

## Foreword on Moving Forward

Language about **identity, diversity, equity, and inclusion** evolves relatively quickly. The language and terms used throughout this course reflect contemporary best practice and guidance. To ensure continuous alignment with current best practice, terminology will be reviewed and updated as guidelines evolve. For example, when color is used regarding race, capital letters are used (e.g., Black, White, Brown), as recommended by the National Association of Black Journalists.

Participants throughout this course will use varying pronouns, such as she/her, he/him, and they/them, to reflect the range of gender identities that exist within our communities.



# Health Inequities in Obesity Care

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Johnson & Johnson*





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## Previous Activities to Check Out:



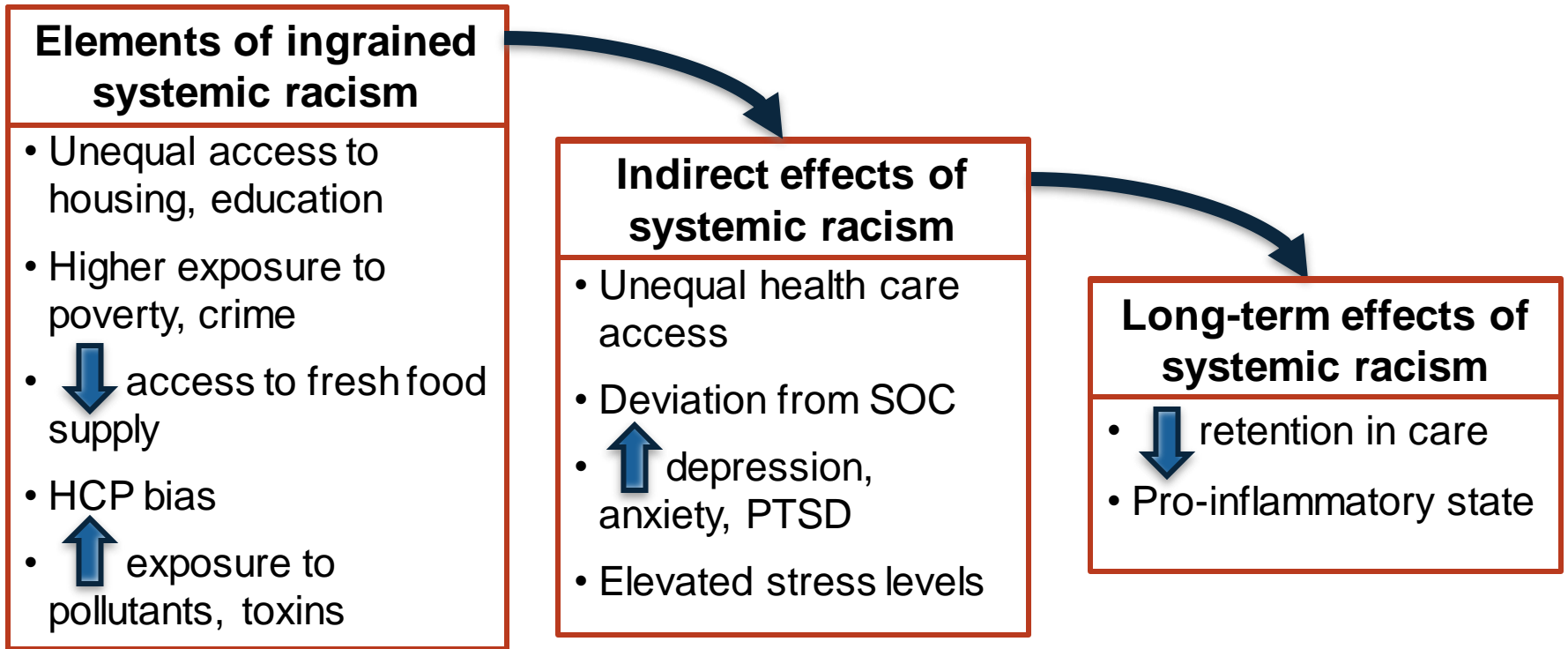
**CME CAST**  
**Equity and Health Care Disparities:  
The Role of Leaders in Addressing the Crisis**

**CMEO BriefCase**  
**Addressing Racial Disparities in Orthopedic Care**

**CME CAST**  
**Inequitable Access and Outcomes:  
Health Care Disparities in Surgical Weight-Loss Procedures**

**CMEO BriefCase**  
**Achieving Equity in the Management of Chronic Pain:  
Treating the Whole Patient**

# Health Disparities: How We Got Here<sup>1-5</sup>



HCP = health care professional; PTSD = post-traumatic stress disorder; SOC = standard of care

1. Hasan B, et al. *Clin Rheumatol*. 2022;31:1–13. 2. CME Outfitters, LLC. 2021. Equity and Health Care Disparities: The Role of Leaders in Addressing the Crisis. 3. CME Outfitters, LLC. 2021. Addressing Racial Disparities in Orthopedic Care. 4. CME Outfitters, LLC. 2021. Achieving Equity in the Management of Chronic Pain: Treating the Whole Patient. 5. CME Outfitters, LLC. 2021. Parameters of Pain Care: Mitigating Racial Disparities in Patients with Chronic Pain.



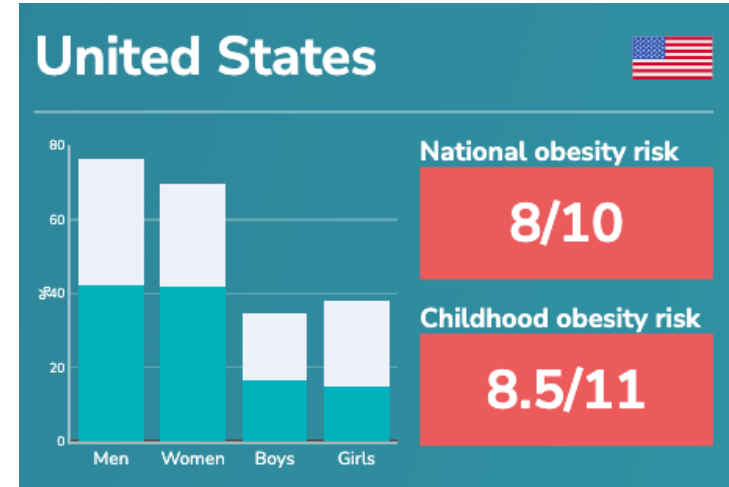
# Learning Objective

Analyze the influence of unconscious bias, health disparities, and health inequities on obesity care.



# Burden of Obesity

- Global prevalence tripled 1975-2016
  - By 2025: > 1 billion with obesity
- US obesity prevalence: 41.9%
  - Non-Hispanic Black adults: 49.9%
  - Hispanic adults: 45.6%
  - Non-Hispanic White adults: 41.4%
  - Non-Hispanic Asian adults: 16.1%
- US childhood (age 2 through 19) obesity prevalence: 19.7%
- Obesity-related conditions include CVD, stroke, T2D, cancers
- Estimated annual medical cost of obesity: ~\$173 billion

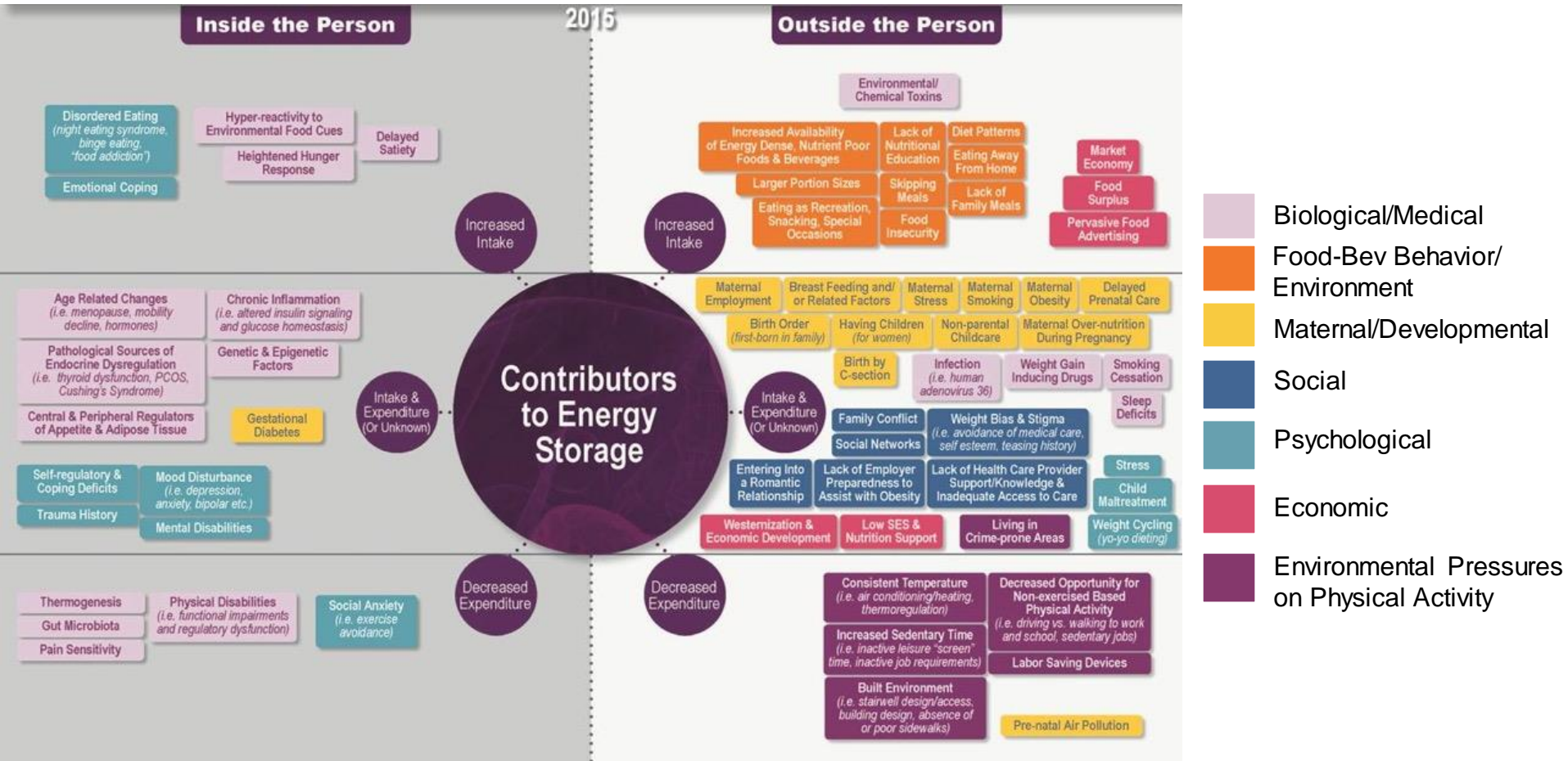


CVD = cardiovascular disease; T2D = type 2 diabetes

Centers for Disease Control and Prevention [CDC]. Adult Obesity Facts. 2022. <https://www.cdc.gov/obesity/data/adult.html>. Accessed November 14, 2022. World Obesity Federation. Global Obesity Observatory. <https://data.worldobesity.org/#US|1|A|F>. Accessed November 14, 2022.

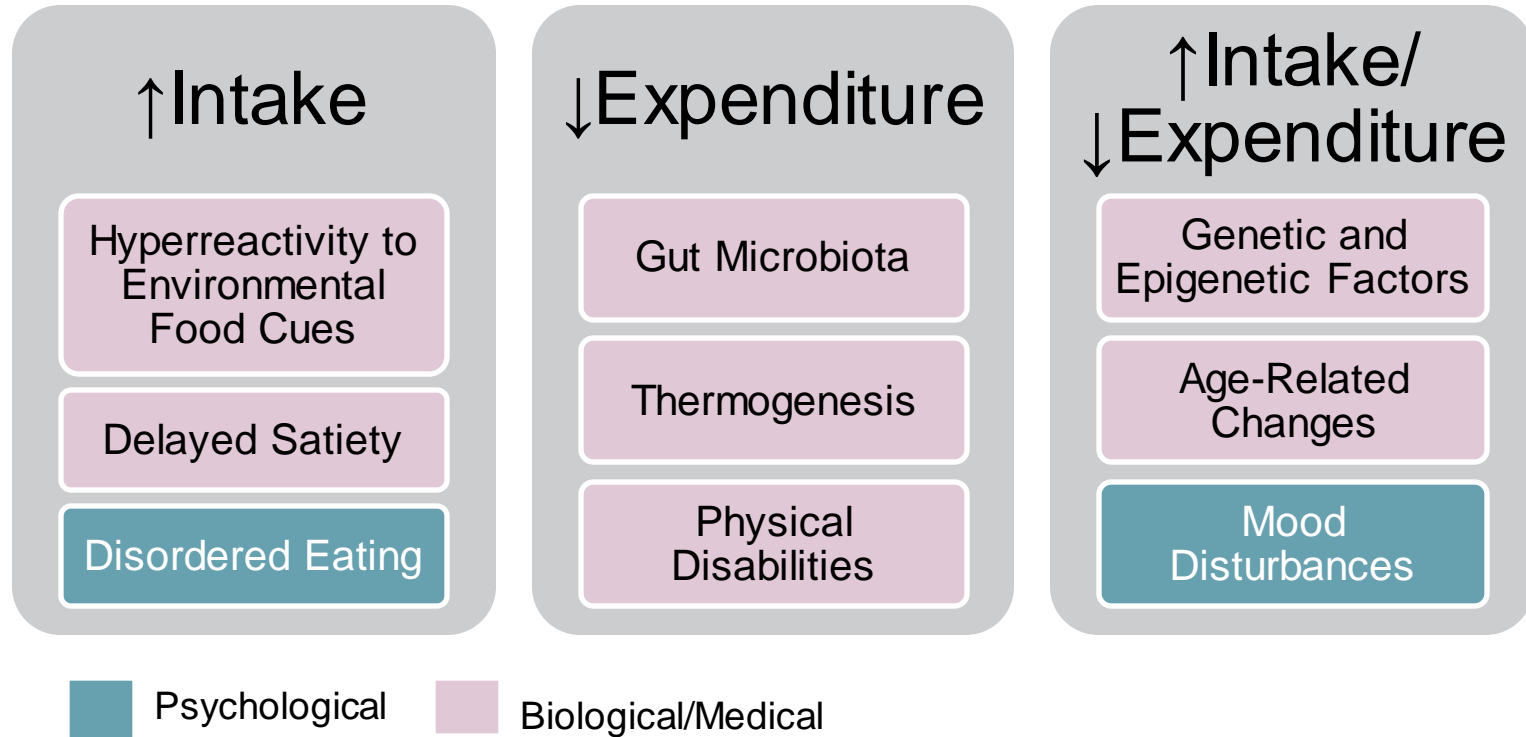


# Obesity Society Infographic: Potential Contributors to Obesity

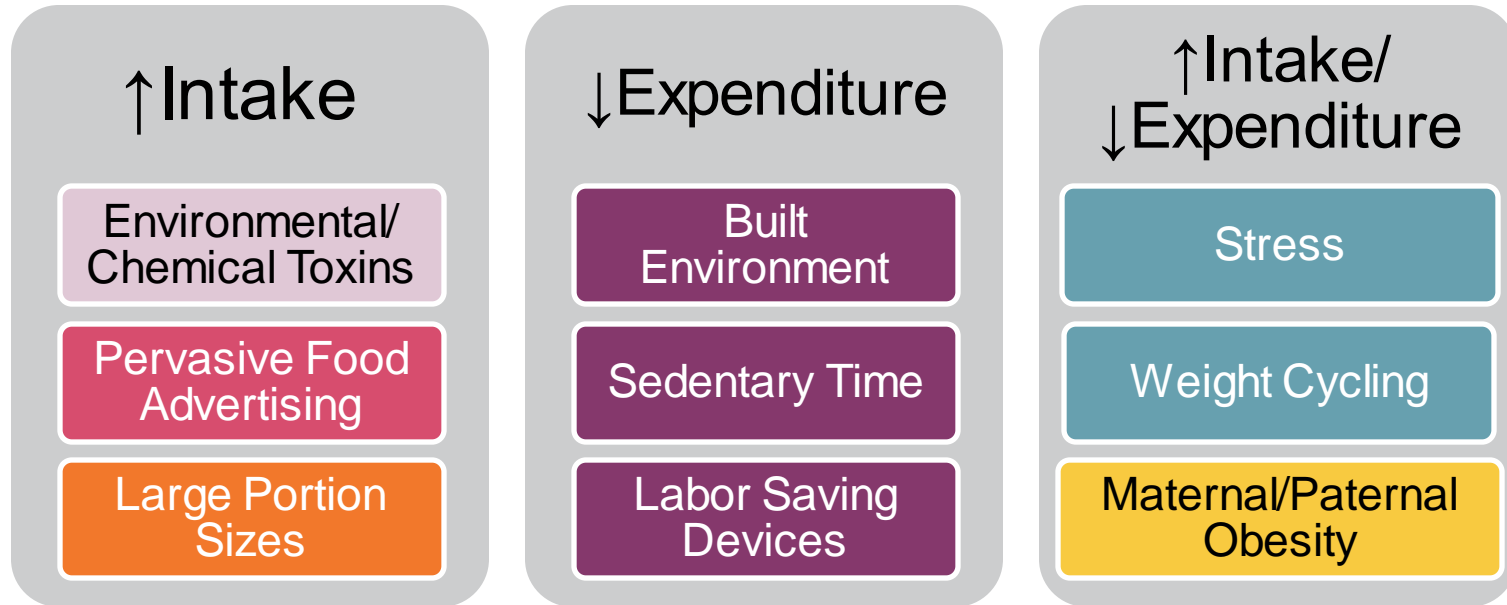




# Contributors to Obesity: Inside the Person

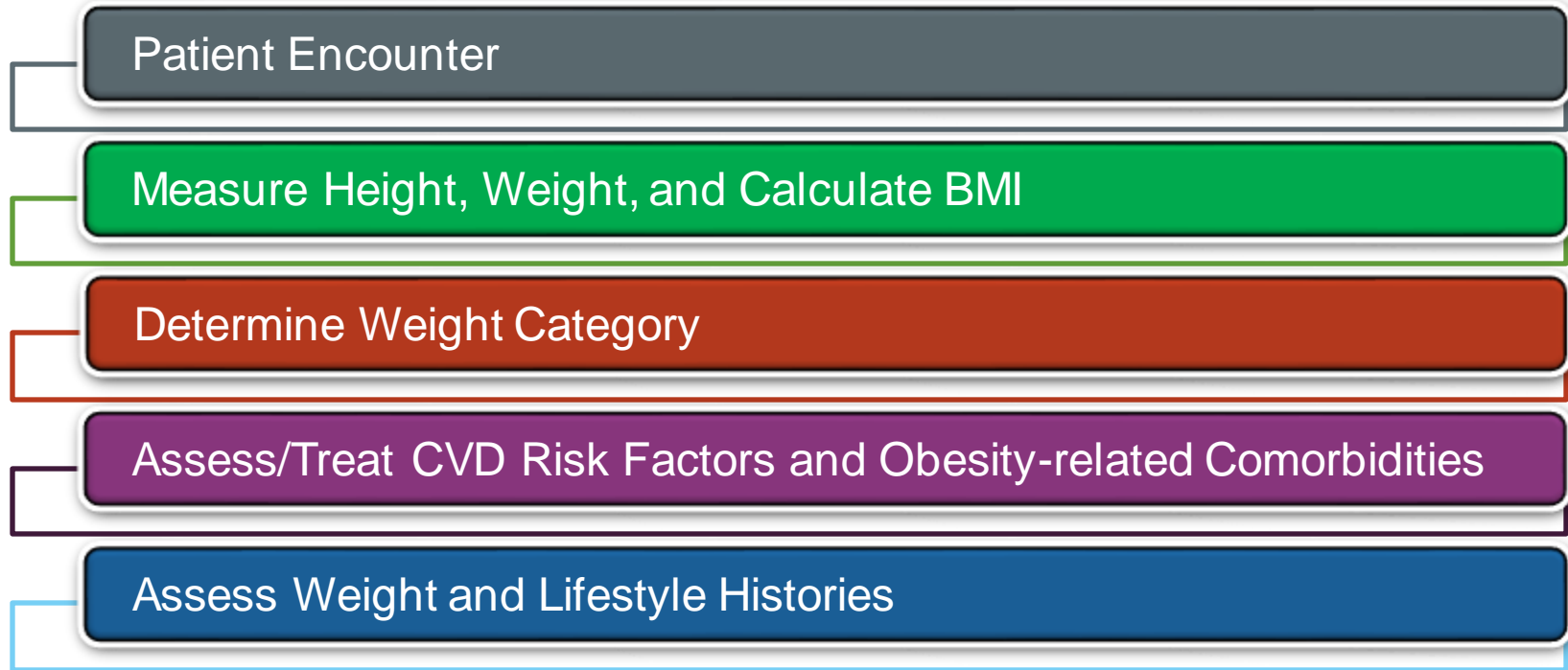


# Contributors to Obesity: Outside the Person



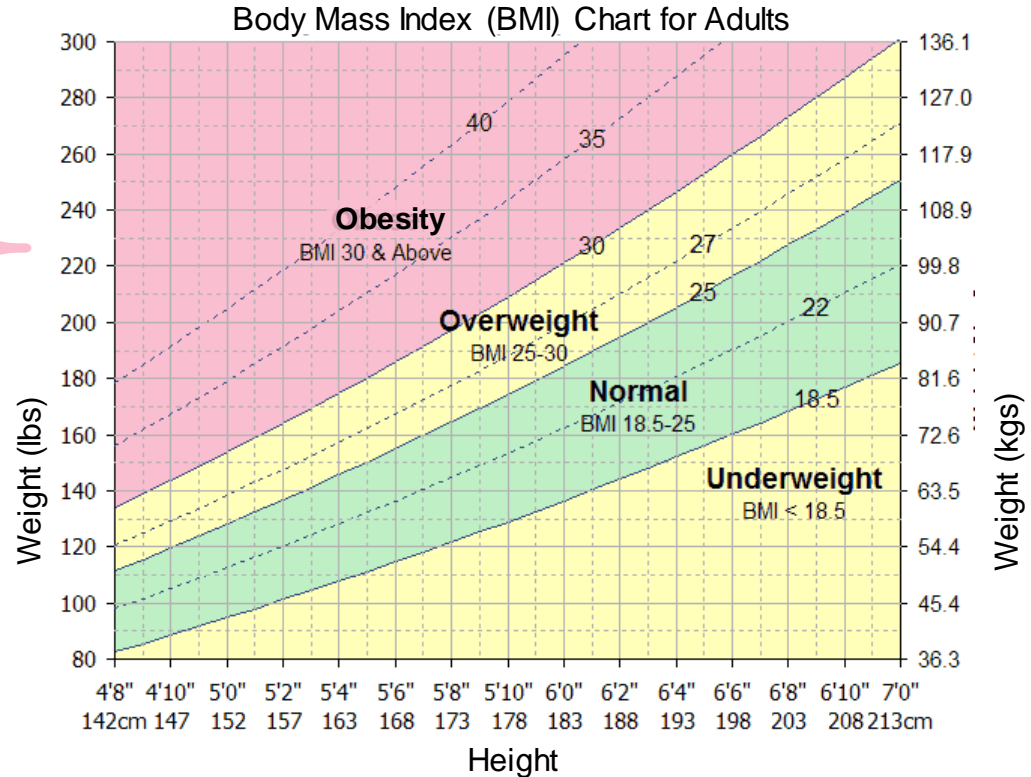
■ Biological/Medical   ■ Economic   ■ Food-Bev Behavior/Environment   ■ Psychological  
■ Environmental Pressures on Physical Activity   ■ Maternal/Developmental

# Initial Steps to Assess Patients with Obesity (AHA/ACC/TOS Guidelines)



# Weight Category: Body Mass Index (BMI)

- Obesity ( $30+ \text{ kg/m}^2$ )
  - Class 1 ( $30 \text{ to } < 35 \text{ kg/m}^2$ )
  - Class 2 ( $35 \text{ to } < 40 \text{ kg/m}^2$ )
  - Class 3 ( $40+ \text{ kg/m}^2$ )



# Adjustment of BMI Scale for Race, Gender, and Obesity-Related Diseases

Cutoffs for BMI Based on ROC Curve Analysis

Obesity Co-Morbidity	BMI (kg/m <sup>2</sup> )					
	Men			Women		
	Black Men	Hispanic Men	White Men	Black Women	Hispanic Women	White Women
Hypertension	28	29	28	31	28	27
Dyslipidemia	27	26	27	29	27	25
Diabetes	29	29	30	33	30	29
≥ 2 Risk Factors	28	29	29	31	30	28
Average	28	28	29	31	29	27

# Beyond BMI: Weight, Lifestyle Histories

- Ask about history of weight gain and loss over time
- Details of previous weight loss attempts
- Dietary habits
- Physical activity
- Family history of obesity
- Other medical conditions or medications that may affect weight
- Social determinants of health (race/ethnicity, financial resources, rurality and neighborhood, health literacy, social network)



# Food Insecurity: Impact on Obesity

- Definition: limited or uncertain availability of nutritionally adequate and safe foods
- Distinct from hunger □ a physiologic response leading to physical discomfort associated with a lack of food
- Nutritional inadequacies → chronic disease, inflammation, T2D, depression
- Overconsumption of energy-dense, nutrient-poor foods → overweight/obesity
- More than 37 million Americans living in food insecure households (2018)



© Obesity Action Coalition

# Personal Nutrition Interventions

- Consider cultural and ethnic appropriate nutritional plans
- Employ nutrigenomics – genetic and disease-state centered nutrition
- Plant-based programs – with consideration of patients’ access to and ability to afford plant-based nutrition
- Simple ways to decrease caloric intake (e.g., switch from high to low caloric beverages)
- Where possible, engage communities in healthy eating programs and health protection local initiatives

# Physical Activity and Exercise in Obesity

- Physical activity and exercise are associated with:
  - Reduced CV risk
  - Improved cardiometabolic risk factors
  - Facilitated weight loss through creating a negative energy balance
- Important to set realistic expectations

# Racial/Ethnic Disparities and Implicit Bias

- Racial inequities pervasive in US medical care
- Provider interactions with patients of color less patient-centered, with fewer requests for patient input about treatment decisions
- Equitable medication uptake and utilization among all racial, ethnic, and socioeconomic groups needed
- Test yourself for implicit bias at “Project Implicit”  
<https://implicit.harvard.edu/>



**Project Implicit**

# Empowering and Engaging Patients

- Decrease stigma
  - Address shame: obesity is not the fault of the patient and not a sign of laziness or lack of willpower
- Teach about the disease of obesity
  - Relapsing-remitting nature
  - Energy balance dysregulation
  - Biologic adaptations to weight loss
- Help patients access credible information online
- Help patients design culturally-appropriate nutritional meals and exercise options



# Empowering and Engaging Patients (cont.)

- Culturally congruent providers enhance concordance of care
- Spend ample time with patient, especially during initial appointment (up to 80 min)
- Treatment planning/shared decision-making
  - Nutrition/exercise
  - Medications (several newer options)
  - Surgical options
    - Despite good safety/efficacy, individuals who can benefit from surgery may believe it is too risky; conversely, those who are not candidates may request it





# Pharmacotherapy for Weight Loss (in descending order of FDA approval)

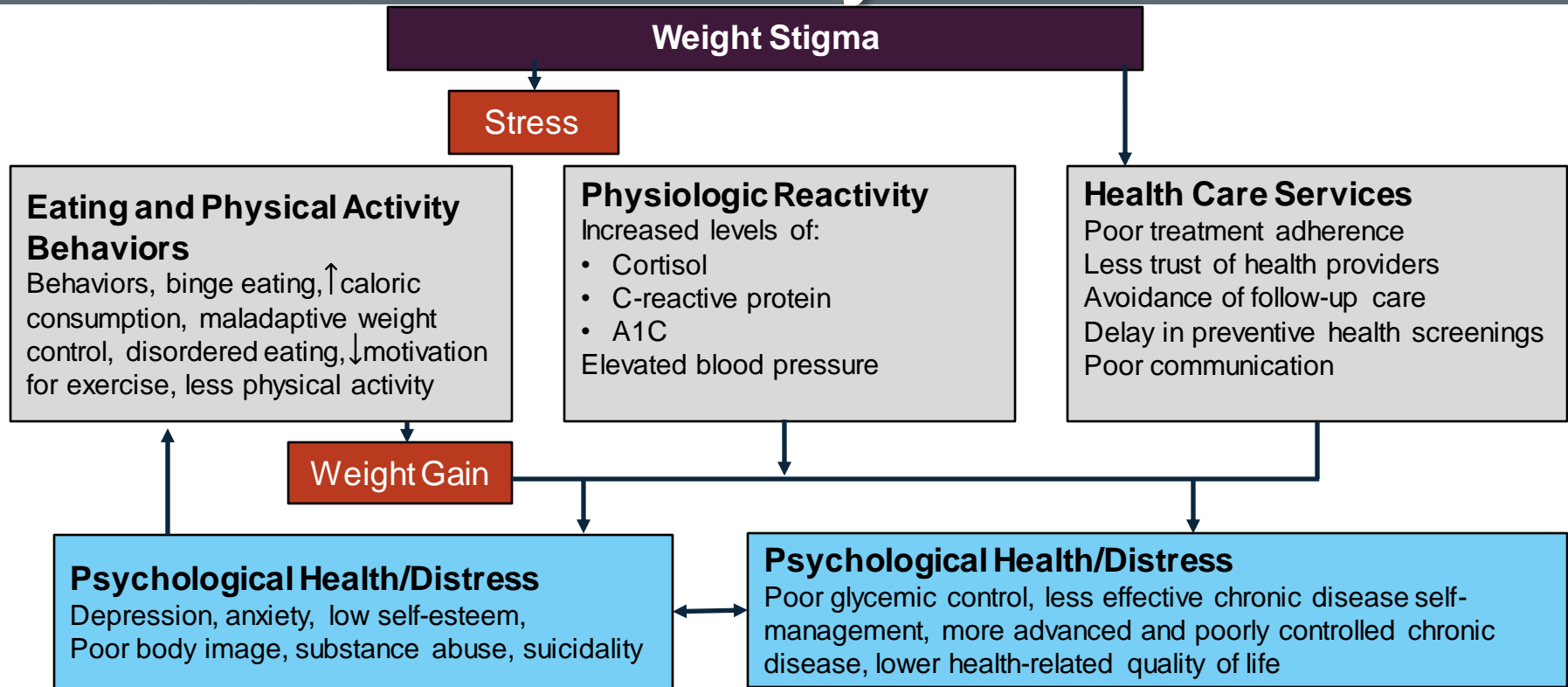
Generic Name	Brand Name	Action	Approval
Tirzepatine	Mounjaro	GIP/GLP-1 RA (not indicated for weight loss)	2022
Semaglutide	Wegovy	GLP-1 receptor agonist	2021
Setmelanotide	Imcivree	Melanocortin (MC4) receptor agonist for POMC, PCSK1, or leptin receptor deficiency	2020
Gelesis100	Plenity	Nonsystemic, superabsorbent hydrogel	2019
Liraglutide	Saxenda	GLP-1 receptor agonist	2014
Naltrexone SR/ Bupropion SR	Contrave	Opioid receptor antagonist/ Dopamine/noradrenaline reuptake inhibitor	2014
Phentermine/ Topiramate ER	Qysmia	Sympathomimetic agent/ Anticonvulsant	2012
Orlistat	Xenical, Alli	Pancreatic lipase inhibitor	1997
Phentermine	Adipex P	Sympathomimetic agent	1959

# Bariatric Surgery for Obesity

- Recommended first line for appropriate patients
- Addressing patient fears
  - Surgical risks, life-long follow up, nutritional deficiencies
  - Post-operative weight gain possible
  - Firm provider communication: “You’re a good candidate for surgery.”
  - Safety: mortality rate .03% to 0.2% post-op; procedure can be performed laparoscopically
- Demonstrated effects in reducing obesity and related morbidities
  - Reduces cardiovascular risk by 42% and all-cause mortality by 30%
  - Improves quality of life

Imbus JR, et al. *Surg Obes Relat Dis*. 2018;14(3):404-412. Vaishnav M, et al. *Indian J Psychiatry*. 2022;64(Suppl 2):S473-S483. Egerer, M, et al. *Int J Environ Res Public Health*. 2021;18(19):10055. Gluszek S, et al. *Int J Environ Res Public Health*. 2020;17(15):5342. Arterburn DE, et al. *JAMA*. 2020;324(9):87-887. Loos RJF, et al. *Nat Rev Genet*. 2022;23:120-133. Sandvik J, et al. <https://www.frontiersin.org/articles/10.3389/fendo.2020.00459/full>. Accessed November 8, 2022. Herbst K, et al. *Plast Reconstr Surg Glob Open*. 9(4), e3553.

# Overcoming Weight Stigma in the Treatment of Obesity



# 6 A's Model for Weight Management Counseling

1

Ask

- Permission
- Preferred terms
- Consider SDH
- Listen and avoid paternalism, personal bias, stigmatizing language in Dx and EHRs

2

Assess

- Pre-encounter pre-screen data
- Weight-related comorbidities
- Patient expectations
- Obesity-centered physical exam
- OPQRST

3

Advise

- Positive aspects of obesity care
- USPSTF guidelines for BMI  $\geq$  30
- Challenges of managing weight
- SDM and next steps
- Respect patient if not interested at this time

4

Agree

- Trust and SDM
- Respond to patient cues
- Consider patient culture, religion
- SMART goals
- Treatment choices/efficacy

5

Assist

- Present options electronically or in written materials
- Leverage entire team (e.g., RDN, LSW, behavioral health, obesity specialists)

6

Arrange

- Follow-up visits
- Appropriate referrals
- Regional resources (e.g., reimbursement frameworks, obesity specialty practices)
- Coordination of care, as needed

Dx = diagnosis; HER = electronic health record; LSW = licensed social worker; OPQRST = onset, precipitating factors, quality of life, remedy, setting, and temporal pattern; RDN = registered dietitian nutritionist; SDH = social determinants of health; SDM = shared decision-making; USPSTF = United States Preventive Services Task Force

# SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Identify health disparities that may impact obesity care for each patient, including unconscious bias, prior healthcare experiences, stigma, and shame
- Test (or retest) yourself for implicit bias using the online tool at Project Implicit
- Develop individualized treatment plans that consider SDoH, health disparities, comorbid disease, age, chronic care management, and social support needs



*Visit the*  
**Diversity and Inclusion Hub**

Free resources and education for  
health care professionals and patients

<https://www.cmeoutfitters.com/diversity-and-inclusion-hub/>



*Check out the entire series for additional activities, resources, and more.*

**Cardiology**

**Maternal Health**

**Pain Management**

**Gastroenterology**

**Mental Health**

**Vaccination**

**Joint Health**

**Obesity**

**Vision Care**

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Click on the *Request Credit* tab to complete the process and print your certificate.