2007 Necessary Elements in the Fundamentals of
Human Subjects Research: Diversity and Disparity
Workshop Series

Conferences

2007

Communication strategies with diverse populations

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Recommended Citation

Wray, Ricardo J., "Communication strategies with diverse populations" (2007). *2007 Necessary Elements in the Fundamentals of Human Subjects Research: Diversity and Disparity Workshop Series*. Paper 3.
http://digitalcommons.wustl.edu/hrpoconf_subres2007/3

Communication Strategies with Diverse Populations:
Presentation to the Necessary Elements Workshop

Siteman Cancer Center

January 30, 2007

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Objectives

- Establish argument for factors contributing to cancer disparities for which communication is an appropriate response
- Present general principles of effective health communication theory and practice
- Present cutting edge research in communication to eliminate cancer disparities

Pink book guidelines

- Communication can:
  - Increase knowledge and awareness of problems
  - Influence and reinforce perceptions, beliefs, attitudes, norms
  - Prompt action
  - Increase demand for services
- Communication can not:
  - Compensate for inadequate or inaccessible services
  - Produce sustained change in absence of parallel changes in services, technology and policy

(Making health communication programs work, 2nd ed., NCI, 2002)

Causes of cancer disparities

- Health disparities occur when one group of people has a higher incidence or mortality rate than another, or when survival rates are less for one group than another

- Disparities can involve groups characterized by gender, age, ethnicity, education, income, social class, disability, geographic location, or sexual orientation

(http://crchd.nci.nih.gov/chd/disparities_examples.html)

Causes of cancer disparities

- Socioeconomic status (SES) appears to play a major role in differences in cancer incidence and mortality rates, risk factors, and screening practices among ethnic and minority groups

- But ethnic minorities tend to receive lower quality health care than whites do, even when insurance status, income, age, and severity of conditions are comparable

(IOM, *Unequal treatment*, 2002)

Causes of cancer disparities

- Systems barriers (e.g. insurance)
- Financial barriers (e.g. costs of care)
- Physical barriers (e.g. living in rural areas)
- Clinician/client communication
- Barriers related to information or education
- Barriers related to culture and biases

(http://crchd.nci.nih.gov/chd/barriers.html)

Communication gaps

- Clinician/client miscommunication
  - More minorities than whites report difficulty communicating with doctors
- Unavailable health information
  - Greater inability to find or assess available information, and inability to respond to available information, among minorities than whites
- Culturally inappropriate health information
  - Failure to match health information to audience language, cultural characteristics or educational levels

(http://crchd.nci.nih.gov/chd/disparities_examples.html)

Communication fundamentals

- Audience-focused
  - Ethical and effective health communication programs rely on information from and about the intended audience to inform development, planning, implementation and evaluation
  - Public health communication uses formative research and feedback to ensure that messages are accessible and comprehensible, that communities are involved, and programs are modified as needed

(Bernhardt, 2004)

Communication fundamentals

- Theory-based
  - Effective health communication programs are informed by communication and social behavioral theories and the relevant evidence-base
  - Theory increases effectiveness of programs by identifying critical beliefs to target, by structuring communication, and by guiding the selection of sources and channels of communication

(IOM, *Speaking of Health*, 2002)

Communication fundamentals

- Behavior matters
  - Behavioral theory and research shows that behavioral specification matters when it comes to assessing and seeking to influence pertinent behavioral, normative, and control beliefs
  - Effective communication programs have focused and specific behavioral objectives, and actionable messages

(Fishbein and Ajzen, 1975)

Communication fundamentals

- Exposure matters
  - Communication effects require sufficient exposure, in terms of reach and frequency, to the messages by the intended audience
  - Programs with greater reach (proportion of an intended audience exposed to messages) have greater chance of success
  - A meta-analysis of communication campaigns found a correlation of .47 between reach and effect size (Hamilton and Snyder, 2002)
  - Programs with greater message frequency (number of exposures by audience members), and multiplicity of sources have greater chance of success

Communication fundamentals

- Messages matter
    - Structure, content and language of messages influence potential persuasiveness; a few examples:
    - Explicit conclusions (actions) are persuasive
    - Two-sided messages that refute arguments are more persuasive than one-sided messages
    - Evidence produces more stable change than no evidence
    - Fear appeals work provided action message is clear

(Perloff, 2003)

Communication fundamentals

- Sources matter
  - Sources can be individual spokespeople or institutions
  - Authority, credibility and attractiveness of sources can enhance program effectiveness

(Perloff, 2003)

Communication fundamentals

- Program effects
  - Health communication programs can achieve success through direct effects of exposure
  - Programs can also change beliefs and behaviors indirectly, via social or institutional diffusion

(Hornik, 2002)

Communication fundamentals

- Conflicting imperatives in programs and research
  - Controlled trials require controlling exposure to messages in the comparison communities, effectively diminishing exposure levels in intervention communities too
  - Communication theory tells us to maximize exposure to achieve effects

(Hornik, 2002)

Explanations for success with high exposure levels

- Improved simple learning
- Message available when user ready
- Implicit communication of social expectations
- Increased social discussion
- Increased policy attention and institutional change

- (Hornik, 1997)

NCI-funded Centers of Excellence in Cancer Communication Research

Saint Louis University's Center for Cultural Cancer Communication aims to use communication to eliminate cancer disparities

Prostate cancer needs assessment

- A needs assessment conducted in the African American community in St. Louis suggests the following important strategic elements to enhance prostate cancer care:
  - Consistent messages
  - Survivor leadership
  - Media outreach
  - Institutional mobilization

Storytelling Project:
An innovative and interdisciplinary approach to breast cancer communication for African American women

Increasing effectiveness of breast cancer information

1. Maximize MESSAGE effects
   – Frame cancer information in terms of community-specific impact and socio-cultural values

2. Maximize SOURCE effects
   – Use messengers similar in background and values and with experience-based knowledge about cancer

Ozioma (Black Newspaper Study)

- Because Black newspapers are an important and trusted source of information in the Black community, they hold great potential to convey cancer information

- Purpose: test the potential of providing community-tailored press releases to increase the coverage of cancer information in Black papers

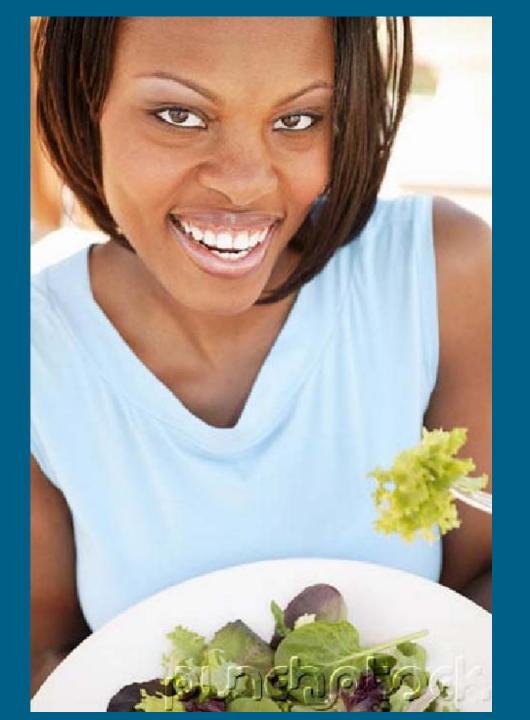- Study design: RCT, with twelve matched communities

Early results

- In the first year of the study:
  - 24 releases sent
  - 9 newspapers used the releases
  - 69 total stories printed
  - 249,000 potential newspaper readers reached

Elimika

- Purpose: Compare different approaches to cultural appropriateness:
  - Evidential approaches provide data specific to the intended audience
  - Peripheral approaches use colors, pictures, or titles that appeal to the group
  - Sociocultural approaches address health in the context of social and cultural characteristics of the group

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