Name of Project: Developing and Implementing a Heart Healthy Integrative Nutrition Counseling Guide for Chinese American Patients

Investigator(s).
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Research question(s):
Aim 1: Create a Chinese – English heart healthy integrative nutritional counseling guide that adheres to current biomedical nutrition standards and Chinese medicine principles and is acceptable to biomedical providers and Chinese American patients with cardiovascular disease.

- First in Part A, we will conduct approximately 30-60 minute one-on-one audio-recorded cognitive interviews with 6-12 Chinese medicine providers or lay experts without a license (in their language of choice: English or Chinese (Cantonese or Mandarin)) that have expertise and experience regarding Chinese medicinal foods and heart-related conditions. This does not involve DGIM.
- Second in Part B, we will conduct approximately 30-60 minute one-on-one audio-recorded interviews with 8-12 licensed biomedical healthcare providers (including but not limited to general internists, nurse practitioners, dietitians/nutritionists, cardiologists, neurologists and nephrologists) and licensed Chinese medicine providers (approximately 4-6 of each type of provider) that care for Chinese American patients with cardiovascular disease. This may involve DGIM practitioners.
- Third in Part C, we will conduct audio-recorded focus group interviews in Chinese language (Cantonese or Mandarin) with DGIM Chinese American patients with cardiovascular disease defined broadly as hypertension, stroke, dyslipidemia, coronary heart disease and congestive heart failure. This will involve DGIM patients.

Aim 2: Implementation and dissemination of the integrative nutritional counseling guide through patient education sessions to Chinese Americans at Mt Zion DGIM, 1-3 provider education sessions at Mt Zion DGIM and online.

Brief Background/Significance:
Asian Americans constitute the fastest growing racial/ethnic group in the U.S. and the largest group is the Chinese, 69% of whom are immigrants and 46% of whom have limited English proficiency. Cardiovascular health is an under-addressed health issue among Chinese Americans who have a greater proportionate mortality compared to non-Hispanic whites for hypertensive heart disease and cerebrovascular disease. Chinese Americans also eat less than the recommended amounts of vegetables and fruits and less than half adhere to a low-salt diet. Furthermore, Chinese Americans with cardiovascular disease may use both a Western biomedical and a Chinese medicine/Chinese medicinal foods approach to the treatment and maintenance of their cardiovascular health, often without consulting their healthcare providers about their culture-based health practices. Providers are also often uncertain as to how to best advise their patients that apply both a biomedical and integrative approach to their health because there are few resources available that integrate Chinese medicine and biomedicine for nutrition.

Inclusion/exclusion criteria (list)
Aim 1 Part A Inclusion Criteria:
1) Licensed Chinese medicine providers or lay experts in Chinese medicine without a license
2) Expertise and experience with Chinese medicinal foods and cardiovascular disease
Aim 1 Part B Inclusion Criteria:
1) Licensed Chinese medicine or biomedical provider
2) Provide healthcare to Chinese Americans with cardiovascular disease
Aim 2 Part C Inclusion Criteria:
1) Self identify as Chinese or Chinese American and preferred language for healthcare interactions is Chinese
2) Have a heart related condition including high blood pressure, heart disease, stroke or high cholesterol
3) Have used some form of Chinese medicine treatment or used Chinese medicinal foods or principles for health in the last 12 months
4) Age 18 or older

Aim 1 Exclusion Criteria across all parts of Aim 1:
1) Hearing impairment, cognitive impairment or mental illness sufficient to interfere with participation in one-on-one interviews or focus groups.

Part A Additional Exclusion Criteria:
1) Licensed Chinese medicine providers and/or lay experts in Chinese medicine without a license WITHOUT expertise and experience with Chinese medicinal foods and cardiovascular disease

Aim 2: There are no specific inclusion or exclusion criteria.

**Method of contact/recruitment (be specific)**
Aim 1 Part A: Referrals from colleagues, referrals from community, advertisements including email
Aim 1 Part B: Referrals from colleagues, referrals from community, advertisements including email
Aim 1 Part C: Working with the UCSF DGIM Quality Improvement Analyst skilled in running APeX reports, we will identify Chinese American patients in the DGIM practice that report a preferred language of Chinese (including Cantonese and Mandarin) and carry a diagnosis of a cardiovascular health condition including hypertension, stroke, dyslipidemia, and coronary heart disease. Chinese American patients from the DGIM practice that meet these criteria will be mailed a letter inviting them to contact the research team by phone if they are interested in participating in the study.

Aim 2: Advertisements, word of mouth

**Benefits/burden for participants (clearly identify potential for harm)**
Benefits include positive health outcome, health and lifestyle changes may occur, knowledge may be gained and feeling of contribution to knowledge. There may be some potential personal discomfort discussing dietary behaviors and related heart conditions in relation to the heart healthy integrative nutritional counseling guide. The discussion may reveal socioeconomic stressors including food insecurity and housing instability and personal and cultural preferences for dietary behaviors and managing chronic cardiovascular disease. 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 a primary care or traditional Chinese medicine visit. The main potential risks to participants are loss of confidentiality and invasion of privacy.

**Any benefits or burden to DGIM practitioners?**
DGIM practitioners that care for Chinese American patients may benefit from the Heart Healthy Integrative Nutrition Counseling Guide and incorporate it in the care of these patients. There are no specific burdens for DGIM practitioners to participate in the project.

**Timeline for recruitment (projected start and stop dates)**
The duration of the study is 1-2 years and we expect to start the Mt. Zion DGIM phase in December 2016. Anticipated stop date is December 2017.

**Funding source**
Mount Zion Health Fund

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

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

**Date form completed:** November 16, 2016