DGIM Project Summary

(1 page preferred, 2 pages maximum)

Name of Project: Photos to Promote Health: Pilot Study of a Photovoice based Intervention for Dietary Change in the Ambulatory Care of Older Adults

Investigator(s). (Include phone numbers and email address, indicate PI and primary contact) PI and Primary Contact: Jane Jih, MD, jane.jih@ucsf.edu Co-PI: Tung Nguyen MD tung.nguyen@ucsf.edu, Anna Napoles PhD anna.napoles@ucsf.edu,Christine Ritchie MD christine.ritchie@ucsf.edu

Research question(s): The aim of this proposed study is to assess the feasibility, acceptability and potential impact of incorporating Photovoice as a communication and assessment tool for dietary change among older patients in the primary care setting.

Brief Background/Significance: Photovoice is a qualitative methodology which involves a) photo taking by participants to show their experiences relevant to a health issue and b) dialogue, reflection and action around the issue through sharing of photos. While Photovoice (has been used in community-based research, it has not been tested in geriatric primary care as a communication and assessment tool to help primary care physicians (PCPs) and older adult patients address dietary changes within clinical practice.

Inclusion/exclusion criteria (list): In this study, we will recruit 6-10 patient-primary care physician (PCP) dyads from the UCSF General Medicine Practice with a planned primary care visit within the next 3 months. Inclusion criteria for patients include age 65-85 years old, speak English, Spanish or Chinese (Mandarin or Cantonese), have at least 1 diet-sensitive condition (e.g. hypertension, diabetes, heart disease, obesity) and has a primary care visit with their PCP within the next 3 months.

Inclusion criteria for PCPs include physician status within the practice (attending or resident) and language concordance with the patient participant.

Exclusion criteria for patient participants are any conditions precluding use of a smartphone and understanding informed consent.

Method of contact/recruitment (be specific): To recruit patient participants, we will post recruitment flyers that include eligibility criteria in the General Medicine Practice which is located at 1545 Divisadero anad 1701 Divisadero. Interested patient participants may contact the research team by phone to confirm eligibility. To reflect the diversity of patients in the practice, we will aim to recruit a diverse sample of patients representing major racial/ethnic groups (non-Hispanic White, African American, Latino, Asian) and languages (English, Spanish, Chinese (Mandarin/Cantonese).

After informed consent is obtained from an eligible patient, we will approach the patient participant's primary care physician by email to see if he/she is interested in participating in the study. If the physician participant expresses interest in participating, we will verify eligibility. If we do not receive a response via email, we will resend the email and/or approach potential physician participants in person.

Benefits/burden for participants (clearly identify potential for harm): There may be some potential personal discomfort discussing dietary behaviors and related medical conditions such as obesity, diabetes and heart disease. Discussion of dietary behaviors may reveal socio-economic stressors including food insecurity and housing instability. However, none of the content to which patients are exposed in this study falls outside the scope of

regular healthcare practice. In other words, this research project does not expose human subjects to any subject matter that would not be discussed during primary care visit. All participants will be reminded that they do not have to discuss, answer, or do anything they are uncomfortable with doing and can withdraw from the study at any time. Participants feeling distressed at any point during the study will be promptly referred to the research team for evaluation and referred to resources as needed. The research team includes Drs. Jih and Nguyen, who are both practicing internists, and Dr. Ritchie, who is a practicing geriatrician and palliative care physician. Audio-recording and having another person observe a clinic visit may make participants uncomfortable. However, audio-recording may be discontinued at any time and the observer in the clinic visit may leave at any time.

Any benefits or burden to DGIM practitioners? Providers may have some potential personal discomfort discussing dietary behaviors which may reveal socio-economic stressors including food insecurity and housing instability. Audio-recording and having another person observe a clinic visit may make participants uncomfortable. However, audio-recording may be discontinued at any time and the observer in the clinic visit may leave at any time.

Timeline for recruitment (projected start and stop dates)

Recruitment starting ~ March 15, 2016 Stop date ~ March 15, 2017 or earlier when goal sample size is attained

Funding source: UCSF Claude D Pepper Older Americans Independence Center Pilot Funding

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular)

Yes, it would be wonderful to have a DGIM resident or fellow involved in the study especially those that are bilingual (English/Spanish or English/Cantonese).

Do you agree to notify us when recruitment is completed? Yes

Date form completed: February 16, 2015