



DASH Diet Intervention at Carter Burden Senior Centers

**Advisory Committee Meeting #8
December 9, 2020**

<https://rocku.zoom.us/j/99811842088?pwd=UytYWTZVUUpxYkUxQitqRWUvZjg5Zz09>



Partnerships to Conduct Community Based Research



Carter Burden Network has formed a partnership with The Rockefeller University and the Clinical Directors Network to conduct community-based research about seniors aging in place

This work is funded by grant # HHS-2018-ACL-AOA-INNU00300 Administration on Aging Innovations in Nutrition Programs and Services, Department of Health and Human Services, Administration for Community Living, with additional support from the NCATS/CCTS grant UL1 TR001866



- The project team is a Community–Academic Partnership formed in 2015 among Carter Burden Network (CBN), The Rockefeller University Center for Clinical and Translational Science (RU-CCTS), and Clinical Directors Network (CDN).
- A 2016-18 pilot study conducted by the partnership to assess the health of seniors receiving CBN services found a high prevalence of uncontrolled hypertension among the seniors.
- In 2018 the partners collaborated to submit a successful grant proposal funding the work with a 2018-2020 grant entitled: [“Improving cardiovascular health through implementation of a DASH-diet-based multi-component intervention with senior services programs serving low income and minority seniors”](#)
- From Oct. 2018- Dec.2020 the partnership implemented and conducted the grant.

Healthy Aging Pilot 2016-2018

Carter Burden Network

RU/CBN/CDN - Carter Burden Healthy Aging Pilot
2016-2018

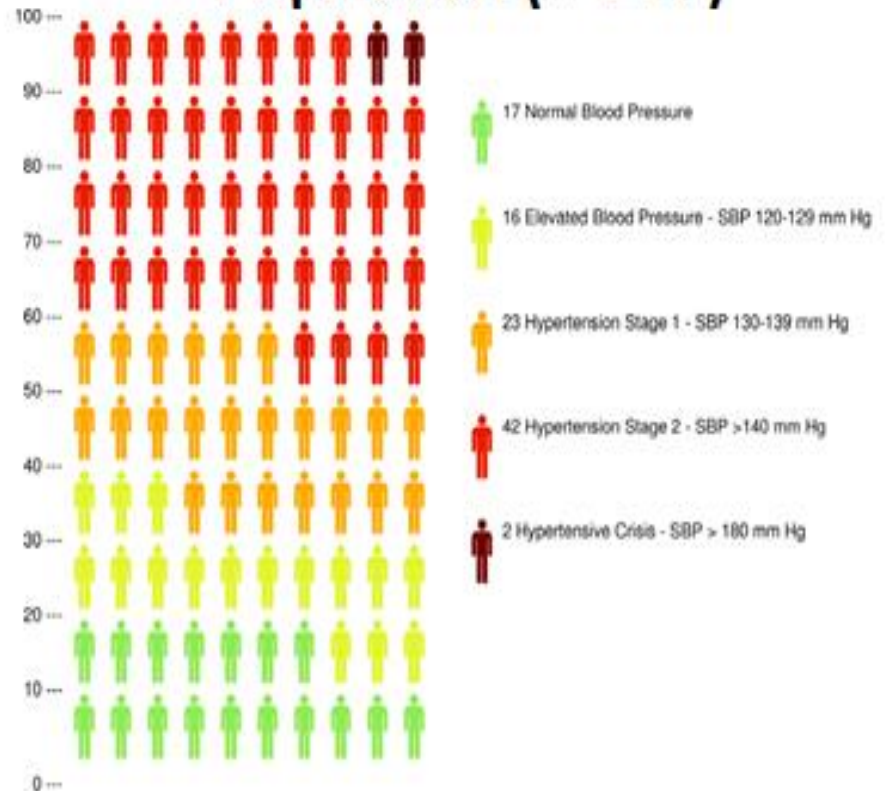
Purpose: To collect information on the health of CBN seniors to assess the impact of services on health

Method: Pulse, Blood Pressure, Walk/Balance Test, Surveys on Health, Nutrition, and Social Factors etc.

Highlights:

- Enthusiastic enrollment of 218 seniors
- 99% completed the study
- An important finding about blood pressure.....
- *Funded by the Rockefeller University Center for Clinical Translational Science (UL1TR001866)*

Blood Pressure in CBN Pilot Population (n=217)





Recognizing that Cardiovascular Disease(CVD) is the leading cause of death and is highly prevalent in the senior population, there is opportunity to remodel senior nutrition programs based on evidence-based diet plans that have a proven ability to promote cardiovascular health, but have limited implementation data for seniors. It is critical to adapt to the growing needs of seniors with CVD and address disparities in health outcomes for those with compounding challenges of food insecurity and poverty.



Innovation in Nutrition

- The DASH Diet Intervention Project offers senior centers an opportunity to measure the impact of a congregant meal on health outcomes associated with a chronic health condition.
- A community-academic partnership to study seniors aging in place through diet, education and in-home blood pressure monitoring.



Dietary Approaches to Stop Hypertension (DASH) Diet Intervention Project- Administration for Community Living (ACL)

Primary Aim: To determine whether implementation of the DASH diet delivered through the congregate meal programs (with educational and behavioral support) can lower blood pressure in seniors receiving the program.

Project Locations:

- Luncheon Club- CBN's first senior center
- Leonard Covello Senior Program-NYC Dept. for the Aging innovative senior center (open 7 days per week) in East Harlem



DASH Diet Intervention Project at CBN Senior Centers

Primary Outcomes:

- a) Change in mean systolic BP at 1 month after the full after implementation of the DASH-aligned congregate meals, compared to baseline

- b) Increase in the proportion of individuals whose blood pressure is controlled according to JNC-8 guidelines, for age > 60 years, SBP/DBP < 150/90

DASH Diet Intervention at CBN Senior Centers: Goals and Objectives

- a) Leverage and grow a sustainable, multi-stakeholder partnership
- b) Adapt existing New York City Department for the Aging-approved/CBN-designed menus
- c) Optimize client acceptance of the DASH Intervention
- d) Support cognitive and behavioral change
- e) Provide positive feedback and enhance self-efficacy
- f) Enhance the value of nutritional service programs by reducing waste
- g) Implement a scalable and sustainable monitoring and evaluation system
- h) Help to inform more broadly the senior center menu locally and nationally



Study design:

Enroll 200 seniors receiving congregate meals at two CBN senior centers . Participants will receive:

- 1) meals at the centers that are aligned with the evidence-based Dietary Approaches to Stop Hypertension (DASH)-diet model, and
- 2) health and nutrition education sessions, on-site blood pressure monitoring, and support for self-home blood pressure monitoring. Each participant will receive an Omron10 series blood pressure device for in-home monitoring.

Dietary Approaches to Stop Hypertension (DASH)

DASH diet

6-8

servings per day
of whole grains

4-5

servings per day
of vegetables

4-5

servings per day
of fruits

2-3

servings per day of
fat-free or low-fat dairy



4-5

servings per week of
nuts, seeds, legumes

6

Less than
servings per day of
lean meat, poultry, fish

5

Less than
servings per week
of sweets

2-3

servings per day
of fats and oils

Dietary Approaches to Stop Hypertension (DASH)

Sample Menu Analysis and Revision

Covello Original	Action	Covello Revised
chicken piccata w/ lemon sauce (p)	→	chicken piccata w/ lemon sauce (p)
	+	parsley (fl)
Bowtie noodles (g)	Δ	WW noodles (g)
1 slice WW bread (g)	Δ	1 whole grain rolls (g)
Normandy blend mixed vegetables (v)	→	Normandy blend mixed vegetables (v)
	+	sauteed spinach (v)
Kiwi (f)	→	kiwi (f)
	+	Canned peaches (f)
	+	flavored H2O (fl)
1% milk (d)	→	1% milk (d)
butter (O/F)	Δ	olive oil spread (O/F)

Summary of changes

3/6 protein	→	3/6 protein	(p)
2/6 grains	Δ	2/6 grains	(g)
1/4 veggies	+	2/4 veggie	(v)
1/4 fruit	+	2/4 fruit	(f)
1/3 dairy	→	1/3 dairy	(d)
1/3 fat	Δ	1/3 fat	(O/F) added flavor



Assessments (data collection)

- **Time points:** Baseline, Month 1, Month 3, and Month 6:
 - **Biometric:** Blood Pressure, Pulse, Weight and Height
 - **Surveys:** Food Behavior, Food Insecurity, Quality of Life, Social Isolation, Hypertension Medication Adherence and Self-Efficacy
- Self-home blood pressure monitoring occurs throughout the study – frequency and follow up



Project Challenges – Early start up

- Hiring challenges (bilingual Research Assistants) through the first 6 months altered the project timeline.
- Organizing workgroups, designing multi-institutional workflow, communication, data transfer platforms and other aspects of operationalizing the project was complex.
- Design, review and approval of revised DASH-concordant menus involved multiple stakeholders and layers of review by the RU Bionutrition team, CBN Food Services Manager, and New York City Dept. for the Aging (DFTA) Supervising Nutritionists. The process took 6 months longer than planned.



Project Challenges – Site and Operations

- Projecting and managing additional food costs within program budget
- Relocation of Luncheon Club site mid-study
- Loss of onsite kitchen; challenge of parallel meal prep – two menus/one kitchen
- Planning of visits and assessments duplicated across two locations with a small team, a large cohort, and the need to keep the two sites temporally aligned
- Managing a collaboration across stakeholders



Project Challenges – Population and Intervention

- Competing activities at the CBN sites challenge scheduling and attendance
- Seniors' busy outside lives affect interest/attendance
- Early recruitment saturation/study fatigue for seniors
- Stresses (childcare, social challenges) affect attrition
- Meal acceptance – satisfaction versus plate waste
- Limited coaching opportunities
- Limited connection to providers



Project Challenges – COVID

- DASH menu served for pick-up or provided through home delivery instead of the congregate meal setting (March 2020)
- Closure of sites interrupted:
 - Delivering the Meal Intervention
 - Collecting in-person data, including primary outcome, surveys, and Home BP downloads
 - Education sessions
 - In-person social behavioral support, engagement
- Participants' familiarity, access, comfort using internet, devices, and platforms
- Vulnerability of seniors to COVID and social isolation



Study Completion

- Self-Home Blood Pressure Monitoring Downloads— completed Aug. 2020
- Data Collection (Surveys)— completed Oct. 2020
- Participant Update and Appreciation Package— completed Oct. 2020

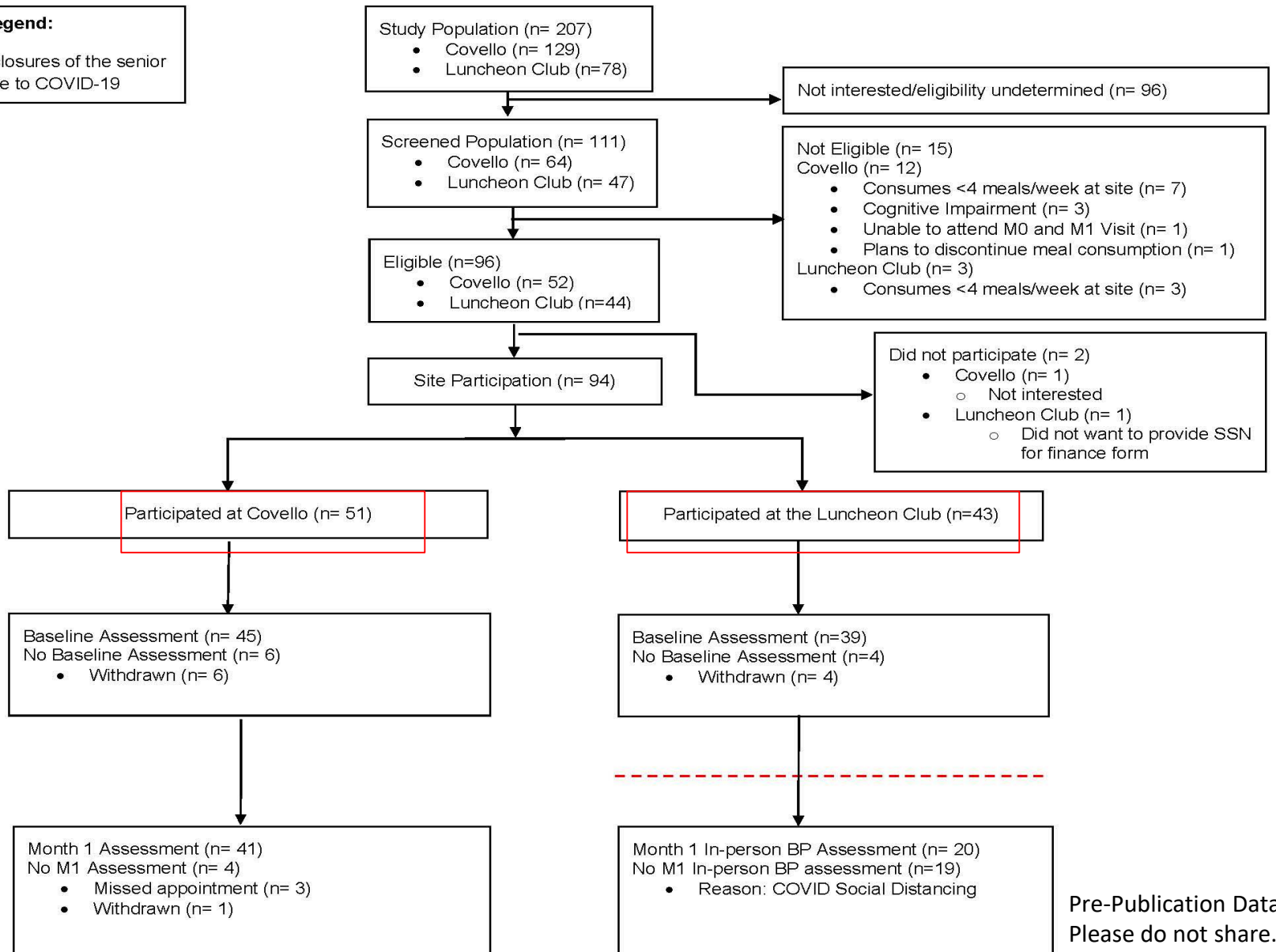


Results

- Enrollment (Consort Diagram)
- Demographics
- Primary Outcome- Change in Systolic BP
- Home Blood Pressure Monitoring
- Meal Attendance/Satisfaction/Waste
- Social Isolation
- Depression
- Pending Analyses

Consort Diagram

Legend:
 - - - Indicates closures of the senior centers due to COVID-19



Pre-Publication Data.
Please do not share.

Covello



Month 3 BP Assessment (n= 33)
No M3 BP Assessment (n=11)

- Missed appointment (n= 5)
- Unable to schedule (n=2)
- Lost to follow-up (n=2)
- Withdrawn (n=2)



Month 6 In-Person BP Assessment (n=0)

- Reason: COVID Social Distancing

Luncheon Club



Month 3 In-person BP Assessment (n= 0)

- Reason: COVID Social Distancing



Month 6 In-person BP Assessment (n= 0)

- Reason: COVID Social Distancing

Table 1A: Demographics At Baseline

Pre-publication data. Please do not share.

Characteristics – Baseline	Covello (n=45)	Luncheon (n=39)	Overall (n=84)
Race			
American Indian/Alaskan Native	1 (2%)	0 (0%)	1 (1%)
Asian	0 (0%)	3 (8%)	3 (4%)
Black	24 (53%)	3 (8%)	27 (32%)
Native Hawaiian or other Pacific Islander	0 (0%)	0 (0%)	0 (0%)
Multiple Races	3 (7%)	0 (0%)	0 (0%)
Other	6 (13%)	2 (5%)	8 (10%)
Unknown	3 (7%)	0 (0%)	3 (4%)
White	12 (27%)	30 (77%)	42 (50%)
Hispanic Ethnicity	24 (53%)	3 (8%)	27 (32%)
Survey Language (Spanish)	10 (22%)	4 (10%)	10 (12%)
Age (Mean ± SD)	70.6 ± 7.7	76.1 ± 8	73.2 ± 8.3
Annual Income (dollars)			
Less than \$20,000	20 (44%)	16 (41%)	36 (43%)
\$20,000 to less than \$35,000	10 (22%)	9 (23%)	19 (23%)
\$35,000 or more	8 (18%)	7 (18%)	15 (18%)
Unknown	7 (16%)	7 (18%)	14 (17%)
Sex (Female)	34 (76%)	21 (54%)	55 (65%)
Education			
Less than high school	5 (11%)	2 (5%)	7 (8%)
Some high school	3 (7%)	2 (5%)	5 (6%)
High school graduate	13 (29%)	6 (15%)	19 (23%)
At least some college	12 (27%)	3 (8%)	15 (18%)
College graduate	12 (27)	24 (62%)	36 (43%)
Unknown	0 (0%)	1 (3%)	1 (1%)

Table 1A: Demographics At Baseline

Pre-Publication Data. Please do not share.

Characteristics – Baseline	Covello (n=45)	Luncheon (n=39)	Overall (n=84)
Marital Status			
Married/member of a couple	7 (16%)	6 (15%)	13 (15%)
Divorced/Widowed/Separated	30 (67%)	20 (51%)	50 (60%)
Never married	6 (13%)	11 (28%)	17 (20%)
Unknown	1 (2%)	1 (3%)	2 (2%)
BMI			
Underweight	0 (0%)	0 (0%)	0 (0%)
Normal weight	13 (29%)	14 (36%)	27 (32%)
Overweight	11 (24%)	14 (36%)	25 (30%)
Obese	20 (44%)	7 (18%)	27 (32%)
Blood Pressure Group			
Normal	6 (13%)	7 (18%)	12 (14%)
Elevated	6 (13%)	1 (3%)	7 (8%)
Hypertension Stage 1	10 (22%)	14 (38%)	24 (29%)
Hypertension Stage 2	16 (36%)	17 (54%)	33 (39%)
Hypertensive Crisis	3 (7%)	0 (0%)	3 (4%)
Unknown	3 (7%)	2 (5%)	5 (6%)

Normal Blood Pressure: <120 SBP and <80 DBP

Elevated Blood Pressure: 120-129 SBP and <80 DBP

Hypertension Stage 1: 130-139 SBP or 80-89 DBP

Hypertension Stage 2: ≥140 SBP or ≥90 DBP

Hypertensive Crisis: >180 SBP and/or >120 DBP

Table 2A: Change in Blood Pressure at Month 1 of DASH Intervention

	Covello	Luncheon Club	All
Systolic Blood Pressure M0 Mean	M=137.62 (98, 191) SD=20.5 n=45	M=138.15 (101, 175) SD=16.97 n=39	M=137.87 (98, 191) SD=18.8 n=84
Systolic Blood Pressure M1 Mean	M=135.29 (98, 191) SD=17.09 n=41	M=129.65 (100, 156) SD=16.24 n=20	M=133.44 (98, 191) SD=16.9 n=61
Mean Change	-2.66 n=41 SD=19.56	-8.0 n=20 SD=16.90	-4.41 n=61 SD=18.76
P-value	t=-0.87 p=.3893	t=-2.12 p=.0478*	t=-1.84 p=.0713
JNC-8 Controlled M0	71.1%	64.1%	67.9%
JNC-8 Controlled M1	80.5% ($\chi^2=2.67$, p=.1025)	90% ($\chi^2=0.33$, p=.5637)	83.6% ($\chi^2=2.78$, p=.0956)
Systolic Blood Pressure M3 Mean	M=134.79 (105, 165) SD=13.99 n=34		
JNC-8 Controlled M3	79.4%		

Table 5A: Frequency of Home Blood Pressure Monitoring

Time Period	Median # of days in which participant obtained at least one home BP (Min, Max)		
	Covello	Luncheon Club	All
DASH Diet Day 1* – Month 1 (30 Days)	MDN = 14** (1, 30) (Mean % = 59.75) N=44	MDN = 21 (1, 30) (Mean % = 56.76) N=32	MDN = 15 (1, 30) (Mean % = 58.49) N=76
Month 1 to Month 3 (62 Days)	MDN = 30.5 (0, 56) (Mean % = 46.12) N=42	MDN = 41 (2, 61) (Mean % = 56.60) N=22	MDN = 35 (0, 61) (Mean % = 49.72) N=64
Month 3 to Month 6 (92 Days)	MDN = 43.5 (0, 89) (Mean % = 46.60) N=38	MDN = 46 (1, 76) (Mean % = 42.91) N=25	MDN = 45 (0, 89) (Mean % = 45.13) N=63
DASH Diet Day 1* – Month 6 (183 Days)	MDN = 103 (3, 154) (Mean % = 53.77) N=35	MDN = 89 (5, 162) (Mean % = 48.70) N=25	MDN = 100.5 (3, 162) (Mean % = 51.66) N=60

*DASH Diet Day 1 is one month prior to the Month 1 cutoff date for each site and is when the DASH Diet Implementation started.

Pre-publication data. Please do not share.

**Some Covello participants received their monitor after DASH Day 1. Most Luncheon Club participants received monitors in advance of DASH Day 1. Median days in possession of monitor Day1-Month1: Covello: 22, Luncheon Club: 30.

Table 5B: Mean days/week Participants Took At Least One Self-Monitoring Home Blood Pressure Measurement

Time period	Mean # of days/week that participant took at least one Self-Monitoring Home BP measurement		
	Covello	Luncheon Club	All
DASH Diet Day 1 to Month 1	2.74 \pm 1.71 n=44	3.67 \pm 2.58 n=32	3.12 \pm 2.15 n=76
Month 1 to Month 3	2.96 \pm 1.92 n=42	3.70 \pm 2.32 n=22	3.22 \pm 2.08 n=64
Month 3 to Month 6	3.39 \pm 2.06 n=38	2.89 \pm 1.91 n=25	3.19 \pm 2.00 n=63
DASH Diet Day 1 – Month 6	3.32 \pm 1.44 n=35	3.30 \pm 1.95 n=25	3.31 \pm 1.66 n=60

Pre-Publication Data. Please do not share.

Includes participants who were still on study completing surveys but did not submit Home BP measurements

DASH Meal Attendance

Time Periods	Mean Number of CBN Congregate Meals Participants Attended DASH Day 1- Month 1		
	Covello	Luncheon Club	All
30 Days Pre DASH Day 1			
DASH Day 1 – M1	18.89 ± 10.28	12.11 ± 5.61	15.55 ± 8.94
M1 – M3			
M3 – End			
DASH Day 1 – End			



Meal Satisfaction

Menu Satisfaction, before and after DASH implementation

Smiley Likert Card:

Overall, how were the meals this week? Mark your choice with a ✓

En general, ¿cómo estuvieron las comidas esta semana? Marque su elección con un ✓.



Any other comments about the meals this week?

¿Algún otro comentario sobre las comidas de esta semana?



Meal Satisfaction - Covello Congregate Lunch - Pre/Post DASH Implementation October 15th

Response sample, mean n=55 (35-78)

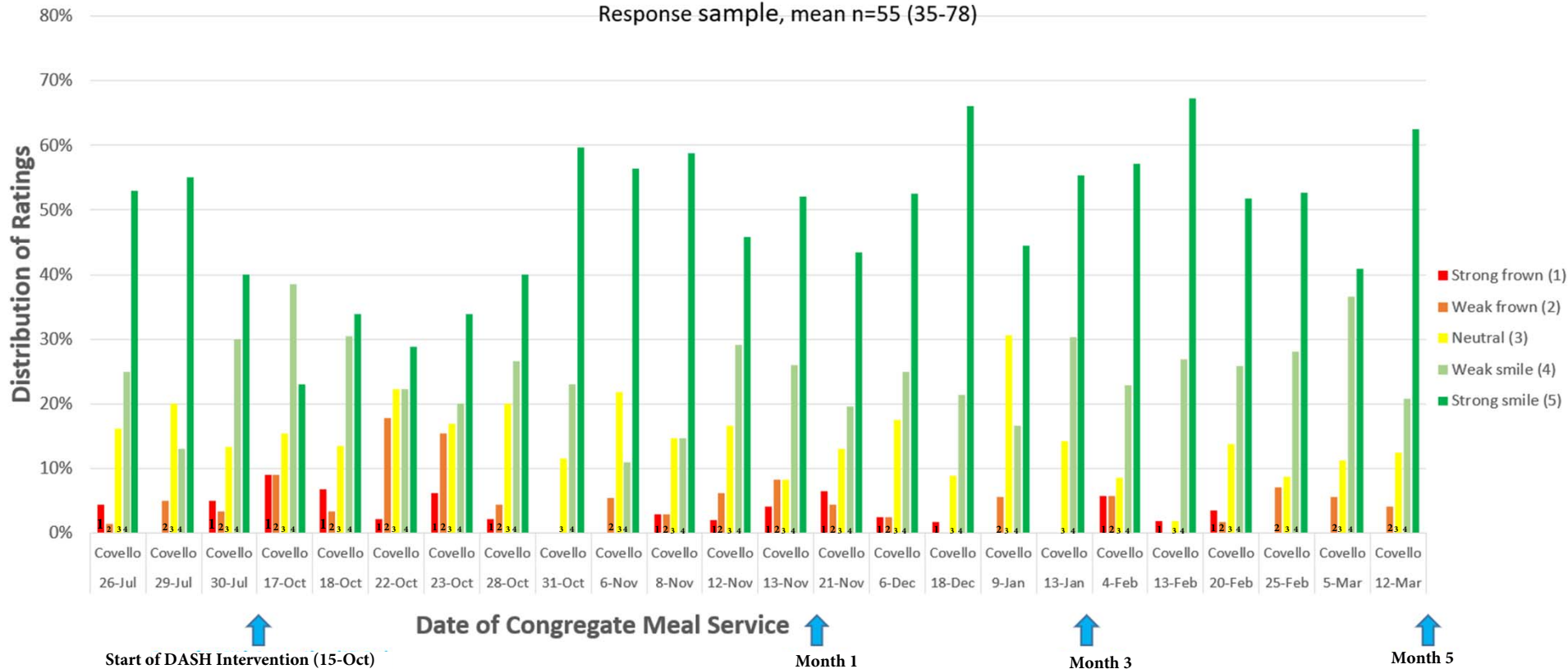


Plate Waste Assessment

Data collection tool.....










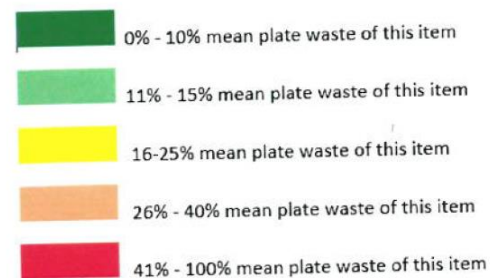
Record ID		29				
Percentage is the amount of food remaining on the plate, not the amount consumed.						
Plate Waste Data						
		0%	25%	50%	75%	100%
Protein →	flounder 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grain 1 →	brown rice 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grain 2 →	whole grain bread 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veggie 1 →	Baby carrots 	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veggie 2 →	steamed spinach 	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit 1 →	apple 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit 2 →	Mandarin oranges 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Plate Waste Data



Date	Proteins		Grains				Vegetables				Fruits			
	foodp1	wastep1	foodg1	wasteg1	foodg2	wasteg2	foodv1	wastev1	foodv2	wastev2	foodf1	wastef1	foodf2	wastef2
10/17/2019	pepper steak	0.0	linguine	7.5	linguine	6.3	broccoli	7.5	broccoli	3.8	peach	0.0	kiwi	0.0
10/18/2019	flounder	3.8	brown rice	1.3	whole grain bread	3.8	Baby carrots	20.0	steamed spinach	26.3	apple	0.0	Mandarin oranges	0.0
10/22/2019	salmon	6.3	whole wheat bread	0.0	veggie barley	30.0	california blend vegetables	11.3	veggie barley	28.8	apple	0.0	canned apricots	10.0
10/23/2019	Western frittata	6.3	barley chickpea salad with dried fruit	26.3	whole wheat bread	11.3	sautéed asparagus	25.0	Western frittata	7.5	banana pudding	0.0	.	.
10/23/2019	sancocho	26.3	brown rice	46.3	whole grain wheat bread	0.0	vegetable mix	45.0	.	.	tangerine	3.8	raisins	0.0
10/28/2019	flounder	0.0	brown rice	21.3	quinoa	31.3	Italian blend vegetables	15.0	spinach	31.3	apple	0.0	fruit cocktail	0.0



PROMIS Social Isolation Survey (Short Form 4a)

TIME POINT	MEAN ADJUSTED T-SCORE \pm SD (N)*		
	Covello	Luncheon	All
BASELINE	43.48 \pm 7.75 (n = 44)	46.20 \pm 10.2 (n = 39)	44.76 \pm 9.02 (n = 83)
MONTH 1	43.49 \pm 8.33 (n = 40)	48.59 \pm 9.34 (n = 29)	45.63 \pm 9.06 (n = 69)
MONTH 3	43.45 \pm 9.07 (n = 36)	52.47 \pm 14.25 (n = 6)	44.74 \pm 10.25 (n = 42)
MONTH 6	45.47 \pm 8.45 (n = 35)	46.13 \pm 8.6 (n = 19)	45.71 \pm 8.45 (n = 54)

- T-score is compared to a larger study done on the US population where the mean T-score was M=50, SD=10*

Participants Who Met Criteria for Depressive Symptoms (PHQ-2)

<i>Time Point</i>	Criteria Met For Depression (% , n)		
	Covello	Luncheon Club	All
<i>Baseline</i>	3 (6.7%, n = 45)	2 (5.1%, n = 39)	5 (6%, n = 84)
<i>Month 1</i>	2 (4.9%, n = 41)	0 (0%, n = 25)	2 (3%, n = 66)
<i>Month 3</i>	5 (13.9%, n = 36)	2 (33.3%, n=6)	7 (16.7%, n=42)
<i>Month 6</i>	7 (24.1%, n = 36)	0 (0%, n = 20)	7 (12.5%, n = 56)



Pending Analyses

- Surveys: CCI, FBC, NHANES, AUDIT, GATS, Medication Adherence Self-Efficacy/Likert, Healthcare Utilization, BP Medications
- Meal attendance data
- Class attendance data
- Qualitative Analysis of Barriers and Facilitators of Home BP Measurements
- Subset analysis comparing seniors who shared BP with provider versus those who didn't
- Plate waste, changes to menu, food costs
- Regression models



Advisory Committee Feedback and Recommendations



Next Steps

Upcoming

- Complete data analyses- Jan. 2021
- Completion of Final Report- Feb. 2021

Key Dissemination

- Share Final Report with CBN Board
- Share Final Report with Advisory Committee
- Participant Town Hall- Return of Results- Feb. 2021
- Manuscripts, Conference Presentations

Advisory Committee Recommendations- Dissemination

Venue	Dissemination							Target Audience							Presenters						
	Poster	Oral	Newsletter	Brief	Report	Web	Replication Tools	Academic Investigators	Practicing clinicians	Community /participant Aging	service network providers	Nutritionists	Policy Makers	Sponsor	RU	CDN	CBN	Participants	DFTA	AC Members	Vital Care
LiveOnNY Jan. 2021 (abstract submitted)		Y									Y		Y		Y	Y	Y				
Association for Clinical and Translational Science Mar. 2021 (abstract submitted)	Y							Y							Y	Y	Y				
American Society on Aging Apr. 2021 (abstract submitted)		Y									Y		Y								
Final Results to Advisory Committee Dec. 2021		Y		Y											Y	Y	Y				
Return of Results Jan. 2021		Y	Y							Y					Y	Y	Y				
One-Page Policy Brief 2021				Y									Y		Y	Y	Y				
Final Progress Report Mar. 2021					Y	Y	Y				Y	Y	Y	Y	Y	Y	Y				
CBN Board 2021		Y		Y							Y				Y	Y	Y				
N4A w/DFTA Jul. 2021		Y		Y							Y		Y		Y	Y	Y				
INNU Grantee Virtual Convening Jun. 2021		Y				Y					Y			Y	Y	Y	Y				
Gerontological Society Nov. 2021		Y						Y			Y				Y	Y	Y				
Academy of Nutrition and Dietetics Oct. 2021	Y							Y				Y			Y	Y	Y				
National Association of Nutrition and Aging Services Programs May 2021	Y							Y				Y			Y	Y	Y				
International Day of the Older Person at the United Nation Oct 1. 2021		Y		Y									Y		Y	Y	Y				
UES Community Newsletter-Reach out to RU CPA			Y							Y					Y	Y	Y				
National Council on Aging (Age + Action) Jun. 2021		Y									Y		Y				Y				

DASH Intervention - Project Collaborators and Contributors

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**New York State Dept. of Health

Thank you!

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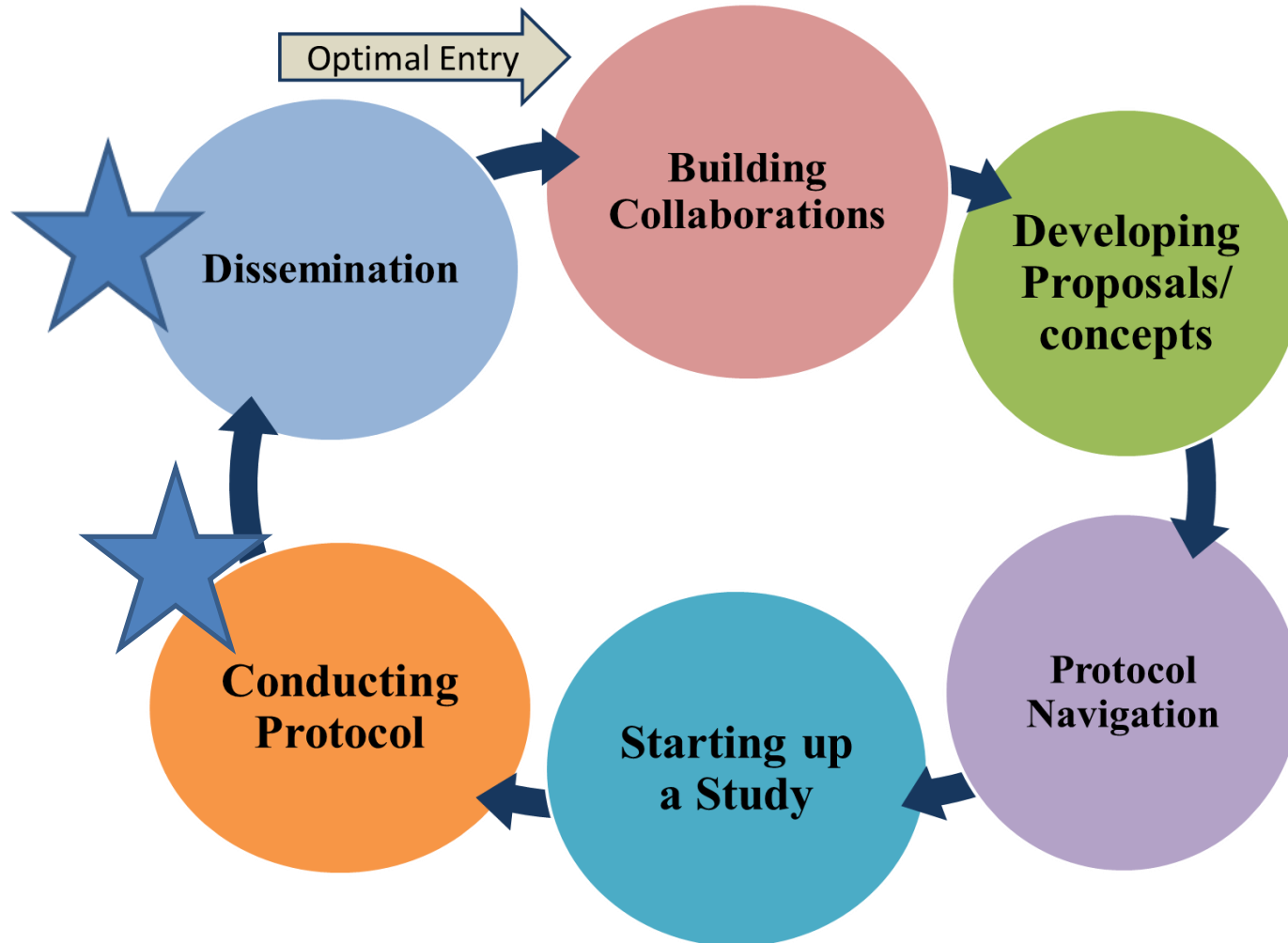
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Extra Slides

Community-Engaged Research Navigation





Meal Satisfaction - Covello Congregate Breakfast - Pre/Post DASH Implementation Oct 15th

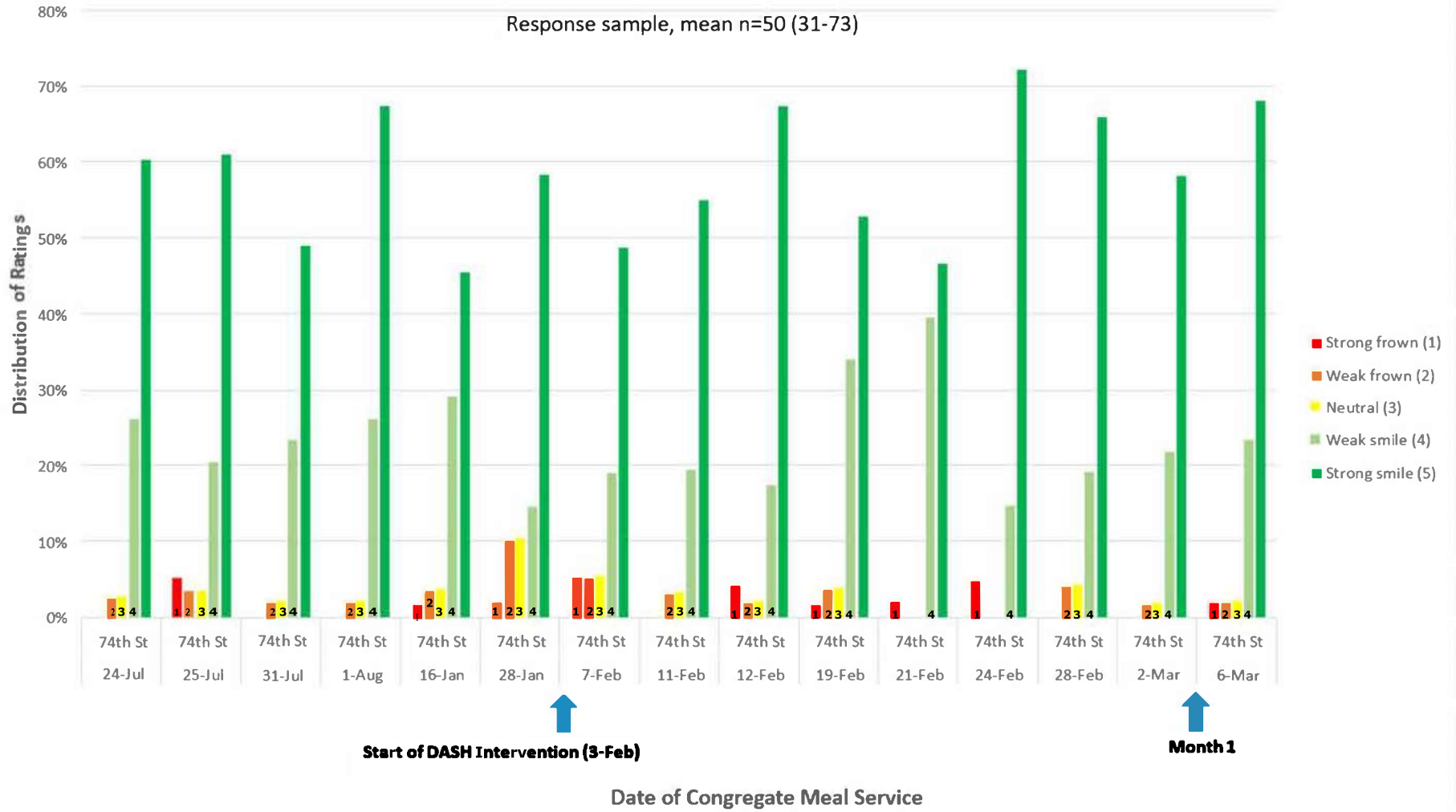
Response sample, mean n=33 (21-43)





Meal Satisfaction - Luncheon Club Congregate Lunch - Pre/Post DASH Implementation February 3rd

Response sample, mean n=50 (31-73)



DASH Nutrition Education Class



Rockefeller University Bionutrition Registered Dietician conducts the first DASH nutrition education class.

DASH Intervention

Celebration of the Chefs!



December 19, 2019: The Project Team celebrating the efforts of the Chefs and food services staff in implementing and sustaining the DASH-aligned menus for the study. The was selection of DASH-aligned treats was served. We were joined by a special guest Kathleen Otte, Administration on Community Living, Regional Administrator, Region I & II.

DASH Intervention Team and Advisory Committee



October 2019: The Project Team and Advisory Committee members are wearing the study's signature orange Healthy Eating Healthy Heart aprons.