

CECCR Study 3

Comparing Three Approaches to Cultural Appropriateness

Principal Investigator: Vetta Sanders Thompson, PhD

Little is known about how to achieve cultural appropriateness in health communication, whether it enhances communication effectiveness, and if using different approaches will lead to different effects. Peripheral approaches package generic content in colors, images, or words likely to appeal to a given group. Evidential approaches provide and discuss data specific to that group. Sociocultural approaches discuss cancer in the context of specific social and cultural characteristics of the group. This project determines the effects of each approach on colorectal cancer screening and dietary change. Participants will be 1,200 St. Louis African American men and women randomly assigned to receive a set of three magazines on colorectal cancer risk reduction. Each set will use a different approach to cultural appropriateness: evidential, evidential + peripheral, or peripheral+evidential+sociocultural. All groups will be followed up at 4-, 28-, and 52-weeks post-enrollment to evaluate participants' reactions to the magazines, colorectal cancer knowledge and beliefs, use of screening, and consumption of fruits, vegetables and fat. Analyses will determine the relative effectiveness of the three different approaches to cultural appropriateness in cancer communication for African Americans. This study contributes to establishing a theory of cultural cancer communication and will provide communication guidelines for cancer educators and practitioners.

Perceived Medical Discrimination in the African American Community

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Discrimination has been cited as a factor affecting self reported psychological distress, well-being, self-esteem, mastery and control, as well as global and other self-reported ratings of health. Williams (1997) notes that to date, studies of the impact of discrimination have been limited with some studies using a single item to assess a complex and multidimensional construct and other studies focusing only on major experiences of discrimination, with little attention to the recurrent indignities and irritations of everyday situations. In addition, only single items have been devoted specifically to medical discrimination. Finally, it has been noted that not all possible experiences of discrimination are equally likely to affect an outcome. It is more likely that items that pertain to a particular domain are more likely to be of importance to outcome in a domain (Williams, 2003), yet few measures specific to discrimination in healthcare settings exist, although outcomes of interest have included medical mistrust, healthcare satisfaction, and health attitudes and behaviors. Thompson, et al., found a stronger relationship between discrimination due to mental health diagnosis and subsequent symptom reports than the relationship between discrimination due to other aspects of self. This strengthens consideration of the need for domain specific measures of discriminatory experiences. This survey provides preliminary data on the psychometric properties of a measure of perceived medical discrimination and describes African American reports of perceived discrimination in healthcare settings and the relationship of these reports to self-reported satisfaction with physician services and medical mistrust.