

**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**

**Usha Menon, PhD, RN, FAAN**  
**Vice Dean & Professor**  
**[menon.48@osu.edu](mailto:menon.48@osu.edu)**

- **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<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.



## 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<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 fit in?

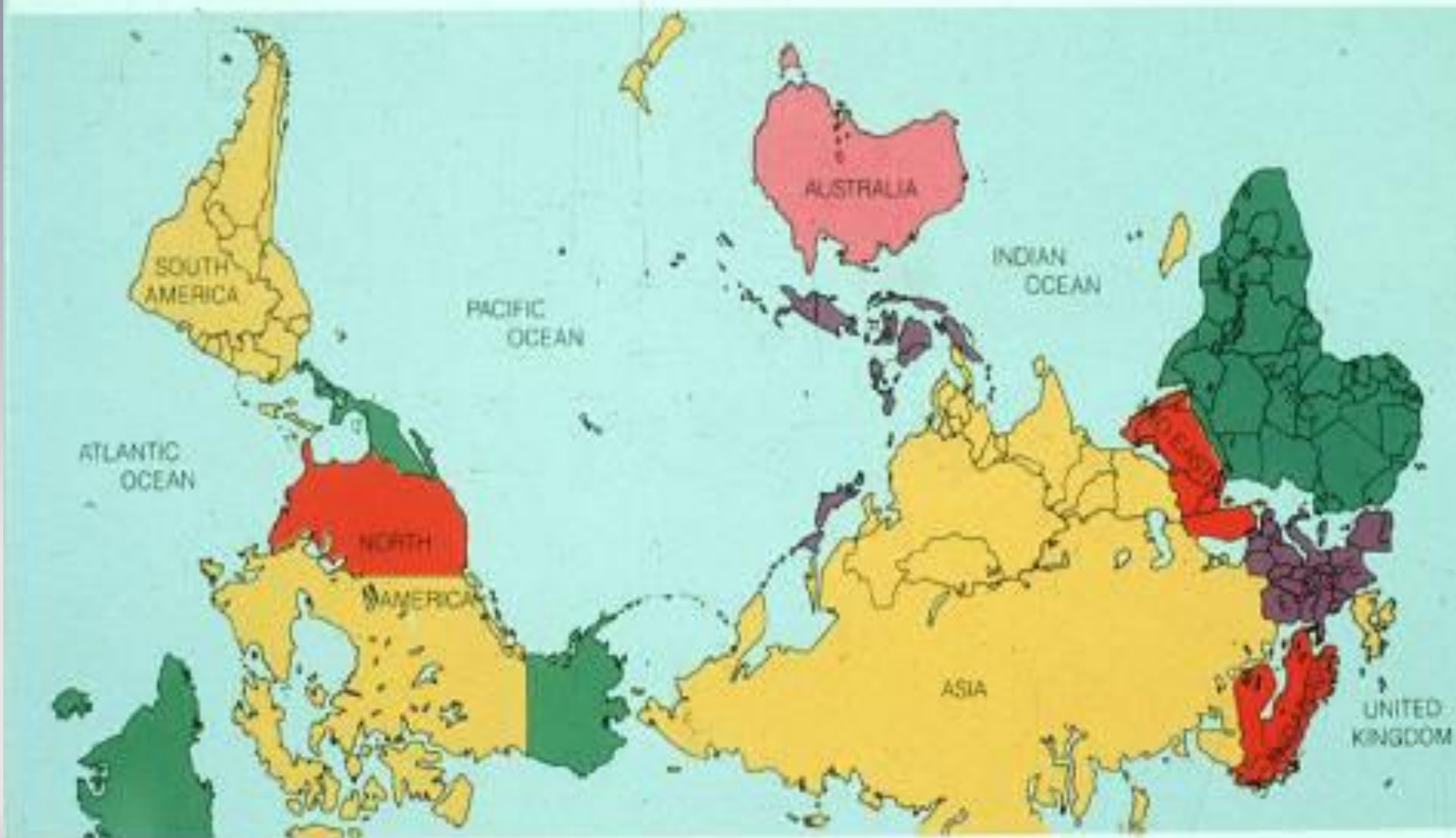
- *Strategies to target health education programs:*
- **Peripheral strategies** – colors, images, graphics
- **Evidential strategies** - enhance the perceived relevance of a health issue for a given group by presenting evidence of its impact on that group

# 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

- Kreuter et al. (2003). Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches. *Health Education and Behavior*, Vol. 30 (2): 133-146

A · U · S · T · R · A · L · I · A



O · N · T · O · P · D · O · W · N · U · N · D · E · R

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

- 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 ~~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.

# Examples of tailored message writing

- Perceived Risk: Female;
- Answered: Not at risk because of older age
- Many women ~~do not~~ think they are at NOT AT risk for colon cancer because they are now older. Colon cancer is mostly ~~diagnosed~~ found 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)

\* Menon,U, Szalacha, LA, Belue, R, Powell, K, Martin, K, & Kinney, AY. (2008). Interactive, Culturally Sensitive Education on Colorectal Cancer Screening, Medical Care – Supplement; Monograph from the NCI, 46(9 Suppl 1):S44-50



Cancer Awareness,  
Resources, Education, and Support



Please enter your gender.

MALE

FEMALE

How old are you now?

67

0

1

2

3

4

5

6

7

8

9

CONTINUE ►





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.

START ►



Cancer Awareness,  
Resources, Education, and Support



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. [START ►](#)



Cancer Awareness,  
Resources, Education, and Support



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.



AGE



FAMILY HISTORY



RACE/ETHNIC BACKGROUND



GENERAL HEALTH



RELIGIOUS FAITH



DIET



MENTAL ATTITUDE



SMOKING STATUS  
(EITHER SMOKER OR NON SMOKER)



SEXUAL ACTIVITY



ENVIRONMENTAL EXPOSURES



STRESS



NO PREVIOUS COLON CANCER  
OR POLYPS



OTHER (WHAT?)

CONTINUE ►



Cancer Awareness,  
Resources, Education, and Support



43. What are some of the reasons you would not want to have a colonoscopy or sigmoidoscopy? Please choose all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> HAD ONE RECENTLY                   | <input type="checkbox"/> DOCTOR DID NOT TELL ME TO HAVE THE TESTS | <input type="checkbox"/> INCONVENIENCE |
| <input type="checkbox"/> FINANCIAL REASONS/COST, INSURANCE  | <input type="checkbox"/> PAIN/PHYSICAL DISCOMFORT                 |  |
| <input type="checkbox"/> EMBARRASSMENT                      | <input type="checkbox"/> TOO MUCH TROUBLE, WON'T GET AROUND TO IT |  |
| <input type="checkbox"/> NO NEED/NO PROBLEMS WITH COLON     | <input type="checkbox"/> NOT PLANNING TO GO TO THE DOCTOR SOON    |  |
| <input type="checkbox"/> AT MY AGE, DON'T NEED ANYMORE      | <input type="checkbox"/> WORRY OF FINDING OUT I HAVE CANCER       |  |
| <input type="checkbox"/> NO BENEFIT IN FINDING CANCER EARLY | <input type="checkbox"/> DON'T KNOW WHERE TO GO                   |  |
| <input type="checkbox"/> FEAR OF FINDING OUT I HAVE CANCER  | <input type="checkbox"/> TRANSPORTATION                           |  |
| <input type="checkbox"/> OTHER (WHAT?)                      | <input type="checkbox"/> NO REASON                                |  |

CONTINUE ►



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

CONTINUE ►

# 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 not significantly increase screening



# Study Dissemination (R01NR8425)

- Wahab, S, Menon, U, & Szalacha, LA. (2008). Motivational Interviewing and Colorectal Cancer Screening: A Peek from the Inside Out. Patient Education & Counseling, 72(2):210-17. PMID: PMC2562583
- 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
- Menon, U, Szalacha, LA, Belue, R, & Champion, VL. (in progress). How do longitudinal changes in colon cancer beliefs predict post-intervention screening?

**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*

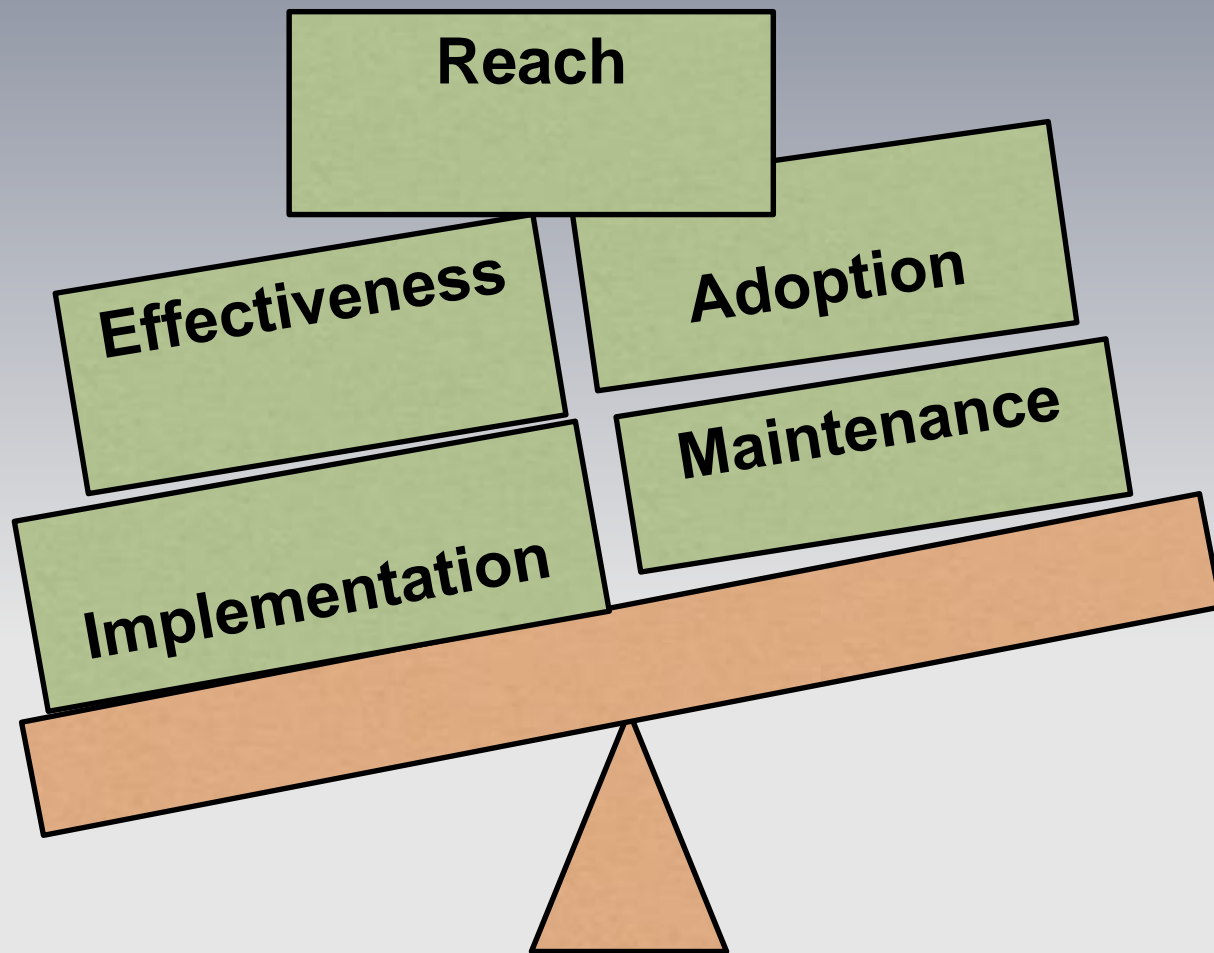
- *A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort*

- **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;



<http://www.re-aim.org/forms/gaglio.pdf>

# 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)

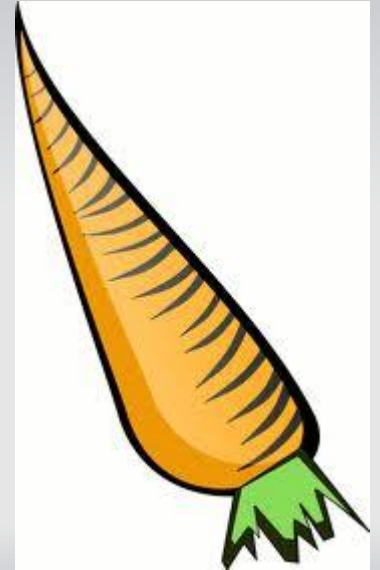
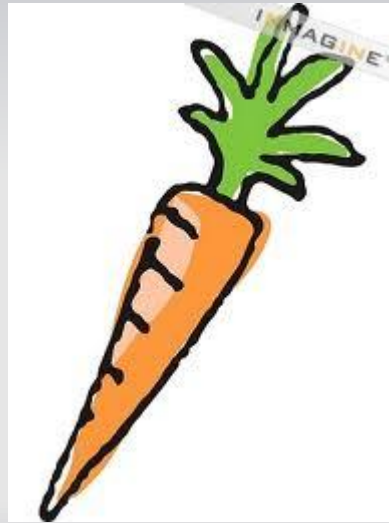
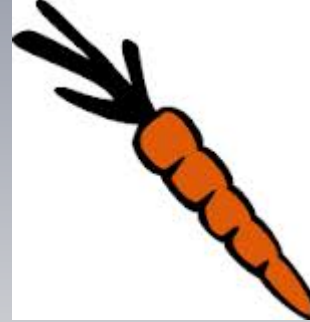
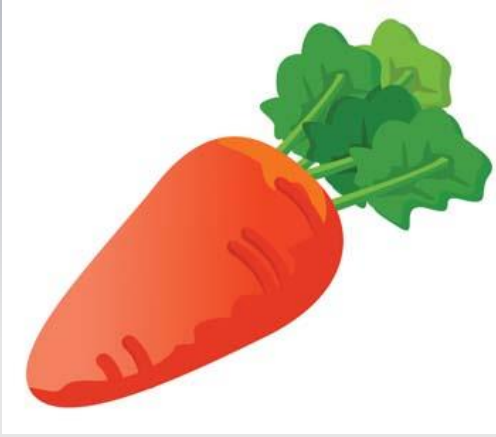
- Identify stakeholders
  - Within setting
  - External stakeholders



Todd Warshaw / Getty Images



# What's the carrot?

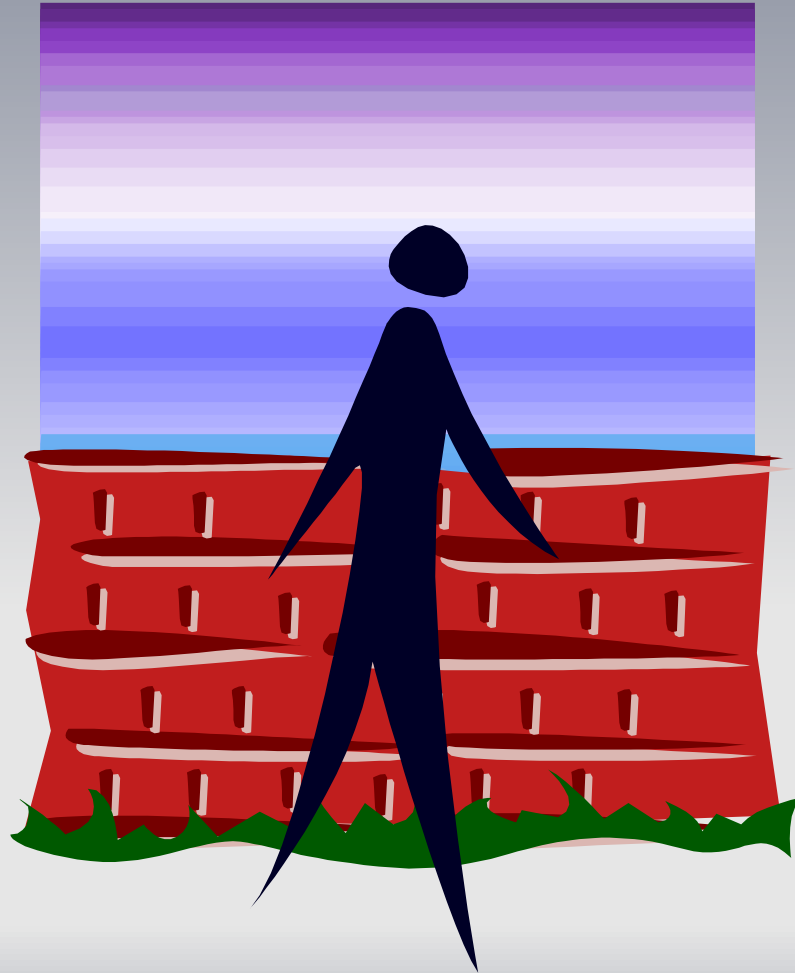


# Compassion, Tolerance, Respect for Diversity



Resistance to the idea does not mean resistance to you  
Change takes time

# Overcoming Barriers



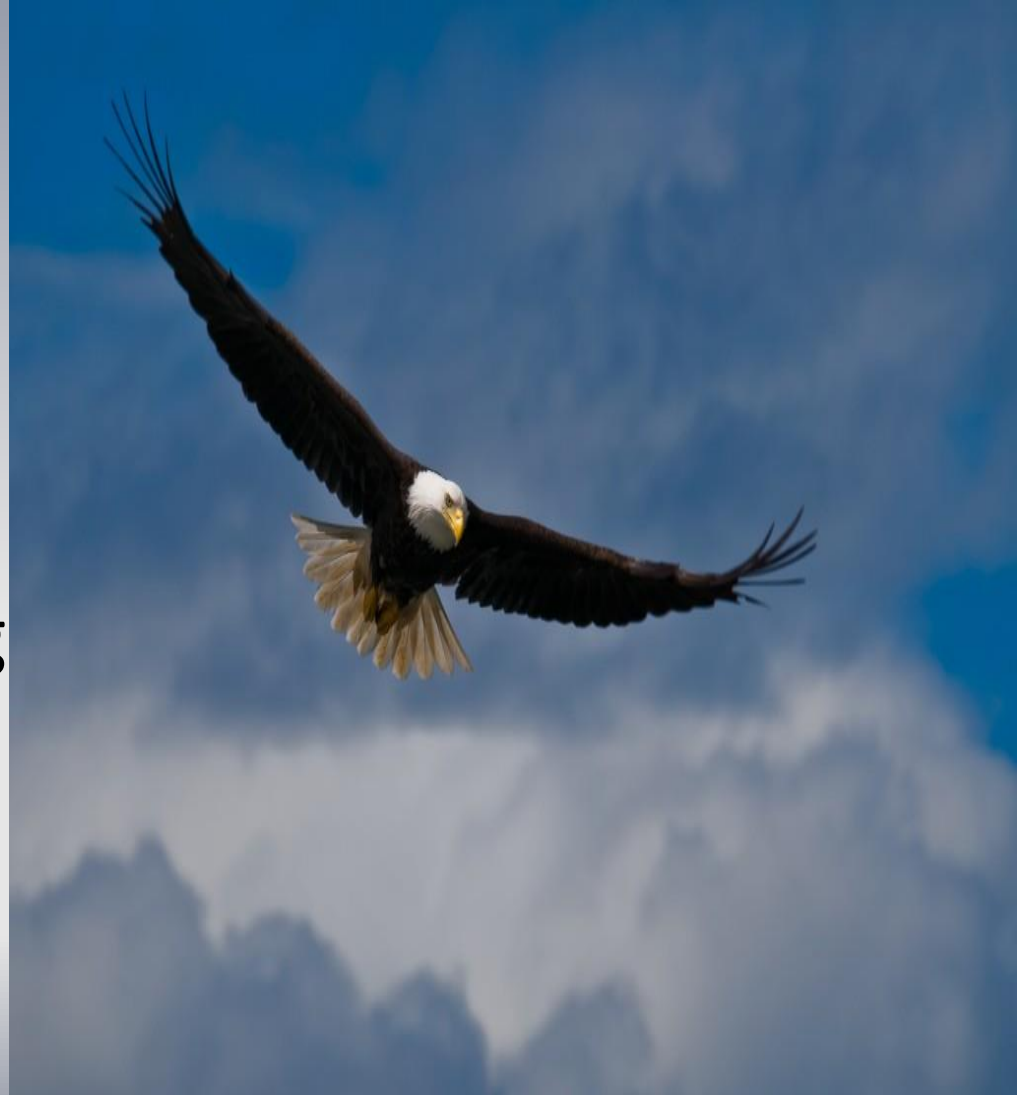
- No woman is an island
- It takes a village.... or in my cases, several villages....



# The Wind Beneath My Wings

## *Academy awards to:*

- Joan Shaver
- Angela McBride
- Kathi Mooney
- Mom and Dad
- Ronande Creebsburg



# Dr. Laura Szalacha



*forming Health  
sforming Lives*

# Dr. Jenn Kue



*Transforming Health  
Transforming Lives*









TH

lth  
es

**And the Oscar goes to.....Victoria Champion  
mentor, friend, teacher, scientist EXTRAODINAIRE!**





