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Ohio Cardiovascular and Diabetes Health Collaborative

SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

In partnership with:

THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE

COLLEGE OF MEDICINE AND LIFE SCIENCES THE UNIVERSITY OF TOLEDO

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Project ECHO®

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Cardi-OH ECHO

Weight Management and Behavior Change: Cases and Discussions

March 31, 2022

Cardi-OH ECHO Team and Presenters

FACILITATOR

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Case Western Reserve University

LEAD DISCUSSANTS

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CASE PRESENTERS

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Structure of ECHO Clinics

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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.”

Obesity and African American Women: Findings from a Workshop

Goutham Rao, MD, FAHA

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

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

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

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Learning Objectives

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1. Describe the epidemiology of overweight and obesity among African American women.
2. List a minimum of 3 factors likely responsible for higher rates of obesity among African American women.
3. Describe a peer support approach to tackling obesity among African American women.

A picture tells a thousand words

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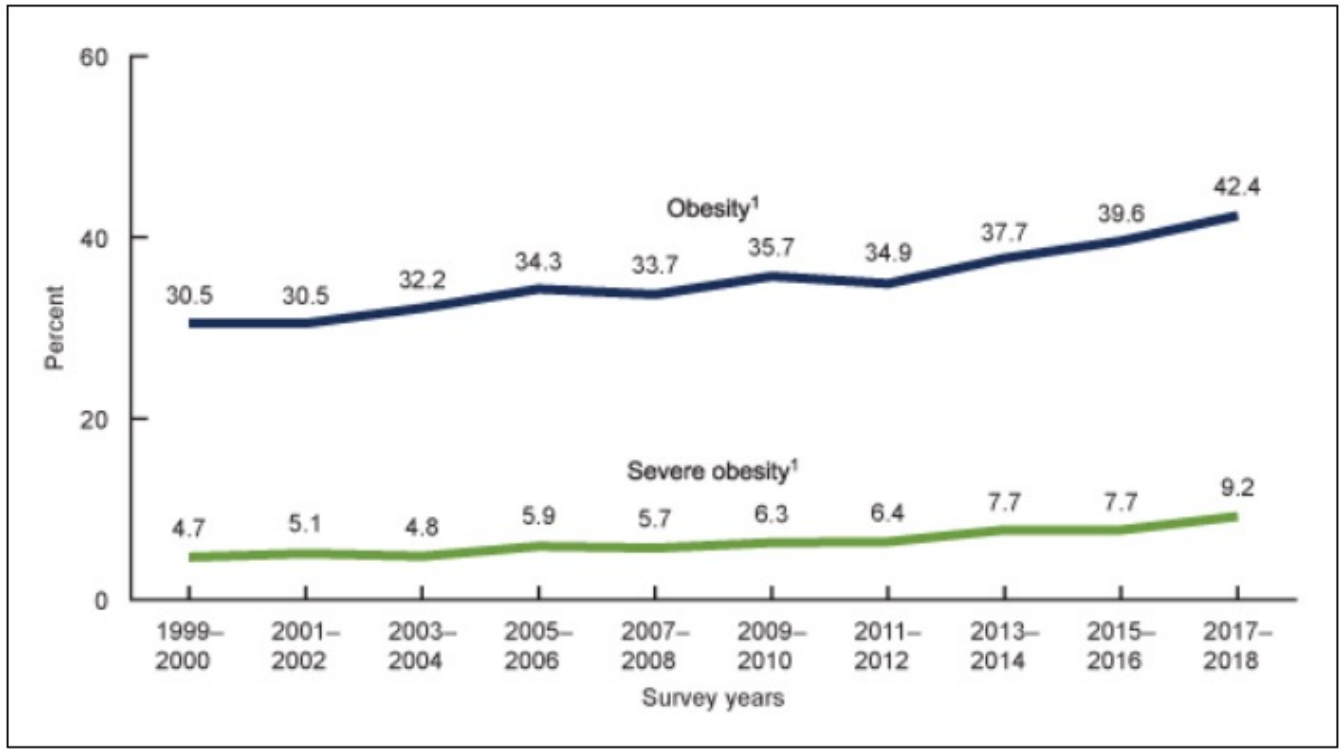


Overweight and obesity in black women: a review of published data from the National Center for Health Statistics

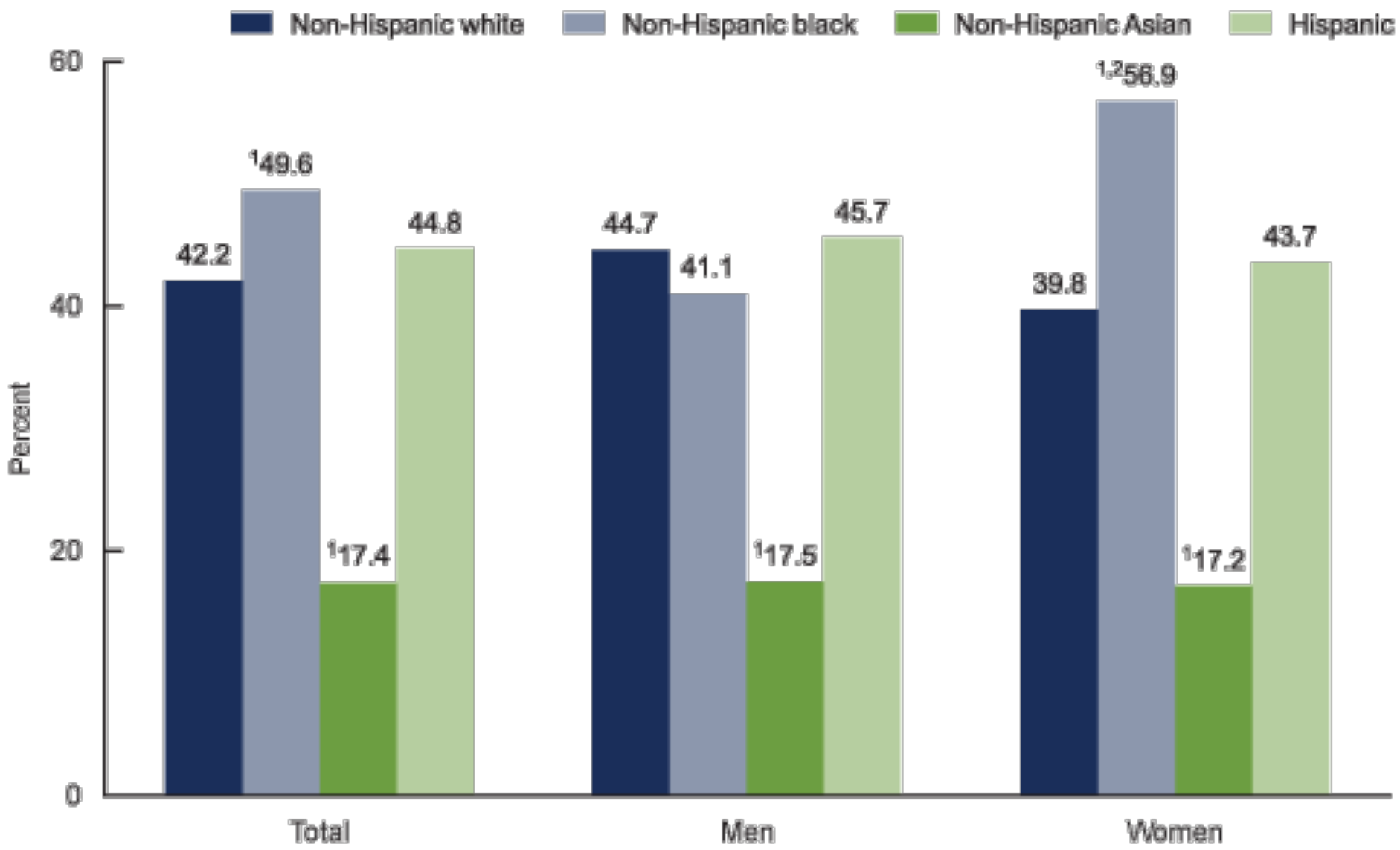
R F Gillum

PMID: 3508218 PMCID: PMC2625572

Free PMC article

Abstract

Overweight is a major health problem for black women in the United States. The age-adjusted prevalence of overweight was 47.1 percent in 1960-1962, 46.8 percent in 1971-1974, and 48.1 percent in 1976-1980 for black women aged 25 to 74 years, much higher than that of white women or men of either race. Black women born in later decades tended to be more overweight than those born earlier. Black women were first clearly more obese than white women in the third decade of life. Overweight was inversely related to family income and education. Rural and southern women were more overweight than their urban, northern, and western counterparts. More research is needed upon which to base efforts to control and prevent overweight in black women.



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Weight Loss Experience

- Look AHEAD Trial
  - Intensive lifestyle intervention for individuals with overweight and obesity and type 2 diabetes (31% minority, 42% men)
  - Average weight loss of ≥ 5% at one year in all subgroups
  - Weight loss sustained at year-8 in non-Hispanic whites and minority women, but not minority men
  - Session attendance and engagement was high across groups
  - Daily self-weighing strongly associated with weight loss in both African American men and women

Positive Deviance Analysis

- Banerjee et al. interviewed 35 low income African American women who had lost 10% of their body weight and maintained weight loss for ≥ 6 months
- 3 themes:
  - Motivation
  - Opportunity
  - Adaptability

Weight Loss Maintenance

- Tussing-Humphreys et al.
- Cultural Adaptation
- Findings suggest that inclusion of cultural adaptations may result in more favorable weight maintenance outcomes for AA women and is consistent with the existing literature [3, 45]. For example, in the multisite TONE [44], WLM [56], and DPP [11] trials, enrolling a mixed race/ethnicity and gender sample, inclusion of cultural adaptations resulted in superior weight outcomes compared to HPT [13], TOHP [13], and TOHP II [65] trials. However, it is hard to discern what specific cultural adaptations or combination of adaptations are most useful [71]. What researchers consider to be "salient" cultural adaptations is often derived from qualitative studies [85–87], based on community input [88], based on researcher perception of sociocultural perspectives of AAs, or, informal participant and community leader conversations [89]. For example, AA women have cited inclusion of spirituality as a culturally salient adaptation to promote weight control [90]. However, when tested empirically, in the trial by Djuric et al. [62], inclusion of spirituality counseling did not result in better weight outcomes. It may be that several rather than a single adaptation is necessary for a particular population or setting [91]. However, assessment and comparison of a package of cultural adaptations presents an empirical challenge [91, 92]. Nonetheless, a clearer definition of what constitutes a cultural adaptation and a better understanding of the mechanistic relationship between cultural adaptations and the weight control process are needed.

Motivation

- Fitter Me Program
- 80% of clients are African American women
- Methods: Brought together leading experts as well as patients and family physician leaders
- **We had three principal objectives:**
  - To develop a summary statement which explains both the higher prevalence of obesity among African American women and also the disparity in success of weight loss efforts between African American women and other groups.
  - Provide recommendations for family physicians to discuss obesity and weight loss with their African American female patients that are practical, evidence-informed, and culturally sensitive.
  - Develop a framework to address outstanding questions related to African American women and weight loss, through a nationwide learning collaborative and research grant proposals.

Four Principal Questions

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- What are barriers to and facilitators of successful weight loss and weight loss maintenance in African American women?
- Starting the conversation: What are culturally appropriate ways to begin to discuss weight loss among African American women? (i.e., appropriate language, motivations, culturally appropriate approaches)
- What treatment strategies are most likely to be successful and can either be implemented or accessed through primary care? (e.g., commercial programs, peer support, etc.)
- What outstanding questions need to be answered to develop an effective approach? What are our next steps? Summary of priorities and discussion.

Participants

Participants		
Tiffany Powell-Wiley, MD, MPH, FAHA, Stadtman Investigator, Chief – Social Determinants of Obesity and Cardiovascular Risk Laboratory, National Heart, Lung, and Blood Institute, Adjunct Investigator, National Institute on Minority Health and Heath Disparities, National Institutes of Health, Past Chair, Obesity Committee, American Heart Association	**Tracey Conti, MD** Executive Vice Chair Department of Family Medicine University of Pittsburgh School of Medicine	**Stanley Kozakowski, MD** Family physician and geriatrician Former Director, Division of Medical Education American Academy of Family Physicians
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Olivia Affuso, PhD Associate Professor School of Public Health University of Alabama, Birmingham	**Jacklyn Chisholm, PhD** Patient Representative University Hospitals Fitter Me Program	

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Key Findings

Barriers

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- African American women have greater overall exposure to obesity-promoting factors than most segments of the population
- Risk factors include adverse social and environmental conditions, systemic discrimination, and high rates of poverty
- These conditions often result in differential access to resources that promote a healthy lifestyle

Barriers

- Fast food and highly processed foods are heavily marketed to African Americans
  - Exposure to these foods is frequent and begins in childhood
- Exposure to trauma and chronic stress can lead to emotional eating
- Poor sleep was cited as a barrier to achieving and maintaining a healthy weight
- Hair care is a barrier to physical activity for African American women
- African American women are often heads of households and are expected to project an image of strength, control, and restraint
  - They may de-emphasize their own health while caring for others and lack the social support that is so valuable when trying to lose weight

Facilitators

- Community health workers can engage communities to increase knowledge and access to obesity treatment in culturally appropriate ways
- Physicians can partner with African American communities in taking action to counter the influence of the food industry on dietary guidelines and to reduce targeted marketing
- Messages to increase the consumption of healthy food in African American communities should be supported and obesity-promoting food industry messages should be countered
- African American women benefit from social support in achieving and maintaining a healthy weight; group interventions can be effective
- Implicit bias training is likely to be valuable in preparing family physicians to discuss weight with African American women

Culturally Appropriate Methods

- Annual wellness exams are an ideal opportunity to discuss weight within the context of the individual's health and health goals
- Healthcare professionals need to learn direct yet sensitive approaches to discussing weight and weight loss treatments with African American female patients
- Communication should be empathic and individually tailored to the patient
- The approach described in the National Academy of Medicine's Roundtable on Obesity was felt to be broadly acceptable to African American women
- Partnerships between communities, public health departments, and healthcare systems can promote better understanding of obesity within African American communities and guide the development of culturally appropriate healthy-weight initiatives

Treatment

- Medically supervised obesity treatment programs and medications need to be more accessible to African American women
- Partnerships between communities and healthcare systems can guide the development of effective, culturally appropriate obesity treatment programs
- Seeking to learn from greater numbers of African American women about obesity may lead to improved understanding and more effective solutions
- African American women are diverse culturally, regionally and economically; thus, the assessment and treatment of obesity should be individualized
- Physicians should have greater awareness that some medications prescribed for obesity-related co-morbidities (e.g., diuretics for hypertension) can make it harder to engage in weight loss promoting behaviors such as physical activity

Outstanding Questions

- How can Family Medicine promote the development of clinician training programs to more effectively assess and treat obesity in African American women?
- How can partnerships between healthcare systems and African American communities be developed to improve understanding of obesity and address obesity-promoting factors?
- As a key next step, it was recommended that the group develop a high level set of recommendations that can be adapted to the needs and characteristics of individual communities.

The 12 Conclusions and Recommendations

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1. Obesity is a serious public health crisis in the United States.
2. Obesity is a complex, multi-factorial disease influenced by environmental, economic, and psychosocial factors, in addition to biological factors.
3. Major obesity-promoting factors stem from adverse social and environmental conditions and systemic discrimination that promotes differential access to resources for a healthy lifestyle across racial/ethnic groups.
4. African American women are disproportionately affected by obesity because they are exposed to more obesity-promoting factors.
5. Countering the messages delivered by the food industry is critical to promoting the consumption of healthier food in African American communities.
6. Trauma, chronic stress, and poor sleep also contribute to higher rates of obesity among African American women.
7. African American women benefit from social support as one strategy to achieve and maintain a healthy weight.
8. Family physicians and other health care professionals need to learn an honest, direct, yet sensitive approach to discussing weight and weight loss treatment with their African American female patients. Implicit bias training is valuable in preparing family physicians to discuss weight with African American women.
9. Mutually-beneficial community partnerships are essential for an improved understanding of obesity among African American women as well as for the development of effective treatment programs.
10. Obesity treatment, including medically supervised programs, as well as medications need to be more accessible to African American women.
11. Improved understanding to develop effective solutions can be gained by speaking with more African American women about obesity.
12. African American women, like any other segment of the population, include individuals from a diverse range of economic, cultural, and regional backgrounds, making a single approach to the population inappropriate. Family physicians should individualize both their assessment of obesity and their approach to treatment in this population.

Thank you!

Questions/Discussion