



Welcome to

# Weight MANAGEMENT

*in* Community Health:

**Bridging Systems & Care Coordination**

**We will begin at 1 PM ET/10 AM PT**



Please keep your microphones on mute for now to avoid background noise.  
You are muted if there is a red line across your microphone icon.



# Weight MANAGEMENT

*in* Community Health:

**Bridging Systems & Care Coordination**

**ECHO Session #3:**

**Impact of Social Determinants of  
Health on Obesity**



# Today's Agenda

- Welcome
- Overview of Technology and Reminders
- The Impact of Social Determinants of Health on Obesity
- Case Presentation



# Technology: Your Zoom Window

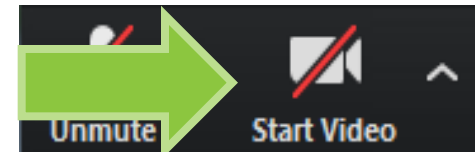
## Sound

- Muting/Unmuting
- Press \*6 to unmute phone audio



## Webcam

- Please share!

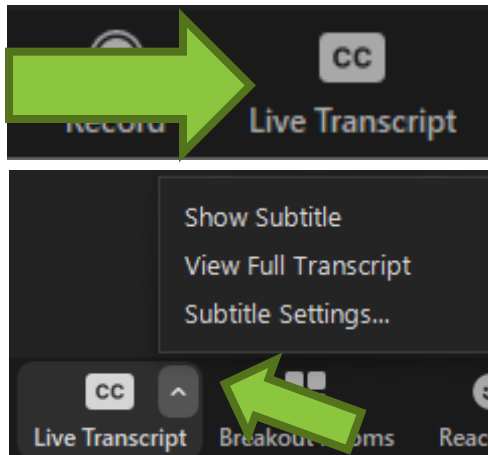


## Chat

- Questions
- Sharing resources/ideas

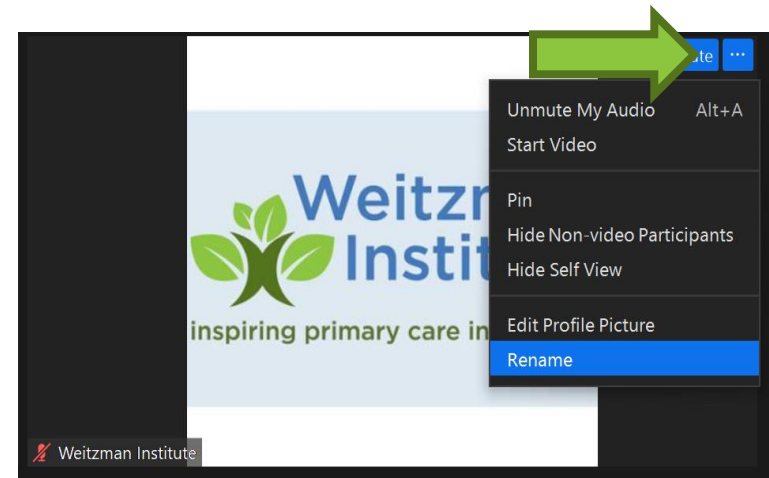


# Technology: Your Zoom Window



## Closed Captioning and Live Transcript

- Click on the caret or icon
- Select 'Show Subtitles' for closed captioning on screen
- Select 'View Full Transcript' for live transcript pop-out window



## Change Your Name

- Click on the three dots
- Click 'Rename'
- Type in your name
- **Please change your name to "First Last–Healthcare Center"**



# Important Program Logistics

## Submitting a Case

- **What:** Any patient or client case related to *obesity or weight management* that you find educational, challenging, or interesting!
- **When:** Schedule ahead of time with Emma, [warshae@mwhs1.com](mailto:warshae@mwhs1.com)
- **How:** Virtual Case Form sent to you via email
- Do NOT include patient identifying information



# Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by The France Foundation and Moses/Weitzman Health System, Inc. and its Weitzman Institute. The activity is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

This series is intended for clinical leadership, primary care providers, behavioral health providers, dietitians, nurses, QI/Technical teams, and other members of the care team.

**Please complete the post-session survey and claim your CE certificate on the WeP after today's session.**



JOINT ACCREDITATION™  
INTERPROFESSIONAL CONTINUING EDUCATION

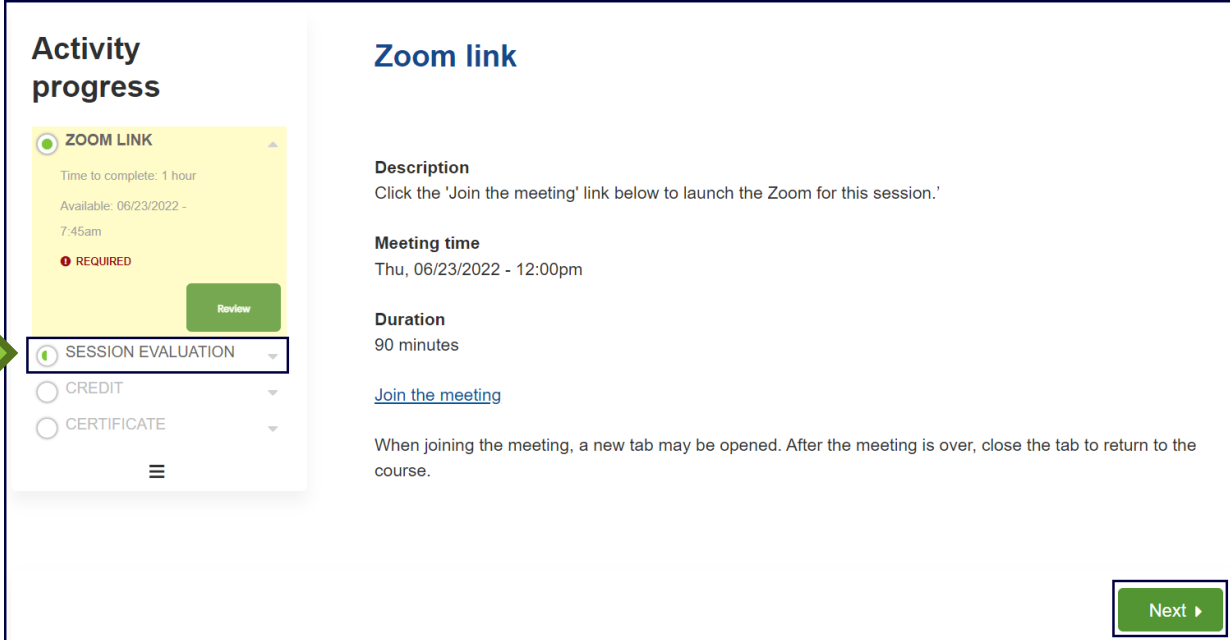


# Program Logistics Post-Session:

## Completing the Session Evaluation and Claiming Your CME/CE Credit

After the live session has ended:

- Select the **Next button**
  - OR
- Select **Session Evaluation** in the left-hand navigation bar



The screenshot displays a user interface with two main sections. On the left, under 'Activity progress', there is a yellow card for 'ZOOM LINK' with details: 'Time to complete: 1 hour', 'Available: 06/23/2022 - 7:45am', and a 'REQUIRED' status. Below it is a 'SESSION EVALUATION' dropdown menu with options for 'CREDIT' and 'CERTIFICATE'. A green arrow points to this menu. On the right, under 'Zoom link', there is a 'Description' (Click the 'Join the meeting' link below to launch the Zoom for this session.), 'Meeting time' (Thu, 06/23/2022 - 12:00pm), and 'Duration' (90 minutes). A 'Join the meeting' link is provided. Below this section, a green arrow points to a 'Next >' button.

Next >

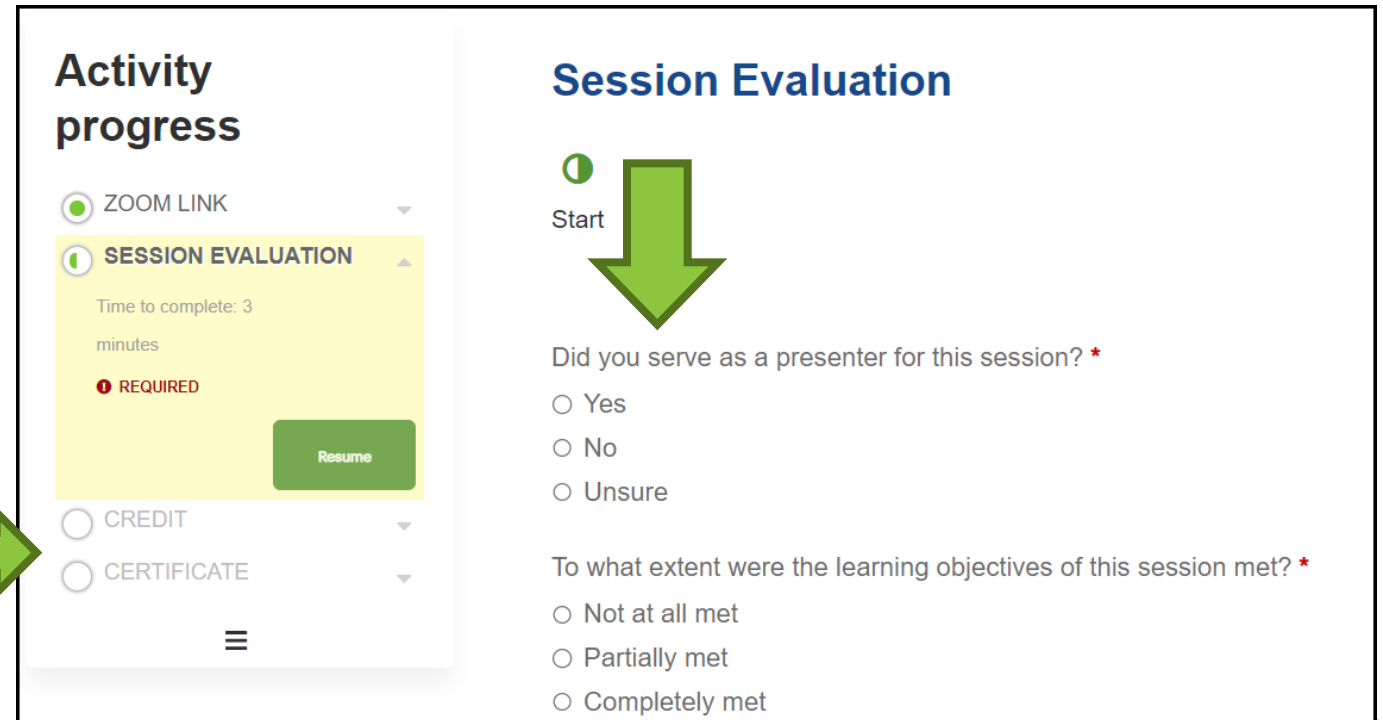




# Program Logistics Post-Session:

## Completing the Session Evaluation and Claiming Your CME/CE Credit

- Complete the questions in the session evaluation
- Select the **Submit** button at the bottom of the evaluation
- View your credits awarded and download your certificate by selecting them in the left-hand navigation bar



**Activity progress**

- ZOOM LINK
- SESSION EVALUATION**  
Time to complete: 3 minutes  
**REQUIRED**  
Resume
- CREDIT
- CERTIFICATE

**Session Evaluation**

Start

Did you serve as a presenter for this session? \*

Yes  
 No  
 Unsure

To what extent were the learning objectives of this session met? \*

Not at all met  
 Partially met  
 Completely met



# Program Logistics: Session Recordings and Materials

*All session recordings and materials shared during the session will be available on the Weitzman Education Platform within one week of each session*

Overview Schedule Faculty Accreditation Continue

## Program Information

In collaboration with The France Foundation, the Weitzman Institute is offering Weitzman ECHO Weight Management in Community Health. This ECHO series is a no-cost, 10-session continuing education series for clinicians who face significant challenges in community health care concerning the formal diagnosis and management of obesity. This learning series connects primary care medical providers and care team members to a community of peers and subject-matter experts to improve providers' weight management with patients. At each session, subject-matter experts provide guidance from a multidisciplinary team approach to address patients' complex health needs related to obesity to better assess, treat, and care for patients. The Weitzman ECHO Weight Management in Community Health will meet for 1-hour virtually every 2nd Thursday monthly beginning July 11th.

This ECHO series is now enrolling primary care medical providers, behavioral health providers, and other care team members including dietitians and pharmacists. All providers working in primary care settings are encouraged to join and participate. CME, CNE, CPE, and CEU credits will be provided for physicians, nurse practitioners, physician assistants, nurses, and registered dietitians, among others, by Moses/Weitzman Health System Inc., an accredited provider through Joint Accreditation for Interprofessional Continuing Education.

*This activity meets the 2nd Thursday of every month from 1-2pm ET.*

To access the Zoom link for this live session, select the Continue tab.

## Agenda

The Agenda will be posted within 2 days of the ECHO session

## Presentation Slides

The slide deck is available at the bottom of this page.

## Session Recording

The recording link will be available here within 1 week after the live session.

## Session Resources

Any resources that were shared during the live session will be made available at the bottom of the page.

- Return to the **Overview tab** of the ECHO session, *Weitzman ECHO Weight Management in Community Health (July 11, 2024)*
- Scroll down to the **Session Recording** and **Session Resources** headers

You will then be able to click on **Session Recording** and **Session Resources** listed below the headers to access the resources.

Instructions will be shared with you after this session.



# Disclosure

- With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (or spouse) and any for-profit company in the past 12 months, which would be considered a conflict of interest
- The views expressed in this presentation are those of the presenter and may not reflect official policy of Moses/Weitzman Health System and its Weitzman Institute
- We are obligated to disclose any products which are off-label, unlabeled, experimental, and/or under investigation (not FDA-approved) and any limitations on the information that I present, such as data that are preliminary or that represent ongoing research, interim analyses, and/or unsupported opinion



# Acknowledgements

This activity is supported by an educational grant from Lilly



**The Weitzman Institute is Committed to  
Justice, Equity, Diversity & Inclusion**



At the Weitzman Institute, we value a culture of equity, inclusiveness, diversity, and mutually respectful dialogue. We want to ensure that all feel welcome.

**If there is anything said in our program that makes you feel uncomfortable, please let us know.**



# Series Learning Objectives

- Outline factors that impact obesity risk and outcomes
- **Identify strategies to address barriers to initiating discussions of weight with patients with obesity in the community health setting**
- Utilize evidence-based interventions to diagnose patients with obesity in the community health setting
- Identify effective multi- and inter-disciplinary care strategies to manage the care of patients with obesity in the community health setting



# Session Learning Objectives

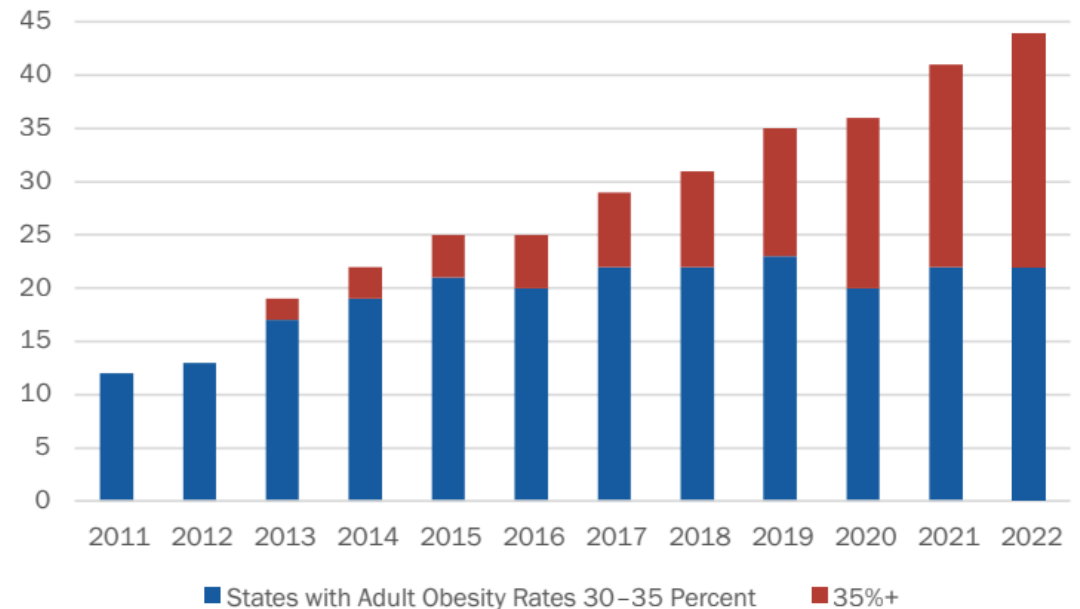
- Describe the social determinants of health that drive obesity
- Explain the differential impact of social determinants of health on obesity
- Understand the integrated care framework and how it can address unmet needs of patients with obesity



# Obesity Demographic Rates

- National obesity rate in the USA was 41.9% from 2017-2020
- Adult obesity rate increased 37% from 1999-2000 to 2017-2020

**FIGURE 2: Number of States with Adult Obesity Rates At 30 Percent or Higher, 2011-2022**



**Obesity rates increased across the US between 2011 and 2022**

BRFSS = Behavioral Risk Factor Surveillance System

<https://www.tfah.org/wp-content/uploads/2023/09/TFAH-2023-ObesityReport-FINAL.pdf>; <https://www.cdc.gov/obesity/php/data-research/adult-obesity-prevalence-maps.html>

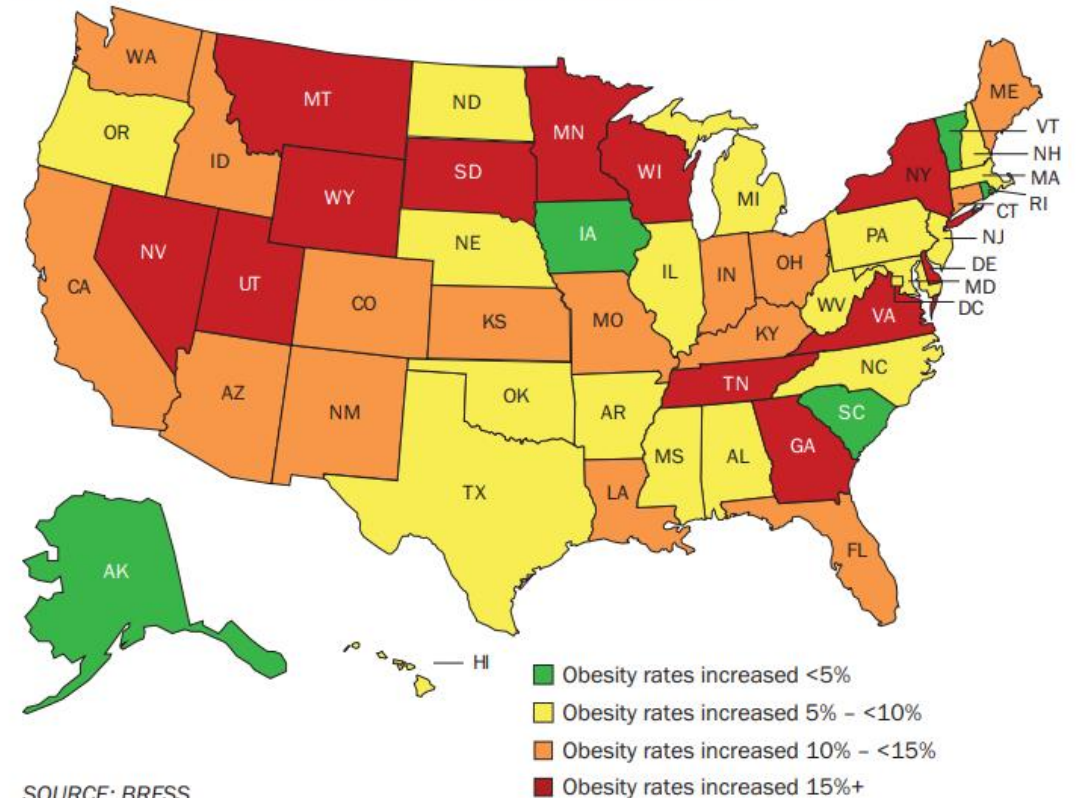




# Obesity Demographics by State

- 22 states had obesity rates above 35% in 2022
  - In 2012, no state had an adult obesity rate higher than 35%
- West Virginia had the highest level of obesity at 41%

Percent Change in Adult Obesity Rate by State, 2017–2022



SOURCE: BRFSS



# Social Determinants of Health

- Social determinants of health (SDOH) are the conditions in which people are born, live, learn, work, and play, impacting their health, functioning, and quality of life
- Examples of SDOH include:
  - Access to housing and transportation
  - Racism, discrimination, and violence
  - Education, job opportunities, and income
  - Access to healthy food and exercise
  - Pollution levels
  - Language and literacy skills



# Drivers of Social Determinants of Health

- Structural and social factors can impact an individual's lived personal experiences
- Social determinants of health can be sources of psychosocial and environmental stress

## Social Determinants of Health



# SDOH Influence Obesity

There are multiple theories on how SDOH influence obesity



**Life Course Theory:** Life events and transitions impact obesity, with childhood disadvantages accumulating over time

**Fundamental Cause Theory:** Socioeconomic status, stigma, and racism are key causes of obesity



**Health Lifestyle Theory:** Social factors influence health behaviors and choices related to obesity

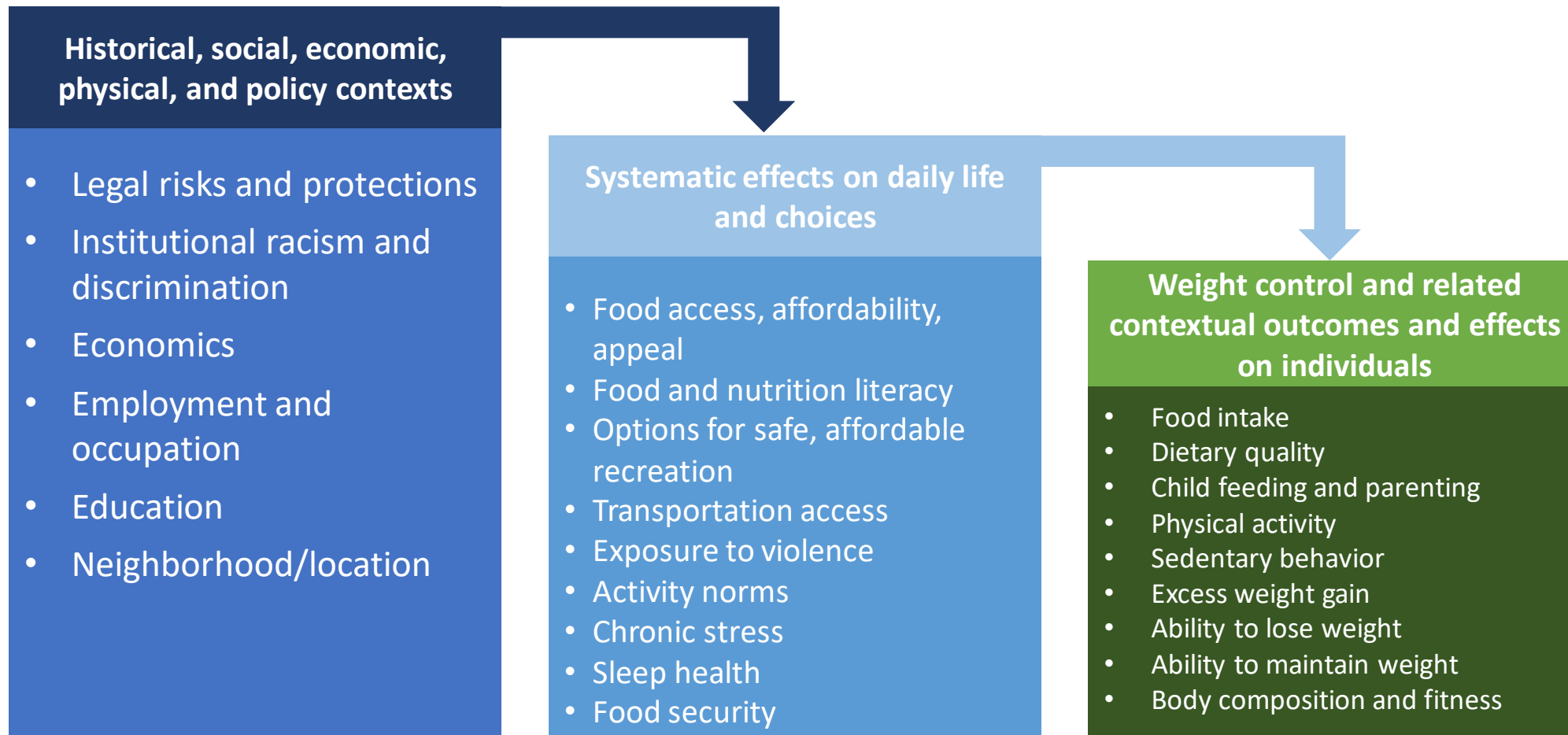
**Stress Process Theory:** Chronic stressors and life events affect obesity through physiological and behavioral pathways



**Neighborhood and Social Network Effects:** The physical environment and social connections influence obesity rates



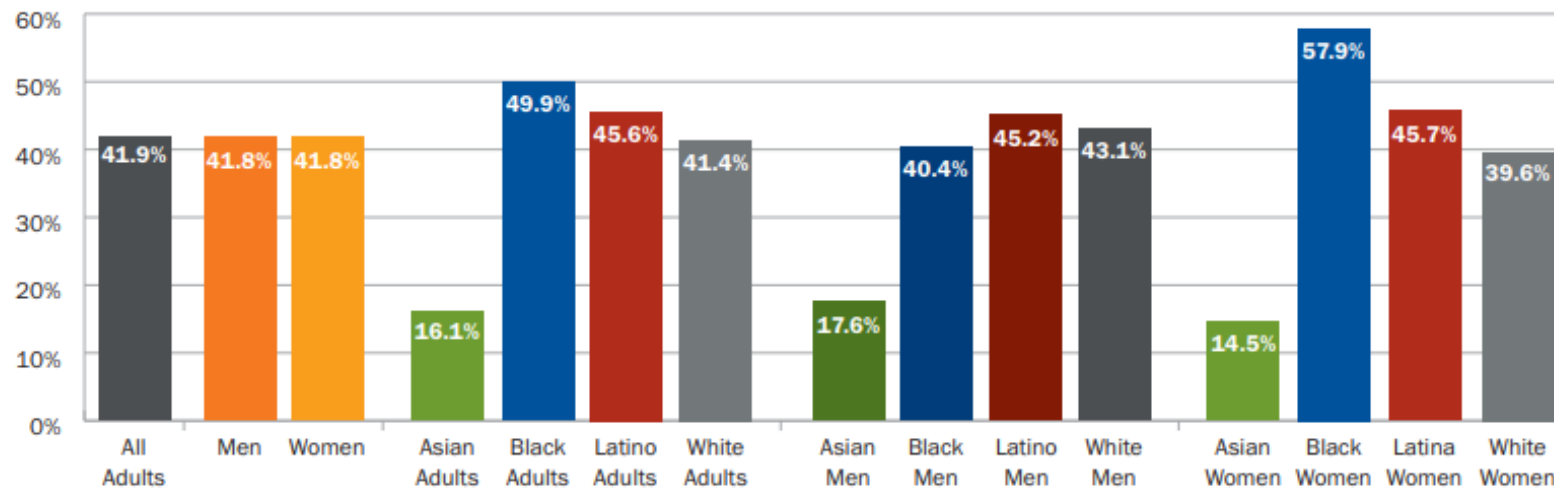
# Impact of SDOH on Obesity



# Racial Disparities in Obesity

- Black Americans had the highest rate of obesity (49.9%) for adults ages 20 and higher, followed by Latino/a (45.6%), White (41.4%), and Asian (16.1%) adults
  - Black women have the highest obesity rate among US adults (57.9%)
- National surveys often lack health data on American Indian and Alaska Native (AI/AN) adults
  - The 2020 National Health Interview Survey found 41.7% of AI/AN adults had obesity

FIGURE 6: Percent of U.S. Adults With Obesity by Select Demographics, 2017–2020



SOURCE: NHANES



# Income and Educational Disparities Associated With Obesity

**Obesity rates were lower among adults living in higher-income households  
and adults with college degrees**

## Income Levels:

- 43.9% of adults in households below 130% of the federal poverty level (FPL) had obesity
- 46.5% of adults in households with incomes between 130% and 350% of FPL had obesity
- 39% of adults in households above 350% of FPL had obesity

## Education:

- 40.1% of adults with less than a high school education had obesity
- 46.4% of adults with a high school diploma had obesity
- 34.1% of college graduates had obesity



# Obesity Rates in Rural vs. Metro Areas



Rural areas have higher rates of obesity and severe obesity



34.2% of adults in rural areas reported obesity, compared to 28.7% of adults in metro areas



Rural populations have limited access to:

- Health care interventions
- Transportation options
- Food options
- Physical activity opportunities

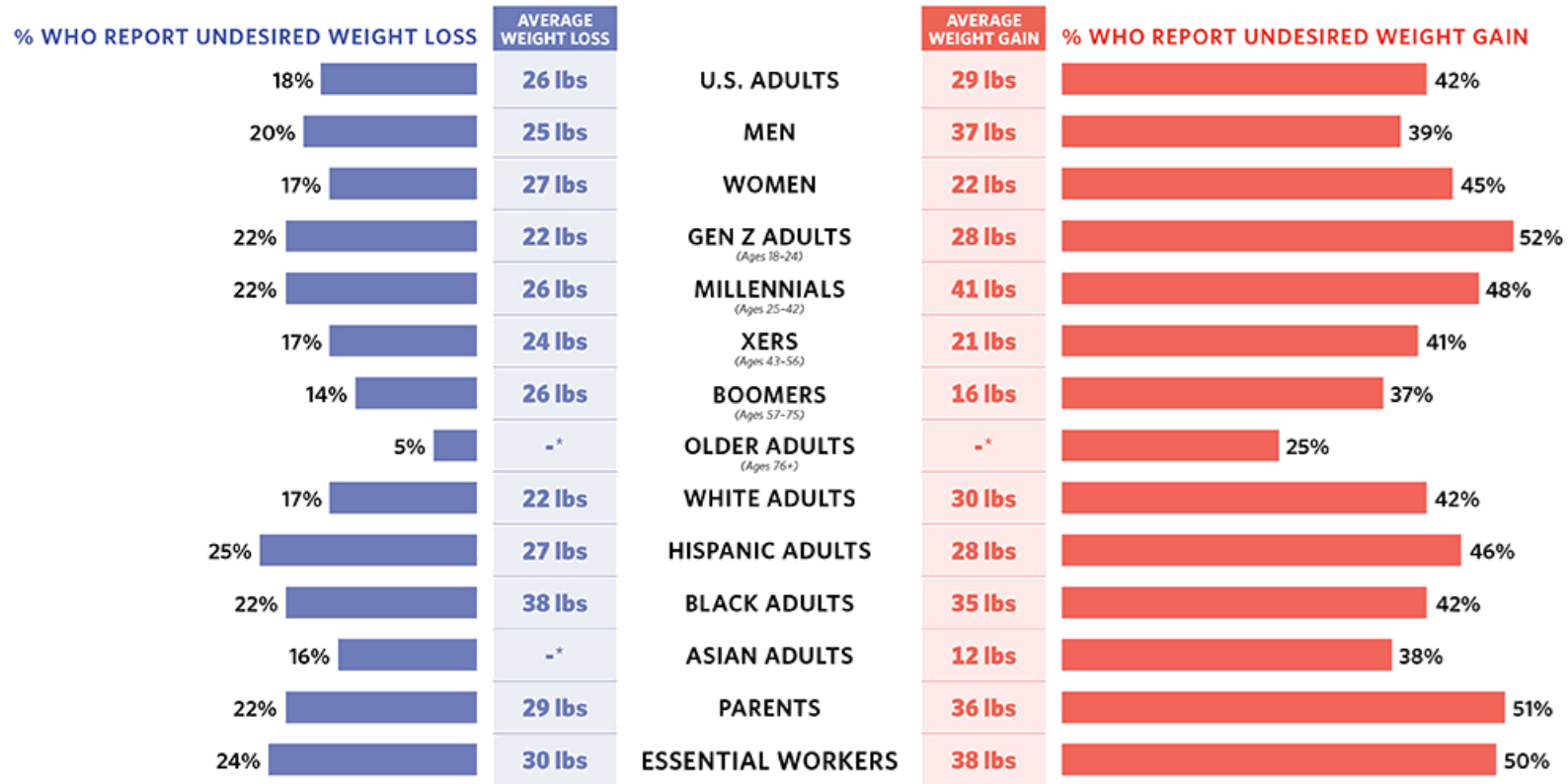




# Undesired Weight Gain During the COVID-19 Pandemic

## PANDEMIC SURVEY

**Slightly More Than 6 in 10 U.S. Adults (61%) Report Undesired Weight Change Since Start of Pandemic**



STRESS IN AMERICA™

\*Insufficient sample size for reporting

© American Psychological Association

<https://www.apa.org/news/press/releases/stress/2021/data-charts-march-weight-change>



# Insurance Coverage for Screening and Treating Obesity

## Medicare Coverage:

- Obesity screening, behavioral therapy, diabetes prevention, bariatric surgery
- Excludes weight-loss programs and obesity medications
- Low uptake of covered treatments

## Medicaid Coverage:

- Coverage varies by state but must cover necessary obesity services for children
- Most states cover at least one treatment for adults
- As of 2016-2017:
  - 49 states cover bariatric surgery
  - 41 states cover obesity screening and counseling
  - 20 states cover nutritional counseling
  - 16 states cover FDA-approved obesity medications
- 2023 survey: Only 10 state plans offer broad coverage for obesity medications



# Policy Change Recommendations to Engage Patients



Advance health equity by strategically dedicating federal resources to efforts that reduce obesity-related disparities and related conditions



Decrease food and nutrition insecurity while improving nutritional quality of available foods



Change the marketing and pricing strategies that lead to health disparities



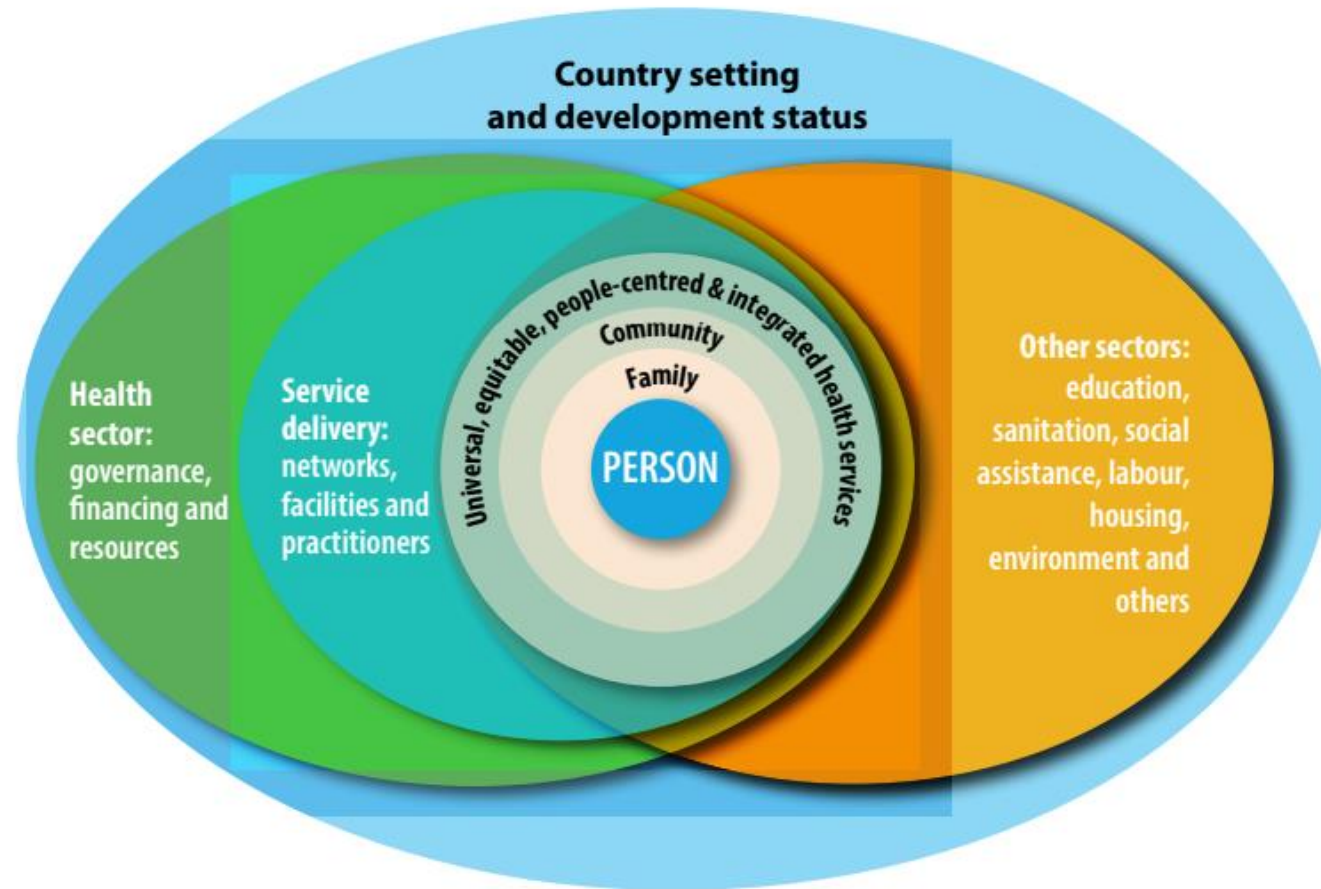
Make physical activity and the built environment safer and more accessible for all



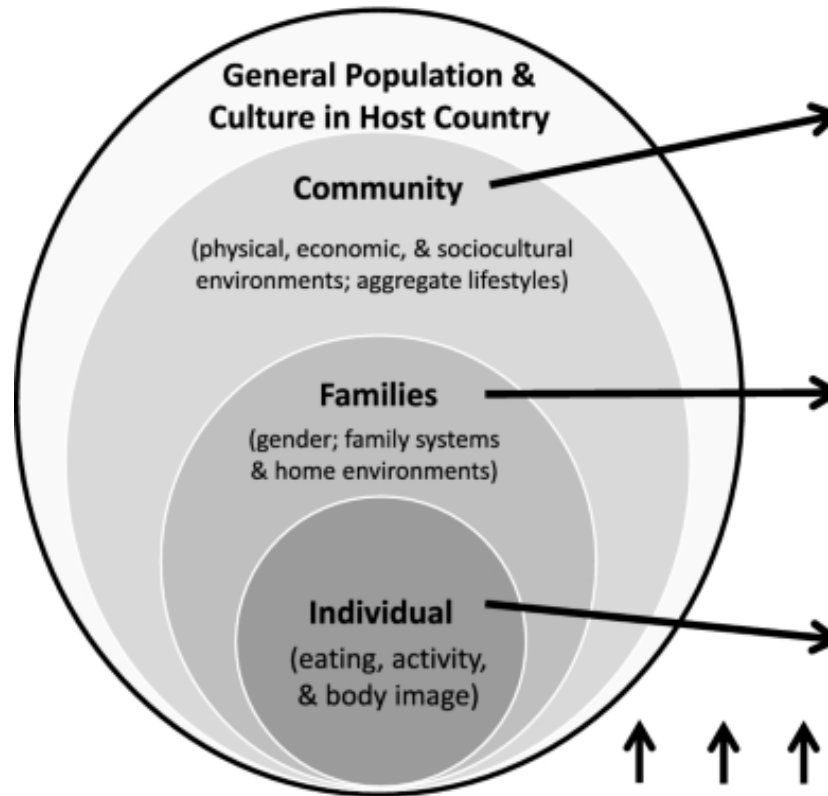
Work with the healthcare system to close disparities and gaps in clinic-to-community settings

# Integrated Obesity Management

- The WHO framework supports a shift to people-centered health services for universal health coverage
- People-centered services involve individuals, families, and communities in their care
- Integrated health services offer continuous care, including promotion, prevention, diagnosis, treatment, management, rehabilitation, and palliative care



# Intervention Targets



## Intervention Targets

- Built environment
  - Physical activity resources, facilities & opportunities
  - Food environment
  - Endorsement, social support, and social capital for physical activity and healthy eating
  - Healthcare access
- 
- Home food availability & accessibility
  - Activity/sedentary resources & opportunities
  - Parenting
  - Health behavior role modeling
  - Health care access and use
- 
- Food choices and eating behaviors
  - Electronic media use
  - Involvement in physical activity
  - Weight control behaviors
  - Awareness and advocacy

## Cultural-contextual influences

New vs. established migrant, acculturation; social disadvantage, income, education, employment; neighborhood & community resources; cultural norms, values, attitudes, social relations & coping styles



# Key Takeaways

- The environment in which someone lives directly affects their ability to manage weight
- SDOH are critical components that need to be taken into consideration in a weight management plan
- Policy changes can greatly affect access to weight management strategies



# Patient Information: Female, 62 Year Old

**Main Question:** What are some additional recommendations for patients whose weight loss has plateaued while using semaglutide?

## Medical Background:

### Pertinent Medical History/Diagnoses:

- A 62-year-old female with obesity and diabetes.
- Pt has a history of depression, obstructive sleep apnea, osteoarthritis in the right knee, and overactive bladder.
- Pt's recent A1c is 6.2, down from an initial 13.2 at the time of diabetes diagnosis.

### Medications:

- Atorvastatin
- Bupropion XL
- Creon DR
- Dicyclomine
- Fluoxetine
- Metformin ER
- Oxybutynin ER
- Semaglutide

### Physical Examination July 2024:

- BP- 110/74
- HR- 72
- Height- 5'10"
- Weight- 257lb
- BMI- 36.9

### Prior Weight History:

- 266lb October 2023
- 269lb July 2023
- 265lb March 2023
- 284lb October 2022
- 293lb August 2022
- 301lb May 2022

### Family Medical History:

- Father: Pharyngeal cancer and diabetes
- Sister: Diabetes

## Social/Cultural Factors:

### Lifestyle History:

- Physical activity consists of swimming for 1 hour daily.
- Struggles with protein and vegetable intake. If meals are not easy to prepare, she does not include vegetables or protein.

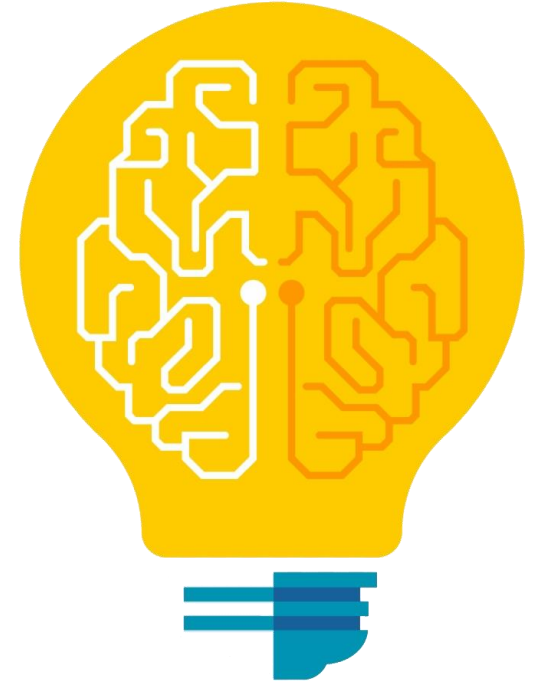
### Current Treatment Plan/Regimen:

Treatment approach includes medication management and ongoing collaboration with her gastroenterologist, outside psychiatrist, internal nutritionist to manage her diabetes, depression, and other related conditions. She is also focusing on improving her dietary habits and maintaining regular physical activity, specifically swimming.



# Questions?

- Please feel free to come off mute or type your questions in the chat!





# Thank You

- ECHO Session 4 takes place on: Thursday, October 10 at 1:00 PM EST/10:00 AM PST
- Please complete your session evaluation to claim your CME credit

