Feasibility of mobile technology for monitoring dietary intake in resourcelimited communities: Investigating digital food records in the CV Health and Needs Assessment in Washington, D.C

### Leah R. Yingling

IRTA Research Fellow Powell-Wiley Research Lab Cardiovascular and Pulmonary Branch Division of Intramural Research, NHLBI





## Mobile Health Technologies May Reach Low SES Communities Outside The Clinical Setting



- Less is understood about incorporating mHealth technology in community-based interventions
- Need to account for resource limitations when using technology in community-based interventions

Asch DA et al, NEJM 2012; Burke LE, et al., AJPM 2012; Cortez NG, et al. NEJM; Bennett GG, et al. Obesity Reviews



# **OBJECTIVE**:

# To evaluate the feasibility of a **digital food record** among church-based populations in resource-limited Washington, D.C. wards



### Washington D.C. CV Health and Needs Assessment

- Participants (n=18) from churches in Wards 5, 7, and 8
- Photo-documented
  3-day dietary intake
  using a digital food
  record on a Wi-Fi dependent, mobile
  device





Source: Joy Phillips, 2005-2009 American Community Survey – Key Demographic Indicators (Washington, D.C.: D.C. State Data Center, 2011).

# Participants Received an Instruction Manual and Device With Pre-loaded App

Cardiovascular Health and Needs Assessment in Washington D.C.

#### FitNinja Instruction Manual

FitNinja is a mobile app (program) that lets you record your meals throughout the day. You will use the FitNinja for two separate assignments.

- You will be required to use FitNinja to keep a 3-day detailed food record. You will need to take a picture of all of your food items before you begin your meal/snack and a picture of any remaining food items after you finish your meal/snack. For each meal/snack, you should have at least two pictures. You should take pictures of your meals for at least 3 days in a row (with a least one weekend day and two weekdays).
- 2. You can also use FitNinja to log your meals for the duration of the study.
- 3. You will need Wi-Fi connectivity to use FitNinja.

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# Participants Had Several Additional Options for Logging Their Meals



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# **FEASIBILITY:**

# Successfully capturing **before and after images** for **at least two meals** (i.e. breakfast, lunch, dinner, or snack) on **three days**

![](_page_8_Picture_2.jpeg)

# Most Participants Photo-Documented Their Meals

![](_page_9_Picture_1.jpeg)

# Average # Logged Meals/Day = 2.8 ± 0.8

![](_page_9_Picture_3.jpeg)

## **Over Half Captured At Least One Photo For 2** Meals/Day For 3 Days

![](_page_10_Picture_1.jpeg)

![](_page_10_Picture_2.jpeg)

## Few Participants Captured Meal Data as Directed

![](_page_11_Picture_1.jpeg)

(i.e. before AND after photos for 2 meals/day for 3 days)

![](_page_11_Picture_3.jpeg)

# Participants Typically Captured 'Before' Photos and Forgot 'After' Photos

![](_page_12_Picture_1.jpeg)

#### Dinner - "For dinner I am eating a veggie burger

![](_page_12_Picture_3.jpeg)

National Heart, Lung, and Blood Institute

# Participants Typically Captured 'Before' Photos and Forgot 'After' Photos

![](_page_13_Picture_1.jpeg)

#### Lunch - "basil pesto chicken and chili"

![](_page_13_Picture_3.jpeg)

### **Photo Quality Varied Across Participants**

![](_page_14_Picture_1.jpeg)

### **Good Quality**

![](_page_14_Picture_3.jpeg)

#### **Poor Quality**

![](_page_14_Picture_5.jpeg)

# Meal Categorization was an Issue for Some Participants

![](_page_15_Picture_1.jpeg)

## Snacks -

![](_page_15_Picture_3.jpeg)

# Conclusions

- Most participants photo-documented their meals for the required 3 days
- However, they were less successful at including BOTH before and after meal photos

Implementing digital food records specifically requires training or reminders on the importance of before and after photos to ensure greater accuracy in dietary intake data.

![](_page_16_Picture_4.jpeg)

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#### Study Participants

#### Co-Authors

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- Tiffany Powell-Wiley, MD, MPH, National Heart Lung and Blood Institute, National Institutes of Health

# **Questions?**

#### leah.yingling@nih.gov tiffany.powell@nih.gov

![](_page_17_Picture_18.jpeg)