

Inaugural PHO Journal Club

Presented June 17, 2026

Overview

This inaugural Journal Club meeting, hosted by the PROMIS Health Organization (PHO), focused on recent research published in the *Advances in Patient Reported Outcomes* journal. The session featured presentations on two key studies: one exploring the association of race and social disadvantage with chronic pain outcomes, and the other examining the relationship between social media use and loneliness across the lifespan. The event also highlighted PHO activities, journal submission opportunities, upcoming webinars, and the annual PROMIS International Conference.

Key Participants

- **Moderator:** Kelly Hynes, MD, MS, Washington University St. Louis
 - **Guests:**
 - David Cella, PhD, Northwestern University Chicago, APRO Editor-in-Chief
 - John Lecheridone, DO, MS, MBA, FACPM, University of North Texas Health Science Center
 - Derek Falk, PhD, MSW, University of Oklahoma Health Campus
-

PHO and Journal Announcements

- **Advances in Patient Reported Outcomes Journal**
 - International, interdisciplinary, open-access journal.
 - Article processing charges waived for submissions by Dec 31, 2026.
 - Accepts articles beyond PROMIS-specific research if they advance patient-reported outcomes.
 - **PROMIS Health Organization**
 - International membership: 31 US states, 25+ countries.
 - Open to students, early-career and experienced researchers, clinicians, administrators, tech, pharma, and government representatives.
 - Regular webinars and annual conference (22-23 October 2026 in Prague)
 - **Upcoming Webinars**
 - July 22: Personalized recovery trajectories in PROs.
 - August 18: Workflow skills for PRO collection.
 - September 23: Evaluating PROs for long COVID trials.
-

Article #1

Association of Race and Social Disadvantage with Chronic Pain Outcomes

Presented by: Dr. John Lecheridone

Study Background

- Conducted via a summer clinical research program at UNTHSC using a national pain research registry.
- Registry recruited participants via social media; data collected digitally.
- Study aligns with recent editorial recommendations to consider sociodemographic factors alongside race/ethnicity in pain research.

Methods

- **Design:** Retrospective cohort study (2016–2024).
- **Population:** 1,684 adults with chronic low back pain (≥ 3 months), followed for at least 12 months.
- **Demographics:** Mean age 53, 75% female, 17% Black.
- **Key Measures:**
 - **Social disadvantage:** Area Deprivation Index (ADI), quartiles (higher = more disadvantaged).
 - **Outcomes:** Pain intensity (numeric scale), function (Roland-Morris Disability Questionnaire), and PROMIS-29 subscales (physical function, anxiety, depression, fatigue, sleep disturbance, social participation, pain interference).
- **Analysis:** Generalized estimating equations, adjusted for multiple covariates, focusing on race $\times$ ADI interactions.

Results

- **Social Disadvantage:** Black participants disproportionately represented in the most disadvantaged ADI quartile.
- **Pain Outcomes:**
 - **Pain intensity:** Black patients reported higher pain intensity overall.
 - Among white patients, pain intensity increased with greater social disadvantage; Black patients' pain levels were stable across ADI.
 - **Pain interference:** Similar pattern; most pronounced in the highest ADI quartile.
- **Other PROMIS-29 Domains:** No statistically significant interaction effects for depression, sleep disturbance, or other quality of life measures.

Interpretation & Discussion

- **Hypothesis:** Black patients in disadvantaged areas may benefit from stronger social support networks (e.g., community/church), enhancing resilience to pain.
- **White patients** in similar areas may lack equivalent support, leading to higher pain reports with increased disadvantage.
- **Statistical Power:** Large sample and repeated measures likely sufficient; results reflect true patterns rather than sample size limitations.
- **Implications:** Targeting resilience and coping strategies, particularly in disadvantaged Black communities, may help reduce disparities.
- **Methodological Note:** PROMIS-29 chosen for its breadth and NIH endorsement; registry constraints limited use of PROMIS CATs or instrument changes.

Audience Q&A Highlights

- **Domain-specific effects:** Interaction effects were specific to pain intensity and interference, not other domains.
 - **Instrument choice:** PROMIS-29 selected for comprehensiveness and logistical reasons; changing registry measures is resource-intensive.
 - **Differential item functioning:** Not analyzed in this study.
-

Article #2

Social Media Use and Loneliness Across the Lifespan

Presented by: Dr. Derek Volk (work led by Dr. Christian Vasquez)

Study Background

- Motivated by the 2023 US Surgeon General's report on loneliness and the health impacts of social isolation.
- Loneliness shows a U-shaped curve: highest in young adults, decreases in middle age, rises again in older adults.

Methods

- **Data Source:** 2022 Health Information National Trends Survey (HINTS), first year to include PROMIS measures for social isolation and meaning of life.
- **Cohorts:** Millennials (26–41), Gen X (42–57), Baby Boomers (58–76), Silent Generation (77–93); Gen Z excluded due to lack of variability in social media use.
- **Key Variables:** Social media use (never, sometimes, almost daily), PROMIS Social Isolation T-Score (mean 50, SD 10), PHQ-4 (mental health), meaning/purpose scores.

Results

- **Social Isolation:** Higher in younger adults; U-shaped age distribution.
- **Social Media Use:**
 - **Millennials & Gen X:** No significant association between frequency of social media use and loneliness.
 - **Baby Boomers & Silent Generation:** Frequent (almost daily) social media use associated with greater loneliness and social isolation.
 - **Usage Patterns:** Nearly all younger adults use social media; many older adults never use it.
- **Interpretation:** Social media is not protective against loneliness in older adults and may be associated with higher isolation.

Discussion & Implications

- **Causality Limitations:** Cross-sectional design cannot determine if loneliness leads to more social media use or vice versa.
- **Measurement Strengths:** PROMIS Social Isolation T-Score offers a more nuanced measure than single-item legacy tools (e.g., UCLA Loneliness Scale).
- **Practical Takeaway:** Interventions for loneliness in older adults should emphasize face-to-face or interactive strategies rather than relying on social media.

- **Future Directions:** Research on e-health literacy for older adults; need for longitudinal studies and more granular measurement of social media use (frequency, type, platform).

Audience Q&A Highlights

- **Reverse causation:** Lonelier individuals may be more likely to use social media, especially in rural settings.
- **Measurement limitations:** Secondary datasets limit depth of social media use assessment.
- **PROMIS vs. legacy measures:** PROMIS offers broader, more comprehensive assessment of social isolation than single-item tools.

Closing Remarks

- The session provided valuable insights into the intersection of social determinants, race, technology, and patient-reported outcomes.
- Both studies underscore the importance of nuanced, population-specific approaches in research and intervention design.
- Attendees encouraged to submit research to the APRO journal and participate in PHO activities.

For more information:

- PHO Website. www.promishealth.org
- APRO Journal www.advancesinpro.org (Submit articles by Dec 31, 2026, for waived fees)
- [12th Annual PROMIS International Conference](#), Prague, 22-23 Oct 2026