



No One Should Care Alone: Power & Potential of Group Visits



School of Medicine
and Public Health



I have no disclosures to report



School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON

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- Approaches that direct us away from multifaceted, community-wide efforts to target the actual causes of chronic disease are misguided
 - It takes a “village” to affect change in nutrition, activity, lifestyle
- We can best help patients by starting the conversation:
 - Realistic, Supervised, Intensive, and Supportive plans
 - **GROUP VISITS incorporating FIM can make real change in chronic conditions**
 - Address **QUADRUPLE aim**
- Policymakers/Insurers need to take into consideration the multiple factors that make up the social determinants of health that deeply affect how we evolve into healthy adults

Summary: Let's Not Do This Alone

What are the components
of a good life?

How can we meet the Quadruple
Aim?

Improve population health

Patient experience

Reduce costs

Improve work life in healthcare

- 11% of adults in the U.S. have diabetes and 1 in 5 do not know they have it
- 38% of adults in the U.S. have prediabetes and 8 in 10 do not know they have it

Individuals with diabetes have medical costs that are 2.3x higher than those without it

Employers all see indirect costs of the condition in:

- Absenteeism (\$3.3 billion)
- Reduced productivity (\$26.9 billion)
- Inability to work (\$37.5 billion)

Chronic Medical Conditions in the US

- **47%** of adults in the U.S. have **Hypertension** and about **half** have **severe uncontrolled hypertension**
 - **Only 25%** of adults with hypertension manage their condition well
 - For every 10 mm Hg increase in blood pressure
 - the risk of stroke increases 11%
 - risk of all-cause mortality goes up 16%
- **3%** of adults in the U.S. have **Heart Failure**
- **30%** of adults have **BOTH** Hypertension and Heart Failure

Hypertension costs the U.S. ~\$131 billion annually
Heart Failure costs ~\$30.7 billion

Chronic Medical Conditions in the US



Social Determinants of Health

COVID-19 stressors disproportionately affect vulnerable populations already experiencing toxic stress from poverty, racism and structural inequality

Exacerbation of food insecurity, change in access to healthy foods

Lack of access to healthcare and immunizations

Change in physical activity

School closures amplify differences in family expertise with accessing learning resources

Regression in academic progress and decreased exposure to art, music, library, and physical education

Negative impact on mental health and well being

COVID impact on families

- Feeding America, a network of 200 of the nation's food banks including the one in Chicago, reports that from April to December 2020, 6.1 billion pounds of food were distributed, compared with 4.0 billion during the same period in 2019
 - Early in the outbreak, **1/3 of people seeking charitable food were doing so for the first time**
- Weekly census surveys consistently report more than 10 percent of adults — and more than 15 percent of those in households with children — sometimes or often do not have enough to eat
 - **For Black and Hispanic families, those rates are nearly 25%**
 - **That's more than three times the rates reported in a similar question about hunger in a 2019 survey**

<https://www.nytimes.com/2021/03/31/upshot/how-food-banks-succeeded-and-what-they-need-now.html>

COVID Impact on Food Insecurity

Processed
foods MAKE UP
CLOSE TO

70%



OF THE
U.S. diet.

Americans
spend

10%



OF THEIR DISPOSABLE INCOME ON
fast food.

THE AVERAGE
American
CONSUMES

130 lbs



OF
sugar
PER YEAR.

MORE
THAN



1
3

OF
U.S.
ADULTS
ARE
obese.

In the
early
2000s,

60%

OF ALL
MIDDLE
SCHOOLS
AND HIGH
SCHOOLS



sold soft
drinks in
vending
machines.



I went outside today, it was cold and there
were people.

Zero stars.

Do not recommend it.

MOTHERHOOD & MADNESS

Social Isolation



New Survey Shows That Up To 47% Of U.S. Healthcare Workers Plan To Leave Their Positions By 2025

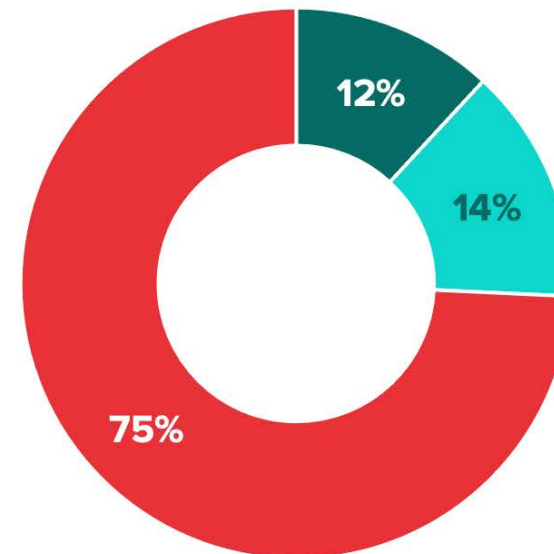
Apr 19, 2022, 05:14pm EDT

<https://www.forbes.com/sites/jackkelly/2022/04/19/new-survey-shows-that-up-to-47-of-us-healthcare-workers-plan-to-leave-their-positions-by-2025/?sh=53fd8306395b>

1 in 4 Health Care Workers Have Considered Leaving Their Job

Respondents were asked whether they've considered leaving their job since the coronavirus spread to the United States in January 2020

- Yes, for another role in the health care industry
- Yes, to leave the health care industry
- No



- About **half of all American adults have 1 or more preventable chronic disease**
 - many of which are related to poor-quality eating patterns and physical inactivity
- Approximately **33.8 million people** live in **food-insecure** households.
- Household food insecurity affected **12.5 percent of households with children** in 2021
- **Lower food security is associated with higher probability of chronic disease diagnosis** — including HTN, CAD, hepatitis, stroke, cancer, asthma, DM, arthritis, COPD, kidney disease
- Nearly \$173 billion a year is spent on health care for obesity alone

Access to nutritious food is critical to health and resilience

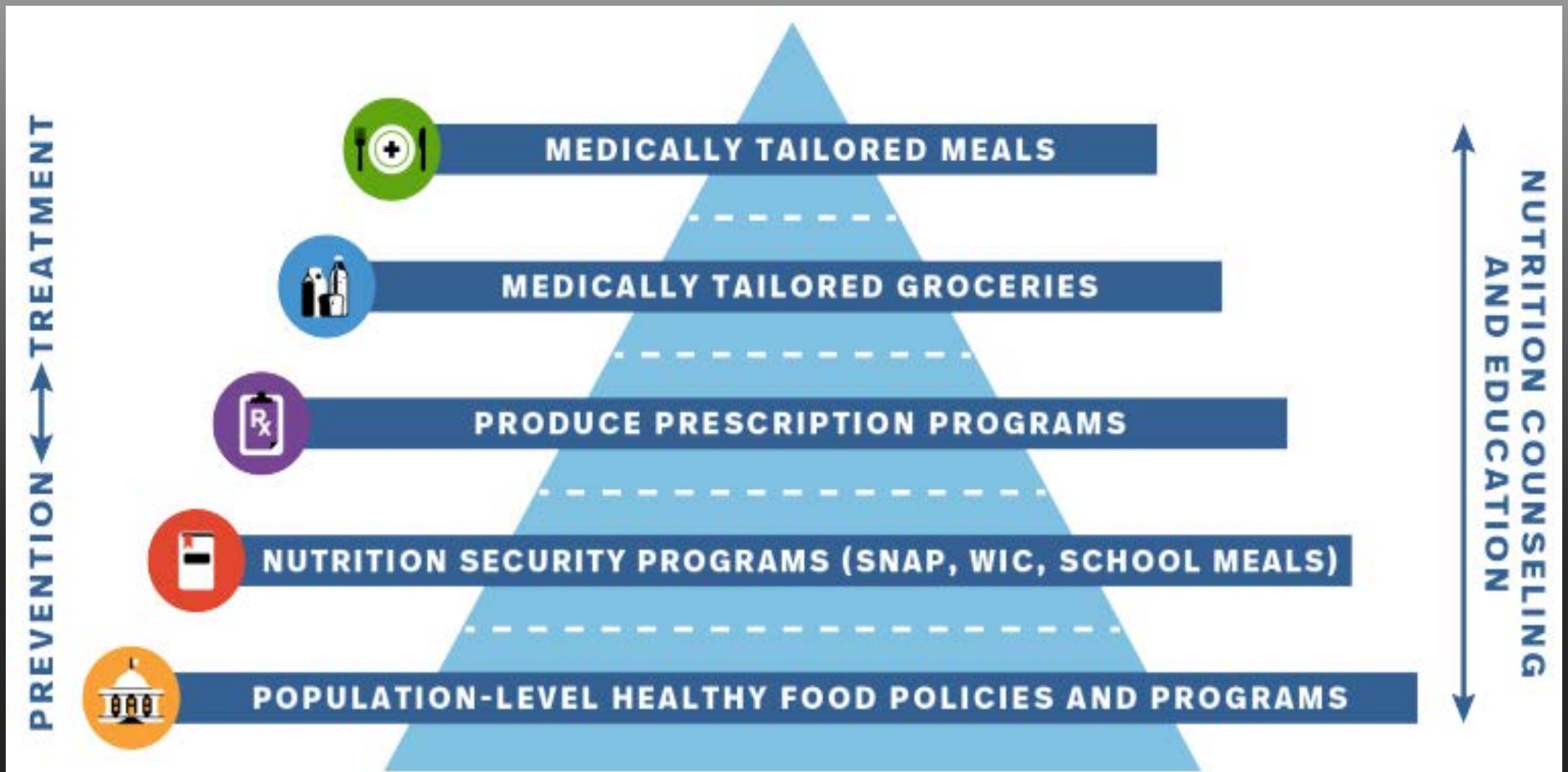


Figure updated and adapted with permission from Food is Medicine Massachusetts. Food is Medicine pyramid. Food is Medicine interventions. <https://foodismedicinema.org/> food-is-medicine-interventions

Food is Medicine Pyramid

DIETARY SPECTRUM



THE AMERICAN COLLEGE OF LIFESTYLE MEDICINE DIETARY POSITION STATEMENT

ACLM recommends an eating plan based predominantly on a variety of minimally processed vegetables, fruits, whole grains, legumes, nuts and seeds.

WHAT AMERICA EATS



*Food items are not to scale

Increased risk for Obesity, T2Diabetes, Heart Disease, and some Cancers

Poor nutrition is the leading cause of death globally.

Increase whole plant foods, fruits, vegetables, whole grains, beans, legumes, nuts, seeds, water

Decrease sweets and snacks, fast food, fried foods, refined grains, refined sugar, meat, dairy, eggs, poultry, high sodium foods

WHOLE FOOD PLANT-BASED EATING PLAN



*Food items are not to scale

Decreased risk for Obesity, T2Diabetes, Heart Disease, and some Cancers

Chronic disease treatment and potential reversal



TIPS FOR IMPROVED NUTRITION AND HEALTH

- Any movement toward WFPB eating is positive
- More movement toward a WFPB eating plan increases impact
- Tailored and sustainable approaches are recommended

What We Eat in America (WWEIA) Food Category analyses for the 2015 Dietary Guidelines Advisory Committee. Estimates based on day 1 dietary recalls from WWEIA, NHANES 2009-2010.

Tuso PJ, Ismail MH, Ha BP, Bartolotto C. Nutritional update for physicians: plant-based diets. Perm J. 2013;17(2):61-66.

Food Planet Health. Eatforum.org. Published 2020. Accessed June 4, 2020

Metabolic Management Strategies

- Components of a successful health management program:
 - Healthy Eating
 - Physical Activity
 - Behavioral Modification
 - Support
 - Emotional/mental health

NOURISH
MOVE
EDUCATE
CONNECT

Shared Medical Appointment or Group Visit

- A medical visit observed by others
- **1:1 interaction at typical clinic visits are often ineffective at producing lifestyle change**
 - Time constraints
 - Lack of incentive
 - Little support or momentum
- The provider can repeat the same message 15 times a day
OR
do it once for 15 people in the room and in more depth
- Supported by another service provider (RN, RDN, CDE, pharmacist, social worker, community health worker, behavioral therapist)

GROUP VISITS: a win for all?

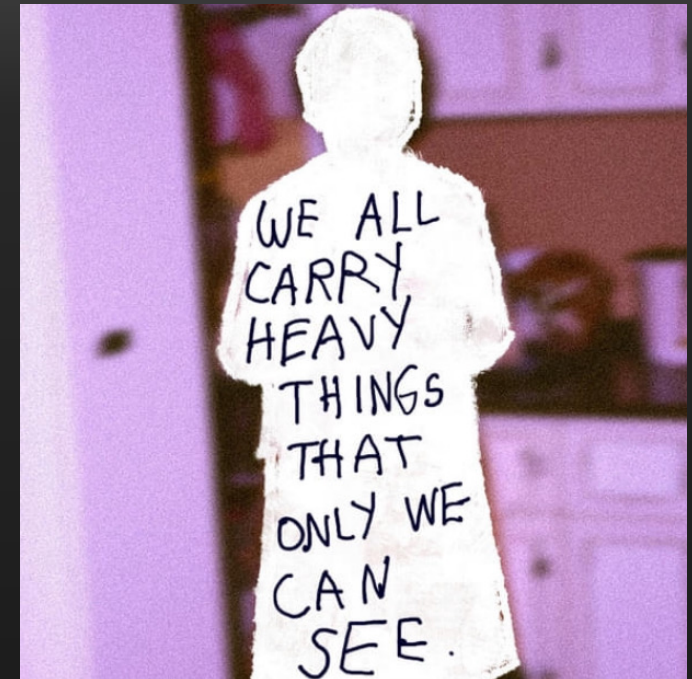
More time: group of patients with common healthcare needs

- meet for an extended visit (90-120 min)
- provide expanded education on a relevant topic (DM, HTN, CHF, pregnancy, pain, mental health, ACP)
- NOT a replacement for an individual visit but an ADJUNCT

Peer Support: Participants learn from each other

- group discussion/build social norms
- social support around the conditions
- time to provide comfort and friendship
- interactive activity

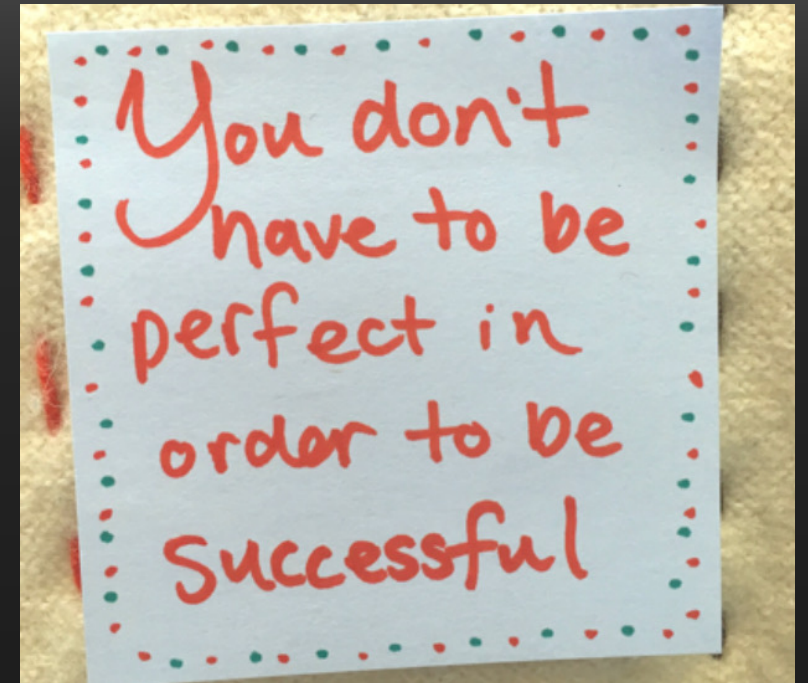
WHY DO GROUP VISITS? Advantages of the Group Approach



Tools for lasting change:

- physicians and patients have time to address the root causes of the symptoms that bring many people to the doctor's office in the first place
- Teach self management tools to manage stress
- Provide emotional wellbeing
- Hear patient suggestions to address challenges in culturally appropriate ways

WHY DO GROUP VISITS? Tools for change



Insurance reimbursement: Because every visit includes a brief physical exam and consultation with the physician, visits can be billed to insurance as E/M codes (99212-99214). Co-pays still apply.

Scheduling: groups in the evenings or afternoons, staff can leave after completing their tasks, minimizing overhead expenses.

- **Prescheduled, consistent group times—use “community space”**
- 1 reception staff for check-in, 2 MA for “rooming”, 1-3 clinicians for group

Semi-privacy: Participants sign confidentially agreements and agree not to disclose details about others’ health.

- Exams are conducted in front of the rest of the group, patients stay in their regular clothes
- Can still address a health concern that requires privacy or follow-up after the group visit (“rooming” is done individually)

WHY DO GROUP VISITS?

Logistics

What is YOUR why?

A haiku about my life:

I am so tired

Where did all my money go

My back is hurting

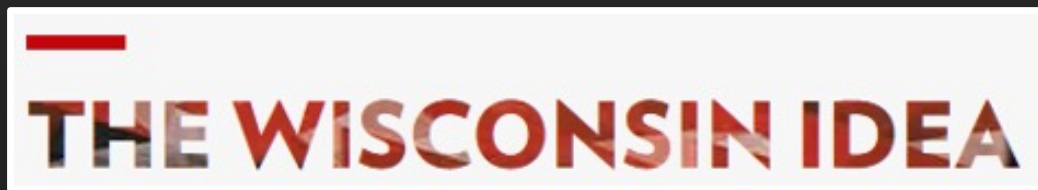
- Decreased **health care expenses**
- Fewer repeat hospital admissions
- Fewer visits to emergency department & subspecialists
- Higher immunization rates
- Reduced rates of preterm birth and LBW babies
- Improved **self-efficacy**
- Improved physical function & **quality of life** in patients with chronic pain, diabetes
- Increased healthy behaviors in patients with CAD and DM
- Decreased HgbA1c, decreased BMI, decreased BPs in DM
- Improving **patient & provider satisfaction**
- **Non inferior/No adverse effects**

WHY DO GROUP VISITS?

Outcomes

Wisconsin **EATS** Healthy

- Enhanced nutrition security for all
- Amplified partnerships & collaboration
- Transformed regional food system
- Sustainable practices & economic stability



www.wisc.edu/wisconsin-idea/



Adapted from www.cdc.gov/CHInav

Initiative by Brian Arndt MD

<https://www.fammed.wisc.edu/food-is-medicine/>

Public Health Concerns and Community Health Engagement

In July 2015, the University of Wisconsin Department of Family Medicine made the transition to the

Department of Family *and* Community Medicine

In the years preparation for this transition, clinics were asked to explore options to facilitate community engagement at our four residency clinics to address issues of public health

Transforming a Community

Nearly \$173 billion a year is spent on health care for obesity alone

Healthy People 2020



Healthy Dane County




Healthy Verona 2020

More than 35% of US adults are obese (CDC), 18% of US children are obese (CDC)

Healthy People 2020 aims to reduce obese adults to 30.5% by the year 2020

Our Community's Health

Chronic Health Condition Summary - Verona



<i>Condition</i>	<i># Patients</i>	<i>% Patients</i>	<i>% Female</i>	<i>% Male</i>
Obesity	3,074	26.4	46.5	53.5
Hyperlipidemia	2,323	16.1	37.8	62.2
Hypertension	2,149	14.9	46.0	54.0
Depression	2,095	14.5	66.3	33.7
Smoking	1,557	11.3	41.4	58.6
Anxiety Disorder	1,520	10.5	59.7	40.3
Chronic Back Pain	1,415	9.8	55.6	44.4
Opioid	1,287	8.9	55.0	45.0
Asthma	836	5.8	52.4	47.6
Osteoarthritis	673	4.7	48.9	51.1
Diabetes	595	4.1	43.2	56.8
Arrhythmias	417	2.9	50.6	49.4
Cancer	342	2.4	55.8	44.2
Alcohol Disorder	327	2.3	35.5	64.5
Coronary Artery Disease	286	2.0	27.3	72.7
Osteoporosis	272	1.9	73.2	26.8

~ 27% of Verona clinic adults are obese

Our Physician Team



Brian Arndt, MD



Karina Atwell, MD



Maggie Larson, DO



Alex Hanna, MD




Kyle Sherwin, DO



- Who should be involved in addressing **obesity** in our community for Healthy Verona:
 - Our clinic as host → UW **Primary Care Physicians as leaders**
 - Nutrition → community **Dietician, grocery discounts and services**
 - Exercise → yoga instructor, local gym discounts and trainer sessions
 - Behavioral Health → clinic **behaviorist**
 - Insurance → wellness benefit, supplies (pedometer, BP cuff, CGM)
 - **The USPSTF and AAFP recommend that clinicians offer or refer adults with BMI ≥ 30 to intensive, multicomponent behavioral interventions (26 visits/yr)**

Identifying Partners

Community Partners – NUTRITION

- HyVee Grocery (“corporate”)
 - Dietician
 - Individual sessions
 - MyFitnessPal guidance
 - 10% discount on all grocery during 20 week period
 -  **Field trip:** Eating out, grocery tour
- Miller & Sons Supermarket, Festival Foods (“local”)
 - gift cards
 - 2 “regional” locations

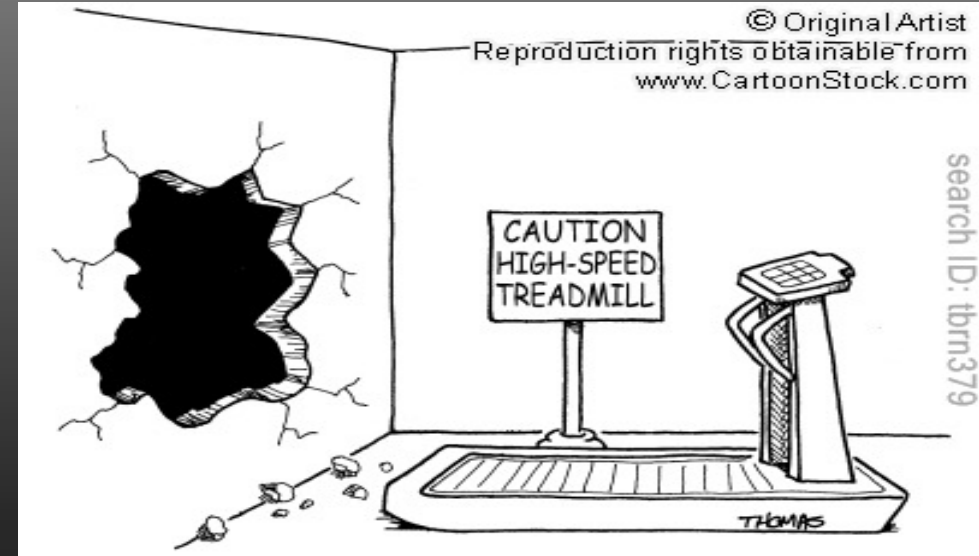


Community Partners – EXERCISE

- Anytime Fitness
 - Discounted membership
 - Access to personal trainer
 - 3 local franchise locations
 - **Field trip: "Treadmill test"**



- Dane County YMCA
- Princeton Club (6 months free)
- Theraband academy



Community Partners – INSURANCE

- Financial incentives from three local insurers as part of wellness benefit program
- Helps offset costs associated with group visit copay



2020 Fitness & Lifestyle CHALLENGE

UW Health Verona Clinic



Department of Family Medicine
and Community Health
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

festival
foods



PRINCETON
CLUB
we're committed to you™



<https://www.fammed.wisc.edu/lifestyle-challenge/>

- 20 week program for 20 overweight or obese patients within the clinic
- **Monthly** group visits (UW Verona Clinic, Hy-Vee, Anytime Fitness, BPNN Food Pantry)
 - Check in/vitals (10 min)
 - Guided **activity/relaxation** (20 min)
 - Healthy **meal** prepared & shared (15-20 min overlap with education)
 - **Educational** topics (20 min): SMART goals, nutrition/food labels, practical snacking, healthy eating out, strength-training, mindful eating, overcoming barriers
 - Small group facilitated **SMART goal** setting (20-30 min)
- Weekly nutrition support (recipes, grocery lists, motivation, tip of the week)
- Interim (optional) group sessions for 30-60 min discussion on nutrition, exercise, mindfulness led by resident physicians
- 2014 (planning), 2015, 2016, 2017, 2018, 2019, 2020 (hybrid), 2023 (hybrid), 2024 (DM)

Outcomes

- Participant improvements
 - BMI, blood pressure, A1c, cholesterol parameters if indicated
 - **Weight decreased** 252.2 to 247.2 pounds ~2% (p=.03)
- **Compared to typical Diabetes Prevention Program**
 - Average weight loss: 2.4%
 - Reduction of diabetes: 58%

Outcomes

- Improved **mood** on **PHQ-9**
 - PHQ-9 scores improved from 6.0 (mild depression) to 3.6 points (minimal depression; $p=0.019$)
- Improved **quality of life** assessment using **SF-36**
 - Composite SF-36 score change 50.8 to 62.5 points ($p=.06$)
 - Emotional well-being and pain sub-scales most improved ($p<0.05$)
- Improvement seen in each of four **self-care areas** ($p<0.05$)
 - Meal planning
 - Regular exercise 20 minutes twice weekly
 - Knowledge of pedometer use
 - Recognition of inexpensive methods of exercise; healthy eating

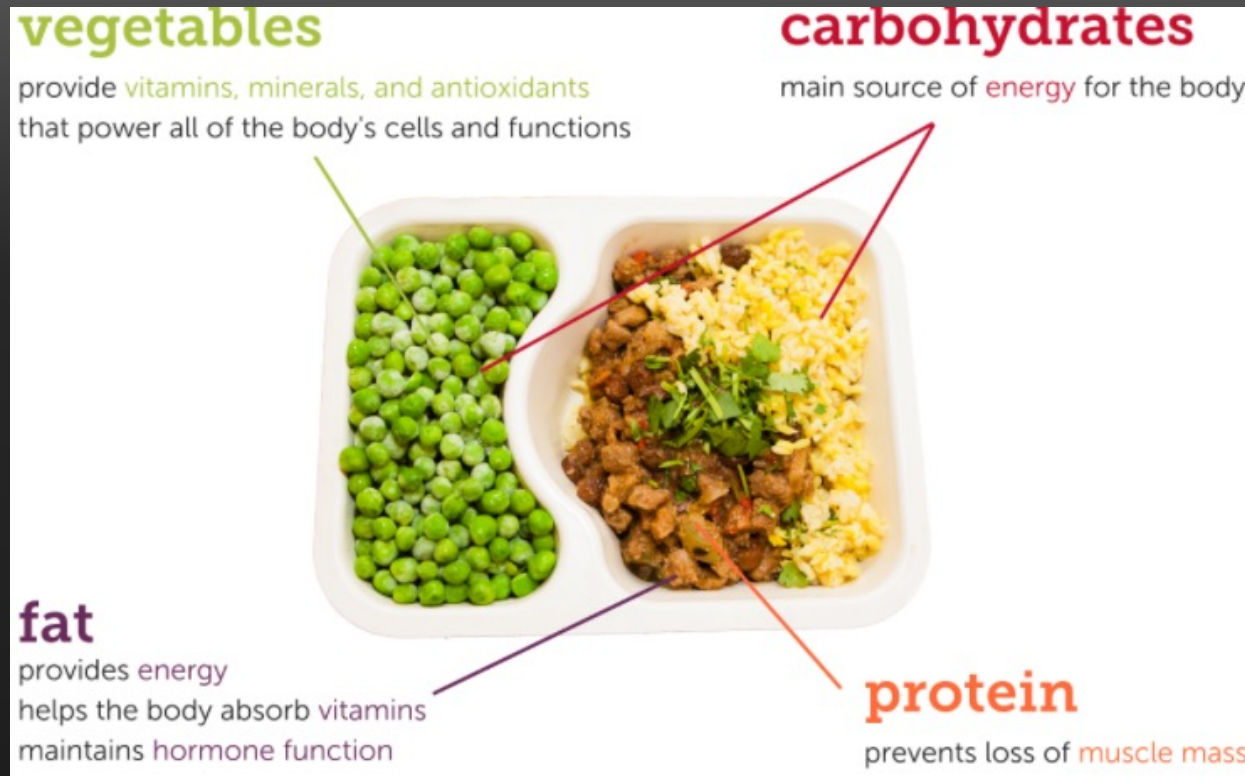
Outcomes

- Qualitative analysis
 - **High patient satisfaction**
 - **High clinician/staff satisfaction**
 - **No increase of cost to clinic**
- Areas of strength
 - Whole-health focus
 - Nutrition-supportive strategies
 - Peer-sharing and support
 - Incentives
 - Meeting logistics

Medically Tailored Meals (emphasis on plant-based/ plant-forward)

2024

- Personalized, ready-to-eat meals delivered 3x weekly from Foodsmart
- Initial intake call with dietitian to identify cultural preferences, food sensitivities, food allergies, etc



Medically Tailored Groceries

(emphasis on plant-based/ plant-forward)

2024



- \$5 off \$10 *produce* purchases x6mo




- \$25 gift card for *produce only* purchases (keep receipts)




 <p>LU 80920</p> <p>JANUARY PRODUCE COUPON</p>  <p>Save \$5.00 off a produce purchase of \$10 or more. Limit 1 discount per coupon. Limit 1 coupon per customer. Valid January 1-31, 2024 at Madison, Fitchburg, and Oregon Hy-Vee.</p>	 <p>LU 80921</p> <p>FEBRUARY PRODUCE COUPON</p>  <p>Save \$5.00 off a produce purchase of \$10 or more. Limit 1 discount per coupon. Limit 1 coupon per customer. Valid February 1-29, 2024 at Madison, Fitchburg, and Oregon Hy-Vee.</p>
 <p>LU 80922</p> <p>MARCH PRODUCE COUPON</p>  <p>Save \$5.00 off a produce purchase of \$10 or more. Limit 1 discount per coupon. Limit 1 coupon per customer. Valid March 1-31, 2024 at Madison, Fitchburg, and Oregon Hy-Vee.</p>	 <p>LU 80923</p> <p>APRIL PRODUCE COUPON</p>  <p>Save \$5.00 off a produce purchase of \$10 or more. Limit 1 discount per coupon. Limit 1 coupon per customer. Valid April 1-30, 2024 at Madison, Fitchburg, and Oregon Hy-Vee.</p>
 <p>LU 80924</p> <p>MAY PRODUCE COUPON</p>  <p>Save \$5.00 off a produce purchase of \$10 or more. Limit 1 discount per coupon. Limit 1 coupon per customer. Valid May 1-31, 2024 at Madison, Fitchburg, and Oregon Hy-Vee.</p>	 <p>LU 80925</p> <p>JUNE PRODUCE COUPON</p>  <p>Save \$5.00 off a produce purchase of \$10 or more. Limit 1 discount per coupon. Limit 1 coupon per customer. Valid June 1-30, 2024 at Madison, Fitchburg, and Oregon Hy-Vee.</p>

Eat out healthy: PRODUCE PASSPORT



Wisconsin
EATS
Healthy



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UWHealth

PRODUCE PASSPORT



SCAN ME

See website for discounts at farmers' markets, grocery stores, convenience stores, and restaurants

2024

Participating Locations (January 2024)

Name	Locations	Discount
CRISP & GREEN	Madison – 7003 Silgo Dr.	25% off menu items. Must show Produce Passport (in-store only).
FORAGE FOOD & BEV KITCHEN	Madison – 715 Hilldale Way Madison – 665 State St. Middleton – 8430 Old Sauk Rd. Monona – 800 W Broadway Whitefish Bay – 103 E Silver Spring Dr. (IL) Champaign – 503 E Green St.	Free plant-based protein add-on (lentil meatballs, roasted tofu, tempeh). Must show Produce Passport (in-store only).
SMOOTHIE KING	Middleton – 2019 Deming Way	25% off menu items. Must show Produce Passport (in-store only).
tropical CAFE SMOOTHIE	Fitchburg – 6231 McKee Rd. Madison – 3318 University Ave. Madison – 341 S. Westfield Rd. Oconomowoc – 1400 Summit Ave Unit C Pewaukee – Coming Soon Waukesha – Coming Soon (IL) Machesney Park – 10083 N 2nd Street (IL) Rockford – 1998 McFarland Rd STE 133	25% off menu items. Must show Produce Passport (in-store) or mention Produce Passport (call-in).



Fitness Opportunities

2024



- Free 6-month membership (including pools) at all Princeton Club and Xpress locations (need to activate membership initially at West location).
- Once monthly group training with fitness instructor.



- \$20 to access pool 12x (Mt. Horeb)



- Move every day!

- Culinary Interventions for Seniors
- Cooking classes for kids
- Advanced Care Planning
- Tobacco Cessation
- Diabetes/HTN/CHF Management
- Centering Pregnancy
- Chronic Pain

UWHealth

Yoga 4 Cancer

Mindfulness for Your Health

Getting to the Heart of a Healthy Life

Mindful EcoWellness: Steps to Healthier Living

Living Well with Atrial Fibrillation

Group Topics are boundless!



A Culinary Medicine Program for the Elderly: Increasing Exposure to Local Food Pantry Resources

Brian Arndt, MD; Kara Hoerr, MS, RDN, CD; Magnolia Larson, DO; Vincent Minichiello, MD; Jared Dubey, DO; Melissa Stiles, MD
University of Wisconsin Department of Family Medicine and Community Health

Context

- As we have evolved into a Department of Family Medicine and Community Health we have developed multiple community engagement opportunities for staff & clinicians
- August 2015 – grand opening of the re-located Badger Prairie Needs Network (food pantry & commercial kitchen)
- Significant community momentum is evolving around nutrition & access to healthy food
- Elderly population under-utilizing food pantry resources
- Increasing interest from clinicians & residents in clinical nutrition & culinary medicine

Objective

- Clinicians working collaboratively with food pantry staff, senior center, & a grocery store nutritionist (Hy-Vee) will:
 - Develop a monthly “cooking club” for seniors to prepare meals side-by-side in the pantry’s commercially licensed kitchen with people committed to their health
 - Ensure local elderly develop an awareness of & comfort with using local food pantry programming & resources

Design

- Year 1 (2015): Feasibility study, 16 elderly participants, 6 months
 - Once monthly classes (Fridays) 10:00 – 11:30
 - Class-by-class sign up
 - Drop-ins welcome
 - Pay as you go (\$5 per class)
- Year 2 (2016): Continuation of feasibility study with refinements
 - Twice monthly (Tuesdays & Fridays) due to demand
 - 12 participants per class (smaller to make more intimate)

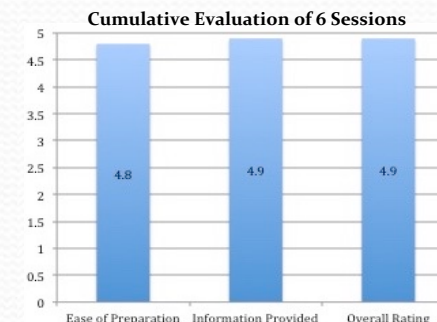
Typical Agenda

- 10:00 – 11:30
 - Check-in & Introductions
 - Recipe overview, highlight superfoods, prep tips for one
 - Assignment of small groups & tasks
 - Prepare the meal / socialize
 - Eat together / critique the meal / discuss tips to modify
 - Wrap up: How to freeze/store leftovers, encourage return to next session, encourage to shop the pantry for recipe contents



Results

- 20 unique elderly participants over 6 months
 - Evaluations (N=37) completed at the end of each class, rating scale 1-5 (1=Poor, 5=Excellent)
- Improved clinician satisfaction compared to usual work



Conclusions

- The Prairie Kitchen Cooking Club has successfully:
 - Socially engaged local elderly in the context of nutrition education & food preparation basics
 - Exposed elderly to food pantry resources & programming
 - Improved clinician satisfaction due to their increased community engagement in place of direct care activities (not an “add on”)



Series Poster

**Prairie Kitchen Cooking Club
2016 Schedule**

Could share the table with people who are committed to your health!

The Prairie Kitchen Cooking Club is sponsored by UW Dept. of Family Medicine and Community Health, Hy-Vee, and Verona Senior Center. Each Cooking Club event is hosted by a local UW Health physician and a Hy-Vee Dietitian. Sign up for the entire six-month series for only \$30. Choose either the Tuesday or the Friday series.

Dates & Menus

April Series in April - Tuesday April 12 or Friday April 10
 Dr. Maggie Larson, April 12. Dr. Kara Hoerr, April 10. and Kara Hoerr, Hy-Vee Dietitian
 Tuesday: Kale Biscuits, Vegetable Fried Rice, 3 Ingredient Peanut Butter Banana Ice Cream
 Friday: 30 Minute Meals - Tuesday May 19 or Friday May 15

Dr. Maggie Larson, May 20. Dr. Brian Arndt & Dr. Magnolia Larson, May 15. and Kara Hoerr, Hy-Vee Dietitian
 Saturday: Olive Chicken, Daily Whole Grain Salad, Strawberry & Blue Cheese Biscuits
 Sunday: Summer Cornbread Fritter - Tuesday June 16 or Friday June 12

Dr. Brian Arndt, June 14 and Dr. Shelia Stiles, June 17
 Shelia Stiles, Shelia Stiles, Senior Practice Manager & Chef
July Series - Tuesday July 14 or Friday July 11
 Maggie Larson, Tuesday July 14. Dr. Brian Arndt, July 11. and Kara Hoerr, Hy-Vee Dietitian
 Tuesday & Sunday: Summer Cornbread Fritter, Hy-Vee Salad, Strawberry Cornbread
August Series - Tuesday August 11 or Friday August 14
 Dr. Maggie Larson, August 11. Dr. Brian Arndt, August 14. and Kara Hoerr, Hy-Vee Dietitian
 Vegetable Pasta Salad, Roasted Sun with Basil Chicken, Hy-Vee Salad, Peach & Blueberry Crisp
September Series - Tuesday September 15 or Friday September 12
 Dr. Brian Arndt, September 15. Dr. Maggie Larson, September 12. and Kara Hoerr, Hy-Vee Dietitian
 Chicken Fajita, Taco Rice Salad, Apple-Cinnamon Muesli

Maximum of 12 per class. \$30 fee is due on the day of the class.
 Call Badger Prairie Needs Network, 200 E. Verona Ave., Verona, WI 53593
 All classes are held at The Prairie Kitchen, 2200 E. Verona Ave., Verona, WI
 www.uwhealth.com/badgerprairie

Class Poster

**Prairie Kitchen
Cooking Club**

**September 2016 Menu
Tasty Mexican Cuisine**

Chicken Fajitas, Tasty Taco Rice Salad, Avocado Chocolate Mousse

Each Cooking Club session is hosted by a local UW Health Physician and Hy-Vee Dietitian Kara Hoerr. This month's Physician Hosts are:
 March 8, 10 AM: Dr. Magnolia Larson, UW Health, Verona Clinic
 March 11, 10 AM: Dr. Melissa Stiles, UW Health, Belleville Clinic

\$5.00 fee payable at the class. Some menu both dates. RSVP's required.
 Call Badger Prairie Needs Network (608-848-2699) to register.
 Classes are held at The Prairie Kitchen, 2200 E. Verona Ave., Verona, WI (Badger Prairie Needs Network building)

Prairie Kitchen Cooking Club Sponsors
 UW Department of Family Medicine and Community Health
 Verona Senior Center

Class Recipe

**Prairie Kitchen
Cooking Club**

September: Tasty Mexican Cuisine

Chicken Fajitas

Serves 4:

- 3 ground tomatoes, drained, chicken breast
- 2 tablespoons olive oil
- 2 tablespoons garlic powder
- 2 tablespoons onion powder
- 1 1/2 tablespoons salt
- 1 red bell pepper (thickly sliced)
- 2 green bell peppers (thickly sliced)
- 1 medium onion (thickly sliced)
- 6 whole wheat tortillas (8")
- Optional toppings: low fat shredded cheddar cheese, chopped tomatoes, chopped onions, sliced jalapeno

All you do:

- Preheat oven to 350 degrees and preheat oil in a skillet.
- Chop chicken into 1/2" strips. Place in a large bowl with a pinch of salt, black beans, onion, and cutting board. Sprinkle both sides of steak with oil and garlic powder.
- Add 1/2 cup of oil to the skillet. Cook about 5-7 minutes, stirring frequently.
- Add bell peppers and onion. Stir until just cooked; vegetables are tender and chicken is no longer pink. (Cook chicken to at least 165°F).
- Preheat chicken tortillas (15" not waxy) over low heat. Top with your favorite toppings.
- Serve hot or reheat.

DIETITIAN NOTES:

- Use 1 can (15 ounces) black beans (drained and rinsed), beef or pork instead of chicken.
- Use low sodium instead of whole wheat for a gluten-free option.
- Heat cook tortillas to make them easier to fold. Cover tortilla with a moist paper towel and heat in microwave.
- Wash, grate, gloves to handle hot peppers. If you do not have gloves, wash hands with soap and water before handling your food, your cooking utensils, or another person.
- 1 cup pepper = 2 medium peppers.

Nutrition information per serving: Calories: 260; Fat: 8g; Saturated Fat: 2g; Cholesterol: 10mg; Sodium: 410mg; Carbohydrate: 27g; Dietary Fiber: 4g; Sugar: 2g; Protein: 22g

Early ChopChop-ing of Fruits and Vegetables Increases Learning Among Children

CHOPCHOP

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Introduction

- 16.5% of US children under 18 live in households with inconsistent access to necessary health food¹
- What Works for Health* indicates taste testing fruits and vegetables increases consumption among children, adolescents, and adults^{2,3,4}
- ChopChopKids: a national, non-profit organization that teaches children and their families how to cook healthy meals together

Objectives

- Understand the importance of a diet rich in fruits and vegetables for a family unit
- Identify and access free educational resources to inspire community families to cook real, nutritious food together

Materials & Methods

- ChopChop Cooking Club* was created as a UW Department of Family Medicine and Community Health residency QI project
- Hosted at a local Dane County food pantry with access to a commercial kitchen
- Children ages 5-12 years old with 1 adult attended a series of 4 classes in 4 months
- Pre/post-course surveys collected to evaluate fruit/vegetable consumption and cooking skills
- Project was funded for 1 year with \$1500 micro grant from the UW DFMCH (food purchases, kitchen supplies, marketing)

Class Poster



Class Outline

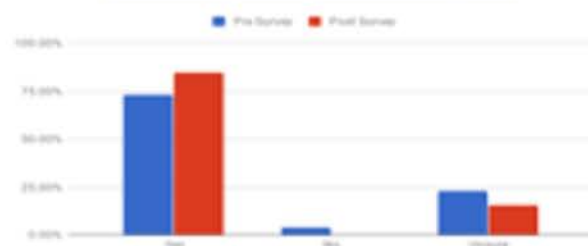


Results

- Child participants: **46** Number of sessions: **14**
- Parent participants: **51** Money donated: **\$315**
- 73.0% of parents reported their child learned a great deal about eating fruits and vegetables
- 85.7% of parents reported development in their child's ability to cook
- 55.0% of parents reported that the course developed their ability to cook



Do you feel that your child would be willing to try a new recipe?



Graph 1: Recipe Willingness Pre- vs Post-

Participant Reviews

- "Very organized from marketing, sign up, ongoing communication, and actual class. Great instructors. Supportive, friendly, and fun!"
- "[A strength of the ChopChop Cooking club was] giving small children the opportunity to cook and use tools in the kitchen."
- "Good exposure to cooking new foods."



Discussion

- The ChopChop Cooking Club created a fun learning environment, where families enjoyed exploring new ways to cook with fruits/vegetables
- A positive response to family cooking was evident
- Essentially no change fruit/vegetable consumption
→ Limitations: small group size, high health literacy, <100% retention
- Surveys showed that kitchen programming was associated with improved cooking skills for kids & adults, which is consistent with studies.
- Participating in community kitchen programming has been associated with enhanced food skills, improved community food security, and improved social interactions^{5,6}
- The course was an effective way for residents and faculty to engage in community health

Resources

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ChopChopMag.org



WHY GROUP VISITS?

- Valuable clinic-community partnerships targeting Public Health issues
- New opportunities for learners to engage in addressing chronic health conditions with nutritional support
- Improvements in patient, staff and provider satisfaction
 - Guidance for Future Clinic planning (garden, RDN, common space, PT, compost, advocacy for patients)

Summary: Let's Not Do This Alone

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