



Live Smart Texas World Obesity Day Summit



ABOUT LIVE SMART TEXAS



Live Smart Texas is a coalition of organizations and individuals who work together to address the state's obesity epidemic, especially in children.

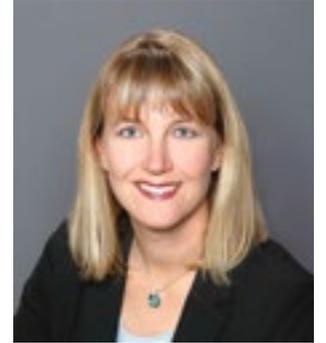
Connect with Us

@LiveSmartTexas

www.livesmarttexas.org

LiveSmartTexas@uth.tmc.edu

Co-Chairs:



Leah Whigham, PhD, FTOS



Emily Dhurandhar, PhD, FTOS



What is obesity?

- Complex disease



What is obesity?

- Complex disease
- **CAUSED** by dysregulation of energy storage



What is obesity?

- Complex disease
- CAUSED by dysregulation of energy storage
- Many CONTRIBUTORS interact with and exacerbate the CAUSES

For an in-depth overview, see *Key Causes and Contributors of Obesity: A Perspective* by NV Dhurandhar, et al. 2021

The mission of World Obesity Day



INCREASE AWARENESS

Obesity is a disease. We are raising awareness and improving understanding of its root causes and the actions needed to address them.



ENCOURAGE ADVOCACY

Changing the way obesity is addressed across society, we're encouraging people to become advocates, standing up and calling for change.



IMPROVE POLICIES

Creating a healthy environment that prioritises obesity as a health issue, we're working to change policy to build the right support systems for the future.



SHARE EXPERIENCES

Stronger together, we're creating platforms to share experiences, inspiring and uniting a global community to work towards our common goal.

worldobesityday.org



About OCW



OCW (Obesity Care Week) was founded in 2015 and has a global vision for a society that understands, respects and accepts the complexities of obesity and values science and clinically-based care.

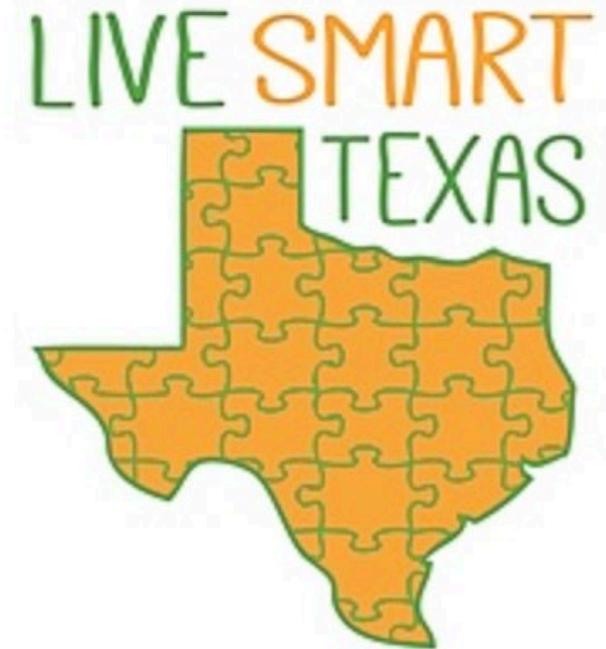
Obesity Care Week (OCW) aims to change the way society cares about obesity. NOW is the time to ACT! OCW is empowering people by:

- Providing science and clinically-based education on obesity
- Advocating for access to affordable and comprehensive care and prevention programs
- Increasing awareness of weight bias and working to eliminate it.

obesitycareweek.org

Live Smart Texas World Obesity Day Summit

- 9:00 MST/10:00 CST: Welcome by Leah Whigham, PhD, FTOS, Co-Chair of LST; and Keynote by Sarah Barlow, MD
- 10:00 MST/11:00 CST: Flash presentations from LST Steering Committee
- 11:00 MST/12:00 CST: State of Obesity in Texas presented by the Partnership for a Healthy Texas
- 12:00 MST/1:00 CST: Presentation and Closing Remarks by Deanna Hoelscher, PhD, RDN, LD, CNS, FISBNPA





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Evaluation and Treatment of Children and Adolescents with Obesity

An AAP Clinical Practice Guideline





World Obesity Day: Live Smart Texas March 1, 2023

Sarah E Barlow, MD, MPH
UT Southwestern and Children's Health

Disclaimer: all slides with Children's/UTSW format

A brief acknowledgment:

The following slides are intended for informational purposes only and DO NOT represent the official view of the Institute for Healthy Childhood Weight and should not be considered a recommendation by the American Academy of Pediatrics. The following slides have been prepared by a subject matter expert and may not align with current AAP policy or clinical guidance.

The following slides are for INFORMATIONAL PURPOSES ONLY and do not constitute a recommendation or endorsement.

14.

**Million children
and adolescents in
the United States
are affected by
obesity**

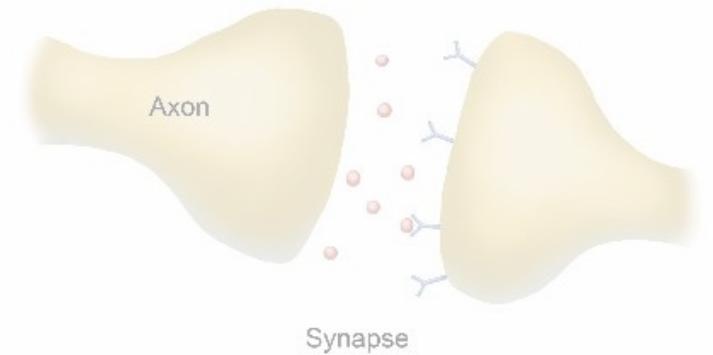
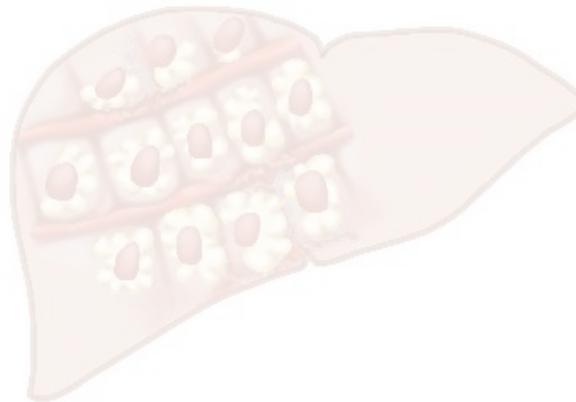
1



**Obesity affects the
immediate and long-term
health of children**



Children with overweight and obesity are susceptible to many diseases like type 2 diabetes, hypertension, sleep apnea, nonalcoholic fatty liver disease and depression





Taking a look back

Looking Back - 2006

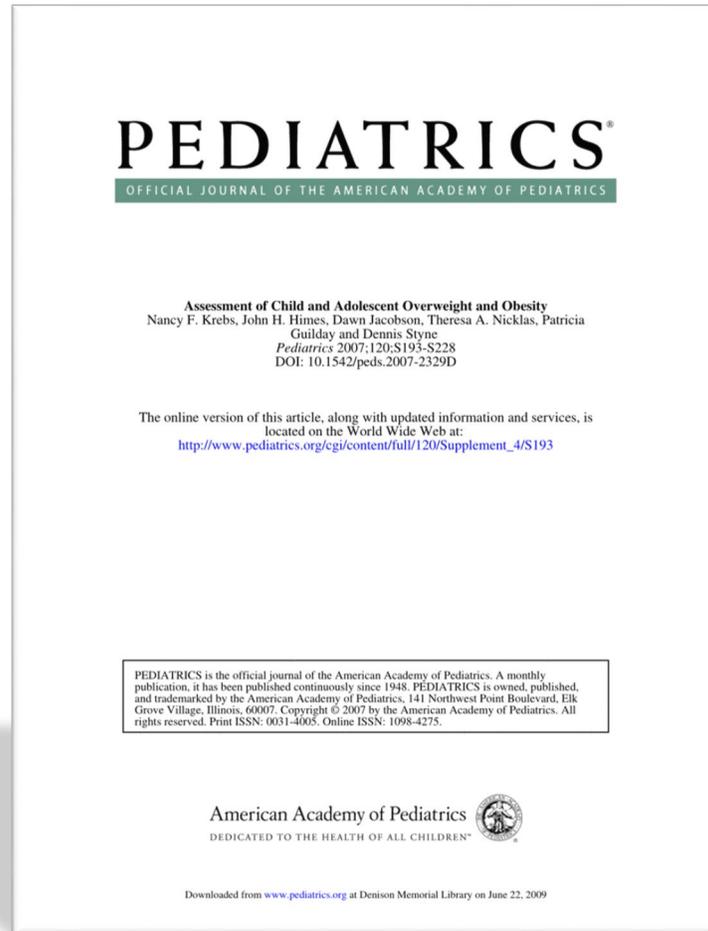
AMA, HRSA, and CDC convened a series of meetings in 2006 to update the 1998 recommendations

10
Organizations with
Representatives on
Expert
Committee

Expert Committee: representatives from the following organizations

American Academy of Pediatrics
American Dietetic Association
National Association of Pediatric Nurse Practitioners
Association of American Indian Physicians
American College of Sports Medicine
The Obesity Society
The Endocrine Society
American College of Preventive Medicine
American Academy of Child and Adolescent Psychiatry
National Medical Association

Looking Back - 2006



Writing Groups Appointed:

1. Assessment
2. Prevention
3. Treatment

Each group was tasked with literature review (not a systematic review), recommendation development, and writing

PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Pediatrics 2007;120;Supplement 163-288

**Expert Committee Recommendations Regarding the Prevention, Assessment,
and Treatment of Child and Adolescent Overweight and Obesity: Summary
Report**

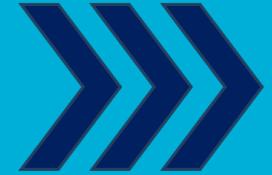
Sarah E. Barlow and the Expert Committee

Assessment of Child and Adolescent Overweight and Obesity
Nancy F. Krebs, John H. Himes, Dawn Jacobson, Theresa A. Nicklas, Patricia
Guilday and Dennis Styne

Recommendations for Prevention of Childhood Obesity
Matthew M. Davis, Bonnie Gance-Cleveland, Sandra Hassink, Rachel Johnson, Gilles
Paradis and Kenneth Resnicow

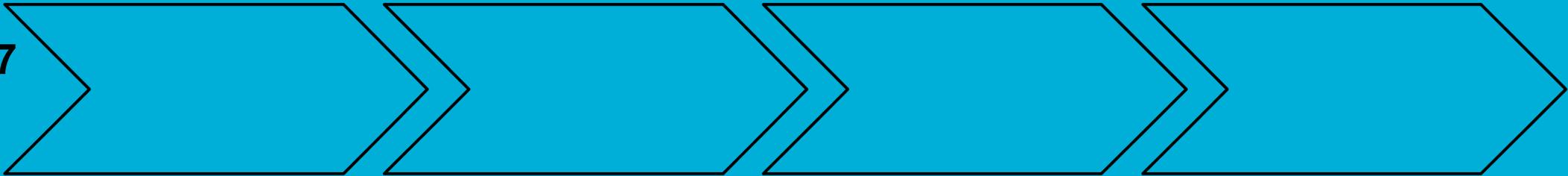
**Recommendations for Treatment of Child and Adolescent Overweight and
Obesity**
Bonnie A. Spear, Sarah E. Barlow, Chris Ervin, David S. Ludwig, Brian E. Saelens,
Karen E. Schetzina and Elsie M. Taveras

CPG Development



Comprehensive Process

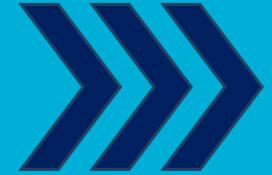
2017



Published

2023

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Comprehensive Process

2017



Published

2023

Methodology – Scope of the Review

Key Question 1

What are clinic-based, effective treatments for obesity?

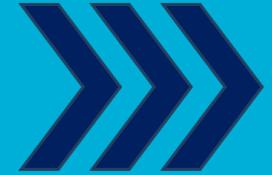
Key Question 2

What is the risk of comorbidities among children with obesity?

Original search period ended April 6, 2018.
An additional search was conducted covering the time period April 7, 2018 - February 15, 2020.

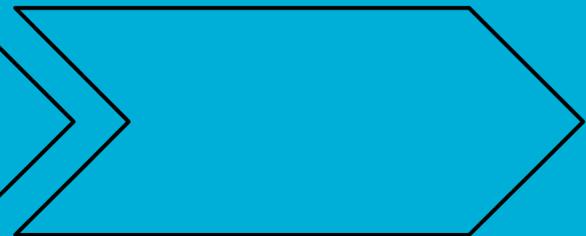
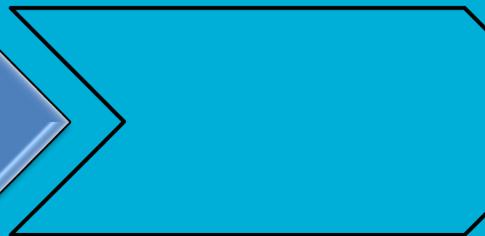
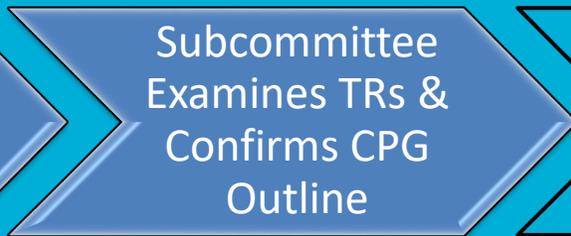
- 15 988 Articles screened
- 1642 Full text articles reviewed
- 382 Studies included

CPG Development



Comprehensive Process

2017

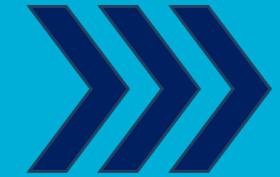


Published

2023

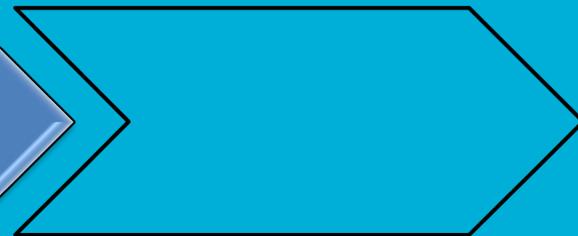
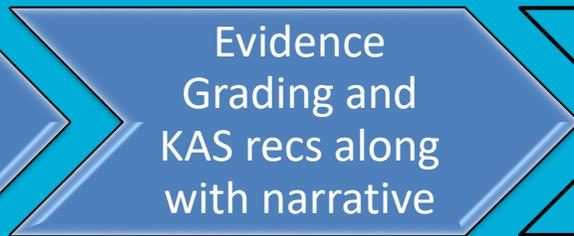
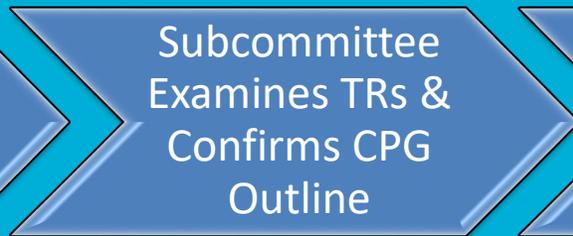


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Comprehensive Process

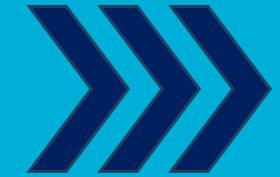
2017



Evidence Grading for Key Action Statement (KAS) Development

AGGREGATE EVIDENCE QUALITY	BENEFIT OR HARM PREDOMINATES	BENEFIT AND HARM BALANCED
LEVEL A Intervention: Well designed and conducted trials, meta-analyses on applicable populations Diagnosis: Independent gold standard studies of applicable populations	STRONG RECOMMENDATION	WEAK RECOMMENDATION (based on balance of benefit and harm)
LEVEL B Trials or diagnostic studies with minor limitations; consistent findings from multiple observational studies	MODERATE RECOMMENDATION	WEAK RECOMMENDATION (based on balance of benefit and harm)
LEVEL C Single or few observational studies or multiple studies with inconsistent findings or major limitations.	WEAK RECOMMENDATION (based on low quality evidence)	WEAK RECOMMENDATION (based on balance of benefit and harm)
LEVEL D Expert opinion, case reports, reasoning from first principles	WEAK RECOMMENDATION (based on low quality evidence)	No recommendation may be made.
LEVEL X Exceptional situations where validating studies cannot be performed and benefit or harm clearly predominates	STRONG RECOMMENDATION MODERATE RECOMMENDATION	No recommendation may be made.

CPG Development



Comprehensive Process

2017



Jan 9, 2023

CLINICAL PRACTICE GUIDELINE Guidance for the Clinician in Rendering Pediatric Care

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

To cite: Hampl SE, Hassink SG, Skinner AC, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. *Pediatrics*. 2023;151(2): e2022060640

Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity

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Children's Medical Center

UT Southwestern
Medical Center

CPG By the Numbers



Roster & Acknowledgements

Evidence Review and Reports

- Asheley Cockrell Skinner, PhD*
- Amanda Staiano, PhD
- Sarah Armstrong, MD
- Shari Barkin, MD
- Sandra Hassink, MD
- Chelsea Kracht, PhD
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- Helene Vilme, DrPH
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* Lead epidemiologist

Roster & Acknowledgements

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- Ihuoma Eneli, MD
- Aly Goodman, MD

- Robin Hamre, MHP, RDN
- Madeline Joseph, MD
- Doug Lunsford (Family Representative)
- Marc Michalsky, MD
- Nazrat Mirza, MD
- Eduardo Ochoa, MD
- Mona Sharifi, MD
- Asheley Cockrell Skinner, PhD
- Amanda Staiano, PhD
- Ashley Weedn, MD

Roster & Acknowledgements

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- Pia Daniels
- Joseph Flynn, MD, Coach

Consultant

- Susan K. Flynn, MA, Medical Writer

Institute for Healthy Childhood Weight

- Jeanne Lindros
- Jan Liebhart
- Jeremiah Salmon
- Stephanie Womack
- Savanna Torres

Key Takeaways

- Obesity is a complex chronic disease
- Comprehensive whole child evaluations are important
- Obesity treatment is safe and effective
- There are effective evidence-based strategies for treatment
- Treating obesity also means treating comorbidities
- Children with overweight or obesity should be offered treatment upon diagnosis

Whole Child Approach

Underlying **genetic, biological, environmental, and social determinants** that are risks for obesity is the foundation of evaluation and treatment.

- AAP Clinical Practice Guideline

Evaluation Sets the Stage for Treatment

Socioecological Model

Child

Family

Community

Society



Iceberg Model

Social and Environmental Context

Comorbidity Risk

We now recognize that race is not a biological construct.

So the association between:

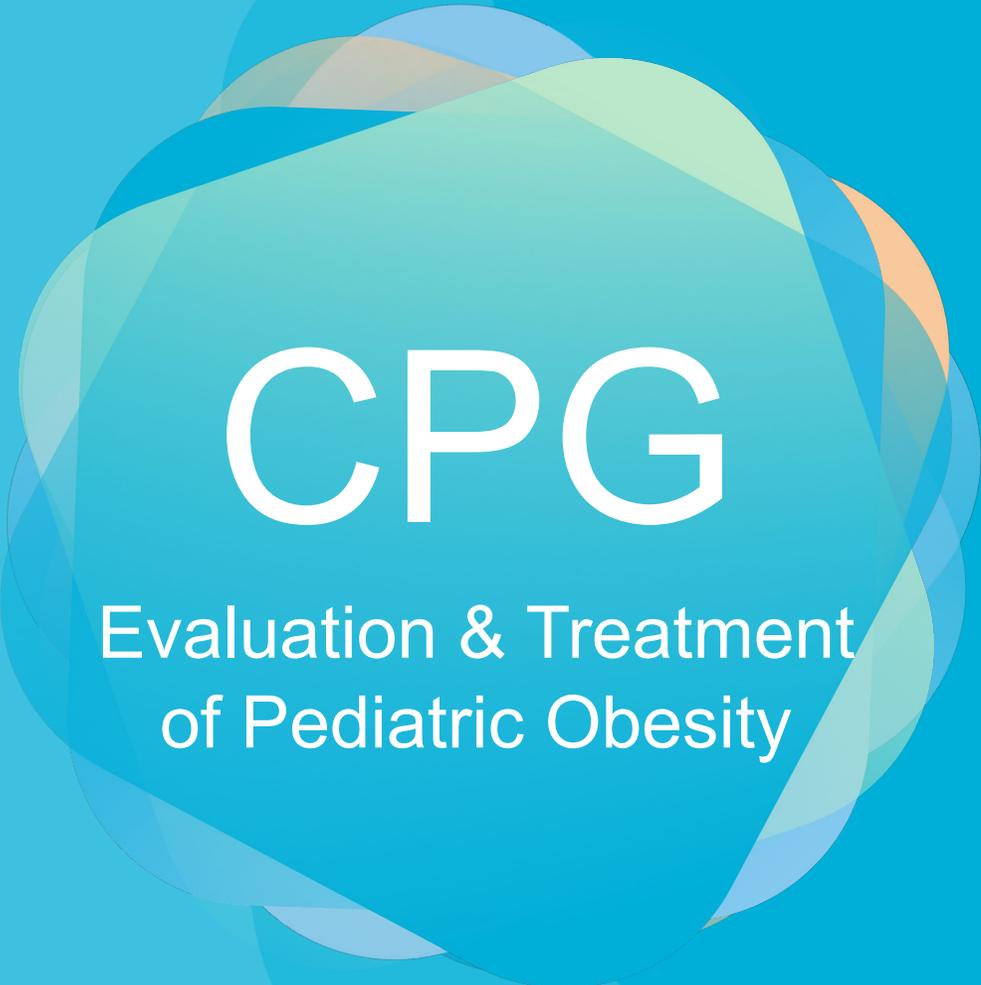
- ethnicity,
- race,
- obesity, and
- comorbidities

most likely reflects the impact of epigenetic, social, and environmental factors, such as SDoHs (i.e. limited food access, low SES, exposure to structural racism, neighborhood deprivation, etc.)



Obesity is a complex chronic disease

- Obesity is often an indicator of structural inequities like unjust food systems, health inequities and environmental & community factors
- Genetics, obesity-promoting environments, life experiences combined with inequities and structural barriers to healthy living all contribute to overweight and obesity

A graphic consisting of several overlapping, semi-transparent circles in various shades of blue, green, and orange, creating a layered, abstract shape.

CPG

Evaluation & Treatment
of Pediatric Obesity

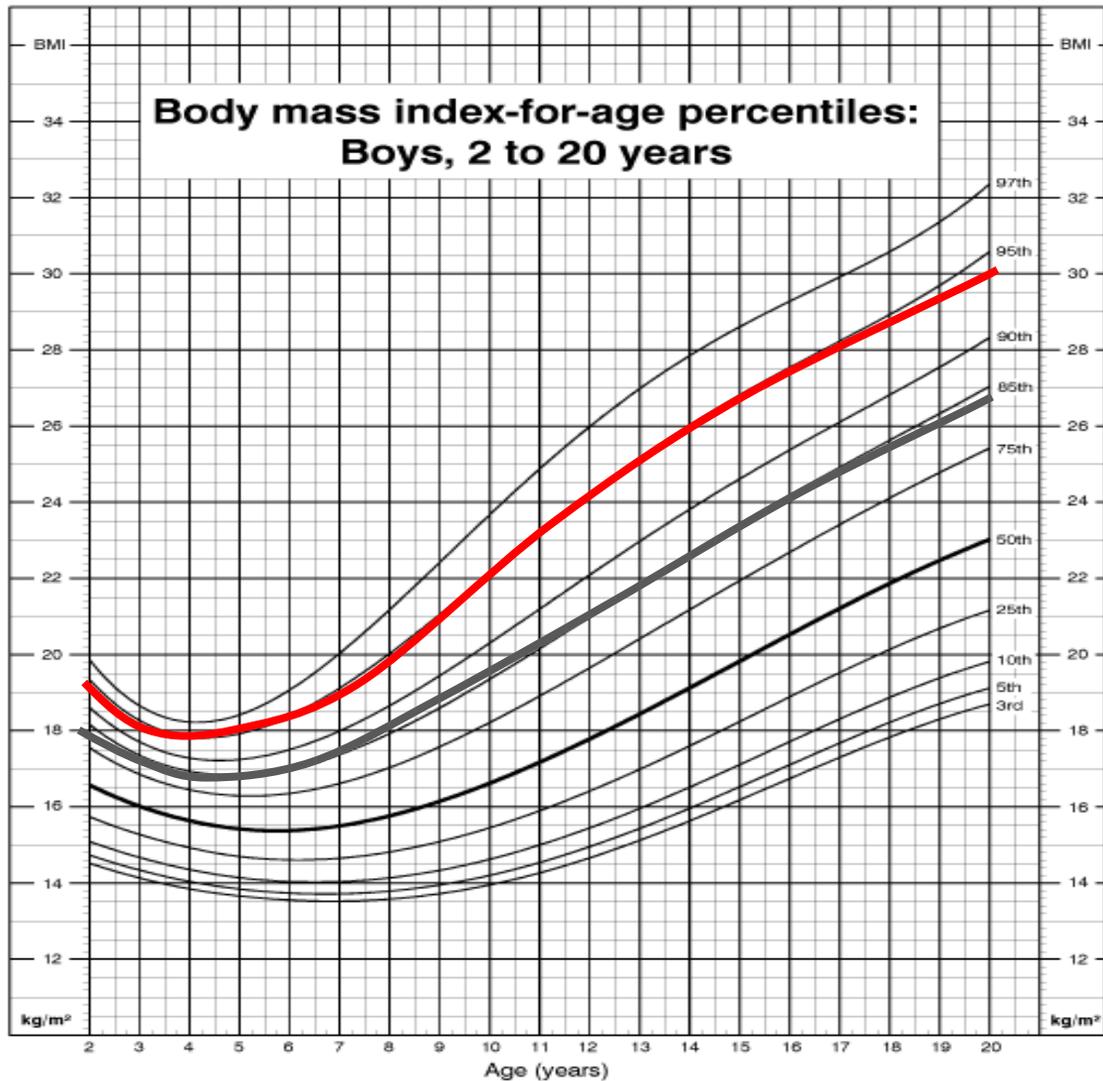
Evaluation

Recommendations

KAS 1: BMI Measurement

KAS 1. Pediatricians and other PHCPs should measure height and wt, calculate BMI, and assess BMI percentile using age- and sex-specific CDC growth charts or growth charts for children with severe obesity at least annually for all children 2 to 18 y of age to screen for overweight (BMI ≥ 85 th percentile to < 95 th percentile), obesity (BMI ≥ 95 th percentile), and severe obesity (BMI $\geq 120\%$ of the 95th percentile for age and sex).

CDC Growth Charts: United States



SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).



Overweight:

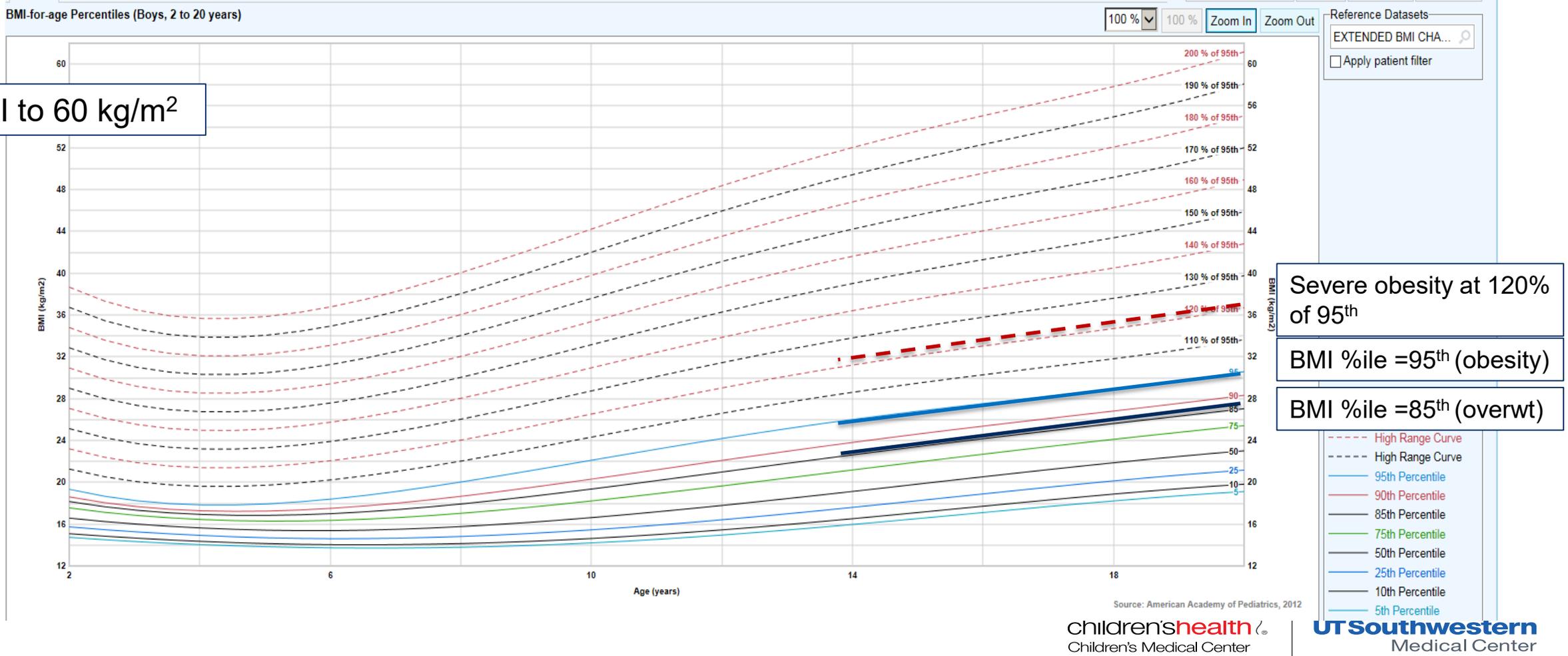
85th – 94th percentile

Obesity:

≥ 95th percentile

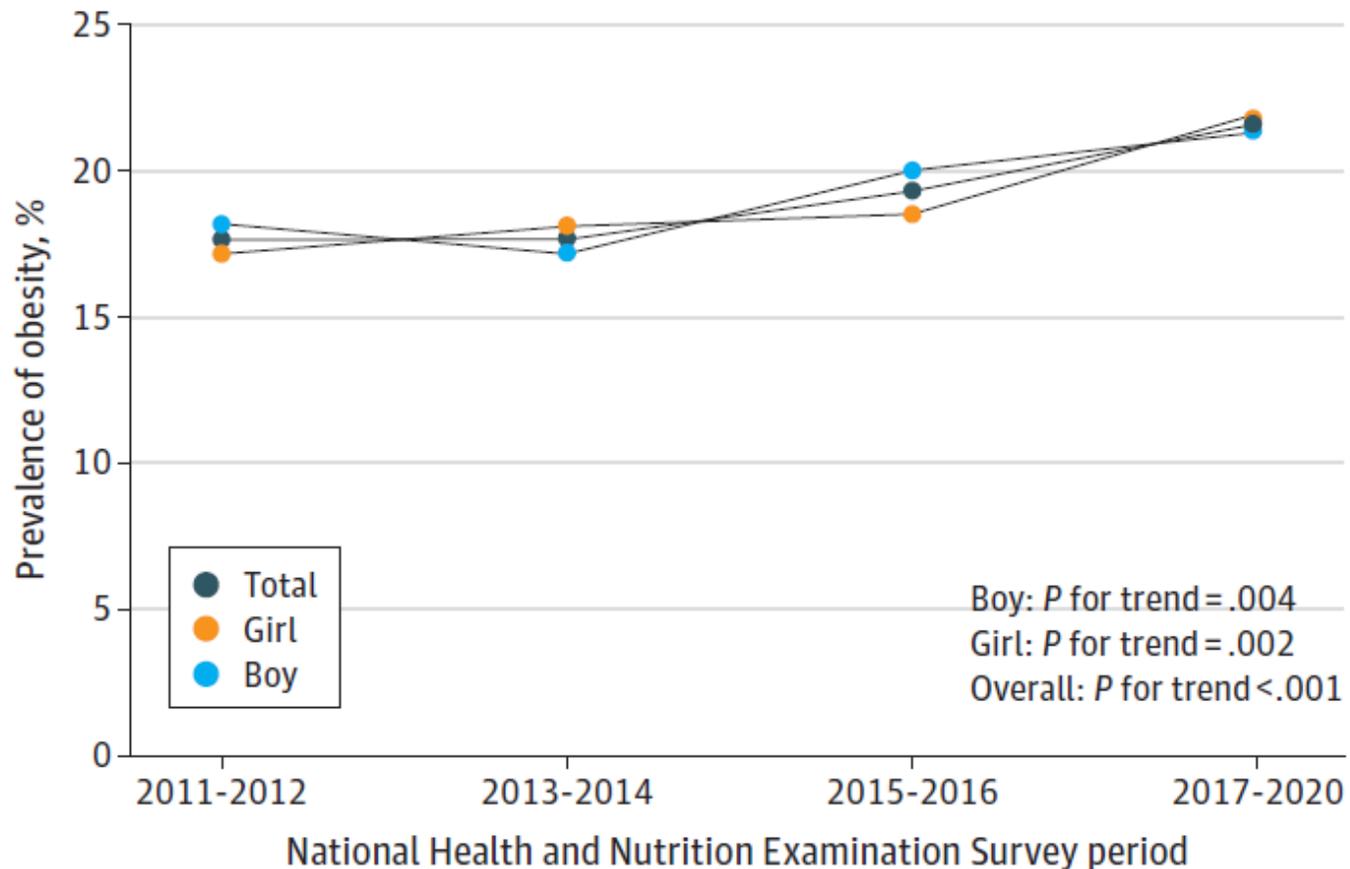


Measure to describe children with severe obesity: BMI, expressed as percent *above* the 95th percentile BMI value



Childhood obesity prevalence increased 2011-2020

Figure. Prevalence of Obesity in US Youth Aged 2 to 19 Years Stratified by Sex From 2011 to 2020



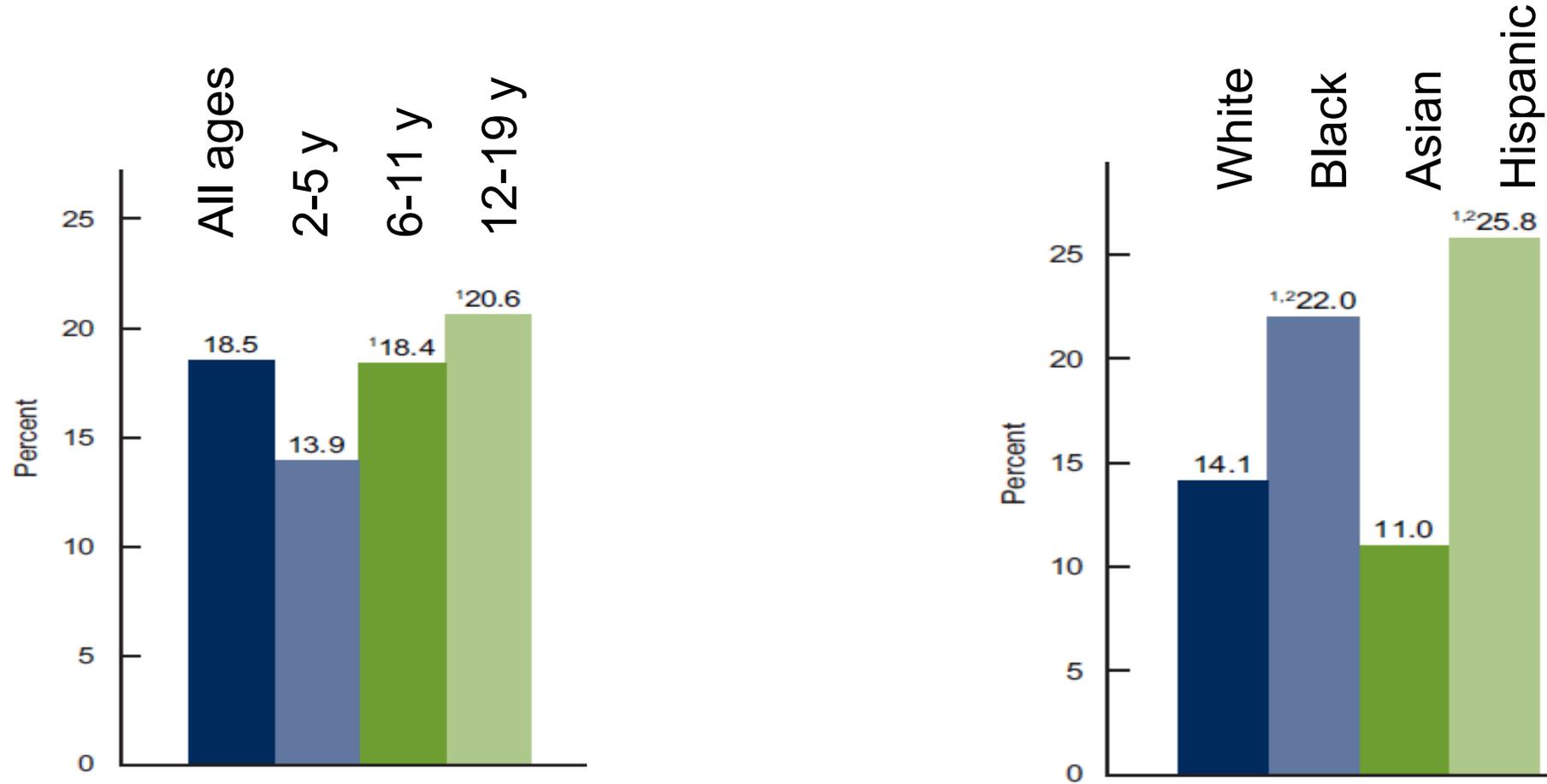
21.5%

Hu 2022. *JAMA Pediatr* 2022;176:1038

U.S. Childhood Obesity Epidemic:

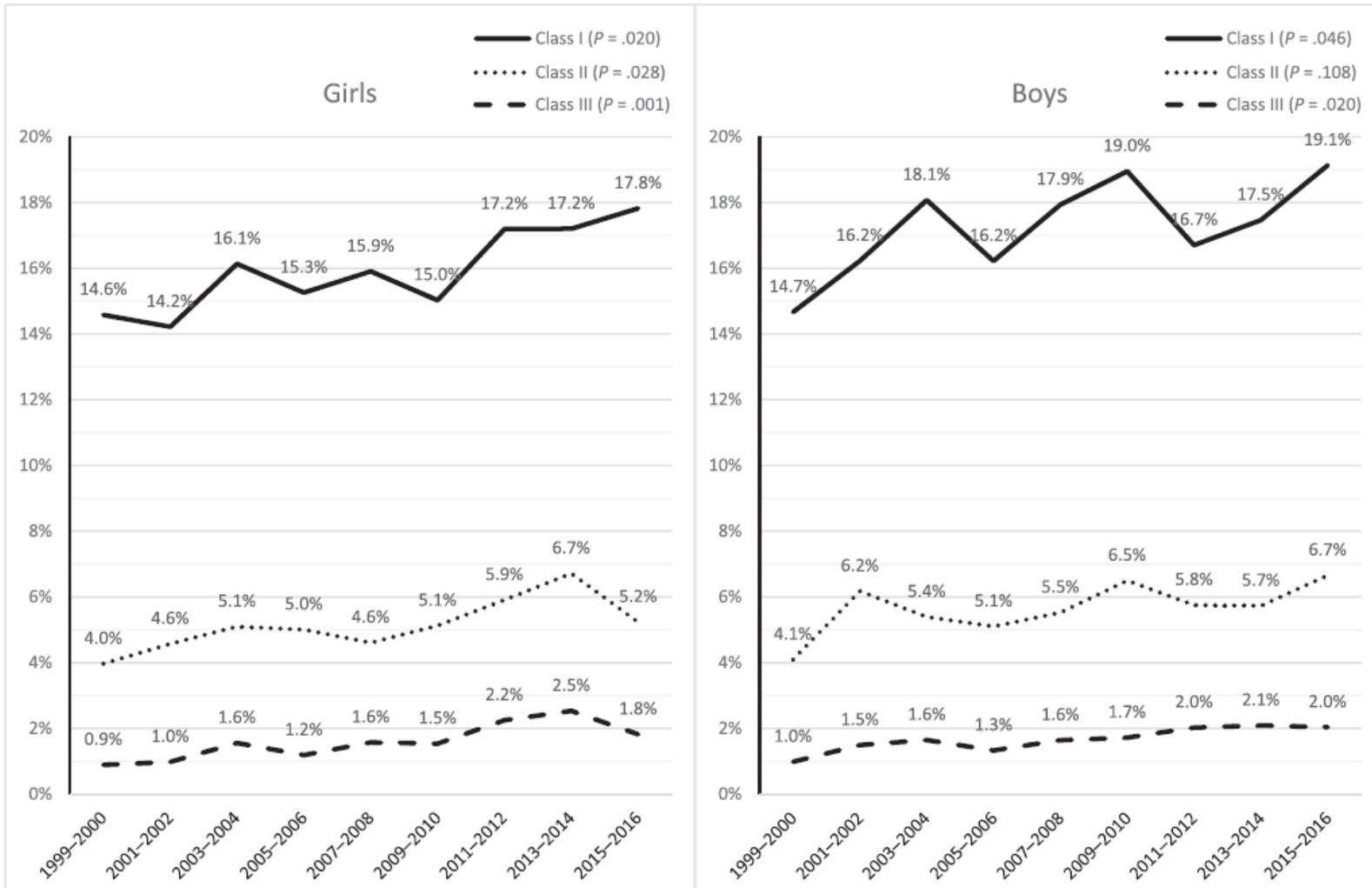
Higher prevalence among older youth vs. preschoolers, and among Black and Hispanic vs. White and Asian

Obesity prevalence 2-19 years NHANES 2015-2016



Ogden 2017. NCHS data brief no 219. Hyattsville, MD

Significant increases for obesity, severe (class 2) obesity and very severe (class 3) obesity in children



Prevalence of severe obesity 2015-2016

Class 2 = 5.2% (F), 6.7% (M)

Class 3 = 1.8% (F), 2.0% (M)

Evaluate for Comorbid Conditions

KAS 2. Pediatricians and other PHCPs should evaluate children 2 to 18 y of age with overweight (BMI \geq 85th percentile to $<$ 95th percentile) and obesity (BMI \geq 95th percentile) for obesity-related comorbidities by using a comprehensive patient history, mental and behavioral health screening, SDoH evaluation, physical examination, and diagnostic studies.

Concurrent Treatment KAS

KAS 4: Pediatricians and other PHCPs should treat children and adolescents for overweight (BMI \geq 85th percentile to <95th percentile) or obesity (BMI \geq 95th percentile) and comorbidities concurrently.

Comorbidities

“There is compelling evidence that obesity increases the risk for comorbidities, and that weight loss interventions can improve comorbidities.”

- CPG



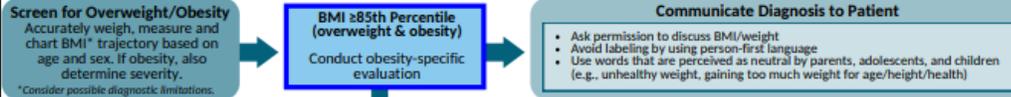
Evaluation and Labs Summarized in Algorithm

- Weight category and age associated with each applicable KAS
- Action to take based on the result



Clinical Flow: Assessment and Evaluation

Consistent with the 2023 AAP Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Overweight & Obesity.



Obtain Comprehensive Obesity-specific Patient History

Assess individual, structural, and contextual risk and protective factors related to healthy behavior and healthy weight, including: medical history (chief complaint/history of present illness, review of systems, medication history, family history), social determinants of health, individual/family lifestyle behavior history, and mental and behavioral health.

Review of Systems - Relevant Findings		History Components & Possible Tools												
System	Symptoms of Obesity-related Conditions	Chief Complaint/History of Present Illness: To determine if obesity is of concern and understand its trajectory												
General	Poor/slowed linear growth velocity, hyperphagia from early childhood, developmental delay, obesity onset <age 5 years or syndromic features	Family History (Obtain all for 1st & 2nd degree relatives): Obesity, type 2 diabetes, cardiovascular disease, hyperlipidemia, hypertension, NAFLD Medication History: Evaluate for obesogenic medications and possible alternatives												
Respiratory	Shortness of breath, snoring, apnea, disordered sleep	<table border="1"> <thead> <tr> <th colspan="2">Components</th> <th>Tools</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Social Determinants of Health</td> <td>• Food security, economic security, & other social determinants of health (e.g., ACES)</td> <td>• Safe Environment for Every Kid (SEEK) • Accountable Health Communities (AHC) • Health-Related Social Needs (HRSN) Screening Tool</td> </tr> <tr> <td>Individual/Family Lifestyle Behavior</td> <td>• Overall: MaineHealth Let's Go! 5-2-1-0-Healthy-Habits-Questionnaires • Nutrition: Written, electronic, or phone/text-prompted food diaries, 24-hour recall, smartphone tracking applications • Physical Activity: Pedometers or other wearable activity monitors</td> </tr> <tr> <td rowspan="2">Mental & Behavioral Health</td> <td>• Depression: Monitor for symptoms; if ≥12 years old evaluate annually using a formal self-report tool • Other mental health: bullying, anxiety, abuse, ADHD</td> <td>• Overall: Pediatric Symptom Checklist • Depression: Patient Health Questionnaire (PHQ 2 or 9) • Anxiety: General Anxiety Disorder (GAD-7) or Screen for Child Anxiety Related Disorders (SCARED) assessments • ADHD: Vanderbilt ADHD Rating Scales (VADRS) • Disordered eating: Table 2, AAP Clinical report, "Identification and Management of Eating Disorders in Children and Adolescents"</td> </tr> </tbody> </table>		Components		Tools	Social Determinants of Health	• Food security, economic security, & other social determinants of health (e.g., ACES)	• Safe Environment for Every Kid (SEEK) • Accountable Health Communities (AHC) • Health-Related Social Needs (HRSN) Screening Tool	Individual/Family Lifestyle Behavior	• Overall: MaineHealth Let's Go! 5-2-1-0-Healthy-Habits-Questionnaires • Nutrition: Written, electronic, or phone/text-prompted food diaries, 24-hour recall, smartphone tracking applications • Physical Activity: Pedometers or other wearable activity monitors	Mental & Behavioral Health	• Depression: Monitor for symptoms; if ≥12 years old evaluate annually using a formal self-report tool • Other mental health: bullying, anxiety, abuse, ADHD	• Overall: Pediatric Symptom Checklist • Depression: Patient Health Questionnaire (PHQ 2 or 9) • Anxiety: General Anxiety Disorder (GAD-7) or Screen for Child Anxiety Related Disorders (SCARED) assessments • ADHD: Vanderbilt ADHD Rating Scales (VADRS) • Disordered eating: Table 2, AAP Clinical report, "Identification and Management of Eating Disorders in Children and Adolescents"
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	Gastrointestinal	Asymptomatic vague abdominal pain, heartburn, dysphagia, chest pain, regurgitation, abdominal pain, enuresis, encopresis, anorexia, right upper quadrant pain; hyperphagia												
Endocrine	Polyuria, polydipsia													
GYN	Oligomenorrhea, dysfunctional uterine bleeding													
Orthopedic	Hip, thigh or groin pain, painful or uneven gait, knee pain, foot pain, back pain, proximal muscle wasting													
Mental health	Sadness, depression, anhedonia, body dissatisfaction, school avoidance, poor self-image, impulse eating, distractibility, hyperactivity, purging, restricting intake, binge-eating, night eating, flat affect													
Urinary	Nocturia, enuresis													
Dermatologic	Rash, darkened skin on flexural surfaces, pustules, abscesses, hirsutism in females, flesh-colored striae, purplish striae, skin fold irritation													
Neurologic	AM headache, daytime sleepiness, persistent headache													

Conduct a Focused Physical Exam & Obtain Labs

Relevant Physical Exam Findings		Recommended Labs			
		Overweight		Obesity	
		<10y	≥10y	<10y	≥10y
Vital signs	Anthropometric				
• Hypertension	• Changes in height velocity		✓	⚠️	✓
• Increased heart rate	• Changes in weight gain		✓	⚠️	✓
Gastrointestinal	Genitourinary				
• Hepatomegaly	• Buried penis		⚠️	⚠️	✓
HEENT	Chest				
• Papilledema	• Gynecomastia				
• Dental caries	• Cervicodorsal hump				
• Tonsillar hypertrophy	Skin				
Musculoskeletal	• Acanthosis				
• Gait	• Hirsutism/acne				
• Lordosis					

Talking Points: Engaging Family in Diagnostics & Treatment

- There is nobody more important to the health of your child than you; I want to partner with you to help (patient name) work towards improved health
- I am concerned that (patient's name) weight might be having an impact on their physical body and their emotional well-being.



Clinical Flow: Assessment and Evaluation

Screening, Diagnosis and Evaluation (How - Part 1)

Common Obesity-related Comorbidities

Blount Disease	Risk Factors: Family history of Blount Disease
Disparities in Prevalence: non-Hispanic	
Presentation: Leg or knee pain, abnormal and procurvatum	
Diagnostic work-up: Obtain plain film and investigate of the deformity.	
Depression	Risk Factors: Personal or family history of mental health conditions.
Presentation: Irritability, fatigue, depression, anhedonia, body dissatisfaction	
Diagnostic work-up: Screen for depression should also include school and peer settings and safety assessment	
Dyslipidemia	Risk Factors: Cigarette use, 1st & 2nd degree relative (≤55 years)
Presentation: Nothing specific	
Diagnostic work-up: Obtain lipid panel	
Hypertension (HTN)	Risk Factors: ACES, sodium intake
Disparities in Prevalence: Higher in non-Hispanic Black	
Presentation: Nothing specific	
Diagnostic work-up: Obtain blood pressure	
Idiopathic Intracranial Hypertension (IIH)*	Risk Factors: Female sex, e.g., systemic lupus erythematosus
Presentation: Periorbital edema, if new-onset headache	
Diagnostic work-up: Obtain MRI	
Nonalcoholic Fatty Liver Disease (NAFLD)	Risk Factors (Diabetes, Dyslipidemia, Hypertension)
Disparities in Prevalence: Higher in non-Hispanic Black	
Presentation: Nothing specific	
Diagnostic work-up: Obtain liver enzymes	
Obstructive Sleep Apnea (OSA)	Risk Factors: Tonsillar hypertrophy, obesity
Presentation: Frequent snoring, daytime sleepiness, inattention and/or learning problems, morning headache, enlarged tonsils, enlarged uvula, enlarged palate and elevated BP	
Diagnostic work-up: For patients with obesity and ≥1 symptom of disordered breathing, obtain polysomnography	



CPG

Evaluation & Treatment
of Pediatric Obesity

Treatment

Recommendations

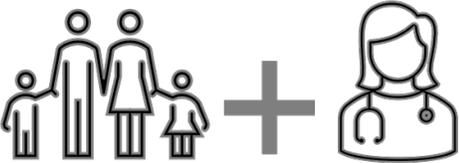
Comprehensive Obesity Treatment KAS

KAS 9. Pediatricians and other PHCPs should treat overweight (BMI \geq 85th percentile to $<$ 95th percentile) and obesity (BMI \geq 95th percentile) in children and adolescents, following the principles of the medical home and the chronic care model, using a family-centered and nonstigmatizing approach that acknowledges obesity's biologic, social, and structural drivers.

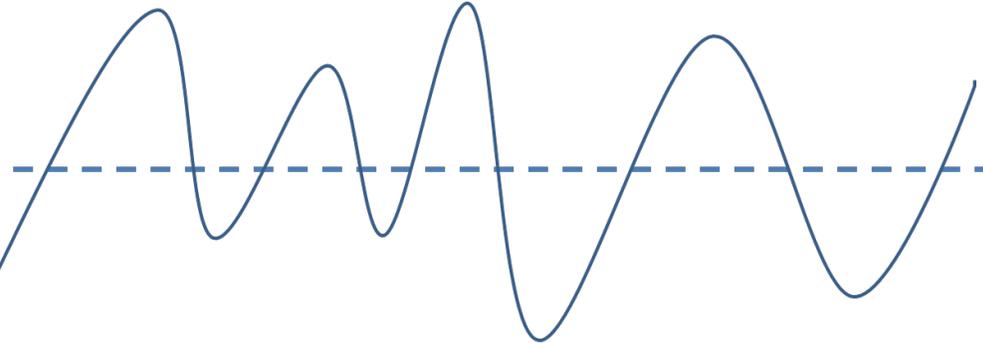
Treatment Experience of Obesity as a Chronic Disease

Longitudinal Non-Stigmatizing Care Coordinated Patient-Centered Treatment Across Lifespan

- Shared decision making with patient & family
- Culturally competent care
- Treatment coordinated in the medical home
- Transition planning



Patient & Family & PCP/PHCP Partnership



Treatment intensity & support vary to address relapsing & remitting nature of obesity as a chronic disease

Structural and Contextual Factors

- Access to Care
- Weight Bias and Stigma
- Obesogenic Environments
- Adverse Child Experiences
- Racism
- Health Inequities

That Impede & Influence Health & Treatment

Motivational Interviewing KAS

KAS 10. Pediatricians and other PHCPs **should use motivational interviewing** (MI) to engage patients and families in treating overweight (BMI \geq 85th percentile to <95th percentile) and obesity (BMI \geq 95th percentile).

Intensive Health Behavior and Lifestyle Treatment KAS

KAS 11. Pediatricians and other PHCPs should provide or refer children 6 y and older (Grade B) and may provide or refer children 2 through 5 y of age (Grade C) with overweight (BMI \geq 85th percentile to $<$ 95th percentile) and obesity (BMI \geq 95th percentile) to intensive health behavior and lifestyle treatment. Health behavior and lifestyle treatment is more effective with greater contact hours; the most effective treatment includes 26 or more hours of face-to-face, family-based, multicomponent treatment over a 3- to 12-mo period

Evidence for comprehensive behavior-based programs for childhood obesity

Hours of Contact

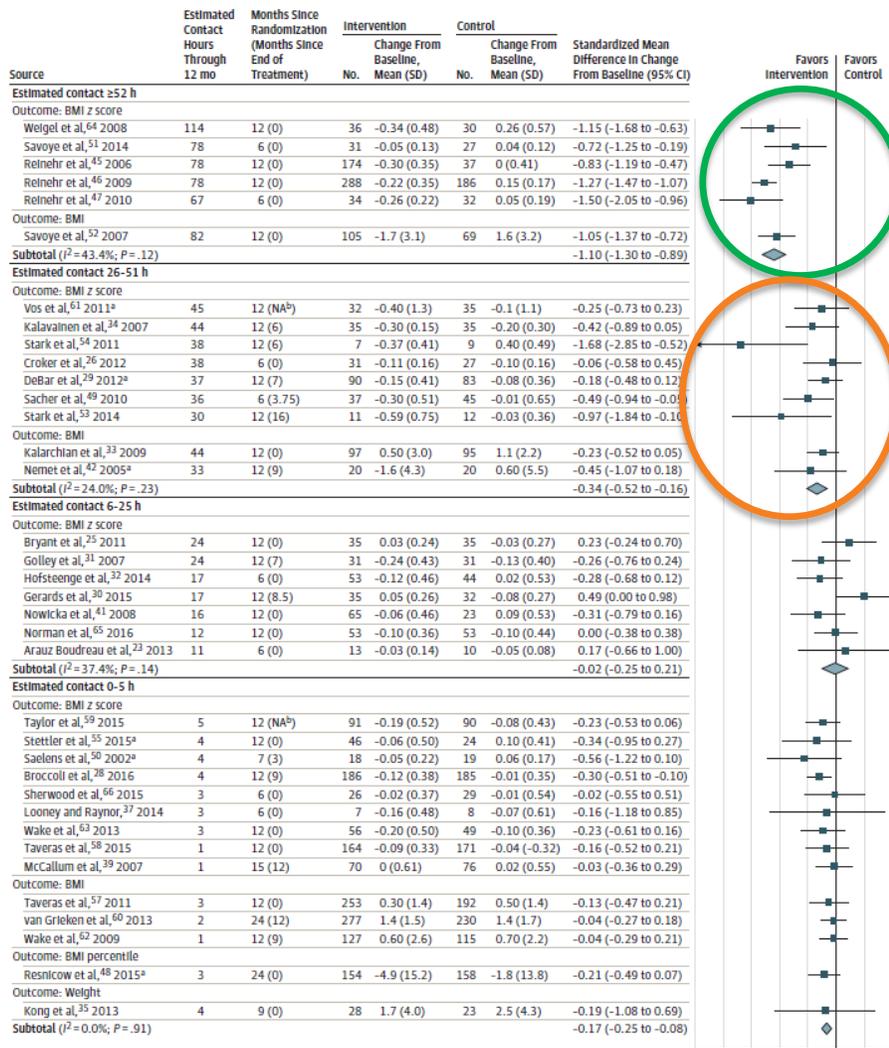
≥ 52

26 – 52

6 – 25

1 – 5.9

Figure 4. Change in Weight (BMI z Score, BMI, Weight in Kilograms, or BMI Percentile) in Behavior-Based Weight Loss Intervention Trials, by Estimated Hours of Contact, Showing DerSimonian and Laird Pooled Estimates (Key Question 4)



36 randomized controlled studies, arranged by hours of contact.

“Comprehensive, intensive behavioral interventions (≥ 26 contact hours) in children and adolescent 6 years and older who have obesity can result in improvements in weight status for up to 12 months.”

USPSTF: Screening for obesity in children and adolescents. *JAMA* 2017. 317:2417

Characteristics of comprehensive, intensive behavior and lifestyle interventions (IHBLT)

Components

- Eating and nutrition to establish healthy, sustainable patterns
- Physical activity to establish healthy sustainable patterns
- Behavior change strategies
- Family engagement

More about IHBLT

WHEN

- Upon diagnosis



WHAT

- Health education
- Skill building
- Behavior modification & counseling



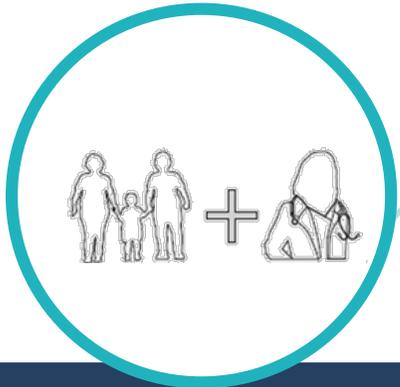
FORMAT

- Group
- Individual, or
- Both



WHO:

- Patient & family
- Multidisciplinary treatment team



WHERE

- Healthcare setting
- Community –based setting with linkage to medical home



DOSAGE

- Longitudinal (3-12 months long)
- At least 26 contact hours



CHANNEL

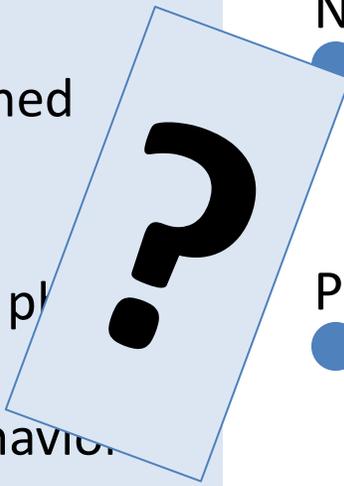
- Face-to-face or
- Virtual



Contributions of Specific Strategies are Unknown

Specific strategies

- Reduce sugar-sweetened beverage
- Use Choose My Plate
- Moderate to vigorous physical activity
- Reduce sedentary behavior
- Eat breakfast
- 5 2 1 0
- Ensure appropriate sleep



Nutrition

Physical Activity

Behavior Change



Pharmacotherapy



KAS 12. Pediatricians and other PHCPs should offer adolescents 12 y and older with obesity (BMI \geq 95th percentile) wt loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.



Weight-loss medications with recent FDA approval in adolescents

1. Saxenda (liraglutide) 12/4/2020
 - 56-week DBRPCT* of 251 12-17 yo
 - -2.7% weight vs +2.4% in placebo
2. Qsymia (phentermine and topiramate) 6/27/2022
 - 56-week DBRPCT* of 223 12-17 yo
 - -4.8% and -7.1% BMI vs +3.3% in placebo

* Double-Blind Randomized Placebo-Controlled Trial

Pharmacotherapy

"No current evidence supports weight loss medication use as a monotherapy; thus, pediatricians and other PHCPs who prescribe weight loss medication to children should provide or refer to intensive behavioral interventions for patients and families as an adjunct to medication therapy."

CPG

Metabolic and Bariatric Surgery

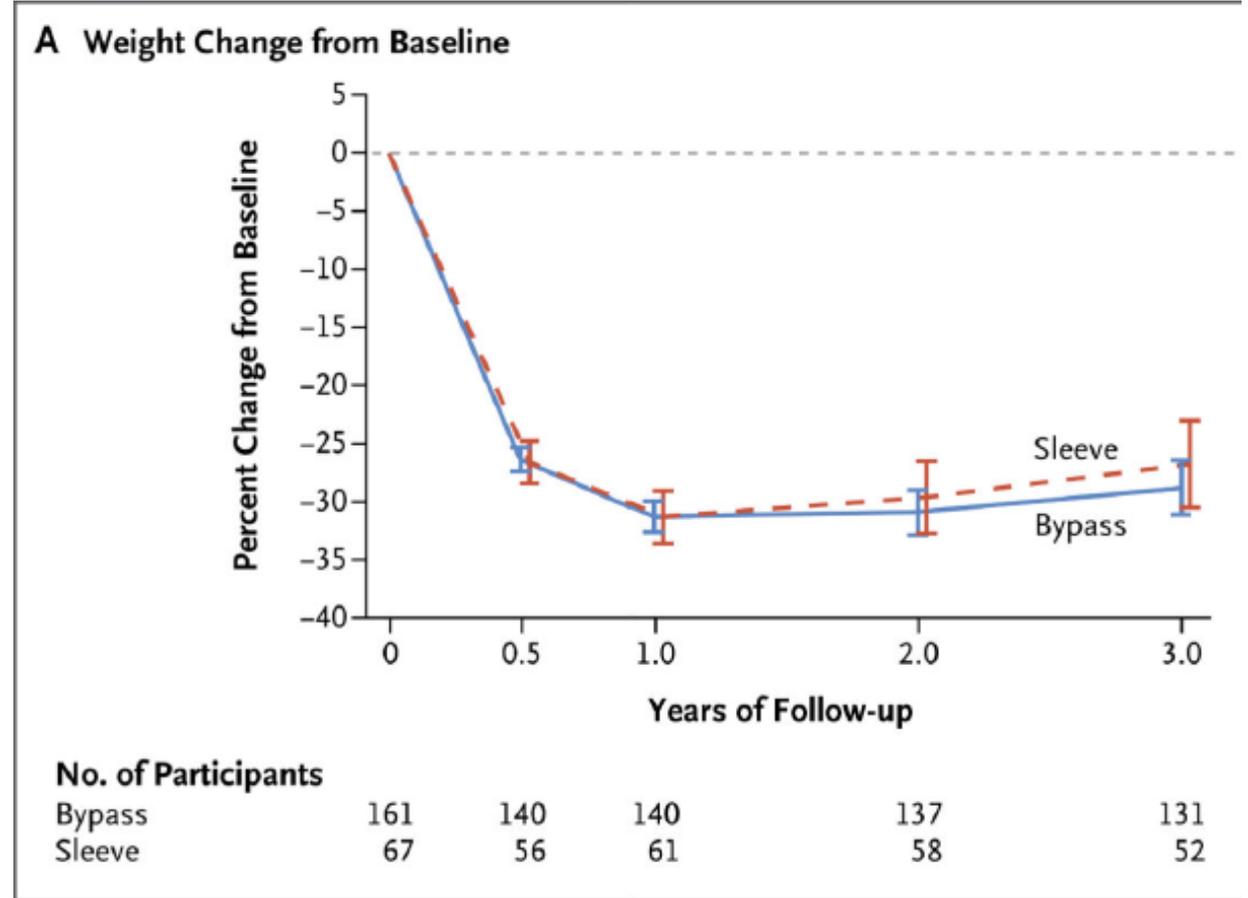


KAS 13: Pediatricians and other PHCPs should offer referral for adolescents 13 y and older with severe obesity (BMI \geq 120% of the 95th percentile for age and sex) for evaluation for metabolic and bariatric surgery to local or regional comprehensive multidisciplinary pediatric metabolic and bariatric surgery centers.

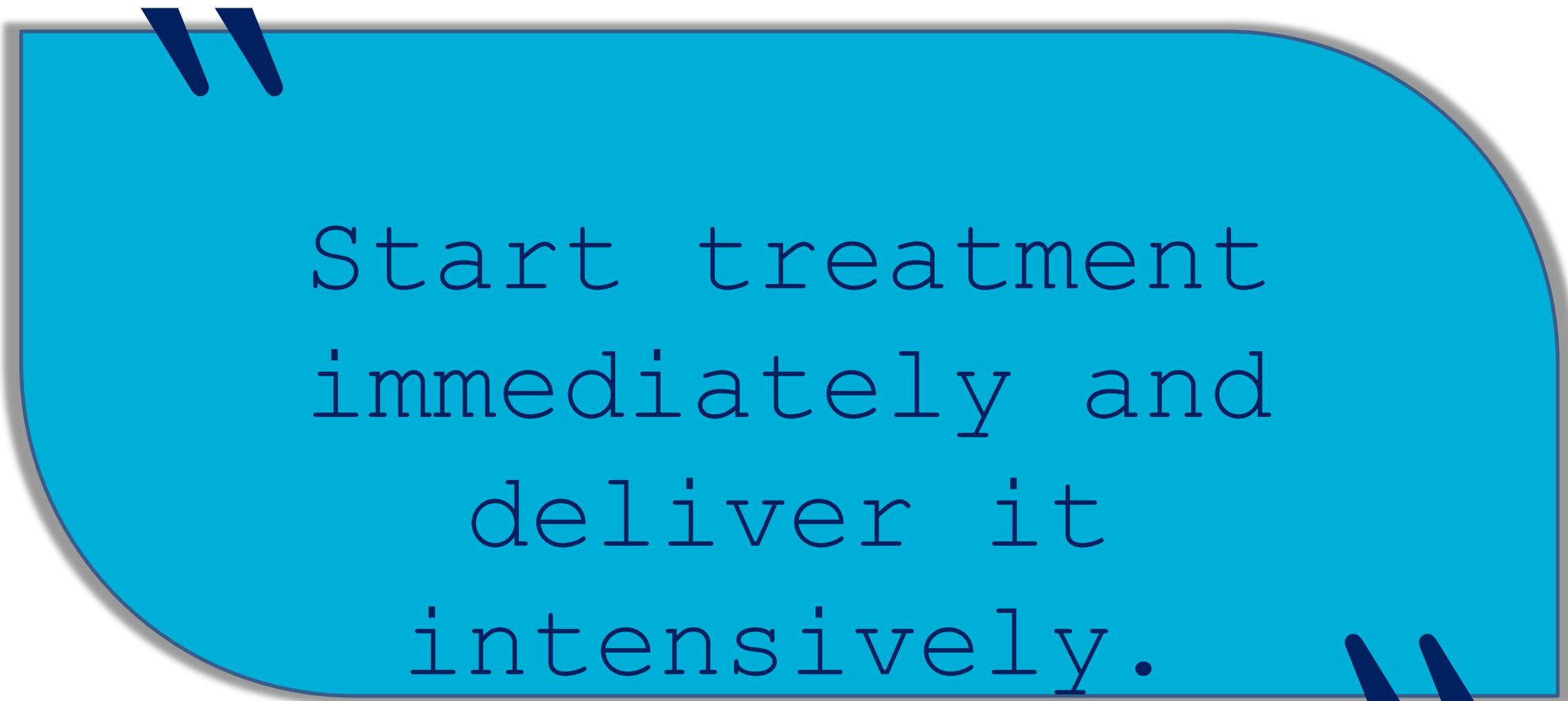


Teen Longitudinal Assessment of Bariatric Surgery: 3 year outcomes

	Gastric Bypass n = 161	Sleeve Gastrectomy n = 67
Age	17 ± 1.5	17 ± 1.7
Female	78%	67%
White	74%	67%
Black	22%	22%
Hispanic	9%	1%
Weight	151 kg (332 lb)	144 kg (317 lb)
BMI	54 kg/m ²	50 kg/m ²



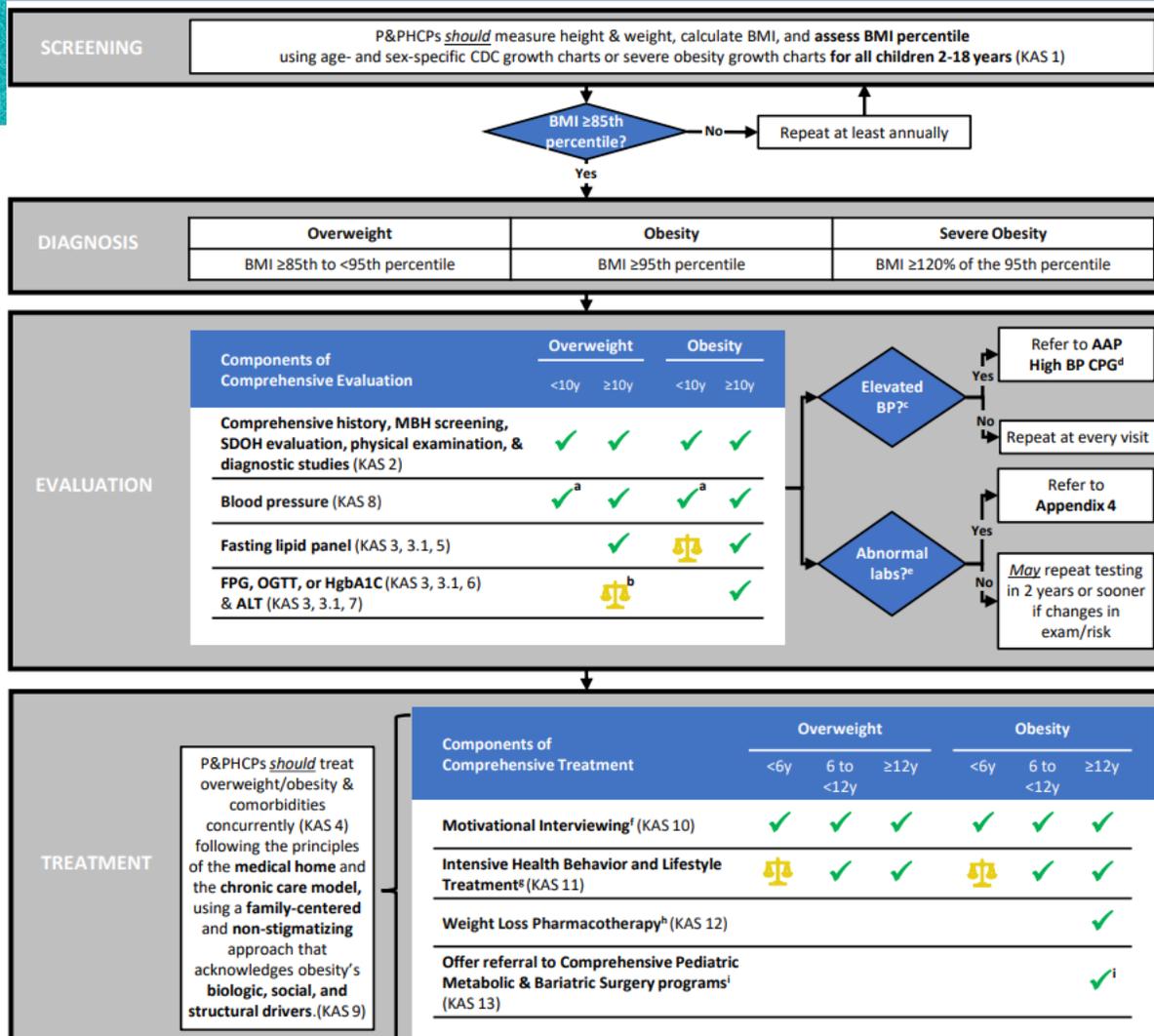
Inge *N Engl J Med* 2016;374:113



Start treatment
immediately and
deliver it
intensively.

- Sandra Hassink, MD, FAAP

Algorithm for Screening, Diagnosis, Evaluation, and Treatment of Pediatric Overweight and Obesity



Algorithm: Supports clinical decisions for screening, diagnosing, evaluating and treating pediatric obesity at the

New from previous recommendations

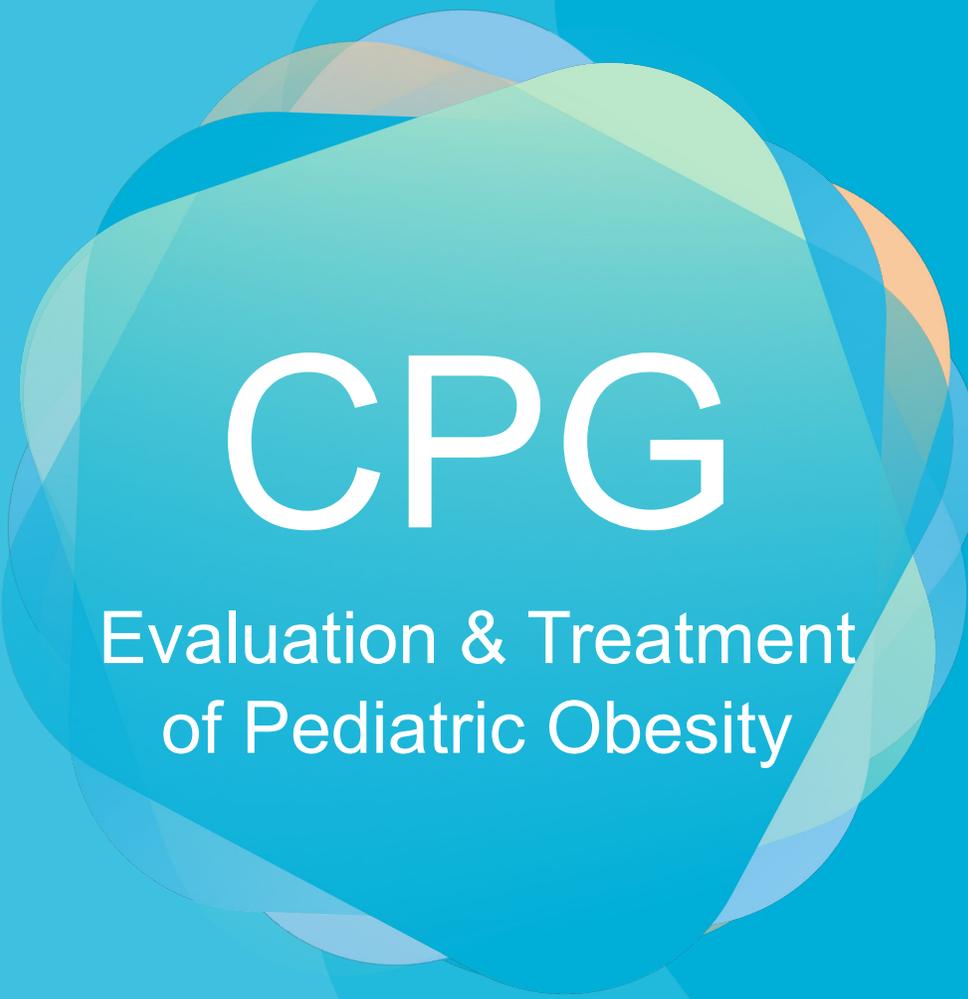
NEW

- We understand more fully the implications of obesity as a chronic disease
- We understand the physiological impacts of social determinants of health on obesity more completely
- We know more fully that weight bias and

New from previous recommendations

NEW

- Offer treatment early and immediately – **there is no benefit to watchful waiting**
- Treat obesity and comorbid conditions **concurrently**
- There are **multiple evidence-based strategies** that can be used collectively to deliver intensive & tailored obesity treatment



CPG

Evaluation & Treatment
of Pediatric Obesity

Limitations and Implementation Supports

Evidence gaps and future research needs

Important areas of uncertainty for pediatricians

- Duration of treatment effects on weight & comorbidities
- Heterogeneity of treatment effects
- SDS, SDoH, special populations, obesity severity
- Impact of specific components in multicomponent programs

Challenges

Implementation barriers

- Healthcare infrastructure and capacity limitations, especially facing primary care pediatricians
- Coverage
- Burden on family to participate in IHBLT
- Skill set of providers who use medications

Common concerns

CPG “ But what about availability?”

“How can my patients get intensive behavior treatment? I have 15 minutes for appointments.” *(The current healthcare delivery and payment system is not is compatible with evidence-based IHBLT)*

- The CPG process followed the evidence
- CPGs, in contrast to consensus recommendations, can be a call to action
- AAP is advocating for programs that are feasible, available, convenient, and covered, and other organizations are joining

CPG “But what about eating disorders?”

“Will talk about weight trigger eating disorders? What about body positivity?”

- Obesity stigma is real and very harmful
- Eating disorders are increasing
- Restrictive and fad dieting are associated with eating disorders
- Participation in evidence-based behavior program that focus on sustained, healthy eating *reduces* risk of eating disorder

Strategies:

- use people-first language
- focus on health and behavior change, not appearance or a target weight
- deliver or refer to programs that focus on establishing sustained, healthy eating

CPG “Go straight to medications or surgery?”

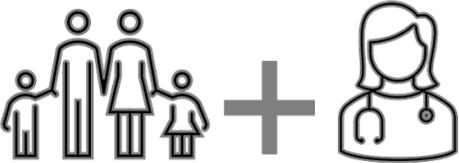
If staged care is no longer recommended, should everyone get medications or surgery?

- Health and behavior lifestyle treatment is foundational
- Medications or surgery rely on that foundation
- Do not delay addressing weight. Know and use the treatments that are available
- But all treatment decisions are individual, made with the family, taking into consideration values, motivation, and situation

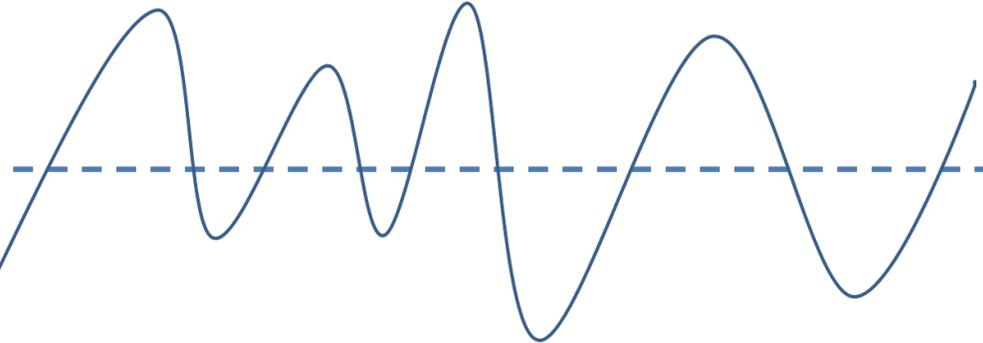
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- Racism
- Health Inequities

That Impede & Influence Health & Treatment



“This CPG supports early treatment at the highest level of intensity appropriate for and available to the child. It is hoped that pediatricians and other PHCPs, health systems, community partners, payers, and policy makers will recognize the significance and urgency outlined by this CPG to advance the equitable and universal provision of treatment of the chronic disease of obesity in children and adolescents. – CPG”

Thank You

Email:

obesity@aap.org

Website: <https://ihcw.aap.org>
www.aap.org/obesity

Twitter:

[@AAPHealthyWT](https://twitter.com/AAPHealthyWT)

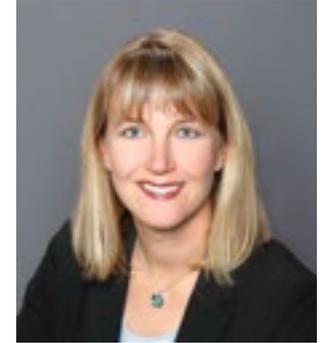


American Academy of Pediatrics
Institute for Healthy
Childhood Weight



**World
Obesity
Day** 4 March
2023

Co-Chairs:



Leah Whigham, PhD, FTOS



Emily Dhurandhar, PhD, FTOS

Live Smart Texas World Obesity Day Summit

Live Smart Texas is a coalition of organizations and individuals who work together to address the state's obesity epidemic, especially in children.

Connect with Us

@LiveSmartTexas

www.livesmarttexas.org

LiveSmartTexas@uth.tmc.edu



HSR 1 – Lubbock

Martin Binks PhD

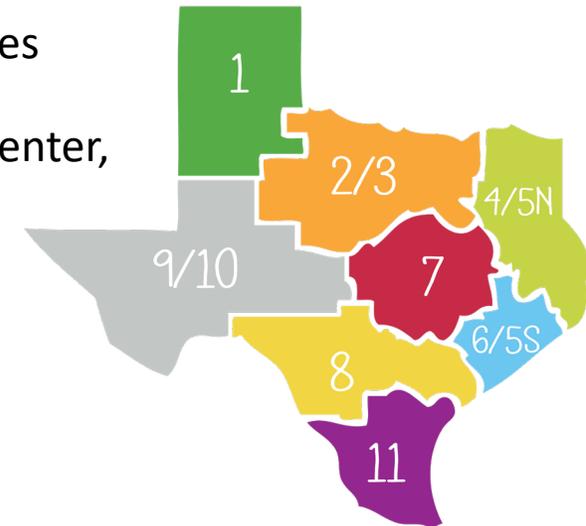
Chair, Institutional Review Board

Director, Nutrition & Metabolic Health Initiative (NMHI)

Professor, Department of Nutritional Sciences, College of Human Sciences

Texas Tech University,

Adjunct Professor, Department of Internal Medicine, TTU Health Sciences Center,
Lubbock, Texas.



Center of Excellence for Integrative Health

[Home](#) > [Centers & Institutes](#) > CEIH

OUR MISSION

Consisting of academic scholars committed to integrative health research, the Center of Excellence for Integrative Health seeks to support the strategic objectives and academic mission of School of Medicine and TTUHSC in enhancing research and research-related education.

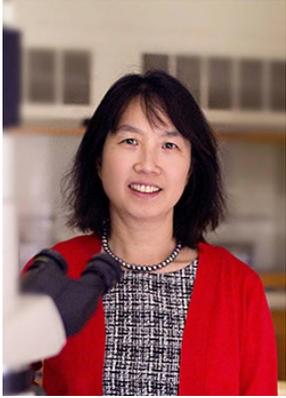
OUR VISION

As a center, we strive to improve the health of individuals through integrative health research discoveries and high-quality education.

WHAT WE DO

Our focus includes:

- Fostering and facilitating synergistic, interdisciplinary, transdisciplinary, and interprofessional collaboration
- Assisting the professional development of new researchers
- Promoting thoughtful and compassionate healthcare at all levels by assisting supporters in conducting innovative research
- Promoting research-associated educational opportunities for medical students.



Chwan-Li (Leslie) Shen, PhD, Certified Clinical Research Professional (CCRP)

Associate Dean for Research, School of Medicine, TTUHSC

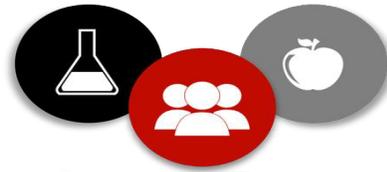
Founding Director, Center of Excellence for Integrative Health

Professor, Pathology, joint appointment at Dept. of Laboratory Science and Primary Care

Adjunct Professor, Dept. of Nutritional Sciences

The following CEIH members are involved obesity research:

1. Chwan-Li (Leslie) Shen Ph.D., CCRP, Professor of Pathology, TTUHSC
2. Naima Moustaid-Moussa Ph.D., Professor of Nutritional Science, TTU
3. Shannon Galyean Ph.D., RDN, LD., Assistant Professor of Nutritional Science, TTU
4. Yujiao Zu Ph.D., Research Assistant Professor of Nutritional Science, TTU
5. Robyn Richmond, MD., Associate Professor of Surgery, TTUHSC.
6. Martin Binks Ph.D., Professor of Nutritional Science, TTU



Obesity Research Institute



Director: Dr. Naima Moustaid-Moussa | **Associate Director:** Dr. Jannette Dufour

Vision Statement: Establish national and international leadership in interdisciplinary Obesity research and education.

Mission Statement: Develop interdisciplinary basic, clinical and community need-based, translational research to prevent, monitor and treat Obesity along with its related complications, using innovative tools through collaborations and strategic partnerships.

Values: Integrity & Trust, Respect for Interdisciplinary Teamwork & Diversity, Mentoring & Training, Compassion & Dedication, Multidisciplinary & Dynamic Knowledge Development and Dissemination

Visit ORI website

<https://www.depts.ttu.edu/research/obesityresearch/>

Contact

Naima.Moustaid-Moussa@ttu.edu

Jannette.Dufour@ttuhsc.edu

Alex.Scoggin@ttu.edu



TEXAS TECH
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Naïma Moustaid-Moussa, Ph.D., FTOS, FAHA
Paul W. Horn Distinguished Professor & Founding Director, Obesity
Research Institute
Nutritional Sciences



Jannette Dufour, Ph.D.
Associate Director & Professor
Cell Biology and Biochemistry - School of Medicine



Assistant Vice President for Research Development & Communications
Office of the Vice President for Research & Innovation — Women Leadership,
Multidisciplinary Teams

Join us for a celebration of Women's Health for Women's Day 2023!

Guest speakers include:
Karla A Daniele, M.D.
Texas Tech Health Sciences Center

Arubala P. Reddy, Ph.D.
Texas Tech University

Discussion panel
(after speakers and Q&A)
Panel dialog about women health issues

March 8, 2023
11:30 a.m.-1:00 p.m.
via Zoom

Register here! 



**Obesity Research
Institute**



ORI 8th Annual Meeting

Diabetes: A Texas Sized Issue

Date: Wednesday, May 3rd, 2023,
10 a.m.-4 p.m.

Location: TTUHSC Lubbock

Featured speaker: Dr. Ralph DeFronzo



TEXAS TECH UNIVERSITY
Office of Research
& Innovation™



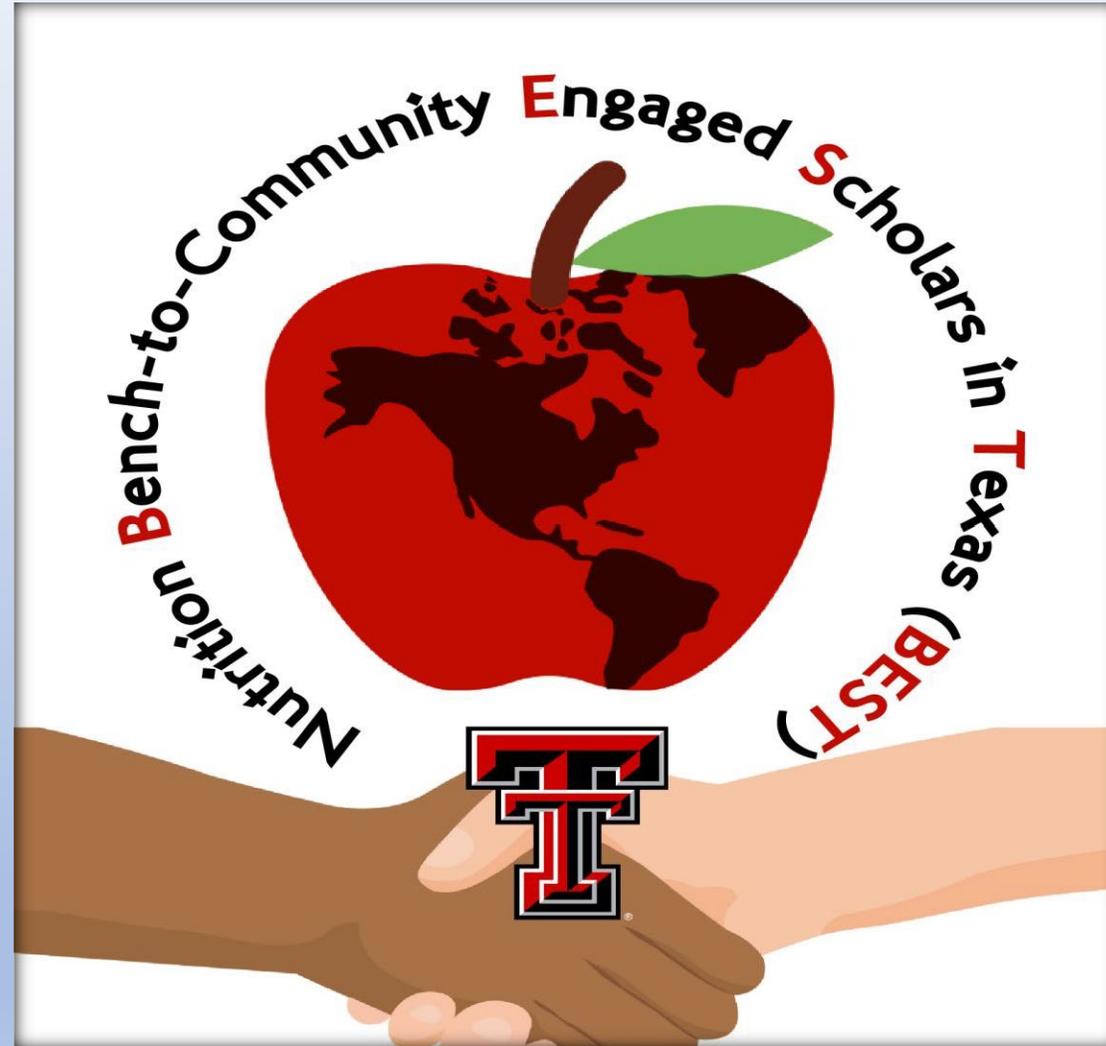
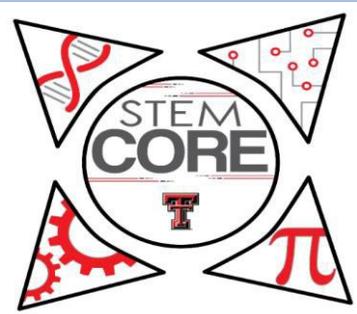
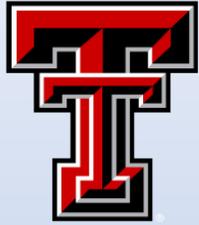
Obesity Research
Institute

Scan QR
Code to
register by
April 20th



Contact for more information: Alex Scogging (Alex.Scoggin@ttu.edu)

USDA REEU Undergraduate Research & Extension Training Grant



Contact: Alex Scoggin (Alex.Scoggin@ttu.edu)
https://www.depts.ttu.edu/stem/usda_reeu/



Obesity Research
Institute



Nutrition & Metabolic Health Initiative (NMHI)



Martin Binks Ph.D.

Founding Director, Nutrition & Metabolic Health Initiative (NMHI)

Our Leadership



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Petersen, Kristina, Ph.D
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Kristina.Petersen@ttu.edu

What we do.



Research.

Support cutting edge translational, clinical and community research.

Education & Training.

Hands on educational and training experiences for TTU undergraduate and graduate students, other trainees and community-based professionals.

Community Engagement & Clinical Care.

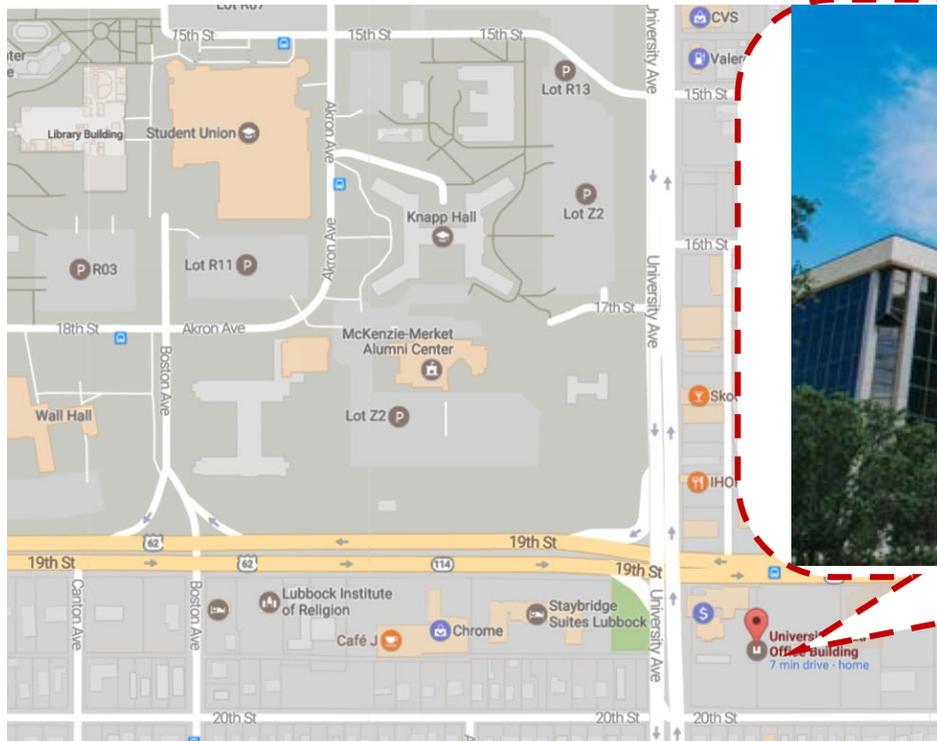
Evidence-based health promotion programs and nutrition and metabolic health services to adults and children, high school educational outreach, speaker programs.

Located at Texas Tech Plaza



Phase 1 - 10,000 sq. ft. Clinical Research Facility

Phase 2 - Expanding to ~20,000 sq. ft.

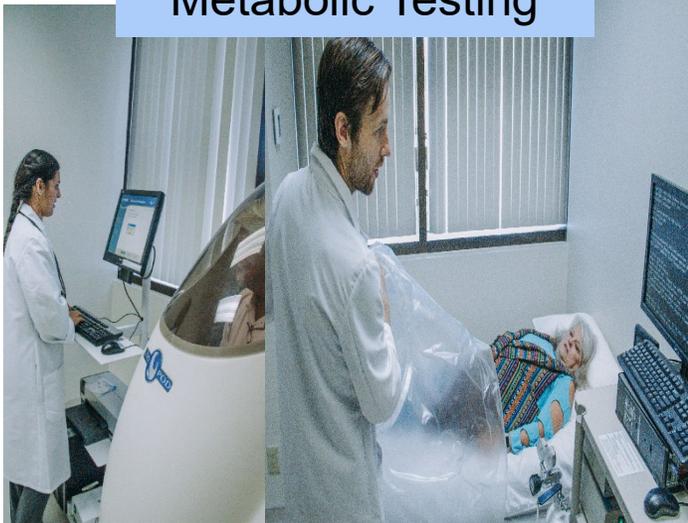


TEXAS TECH UNIVERSITY
College of Human Sciences
Nutrition & Metabolic
Health Initiative

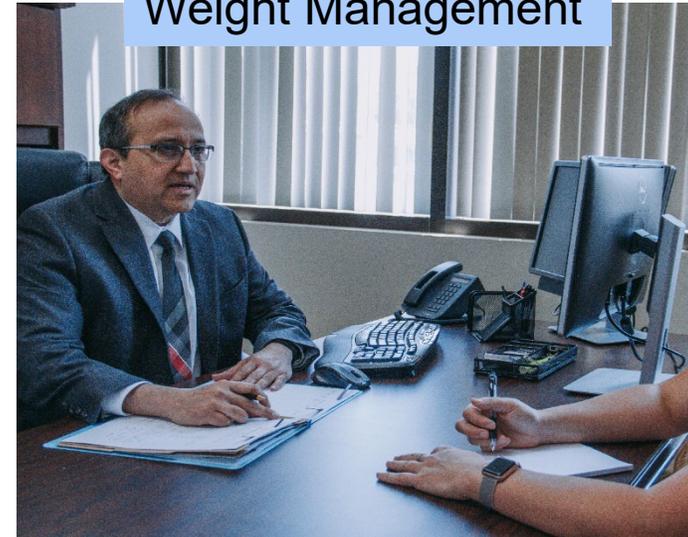


Nutrition & Metabolic Disease

Metabolic Testing



Weight Management



Nutrition & Physical Activity



Health Coaching



Community Outreach & Engagement



- Speaker programs.
- Community Events and health fairs.
- Open houses and health screenings.
- Employee wellness collaborations.
- Research.
- Training the next generation of healthcare providers.
 - Graduate & undergraduate training programs.
 - Lubbock community high school students.
 - Princeton internship students.

Guns Up!



TEXAS TECH UNIVERSITY
College of Human Sciences
Nutrition & Metabolic
Health Initiative

NMHI@TTU.EDU

www.NMHI.ttu.edu

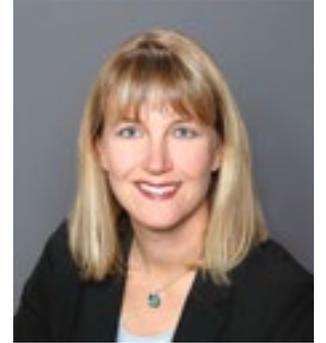
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**World
Obesity
Day** 4 March
2023

Co-Chairs:



Leah Whigham, PhD, FTOS



Emily Dhurandhar, PhD, FTOS

Live Smart Texas World Obesity Day Summit

Live Smart Texas is a coalition of organizations and individuals who work together to address the state's obesity epidemic, especially in children.

Connect with Us

@LiveSmartTexas

www.livesmarttexas.org

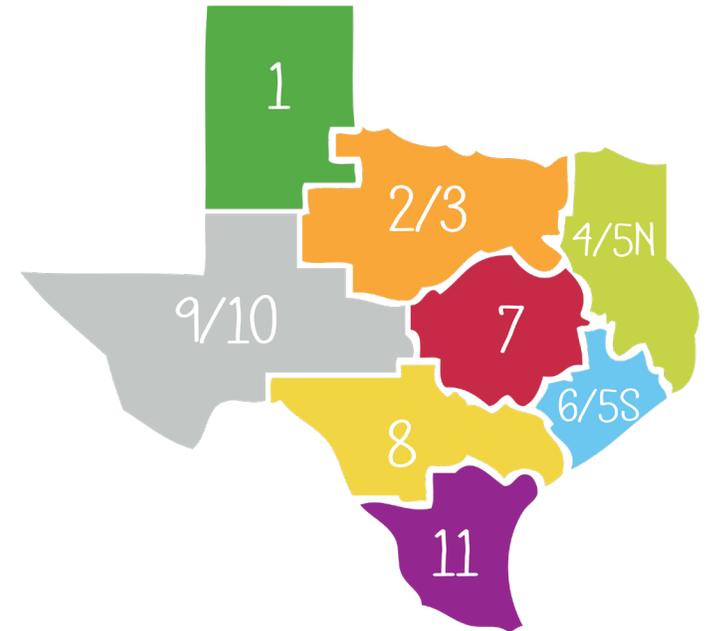
LiveSmartTexas@uth.tmc.edu



HSR 7 – Austin

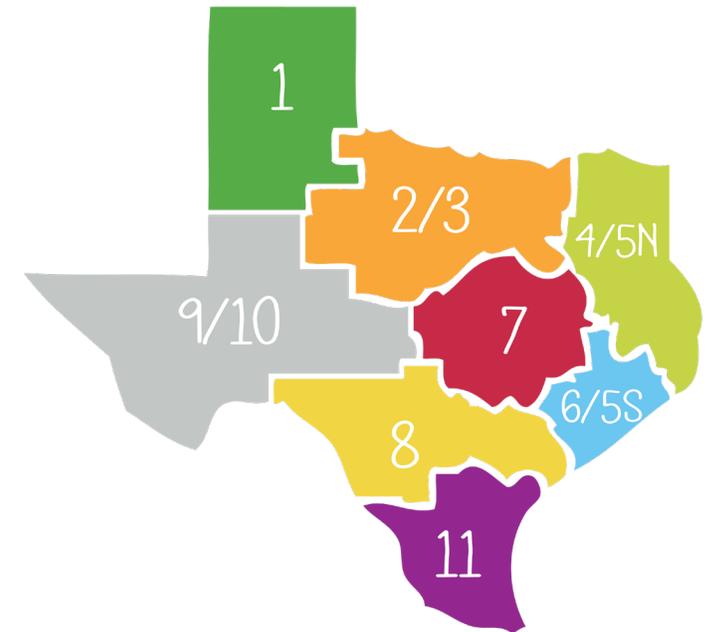
Kara Prior Hanaoka

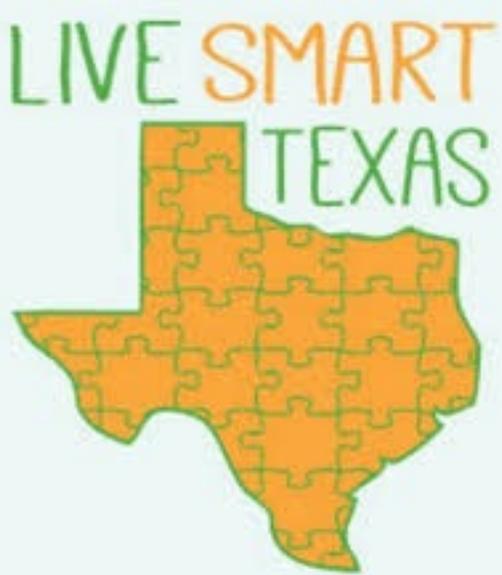
It's Time Texas



Region 7 Updates

- 3/5: It's Time Texas Community Challenge 2023 Ends (Virtual)
- 3/8: It's Time Texas & Texas Action for Healthy Kids, School Health Advisory Council Workshop: Building Parent Engagement (Virtual)
- 3/9: 2023 Texas State of Reform Health Policy Conference (Austin)
- 6/12 – 6/13: National Summit for Health Communication (Austin)
- 6/14 – 6/16: University of Texas Health Communication Leadership Institute (Austin)
- 10/5 – 10/6: It's Time Texas and University of Texas System 2023 Healthier Texas Summit (Austin)





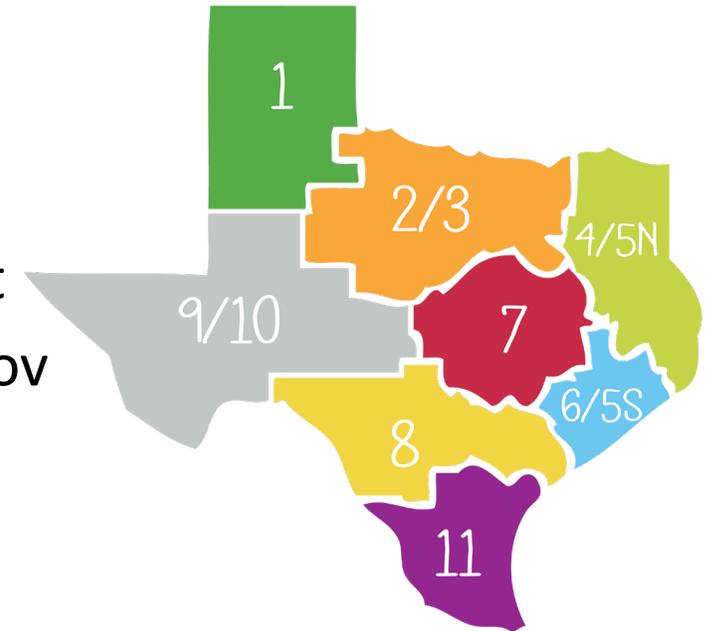
HSR 8 – San Antonio

Denise Benoit-Moctezuma, MPH

Chronic Disease Prevention Manager

San Antonio Metropolitan Health District

Denise.Benoit-Moctezuma@sanantonio.gov



Socioeconomic Disparities in San Antonio



Below Poverty Level

17.8%

of People

San Antonio, TX

14.7%

of People

Texas

13.4%

of People

United States of America

Below Poverty Level - Children

26.1%

of people 18 and under

San Antonio, TX

20.9%

of people 18 and under

Texas

18.5%

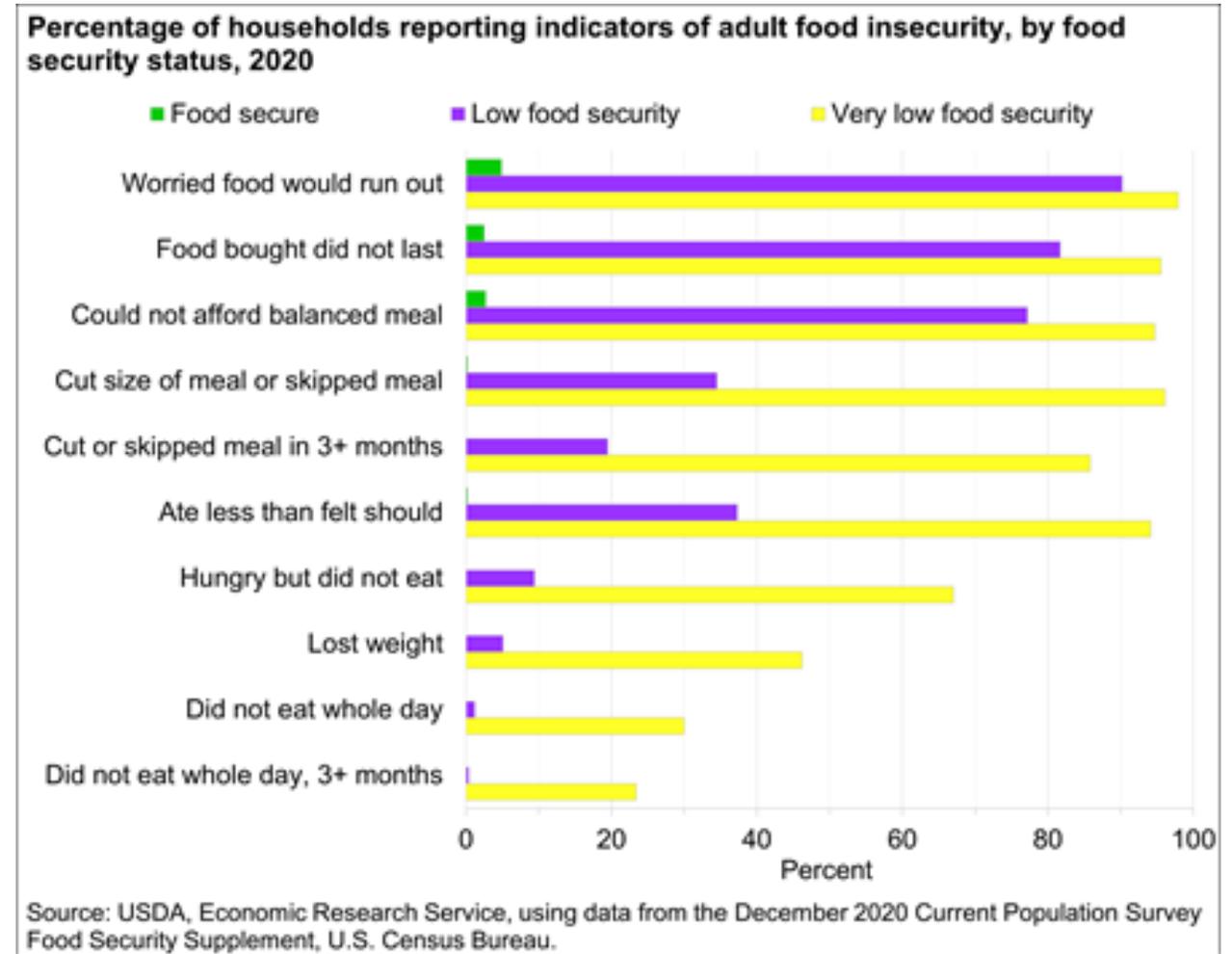
of people 18 and under

United States of America

Sources: US Census Bureau ACS 5-year 2015-2019

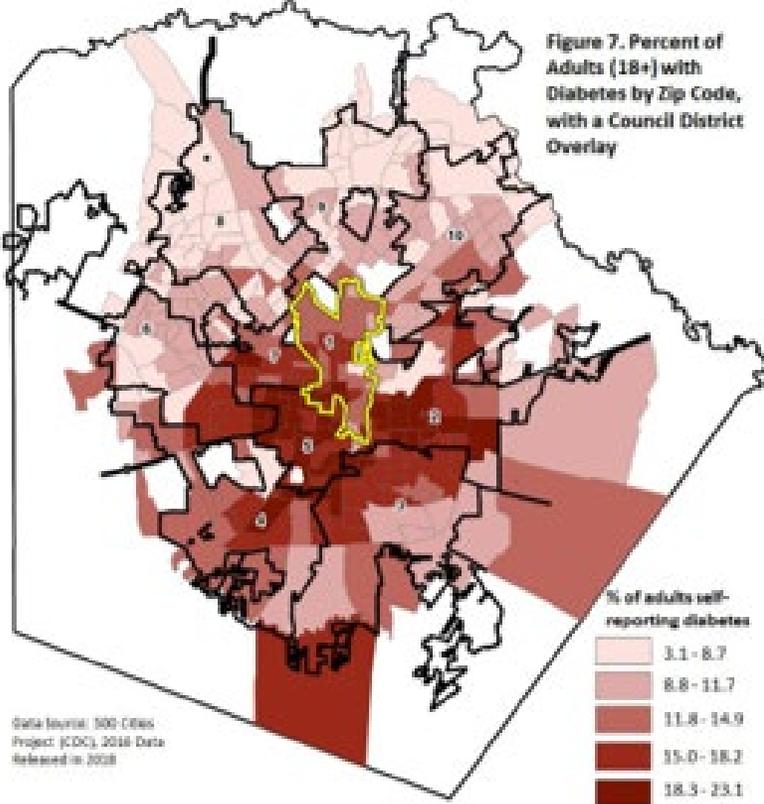
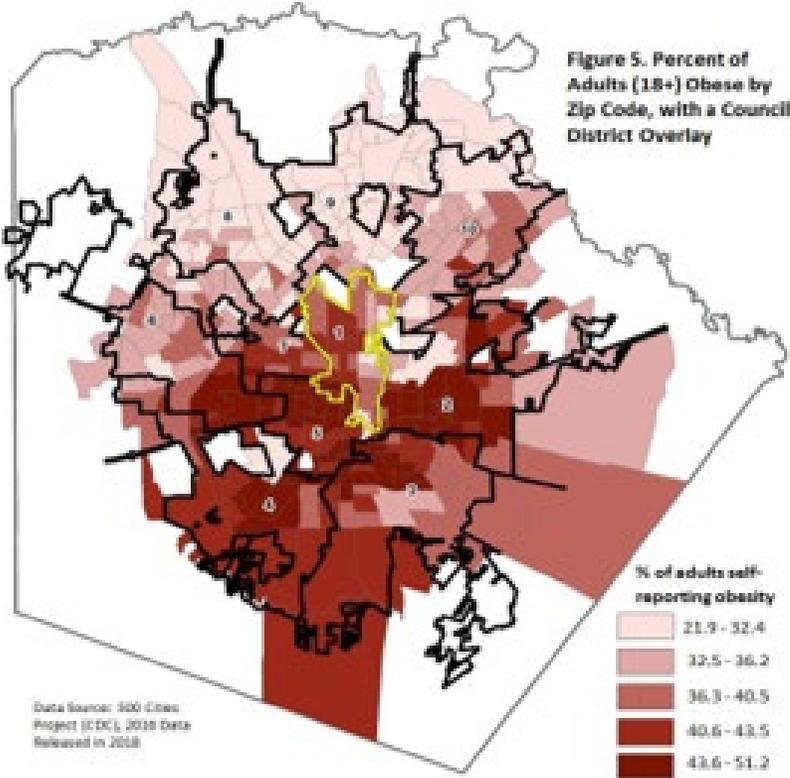
Racial/Ethnic Disparities in Socioeconomic Standing

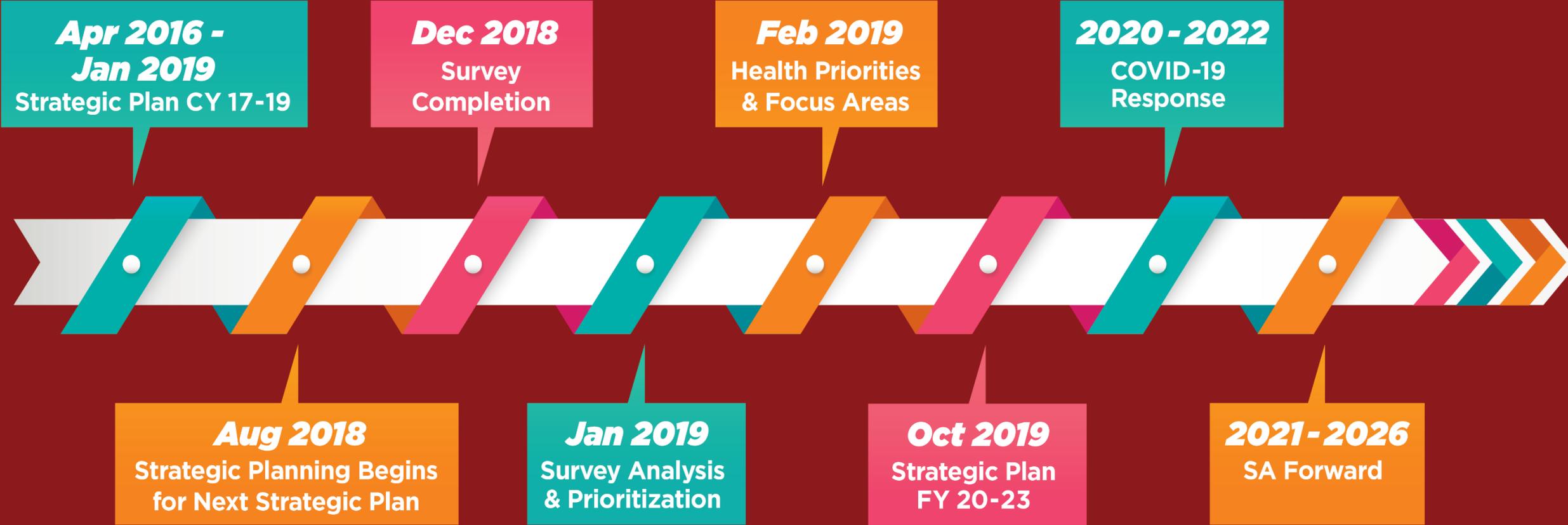
- More than 250,000 Bexar County residents have a hard time finding food to eat on a daily basis.
- 14.7% of Households in San Antonio depend on food stamps/ SNAP, while 11.8% of Households in Texas depend on food stamps/SNAP.
About 20% of children are food insecure in SA.



Obesity and Diabetes Rates

- Decades of evidence have shown that food insecurity and poverty increases risk for obesity, diabetes, and heart disease. In turn, these diseases are the same 'underlying conditions' that significantly increase risk of COVID-19 hospitalization and death.

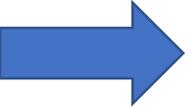




Six Health Priorities *(FY2026)*

1. Access to Care

2. Data & Technology Infrastructure

 **3. Food Insecurity and Nutrition**

4. Health Equity & Social Justice

5. Mental Health & Community Resilience

6. Violence Prevention

FOOD INSECURITY & NUTRITION

Goal: Address food insecurity by increasing access to healthy foods and collaborating with partners to make systemic changes.

Initiatives

Expand Viva Health and Por Vida using a Community Health Worker Model

Establish Food Insecurity Workgroup

Expand Peer-led Diabetes Prevention & Control Program

Adopt Healthy Neighborhoods Program Expansion

Expand Healthy Corner Store program

Food Insecurity & Nutrition Initiatives & Goals

Expand Viva Health and Por Vida using a Community Health Worker Model

01 **5-Year Goal:** Establish 48 new Por Vida healthy restaurants/Viva Health partners resulting in increased knowledge about, and access to, healthy foods in high needs areas.



iViva Health!

Eat well, feel great. * Come bien, siéntete bien.

<https://www.sanantonio.gov/Health/HealthyEating/VivaHealth#275423635-about>

iPOR VIDA!

A Better Choice "For Life"



<https://www.porvidasa.com/>

Expand Nutrition Initiatives

¡Viva Health!

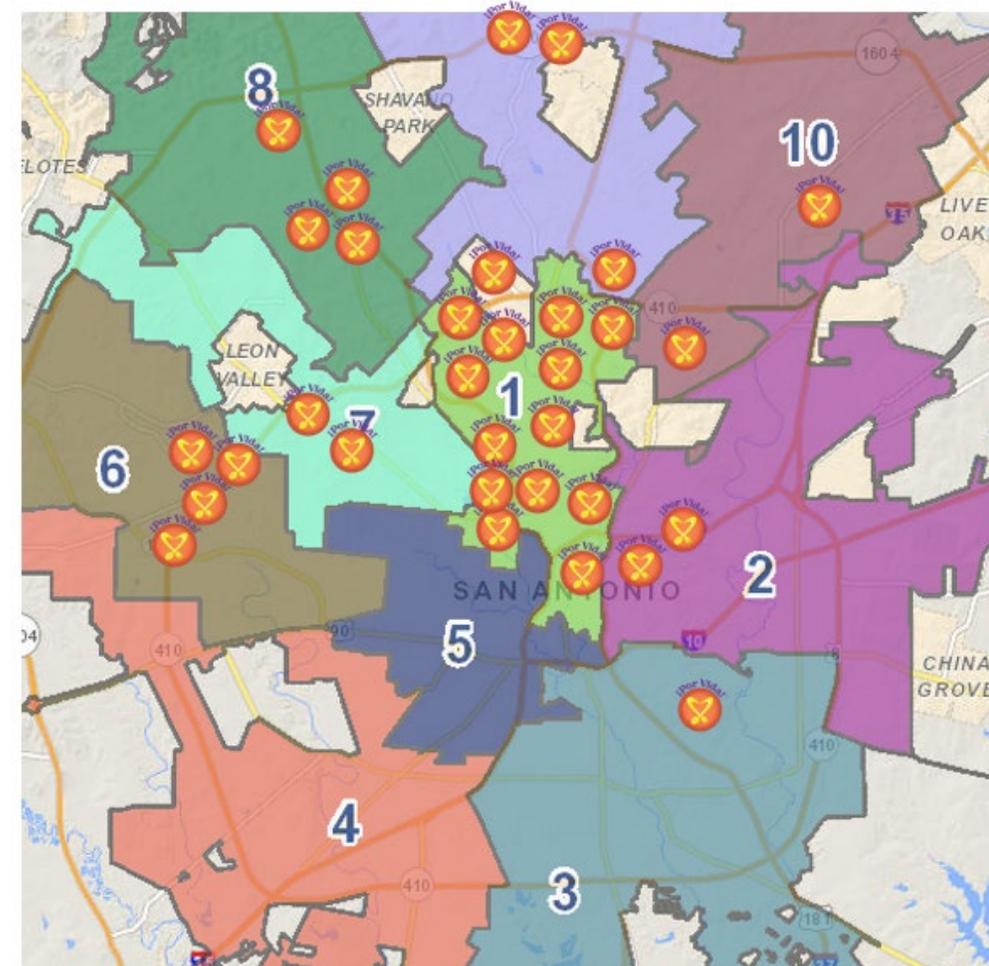
- Works with CHWs to train and/or provide technical assistance to 12 new partners a year in the South, East and West regions of SA on culturally relevant *¡Viva Health!* nutrition education (a total of 48 new partners over 5 years).

¡Por Vida!

- Works with CHWs to recruit 12 local *¡Por Vida!* Restaurants per year that serve healthier menu options in areas with the lowest access to healthy foods and an overabundance of junk food (a total of 48 new partners over 5 years).

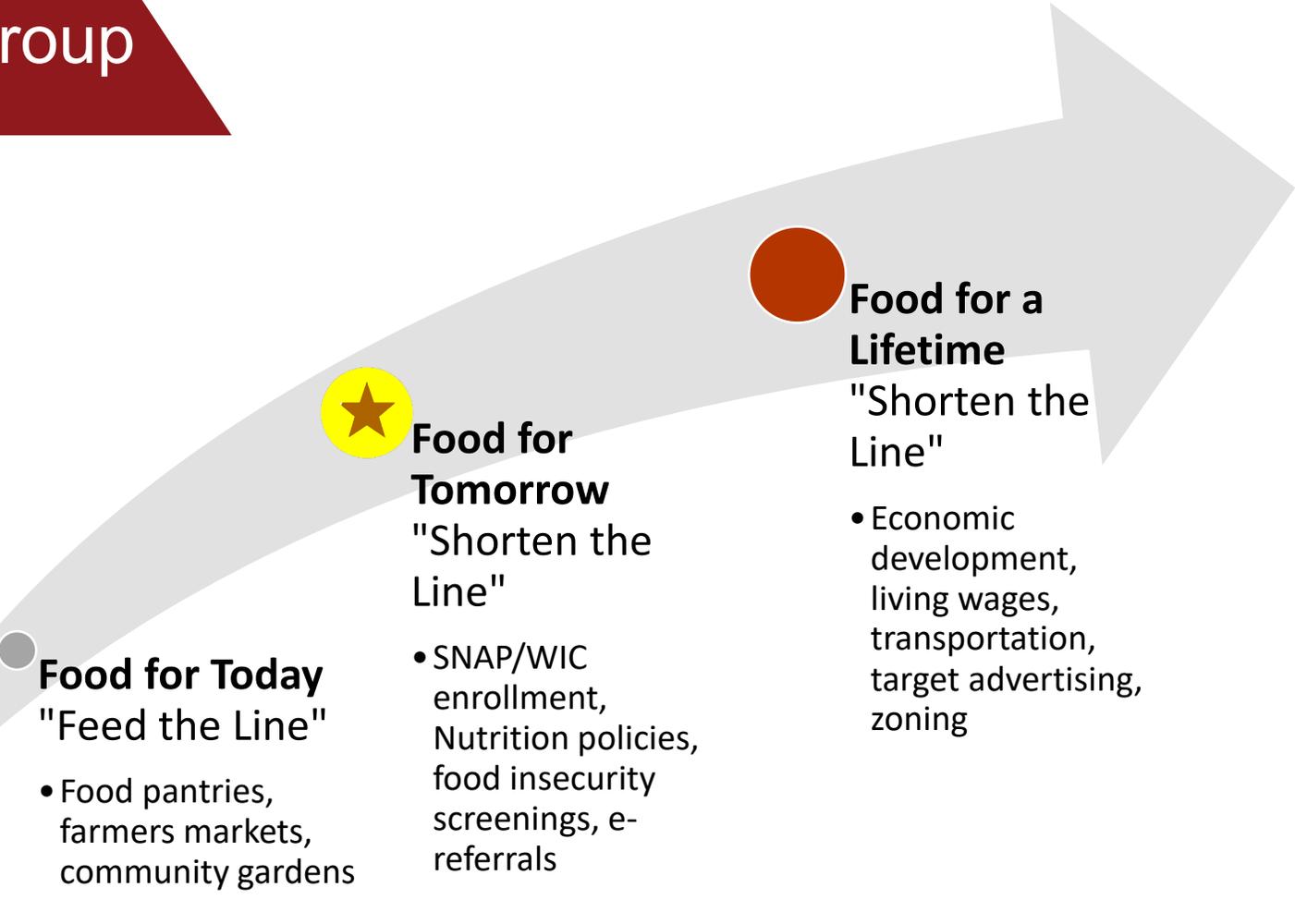
Haley Amick – Community Nutrition Coordinator

haley.amick@sanantonio.gov



Establish Food Insecurity Workgroup

Establish Food Insecurity Workgroup



02 **5-Year Goal:** At least 10 organizations and/or sectors will be represented and actively engaged in Metro Health’s Food Insecurity Workgroup. The workgroup will have successfully influenced 4 policies that lead to a more robust local food system and/or reduce food insecurity.

Diabetes Program Expansion

Expand Peer-led Diabetes Prevention & Control Program

5-Year Goal: Implement peer-led Diabetes Prevention & Control program. A goal of 58% reduction in the development of diabetes among participants completing the prevention program will be evaluated. In addition, a minimum of 10% increased self-efficacy among participants completing a self-management program is expected. (Diabetes Garage, DEEP)

Outreach to Target Districts

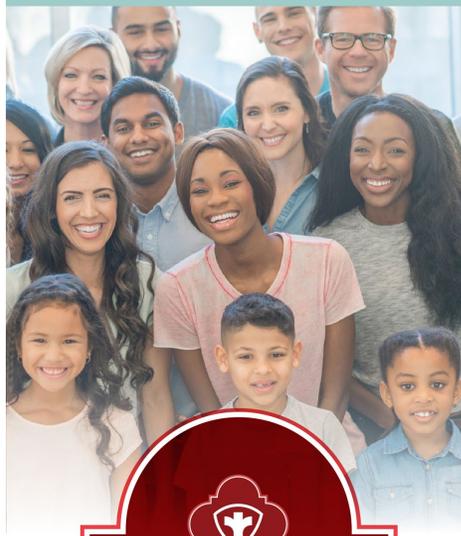
- Our goal is to provide health education workshops in districts that have higher rates of diabetes and hospitalizations due to diabetes complications (T2, DEEP, Diabetes Garage, Viva Health workshops)
- Partnering with District Offices to identify workshop hosts and participants
- Partnering with Neighborhood Associations to offer resources and identify community needs
- Developing a district specific resource guide to promote physical activity and healthy eating



District Guides for Healthy Living

PHYSICAL FITNESS & HEALTHY EATING

District 2 Guide



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



Por Vida

Metro Health's ¡Por Vida! Program recognizes local restaurants for creating healthy environments through good nutrition, sanitation, sustainability, and community development. Get the full flavor and convenience of dining without sacrificing good nutrition and health. When you choose "¡Por Vida!", you make a better choice "For Life!"

porvidasa.com

(210) 207-2722

Healthy Corner Stores

The Healthy Corner Stores program works with locally owned corner stores to sell fresh fruit and vegetables in neighborhoods across San Antonio with limited access to produce. As a result, community members have increased access to affordable and healthy produce in their neighborhoods. As of 2022, there are 34 Member Stores in the Healthy Corner Stores program.

sanantonio.gov/Health/HealthyEating/Healthy-Corner-Stores

(210) 207-8645

Diabetes Prevention & Control

Diabetes has become more of an issue in San Antonio & Bexar County. We offer services free to the community to help prevent and control diabetes, helping you to live a longer healthier life.

diabeteshelpsa.com

(210) 207-8802

WIC

WIC is the non-emergency Special Supplemental Nutrition Program for Women, Infants, and Children. If you qualify for WIC, you can receive food benefits (redeemable at grocery stores for certain nutritious foods), nutrition education and counseling, breastfeeding support and health care referrals at no cost. WIC services are available to pregnant, postpartum, and breastfeeding women, infants and children younger than 5 years old.

sanantonio.gov/health/healthservices/wic (210) 207-4650

Parks & Recreation

The San Antonio Parks and Recreation Department provides fun, safe, attractive, and affordable recreational opportunities & community spaces within a 10-minute walk that represent the diversity and desires of our neighborhoods. By connecting people, nature, recreation, and resources, we will inspire & nourish the well-being of all.

sanantonio.gov/parksandrec/home

(210) 207-7275

San Antonio District 2



HEALTHY CORNER STORES

1. **Malik Food Market**, 913 N Mittman St, San Antonio TX 78210
2. **Amanda Food Mart**, 651 Porter St, San Antonio TX 78210
3. **Coliseum Meat Market**, 403 Spriggdale Blvd, San Antonio TX 78220
4. **Midcrown Grocery**, 8011 Midcrown Dr, San Antonio TX 78218
5. **Quick Stop**, 2368 Austin Hwy, San Antonio TX 78218

POR VIDA RESTAURANTS

7. **Sweet Yams**, 218 N Cherry St, San Antonio TX 78207

WIC CLINICS

8. **Pecan Valley**, 802 Pecan Valley, San Antonio TX 78220

FIT CLASSES

- **Low Impact Circuit at Lou Kardon Park**
Monday at 9:00am
- **Zumba at Copernicus Community Center**
Saturdays at 10:30 am (temporarily relocated to Southside Lions while Copernicus is being used for COVID response)
- **Coliseum Meat Market**
403 Spriggdale Blvd, San Antonio TX 78220



Food Insecurity & Nutrition Initiatives & Goals

Focus on Diversity, Equity and Inclusion

- Nutrition Policy team is working with Healthy Neighborhoods and Policy and Civic Engagement Office to shift the focus from obesity to nutrition diversity, equity, & inclusion, and using body positive or weight inclusive language.



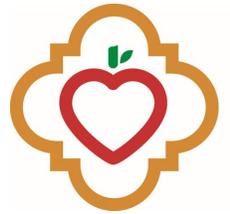
Mayor's Fitness Council

- ***Student Ambassador & Student Mentor Program – Service Projects***
- ***It's Time Texas (ITT) Community Challenge – SA has been Metro City Champion for 7 years in a row!!!!***
- ***ITT's Move Your Way Campaign – Local Efforts***
- ***FitCitySA Web site <https://www.fitcitysa.com/> - Videos and Podcasts***

Andrea Bottiglieri - MFC Coordinator Andrea.Bottiglieri@sanantonio.gov



Community Partnerships



Thank You!

➤ Denise.Benoit-Moctezuma@sanantonio.gov





HSR 9/10 – El Paso

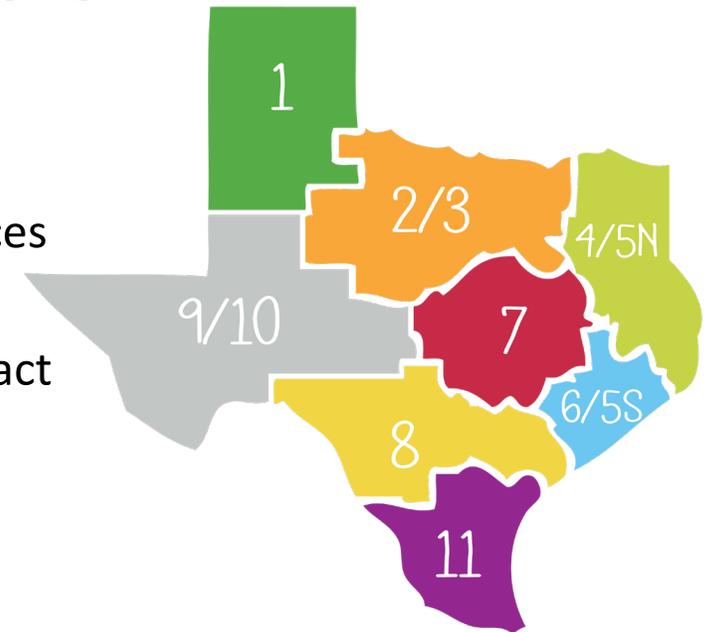
Leah Whigham, PhD, FTOS

UTHealth Houston School of Public Health

Department of Health Promotion & Behavioral Sciences

El Paso Campus

Director, UTHealth Center for Community Health Impact



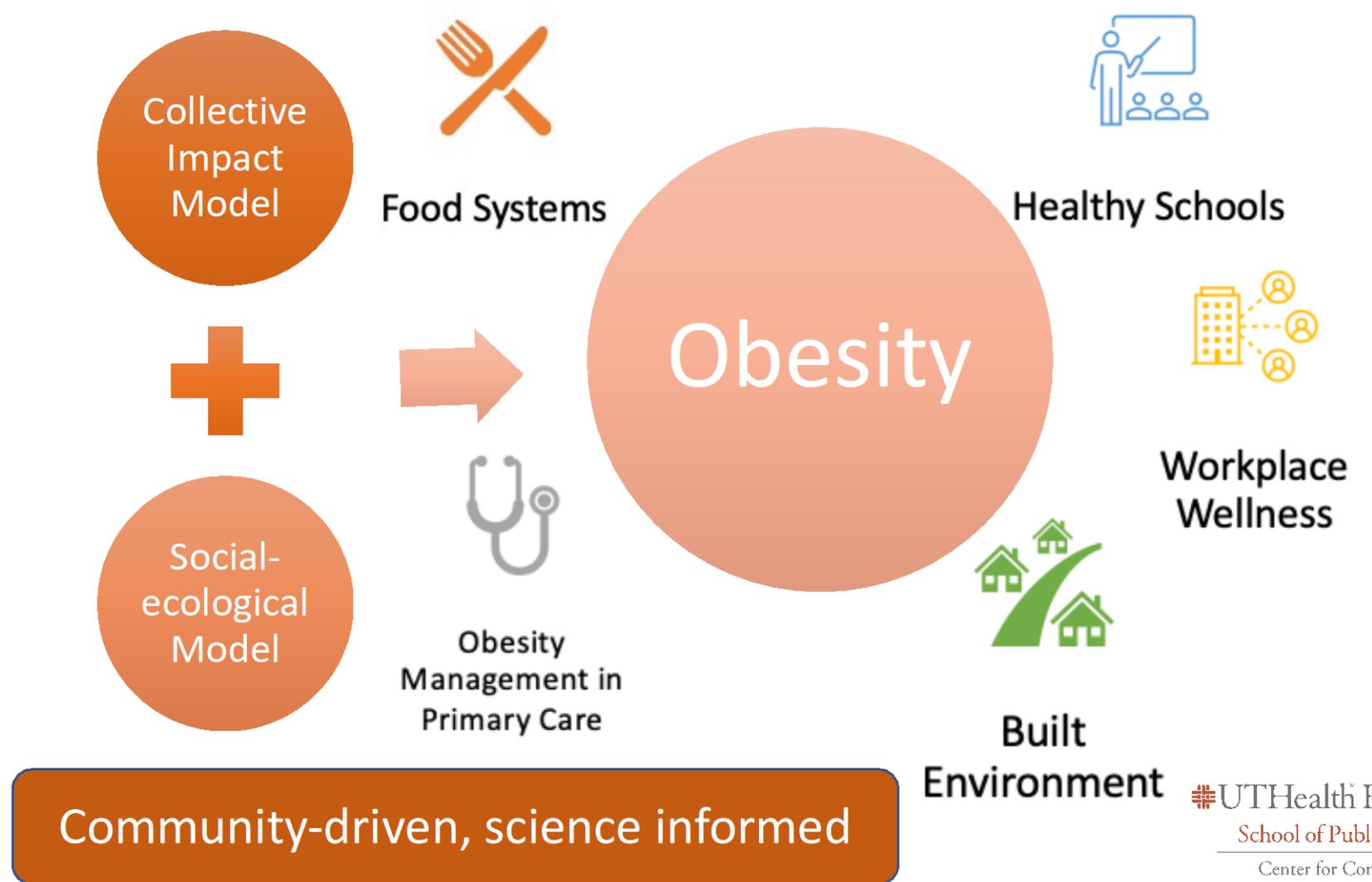
UTHealth[®] Houston

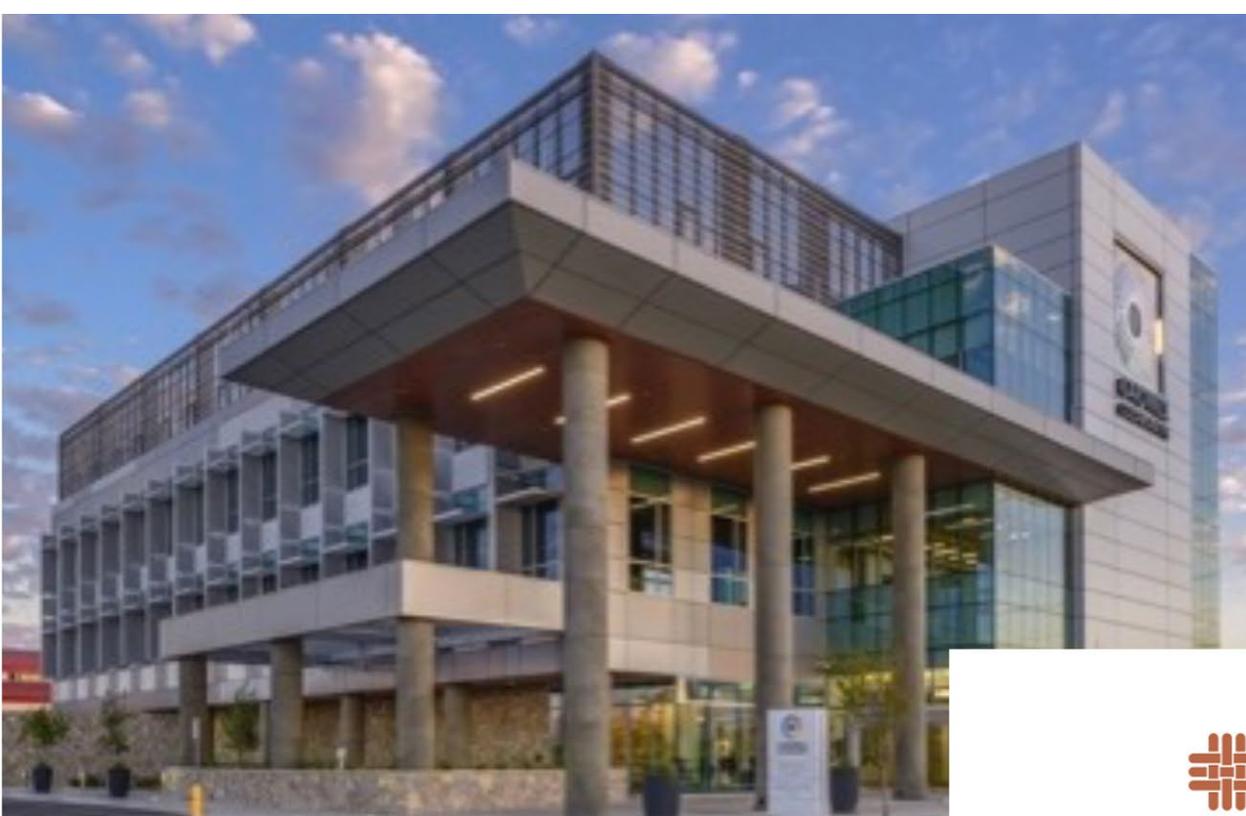
School of Public Health

Center for Community
Health Impact



A Comprehensive Community Approach to Address Obesity





 UTHealth[®] Houston
School of Public Health

Center for Community
Health Impact

El Paso Nutrition & Healthy Weight Clinic

Partnering with El Paso providers and patients for better health

Cultivating Health through Foodways Education in Schools & Community Spaces

Led by La Semilla's Edible Education and Community Education programs

PROGRAM STRATEGIES:

- **School- and Community-Based Food Gardens**, supporting the design, installation, and practice of growing food.
- **School Wide Engagement**, offering a multi-tiered program to maximize engagement with the garden.
- **Educator Capacity Building**, supporting a community of practice for school garden educators and community promotoras.
- **Intergenerational Family and Community Engagement**, hosting School Garden Beautification Days, Family Cooking Nights, Cooking and Gardening *Platicas*, and *Cocina Intercambios*.



LA SEMILLA
LEARN · GROW · INSPIRE



Common Threads is a national nonprofit that provides children and families cooking and nutrition education to encourage healthy habits that contribute to wellness. We equip communities with information to make affordable, nutritious, and appealing food choices wherever they live, work, learn, and play. Learn more at www.commonthreads.org.

SCHEDULE AND CONTACT

Chef-led programs are offered Monday-Saturday at various times, given availability. To schedule a program, please contact Maricarmen Marrufo, Program Manager at 915-701-5253 and mmarrufo@commonthreads.org



TEACHER-LED SMALL BITES *CHEF-LED AVAILABLE AS WELL

(PK-8th grade, series of eight 60-minute lessons) Combines nutrition and healthy snack making. Partner sites can choose from a teacher led program or On Demand self-paced Small Bites.



COOKING SKILLS AND WORLD CUISINE

(3rd-8th grade students, series of ten 2-hour lessons) Chef-led course offers basic cooking skills while exploring different cultures through cuisine. Lessons are typically scheduled afterschool.

FAMILY COOKING CLASS

Series of two 2-hour lessons that engage caregivers, students, and extended family members with cooking tips and knife skills. Participants work together to make a nutritious and complete meal for a family of four.

ASK A CHEF

Our "Ask A Chef" cooking demos are geared toward family participation and feature nutrition tips and kitchen skills. We offer up to 5 Ask A Chef lessons, which must be led by a Common Threads Chef Instructor.

PARENT WORKSHOPS

This program engages parents and encourages healthy eating habits at home and in the community at large. May be booked as a series of three lessons or one-off workshops.

Youth on the Move: New Mexico State University

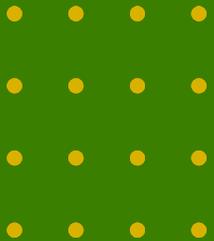
- Youth on the Move (YOTM) = physical education teaching method
- Addresses issues each individual student has that keeps them sedentary.
- Kids overcome barriers, increase physical activity.
- PE teachers in El Paso and southern New Mexico use YOTM method.
- NMSU is writing an online class (2023 launch) for teachers in Texas, New Mexico and elsewhere who want to learn/use the method.

Continental Cooking: New Mexico State University

- Addresses lack of nutrition instruction for teens.
- Teens learn how to:
 - a) Grow produce.
 - b) Use produce they grow to make meals for their families.
 - c) Advocate in their families for healthier eating habits.
- Program launched fall 2022, continues spring 2023.
- Recipes come from six continents.
- First session enrollment reached capacity in less than a week.
- NMSU plans to write/distribute curriculum for use throughout New Mexico, Texas and elsewhere (in school, out-of-school-time, etc.).



Sabrosa Vida



Sabrosa Vida

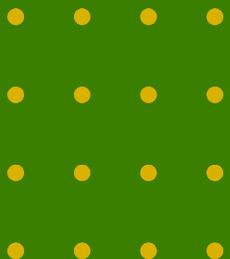


Each class consists of the following:

- Class objectives
- Brief nutrition lesson
- Cooking demonstration led by a chef
- Review of food labels
- SMART goal established for each module
- Taste-testing of prepared food

Modules:

- Introduction to Cooking and Carbohydrates
- Learning to Love your Veggies
- Varying your Protein
- Bite-sized Desserts
- International Cuisine





Freshplace

Nourishing our Community

Founded by Chrysalis Center, Inc., Foodshare
and The Junior League of Hartford, Inc.



Kelly Memorial Food Pantry
“It is just not enough”



Kelly Memorial Food Pantry Freshplace Model



Kelly Memorial Food Pantry Freshplace Model

Taster Space Program

- Home delivery of locally sourced produce box
- Recipes and engaging activities for kids
- Tools for parents



TASTE IT

Banana Boats

Box Ingredients:

- Banana
- Almond Butter
- Oats
- Berries
- Chocolate Chunks

- 1 Peel and cut a banana in half lengthwise.
- 2 Top it with almond butter, a sprinkle of oats, berries, and chocolate chunks.

A BIT MORE...

Bananas grow on plants called banana palms. People often think that these are trees, but they are actually an herb. The banana palm is the largest herb in the world!

TASTER SPACE

Let's Go Bananas!

Bananas are the most popular fruit in the world. They are eaten by 100 billion people every year.

Scientists believe that bananas were the first fruit that humans ate, and they have been eating them for 10,000 years!

Did you know that bananas were not always like the ones we eat today? Bananas used to be red and green! Farmers have been taking care of the bananas so that they grow sweet, soft, and yellow.

The world's largest banana plant is in Papua, Indonesia. It is over 20 meters high. That is as tall as 13 cars stacked on top of each other!

TASTERBUD'S JOKE OF THE WEEK

Q: Why didn't the young banana go to school this week?
A: Because it didn't peel well.



TASTER SPACE

EXPLORER LOG

Adventure Food: _____

Preparation Method: _____

What does it smell like?

What does it look like?

What does it feel like?

What does it sound like?

What does it taste like?

How does it make you feel?

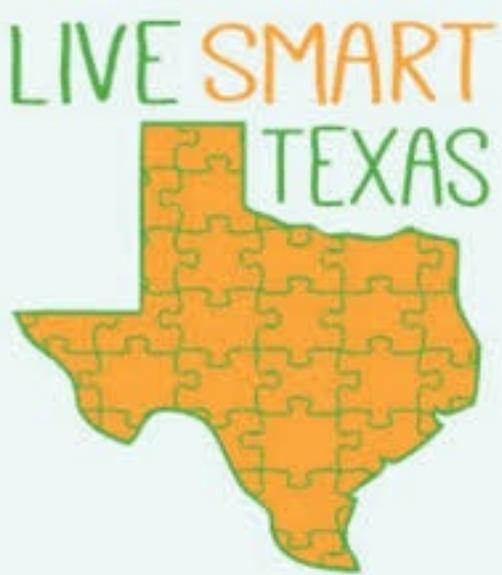
disgust

dislike

neutral

like

love

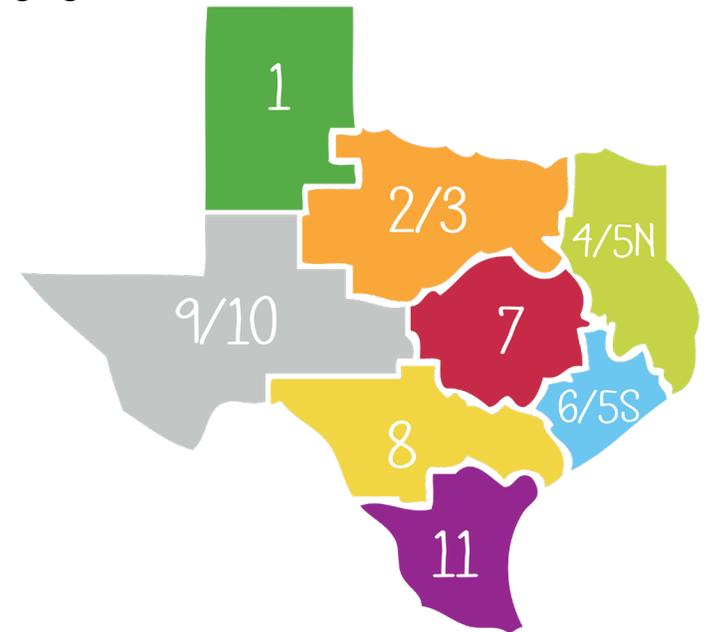


Texas A&M AgriLife Extension

Mike Lopez, DrPH

Extension Program Specialist II
Family and Community Health

MLLopez@ag.tamu.edu



Who Are We?



FAMILY AND COMMUNITY HEALTH

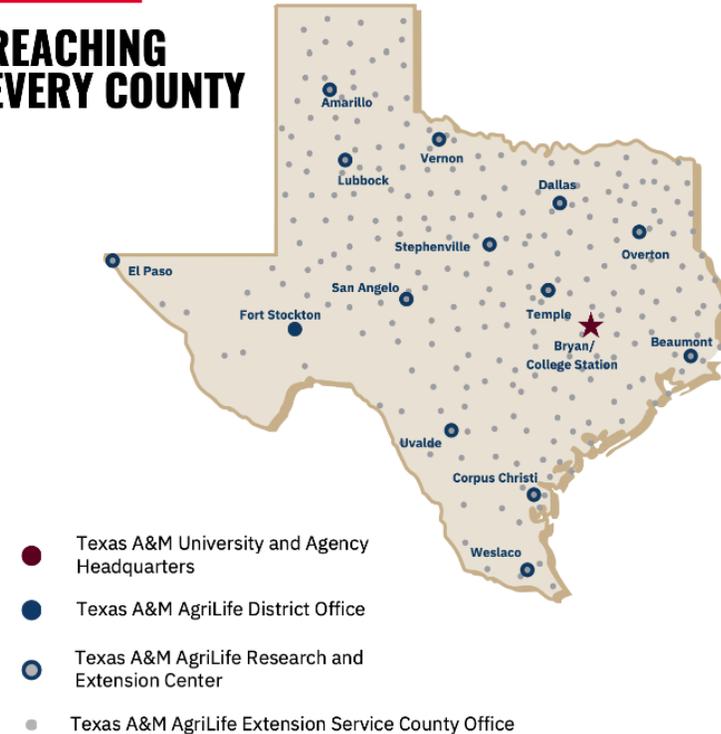
Advancing the Health of All Texans through Extension Education

AgriLife Extension's FCH Unit helps Texans better their lives through science-based educational programs designed to improve the overall health and wellness of individuals, families, and communities.

The goal of FCH is to encourage lifelong health and well-being for every person, family, and community.

Programs are developed by subject matter experts (Specialists) and delivered throughout the state by a network of local educators (County Extension Agents) and volunteers with support and leadership from Regional Program Leaders, Unit Heads, and the Extension Leadership Team.

REACHING EVERY COUNTY



“Since its inception, the main purpose of the Cooperative Extension Service has been to change human behavior by teaching people how to apply the results of scientific research”

- Rogers, 1963

Howdy Health



1



Howdy Health website



2



Centralized Server & Database



3



User Interface

4



Internal Program System

5



Internal Report System

<https://howdyhealth.tamu.edu>

Howdy Health

Physical Activity Program Offerings



Theoretical Framework – Social Cognitive Theory



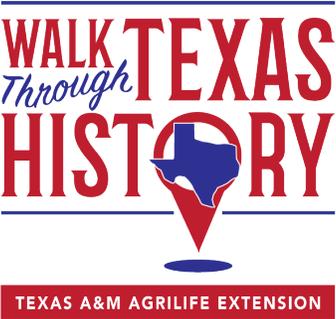
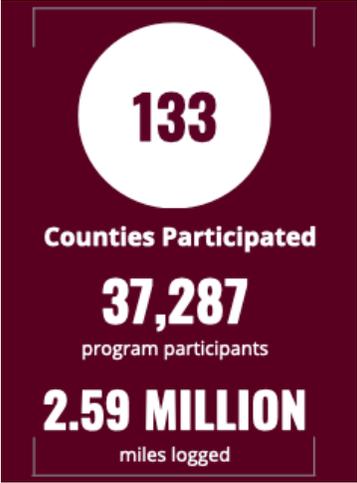
Concept / Construct	Definition	Example Program Strategy
Reciprocal Determinism	Interaction of the person, behavior and the environment	Locally sponsored events and activities*
Behavioral Capability	Knowledge and skill to perform a behavior	Education experiences* Self-selection of physical activity**
Expectations	Outcomes of the behavior	The individual***, team***, or other program goals*
Self - Efficacy	Confidence in one's ability to act and overcome barriers	Tracking and monitoring of mileage** Self-selection of physical activity**
Observational Learning	Occurs by watching the actions and outcomes of others' behavior	Team-based program design*** and program activities*
Reinforcements	Responses to a person's behavior that increases or decreases the likelihood of reoccurrence	Self-initiated rewards** and incentives*

*Leader led; **Participant led; ***Program Design

US Department of Health and Human Services, 2018

Howdy Health

2022 Select Program Stats



WAT! Adult Selected Program Outcomes (n = 3,630)	
Average number of times per week participants took part in physical activity	+1.1 (Pre: 3.6; Post: 4.7)
Average number of minutes participants took part in each physical activity	+10.7 (Pre: 34.9; Post: 45.6)
Participants meeting physical activity recommendations	+16% (Pre: 42%; Post: 58%)
Participants that reported no physical activity	-12% (Pre: 20%; Post: 8%)

WTHH Selected Program Outcomes (n = 193)	
Average number of times per week participants took part in physical activity	+1.4 (Pre: 3.6; Post: 5.0)
Average number of minutes participants took part in each physical activity	+9.3 (Pre: 37.3; Post: 46.6)
Participants meeting physical activity recommendations	+20% (Pre: 40%; Post: 60%)
Participants that reported no physical activity	-12% (Pre: 22%; Post: 10%)

Howdy Health Program Quotes and Testimonials



- *"The program gave me the opportunity to **record and keep track** of how much **activity** I was doing. By being in the program I felt more **accountable** because the **team** was depending on me to do my best. I have now set up a **habit** of recording my activity which I will continue to do and will now **hold myself accountable**. Thank you, Walk Across Texas!"*
-
- *"Our family lives all over Texas and with WAT! we were able to take on 832 miles **together, have fun, get healthier, and keep in touch**"*
- *- 2022 Walk Across Texas! Participants*

*"**Fun and the history** information was really interesting. My husband and I **worked as a team** encouraging each other. That was fun! I spend a lot of time outdoors, so I felt like I was in my element walking. **Great way to keep healthy**"*

- 2022 Walk Through Texas History Participant



**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

State of Obesity in Texas

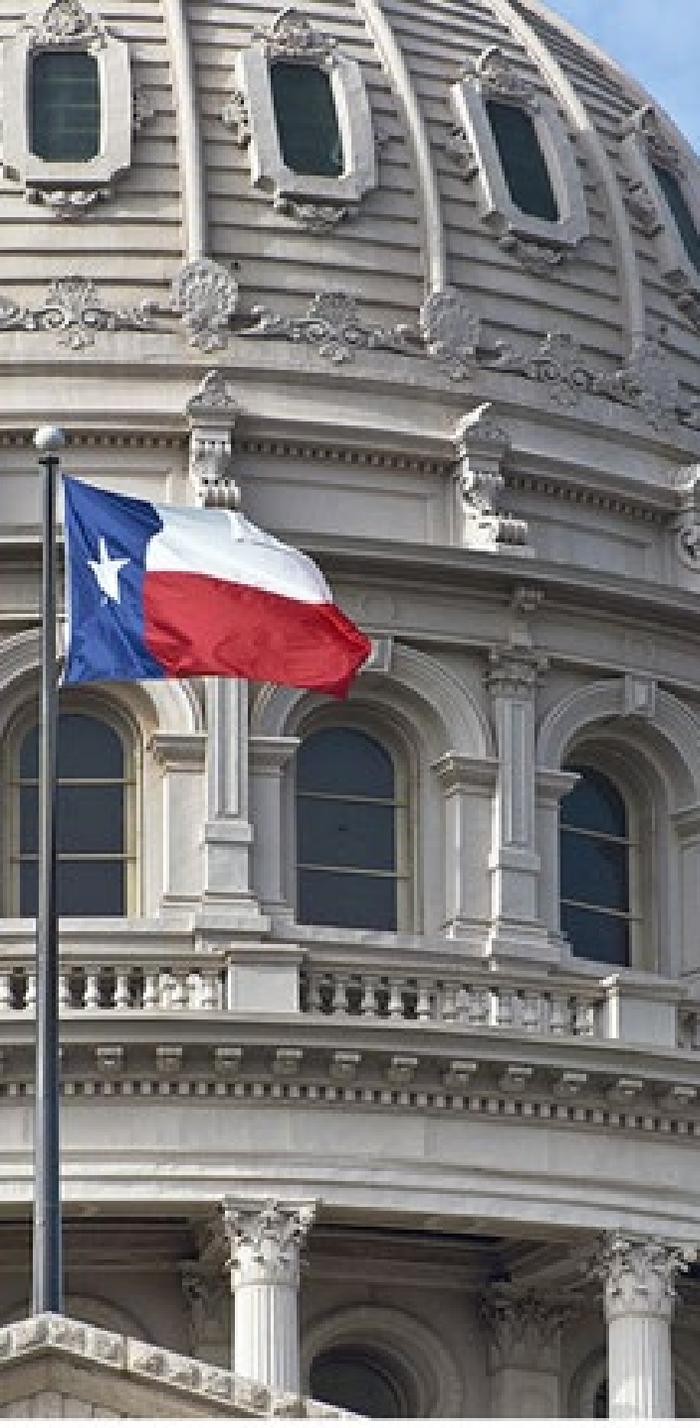
Joel Romo

Legislative Committee Chair

The Cooper Institute & Texana Public Affairs

www.PartnershipforaHealthyTexas.org • [@txlegeobesity](https://twitter.com/txlegeobesity)





**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

Mission:

To develop and promote state policies that prevent and address obesity in Texas



Find what works
for Texans

Set priorities for
the Legislature

Follow through
and track success



Steering Committee Organizational Members





Partner Coalitions



Educational Resources





**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

Our History:

- The Partnership began in 2006 when key health-related organizations banded together to address the ever-growing problem of obesity in Texas Communities.
- The Partnership brings together a wide coalition of research experts, stakeholders, and advocates committed to addressing obesity through evidence-based policy initiatives.
- The Partnership is the only statewide policy coalition dedicated primarily to ending obesity in Texas.



**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

Historical Accomplishments:

- Passed legislation to require minimum minutes of physical activity in schools and established Fitnessgram.
- Supported passage of funding for evidence-based obesity prevention initiatives at the Dept. of State Health Services
- Passed legislation to update minimum childcare standards related to nutrition, screen time, and physical activity.
- Supported passage of legislation to streamline the application process for SNAP for Texas's senior citizens and address hunger among senior citizens.



**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

Policy Priorities for the 88th Legislative Session

www.PartnershipforaHealthyTexas.org • [@txlegeobesity](https://twitter.com/txlegeobesity)



Modernize Texas SNAP to eliminate food insecurity, increase access to healthy foods, and decrease risk of obesity.

- Update the SNAP Vehicle Asset Test by applying an inflationary adjustment to current limits.
- Address hunger on community college campuses by allowing students in certain vocational and technical programs to access benefits
- Allocate funding for implementation of the SNAP Incentives Program, Double Up Food Bucks.



Ensure all Texas children have access to a well-rounded education and school infrastructure to help them develop healthy habits.

- Protect and evidence-based requirements around recess, physical education health education, and fitness assessments.
- Invest in healthy schools by allowing local education agencies to draw down federal funds for Medicaid services provided to Medicaid-enrolled students.
- Promote active transportation through Safe Routes to Schools.



Empower Texas Medicaid to implement cost-saving initiatives including evidence-based treatment and healthy food interventions.

- Include evidence-based weight management therapies as benefits benefit of Medicaid.
- Adopt a statewide policy framework to better integrate clinical and community services to improve access to healthy foods.





Panelists

Lindsay Lanagan

Vice President of Government Relations and Public Affairs
Legacy Community Health

Rachel Naylor

Executive Director
Texas Association of Health, Physical Education,
Recreation, and Dance

Leah Whigham, PhD, FTOS

Associate Professor
University of Texas Health Science Center School of Public Health

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Legislative White Pages Available Online

1 SNAP VEHICLE ASSET TEST

Update the SNAP Vehicle Asset Test Issue

The Supplemental Nutrition Assistance Program (SNAP) is the nation's first anti-hunger program. However, the SNAP program prevents thousands of hungry people from accessing temporary food assistance. The current SNAP vehicle asset test is a low limit, especially on second-hand vehicles, and many two-parent and multi-child households are unable to recertify because of the program. Recent inflation has increased the value of a vehicle, and many households should lose their ability to recertify because of the program.

Background

SNAP is a federally funded program that allows people to use SNAP benefits at participating food stores. Eligibility for SNAP is based on income and household size. To use a Vehicle Asset Test, a household must own and still qualify for a vehicle. SNAP rules for subsequent vehicles are listed in the SNAP manual, effective 1973, respectively.

Additionally, able-bodied individuals must be able to work a week in order to maintain their SNAP benefits and qualify for SNAP and own a vehicle.

Recommendation

Modernize the SNAP Vehicle Asset Test.



partnershipfor

5 FREE CARE RULE

Invest in healthy school environments by allowing local education agencies to draw down federal funds for Medicaid services, including nursing services and counseling, provided at school for Medicaid enrolled students.

Issue

Currently, Texas schools can only bill Medicaid for services provided through an Individualized Education Plan (IEP). Allowing reimbursement for all allowable services provided to Medicaid-enrolled students will provide districts with a sustainable source of funding for school health services. With additional funds, schools will be able to better fund school nurse positions and invest in the Whole Child School Health policy approach.

Background

In 2014, the Centers for Medicare and Medicaid Services reversed a longstanding Medicaid policy that limited the ability of school districts to seek Medicaid reimbursement for student health services. The new policy allows schools to bill for services provided to all Medicaid-enrolled students. Adopting this rule would not require any new expenditures by the state; the federal match is pulled down through school funds spent on student health services. Seventeen states have pursued this policy, and many more are in the process of submitting state plan amendments.

Federal matching funds will help schools fund vital school nurse positions and incentivize schools to expand services. Sustained school health staff can better support investments in the Whole Child School Health approach which includes a broad range of practices from health education to physical activity to mental and behavioral health supports. Healthy school environments can help students develop healthy habits that reduce their risk for obesity.

Recommendation

Direct the Texas Health and Human Services Commission to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services to implement the Free Care Rule.

Issue at a Glance

- States with Free Care include: Florida, Georgia, South Carolina, North Carolina, Missouri, Arkansas, Colorado, Louisiana, Arizona, California, Nevada, Minnesota, Michigan, Kentucky, New Hampshire, Massachusetts, Connecticut.
- Florida estimated that they would receive an additional \$50 to \$100 million in federal funds for school health.
- No state investment is required to draw down the federal match.



8 INTEGRATE CLINICAL AND COMMUNITY SERVICES TO IMPROVE ACCESS TO NUTRITION

Support the adoption of a network to better integrate clinical and community services to improve access to nutritious foods.

Research indicates that nonclinical factors, such as food insecurity, contribute to as much as 10% of higher health care costs. Food insecurity adds about \$1 billion in the U.S. and up to \$2 billion in Texas. Nutritious foods can help prevent chronic diseases like obesity, and the associated health care costs.

Background

Across Texas and the nation, physicians, dietitians, and other health professionals are working together to address these factors. Community health workers improve overall health outcomes by connecting them with services, such as food insecurity screening. More than 4 million Texans who are enrolled in Medicaid (MCO). MCOs have the flexibility to address these factors through their care. However, MCOs do not have the authority to address these factors through their care. Texas can address this gap by creating a network to consider the cost and utilization of services.

Recommendation

Recommendations proposed by the Health and Human Services Commission (HHSC) to approve Food as a Priority outlined in 42 C.F.R. § 438.301. HHSC to create an incentive for MCOs, and network providers to build related capacity. Potential funding under Texas Government Code § 201.001.

Social determinants of health 101 for health care providers. *Journal of the American Medical Association*. 2018;319(12):1251-1252. DOI: <https://doi.org/10.1001/jama.2018.1251>. H. K. Larisa, B. A. A., & Kushel, M. B. (2010). Food insecurity and health. *Journal of the American Medical Association*. (May 16, 2010) Food insecurity and health survey.

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partnershipforahealthytexas.org
@txlegeobesity



PRIORITIES
FOR THE 88TH
LEGISLATIVE
SESSION



The Partnership for a Healthy Texas gratefully acknowledges Methodist Healthcare Ministries of South Texas, Inc. for their financial support of this publication. The opinions expressed in this document are those of The Partnership and do not necessarily reflect the views of Methodist Healthcare Ministries.



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**PARTNERSHIP FOR
A HEALTHY TEXAS**

CONQUERING OBESITY

Thank you for joining!

**Stay up to date with the Partnership
throughout session at
[PartnershipforaHealthyTexas.org!](http://PartnershipforaHealthyTexas.org)**

Follow us on twitter at @txlegeobesity!



Obesity in Texas – Final Thoughts and Summary

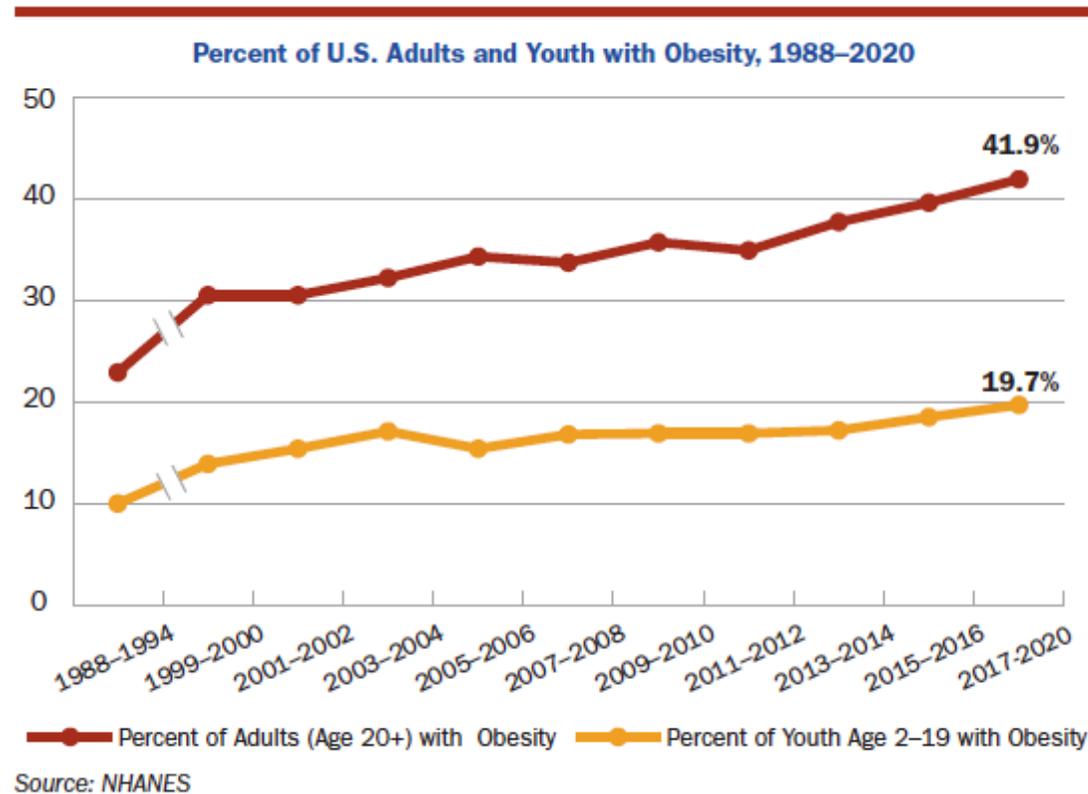
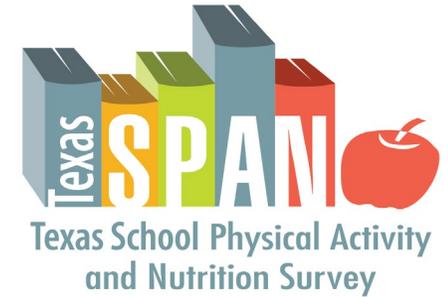


Deanna M. Hoelscher, PhD, RDN, LD, FISBNPA
The University of Texas Health Science Center at Houston (UTHealth Houston) School
of Public Health - Austin Campus



World Obesity Day – March 1, 2023

Obesity is High Among Adults and Children in the U.S. and Increasing

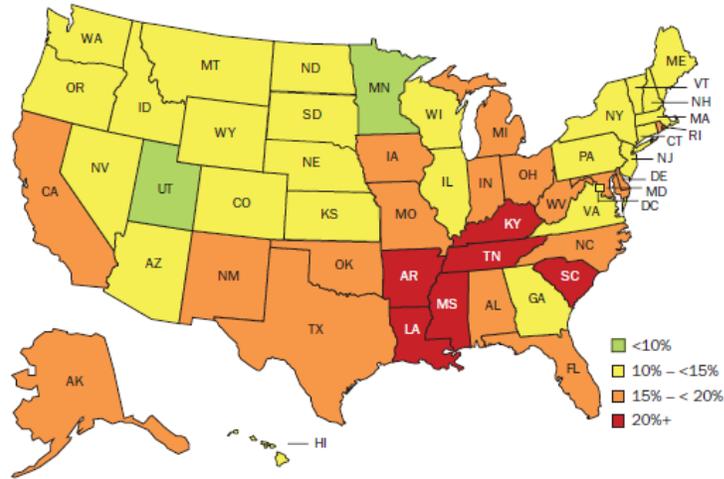


Source: TFAH, State of Obesity 2022, <https://www.tfah.org/report-details/state-of-obesity-2022/>

National Rates of Child Obesity are High

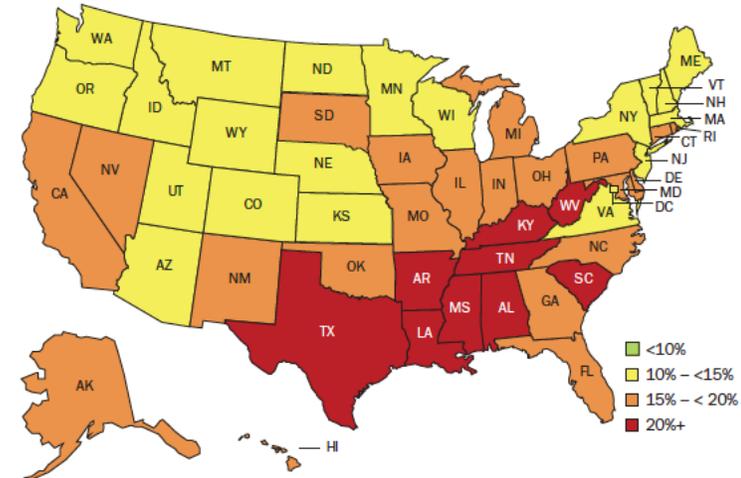


Percent of Children Ages 10–17 with Obesity by State, 2018–2019



Source: National Survey of Children's Health, HRSA

Percent of Children Ages 10–17 with Obesity by State, 2019–2020



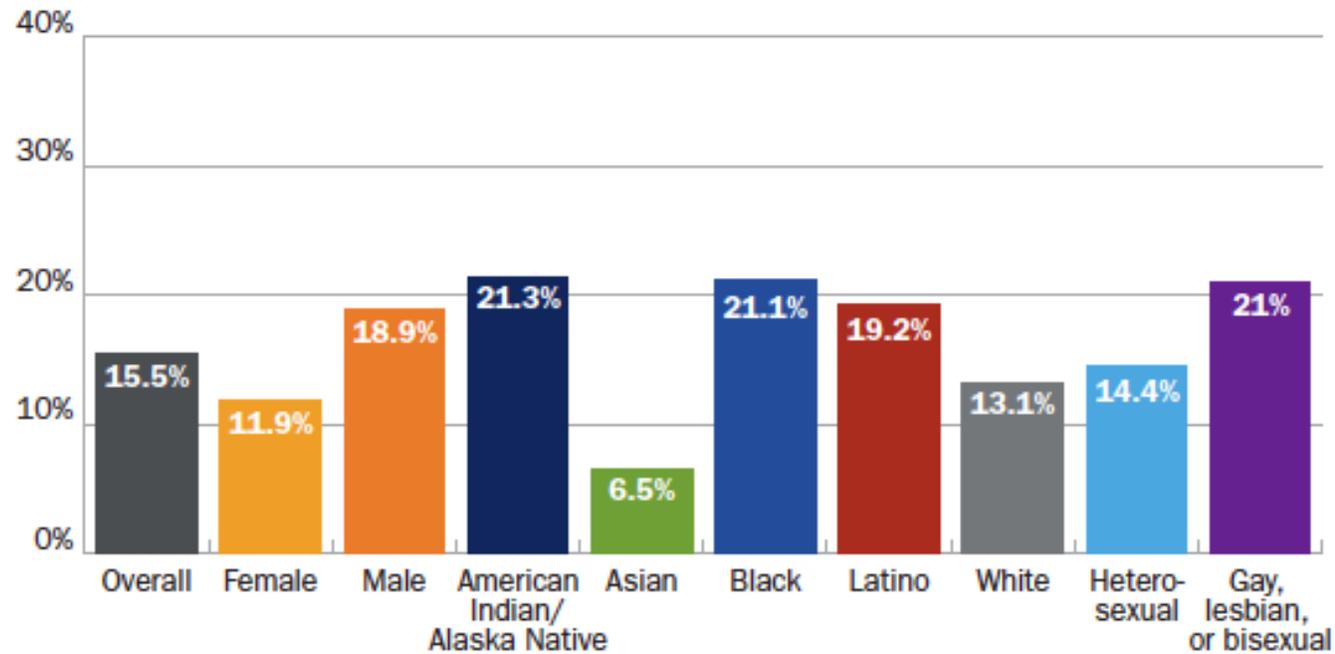
Source: National Survey of Children's Health, HRSA

Source: TFAH, State of Obesity 2022, <https://www.tfah.org/report-details/state-of-obesity-2022/>

As with Adults, Obesity Prevalence Among Children Varies by Demographics



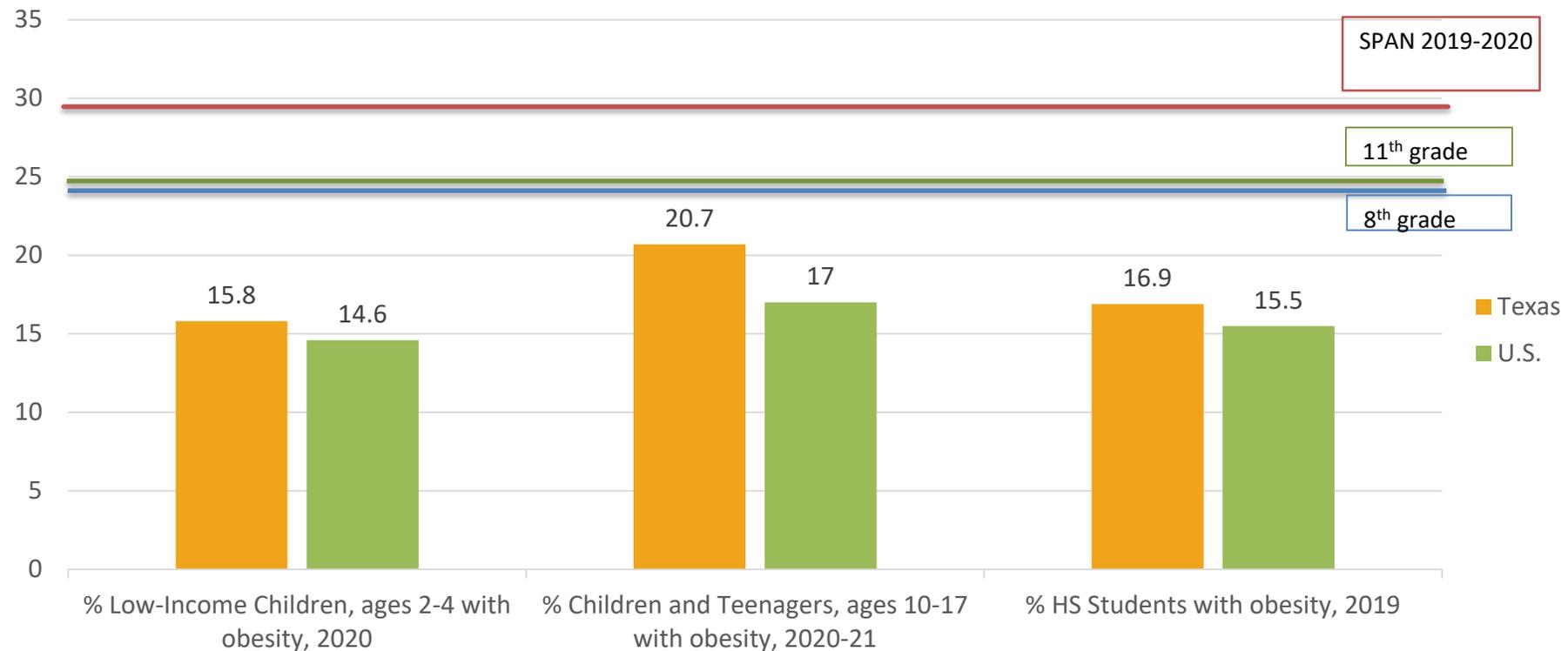
Percent of High School Students with Obesity by Select Demographics, 2019



SOURCE: YRBS

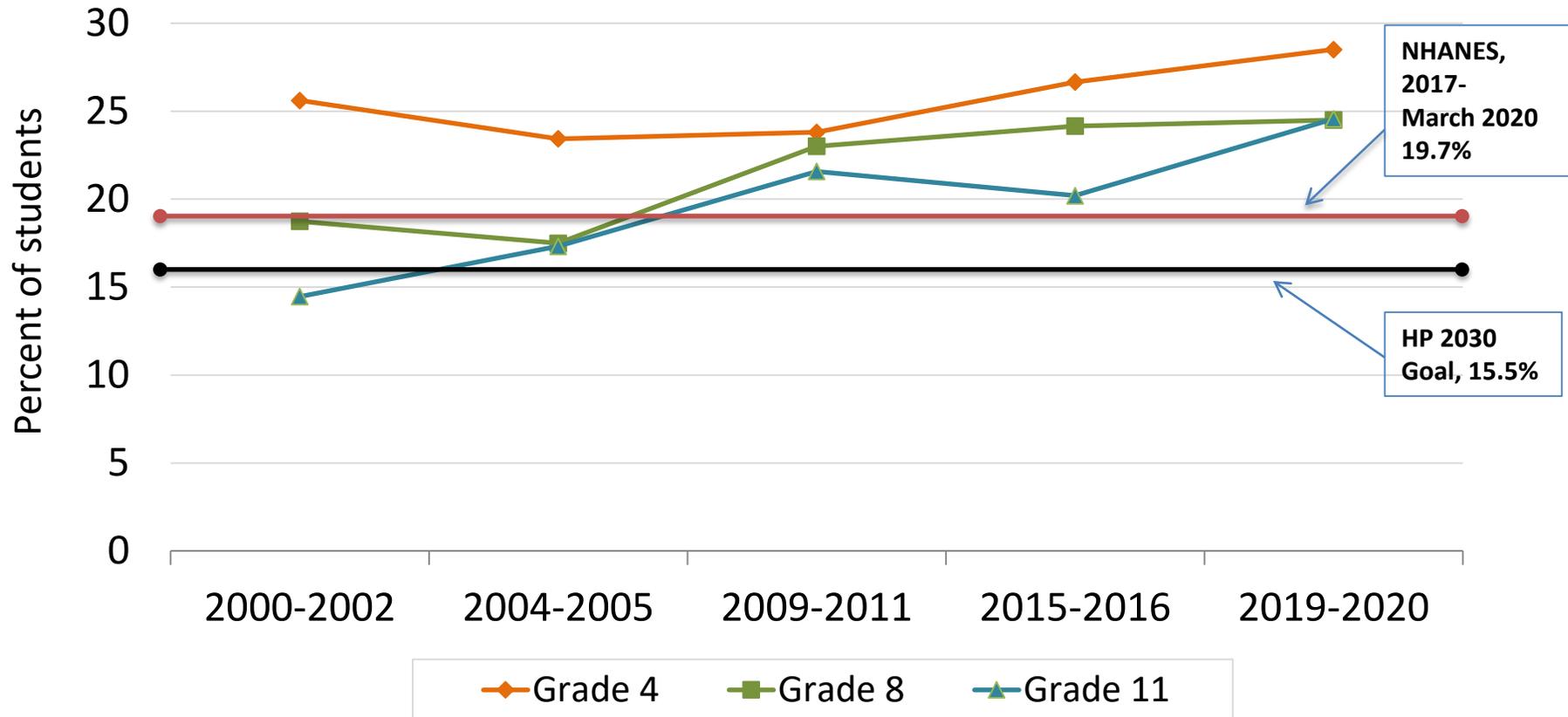
Source: TFAH, State of Obesity 2022, <https://www.tfah.org/report-details/state-of-obesity-2022/>

Child Obesity is Higher in Texas than in the U.S.

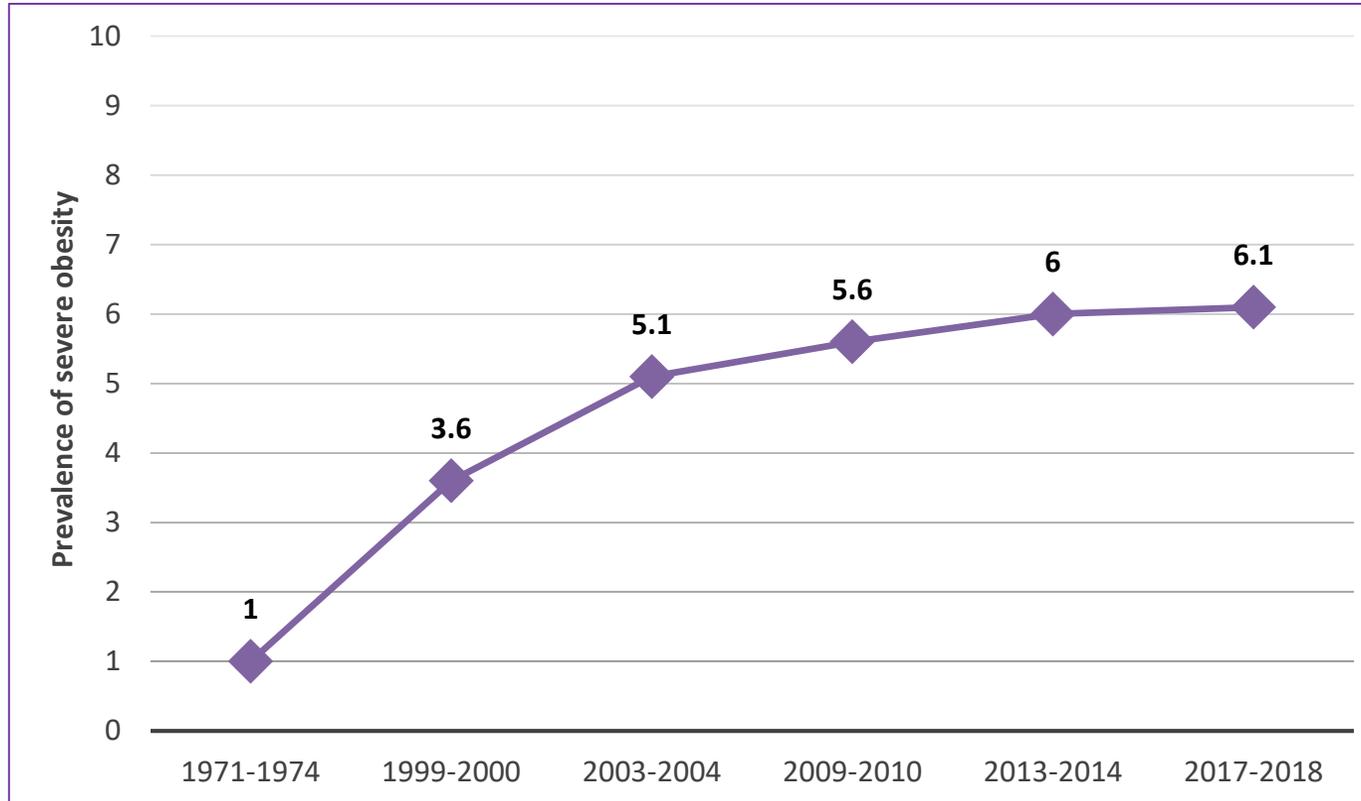


Sources: WIC, NSCH, YRBS

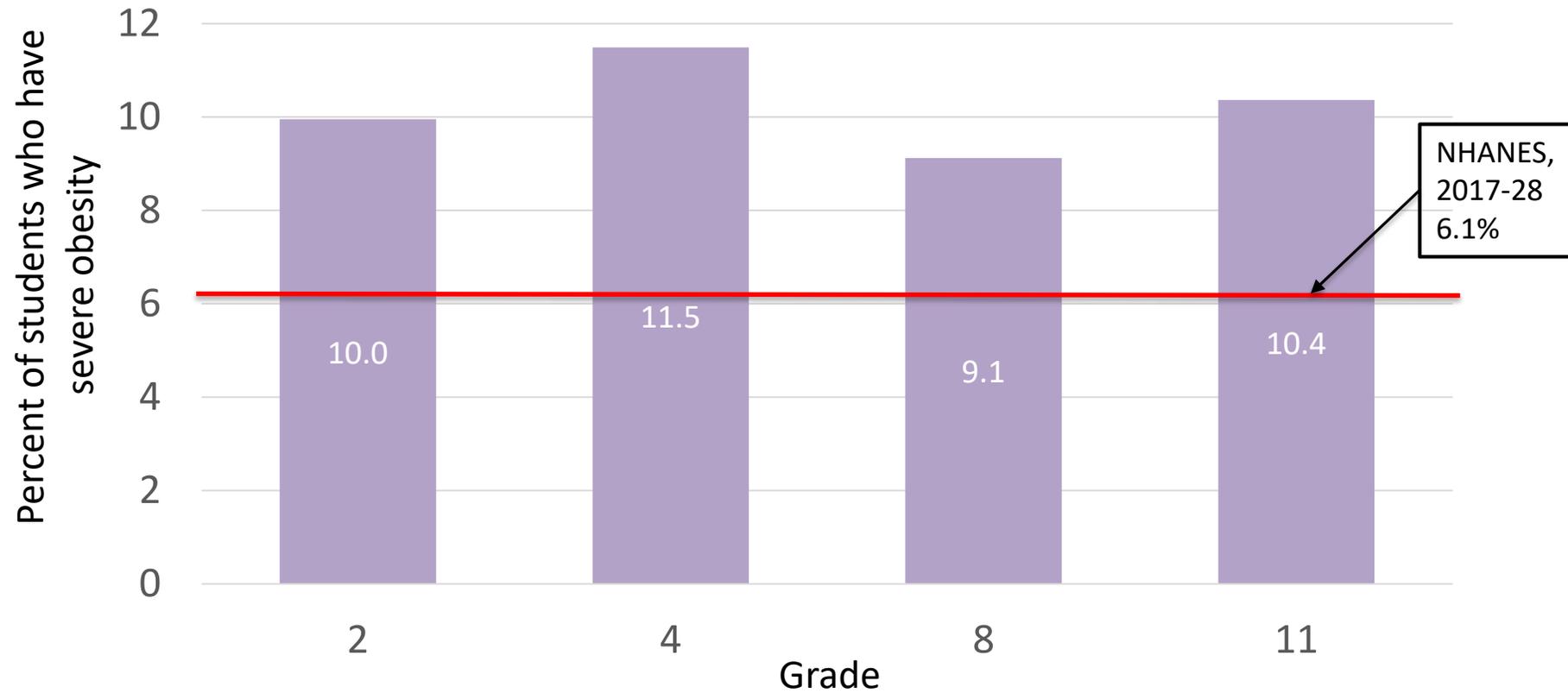
Childhood Obesity has Increased in Texas for All Ages Groups since 2000 – TX SPAN



Trends in Severe Obesity among U.S. Children, Ages 2-19



Severe Obesity Among Children in Texas is Higher than in the U.S. - TX SPAN



Excess Costs of Obesity



Children (6-19 years)

OBESITY
COMPARED TO NON-OBESITY

\$116 /PERSON

\$1.32 BILLION
POPULATION
COST

**SEVERE
OBESITY**
COMPARED TO NON-OBESITY

\$310 /PERSON

\$1.27 BILLION
POPULATION
COST

Adults (age 20+)

OBESITY
COMPARED TO NON-OBESITY

\$1,861 /PERSON

\$172.74 BILLION
POPULATION
COST

**SEVERE
OBESITY**
COMPARED TO NON-OBESITY

\$3,097 /PERSON

\$126.39 BILLION
POPULATION
COST

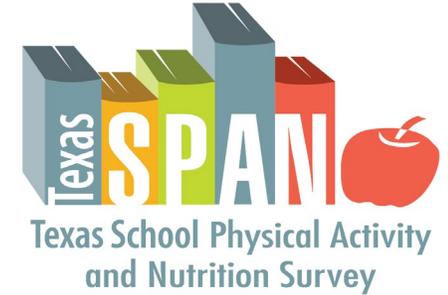
Source: Ward et al., PLoS ONE, 2021

What Can We Do? Recent Efforts That Can Help



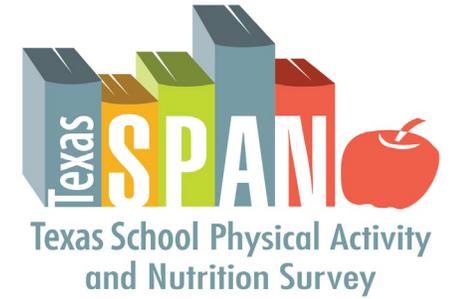
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White House Conference on Hunger, Nutrition, and Health



- Improving food access and affordability
 - SNAP; increased school meals
- Integrating nutrition and health
 - Medically tailored meals; Medicaid and Medicare access to nutrition and obesity counseling; Food Rx
- Empowering all consumers to make and have access to healthy choices
 - FOP labels; expanding FV incentives for SNAP
- Supporting physical activity for all
 - Connecting to parks and outdoor spaces
- Enhancing nutrition and food security research
 - Improving metrics; advancing nutrition science

Nutrition Security



HOW WILL WE ACHIEVE NUTRITION SECURITY?



Provide nutrition support throughout all stages of life.



Connect all Americans to healthy, safe, affordable food sources.



Develop, translate, and enact nutrition science through partnership.



Prioritize equity every step of the way.

Preventing Childhood Obesity



Pediatric Obesity Prevention: Interventions to Improve BMI Measures

Methods

 Umbrella review

- Analysis of 20+ systematic reviews
- published 2017- February 2021

Conducted by Registered Dietitian Nutritionists

Effective Interventions for Specific Ages

2-5 Years of Age

Interventions in the home & family, healthcare and community settings

6-12 Years of Age

School Interventions Regulated screen time

Effective Interventions for All Children and Teens

 Nutrition WITH Physical Activity Interventions

 Multi-Component, Multi-Level or Multi-Setting Interventions

 Policies to Improve Access to Healthy Foods

Research Gaps

 Limited, mixed findings in all settings for 13-17 Years of Age

 Effect of diet quality

 eHealth, mHealth, telehealth

 Effect of food access

Hoelscher et al., 2022



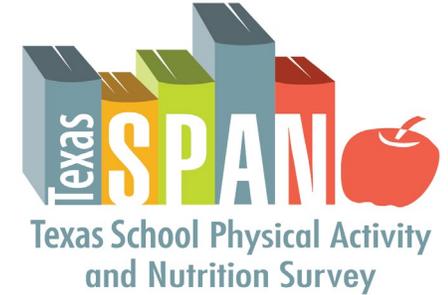
Evidence-based Policy Options



- Continue Universal Free School Meals
 - Make sure all schools that qualify get CEP/Provision 2
- State and local education agencies should prioritize PA during the school day
- Ensure that TX residents have safe and convenient access to walking and biking trails and that all students have safe routes to walk or bike to school.
- Increase SNAP access to address food insecurity
 - Remove and/or update the SNAP & TANF vehicle access test
 - Expand college student SNAP eligibility

Source: TFAH, 2021 and 2022

Evidence-based Policy Options



- Expand access to healthcare
 - Insurance plans/Medicaid should cover all U.S. Preventive Services Task Force “A” or “B” recommendations for obesity prevention/weight management/obesity treatment programs with no cost-sharing to the patient
- New Markets Tax Credit
 - Incentivizes taxpayers to invest in low-income communities that lack adequate access to capital
 - Example: transformation of a parking lot into a community facility with a rooftop garden and fitness center in Washington, DC

Source: TFAH, 2022

Evidence-based Policy Options



- Prevent weight stigma
 - Weight bias training for healthcare professionals
- Nutrition education in early care and education for parents
- Addressing social determinants of health (foundations of health) such as food insecurity
- Increase access to healthy foods
 - Fund Double Up Food Bucks programs at farmers' markets & grocery stores
 - Healthy Food Financing Initiative
- Digital advertising, especially to children and teens

Source: TFAH, 2022

Legislative Initiative Resources

TX RPC Resources

go.uth.edu/RPCresources

Texas Child Health Status Report

go.uth.edu/TexasChildHealth

Texas Legislative Bill Tracker

go.uth.edu/LegTracker

TX RPC Newsletter Archive

go.uth.edu/RPCnewsletter

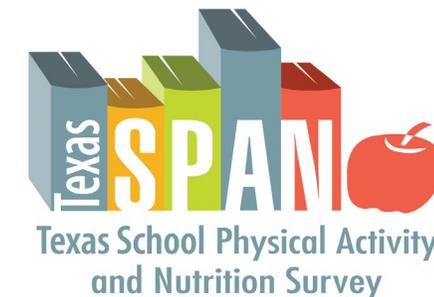
Michael & Susan Dell Center Webinar Series

go.uth.edu/CenterWebinars

Scan to view our
Legislative Initiatives



Texas Child Health Status Reports



Healthy Children, Healthy State:
CHILD OBESITY CRISIS IN TEXAS
Michael & Susan Dell Center for Healthy Living

Obesity is a major public health crisis in Texas!

Texas has the 8th highest obesity rate for youth ages 10-17 and the 12th highest adult obesity rate in the U.S.¹

17.3% of Texas youth ages 10-17 have obesity.

In Texas, Hispanic and African American children have higher rates of obesity compared to non-Hispanic white children².

Percent of Texas children who have obesity, by grade and ethnicity^{2,3}

Grade	Non-Hispanic White	African American	Hispanic
1 st grade	17	31	24

Childhood Obesity in Texas is getting worse.
Trends in childhood obesity from 2004-05 to 2019-20^{2,3}

Grade	2004-05	2009-11	2015-16	2019-20
4 th grade	23.4	24.8	25.3	28.5
8 th grade	19.5	23.0	24.7	24.5
11 th grade	17.3	20.1	20.2	24.6

Childhood Obesity is Risky

Obesity is associated with increased lifetime risks for adverse health outcomes^{4,5}, including:

- diabetes
- heart disease
- asthma
- high blood pressure
- depression
- sleeping difficulties
- higher risk of being obese as an adult

Childhood Obesity is Costly

Childhood obesity results in extra health care costs. A child with obesity has \$12,900 more in medical costs than a child with normal weight⁶.

Educational attainment is associated with lifetime earnings⁷. Obesity in childhood is associated with poorer educational outcomes^{8,9,10}, including:

- lower GPA
- lower reading scores
- lower math scores
- more school absences

We must do more to combat obesity in Texas.

Logos: UTH Health, Michael & Susan Dell Center for Healthy Living, Partnership for a Healthy Texas, Texas Health and Human Services, Texas Department of State Health Services.

Translate public health research into policy and practice using state-level data

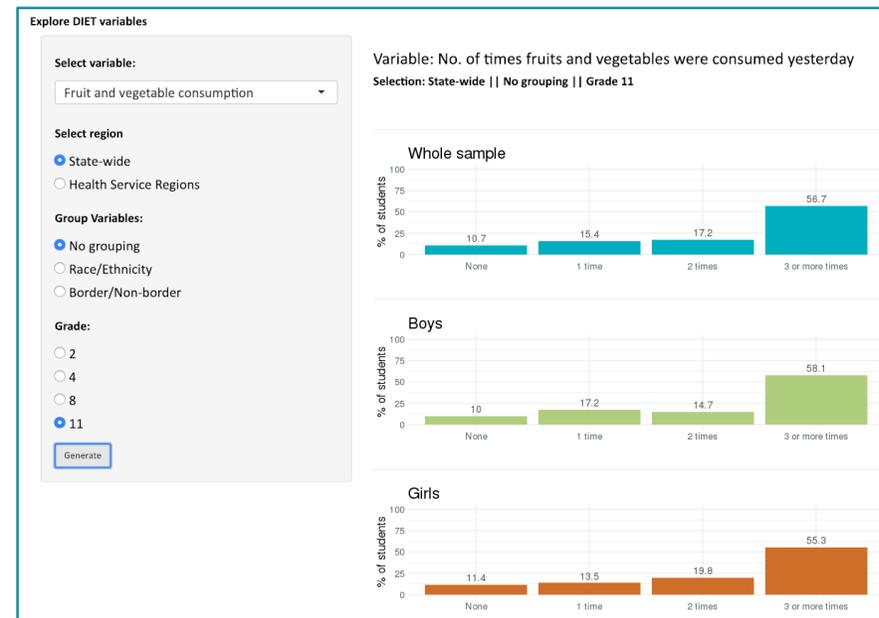
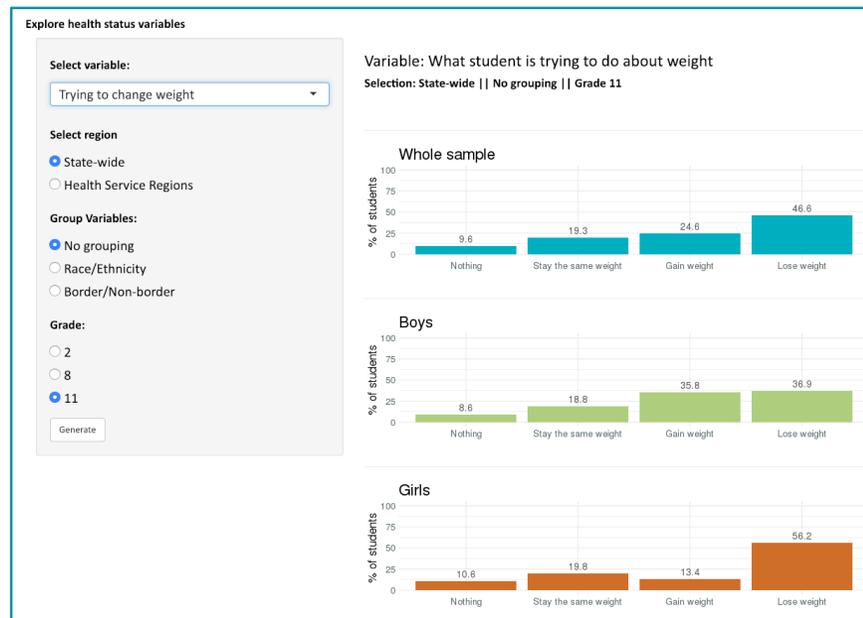
- Brief, concise reports
- Useful to public health advocates and legislators



SPAN Interactive Website



The interactive SPAN database will be updated soon.
Access it at: <https://span-interactive.sph.uth.edu/>



2023 Jean Andrews Centennial Lectureship

Are we there yet?

Driving to health equity in the treatment of obesity

The Department of Nutritional Sciences at the University of Texas at Austin presents
The Jean Andrews Centennial Visiting Professor Lecture with:



texas
science
festival
2023

Jamy Ard, MD

Wake Forest School of Medicine

Dr. Jamy Ard is a nationally and internationally recognized leader in obesity research and treatment. His clinical research is focused on studying strategies to treat obesity in adults using a variety of state-of-the-art approaches, ranging from surgery and medications to lifestyle therapy with remote monitoring. Dr. Ard is focused on treating adults who either suffer from obesity disparities or where obesity treatment is particularly challenging. In the clinic, he is also exploring how to use new obesity treatments to improve the control, or bring about the resolution, of chronic diseases like type 2 diabetes. Dr. Ard is President-Elect of The Obesity Society.

Public Lecture

Thursday, March 2, 2023

"Are we there yet? Driving to health equity in the treatment of obesity"

6:30 – 8:00 p.m.

Welch Hall 2.224 • UT Austin • Free Admission

Register at: sciencefest.utexas.edu

Science Lecture

Friday, March 3, 2023

"Phentermine: A new look at an old drug"

12:00 – 1:00 p.m.

Avaya Auditorium (POB 2.302) • UT Austin

Free Admission



®

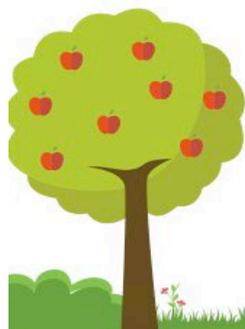
MICHAEL & SUSAN DELL
CENTER *for* HEALTHY LIVING



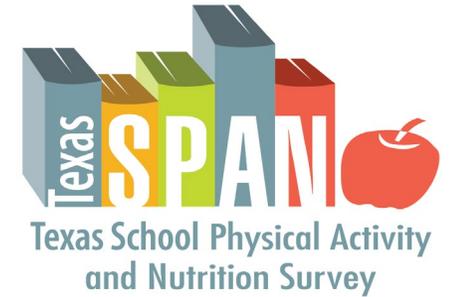
Healthy children in a healthy world.

We advance health and healthy living for children and families through cutting-edge research, innovative community-based programs, and dissemination of evidence-based practices.

STRATEGIC PLAN GOALS



Thank You!



Deanna Hoelscher, PhD, RDN

Regional Dean, Texas SPAN PI

Deanna.M.Hoelscher@uth.tmc.edu

UTHealth | The University of Texas Health
Science Center at Houston
School of Public Health in Austin

Michael & Susan Dell Center for Healthy Living

SPAN Information: <http://go.uth.edu/SPAN>



Thank you!

Check out our website: livesmarttexas.org



Follow us on Twitter!
@LiveSmartTexas

