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Family responsibilities and social expectations often prompt conflict in caregivers' decision-making processes. Janis and Mann's (1977) conflict model describes vigilance as high-quality decision-making resulting in optimal outcomes. The purpose of this study was threefold: (1) to describe decision styles in a population of family caregivers of persons with dementia; (2) to examine the socio-economic characteristics associated with caregivers who are more likely to be vigilant decision-makers; and (3) to assess differences in caregiving experiences between vigilant and non-vigilant caregivers.

The analysis was based on 639 survey respondents recruited from a university-affiliated memory disorders clinic. A typical caregiver was Caucasian non-Hispanic, was currently married, and had two children. Approximately half of the sample used a 'pure vigilant' decision style. Vigilance was associated with more positive and fewer negative caregiving outcomes.

In conclusion, supporting caregivers to become vigilant decision-makers is a functionally viable intervention that could significantly improve the caregiving experience.

"Does vigilance in decision-making matter for dementia family caregivers?," was recently published in Aging & Mental Health.

Dr. Sarah Wackerbarth, Associate Professor of Health Management & Policy at the University of Kentucky was the lead author and Dr. Yelena Tarasenko, Assistant Professor of Epidemiology at the Jiann-Ping Hsu College of Public Health Georgia Southern University was the co-author.
Health informatics can play a critical role in supporting local health departments' (LHDs') delivery of certain essential public health services and improving evidence base for decision support. However, LHDs' informatics capacities are below an optimum level. Efforts to build such capacities face ongoing challenges. Moreover, little is known about LHD leaders' desires for the future of public health informatics.

Dr. Gulzar Shah was the principal investigator for this nationwide qualitative study that presents findings from 49 in-depth key informant interviews with public health leaders and informatics professionals from LHDs, representing insights from across the United States. Interviewees were selected on the basis of the size of the population their LHD serves, as well as level of informatics capacity. Interviews were transcribed, verified, and double coded.

Major barriers to doing more with informatics included staff capacity and training, financial constraints, dependency on state health agency, and small LHD size/lack of regionalization. When asked about the role of leadership in expanding informatics, interviewees said that leaders could make it a priority through (1) learning more about informatics and (2) creating appropriate budgets for integrated information systems. Local health department leaders said that they desired data that were timely and geographically specific. In addition, LHD leaders said that they desired greater access to clinical data, especially around chronic disease indicators.

In conclusion, Local health department leadership desires to have timely or even real-time data. Local health departments have a great potential to benefit from informatics, particularly electronic health records in advancing their administrative practices and service delivery, but financial and human capital represents the largest barrier. Interoperability of public health systems is highly desirable but hardly achievable in the presence of such barriers.


Dr. Leider, lead author, and co-author, Mr. Casturcci are both with de Beaumon Foundation. Dr. Gulzar Shah, associate dean of research, Dr. Karmen Williams, alumni, Ms. Akrati Gupta, DrPH Student at the Jiann-Ping Hsu College of Public Health were also co-authors.