



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO

Weight Management and Behavior Change: Cases and Discussions

March 10, 2022

Cardi-OH ECHO Team and Presenters



FACILITATOR

Goutham Rao, MD

Case Western Reserve University

LEAD DISCUSSANTS

Chris Taylor, PhD, RD, LD

The Ohio State University

Jim Werner, PhD

Case Western Reserve University

DIDACTIC PRESENTERS

Goutham Rao, MD

Case Western Reserve University

Adam Perzynski, PhD

Case Western Reserve University

CASE PRESENTERS

Austin Fredrickson, MD

SRMC Internal Medicine

Laura Marsan, NP

Crossroad Health Center

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.”

Public Policy on Health and Nutrition



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

Adam Perzynski, PhD

Associate Professor of Medicine and Sociology

Center for Health Care Research and Policy
The MetroHealth System

Case Western Reserve University

Learning Objectives



1. Describe key regional, state and national policies designed to promote healthy eating.
2. Describe the impact of one or more public policies designed to promote healthy eating.
3. List and describe ongoing challenges to developing and implementing public policies to promote improved nutrition.

Public Policy Challenges and Food Policy Context



Creating good public policies themselves is not really a problem. We spend a lot of time and have many good ideas. Creating policies that can be passed by politicians and successfully implemented is immensely challenging.



The estimated magnitude of effects of snack taxes is dramatic.

A 20% increase in the price of high sugar snacks would:

- 1) Reduce energy purchased among people of all BMI and all income levels.
- 2) Cut obesity prevalence by 2.7% in just 1 year.

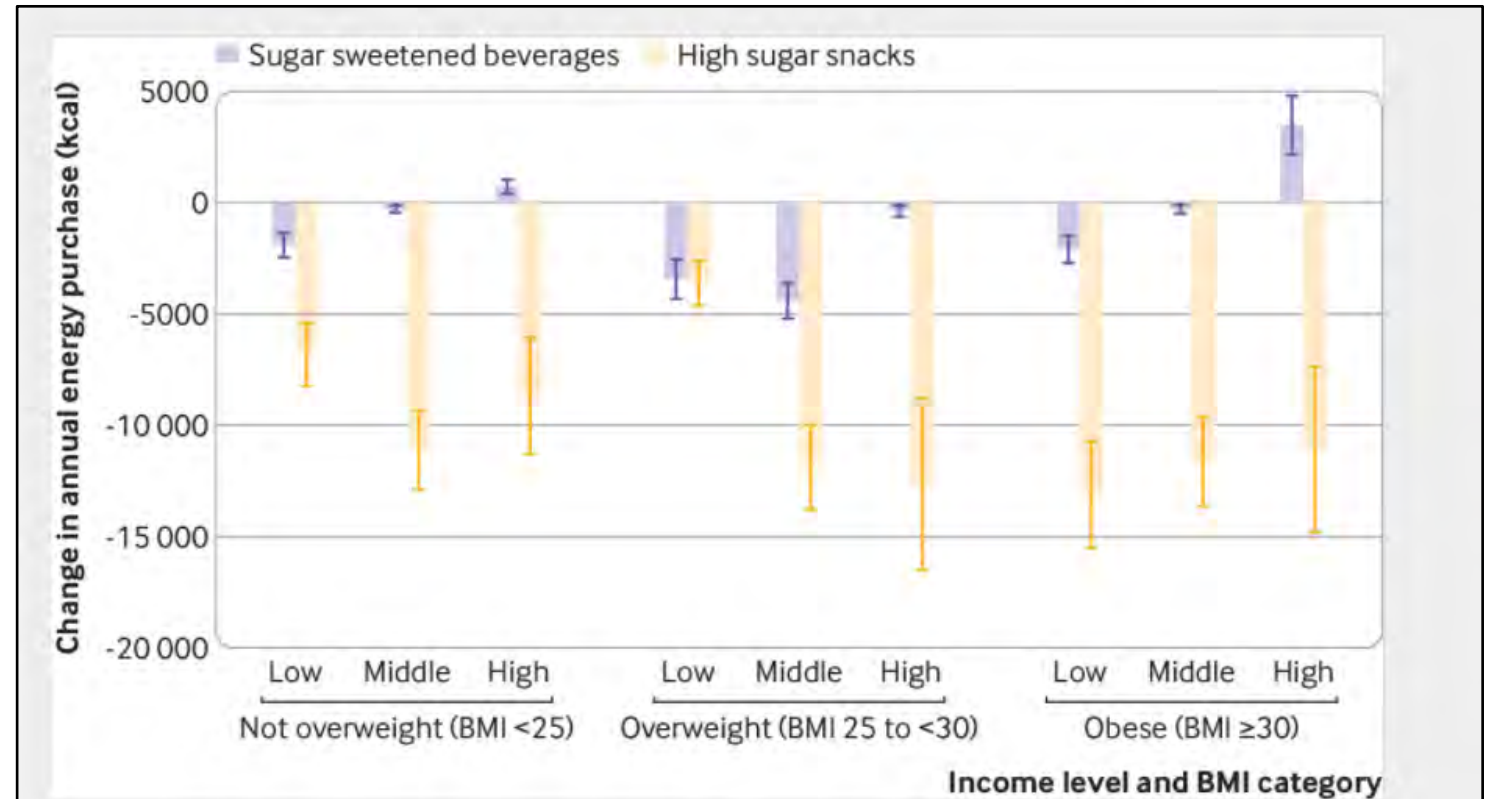


Fig 3

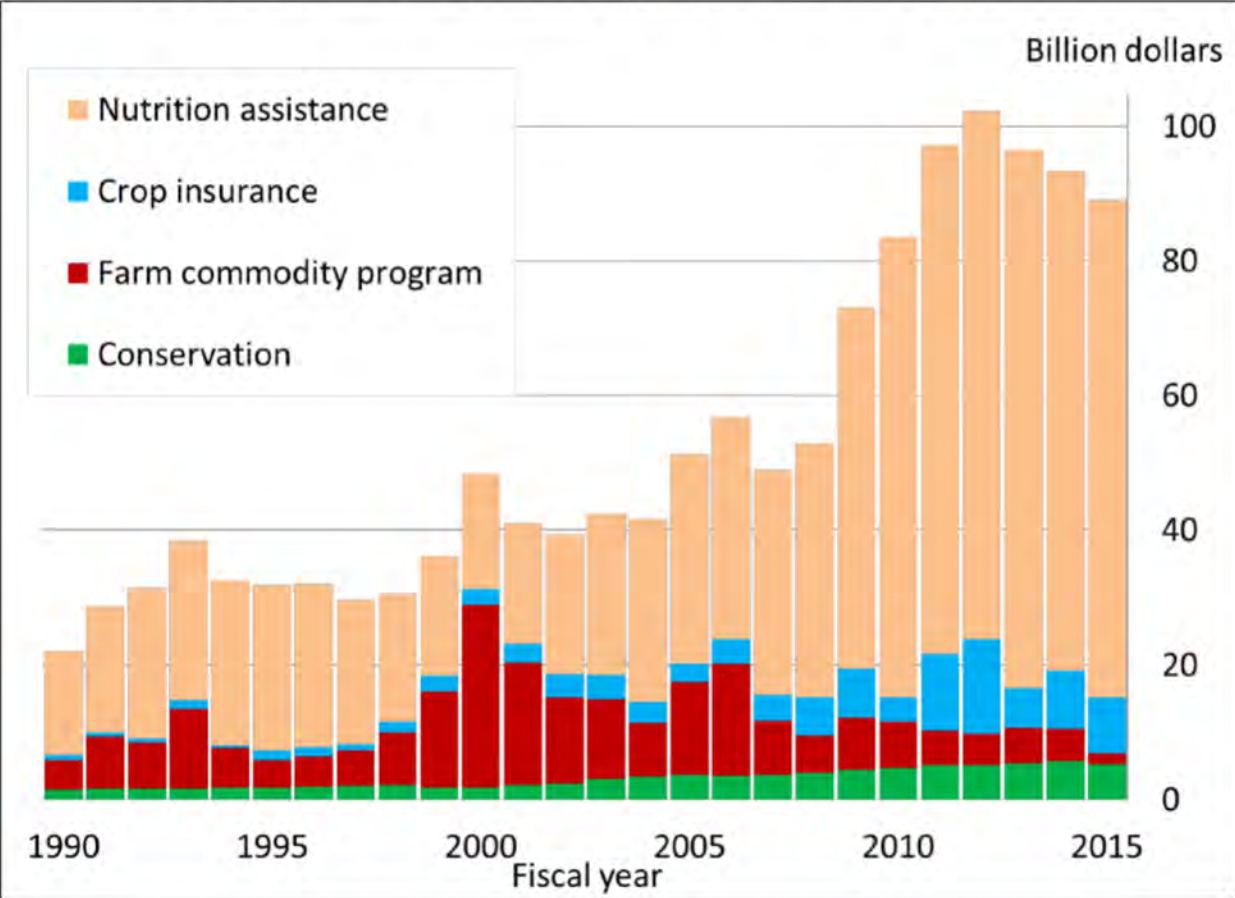
Impact of 20% price increase in sugar sweetened beverages and high sugar snacks on change in annual energy purchase by body mass index (BMI) and household income group. Stratification by income group (low <£20 000, middle £20 000-49 999, high ≥£50 000) and BMI group. £1.00=\$1.2; €1.1. Whiskers represent 95% confidence intervals

Scheelbeek PF, Cornelsen L, Marteau TM, Jebb SA, Smith RD. Potential impact on prevalence of obesity in the UK of a 20% price increase in high sugar snacks: modelling study. *bmj*. 2019 Sep 4;366.

SNAP (Supplemental Nutrition Assistance Program)



Figure 3. Farm Bill Spending by Major Mandatory Programs



Source: CRS, using USDA data, including USDA Farm Service Agency, "Table 35," *Agricultural Outlook*; USDA Risk Management Agency, "Program Costs and Outlays by Fiscal Year;" J. Glauber, "Crop Insurance Reconsidered," *American Journal of Agricultural Economics*, 2004; USDA Farm Service Agency, "Output 3," *Commodity Estimates Book*; USDA Natural Resources Conservation Service, "Soil and Water Conservation Expenditures, 1935-2010," 2011; and USDA Food and Nutrition Service, "National Level Annual Summary, Participation and Costs."

Food and Drug Administration



- Scope of Activity includes regulating labels; updated 2016
- Monitors food safety

Child Nutrition Reauthorization

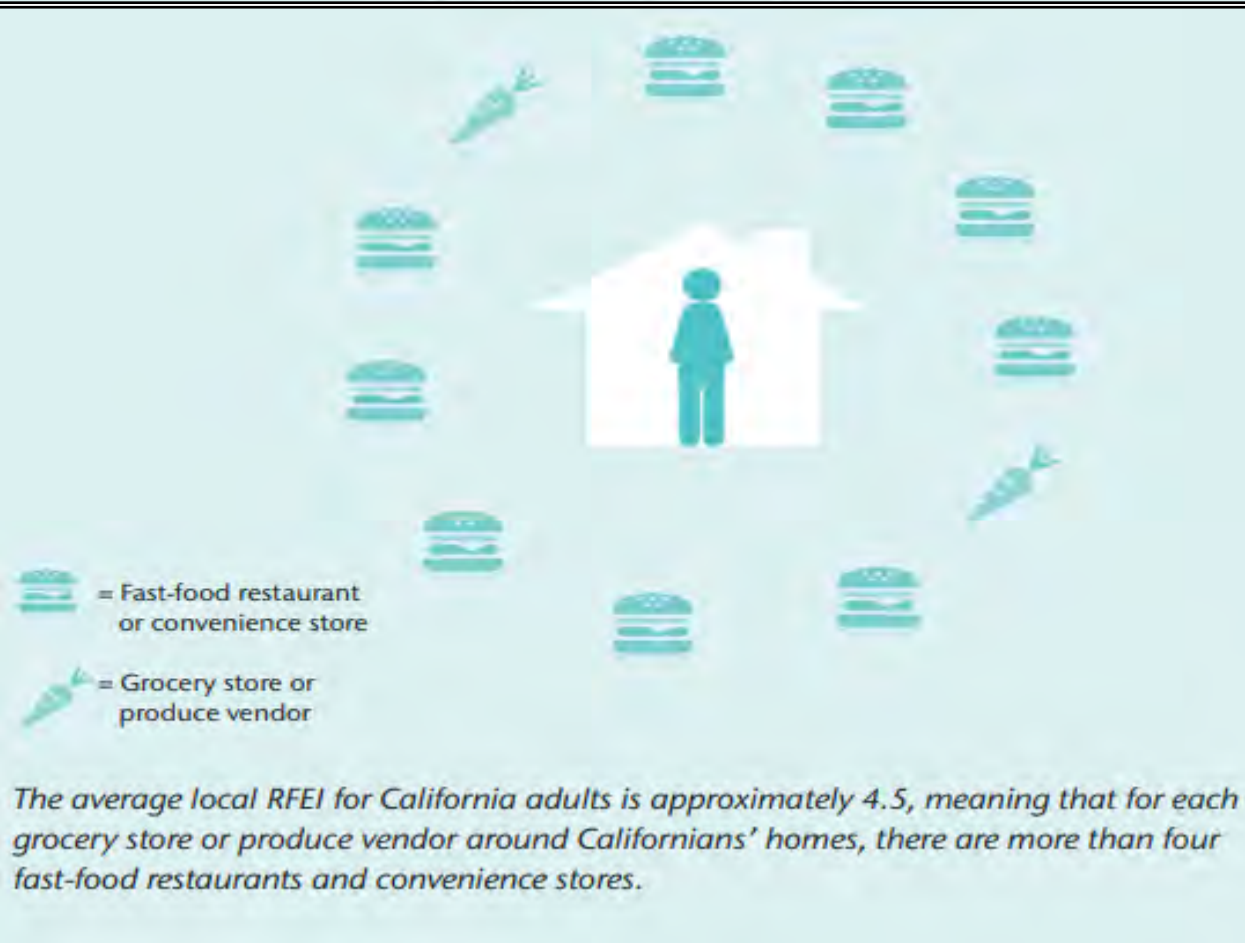


- National School Lunch Program (30 million children/year)
- School Breakfast Program
- Summer Food Service Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Retail Food Environment Index (RFEI)

The Retail Food Environment Index is constructed by dividing the total number of fast-food restaurants and convenience stores by the total number of grocery stores (including supermarkets) and produce vendors (produce stores and farmers' markets) within a radius around an individual CHIS respondent's home (0.5 mile in urban areas, 1 mile in smaller cities and suburban areas, and 5 miles in rural areas).

$$\text{RFEI} = \frac{\text{\# Fast-Food Restaurants} + \text{\# Convenience Stores}}{\text{\# Grocery Stores} + \text{\# Produce Vendors}}$$



Babey SH, Diamant AL, Hastert TA, Harvey S. 2008. Designed for disease: the link between local food environments and obesity and diabetes.

Modified Retail Food Environment Index (By U.S. Census Tract)



Lower scores indicate that census tracts contain many convenience stores and fast food restaurants compared to the number of healthy food retailers.

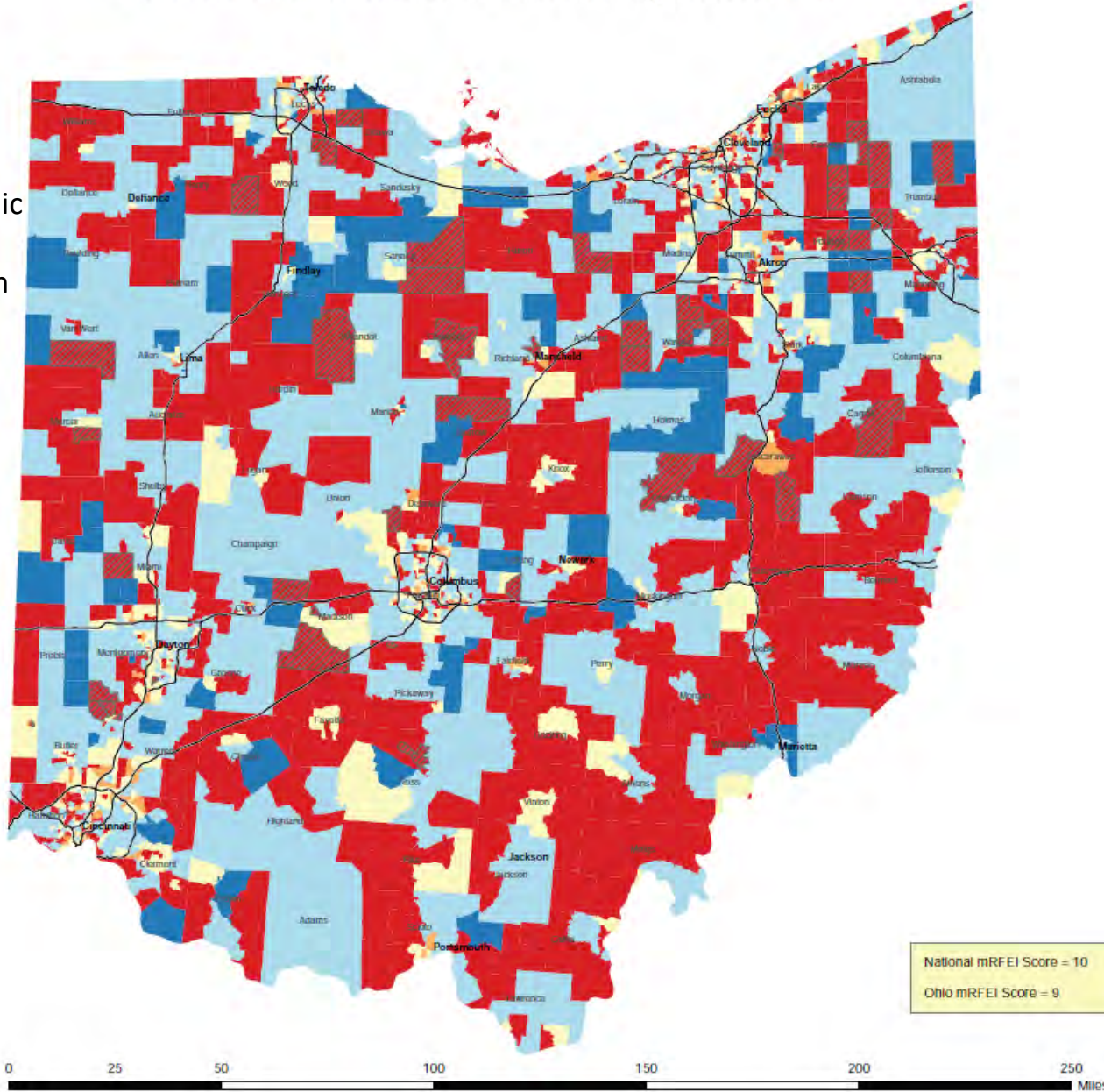
A zero score indicates no healthy food retailers (supermarkets, large grocery, produce stores, or supercenters) within the census tract.

DATA SOURCES:
 Supermarkets, Small and Large Groceries, Produce Stores, Supercenters - InfoUSA 2009
 Convenience stores - Homeland Security Infrastructure Program Database 2008
 Fast food restaurants - NAVTEQ 2009

Date of map: August, 2011

CDC 2011
 National Center for Chronic Disease Prevention and Health Promotion Division of Nutrition, Physical Activity, and Obesity

Ohio
 Modified Retail Food Environment Index According to Census Tract



National mRFEI Score = 10
 Ohio mRFEI Score = 9

The modified Retail Food Environment Index (mRFEI) measures the number of healthy and less-healthy food retailers within a census tract using this formula:

$$\frac{\# \text{ Healthy Food Retailers}}{\# \text{ Healthy Food Retailers} + \# \text{ Less Healthy Food Retailers}} \times 100$$

For this indicator, healthy food retailers include supermarkets, larger grocery stores, supercenters, and produce stores.† Less healthy food retailers include convenience stores, fast food restaurants, and small grocery stores with 3 or fewer employees.†

† Data sources are listed in the legend.



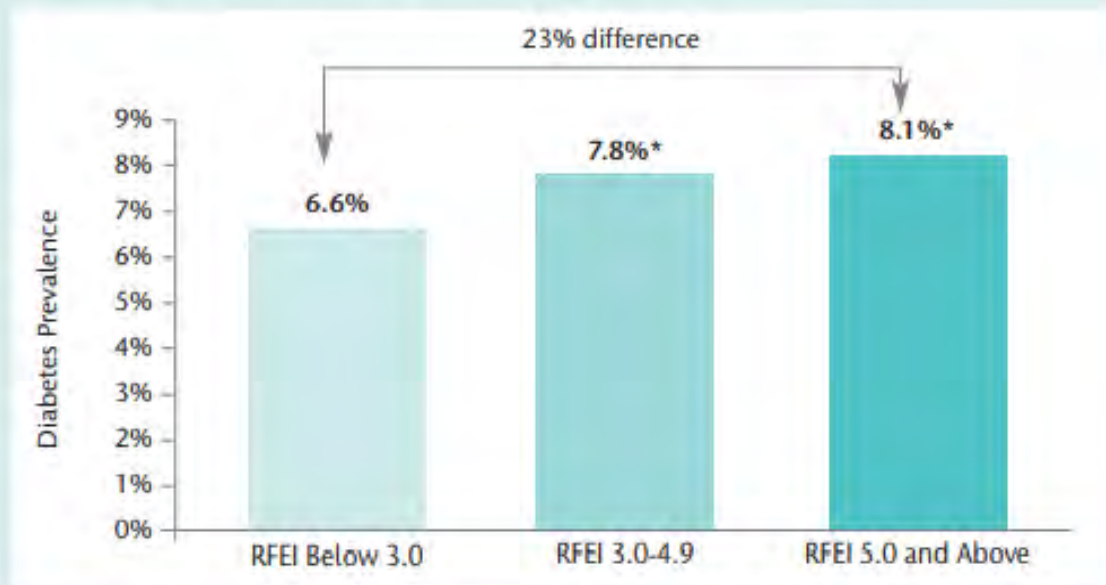
The Retail Food Environment Index (RFEI)

The Retail Food Environment Index is constructed by dividing the total number of fast-food restaurants and convenience stores by the total number of grocery stores (including supermarkets) and produce vendors (produce stores and farmers' markets) within a radius around an individual CHIS respondent's home (0.5 mile in urban areas, 1 mile in smaller cities and suburban areas, and 5 miles in rural areas).

$$\text{RFEI} = \frac{\# \text{ Fast-Food Restaurants} + \# \text{ Convenience Stores}}{\# \text{ Grocery Stores} + \# \text{ Produce Vendors}}$$

FIGURE 2

Diabetes Prevalence by Retail Food Environment Index, Adults Age 18 and Over, California, 2005



*Significantly different from "RFEI Below 3.0"; $p < 0.05$. RFEI was calculated using buffers of 0.5 mile for respondents in urban areas, 1 mile for respondents in smaller cities and suburban areas and 5 miles for respondents in rural areas.

Source: 2005 California Health Interview Survey and 2005 InfoUSA Business File

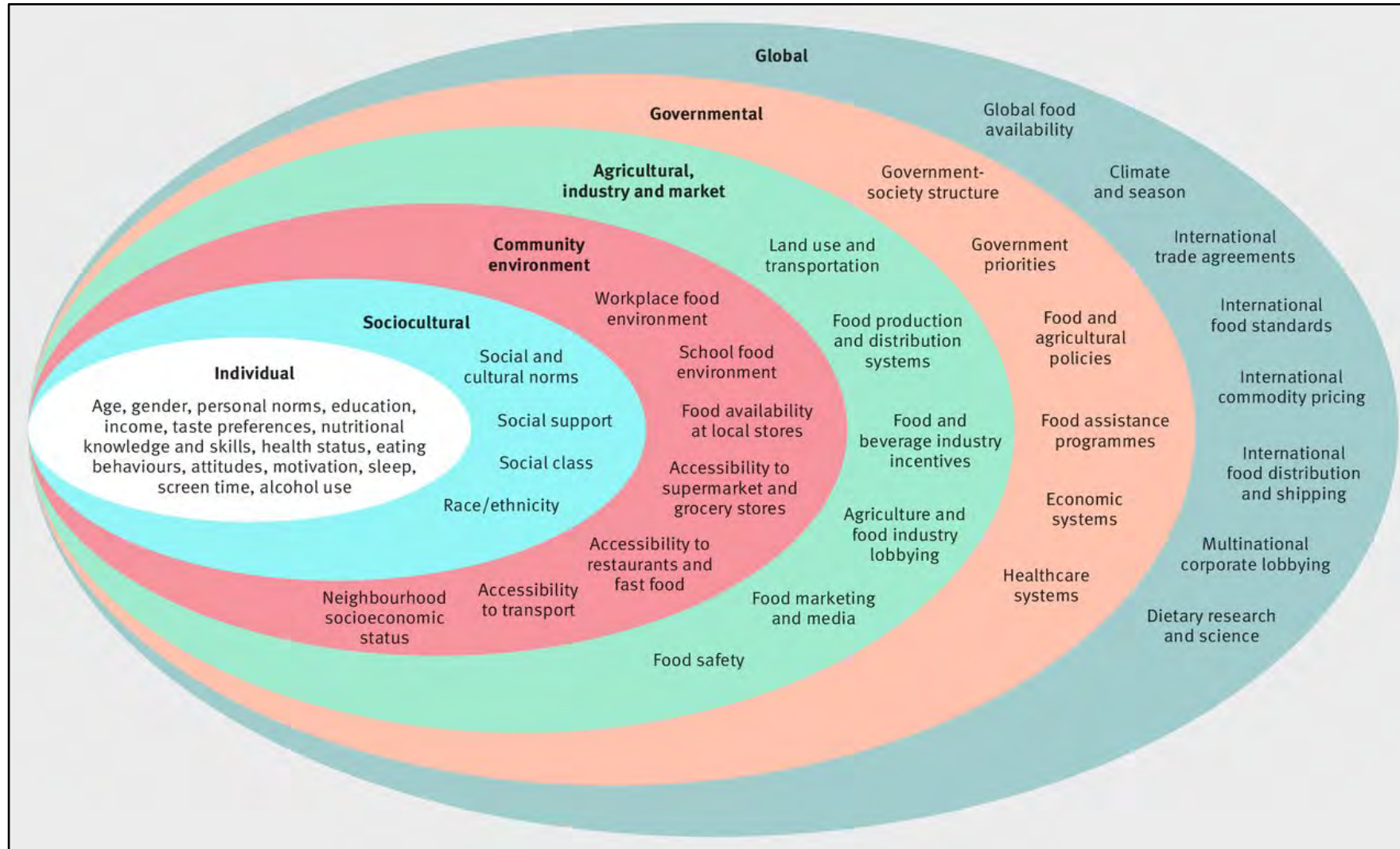
Babey SH, Diamant AL, Hastert TA, Harvey S. 2008. Designed for disease: the link between local food environments and obesity and diabetes.

Improvement is Possible!!



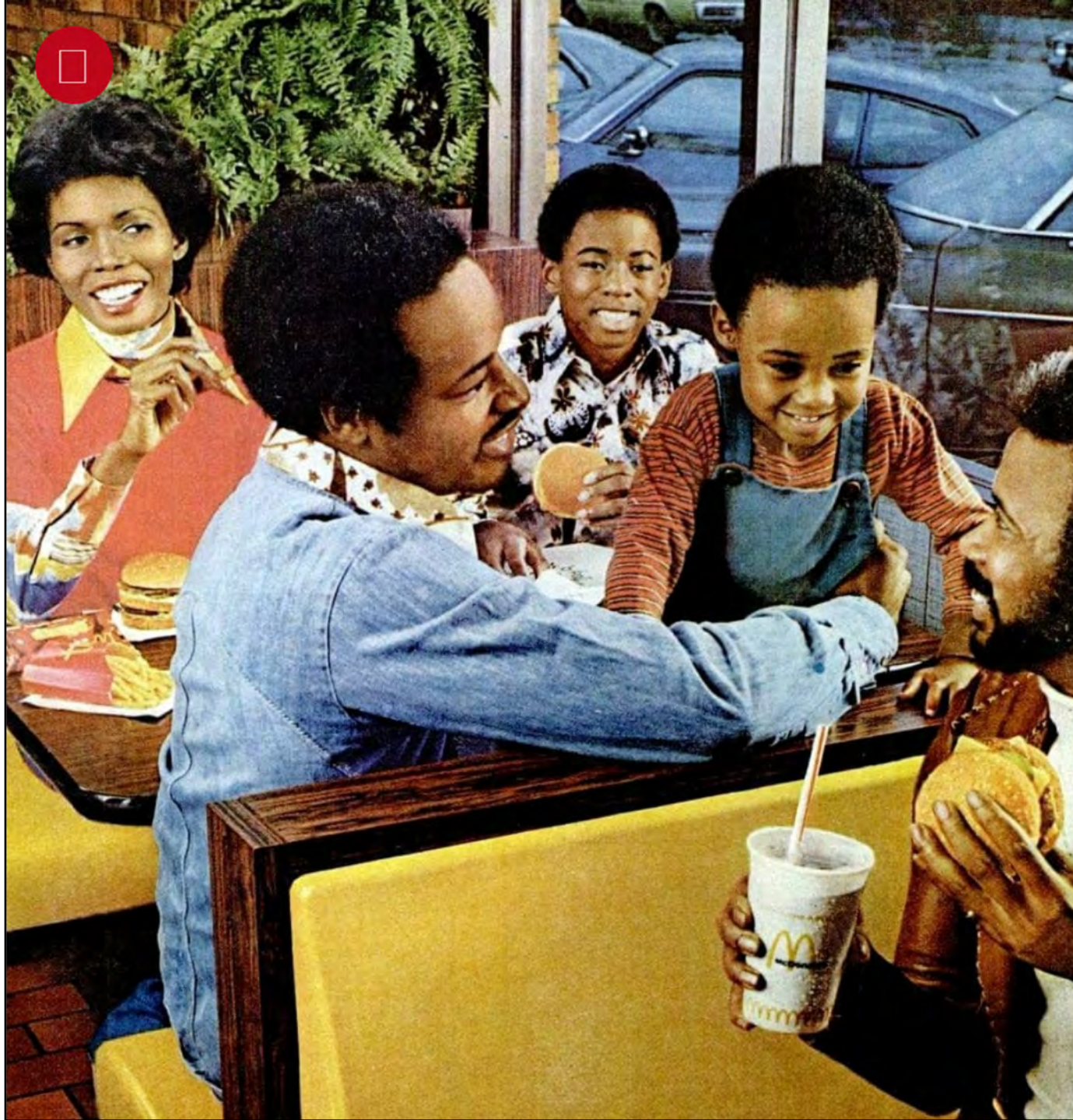
- Efforts to improve healthy food availability and reduce cost of healthy food are generally associated with small improvements
- Partnerships between clinics, community members and with retail (e.g. farmer's markets) are generally met with a positive community response and are more likely to show improvements
- Activity-based understandings of food environments are needed (not just where people live, but where they work, learn, play and engage in other activities)

Multi-layered influences beyond personal knowledge and preference alter food choices.



Dariush Mozaffarian et al. *BMJ* 2018;361:bmj.k2426

©2018 by British Medical Journal Publishing Group



CARDI•OH
Ohio Cardiovascular and Diabetes Health Collaborative

RETHINKING THE CHILDREN'S TELEVISION ACT FOR A DIGITAL MEDIA AGE



CARDI•OH

HEARING

BEFORE THE

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION UNITED STATES SENATE

ONE HUNDRED ELEVENTH CONGRESS

FIRST SESSION

JULY 22, 2009

II. Qubo Programming Serves the Needs and Interests of Children

Qubo is a groundbreaking bilingual, multi-platform entertainment destination for children, featuring programs that focus on literacy, values, and healthy lifestyles and that celebrate the unlimited possibilities of a child's imagination. A very high percentage of Qubo's 24/7 programming meets the FCC's educational and informational (E/I) requirements. All of the programming aired on ION TV, NBC and Telemundo is E/I programming. Several of Qubo's most popular shows are also aired in Spanish on Telemundo on weekend mornings. Most of Qubo's shows are associated with popular children's books, and the network's interstitial programming also reinforces messages about early literacy and healthy living.

For example, Qubo recently voluntarily adopted a set of nutritional guidelines for acceptable foods that can be advertised on air. To create these nutritional guidelines, Qubo enlisted the help of nationally renowned author and expert on childhood obesity, Goutham Rao, MD., clinical director of the Weight Management and Wellness Center at the Children's Hospital of Pittsburgh and a member of the faculty at the University of Pittsburgh School of Medicine. The guidelines list acceptable nutritional intake limits for meals and snacks broken down by calories, grams of fat, as well as saturated and trans fats, sugar, protein, fiber and sodium. We are committed to combating childhood obesity through all of our networks, digital, on-line and mobile, and we hope that our guidelines send a strong message to parents, policymakers and business partners about our dedication to the wellness of America's kids.

'Heal' Illinois with tax on sugary drinks

Elissa Bassler and Goutham Rao

Published 9:06 p.m. CT Jan. 11, 2015 | Updated 6:25 p.m. CT Jan. 9, 2015

[View Comments](#)



Many families in our communities are suffering from preventable conditions such as type 2 diabetes, cancer and heart disease, and it's time Illinois invests in proven initiatives to end these epidemics.

As Gov. Bruce Rauner takes office today, we must pursue evidence-based solutions that will have positive effects on our population's health and on the state's economy.

To that end, the Illinois Alliance to Prevent Obesity is supporting the Healthy Eating + Active Living (HEAL) Act, which is expected to be reintroduced in the Illinois General Assembly in February.

The act would provide kids, families and communities with the tools they need to live healthier lives through investment of money from a small excise tax on sugary drinks, which are the single biggest source of added sugar in Americans' diets and contribute to high rates of diabetes, obesity and heart disease.



Goutham Rao, M.D., Congressional Briefing: The State of Nutrition on the School Lunch Tray

500 views • May 6, 2014

👍 4 🗨 DISLIKE ➦ SHARE ✂ CLIP ⌵ SAVE ⋮

Kellogg cuts sugar and salt across Europe and UK: 'The process is trial and error'

By Flora Southey [↗](#)

17-May-2021 - Last updated on 17-May-2021 at 15:55 GMT



RELATED TAGS: sugar reduction, reformulation, Salt reduction, Kellogg

The Kellogg Company has pledged to remove at least 10% of sugars and 20% of salt from its children's cereals across European and UK brands.

The Trek to a Yogurt Less Sweet



Deciding not to trumpet a healthier-for-you move might be puzzling at first, until you consider this: “One thing I have learned is that the main driver of yogurt sales above all is taste,” said Sergio Fuster, senior vice president for marketing at Dannon. “You do not want to send any signal to the consumer that might lead her to believe the taste has changed because she will simply pick up another yogurt — and it may not be ours.”

Thierry Saint-Denis, the director of research and development at Dannon, managed to reduce sugar by 25 percent in in Danimals Smoothies. Joshua Bright for The New York Times



Thank you!

Questions/Discussion