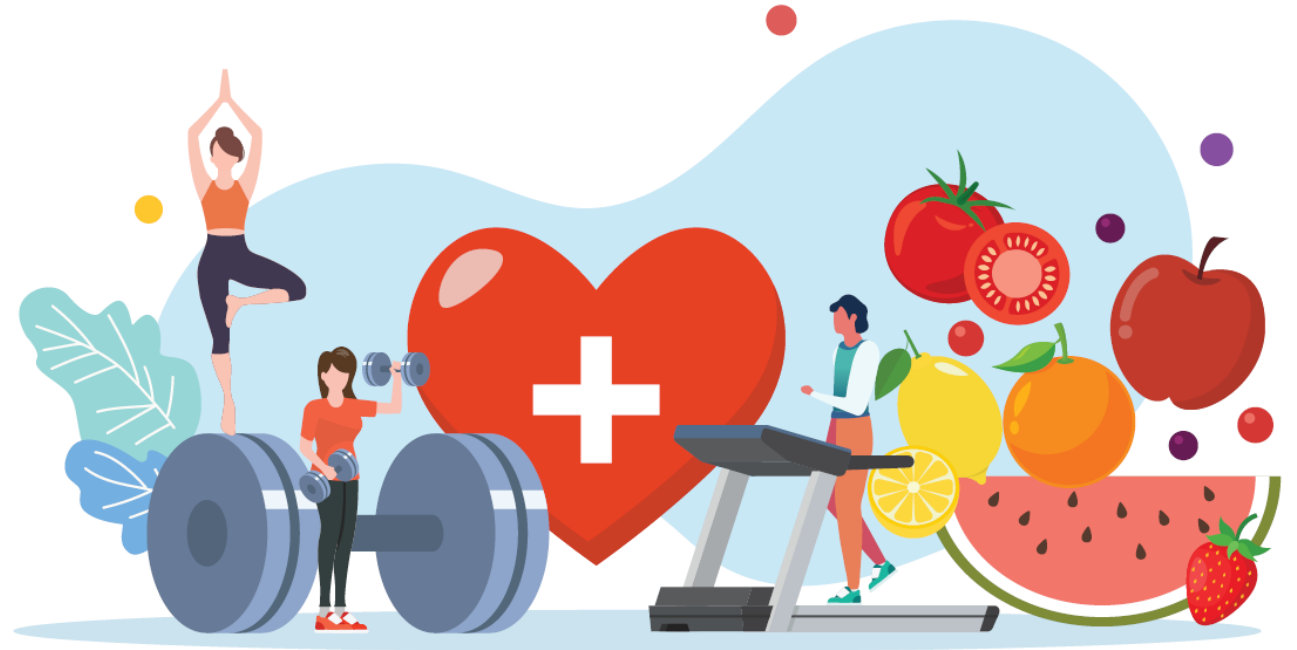


TOOLS AND STRATEGIES FOR NUTRITION AND EXERCISE QUALITY IMPROVEMENT: PROJECT ECHO MODEL SESSIONS

Session 1: Introduction



March 11, 2026

National Center for Health in Public Housing

- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$668,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



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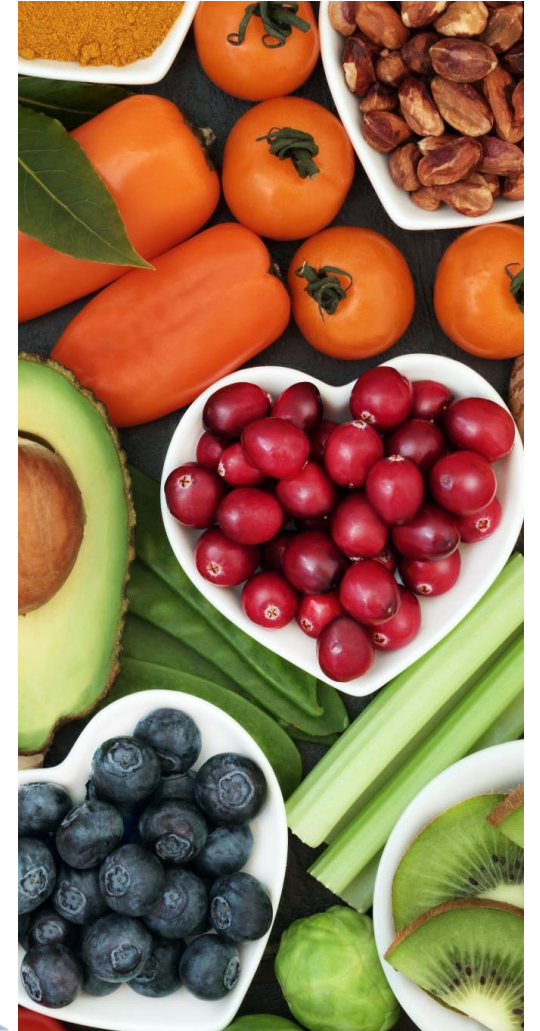


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Chief Medical Officer

- Chief Community Health Officer at La Maestra Community Health Centers, leading community health strategy and implementing the Circle of Care model to address medical, behavioral, and social needs in San Diego communities.
- Chief Medical Officer at the National Center for Health in Public Housing, with over 12 years developing training and technical assistance programs for community health centers serving public housing populations.
- National leader in population health and chronic disease prevention, contributing to major initiatives such as the American Diabetes Association's Practice Committee and the development of the Standards of Care in Diabetes.

Learning Objectives

1. **Examine** the connection between a healthy lifestyle and disease and chronic conditions.
2. **Apply** the five-step collaborative cycle to motivate and empower clients to adopt and sustain healthy behavioral patterns.
3. **Identify** evidence-based guidelines for healthy eating pattern and explain why certain foods are health-promoting.
4. **Understand** the six pillars of lifestyle medicine and explain their dependencies on one another to achieve sustained wellness.
5. **Create** a plan for behavioral change that starts a joyful journey to adopt and sustain healthy practices through all life stages.
6. **Apply** a growth mindset, self-compassion, and internal motivator to implement a plan for sustained behavioral change.





“If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.”

Hippocrates.

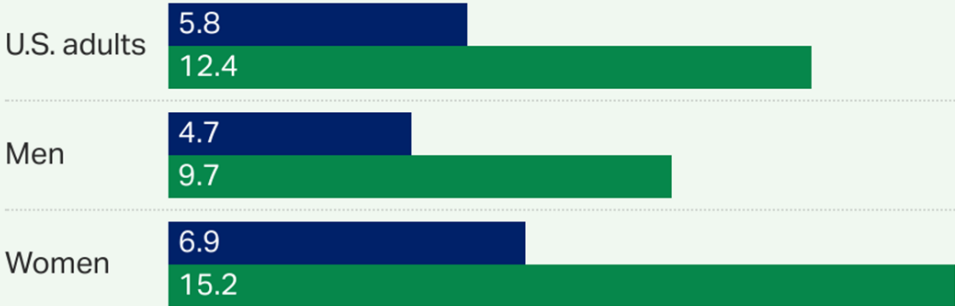
Declining Rates of Obesity in the U.S.

Use of Weight Loss Injectables More Than Doubles in Under Two Years

Have you ever taken an injection for weight loss such as semaglutide (brand names Ozempic and Wegovy) or liraglutide (brand name Saxenda)?

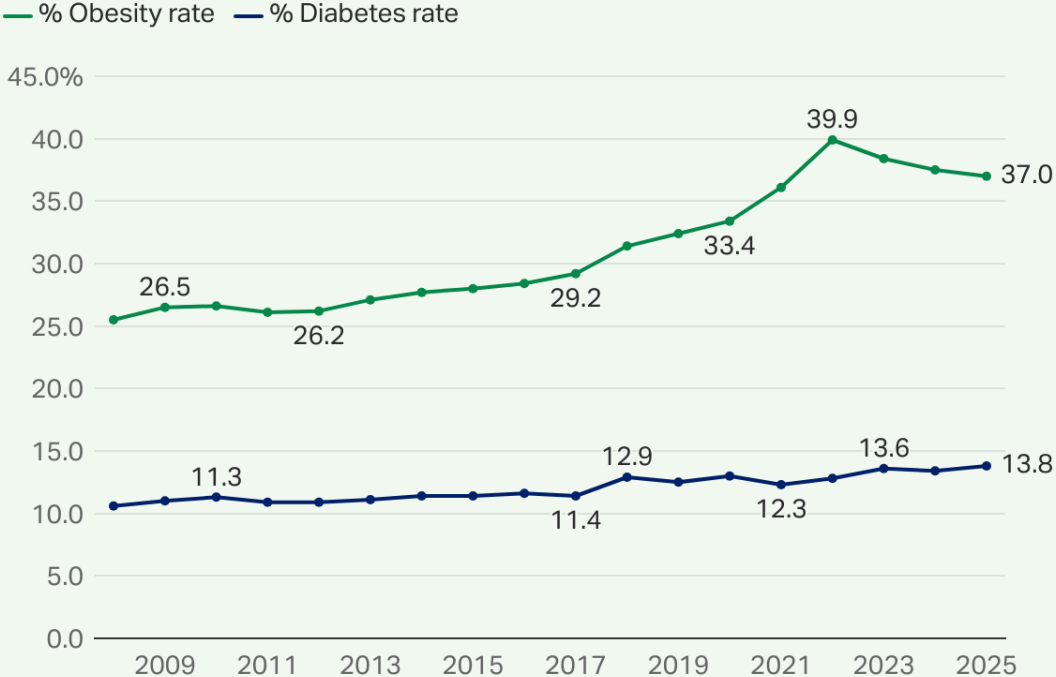
% Yes, I have

■ Q1, 2024 ■ Q2 + Q3, 2025



GALLUP

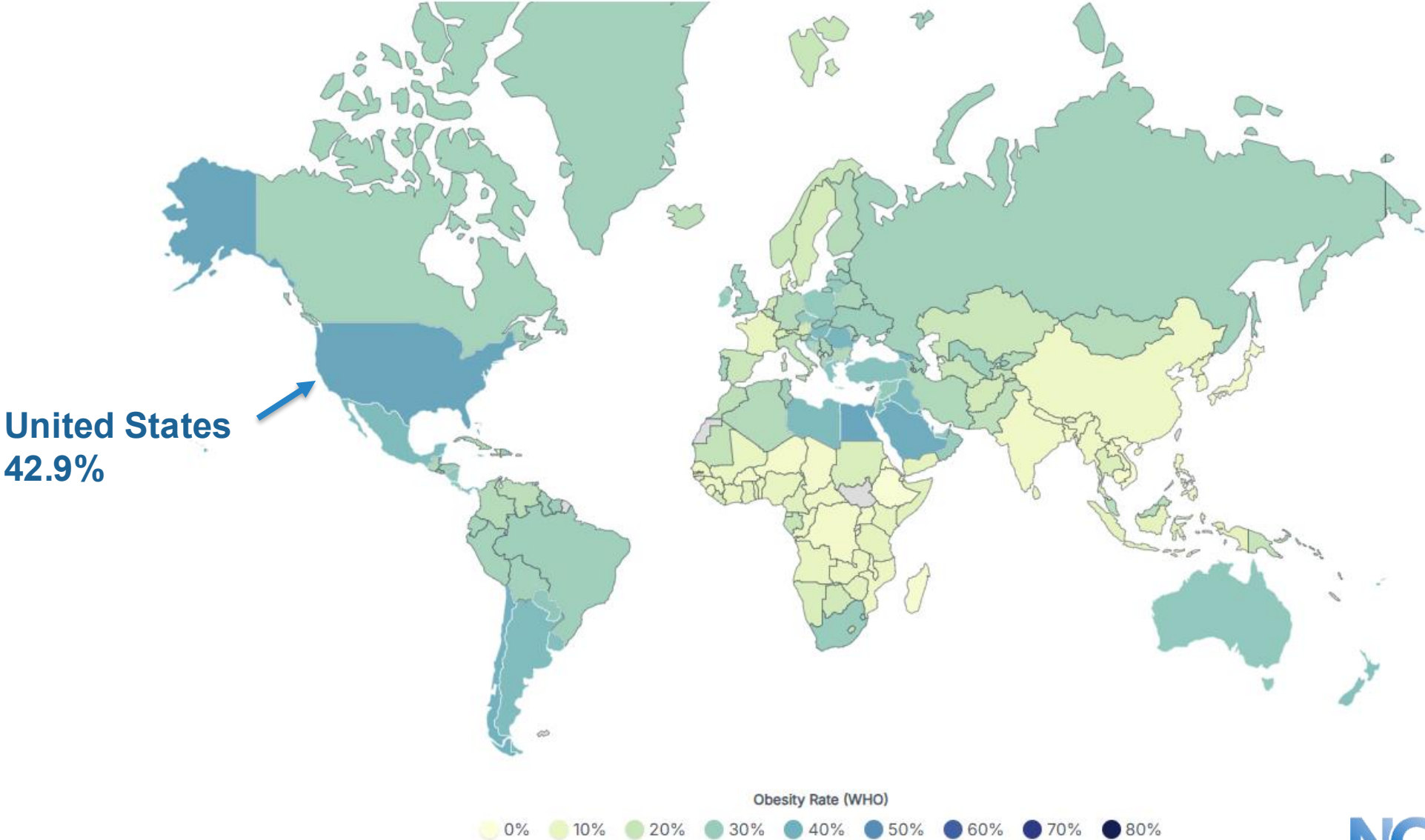
Obesity Showing Signs of Decline in U.S.



GALLUP

Source: Witters, D., & James, M. P. (2025, October 28). Obesity rate declining in U.S. Gallup. <https://news.gallup.com/poll/696599/obesity-rate-declining.aspx>

Obesity Rates by Country 2026



Source: World Population Review. (2026). Obesity rates by country. <https://worldpopulationreview.com/country-rankings/obesity-rates-by-country>

At a Glance

- Obesity is a serious, common, and costly chronic disease. **More than 2 in 5 U.S. adults have obesity.**
- Obesity affects some groups more than others, including non-Hispanic Black adults and adults with less education.
- Many adults with obesity have **other serious chronic diseases**, including diabetes and heart disease.
- Obesity accounts for **nearly \$173 billion in medical expenditures in 2019 dollars.**

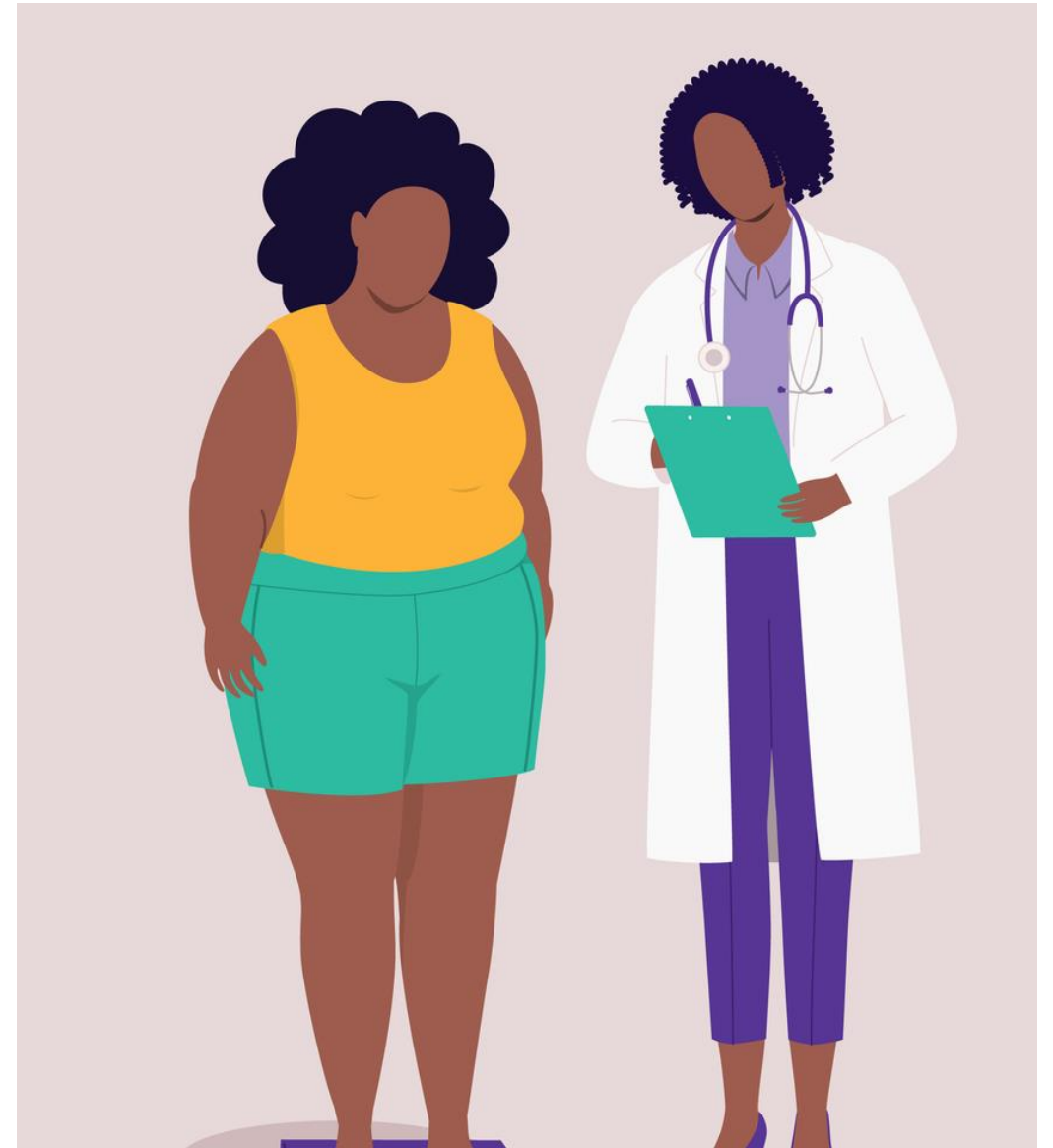


Which statement best describes the etiology of obesity?

- a) Obesity primarily results from a generic predisposition.
- b) Psychological factors can override the effects of genetics in the etiology of obesity.
- c) Obesity is the result of complex interactions between genetic and environmental factors.
- d) Genetic factors are more important than environmental factors in the etiology of obesity.

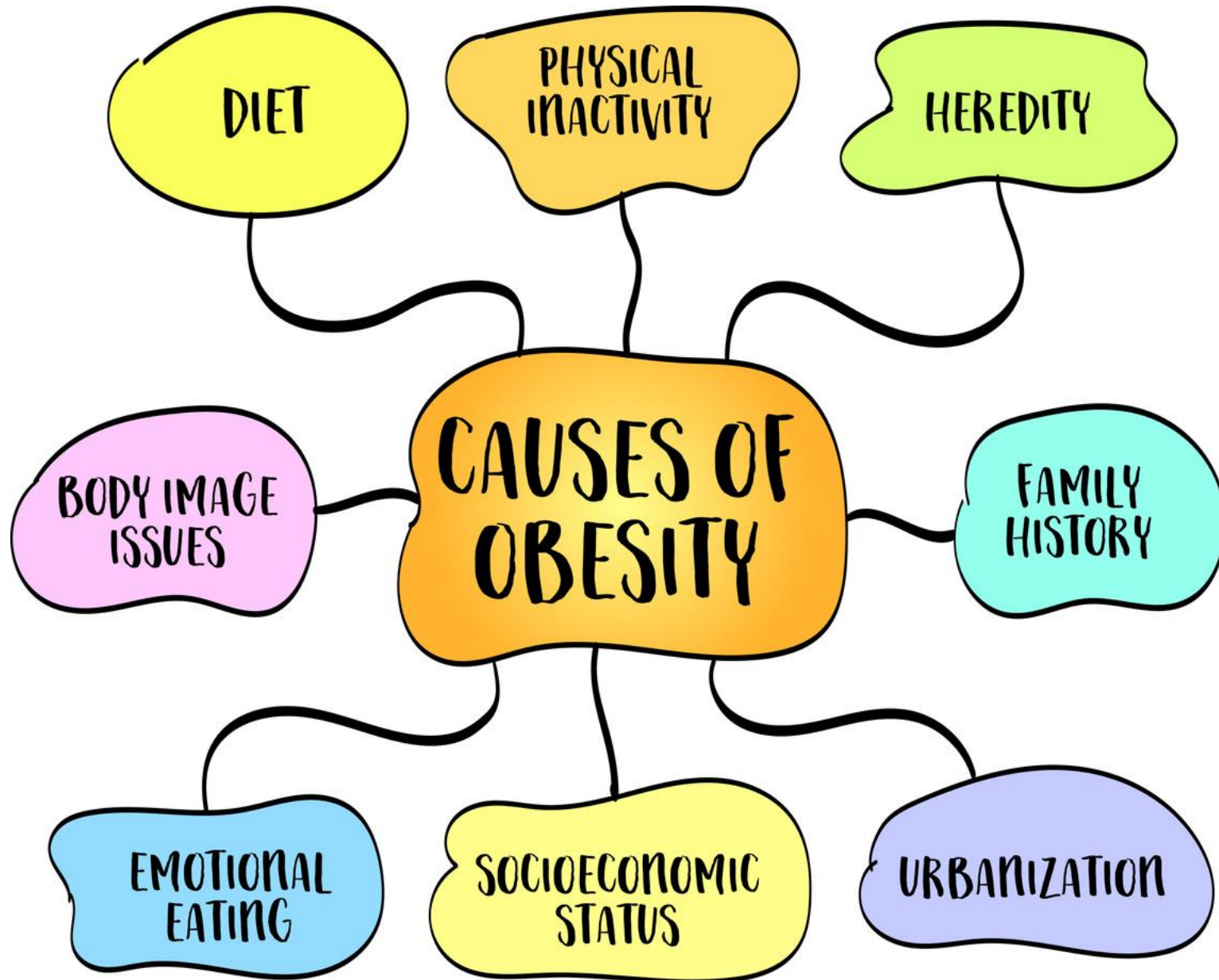
Definition of Obesity

- Obesity is defined by the **World Health Organization** (WHO) as “abnormal or excessive fat accumulation that presents a risk to health.” The disease of obesity affects more than one-third of U.S. adults, according to the **Centers for Disease Control and Prevention** (CDC). The CDC uses body mass index (BMI), or a person’s weight in kilograms divided by the square of their height in meters, to measure obesity. Individuals with a BMI of 30 or higher are considered to have obesity. While BMI can be used as an initial tool to screen for obesity, **it does have limitations**. The WHO recognizes these limitations, stating that BMI is only “a crude population measure of obesity.”
- The Obesity Medicine Association (OMA) and stated in OMA’s **Obesity Algorithm**[®] defines obesity as a “chronic, relapsing, multi-factorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences.”



What raises the risk of overweight and obesity?





Obesity is a Disease

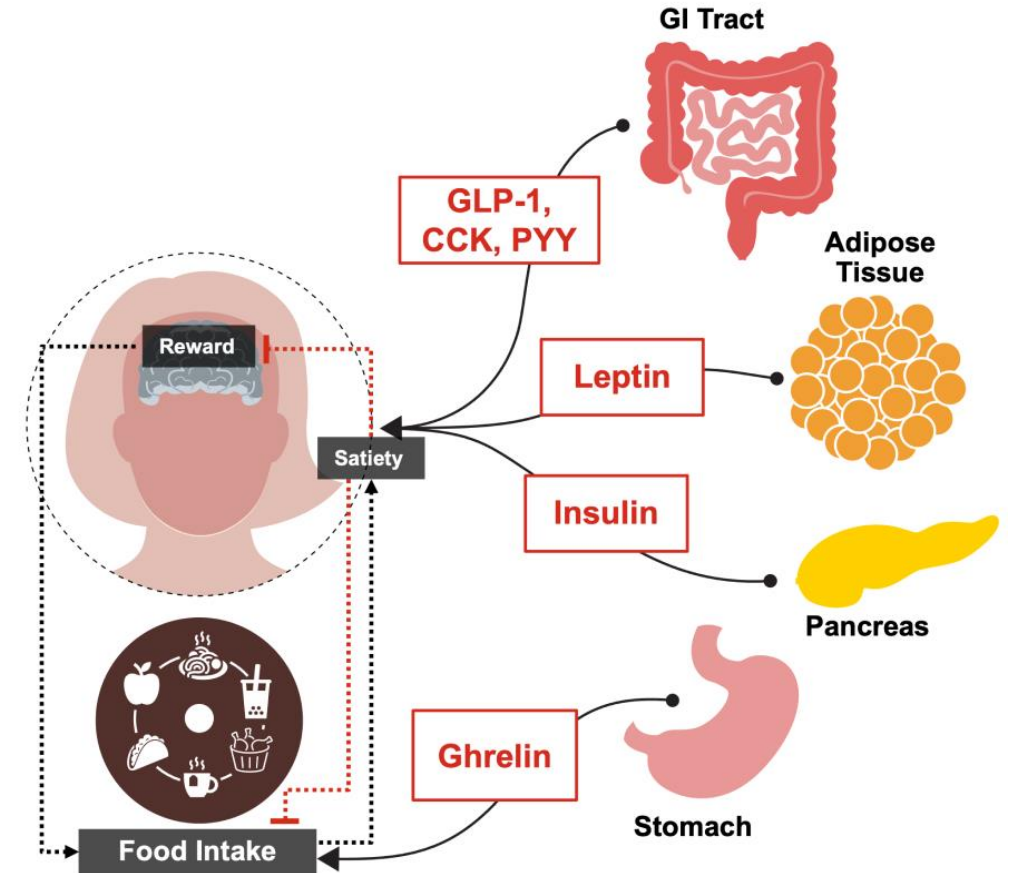
Overview and Development of Obesity

- Dysregulated energy balance is central to obesity.
- Obesity is a multifactorial, chronic, progressive, relapsing, and treatable multifactorial, neurobehavioral disease. An increase in body fat promotes adipose tissue dysfunction and abnormal fat mass, resulting in adverse metabolic, biomechanical, and psychosocial health consequences.

A body mass index (BMI) of ≥ 30 kg/m² is consistent with a diagnosis of obesity. Obesity is categorized into classes (class 1: 30.0-34.9 kg/m², class 2: 35.0-39.9 kg/m², and class 3: ≥ 40.0 kg/m²). Complex biological systems play a major role in regulating food intake in response to hunger, satiety, and appetite signals. Disruption in these mechanisms may alter energy balance and contribute to obesity development and persistence.

Contributing Factors:

- Societal
- Environmental
- Epigenetic
- Genetic
- Psychological





What to Know

- Poor nutrition and physical inactivity increase the risk of chronic conditions like obesity, depression, type 2 diabetes, heart disease, and some cancers—which can lead to disability and premature death.
- Fewer than 1 in 10 children and adults eat their recommended vegetables.
- A quarter of adults (25%) and even fewer adolescents (16%) meet U.S. physical activity guidelines.
- As many as 40% of adults and 20% of adolescents have obesity.
- Public health approaches, including surveillance, education, policy and environmental strategies, and resources are needed to make healthy eating and active living accessible for everyone.

Source: Centers for Disease Control and Prevention. (2024, June 3). Nutrition, physical activity, and weight status — Indicator definitions.

<https://www.cdc.gov/cdi/indicator-definitions/npao.html>

Pathophysiology of Obesity



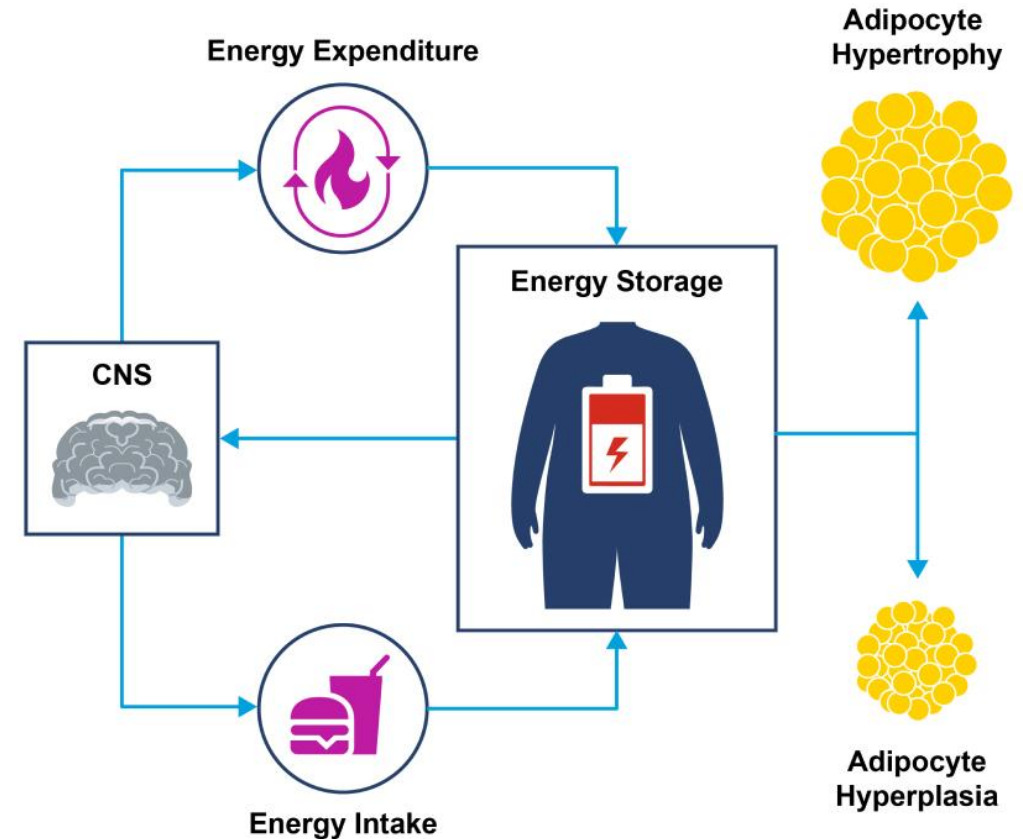
Emerging data suggests that the neuroendocrine regulation of central nervous system (CNS) pathways involved with food intake, energy expenditure, and body weight may be impaired in obesity.



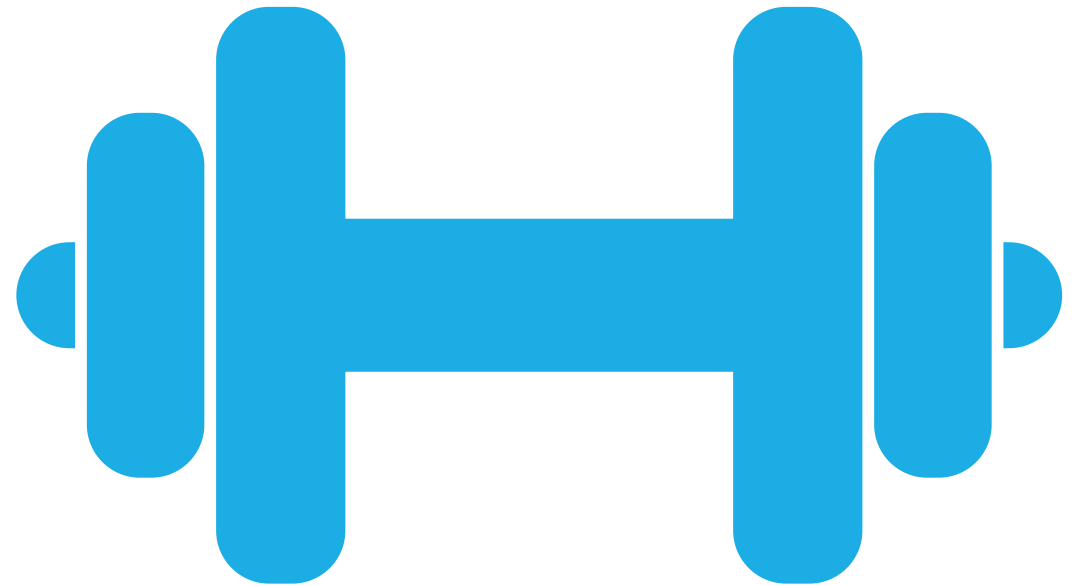
Under normal physiologic conditions, the dietary energy intake required to maintain energy homeostasis varies by age, gender, body size, genetic factors, activity, and ambient temperature. These inter- and intra-individual variations in energy needs are, in principle, reflected in appetite and food intake.



Prolonged imbalance in energy homeostasis is the fundamental cause for pathophysiological changes observed during obesity. Excess energy is stored as lipid in adipocytes, and chronic positive energy balance may lead to either adipocyte hyperplasia (increased number of adipocytes) or adipocyte hypertrophy (increased size of adipocytes).

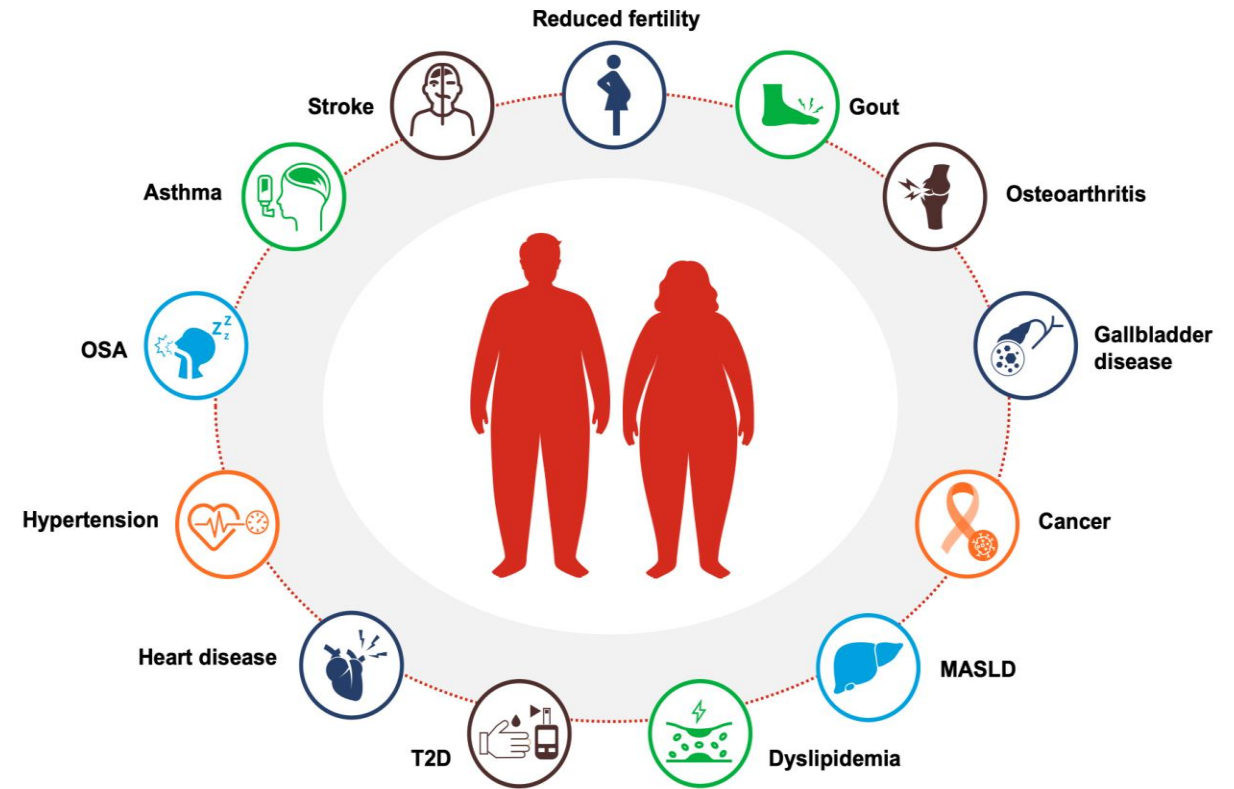


WHAT ARE SOME COMPLICATIONS OF OBESITY?

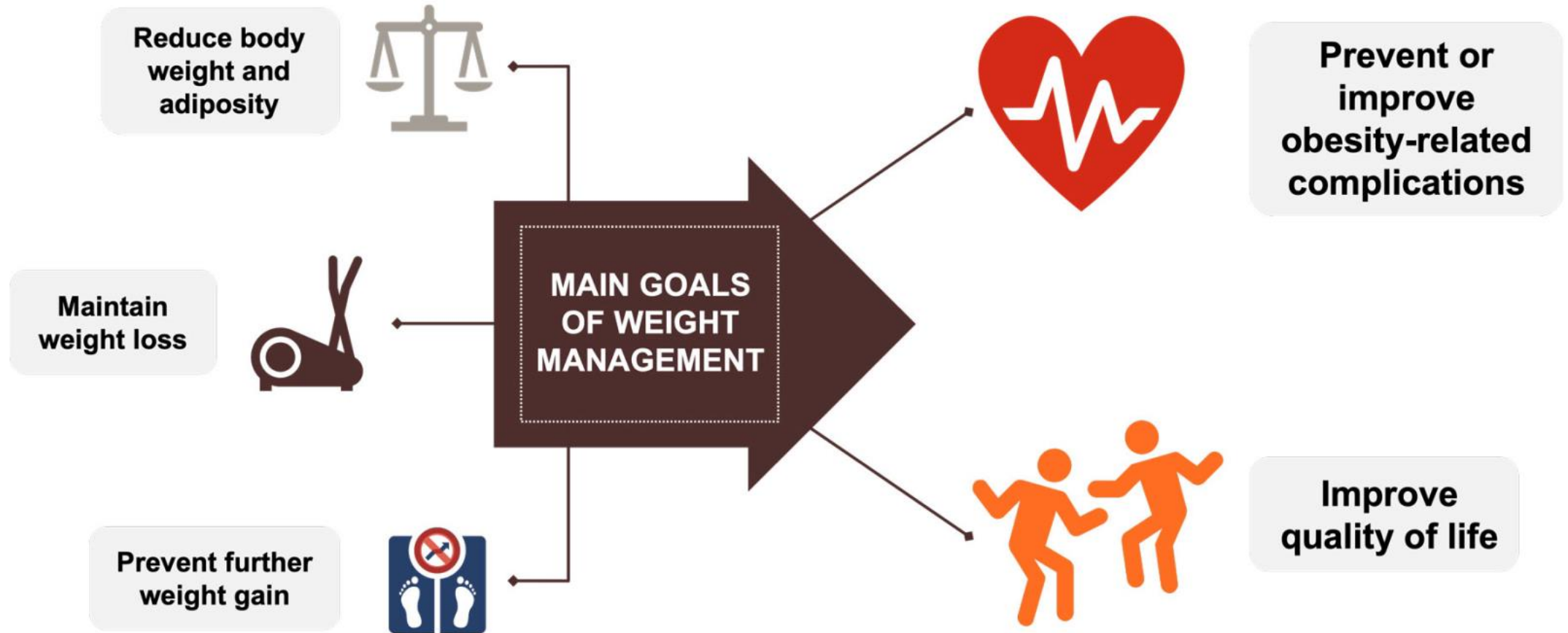


Complications of Obesity

- Obesity is a multisystem disease associated with complications
- Obesity gives rise to a wide range of complications that have a profound impact on multiple organ systems.
- Most of these complications are caused by the metabolic effects of adipose tissue, but some are caused by the mechanical effects of increased body mass or psychosocial effects. Often, these complications reduce the patient's quality of life (QoL). Here is more information about obesity-related complications and how they may impact individuals with obesity.

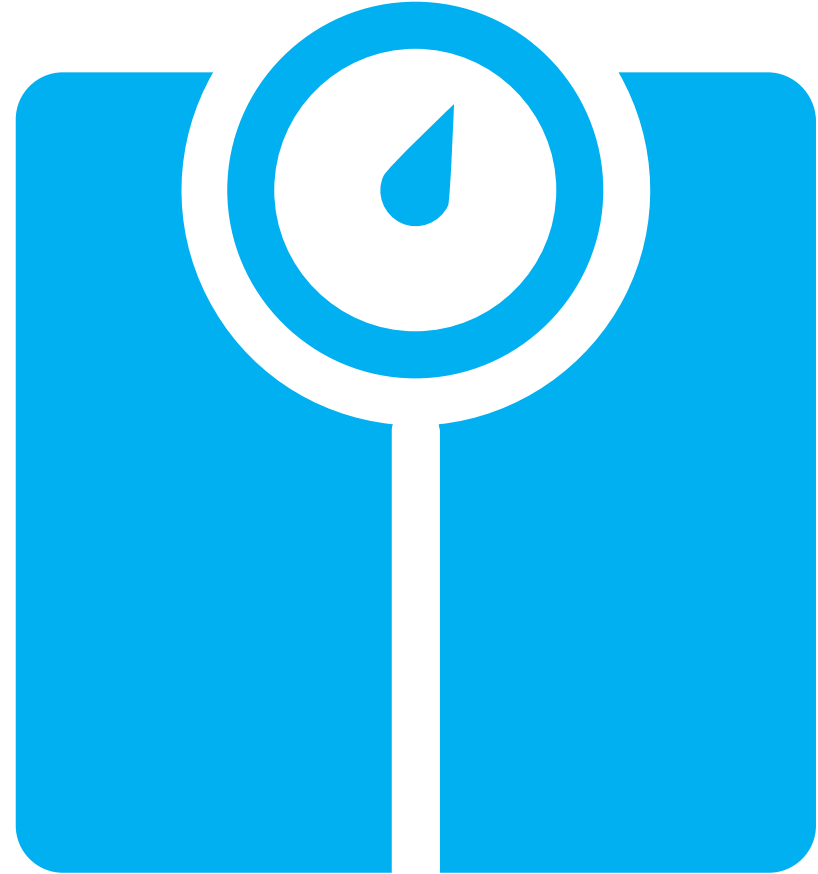


Goals of Weight Management



Source: Bray, G. A., Heisel, W. E., Afshin, A., Jensen, M. D., Dietz, W., Long, M. W., & Pi-Sunyer, F. X. (2018). The science of obesity management: An endocrine society scientific statement. *Hypertension*, 72(5), e55–e88. <https://www.ahajournals.org/doi/10.1161/HYP.000000000000202>

WHAT ARE THE BARRIERS AND CHALLENGES OF WEIGHT MANAGEMENT?



Barriers and Challenges to Weight Management

- Biological barriers
- Views and experiences of patients and clinicians
- Weight bias and stigma
- Lack of time during office visits
- Lack of access to obesity health care professionals and pharmaceuticals
- Ability to access clinical care
- Access to healthy foods
- Ability to participate in physical activities








Setting Expectations in Weight Management Conversations

Obesity is a disease characterized by excess body fat that affects the health and well-being of individuals.¹ Obesity has been traditionally viewed as a result of insufficient will power, lack of discipline, or poor personal choices.² However, with the medical community's growing understanding of this complex disease state evidence is shedding light on the involvement of genetic, environmental, behavioral, and physiological factors.³

Role of HCPs in Obesity

HCPs play a vital role in the prevention and management of obesity by helping patients to:



-  Understand the causes and consequences of obesity and its impact on their health and well-being.⁴
-  Assess their weight status and health risks using evidence-based tools and criteria.⁴
-  Receive evidence-based advice and support for weight management, including dietary, physical activity, behavioral, pharmacological, and metabolic surgical interventions.⁴
-  Access appropriate resources and services for weight management, such as nutritionists, dietitians, physical therapists, psychologists, and bariatric surgeons.⁴
-  Overcome barriers and challenges, such as lack of knowledge, motivation, self-efficacy, social support, or access to care.⁴
-  Adopt healthy behaviors and lifestyle modifications that can improve their health outcomes and quality of life.⁴
-  Monitor their progress and outcomes using relevant indicators and measures.⁴

Source: Lilly USA, LLC. (n.d.). *Setting expectations in weight management conversations* [Educational resource].

<https://journals.lww.com/jaanpresourcecenter/PublishingImages/LILLY-Setting%20Expectations%20in%20Weight%20Management.pdf>

● ——— Which Patients Should HCPs Engage in a Conversation About Their Weight⁵? ——— ●



Have Overweight, with a BMI 25 to 29.9



Have obesity, with a BMI ≥ 30



Have a waist circumference greater than 35 inches for women or 40 inches for men



Have metabolic syndrome, high blood pressure, unhealthy lipid levels, or high blood glucose

Source: Lilly USA, LLC. (n.d.). Setting expectations in weight management conversations [Educational resource].

<https://journals.lww.com/jaanpresourcecenter/PublishingImages/LILLY-Setting%20Expectations%20in%20Weight%20Management.pdf>

5-A's Highlighted by U.S. Preventive Services Task Force (USPSTF)



Assess: Ask about/assess behavioral health risk(s) and factors affecting choice of behavior change goals/methods.



Advise: Give clear, specific, and personalized behavior change advice, including information about personal health harms and benefits.



Agree: Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change the behavior.



Assist: Using behavior change techniques (self-help and/or counseling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence, and social/environmental supports for behavior change, supplemented with adjunctive medical treatments when appropriate.



Arrange: Schedule follow-up contacts (in person or by telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialized treatment.



4 low-risk behaviors:

- Never smoke
- Healthy diet
- Adequate physical activity
- Moderate alcohol consumption

Exert a powerful and beneficial effect on mortality.

Source: Ford, E. S., Bergmann, M. M., Boeing, H., Li, C., & Capewell, S. (2011). Low-risk lifestyle behaviors and all-cause mortality: Findings from the National Health and Nutrition Examination Survey III Mortality Study. *American Journal of Public Health, 101*(10), 1922–1929. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3222361/>

Life Essentials

Life's Essential 8 are the key measures for improving and maintaining cardiovascular health, as defined by the American Heart Association. Better cardiovascular health helps lower the risk for heart disease, stroke and other major health problems.



Life's Essential 8 comprises two major areas: Health Behaviors and Health Factors

Health Behavior 1: Be more active

Health Behavior 2: Eat better

Health Behavior 3: Quit tobacco

Health Behavior 4: Get better sleep

Health Factor 1: Manage weight

Health Factor 2: Control Cholesterol

Health Factor 3: Manage blood sugar

Health Factor 4: Manage blood pressure

6 Pillars of Lifestyle Medicine



Source: American College of Lifestyle Medicine. (2025, March 20). *How each lifestyle medicine pillar supports good nutrition.*

https://lifestylemedicine.org/how-each-lifestyle-medicine-pillar-supports-good-nutrition/?gad_source=1&gad_campaignid=23059320862&gbruid=OAAAAACnVqGgp-5aZwu1JBCuHJO2T4CEYh&gclid=CjwKCAiAh5XNBhAAEiwa_Bu8FTqByYn4EIP5NHktFzIbg-TZZTQ8Mh6ZafI9MNMm_THmWgaTYyZibRoCF2AQAvD_BwE

Only 55% of people with obesity receive a formal diagnosis and even fewer receive ongoing weight management²

- ✔ A small minority of patients with obesity receive clinically proven lifestyle, pharmacological, and/or surgical interventions²

AACE/ACE diagnosis for patients with obesity⁸



Evaluation

- ✔ Medical history
- ✔ Physical examination
- ✔ Clinical laboratory testing
- ✔ Review of systems, emphasizing weight-related comorbidities
- ✔ Obesity history



Anthropometric diagnosis

- ✔ Confirm that elevated BMI represents excess adiposity
- ✔ Measure waist circumference to evaluate cardiometabolic disease risk



Clinical diagnosis

- ✔ Normal weight: $<25 \text{ kg/m}^2$ or $<23 \text{ kg/m}^2$ in certain ethnicities with waist circumference below regional/ethnic cutoffs
- ✔ Overweight: $25\text{-}29.9 \text{ kg/m}^2$
- ✔ Obesity: $\geq 30 \text{ kg/m}^2$



Patients may present with obesity

and/or weight-related complications, so it is important to evaluate for both⁸

Five-Step Cycle in the Coaching Model



Source: Frates, E. P., & Bonnet, J. (2016). Collaboration and negotiation: The key to therapeutic lifestyle change. *American Journal of Lifestyle Medicine*, 10(5), 302–312. DOI: [10.1177/1559827616638013](https://doi.org/10.1177/1559827616638013)

Discussion on Weight Management

Prepare a welcoming environment for patients¹

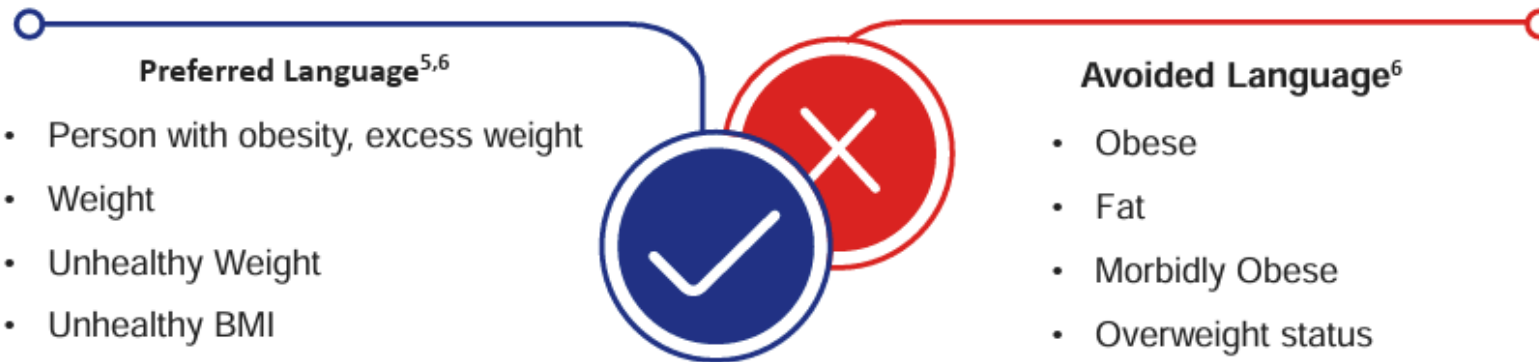
Ensure that the clinic waiting areas and consultation rooms have furniture and equipment suitable for all patients, including those with obesity. A welcoming environment may include the following:

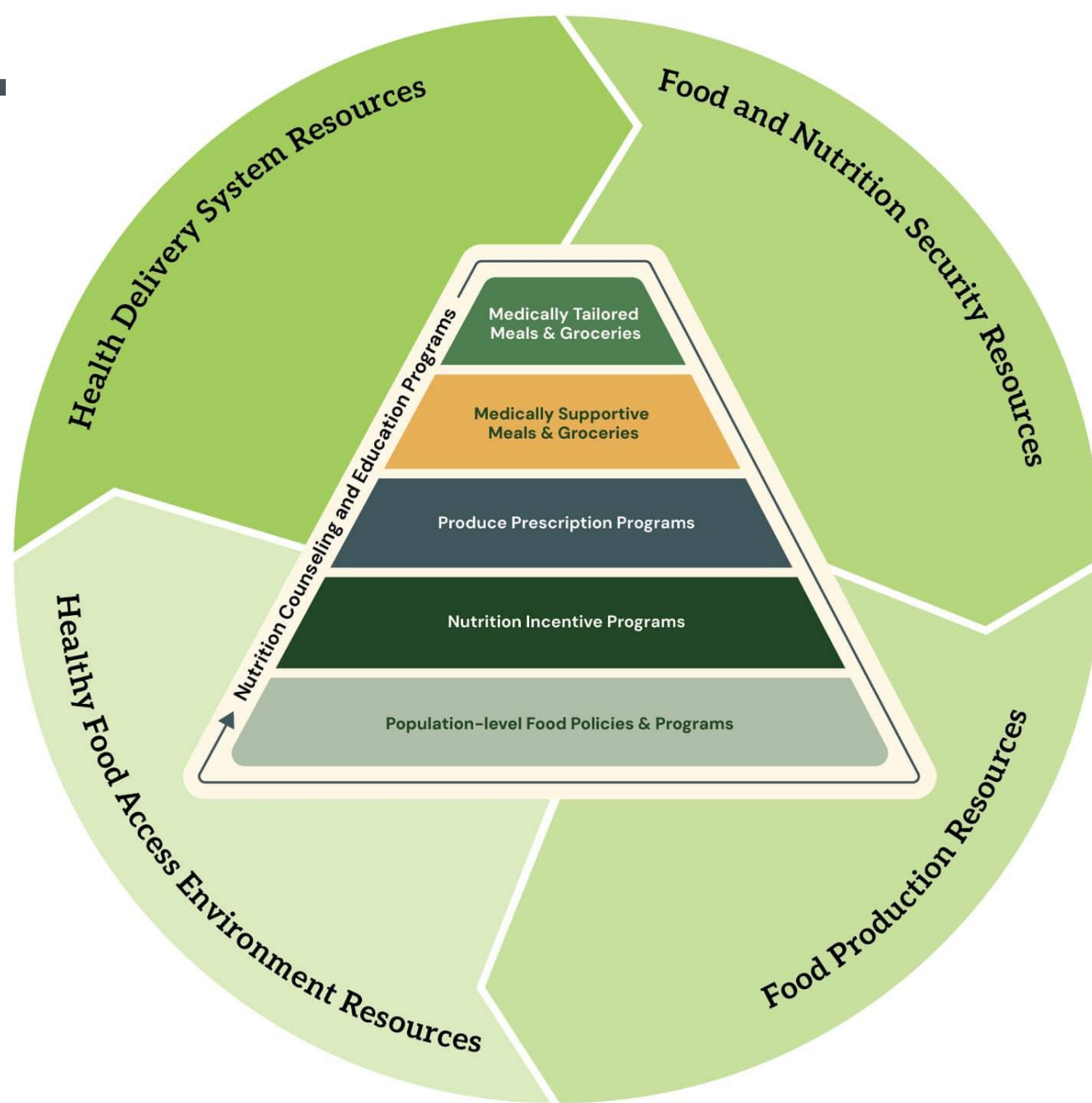
- **Weighing Area:** Use a stable, accessible scale in a location that ensures the privacy of the patients
- **Furniture:** Provide sturdy examination tables and armless chairs
- **Medical Equipment:** Offer gowns and blood pressure cuffs in various sizes

Talking About Obesity

When communicating with patients, always use person-first language. It's important to separate the individual from the disease when discussing obesity, as with any other medical condition. For example, you shouldn't refer to someone as an obese person, but rather a person with obesity.¹

Always use neutral terms like "weight" or "unhealthy weight" to describe body weight, as these terms are generally preferred and less stigmatizing. There is no universally acceptable term for higher weight, as preferences vary among individuals and contexts.²







Navigation

Referral and enrollment support provides access to food and information on making healthy food choices that align with individual needs and economic resources.



Clinical/Care Team

Health professionals provide access to healthy food to help treat diet-related health conditions as a health care intervention.



Provision of Food

Food aligns with individual diet-related health state needs, cultural preferences, age and stage abilities, and economic resources.



Educational Supports

Nutrition education and skill-building opportunities support sustained behavior change.

Recommendation for Monitoring and Follow-up⁵

Measure height, weight, BMI, and blood pressure.

Order laboratory studies such as LFTs, lipid profile, electrolytes, glucose, renal function and HbA1c as indicated.

Provide care through scheduled follow-up visits for managing obesity.

Provide continual self-management support, which can be offered by any member of the care team.

Review physical activity, nutrition, and sleep habits, and associated goals. Follow up on self-management education to reinforce behavior changes.

Provide family support; refer to a registered dietitian or social worker/psychologist for extended counseling if indicated.

Offer referral to more intensive weight management interventions or programs for patients who are not making progress.

Deliver consistent, focused messages about healthy lifestyles

Promote self-management skills.

Assess the patient's readiness to change and self-efficacy, and provide advice for behavior change. Use a collaborative approach to set goals.

Be Prepared for Common Challenges

“I use food to cope.”



“I have not met my weight loss expectations.”



“I often snack even though I am not hungry.”



Meet Latasha a 35-year-old Female

- Pre-hypertension
- Pre-diabetes
- Waist circumference is 41 inches
- Hyperlipidemia
 - LDL-Chol =135
 - HDL-C = 39
 - TG 180 mg/dL
- Family history(hx) of diabetes & CVD
- Loud snoring
- My daughter was told at school that her BMI, which is above the 99th percentile, is classified as obesity.
- Low stamina
 - Gets winded when running after the kids
 - Complaints that her knees hurt



Case Discussion

1. How do we start our conversation with Latasha?
2. What weight management plan would you discuss with her?
3. Who in your team would be involved in her care?



Takeaways

- Obesity is the first thing you see. Do not make it the last thing you talk about.
- Bring obesity to the forefront when looking at your patients' health

Consider the following:

- When evaluating your patients, make obesity a priority right from the start
- Educate patients on how obesity can play a role in certain comorbid conditions
- Design a comprehensive treatment plan together

Upcoming Sessions

Tools and Strategies for Nutrition and Exercise Quality Improvement: Project ECHO Model Sessions	Topic	Dates & Time
Session 2	Motivational interviewing for nutrition and physical activity improvement	3/18/2026 1:00 – 2:00 pm EDT
Session 3	Strategies to reduce weight stigma	3/25/2026 1:00 – 2:00 pm EDT
Session 4	Solutions for physical activity improvement	4/01/2026 1:00 – 2:00 pm EDT

Registration form: <https://app.smartsheet.com/b/form/019c8bf59fa678bb990c59eec10f4181>

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