FOCUS GROUPS, READINESS TO QUIT, AND INTEREST IN RESEARCH AMONG AFRICAN AMERICAN SMOKERS

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African Americans are often underrepresented in tobacco intervention trials, yet there is little information on methods to increase participation. This study examined whether focus group participation would (1) increase readiness to quit among non-treatment seeking African American smokers, and (2) encourage participation in a minimal intervention study.

A quasi-experimental study was conducted, utilizing six focus groups with African American smokers. Focus groups were held at an urban community health center. Twenty-four adult men and 17 women (N = 41) were recruited via physicians, nurses, and staff. Participants were paid $20 as an incentive.

Participants completed assessments of demographic information, smoking history, readiness to quit and the focus group experience.

The mean age of participants was 41 years (SD = 10.75). Sixty-nine percent completed at least high school. Participants smoked 15 SD = 8.16) cigarettes per day on average, for 2.1 (SD = 9.23) years. The mean score on the Fagerstrom Test for Nicotine Dependence was 5 (SD = 2.41), indicating moderate dependence. Seventy-eight percent and 98% of participants indicated that the quality and content of the focus group, respectively, were excellent. Eighty-five percent reported smoking-related attitude changes after the session. As hypothesized, there was a significant increase in readiness to quit smoking following the focus group, t(38) = 3.44, p < .001. There was also a positive change in the number of smokers who planned to set a quit date, t(2) = 19.53, df = 4, p < .001. Finally, 76% of participants subsequently enrolled in a minimal self-help intervention.

In conclusion, this sample of non-treatment seeking African American smokers benefited from the focus group experience. Focus group participation increased readiness to quit and plans to determine a quit date. Focus groups may represent a point of intervention for this population and increase representation in intervention research.

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FROM EDUCATION TO ENROLLMENT: HOW DECISION AIDS PROMOTING SELF-EFFICACY CAN LEAD TO INTEREST IN CLINICAL TRIALS

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Little information has been reported on the success of recruitment strategies aiming to improve the low enrollment in cancer clinical trials (Lai et al., 2006). Messages that enhance self-efficacy have been shown in past studies to increase health promotion behaviors and thus may be a means of encouraging cancer survivors to talk to their physician about clinical trials. Mailed materials have been shown to be effective in patient enrollment (Deshler et al., 2006) and this pilot study examined whether mailed decision aids were a means of enhancing cancer survivors’ self-efficacy and whether increases in self-efficacy led to a greater likelihood of participants talking to their physician about clinical trials. Participants were 150 cancer survivors who called the NCTI’s Cancer Information Service and had not discussed clinical trials with their physician. Following the call, participants were mailed clinical trials decision aids (booklet, pocket card, pen, notebook) at Weeks 1 and 4. Self-efficacy to discuss clinical trials with a physician was measured at baseline and Week 4. Whether participants inquired about clinical trials and their retrospective evaluations of the decision aids were assessed at Week 12. Paired t-tests revealed no significant increase in participants’ self-efficacy from baseline to Week 6 (p<0.01). In turn, change in self-efficacy predicted if participants actually talked to their physician about clinical trials (OCR: 1.47, p<0.001). A multiple linear regression analysis revealed that self-efficacy was predicted by relevance of the decision aids (β = 0.22, p<0.001) and understanding of clinical trials after receiving the decision aids (β = 0.17, p<0.001). Fmodel (3, 146) = 7.71, p<0.001. Future behavioral interventions among cancer survivors eligible for clinical trials should utilize methods to build self-efficacy with materials that confer relevance and understanding.

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INSURING CULTURAL EQUIVALENCE OF BEHAVIORAL INSTRUMENTS

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Diabetes self-management education to improve self-care behaviors in patients with diabetes has proven to be successful but most of the education has been developed for use in Caucasian populations. In addition, there is a lack of validated measures of diabetes self-care behaviors and psychosocial factors affecting behaviors available in Spanish. To determine the effectiveness of intervention programs, valid and reliable measurement instruments must be used. Guidelines for translation of instruments to insure equivalence are offered. One recommendation is to incorporate a pre-test of the instrument prior to pilot testing that uses qualitative methods to insure equivalence. Cognitive interviewing is one such qualitative method which has been used for pre-testing survey instruments. The process of survey or questionnaire response is conceptualized to involve four cognitive stages: comprehension, retrieval, estimation/judgment and response. Using this as a model to evaluate responses to questions, researchers have been able to detect cognitive problems observed when survey questions are posed. In the reported study, cognitive interviewing techniques were used to insure cultural and linguistic equivalence of translated measurement instruments in a US-Mexico border community population. A qualitative analysis technique was used in an iterative fashion. Data saturation was achieved when items that were problematic became redundant, after ten interviews in English and eight interviews in Spanish. A review of cognitive interviewing techniques and a frequency distribution for each item and problems identified in answering the items for bilingual and monolingual participants will be presented with word suggestions compared.

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