MAUREEN JOHNSON: It's at the top of the hour, so let's begin. Hello and welcome to AIR-P presents: Lifestyle interventions, moving to the clinic to the community webinar. We would like to thank you for joining today. Because of the number of participants, please mute yourself throughout the meeting. You can also submit questions at any point in the Q&A box on your Zoom webinar console. If there is -- when there's time for questions, I will read them aloud to accommodate all attendees and we'll go through all the questions, and if there's any duplicates, combine them. We have CART Captioning available, if you would like to access, please click the CC button to view subtitles. If you wish to make the captions bigger or smaller, please click the CC button again and select Settings. A new Zoom feature includes the ability to move your caption box to your preference. So feel free to adjust as needed. We ask that if you would like to speak, you can unmute yourself and begin by saying your name. This will help everyone know who is speaking, especially the ASL Captioner and the CART Captioner. There's no ASL interpreter in this session. So this meeting is being recorded and will be available a few days following this event, as well as a written transcript from the captioner. So, again, thank you all for joining today, and please join me in welcoming Dr. Candace Gragnani.

CANDACE GRAGNANI: Hello, everybody! It's so wonderful to be here today. Thank you for giving us this opportunity to come and speak during this webinar about the work that we have been doing as part of the Autism Intervention Research Network on Physical Health. So today we'll be talking to you guys about community-based lifestyle interventions to promote overall wellness in autistic individuals. Before we get started I wanted to give you the usual disclaimer. Our project is supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services under the Autism Intervention Research Network on Physical Health grant. The information, content and/or conclusions that you will hear today are those of the speakers and should not be construed as the official position or policy of any federal or other federal organizations. So before we get started today I wanted to give you a lay of the land what we'll be talking about. First we'll do short introductions for the speakers. We'll talk a little about the background around some very commonly experienced lifestyle and wellness-based issues that kids on the autism spectrum deal with, and their family members. Then we're going to dive into what lifestyle medicine is. We're lucky enough to have a parent advocate and expert with us today to talk about her experience with Dr. Priyanka Fernandes in the lifestyle medicine clinic at UCLA. And I'll let Priyanka introduce herself.

PRIYANKA FERNANDES: Thank you, Candace, for the introduction. I'm Priyanka Fernandes. I am a co-leader with Candace in the community-based lifestyle intervention node, and I'm a preventive medicine physician and pediatrician here at UCLA. I run the training program. And then I also lead the lifestyle medicine clinic, which is mostly fellow-run in our -- in San Monica, basically, at UCLA. And I'm very glad to be part of this conversation. Next slide, please. Thanks. So my name is Candace Gragnani. I'm a pediatrician by training but also a preventive medicine physician, like Dr. Fernandes. And I'm the co-node leader of the community-based lifestyle intervention node for the AIR-P. Next slide, please. Today it's also our honor and
privilege to have Sylvia Wilson joining us, parent and expert advocate of an autistic child who has been working with Dr. Priyanka Fernandes in the lifestyle clinic at UCLA. Thank you for joining us.

>> SYLVIA WILSON: Thank you for having me.

>> CANDACE GRAGNANI: Next slide, please. So before we dive more into what lifestyle medicine is and what Ms. Wilson and Dr. Fernandes have been working on over the past several months together, we wanted to talk about what the community-based lifestyle intervention node is about. Really what the proposal is, what our main goal is to address gaps in access to services that promote physical and mental well-being in autistic individuals. When we talk about services and gaps in access, I don't want you to think that we're only talking about gaps and services in access in the healthcare setting. That's an important part. But we all know and understand and perhaps more so in setting of COVID-19 that health doesn't just happen in the clinic, right? Health has to do where we live, where we work, where we love, where we play, where we learn. It's really about the environments we're able to surround ourselves with every day. And there are lots of the important gaps in access to services that exist outside of clinical settings as well that have to be addressed in meaningful ways to help families dealing with all sorts of lifestyle and wellness related issues. Next slide, please.

So, in terms of what some of the core issues are, this is not meant to be an exhaustive list but, again, just trying to kind of hash over some of the major issues that autistic children, autistic adolescents, autistic adults and their caregivers come into contact with getting through the day-to-day of just living, surviving, learning, playing. So in terms of common physical and well-being manifestations in autistic individuals there's a fair amount of research that has been done to evaluate whether or not autistic children deal with some more of these lifestyle and wellness related issues in comparison to their non-autistic peers. In general, there has been some research suggesting that autistic children and adolescents more commonly suffer from issues around gastrointestinal function, things like constipation, nutrition quality. So the amount of vitamins they're able to consume, having a varied diet, consumption of healthful foods, sleep problems, issues with sleep disorders. Obesity is an additional one, physical activity and social well-being. And there's lots of factors that come into play when we consider why this may be the case that autistic children, adolescents, and even adults suffer from a disproportionate burden of these lifestyle-related issues. You can imagine some developmental challenges, sensory challenges, as well as co-morbid, psychiatric diagnoses can really complicate trying to create systems, strategies, and habits that help to promote healthy lifestyle and wellness-related behaviors. So that's what we're going to get to talking about a little more when we talk about lifestyle medicine. And in particular how can lifestyle medicine be used with autistic individuals and families to help promote healthy and optimal lifestyles. So in terms of outside of -- can you go back real quick?

In terms of outside just kind of what the common physical and well-being manifestations may be in autistic individuals, it's, again, also important to note that access to resources are compounded by social determinants of health. We can't forget that when we're having these conversations both at individual levels but also population levels. It's really
important to understand what additional barriers do families -- individual families, but also just kind of families at large of autistic individuals face when trying to access meaningful services. Are they tailored to autistic individuals? Are they sensitive though those needs? Is there a cultural humility involved in terms of planning and execution of such programming? So these are all really important things to think about when trying to create meaningful and sustainable change. Sorry, Maureen. Thanks. Can you go to the next slide?

This is just looking -- again, I commented a lull bit on burden of physical and well-being related issues in children, but I also wanted to look at adults. And the reason that I wanted to cite this study and kind of bring this to everyone's attention is this idea of the life course trajectory. And if you haven't heard of it before, essentially what the life course trajectory gets at is really our health as adults is determined by all of the behaviors, all of the exposures, all of the habits that we have had throughout the duration of our life and even before we were born, when we were in our mom's tummies growing and getting big, and even before that when our parents were younger and how did their environment change and shape their genetics? These are important things that come into play in actually determining how healthy we are and what our health trajectories are as adults. When we think about what types of issues do we see in adult populations, you can imagine that going back, you know, these may be habits, these may be secondary to issues that actually came up in childhood that systems, whether they be healthcare systems, educational systems, social service systems, etc., didn't do a good enough job of addressing. We have to think that this is, again, perhaps a symptom of issues that weren't addressed while during childhood. So when Dr. Fernandes and I are thinking about how do we create community-based interventions that are accessible for families that are meaningful, and how do we do that in a way that helps families shape healthy behaviors and lifestyle changes that, again, can potentially change this trajectory?

So in terms of looking at the health status of autistic adults, this is a study that was done actually by one of our AIR-P co-leaders, the gender, sexuality and reproductive health node. So she leads that. She's a director of the Kaiser Permanente Autism Research as well. And this study looked at about 1500 autistic adults and compared them to about 15,000 adults that didn't have an autism diagnosis in the medical record. This first is looking at psychiatric co-morbidities and you can see the disproportionate burden of psychiatric diagnoses, all the major ones in terms of you know, bipolar disorder, depression, attention deficit disorder and anxiety disorder that is endured by autistic adults compared to their non-autistic peers. Next slide. We also think about physical well-being, you can see again there's a lot of disproportionate burden of chronic disease that is endured by autistic adults in comparison to their non-autistic peers in this study. So that includes things like dyslipidemia, what is that? High cholesterol. Hypertension or high blood pressure. Diabetes, obesity, constipation, sleep disorders. And this list looks pretty familiar, right? This sounds kind of like the same list I talked about when I talked about the disproportionate burden of lifestyle related issues that children on the autism spectrum also often deal with. You can see that there is a significant need for communities, for healthcare providers, educators to really come together and tailor interventions and strategies to help promote lifestyle and wellness-related behaviors, so that autistic individuals and their families can really thrive. Next slide, please.
So I'll pass it off to Dr. Fernandes so she can talk more about lifestyle medicine.

>> PRIYANKA FERNANDES: Thank you so much, Candace. So lifestyle medicine focuses on a more holistic approach to addressing particularly chronic diseases, and it is focused on prevention-based approach to intervening with patients. So the holistic approach entails six pillars. One of which is nutrition and it focuses on using whole food and predominantly dietary lifestyle and insuring that you receive regular physical activity, getting restorative sleep, having an appropriate stress management plan in your life. And avoiding the use of risky substances along with having positive social interactions and social connections. And these are considered not only to have preventive measures, but it can also be used very appropriately and stringently, has been shown to even have therapeutic benefits. So you could reverse some chronic diseases were you to follow all the tenets of lifestyle medicine. So when we are thinking about community-based lifestyle interventions, we are trying to see how we can intersect at these different levels to try and improve our lifestyle in general and our risk for chronic diseases. Could you move to the next slide, please. Thank you. So, to give you a bit of context in what a lifestyle intervention looks like in the clinical setting, we decided to present a case and also have a parent walk us through this and guide us through the experience they had in the lifestyle clinic. The lifestyle clinic currently at UCLA is held once a week, so it's still like in a pilot phase, but I think we have seen patients right from childhood to late adulthood and even elderly, and with several diagnoses as well, multiple chronic diseases and various stages of the disease process. So we are going to highlight the case of a nine-year-old child who was referred to by their primary care physician for rapid weight gain, and the child had gained more than 80 pounds of weight over the past couple of years, and 60 pounds specifically during the pandemic. The child was diagnosed with autism spectrum disorder and attention deficit hyperactivity disorder at about five years of age, and then I'm mentioning about the medications just to give you context, because that's relative to the lifestyle interventions. The child was started on medications at 7 years of age, Aripiprazole for irritability and then methylphenidate for attention deficit and hyperactivity. And another thing to mention about the clinic is it's embedded within the primary care setting, so any primary care physician can refer the patients to us very easily without requiring approvals or what have you. If you could move to the next slide, please. So, when a patient presents to us, we like to get a holistic review of -- a holistic history of what exactly is going on in terms of the six tenet that is we mentioned, or the six pillars in lifestyle. And what are the behaviors that go into those different outcomes or processes that are happening in the home. So, when we were talking to the family of this patient, we understood that the child was having compulsive eating, was always hungry and had uncontrolled portion sizes, and this particularly began when she was started on medications at seven years of age. That's why it was two years and she had gained all that weight. She had been hiding food, again, getting at the insatiable appetite and waking up at night to have night snacks. She was very fond of juices, in particular the Cran-Apple juice that I remember, and getting a context also of the family setting the household in which she is living. Because of the pandemic, the household had become very busy in the sense that both parents were working but working jobs which increased the level of their commitments in the jobs because they were taking on more than one
role in their job positions, so it was like working several jobs. And then everything -- all schooling was remote that they have for the children. And therefore they had to resolve getting meals that were easily available, which were able to be prepared quickly. They were preparing food at home too, but using more processed foods in the process. If you could move to the next slide. So when we talk about physical activity, the child had prone her arm earlier in the pandemic which limited her activity and took some time for recovery, therefore was not able to do the regular physical activity, even limited in the pandemic setting. Another contributing factor was that it was removed schooling. So she was on Zoom for several hours in the day. Another very important thing was limitations due to the therapists that were -- the experience of the therapist that is were assigned to the home. So the child had one to two therapists that were assigned to come after school every day. And some were incorporated to incorporate healthy lifestyles, making healthier food choices as well as taking the child out for activities physical activities, but because of transitions in the agency that were sending a therapist, and because of limitations of who could be in person, that focus on healthy lifestyles was not consistently being met during the pandemic. Despite all of that, they were successful in making sure the child gets three to four times of activity for about 30 to 40 minutes per session. So this was just open play with the siblings and going outdoors with parents, either walking or taking the bike with the parent. If you could move to the next slide. And then talking about the other tenets, there weren't too many other things that were going on. The main focus was nutrition and physical activity. For all patients we also asked about whether there are sleep-related issues, whether there are stress-related issues, aside from the pandemic or the stress related to the pandemic and the medical diagnoses. I don't think there were any additional stress factors that were identified during our visit. And then a child was very good at interacting with her siblings and the therapists who would come during the pandemic. And I don't think it's on this slide, but no substance or risky substances used in the child. If you could move to the next slide, please. So I would like to get into our parent of the child. Thank you so much, Ms. Wilson, for being here with us. I think we are going to try to give you a sense of where Ms. Wilson was coming from and where the family was coming from when we first met, and joining with us over the next few months. So Ms. Wilson, we'll start by asking you why were you concerned about your child's weight when you first came to us, and for how long were you struggling with this issue?

>> SYLVIA WILSON: So thank you. What happened was our struggle really began, as you mentioned, once she started those medications at seven, and we noticed a rapid weight increase, which was concerning. But even more concerning is our family history, because on my side, my dad was diabetic, he died from diabetes-related complications. On my husband's side, both his mother, who is still living, and his father who passed last year, both suffered from diabetes. So, of course, we were really concerned about metabolic-related disorders, and looking at the side effects, that was something that potentially could be caused by using the medications, even though they did deal with the issues that we face with our child. So, it was really about two years that we struggled, where every medical appointment I would note that, you know, her weight was continuing to increase, and so I requested a look back at the first time that we came to the office, and that particular time, and that -- at that point there was the
decision like, okay, this is real, this is obviously having the weight gain because of the increased appetite from that one particular medication, and here is an opportunity for you to go to this clinic and get some assistance. So for about two years we dealt with that.

>> PRIYANKA FERNANDES: Thank you so much. And I wanted to highlight something that Ms. Wilson said, that the concern was not necessarily the weight in itself but what it meant for her child, specifically around chronic diseases down the line. Because oftentimes people can get caught up with the weight in itself, but just weight is not what we’re trying to address here. Though it may be perceived sometimes something that is easily trackable for families and patients alike. The second question we wanted to talk about was what had you tried prior to attending the lifestyle medicine clinic?

>> SYLVIA WILSON: So we had tried what we thought would work, which was to remove some of the snacks from the household, trying to do more physical activity, but somehow, you know, at night she would locate snack. She would then hide snacks. The therapist that would come to the house, they would find snacks under the bed, in her drawers. We had snacks out for UPS or Fed Ex drivers, and when we were not looking or unavailable to monitor, we found that, you know, she was stealing those snacks as well. But we did -- we thought the standard things. We just really didn't have, you know, the flan that we were able to obtain through the lifestyle clinic.

>> PRIYANKA FERNANDES: I guess that relates to the next question of how did the clinic help you achieve your child's health goals.

>> SYLVIA WILSON: So the first thing I would say -- and it's a biggie -- is helping get my husband and I on the same page to have the shared decision making regarding, okay, this is our action plan, this is what we can do, this is what we shouldn't do. Getting really a focus and structure as to how to tackle this was really, really helpful. Because even if I was very, very cautious in terms of monitoring her food intake, if my husband was not, then it was pointless, right? So that's one of the things that Dr. Fernandes and the other doctors at the clinic helped us do, was get on the same page.

>> PRIYANKA FERNANDES: And I will also add one thing that happened prior to when you physically saw us, was that you had already requested for a medication change with your physician, and that was in process. It was early on in that process. And big picture-wise, how do you think other autistic children might be able to benefit from a clinic like this or a program like this?

>> SYLVIA WILSON: Well, from my experience, having my -- or an autistic daughter, I find that autistic children really thrive on structure and thrive on routine. And so having the lifestyle clinic give us a structure, give us a plan, these foods are okay, these foods are off-limits. And then also recipes, meal planning, telling us in terms of other things that really would be helpful in terms of an hour of physical activity a day to maintain a
food blog. All the things that in our busy household, dealing with the pandemic, dealing with our jobs, working from home, where generally before I would go into the office or go into court and then when I come home I'm off work. And same thing with my husband. But because of the pandemic, working from home, you're available 24/7, so you get so wrapped up into that busy lifestyle that you're not really focusing on a plan or the structure. And so the lifestyle clinic gave us the structure and also support with the ongoing meetings. Every time we would see progress and it would just give us more incentive to continue what we were doing.

>> PRIYANKA FERNANDES: Thank you so much for giving us your perspective on that. If you could move to the next slide, I can give you the perspective where we were coming from. But obviously Ms. Wilson has touched upon many of the things we already spoke about, what I'm going to touch -- talk about.

So formerly the recommendations that were made were we asked the family to keep a food log, to have a better sense of what exactly is being consumed every day in addition to meals but also snacks, and potentially like juices and stuff like that. And the reason why we do this is when you're trying to make sustainable changes within families or even for adult patients, it's easier to make a sustainable change if you're just tweaking certain food habits versus trying to come up with a completely like -- like an irrelevant food plan, which does not necessarily vibe with that person's lifestyle or culture or just the family values. So understanding that can help us add or subtract certain food items within the given parameters. So it's sort of not only -- we don't necessarily want to make patients feel bad about what they are eating, but trying and helping them actually -- maybe there's a healthier version of the same snack that you like and maybe you want to try doing that. So that's the intention of asking for a food log. And then we agreed upon reducing and if possible eliminating unhealthy snacks in the household and juices in the household. And an important part in this, as Ms. Wilson mentioned, the husband, but also the child was included in the decision making. She was aware that these were the things that she would need to be doing, and if she was invested or acceptable to these recommendations. And then we gave some tips also about healthier and quick choices while cooking in a busy household. For example, it would obviously always be ideal to go to the store and get the fresh produce, wash it, cut it, and prepare meals from scratch, but short of that, anything that makes your life easier should be utilized, so if you want to buy cut vegetables, which are frozen, it reduces a step that you have to perform while preparing your meal. So just simple tips like that. And then two other concrete recommendations that were made was to increase the level of physical activity. The goal is 60 minutes of moderate intensity aerobic activity for children every day of the week. So the child was getting some amount of that level of activity but we wanted to increase it to ultimately reach this goal. And then trying -- the last thing is trying and having the therapist adopt these healthy behaviors, particularly when they were on, so that it was part of the goals for the child, overall goals.

If you could move to the next slide, please. So we had success in three months. I would categorize it like full success, partial successes and work-in-progress. Because with lifestyle interventions and behavior changes, many people understand that
oftentimes it's like a back-and-forth. So you might take three steps forward and one step back. But, again, figure out what is going on and again take it three steps forward. So it's constantly a work-in-progress. And even if you have achieved your ideal state of being, sustaining that for long term, no matter what the circumstances, like vessel hard. So we categorized it in this way. So the successes that the family and the patient had were reduction in appetite because of the change in medication. And there were no negative behavioral changes that were perceived because of the medication change. So there was more controlled appetite. They were able to eliminate juices and reduce processed snacks. One strategy was they just started offering water to the Fed Ex delivery folks, and also keeping some of the more processed breakfast cereals in the garage, the big packets in the garage and just keeping what they needed outside and, actually, the child did a wonderful job of choosing healthy snacks, particularly fruits. She was choosing that for her snack more regularly and almost all snacks in the day. And it amounted to a 10-pound weight loss. So those were all great changes that were made. Something about things that were successful in certain spots was the increase in physical activity. And that was spotty because of the changes that came with the pandemic, like changes in school, school schedule, changes in jobs. And also the behavior, changes in the behavioral therapist. So that is still a work in -- not just a work-in-progress, it's partial success. They have been able to achieve part of it, but then slid back. So that is something we continue to work on. And then that work-in-progress was to maintain a food log. It's really hard when all members of the family are busy and also trying to cook healthier means as a family, the family has that as a goal for themselves. It's just a matter of trying -- getting to a post-pandemic state where lives are a little less -- a little more structured and less busy. So that those were successes in different buckets. If we could move to the next slide. So getting to the specific lifestyle medicine strategies that were used. As I mentioned previously, we want to try and understand and actually Candace said it so beautifully as well, we want to try to understand the larger context of the problem, and we do so by motivational interviewing, and really understanding the other social environmental determinants of health and not just healthcare. Because then when you're coming up with your recommendations, you try and give recommendations that are more sustainable.

We worked on developing patient and family-led SMART goal and action plan. So some or all of you may know, a SMART goal is something that is specific, measurable, attainable, relevant, and time-bound. And it's something that is -- that you want to achieve more long term. And then the action plan really lays out concretely what you're going to do to achieve that goal. And because of the shared decision making, it's all of us coming up with a common goal and action plans versus the physician telling you what to do. And then within the action plans itself, also prioritizing which action items take precedence within the given situation, because dynamics can change over time, and some things are more feasible to do than others. So helping prioritize the action items is something that we offer. And then, again, getting at this concept of we are here to ensure long-term sustainability and success. So even though the changes may seem small, they are necessary to make the change, and it's a greater likelihood that you will achieve success with those small incremental changes.
And I would say this is the last -- it's mentioned in the last, but it's really, really important, the concept of positive psychology, taking pride in the small wins, because that's really what keeps patients and families moving to the next step and a healthier state of being. If you could move to the next slide, please. So thinking about lifestyle medicine to reduce diseases, specifically chronic diseases in this case. The approach is really universal. Every patient can benefit and reduce their chronic disease, and sometimes even acute disease risk. That's what lifestyle medicine offers. But it's particularly relevant to autistic individuals and their families because the behavior context of choosing a healthier lifestyle, the fact that we have to focus even on behaviors, and a healthy lifestyle should be a part of the goals for families and not just -- not necessarily just educational goals or one type of goal, like a social goal, having a healthy lifestyle should also be part of that goal setting. And medications can complicate matters, particularly for chronic diseases in this setting, but I will bring Ms. Wilson in again here. She had a wonderful suggestion when you were talking about this that maybe when -- yes, Ms. Wilson, I'll let you speak to the idea you were mentioning about when children are placed on medications, how we could prevent disease risk.

>> SYLVIA WILSON: Yes, it's just something that I noticed, because, you know, my daughter has been diagnosed, and she was about five. I'm in several parent groups for children with disabilities, with autism, other spectrum-related disorders, and it's an ongoing conversation that we all have about how the medication has a tendency, I'll say, to cause them to gain weight and then become obese. And all I kept thinking, talking to all these different parents and families is, why is this -- like with the lifestyle clinic, where we didn't get assistance or intervention until after she already had gained 80 pounds. It seems like it makes more sense to do this on a preventive basis rather than as a treatment. I feel like it would have been much better for her health if as soon as she was put on the medication, since -- you know, it's clearly a side effect, it says right on there, largely increased appetite, and it's noted in I know many, many, many cases with children who are put on that medication, why not immediately when you put them on the medication, then assist the family and provide them the opportunity to go to the lifestyle clinic. Because most families are very busy. Most families aren't necessarily thinking, hey, I'm going to have my child go on this medication, they're going to have a huge increase in appetite, and I'm going to needly know what to do and put into place. I haven't seen that that's been the case. So I don't see why this can't be a part of the standard regimen when you put children on these types of medications that greatly increase their appetites. Because then you also have to think, too, sometimes it's too late. By the time you do intervene they have a metabolic disorder. And if you adjust -- if you had just taken the time to put that as part to have regimen, then that could have been prevented and cause less of a drain on the healthcare system.

>> PRIYANKA FERNANDES: Thank you so much for that. And I think it's such an important concept when we are thinking of systems and integrating what each one of us are trying to achieve for the patient, which is optimal health, but what an ideal system where communication between the medication provider versus someone who is offering a lifestyle medicine intervention versus, for example, a therapist, could look like. So in
thinking of those, we think about what are the opportunities in the clinical setting in
terms of integrating lifestyle changes within the existing system. So we could tap into
resources from the nutritionist. We could tap into resources from the social worker who
would help us identify community-based resources to improve lifestyles. Some systems
offer health coaches. So offering health coaching to families or patients. Also then we
spoke about behavioral therapists. There’s also understanding that occupational
therapists can offer a lot in terms of lifestyle medicine and lifestyle behavior changes.
And then educators, because children spend a lot of time in school. So having the
schools also incorporate and integrate healthy lifestyles as goal for children to adopt. If
you could move to the next slide, please.
I already touched upon this, so I'll move to the next slide where Candace will... yeah.
Great. Thank you.

>> CANDACE GRAGNANI: Thank you so much, Priyanka and Ms. Wilson for giving
such an in-depth look and discussion about your guys' experience working together to
help promote wellness for Ms. Wilson's daughter as well as her family as they kind of
embarked on the big task. It's a big undertaking to make these sorts of changes. And
so, again, we have talked a lot about the clinical setting for now, but one of the other
focuses that we want to have in terms of our node is to focus on how do we translate
this sort of approach, these thoughts, these strategies? How do we think about them in
terms of making them more accessible in the community? So how do we help families,
autistic individuals, autistic children, access the knowledge, the power, right, to do these
sorts of big kind of lifestyle changes in ways that are more easily accessible. We
shouldn't have to always go to the physician or make a nursing visit. We should kind of
integrate these more holistically in other community-based settings, whether that be a
school, whether that be a park or a library, and so Dr. Fernandes as I have been trying
to think creatively in terms of how do we do more of these community-based
interventions where autistic individuals and caregivers can access knowledge and skill
sets to help build healthier lifestyle habits in a tailored and meaningful way for this
particular population. And so Dr. Fernandes and I work on several kind of public health
based and community-based projects for underserved youth, high-risk youth and also
on this project for autistic youth. And some of the places that we work on some of our
other projects we hope to incorporate in terms of community-based lifestyle
interventions for autistic children and their families for the purpose of this project. So
one example is we work on a park prescription program, where we help to provide
education and experiential learning around physical and mental well-being for
middle-aged and high school youth. And we're hoping to as we kind of settle into that
project and learn more and work out the kinks to develop an additional offering of more
tailored classes that could be offered specifically to autistic individuals and youth and/or
their caregivers, depending on the age of the child, their level of function and things like
that. But really bringing those opportunities to families in wonderful settings, right? We
shouldn't always have to invite families to come to the clinic to have these
conversations, but what about a nice local park where there's lots of green space,
where it's closer to home or a public school where the child attends, right? So how are
we helping to bridge these sorts of gaps and really bring healthcare into all aspects of
our lives? And by healthcare, I mean taking care of our health. Not just treating things
but really just trying to live the healthiest lives that we can. And go to the next slide, please.
And so one other concrete way we have been working towards offering a more integrated community-based lifestyle intervention approach is with an ongoing and new collaborative effort with Project Career Launch at Drexel University. And what projects career launch does wonderfully already, and if you download the slides, there's a hyperlink here so you can read more about this wonderful program, is it really helps to prepare -- it really helps to prepare autistic young adults for transitioning into adulthood, developing independent skills, but also prepared them for employment. So they offer this really robust and rich program. And what our group is going to help do and be embarking upon early on next year is to -- in addition to their curriculum, help to provide a weekly curriculum of one to one and a half hours for about eight to ten weeks where we offer information and education for autistic and non-autistic young adults around mental well-being, physical well-being. How do we eat healthy? How do you go to the grocery store and figure out what you should be buying? What is an easy way to meal prep? If you only have access to a microwave, can you still make healthy meals? Yes, but how do you do it. And give these young adults these skills to develop healthier habits and embark on adulthood and set them up for success in shaping health trajectories and giving them agency and power and knowledge to do all of those things.

Next slide, please

I know we talked a lot today, but I wanted to offer up this opportunity for anyone to ask any questions, as well as to thank Ms. Wilson for joining and sharing her experience and her family's experience with the lifestyle medicine clinic and Dr. Fernandes at UCLA. I'm lucky to be an aunt to twin boys with neurodevelopment needs, and it really is just such is a privilege for you to share your story and all the success that is you have had, and I think it's going to be so inspirational for other families, who like you mentioned, in blogs and parenting groups and things like that, are all going through this, and that maybe we don't necessarily as providers hear enough or become allies enough for. So thank you again for sharing all of your expertise and experience with us today. And we'll offer it up for questions or comments from Dr. Fernandes or Ms. Wilson as well.

>> MAUREEN JOHNSON: As a reminder you can place your questions in the Q&A box at the bottom of your webinar console or you can also place the questions in the chat feature and select the option to send the questions to panelists.

>> CANDACE GRAGNANI: I guess, if you don't mind if I ask a question, Ms. Wilson, I have a question for you. And I was wondering, how do you feel -- you are in a home where both of you, you and your husband are working, you obviously have a lot of plate, you have multiple children. Do you see opportunities in terms of like many community-based intervention? So not in lieu of Dr. Fernandes and the lifestyle medicine clinic and your experience there, but what do you think would be helpful in terms of structures or systems or programs that would be available to you that would be helpful outside of the lifestyle medicine clinic?
SYLVIA WILSON: I was going to say a lot of the information is just not available to parents who are dealing with the same types of struggles that my husband and I deal with. And so it’s in these parent groups where you find out about, well, try this medication or try this program or try this intervention. So in terms of getting it out into the community, I think that you would have to go into the communities that are -- that need the assistance, reach out to the different parent organizations, reach out to the different organizations that deal with the specific issue and offer opportunities for resources. Because that is part of the reason why they join these groups, is because the information for whatever reason doesn't make it out there. That’s why in a lot of cases children don’t get diagnosed, for example, early, with autism, because their families don’t have the resources to know what they’re dealing with, and that they can get -- there’s so much help available. And I hate to bring it back to the lifestyle clinic because you said outside of that, but I think if my husband and I weren’t so -- if we weren’t so focused on being advocates for our daughter, then she would probably still be on the same road that she was before. We wouldn’t know about the lifestyle clinic. We wouldn’t know about some of the other opportunities, you know, like the friendship program at UCLA. If we hadn’t advocated for her so much. So my whole thing would be really to get out into the community and make them aware of all of the different resources and create programs for parents that need that further education and need that support.

CANDACE GRAGNANI: Thank you so much for that answer. And then there is a question that came up in the Q&A that I wanted to bring your attention to. It says during the pandemic many families living in the city have been -- it’s been really a challenge to be outdoors, right, and be active. There’s been lots of limitations placed on us because of pandemic, and sometimes space is an issue. How can we apply a healthy routine inside a small space for autistic children?

PRIYANKA FERNANDES: Yeah, I can briefly take a stab at that. It is not easy, I will say. We’ve had both autistic and non-affected peers, all children are facing this issue. And things that we are suggesting are trying to do YouTube videos or choose like a video game or a game that incorporates physical activity, but also gets that social interaction. I’m not very good at the names of the games, but there are certain games where you can play with your friends and be physically active. So trying doing that even within the household, but even that can become hard with parents who are working remotely, because if they are working extended, like you can’t have your child -- unless you have like these background screens, it's hard to have like a sound, and everyone trying to share the space. So we have -- it's not an easy solution, but these are some things that we have tried.

SYLVIA WILSON: I was just going to say I know several parents who have purchased those mini trampolines and they love the stimulation of being on that. It gets their -- you know, a lot of the -- whatever, that they’re dealing with in terms of their motions or anxiety or stress out by jumping on those. I know several parents who have -- who purchased those during the pandemic, and that helped a lot. Kansas we
are also very big fans of the trampoline in my family. So a trampoline can be a lifesaver too.
So are there any other questions from anyone who is listening today, or any kind of final thoughts or comments?

>> PRIYANKA FERNANDES: I think I will adjust one thing. The pandemic has come with its unique sets of challenges. So also just being able to recognize that families may not be able to achieve the standard they are used to, and finding ways of how to still optimize their lifestyle is something that would be nice. Because I think all families would appreciate some, like, stress relief or stress management ideas or activities or like some mindfulness, meditative activities, not just for their kid but for themselves, so that they all are leading a healthier lifestyle. So something that we can think of for all our families.

>> MAUREEN JOHNSON: Thank you so much, everyone, for joining us. I also want to thank Dr. Fernandes, Dr. Gragnani and Ms. Wilson for the presentation today. The feedback survey is available for you to provide your comments and suggestions on this webinar. Please complete the survey either by using the QR code on the screen or the link provided the chat box.

You can also sign up for the newsletter using the same QR code. If you have the slides downloaded, you can also be able to reach the newsletter from this code. Finally, a link will be provided to all registrants -- a link to the recording will be emailed to all registrants and we hope to see you next month for IRP's next webinar on priority setting to improve health outcomes, autistic adults and other stakeholders engaged together. This webinar will be held on Thursday July 22nd at 2 p.m. Eastern Standard time. Again, thank you all for joining us and have a lovely afternoon.

>> CANDACE GRAGNANI: Thanks so much. Have a good day!

>> MAUREEN JOHNSON: Thank you.

>> SYLVIA WILSON: Thank you! Bye-bye! Hope that was okay.

>> AUTOMATED VOICE: The recording as stopped.