



A Pilot Study to Compare a Community Health Worker-led vs a Physician-led Intervention for Prostate Cancer Screening Decision-making Among Black Men

Natalia Martinez Lopez; Danil V. Makarov; Shannon Ciprut; Theodore Hickman; Helen Cole; Zachary Feuer; Michael Fenstermaker; Heather Gold; Stacy Loeb; Joseph E. Ravenell

Background

Prostate cancer is the second leading cause of cancer deaths amongst men in the US and harms Black men disproportionately

- Black men have a 60% higher incidence compared to other groups
- Mortality is 2-3 times higher in Black men compared to other groups

The US Preventative Services Task Force encourages prostate cancer screening decisions to happen in a shared decision making (SDM)

- Men should make informed screening decisions
- Men should be well-informed of risks, benefits of screening

However...

Most men are insufficiently knowledgeable to make informed decision about prostate cancer screening

Physicians counseling all men is likely to be time consuming and prohibitively expensive

Need for an effective and efficient way to make decisions about PSA screening

Therefore...

Can a CHW-led intervention be as effective as a physician-led intervention in improving prostate cancer knowledge and lowering decisional conflict?

Objectives



AIM 1

**DETERMINE FEASIBILITY
OF OFFERING PSA
SCREENING DECISION AID
TO BLACK MEN IN NON-
CLINICAL SETTING**



AIM 2

**ASSESS EFFECT OF
DECISION AID
INTERVENTION ON
KNOWLEDGE AND
DECISIONAL CONFLICT**



AIM 3

**COMPARE EFFECT OF
CHW VS MD ON
KNOWLEDGE AND
DECISION OUTCOMES**

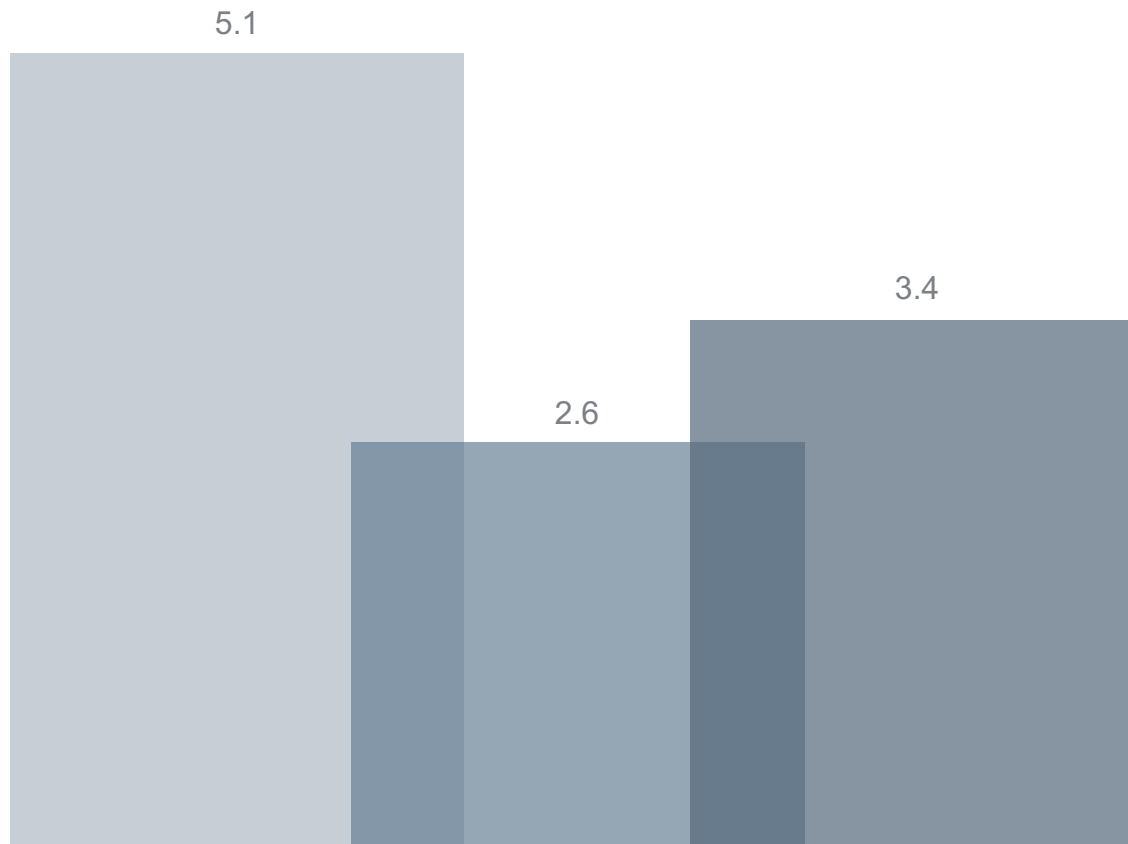
Methods

- 118 Black men from 8 mostly Black churches
- Attend education session with race-congruent:
 - Community Health Worker or
 - Medical Doctor
- Pre- and post-visit surveys to assess:
 - ✓ prostate cancer knowledge
 - ✓ decisional conflict
 - ✓ perceptions about intervention
- Linear regression to compare scores



CHW-led intervention improved knowledge more than physician-led intervention

■ CHW-led (sd=3.19) ■ Physician-led (sd=2.81) ■ Whole Sample (sd=3.17)



CHW-led intervention had same effect on decision conflict as physician-led intervention



AVERAGE DECISIONAL CONFLICT
SCORE CHANGE FOR ENTIRE
SAMPLE :

0.53



NO SIGNIFICANT CHANGE IN
BETWEEN GROUP DECISIONAL
CONFLICT SCORE :

CHW-LED (0.62)

PHYSICIAN-LED (0.49)

Conclusions





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Disparities in BPH Progression: Predictors of Presentation to the Emergency Department in Urinary Retention

Parth M. Patel^b, Sarah E. Sweigert^b, Marc Nelson^b, Gopal Gupta^b, Marshall Baker^c, Francis Weaver^d, Kevin T. McVary^{a, b}

^aCenter for Male Health, Department of Urology, Stritch School of Medicine, Loyola University Medical Center

^bLoyola University of Chicago, Stritch School of Medicine

^cCenter for Health Outcomes and Informatics Research, Health Sciences Division, Loyola University Chicago

^dPublic Health Sciences, Loyola University Chicago



Background

- Lower urinary tract symptoms associated with benign prostatic hyperplasia (LUTS/BPH) → acute urinary retention (AUR)
- AUR = downstream event in BPH natural history

Are there groups of patients who are untreated or undertreated in the outpatient setting?

Objective: retrospectively evaluate patients who present to the emergency room with AUR secondary to LUTS/BPH

Study Design



- Retrospective cohort study
- Healthcare Cost and Utilization Project (HCUP) State Emergency Department Databases (SEDD)
- Florida 2005-2015
- Male patients >45 years old
- Diagnosis codes: AUR, LUTS/BPH
- Demographic information:
 - Age
 - Race/ethnicity
 - Primary insurance
 - Rural-urban commuting area (RUCA) codes



Results and Discussion

Patients who present with AUR to the ED:

- Highest risk age group: 75-85 years old
- Medicare or Private insurance
- African-American or Hispanic
- More urban

Conclusion



- Socioeconomic, demographic, and environmental factors as predictors of LUTS/BPH insufficiently studied
- AUR is a LUTS/BPH progression end point
- AUR → proxy for BPH quality of care

Are there groups of patients who are untreated or undertreated in the outpatient setting?

Our data suggest that African-American and Hispanic patients may be at higher risk for undertreatment



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