

DGIM Project Summary

Name of Project:

Pilot Study of eHealth Medication Messages for Latino Patients with Diabetes and Their Families

Investigator(s):

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Research question(s):

This project will improve the health of Latino adults with diabetes by translating and culturally adapting electronic health messages promoting effective medications that are indicated for specific patients but are not yet prescribed. Existing English-language electronic ("eHealth") messages targeting non-Latino patients require adaptation for Latino patients and their families. In the current project, we propose to translate, culturally adapt, and pilot test these materials among Latino patients with diabetes.

Aim 1. Translate and culturally adapt eHealth medication messages for Latino patients with diabetes and their families. We will translate existing English-language materials into Spanish (to make them bilingual) and culturally adapt them for Latino audiences, including patients and the family members they trust and depend upon for disease management support.

Aim 2. Evaluate messages for acceptability and potential impact on control of diabetes and associated cardiometabolic conditions. We will evaluate the adapted messages in focus groups and semi-structured interviews conducted in English and Spanish with Latino patients, the family members they identify as involved in their care, and primary care providers. *We hypothesize that the eHealth messages will increase patient engagement, receptivity to indicated medications, and likelihood to discuss them with primary care providers*

Brief Background/Significance:

Patient engagement in self-care activities, particularly those of effective medication management, can prevent disease progression, diabetes complications (e.g., amputations, chronic kidney disease), and other catastrophic outcomes (e.g., myocardial infarction) for which these patients are at increased risk. Yet indicated medications are often not prescribed or taken by patients. The proposed research will translate and culturally adapt for Latino patients with diabetes existing eHealth messages on medication classes crucial for such patients.

Communications approaches that include bilingual materials (Spanish as well English) and that have been culturally adapted for Latino audiences are more effective than non-adapted materials. Involvement of trusted family members within the communication and care network boosts patient trust in providers and the likelihood of successful self-care practices, including medication management. New electronic health communications technologies that build from these principles have the potential to reduce health disparities among Latino patients with diabetes.

Inclusion Criteria

- Adult patients
 - Age 18 or older
 - Latino
 - Diagnosis of diabetes
 - Speak Spanish or English
- Family members of the patients
 - Identified by participating adult patient
 - Speaks Spanish or English

Exclusions:

- Severe medical condition or medical comorbidities that require aggressive treatment that might limit ability to participate: e.g., advanced liver failure
- Diagnosis of a terminal illness and/or in hospice care
- Poor vision or hearing
- At the discretion of their primary care clinician

- Investigator discretion for safety or protocol reasons

Method of contact/recruitment (be specific)

We will send a recruitment letter signed by the PI with a pre-stamped return postcard, which will give the patient an option to opt out of the study. If patient sends back the postcard stating he or she is unwilling to participate, we will not contact them any further. The patient will also have the option to call or email the study coordinator or PI to opt out the study. If we do not receive a response within 3 weeks, we will telephone the patient to perform a phone screen to confirm eligibility and interest in participation.

Patient participants will also receive the copy of a recruitment letter that they can give to a family member if they choose to do so. The letter for the family member invites them to participate in the study as well. They are asked to contact the study coordinator or PI if they are interested in hearing more and potentially participating.

Benefits/burden for participants (clearly identify potential for harm)

Subjects may experience the benefit of better health behavior including activation to discuss with their primary care clinicians potentially indicated medications for improved diabetes management or reduction of their risk for cardiovascular morbidity or mortality. Given that this is a behavioral intervention designed to activate and educate patients about potentially useful medications and to prompt them to have a discussion about their diabetes and medications with their primary care providers, we believe the risks are low to minimal. However, we cannot rule out the possibility that some of the eHealth messages may produce uncomfortable feelings or other discomfort.

Any benefits or burden to DGIM practitioners?

There is no guarantee or promise that DGIM practitioners will receive any personal benefits from this study; however this study may improve our scientific knowledge regarding the management of diabetes, and thereby inform the future development of tailored health messages and interventions for Latino patients and their families. It is also possible that participation may prompt more conversations between physicians and patients regarding diabetes.

Timeline for recruitment (projected start and stop dates)

Have IRB approval for September 2nd 2017- September 1st 2018

Funding source

NIDDK grant to Kaiser with subcontract to Dr. Yank at UCSF. Kaiser is the lead institution of the Health Delivery Systems - Center for Diabetes Translational Research (HDS-CDTR). Center partners include Kaiser Permanente Northern California, HealthPartners Institute for Education and Research, University of California San Francisco, and Harvard Pilgrim Health Care Institute

Potential for DGIM collaborators?

Yes—Dr. Yank would be thrilled to work with residents or fellows.

Do you agree to notify us when recruitment is completed?

Yes.

Date form completed:

September 15, 2017