DGIM Project Summary

Name of Project:
Pilot Study of Health Messages for Latino Patients with CKD and Their Families

Investigator(s). (Include phone numbers and email address, indicate PI and primary contact)

PI/Primary Contact:

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Research question(s):
This project will improve the health of Latino adults with chronic kidney disease (CKD) by culturally and linguistically 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. We will adapt existing eHealth messages to be bilingual and culturally-appropriate and then deliver and evaluate them for acceptability and impact among Latino patients with CKD.

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:
Latinos adults with chronic kidney disease (CKD) are one and a half times more likely than others to advance to end stage renal disease, which requires dialysis or kidney transplantation. However, interventions that promote kidney health and are culturally and linguistically adapted for Latino populations remain extremely limited and understudied. Among the 24,000 patients who receive their primary care at the Mount Zion Division of General Internal Medicine (DGIM) Clinics, 9% self-identify as Latino. Approximately half if these are Spanish speaking. Among these patients, an estimated 300 have chronic kidney disease. Many others are likely to develop chronic kidney disease in the future because diabetes and hypertension are the leading causes of chronic kidney disease, and these conditions are common among Latino patients served by the Mount Zion clinics. Research evidence has identified that Latino patients are less likely than non-Latinos to be taking guideline concordant medications such as kidney protective medicines (i.e., ACE inhibitors and angiotensin receptor blocker medications) or certain cardiovascular disease treatments. Part of this disparity in care may be attributed to a lack of effective health education materials tailored for Latino patients. For Latino patients with CKD, the lack of effective health education materials may hinder kidney care by reducing uptake of guideline recommended medications and health care practices. Tailored educational strategies that are relevant to Latino patients and their families may help overcome these barriers to effective care. Health interventions that are culturally and linguistically adapted are more effective than non adapted ones—as shown in studies of medication adherence and multiple chronic conditions with relevance to CKD (e.g., diabetes). Furthermore, other studies have shown that interventions for Latino patients should build from the strong family orientation of Latino culture ("familismo"), in which disease management of family members is often considered to be a family/group responsibility. Yet Latino focused interventions have rarely involved family members.

Inclusion/exclusion criteria (list)
Inclusion:

Patients:

1) self-identify as Latino,
2) age 18 years and older,
3) speak English or Spanish
4) receive primary care at UCSF and have been seen for a visit in the past 24 months, and have moderate CKD—defined for the purpose of this study as having one or more of the following:
    - estimated glomerular filtration rate (eGFR) of 44 mL/min/1.73m2 or lower (stage 3b to 5 CKD) on repeated measures at least 90 days apart
    - eGFR 45 59 (stage 3a) on repeated measures and also with risk factors for CKD progression of poorly controlled hypertension (>140/90 mmHg) or diabetes (hemoglobin A1c > 7.5%)
    - persistent albuminuria (30 mg/g or greater)

5) able and willing to enroll and provide informed consent

Family members:
1) age 18 years and older,
2) speak English or Spanish, and
3) able and willing to enroll and provide informed consent

Providers: are adult primary care providers at UCSF
Exclusion:
1) their primary care provider does not think they are appropriate to approach,
2) have a diagnosis of cancer (other than non-melanoma skin cancer) that is active,
3) have a diagnosis of a terminal illness and/or in hospice care,
4) have dementia
5) have visual or hearing impairment limiting their ability to participate
6) discretion of PI (e.g., observation of behavioral problems that might impair focus group or 1-on-1 interactions)

Method of contact/recruitment (be specific)

1) Patient participants

Potential patient participants will receive a paper mail recruitment letter containing and "opt out" self-addressed stamped postcard that they can use to opt out of further study contact. The recruitment letter will invite them to telephone or email the study PI (Dr. Yank) and/or coordinator (Ms. Barajas) to learn more. It will also state that they may be contacted by study personnel by phone within 2-3 weeks if no opt-out card or other communication is received.

2) Family member participants

Patient participants will be asked to share a family member recruitment letter with interested family members if they want to do so. The family member recruitment letter will invite interested family members to telephone or email the study PI (Dr. Yank) and/or coordinator (Ms. Barajas) to learn more about the study.

3) Physician participants

Dr. Yank will email potential physician participants an invitation letter to participate in the study.

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

Participants may experience the benefit of better health behavior including activation to discuss with their primary care clinicians potentially indicated medications for improved CKD management. Given that this is a qualitative study whose intent is to develop culturally and linguistically appropriate medication messages for Latino patients with CKD, we believe the risks are minimal. However, we cannot rule out the possibility that some of the messages may produce uncomfortable feelings or other discomfort.

Any benefits or burden to DGIM practitioners?

DGIM clinicians will be emailed a list of their potentially eligible patients and asked to review it and exclude any we should not approach for recruitment into the study. Other than that, likely no other benefits or burdens at this time.

Timeline for recruitment (projected start and stop dates)

- September 2018: Send recruitment letters to providers
- October 2018: Send recruitment letters to potential participants
- November 2018-March 2019: Host focus groups and interviews with eligible participants
- April 2019-June 2019: Study close out

Funding source

Mt. Zion Health Fund

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

Not at this time.

Do you agree to notify us when recruitment is completed?

Yes, we agree to notify DGIM when recruitment is completed.

Date form completed: 08-14-18