately."</p> <p>Physician "I can see how important it is to you to be as healthy as you can be. We know that people are more likely to be successful following through with their plan when their confidence is 7 or above. What do you think you could do to raise your confidence a bit more?"</p> <p>Mrs. Jones "Well, I think I would feel better about starting out for just 10 minutes. Would that be OK?"</p> <p>Physician "You really know yourself. That's great. With that change in your plan, what do you think your confidence level would be?"</p> <p>Mrs. Jones "I think I could do 10 minutes. I'm sure I can. And I am determined to work my way up to longer walks."</p> <p>Physician "You are really committed! Walking will really benefit your health, and I look forward to talking with you about how things are going at your next visit."</p>	<p>Having the patient repeat the plan provides another chance for the patient to say what he or she will do – and commit to it out loud.</p> <p>When patients state their plan, you may see their enthusiasm or that they are having second thoughts.</p> <p>Try not to look disappointed if the patient expresses a lack of confidence. Ask about the confidence level in a way that encourages the patient to talk about his or her strengths, not his or her barriers.</p> <p>Reflect the change talk and sidestep the barriers. Explain why the confidence level is important, and invite the patient to think about how to enhance his or her confidence.</p> <p>Patients may try to create plans that are not realistic because they want to please you. Resist the urge to give your permission.</p> <p>This is the patient's plan, so affirm her thinking and her autonomy. Then check back with her confidence.</p>
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Questions?

CASE EXAMPLE



- Jenny is a 55-year-old overweight patient with hypertension, hyperlipidemia, and knee arthritis, seeing you for a return visit. At the last visit (6 months ago) you prescribed a beta blocker and a statin and suggested she start exercising. Today, she tells you that she has not been taking her meds because she “feels fine.” She says she can’t exercise because she is too busy caring for her grandkids and because of her knee and back pain. She wants you to “just fix it” so she can be healthy again.

Case Discussion

- What is the patient's challenging statement to the practitioner?
- Do you recognize any motivational issues?
- How might Motivational Interviewing be useful with this client?
- What are the barriers to change? What are the strengths or enablers of change for this person?
- What specific skills could you try?
- What kind of treatment plan might be optimal for this person?
- How could you introduce this in a way that is consistent with the MI spirit?

Final Reminders



- You cannot make anyone change
- The more you push the more they'll resist
- Rather, help the patient want to change:
 - Increase displeasure with current behavior
 - Decrease fear of the new
- In the end, the patient:
 - Should present the reasons for change
 - Choose when and how to change

REFERENCES

- Motivational Interviewing: Preparing People for Change William R. Miller and Stephen Rollnick, The Guilford Press 2002.
- Motivational Interviewing in HealthCare William R. Miller/Stephen Rollnick Guilford Press 2008.



Q & A SESSION



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Upcoming Sessions

Tools and Strategies for Nutrition and Exercise Quality Improvement in Health Center Settings: Project ECHO Model Sessions	Topic	Dates & Time
Session 4	Solutions for physical activity improvement	4/01/2026 1:00 – 2:00 pm EDT

Registration form: <https://app.smartsheet.com/b/form/019c8bf59fa678bb990c59eec10f4181>

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THANK YOU!

