Greetings! I am pleased to see that we are different. May we become greater than

the sum of both of us. Vulcan Greeting.



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# On Being Culture and Literacy Sensitive in Education on Health Behavior Change



A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort



# Overview

- Tailored versus targeted health education
- Colorectal cancer screening studies
- Lessons learned



## Targeted Health Education

- Address variables with little within-group variance
- Appropriate for newsletters, group education
- Allows for mass production



### Tailored Health Education

- When variables have increased variance withingroup
- Personalized to individual beliefs, knowledge, etc.
- Combination of information or change strategies intended to reach one specific person, based on characteristics that are unique to that person, related to the outcome of interest, and derived from an individual assessment.<sup>1</sup>
- 1 Kreuter MW, Farrell D, Olevitch L, & Brennan L. *Tailoring Health Messages: Customizing Communication with Computer Technology.* Lawrence Erlbaum; 2000.



- Tailored messages are more likely to be remembered and viewed as relevant
- Health promotion messages may be tailored to beliefs, knowledge, stage of readiness, culture, or any combination of these constructs<sup>1</sup>

<sup>1</sup> Kreuter MW, Farrell D, Olevitch L, & Brennan L. *Tailoring Health Messages: Customizing Communication with Computer* 

Technology. Lawrence Erlbaum; 2000



#### How and where does culture and literacy fit?

- As Dr. Clark mentioned in her keynote: two sides of the same coin
- Strategies to target or tailor health education
- Peripheral strategies colors, images, graphics
- Evidential strategies enhance the perceived relevance of a health issue for a given group by presenting evidence of its impact on that group



- Linguistic strategies language, vernacular, idioms
- Constituent-involving strategies lay health workers, community members as staff
- Sociocultural strategies a group's cultural values, beliefs, and behaviors are recognized, reinforced, and built upon to provide context and meaning to information and messages about a given health problem or behavior
- Kreuter et al. (2003). Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches. Health Education and Behavior, Vol. 30 (2): 133-146



## Leveraging Culture & Literacy

- Proactively identifies areas in which intervention can improve behaviors
- Actively implements the solution
- Principles of cultural sensitivity and literacy are deliberately invoked
- Potential to operate at multiple levels throughout the health care delivery process.

Fisher et al. Medical Care Research and Review. Supplement to Volume 64 Number 5 October 2007 243S-282S



 Cultural practices and literacy as vehicles that facilitate behavior change of patients and practitioners.

• Fisher et al. Medical Care Research and Review. Supplement to Vol # 5 October 2007 243S-282S



# Peripheral Strategies

- Appearance of cultural appropriateness through packaging
- Colors, images, fonts, pictures of group members, or declarative titles
- Create interest, establish credibility, and set the tone for content

Kreuter, et al, 2003, Health Education & Behavior, Vol. 30 (2): 133-146



# Linguistic Strategies

- Dominant or native language of the target group
- Usually a strategy used in conjunction with others

Kreuter, et al, 2003, Health Education & Behavior, Vol. 30 (2): 133-146



### Examples of tailored messaging

- Knowledge
- Answered: Most polyps are not cancer.

Yes, most growths or polyps are not cancer. Only a few people get are diagnosed with cancer. Make sure that you are safe by getting tested soon. Knowing you do not have cancer can give you peace of mind.



Cervical Cancer Perceived risk: LGBT sample

- Answered: risk lower because I only have sex with women.
- Even women who only have sex with women are at risk for cervical cancer. Lesbians, transgendered individuals transmen and bisexual women may receive fewer Pap tests because some doctors may think that lesbian, transmen or bisexual women don't need gynecological tests. However, because of the many different risk factors, including the possibility of woman to woman infection transmission, infection from woman to woman all females should have regular Pap tests on schedule. Click here [LINK] for screening information.



# CACSK study

- Computer Assisted Cancer Screening Kiosk -CACSK
- 2 group RCT
- Primary Aim: Feasibility and acceptability of CACSK
- Secondary Aims:
- ~CRC screening uptake by group
- ~Stage of change movement by group



# What are some reasons why you have not had a stool blood test?

Age

**Embarrassment** 

Transportation

No symptoms

Worry

Cost

Doctor did not tell me t

Fear of cancer

Pain

No family history





#### Of these what is your main reason?

- Age
- No symptom



No family history

#### Then tailored message would read:

Colon cancer is asymptomatic usually doesn't cause problems that you see or feel until is pretty large and may be difficult to treat. That's why stool blood tests are so important- they not only discover find colon cancer early, and also help find polyps before they turn into cancer. Don't wait until you notice see or feel a problem.



#### **Prioritizing....Patient Centered**





Cancer Awareness, Resources, Education, and Support



You may think you're not at risk if you eat a good diet. Although some scientists think your risk may be lower if you eat less fat and more fiber, it's still true that any woman — including you — can get colon cancer. Even women who are very careful about eating right.



# Cancer Awareness, Resources, Education, and Support

Please enter your gender.

MALE

FEMALE

How old are you now?

67





















Cancer Awareness,
Resources, Education, and Support



That's the end of the interview. Thank you so much for your time. We will call you in about two months for a follow up interview. Please don't hesitate to call the number on your consent form if you have any questions. Would you like that number again?

YES NO

312-413-4326

# Increasing CRC Screening in Primary Care Settings (R01NR8425)

 Differences in CRC screening uptake among control, tailored education and motivational interviewing groups

 Differential impact of tailoring and motivational interviewing interventions by race and gender



- Primary care patients non-adherent with CRC screening, and with no history of cancer (n = 515)
- Usual care (n=169), Tailored Counseling (n=168) or Motivational Interview (n = 178)
- Trained interventionists delivered TC and MI over the telephone



# Sample

- 70% Male
- 72% African American
- 21% Working
- 72% No partner
- 58 (sd7.9) Mean age



- Highest screening occurred in the TC group
   (23.8%, p>.02)
- TC participants had <u>2.2 times</u> odds of completing post-intervention CRC screening than the control group (AOR = 2.2, CI = 1.2 - 4.0)
- Those receiving MI or usual care did no significantly increase screening



#### References

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- Menon U, Belue R, Wahab S, Rugen K, Kinney AY, Maramaldi P, Wujcik D, Szalacha LA. (2011). A randomized trial comparing the effect of two phone-based interventions on colorectal cancer screening adherence. *Annals Behavioral Medicine*, 42(3):294-303.
- BeLue R, Menon U, Kinney AY, Szalacha LA. (2011).
   Psychosocial risk profiles among black male Veterans
   Administration patients non-adherent with colorectal cancer screening. *Psychooncology.*, 20(11):1151-60.



# Lessons learned

Pilot test with every group

Graphics, color, pictures are sample specific

Language is sample specific



#### Judicious use of humor...

You'll be happy to know that race played no part in this decision!



#### Beware differences within-group



# Lessons learned, contd

- Time/cost may not allow for extended literary testing
  - ~ Formative work with target population
- Cultural brokers are key to appropriate messaging



# Elvis is dead and I don't feel so good myself.

\* Lewis Grizzard



#### Dream big...follow your passion...

