Obesity/Overweight and Preconception Health

Part 2: Resources and Strategies for Change

FEBRUARY 18, 2015

FOR WEBINAR TECHNICAL ASSISTANCE:
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Brief Notes about Technology

Audio

• Audio is available through your computer.
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  – Be sure to include to which presenter(s) you are addressing your question.
Technology Notes Cont.

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Purpose

To focus attention on the impact of obesity on the health of young women and any future children they may wish to have as well as to share ideas and strategies for addressing this public health crisis among MCH and chronic disease partners.
Objectives

- Describe evidence-based guidelines in managing overweight and obesity in women and men of reproductive age
- Describe the cultural, ethical and social issues related to weight loss
- Describe several innovative MCH approaches to healthy weight
- Describe at least 5 resources that are available on healthy weight and nutrition
Speakers

- **Sarah Verbiest**, DrPH, MSW, MPH, National Preconception Health & Health Care Initiative (Moderator)
- **Barbara Millen**, DrPH, RD, National Obesity Expert Panel
- **Julie Metos**, PhD, RD, Division of Nutrition and Family and Preventive Medicine, University of Utah
- **Kiko Malin**, MSW, MPH, Alameda County Public Health Dept.
- **Adeline Yerkes**, BSN, MPH, National Association of Chronic Disease Directors
US Overweight & Obesity

Barbara Millen, DrPH, RD
U.S. Overweight & Obesity Guidelines
Expert Panel Members

- 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults
- A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society
- Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation, American Pharmacists Association, American Society for Nutrition, American Society for Preventive Cardiology, American Society of Hypertension, Association of Black Cardiologists, National Lipid Association, Preventive Cardiovascular Nurses Association, The Endocrine Society, and WomenHeart: The National Coalition for Women with Heart Disease

EXPERT PANEL MEMBERS
- Michael D. Jensen, MD, Co-Chair
- Donna H. Ryan, MD, Co-Chair
- Caroline M. Apovian, MD, FACP
- Jamy D. Ard, MD
- Anthony G. Comuzzie, PhD
- Karen A. Donato, SM* F.
- Frank B. Hu, MD, PhD, FAHA
- Van S. Hubbard, MD, PhD*
- John M. Jakicic, PhD
- Robert F. Kushner, MD
- Susan Z. Yanovski, MD*
- Catherine M. Loria, PhD, FAHA*
- Barbara E. Millen, DrPH, RD
- Cathy A. Nonas, MS, RD
- Xavier Pi-Sunyer, MD, MPH
- June Stevens, PhD
- Victor J. Stevens, PhD
- Thomas A. Wadden, PhD
- Bruce M. Wolfe, MD

http://www.nhlbi.nih.gov/guidelines
Speaker Disclosures

• At NHLBI Panel Formation:
  – Professor, Boston University School of Medicine, Dept. Family Medicine & Div. Graduate Medical Sciences
  – Founding Chairman, Grad. Programs, Medical Nutrition Sciences
  – Director of Nutrition Research, The Framingham Study

• Currently
  – Chairman, 2015 U.S. Dietary Guidelines Advisory Committee
  – Chairman, Boston Nutrition Foundation, Inc.
  – President, Millennium Prevention, Inc.
NIH NHLBI-Sponsored CVD Clinical Guidelines

- CVD prevention in adults:
  - Obesity (1998)

- CVD prevention in children/adolescents:
  - Cholesterol (1991)
  - Integrated CV risk reduction (2011)
• At present, American healthcare system is “incapable of providing the public with the quality health care it expects and deserves.”

• Current: Decision making is based on training and experience.

• VISION: Patients should receive care based on the best available scientific knowledge… and care should not vary…from clinician to clinician or place to place.

• Need a New Vision: Where evidence-based Clinical Practice Guidelines help make this vision a reality.

Institute of Medicine, *Crossing the Quality Chasm: New Health System for the Twenty-first Century.*
National Program to Reduce Cardiovascular Risk Coordinating Committee

Professional Organizations:
1. Academy of Nutrition and Dietetics
2. American Academy of Family Physicians
3. American Academy of Nurse Practitioners
4. American Academy of Pediatrics
5. American Academy of Physician Assistants
6. American College of Cardiology
7. American College of Physicians
8. American College of Sports Medicine
9. American Heart Association/American Stroke Association
10. American Medical Association
11. American Pharmacists Association
12. American Public Health Association
13. American Society of Hypertension
14. Association of Black Cardiologists
15. National Medical Association
16. Preventive Cardiovascular Nurses Assn
17. The Lipid Society
18. The Obesity Society

Federal Agencies:
19. Agency for Healthcare Research and Quality (AHRQ)
20. Centers for Disease Control and Prevention (CDC)
21. Centers for Medicaid and Medicare Services (CMS)
22. Department of Defense (DOD)
23. Food and Drug Administration (FDA)
24. Health Resources and Services Administration (HRSA)
25. Indian Health Service (IHS)
26. Office of Disease Prevention, NIH
27. United States Department of Agriculture (USDA)
28. Department of Veterans Affairs (VA)

Quality Care Organizations:
29. National Committee for Quality Assurance (NCQA)
30. National Initiative for Children’s Healthcare Quality (NICHQ)

Patient Advocate Organization:
31. TBD
Adult CVD Prevention Guidelines
Expert Panels and Work Groups

- **BP Panel**
  - Evidence Review on BP Tx
  - 3 CQs

- **Cholesterol Panel**
  - Evidence Review on Cholesterol Tx
  - 3 CQs

- **Obesity Panel**
  - Evidence Review on Obesity
  - 5 CQs

- **Lifestyle WG**
  - Evidence Review on Diet & Physical Activity
  - 3 CQs

- **Risk Assessment WG**
  - Evidence Review & Risk Prediction Model
  - 2 CQs

Total of 16 CQs

Reports were released at end of 2013/2014

- **Implementation WG**
  - Planned not implemented
  - Partnered Approach Used
NHLBI Evidence Quality Grading and Recommendation Strength

Evidence Statement Quality

- **High**
  - Well-designed and conducted RCTs
- **Moderate**
  - RCTs with minor limitations
  - Well-conducted observational studies
- **Low**
  - RCTs with major limitations
  - Observational studies with major limitations

Recommendation Strength

- **A** – Strong
- **B** – Moderate
- **C** – Weak
- **D** – Against
- **E** – Expert Opinion
- **N** – No Recommendation

Similar to USPSTF grading system, with the addition of Expert Opinion
U.S. OBESITY GUIDELINES
5 Critical Questions in brief

1. **Who needs to lose weight?**
2. **How much weight loss is needed to achieve health benefits?**
3. **What dietary interventions work best for weight loss? For CVD risk profile reduction during weight loss?**
4. **What is the efficacy/effectiveness of comprehensive lifestyle intervention for weight loss and weight loss maintenance? What methods/modes are most effective?**
5. **What is the safety and efficacy of bariatric surgery?**
First Major Message US Obesity Guidelines

• Engage in weight management to guide patients to better health.
• Screen with BMI at every visit.
• Provide or refer patients for weight loss and MNT if BMI $\geq 30$ or BMI $\geq 25$ with one+ risk factor, like elevated waist circumference.

• **Use Waist circumference as a risk factor**
  Abdominal Obesity: $\geq 35$ inches for women. $\geq 40$ for men.
• Screen overweight and obese patients for CVD risk factors and comorbidities.
Prevalence of Number of CVD Risk Factors by Weight Category, among Adults 18 Years and Older

Risk factors included: total diabetes; total hypertension; total dyslipidemia; and self-reported smoking

Saydah et al., Obesity, 2014 (NHANES 2007-2010)

Food and Nutrient Intakes, and Health: Current Status and Trends
Health Conditions—Risk Factors

- At least one cardio-metabolic risk factor in
  - 56% of adults who are normal weight,
  - 70% of adults who are overweight,
  - 75% of those who are obese.

- Rates of elevated blood pressure, dyslipidemia, and diabetes are highest in adults with elevated abdominal obesity.

- 90% of children with type 2 diabetes are overweight or obese.
  - 93% of children with type 2 diabetes are 12 to 19 years old.
Abdominal Fat Distribution Increases the Risk of Coronary Heart Disease

The Iowa Women’s Health Study

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Second Major Message US Obesity Guidelines

• Counsel patients about the benefits of weight loss. **EVEN modest weight loss (2-5+%)** has major health benefits. Goal of 10%.

• Refer patients for nutrition counseling and comprehensive intervention *conducted by trained professionals*. Intensified approaches may be needed for some patients.
Look AHEAD 1-year data: Modest weight loss (5%–10%) improved CVD markers

Data presented as adjusted least square means and 95% CIs. Stable weight defined as ±2% of baseline weight. P<0.0001 vs baseline for all weight categories, unless specified otherwise.

U.S. OBESITY GUIDELINES
5 Critical Questions in brief

1. Who needs to lose weight?

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   ....for CVD risk profile reduction during weight loss?

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Third Major Message US Obesity Guidelines

- Many dietary options exist for weight loss as long as a calorie deficit is achieved.
- **Personalize** the diet (personalized medicine without the ‘G”) based on the patient’s health risk status, lifestyle behavior profile, and personal needs and preferences.
- Refer patients for **MNT** if risk profile warrants.
Prescribe a diet to achieve reduced calorie intake, as part of a comprehensive lifestyle intervention. Use any one of the following methods:

A. 1,200–1,500 kcal/day for women and 1,500–1,800 kcal/day for men

B. Calculate energy requirements & subtract 500 -750 kcal/day

C. Prescribe one of the evidence-based diets that restricts certain food types (such as high-carbohydrate foods, low-fiber foods or high-fat foods)
Diets with an Evidence Base

- Macronutrient-targeted diets (15% or 25% of total calories from protein; 20% or 40% of total calories from fat; 35%, 45%, 55%, or 65% of total calories from carbohydrate) with prescribed energy restriction

- Mediterranean-style diet with prescribed energy restriction

- Moderate protein (12% of total calories from protein, 58% of total calories from carbohydrate, 30% of total calories from fat) with provision of foods that realized energy deficit

- Provision of high-glycemic load or low-glycemic load meals with prescribed energy restriction

- The AHA-style Step 1 diet (with prescribed energy restriction of 1,500–1,800 kcal/day, <30% of total calories from fat, <10% of total calories from saturated fat)
Diets with an Evidence Base

- Study of Diabetes Guidelines, which focuses on targeting food groups, rather than formal prescribed energy restriction while still achieving an energy deficit.

- Higher protein (25% of total calories from protein, 30% of total calories from fat, 45% of total calories from carbohydrate) with provision of foods that realized energy deficit

- Higher protein Zone™-type diet (5 meals/day, each with 40% of total calories from carbohydrate, 30% of total calories from protein, 30% of total calories from fat) without formal prescribed energy restriction but realized energy deficit

- Lacto-ovo-vegetarian-style diet with prescribed energy restriction

- Low-calorie diet with prescribed energy restriction
Diets with an Evidence Base

- Low-carbohydrate (initially <20 g/day carbohydrate) diet without formal prescribed energy restriction but realized energy deficit

- Low-fat (10% to 25% of total calories from fat) vegan style diet without formal prescribed energy restriction but realized energy deficit

- Low-fat (20% of total calories from fat) diet without formal prescribed energy restriction but realized energy deficit

- Low-glycemic load diet, either with formal prescribed energy restriction or without formal prescribed energy restriction but with realized energy deficit

- Lower fat (≤30% fat), high dairy (4 servings/day) diets with or without increased fiber and/or low-glycemic index/load foods (low-glycemic load) with prescribed energy restriction
POUNDS LOST Weight Change from baseline to 2 years: N=811

Sacks, Bray et al NEJM 2008:
Why should dietary and lifestyle intervention be ‘personalized’?
Adherence Predicts Loss of Body Fat During Dieting

Lyon & Schutz IJO 1995;19:260
WEIGHT CHANGE DURING ADULTHOOD
FRAMINGHAM OFFSPRING/SPOUSES
MEN AND WOMEN

MEAN WEIGHT CHANGE (LBS) BY AGE DECADE
FOS MEN AND WOMEN, 20-64 YEARS AT BASELINE
EXAMS 1-3 (12 YRS. FOLLOW-UP)
## Framingham Offspring/Spouses

### 28 Year Experience with Weight Change, BMI Status and Abdominal Obesity

<table>
<thead>
<tr>
<th></th>
<th>Weight Change (mean)</th>
<th>Overweight</th>
<th>Obesity</th>
<th>Combined Overweight &amp; Obesity</th>
<th>Abdominal Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td>18.3 lbs.</td>
<td>34.8 %</td>
<td>27.2 %</td>
<td>62.0 %</td>
<td>69.9 %</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>14.4 lbs.</td>
<td>48.1 %</td>
<td>33.4 %</td>
<td>81.5 %</td>
<td>52.9 %</td>
</tr>
</tbody>
</table>
Unique Dietary Patterns
as determined in the Framingham Nutrition Studies

- Wine & Mod. Eating (3.5%)
- Heart Healthier (20.0%)
- Empty Calories (8.5%)
- Higher Fat (20.0%)
- Lighter Eating (48.0%)

Adult Women

- Average Male (13.8%)
- Empty Calories
- Transition to Heart Healthy (20.8%)
- Lower Variety (31.0%)
- Higher Starch (10.8%)

Adult Men
U.S. OBESITY GUIDELINES
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Fourth Major Message
US Obesity Guidelines
Recommendation 4 Grade A (Strong)

- Patients who need to lose weight should receive a comprehensive program (diet, physical activity and behavior modification) of 6 months or longer.

- The gold standard is on-site, high intensity (>14 sessions in 6 months) comprehensive intervention delivered in group or individual sessions by a trained team or skilled interventionist and persisting for a year or more.

- Other approaches (i.e., web-based, telephonic) may be used when patients can’t access the gold standard albeit though the amount of weight loss on average may be less.
Weight Loss at one year with Intensive Lifestyle Intervention or Support and Education – the Look AHEAD Study

Mean weight loss at one year
8.6% vs. 0.7%


Proportion achieving ≥5% weight loss
68% vs. 13.6%

32% of lifestyle participants did not achieve 5% weight loss

Another Message

• For patients who struggle, intensification is appropriate. Medications are appropriate for patients with BMI $\geq 30$ or $\geq 27$ with a comorbidity.

• This was based on expert opinion, and is not supported by a systematic evidence review.
U.S. OBESITY GUIDELINES
5 Critical Questions in brief

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US Obesity Guidelines
Recommendation 5 Grade A (Strong)

• Advise your patients with BMI $\geq 35$ and a co-morbidity or $\geq 40$ that bariatric surgery may be an appropriate option to improve health and offer referral to an experienced bariatric surgeon for consultation and evaluation.
## Common Bariatric Surgery Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Pouch Size</th>
<th>Hormone Effects</th>
<th>Cost</th>
<th>Weight Loss</th>
<th>Peri-operative Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustable Gastric Banding</td>
<td>Small</td>
<td>None</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Sleeve Gastrectomy</td>
<td>Small</td>
<td>Ghrelin ↓</td>
<td>++</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>Gastric Bypass</td>
<td>Small</td>
<td>GLP-1 ↑ PYY ↑</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
</tr>
</tbody>
</table>

Efficacy and safety of currently available treatments

Perioperative DVT, thromboembolism or death\(^2\)
- 1% for gastric band
- 5% for bypass

Weight loss at 3 years\(^3\)
- 16% for gastric band
- 33% for bypass\(^2\)

2. Courcoulas AP et al. *JAMA*, November 2013
US Overweight & Obesity Guidelines

Conclusions

• Weight loss improves health
• Effective, high quality treatments are available.
• Guidelines translation will depend upon:
  – Provider training on evidence-based practice
  – Healthcare/Public Health Paradigm shift towards prevention. Provide incentives and reimbursement for weight management using evidence-based approaches
  – Public-Private partnerships that promote ‘cultures of health’ that facilitate weight management
  – Inspiring the public and leadership to respond
  – Personalized nutrition and lifestyle management of overweight & obesity
MILLENNIUM PREVENTION
HEALTHMAIN PLATFORMS ON PREVENTION

http://www.myhealthmain.com

http://www.healthmain.com

bmillen@bu.edu
SOME IDEAS ELECTRONIC PLATFORMS TO INSPIRE PREVENTION:

- CLINICIANS
- PATIENTS
- CONSUMERS
ONLINE LIFESTYLE & HEALTH RISK ASSESSMENTS

My Core Surveys

My Information
- Completed
- View | Update

My Measurements
- Completed
- View | Update

My Nutrition
- Completed
- View | Update

My Health and Lifestyle
- Completed
- View | Update

Note: These assessments are for adults 18 years or older.

All 4 surveys are complete. You can still edit your responses if necessary. When you are ready, hit the button to finalize your surveys and create your personalized health reports.

CREATE REPORTS
My Personalized Lifestyle Profile™

SURVEY DATE: SEPTEMBER 1, 2014

Note: These assessments are for adults 18 years or older.

Introduction

This report shows a high-level view of most of the information you have entered in HealthMain so far. The more surveys you complete, the more useful this report will be as a summary of your current health. You are encouraged to share this report with your doctor and other health advisors.

Email this page now

Name: Elizabeth Brown

My Measurements

Height: 5'4"  Weight: 155 lbs
BMI: 26.6

Your BMI indicates that your weight is in the overweight category for adults of your height putting you at higher risk for chronic conditions, such as high blood pressure, type 2 diabetes and high cholesterol.

• Discuss strategies to avoid additional weight gain or to lose weight with your healthcare provider. Even a small weight loss can lower your risk for certain diseases.

More...

Waist Circumference: 37"
Your waist measurement is at a level that raises your risk for obesity and related diseases, such as heart disease and type 2 diabetes.

Personal Health

You reported the following:

Perceptions: Your general health is good.

Changes: Your health is somewhat worse compared to one year ago.

Personal History:

• Anemia, Overweight and Obesity

Family History:

• Arthritis, High Blood Pressure, Overweight and Obesity

My Usual Physical Activity

Frequency: 1-2 days a week
Duration: Less than 20 minutes
Type: Light with some moderate
PATIENT/CLIENT
PERSONALIZED LIFESTYLE PROFILE & PLAN

Smoking and Alcohol
Smoking: You reported that you:
• Do not smoke.
Alcohol: About 1 drink per day.

My Dietary Behaviors
My Dietary Pattern:
Your dietary habits are similar to women that our research shows
follow a "Lighter Eating" pattern. Nearly two-thirds of these
women’s food choices are quite healthy. More...

My Usual Food Intake:
The table on the right summarizes your nutrition survey results
(My Intake) and compares them to USDA’s recommendations
for your estimated calorie needs. More...

Food Group Daily Needs My Intake
Grains (oz-eq) 8 3
Vegetables (cups) 2.5 2
Fruits (cups) 1.5 1.5
Dairy (cups) 3 3.5
Protein Foods (oz-eq) 5 8.5
Oils (tsp) 5 4
You also eat foods that tend to be higher in calories, fat,
sugar and/or sodium. Look for your orange and red
foods.


Energy Sources
(Click each nutrient to see details)
Total Fat: 12% 35%
Saturated Fats: 21%
# Recommended Food Intake Patterns

To use this section, start with your My Calorie Needs report. Here’s how:

- **First,** find the calorie level that was suggested for you based on your current BMI and activity level.
- **Next,** find the calorie level in the chart below that best matches your suggested intake level.
- **Then,** note the number of servings you would select from each food group for this calorie level.

For example, if your report estimated your calorie needs at 1,575 calories, you would use the 1,600 calorie level information. Your recommended daily food intake would include: 5 ounces of grains, 1.5 cups of fruit, 2 cups of vegetables, 5 ounces of protein foods, such as meat, fish, poultry and beans, 3 cups of dairy, such as milk and yogurt and up to 5 teaspoons of oil.

Use your other individual reports to tailor your diet. Work with your healthcare and nutrition advisors to personalize your plan even more.

<table>
<thead>
<tr>
<th>Calorie Level</th>
<th>Grains</th>
<th>Vegetables</th>
<th>Fruits</th>
<th>Dairy</th>
<th>Protein Foods</th>
<th>Oils</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000</td>
<td>3 oz-eq</td>
<td>1 cup</td>
<td>1 cup</td>
<td>2 cups</td>
<td>2 oz-eq</td>
<td>3 tsp</td>
</tr>
<tr>
<td>1,200</td>
<td>4 oz-eq</td>
<td>1.5 cups</td>
<td>1 cup</td>
<td>2.5 cups</td>
<td>3 oz-eq</td>
<td>4 tsp</td>
</tr>
<tr>
<td>1,400</td>
<td>5 oz-eq</td>
<td>1.5 cups</td>
<td>1.5 cups</td>
<td>2.5 cups</td>
<td>4 oz-eq</td>
<td>4 tsp</td>
</tr>
<tr>
<td>1,600</td>
<td>5 oz-eq</td>
<td>2 cups</td>
<td>1.5 cups</td>
<td>3 cups</td>
<td>5 oz-eq</td>
<td>5 tsp</td>
</tr>
</tbody>
</table>
My Daily Tracker

One of the best ways to keep your calories in check and stay on track for healthy eating is to record what you eat and do every day. Use this online tracker to record your food intake and physical activity.

1 Please select a date:

Monday, September 1, 2014

Select a date to enter your daily intake for that day. You can select a date that you've already filled out to see your reports for that day.

You can also view reports for a range of dates

CONTINUE
ENCOURAGE USE OF PERSONAL DASHBOARDS
USE PERSONAL ACHIEVEMENT WALLS TO MOTIVATE

Elizabeth's Achievement Wall
Here are the rewards you have achieved for setting your health and wellness plan in action. Every Monday you'll receive rewards for your previous week's achievements.

Rules of the Wall
- You get rewards for goals you set, for achieving key health recommendations and for accomplishing site milestones.
- To receive your rewards you need to complete your Core Surveys and keep them updated, complete your weekly goal tracking survey and use the Daily Tracker for at least 3 days a week.
- Tip: hover over the medals, trophies and progress bars to see details.

Goals & Achievements Summary

<table>
<thead>
<tr>
<th>Recommendations Met</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Milestones</td>
<td>7</td>
</tr>
<tr>
<td>Goals In Progress</td>
<td>8</td>
</tr>
<tr>
<td>Completed Goals</td>
<td>2</td>
</tr>
</tbody>
</table>
DISCUSS INTERIM PROGRESS REPORTS

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Email this page now

My Measurements

Height: 5'4"   Weight: 140 lbs

BMI: 24

Your BMI indicates that your weight is within the normal range for adults of your height. Maintaining a healthy weight reduces your risk of chronic diseases associated with overweight and obesity.

Personal Health

You reported the following:

Perceptions: Your general health is good.

Changes: Your health is somewhat worse compared to one year ago.

Personal History:

Communicating With My Provider
USE EMAIL TO COMMUNICATE
US Overweight & Obesity Guidelines

Conclusions

• Weight loss improves health
• Effective, high quality lifestyle treatments exist
• Guidelines translation will depend upon:
  – Provider training on evidence-based practice
  – Healthcare/Public Health Paradigm shift towards more focus on prevention. Mechanism to provide incentives and reimbursement for weight management using evidence-based approaches
  – Public-Private partnerships that promote ‘cultures of health’ and facilitate weight management
  – Inspired the public and leadership to respond
  – Personalized nutrition and lifestyle management of overweight & obesity
QUESTIONS?

• For more information or collaboration

bmillen@bu.edu
Guidelines for Talking About Weight

Julie Metos, PhD, RD
Talking About Weight and Health

JULIE METOS, PHD, RD
UNIVERSITY OF UTAH
Outline

- Why is it difficult to talk about weight?
- How you can make it easier
- Guiding vs Directing conversation
- Potential topics for discussion when the client shows interest
- Anticipatory guidance: setting the stage for healthy eating and physical activity as a parent
Why is it difficult?

- Social pressures
- Cultural norms
- Guilt, shame, blame
- Negative language & labels
- Lack of patient motivation, perceived or real
- Perceived lack of effective therapy
- Lack of self-efficacy in counseling skills
- Clinician weight
Why is it important to talk about weight and lifestyle?

- Numerous negative health outcomes related to overweight, obesity, diet and physical activity
- Clients respond to clinicians addressing their weight and lifestyle habits
- If weight and lifestyle are not mentioned in regular visits, clients decide it must not be important to health
How can you make it easier?

- Empathy
- Non-judgmental (involves willingness to suspend an authoritative role)
- Genuine interest in the client
- Collaborative, not prescriptive
- Focus on client’s capacity
- Talk about habits, not just weight
- Talk about your strategies and struggles
Pascal 1623-1662

We are usually convinced more easily by reasons we have found ourselves than by those that have occurred to others.
Clinician: Your test result shows the levels of glucose in your blood are raised today and your weight gain is faster than I would like to see. This means you really need to watch your diet and get some more physical activity.

Patient: I have tried but you know what it’s like. It’s not so easy with a job and kids and you are always rushing and have to grab food at lunch and keep going.

Clinician: You could bring a sandwich from home.

Patient: I could but it is so busy in the morning.

Clinician: You could make it the night before.

Patient: I am so tired in the evenings, not sure I would do that.

Clinician: Well, my advice to you is to treat this as your top priority.
Directing vs Guiding

Clinician: Your test result is high today and your weight is increasing faster than usual. I wonder what sense you make of this?

Patient: I don’t know. It’s hard enough getting by day to day without having to worry about this, too. I know I should do better.

Clinician: In what way?

Patient: I need to eat better and get more exercise but it’s not so easy.

Clinician: What might be manageable for you now?

Patient: It’s got to be watching portions but don’t expect a lot from me.

Clinician: Well watching portions will be a great help. I am confident that if you choose to watch your portions, you will find a way to make it happen.
Motivational Interviewing

- Look for change language
  - I’m ready to...
  - I’m willing to...
  - I’ve started...
- Ask for permission
- “How?” not “Why?”
- Share verbally rather than overwhelming with handouts
- Allow them to come up with the ideas
- Show confidence in their ability to accomplish goals
- Schedule follow up
GDM Recommendations

- Total carbohydrate intake < 45% of total energy
- Consume adequate protein and fat based on DRI
- Consume a variety of fruits and vegetables
- Decrease high sugar foods such as sugar sweetened beverages, desserts and candy
- Prenatal complete vitamin
Change in Mindset with GDM

Old Thoughts

- I can eat any type of food while pregnant
- I can eat any quantity of food while pregnant
- I need all the calories I can get
- This is the only time I’m allowed to be “fat”
- I’m too tired for exercise

New Thoughts

- The types and quantities of food I choose are important
- I need to limit certain foods and calories count
- My diet needs to have a sense of structure
- My health will benefit from regular physical activity
Real-Life Topics

- Support from family and friends
- Daily eating habits
  - What to have with you at work
  - Scheduling your meals and snacks
  - Resisting treats; changing your environment
- Emotional eating/exercise avoidance
  - Stress management
  - Portion sizes; avoidance strategies
  - Positive self talk; not a diet
  - Walking vs exercise
Real-Life Topics

- **Tips for protein sources**
  - String cheese, low-fat milk, yogurt, peanut butter, lower sodium lunch meats, beans
  - Ask about culturally specific protein sources and include them in your discussion

- **Tips for eating more fruits and vegetables**
  - Frozen vegetables
  - In season produce
  - Cost analysis vs cookies, chips

- **Periodic record keeping**
  - Eating
  - Physical Activity
Real-Life Topics

- Developing a fitness activity for life
  - Help people access resources in community
    - Active transportation, community centers, exercise videos, dancing in the living room
- Education on restaurant eating
  - Setting weekly limit for self or family
  - Role play ordering small portions
- Strength training tips
- Cooking skills and equipment
- Planning and grocery shopping
Role of Parents in the Diet of their Child

OBESITY PREVENTION IN EARLY LIFE
Infants

- Breastfeeding
- Growth monitoring
- Age-appropriate feeding
- Comforting without feeding
- Age-appropriate beverage intake
- Parent education on feeding cues
- Increase movement opportunities for infants
Toddlers

- Get your child involved in the meal preparation
  - Choosing recipes, shopping, and preparing food
- Serve “child size” portions
  - Allow them to try everything and ask for more of what they enjoy
  - 3 meals and 3 snacks at set times
- Do not cook a separate meal if your child refuses to eat
- Limit distractions
  - Turn off the TV and computer
  - Sit down at the table
- A calm mealtime encourages children to try new foods
Toddlers

- Check day-care feeding and activity patterns and quality
- Age appropriate portion sizes
- Encourage exploration of foods
- Schedule for meals and snacks
Children

- Teach your kids to ask before they help themselves to snacks
- Eat snacks at the table or in the kitchen, instead of in front of the TV or computer
- Avoid eating foods directly out of the bag or box
- Drink water or fat-free/low-fat milk instead of soda or juice
- Seconds on fruits and vegetables, not main dish
- Fruits and vegetables on table; main dish in kitchen
- It’s all right to say “don’t eat now, dinner is in an hour,” and, “get out of the refrigerator – you’ve had your snack.”
- Active Play- at least one hour per day- strategize with them based on environment
Family Meal Time

- Prioritize one meal a day
- Avoid commentary on eating
- Family rules OK, but focus on manners, sharing vs. micro-managing food intake
- Limit sedentary time
  - TV/computer alters social norms regarding eating and lifestyle habits; increases caloric intake; potential issues with self-regulation
  - IOM report on food advertising and children emphasizes the strong role advertising plays in children’s food choices, preferences and desires
  - Less time to be physically active
Summary

- Weight and obesity remains difficult to talk about for some
  - Focus on lifestyle habits not just weight
    - Tell the whole story about benefits of good diet and physical activity
  - Directing vs. guiding
  - Look for change language before going into a laundry list of suggestions
  - Ask permission
  - Suggest a tip or topic of discussion based on what you’ve heard
  - Talk about eating and physical activity for kids
  - Follow-up and/or refer
Thank You
References

- Academy of Nutrition and Dietetics. Recommendations Summary-GDM: Macronutrient and Micronutrient Intake 2006. EAL Library: ADA.
Working with Women, Families and Communities to achieve healthy weight

Kiko Malin, MSW, MPH
WORKING WITH WOMEN, FAMILIES AND COMMUNITIES TO ACHIEVE HEALTHY WEIGHT

Obesity/Overweight and Preconception Health Webinar Series
Part 2: Resources and Strategies for Change

February 18, 2015
Kiko Malin, Director
Family Health Services Division
Alameda County Public Health
ACHSI Goals

- Focus on African-American families in neighborhoods with the highest infant mortality rates
- Reduce infant mortality
- Improve birth outcomes including low birth weight and preterm births
- Empower participants to adopt healthy lifestyles and address underlying psychosocial factors that influence perinatal health
Common Issues Faced by ACHSI Clients

- Poverty/ income instability
- Stress & depression
- Tobacco, alcohol & substance use
- Lack of employment & job training
- Under-resourced schools
- Food insecurity and ‘food deserts’
- Housing instability
- Fragile family structure
- Exposure to violence
Participant Assets

- Resiliency—“handle setbacks, persevere and adapt even when things go awry”
- ‘Make-something-out-of-nothing’ attitude
- Forgiving spirit
- Teachable, open-minded, hungry for information
- Value their children’s education
- Hopeful—want more for the next generation
- ‘Bite the bullet’—tolerate human service systems on behalf of their children/families
Needs Assessment Findings

- Need more robust programming during the interconception period to mitigate trend of women fading away after birth of their infants (most likely due to program’s overemphasis on pregnancy)

- Consumers expressed that health education should not be limited to the physiological aspects of healthily incubating a fetus
Needs Assessment Findings

- Consumers want programming implemented in a way that is non-stigmatizing
  - No “stress reduction” workshop
  - No “depression” support group
  - No “birth control” or “nutrition” class
  - No “at-risk for poor outcome” label
Building a health education home for young African-American women
ClubMom: A Health Education Home

- Neutral neighborhood location near public transit hubs
- Recruit and train peer health leaders as co-facilitators
- Highly-desired participant incentives at every session (i.e., food, grocery gift cards, raffle prizes, bus tickets)
Get together with other moms for a fun time...

Join other mothers and children for a fun gathering designed just for you.

We'll have girl talks about how mothers and babies can be healthy and live well.

Free snacks, raffle prizes & fun activities.

Choose from three dates and locations every month. Call us to let us know you're coming. Walk-ins are welcome too!

This Month's Topic
Keeping it Moving !!!

For more information, call IPOP at 510-618-2080

Event organized by the Improving Pregnancy Outcomes Program (IPOP), Maternal, Infant, Child & Adolescent Health, Alameda County Public Health Department

Get together with other moms for a fun time...

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This Month's Topic
Sex, Let's Talk About It !!!

For more information, call IPOP at 510-618-2080

Event organized by the Improving Pregnancy Outcomes Program (IPOP), Maternal, Infant, Child & Adolescent Health, Alameda County Public Health Department

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Choose from three dates and locations every month. Call us to let us know you're coming. Walk-ins are welcome too!

This Month's Topic
My Life, Our Story!

For more information, call IPOP at 510-618-2080

Event organized by the Improving Pregnancy Outcomes Program (IPOP), Maternal, Infant, Child & Adolescent Health, Alameda County Public Health Department
Building a Health Education Home

- MPH-level perinatal health educator develops monthly session plans in consultation with ClubMom facilitators through team meetings.

- Three monthly rotating themes:
  - Mental health
  - Healthy eating/active living
  - Relationships

- Licensed MFT and guest speakers provide additional support/information.

- Childcare provided.
ClubMom Goal

- To positively change the **CONTEXT** in which young African American mothers make decisions around their health and related behaviors so that it includes:
  - Social SUPPORT
  - Health INFORMATION
  - Knowledge of RESOURCES
  - Health-seeking MOTIVATION
Healthy Eating/Active Living

Content

- My Plate
- Rethink Your Drink
- The Secrets of Sodium
- What’s in Your Bag
- Be Sugar Savvy
Healthy Eating/Active Living

Context

- How to buy and properly store groceries, understanding shelf life
- Increase understanding of how to optimize produce freshness and how to buy non-perishables in bulk
- How to setup a well functioning kitchen with the essentials
- Dealing with family dynamics/legacies around food, including trauma and scarcity
- Increase awareness of body image issues and eating disorders as they relate to young low-income African American women
- Health benefits of drinking water
A participant thanked ClubMom staff for helping her lose 32 pounds. She expressed that before joining ClubMom she thought that losing weight would be very complicated. She stated she learned one easy and simple tip for losing weight at ClubMom—the importance of drinking water—and attributed her weight loss to that information. She explained that before coming to Club Mom she never drank water, only soda, and learned that she could lose weight by not drinking soda and drinking water instead.
Evaluation Findings

- Trust and relationships must be established and developed before health behavior change can be realized by young, low-income African American women.

- Lifeskills, opportunities, and resources must be enhanced so that young, low-income African American can make optimal health-related decisions.
Choose Health LA Moms

Reducing obesity among postpartum women in Los Angeles County
Choose Health LA Moms

- Goal: Reduce obesity among postpartum women in Los Angeles
- Target population: pregnant obese women at >37 weeks gestation
- Three primary interventions/three simple messages
  - Breastfeeding
  - 10,000 Steps
  - Water
- Strategy:
  - Enroll
Choose Health LA Moms (CHLA)

- **Strategy:**
  - Partners recruit potential participants
  - Participant enrolls via email/completes initial questionnaire
  - Weekly call from CHLA educator until delivery
  - Program begins delivery week
    - Every other day text messages (three campaign messages)
    - Monthly self-assessments
    - Drive participants to social media/website for more info
  - 6 months daily participant tracking/one-year program
  - For more information: dramos@ph.lacounty.gov
Food to Families

Addressing the issue of access to healthy food in low income communities
How can we teach people how to eat more healthful meals?

What policies and practices will increase the availability of food stores in West Oakland?

Figure 47: Number of Food Stores, West Oakland

Problem: Lack of Healthy Food Stores

Limited Supermarket Access Score

- 51 - 82
- 26 - 50
- 0 - 25
- 0
- Not Applicable; Few Households

Note: TRF's methodology is designed to identify areas where residents travel longer distances to reach supermarkets when compared to the average distance traveled by residents of non-low/moderate income areas (those shown with a score of 0).

Source: CAPE, with data from The Reinvestment Fund 2011.
Problem: Lack of Healthy Food Stores
Project: Food to Families

Provide “prescriptions” for fresh food to families receiving health services

Families fill prescriptions at local food businesses where neighborhood youth are employed
Questions?

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Family Health Services Director
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(510) 208-5979
Obesity Prevention Resources

Adeline Yerkes, BSN, MPH
Obesity Prevention Resources

Adeline Yerkes, BSN, MPH
Women’s Health Consultant
National Association of Chronic Disease Directors (NACDD)
Obesity Prevention Resources

Objectives: Provide

   a. public health leaders, program managers, agency directors, health care providers, nutritionists, chronic disease and maternal and child health professionals resources

   b. chronic disease, maternal child health and other women’s health practitioners patient or educational resources for patients

   c. you, the participant resources for you and your networks.
Resources for public health leaders, program managers, agency directors, health care providers, nutritionists, chronic disease and maternal and child health professionals
Centers for Disease Control and Prevention Resources

- [http://www.cdc.gov/obesity/resources/recommendations.html](http://www.cdc.gov/obesity/resources/recommendations.html)
- [http://www.cdc.gov/physicalactivity/](http://www.cdc.gov/physicalactivity/)

- [http://www.cdc.gov/physicalactivity/strategies/workplace.html](http://www.cdc.gov/physicalactivity/strategies/workplace.html)
- [http://www.cdc.gov/physicalactivity/strategies/community.html](http://www.cdc.gov/physicalactivity/strategies/community.html)
The CDC Guide to Strategies to Increase Physical Activity in the Community is a 45 page Adobe PDF file providing guidance for program managers, policy makers, and others on how to select strategies to increase physical activity. Guide includes 9 strategies for the community at large.

The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables is a 53 page Adobe PDF file providing guidance for program managers, policy makers, and others on how to select strategies to increase the consumption of fruits and vegetables.

The CDC Guide to Breastfeeding Interventions is a 60 page adobe pdf providing state and local community members information to choose the breastfeeding intervention strategy that best meets their needs.

Other CDC Resources

School Resources

• School Health Guidelines to Promote Healthy Eating and Physical Activity.
  http://www.cdc.gov/healthyyouth/npao/strategies.htm

• School-Based Obesity Prevention Strategies for State Policymakers
The Community Guide: Obesity Prevention and Control

http://www.thecommunityguide.org/obesity/index.html

• Provider-Oriented Interventions
• Interventions in Community Settings
• Website offers provider information on intervention as well as the efficacy of the intervention
National Heart, Lung, Blood and Institute (NHLBI) Professional Resources

• Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults guidelines developed by the Federal Government and national partner to address overweight and obesity.

• http://www.nhlbi.nih.gov/health-pro/guidelines/in-develop/obesity-evidence-review
Physical Activity:

- The Partnership for an Active Community Environment (PACE) steering committee in New Orleans, Louisiana installed a six-block walking path and school playground in a low-income Black neighborhood. The proportion of residents who were active increased significantly in the neighborhood with the path and playground, where 41 percent of those engaging in physical activity were moderately or vigorously active, compared to 24 to 38 percent of residents in similar neighborhoods without the path. The report notes that PACE is an effective intervention that demonstrates how changes to the built environment may increase neighborhood physical activity.

- North Carolina’s State Health Plan for Teachers and State Employees made the Eat Smart, Move More, Weight Less (ESMMWL) available to their members to better manage weight and reduce associated health care costs. The percentage of participants with a BMI less than 30 kg/m² increased from 40 percent to 45 percent and those with a normal blood pressure increased from 23 percent to 32.5 percent.
Shape Up Somerville, a comprehensive effort to prevent obesity in high-risk first through third grade students in Somerville, Massachusetts, included improved nutrition in schools, a school health curriculum, an after-school curriculum, parent and community outreach, collaboration with community restaurants, school nurse education, and a safe routes to school program. After one year, on average the program reduced one pound of weight gain over eight months for an 8-year-old child. On a population level, this reduction in weight gain would translate into large numbers of children moving out of the overweight category and reducing their risk for chronic disease.

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program provides low-income uninsured women aged 40 to 64 with chronic disease risk factor screenings, lifestyle interventions and referral services. Over the course of a year, WISEWOMAN participants improved their 10-year risk of coronary heart disease by 8.7 percent, and there were significant reductions in the percent of participants who smoked and had high blood pressure and high cholesterol.

http://healthyamericans.org/report/110/
Institute of Medicine

http://www.iom.edu/About-IOM/Leadership-Staff/Boards/Food-and-Nutrition-Board/ObesityReports.aspx

- Educating the Student Body: Taking Physical Activity and Physical Education to School – 5/13
- Fitness Measures and Health Outcomes in Youth - 9/12
- Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation – 5/12
• Resources for chronic disease, maternal child health and other women’s health practitioners patient or educational resources for patients

• Resources for you, the participant resources for you and your networks.
Resources from the CDC Division of Nutrition, Physical Activity and Obesity

- [http://www.cdc.gov/healthyweight/](http://www.cdc.gov/healthyweight/)
  This website provides the means for taking control of weight - good for adults and families as a whole

  - **Weight Assessment**
    - BMI – Body Mass Index
    - Adult BMI Widget – add to personal website for BMI calculation
National Heart, Lung, Blood and Institute (NHLBI) Public Resources

• **Aim for a Healthy Weight**

• **Aim for Heathy Weight Website**
National Heart, Lung, Blood and Institute (NHLBI) Public Resources


• EatPlayGrow – educational curriculum for children ages 2-5
• We Can! and Let’s Move – First Lady’s initiative to reach faith-based and community leaders
• Focus is eating right, getting active and reducing screen time
Resources from the National Institute for Diabetes, Digestive and Kidney Disease

  - For the public
  - For health care providers
  - For community groups and organizations (tip sheets and other resources)
  - En español (in Spanish)
USDA Center for Nutrition Policy & Promotion

• Choose My Plate
  http://www.choosemyplate.gov/
  This Web site features practical information and tips to help Americans build healthier diets.

• SuperTracker
  https://www.supertracker.usda.gov/default.aspx
  My foods. My fitness. My health. Get your personalized nutrition and physical activity plan. Track your foods and physical activities to see how they stack up. Get tips and support to help you make healthier choices and plan ahead. Includes the game Portion Distortion
USDA Center for Nutrition Policy & Promotion

- Dietary Guidelines for Americans Dietary Guidelines for Americans
  http://www.cnpp.usda.gov/DietaryGuidelines

- What’s Cooking USDA Mixing Bowl
  http://www.whatscooking.fns.usda.gov/nutrition-focus
Million Heart Initiative

Million Hearts® aims to prevent heart disease and stroke by:

- Improving access to effective care.
- Improving the quality of care for the ABCS.
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.

- [http://recipes.millionhearts.hhs.gov/](http://recipes.millionhearts.hhs.gov/) - Heart Healthy recipes, help with food shopping and reading labels

- [http://millionhearts.hhs.gov/resources/action_guides.html](http://millionhearts.hhs.gov/resources/action_guides.html) - Action Steps for Employers - Cardiovascular Health for Employees
Patients who are overweight or obese generally have a history of dealing with a frustrating and visible problem. They often experience discrimination from strangers, and even hurtful comments from health professionals. Many patients, however, are comfortable discussing weight with their physician. So setting an effective tone for communication is critical. Providers need to establish rapport with patients, solicit permission to discuss weight issues, and use preferred terms such as "weight," "excess weight," and "BMI" when describing obesity.

**Tips:**

- Ask the patient if he/she would be comfortable with discussing general health including weight.
- Ask about the patient’s weight history and how excess weight has affected his/her life.
- Be careful to communicate a nonjudgmental attitude that distinguishes between the weight problem and the patient with the problem.
- Express your concerns about the health risks associated with excess weight and how this is affecting the patient (review patient’s BMI, waist circumference, and health risks).

**Effective treatment for obesity is based on skillful and empathetic communication between practitioners and patients.**
STEP TWO Assess Patient’s Motivation/Readiness to Lose Weight

Evaluate the patient’s readiness to make the necessary lifestyle changes to lose weight. This should include: reasons and motivation to lose weight, previous attempts at weight loss, expected support from family and friends, understanding risks and benefits, attitudes toward physical activity, and potential barriers.

Tips:

- Ask patient if he/she would consider lifestyle changes to lose weight and improve health.

  *Example:* On a scale of 1-10, with 10 being 100 percent ready to take action, how ready are you to lose weight?

  *An answer between 1-4 means the patient has very little intention to lose weight, so you could follow up with “What would have to happen for you to be more ready?” or “What would it take to increase your score?”

  *An answer between 5-7 means the patient is ambivalent about taking action to lose weight, therefore acknowledge the patient’s ambivalence in a nonjudgmental manner and invite the patient to bring up the subject at any time in the future. You could also follow up with, “What would have to happen for you to be more ready?” or “What would it take to increase your score?”

  *An answer between 8-10 means the patient is very willing to take action about his/her weight.

- Ask patient about previous attempts to lose weight. What were the most successful and least successful?

- Ask about the patient’s physical activity level and attitude toward exercise.

- Ask patient about the level of support he/she can expect from family and friends.

- Ask about potential barriers to success.
**STEP THREE**

**Build a Partnership With the Patient**

Set goals for behavior change together with the patient. A recent study showed that most patients with a weight problem would like assistance with weight management, specifically dietary and physical activity advice, and help with setting realistic goals.

**Tips:**

- Discuss the collaborative effort needed for setting goals.
- Ask what the patient’s weight goals are.
- Explain that even a small weight loss of 10 percent of initial weight can lower health risks.
- Ask patient if he/she would like help with diet and physical activity.
- Select two or three measurable, achievable goals and discuss steps needed to achieve them.
- Provide and discuss patient handouts in *The Practical Guide* and/or refer patient to dietitian or exercise specialist.

**Sources:**

- *The NHLBI Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*, NIH Publication No. 00-4084 or 02-4084
- Materials from the Centers for Obesity Research and Education (C.O.R.E.)
Office on Women’s Health and Indian Health Services

- **BodyWorks Program** and Toolkit. *BodyWorks* is designed to help women and girls improve family eating and activity habits. The toolkit includes games, a recipe book, food and fitness journals for teens, and a “how to” video. Field tested by American Indians and Hispanic Communities.

American Heart Association

- [http://www.heart.org/HEARTORG/GettingHealthy/GettingHealthy_UCM_001078_SubHomePage.jsp](http://www.heart.org/HEARTORG/GettingHealthy/GettingHealthy_UCM_001078_SubHomePage.jsp)
- Face the Fat – AHA Fat Calculator
- Center with healthy living tips and tools on
  - Nutrition
  - Physical activity
  - Healthier Kids
  - Weight Management
  - Stress Management
  - Workplace Wellness
American Diabetes Association


- Weight Loss
  - Assess Your Lifestyle
  - Getting Started – food and exercise trackers, emotions and eating, setting realistic goals
  - Food choice
Arthritis Foundation

• Benefits of losing weight and arthritis pain
• How to lose weight
• Weight loss Challenges
National/State Programs

• North Carolina’s Eat Smart, Move More
  http://www.eatsmartmovemorenc.com/

• California’s Project Lean
  http://www.californiaprojectlean.org/

• Utah’s “make the Healthy Choice
  http://www.choosehealth.utah.gov/your-health/resources-locator.php

• ACHIEVE
  http://www.achievecommunities.org/
Additional Resources

From the National Preconception Health and Health Care Initiative
Show Your Love Campaign

Show Your LOVE! Steps to a Healthier me

Life offers many opportunities. Take time to think about your goals for school, for your job or career and for your health. Your physical and mental health are important in helping you achieve the goals you set for yourself. This is a tool to help you set your goals and make a plan.

Start by choosing your goals for this year. It is easier to focus on 2 – 3 goals. Then use the checklist below to set your plan into motion.

My top 3 goals for this year are
1. 
2. 
3.

Check Lists:

Show Your Love Products

- Podcast for women planning a pregnancy
- Podcast for women NOT planning a pregnancy
- Campaign Implementation Toolkit

Health E-Cards

Use these e-cards to get the word out to your partners and to the women of childbearing age you serve.
www.beforeandbeyond.org
Tool Kit

The National Preconception Care Clinical Toolkit was designed to help primary care providers, their colleagues and their practices incorporate preconception health into the routine care of women of childbearing age.

The tool kit is designed to help primary care providers meet their patients' needs based on their response to this “vital sign” question: “Are you hoping to become pregnant in the next year?” Her answer will allow you and your colleagues to individualize her primary care to best meet her overall and reproductive health needs.

The goal of the toolkit is to help clinicians reach every woman who might someday become pregnant every time she presents for routine primary care with efficient, evidence-based strategies and resources to help her achieve:

- healthier short and long term personal health outcomes,
- increased likelihood that any pregnancies in her future are by choice rather than chance,
- and, if she does become pregnant, that her pregnancy and her infant(s) have the lowest likelihood of problems.
Welcome to the National Preconception Care Clinical Toolkit, designed to help primary care providers, their colleagues and their practices to incorporate targeted attention into the routine care of women of childbearing age.

Desires Pregnancy:
Family Planning and Contraception

At Your Fingertips
Family Planning and Contraception
Nutrition
Infectious Disease and Immunizations
Chronic Disease
Medication Use
Substance Use
Previous Pregnancy Outcomes
Genetic History
Mental Health History
Interpersonal Violence

At Risk / Unsure

Does Not Desire Pregnancy

Background
Clinical Guidance
Clinical Tools
Patient Resources

Scope of Problem
Preconception Significance
Risk Identification Strategies
Risk Reduction Strategies
Important Talking Points
Connect: National Newsletter

- Send an email to pchhcnews@gmail.com with Subscribe as the subject line. Or text PCHHC to 22828
- Archived available on beforeandbeyond.org – news section.

Preconception Health & Birth Defects Prevention

Every 4 1/2 minutes, a baby is born with a birth defect in the U.S. That translates into nearly 120,000 babies affected by birth defects each year. While this number constitutes a relatively small proportion of all babies born in this country each year (about 3%), birth defects account for more than 20% of all infant deaths.

Birth defects can occur during any stage of pregnancy, and are identifiable prenatally, at the time of birth, or any time postpartum. Most birth defects occur within the first 3 months of pregnancy, when the organs of the fetus are forming. However, some birth defects occur later in pregnancy as the tissues and organs continue to grow and develop during the last six months of pregnancy.

Most birth defects are thought to be caused by a complex mix of factors. These factors include genetics, health behaviors, and environmental exposures. For some birth defects the cause is known, but for most, the causes have yet to be identified. Certain risk factors increase the chance that a pregnancy will be affected by a birth defect.
There is a growing database of information about programs that have integrated PCC into services.

Preconception Resource Center

cdc.gov/preconception/freematerials.html
Bi-Weekly Research Updates

- CDC’s Division of Reproductive Health routinely conducts media and literature searches on preconception and inter-conception health.

- Summaries include PubMed abstracts, citation information and links to research articles. To subscribe: send an email to Cheryl Robbins at ggf9@cdc.gov.
Email Sarah Verbiest
Senior Advisor, National PCHHC Initiative
sarahv@med.unc.edu
or call 919.843.7865
Questions

To submit questions throughout the call, type your question in the chat box at the lower left-hand side of your screen.

• Send questions to the Chairperson (AMCHP)
• Be sure to include to which presenter(s) you are addressing your question.
Closing

• Thank you for joining us!

• The recording will be available on beforeandbeyond.org as well as on the AMCHP website at http://www.amchp.org/Calendar/Webinars/Womens-Health-Info-Series/Pages/default.aspx

• Please complete short evaluation