



Media-Directed Intervention Increases Likelihood of Cancer Stories in Black Newspapers

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Purpose

- To examine the effectiveness of a customized media intervention on the amount and quality of cancer coverage in 24 Black weekly newspapers



Problem

- African Americans experience cancer at higher rates than other groups
- Increasing reach, relevance of cancer information may help reduce disparities

Black newspapers

- Owned and managed by Blacks
- Intended for Black consumers
- Serve, speak, and fight for the Black minority



*deFelice, 1969,
Wolseley, 1972*



Black newspapers

- Provide unique perspective for African Americans
- Serve a large proportion of US Black population
 - 188-237 Black newspapers, circulation of 6-15 million
- Read by African Americans
 - 69% of respondents read Black newspaper in previous 2 weeks

Cox & Nkomo, 1992; Davidson & Cotter, 1997; Gregory, 1998; Nkomo, 1992; Sylvester, 1993

General population newspapers

- Intended for general population
- No overt targeting to a given racial or ethnic group



Jones-Webb, et al., 1997



General population newspapers

- Perceived by African Americans as:
 - Inattentive to Black issues
 - Unbalanced in portrayal of Blacks
 - Lacking in coverage of Blacks and cancer

Brodie et al., 1999; Harris, 1981; Mastin, 2000; McAneny, 1994

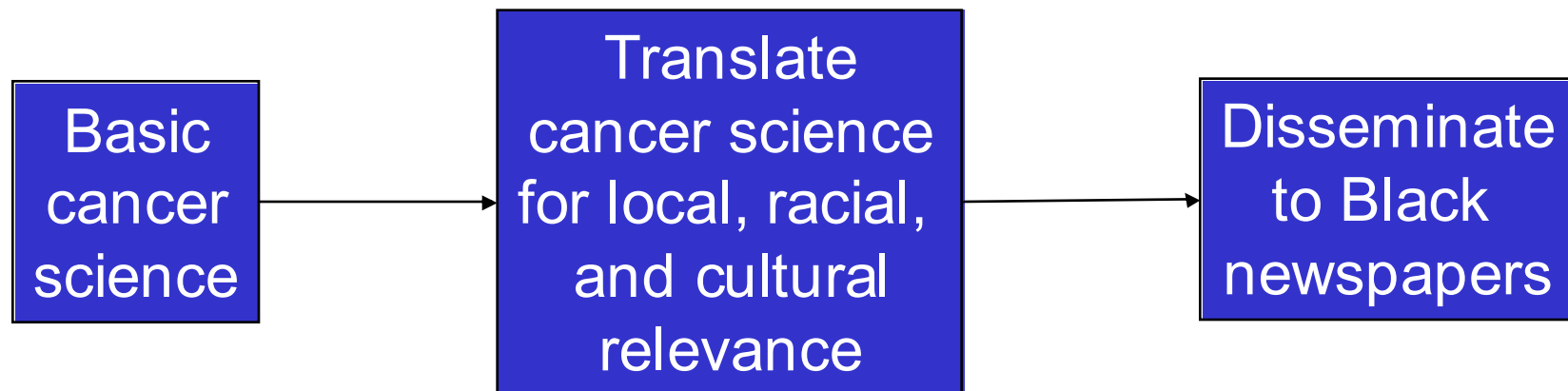


Research questions

- Does a customized media intervention affect the *amount* of health and cancer coverage in Black newspapers?
- Does this customized media intervention influence the *content* of cancer stories in Black newspapers?



Translation and dissemination





Intervention

- *Ozioma!* - A cancer news service
- Cancer-related news releases customized for African American communities
- Sent bi-weekly to Black newspapers in intervention group



Ozioma! Active ingredients

- Local and/or race specific cancer-related data
- Information graphic or photograph
- At least one core element:
 - Cancer is an important health issue
 - Cancer is not a death sentence
 - There are things you can do to prevent cancer
 - Every African American should be screened for cancer
 - It's important to talk to family, friends about cancer
 - There are resources in your community



Ozioma®

(573) 882-6225

Oziomanews@missouri.edu

FOR IMMEDIATE RELEASE: March 6, 2006

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Web user name: buffalo
Web password: criterion

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SCREENING FOR COLON CANCER INCREASING:

BLACKS IN NEW YORK DOING BETTER THAN NATIONAL AVERAGE

Colon cancer is the third leading cause of cancer death among African American men and women in the U.S. In Buffalo, 109 African American men and women lost their lives to colon cancer in 1990-1994 alone. But according to a new study, screening for early detection of colon cancer is on the rise and could prevent many of these deaths and the suffering endured by patients and their families.

There are three major types of tests doctors use to find colon cancer (see related graphic). Use of these tests was tracked in the National Health Interview Survey between 1987 and 2003. "The good news is that test use is going up," says Dr. Helen Meissner, of the National Cancer Institute. Her study appeared in the latest issue of *Cancer Epidemiology Biomarkers and Prevention*.

For at least one of these tests, the Fecal Occult Blood Test or FOBT, African American men and women over age 50 in New York were more likely to complete the test than were African Americans in the U.S. as a whole. According to the Centers for Disease Control and Prevention, 21% of all African Americans age 50 and older in the U.S. reported completing an FOBT in 2004. In New York, the rate was 32%. The 2010 national goal for FOBT screening is that 50% of all adults age 50 and older will have had a test in the last two years.

March is National Colorectal Cancer Awareness Month, and health experts stress that there are many ways colon cancer can be prevented. "Colorectal cancer is a preventable disease through detection of pre-cancerous polyps, better diet, and a generally healthier lifestyle," says Dr. Deborah Kirkland of the American Cancer Society. According to Kirkland, one in seven polyps develops into cancer, so the sooner these are found and removed the lower the chances an individual will develop cancer.

Screening for colon cancer

There are several different screening tests that can be used to find polyps or colon cancer. Each one can be used alone or in combination with each other.

- **Fecal Occult Blood Test (FOBT) or Stool Test** – For this test, you receive a test kit from your doctor or health care provider. At home, you put a small piece of stool on a test card. You do this for three bowel movements in a row. Then you return the test cards to the doctor or a lab. The stool samples are checked for blood.
- **Sigmoidoscopy** – For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon.
- **Colonoscopy** – This test is similar to sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon.

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More information about colon cancer, screening and prevention can be found through the National Cancer Institute (<http://www.ncl.nih.gov>), American Cancer Society (<http://www.cancer.org>), Screen for Life: The National Colorectal Cancer Action Center (<http://www.cdc.gov/cancer/screenforlife/index.htm>), and the STOP Colon and Rectal Cancer Foundation (<http://www.coloncancerprevention.org>).

Community Resources

For your convenience, we have compiled several resources in the Buffalo area that could provide additional information:

Roswell Park Cancer Institute
Elm and Carlton Streets
Buffalo, NY 14203
Toll free: (877) 275-7724
<http://www.roswellpark.org>

Albert Einstein Cancer Center
1300 Morris Park Ave.
Bronx, NY 10461
Phone: (718) 430-2302
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[CAM Science Team Lists Cancer Treat](#)

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Colonoscopies Drive Higher Rates of Colorectal Cancer Screening

Rates of colorectal cancer screening are rising for both men and women in the United States, and the change is being driven by a sharp increase in the use of colonoscopy, according to a new study. Although rates are improving, less than half of those eligible undergo screening, and the prevalence is higher among men than women, according to findings in the February Cancer Epidemiological Biomarkers & Prevention.

The good news is that test use is going up," says lead researcher Dr. Helen Meisner of NCI. The bad news is that the use of colorectal cancer screening lags behind other types of cancer screening," such as mammography and Pap tests. Statistics on test use came from the National Health Interview Survey for the years 1997, 1998, 2000, and 2002, the most recent periods for which data are available.

The rise in colonoscopy use has been accompanied by a decline in sigmoidoscopy use, while the use of fecal occult blood testing (FOBT) has remained about the same. In other findings, the study supports previous research showing that rates of colorectal cancer screening use are lower for those of Hispanic ethnicity, at a lower education level, lacking health insurance, without a usual source of health care, and who have not talked with a doctor in the past year.

That the recent increase was almost exclusively driven by colonoscopy has implications for public health practice in the United States, the researchers say. Colonoscopy is an expensive, invasive, and relatively time-consuming test that currently must be done by a physician. The promotion of colonoscopy as the "preferred" colorectal screening test may widen socioeconomic disparities, the researchers suggest.

"Technology is changing rapidly," notes Dr. Meisner. "In the next several years, we hope that molecular markers and other less invasive ways of detecting colon cancer early will be validated."



NCI Cancer Bulletin

Eliminating the suffering and death due to cancer

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[FDA's Choice: Continued Progress](#)

Spotlight
[Shaping the National Action Cancer Strategy](#)

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Colorectal Cancer: Progress in Diagnosis, Treatment, and Prevention

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Colonoscopies Drive Higher Rates of Colorectal Cancer Screening

Rates of colorectal cancer screening are rising for both men and women in the United States, and the change is being driven by a sharp increase in the use of colonoscopy, according to a new study. Although rates are improving, less than half of those eligible undergo screening, and the prevalence is higher among men than women, according to findings in the February Cancer Epidemiology Biomarkers & Prevention.

"The good news is that test use is going up," says lead researcher Dr. Helen Meissner of NCI. The bad news is that the use of colorectal cancer screening lags behind other types of cancer screening," such as mammography and Pap tests. Statistics on test use came from the National Health Interview Survey for the years 1987, 1998, 2000, and 2003, the most recent periods for which data are available.

The rise in colonoscopy use has been accompanied by a decline in sigmoidoscopy use, while the use of fecal occult blood testing (FOBT) has remained about the same. In other findings, the study supports previous research showing that rates of colorectal cancer screening use are lower for those of Hispanic ethnicity, at a lower education level, lacking health insurance, without a usual source of health care, and who have not talked with a doctor in the past year.

That the recent increase was almost exclusively driven by colonoscopy has implications for public health practice in the United States, the researchers say. Colonoscopy is an expensive, invasive, and relatively time-consuming test that currently must be done by a physician. The promotion of colonoscopy as the "preferred" colorectal screening test may widen socioeconomic disparities, the researchers suggest.

"Technology is changing rapidly," notes Dr. Meissner. "In the next several years, we hope that molecular markers and other less invasive ways of detecting colon cancer early will be validated."





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Note: The photos contained in this release and other related images can be found at <http://oziomanews.missouri.edu>

**SCREENING FOR COLON CANCER INCREASING:
BLACKS IN NEW YORK DOING BETTER THAN NATIONAL AVERAGE**

Colon cancer is the third leading cause of cancer death among African American men and women in the U.S. In Buffalo, 109 African American men and women lost their lives to colon cancer in 1998-1994 alone. But according to a new study, screening for early detection of colon cancer is on the rise and could prevent many of these deaths and the suffering endured by patients and their families.

There are three major types of tests doctors use to find colon cancer (*see related article*). Use of these tests was tracked in the National Health Interview Survey between 1987 and 2003. "The good news is that test use is going up," says Dr. Helen Meissner, of the National Cancer Institute. Her study appeared in the latest issue of *Cancer Epidemiology Biomarkers and Prevention*.

For at least one of these tests, the Fecal Occult Blood Test or FOBT, African American men and women over age 50 in New York were more likely to complete the test than were African Americans in the U.S. as a whole. According to the Centers for Disease Control and Prevention, 21% of all African Americans age 50 and older in the U.S. reported completing an FOBT in 2004. In New York, the rate was 32%. The 2010 national goal for FOBT screening is that 50% of all adults age 50 and older will have had a test in the last two years.

March is National Colorectal Cancer Awareness Month, and health experts stress that there are many ways colon cancer can be prevented. "Colorectal cancer is a preventable disease through detection of pre-cancerous polyps, better diet, and a generally healthier lifestyle," says Dr. Deborah Kirkland of the American Cancer Society. According to Kirkland, one in seven polyps develops into cancer, so the sooner these are found and removed the lower the chances an individual will develop cancer.

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OziomaSM is a national cancer news service based in Missouri. It is funded by the National Cancer Institute in Bethesda, MD. OziomaSM provides minority media outlets with information about cancer risks, treatment and prevention with a focus on taking action to improve health in African American communities.



NCI Cancer Bulletin

Eliminating the suffering and death due to cancer

Editor's Home

Featured Article
[New and Improved: A Handy Genetic Risk for Breast and Prostate Cancer](#)

Director's Update
[Fecal Occult Blood: Continued Progress](#)

Spotlight
[Breast and Prostate: Aiding Cancer Diagnosis](#)

Cancer Research Highlights
[Colorectal Cancer: Progress in Diagnosis, Treatment, and Risk Factors](#)

[Genetics & Early Risk: Optimizing Genetic Testing](#)
[Cancer: Understanding Colorectal Cancer: From Higher Rates of Colorectal Cancer](#)
[Discovery of Adipose Tissue Leads to Cancer Risk Study](#)
[Gene Therapy: Early to Increase Human Fibrinolytic Inactivation](#)

Feature Opportunities

Featured Clinical Trial
[Chemoprevention for Squamous Cell Carcinoma](#)

Notes

[Young Doctors: 2008 National Public Service Award](#)
[Fib: Tough Challenge on Cancer Research Collaborates on Guidelines](#)
[CMM: Science Team Lays Out Roadmap](#)

Community Update

[NHL Announces Program to Foster the Development of New Clinicians](#)

NHL Pathway to Intervention (PI) Award

Bulletin Archive

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Screening for colon cancer
 There are several different screening tests that can be used to find polyps or colon cancer. Each one can be used alone or in combination with each other.

- Fecal Occult Blood Test (FOBT) or Stool Test** - For this test, you create a stool at home, your doctor or health care provider. At home, you use a small piece of stool on a test card. You do this for three bowel movements in a row. Then you return the test cards to the doctor or lab. The stool samples are checked for blood.
- Sigmoidoscopy** - For this test, the doctor puts a short, thin, flexible, lighted tube into your anus and inserts it into the rectum and lower third of the colon.
- Colonoscopy** - This test is similar to sigmoidoscopy except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon.



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50¢

Our Health

Screening for Colon Cancer Increasing: Blacks In New York Doing Better Than National Average

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Sampling frames of Black and general population newspapers

- Sample
 - 24 Black newspapers
 - April 1, 2004 - January 27, 2007
- Large cities
 - Total population $\geq 200,000$
 - Total African American population $\geq 100,000$
- Standard metropolitan areas (SMAs)
 - No geographic overlap with large city
 - Total population $< 600,000$



Study design and variables

Community randomized intervention trial

■ Journalistic variables

- Story Size
- Location
- Visual Elements
- Headline Size
- Local Angle

■ Public health variables

- Cancer as health topic
- Disparity Information
- Personal Behavior Mobilization
- Community Mobilization
- Prevention Focus
- Referral to Resources
- Public Health Facts



Analysis

Content analysis: Inclusion criteria

- Health story
 - Health promotion, wellness, disease prevention, well-being, lifestyle
- Cancer story
 - Cancer key words, risk factors, cancer continuum, or policy in headline or first 2 paragraphs



Release adoption

37/444

Releases
sent to each
community
(12/05 - 9/07)

11

Newspapers
adopted
releases

102

Ozioma-
based stories
published

299,000

Potential
audience of
newspaper
readers

- Ozioma-based stories published per release:
 - Range: 1-6
 - Mean = 2.9 (SD=1.3)
 - Median = 3.0

Characteristics of cancer coverage: Number of stories

	N	Statistic	p
# Total stories	6,819	F = 0.39	0.531
# Cancer stories	6,819	F = 1.84	0.175
# Non-cancer stories	6,819	F = 1.28	0.258
Proportion of cancer stories	6,819	F = 11.78	0.001

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Characteristics of cancer coverage: Journalistic variables

Journalistic variables	N	Statistic	p
Headline size	6,819	F = 0.22	0.641
Story size	6,819	F = 2.13	0.145
Story page location	6,813	OR = 1.09	0.469
# Graphics	6,819	F = 17.2	<0.001
Size of graphics	236	F = 0.94	0.334
Story locale	6,816	F = 14.6	<0.001
Story local source	998	OR = 0.75	0.376
Localized information	850	OR = 1.48	0.180

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Characteristics of cancer coverage: Public health variables

Public health variables	N	Statistic	p
Cancer topic	6,819	OR = 1.36	0.030
Disparities information	1,002	OR = 1.27	0.400
Personal behavior mobilization	998	OR = 1.59	0.081
Community mobilization	997	OR = 0.57	0.140
Prevention focus	1,001	OR = 1.10	0.734
Referral to resources	997	OR = 1.44	0.716
Perspective facts	996	F = 3.23	0.073
Consequences facts	994	F = 5.92	0.015

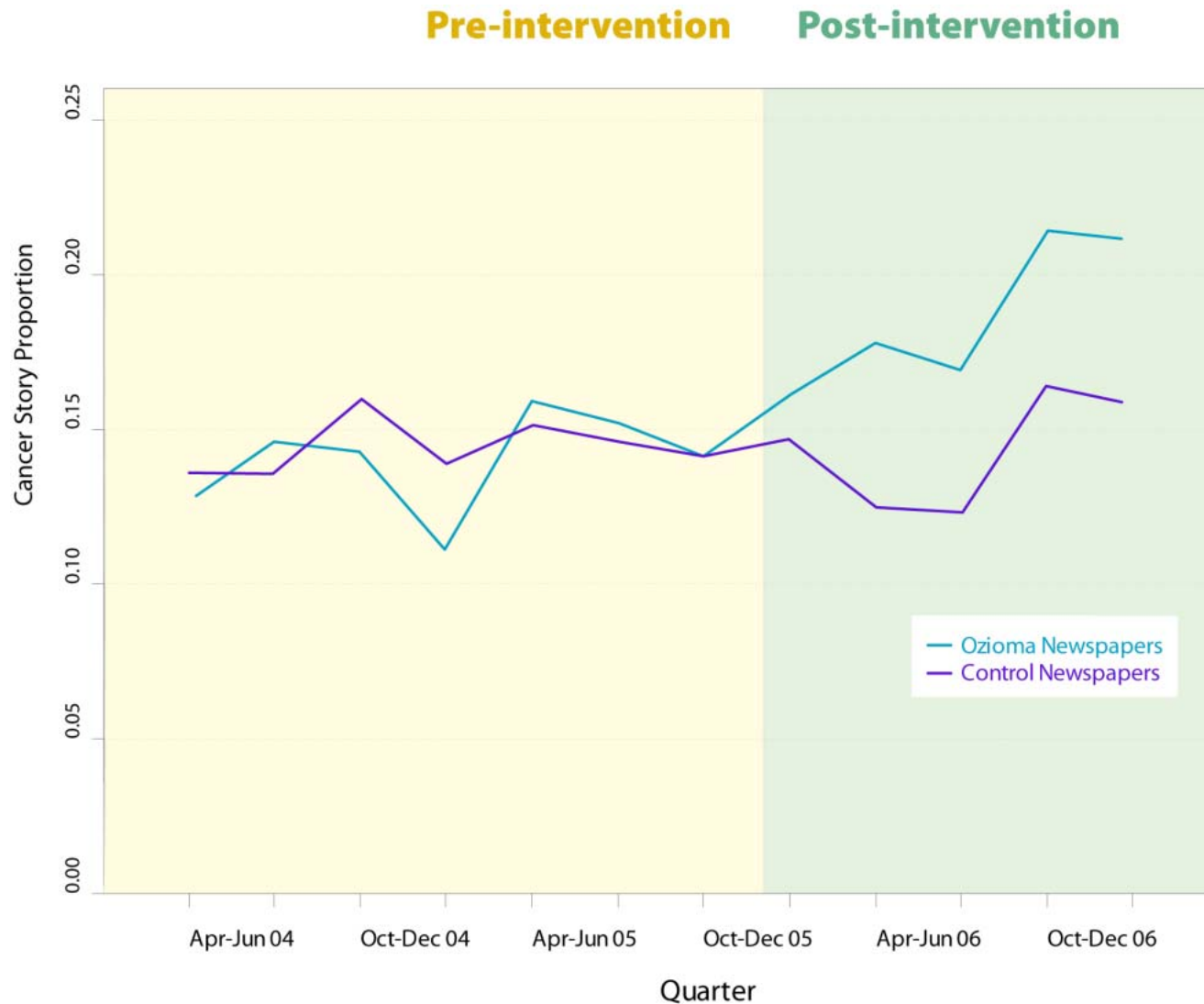
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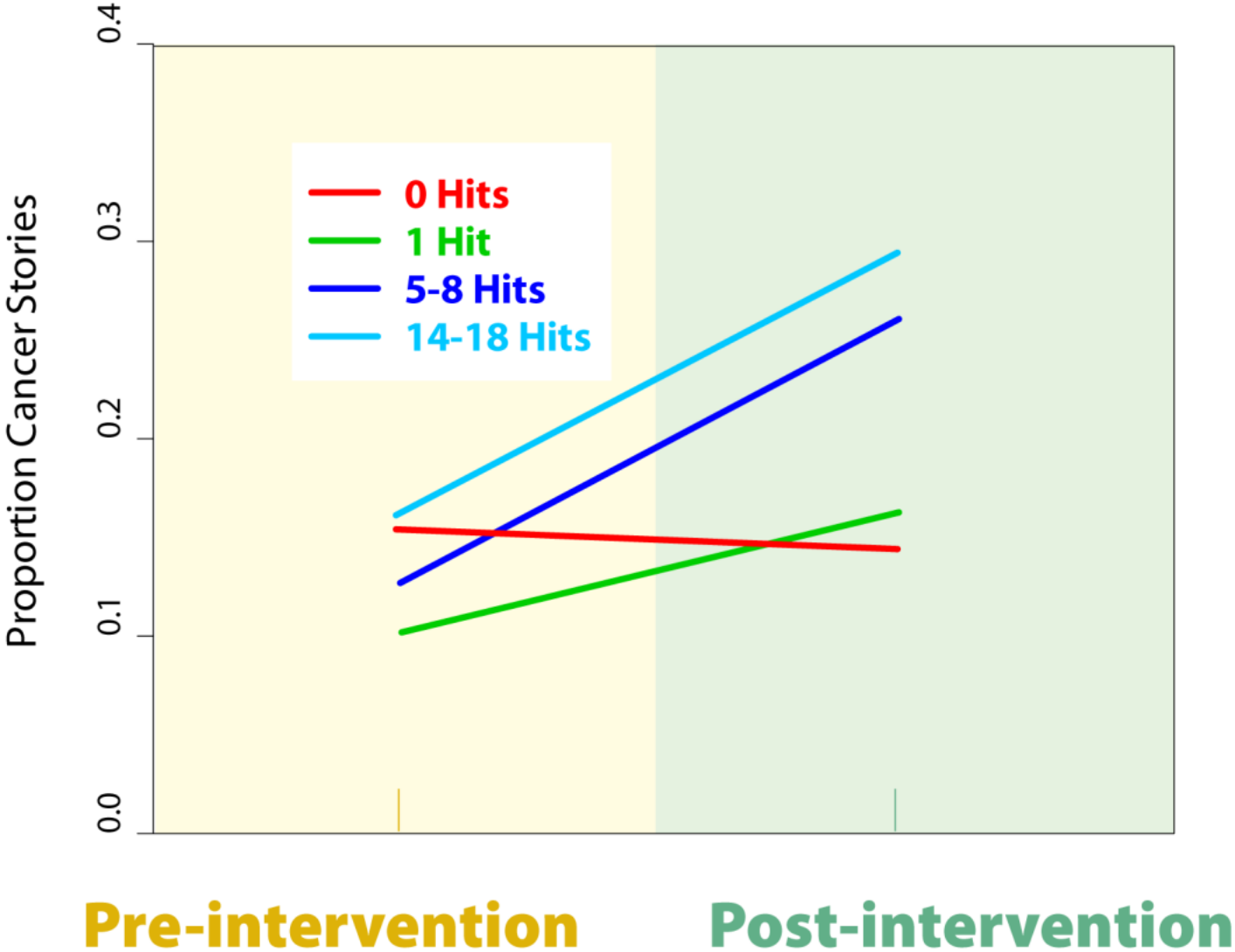
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Ozioma increases proportion of health stories about cancer, $p=0.030$



Ozioma increases proportion of health stories about cancer





Summary of findings

- Intervention vs. control newspapers, post- vs. pre-intervention
 - Higher proportion of health stories that were about cancer
 - Contained more graphics, more likely to take place locally
 - More likely to contain personal behavior mobilization information
 - No significant effects for containing risk factors, disparities, localization, or prevention characteristics



Summary of findings

- Important features of news releases
 - Graphics
 - Personal calls to action
 - Local community



Limitations

- Sample of Black newspapers not selected to be nationally *representative*
- Did not examine communities on an individual basis for subtle community-level differences
- Alternative explanations for intervention effects



Next steps

- Integrate within existing organizations or communication systems
- Expand to more Black newspapers
- Adapt for other special population media or groups
 - e.g., television, radio, Hispanic/Latino population



Acknowledgements

- Study Team
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 - National Cancer Institute's Centers for Excellence in Cancer Communication Research Program



QUESTIONS?
