Greetings! I am pleased to see that we are different. May we become greater than the sum of both of us.

Vulcan Greeting
A RESEARCH JOURNEY: TO BOLDLY GO FORWARD

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• Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

~Martin Luther King, Jr.
Use of Interactive Culturally Sensitive Techniques to Improve Primary Health Practices
Imagine a world without cancer
Overview

• Tailored versus targeted health education
• Integrating culture into tailoring
• Exemplars from colorectal cancer screening research
Targeted Health Education

- Address variables with little within-group variance
- Appropriate for newsletters, group education
- Lower cost, less S/W programming
- Easier to adapt for various groups
Tailored Health Education

• When variables have increased variance within-group
• 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

Contd.

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

How and where does culture fit in?

• Strategies to target health education programs:

• 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
Contd.

- **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

Cultural Leveraging

• Proactively identifies areas in which a cultural intervention can improve behaviors
• Actively implements the solution
• Principles of cultural competence 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, products, philosophies, or environments as vehicles that facilitate behavior change of patients and practitioners.

• Factors such as language, family norms, and sexuality shape the framework through which health care is accessed.

• Noting that culture is broadly defined beyond simply language and race.

Fisher et al. Medical Care Research and Review. Supplement to Volume 64 Number 5 October 2007 243S-282S
• Race and ethnicity are frequently used as proxies for culture.
• Important—even central—parts of a given culture but are not definitive of culture
• For example, all African Americans do not share single monolithic culture
• Cultural subgroups may exist, and any African American may belong to one, none, or several

• Transdisciplinary research
• Multi-lens approach
• Integrate relevant components of various theoretical frameworks
• Focus on factors that are changeable
Guiding principles for tailored message development

• Demographics of sample
• Language (translation; cultural language)
• HEALTH LITERACY
• Delivery medium (computer, mail, etc)
• Who is delivering the message? (LHW, nurse, etc)
Demographics

- Remember your sample is not the entire population of interest
  - Beware of within group differences
- Age
- Gender
- Race/ethnicity
Translation

• Linguistic equivalence versus Content equivalence
• Single person translation versus committee method
Examples of tailored message writing

• **Knowledge**

• **Answered: Most polyps are not cancer.**

• Yes, most growths or polyps are not cancer. Only a few people get 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.
Examples of tailored message writing

- **Perceived Risk: Female**;
- **Answered: Not at risk because of older age**
- Many women do not think they are at risk for colon cancer because they are now older. Colon cancer is mostly diagnosed in women over 50. Because you are now XX, you are at risk of getting colon cancer. Getting tested regularly can save your life.
Examples of tailored message writing

- **Cervical Cancer Perceived risk: Lesbian;**
- **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.
• **Examples from Interactive CRC Screening in Primary Care** *(R21 CA100566)*

Please enter your gender.

Male  Female

How old are you now?

67
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.
It's good that you feel symptoms should be checked. Remember not all symptoms mean that you have cancer. By getting it checked out you may just find out that nothing is wrong, and then you can feel good about not having cancer.
9. Why are your chances of getting colon cancer much lower than average, compared to other people your age, sex and race? Please check all that apply.

<table>
<thead>
<tr>
<th>Age</th>
<th>Family History</th>
<th>Race/Ethnic Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health</td>
<td>Religious Faith</td>
<td>Diet</td>
</tr>
<tr>
<td>Mental Attitude</td>
<td>Smoking Status (either smoker or non smoker)</td>
<td>Sexual Activity</td>
</tr>
<tr>
<td>Environmental Exposures</td>
<td>Stress</td>
<td>No Previous Colon Cancer or Polyps</td>
</tr>
<tr>
<td>Other (What?)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
43. What are some of the reasons you would **not** want to have a colonoscopy or sigmoidoscopy? Please choose all that apply.

- Had one recently
- Financial reasons/cost, insurance
- Embarrassment
- No need/no problems with colon
- At my age, don’t need anymore
- No benefit in finding cancer early
- Fear of finding out I have cancer
- Other (what?)
- Doctor did not tell me to have the tests
- Pain/physical discomfort
- Too much trouble, won’t get around to it
- Not planning to go to the doctor soon
- Worry of finding out I have cancer
- Don’t know where to go
- Transportation
- No reason
- Convenience
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?

312-413-4326
Increasing CRC Screening in Primary Care Settings (R01NR8425)

Co-Investigators:
- Rhonda Belue (Pennsylvania State U)
- Anita Kinney (U of Utah)
- Peter Maramaldi (Simmons College)
- Kathryn Rugen (Jesse Brown VAMC)
- Laura Szalacha (Arizona State U)
- Stephanie Wahab (Portland State U)
- Debra Wujick (Vanderbilt U)
Study design (R01NR8425)

• Primary care patients non-adherent with CRC screening, and with no history of cancer (n = 515)
• Usual care (n=169), Tailored education (n=168) or Motivational Interview (n = 178)
• Trained interventionists delivered TC and MI over the telephone
Results (R01NR8425)

- Highest screening occurred in the TE group (23.8%, \(p>.02\))
- TE participants had 2.2 times 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
Study Dissemination (R01NR8425)


- Menon, U, Belue, R, Wahab, S, Kinney, AY, Rugen, K, Maralmaldi, P, Wujick, D, & Szalacha, LA. (resubmission in progress). A Randomized Trial Comparing the Effect of Tailored Communication to Motivational Interviewing on Colorectal Cancer Screening Adherence

- Belue, R, Menon, U, Maramaldi, P, Wujick, D, Kinney, AY and Szalacha, L. (Accepted). Behavioral Risk Profiles among Black Men Non-Adherent with Colorectal Cancer Screening. *Journal of Psychosocial Oncology*

A RESEARCH JOURNEY: TO BOLDLY GO FORWARD
• ”A woman's reach should exceed her grasp, else what's a heaven for?”

~Adapted from Robert Browning
Impossible is just an opinion!
“When Henry Ford decided to produce his famous V-8 motor, he chose to build an engine with the entire eight cylinders cast in one block, and instructed his engineers to produce a design for the engine. The design was placed on paper, but the engineers agreed, to a man, that it was simply impossible to cast an eight-cylinder engine-block in one piece.

Ford replied, "Produce it anyway."

— Henry Ford
Never say that you can't do something, or that something seems impossible, or that something can't be done, no matter how discouraging or harrowing it may be; human beings are limited only by what we allow ourselves to be limited by: our own minds. We are each the masters of our own reality; when we become self-aware to this: absolutely anything in the world is possible.

Master yourself, and become king of the world around you. Let no odds, chastisement, exile, doubt, fear, or ANY mental virii prevent you from accomplishing your dreams. Never be a victim of life; be it's conqueror.”

― Mike Norton
“Alice laughed. 'There's no use trying,' she said. 'One can't believe impossible things.'

I daresay you haven't had much practice,' said the Queen. 'When I was your age, I always did it for half-an-hour a day. Why, sometimes I've believed as many as six impossible things before breakfast.”

— Lewis Carroll
“The impossible could not have happened, therefore the impossible must be possible in spite of appearances.”

— Agatha Christie, *Murder on the Orient Express*
Next Steps and Implementation

OR

• A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort
• **Reach** your intended target population -- percent and representativeness of participants

• **Effectiveness** or efficacy -- Impact on key outcomes, quality of life, unanticipated outcomes and sub-groups
• **Adoption** by target staff, settings, or institutions -- Is the program feasible for majority; representativeness of real-world settings, costs, expertise, settings and staff that participate
• **Implementation** consistency, costs and adaptations made during delivery -- Consistency and cost of delivering program and adaptations made
• **Maintenance** of intervention effects in individuals and settings over time -- Long-term effects at individual and setting levels, modifications made;
Change Leadership

• Can be a lonely place
• Requires belief and passion
• Requires a different way of thinking
• Need a *change vision*
Agents of Change

- Be open to data at the start
- Network like crazy
- Document your own learning
- Take senior management along
- No fear!
• Be a learning person yourself
• Laugh when it hurts
• Know the business before you try to change anything
• Finish what you start

http://www.fastcompany.com/27514/9-tips-change-agents
DREAM BIG

IF YOU CAN DREAM IT, YOU CAN BECOME IT.
Dream

You got to have a dream,
If you don't have a dream,
How you gonna have a dream come?

*South Pacific
Commit

• Select an idea that you want to implement
• Write it down
• Write it down in enough detail that you remember the idea and the passion you felt when you came up with it
• On a scale of 1-10, 10 being most difficult, where does this idea fall?
• Let our advance worrying become advance thinking and planning – *Winston Churchill*
Passion

Before the plan, must come the passion....
Plan

• Where do you want to implement this? (setting)

• What outcomes do you want to achieve?
  – Long term outcome(s)
  – Short term outcome(s)
• Identify stakeholders
  – Within setting
  – External stakeholders
What’s the carrot?
Compassion, Tolerance, Respect for Diversity

Resistance to the idea does not mean resistance to you

Change takes time
Overcoming Barriers
• No woman is an island
• It takes a village.... or in my cases, several villages....
The Wind Beneath My Wings

Academy awards to:

• Joan Shaver
• Angela McBride
• Kathi Mooney
• Mom and Dad
• Ronande Creebsburg
Dr. Laura Szalacha
Dr. Jenn Kue
And the Oscar goes to.....Victoria Champion
mentor, friend, teacher, scientist EXTRAORDINAIRE!