

Obesity, Insulin Resistance, and Prediabetes - How to Initiate Counseling for Adolescents and Young Adults

April 22, 2021

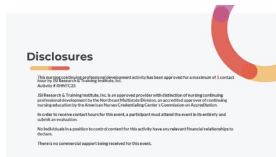
Transcript

Slide 1



Jennifer Kawatu: Zoom is letting folks in, then we'll get started in just a few seconds. Okay. Well, hello, everyone, this is Jennifer Kawatu from the Title X Reproductive Health National Training Center. And I'd like to welcome you all to today's webinar on obesity, insulin resistance and prediabetes, supporting adolescents and young adults.

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So, just a few housekeeping items before we begin, everyone on the webinar is muted, but we're hoping for this to be a really interactive session. So, you can raise your hand and we can unmute you, or you can use the chat function today. We should also have some time for questions at the end of the webinar today. And you can ask those questions any point along the time using the chat function as well. And this is a two-part webinar. This is the second in a two-part webinar series. So, if you haven't seen the first one, that's okay, you should still be able to follow along with today's webinar, no problem. But we do encourage you to go back and watch the first one, which is posted to rhntc.org, along with the slides and transcripts. And the recording and materials for today's webinar will also be available on rhntc.org within the next few days. And this activity has been approved for one continuing nursing education (or CNE) contact hour. And to receive your certificate, please complete the evaluation at the end of the webinar. And this presentation was supported by the Office of Population Affairs and Office on Women's Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or OWH or HHS.

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And the only disclosure we have is that the speaker today is an American Diabetes Association author.

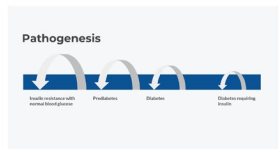
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And by the end of today's session, we hope that participants will have some strategies for initiating a conversation related to obesity and diabetes prevention during the discussion of pregnancy intention, to have evidence-based strategies for addressing obesity and diabetes prevention with emphasis on high-impact, low-effort changes, and to leave with some additional resources and tools that you can access afterwards. We're excited to have as our speaker today, Jill Weisenberger. Jill is a nutritionist and a certified diabetes care and education specialist. She's an internationally recognized nutrition and diabetes expert speaker and author of four books, including "Prediabetes, A Complete Guide." And we're so pleased to have her with us again today. So, with that, I'll hand things over to Jill.

Jill Weisenberger: Thank you. I'm really excited to be back talking to you guys again. And this second part of the webinar is going to be a little bit different because last time, we talked a lot about the science and the pathophysiology of prediabetes and insulin resistance. And this time, we're going to talk more about the behavior changes and how you can interact more with the students in your classroom or the clients in your clinics. And I think it'll be fun. So, I hope that you will participate in the chat.

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The first few slides are just going to be a review, maybe like four or five slides are going to be a brief review. What I want you to see here is why I always say prediabetes is not pre-problem. And why the window of opportunity to make a change closes every day, a little bit every day, that window of opportunity just goes away. So, look over here on the left hand side. When things are problems long before anybody knows it because insulin resistance can occur with normal blood sugar levels. So, when insulin resistance first occurs, the pancreas or the beta cells of the pancreas shoot out excess insulin or extra insulin. So, insulin levels are very high and they're high enough that they push the blood sugar levels down. This is the most reversible time as you see by the arrow, the size of that arrow. It's the most reversible time because we still have lots and lots of insulin producing ability, lots of beta cell function. We move on to some time. We lost some of those beta cells, they no longer produce insulin. So, even though insulin levels are high, they might not be as high and the blood sugar level goes up to the prediabetes range. And then time goes on to diabetes. Insulin levels are low. Blood sugar is higher. And 20 years after somebody has type 2 diabetes, they may have no beta cell function left at all. And they're using insulin injections or a pump or something like that. So, we want to take action now. And

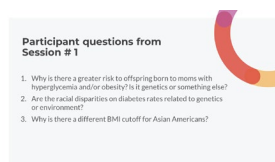
that's why you guys are in such a wonderful place. Because you have people at various stages, and when we can catch them early, we really can make a big difference.

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The associated health problems, so, these are all things that we talked about last time, but I want to really drill into everybody's mind that diabetes is not just a blood sugar problem. And insulin resistance is not just a blood sugar problem. It's associated with hypertension, heart attack, and stroke. Non-alcoholic fatty liver disease is just that liver manifestation of insulin resistance. Several types of cancers are associated with insulin resistance and diabetes. And then as you'll see in your practices and your areas of work, increased miscarriage, birth defects, and then C-sections. There's increased risk of obesity and type 2 diabetes among the offspring. And I find this so fascinating and also so heartbreaking.

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And we did have a question about that last time that we didn't have time to answer. So, on this slide, I'm just going to run through the questions that we received last time that we didn't have a chance to talk about, and that was one of them. Why is there greater risk to offspring born to moms with hyperglycemia and/or obesity? Is it genetics or is it something else? Well, what it is epigenetics. And epigenetics is the study of how the environment affects genes. So, the environment being hyperglycemic, or hyperinsulinemic, or some other issue during fetal growth affects which genes get turned on and turned off. So, it doesn't change the genetic material. But it affects which genes get turned on and turned off. And we see this with other things, too, smoking, pollution, all types of things. Another question was, are the racial disparities on diabetes related to genetics or environment? Yes to both. I would say that it is genetics, epigenetics, and also just behavioral. So, some things that are behavior have nothing to do with which genes are turned on or turned off. So, I think it's a lot of a lot of things. And it's so very complicated. And I know this is an area that you will work in even more than I do. It's just there's no easy way to attack it. There's so many things going on at once. So, each little step that we take can be a step in the right direction to help people. And then another question is why is there a different BMI cut off for Asian Americans. So, as a reminder, obesity and overweight are defined by BMI. So, for most Americans, other than Asian Americans, obesity starts at a BMI of 30 and overweight starts at a BMI of 25. But with Asian Americans instead of 25 and 30, we use 23 and 27. So, the question is why. The answer is that for any given BMI, Asian Americans tend to have greater mortality and morbidity. And also, at any given BMI, Asian Americans tend to have more body fat. Now, why that is genetics, epigenetics and something else, there's a lot of discussion about that, including the Chinese famine. So, that would be an epigenetic explanation that it was, I think, it was '59 to '64 or '54 to '65,

something like that, '50s and '60s was the Chinese famine. So, there's even some thought that that had something to do with that being an epigenetic or fetal environment effect.

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All right, so I think this might be the last review slide. So, we have the prediabetes treatment. And remember, a lot of this came from the Diabetes Prevention Program. So, we want to have weight loss for anybody who has overweight or obesity. And we're not looking at "skinny minnys," we're looking at 5, 7, 10% of body weight. Physical activity of all types, 150 minutes. Diet, wholesome diet, and the one thing that's always called out is avoid sugary drinks. This is a big one. If we can just get people to give up sodas, and lemonade and sweet teas, I know we would see such a big difference individually and as a population. Metformin is the one drug that's used in prediabetes right now. And then tobacco cessation is also important. So, tobacco use is linked to type 2 diabetes.

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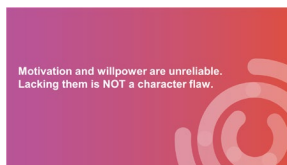
So, now let's talk about how we can actually move people off to do something more than what they're currently doing. So, let's just look at the definitions of motivation and willpower, and what is it that moves us to action. Well, we are motivated when we perceive that taking action is less painful than not taking action. So, an example might be somebody comes into the clinic for birth control appointment after having a pregnancy scare. So, prior to that, she wasn't that motivated. Yeah, it's a good idea, I'm busy, blah, blah, blah. Then she has a pregnancy scare. And now, she's motivated. So, she perceived taking action was less painful. Or can be like my neighbor who started a walking program when she started worrying too much about her high blood pressure. And willpower is something that people rely on too much. I know you do. I know I do. And every one of our students, clients, patients rely on willpower. By definition, willpower means to fight against your desire. So, you are fighting your desires and self-control. So, what happens as the day goes on? Willpower goes down because we have more things that are taking our attention. We have more stress. We're more tired. And we've used up those reserves. So, what moves us to action is when we perceive taking action is not as painful as not taking action. But we have to fight our ... We have our willpower all the time.

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This is just a little graph that shows you how motivation moves up and down. And what I want you to understand is this is normal. So, let's just take one of my patients, for example. But this could be anybody. And it could be for any reason. It could be you or me. But this is one of my patients who became motivated to pack her lunch, more healthful lunch when she went to the doctor and she found that her cholesterol labs were up way, way high. And her weight was also high. So, on the left before she went to the doctor's office, she wasn't very motivated. Her motivation shot up. And then she went along. She packed her lunch and she did pretty well. It would go up and go down. Then she's realizing, I have lots of time before I have to go back to the doctor's office and have my labs done. So, it would just flip back and forth. And she wasn't super motivated, not super unmotivated. Well, when job stress and family stress collided, she was very unmotivated. She was just too much to think about how am I going to pack a lunch, it wasn't important. So, the motivation was down. Then after some time, she gets dressed for the weekend and her favorite jeans don't fit. All of a sudden, she's super motivated again. And then the kids get sick. So, she's not. And now, it's time for her labs. So, she is.

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So, you can see this is normal. And what I want everybody to understand is that it's not a character flaw. Motivation and willpower are unreliable. Lacking them is not a character flaw. And if there's one ... There's so many things I want us all to do, but this is one of them is help people not feel such shame because they didn't pack their lunch or they ate extra pizza or birthday cake or whatever it is. It's not a shameful behavior.

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Put the WHY Before the HOW

WHY?

- Eat vegetables
- Exercise daily
- Get to bed on time
- Make time for yourself!

Dig for a personal WHY to move to action

Ask why before how

I mentioned before that one of the best ways to help people move is to put the why before the how. So, we're going to talk a lot about that this time. So, why do we want people to eat vegetables and exercise daily and go to bed on time and make time for themselves and pack their lunches and blah blah blah, why? So, instead of telling somebody, "I want you to eat your vegetables," it's good to tell them why, but much more important than that is to have them dig for their personal why. So, why do they want it?

Not do why do I want them to eat vegetables or get exercise daily. But why do they want it. And this comes with a lot of open-ended questions to determine what the why is.

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Here's an example of someone's why. "I'll have the stamina to care for my parents, as well as my kids. I'll get to go to bed proud that I'm showing my children how to take care of others and myself. And then I'm giving my kids a good healthy start in life." That is a succinct statement that is somebody's very, very strong why. Why this person wants to eat well, get some exercise, get to sleep, why this person wants to be involved in her own self-care. She wants to take care of her parents. She wants to take care of her kids. She probably wants to take care of her neighbors, too, and just be one of these all-around great people, and be a role model as well. Now, full disclosure, for me to get to a statement like this, I might spend 20 to 15 minutes with somebody. I certainly don't expect you to do that, that would be silly. But what I do want you to do is see what can come out of it. And then we'll pull out a little part that you can use in your own practices or classroom settings, or wherever it is that you are. But the main thing is to dig for the individual's why. So, for some people, they want energy. For other people, they want to make sure they will live long enough to go to their kids' weddings or see their grandchildren graduate high school or whatever. But that's what we want to do. And we want to do that with a lot of open-ended questions.

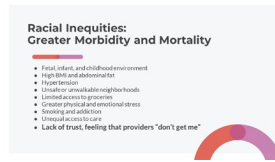
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So, just a couple of things that that come to mind are, what does your ideal health and wellness look like? Now, for somebody who lives in poverty, that might be a little far thinking ahead. And so, this person, somebody who's not living in poverty might talk about having energy and taking lots of trips and doing these other things. But somebody who lives in poverty might think about, well, energy so I can care for my parents. So, obviously, you want to word it the way that's appropriate in your setting and with the individual lifestyle setting, but with the individual. What would you like more of in your life? What would you like less of in your life? What would you like to stop worrying about? I love this question. Think about a smoker who doesn't feel like he or she wants to quit smoking, but just say what would you like to stop worrying about? It's a good chance that something about, well, I'd like to stop huffing and puffing up the stairs and thinking that I'm going to have a heart attack. And that's how you can move somebody along by getting them to participate in that conversation. What new habits will give you what you want? What are some benefits to improving your lifestyle? And then this is another one that I really like a lot. I find this one very helpful when people feel a little stuck. What will your life be

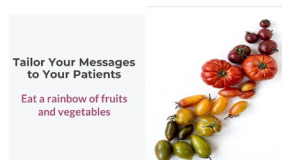
like if you stick with your current habits? That's just another one that I think gets people thinking about, oh, well, I could change something, couldn't I?

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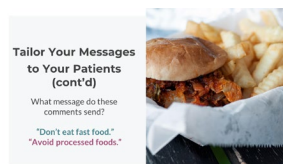
We mentioned the racial inequalities and greater morbidity and mortality amongst certain populations last time, and this is the list that we went over. But it's the last one that I want to talk about today. And that's about their lack of trust or feeling that providers don't get me. So, I want to make sure that when somebody comes to see me, they think that I'm talking to what their needs are, not to what my needs are, what my patient prior had a need for. But that each person, I understand something about your life.

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And it's not enough for us to know our subject matter. It's also how we say things. So, our communication really matters as well. So, in the chat, take a couple of seconds, moments to tell me what do you think this means? Or what does this mean to you? Eat a rainbow of fruits and vegetables. You've probably heard that said before. Many of us have probably even said it. Eat a rainbow of fruits and vegetables. And while you're typing that in, I'm going to tell you what I have heard. I have heard people say, many people actually refer to fruits and vegetables that are white and brown is not very helpful because they're not colorful. And we're supposed to eat a rainbow and white and brown like bananas and mushrooms and onions and fennel aren't in the rainbow. And lots of people have said that. I heard once somebody say, "Well, I bought these really expensive purple grapes. Unfortunately, nobody in my family liked them. But I already had green produce in my basket. So, I didn't buy another green. I have to buy the purple." And then my favorite one, this is I was asking somebody who is an advocate, a social worker and an advocate for disenfranchised groups and asked her what she thought when she heard it. And her answer was that's the uppity garbage. She says, "My corner store doesn't have a rainbow of fruits and vegetables." So, it's just something I want you to think about is how we say things and how they can be interpreted many, many ways.

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And here's two more, don't eat fast food and avoid processed foods. These are also things that I hear often from people. And I mean, you see it every time you open up the internet is don't eat fast foods or avoid processed foods. But think about somebody who's super busy, overwhelmed, struggling with maybe more than one job, raising children, looking after aging parents or whatever. And what she cares about is getting her kids fed. That's more important. And then we say things like, don't eat processed foods or avoid fast food. And her interpretation could be really, she just doesn't understand my life, because that's the best I can do with the situation that I'm in. And so, when we say things that people feel dismissed, if they interpret our comments as dismissing them, then they feel that we may not have other things of value because we do not understand their lives. And that's the point that I'm trying to make.

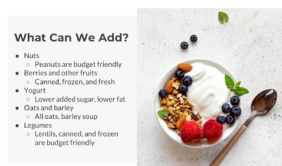
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Jennifer Kawatu: And Jill, I'll share with you. I know that you can't see the chat, so I'll just kind of me ... Most people said that a variety different colors, et cetera, very much what the eating a rainbow is. And one person said that the color can indicate nutrient diversity or density. And so, I think that's very much like what you've said that even white foods, which might be perceived as not having a color can be nutrient dense. Right. Can you imagine saying like no cauliflower? I mean, I have had people tell me that they stopped eating cauliflower and stopped drinking milk because they were both white foods. So, it's very easy to misinterpret when we drill things down to such few words to make a point that's just really too big for a few words. Okay, so these are some of the diabetes prevention strategies that I showed you last time that's part of the CDC Diabetes Prevention Program. And I will remind you that these are on the website, the CDC website. Their materials are all free. They have the handouts, the participant guide, the coaching guide. You can do whatever you want with them. But the strategies are kind of divided into different things and decrease calories and eat wholesome foods is what I want to talk about now.

Resource: [CDC's Prevent T2 Materials and Handouts](https://www.cdc.gov/diabetes/prevention/lifestyle-program/t2/t2materials.html)
(<https://www.cdc.gov/diabetes/prevention/lifestyle-program/t2/t2materials.html>)

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So, some foods that we can add. Nuts in general are linked to better insulin resistance, better heart health as well. Now, peanuts are much more budget friendly and they do count. So, technically, they're not nuts. They're legume, but they do count. And I would encourage people to eat them. But we have to watch the portion size because you can eat a lot of peanuts and got a lot of calories. So, we do want to

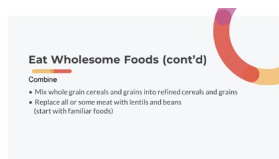
still watch portions. Berries and other canned fruits, so, all, I mean, other fruits, whether it's canned, frozen, or fresh, berries in particular are linked to lower rates of type 2 diabetes. Yogurt, this one's interesting because we don't really have a good mechanism for why yogurt is linked to better insulin resistance and type 2 diabetes and they're all epi, epidemiological studies with the yogurt. So, could it be the probiotics? Could it be the nutritional profile? We don't know. Or could it just be because people who snack on yogurt or eat yogurt for breakfast are not snacking on toaster pastries and doughnuts? I don't really know the answer to that. But study after study shows that there is a link to yogurt and lessened insulin resistance. Oats and barley are two grains that I really like to see people eat when they are looking at their insulin sensitivity or insulin resistance. And that's because, well, you probably already know about oats and cholesterol. We say that oats can sweep the cholesterol out of the bloodstream. Well, that is because oats have the fiber beta glucan. Barley has it, too. It even looks like barley probably does a better job than oats. So, any kind of oats and any kind of barley has beta glucan. So, those are two whole grains that I like to see people eat more of. And legumes or pulses or this could be lentils, chickpeas, black beans, kidney beans, all of those and they're all pretty budget friendly, but you can even make it convenient by using canned and frozen ones.

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Some other ways to help people just to get some ideas on how they can eat more wholesomely is to add some foods that you don't get enough of to the things you're already eating. If you're making macaroni and cheese, why not throw some frozen broccoli in there or some steamed cauliflower. If you're making potato salad and pasta salad, what is in your refrigerator that you can chop up and throw in there? Carrots, red onions, snow peas, whatever. Spaghetti sauce is really good with things like mushrooms, carrots, eggplant, green beans, zucchini, any of that. You can add canned beans to spaghetti sauce. And then whatever vegetables you have, throw them in your eggs. Whatever you have in there, they go great with eggs. Or just take a jar of salsa and pour that on top of your eggs, that counts as a vegetable.

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We want to combine things. So, the point that I'm trying to make with some of this is that we want it to be as easy on people as possible because people change better when they can experience success. So, if we give them really big, big things to do, we're setting them up for failure, but they change better when they can be successful. So, why not take a whole grain cereal and mix it in with your Frosted Flakes as opposed to just eating the whole grain cereal. Or same thing brown rice and white rice, mix them together. Replace some of your meat with lentils or beans, something like that. So, you can start with familiar foods, instead of just having tacos with beef, have them with beef and beans, that type of thing.

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Eat Wholesome Foods (cont'd 2)

Make it convenient

- Take tuna for lunch
- Buy frozen fish fillets
- Enjoy all types of canned and frozen fruits and vegetables (with no added sugars, salt, or fat)
- Fill baggies with cherry tomatoes, grapes, etc.

We also want to talk about how we can make things convenient. Tuna for lunch is certainly a convenient thing for most people. Frozen fish fillets, there's like magic in frozen fish fillets. You come home or you come downstairs or wherever it is that you've been from, take them out of the freezer, put them in a pot of water for 10 minutes, and they're no longer frozen. And you can make your dinner that way. And people should use processed foods like canned foods, frozen foods, things like that. And then another thing to make things convenient, one of my best tips is have to make grabbing a healthy snack as convenient as grabbing a bag of chips. Have a bag filled with something healthy already. So, prefill it with cherry tomatoes, grapes, carrots, whatever it is that you like.

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JAANP The primary care provider and the patient living in poverty: Applying the Bridges to Health and Healthcare model to NP practice

Authors: Barbara Wise, PhD, APRN, FNP-BC; Terie Dreussi-Smith, MA Ed2

This is from a nurse practitioners journal. And I found this while I was doing a little bit of research for this presentation. And it's such a wonderful article and it is available. I didn't have to pay for it to get it. So, I'm sure you can read it as well. And it's written for the nurse practitioner, but I think that it's really pertinent to every one of us. It's certainly pertinent to me as a dietitian and diabetes educator, and as a health coach. I think it's pertinent to all of us. But I do want to read out a couple of passages from it. It says an emphasis on immediate improvement rather than preventing the risk of an event 10 or 15 years in the future is more effective in promoting lifestyle changes. What might happen 20 years from now as the result of poor nutrition is just not real to many people in poverty. One counter to this is to focus on what is important, relationships. In discussing risks for the future, the provider may use the patient's family history to point out the likelihood that they will end up in the same situation as their grandma, for example, or be unable to care for their children. She has lots of ... The woman who wrote this or the two women who wrote this have lots and lots of good advice. So, I would encourage you to look at that and not be concerned that it's just written for nurse practitioners, because really it's not.

Source: Wise, Barbara PhD, APRN, FNP-BC1; Dreussi-Smith, Terie MA Ed2 [The primary care provider and the patient living in poverty, Journal of the American Association of Nurse Practitioners](#): April 2018 - Volume 30 - Issue 4 - p 201-207. doi: 10.1097/JXX.000000000000036 (<https://journals.lww.com/jaanp/toc/2018/04000>)

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And another place can get some fabulous information is from a website. It's jpfarr.com. It's run by Jody Pfarr. And this is a picture of her book, *The Urgency of Awareness*. I'm very, very fortunate to be in Jody's workshop, so she has workshops. I've done a half day workshop in person. I did a two-hour virtual workshop. There's going to be another two-hour virtual workshop coming up soon that I'm really, really lucky to be involved in. But the book itself is excellent and it's the same content as the workshop. Basically, what she asks of us is to know what your own privileges and how that's just different from somebody else's life. So, their life and your life, nobody's frame of reference is right or wrong, but it helps to understand the other person. So, thinking about how society normalizes certain groups, so male over female or Christian over other religions or no religion and white over people of color, that type of thing, how society normalizes that. And what really helped me to understand this is when she talked about left handedness versus right handedness, something that's not really a big deal. But when I started to learn all the different things, I'm right-handed, when I started doing all the different things that left-handed people had to put up with, it really opened my eyes. And then I started to think about people who are different from me in bigger, bigger ways. It's like, I never ever knew that left-handed people had to swipe their credit cards upside down and backwards. I just do this and they had to do this. And I was just blown away. And so, what she asked people to do is know what your privilege is. She says, "If you're part of a group that's normalized, it can be difficult to recognize the benefits you have. It's important to explore your own experiences and the privileges that you receive from having normalized identities. And consider that those who aren't in the normalized group may feel discriminated against and accustomed to having the voices go on her." So, if you have a chance, just go to her website and see what you can pick up there.

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Another great website is my colleague, Loren Drago, it's lorenadrago.com. And she's a multicultural nutrition education expert. She's just a super cool woman. This is what she says, "Culture defines how we think about what a health problem is and who should provide treatment, articulating symptoms and concerns, and what type of treatments are appropriate for a given health problem." And she likes to get this story. She says, "I often illustrate this notion whereas my late aunt was not alarmed when her doctor mentioned she had high cholesterol levels. In her era, anemia, non-high cholesterol was the health play. That's her main health concern was not to be anemic." There's a lot of things you'll find at lorenadrago.com. And she's got a lot of blog posts and I think she's got some handouts, too, that you can use.

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Counsel With Respect

- Know your privilege
- Ask open-ended questions
- Reflect back
 - No shaming
- Use culturally-sensitive terms and explanations
 - Be careful with category words

- "How do you feel about your weight?"
 - Just right
 - Above just right
 - Below just right

So, we want to think about how do we counsel with respect. Well, as Jody Pfarr says, know your privilege. And the next thing I would say is ask open-ended questions. So, not questions that people can answer with a yes, a no, a one, a five, a blue or red, something that they have to elaborate. Let them talk. And I know that this not just ... It's respectful in that it tells people we want to hear your story. But it also does something else that really helps people move along. And that is they get to think through their answer. And as they are thinking it and articulating it, it becomes more real. So, these open-ended questions, just that they have to answer them, helps move people along in a positive way. It's respectful to reflect back. So, somebody's saying, "I ate donuts for breakfast because the kids are doing this, and I got to get out the door, and blah blah blah." We reflect back. "It sounds like you're really busy." And so, they know we get them. Shaming is something we never want to do. It doesn't work. And we may not realize that we're shaming people, but they might feel ashamed. As an example of, well, I don't think you should eat fast food, to somebody that may feel like shaming. And my friend, Lorena, talks about using culturally sensitive terms and explanations. So, I know what whole grains are and I know what poultry is and sugary drinks, but somebody else, sugary drinks might just be sodas, and it might just even be dark sodas. I've heard people think that light color sodas are good for you, like ginger ale and 7 Up. So, if I'm saying sugary drinks, I'm going to say like sodas and lemonade and sweet tea and things like that. And then also from Lorena, an open-ended question would be how do you feel about your weight? Remember, weight is very, very sensitive. It's also culturally different. It's viewed differently among various cultures. So, open-ended question would be how do you feel about your weight? A more closed-ended question, which could be appropriate in certain circumstances is, how do you feel about your weight, just right, above just right, below just right?

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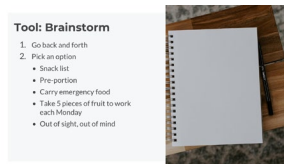
Isabella Wants to Avoid GDM Next Time

- 24 year Latina, mom of 1
- History GDM
- BMI 31
- HTN
- Wants to lose weight to avoid GDM again
- Sedentary job, lots of snacking at work and in the evenings

So, here's one of our case studies. This is Isabella and she wants to avoid gestational diabetes next time she has a pregnancy. She's 24, a Latina mom of one. Her BMI is 31. So, she is into the obesity range. She tells you that she wants to lose weight because she doesn't want gestational diabetes again. She has hypertension, but that's not something she brought up. And she has a sedentary job. She does a lot of snacking at work. She does a lot of snacking at home in the evenings. And she's used to being on the go and she does a lot of fast food as well. So, in the chat, then tell me, what are some things that you would do for her? How might you approach this? Just anything that you think is relevant. And I will tell you what some of my thoughts are while you're doing that. Now, this is something I mentioned before about always starting with the why, not the what or the how, but the why. Well, she wants to lose weight because. Her why is she doesn't want gestational diabetes. First thing, open-ended question about that.

What was that like for you before? What concerns about that? Any kind of an open-ended question where she gets a chance to form in her mind why it is so important. So, that's the first thing. Then other thing is, is that I would start talking to her about some of these issues that she has. Now, I'm not going to focus on the hypertension probably because that's not what her concern was. I might mention it, but I'm not going to focus on it. But she tells me about the sedentary job, lots of snacking at work in the evenings, and the fast food. One of the things that she talks about, like there's donuts in the break room and stuff like that. So, those are the types of things that I'm going to work on.

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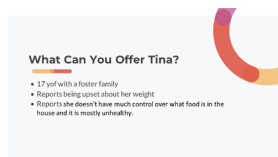
So, let's look at one. One of my favorite tools to use is brainstorming. And the way I like to do the brainstorming is back and forth between the clinician and the client or the instructor and the student back and forth. It doesn't matter who starts. And then you just pick an option. So, for her, the example might be, I would suggest, well, how about a snack list. Since snacking is a big part of your life, how about having a snack list. And what a snack list is, is this is so helpful to people, too, and also works for fast food. You make your own personal menu. So, if I'm going to have a snack, I know it's going to be one of these five things that I've predecided that have already written down. And like I said, this works for fast food. It's amazing how well it works for people who go to fast food a lot and you give them their ... You help them come up with their own predetermined menu. Then maybe to pre-portion her snack, so she eats only a certain amount or what I call carry emergency food. So, you just hungry and you have nothing to eat. You do have something to eat. So, we would go back and forth like that. Any comments that you want to bring up that you saw?

Jennifer Kawatu: Yeah, there were some great comments. I think one person suggested starting with her why, so her desire to avoid gestational diabetes. And also, someone suggested starting with an open-ended question like, what has she already tried. So, I think that's a great opener. And then some other suggestions that were very much along the lines of like you said snacks.

Jill Weisenberger: Wonderful.

Jennifer Kawatu: Healthier snacks.

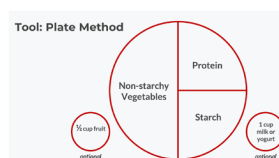
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Jill Weisenberger: Wonderful. All right, so we're going to come back to Isabella. But now, let's talk about Tina. She's 17 and she lives with her foster family. She tells you she's upset about her weight. She thinks

she weighs too much. But she doesn't have a lot of control over what she eats because she has to eat whatever is in the house and she feels like most of it is unhealthy. So, again, go ahead and write in the chat some things that you think that you could do for her that would be helpful. One of the things that I would start with is what does she have control over? So, basically she's telling us that she doesn't feel like she has a lot of choices, that she's stuck. So, I want her to be empowered. So, what does she have control over? So, I would ask her, well, what are some of the healthy foods that you do have access to? And she may find that she has access to more healthy foods than she realized, maybe she doesn't, or she may not even realize that some foods are healthy. And then I might also ask her, what are some of the unhealthy foods that you tend to eat that you really could live without and they wouldn't really bother you? So, hopefully, it would be if she was a soda drinker or a sweet tea drinker or lemonade drinker, it would be that, hopefully. But you don't know. But those are the things that I would start with.

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Then I would just try to teach her how to make a healthy plate. And this is the tool I love, the plate method. It is used extensively in diabetes management, but it really works for all of us. So, take your plate, not a mammoth-sized plate, a regular nine-inch dinner plate, luncheon plate. Divide it in half and half of it should be nonstarchy vegetables like carrots, tomatoes, cauliflower, green beans, broccoli, that type of thing. And the other half is divided by your protein-rich food and your starch. So, your protein rich food could be hamburger, or roast beef, turkey, chicken, fish, tofu, and your starchy food, potato, peas, pasta, rice, that type of thing. That doesn't have to be on a plate. So, if you're having a stew or a soup or something, the idea is that half of what you have in front of you is nonstarchy vegetables. And the other half is divided by protein and starch, pretty much evenly. Half a cup of fruit and a cup of milk, those are optional. So, I would try to show her that. And then I would ask her what foods are in the house and try to put them in the different categories so she could see how she might be able to make a more healthy, healthful meal. What were some of the comments? A lot of similar things about identifying healthy foods. One person also suggested that it could be helpful to help her with the language that she might be able to use in a conversation with an adult in her life. Or it might be able to help her gain healthier options. This might or might not be an option, but I thought that was a great- That is an excellent point. I think that that is something we can help her with the words that she can use to ask for assistance.

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And this is just an example so you can see that half the plate is green beans and tomatoes. The other half is chicken and butternut squash.

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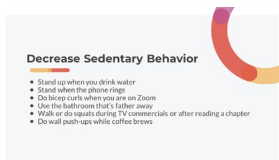
All right, so we also want to track our behaviors.

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And we also want some physical activity. Quick reminder, three times a week or more for cardiovascular exercise, 150 minutes, two to three strength training sessions a week, and less sedentary time. So, a couple of low cost activity ideas would be mall walking, walking your own neighborhood, running up and down the stadium stairs, depending on where you are. And if you have some other ideas, go ahead and put those in the chat. But I'm going to try to move along quickly.

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Some ideas for decreasing sedentary behavior is just ... By the way, you guys should be standing up by now, doing something, doing some push-ups against the wall or some toe raises or something like that. But you can stand up every time you drink water. I have a patient who does that. Stand up when the phone rings, lots of people do that. Do bicep curls when you're watching TV or on a Zoom call like now because your camera's not on. Use the bathroom that is farthest away or farther away. I know I have walked the globe a million times by doing this. I wish I could figure out how many extra steps that I've gotten. But for as long as I can remember, I always walk past the closest bathroom and use the next one over.

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Goals	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Results
Avoid donuts by walking through a different hallway, so I don't pass the breakroom before noon	Y	Y	Y	Y	N	--	--	4 of 5 80%
Eat fruits or vegetables with my fast food lunch	N	Y	Y	Y	N	--	--	3 of 5 60%

We want to help people track. So, this is Isabella's goals. You can put this on an index card. She has the goals that she's going to avoid the donuts by walking through a different hallway so she doesn't pass the break room before noon. And she just marks down yes or no she did it. This is how she tracks. Remember, she also had a lot of fast food. So, she put on here that she's going to eat fruits or vegetables with her fast food lunch. So, this is a way of combining her typical thing with something that's one step better. And she marks again when she does that and when she doesn't.

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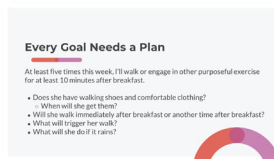
We also want to help our students and our clients manage their stress and help them maintain their motivation.

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One of the things that I really like is starting small. It's not even that I like it, it's like I beg for it. Start small because small wins are motivating. We want to be up with motivation, not crashing down. And so, with small wins, every time we have a small win, it's a little bit more motivating for the next one. So, pick something tiny that you might have a lot high likelihood of success and something that can lead to a bigger goal. So, we want to halt this black and white thinking, so please help me do this. Please help me get people to understand that it's not all good and all bad. If they ate an apple with their fast food lunch, then that was a good thing. And it's not that it was bad that they ate the fast food lunch. It was a good thing that they ate the apple with their fast food lunch and maybe next week, they won't eat the fast food lunch or they'll eat a more healthful fast food lunch.

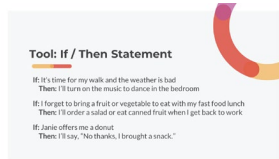
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We always want to help make sure people know that they have a plan. So many times people walk off with a goal, and they don't have a plan to do it. So, one of Isabella's things, remember, she was sedentary, she wanted to walk after breakfast. Does she have walking shoes? Does she have clothes? And after breakfast, what is after breakfast? Is that immediately after breakfast, like when she takes her last bite, or is that an hour after breakfast? So, she wants to have a trigger. A trigger will help her stay

consistent. So, for me, it might be putting my coffee cup in the dishwasher. For somebody else, it might be going upstairs to brush her teeth. And what is she going to do if the weather is bad?

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Tool: If / Then Statement

If: It's time for my walk and the weather is bad
Then: I'll turn on the music to dance in the bedroom

If: I forget to bring a fruit or vegetable to eat with my fast food lunch
Then: I'll order a salad or eat canned fruit when I get back to work

If: Janie offers me a donut
Then: I'll say, "No thanks, I brought a snack."

Another great tool is the if/then statement. If it's time for my walk and the weather is bad, then I'll turn on the music to dance in the bedroom. So, if this happens, then I'll do that. This goes back to that predeciding that I talked about, which is so important. If you know in advance, it is so much easier to stick to your plan when you have clearly delineated what you will do under certain circumstances rather than flying by the seat of your pants. If I forget to bring fruit or vegetable to eat with my fast food lunch, then I'll order a salad or eat canned fruit when I get back to work. And if Janie offers me a donut, I'll say, "No thanks, I brought a snack." So, thinking back to Isabella who wants to avoid gestational diabetes and lose weight, these are all things that were related to her. And these are her if/then statements.

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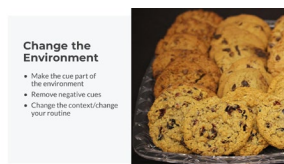


How Do You Respond to Marcus?

- 16 yo male
- Says, "I know I'm fat, but I come from a fat family with fat genes."
- Does Marcus have any thing to work toward?


Now, we're going to talk about Marcus. He's 16. And this is what he says. "I know I'm fat, but I come from a fat family with fat genes. I'll always be fat." Does Marcus have anything at all to work toward? Tell me in the chat what you would do with Marcus. And I'm going to tell you what I would do with Marcus. One of the things, the first thing actually just go back here, the first thing I'm going to do with Marcus, the poor thing. I don't know if he's always going to be fat. That's a thought. It's not necessarily a fact. So, thoughts are not facts. Now, I don't know the answer. I don't know enough about his genetics and his upbringing. But I do know that Marcus is his own person and he can control his behaviors. So, he can have healthy behaviors, regardless of what his weight is. So, hopefully the healthy behaviors will lead to weight loss. But healthy behaviors even without weight loss are healthy behaviors, and they are to be celebrated. So, that's what I would separate healthy behaviors from weight loss.

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Change the Environment

- Make the cue part of the environment
- Remove negative cues
- Change the context/change your routine



And I would help him to identify that way, think about him as a person who has healthy behaviors. We're going to ask him to make some healthy ... Make the cue part of his environment for some of his

new healthy behaviors. So, an example might be he's going to put a banana in his backpack when he goes to school. That is the cue in the environment, he has a piece of fruit at school. Or maybe instead of having dumbbells in the closet or under the bed, he'll pull them out. So, when he sees them and when he's in his bedroom, he can do some bicep curls or whatever. Removing negative cues, that might be not putting the chips in the backpack before he goes to school. And changing the context or changing the routine, he might walk a different way home instead of, or might cross the street on his way home so he's not in front of a Wawa where he likes to get that drink and candy bar or something like that. Jennifer, do you have anything for me in the chat?

Jennifer Kawatu: If people found Marcus to be a challenging ... Quiet. Nothing in the chat this time.

Jill Weisenberger: Okay. All right. But now, now you know, separate the obesity from the behavior so he can have healthy habits no matter what.

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All right, so Jean is our last one. She's 20. And she smokes. Her BMI is in the obesity range at 31. She comes to the clinic because she wants a more effective birth control method. And she tells you that she's comfortable with her body size. So, what do you do for Jean? Tell me when something's coming in. All right, so one of the things that I would do, she tells me she's comfortable with her body size. I am not going to tell her she shouldn't be. First of all, I don't know, but I wouldn't ... Even if I felt I didn't know, I wouldn't tell her that. If I want to talk about her weight, I might say something like ask permission. Is it okay if I talk to you about how weight affects health? I might do that. But more than likely, I would probably address the smoking. And I would address it with an open-ended question. And I would say something like, "How do you feel about your smoking?" I wouldn't say something like, "Have you ever thought about quitting?" Because for one thing, that's me telling her to quit. And it's also not an open-ended question. It's a closed-ended question. Have you ever thought about quitting? Yeah, sure. Or no. But I want to hear what do you think about your smoking. And I might ask her like, what would be the benefits of quitting smoking, what would be the cons? And there's always going to be cons. So, the con might be, well, she won't have that little two-minute vacation that she gets various times of the day. But the pros would be, her boyfriend would stop nagging her. She'd save a few dollars, those types of things. That's probably what I would do. Is there anything in the chat to discuss?

Jennifer Kawatu: It's a lot of what you've said, but also going back to what you suggested for Marcus that not to focus on the weight or size, but to focus on healthy behaviors.

Jill Weisenberger: Terrific. Terrific. I like that.

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All right. So, let's just kind of wrap up here. These are some of your tools, tools to get started with the conversation. Always work on the why. Always reflect back. Ask permission when you want to bring up something that might be uncomfortable and ask open-ended questions. So, that's how you initiate. And some of your tools to instigate movement would be brainstorming gateway goals, remember teeny tiny goals, and then if/then statements.

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Some of your simple strategies, the plate method. It's always good to carry healthy food with you. It's okay to supplement a less wholesome meal with healthy foods. Put wholesome food on the counter but less wholesome food away. Please, please, please give up the sugary drinks. Better fast food choices and better snack choices. You do that with a snack list or a fast food menu. Pre-portion our foods, either pre-portioned chips and cookies so we don't eat too many, or pre-portion cherries and grapes and carrots so we do eat those. Use smaller dishes. And all activity counts. It is not a black and white you have to exercise every day. I want you to, but every time you exercise, it's good for you.

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Some resources for you, please visit my website. I have lots of blog posts on nutrition topics as well as some of these mindset and behavior and motivation topics. The American Diabetes Association and the American Heart Association have a wonderful program. Know Diabetes by Heart, there's some handouts that I think you can use. Eatright.org, that's the Academy of Nutrition Dietetics. This is the CDC website where you can get the prevent type 2 diabetes handouts, and then the American Diabetes Association as well.

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And that's all I have. Ready for questions, if there are any.

Jennifer Kawatu: There are a few questions that have come in throughout. So, the very first one to come in is in early prediabetes with normal blood glucose in a female, would getting an insulin level be an easier screening test than a two-hour glucose tolerance test.

Jill Weisenberger: Easier. I guess it's easier, but I don't think it's as reliable. I think that the oral glucose tolerance test is going to be far more reliable.

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Jennifer Kawatu: Okay. Another question that came in is asking about grains. You said that barley has beta glucan, glucin. I'm not sure-

Jill Weisenberger: Beta glucan, G-L-U-C-A-N.

Jennifer Kawatu: Glucan. Okay, I wasn't sure how to ... And do any other grains, and in parentheses, farro, have that as well?

Jill Weisenberger: No, but I do love farro and I do encourage you to eat it because it's delicious and nutritious. But only oats and barley have significant beta glucan that has any effect on cholesterol and blood sugar.

Jennifer Kawatu: And another one, which is it's a tough question, but the question is, why not shame? Is shaming not motivating?

Jill Weisenberger: If you look at the science of behavior change, shaming is sometimes motivating in the short term and not at all in the long term. So, people will change better ... And this is according to the science of behavior change. People change better when they feel good about themselves. They might change out of humiliation, but it's not a real, long lasting change. So, shaming is the worst thing. I know that from personal experience, from professional experience. If you just think about yourself, do you change better when you have a small win? Or do you change better I think really like long term if somebody scolds you.

Jill Weisenberger: One of the things that just breaks my heart is when a patient will tell me, "Well, my doctor said, if I don't get my blood sugar under control, he's going to put me on insulin." And it's like, well, insulin is not a punishment. Insulin is a tool. Maybe you need it. Maybe you don't. But that's not the way we talk to people. And honestly, I don't even know if the doctor did speak that way. But that's the way it's interpreted. So, no, that's the reason. Shaming really doesn't work at all in the long term.

Jennifer Kawatu: Okay. And another question is, what do you think about low carb diets, especially for the prevention of type 2 diabetes?

Jill Weisenberger: Yeah, I get that a lot. I think they're unnecessary. That's probably the most important thing that I want to say is that they're ... Well, there's two most important things, that's one of them, they're unnecessary. Now, it will lower blood sugar levels. It does not necessarily improve insulin resistance or improve beta cell function. But it will lower blood sugar levels.

Jill Weisenberger: But the thing that worries me the most about it is not the vitamins and minerals that you're missing, but all those phytonutrients or phytochemicals. And some of those would be like lutein and lycopene, all the flavonoids, all these things. There are about 4000 of them that scientists have identified that are not vitamins and minerals, but they are health boosters. And they do things like improve insulin resistance, fight inflammation, detoxify cancer-causing compounds. So, we know that people need all these things that are in fruits and vegetables and grains, and nuts and tea. I mean, it's in a lot of things, but there are thousands of them.

Jill Weisenberger: And by going on a low carb diet, there's no way to get a huge variety of them. And also, there's no way to get enough fiber either unless you're taking a fiber supplement. So, I don't favor them because I think that they're too narrowly focused. It's narrowly focused on blood sugar and it's not focused enough on health holistically.

Jennifer Kawatu: Right. And perfect timing, there's one last question, which is, is it better to focus on smoking cessation or weight loss as a first step?

Jill Weisenberger: You know I did my master's thesis on smoking and bodyweight. And I remember thinking that you'd have ... I remember learning this. This is a long time ago, and I honestly don't even know if it's still considered true.

Jill Weisenberger: But at the time, it was, you'd have to gain 50 pounds to outdo the benefit of smoking. I have no idea if that's true. But I do remember that's what I learned at the time. And so, that's motivated me at the time to think that smoking was much more important to focus on than weight.

Jill Weisenberger: But what I've learned in the 30 years since I did that master's thesis is that you really go with what is most important to that person. And so, if somebody says to you, "I can't stand that the hacking all the time. And my wife, or my husband, or my kids are nagging me." Then maybe that thing could go with is the smoking.

Jill Weisenberger: But if somebody says to you, "It just breaks my heart that I don't have the energy to even tie my shoes, or I can't bend down to tie my shoes, or I don't have the energy to go to my kids' soccer games and even just sit there," well, there's a lot of things you can talk about with that, and I would just focus on what's important to that person.

Jennifer Kawatu: Excellent. Great, thank you so much, Jill. This has been great, really appreciate it. And I hope everyone here will please fill out the evaluation form after the webinar. Whether you're looking for continuing nursing education units or not, we really do pay attention to the comments and feedback and suggestions in that evaluation. So, we really appreciate you taking a moment to fill that out.

Jennifer Kawatu: And look for other opportunities and other training at rhntc.org and thank you again so much, Jill. We really appreciate it.