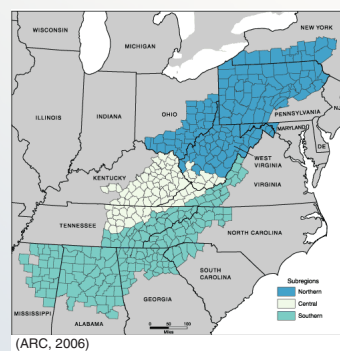


# Seeking Cancer Information: An Appalachian Perspective

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## Background

Accurate, trustworthy, understandable, effectively disseminated cancer information has great potential to help reduce cancer risks, incidence, morbidity and mortality and improve quality of life. However, there are noted disparities by race, ethnicity, age, gender, and socioeconomic status in the reported use of and access to cancer information.



Missing from this list of variables that predict disparities in use of and access to information are specific geographic locales, such as the Appalachian region of the US.


The federal government recognizes the residents of Appalachia as a medically underserved, "special population" because of their higher rates of acute and chronic diseases, disability, and mortality compared to the average population.

The region also experiences higher rates of unemployment and poverty, lower rates of education, and greater geographic isolation. Appalachians experience higher cancer incidence and mortality rates for preventable cancers such as lung, cervix, and colorectal cancer. Understanding the cancer information-seeking behaviors of Appalachians is an important research question.

The research is guided by the Comprehensive Model of Information Seeking (CMIS) which is based on research related specifically to cancer information-seeking (Johnson, 1997).

In 2002, NCI developed and implemented HINTS to capture the American population's cancer knowledge, attitudes and behaviors as they relate to information-seeking, interaction with the health care system, and their own personal health.

<http://cancercontrol.cancer.gov/hints>



## Primary Objective

To understand and describe the cancer information-seeking behaviors of Appalachians as compared to non-Appalachians by analyzing the National Cancer Institute's (NCI) Health Information National Trends Survey (HINTS).

Specifically, the purpose of this capstone research was to assess Appalachian respondents':

- knowledge of cancer;
- actual versus preferential cancer information seeking behaviors;
- trust in the various sources of cancer information;
- overall cancer information-seeking experience; and
- sociodemographic and personal health-related variables relative to non-Appalachian respondents.

## Methods

This secondary data analysis study was approved by the UK IRB in March 2005.

Through a special request of the NCI Health Communications and Informatics Research Branch, the researchers received a re-coded dataset which contained a newly created "Appalachia" variable. The NCI researchers matched the Federal Information Processing Standards (FIPS) Codes for US counties and independent cities identified by the Appalachian Regional Commission (ARC) as Appalachian to the list of telephone exchanges used in the random digit dialing.

SUDAAN<sup>9</sup> statistical software was used to complete the analyses.

Comprehensive Model of Information Seeking (CMIS)

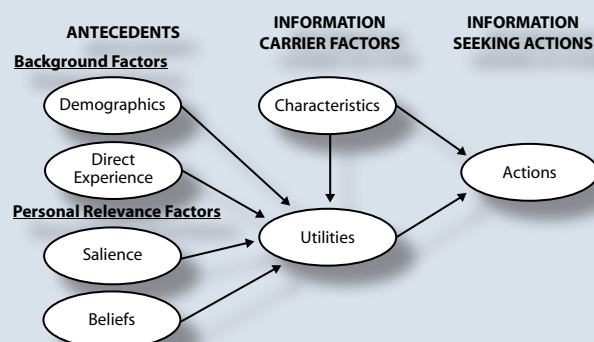


Table 1. HINTS 1 sample based on the new Appalachian variable.

	Appalachia	Non-Appalachia	Total
Sample Size	540	5829	6339
Population Size	18,006,229	191,448,161	209,454,391
Percent	8.6%	91.4%	100%

Table 2. HINTS 1 Appalachian respondents classified by the three Appalachian sub-regions.\*

	Northern Appalachia	Central Appalachia	Southern Appalachia
Sample Size	261	50	227
Population Size	8,778,610	1,442,791	7,701,263
Percent	49%	8%	43%

\* An attempt was made to analyze the survey findings for the three Appalachian sub-regions and while interesting trends were apparent, the small sample sizes in each of the three regions, particularly Central Appalachia, precluded meaningful references.

## Limitations

- HINTS data was collected for purposes other than an investigation into the differences between Appalachians and non-Appalachians
- Too few cases to conduct sub-region analyses
- HINTS is a cross-sectional, random-digit dial telephone survey
- Results based on self-report

## Conclusions

- In general, Appalachians and non-Appalachians do not significantly differ in their cancer information-seeking behaviors and experiences. However, there were subtle, important differences related to the use and trust of health care providers and the Internet for cancer information.
- Even with the wealth of health information found on the Web, Appalachians still value the doctor-patient relationship and place a high level of trust in that relationship.
- Appalachians had higher response rates of "nothing" when asked what strategies could be adopted to help prevent cancer than did non-Appalachians.
- Policymakers and researchers should advocate for more survey research to be conducted within Appalachia, particularly Central Appalachia.
- It is important to understand the effects that geography has not only on the health of individuals and populations, but also on their access to and use of cancer information.
- Qualitative research would complement quantitative survey findings.

## Results

Table 3. Percentage of respondents reporting strategies that they believe people can do to reduce their chances of getting cancer.

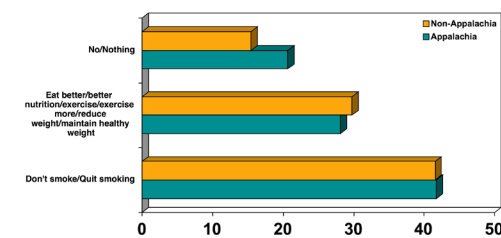


Table 4. Percentage of respondents reporting changes that they would like to make in his or her behavior or lifestyle to reduce his or her chances of getting cancer.

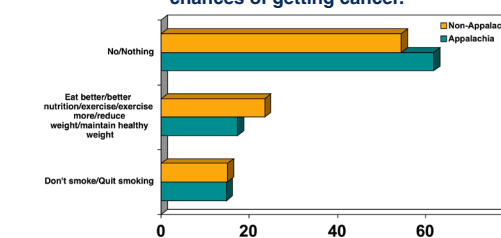


Table 5. Percentage of respondents reporting where they would go first if they had a strong need to get information about cancer.

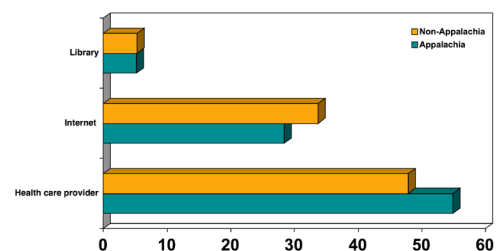


Table 6. Percentage of respondents reporting the first place they looked during his or her most recent search for information on cancer.

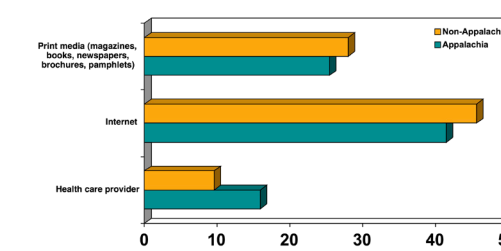


Table 7. Percentage of respondents reporting how much they would trust the information about cancer from a doctor or other health care professional.

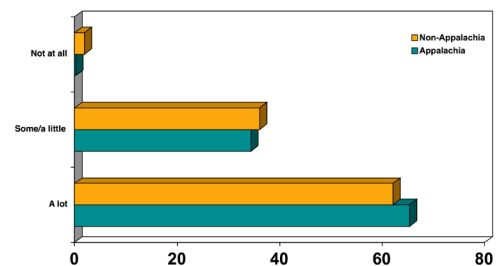


Table 8. Percentage of respondents reporting how much they would trust the information about cancer from the Internet.

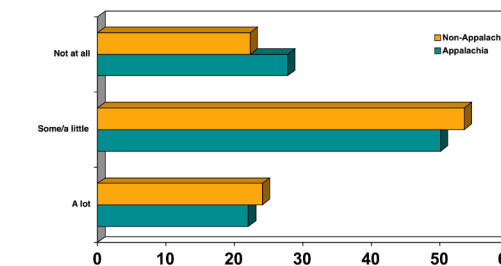


Table 9. Percentage of respondents that reported that they wanted more information, but did not know where to find it (Internet).

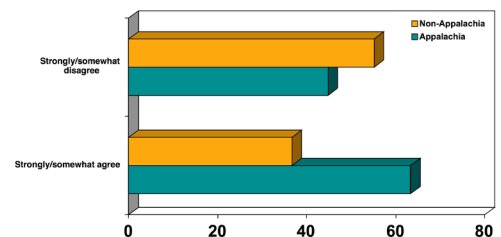


Table 10. Percentage of respondents that reported that they were satisfied with the information they found (Health care provider).

