

The Cancer Message: A Workshop on Health Communication Issues

Kingsport, Tennessee
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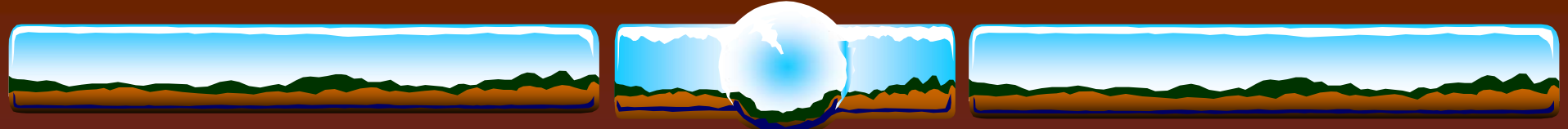
Health Disparities

- ❖ Federal government recognized disparities in death, illness and use of care among racial and ethnic groups
- ❖ In 2000, concept of health disparity populations added by Senator Frist
- ❖ Must identify disparities more precisely:
 - ❖ What diseases
 - ❖ What populations
 - ❖ What causes



Health Disparities Findings

- ❖ NIH: higher cervical cancer mortality
- ❖ MMWR: higher overall cancer mortality, male lung cancer mortality, particularly rural App.
- ❖ ARC/WVU: greatest App. disparity from the US rates is heart disease mortality for Black Males and Black Females
- ❖ Major sources of Appalachian disparity:
 - ❖ Premature mortality = cancer
 - ❖ 65+ = heart disease



Rural Appalachian Cancer Demonstration Program

- ❖ The Appalachian Regional Partners
 - ❖ LENOWISCO Health District, Virginia Department of Health
 - ❖ Markey Cancer Control Program, University of Kentucky
 - ❖ Division of Health Sciences, East Tennessee State University
- ❖ Sponsored through a grant from the Centers for Disease Control and Prevention



Our Purpose

To share, think, and learn about:

1. How can we communicate better about cancer in Appalachia?
2. How can each of us be more effective senders and receivers of cancer information ?
3. What else can we do regionally to improve the cancer issue?



Workshop Expectations

- ❖ This is an active workshop, not a passive conference!
- ❖ You are here because of your expertise. Success depends upon your willingness to share it.
- ❖ This workshop is the second stage of learning from community and providers about about the key issue of communication.



Results from Community Focus Groups, 2002

- ❖ Some confused and inaccurate knowledge about cancer and cancer care.
- ❖ Physicians not always indicated as source of information about cancer.
- ❖ Reliance on word of mouth and the media.

- ❖ Benham, KY
- ❖ Catlettsburg, KY
- ❖ Chillhowie VA
- ❖ Hazard, KY
- ❖ Jacksboro, TN
- ❖ Jonesville, VA
- ❖ Kingsport, TN
- ❖ Parrottsville TN
- ❖ Pound, VA



Assumptions

- ❖ Over time, we all become providers and patients
- ❖ As patients (or family or friends) and as providers, we all send and receive information about cancer
- ❖ Communication is an intentional act – and requires lots of work!



A Proposed Workshop Model for Health Communication

Sender → Message → Channel → Receiver

Conveyor of information

Content of educational materials

Variety of mechanisms,
sites and venues to reach people

Person or
group targeted
for education



Process

- ❖ Small groups to discuss statements from focus groups
- ❖ Providers and community members in each group
- ❖ Some with experts who will share new knowledge
- ❖ Exercises to identify recommendations of how to improve communication
- ❖ Remember – we can learn from each other... if we both talk and listen.



The Day's Agenda

- ❖ 9:00 AM Framing the day: Story Circle
- ❖ 9:45 Small group statement work
- ❖ 11:45 Lunch and exhibits
- ❖ 1:15 PM Small group statements work
- ❖ 3:30 Debriefing: What have we learned?
- ❖ 4:15 Cancer messages: The wider picture
- ❖ 6:00 Dinner and speaker: The media and cancer messages



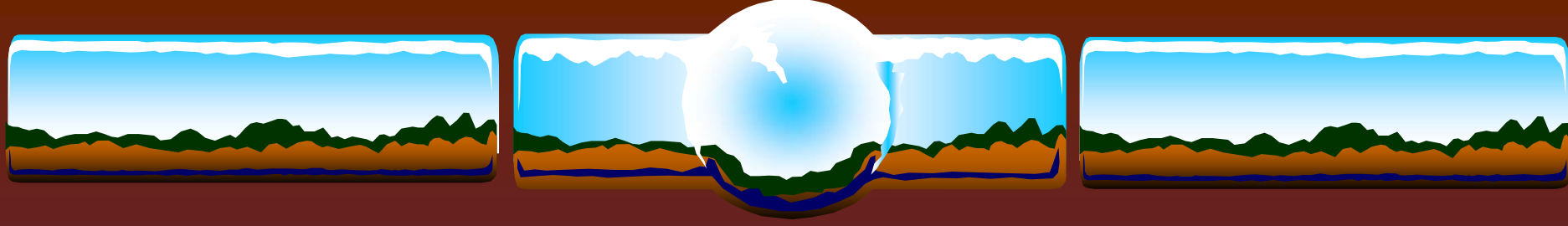
Stage Directions I

- ❖ Small group meeting rooms AM
 - ❖ Screening (Sullivan)
 - ❖ Clinical trials (Hawkins)
 - ❖ Symptoms (Scott)
 - ❖ Survivorship (Washington)
- ❖ The walking lunch with educational exhibits



Stage Directions I

- ❖ Small group meeting rooms PM
 - ❖ Risk factors (Scott)
 - ❖ Treatment (Sullivan)
 - ❖ Radiation (Hawkins)
 - ❖ Environment (Washington)
- ❖ Debriefing together again



Debriefing: What have we learned?

Dr. Wilsie Bishop

Dean, ETSU

College of Public and Allied Health



Debriefing

- ❖ Five minute reports from each sub-group
 - ❖ What was your message?
 - ❖ Recognize your experts
 - ❖ Explain your exercise
 - ❖ One finding or recommendation on how to improve communication about cancer and cancer care
- ❖ Remember, student recorders and tapes will help us gain full depth of your efforts



Small Group Statements, AM

- ❖ People don't get screened because the tests are embarrassing or uncomfortable.
- ❖ Clinical trials are experiments – they're going to try something and they don't know if it's going to work or not.
- ❖ All cancer symptoms can be symptoms of something else – how do you know?
- ❖ No one survives cancer, I don't know any survivors.



Small Group Statements PM

- ❖ Why learn about risk factors if my doctor doesn't have the time to discuss them?
- ❖ Why go for treatment if you are going to die from the cancer anyway?
- ❖ Radiation will cook you – the treatment is worse than the disease.
- ❖ Chemicals in food and in the air cause cancer, I don't have any control over that.



Summarizing Our Work

- ❖ Can we identify any common themes among the groups findings?
- ❖ Is there anything special about health communication in our Appalachian region that might contribute to health disparities?
- ❖ Final comments about your efforts



Stage Directions II

- ❖ Presentation by *Dr. Nolo Martinez: “Cancer Messages – The Wider Picture”*
- ❖ *Invitation to stay for Dinner and Keynote Speaker Mr. Al Smith on “The Media and Cancer Messages*



Summary Principles

- ❖ Stress two-way communication and dialog.
- ❖ Recognize and stress the needs of individuals.
- ❖ Emphasize: its OK to ask questions and create environment that fosters this.
- ❖ Work from the patient's knowledge base; don't assume knowledge because of educational level.
- ❖ See patients as part of the interdisciplinary team.
- ❖ Give patients time to process thoughts and ask questions.
- ❖ Gain sense of awareness, culture, language, expectations.
- ❖ Listen from the heart to the stories



Further Considerations and Research Questions

- ❖ What we know and don't know about health communication about cancer in rural Appalachia
- ❖ Lessons from literature or research about health disparity populations
- ❖ Add points from other communication models
- ❖ Relevant research questions, the answers to which will help improve communication



Applying the Principles

Areas of Practice	How to use principles	Best practice models
The media		
Health professionals in practice		
Health provider organizations		
Community coalitions		
Health professionals in training		