

Research Division

WELCOME FROM THE DIRECTOR

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Hello and welcome to the Winter Edition of the Department of Family & Community Medicine Research Division Newsletter. Here you will find updates and news on our many projects and community collaborations.

Let us know how we might work together and assist with building your project from grant submission to dissemination.

-Saundra (Soni) Regan, PhD
Director of DFCM Research Division

Cardi-OH collaborative releases new content on diabetes and hypertension care

Every month, the Cardi-OH statewide collaborative releases its most recent work in aggregating and disseminating best practices in care for patients with hypertension and/or diabetes. The [Cardi-OH website](#) is designed to be a one-stop resource for Ohio's primary care teams, with materials that target patients, providers and practice teams. Below are just a few of the releases from January 2024. Please also see further opportunities to participate in Cardi-OH events in this newsletter!

Cardi-OH is sponsored by the Ohio Department of Medicaid and is a statewide initiative of health care professionals who share knowledge to improve Medicaid patient outcomes and eliminate health disparities across Ohio.

Tune in to Cardi-OH Radio

Podcast 41 - Managing Heart Failure Risk in Your Patient With Hypertension and Diabetes

Listen to Ian Neeland, MD, from Case Western Reserve University.

Cardi-OH Radio podcasts highlight national, state, and local leaders discussing timely topics for primary care clinicians.

News You Can Use

Current 35 - USPSTF Recommends Regular BP Measurements to Screen for Hypertensive Disorders of Pregnancy

Currents provide brief summaries of the latest advances in medicine or clinical practice related to diabetes or hypertension and include links to additional resources.

Pearls for Clinical Practice

Capsule 40 - Facilitating Behavior Change With Consumer Wearable Devices

Did You Know?

While consumer wearable devices collect many cardiac and extra cardiac metrics, evidence for the interpretation and application of the data in the clinical setting is still emerging. Consumer wearable devices may support physical activity and goal setting as a part of patient care.

Capsules provide busy clinicians brief summaries of best practices that are ready to be implemented in clinical care.

Research Division Team Member Dan Hargraves Celebrates Milestone

Congratulations to principal research assistant Daniel Hargraves, MSW, who celebrated his 10th anniversary in the Department of Family & Community Medicine's Research Division in January. He is grateful for the growth and development in his many roles as a result of working closely with his faculty and staff colleagues. He extends a special thank you to Research Division Director Sandra 'Soni' Regan, PhD, and former director Nancy Elder, MD, for providing him the opportunity to become part of the 'Family' at UC!



DISSEMINATION

Posters and Presentations

Wilkens, M.E., Gustin, R., Dion, G., **Stryker, S.**, Pickle, S., Patel, R., & McKenna, V.S. Quantitative voice outcomes from vocal feminization surgery: A single case study with high-speed videoendoscopy and patient perspective. Poster presentation at the Voice, Speech, & Technology Symposium. Cincinnati, OH. December 2023.

Sullivan E, **Stryker SD**, Forgie M, Spielvogel R, Nixon R, Sabb D. Filling the Gap: Medical Educators Collaborate to Improve Access to Training in Gender Affirming Primary Care. Oral Abstract presentation at USPATH Scientific Symposium. Denver. November 2023.

Martinez AE, **Stryker SD**, Yokoyama J, Madzia JL, Sosa DM, Hartlage CS, Makkad H, Schumacher M, Xu CT, Kelly E, Patel RD, Roy S, Conway A, Haraburda J, Whitton S, Pickle S. Education on Trans-Inclusive Chest Cancer Screening Practices for Imaging Professionals. Oral Abstract presentation at USPATH 2023 Scientific Symposium, Denver. November 2023.

Stryker SD, Madzia JL, Pickle S, Dubey I, Dion G, McKenna VS. Vocal Congruence and Safety: the Medical Necessity of Gender-affirming Vocal Therapy. Oral Abstract presentation at USPATH Scientific Symposium. Denver. November 2023.

Publications

Newman, Nicholas C., **Knapke, Jacqueline M.**, Kinyaloc, Rachael, Belt, John and Haynes, Erin. "Evaluation of academic detailing to educate clinicians regarding childhood lead poisoning prevention: a pilot study" Journal of Osteopathic Medicine, Jan 2023. <https://doi.org/10.1515/jom-2022-0125>

Knapke JM, Marcum M, Mendell A, Ryan PH. Development of an undergraduate certificate in clinical and translational science: Improving competence of the clinical research workforce. Frontiers in Pharmacology, November 2023. doi: 10.3389/fphar.2023.1294534

WELLNESS CORNER

Baby it's cold outside!

By Mary Beth Vonder Meulen, RN

Most of us rarely think about frostbite but we were all reminded by the recent frigid temperatures. Frostbite can occur in as little as 30 minutes when air temperatures fall below 5 degrees Fahrenheit. It commonly affects exposed areas of the body, such as fingers, toes, faces and ears.

To protect yourself, wear layers of warm, waterproof clothing and shoes. Remain well hydrated but avoid alcohol, as it can accelerate heat loss. Move to keep warm but seek shelter as soon as possible.

Frostbite may begin with a 'pins and needles' sensation, progressing to numbness. The skin will eventually appear waxy and white and feel cold and hard to the touch.

Frostbite requires medical attention, but here are some things you can do right away:

- ◆ Get out of the cold immediately.
- ◆ Try not to walk on frostbitten toes or feet.
- ◆ Avoid rubbing the affected area.
- ◆ Avoid touching hot surfaces as you can easily burn the area.
- ◆ Immerse in warm water only. Never immerse frostbitten areas in hot water.
- ◆ Cover with a clean cloth, wrapping fingers and toes individually.

How Does a 90 year-old Housing Policy Impact Health Today?

By Josh Smith, MD

In 2009, Dr. Camara Jones introduced the Cliff Analogy to describe health interventions and illness prevention [1]. Individuals living on a cliff are protected by a fence to prevent falls, a net to limit harm, and an ambulance to manage severe injuries. Upstream of these interventions, she notes, involves addressing the social determinants of health (SDOH) by deliberately moving individuals away from the edge of the cliff [1].

Despite frequently discussing SDOH in medicine, too often we avoid the fundamental question. Why are people living on a cliff at all?

Structural drivers of health, “the social, economic, and political [policies and] mechanisms which generate [inequalities],” are where we find our answers [2].

A Structural Driver from 90 years Ago

In the 1930s, federal agents assessed neighborhoods in cities across the country, assigning grades to inform investments [3]. Areas graded “A: best” and “B: still desirable” were safe investments; those graded “C: definitely declining” or “D: hazardous” were seen as risky. Financial institutions recovering from the Great Depression had no appetite for risk. Money flowed systematically away from these “risky” neighborhoods, home to primarily Black Americans and immigrants [4].

Downstream of Redlining: From Structural Drivers to Social Determinants

Shifting from the 1930s to today, individuals living in then-poorly-graded neighborhoods continue to navigate consequences of disinvestment. A 2023 paper found that neighborhoods in the 1930s graded C or D are today more likely to be low-income and have low grocery access compared to those neighborhoods graded A or B [5]. Similarly, in part due to the intimate relationship between property values and local school funding, neighborhoods graded in the 1930s as “D: hazardous” had lower average math and reading test scores in 2018 [6-8].

From Social Determinants to Health Outcomes

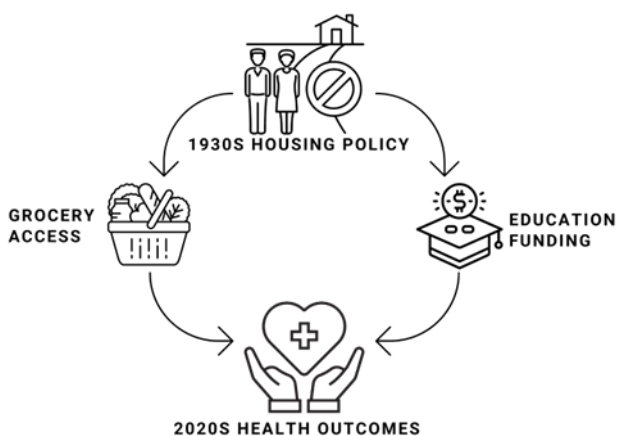
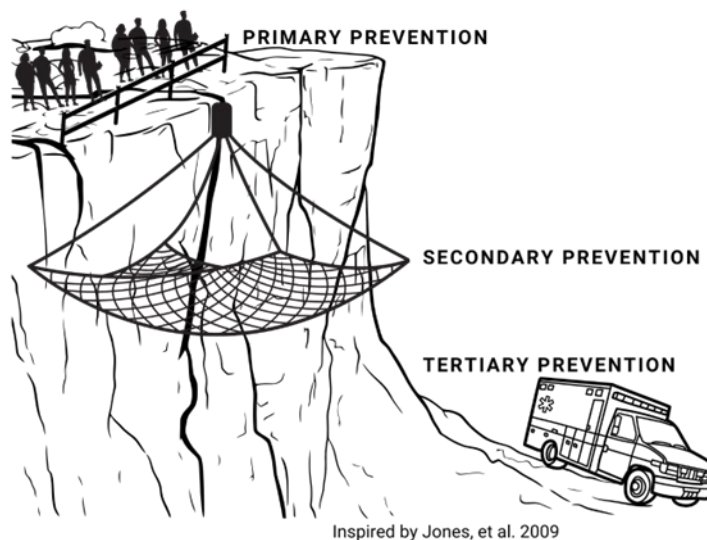
To finish tracing a 90-year-old policy to today’s health outcomes, let’s examine the impact of decreased food access and educational opportunities on health. A 2014 Health Affairs article found that food insecurity is associated with a greater risk of depression, metabolic syndrome, and asthma [9]. A 2004 review found that low literacy is associated with adverse health effects, and a 2020 study demonstrated an association between lower educational attainment and shorter life expectancy [10,11].

Though made illegal by the Fair Housing Act in 1968, decades of federally-sanctioned discrimination in mortgage lending and investment starting in the 1930s continues to impact health today, mediated by grocery access and education funding, as well as other SDOH, such as credit scores and rates of incarceration [6,7,12].

What do we do?

The first thing we must do is to call this what it is. This is structural racism and systematic oppression. The second thing we must do in health equity research is to ask the right questions. We cannot remedy the unjust impact of zip code on health without examining housing policy. We cannot achieve health insurance equity without analyzing ties between coverage and employment. We cannot improve mental health care without acknowledging the echoes of the Community Mental Health Act.

Finally, we must push for broader implementation of Health Impact Assessments (HIAs) in Cincinnati. These reports are based on Environmental Impact Statements. For decades, at every level of government, these statements have informed policies which may affect the environment [13]. It’s time Health Impact Assessments catch up, to help “evaluate the potential health effects of a plan, project, or policy before [it is] implemented” [14]. As the city’s academic and safety-net medical center, UC should partner with our city council to broadly apply HIAs. As the University’s experts in community medicine, our Department of Family and Community Medicine should lead the way.



[FOLLOW FOR REFERENCES](#)

FOSTERING ACADEMIC-COMMUNITY PARTNERSHIPS FOR ENVIRONMENTAL JUSTICE



THE PROBLEM

Environmental Protection Agency standards for air pollution have not done enough to prevent **adverse health outcomes among communities**

Although more affordable, **technical challenges persist** for community use of air quality monitors

Despite collaborative efforts, researchers and the community **lack the time and process to effectively work together**

ONE POSSIBLE SOLUTION

Join the **Research Innovations using Sensor Technology in Environmental Justice (RISE) Communities Program**

FREE 3-day Training for community-academic partners in Cincinnati, Ohio, August 7-9, 2024

FREE Travel, Accommodations and Air Quality Monitors
Dedicated time to learn using monitors, team building and project development

Learn about how to use air quality data you collect to **advocate for cleaner air in your community**

As a team made up of an academic researcher and a community member, you become part of a **community of practice** by getting connected to other teams and experts

A partnership between:



TO APPLY AND
LEARN MORE, VISIT:
ejsensors.com

Factory photo: Chris LeBoufflier Partner photo: John Schnobrich Courtesy of Unsplash.com



STATEWIDE WEBINAR - REGISTER NOW!



Wednesday, February 28, 2024 | 12 - 1 p.m. ET

Fatty Liver Disease: A Silent Epidemic



KEYNOTE SPEAKER

Lanla F. Conteh, MD, MPH, MBA
Director, Hepatology

Program Director, Transplant Hepatology Fellowship
The Ohio State University

OBJECTIVES

- Screen and identify patients with metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
- Describe current disparities in care in MASLD risk, assessment, and management.
- Manage contributing risk factors to MASLD in patient care.
- Counsel patients on current risks, treatment options, and prognosis.

1.0 CME credit offered at no cost.

ADVANCE REGISTRATION REQUIRED



Or visit Cardi-OH.org/webinars/register
After registering, you will receive a confirmation email with information about joining the webinar and a calendar invitation.

To join the webinar in progress, head to <https://cwrw.zoom.us/j/98955793415?pwd=bWpITGZyNWdMZlV1pXYmFSbitKdz09>

ABOUT CARDI-OH: The Ohio Cardiovascular and Diabetes Health Collaborative (Cardi-OH) is a statewide initiative of health care professionals who share knowledge to improve Medicaid patient outcomes and eliminate health disparities across Ohio.

QUESTIONS? If you have any questions or need assistance with registration please contact the Cardi-OH Team at info@Cardi-OH.org.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Ohio State Medical Association (OSMA) and The MetroHealth System. The Ohio State Medical Association (OSMA) is accredited by the ACCME 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.

Other Healthcare Professionals: check with your professional association as these credits might be applicable for hours towards licensure renewal.

In partnership with





The Community Primary Care Champions Fellowship Presents

LGBTQ+ CARE: AN EVENING DISCUSSION



Monday, February 26th

6:00pm-8:30pm

RedTree Art and Coffee 3210 Madison Rd.

Dinner 6pm Discussion 7pm

RSVP IS REQUIRED

DINNER IS PROVIDED

Describe barriers to care faced by LGBTQ+ individuals seeking healthcare

Discuss ways that providers & offices can promote safety & inclusion of LGBTQ+ patients

Understand local resources available for LGBTQ+ health

Complimentary dinner provided to all

GUEST SPEAKERS



JONAH YOKOYAMA, RN
Gender Affirming Clinical Specialist,
Equitas Health
Director, Heartland Trans Wellness



AKEEM CAMPBELL
Prevention Health Navigator,
Equitas Health



CARMEN
Community Member

[CLICK HERE TO RESERVE YOUR SPOT NOW!](#)



For more information, contact Daniel Hargraves:
daniel.hargraves@uc.edu



Spring 2024 ECHO Clinic

Health Equity and Cardiovascular Risk

FACILITATOR: Goutham Rao, MD, FAHA
Department of Family Medicine and Community Health
Case Western Reserve University School of Medicine

DATE: Thursdays, 8 - 9 a.m.
February 1 to April 18, 2024

Register Now!

FREE 12-week series. Space is limited.

cardi-oh.org/echo/register

How It Works

Cardi-OH ECHO utilizes Zoom to conduct virtual clinics with primary care providers in Ohio.

This hub-and-spoke model connects physicians, nurses and other clinicians with a multidisciplinary panel of experts who provide the specialized knowledge they need to care for patients with complex conditions.

Each clinic will include a brief didactic session followed by an interactive discussion of de-identified case studies, and will offer a whole-person approach to diabetes and cardiovascular risk management.

Why Join Cardi-OH ECHO

- Professional development and continued learning
- Expanded knowledge network and collegiality with practices across the state
- Increased efficiency and joy of practice
- Improved patient retention, health outcomes, and satisfaction
- No-cost CME credits available

Testimonial

“[Cardi-OH ECHO] is a practice changer. By sharing challenging case studies in real-time with peers and experts across the state, I have significantly improved my ability to provide better patient care. Even after participating for years, I still find this the best way to learn the latest diagnostics and treatments from passionate teachers statewide.”

*L. Austin Fredrickson, MD, FACP
Northeast Ohio Medical University*

In partnership with



Founded in 2017, the mission of Cardi-OH is to improve cardiovascular and diabetes health outcomes and eliminate disparities in Ohio's Medicaid population.

Questions?

✉ ECHO@Cardi-OH.org

🌐 Cardi-OH.org

Additional Information



Eligibility Requirements

- Must be a Medicaid provider
- Must be a Primary Care Provider (e.g., Family Medicine, Internal Medicine, Geriatrics, OB/GYN, Pediatrics)
- Must have a clinical office with an Ohio address

Participation Requirements

- Each practice will present at least 2 case studies during the 12-week virtual clinic
- Each practice will submit all case studies prior to the start of the series (Due January 19, 2024)
- Participants will work with the Clinic Coordinator to determine a mutually agreed-upon date for case study presentations
- Participants will complete surveys as a part of program evaluation and submit a signed Statement of Collaboration

Other Things to Know

- Participants are encouraged to be visible on video while in the session
- Cardi-OH ECHO will support practices' use of web conference technology (i.e., webcam, microphone/telephone audio, Zoom software) including a 1-on-1 tech check prior to the beginning of the 12-week clinic
- All sessions will be recorded and photographed (an edited version of the recording will be made available on our website)

By registering, you confirm your acknowledgment and consent to participate in Cardi-OH ECHO and agree to:

- Participate collegially in regularly scheduled Cardi-OH ECHO Clinics by presenting cases, providing comments, and asking questions
- Keep confidential any patient information provided by other participants during a clinic
- Complete periodic surveys to help improve services to clinicians and other partners
- Use required software including, but not limited to, Zoom and Box
- Provide clinical updates and de-identified outcome data on patients as needed
- Be solely responsible for the treatment of your patients and understand that all clinical decisions rest with you regardless of recommendations provided by other Cardi-OH ECHO participants
- Ensure that your patients are aware of your participation in Cardi-OH ECHO and that their de-identified information may be shared

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Ohio State Medical Association (OSMA) and The MetroHealth System. The Ohio State Medical Association (OSMA) is accredited by the ACCME to provide continuing medical education for physicians. The MetroHealth System designates this educational activity for a maximum of 12.00 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Other Healthcare Professionals: check with your professional association as these credits might be applicable for hours towards licensure renewal.

For information on Project ECHO[®], visit echo.unm.edu.



Founded in 2017, the mission of Cardi-OH is to improve cardiovascular and diabetes health outcomes and eliminate disparities in Ohio's Medicaid population.

Questions?

✉ ECHO@Cardi-OH.org

🌐 Cardi-OH.org

Research Directory

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Geriatrics, palliative care, underserved



Jackie Knapke, PhD:
Assistant Professor
jackie.knapke@uc.edu

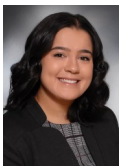
Higher education policy, evaluation,
curriculum development, qualitative &
mixed methods, team science



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Health equity, Effects of trauma/stress on
health, Transgender health, Immigrant/
refugee health, Health systems innovation

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Dedicated full-time staff members with over 50 years of cumulative experience provide full project support from assisting in design and implementation to analysis and evaluation. The division offers expertise in:

- Project Management
- Data Management
- Grant Writing
- IRB Protocols
- Statistical Analysis
- Data Collection Methods
- Project Reports
- Manuscript Development, Writing and Editing
- Research Nurse
- Qualitative Research



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