

Communication-based Strategies to Eliminate Health Disparities

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How can health communication help eliminate health disparities?

I. Expand reach

- Enrich information-poor environments
- Build on community networks and infrastructure
- Increase access to existing information resources
- Use population-specific channels

How can health communication help eliminate health disparities?

II. Increase effectiveness

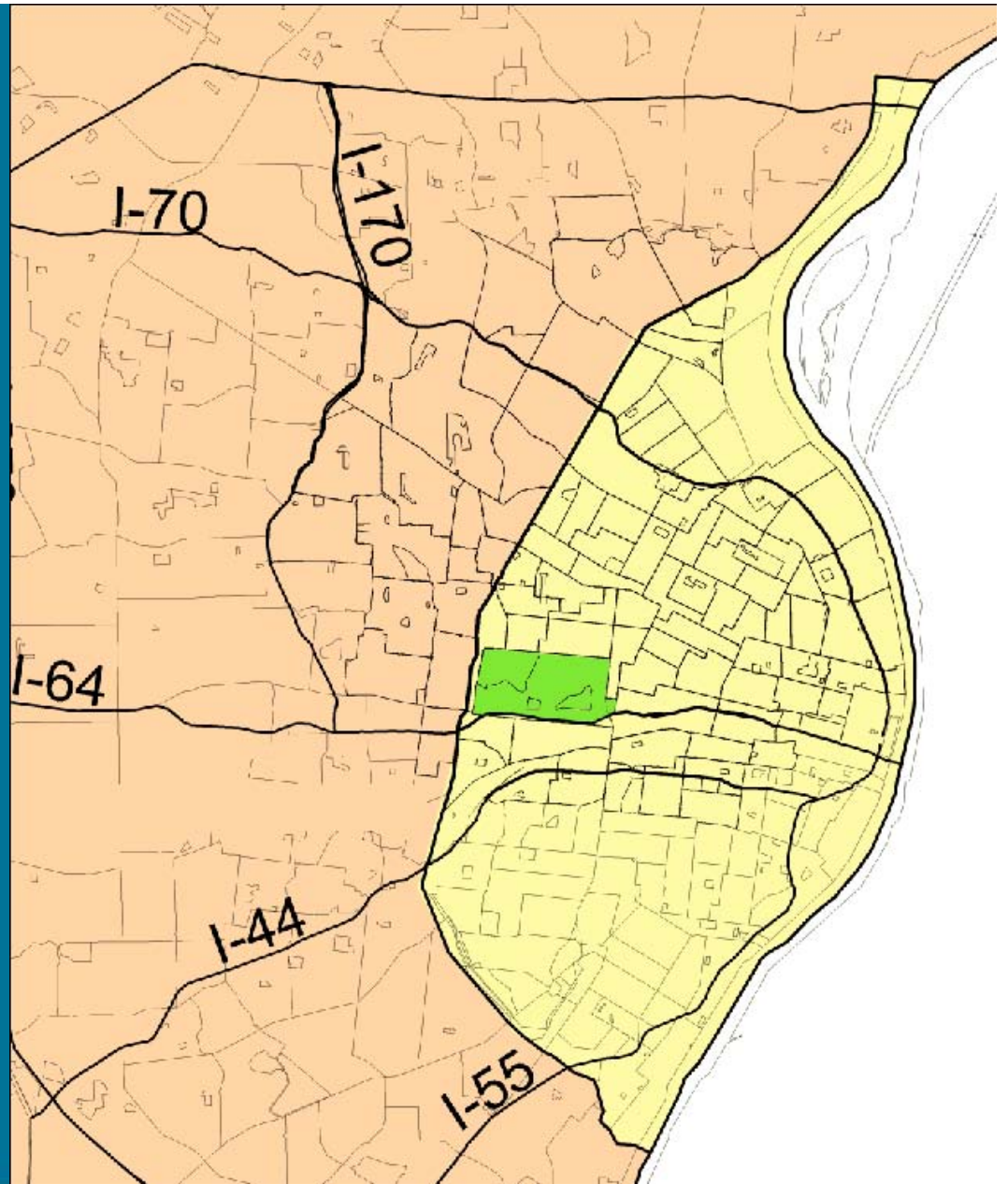
- Personally relevant
- Community specific
- Culturally appropriate
- Trusted sources

How can health communication help eliminate health disparities?

III. Maximize efficiency

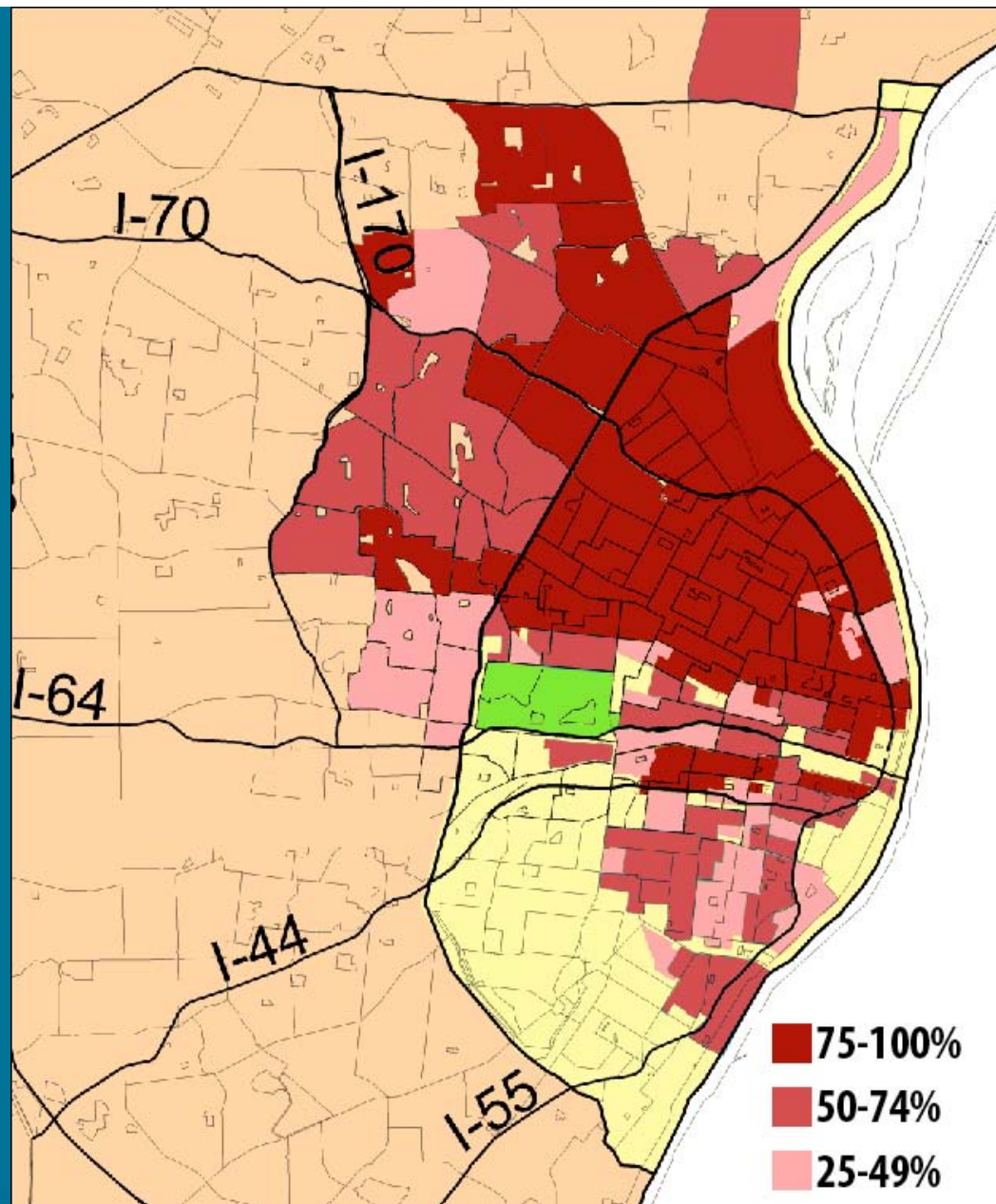
- Use what works
- Build on strengths
- Activate community partners
- Integrated into existing systems

St. Louis, MO



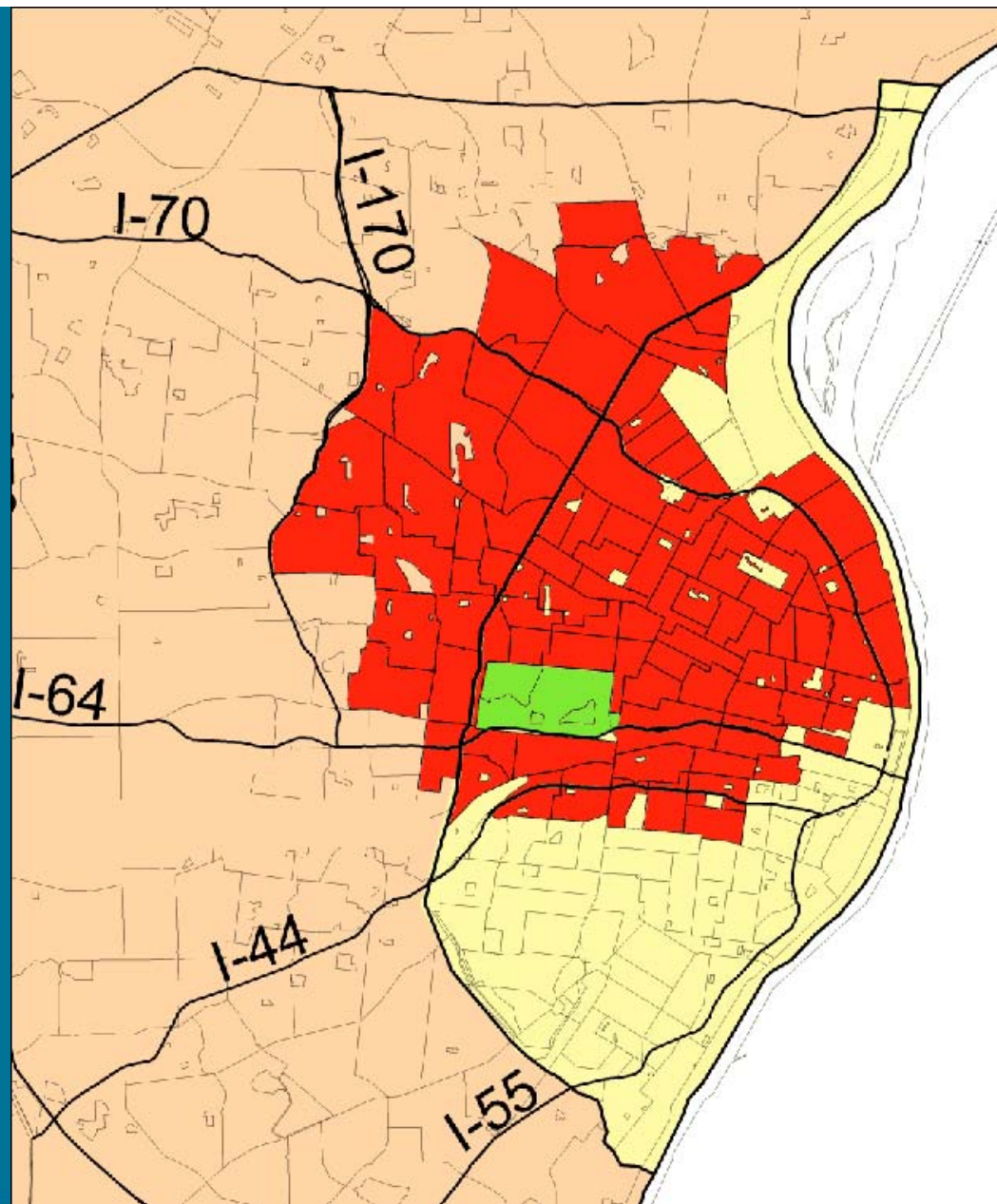
St. Louis, MO

Percentage African American population by census tract, 2000



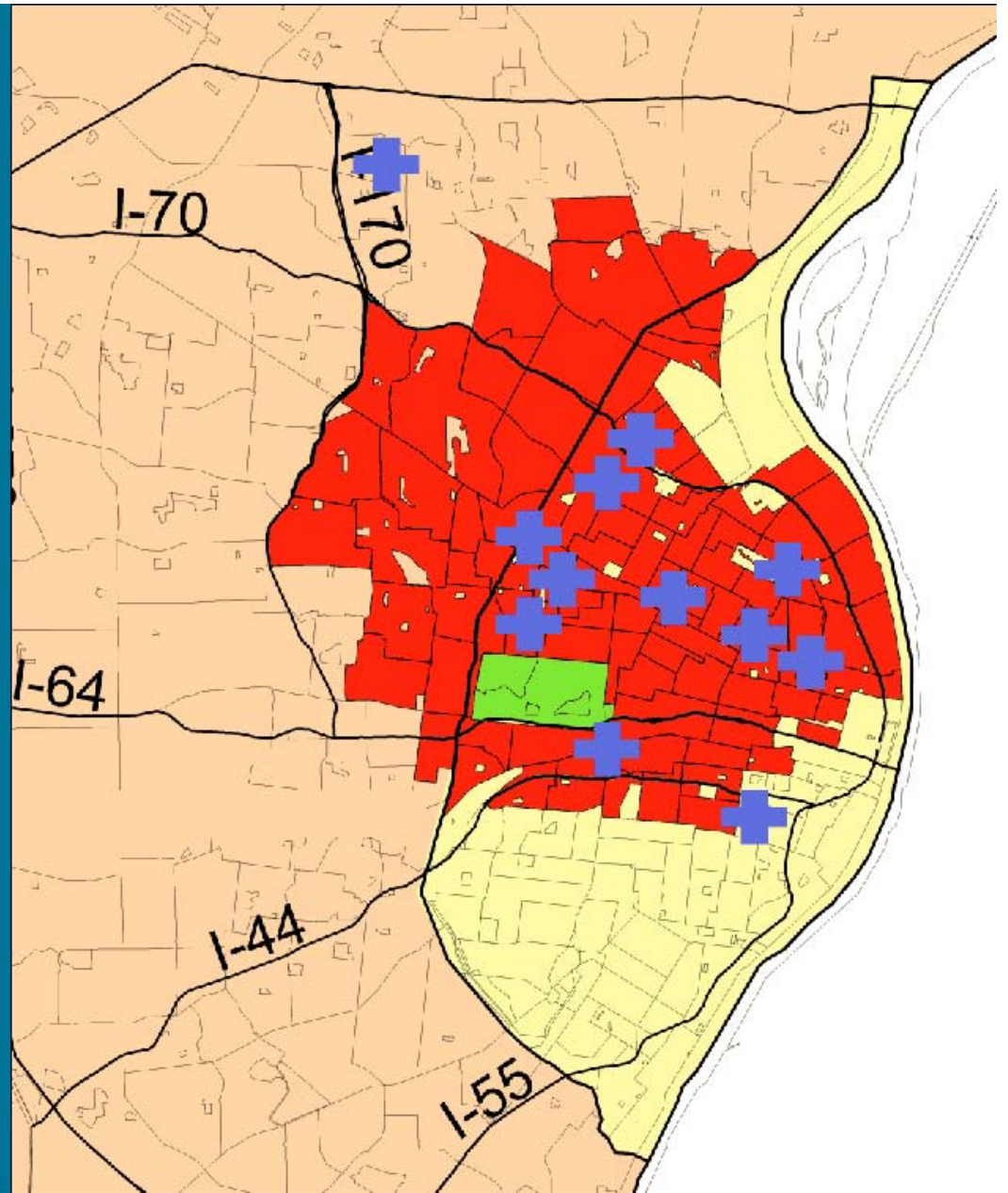
St. Louis, MO

Incidence of late-stage breast cancer 2X expected rates for MO, by census tract



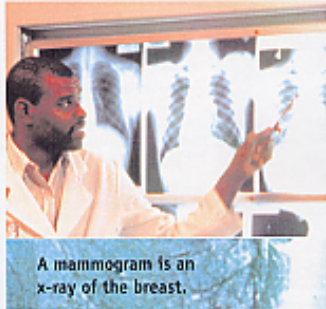
St. Louis, MO

Neighborhood health centers serving predominantly African American populations

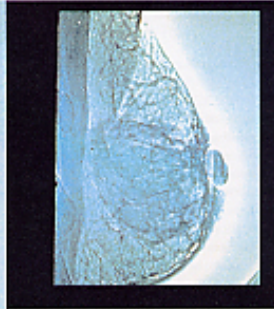


“Reflections of You”

About Your Health



A mammogram is an x-ray of the breast.



Mammograms: How They Work

Get regular mammograms. A mammogram can help save your life!

We hear this message more and more. Actually, we hear it so it's easy to put it out of our minds. After all, what's all the fuss about?

A mammogram is a test for breast cancer. It can find clumps in breast tissue and tiny lumps long before they can be felt by you or your doctor. This is important because when breast cancer is found early it can be treated early, before it is able to spread to other parts of the body.

Since mammograms have become available they have helped to reduce breast cancer deaths. But Black women with the disease are still twice as likely as White

women to die from breast cancer. Why? Some believe that it's because many Black women aged 40 and older do not receive mammograms.

for anything that might be a problem.

- Your first mammogram x-rays are used as a baseline. These allow

Get the Van

The key to getting a mammogram? Let the mammogram come to you! Barnes-Jewish Hospital operates a mobile mammogram van that goes to Schnack's supermarkets throughout the St. Louis area. You must call first to set up an appointment by dialing 362-5255 or toll free 800-392-0936. Van hours are 9am to 4pm. The fee costs \$85, and will be billed to you, your health insurance company, or Medicare. If you have any type of health insurance, remember to bring your card.

Below are just a few of the dates in 2010 when the van will be at City and N, County Schnack's. Call for more dates and locations. Nov. 7 - Cassini Store - 7450 Hampton Ave.



Some of the members of Sister-Connection,



Beverly Nelson, founder and leader of the Sister-Connection support group.

a support group for breast cancer survivors.

“If I Could Tell Other Women One Thing”

“All things work together for the good of those who love the Lord,” says Lohmi, a 53-year-old assembly worker. “I put in long hours at work and spend the rest of my time with my family and church work.”

When a mammogram was

women are thing, it's that you have to take care of yourself first!”

Lohmi's story reminds us that in addition to our other responsibilities, we have to be good stewards of our physical, natural bodies.

A Little Action Now Prevents Big Problems Later

A pulled thread or your fingernail grows. A tiny tear in your fingernail. A small nail hole in your car. What do these things have in common?

They are all easy to overlook, but if you don't take care of it, it will get worse. It's the same with your teeth.

It's the same with your teeth. It's the same with your teeth. It's the same with your teeth.

a chink sticking for the sweater, a nail clipper and file, a few minutes of cleaning and touch-up paint, and a mammogram are the actions you would take to keep today's little problems from becoming big problems later.

It is very important to find breast cancer early. And the best time to check for it is now, when your breasts look and feel fine. Finding it early greatly increases the chance of curing breast cancer. Breast cancer found when it's about the width of your little finger can be cured in about 99% of women.

How can you find it? Get a mammogram. It's breast cancer found before it can be felt by your doctor.



75 Years

Seventy-five years. She's been a JD of a trade out of necessity. A wife, mother and a grandson out of love. She's worked long and hard and sacrificed for those that were her own. Her children, her blood.

All her people—sons and

And Eli, her love...now long gone. Seventy-five years.

She loves and wishes, as one after one, they kiss and wish well. God bless and many more. Many, many more.

Seventy-five years.

Reading this story, we are reminded of Eli's rhythms.

She took care of them, now they take care of her. For many of us, taking care of our

elders is an honorable obligation and a labor of love.

After all, we can never repay

them as many more.” A wish with.

One thing we can do for our elders is to that they get

the best care. This applies to every year for her life. Now that's the love.



“Many, many more” & a mammogram every year.

The Freedman's

party? The bank was started 1865 by the United States government, to give freed slaves opportunity to do banking. Several Brooks was born in 1826. In 1862 he moved to Missouri, where he was to pay for his freedom. He

education. The bank he opened operated successfully for six years. Unfortunately, the Freedman's Savings and Trust Company ended up closing in 1874, as a result of the financial crisis of 1873. However, the bank was a pioneer other banks. It was the first bank in the

Challenge Each Other



“In any relationship whether your wife, child, or significant other, I think it's important to challenge each other. To push each other to take care of ourselves.” Pastor Eugene Fisher encourages his wife to get her mammograms. And in turn, his wife encourages her husband to get his yearly check-ups.



“I went the first time and had my prostate checked and then she had her mammogram. And then I said, ‘next time you'll be first!’”

Raising awareness about breast cancer and other health issues among members of the Central Christian Church is a priority for Pastor Fisher. “One of



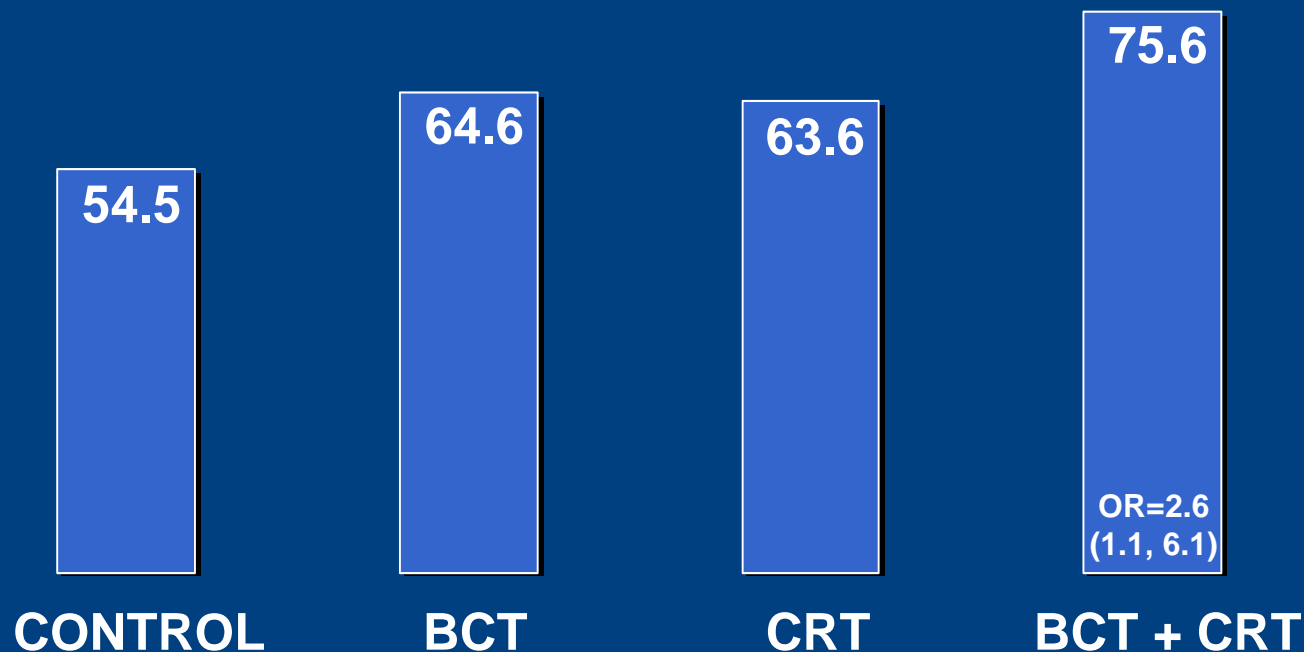
the biggest problems in one of the greatest tragedies has been late detection of breast cancer...which has affected a number of African American women's lives.” The Fishers make it a point to share their own experiences with having mammograms and other health check-ups with the congregation.



“It's more than talking the talk, you have to walk the walk, too...It gives credibility and integrity to what we're trying to do.” Through the combined efforts of the Fisher and church members, a strong support network has developed among the members. Together, they're making a difference in their community.

Getting a mammogram 18-month follow-up (n=192)

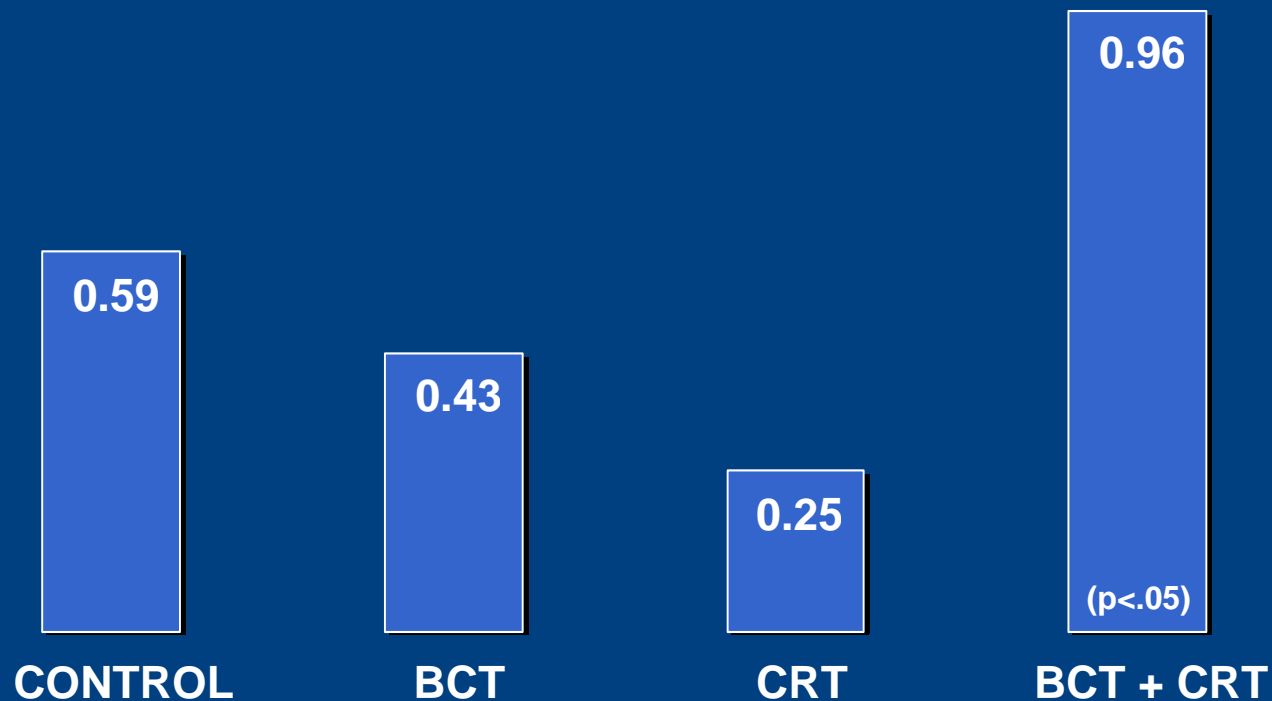
% women 40+ reporting mammogram in last 12 months



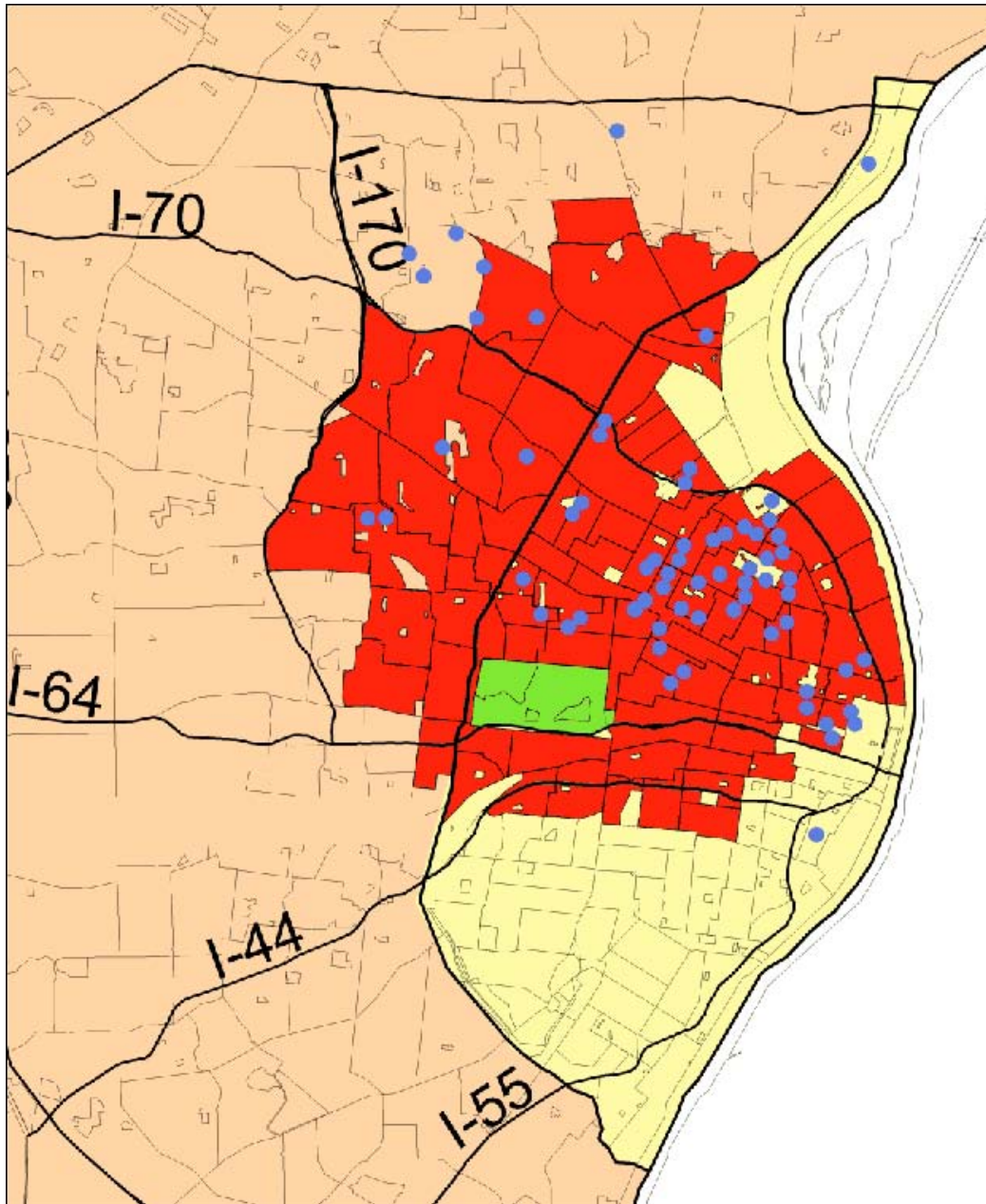
Kreuter MW, Sugg-Skinner C, Holt CL, et al (2005) Preventive Medicine, 41, 53-62.

Fruit and vegetable consumption 18-month follow-up (n=599)

women < 40 years, mean change in FV servings per day



Kreuter MW, Sugg-Skinner C, Holt CL, et al (2005) Preventive Medicine, 41, 53-62.



Reflections of You

Have you ever had a mammogram?

Yes

no



continue



go back



A Health Magazine made just For You! *Cheryl Evans*

Reflections of *You*

skin
secrets
inspiration
from the stars

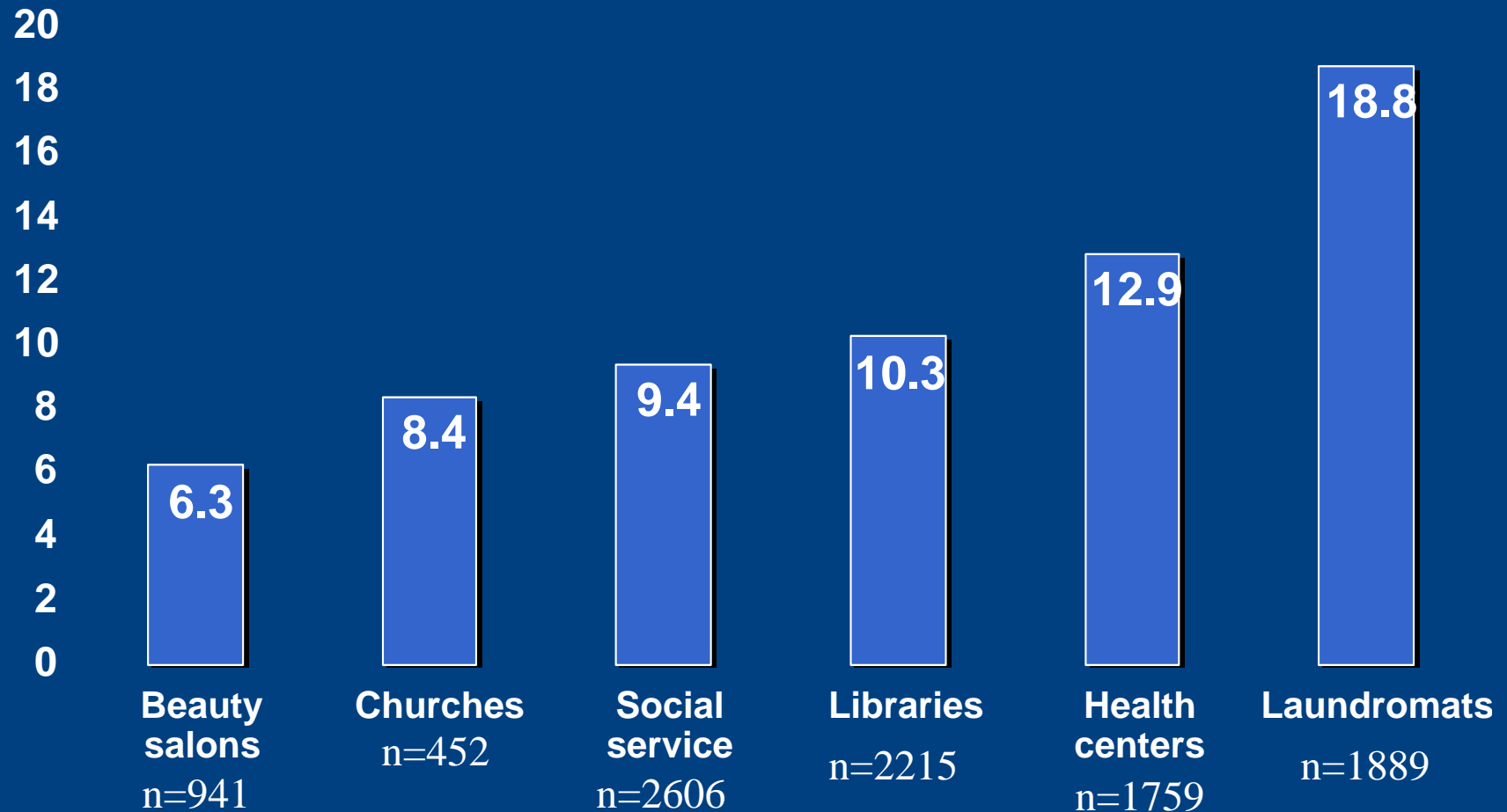


myth or fact?

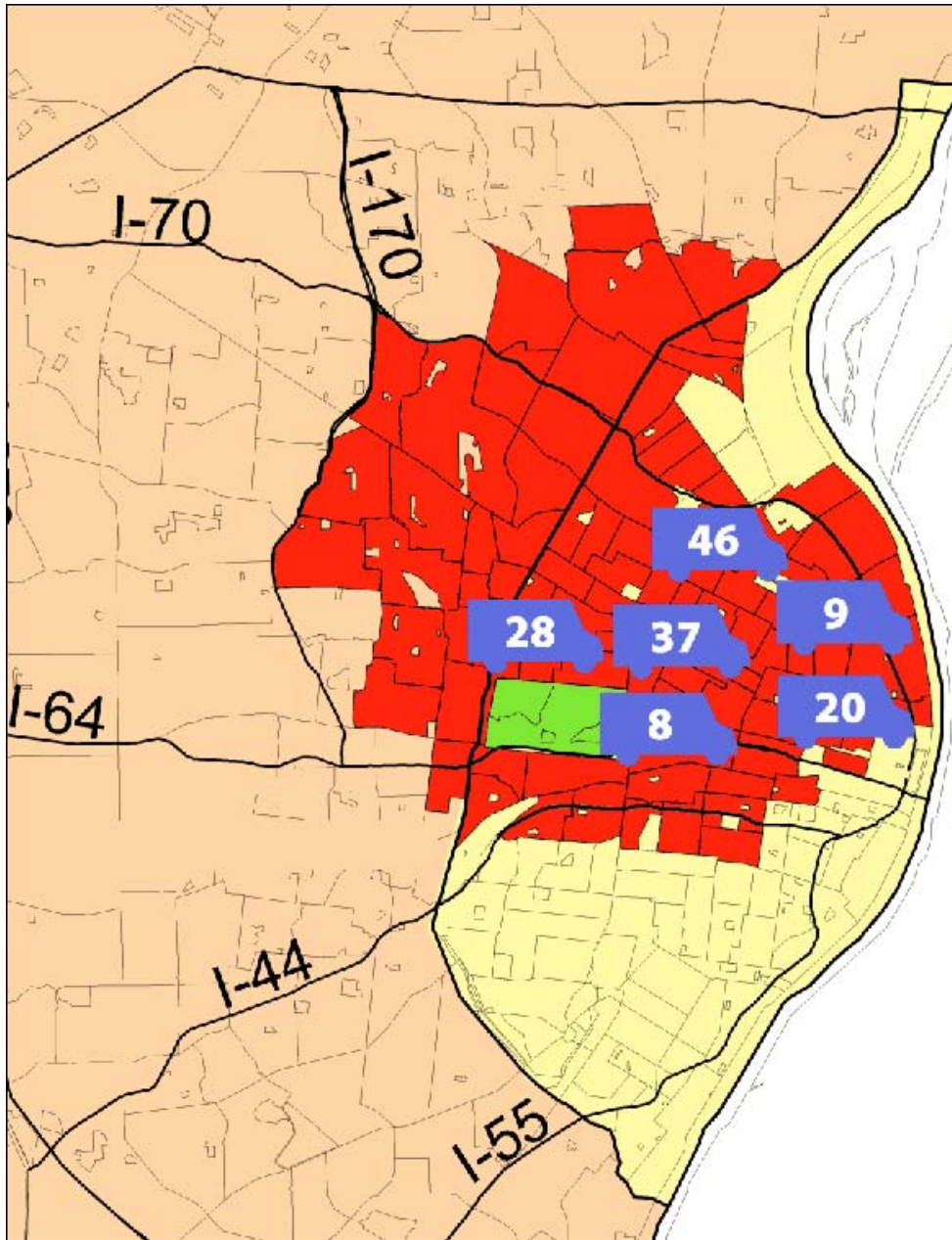
what **you need to know**
about breast cancer and mammograms



Mean use per kiosk day, by setting (n=10,228; p<.001)



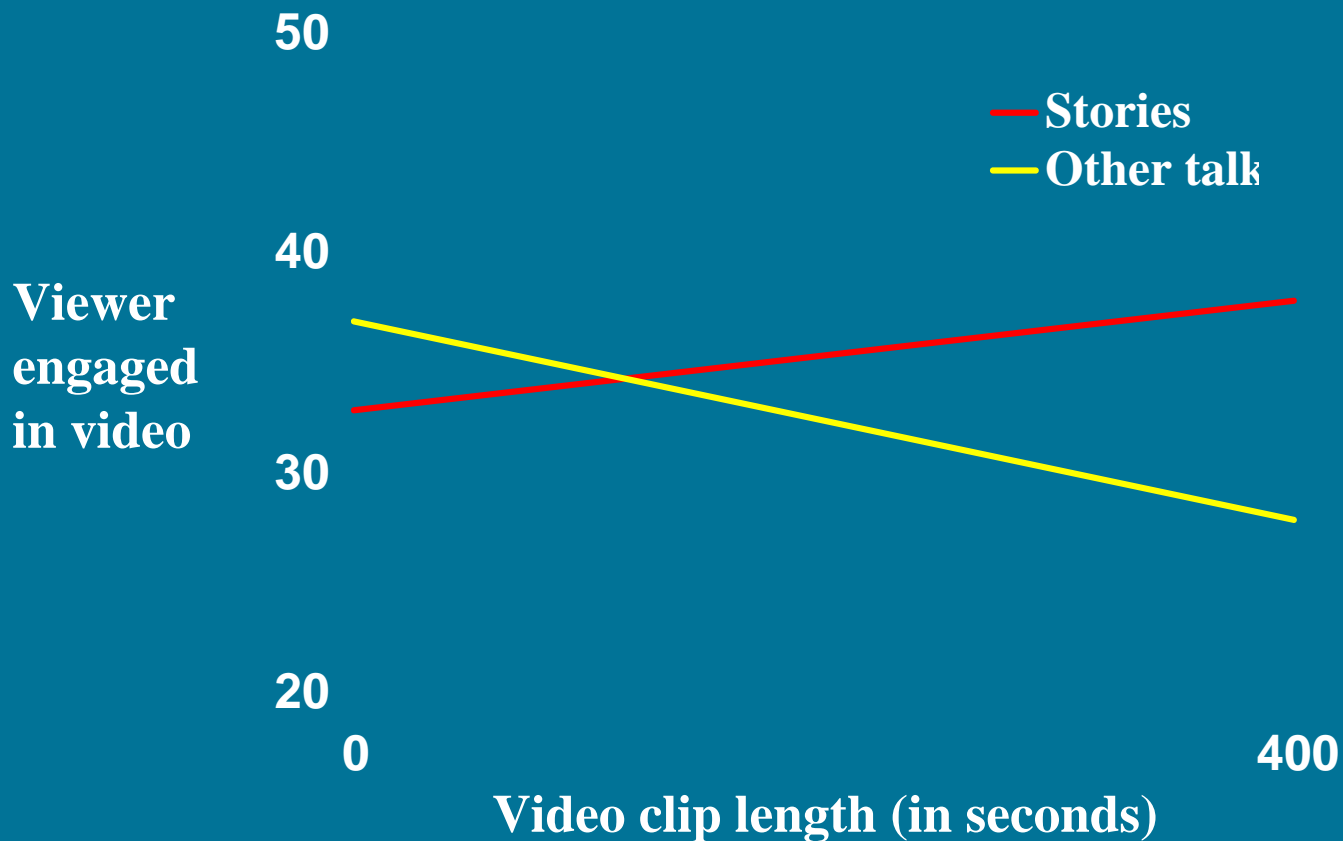
Kreuter MW, Black W, Friend L, et al (in press) Health Education and Behavior.



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TIFF (LZW) decompressor
are needed to see this picture.

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Audience engagement by video length “Stories” versus other talk (n=449)

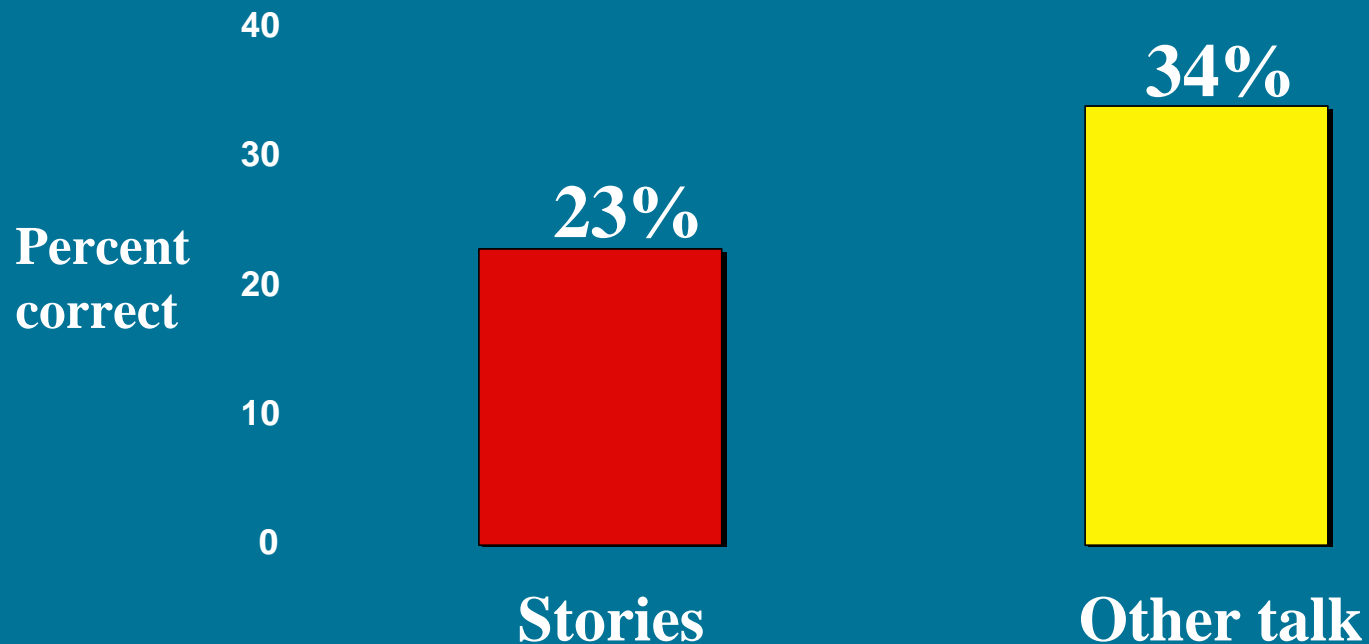


What make a story engaging?

Narrative quality indicators (n=298)

- Character development
- Concrete language
- *Dramatic tension (B = 1.98, p < .05)*
- Emotional power and range
- *Self-disclosure (B = 0.99, p < .05)*
- Simple language/clear delivery
- Socio-cultural themes

Do stories obscure health messages? Correct identification (n=321, p<.05)



Integrating culture in health communication

What strategies work?

- Images
- Facts
- Cultural norms, values, beliefs

Reactions of African American adults

Formative research findings (n=126)

- Disparity data showing Blacks worse off than Whites evokes negative emotions and mistrust
- Using “social math” to contextualize data, make it perceptible by the senses enhances understanding
- Don’t want to burden family with health problems
- Spirituality an important source of support

Population-specific mass media: **Black newspapers**

- Trusted and read
- Community focused
- Historically, culturally important
- 188 Black newspapers in U.S.
- 6 million circulation

Health coverage in Black papers 2004-2005 (n=6,177 stories)

	Black papers (n=24)	Mainstream papers (n=12)	P-value
Cancer stories	14%	10%	<.001
Localized information	40%	24%	<.001
Disparity information	33%	11%	<.001
Community mobilization	18%	5%	<.001
Personal mobilization	44%	16%	<.001

The Ozioma News Service

National Cancer Institute - HTML NCI Cancer Bulletin for February 14, 2006 03/29/2006 09:50 AM

U.S. National Institutes of Health | www.cancer.gov



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Community Update
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NIH Pathway to Independence PI Award

Bulletin Archive

http://www.cancer.gov/ncicancerbulletin/NCI_Cancer_Bulletin_021406/page14c Page 1 of 3



Cancer Research Highlights

Cetuximab Enhances Radiotherapy for Head and Neck Cancer

Results from a new study in the February 9 *New England Journal of Medicine (NEJM)* show that adding cetuximab (Erbixim) to high-intensity radiotherapy for locoregionally advanced head and neck cancer improved overall survival and extended the duration of local control, without exacerbating adverse effects such as mucositis.

Cetuximab controlled disease for nearly 10 months longer, improving progression-free survival by 30 percent over radiation alone. After a follow-up of 54 months, cetuximab patients survived an average of 49 months—nearly 20 months longer than those on radiation alone—which was a 26-percent reduction in mortality. The only cost appeared to be an increase in acneiform rash and infusion reactions; other toxic effects, especially mucositis, were comparable. The multicenter trial enrolled 424 patients in the United States and Europe.

Cetuximab is a monoclonal antibody that binds to and inhibits the epidermal growth factor receptors commonly overexpressed in epithelial cancers, which include most head and neck cancers. Dr. James Bonner, of the University of Alabama at Birmingham, and colleagues say it is "exceptional" to find a survival advantage with a molecular targeting agent.

In an accompanying editorial, Drs. Marshall Posner and Lori Wirth, of the Dana-Farber Cancer Institute and Harvard University, say a survival gain in this type of cancer that doesn't increase toxicity "immediately draws the attention of clinicians." They emphasized the need for more phase III trials, however, pointing out that all studies utilizing the current standard of care, platinum-based chemoradiotherapy, "have shown greater improvement" in patients than the results of this study, which compared radiotherapy, with or without cetuximab.

Omega-6 Fatty Acid Activates Genes Linked to Prostate Cancer Development


Researchers have identified specific intracellular signaling pathways via which a type of omega-6 fatty acid influences the growth rate of prostate tumor cells.

In a study published in the February 1 *Cancer Research*, investigators from the San Francisco Veterans Affairs Medical Center found that, in laboratory tests, the addition of the omega-6 fatty acid arachidonic acid to prostate tumor cells doubled the cells' growth rate compared with cells to which arachidonic acid was not added.

Further testing revealed that arachidonic acid appeared to activate two signaling pathways critical to cancer cell proliferation, PI3-kinase (PI3K) and Akt. This, in turn, fueled activity by the anti-apoptotic gene NF- κ B. The researchers also found that many other inflammatory genes regulated by NF- κ B were activated in tumor cells to which arachidonic acid was added, including COX-2, which previous research has implicated in prostate cancer development.

"The changes in gene expression point to a probable PI3K/Akt pathway activation by arachidonic acid, where COX-2 and 11 other NF- κ B regulated genes are induced by the presence of omega-6 fatty acids," wrote lead author Dr. Mike Hughes-Fulford and colleagues.

Finally, when the researchers treated prostate tumor cells to which arachidonic acid had been added with a COX-2 inhibitor, PI3K activation was decreased. And treatment with an experimental PI3K inhibitor



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SCREENING FOR COLON CANCER INCREASING: BLACKS IN NEW YORK DOING BETTER THAN NATIONAL AVERAGE

Colon cancer is the third leading cause of cancer death among African American men and women in the U.S. In Buffalo, 109 African American men and women lost their lives to colon cancer in 1990-1994 alone. But according to a new study, screening for early detection of colon cancer is on the rise and could prevent many of these deaths and the suffering endured by patients and their families.

There are three major types of tests doctors use to find colon cancer (see related graphic). Use of these tests was tracked in the National Health Interview Survey between 1987 and 2003. "The good news is that test use is going up," says Dr. Helen Meissner, of the National Cancer Institute. Her study appeared in the latest issue of *Cancer Epidemiology Biomarkers and Prevention*.

For at least one of these tests, the Fecal Occult Blood Test or FOBT, African American men and women over age 50 in New York were more likely to complete the test than were African Americans in the U.S. as a whole. According to the Centers for Disease Control and Prevention, 21% of all African Americans age 50 and older in the U.S. reported completing an FOBT in 2004. In New York, the rate was 32%. The 2010 national goal for FOBT screening is that 50% of all adults age 50 and older will have had a test in the last two years.

March is National Colorectal Cancer Awareness Month, and health experts stress that there are many ways colon cancer can be prevented. "Colorectal cancer is a preventable disease through detection of pre-cancerous polyps, better diet, and a generally healthier lifestyle," says Dr. Deborah Kirkland of the American Cancer Society. According to Kirkland, one in seven polyps develops into cancer, so the sooner these are found and removed the lower the chances an individual will develop cancer.

Continued on next page

Ozioma® is a national cancer news service based in Missouri. It is funded by the National Cancer Institute in Bethesda, MD. Ozioma® provides minority media outlets with information about cancer risks, treatment and prevention with a focus on taking action to improve health in African American communities.

Screening for colon cancer

There are several different screening tests that can be used to find polyps or colon cancer. Each one can be used alone or in combination with each other.

- **Fecal Occult Blood Test (FOBT) or Stool Test** - For this test, you receive a test kit from your doctor or health care provider. At home, you put a small piece of stool on a test card. You do this for three bowel movements in a row. Then you return the test cards to the doctor or a lab. The stool samples are checked for blood.
- **Sigmoidoscopy** - For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer near the rectum and lower third of the colon.
- **Colonoscopy** - This test is similar to sigmoidoscopy except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon.





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Even if colon cancer occurs, the survival rate is much higher if the cancer is found early through screening. National guidelines recommend all adults age 50 and older be screened regularly for colon cancer. If you're 50 or older and have never been screened, ask your doctor which tests he or she recommends for you. Because African Americans have higher rates of colon cancer death than other groups, the American Academy of Gastroenterology recommends Black men and women start colon cancer screening at age 45. Not all health insurance will pay for a colon cancer test before age 50, so check with your doctor or insurance company first.

More information about colon cancer, screening and prevention can be found through the National Cancer Institute (<http://www.nci.nih.gov>), American Cancer Society (<http://www.cancer.org>), Screen for Life: The National Colorectal Cancer Action Center (<http://www.cdc.gov/ScreenforLife/index.htm>), and the STDP Colon and Rectal Cancer Foundation (<http://www.coloncancerprevention.org>).

Community Resources

For your convenience, we have compiled several resources in the Buffalo area that could provide additional information:

Roswell Park Cancer Institute
Elm and Carlton Streets
Buffalo, NY 14203
Toll free: (877) 275-7724
<http://www.roswellpark.org>

Albert Einstein Cancer Center
1300 Morris Park Ave.
Bronx, NY 10461
Phone: (718) 430-2302
<http://www.aacom.yu.edu/cancer/new/default.htm>





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Buffalo, NY 14203
Toll free: (877) 275-7724
<http://www.oswellpark.org>

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1300 Morris Park Ave.
Bronx, NY 10461
Phone: (713) 430-2302
<http://www.aecom.yu.edu/cancer/new/default.htm>

Sources

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Ozioma® is a national cancer news service based in Missouri. It is funded by the National Cancer Institute in Bethesda, MD. Ozioma® provides minority media outlets with information about cancer risks, treatment and prevention with a focus on taking action to improve health in African American communities.



Even if colon cancer occurs, the survival rate is much higher if the cancer is found early through screening. National guidelines recommend all adults age 50 and older be screened regularly for colon cancer. If you're 50 or older and have never been screened, ask your doctor which test is best for you. Because African Americans have higher rates of colon cancer death than other groups, the American Academy of Gastroenterology recommends Black men and women start colon cancer screening at age 45. Not all health insurance will pay for a colon cancer test before age 50, so check with your doctor or insurance company first.

More information about colon cancer, screening and prevention can be found through the National Cancer Institute (<http://www.ncl.nih.gov>), American Cancer Society (<http://www.cancer.org>), Screen for Life: The National Colorectal Cancer Action Center (<http://www.cdc.gov/ceccc>) and the National Cancer Prevention Foundation (<http://www.coloncancerprevention.org>).

“...African American men and women over age 50 in New York were more likely to complete the test...”

Toll free: (877) 275-7124
<http://www.mewellpark.org>

Albert Einstein Cancer Center
1300 Morris Park Ave.
Bronx, NY 10461
Phone: (718) 430-2312
<http://www.aecom.yu.edu/cancer/newYork.t.htm>

SOURCES

In the Buffalo area that could provide





Ozioma®
(573) 862-6225

Colomnews@missouri.edu

FOR IMMEDIATE RELEASE: March 6, 2006

Phone: (573) 812-6225
E-mail: colomnews@missouri.edu
Web user name: buffalo
Web password: criteria

Note: The photos contained in this release and other related images can be found at <http://zioma.com/news/missouri.edu>

SCREENING FOR COLORECTAL CANCER IN AFRICAN AMERICANS IN NEW YORK DOING BETTER

Colon cancer is the third leading cause of cancer death among African American men and women in the U.S. In Buffalo, 109 men and women lost their lives to colon cancer in 1999, according to a new study, screening for early detection is on the rise and could prevent many of these deaths as endorsed by patients and their families.

There are three major types of tests doctors use to find colorectal cancer (pre-related graphic). Use of these tests was tracked in the National Health Interview Survey between 1987 and 2000. "The good news is that test use is going up," says Dr. Heles Meisner, of the National Cancer Institute. Her study appeared in the latest issue of *Cancer Epidemiology Biomarkers and Prevention*.

For at least one of these tests, the fecal Occult Blood Test or FOBT, African American men and women over age 50 in New York were more likely to complete the test than were African Americans in the U.S. as a whole. According to the Centers for Disease Control and Prevention, 21% of all African Americans age 50 and older in the U.S. reported completing an FOBT in 2004. In New York, the rate was 32%. The 2010 national goal for FOBT screening is that 50% of all adults age 50 and older will have had a test in the last two years.

March is National Colorectal Cancer Awareness Month, and health experts stress that there are many ways colon cancer can be prevented. "Colorectal cancer is a preventable disease through detection of pre-malignant polyps, better diet, and a generally healthier lifestyle," says Dr. Deborah Kirkland of the American Cancer Society. According to Kirkland, one in seven polyps develops into cancer, so the sooner these are found and removed the lower the chances an individual will develop cancer.

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Even if colon cancer occurs, the survival rate is much higher if the cancer is found early through screening. National guidelines recommend all adults age 50 and older be screened regularly for colon cancer. If you're 50 or older and have never been screened, ask your doctor which tests are in the community for you. Because African Americans have higher rates of colon cancer death than other groups, the American Academy of Gastroenterology recommends Black men and women start colon cancer screening at age 45. Not all health insurance will pay for a colon cancer test before age 50, so check with your doctor or insurance company first.

More information about colon cancer, screening and prevention can be found at <http://www.ncl.nih.gov>, American Cancer Society (<http://www.cancer.org>), National Colorectal Cancer Action Center (<http://www.cdc.gov/cancer/Colorectal>) and Colorectal Cancer Foundation (<http://www.colorectal.org>).

“...African Americans have higher rates of colon cancer death...”

Community Resources

For your convenience, we have compiled several resources in the Buffalo area that could provide additional information:

Roswell Park Cancer Institute
Elm and Carlton Streets
Buffalo, NY 14203
Toll free: (877) 275-7724
<http://www.roswellpark.org>

Albert Einstein Cancer Center
1300 Morris Park Ave.
Bronx, NY 10461
Phone: (718) 430-2302
<http://www.aecom.yu.edu/cancer/newdefault.htm>





Ozioma®
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Oziomanews@missouri.edu

FOR IMMEDIATE RELEASE: March 6, 2006

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Web user name: buffalo

Web password: criteria

Note: The photos contained in this release and other related images can be found at <http://ziomanews.missouri.edu>

SCREENING FOR COLON CANCER INCREASING: BLACKS IN NEW YORK DOING BETTER THAN NATIONAL AVERAGE

Colon cancer is the third leading cause of cancer death among African American men and women in the U.S. In Buffalo, 109 African American men and women lost their lives to colon cancer in 1990-1994 alone. But according to a new study, screening for early detection of colon cancer is on the rise and could prevent many of these deaths and the suffering endured by patients and their families.

There are three major types of tests doctors use to find colon cancer (see related graphic). Use of these tests was tracked in the National Health Interview Survey between 1987 and 2000. "The good news is that test use is going up," says Dr. Helga Meisner, of the National Cancer Institute. Her study appeared in the latest issue of *Cancer Epidemiology Biomarkers and Prevention*.

For at least one of these tests, the Fecal Occult Blood Test or FOBT, African American men and women over age 50 in New York were more likely to complete the test than was African Americans in the U.S. as a whole. According to the Centers for Disease Control and Prevention, 21% of all African Americans age 50 and older in the U.S. reported completing an FOBT in 2004. In New York, the rate was 32%. The 2010 national goal for FOBT screening is that 50% of all adults age 50 and older will have had a test in the last two years.

March is National Colorectal Cancer Awareness Month, and health experts stress that there are many ways colon cancer can be prevented. "Colorectal cancer is a preventable disease through detection of pre-cancerous polyps, better diet, and a generally healthier lifestyle," says Dr. Deborah Kirkland of the American Cancer Society. According to Kirkland, one in seven polyps develops into cancer, so the sooner these are found and removed the lower the chances an individual will develop cancer.

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Even if colon cancer occurs, the survival rate is much higher if the cancer is found early through screening. National guidelines recommend all adults age 50 and older be screened regularly for colon cancer. If you're 50 or older and have never been screened, ask your doctor which tests are on the menu. Because for years, Black men and women have higher rates of colon cancer death than other groups, the American Academy of Gastroenterology recommends Black men and women start colon cancer screening at age 45. Not all health insurance will pay for a colon cancer test before age 50, so check with your doctor or insurance company first.

More information about colon cancer, screening and prevention can be found through the National Cancer Institute (<http://www.ncl.nih.gov>), American Cancer Society (<http://www.cancer.org>), Screen for Life: The National Colorectal Cancer Action Center (<http://www.aao.org/cancer/screenforlife/index.htm>), and the STOP Color and Rectal Cancer Foundation (<http://www.colorectalprevention.org>).

Community Resources

For your convenience, we have compiled several resources in the Buffalo area that could provide additional information:

Reewell Park Cancer Institute
Elm and Carlton Streets
Buffalo, NY 14203
Toll free: (877) 275-7724
<http://www.reewellpark.org>

Albert Einstein Cancer Center
1300 Morris Park Ave.
Bronx, NY 10461
Phone: (718) 430-2302
<http://www.aecom.yu.edu/cancer/new/default.htm>

• 10 releases sent

• 19 stories published

• 6 papers, 154,000 circulation

• 71% localization (88% vs. 28%; $p < .001$)

• More prevention (2.7 vs. 2.0; $p < .05$)

• More mobilization (81% vs. 35%; $p < .01$)



Summary:

Expanding reach

- Going where people live and work
- Activating existing information channels
- Building new systems of health information

Summary:

Increasing effectiveness

- Community members as health messengers
- Community- and race-specific information
- Integrating health into cultural values, beliefs

Summary:

Maximizing efficiency

- Finding “active ingredients” of survivor stories
- Identifying cultural strategies that work
- Applying established methods from other fields