Cardi-OH ECHO

Weight Management and Behavior Change: Cases and Discussions

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Cardi-OH ECHO Team and Presenters

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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."

Flanagin A et al., 2021, JAMA; Dickinson JK et al., Diabetes Care, 2017; American Psychological Association, 2021; ODM, 2021.

Weight Management: Partnerships and Collaboration

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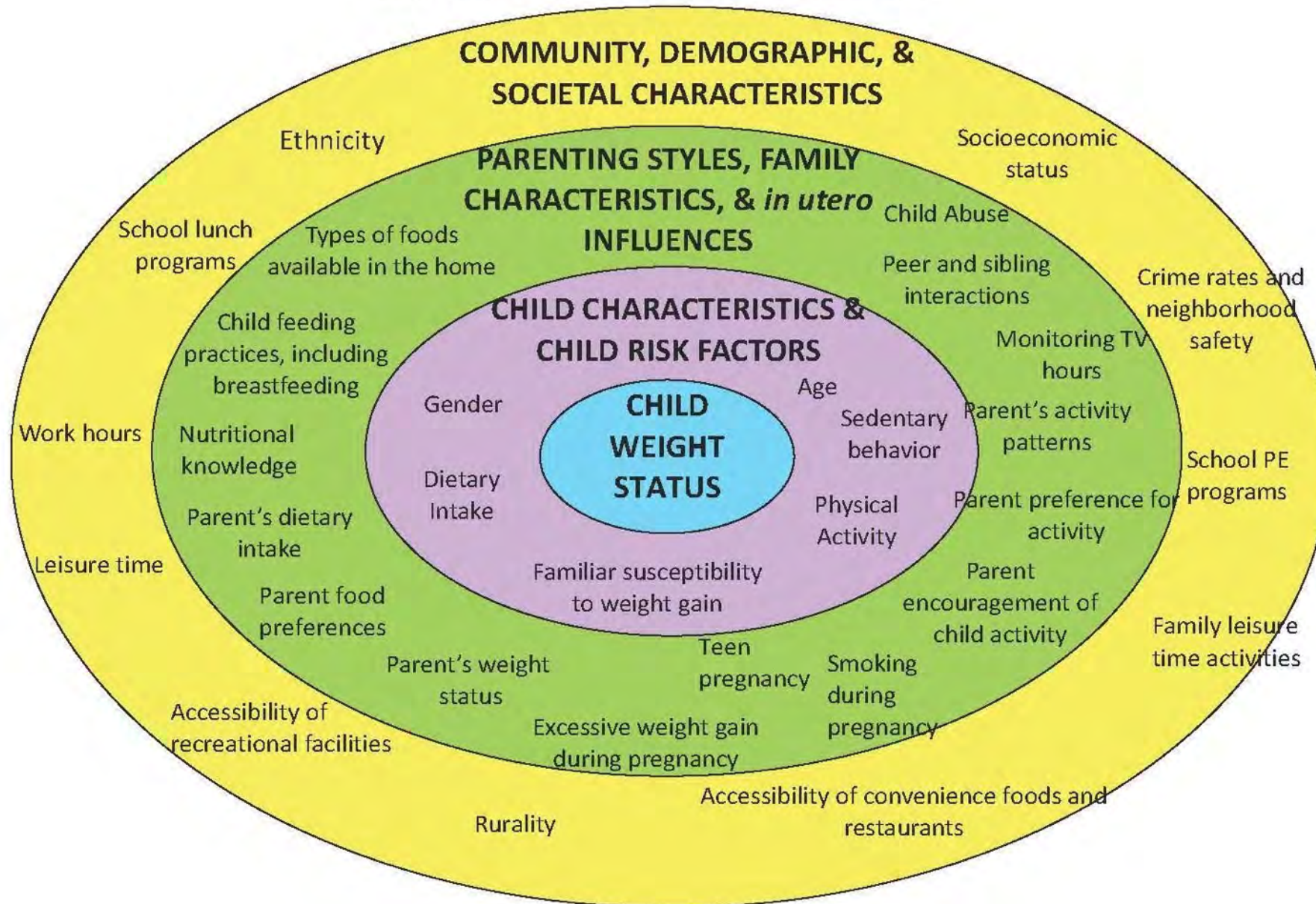
Learning Objectives

1. Describe the importance of partnerships in influencing obesity within communities.

2. List a minimum of 3 organizations who can partner with healthcare professionals to influence obesity within communities.

3. Describe the process of establishing a new partnership to influence obesity among patients.

Importance of Community Partnerships

- Healthcare providers see the physical, emotional, and social complications of body weight.

- People want to make healthy choices; however, those choices may not be available in the community.

- Communities have a profound impact on the food people eat.

  - E.g., lack of public transportation, lack of full-service grocery stores, higher costs for healthy foods, lower costs for unhealthy foods

Ecological Model of Childhood Overweight

COMMUNITY, DEMOGRAPHIC, & SOCIETAL CHARACTERISTICS

Ethnicity

Socioeconomic status

PARENTING STYLES, FAMILY CHARACTERISTICS, & *in utero* INFLUENCES

Child Abuse

School lunch programs

Types of foods available in the home

Peer and sibling interactions

Crime rates and neighborhood safety

CHILD CHARACTERISTICS & CHILD RISK FACTORS

Child feeding practices, including breastfeeding

Monitoring TV hours

Gender

Age

Sedentary behavior

Parent's activity patterns

Work hours

Nutritional knowledge

CHILD WEIGHT STATUS

School PE programs

Dietary Intake

Parent's dietary intake

Physical Activity

Parent preference for activity

Leisure time

Familiar susceptibility to weight gain

Parent food preferences

Parent encouragement of child activity

Family leisure time activities

Teen pregnancy

Parent's weight status

Smoking during pregnancy

Accessibility of recreational facilities

Excessive weight gain during pregnancy

Rurality

Accessibility of convenience foods and restaurants

CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

Importance of Community Partnerships

- Need to increase access to healthy foods, opportunities for physical activity in the community, etc.

- Healthcare providers can promote positive change by partnering with community organizations

- Communities have a profound impact on the food people eat

  – E.g., lack of public transportation, lack of full-service grocery stores, higher costs for healthy foods, lower costs for unhealthy foods

Value of Community Partnerships

- More can be done in a partnership than by individuals

- Roles and responsibilities are shared in the partnership

- You do not need to know everything about the issue you are addressing

- You will learn from each other

Community Partnerships

- Assistance Programs
  - Energy assistance programs
  - Food assistance programs
    - SNAP (<130% federal poverty rate)
    - WIC (<185% FPR nutrition risk – Pregnant, children <5 yrs)
    - Food pantries
    - School meals/summer food service programs
    - Senior Farmer's Market Program
  - Unemployment
  - Childcare assistance

Community Resources

- Educational Programming
  - SNAP Education
  - Diabetes Prevention Program
  - Community Weight Management Programs
- Support Groups
- Referral to services
- Retail partnerships
  - Grocery store education programs

Building Community Partnerships

Community Health Partnerships
Tools and Information for Development and Support

Developed by the National Business Coalition on Health and the Community Coalitions Health Institute with support from a Cooperative Agreement with the Centers for Disease Control and Prevention, the Association of State and Territorial Health Officials, and the National Association of City and County Health Officials

Building Partnerships

- Networking
  - Outreach and sharing of current practices, ideas

- Coordinating
  - Shared information for a common goals

- Cooperating
  - Sharing turf to build mutually-beneficial strategies

- Collaborating
  - Enhance capacity for mutually-beneficial strategies and outcomes
  - Foster communication

Thank you!

Questions/Discussion