



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO

Weight Management and Behavior Change: Cases and Discussions

March 3, 2022

Assistance & Contact Information



- Please enter your name and practice name into the Chat to record attendance
- If you need to get in touch with us,
 - **Technology concerns or troubleshooting** – Rick Cornachione, IT Support
 - richard.cornachione2@case.edu or call 440-796-2221
 - **General comments or questions** – Jessie Lewis, Clinic Coordinator or Goutham Rao, Facilitator
 - jessie.lewis@case.edu or call 440-773-5225
 - Goutham.Rao@UHhospitals.org

Please do not hesitate to contact us with any questions or comments!

Cardi-OH ECHO Team and Presenters



FACILITATOR

Goutham Rao, MD

Case Western Reserve University

LEAD DISCUSSANT

Karen Bailey, MS, RDN, LD,
CDCES

Ohio University

Liz Beverly, PhD

Ohio University

Chris Taylor, PhD, RD, LD

The Ohio State University

DIDACTIC PRESENTERS

Goutham Rao, MD

Case Western Reserve University

CASE PRESENTERS

Grace LaFleur

*University of Toledo Comprehensive
Medical Practice*

Sherrie Thompson, CNP

*University Hospitals MacDonald
Women's Hospital*

Structure of ECHO Clinics

Duration	Item
5 minutes	Introductions and announcements
10 minutes	Didactic presentation, followed by Q&A
40 minutes (20 minutes per case)	Patient case study presentations and discussions
5 minutes	Reminders and Post-Clinic Survey

Disclosure Statements



- The following planners, speakers, and/or content experts of the CME activity have financial relationships with commercial interests to disclose:
 - Marilee Clemons reports advising at Novo Nordisk.
 - Kathleen Dungan, MD, MPH reports receiving consulting fees from Eli Lilly, Boehringer Ingelheim, and Dexcom, research support from Sanofi, Dexcom, Abbott and Viacyte and presentation honoraria from Medscape, UpToDate, and Elsevier.
 - Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for book authorship with Springer Nature publishing and Taylor Francis publishing.
 - Goutham Rao, MD serves on the Scientific Advisory Board of Dannon-WhiteWave (White Plains, NY), a division of Groupe Danone, S.A., Paris, France.
 - Christopher A. Taylor, PhD, RDN, LD, FAND reports funding for his role as a researcher and presenter for Abbott Nutrition and funding for research studies with the National Cattleman's Beef Association and the American Dairy Association Mideast.
 - These financial relationships are outside the presented work.
- All other planners, speakers, and/or content experts of the CME activity have no financial relationships with commercial interests to disclose.

Person-Centered Language Recommendations



The ADA and the APA recommend language that emphasizes inclusivity and respect:

- **Gender**: Gender is a social construct and social identity; use term “gender” when referring to people as a social group. Sex refers to biological sex assignment; use term “sex” when referring to the biological distinction.
- **Race**: Race is a social construct that is broadly used to categorize people based on physical characteristics, behavioral patterns, and geographic location. Race is not a proxy for biology or genetics. Examining health access, quality, and outcome data by race and ethnicity allows the healthcare system to assist in addressing the factors contributing to inequity and ensure that the health system serves the needs of all individuals.
- **Sexual Orientation**: Use the term “sexual orientation” rather than “sexual preference” or “sexual identity.” People choose partners regardless of their sexual orientation; however, sexual orientation is not a choice.
- **Disability**: The nature of a disability should be indicated when it is relevant. Disability language should maintain the integrity of the individual. Language should convey the expressed preference of the person with the disability.
- **Socioeconomic Status**: When reporting SES, provide detailed information about a person’s income, education, and occupation/employment. Avoid using pejorative and generalizing terms, such as “the homeless” or “inner-city.”

Food Choices



Goutham Rao, MD, FAHA

Chief Clinician Experience and Well-Being Officer, University Hospitals Health System

Jack H. Medalie Endowed Professor and Chairman

Department of Family Medicine and Community Health

Division Chief, Family Medicine, Rainbow Babies and Children's Hospital

Case Western Reserve University School of Medicine & University Hospitals Cleveland Medical Center

Learning Objectives

1. List and describe key influences upon the foods people choose to eat.
2. Describe when and how preferences for specific foods develop from a life course perspective.
3. Describe the impact of the COVID-19 pandemic upon food choices and body weight.

Chapter 10 - Taste, cost, convenience, and food choices

Adam Drewnowski PhD¹, Pablo Monsivais PhD, MPH²

The principal drivers of consumer food choice are taste, cost, and convenience. Each of these domains has its own interdisciplinary research tools, metrics, and

Are there group differences in taste preference?

> [Nutrition](#). 2019 Mar;59:103-107. doi: 10.1016/j.nut.2018.08.003. Epub 2018 Aug 23.

Sweet taste perception is greater in non-Hispanic black than in non-Hispanic white adults

Suzanne Bowser ¹, Nicole Farnsworth ¹, Kate Russell ¹, Haley Schlechter ¹, Shanna Bernstein ¹,
Amber B Courville ¹, Kirsten Zambell ², Monica Skarulis ³, Ranganath Muniyappa ³

Affiliations + expand

PMID: 30468933 PMCID: [PMC6347533](#) DOI: [10.1016/j.nut.2018.08.003](#)

[Free PMC article](#)

Dietary fat intake among urban, African American adolescents

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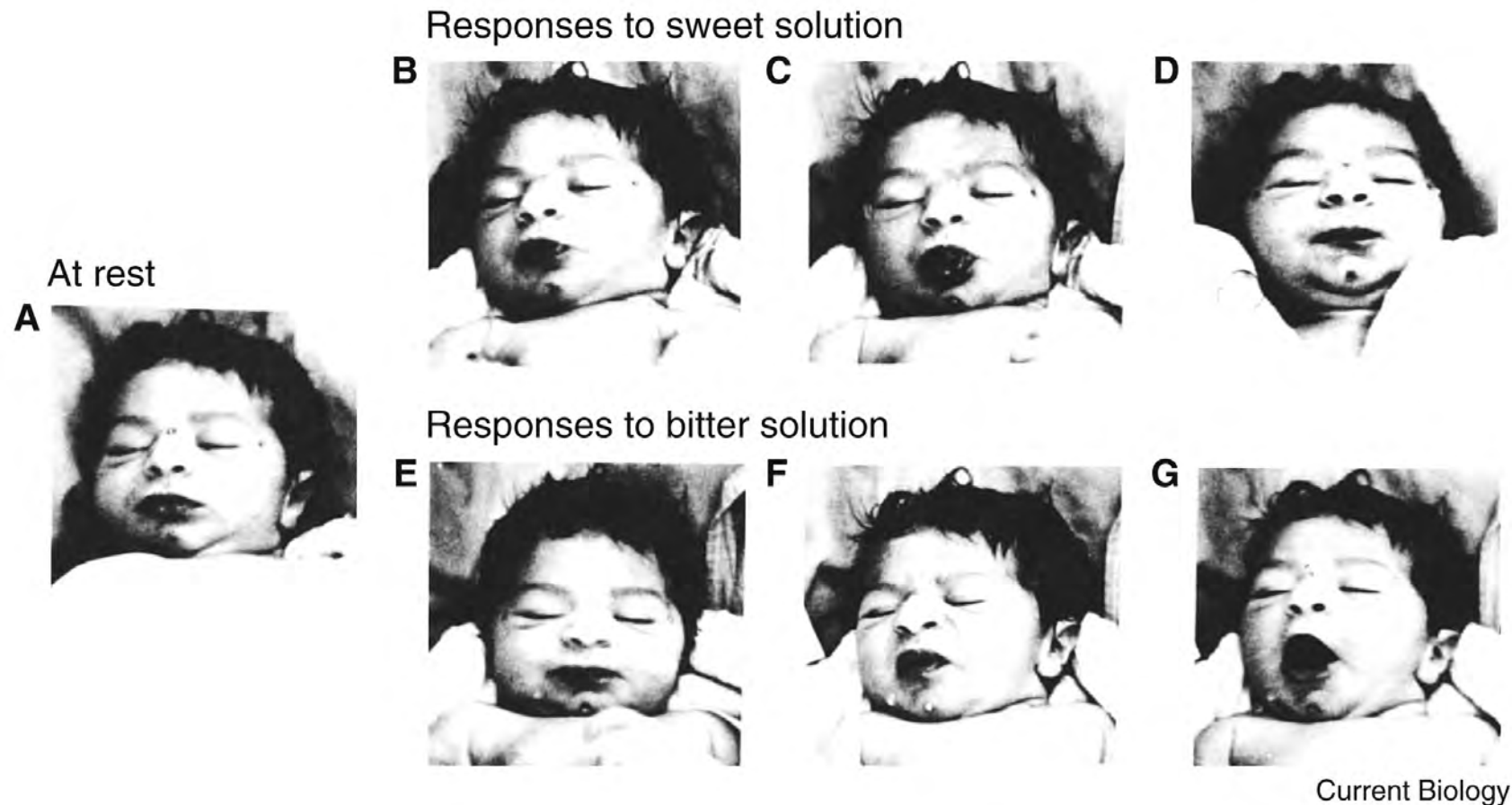
Received 16 February 2007; received in revised form 26 June 2007; accepted 27 July 2007

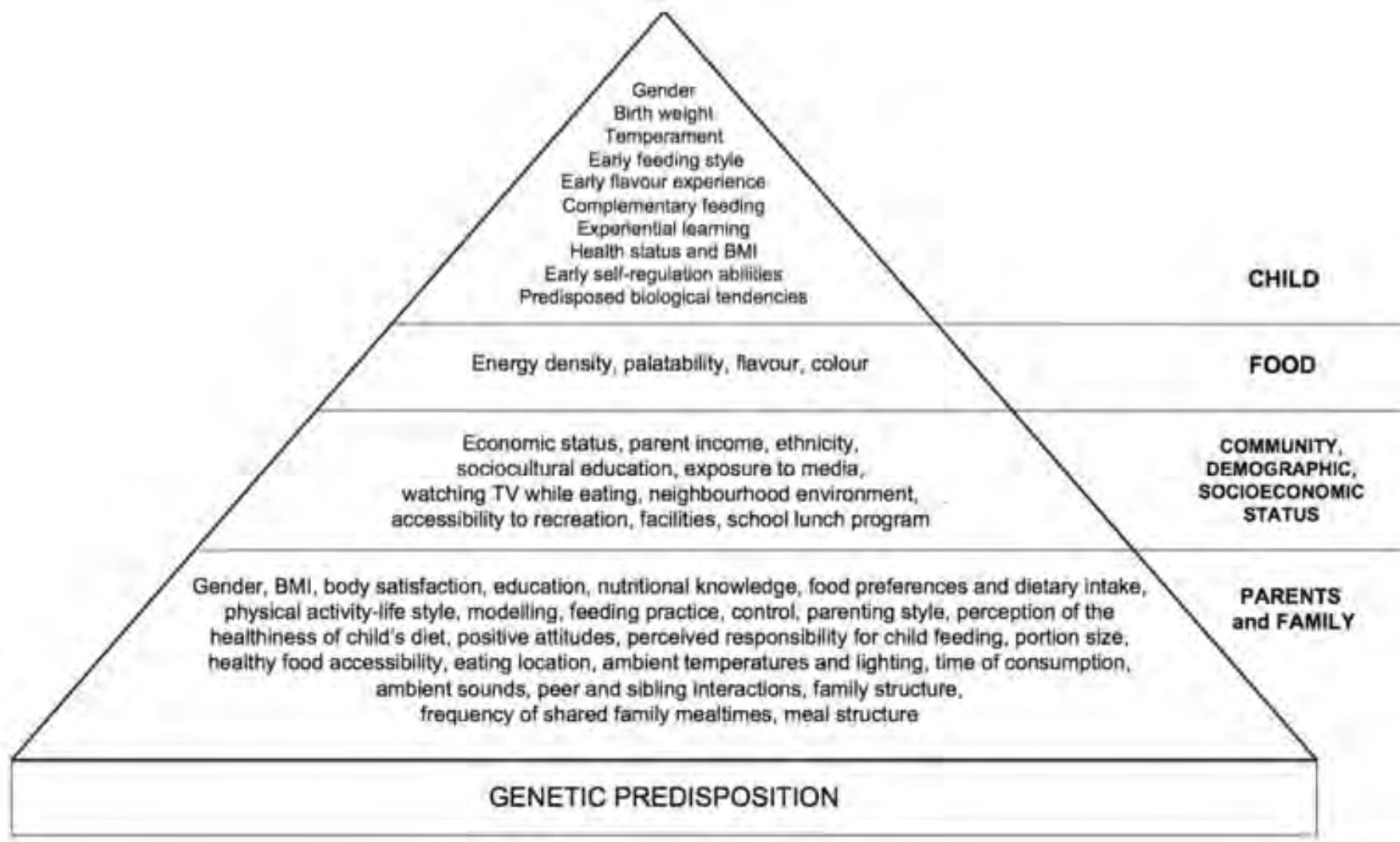
Abstract

This study examined commonly consumed high-fat food sources to estimate dietary fat intake among 314 urban, African American adolescents (mean age (SD)=12.57 (.98) years; 66% female; 91% African American non-Hispanic; and 9% African American Hispanic). Youths' fat intake was measured using the Block Fat Screener. Most (77%) participants had diets very high in fat (i.e., 40% to 50% of energy). Mean frequencies of consumption revealed youths' preferences for the following high-fat food items: corn chips, potato chips, popcorn, and crackers; fried chicken; and doughnuts, pastries, cake, and cookies. Total fat intake differed based on youths' age. Urban, African American adolescents can benefit from intervention to lower their fat intake. Programs that target and address the food preferences and eating habits of this population are clearly needed.

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When are food preferences established?





BMI: Body Mass Index

Dec 10, 2019

by James Devitt

Modified Dec 10,
2019

Posted in

[Law and Policy](#)

NYU research suggests that the presence of a new neighborhood supermarket doesn't necessarily change what people buy and eat.

Research has shown that income is increasingly linked to health: Not only are today's richer Americans healthier than poorer ones, but the gap is wider than it was in the early 1990s.

Studies have attributed this to food consumption, with better dietary quality associated with higher socioeconomic status—in other words, the more money you have, the easier it is to afford nutritious foods.

While it's true that these households buy less healthy groceries than people in wealthier neighborhoods, they do not start buying healthier groceries *after* a new supermarket opened. Instead, we find that people shop at the new supermarket, but they buy the same kinds of groceries they had been buying before.

Many backers of this “food desert story” point to distances many must travel to find healthier food options, making geography a barrier to better nutrition. Is there any validity to this claim?

There isn't much support for this explanation. The average American travels 5.2 miles to shop, and 90 percent of shopping trips are made by car. In fact, low-income households are not much different—they travel an average of 4.8 miles. Since we're traveling that far, we tend to shop in supermarkets even if there isn't one down the street. Even people who live in zip codes with no supermarket still buy 85 percent of their groceries from supermarkets.

COVID-19

- 42% of Americans reported undesired weight gain during pandemic.
- Among those who gained weight, the gain was 29 lbs. on average.

Undesirable Weight Gain by Group

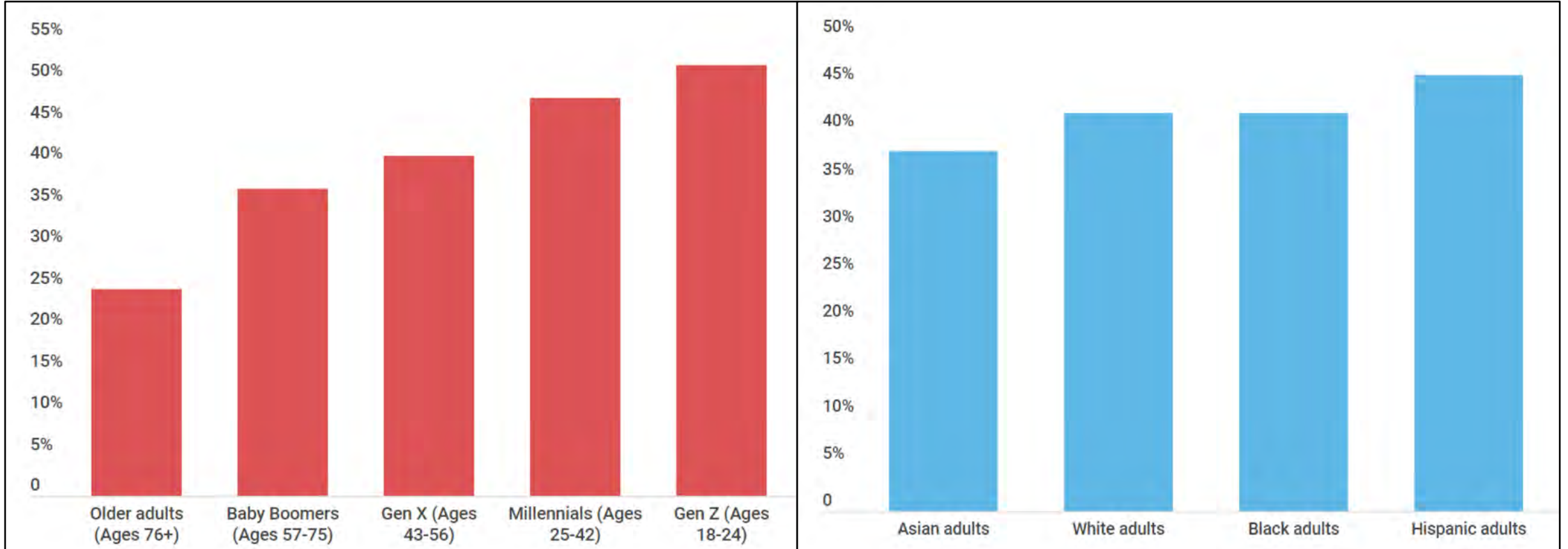
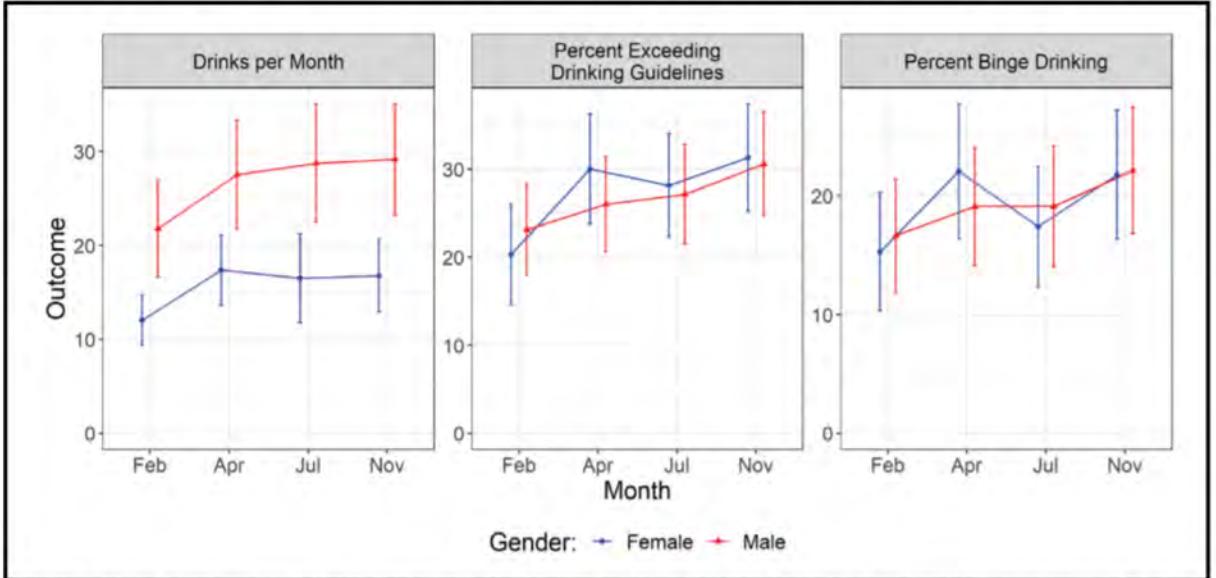
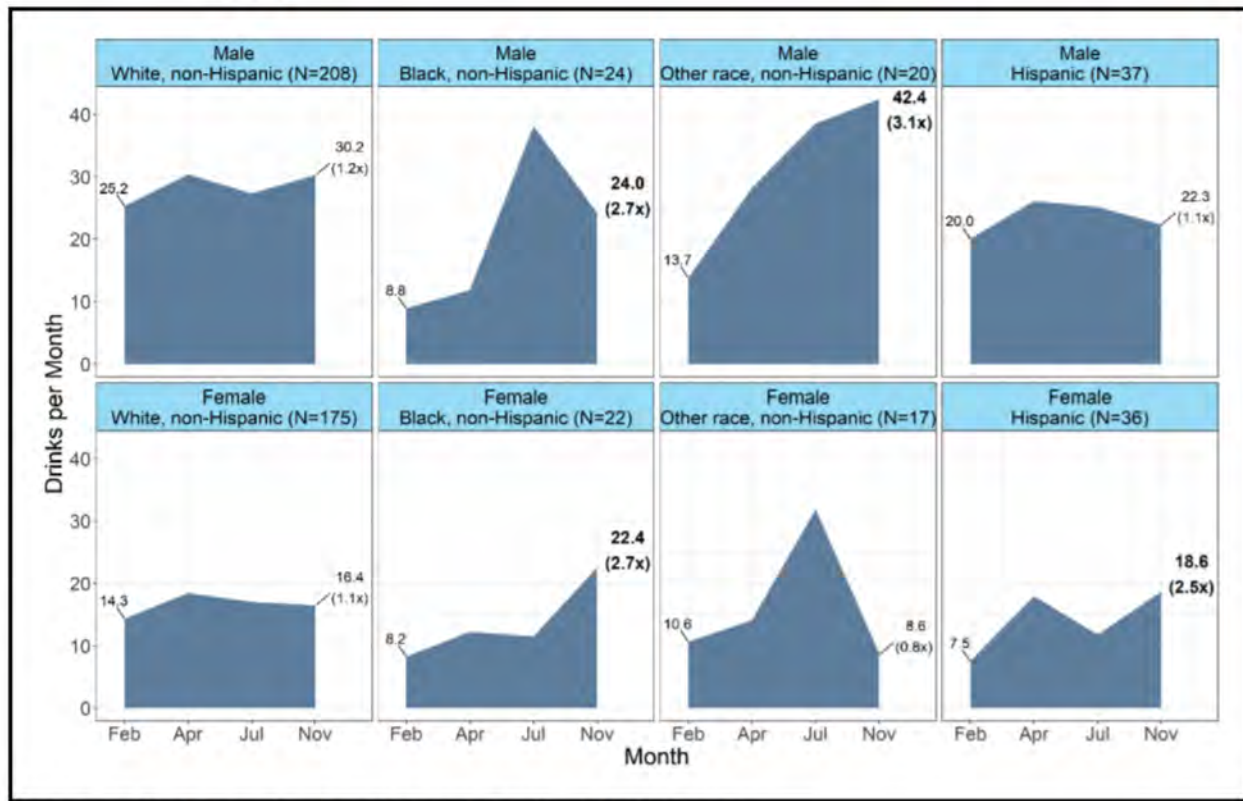


Figure 3.2 Changes in Alcohol Consumption Outcomes: Feb–Nov 2020, by Gender



Adjusted predictions by group. Models control for demographic characteristics and baseline socioeconomic status. The change in exceeding drinking guidelines from February to April is significantly different between groups ($p=0.048$)

Figure 3.5 Average Drinks per Month Consumed, by Gender and Racial/Ethnic Group



Survey-weighted drinks over time for gender and racial/ethnic groups.



Thank you!

Questions/Discussion

REGISTER NOW!

WEBINAR

Wednesday, March 16, 2022

12 - 1 p.m. ET

1.00 CME credit offered at no cost



Race and the Clinical Management of Cardiovascular Health



KEYNOTE SPEAKER

Herman A. Taylor, Jr., MD, MPH

Endowed Professor and Director
Cardiovascular Research Institute
Morehouse School of Medicine

PANELISTS

Lou Edje, MD, MHPE

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Professor and Associate Dean, Diversity & Inclusion
Chief Diversity Officer, Wexner Medical Center
The Ohio State University College of Medicine

OBJECTIVES

- Describe how the construct of race has been applied in clinical care of cardiovascular health.
- Review recent changes in academic and clinical discourse on the use of the construct of race in clinical guidelines.
- Describe how the historical context and recent changes on the construct of race in clinical guidelines impact primary care practice.

ADVANCE REGISTRATION REQUIRED

[Click to Register →](#)

Or visit [cardi-oh.org/webinars/register](https://www.cardi-oh.org/webinars/register)

After registering, you will receive a confirmation email with information about joining the webinar and a calendar invitation.

To join the webinar in progress, head to cardi-oh.org/webinars/register

ABOUT CARDI-OH: The Ohio Cardiovascular & Diabetes Health Collaborative (CARDI-OH) is a statewide initiative of health care professionals who share knowledge to improve Medicaid patient outcomes and eliminate health disparities across Ohio.

QUESTIONS? If you have any questions or need assistance with registration please contact the CARDI-OH Team at info@cardi-oh.org.

This research system is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. This research system is designated for educational activity for a maximum of 1.00 AMA PRA Category 1 Credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity. Other healthcare professionals check with your professional association as those credits might be applicable for separate approval.

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Cardi-OH Webinar Registration Now Open!



Race and the Clinical Management of Cardiovascular Health

Wednesday, March 16, 2022
12:00 – 1:00 p.m.

Register online:

<https://www.cardi-oh.org/webinars/register>



Reminders



- A Post-Clinic Survey has been emailed to you. Please complete this survey **by Friday at 5:00 PM**.
- Need to contact us? Email ECHO@Cardi-OH.org

CME Accreditation Statement

- *The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.*
- *The MetroHealth System designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.*