

More That Matters: Obesity

With Melissa Martin

Clay (00:00):

Weight, obesity, and the health of youth. Another episode of More That Matters starts now.

Diane (00:13):

The rise in obesity rates, especially in children, is a major concern in our country, especially in recent years. While weight and obesity can be a sensitive topic for many, it affects more than you may think. We'll explore this hard conversation and learn about the seriousness of obesity, why it matters, and how we can stay healthier. We are very excited to have Melissa Martin join us for this most important discussion. Melissa is director of the Greaux Healthy program. Pennington Biomedical Research Center's commitment to Greauxing Healthier Generations. Hello, Melissa. Thank you so much for joining us today.

Melissa (00:56):

Good morning, thank you so much for having me today. I'm really excited to take this opportunity to speak on a- a topic that's, um, such an important, um, conversation for us to be having in Louisiana.

Diane (01:09):

And- and it is good. And, again, the bottom line is, this is a conversation, and that's what we want our view- our- our listeners to understand, that this is what we can do, how we can help, how we can all be healthier. So, I think the very first thing we need to do is talk about, when you say "obesity," what does that mean?

Melissa (01:29):

Chronic disease that involves an excessive amount of body fat, which may impair an individual's health. So, when your total body weight is higher than what is considered healthy for any given height. Um, and obesity can be caused by many factors. So, some of those that you immediately think of are behavior and lifestyle habits, but it's also important to know that obesity can be caused by different factors in the environment, um, economic factors, family history, genetics, and an individual's metabolism.

Diane (02:05):

So, what is the difference between ... because we sometimes hear it used interchangeably, obesity and being overweight.

Melissa (02:12):

...Is found on your body mass index chart. So, your healthcare provider may diagnose you as over- having, um, obesity or having- being overweight. And so, this is going to be based on your medical history and where you are on that body mass index chart. So, a body mass index is- is a person's weight, um, divided by their height.

Diane (02:39):

Oh, okay.

Melissa (02:40):

And so, a- a higher BMI will be correlated or indicate a higher body fat. Um, so a BMI between 25 but less than 30 is that overweight range, whereas a BMI of 30 or greater is the obesity range.

Clay (02:59):

Interesting. It, so there are three classes of obesity. What are they?

Melissa (03:04):

So, class one is when your BMI falls between 30 but is less than 35. Class two is when your BMI is 35 or less than 40, and then class three is when your BMI is greater than 40. So, we used to hear- we're used to hearing class three as, um, severe obesity or severe morbid obesity. Uh, but now we've started using these- these classifications, um, as a way to really, for healthcare providers to determine what's the best treatment for that individual.

Diane (03:44):

And, in case somebody's just now joining us, Melissa, they missed how the BMI on an individual is determined. Can you- can you just say that one more time for our- our listeners?

Melissa (03:55):

Sure. So, your- a BMI or body mass index is a person's weight, specifically in kilograms, divided by that person's height. So it's actually the square of your height in meters. Um, and so it's, that particular correlation is a strong indicator, um, and is found to be correlated between, um, your body fat, as well as your risk for obesity-related health conditions.

Clay (04:30):

What are some of the impacts of- of being obese? We- there's so much conversation about weight and where people are on the spectrum now. Are there short-term and long-term impacts of obesity?

Melissa (04:41):

Yes. So, I think it's important, you know, to know that if you have obesity, you are at risk for many serious diseases as well as health conditions. And, you know, for- for both children and adults, you're going to find increased risk for, um, heart disease, so including elevated blood pressure or high cholesterol, um, increased risk for type II diabetes, breathing problems. So, that's kind of commonly seen, whether it's sleep apnea or asthma. Um, joint problems. So, you know, osteoarthritis or even some of those musculoskeletal types of discomforts. Um, gallbladder diseases.

Melissa (05:28):

And then, certainly, in- in children, you'll- you'll also see, um, some psychological effects. So, anxiety or depression lower self-esteem. Um, and then some social problems. Bullying and stigma. Um, and there, certainly puts them at risk for being obese as adults. So, more, um, more on, I guess, the impact with an adult, you know, in- in addition to just high blood pressure and cholesterol, you're going to be at higher risk for stroke. Um, many types of cancers are, um, now, we- we know that

obesity puts you at higher risk for, and then certainly pre-mature death. Um, and then the mental illnesses such as clinical depression, anxiety. Um, even some memory and cognition issues-

Clay (06:21):

Really?

Melissa (06:21):

Are- are related to obesity.

Clay (06:23):

Wow.

Melissa (06:23):

Yeah.

Clay (06:24):

What- what would create that, that, uh, a cognitive fog? Like, how- how- what's the correlation?

Melissa (06:29):

You know, I'm, I actually couldn't tell you the- the research behind that.

Clay (06:34):

Mm-hmm.

Melissa (06:34):

But what we are learning is, specifically in looking at Alzheimer's Disease, that for whatever reason, uh, there's a correlation between adults that have obesity with those diagnosed with Alzheimer's.

Clay (06:46):

Huh.

Melissa (06:46):

So, I think they're, you know, currently at Pennington, there are several different studies around dementia and Alzheimer's, um, that they are working through to really learn more about exactly what it is that connects, um, those two chronic diseases.

Clay (07:02):

Wow. You know, during the, uh, the- the beginning stages of COVID, we heard so much about how your currently status would impact the severity of the virus on you. Could you lean into how it will impact you when it comes to different sicknesses that come and go?

Melissa (07:21):

Sure. So, you know, obesity, one of- one of its side effects is it really can create this chronic inflammation, um, within your body that just puts stress overall on your health, um, and your immune system. And so, as you encounter, whether viral or bacterial infections, when you're already in an increased state of inflammation or have, um, an immune system that's not as maybe strong and healthy, um, as someone who- without, um, obesity may have, then you're going to see yourself, potentially, um, having higher risk for more severe, um, reaction or more severe, um, incident of something like, um, COVID-19, which we saw over the last few years. Um, as well as other types of infections.

Diane (08:17):

You know, I'd venture to say that a lot of people don't realize the impact that obesity has on your overall wellbeing. You know, that's when you're talking about some of the chronic illnesses and the immune system and what have you, but, you know, you're also talking about that it's not just the individual's problem. This really impacts what we talk about, the soaring cost of healthcare across America.

Clay (08:45):

Yes.

Melissa (08:45):

Right. And, you know, obesity definitely has an economic impact. Um, uh, in 2019, we knew that annual obesity-related medical cost was estimated to be around 173 billion dollars a year. You know, and in addition to that medical care cost, you know, there's a significant cost on, um, employers in terms of, uh, a healthy workforce.

Melissa (09:13):

You know, a lot of work that, um, is done within, um, public health really focuses on helping employers understand the value of health in their policies. Employee wellness programs and part of that is related to the fact that annual, nation-wide productivity cost of obesity-related absenteeism can range anywhere from three to six billion dollars a year. And so, this is going to be attributed to things like, you know, being absent from work for health-related reasons. Um, decreased productivity at work. Just not having that- that energy at work. Um, premature death and, uh, disabilities. All those things are going to contribute to, um, increased productivity costs for employers.

Clay (10:05):

You know, as it relates to evaluation, can you talk a little bit about the American Academy of Pediatrics' clinical practice guidelines so that if- if parents are listening now, they can understand what the parameters are and what they should be thinking about?

Melissa (10:19):

Sure. Absolutely. You know, it really has taken science and clinical practice some time to kind of catch up with these growing trends in childhood obesity. Um, so the beginning of this year, 2023, the American Academy of Pediatrics released a clinical practice guidelines for both evaluation and treatment of children and adolescents with obesity. Um, and, in fact, Dr. Amanda Staiano, who is an associate professor here at Pennington Biomedical and directs our pediatric obesity and health behavior lab, was one of the co-authors for those guidelines.

Melissa (11:00):

Um, you know, so I think a little bit of history, before these guidelines came out, about 25 years ago, American Academy of Pediatrics kind of came out with their first round of kind of expert, um, recommendations on how to treat childhood obesity. And this is back in 1998, uh, where we really ... it wasn't as large-scale as a health concern as it is today. So, at that time, you know, there just weren't that many effective treatments that have been, um, studied and, um, on children. And so, whatever those expert recommendations based on what they were seeing, um, in their practices was kind of the standard. And so, what they- how we treated childhood obesity was kind of called with watchful waiting approach.

Diane (11:55):

Hmm.

Melissa (11:55):

So, you would either wait to see if the child would grow into their weight or lose that weight on their own. You hear a lot of people say, well, you know, "let their- let their height catch up to their weight," or "let him go through puberty," or, you know, kind of this- this watchful waiting approach. Um, but what we began to see was it really was not working very effectively for- for, you know, the treatment of this.

Melissa (12:22):

Um, so in 2006, the Academy updated their recommendations, again, kind of based on this best available data that they had, and they- that's when we started seeing kind of this staged approach to treating childhood obesity. So, kind of started with idea of healthy lifestyles, um, then moving on to a healthy diet with en- enough physical activity. Then a little bit more structured. And then that fourth stage really being the treatment, where you would begin to see the use of medications, um, very low-calorie diets. Um, and in some cases, surgery.

Melissa (13:03):

So, after, you know, going through all these kind of trials and errors and trying to figure out the best way to handle childhood obesity, we're starting to see more and more children affected by it. And so, now, because there's been an increase of kind of some clinical trials and lots of research and effort put behind it, the academy has come out with these guidelines, um, and the guidelines are really focusing on the treatment option that includes a family-based approach.

Diane (13:39):

Hmm. Right.

Melissa (13:40):

So, a family weight management program. Um, and- but within the guidelines, there's so many things, um, for healthcare professionals to change and modify as they treat and prevent, um, childhood obesity.

Diane (13:56):

And, you know, you- you talk about family management. That is really critical, because you can't have, you know, the older brother and sister be eating pizza (laughs) and the- the younger child that has this little bit of a problem, an issue-

Melissa (14:10):

Right.

Diane (14:10):

Wants to do well, but they can't eat- I mean, you- you got to take it all into consideration. And I know, even as adults, I've had friends that the husband goes on a diet and the wife loses weight, too, because she's cooking healthier-

Melissa (14:23):

Right.

Diane (14:24):

And it's that management, you know, for the whole- you know, for the whole family.

Melissa (14:28):

Right.

Diane (14:28):

You know, and it's so critical, when you were talking about, instead of the- the wait and watch, and you know, you'll- you'll lose that baby fat and you'll see ... and- and to a degree, that probably did, uh, happen, and that was successful-

Melissa (14:42):

Right.

Diane (14:42):

But we're seeing more and more, like you said, Pennington, you all are amazing, over there.

Clay (14:47):

Absolutely.

Diane (14:48):

Oh, my gosh. Just everything that you've been talking about so far, about who's behind this study and who's in the middle of this. Thank you. You know, thank you for what you do for our community and for our nation, and from Pennington, just wanted to say that. Um, but when you're talking about the obesity in children, other than poor diet, you know, we all have, you know, issues with diet sometimes.

Clay (15:11):

Especially when you live in Louisiana.

Diane (15:14):

Yeah, yeah.

Melissa (15:14):

Right.

Diane (15:14):

'Cause Clay used to- we even put butter in, what, iced tea, or something like that.

Clay (15:16):

Yeah, that's right.

Diane (15:17):

Yeah, what- what are the others factors that- that children ... you know, we're talking mainly about children right now, that they have to be aware of, and just, they kind of battle, I think, sometimes.

Melissa (15:29):

Yeah, so it's, you know, kind of what we started when I was defining obesity, you know, we immediately kind of think our- our- our behavior and lifestyle choices. So, what we eat and how much we move. But, you know, obesity is not that simple. It- it's pretty complex. And so, in addition to that, children are in a- a tremendous amount of environments throughout the day that are going to contribute to some of these societal and community factors. So, the environments of their childcare center and their school setting. Um, the design of the neighborhood that they live in. Is there the opportunity for them to be more physically active outside?

Melissa (16:10):

Um, do they have access to ... does their family have access to healthy and affordable foods and beverages? Um, and, you know, again, that- that safety component. How- how safe is it for that child to just walk on out and, you know, go outside and ride a bike or- or play hopscotch? So, I think that, you know, there's definitely a lot of- of factors and working with the types of environments that our- our children and our state are in, specifically, childcare centers and schools, to create healthier environments is really important to kind of wrap around our children as some of these kind of social supports for things that they need to be healthy.

Clay (16:52):

Wow. That- that perspective is so great and so layered. Um, depending on the neighborhood, regardless of race, the socioeconomics of what is around where someone lives, does have an impact on nutrition. And we've talked about food deserts in communities and the lack of access to grocery stores where people can get healthier food, versus going out and getting fast food. All of those factors impact what you just said. That is so very well said. So, it isn't a ... and again, that isn't a political reflection of anything, it's the reality that when people don't have access to better options, they typically are impacted by the options they have.

Diane (17:36):
Statement of fact.

Clay (17:36):
Yep.

Diane (17:37):
Just a statement of fact.

Clay (17:37):
Yeah.

Melissa (17:39):
Yeah. Ab- absolutely. You know, there's a, um, an individual that works for the Center for Disease Control that comes to states. His name is Mark Finton. And he take- he'll take states and into certain communities on what he calls a "walking tour." And so, you'll actually walk through communities, and you have to look for things like, you know, sidewalks that are- are safe to walk on. Um, where is the local grocery store. Where ... you know, what is the advertisement looking like in and around the community you're in? Um, how is the- the public grounds maintained?

Melissa (18:18):
Um, and so it's a really powerful exercise, sometimes, to just, you know, step outside your community, or, if this happens in your community, to step outside and look around you and, um, identify, you know, are there any opportunities that ... and, um, to make changes and to use your voice, you know? Work with your- your local, um, officials, work with your, um, you know, community advocates, your faith-based organization that you're associated with to really see what kind of changes that can be made. Um, you know, that's really an important factor and an important role we all have in helping to, you know, really fight childhood obesity as well as adult obesity.

Diane (19:05):
That's a great idea, too, because as you were saying-

Clay (19:07):
Amazing perspective.

Diane (19:08):
Well, you know, and you're looking ... you have somebody else come in, you're looking through fresh eyes. You- you've lived here-

Melissa (19:14):
Right.

Diane (19:14):

You've been here for so long, sometimes we- we're kind of, we just- we just don't see what's in front of us, or we are not paying close enough attention-

Melissa (19:22):

Yeah.

Diane (19:22):

Or we don't look at it through the perspective that we should.

Melissa (19:25):

Right.

Diane (19:25):

And as you're talking about the childhood obesity, we have to start there. So, as they age to the adolescent, to be the healthy adult that will pass on healthy, you know ... the- the healthy eating habits to their children. This is generational.

Melissa (19:41):

Right.

Diane (19:41):

This starts, you know, from- from the young child. And it was interesting when you were saying you have someone come into the community. I've even had people talk about, and I'm sure you have, too, from a nutrition standpoint, that you take the- the children, you take the parents into a grocery store and talk about, "This is healthy eating. This is what a child would like." It's not all, you know, wrinkling your nose about the green veggies or the fruits, or whatever-

Clay (20:07):

Right.

Diane (20:08):

But this is a good idea. This is how you start, by knowing what to purchase and how you should accommodate your family.

Melissa (20:16):

Yeah. You know, health education is so important. Um, you know, and- and there's so many disparities related to obesity education level, and attainment being one of them. Those that have less than a- a high school diploma are more likely, um, to have obesity than those with a college degree. So, making sure that we're providing, um, opportunities for education and information sharing, starting at that young age, um, is really important.

Clay (20:47):

So, okay. So here's the question.

Diane (20:49):

Mm-hmm.

Clay (20:49):

Please don't answer by saying we're behind Mississippi, but where does Louisiana rank in terms of US states as it relates to this?

Diane (20:58):

Poor Mississippi, I just got to say. Aw.

Clay (21:00):

Are we at least ahead of Mississippi?

Diane (21:02):

Oh, gosh.

Melissa (21:03):

We are.

Clay (21:03):

Okay.

Melissa (21:03):

I- I can, I can ... I'm proud to tell you that.

Clay (21:06):

Okay. I don't feel sorry for them.

Melissa (21:07):

However, we're- we're not doing great.

Diane (21:09):

Right.

Melissa (21:10):

So, you know, in currently our national average for adults with obesity has, you know, it continues to trend upward year after year, and it's currently at 33% of adults in the United States have obesity. Um, and in Louisiana, 38.6% of all adults have obesity. But I mentioned-

Diane (21:32):

So, that's one in three, correct? That's one in three.

Melissa (21:36):

Yes. Yes. And so, you know-

Diane (21:37):

One in three.

Melissa (21:38):

What's interesting, I just kind of touched a little bit on disparities relating to income, but the- the racial disparities in Louisiana are pretty great. So, I, you know, 38.6 of all adults here have obesity, but 42.3% of non-Hispanic Blacks have obesity compared to 32.6% of non-Hispanic whites. So, right there, you can see, there- there's a disparity there. Um, and so it's important that we work to, when we look at those societal and, um, environment factors and opportunities, that we work to kind of close that gap between those disparities.

Clay (22:20):

Well, it's interesting, because it goes back to what we were talking about a moment ago, that correlates to the poverty in our state.

Melissa (22:26):

Yes. Absolutely.

Clay (22:26):

And- and how poverty is so much greater among African American communities, so that correlation is going to- going to be there. People who can afford better options typically exercise them.

Melissa (22:38):

Right.

Clay (22:38):

Versus those that do not.

Melissa (22:40):

Right.

Clay (22:40):

Because, I mean, you know, we- we- we casually joke about Whole Foods being called "Whole-Whole Paycheck."

Diane (22:45):

Whole Paycheck. Yeah.

Melissa (22:45):

Whole Paycheck.

Diane (22:47):

Yeah. Yeah.

Clay (22:47):

You go in there because the options are fantastic, but they ain't cheap.

Melissa (22:51):

Right. And, you know, what- what Diane was saying about the- the grocery store, um, you know, helping people navigate the grocery store. Some of those- those options that you can find at those health food stores, you can find at your- at Walmart, you can find at some of your local, um, the save a lot grocery store. You just have to know what to look at and what to look for. Um, but that takes a- a lot of effort. It takes time-

Diane (23:15):

Yes. Yeah.

Melissa (23:16):

And it takes knowledge to do that.

Diane (23:19):

And sometimes, it's just easier to pick up some food that's not as good for you and it- because it's easier, as you said.

Melissa (23:25):

Right.

Diane (23:25):

You- you've got to- you've got to have the mindset to help yourself. What programs, Melissa, are there available in our area, in our state, to help combat not only, well, obesity in childhood but adult obesity, too?

Melissa (23:41):

Yeah, absolutely. So, you know, on, from the childhood perspective, the- those new guidelines from the American Academy of Pediatrics really focused on family weight management programming. And there are several of those in Louisiana. Two examples, one in Baton Rouge, there's the Weight and Nutrition Center at Our Lady in the Lake Children's Health.

Diane (24:02):

Hmm.

Melissa (24:02):

And then, in New Orleans, at their children's hospital, there's a program called, um, Healthy Together Clinic. Both of those, you know, focusing on weight management. The YMCAs also, across the state, offer these types of family weight management programming. Um, and there's lots of

options, as well, from a- a telehealth perspective. So if you and your family wanted to, you know, join from a laptop or an iPad in the evening, or from a library computer, you have the opportunity, um, to do so. So, the best way to find out where those specific programs are, um, I would send people to CDC's website, 'cause you can find those that are recognized by CDC, so you know they've got the evidence, um, behind it to- to really have the greatest impact.

Melissa (24:54):

Um, for adults, you know, a lot of this has to do with, again, the behavior and lifestyle, but there's a lot of other treatment options that physicians have in their toolbox. Um, you know, there are a lot of really effective FDA approved medications to treat obesity. Um, and there's, of course, surgeries to treat obesity. So, really, for adults, um, you know, your best bet is to talk to your healthcare provider about where your BMI falls. With- you know, are you within one of those three classes of obesity? Um, or just in that overweight range? And- and how can they help you manage this chronic disease? 'Cause that's what it is. It is a- it is a disease, it's- it's not something that we do to ourselves. Um, it- it is a full disease process.

Melissa (25:45):

There's also many partners across the state, not just- not working in that clinical or health education one-on-one setting, but really focusing on those socio-economic levels. Um, the environmental levels that are really working, um, to make an impact to childhood obesity at- at a population level versus that individual level. So, creating equitable access to healthier choices, education, healthcare providers. Department of Education's doing a lot of great work around this. Um, WellAhead Louisiana with the Department of Health. The LSU and Southern Ag centers. Our state has area health education centers, and plus, there's many more kind of, um, non-profit organizations working at- at that population level to help match up what's happening at that clinical or- or healthcare setting, um, for individuals, both children and adults who have obesity.

Clay (26:46):

I just, uh, I- I got to say, and D- Diane commented on it earlier. Your well-rounded, measured approach to this discussion is so fantastic. And it does give people a level of- of perspective, because it isn't just about people making bad choices.

Melissa (27:04):

Right.

Clay (27:05):

Sometimes it's about people only exercising the choices available to them. And so, I love that. But, we have to leave on this note. I have to ask about the value of moderation. We do live here in the south where the food is the best on the planet. So, you're not saying that people every now and again, now, can't have a big old bowl of gumbo, all right, and enjoy themselves? So, it- we got to leave on the moderation, uh, step just so we don't make everybody nervous.

Melissa (27:34):

Absolutely. You know, moderation in all things that we do is- are, is important. And so, um, you know, our- our behaviors are such that if we exclude things or prevent ourselves from- from having something, we're eventually just gonna really overdo it. And- and, you know, dive in. And that's just

our human nature and how behavior works. And so, ensuring that we create balance, um, look, I'm a registered dietician and I make my roux with bacon grease.

Clay (28:05):
(laughs)

Melissa (28:06):
Because if you're going to-

Diane (28:10):
That's refreshing to hear.

Melissa (28:10):
Make gumbo, you need to a real good roux-

Diane (28:10):
Yes, you are. (laughs)

Clay (28:10):
Enjoy. (laughs)

Melissa (28:15):
And so, you know, there's only three months out of the year where I make gumbo.

Diane (28:17):
Yep.

Melissa (28:20):
And, uh, we just watch that portion size, or I watch my portion size and go from there.

Clay (28:23):
I'm sorry, what are those- what are those three- three months, again?

Diane (28:26):
(laughs) That we can be invited?

Clay (28:26):
I'm asking for a friend.

Diane (28:26):
(laughs)

Clay (28:26):

What are those three months?

Melissa (28:31):

My- my first gumbo, I make the week of Thanksgiving.

Clay (28:35):

Okay.

Diane (28:35):

Nice.

Melissa (28:35):

And by the beginning of February, I'm usually done with it.

Diane (28:37):

Yeah.

Clay (28:38):

See, that's what I'm talking about.

Diane (28:40):

Yeah.

Clay (28:40):

You- you- I, listen. You just gained a bunch of best friends all over the state of Louisiana.

Diane (28:45):

(laughs) But, to your point, though, Melissa, too, when you were saying that sometimes you're so careful, careful, careful, careful about eating the right thing and being- being cautious, and then you just- you just overdo it, almost gorge yourself. You got to be real careful about that, because that's when bulimia and anorexia, all of that fits in. That's when you say, "Oh, I shouldn't have done that," and then you start another problem. Then you start this problem. What about diet pills?

Clay (29:14):

Ah.

Diane (29:14):

What's ... what, the validity or ... I- I don't know. That ... we're asking you, the expert. What about diet pills?

Melissa (29:20):

That ... you know, the interesting thing about supplements, um, in the United States is they're not regulated, right? So, what that means is, any manufacturer that puts these supplements together, um, you don't really know 100% the effectiveness, or 100% what's in there. So, when it comes to things like supplements, I think it's really important to talk to your provider. A lot of these supplements can interfere, um, with other medications that you're taking, or have a negative impact to another health condition that you may have. Um, now in terms of a- a med- medication, prescribed medication, there are several, um, FDA-approved medications that are seen as, um, you know, valid treatment options that providers have, um, when working with patients.

Diane (30:15):

And- and, you know, Melissa, before we close today, I- I think something that would help us all. Could you give us just a little advice on how to have a good conversation with people that we love, whether or not be a family member, our friends? That's- that's- it's hard. If there's a little bit of a weight issue or an obesity, because you're- you're coming from a place of love. You're not judging, you're not being harsh. How do you have these conversations?

Melissa (30:46):

Yeah. You know, that's- I'm glad you brought that up, because that's- that's really important. You know, I- I think that, um, individuals who have obesity, both children and- and an adult really experience really experience this weight bias or weight stigma, um, every day. Even from their healthcare provider, they may- they may experience that. So, having a discussion around weight or obesity is a sensitive subject, and it's best to try to proceed with as much care and caution. So, you know, speaking about obesity and its health risks is something you need to do. It would be a disservice to not do that.

Melissa (31:29):

Um, but you want to make sure you're using non-judgmental, non-stigmatizing, non-blaming language when you have those conversations. So, a- a lot of the things I've talked about today have really focused on, you know, understanding all the components, um, you know, that wrap around an individual, including that lifestyle piece, but including genetics, including metabolism, including the environmental component. And so, when you take a more supportive approach, um, and you remove that stigma and you remove that blame, um, you know, no one's going to blame you for, um, having cancer, right? And cancer's a chronic disease.

Clay (32:14):

Right.

Melissa (32:15):

So is obesity. They're- they're- it's- obesity is a disease. And so, you know, we really, um, you know, as long as we approach the conversation with understanding that we're trying to be supportive and help and individual manage a serious medical or health condition, um, I think it's important. You know, ask permission before you dive into a conversation. "Hey, are you comfortable if we have this conversation?"

Melissa (32:42):

Um, you know, "I- I want to know how, what I can do to support you. If there's anything, um, you know, I can do for you." Um, you know, and make sure we don't say, you know, "You are obese," or "You are a obese child." Um, or "Your child is obese." But, "They have obesity, is a child with obesity, an adult with obesity." Because it is a- it is a disease. Um, you know, so I think that as soon as we can flip this narrative surrounding this chronic disease, um, it really will become much easier to talk about it.

Clay (33:16):

Yeah. I mean, just a wealth of information. Thank you so much, Melissa, for sharing with us, uh, everything, including the roux idea, which I will be exercising that, as well, before this year is over.

Diane (33:29):

(laughs)

Clay (33:29):

But thank you so much, and we thank everyone else for joining us for another episode of More That Matters.