

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

CMEO BriefCase

Take Action: Optimizing Equity in Bariatric Surgery Care

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Foundational Activities

Addressing Racial
Disparities in
Orthopedic Care

Learning Objective

Identify health inequities in the diagnosis, treatment, and outcomes of patients eligible for bariatric surgical intervention.

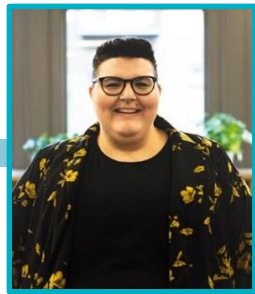
Audience Response



How confident are you in your ability to identify disparities in access to health care and other social and economic resources for patients with adiposity-based chronic disease (ABCD)?

- A. Not at all confident
- B. Somewhat confident
- C. Confident
- D. Extremely confident

Patient Case: Dakota (she/her)



- 28-year-old Indigenous American patient
- Has not had a consistent PCP and is in for a routine physical exam
- Family history is significant for obesity, diabetes, and hyperlipidemia
- Lives at home with parents and siblings, currently on Medicaid
- Does not drink, smoke, or engage in recreational drug use
- Does not engage regularly in physical activity
- Has been told since she was younger that she would lose weight if she would “just diet and exercise” and endorses having tried several diets throughout her life

PCP = primary care practitioner.

Fenway Institute. 2022. <https://www.lgbtqihealtheducation.org/publication/health-care-considerations-for-two-spirit-and-lgbtqi-indigenous-communities/>. Davy C, et al. *Int J Equity Health*. 2016;15(1):163. Rasooly D, et al. *J Am Heart Assoc*. 2023;12(22):e030779. Gray LA, et al. *BMC Public Health*. 2018;18(1):500. Kumar V, et al. *Clin Diabetes*. 2018;36(4):305-311. Funk LM, et al. *Am J Surg*. 2023;224(4):609-614. Zhao G, et al. *Prev Chronic Dis*. 2022;19:210298.

Audience Response



Which of the following statements regarding disparities in the diagnosis of ABCD is most accurate?

- A. Indigenous American patients are less likely to have ABCD than non-Hispanic White patients due to healthy nature-based diets
- B. LGBTQIA+ individuals have the same rates of ABCD as non-LGBTQIA+ individuals
- C. ABCD is underdiagnosed in non-Hispanic White patients, male patients, and patients age ≥ 66
- D. The ease of recording body mass index (BMI) status in electronic health records artificially increases rates of obesity diagnosis
- E. I don't know

Disparities in Diagnosis



Indigenous American adults are **50% more likely** to have ABCD than non-Hispanic White adults



Lesbian, bisexual, and transgender individuals are more likely to be **diagnosed with obesity** than their heterosexual or cisgender counterparts



ABCD is **significantly underdiagnosed**, especially if the patient's BMI is less than 40 kg/m² or if the patient is **male, non-Hispanic White, Middle Eastern, or aged 66 and older**



Individuals with an elevated BMI have rates of ABCD diagnosis as low as 18%, but those **diagnosed with obesity are 2x more likely** to be offered intervention and follow-up for their ABCD



BMI = body mass index.

Al-Sumaih I, et al. *Obes Surg.* 2020;30(7):2612-2619. Wolfgang KM, et al. *BMC Women's Health.* 2022;22(1):19. Kyinn M, et al. *Int J Obes (Lond).* 2021;45(12):2562-2569. Sackey J, et al. *Curr Dev Nutr.* 2021 Jun 7;5(Suppl 2):1244. Kapoor A, et al. *Digit Health.* 2020;6:2044207620918715. Kasher-Meron K, et al. *Int J Obes.* 2024;48(7):1003-1010.

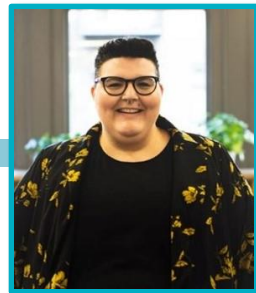
Audience Response



Which of the following statements regarding disparities in the treatment of ABCD is most accurate?

- A. Medicare and Medicaid have widely adopted the coverage of anti-obesity medications and bariatric surgery due to the obesity epidemic in the United States
- B. Primary care referrals are the strongest predictor of receiving bariatric surgery procedures
- C. Patients from underserved racial and ethnic populations are more likely to be offered bariatric surgery and medications
- D. Indigenous American patients are less likely to undergo laparoscopic sleeve surgery when offered bariatric procedures
- E. I don't know

Patient Case: Dakota (she/her)



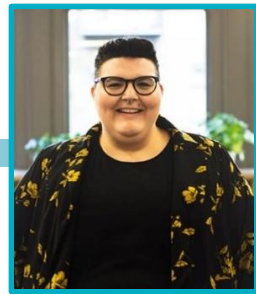
- Vitals
 - Blood pressure: 124/86
 - Heart rate: 88 bpm
 - Height: 5'9"
 - Weight: 240 lbs
 - BMI: 35.4 kg/m²
- HCP orders CMP, lipid panel, HgA1c, ionized calcium, PTH, 25-hydroxyvitamin D, B12/folate, iron studies (including ferritin), and other routine labs
- Patient endorses years of “feeling like she was struggling with weight” and sometimes thinks she “binge eats”
- Has been prescribed GLP-1 agonists in the past, but never started the medications because she could not afford them; insurance would not cover because patient “doesn’t have diabetes”

Disparities in Treatment



- Indigenous American patients are 30-40% less likely to receive bariatric surgery compared to non-Hispanic White patients
- Indigenous American patients are less likely to have a laparoscopic sleeve surgery performed despite it being the most dominant form of bariatric surgery, indicating inequitable access
- Patients from underserved racial and ethnic populations are less likely to be offered bariatric surgery and anti-obesity medication
- Medicare Part D excludes weight loss drugs from coverage, only a handful of Medicaid programs in 16 states cover obesity medications, and individuals who have private commercial insurance are more likely to undergo bariatric procedures
- Race and insurance are the strongest predictors of receiving bariatric surgery

Patient Case: Dakota (she/her)



- Labs
 - Triglycerides: 250 mg/dL
 - LDL: 165 mg/dL
 - HgA1c: 5.7
 - Vitamin D: 10 ng/mL
 - Ferritin: 3 ng/mL
- BED screening and disordered eating scales negative for any disordered eating
- GAD-7 is positive for generalized anxiety, PHQ-9 is positive for depression
- HCP discusses treatment options with patient for ABCD

LDL = low-density lipoprotein; BED = binge eating disorder; GAD-7 = Generalized Anxiety Disorder 7-item scale; PHQ-9 = Patient Health Questionnaire-9.

Conceição EM, et al. *Curr Opin Psychiatry*. 2019;32(6):504-509. Lüscher A, et al. *Obes Surg*. 2023;33(7):2072-2082. National Institute of Diabetes and Digestive and Kidney Diseases. 2024. <https://www.niddk.nih.gov/health-information/weight-management/prescription-medications-treat-overweight-obesity>. Eisenberg D, et al. *Surg Obes Relat Dis*. 2022;18(12):1345-1356.

Audience Response



Given Dakota's laboratory values and HCP assessment, what treatment option would be most appropriate for this patient?

- A. Metformin and bupropion plus naltrexone
- B. Bariatric surgery
- C. Metformin and a GLP-1 agonist
- D. Orlistat
- E. I don't know

Disparities in Outcomes



Factors that increase risk for nutritional deficiencies:

- Low income
- Low educational level
- Poor general nutritional knowledge
- Reduced access to care
- Inability to afford post operative care and supplements
- Low health literacy skills

Among those who receive surgery, non-Hispanic White patients show a higher percentage of weight loss than Black and Latine patients

Black patients and women are more likely to have vitamin deficiencies after bariatric surgery compared to other groups

Patients from underserved racial and ethnic populations are more likely to have post-surgical complications and increased mortality following bariatric surgery than non-Hispanic White patients

Learning Objective

As a member of the healthcare team, implement actionable, collaborative strategies to improve health equity.

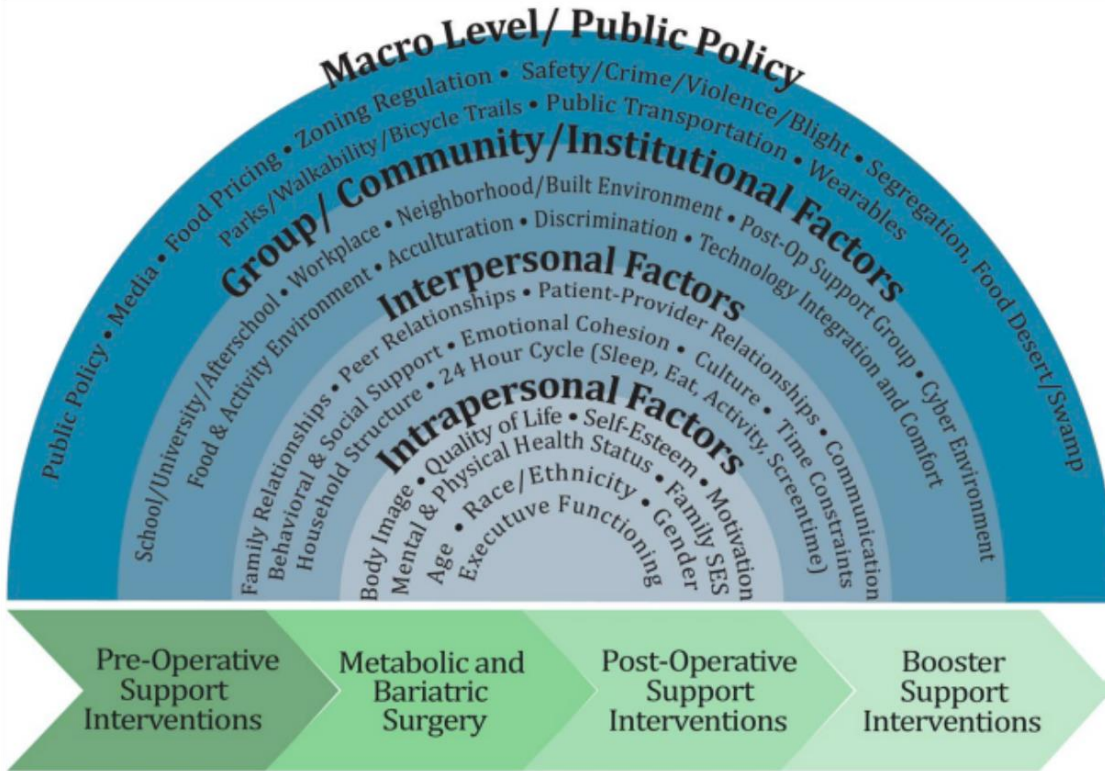
Audience Response



How confident are you in your ability to utilize an appropriate social drivers of health (SDoH) screening when caring for patients requiring bariatric surgery?

- A. Not at all confident
- B. Somewhat confident
- C. Confident
- D. Extremely confident

Actionable Strategies: Screening SDoH in Patients Undergoing Bariatric Surgery



Mental Health Status

Psychological Symptoms:

- Depression
- Anxiety
- Quality of Life
- Self-Esteem
- Body Esteem
- Non-Disordered Eating
- Addiction-Free

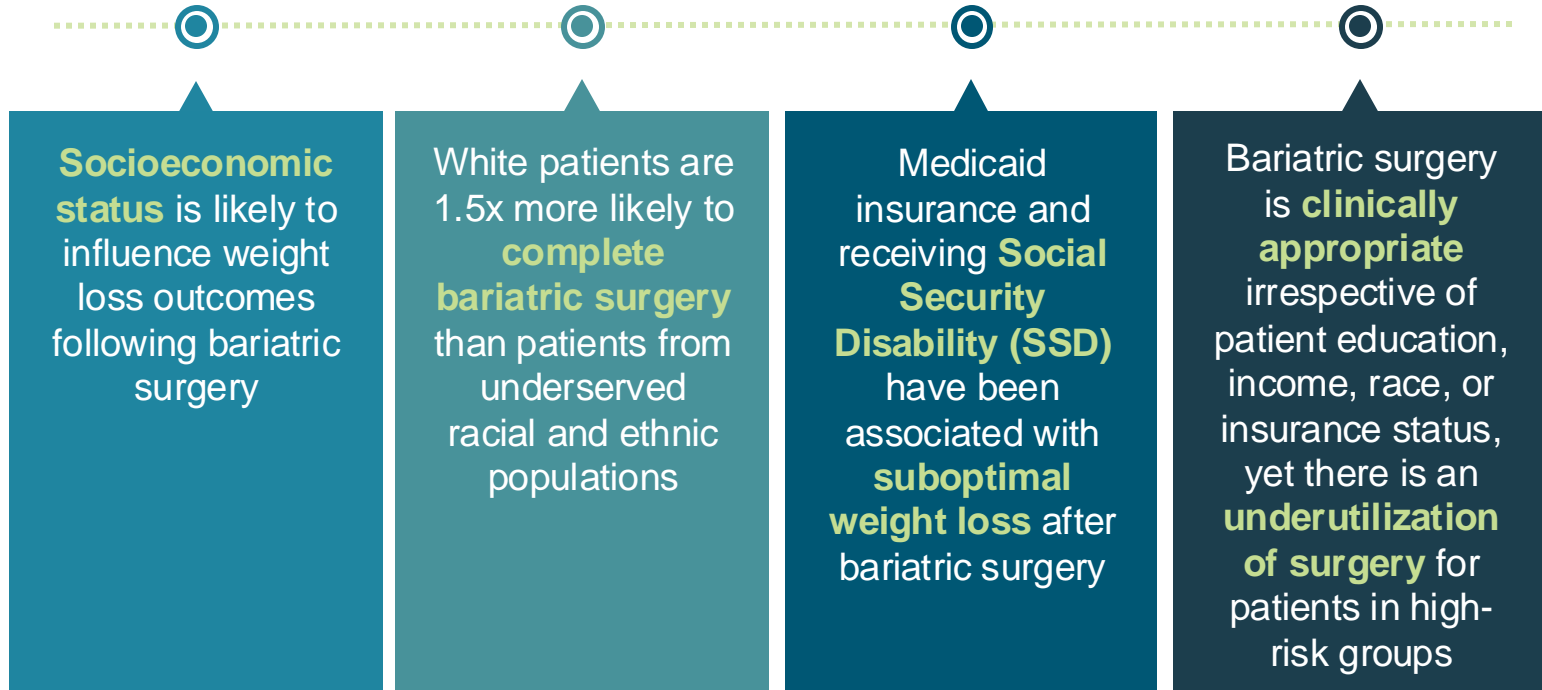


Physical Health Status

- Weight Loss
- Body Composition (>Lean Mass, < FatMass)
- Comorbidity Resolution:
 - Diabetes
 - Hypertension
 - Hyperlipidemia
 - Elevated HbA1C
 - Elevated Liver Enzymes
 - Obstructive Sleep Apnea



The Impact of Bariatric Surgery Through a Racial and Ethnic Lens



Audience Response



How confident are you in your ability to manage ABCD and related conditions with a team-based or collaborative approach?

- A. Not at all confident
- B. Somewhat confident
- C. Confident
- D. Extremely confident

Patient Case: Dakota (she/her)



- HCP does an appropriate SDoH screening
- Patient has difficulty affording food and lives in a food desert
- She worries about relapsing into old habits based on familial food preferences
- She has concerns about being able to afford follow-up appointments or nutritional supplements post-surgery, but is hesitant to talk about it because she does not want to be denied surgery
- Patient expresses some anxiety about undergoing surgery

Actionable Strategies: Addressing SDoH in Patients Undergoing Bariatric Surgery

- Obtain case manager to assist the patient with insurance support and transportation to appointments (dietician, post-bariatric follow up, supplementation coverage)
- Refer patient to a culturally congruent dietician after surgery to improve long-term outcomes
- Assist patient with locating food banks and other food sources to ensure access to healthy choices
- Refer patient to therapist for support through the adversity of surgery, changing body image, lifestyle changes, and positive GAD-7 and PHQ-9
- Discuss case with PCP to ensure co-monitored labs and post-surgical supplementation
- Refer patient to a health literacy professional

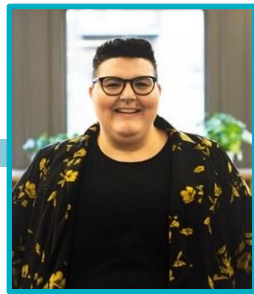
Patient Case: Dakota (she/her)



Pre-op care:

- Case manager ensures that Dakota has insurance for the procedure as well as transportation for appointments and agrees to support her with insurance renewal status
- Dakota and her family are scheduled for regular appointments with a culturally congruent dietician prior to procedure
- Dakota verbalizes utilizing the food banks and food options she has been able to obtain with her family

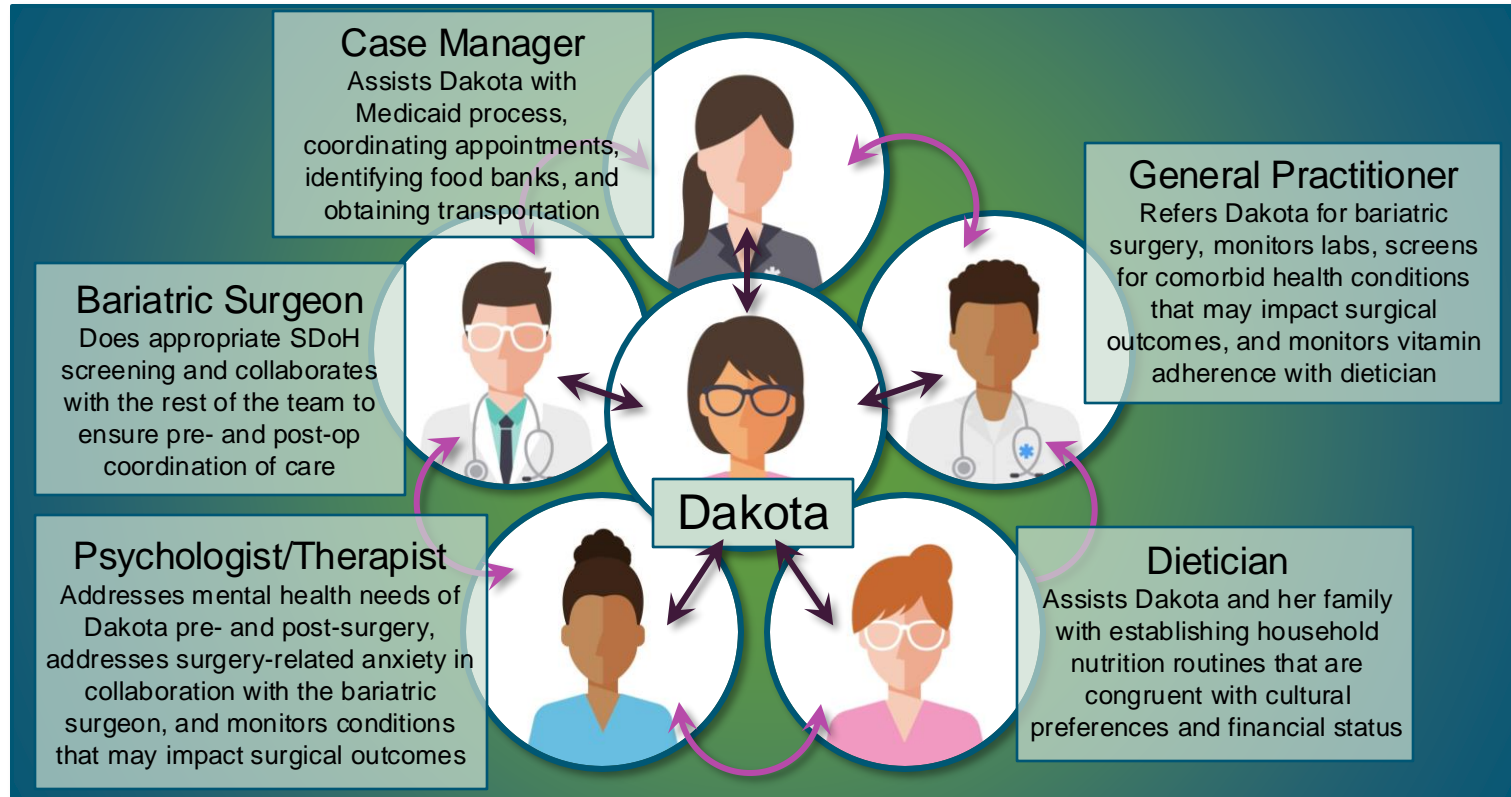
Patient Case: Dakota (she/her)



Post-op care:

- Case manager assists with transportation for post-surgical appointments, dietician, lab appointments, and collaborative care team appointments
- Case manager ensures insurance renewal status and follows up with Dakota on appropriate vitamins and prescribed treatments
- Dakota and her family continue to work with a culturally congruent dietician to maintain health
- Dakota routinely follows up with therapist to help with psychiatric changes due to weight loss

Team-Based Approach for the Management of Bariatric Surgery Care



Audience Response



Now, how confident are you in your ability to identify disparities in access to health care and other social and economic resources for patients with adiposity-based chronic disease (ABCD)?

- A. Not at all confident
- B. Somewhat confident
- C. Confident
- D. Extremely confident

Audience Response



Now, how confident are you in your ability to utilize an appropriate SDoH screening when caring for patients requiring bariatric surgery?

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Audience Response



Now, how confident are you in your ability to manage ABCD and related conditions with a team-based or collaborative approach?

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SMART Goals

Specific, Measurable, Attainable, Relevant, Timely



- Identify disparities in the diagnosis and treatment of ABCD
- Identify the impact of disparities related to SDoH in ABCD
- Integrate holistic strategies, including SDoH screening, into the care of patients with ABCD to improve equity in treatment outcomes
- Consider team-based strategies in the care of patients with ABCD to address inequities in treatment outcomes



Engage in all of the activities in this series:

**Take Action:
Optimizing Equity in
Cardiology Care**

**Take Action:
Optimizing Equity in
Mental Health Care**

**Take Action:
Optimizing Equity in
Gastroenterology
Care**

Diversity & Inclusion Hub



A robust hub of resources for continued education on diversity, equity, and inclusion in health care.

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

To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.