

Values and qualitative themes among patients in two clinical trials using a self-affirmation intervention

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CONFLICTS OF INTEREST

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Background

- During a clinical encounter, stereotype threat can trigger psychological responses which may decrease medication adherence
- Previous studies have shown patients who affirm their core values before a primary care visit were more engaged during the visit.
- Values affirmation has been used in education to reduce racial disparities.
- Among self-identified non-Hispanic African American or Black (AAB), American Indian/Alaskan Native (AI/AN) and White patients with hypertension, the goal of this study is to
 - compare the frequency of specific values chosen by participant race
 - identify common themes for why values are important for patients.

Methods

- Multiple methods study using data from two blinded, RCT's, enrolling non-Hispanic AAB, White, and AI/AN populations with uncontrolled hypertension

Description of original clinical trials

- Participants complete a blinded values affirmation writing exercise.
- Intervention patients pick the three *most important* values to them and control patients pick the three *least important* values.
- The values affirmation exercise includes a list of 11 values: Relationship w/ friends and family, Independence, Sense of humor, Religious values, Politics, Artistic ability, Athletic ability, Membership in community or social groups, Living in the moment, Creativity, Music

Description of current study

- The values selected by each participant were recorded. Among those included in the qualitative subsample, all writing exercises were transcribed into digital text.

Quantitative Analysis

- Multivariable Poisson models with robust variance were used to examine race as a factor in participants' probability of selecting each value, adjusting for differences in age, gender, employment category, and marital status. (n=387)

Qualitative Analysis

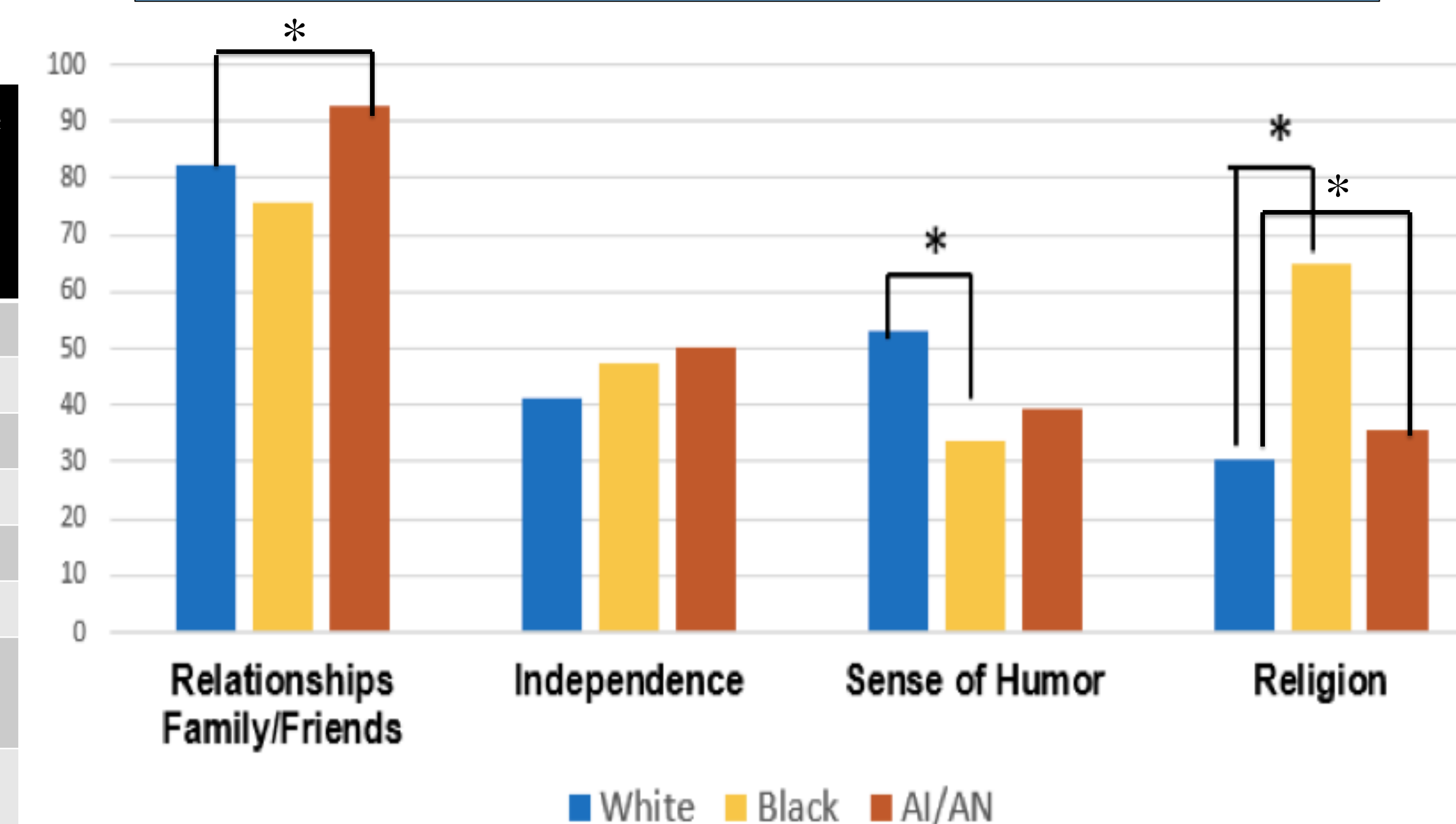
- A subsample of writing exercises (n=128) proportional to enrollment across race and condition within each health system were analyzed.
- The qualitative research team (J.A.M., B.D.H., and A.A.J) independently coded an initial set of 32 transcripts and inductively identified new codes.
- The research team then met to review their codes
- This process continued until a final codebook was established.
- Codes were then clustered into related categories to guide theme development.

Results

Table 1: Demographics

	White % (N) N=181	AAB% (N) N=153	AI/AN% (N) N=53	P-value
Age	68.5 (11.0)	62.1 (11.1)	53.0 (11.2)	<0.001
Gender:				0.04
Male	45.3% (82)	35.9% (55)	54.7% (29)	
Female	54.7% (99)	64.1% (98)	45.3% (24)	
Education level				<0.001
High school or less	17.2% (31)	40.1% (61)	37.7% (20)	
Some college or associate's degree	30.6% (55)	37.5% (57)	60.4% (32)	
Bachelor's degree or higher	52.2% (94)	22.4% (34)	1.9% (1)	
Insurance status				0.001
Public (Medicare, Medicaid)	64.6% (117)	69.9% (107)	58.5% (31)	
Commercial	33.7% (61)	24.8% (38)	26.4% (14)	
Uninsured/ other	1.7% (3)	5.2% (8)	15.1% (8)	
Employment status				<0.001
Employed	34.8% (63)	36.6% (56)	50.9% (27)	
Not employed	11.6% (21)	28.8% (44)	32.1% (17)	
Retired	53.6% (97)	34.6% (53)	17.0% (9)	
Marital status				0.003
Married	50.6% (91)	33.3% (51)	32.1% (17)	
Unmarried	49.4% (89)	66.7% (102)	67.9% (36)	
Social isolation				0.32
Live alone	33.9% (61)	35.8% (54)	24.5% (13)	
Live with other(s)	66.1% (119)	64.2% (97)	75.5% (40)	
Financial difficulties				<0.001
Very hard to pay for basics	6.7% (12)	17.9% (26)	30.8% (16)	
Somewhat hard to pay for basics	21.3% (38)	33.8% (49)	26.9% (14)	
Not hard at all to pay for basics	71.9% (128)	48.3% (70)	42.3% (22)	

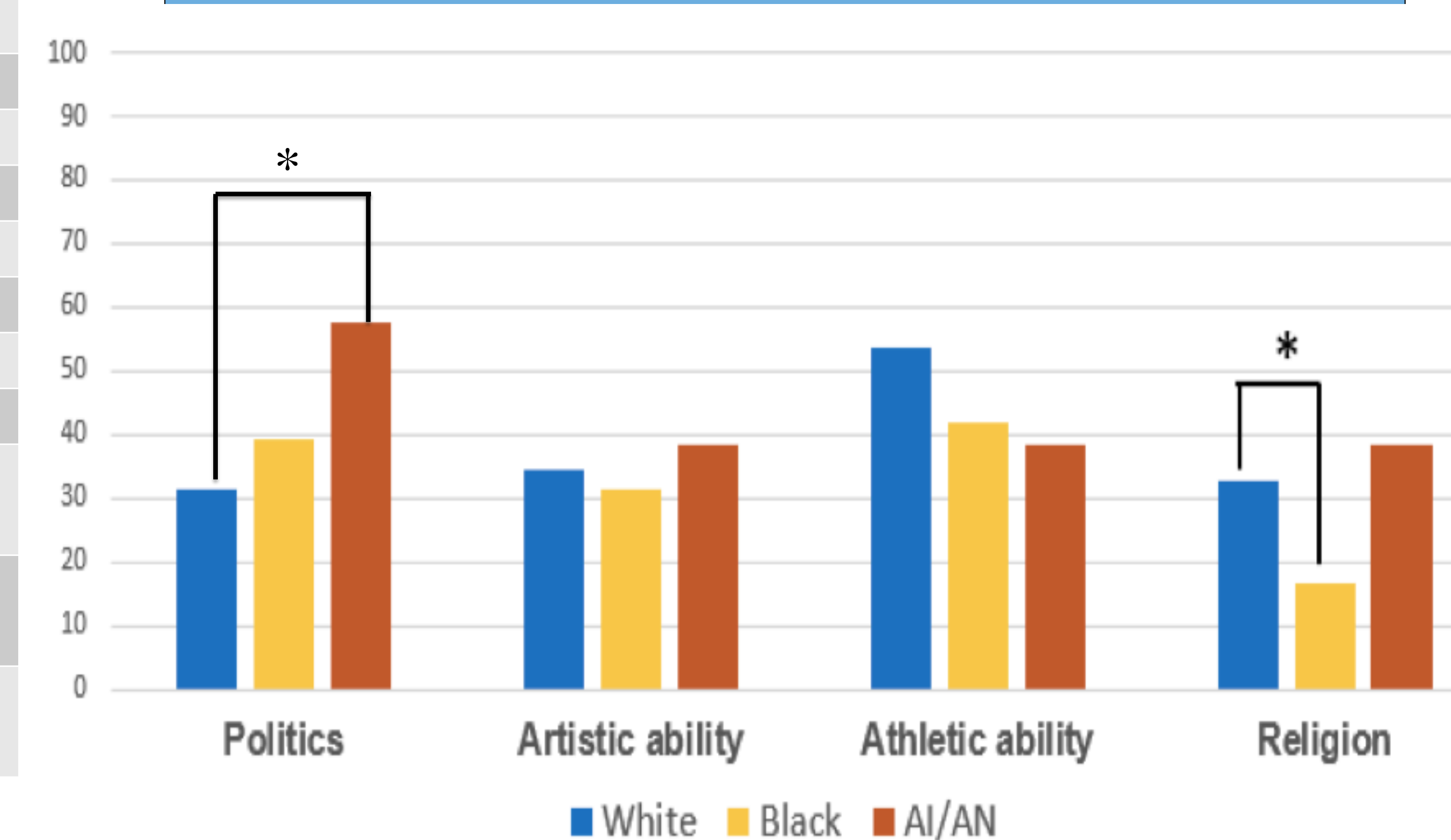
Figure 1: Most important values by race



Adjusted RR (95% CI) Black vs White (Sense of humor): 0.58 (0.39, 0.86)
Adjusted RR (95% CI) Black vs White (Religious Values): 2.46 (1.70, 3.56)
Adjusted RR (95% CI) American Indian vs White (Relationships w/ friends or family): 1.29 (1.07, 1.55)
Adjusted RR (95% CI) American Indian vs White (Religious Values): 1.94 (1.06, 3.56)

Adjusted RR adjust for participant age, gender, employment category, marital status
RR not estimated when less than 15 participants selected given value

Figure 2: Least important values by race



Adjusted RR (95% CI) Black vs White (Religious Values): 0.43 (0.23, 0.80)
Adjusted RR (95% CI) American Indian vs White (Politics): 1.63 (1.01, 2.65)

Adjusted RR adjust for participant age, gender, employment category, marital status
RR not estimated when less than 15 participants selected given value

Summary of Results

Quantitative Results

- 39.5% of participants were AAB, 13.6% AI/AN and 46.8% White (N = 387)
- “Relationships with friends/family” and “independence” were the most important values selected in all groups.
- Whites selected “sense of humor” as important more than Black participants.
- Black participants selected “religious values” as important more than Whites.
- AI/AN participants were more likely to select “relationship with friends/family” and “religious values” than Whites as important.
- Politics, artistic and athletic ability were least important in all groups.
- Religious values were a commonly selected least important value among White and American Indian participants.

Qualitative Results

- Five themes across the two study conditions emerged:
 - Guidance for everyday behavior
 - Mechanism for stress management
 - Source of strength and support
 - Sense of life meaning
 - Facilitator of life quality

Limitations

- Likely underpowered to show meaningful differences between AI/AN participants and others given small number of AI/AN.
- We used the standard control and intervention writing exercises implemented in other studies using values affirmation.
- As in all qualitative studies, findings may be influenced by the perspectives of the investigators.

Conclusions/Discussion

- In trials using a values affirmation intervention, the most and least important values chosen were largely similar across race with the exception of the importance of religion and humor.
- Participants in both study arms indicated that values served important functions including guiding behavior, managing stress, providing inner strength or a sense of life meaning, and facilitating quality of life.
- Affirmation of core values prior to clinical visits may play a role in improving patient engagement, activating patients, and reducing racial disparities in outcomes.
- Understanding patients' selection of values and the themes surrounding selected values may help clinicians better understand patients' perspectives and communication needs during clinical encounters.
- Future work exploring whether the content and themes of the values affirmation writing exercises differentially affects the intervention outcomes in clinical settings may identify potential targets for interventions to reduce healthcare disparities.