

The University of Texas Health Science Center at Houston School of Public Health El Paso

Center for Community Health Impact



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- Recognize obesity is a complex disease <u>caused</u> by the body's inability to regulate energy storage in a health range resulting in excess body fat.
- Factors extrinsic to the individual that can increase the rate or timing of the expression of the disease of obesity are <u>contributors</u>
- Power influences availability of, access to, and the use of solutions that address both the causes and contributors (Dr. Odoms-Young, Mr. Archer, Dr. Iton)
- Even if all Contributors went away, we would not address the millions of people who have obesity

- Focus on evidence-based treatments of the causes and contributors will drive the greatest impact on obesity at community and population level
 - Challenges & barriers for evidence-based treatment of causes
 - Diversity/variety of treatment options for the many causes addressed through ongoing research
 - Access addressed through
 - provider training ~8000 specialists, >600,000 PCPs, 145million in need of treatment (Dr. Castrucci)
 - healthcare coverage no meds received by ~12% of patients with diabetes vs. 98.7% of patients with obesity* (Dr. Castrucci)
 - continued research focused on implementation and scalability (Dr. Cardel and Dr. Pérez-Escamilla)

*Dolton & Tafesse, Childhood obesity, is fast food exposure a factor? Econ Hum Biol. 2022 Aug;46:101153. *Saxon, et al.. Antiobesity Medication Use in 2.2 Million Adults Across Eight Large Health Care Organiztions: 2009-2015. Obesity (Silver Spring). 2019 Dec;27(12):1975-1981.

- Focus on evidence-based treatments of the causes and contributors will drive the greatest impact on obesity at community and population level
 - Challenges & barriers for evidence-based strategies for contributors
 - Much evidence shows contributors do not directly influence weight*
 - Access to healthy environments will facilitate evidence-based treatment this access is influenced by power, <u>politics</u> (Dr. Iton)
 - "Everyone has power" (Ms. Moskowitz Brown)

*Dolton & Tafesse, *Childhood obesity, is fast food exposure a factor?* Econ Hum Biol. 2022 Aug;46:101153.

*Hobbs et al. Access and quality of parks and associations with obesity: A cross-sectional study. SSM Popul Health. 2017 Aug 12;3:722-729.

^{*}Lam, et al. Associations between the built environment and obesity: an umbrella review. Int J Health Geogr. 2021 Feb 1;20(1):7

- When developing strategies to address the causes or contributors of obesity, we need to:
 - Engage members of the community that we are aiming to serve (i.e. participatory approaches) (Dr. Cardel, Dr. Okihiro, and others)
 - Use the tools of implementation science
 - Evaluate the outcomes we intend to change (Dr. Pérez-Escamilla, Dr. Okihiro)

- Take care with our communication and framing:
 - Be clear when we are targeting obesity vs when we are targeting broader or more general health
 - Are we targeting F&V intake because of overall health or to decrease obesity?
 - A focus on eating more F&V did not decrease BMI, but using it as a strategy to maintain a negative calorie balance was useful*
 - Measure and report what we are targeting (Dr. Okihiro)
 - Importance: ensuring we don't perpetuate misperceptions about obesity.
 - Conflating contributors and causes can fuel the bias that people with obesity "choose" to have excess weight because they don't eat healthy or exercise enough (Dr. Castrucci)

*Whigham, et al. *Increased vegetable and fruit consumption during weight loss effort correlates with increased weight and fat loss*. Nutr Diabetes. 2012 Oct 1;2(10):e48.

INTEGRATION of individual strategies that are scalable and available regardless of location, income level, race, ethnicity AND system-wide changes that make the individual strategies available and sustainable



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