

Culturally Appropriate Health Communication: Extending Reach & Relevance

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Purpose

- ✔ Discuss the relationship between health information and disparities.
- ✔ Discuss the role of culturally appropriate health communication in addressing disparities.
- ✔ Present our efforts to use culturally appropriate health messages to address colorectal cancer disparities in the African American community.



The Health Information Gap

- There are inequalities in disease, health information, and knowledge.
- These are most pronounced among the most disadvantaged.
- There are strategies that we can systematically implement to address these disparities.



HINTS provides good data on broad communication issues.

These data suggest important questions for future research & action.



Information and Knowledge Gaps

- ✔ Took a Lot of Effort to Find
- ✔ Was Frustrating to Obtain
- ✔ Quality Causes You Concern
- ✔ Was Too Hard to Understand



Information and Knowledge Gaps

- Participants in the HINTS survey reported fewer barriers to information seeking in 2005 compared to 2003.
- Ethnic minorities and those with less education, and less income continued to report more difficulties.
- Patterns that mirror health outcomes.



Information and Knowledge Gaps

- What the data do not tell us that we must know to improve reach:
 - What makes information seeking more effortful for these populations?
 - What are *they* looking for (compared to what we think they should know and what we provide)?
 - Are some sources more frustrating than others? Does this vary by population?



Information and Knowledge Gaps

- ✔ What the data do not tell us that we must know to improve reach:
 - What makes data hard to understand?
 - Are there styles of presenting data that are more user friendly?
 - How does data presentation affect perceptions of data quality?



Information and Knowledge Gaps

▼ Intersectionality

- How do SES and race/ethnicity interact to affect information seeking?
- Perceptions of the information environment?
- Information needs or preferences?
- How are SES/race/ethnicity and gender interactions relevant in analyses of health information needs?



These issues are at the heart of
cultural appropriateness.



Models have not proposed the specifics of what, how, and when elements are combined to achieve cultural appropriateness.



Culture & Communication

McGuire Articulates a 7-Step Procedure for Constructing Communication Campaigns

1. Identify high-priority persuasive goals
2. Examination of ethical concerns
3. Survey of the socio-cultural situation
4. Identify the thoughts, feelings, and actions associated with the target behavior
5. Select the target themes (employing a least effort criterion).
6. Construct the communication to provoke output steps
7. Evaluate effectiveness



Survey of the Socio-cultural Situation

- ✔ Evaluate the cultural identity of the population.
- ✔ Explore cultural views & social norms.
- ✔ Explore the translation of culture to behavioral expression

Values that:

- Induce, sustain, or aggravate stress
- Spirituality/religious principles
- Social/political structures
- Dynamics of interpersonal relationships
 - Roles, expectations, obligations, in relation to age, sex, gender, class, kinship
- Primary ideologies (self, responsibility, control)
- Body image
- Norms of personal hygiene



Survey of the Socio-cultural Situation

- Access
 - Public services
 - Education
 - Healthcare
 - Transportation
- Resources
 - Social
 - Physical
 - Economic
- Healthcare relationships

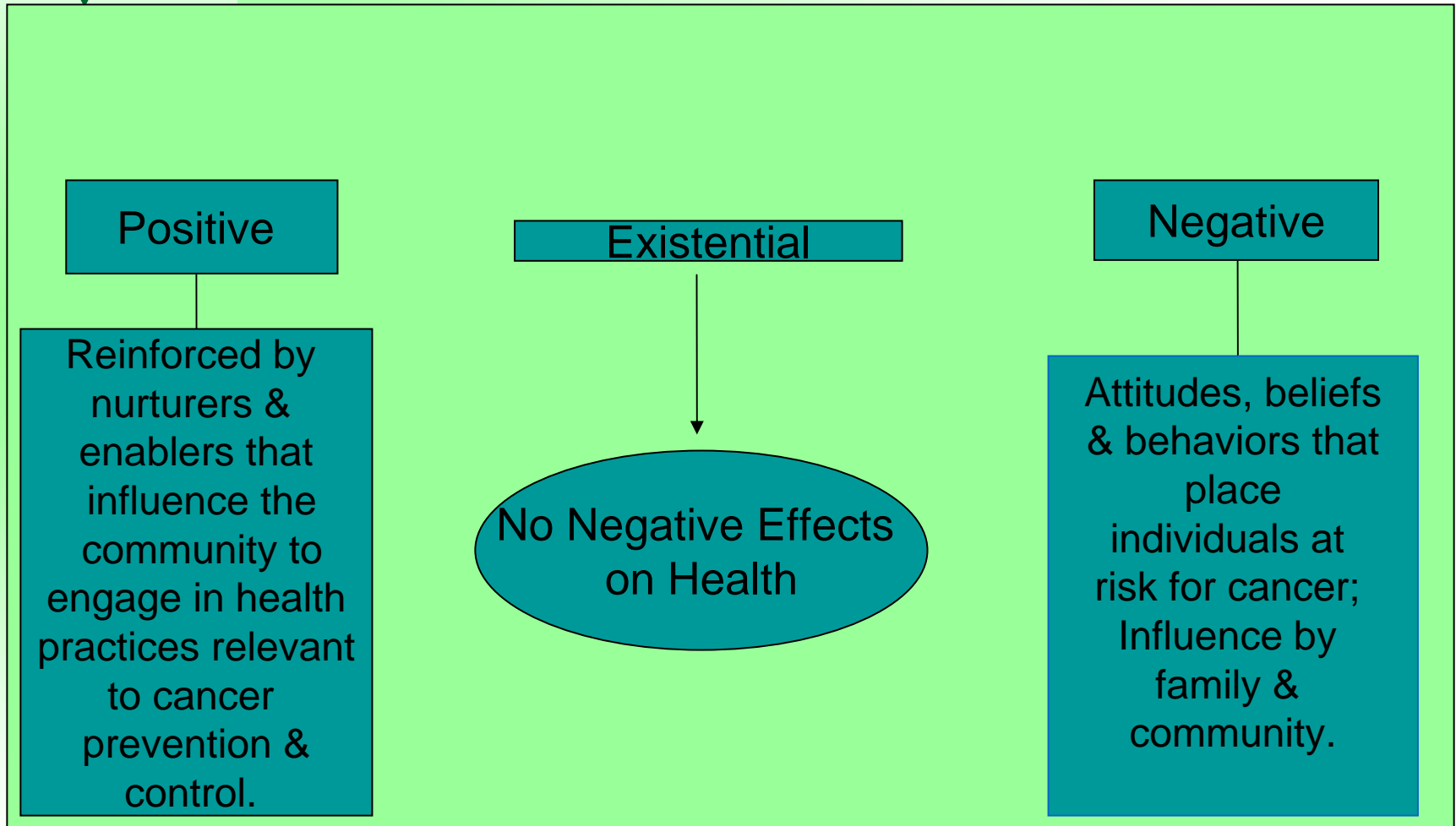


Identify Thoughts, Feelings, & Actions Associated with the Target Behavior

✔ Disease/illness specific:

- Emotional reactions
- Beliefs and cognitions (prevention, maintenance, treatment, cure attitudes; source of information)
- Behaviors (current prevention/intervention activities, coping, appropriate support)
- Treatment providers (who, timing, why)
- Changes willing or unwilling to consider
- Group or community resources that may assist
- Group or community barriers
- Social etiquette (when, where, who may discuss)
- Implication of gender & family role, body image, hygiene

PEN-3 Model



Leonard, J. & Airhihenbuwa, C. O. (1993)



Commonly Used Strategies to Increase the Cultural Appropriateness of Health Information

- *Peripheral (P)* - using pictures and other images of the target group.
- *Evidential (E)* - providing statistical evidence that shows how a problem affects the target group.
- *Socio-cultural (SC)* - integrating health information in the context of cultural norms, values and beliefs.



Spirituality/ Religiosity

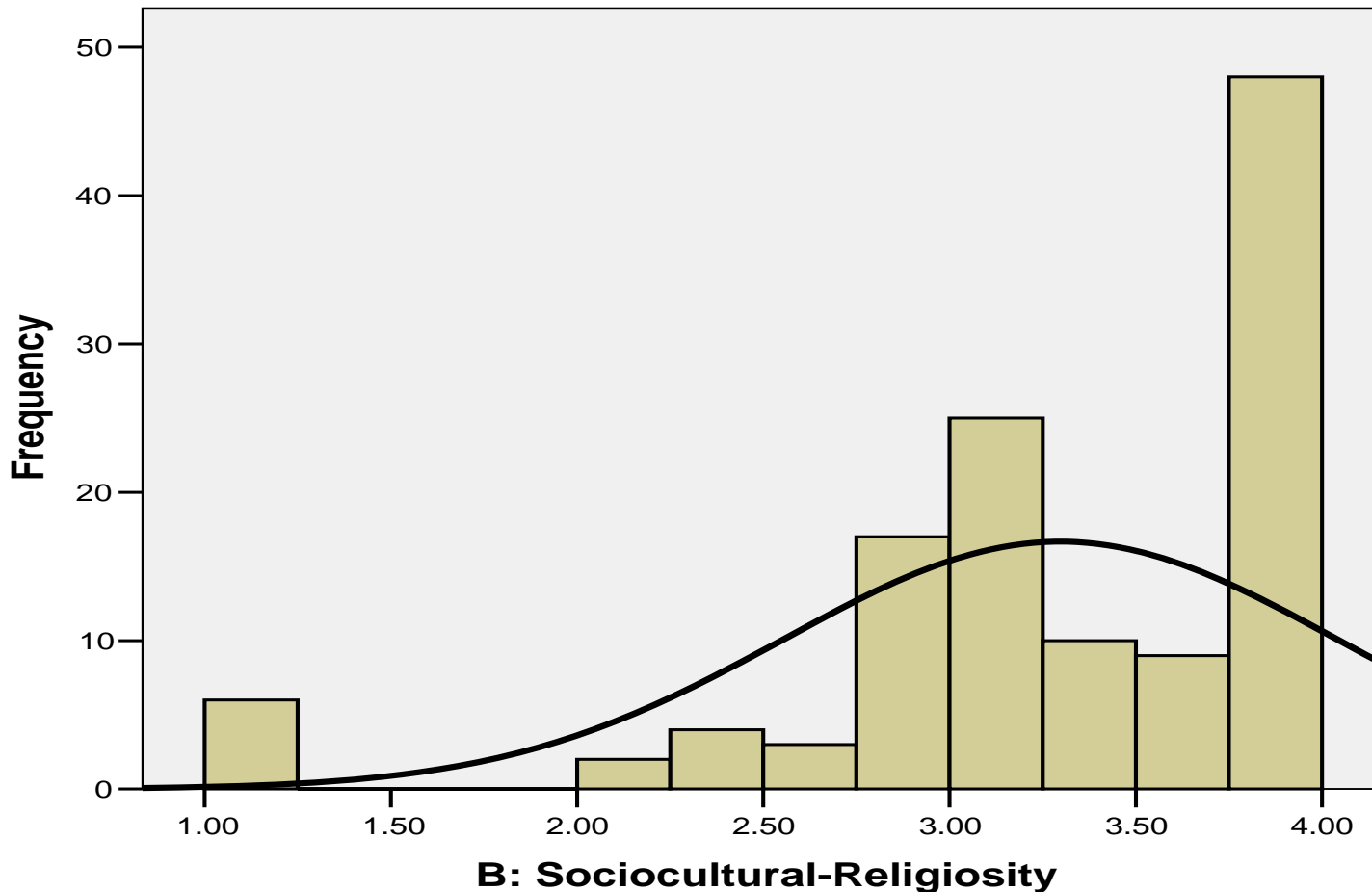
- ✓ Invokes God, a power greater than oneself
 - I am often aware of the presence of God in my life.
 - My spiritual beliefs are the foundation of my whole approach to life.
 - I rely on God to keep me in good health.



Spirituality/ Religiosity

Cronbach's alpha 0.927

B: Sociocultural-Religiosity



Mean = 3.2972
Std. Dev. = 0.74182
N = 124



Trust of the Medical Profession

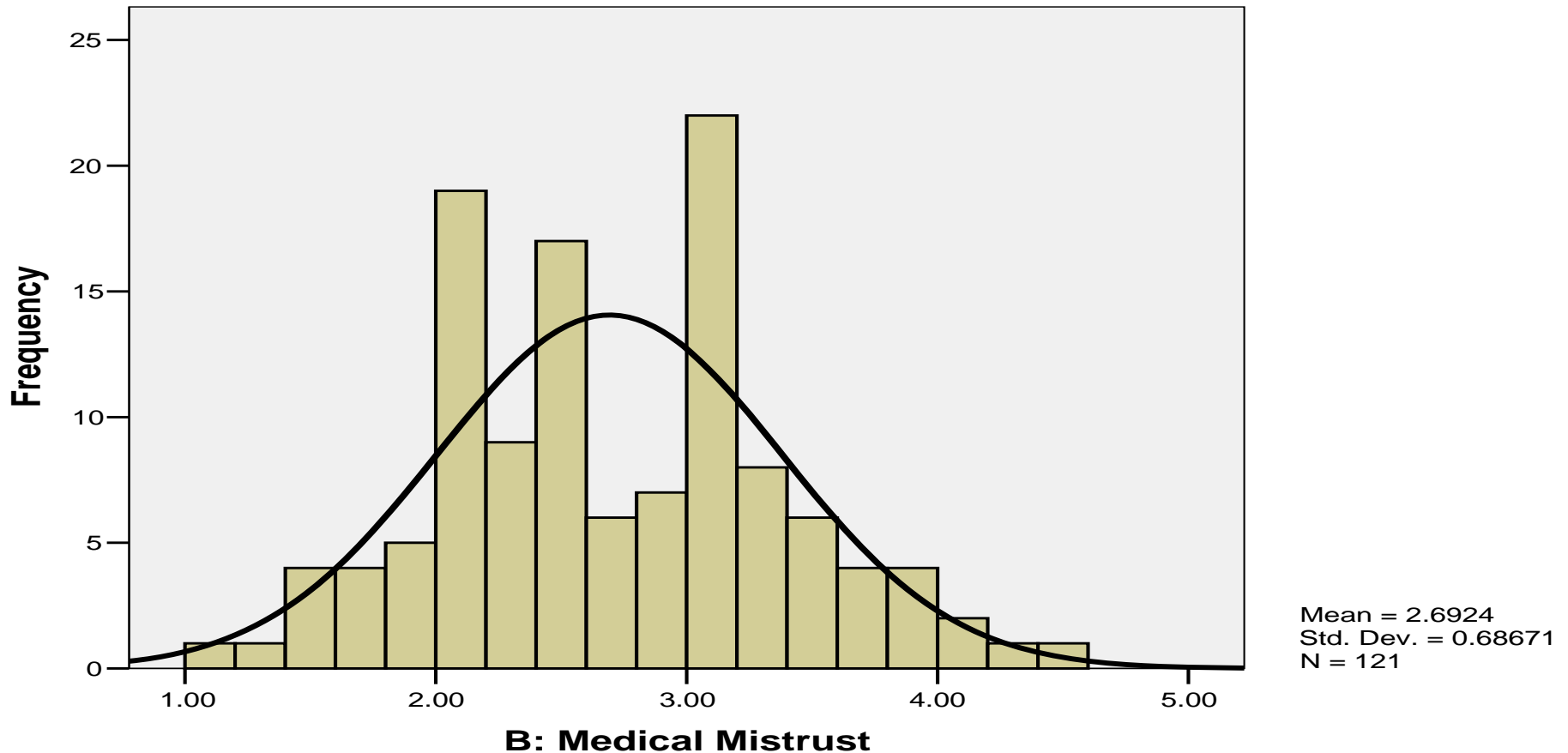
- Belief that the health system will act consistent with the individual's interests.
 - Doctors and health care workers sometimes hide information from patients who belong to my ethnic group.
 - People of my ethnic group cannot trust doctors and healthcare workers.
 - Doctors and health care workers treat people of my ethnic group like "guinea pigs".



Trust of the Medical Profession

Cronbach's alpha 0.802

B: Medical Mistrust





Collectivism

- ✔ Belief that one is linked with others in the community.
 - How important is it that you and your family to call, write, or see each other often?
 - How important is it that you and your family to raise each other's children whenever there is a need?
 - How important is it that you and your family to let relatives stay with you when they need some help?

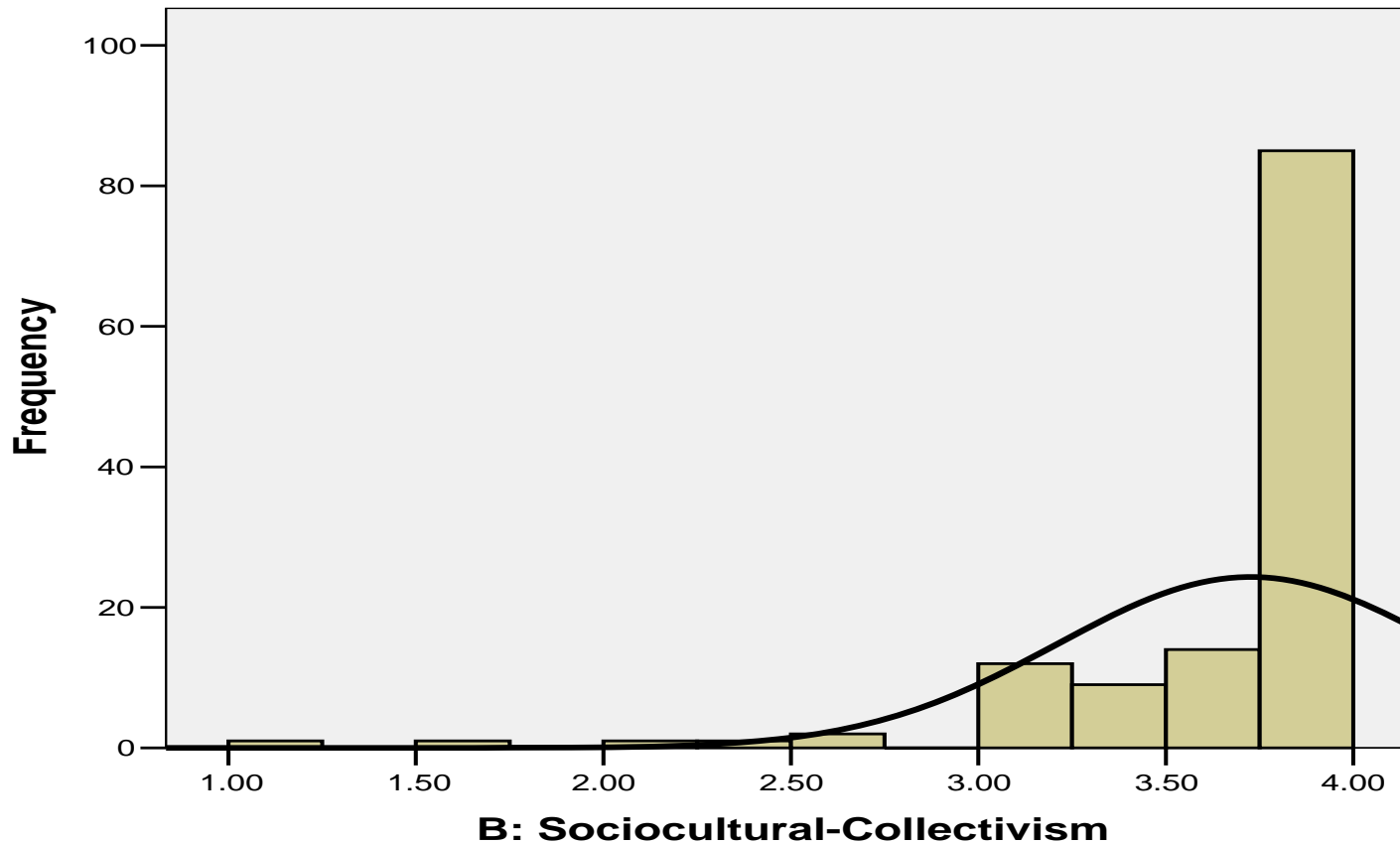


Collectivism

Cronbach's alpha

0.755

B: Sociocultural-Collectivism



Mean = 3.7262
Std. Dev. = 0.5166
N = 126



Humanist Ethnic ID

- ✓ Commonality of humanity supersedes ethnicity
 - Blacks would be better off if they were more concerned with the problem facing all people rather than just focusing on Black issues.
 - Being an individual is more important than identifying oneself as Black.
 - We are all children of a higher being, therefore we should love people of all races.

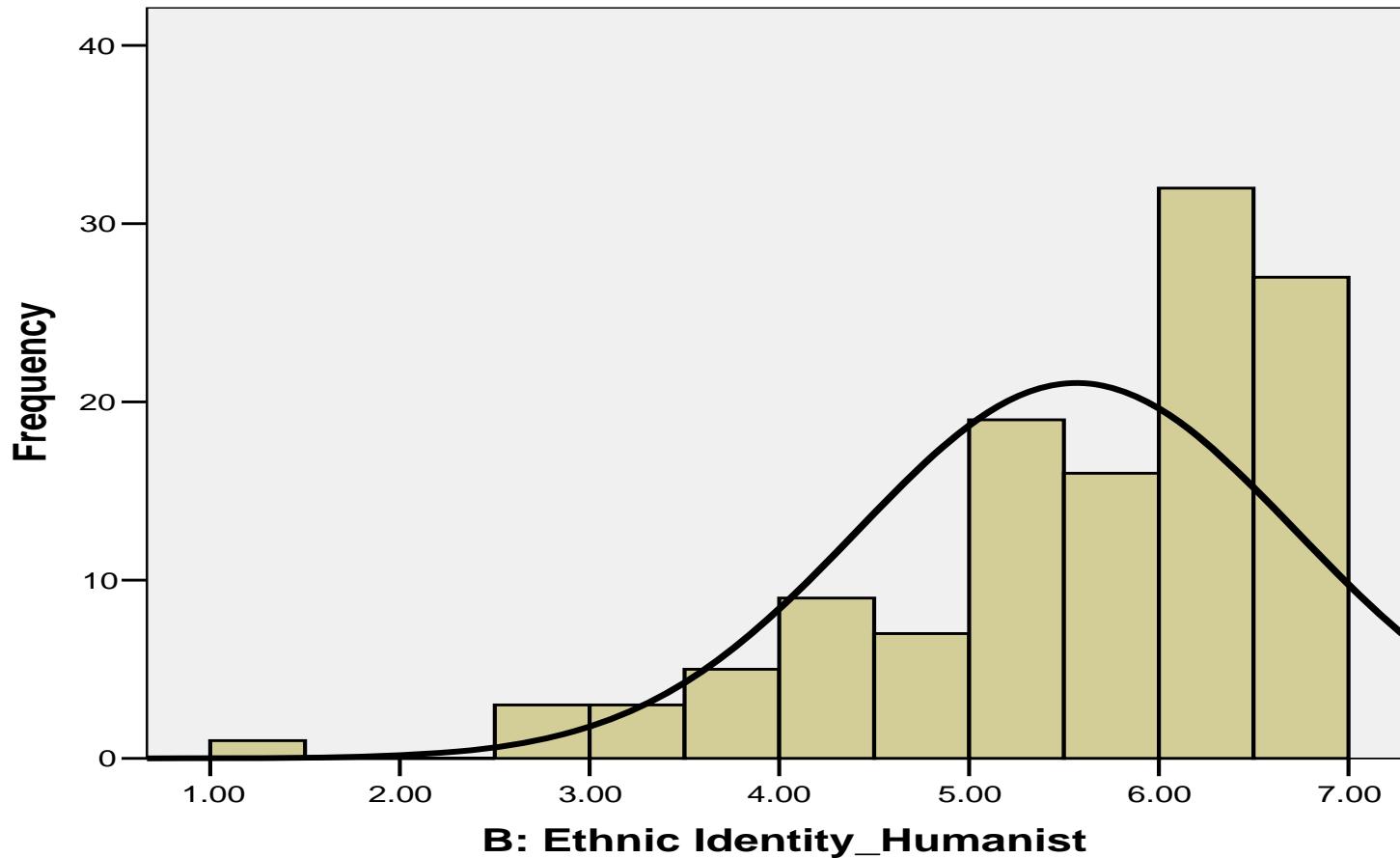


Humanist Ethnic ID

Cronbach's alpha

0.633

B: Ethnic Identity_Humanist



Mean = 5.5668
Std. Dev. = 1.15525
N = 122



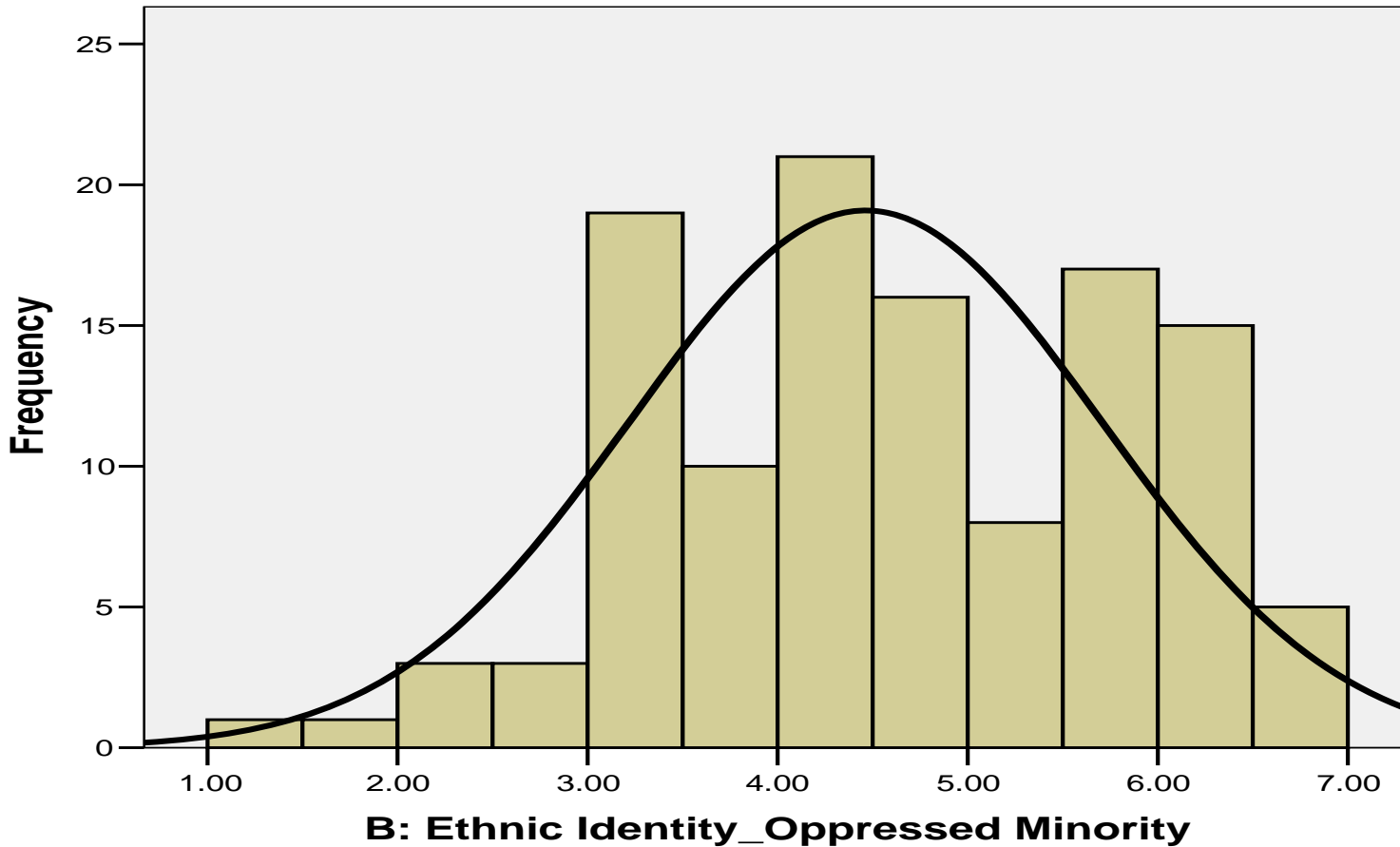
Oppressed Minority Ethnic ID

- ✓ Identity stresses history of oppression and commonalities in minority experience.
 - The racism Blacks have experienced is similar to that of other minority groups.
 - Blacks will be more successful in achieving their goals if they form coalitions with other minority groups.
 - Blacks should try to become friends with other people from other minority groups.

Oppressed Minority Ethnic ID

Cronbach's alpha 0.683

B: Ethnic Identity_Oppressed Minority



Mean = 4.4622
Std. Dev. = 1.24371
N = 119

	CRC Knowledge	CRC Benefits	FOBT Barriers	Scope Barriers	Intent to Screen
Assimilation Ethnic ID	.227* 114	.177 109	-.038 106	-.123 91	.199 48
Humanist Ethnic ID	.011 118	.121 113	-.074 105	-.214* 94	.054 51
Oppressed Minority Ethnic ID	.035 115	.051 110	-.067 106	-.106 93	.044 50
National Ethnic ID	.083 113	-.092 108	.198 105	.110 91	.028 48
Religiosity	.116 120	.088 115	-.047 108	-.031 96	-.006 51
Medical Mistrust	.004 117	-.129 112	-.020 105	.073 94	-.066 51
Collectivism	.127 122	.029 117	-.184 110	-.195 98	.151 52
Fatalism	-.012 126	.001 121	.216* 114	.248* 102	-.188 55


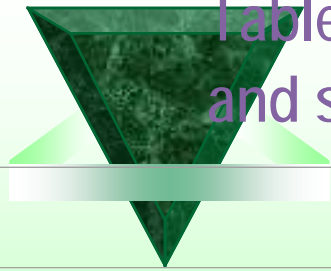


TABLE 1. Correlation between socio-cultural variables, income and education.

	Income	Education
Fatalism	-0.072	0.004
Medical mistrust	-0.113	0.127
Religiosity	0.097	0.119
Collectivism	0.149	0.033
Ethnic identity-assimilation	-0.126	0.133
Ethnic identity-humanist	0.041	0.030
Ethnic identity-oppressed minority	0.012	0.141
Ethnic identity-nationalist	-0.120	0.055

Table 2. Correlations between socio-cultural variables and social desirability responding.

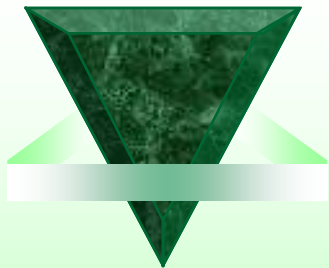


		Social Desirability
Religiosity	Pearson Correlation N	.259** 124
Medical Mistrust	Pearson Correlation N	-.230* 121
Collectivism	Pearson Correlation N	.037 126
Fatalism	Pearson Correlation N	.040 129
Assimilationist Ethnic ID	Pearson Correlation N	.173 118
Humanist Ethnic ID	Pearson Correlation N	.134 126
Oppressed Minority Ethnic ID	Pearson Correlation N	.074 119
Nationalist Ethnic ID	Pearson Correlation N	.088 117



PEN-3 Model of Cultural Constructs

- ✓ How do we understand the variables that we use today?
 - Positive – humanist & assimilationist perspectives on acculturation
 - Existential - religiosity & collectivism are primarily existential variables
 - Negative – nationalist perspectives on acculturation



Healthy Body Healthy Soul

A HEALTH PUBLICATION FOR AFRICAN AMERICAN WOMEN

The facts
about
**colon
cancer**

**Do you know
the signs of
colon cancer?**

*Fruits & vegetables:
Natural cancer fighters!*





STRAIGHT TALK

about
**fruits &
vegetables**

When we make healthy eating part of our lives, the entire community enjoys lasting health benefits. Our Creator has given us resources, like fruits and vegetables, to keep us healthy. We should use them to take care of ourselves and our community.



If I'm going to get colon cancer that's just the way it's gonna be. There's nothing I can do. My life is in God's hands and He'll take care of me.

God helps those who help themselves! There are things you can do to lower your risk of colon cancer. It's true that there are some things about your colon cancer risk that you can't control, like your family history of cancer or your age. But there are a few things you can control - including what you eat.

Don't tell me what I can and can't eat. My doctor tells me to eat better but doesn't tell me how!

How many times have you been told to "eat a healthy diet?" It sounds good, but what does it really mean? To health experts, a "healthy" diet is one that has lots of fruits, vegetables, and whole grains. It has *small* amounts of high fat and high calorie foods. It also has the right amount of calories - not too many and not too few.

So all I have to do is eat more fruits and vegetables? That doesn't sound too bad!

When you want to eat healthier, it's sometimes hard to know where to start. Eating more fruits and vegetables is a sure bet! The fruits and vegetables our ancestors grew are a part of our history and traditions. They kept our ancestors healthy, and they can keep us healthy, too. Time and again, eating fruits and vegetables has been linked to a lower chance of colon cancer. They're full of cancer-fighting ingredients and high in fiber, which helps keep the colon healthy.

OK, as long as I can still make my mama's macaroni and cheese sometimes. Truthfully, my diet is such a mess I wouldn't even know what to change first.

Eating more fruits and vegetables is the first step toward a healthier diet. There are many things you could do to eat better and lower your risk of colon cancer - eat more whole grains, eat leaner meats, eat fewer fried foods, cook vegetables without fatty seasonings. Why not make it easy on yourself, and for now, try to eat more fruits and vegetables? You can make more changes later when you feel ready.

In your next issue:

Which fruits and vegetables are the best cancer fighters?

HOW MUCH IS ENOUGH?

4½ cups every day

Health experts recommend eating **4½ cups of fruits and vegetables every day**. In St. Louis, only 27% of African American women eat more than 2½ cups of fruits and vegetables every day. Are you one of them?

colon cancer defined

Why should you care about colon cancer?

Key Words

Colon cancer – cancer of the colon and rectum, also called “colorectal cancer”

Screening test – a test that’s done to make sure you’re healthy, when you don’t feel sick

Cancer – a disease that causes cells in the body to change and grow out of control

- Non-cancerous – not cancer
- Pre-cancerous – may (or is likely to) become cancer
- Cancerous – cancer

Polyp – extra tissue that grows in the colon

Diagnosed – when a doctor says you have a certain disease, based on signs and symptoms of the disease and the results of medical tests

Gastroenterology – [GAS-tro-in-ter-OL-o-gee] the branch of medicine that treats diseases of stomach organs, such as the colon and rectum

Colon cancer is the third leading cause of death from cancer in African American men. Here are the answers to some common questions about colon cancer:

What is colon cancer?

When cancer is found in the colon or rectum, it is called *colon cancer*. The proper name is “colorectal cancer” because the cancer occurs in both the colon and the rectum, but it is often called “colon cancer.”

Together the colon and rectum make up the large intestine, part of the body’s digestive system. They remove water and some nutrients from food and store the waste until it leaves the body. The colon is the top 6 feet of the large intestine and the rectum is the bottom 8 to 10 inches.

How does colon cancer grow?

Colon cancer develops slowly from polyps that grow in the colon and rectum. It is very common for people to have polyps. *You can have polyps without having cancer.* Among people who have polyps, African Americans often have a greater number of polyps than people of other races. This is why it’s important for you to know about colon cancer.

Over time, some polyps turn into cancer. For this reason, if polyps are found they are usually removed.

- When a *non-cancerous polyp* is removed, it keeps that polyp from turning into cancer.
- When a *cancerous polyp* is removed, it keeps the cancer from spreading.

How is colon cancer found?

During a *colon cancer screening test*, a doctor looks at the colon to make sure it’s still healthy and doesn’t show signs of cancer. The doctor will look for polyps, remove them if they’re found, and then test them to see if they’re cancerous or not.

In your next issue:
Which colon cancer screening test is right for you?



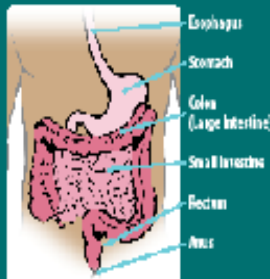
African Americans must try to find colon cancer early.

Compared to other racial/ ethnic groups, African Americans:

- are more likely to have colon cancer.
- often have colon cancer at a younger age.
- are more likely to die from colon cancer.

Because of this, the American Academy of Gastroenterology recommends that African Americans begin colon cancer screening at age 45. However, most other medical groups suggest starting screening at age 50. **Ask a doctor if it’s time for you to have a colon cancer screening test.**

The Colon



The colon is also called the large intestine.




A polyp is a growth of tissue that sticks out from the inside walls of the colon or rectum.



Final Thoughts

- ✓ Must correct the tendency to discuss health & culture without adequate consideration of:
 - The definition of culture
 - Surface – popular music, literature,
 - Folk – dance, dress, cooking
 - Deep – courtship practices, notions of leadership, approaches to problem solving, conception of self, notions about logic & validity, conceptions of justice, notions of modesty, beauty



Final Thoughts

- ✔ The range of relevant cultural issues
 - Beliefs about knowing. How do we know? (evidence)
 - Body image – weight concerns, how do you address these.
 - Giving and accepting advice.
- ✔ The assessment & application of culture permits communication & interventions at the population level.
 - Cannot assume the relevance of race, ethnicity, or culture.
 - Relevance must be determined.
 - Acculturation or ethnic identity.