

2016

## PUBLIC HEALTH BRIEFS: 22nd Annual Research Day Department of Family Medicine & Public Health Sciences

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**PUBLIC HEALTH BRIEFS**

**22<sup>nd</sup> Annual Research Day**

**Department of Family Medicine & Public Health Sciences,**

**Wayne State University, Detroit, Michigan**

**April 12, 2016**

The Wayne State University Department of Family Medicine & Public Health Sciences 2016

Research Day provided an opportunity for public health researchers and practitioners to join with their colleagues in primary care in presenting translational research and practice. Presenters were invited to submit their abstracts for publication in the *Michigan Journal of Public Health*.

## FACTORS INFLUENCING TREATMENT CHOICE & DECISIONAL QUALITY IN

### A POPULATION-BASED SAMPLE OF BLACK AND WHITE MEN WITH LOCALIZED PROSTATE CANCER

**Presenter:** *Felix S. Yang, MD and Elyse Reamer, BS*

**Research Mentor:** *Jinping Xu, MD, MS*

#### **Background**

Optimal treatment for localized prostate cancer (LPC) is controversial. We assessed the effects of race, personality, specialists seen, and involvement of family and/or friends on treatment decision and qualities of the decision.

#### **Methods**

We surveyed a population-based sample of men  $\leq 75$  years with newly diagnosed LPC about treatment choice, reasons for the choice, and decisional qualities.

#### **Results**

154 men (69 black); mean age 61( $\pm 7.3$ ) years. 59% chose surgery, 31% chose radiation, and 10% chose observation. No racial differences in age, tumor risk level or treatment choice. Compared to whites, blacks were more likely to consult their family regarding treatment decision (67% vs. 43%;  $p=0.01$ ), report a higher faith score ( $p<0.01$ ), have lower education ( $\leq$ high school 43% vs. 25%,  $p=0.03$ ), and less likely to be married/partnered (29% vs. 10%,  $p<0.01$ ). In multivariable analysis adjusting for age, race, co-morbidity, and tumor risk level, men who consulted friends were more likely to choose curative treatment (radiation or surgery) versus WW/AS [OR=6.9,  $p=0.01$ ; 6.4,  $p=0.01$ , respectively]. Men who reported desire to cure the cancer as the major reason for their decision were more likely to choose surgery compared to radiation or WW/AS [OR=1.9,  $p<0.01$ ; OR=2.1,  $p<0.01$ , respectively]. Compared to men who saw only a urologist, men who saw a radiation oncologist were more likely to choose radiation compared to surgery (OR=6.7,  $p = 0.04$ ) or WW/AS (OR=7.80,  $p=0.046$ ). Men who consulted family (OR=3.0,  $p\leq 0.01$ ) and friends (OR=3.8,  $p\leq 0.01$ ) were more likely to experience higher decisional conflict than men who did not. None of the personality traits (pessimism, optimism and faith) were associated with decisional qualities. There were no significant racial differences in these relationships.

#### **Conclusions**

In addition to specialist seen and desire for cure, consulting family and / or friends was significantly associated with men's treatment choice. Consulting friends increased men's likelihood of choosing curative treatment but these men also reported higher decisional conflict in making the decision.

## **ACHIEVING BLOOD PRESSURE CONTROL THROUGH ENHANCED DISCHARGE: PILOTING A PATIENT-CENTERED COST EFFECTIVENESS SURVEY**

**Presenters:** *Noor Sabagha, BPharm and Scott McPherson-Moncrieff, BS*

**Research Mentors:** *Julie Gleason-Comstock, PhD, MCHES and Phillip Levy, MD, MPH*

### **Background**

Persistently elevated blood pressure (BP) is a leading risk factor for cardiovascular disease development, making effective hypertension management an issue of public health importance. Hypertension is particularly prominent among African Americans, who have higher disease prevalence and consistently lower BP control than Whites and Hispanics. Emergency departments (ED) have limited resources for chronic disease management, especially for underserved patients dependent upon the ED for primary care.

### **Methods**

*AchieveBP* is a behavioral RCT patient education intervention for patients with a history of hypertension who have uncontrolled BP at ED discharge. The target endpoint is success in achieving BP control assessed at 180 days follow-up post-ED discharge. Secondary aims are to assess relationships between patient activation, self-care management, cost-effectiveness, and healthcare utilization. Cost effectiveness variables in a modified patient-centered on-site 5-minute survey included: travel time, round-trip transportation cost, employment status and wage.

### **Results**

The brief onsite survey is an easy patient-centered approach which facilitates immediate feedback and can be administered in five minutes in a primary care setting. Also, Of 67 patient who completed the study, 43 patients (64%) had their blood pressure under control at the 180 day study visit. Between group differences intervention and control groups were not significant for either systolic or diastolic readings between groups over time.

### **Discussion**

Findings and survey methodology from this translational research could be used as a resource for BP control treatment, follow-up for hypertensive patients in primary care settings.

## **COMMUNICATION TO PROMOTE BEHAVIOR CHANGE: IT'S NOT JUST WHAT YOU SAY, BUT HOW YOU SAY IT**

*April Idalski Carcone, Ph.D., M.S.W.*

### **Background**

Communication is a primary treatment strategy physicians and other health care providers use to treat their patients. Despite the importance of effective patient-provider communication as a key clinical skill, there are few guidelines outlining the specifics of how to effectively communicate in clinical encounters. One reason for this lack of guidelines is that we do not fully understand the specific mechanisms of effective patient-provider communication. Motivational interviewing is an evidence-based communication framework that posits client-centered, directive communication strategies lead to behavior change and clearly defines what these communication strategies are. Initial tests of the MI hypothesis concentrated on patient communication and identified “change talk” as the patient communication behavior empirically linked to behavior change. What is less clear are the specific provider communication strategies responsible for eliciting change talk. Thus, the goal of the current research study was to identify the specific provider communication behaviors most likely to elicit patient change talk and commitment language statements among African American adolescents with obesity.

### **Methods**

We audio recorded 37 clinical interactions between African American adolescents with obesity, their caregivers, and counselors participating in a single MI session targeting the lifestyle behavior changes necessary to achieve and maintain weight loss. These interactions were transcribed and then coded using the Minority Youth – Sequential Code for Observing Process Exchanges, or MY-SCOPE, a qualitative code scheme that operationalizes patient-provider communication within the MI framework. A primary coder coded all 37 and a secondary coder coded a randomly selected 1 out of every 5 sessions for reliability with high reliability ( $k = .696$ ).

### **Results**

Sequential analysis identified two provider communication behaviors – asking open-ended questions designed to elicit change talk and statements that emphasized patients’ decision making autonomy – were more likely than other communication strategies to elicit patient change talk.