



Let's Go! Childhood Obesity Project ECHO®

Dr. Tory Rogers
Dr. Carrie Gordon
Meg Nadeau

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Housekeeping

- This session will be recorded for educational and quality improvement purposes.
- Please do not provide any protected health information (PHI) during any ECHO session.
- Zoom trouble? Chat to Meg Nadeau

Please turn on your video!

Please enter your name, organization, and email address (needed for CME) in the chat.

If you are watching as a group, please put everybody's information in the chat.

Introduce Yourself



Please mute your microphone when not speaking.

Microphones



Welcome and Introductions (5 min)

Lecture & Q&A (25 min)

Case/Discussion (25 min)

Close (5 min)

Agenda

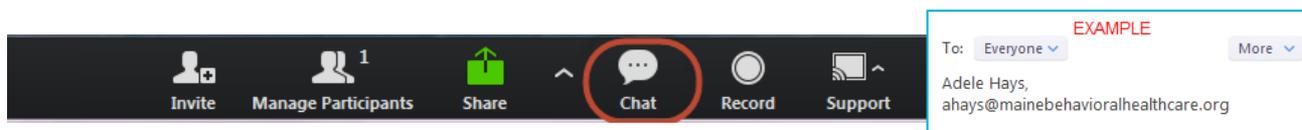


Focus of this Project ECHO®

- Increase the understanding and minimization of bias and stigma that is associated with obesity
- Promote a supportive, health-forward approach in your workforce and office environment around treatment of obesity
- Model health-focused language for parents
- Put Motivational Interviewing into practice
- Develop individualized treatment plans based on obesity physiology to help families reach their healthy goals
- Initiate treatment early and provide timely follow up

Evaluation and CMEs

If you haven't already done so, please enter your name and email address in the Chat



- After each ECHO session, you will receive an email with a link to a brief evaluation survey and Post-Test.
 - Please complete within 1 week.
- Upon completion, a link to the CME credit will be sent to you.



Advancing Diet Quality through Culinary Medicine and Diet Quality Screening

Carrie Gordon, MD

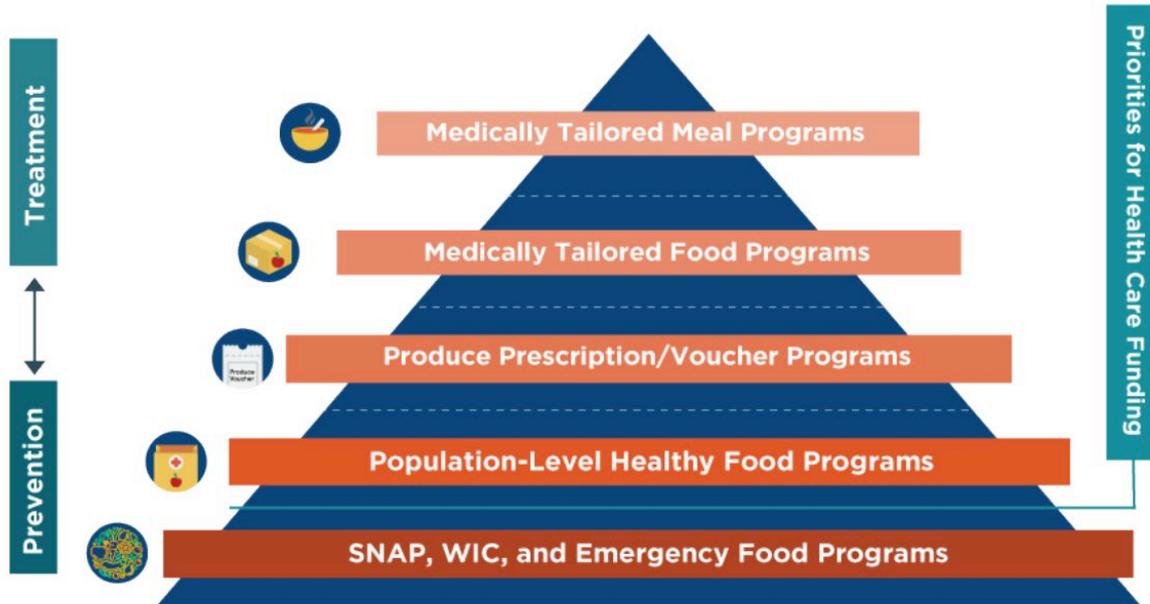


Culinary Medicine

- “Culinary medicine is not nutrition, dietetics, or preventive, integrative, or internal medicine, nor is it the culinary arts or food science. It does not have a single dietary philosophy; it does not reject prescription medication; it is not simply about good cooking, flavors or aromas; nor is it solely about the food matrices in which micronutrients, phytonutrients, and macronutrients are found. Instead, **culinary medicine is a new evidence-based field in medicine that blends the art of food and cooking with the science of medicine.** Culinary medicine is aimed at helping people reach good personal medical decisions about **accessing and eating high-quality meals that help prevent and treat disease and restore well-being.**”

---La Puma J. *What Is Culinary Medicine and What Does It Do?*. *Popul Health Manag.* 2016;19(1):1-3.
doi:10.1089/pop.2015.0003.

FOOD IS MEDICINE PYRAMID



[LINK to Massachusetts Food As Medicine State Plan](#)



Food for Health & Healing

Growing an equitable food culture that will support health and treat disease

by shifting the way our patients, learners, staff, and care teams think about food:

Access	Education
Environment & Policy	Research & Quality



Culinary Medicine/FAM: patient facing efforts

- Cooking Matters:
 - Here in Maine, we have experience delivering content synchronously, asynchronously, virtually and in person, with patients and with medical learners
- Hospital Food Pantries
 - Food as Medicine Study
- Prescription Meal Delivery With Heart Failure
- Clinic and Hospital Food Bags
- Pop-up Pantries
- Gardens
- BBCH Support For Parents Of Hospitalized Children With Food Insecurity

Culinary Medicine: Training Resources

- Cooking Matters: Share our Strength Programming
 - [Cooking Matters](#)
- Health Meets Food: Timothy Harlan
 - [Health Meets Food](#)
- Culinary Medicine Curriculum through ACLM: Michelle Hauser
 - [American College of Lifestyle Medicine Culinary Resources](#)
 - » (see section on Lifestyle Medicine Tools and Resources)
- Healthy Kitchens, Healthy Lives: David Eisenberg
 - [Healthy Kitchens, Healthy Lives](#)
- The Teaching Kitchen Collaborative
 - [Teaching Kitchen Collaborative](#)

Cooking Matters topics typically covered

- Basic culinary skills:
 - Knife skills
 - Food safety (hand hygiene, washing produce, handling knives, meat cooking temperatures)
 - Cooking terminology
 - Flavoring foods in healthy ways (acid, spices without sodium)
 - Cost-conscious recipe **variations** that are healthier than original (lean protein burgers, homemade salad dressings)
- Label reading and Unit based pricing shopping skills
 - Fresh, frozen and canned
- Meal planning
- Cooking as a Family
 - Helps with family bonding, encouraging selective eaters to try new foods and decreases burden on individuals cooking without support at home

Medical learner and Hospital employee facing

- Hospital garden beds
- MMC: New chef and Improved hospital menu (catering and cafeteria)
- Health Meets Food education
- Cooking matters education



Culinary Medicine: Evidence

- Cooking Matters independent research
 - Improves diet quality 6 months out from programming
- Health Meets Food student/trainee data
 - Increases confidence in trainees to speak to patients about food and improves learner diet quality
- Prescription food cost savings
 - Decreased readmission rates more than cover costs of food in vulnerable populations
- Seed to Supper program
 - 6-8 week intro gardening course offered through food pantries improves food security and decreases participant grocery store costs

Diet Quality Screening: Why

- The only way to know about diet quality is to ask
- Many providers do not have time and/or confidence to do nutrition screening, given the limited time dedicated to this in medical school curriculum
- Would allow us to track progress of interventions and to connect patients to the right intervention
- Some tools have built in resources to education patients specifically on recommended dietary changes (ASA-24, Diet ID)
- Screening tools, by virtue of the questions, also provide education to patients
- When physicians ask about nutrition, it helps to reinforce inter-connectiveness of nutrition and health
- Poor diet quality can be changed and is causing as many long-term health problems as other things screened for at WCC

Diet Quality Screening: tools to consider

- Mediterranean Diet Score
 - Including pediatric variations
- ASA - 24
 - long
- Healthy Eating Index (USDA score)
- Alternative Healthy Eating Index (Harvard TH Chan school of Public Health)
 - Not easy to score
- Starting the Conversation Diet Screener
 - Developed in the “low-fat” diet era
 - Designed for non-dietitian
- Diet ID
 - Cost for use

Diet Quality Screening: evidence that improved scores improve health

- 2 point increase in Mediterranean diet score is felt to be linked to 10% reduction in CVD risk and 8% decrease in mortality
- Consistent evidence that better conformity with the Med Diet is associated with decrease rates of coronary heart disease, stroke, improved brain function and gut microbiome
- Alternative Healthy Eating Index
 - Higher scores have less coronary disease, diabetes, cancer death, better performance on PA
- Starting the conversation diet screener
 - Validated to be accurate reflection of diet
 - Developed in the low-fat era

Other considerations

- System by-in and EMR integration for referrals, resources, screeners
- Cultural sensitivity
 - The MedDiet is a white diet and use of it is reflective of systemic racism and bias, marginalizing other cultures
- Community Gardening/Home Gardening Support

References

- Garder Burt, Kate, The Whiteness of the Mediterranean Diet: A historical, sociopolitical and dietary analysis using Critical Race Theory, *Journal of Critical Dietetics*, Vol 5, Issue 2, 2021 p41-52
- Williamson, E.J., Polak, J., Simpson, J.A. *et al.* Sustained adherence to a Mediterranean diet and physical activity on all-cause mortality in the Melbourne Collaborative Cohort Study: application of the g-formula. *BMC Public Health* **19**, 1733 (2019). <https://doi.org/10.1186/s12889-019-7919-2>
- GBD 2017 Diet Collaborators, Health Effects of Dietary risks in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017, *The Lancet*, Volume 383, Issue 10184, May 11, 2019, p1958-1972
- Withers, D and Burns H, Enhancing food security through experiential sustainability leadership practices: A study of the Seed to Supper program, *Journal of Sustainability Education*, Vol 5, May 2013



Case Presentation



Some possible next steps for you....

1. Are there a few key take aways you can put into practice next week?
2. View the supplemental learning options - [LetsGo.org/ECHO](https://lets-go.org/ECHO)
3. Think about any bias you have that might get in the way with your patients
 - Bias screening test - <https://implicit.harvard.edu/implicit/takeatest.html>
4. Do you have a Team to help you?
 - Internal team
 - Community partners
 - Referring physicians
5. Do you need to develop new Workflows for Well Visits and Follow Up Visits?
6. Think about taking an MI course

Final ECHO Session

- September 1 | 12-1 pm
 - Use of BMI as a Marker of Disease



Thank you

- Feel free to reach out to us at:

- ObesityECHO@mainehealth.org

or

- Tory - victoria.rogers@mainehealth.org

- Carrie - carrie.gordon@mainehealth.org

