

A SNAPSHOT *of* DR. BRIAN RIVERS

by George Fuller

Brian Rivers, Ph.D., leads research in the area of men's oncology, with a particular focus on medically underserved populations and cancer health disparities.

HE WAS BORN IN BUFFALO, N.Y., AND GREW UP IN ATLANTA. HE RECEIVED HIS BACHELOR OF SCIENCE DEGREE IN BIOLOGY FROM VANDERBILT UNIVERSITY, HIS MASTER'S IN PUBLIC HEALTH WITH A CONCENTRATION IN SOCIAL AND BEHAVIORAL SCIENCE FROM MOREHOUSE SCHOOL OF MEDICINE, AND HIS PH.D. IN HEALTH EDUCATION AND HEALTH PROMOTION FROM THE UNIVERSITY OF ALABAMA AND THE UNIVERSITY OF ALABAMA AT BIRMINGHAM.

Before joining the staff at Moffitt, Dr. Rivers coordinated the Center for the Study of Health Disparities at Texas A&M University, was an Emerging Leader in Public Health fellow with the Kellogg's Foundation at the University of North Carolina Chapel Hill and was a fellow at Moffitt Cancer Center in a program called "Cancer, Culture and Literacy." A year and a half ago, he was invited to be part of the national work group, national experts from the American Cancer Society. The group wrote the first article on guidelines for addressing prostate cancer survivorship.

He is married to Desiree Rivers, Ph.D., MSPH, the program director of the Florida Health Equity Research Institute and the former director of the Center for Equal Health. She also teaches courses on health disparities at the USF Morsani College of Medicine and the USF College of Public Health. They have three daughters, ages 10, 6 and 3. He once regularly played tennis and golf and went to the gym, and plans to do so again when the kids' interest in "Frozen" sing-a-longs and Disney World wanes.



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BRIAN RIVERS, PH.D.

A PARADIGM SHIFT

Aim of Sleek New App: To Dispel Health Disparities

In 2014 Dr. Rivers was awarded a five-year National Cancer Institute research project grant for \$2,106,250, titled *A Health IT Based Psychoeducational Intervention for African American Prostate Cancer*.

“When you’re passionate about something, you never work a day in your life. I can truly say that about my work in prostate cancer. That’s my focus. To me, it’s not a job but more a mission that I’m on.”

Thus began an interview with one of the most intensely passionate men you’d ever hope to meet, Dr. Brian Rivers. He’s the kind of guy you wish you had on your side, every time sides were chosen.

▶ *What’s the deal with African-American men and prostate cancer?*

African-American men, for reasons we have yet to determine, are disproportionately impacted by prostate cancer. There are more cases. And they’re more likely to die. Some studies have suggested the reason for the disparity is genetic. But that only accounts for about 20 percent of the disparity. I believe much of the problem is behavioral. There are harmful behaviors we can steer them away from and helpful behaviors we can steer them toward. Essentially, this grant is for what you might call an educational intervention. We do this by going out into the African-American community and giving men information about prostate cancer, but also by getting into and understanding their psyche, to make sure the information is relevant, that it’s information they can actually act on.

▶ *How are you getting the word out?*

We thought, should we do it via DVD? Podcast? Then we thought, why not do an app? Some people think that individuals from minority communities do not have access to technology. But consumer data tells us otherwise. They have cell phones and tablet computers. And they access the Internet with them. So we thought, an app is perfect. It can enhance the doctor-patient relationship with information about screenings and treatment, changes they could make in their lifestyle to better their chances of survival. Laying out all the options. Most importantly answering the question, “I’ve been recently diagnosed with prostate cancer. Now what do I do?” So in collaboration with the Florida Institute for Human and Machine Cognition, we developed an app. Tested it at barber shops, beauty salons, laundromats, health fairs,

wherever we could find African-American men between the ages of 40 and 75. And it went over well.

▶ *An app. What a great idea!*

Getting the app into iTunes is the centerpiece of our efforts. I think we’re really on the cusp of something different. We’re actually calling for a paradigm shift. There aren’t many health apps. And I can’t find one that has actually ventured into this whole notion of using mobile health technology to address prostate cancer disparities in a community-based setting.

▶ *Where does this intense interest in prostate cancer come from?*

I did a genogram in graduate school, and I saw that prostate cancer was running through my family. Honestly, I had never heard of prostate cancer, let alone understood what the prostate gland did. Delving in, I learned that as an African-American man, I was at an increased risk for this thing. As I began doing my homework, I couldn’t find many of the answers I was looking for. Should I be screened? When should I be screened? If I have an abnormal screening, what should I do? If I have a biopsy and cancer is confirmed, what are my options? If I go through radiation or surgery, then what happens? Erectile dysfunction, incontinence, wow, now we’re dealing with quality of life. So now the decision might have been different understanding the outcome. That started me on this journey. I did my master thesis on prostate cancer and ended up doing my dissertation on it as well.

▶ *Why are you here at Moffitt and not someplace else?*

Because I think that Moffitt is the future of how we address cancer. A young institution on the cutting edge of some great work. Very progressive. Independent. Willing to push the research paradigm into new areas the scientific field has yet to realize.

▶ *There’s also something about being part of a team, isn’t there?*

Definitely. I love being part of such a great team. At some other institutions, people are all working in their silos. The biologists, psychologists. Doing their own things. But here, it’s interdisciplinary. We all work together. That’s a little unusual in cancer research, but it’s crucial because cancer is extremely complicated. Being part of a comprehensive cancer center, you have all sorts of experts on your team. The potential is immense. From Dr. Julio Pow-Sang in genitourinary oncology,

to Dr. B. Lee Green in diversity and community relations, to Dr. Cathy Meade in cancer education, to Dr. Paul Jacobsen in psycho-oncology. I can pull in anybody I need to pull in. And the strength is in realizing that I don't have all the skills, but when I work together as part of a team, that's when we're most effective. That's when we can bring our best to cancer patients.

► *Where does your motivation come from?
Parents, teachers, mentors, faith?*

It's a combination. Faith plays a big role. Realizing that your true purpose is less about you and more about others around you. If you see a problem or need, you should do what you can to address it to the best of your ability. I've been taught that. And I think a lot of my colleagues share those sentiments. And you can tell by the leadership at the cancer center that they definitely share those sentiments.

► *Do you have a mentor?*

Oh, yes. I learned early on that if you really want to be successful, you should have between five and seven from different fields. Five will affirm you and say you're great. You're the best. You're awesome. But you need two to say, "You need to go back to the drawing board on that." One who's been very important to me in the African-American community is a man named Emerson Tillman. We've been working together for about seven years, and I really value his input. He brings a reality to what I'm doing. Helps me see beyond the science, the numbers and analyses and p-values and research papers and the grants. He asks the tough questions. "Can people relate to this?" "Will it really make a difference?" Emerson will not hesitate to tell me, "That's a great idea, but you're totally not making the impact that you could."

► *What does that man in the mirror say to you?*

Keep it simple. And keep yourself open to criticism. Now whenever I'm writing a grant or publishing a paper or in a work group or whatever, I make an effort to make sure what I'm saying is resonating. Because at the end of the day, you can say a lot of stuff and have no impact at all.

► *Circling back around, what happens when the grant runs out?*

We were speaking about mentors earlier. I also have one from the business community to help me figure out how we can sustain these initiatives. Once the grant leaves, the community will be scratching its head saying, now what do we do? What's next? Do I tell them the grant was only for a few years and that I'll write another one and be back when I find the money? That's not a healthy relationship. They want this app to be something we can sustain, something that can really make a difference.

► *What's the one thing you'd like people to know about you?*

Besides the fact that I love to collaborate? I'm a life learner. I love out-of-the-box approaches, novel approaches, doing something new. I don't think we were put here to be replicas during our life span. I was put here to put my ego aside and come up with something new and different. I always ask myself, "Did I give them my best?" 🎧

"When you're passionate about something, you never work a day in your life."

