

Webinar: Tech Reminders

- You will be muted throughout the webinar
- Please use the Chat feature if you need to ask a question or contact the meeting organizers
- Questions will be addressed during the 'Discussion and Questions' portion of the program
- The webinar will be recorded and the slides will be posted on Cardi-OH.org and in Box

Webinar

Like it Is: Real-World Application of the DASH Diet for Low-Income Populations

PI Michael Konstan, MD
Co-PI Shari Bolen, MD, MPH

November 1, 2018



Welcome

Michael W. Konstan, M.D.

PI, Cardi-OH

Vice Dean for Translational Research

Professor of Pediatrics and Population &

Quantitative Health Sciences

Case Western Reserve University School of Medicine

Disclosure: Dr. Konstan has no conflicts relevant to this presentation to report.

Continuing Medical Education (CME)

- 1.00 AMA PRA Category 1 Credit is available for this webinar
- You must complete the CME Evaluation and claim credits by November 15, 2018
- If you do not receive an email to complete your CME evaluation or need other assistance, contact Cathy Sullivan, csullivan1@metrohealth.org

The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The MetroHealth System designates this educational activity for a maximum of 1.00 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. Nurses and Social Workers check with your professional association as these credits might be applicable for licensure renewal.

Agenda

Topics	Presenter	Timing
Welcome and Overview	Michael Konstan, MD	4 mins.
Cardi-OH Update	Shari Bolen, MD, MPH	8 mins.
Project ECHO Update	Goutham Rao, MD, FAHA	8 mins.
Social Determinants of Health and the DASH Diet	Adam Perzynski, PhD	15 mins.
Like It Is: Real World Application of the DASH Diet for Low-Income Populations	Randell Wexler, MD, MPH, FAAFP	15 mins.
Facilitated Discussion and Questions	Adam Perzynski, All	8 mins.
Discussion Highlights Next Steps and Wrap-Up	Shari Bolen, MD, MPH Michael Konstan, MD	2 mins.

Zoom Webinar Logistics

- **Submit Questions/Participate in Discussion**
 - Use the Chat feature
 - Submit questions at any point
 -
- **Request to Speak**
 - To be unmuted, send a Chat to the *panelists*
- **Poll Questions**
 - You will have 15 seconds to respond
- **Post Webinar Survey**
 - We will share the survey link in the chat at the end of today's webinar and also send it by email

Objectives

1. Describe Cardi-OH's goals and activities
2. Describe Project ECHO
3. Identify ways for clinicians to support low income patients' adherence to the DASH diet
4. Identify emerging resources for clinicians to address food insecurity in low income patients

Cardi-OH Update

Shari Bolen MD, MPH

Co-PI, Cardi-OH

Associate Professor of Medicine

Center for Health Care Research and Policy

Case Western Reserve University School of Medicine

The MetroHealth System

Disclosure: Dr. Bolen has no conflicts relevant to this presentation to report.

Our Purpose

The purpose of Cardio-OH is to expand the primary care team's capacity to:

- Prevent, diagnose and manage cardiovascular disease in Ohio's Medicaid population
- Identify and address disparities in cardiovascular health care and outcomes affecting the Ohio Medicaid population

Initial foci are hypertension and social determinants of health

Accomplishing Our Purpose

We will accomplish our purpose by:

- Sharing information
- Learning together
- Disseminating best practices

Seven Amazing Teams

Data & Evaluation



Project ECHO



Informatics & Web



Marketing & Communications



Best Practices



Learning & Engagement



Advisory



Ohio's 7 Medical Schools

**Case Western Reserve
University**

PI: Michael Konstan, MD



**Case Western Reserve
University**

Co-PI: Shari Bolen, MD



**University of
Cincinnati**

PI: Michael Holliday, MD



**Ohio
University**

PI: Elizabeth Beverly, PhD



**The Ohio State
University**

PI: Randy Wexler, MD



**Northeast Ohio
Medical University**

PI: Stacey Gardner-Buckshaw, PhD



**University of
Toledo**

PI: Lance Dworkin, MD

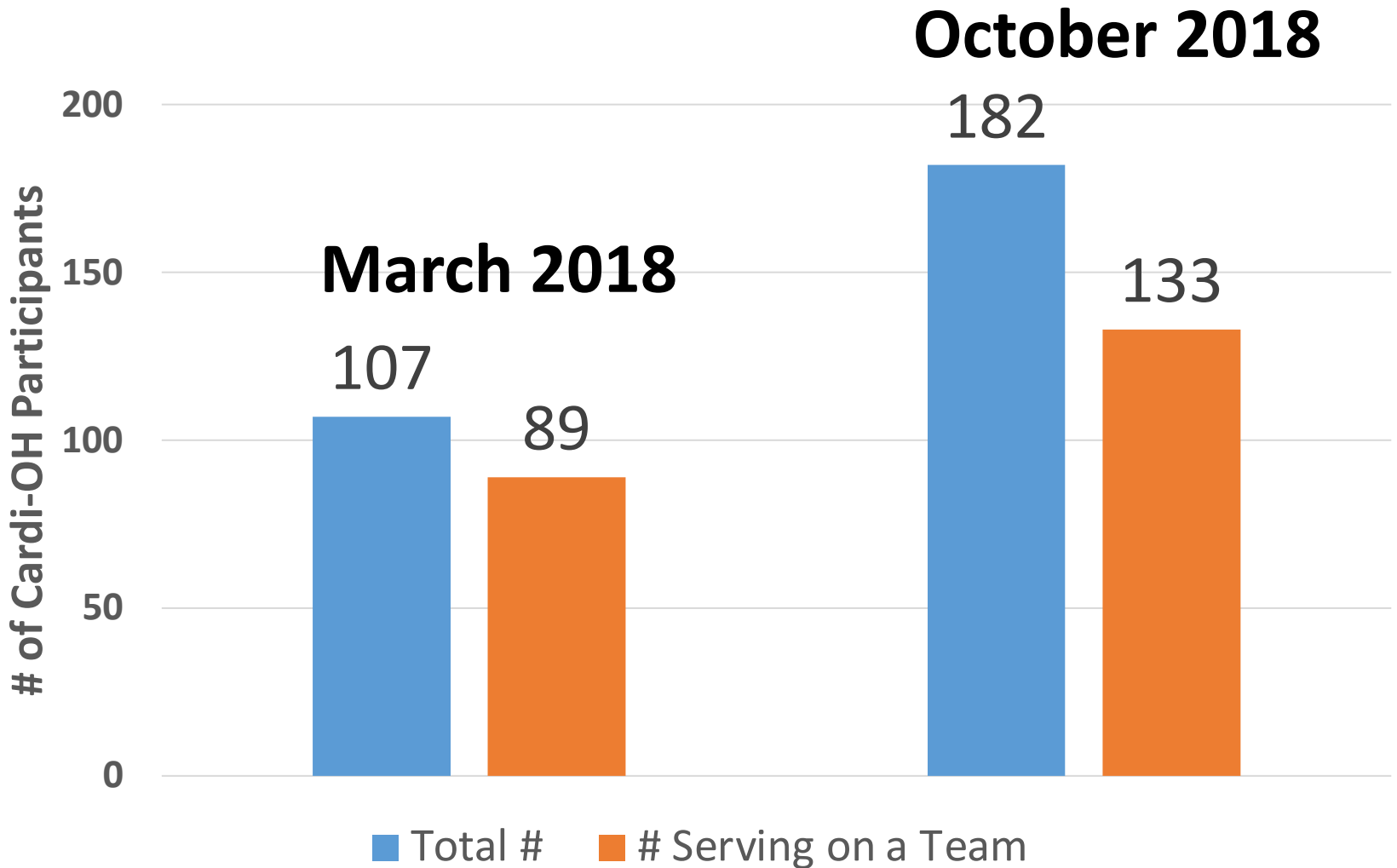


**Wright State
University**

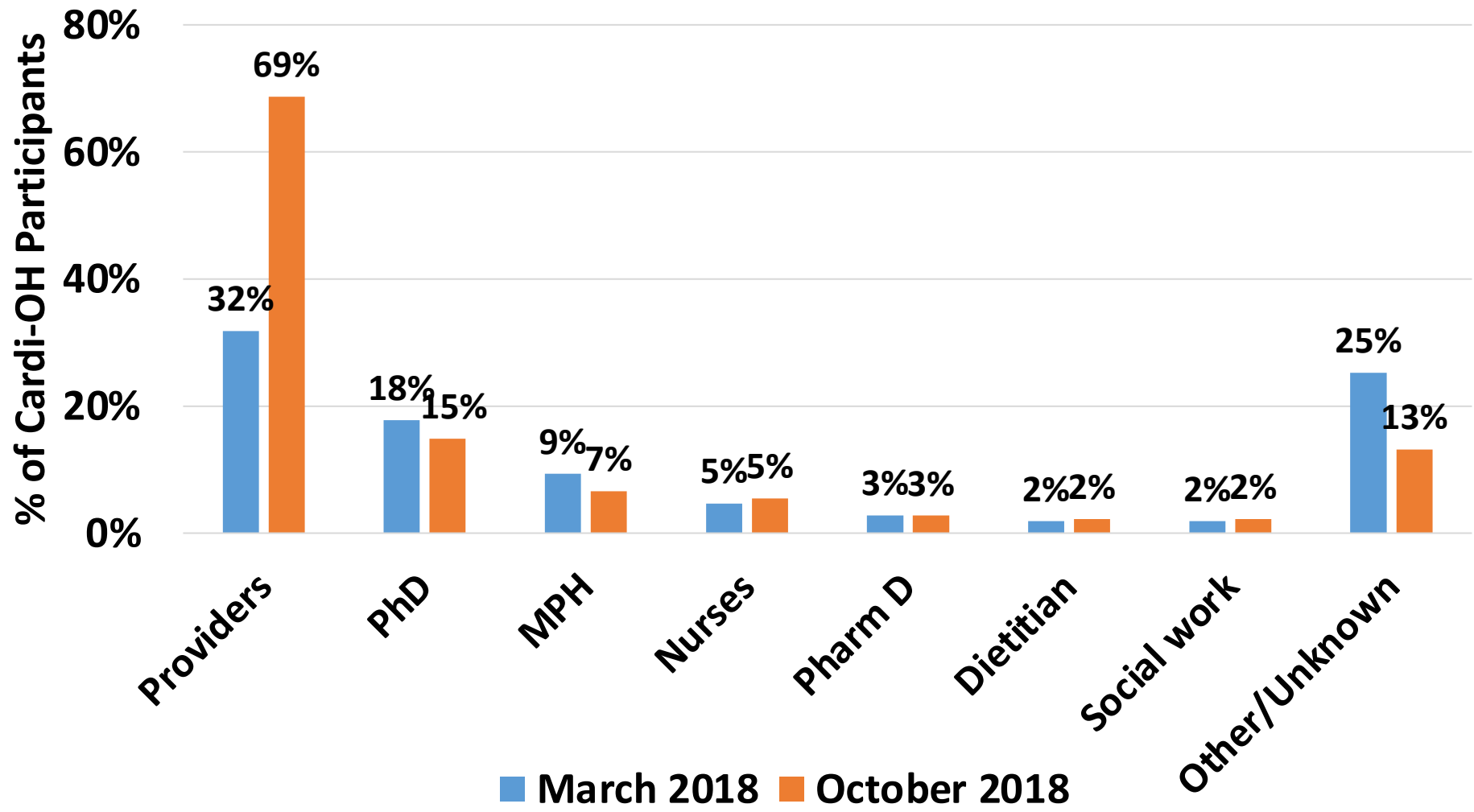
PI: Larry Lawhorne, MD



Cardi-OH Is Growing



Cardi-OH Representation



Who is attending Cardi-OH events?

- University systems and affiliated clinical sites
- Community health centers
- Community organizations (e.g., AHA, United Way)
- State government agencies
 - Ohio Department of Medicaid
 - Ohio Department of Health
- Regional health improvement collaboratives
- Payers (e.g., Medicaid Managed Care Plans)

Poll Question

Year 2 Scope of Work Activities

- Expand Cardi-OH to encompass Ohio's 7 schools of medicine
- Develop evidence-based content to share in 5 areas: Hypertension, Lifestyle, Business Case, QI Coaching, and SDOH
- Share Team BP content
 - Local dissemination
 - Project ECHO
 - Webinars
 - Website cardi-oh.org
 - Annual in-person statewide conference
- Develop and track success metrics: reach of activities
- Align with the Hypertension QI Project
 - Share success stories and assist with any new content needs

Upcoming 2019 Cardi-OH Events

Project ECHO Pilot TeleECHO Clinic

- 12-week series, February through April
- Interested in Project ECHO? Contact Ann Nevar, ann.nevar@case.edu

2nd Annual Statewide Conference

- Friday, May 17, 2019
- 9AM-3PM
- Columbus, OH

Cardi-OH Quality Improvement Webinar

- Details to follow

Project ECHO Update

Goutham Rao, MD, FAHA

Professor and Chairman

Department of Family Medicine and Community Health
Case Western Reserve University School of Medicine
University Hospitals of Cleveland

Disclosure: Dr. Rao has no conflicts relevant to this presentation to report.

Project ECHO

(Extension for Community Healthcare Outcomes)

- Developed at University of New Mexico Health Sciences Center
- Uses technology to leverage scarce resources
- Utilizes “hub and spoke” structure to expand the role of primary care providers in treating conditions, “Force Amplification”
- Share best practices to reduce disparities
- Apply case-based learning to master complexity
- Evaluate and monitor outcomes

Childhood Obesity ECHO

Chicago



Cardi-OH Pilot TeleECHO Clinic

- Pilot session to begin February 2019
- Share Team BP content
 - 1-session per week for 12 weeks
 - Proposed schedule, Thursdays, 8-9 AM
- Begin TeleECHO Clinic with 20 mins. didactic portion
- Solicit case studies from practices to review for remainder of clinic
- Needs assessment and pre- and post-clinic surveys for Data & Evaluation Team
- Recruiting 12-primary care practices - SIGN UP NOW!

ECHO Progress

- Curriculum is drafted and emphasizes key issues
 - New guidelines in hypertension treatment
 - Social determinants of health
 - Care for underserved patient population of Medicaid beneficiaries
- Recruitment efforts
 - Include a diverse range of urban and rural practices serving Ohio Medicaid patients
 - SIGN UP NOW contact Ann Nevar, ann.nevar@case.edu

Health Disparities Data Summary on Poverty, Food, and Nutrition

Adam T. Perzynski, PhD

Associate Professor of Medicine and Sociology
Center for Health Care Research and Policy
Case Western Reserve University School of Medicine
The MetroHealth System

Disclosure: Dr. Perzynski reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing. These financial relationships are outside the presented work.

Social and Epidemiologic Data on Poverty, Food and Nutrition

- Data are primarily from Healthy People DATA2020 tool
<https://www.healthypeople.gov/2020/data-search/>
- Additional data from
<http://www.countyhealthrankings.org/>



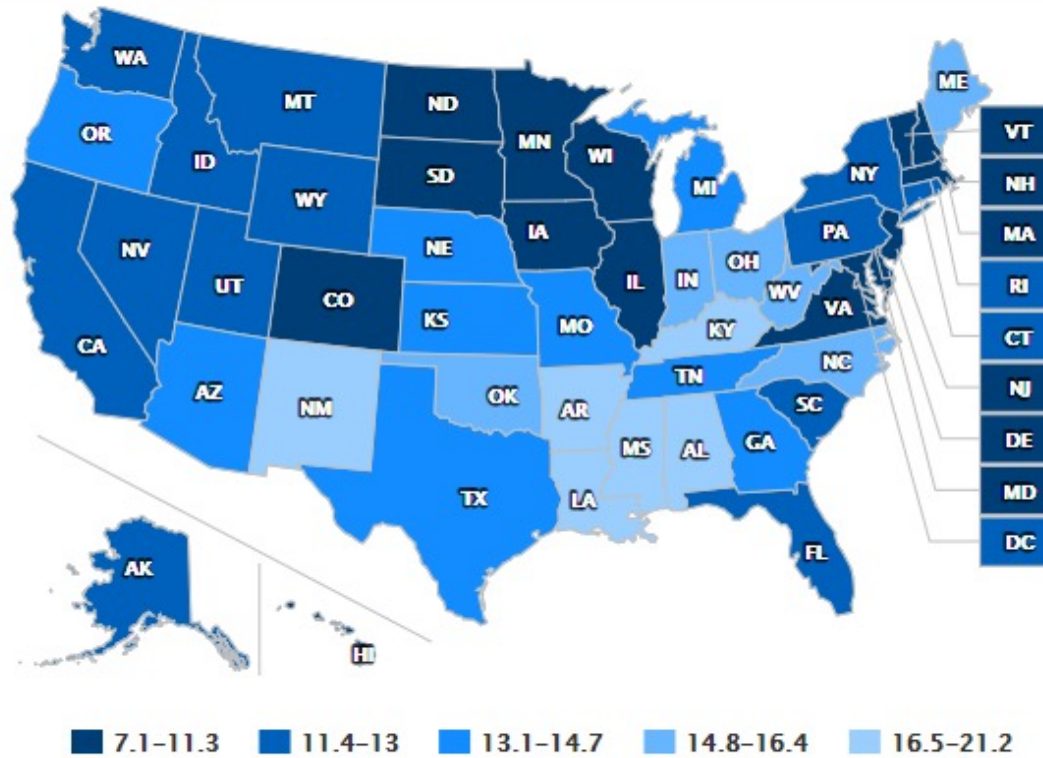
State-level Data

Households with food insecurity in the past 12 months (percent)



2011-13

2014-16



States with no available data are shown in white

Data Source: Current Population Survey-Food Security Supplement (CPS-FSS); U.S. Census Bureau and Department of Agriculture, Economic Research Service (Census and USDA/ERS)



Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best). [Learn more about this measure.](#)

[Map](#) | [Data](#) | [Description](#) | [Data Source](#) | [Policies](#)

Ranking Methodology

Years of Data Used: 2015

Summary Measure: Health Factors - Health Behaviors (Diet and Exercise)

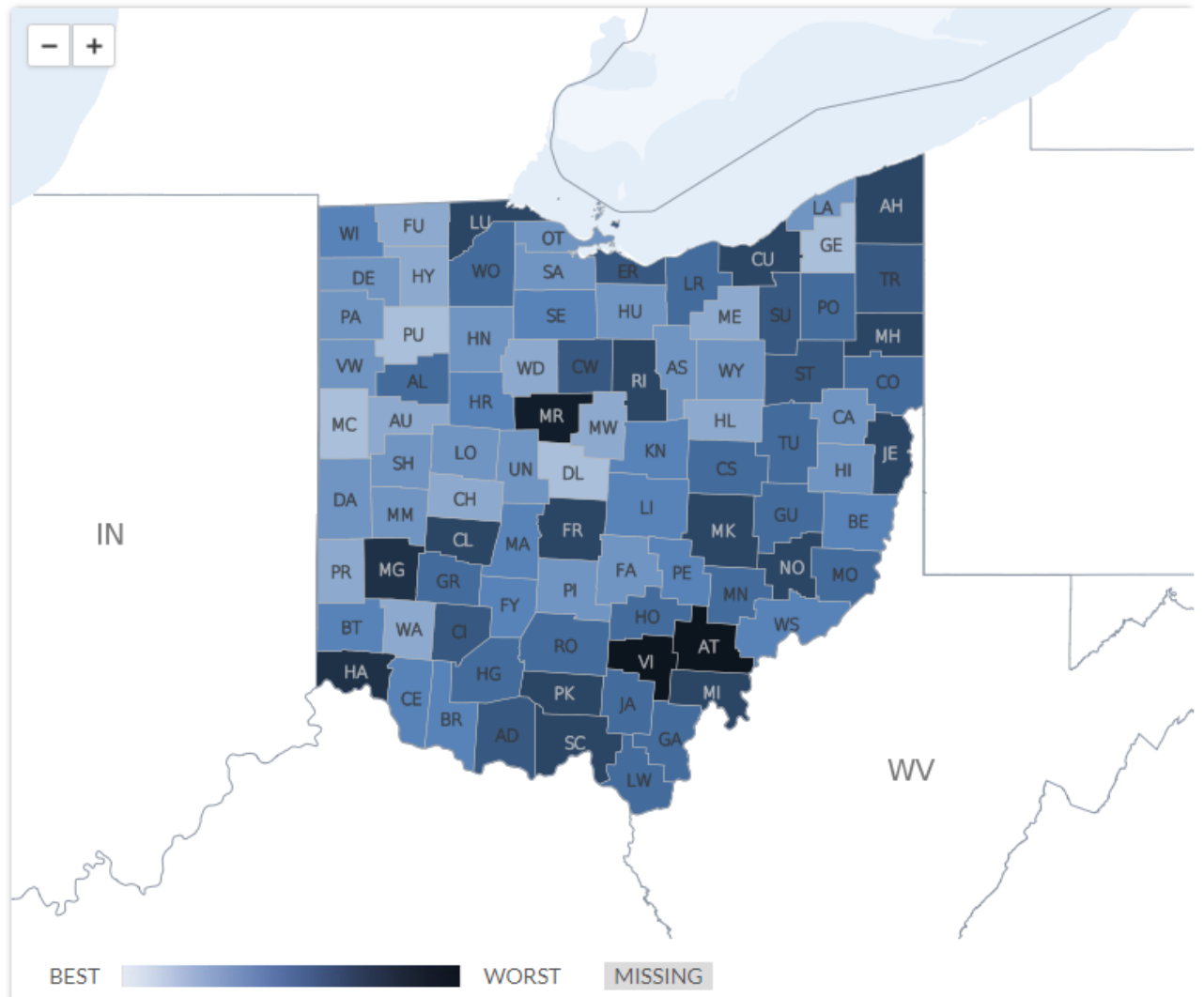
Weight in Health Factors: 2%

Summary Information

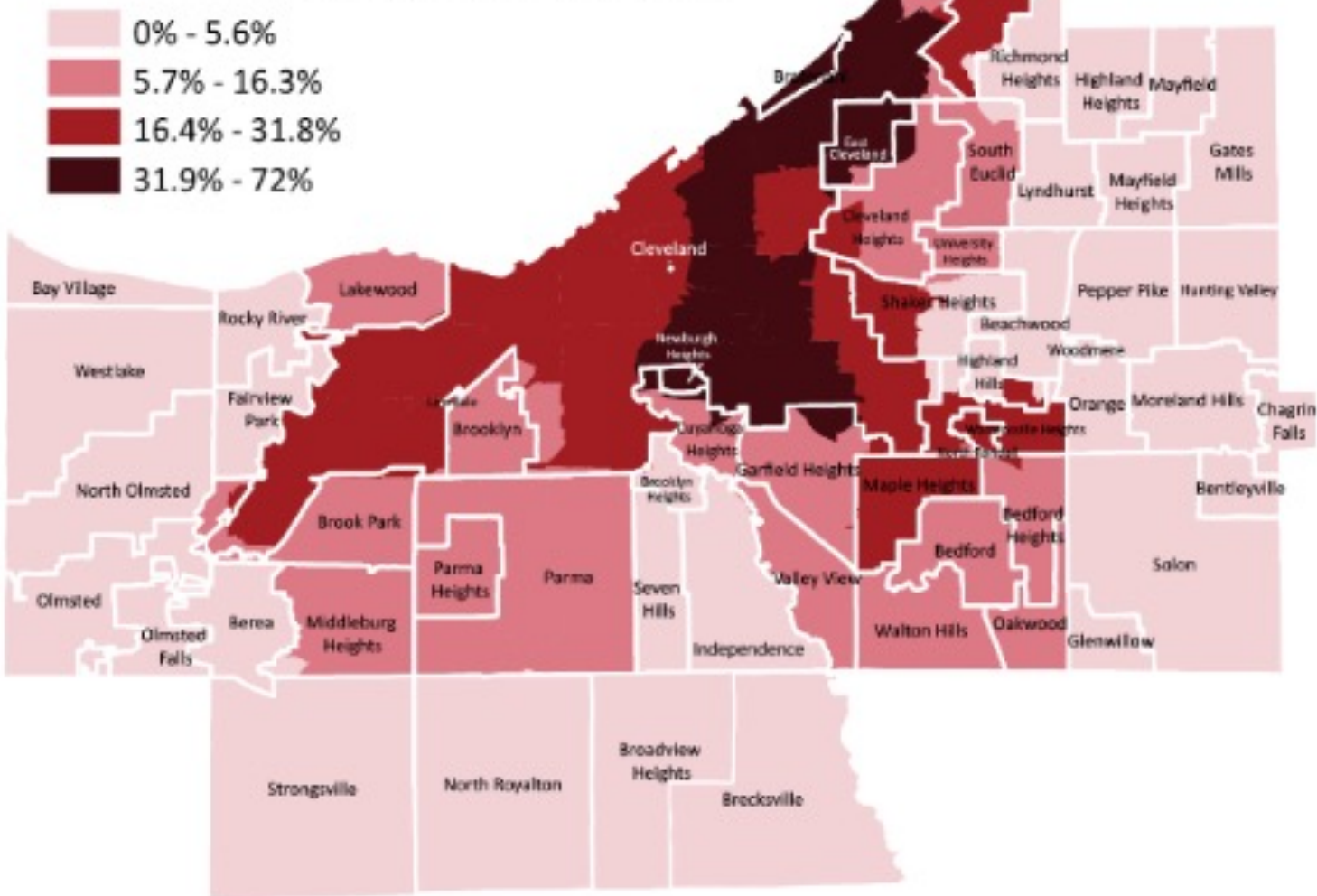
Top U.S. Performers: 8.6 (90th percentile)

Range in Ohio (Min-Max): 5.7-8.9

Overall in Ohio: 6.6



Percent of Population Who Visited A Greater Cleveland Food Bank Partner Program in 2017



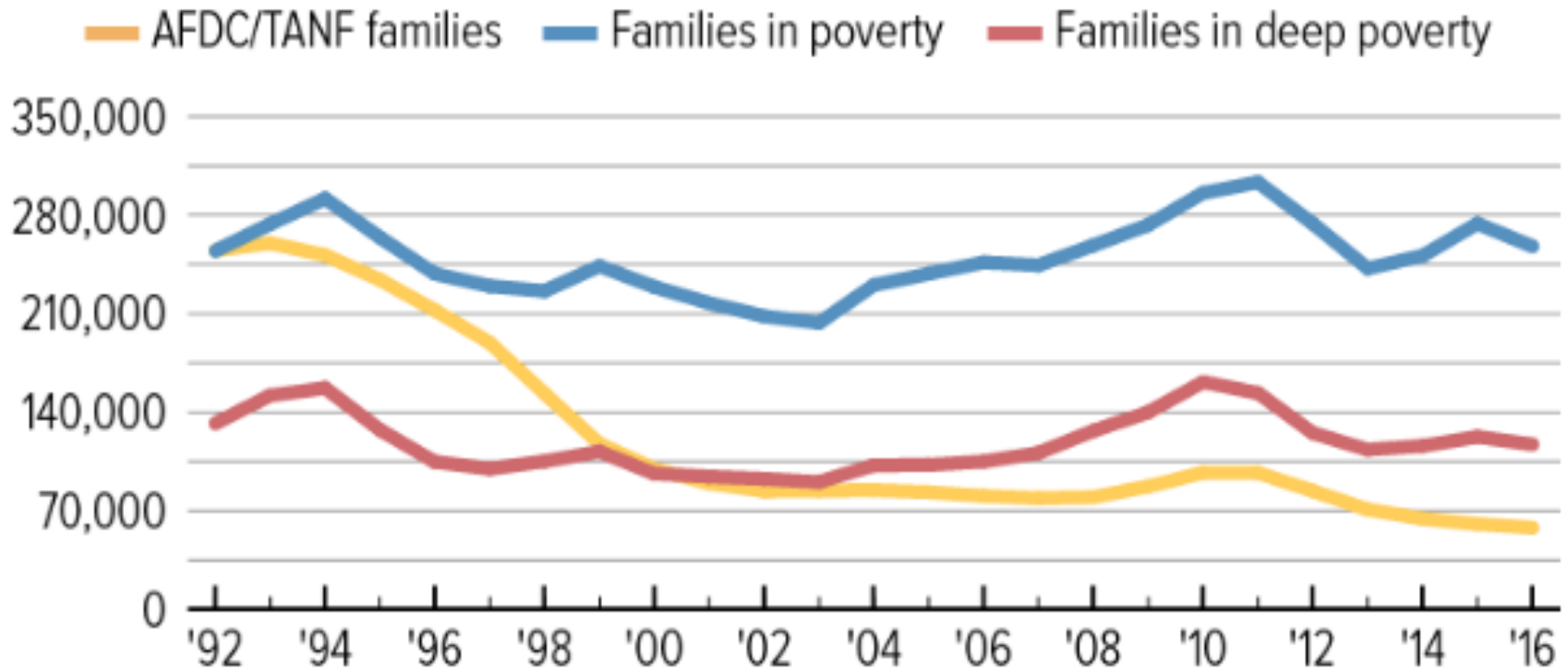
Ohio By the Numbers

\$24,340: Federal poverty guideline for a family of four in 2016

1,645,382 or 14.6%: Ohioans in poverty in 2016

2,727,989: Ohioans covered by Medicaid in July 2018

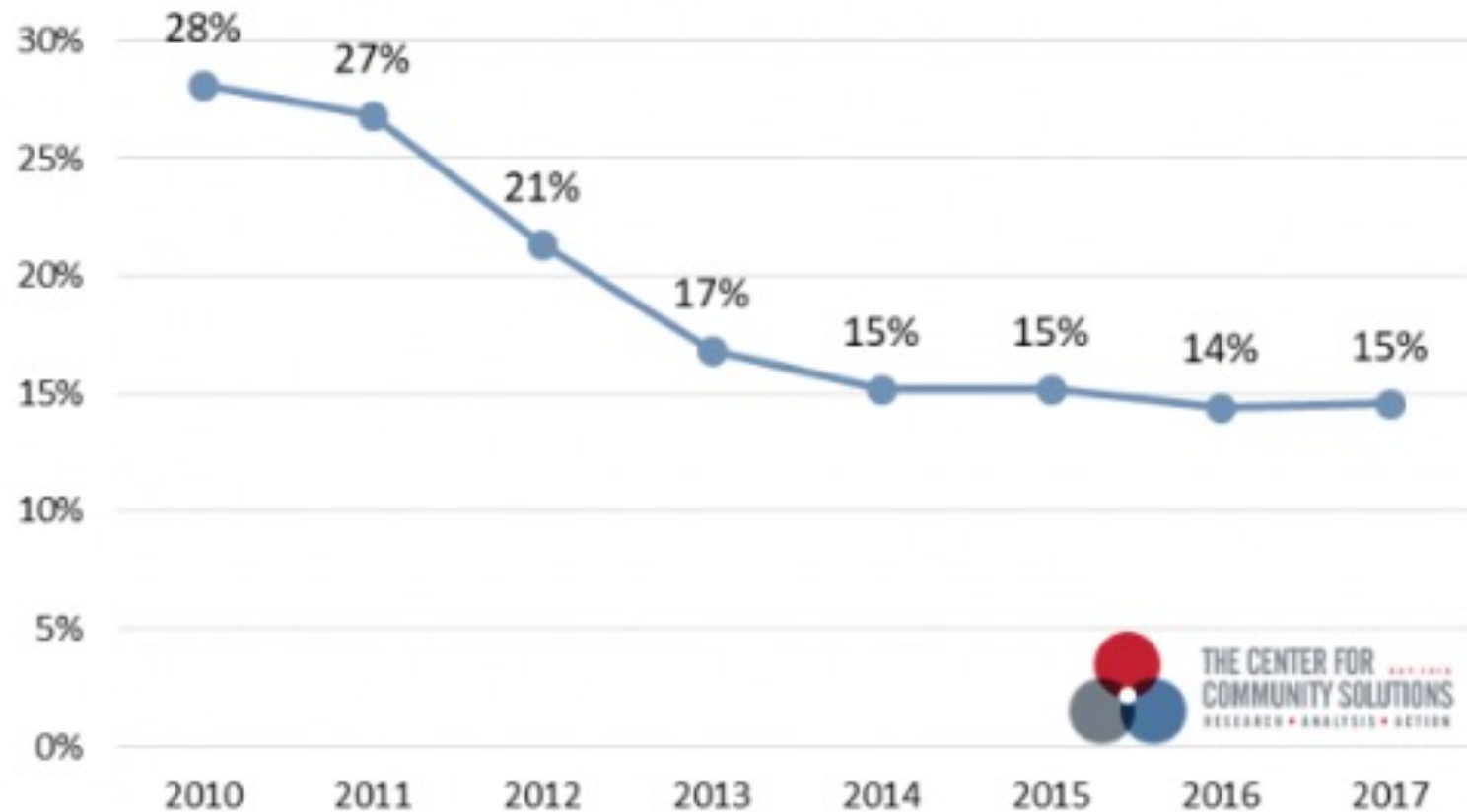
Changes in AFDC/TANF Cases and the Number of Families with Children in Poverty and Deep Poverty in Ohio



AFDC = Aid to Families with Dependent Children
TANF = Temporary Aid to Needy Families

Source: Center on Budget and Policy Priorities

Share of Ohioans Living in Deep Poverty Who Receive OWF Has Declined Over Time



- A family of 3 must earn less than \$1000 per month to be eligible
- The average monthly TANF payment is about \$400
- 90% of Ohio families in the program receive all of their monthly \$ from the program

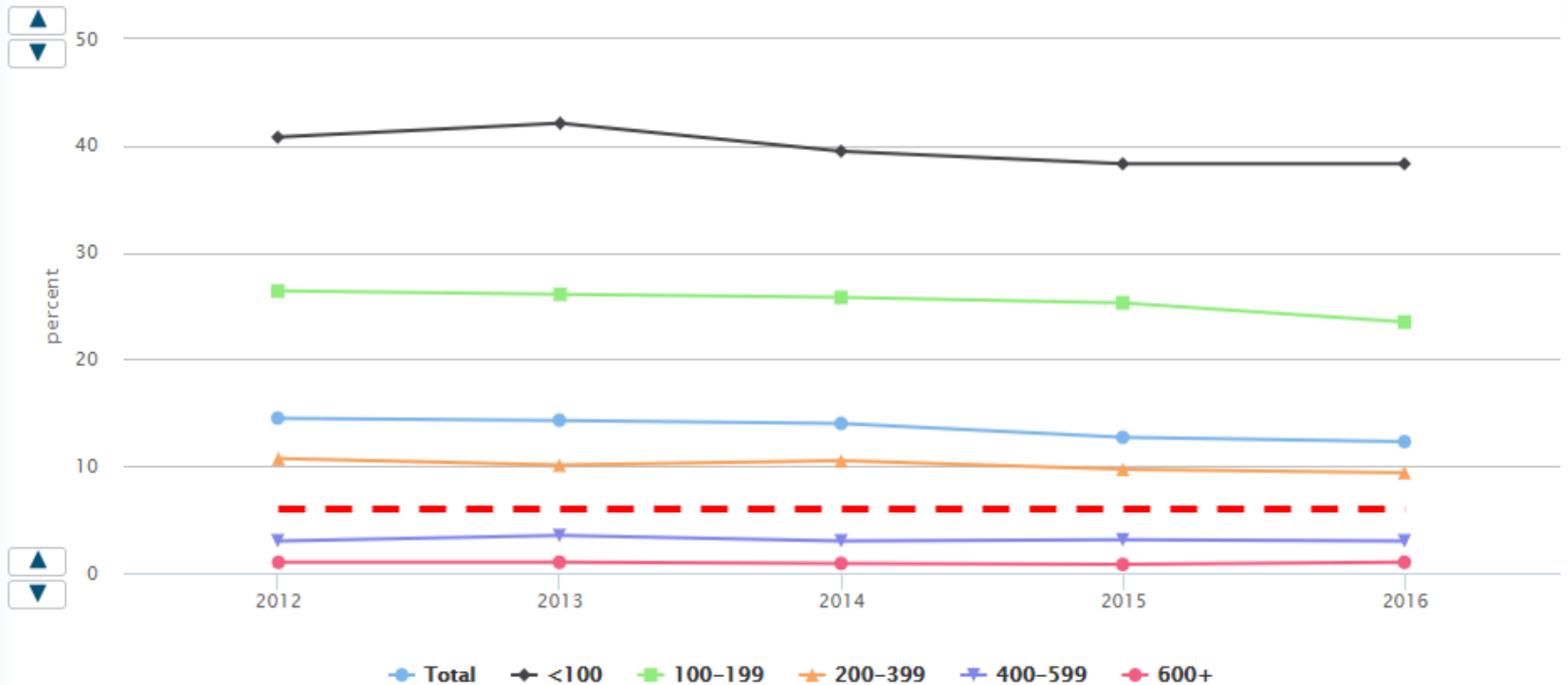
OWF = Ohio Works First

TANF = Temporary Aid to Needy Families

Households with food insecurity in the past 12 months (percent) By Family Income (Percent Poverty Threshold)

2020 Baseline (year): 14.6 (2008) --- 2020 Target: 6.0 Desired Direction: ↓ Decrease desired

Auto Scale



Data Source: Current Population Survey-Food Security Supplement (CPS-FSS); U.S. Census Bureau and Department of Agriculture, Economic Research Service (Census and USDA/ERS)

Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

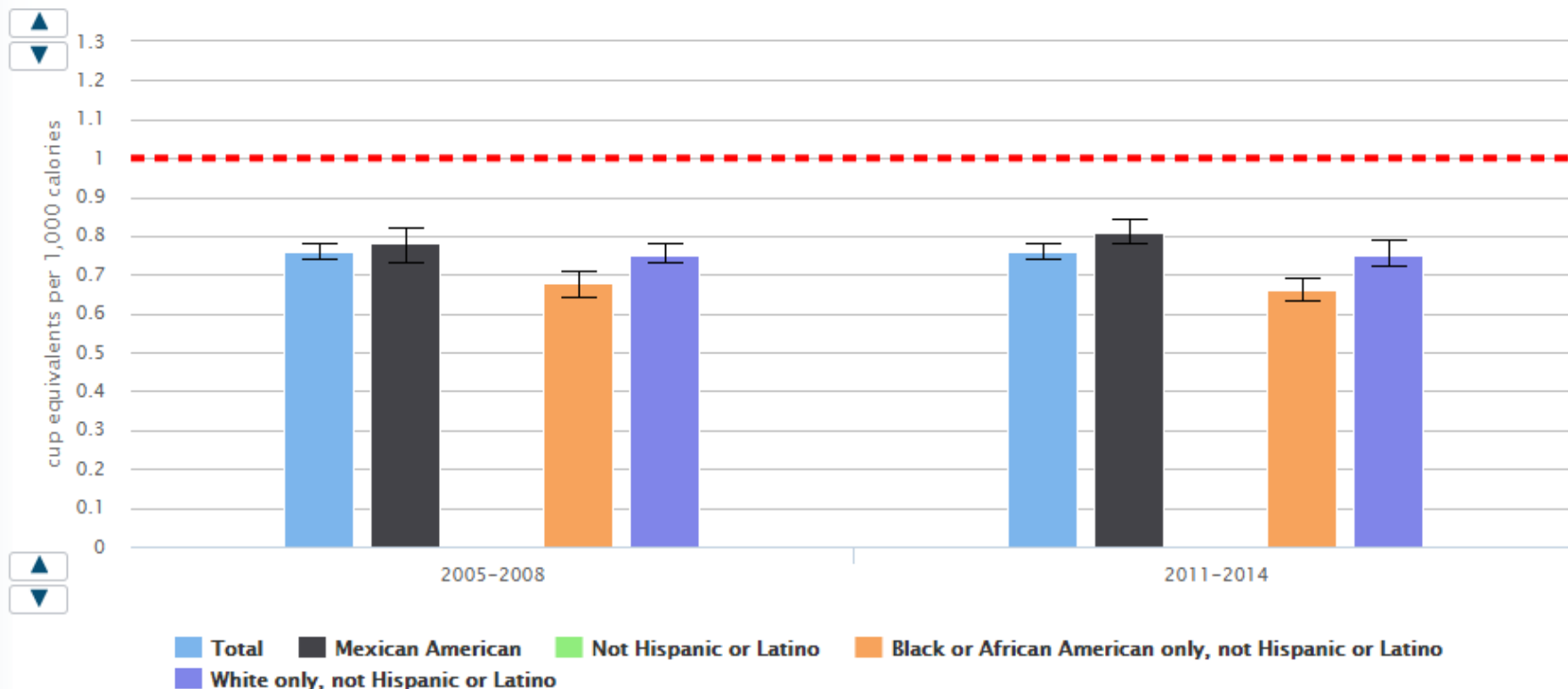
Mean daily intake of total vegetables (age adjusted, cup equivalents per 1,000 calories, 2+ years) By Race/Ethnicity

2020 Baseline (year): 0.76 (2005–08)

--- 2020 Target: 1.16

Desired Direction: ↑ Increase desired

Auto Scale



Data Source: National Health and Nutrition Examination Survey (NHANES); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)

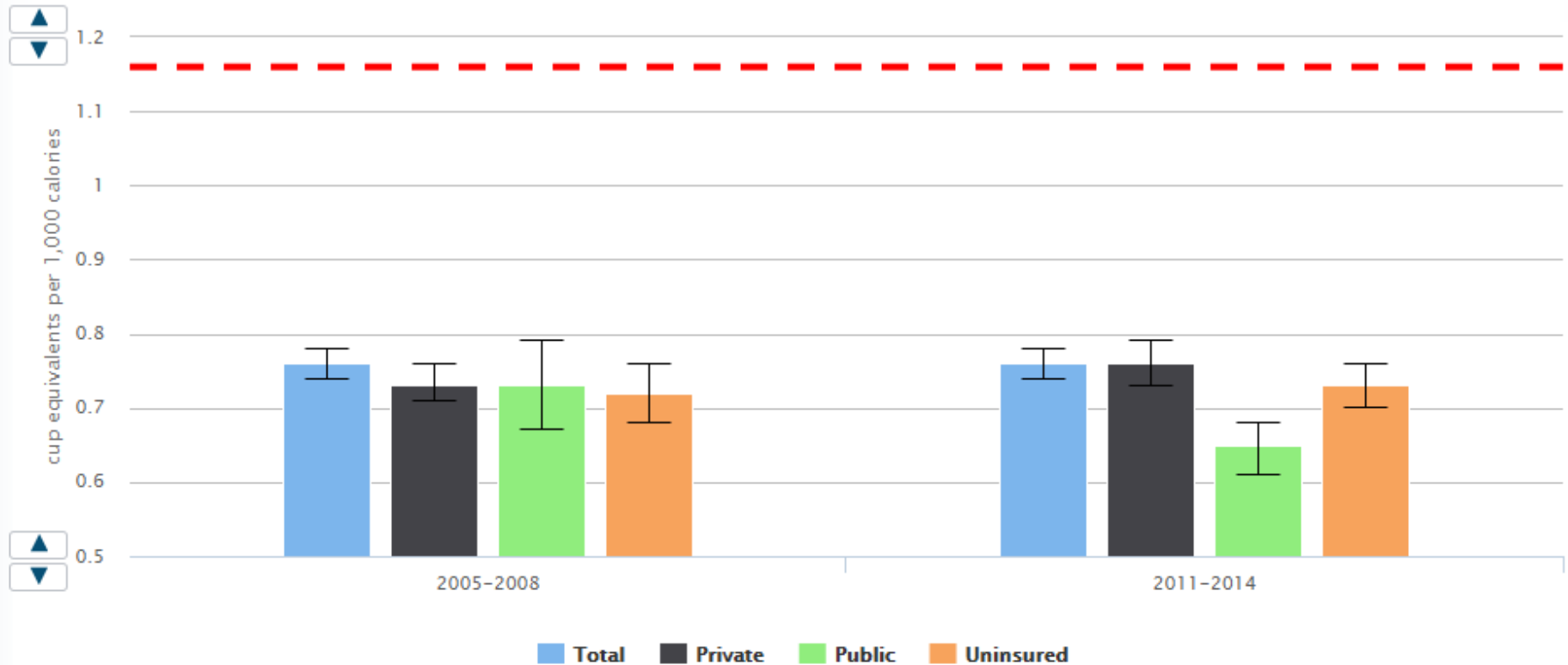
Error Bar (I) represents the 95% confidence interval

Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

Mean daily intake of total vegetables (age adjusted, cup equivalents per 1,000 calories, 2+ years) By Health Insurance Status (<65 Years)

2020 Baseline (year): 0.76 (2005–08) --- 2020 Target: 1.16 Desired Direction: ↑ Increase desired

Auto Scale



Data Source: National Health and Nutrition Examination Survey (NHANES); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)
 Error Bar (I) represents the 95% confidence interval
 Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

Diet Quality – We Have Far to Go!

- Across race, ethnicity, education and income, but particularly among people on Medicaid
 - Dietary intake of fruits, vegetables, and whole grains are far below recommended targets
 - Dietary intake of sugar and salt is far above recommended targets
- On all dietary measures, Ohio fares the same as or worse than national averages



Like it Is: Real-World Application of the DASH Diet for Low-Income Populations

Randell Wexler, MD, MPH, FAAFP

Associate Professor of Family Medicine
Vice Chair for Clinical Affairs
The Ohio State University

Disclosure: Dr. Wexler has no conflicts relevant to this presentation to report.

Dietary Approaches for Prevention and Treatment of Hypertension

Dietary Approach	Dose	Approximate impact on SBP in hypertensive adults	Approximate impact on SBP in normotensive adults
DASH dietary pattern	As described on the next slide	-11 mmHg	-3 mmHg
Dietary sodium reduction	Optimal goal: <1500 mg/day	-5/-6 mmHg	-2/-3 mmHg
Dietary potassium (enhanced intake)	Aim for 3500-5000 mg/day	-4/-5 mmHg	-2 mmHg
Moderation in alcohol consumption	Reduce alcohol to: ≤ 2 drinks for men and ≤ 1 drink for women	-4 mmHg	-3 mmHg

Source: Whelton PK et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. Journal of the American College of Cardiology, May 2018, 71 (19) e127-e248; DOI: 10.1016/j.jacc.2017.11.006

DASH Diet

Dietary Approaches to Stop Hypertension

- A diet rich in fruits, vegetables, whole grains, and low-fat dairy foods; includes meat, fish, poultry, nuts, and beans; and is limited in sugar-sweetened foods and beverages, red meat, and added fats
- In addition to its effect on blood pressure, it is designed to be a well-balanced approach to eating for the general public
- DASH is recommended by the USDA as one of its ideal eating plans for all Americans

Following the DASH Eating Plan

Food Group	Daily Servings	Serving Sizes
Grains*	6–8	1 slice bread 1 oz dry cereal† ½ cup cooked rice, pasta, or cereal
Vegetables	4–5	1 cup raw leafy vegetable ½ cup cut-up raw or cooked vegetable ½ cup vegetable juice
Fruits	4–5	1 medium fruit ¼ cup dried fruit ½ cup fresh, frozen, or canned fruit ½ cup fruit juice
Fat-free or low-fat milk and milk products	2–3	1 cup milk or yogurt 1½ oz cheese
Lean meats, poultry, and fish	6 or less	1 oz cooked meats, poultry, or fish 1 egg‡
Nuts, seeds, and legumes	4–5 per week	⅓ cup or 1½ oz nuts 2 Tbsp peanut butter 2 Tbsp or ½ oz seeds ½ cup cooked legumes (dry beans and peas)
Fats and oils⁵	2–3	1 tsp soft margarine 1 tsp vegetable oil 1 Tbsp mayonnaise 2 Tbsp salad dressing
Sweets and added sugars	5 or less per week	1 Tbsp sugar 1 Tbsp jelly or jam ½ cup sorbet, gelatin 1 cup lemonade

* Whole grains are recommended for most grain servings as a good source of fiber and nutrients.

† Serving sizes vary between ½ cup and 1¼ cups, depending on cereal type. Check the product's Nutrition Facts label.

DASH Eating Plan

Guide to lowering your blood pressure with DASH, available at https://www.nhlbi.nih.gov/files/docs/public/heart/new_dash.pdf



CARDI-OH
OHIO CARDIOVASCULAR
HEALTH COLLABORATIVE

DASH Tips for Gradual Change

- Add vegetables at lunch for a week and then add a vegetable at dinner the next week
- Add fruit at one meal or for a snack
- Increase use of fat-free or low-fat milk to 2-3 servings a day
- Limit lean meats to a size of a deck of cards. If you eat larger meat portions, cut back over a few days by a half to 1/3 of your previous portions
- Include 2 or more meatless meals a week



Poll Question

Food Insecurity

- **High food security**—Households had no problems, or anxiety about, consistently accessing adequate food
- **Marginal food security**—Households had problems at times, or anxiety about, accessing adequate food, but the quality, variety, and quantity of their food intake were not substantially reduced
- **Low food security**—Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted
- **Very low food security**—At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food

High Food Security

Households had no problems, or anxiety about, consistently accessing adequate food

Marginal Food Security

Households had problems or anxiety at times about accessing adequate food, but the quality, variety, and quantity of their food were not substantially reduced

Low Food Security

Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted

Very Low Food Security

At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money or other resources for food.

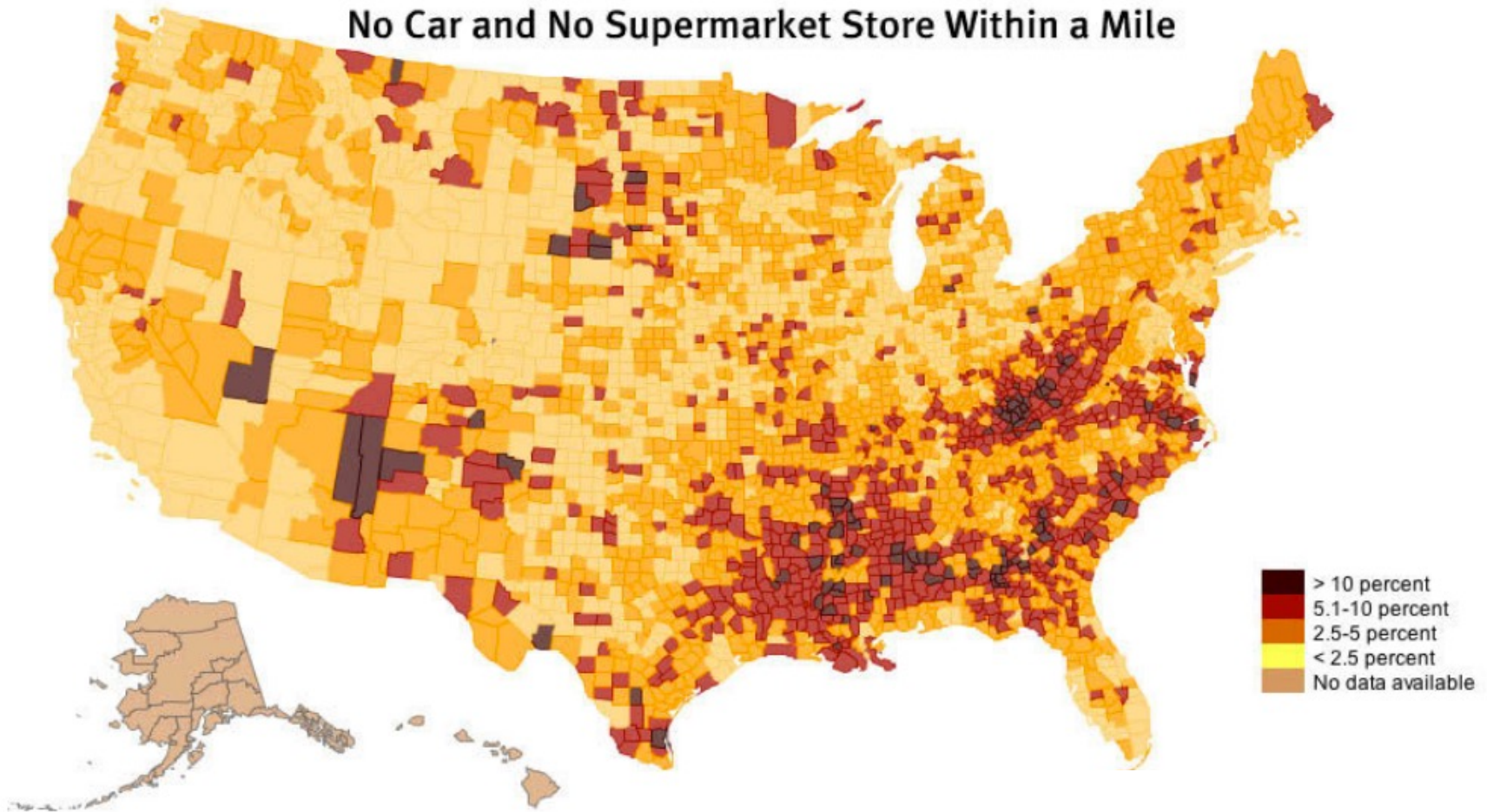


Food Deserts

- Geographic areas void of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas
- This is largely due to a lack of grocery stores, farmers markets, and healthy food providers

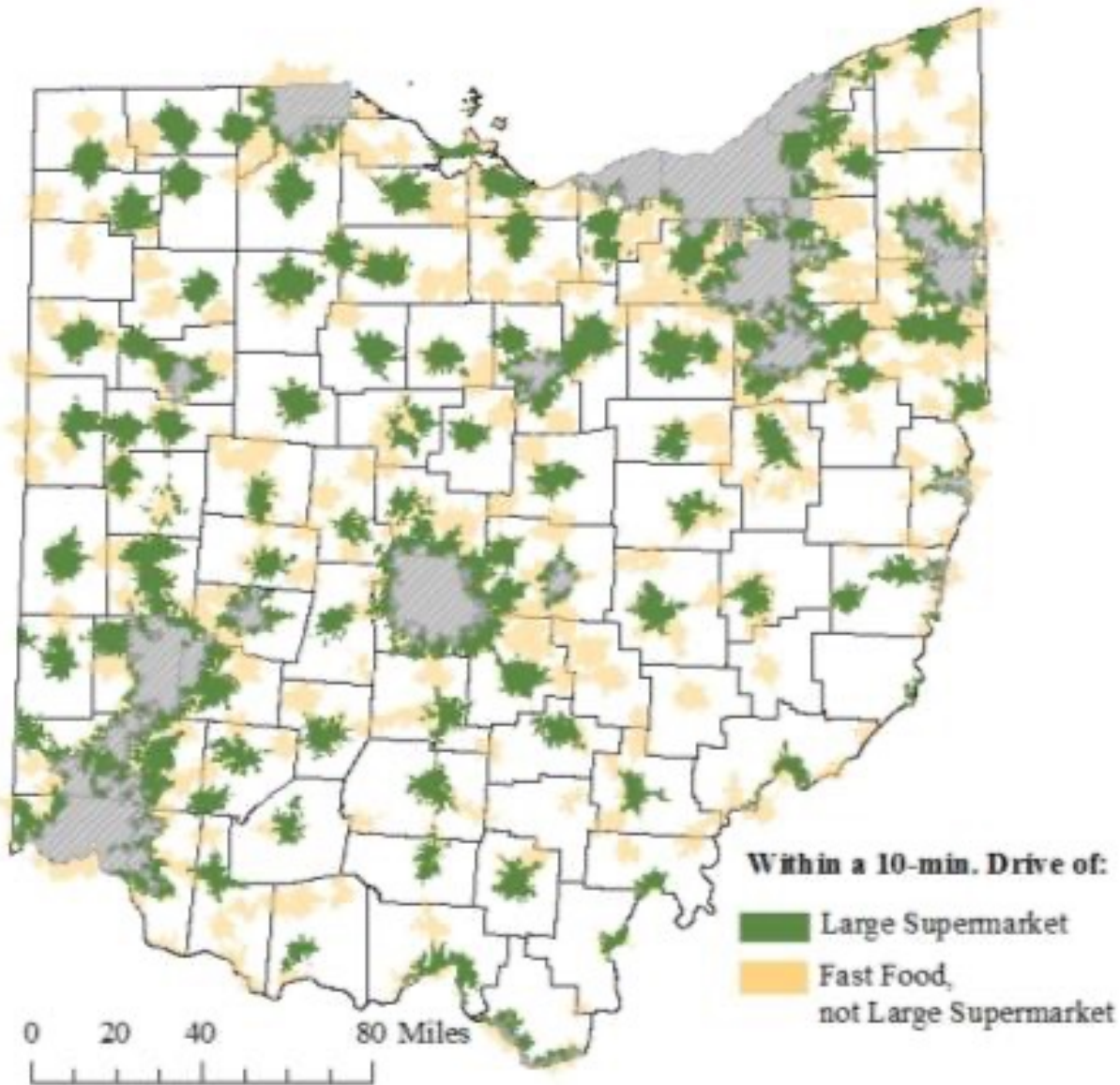
Food Deserts

No Car and No Supermarket Store Within a Mile



Rural Ohio's Food Deserts

Areas with access to Fast Food and no large Supermarkets
(in beige)



Aunt Bertha

Aunt **BERTHA** | Connecting People and Programs

Search for free or reduced cost services like medical care, food, job training, and more.

Zip

1,432,685 people use it (and growing daily)



By continuing, you agree to the [Terms & Privacy](#) .

Aunt Bertha

Aunt BERTHA | Connecting People and Programs Support Sign Up Log In Help Others


Zip or keyword or program name Search for free or reduced cost services like medical care, food, job training, and more.

Select Language

- FOOD
- HOUSING
- GOODS
- TRANSIT
- HEALTH
- MONEY
- CARE
- EDUCATION
- WORK
- LEGAL

1085 programs
serve people in
Columbus, OH (43219)

Type a search term, or pick a category



Aunt Bertha

The screenshot shows a web browser window displaying the Aunt Bertha website. The browser's address bar shows the URL https://www.auntbertha.com/search_results/43219. The website header includes the Aunt Bertha logo and the tagline "Connecting People and Programs". Navigation links for "Support", "Sign Up", "Log In", and "Help Others" are visible. A search bar contains the text "Zip or keyword or program name". Below the search bar is a horizontal menu with icons for various services: FOOD, HOUSING, GOODS, TRANSIT, HEALTH, MONEY, CARE, EDUCATION, WORK, and LEGAL. The main content area displays "Emergency Food - All (7)" with a list of categories: Food Delivery, Food Pantry, Help Pay For Food, Meals, and Nutrition Education. A search prompt "Type a search term, or pick a category" is overlaid on the page. A small notification box at the bottom asks "Do you want AutoComplete to remember web form entries?". The Windows taskbar at the bottom shows the system clock as 11:10 AM on 10/13/2018.


Aunt Bertha

Zip or keyword or program name

Select Language

FOOD HOUSING GOODS TRANSIT HEALTH MONEY CARE EDUCATION WORK LEGAL

Columbus, OH (43219) / food / **food pantry (23)**



Serves your local area

Food Pantry

by Mt Hermon Missionary Baptist Church

2283 Sunbury Rd, Columbus, OH, 43219 **Closed Now** 12:00 AM - 12:00 AM EDT

What: food pantry
Who: anyone in need, all ages

Next Steps:

📞 Call 614-471-1133 to get more info.

👤 **Connect:** Tell them you're interested or refer someone else.

Discussion and Questions

Facilitator

Adam Perzynski, PhD

Discussion Highlights

- The DASH diet is effective in reducing blood pressure
 - About equal to taking one extra blood pressure pill a day
- Using practical, low literacy approaches can assist patients in making dietary changes
 - Resources will be available on Cardi-OH.org
- Food insecurity due to poverty is common, making it difficult to adhere to a healthy diet
- Emerging programs linking patients with community resources to address food insecurity and other unmet social needs may assist patients in improving their diet and overall health

Next Steps and Wrap Up

Michael Konstan, MD
Shari Bolen, MD, MPH

We Want to Hear from You!

Post-Webinar Survey link is in the chat
and will also be emailed to webinar attendees

THANK YOU!

The Ohio Cardiovascular Health Collaborative is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this presentation are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.