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IMPROVED COMMUNICATION NEEDED TO ADDRESS CANCER DISPARITIES

***Studies Highlight Valuable Methods and Messages for Reaching
Diverse Populations about Cancer Prevention and Control***

Washington, DC USA (September 15, 2005) – A new study published in a special focus issue of [Health Promotion Practice](#) (October 2005, focus: cancer prevention and control) suggests that a sizeable proportion of patients are not being advised by their physicians to have a fecal occult blood test (FOBT) – a simple, painless test used to detect colorectal cancer. According to Steven Coughlin and Trevor Thompson of the Centers for Disease Control and Prevention (CDC), nearly 95% of Americans aged 50 years or older who visited a doctor in the past year and who reported they had not recently been screened for colorectal cancer using the fecal occult blood test, said they were not told by their physicians to have FOBT.

Those who were less educated and who resided in the United States for a shorter period of time also were less likely to receive a doctor's recommendation for colorectal cancer screening with endoscopy. "Efforts are needed to ensure that physicians are aware that patients who are racial/ethnic minorities or new immigrants and those who have lower education attainment are less likely to have undergone routine colorectal cancer screening," the authors stressed.

To promote awareness of colorectal cancer and the importance of regular screening, CDC and other federal partners launched "Screen for Life: National Colorectal Cancer Action Campaign" (SFL) in 1999. More than 50% of adults aged 50 or over have not been screened appropriately for colorectal cancer. The SFL team reported in the *HPP* October issue that their audience research shows many of those who should be screened for colorectal cancer don't understand the benefits of screening. In order to reach the greatest number of people, the SFL team utilizes many different media, including television public service announcements (PSAs), the focus of the *HPP* article. The authors write that in focus groups conducted with both English and Spanish-speaking priority populations, many participants responded favorably to PSA concepts involving family themes; most also preferred fact-based approaches without gimmicks or humor. According to the SFL authors, involving a diverse project team, particularly native speakers and research and communication professionals, also is critical to developing, testing and producing successful PSAs and other multimedia materials.

The National Cancer Institute (NCI) is using an innovative approach dubbed "transcreation" to translate existing English-language materials into Spanish and then adapting them for Latino cancer survivors. A group of Spanish-speaking reviewers who were cancer survivors were involved in the process that considered core Hispanic values such as the significance of family, the importance of extended family in solving problems, the desire for interpersonal harmony, and the need to maintain one's personal integrity. "Direct one-way translations of print materials from English to Spanish or computer translation programs are infamous for producing awkward or ineffective materials," says Felicia Solomon, MPH, a health educator with NCI's Office of Education and Special Initiatives and lead author of the *HPP* article on transcreation.

Developing linguistically and culturally-appropriate materials is especially important for reaching Hispanic women, who are the least likely of all racial and ethnic groups to have Pap tests, mammograms, and

clinical breast exams. Using a process known as Intervention Mapping (IM), researchers at the University of Texas Health Science Center at Houston, led by Dr. Maria Fernandez and program staff at the National Center for Farmworker Health (NCFH), were able to better understand that farm worker women living in different parts of the country often do not have such exams because they lack knowledge about cancer or related tests, cost, did not perceive the need for such tests, procrastination, and did not receive a doctor's recommendation. The article describes how IM guided intervention development decisions that led to the creation of program components and enabled program adoption and implementation.

Getting women to provide such qualitative information, particularly among migrant populations, can be especially challenging. CDC lead author Dr. Katherine Wilson and colleague found that the most efficient approaches for recruiting women to studies were not through health clinics, but rather those that used an established relationship between a local recruiter and the priority population. For example, an elementary school proved to be the most successful approach of recruiting hard to reach women by involving a grassroots group of lay health workers who had established trusting relationships with the mothers of students. The mothers considered participation in the focus groups as part of the educational interaction with their advisors. When the lay health workers approached women with whom they had not worked previously, they were not as successful. "Under screened women will seldom be found in familiar places, including organized health-related programs," Wilson concluded, "Finding such women can be more costly in time and money, yet if a true commitment to reducing disparities exists, we need to acknowledge and accept those costs as part of doing business.

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