Let’s Go!
Childhood Obesity Project ECHO®

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Housekeeping

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

Introduce Yourself

Please turn on your video!
Please enter your name, organization, and email address (needed for CME) in the chat.
If you are watching as a group, please put everybody’s information in the chat.

Microphones

Please mute your microphone when not speaking.

Agenda

Welcome and Introductions (5 min)
Lecture & Q&A (25 min)
Case/Discussion (25 min)
Close (5 min)
Focus of this Project ECHO®

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

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

- After each ECHO session, you will receive an email with a link to a brief evaluation survey and Post-Test.
  - Please complete within 1 week.

- Upon completion, a link to the CME credit will be sent to you.
Advancing Diet Quality through Culinary Medicine and Diet Quality Screening

Carrie Gordon, MD
Culinary Medicine

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

FOOD IS MEDICINE PYRAMID

Medically Tailored Meal Programs

Medically Tailored Food Programs

Produce Prescription/Voucher Programs

Population-Level Healthy Food Programs

SNAP, WIC, and Emergency Food Programs

Priorities for Health Care Funding

Prevention

Treatment

LINK to Massachusetts Food As Medicine State Plan
Food for Health & Healing

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

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

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Healthy Outcomes Research
Food Security
Medically Tailored Food Programs
Hospital Food Service
Food for Health & Healing
Employee Wellness Program
Marketing & Communication
Medical Education
Teaching Kitchens
Dietitian Services

MaineHealth
LET’S GO! 5-2-1-0
Culinary Medicine/FAM: patient facing efforts

• Cooking Matters:
  - Here in Maine, we have experience delivering content synchronously, asynchronously, virtually and in person, with patients and with medical learners

• Hospital Food Pantries
  - Food as Medicine Study

• Prescription Meal Delivery With Heart Failure

• Clinic and Hospital Food Bags

• Pop-up Pantries

• Gardens

• BBCH Support For Parents Of Hospitalized Children With Food Insecurity
Culinary Medicine: Training Resources

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

• Basic culinary skills:
  - Knife skills
  - Food safety (hand hygiene, washing produce, handling knives, meat cooking temperatures)
  - Cooking terminology
  - Flavoring foods in healthy ways (acid, spices without sodium)
  - Cost-conscious recipe variations that are healthier than original (lean protein burgers, homemade salad dressings)

• Label reading and Unit based pricing shopping skills
  - Fresh, frozen and canned

• Meal planning

• Cooking as a Family
  - Helps with family bonding, encouraging selective eaters to try new foods and decreases burden on individuals cooking without support at home
Medical learner and Hospital employee facing

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

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

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

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

- 2 point increase in Mediterranean diet score is felt to be linked to 10% reduction in CVD risk and 8% decrease in mortality

- Consistent evidence that better conformity with the Med Diet is associated with decrease rates of coronary heart disease, stroke, improved brain function and gut microbiome

- Alternative Healthy Eating Index
  - Higher scores have less coronary disease, diabetes, cancer death, better performance on PA

- Starting the conversation diet screener
  - Validated to be accurate reflection of diet
  - Developed in the low-fat era
Other considerations

• System by-in and EMR integration for referrals, resources, screeners

• Cultural sensitivity
  - The MedDiet is a white diet and use of it is reflective of systemic racism and bias, marginalizing other cultures

• Community Gardening/Home Gardening Support
References


• Withers, D and Burns H, Enhancing food security through experiential sustainability leadership practices: A study of the Seed to Supper program, Journal of Sustainability Education, Vol 5, May 2013
Some possible next steps for you....

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

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

• Feel free to reach out to us at:
  - ObesityECHO@mainehealth.org
  or
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  - Carrie - carrie.gordon@mainehealth.org