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Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO

What's New in Cardiovascular Prevention? A Series of Case-Based Discussions

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Disclosure Statements



- The following speakers have a relevant financial interest or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentation:
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- The remaining speakers have no financial relationships with any commercial interest related to the content of this activity:
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 - Shari Bolen, MD; Richard Cornachione; Carolyn Henceroth; Gillian Irwin; Michael Konstan, MD; Elizabeth Littman; Devin O'Neill; Steven Ostrolencki; Ann Nevar; Claire Rollins; Catherine Sullivan

* These financial relationships are outside the presented work.

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Person-Centered Language Recommendations



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The ADA and the APA recommend language that emphasizes inclusivity and respect:

- **Gender**: Gender is a social construct and social identity; use term “gender” when referring to people as a social group. Sex refers to biological sex assignment; use term “assigned sex” when referring to the biological distinction.
- **Race**: Race is a social construct that is used broadly to categorize people based on physical characteristics, behaviors, and geographic location. Race is not a proxy for biology or genetics. Examining health access, quality, and outcome data by allows the healthcare system to assist in addressing the factors contributing to inequity.
- **Sexual Orientation**: Use the term “sexual orientation” rather than “sexual preference” or “sexual identity.” People choose partners regardless of their sexual orientation; however, sexual orientation is not a choice.
- **Disability**: The nature of a disability should be indicated when it is relevant. Disability language should maintain the integrity of the individual. Language should convey the expressed preference of the person with the disability.
- **Socioeconomic Status**: When reporting SES, provide detailed information about a person’s income, education, and occupation/employment. Avoid using pejorative and generalizing terms, such as “the homeless” or “poor.”
- **Violent Language**: Avoid sayings like ‘killing it,’ ‘pull the trigger,’ ‘take a stab at it,’ ‘off the reservation,’ etc.



Dietary Guidelines

Chris Taylor, PhD, RD, LD

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Learning Objectives



- 1) List and describe the main sources of dietary guidelines in the United States and how they are assembled.
- 2) Describe key recent changes in dietary recommendations.
- 3) Describe an approach to incorporating dietary guidelines into routine dietary counseling in primary care.

The US Dietary Guidelines



- Latest release, 2020-2025
- Represent the latest evidence-based healthy eating recommendations
- Updated every 5 years
- Establish the foundation for many federal nutrition programs



**Dietary
Guidelines
for Americans**

<https://www.dietaryguidelines.gov>

Sources of Dietary Guidance



- US Dietary Guidelines
- Professional Associations
 - American Heart Association
 - American Diabetes Association
- Dietary Patterns
 - DASH Diet
 - Mediterranean Diet
- “Other”

The Process for the DGA



- Identify the Scientific Questions
- Submission of Nominations for the Advisory Committee
- Appointment of the Advisory Committee
- Review the scientific evidence
 - Includes systematic reviews, food patterns modeling
- Develop the Scientific Advisory Committee Report
 - doi.org/10.52570/DGAC2020
- Develop the Dietary Guidelines for Americans
 - USDA & HHS

What's the difference between the Dietary Guidelines Advisory Committee Report & the Dietary Guidelines for Americans?

COMMITTEE REPORT VS DIETARY GUIDELINES



WHAT IS IT?

An overview of the latest available science on a variety of nutrition topics



Recommendations on what the average American should eat and drink to promote health and prevent chronic disease

WHO WRITES IT?



The Dietary Guidelines Advisory Committee, a balanced group of nutrition science experts



U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS)

WHO IS THE AUDIENCE?



U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS)



Nutrition policymakers and health professionals

HOW IS IT USED?



Informs USDA and HHS as they develop the Dietary Guidelines for Americans



Used as the basis for federal nutrition policy; adapted by medical professionals to meet specific needs; developed into nutrition resources for the general public; and much more



- Separate processes for the same goal
- Identify the evidence
- Translate for the public

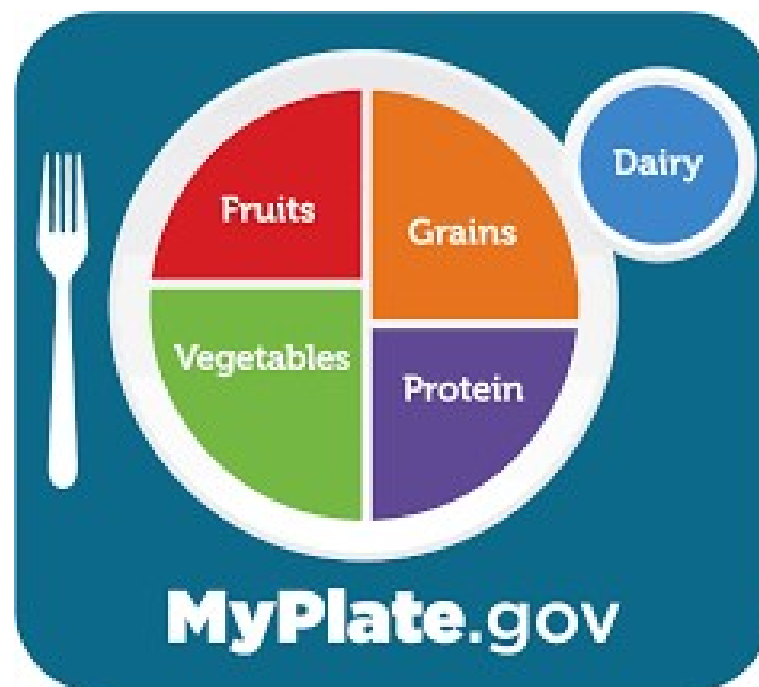
Make Every Bite Count with the Dietary Guidelines for Americans



- The four overarching guidelines to help make that happen are:
 - Follow a healthy dietary pattern at every life stage.
 - Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
 - Focus on meeting food group needs with nutrient-dense foods and beverages and stay within calorie limits.
 - Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

Recent Changes in the DGAs

- Recently shifting to focus more on patterns, less on nutrients
- Messages are translated into educational materials (CNPP)
 - Food Guide Pyramid
 - MyPyramid
 - MyPlate
- Latest release addressed differences and guidance by life cycle



Establishing a Path to Lifestyle Behaviors



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- Guidelines offer a focus on lifestyle behaviors balanced with pharmacologic therapies
- Patients commonly perceive medications to cover for the lack of behavior change
- Lifestyle behavior change perceived to be something they *should do*
 - Not a priority until directly addressed by a primary care provider

Translating these Guidelines into Food



- US Preventive Service Task Force recommends moderate to high-intensity lifestyle to facilitate behavior change
 - Medium (31-360 minutes) to high-intensity (>360 minutes) lifestyle interventions
 - Consider your opportunities and limitations
 - Stay in your lane (scope of practice and licensure)
- Lifestyle behavior modification requires the application of guidelines to patients' personal situations
 - Personal adaptations require time
- Recommendations are focused on nutrient intakes and overall food intakes (daily or weekly)
 - Individuals eat food and meals and must translate big picture to fork

Utilize the Team



- Many issues in behavior change are addressing competing demands
 - Referrals to available services
- Referrals for team-based care:
 - Registered Dietitian
 - Mental Health
 - Food assistance or life assistance programs
- Find their *why it matters*.



Thank you!

Questions/Discussion