

The logo for the HINTS survey features a large green circle at the top left. Below it is a white triangle pointing upwards and to the right. To the right of the triangle is a white circle containing a blue upward-pointing arrow. The word "Health" is in blue, and "Information National Trends Survey" is in green.

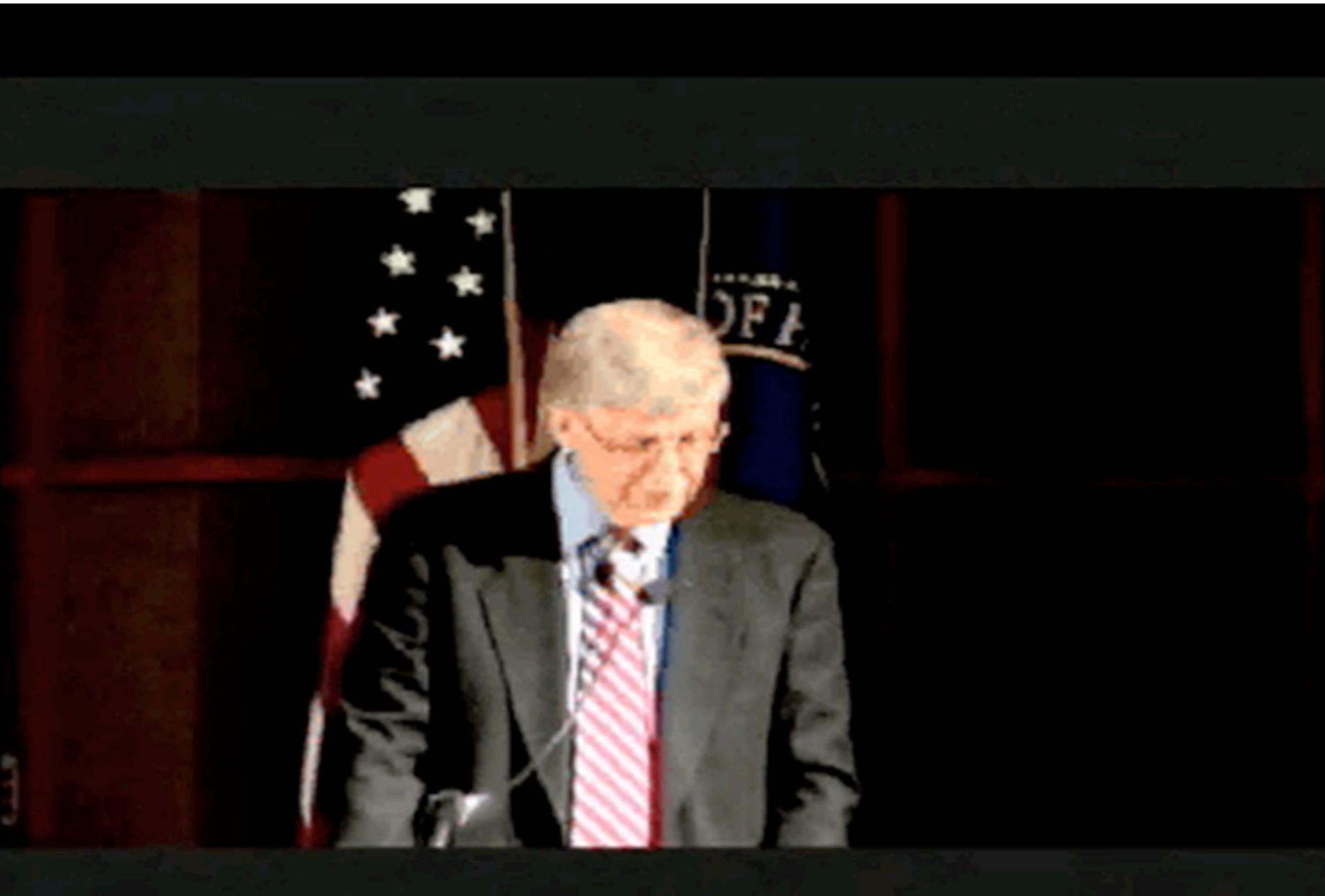
Health
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Partners and Progress: Collaborating to Inform Science, Policy, and Practice

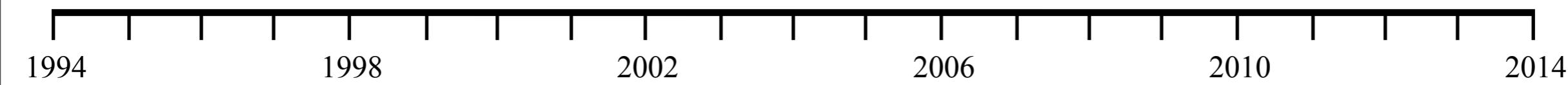
HINTS Data Users Conference September 24-25, 2007¹

NIH Director, Francis Collins, MD, PhD



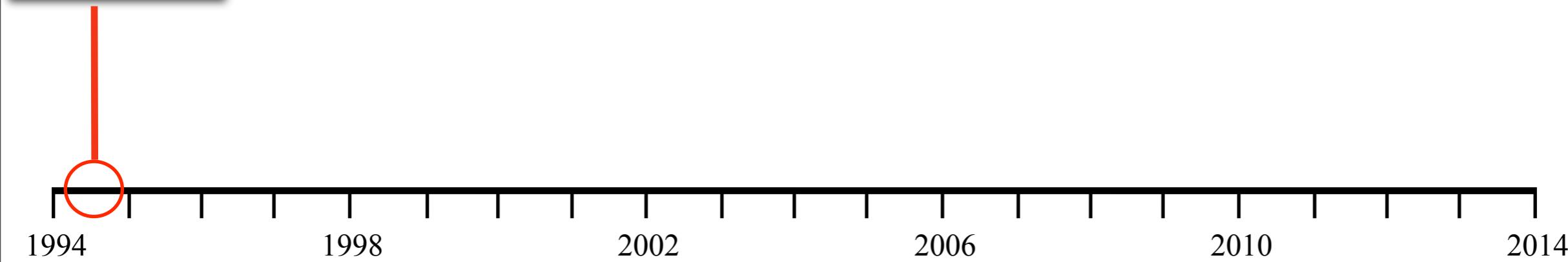
Town Hall Meeting: Monday, August 17, 2009

20 Year Event Horizon





August 1994, reform “put on hold” in Senate



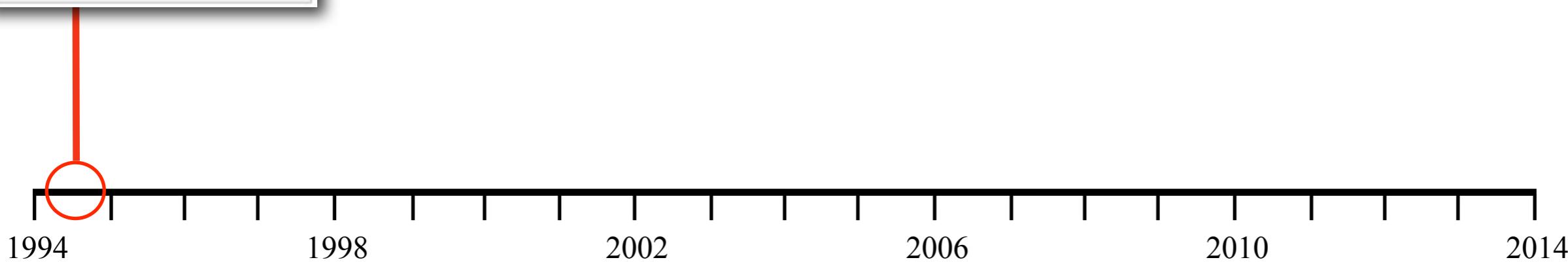
Communication Revolution

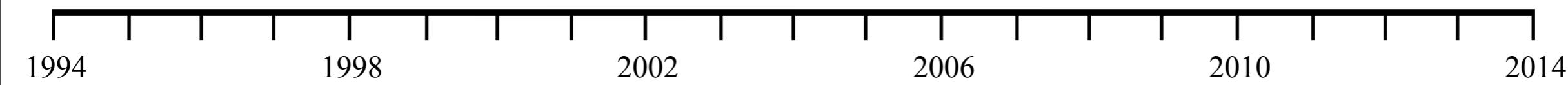


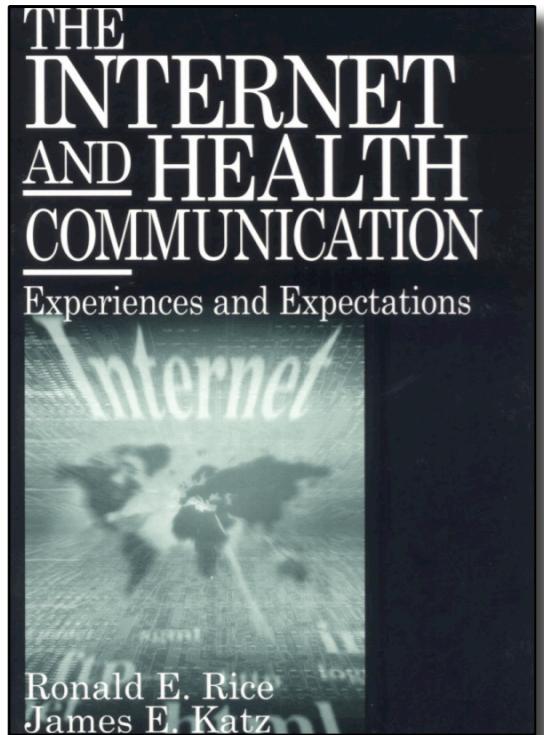
Netscape

Founded	1994
Headquarters	Dulles, Loudoun County, Virginia, USA (AOL's headquarters)
Key people	Marc Andreessen and Jim Clark (founders)
Industry	Internet, Software, & Telecommunication
Products	Internet suite web browser Internet service provider web portal
Employees	10,000
Parent	AOL
Website	Netscape.com

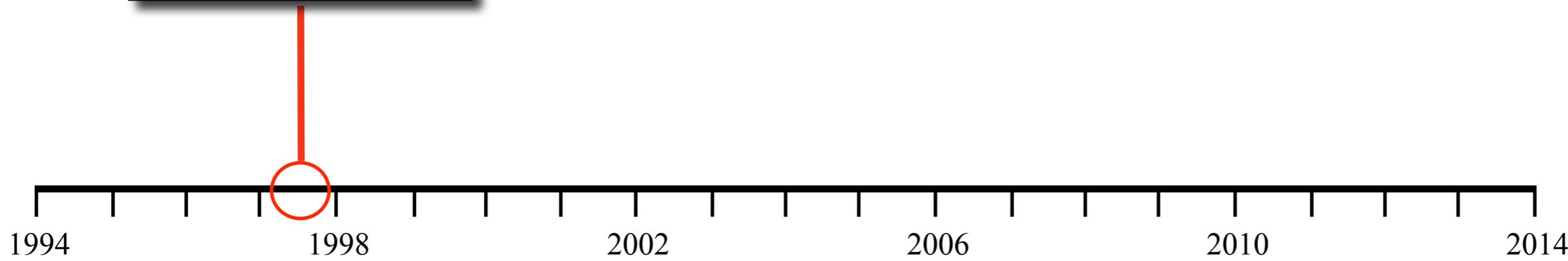
1994, Netscape founded, marks the beginning of “consumer informatics”







Early reports indicate that over half of Internet users in 1997 report “looking for health information”



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YOUR HEALTH Patients Turn to the Internet for Health Information Listen by Joseph Shapiro

BROWSE TOPICS Morning Edition, October 11,

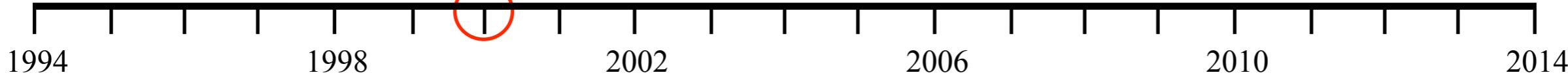
"When we did our first health study in the year 2000," Fox notes, "the American Medical Association sent out a press release asking patients to make a New Year's resolution not to go online."

But patients wanted more information. They kept going online, often without telling their physicians. So doctors adapted.

"Things have really changed in the last seven years," Fox says. "A 2005 study by the National Cancer Institute found that most doctors want to hear from patients about the research that they're doing online. However, e-patients tell us that they don't always talk to a doctor about what they find online. They're nervous about challenging a doctor."

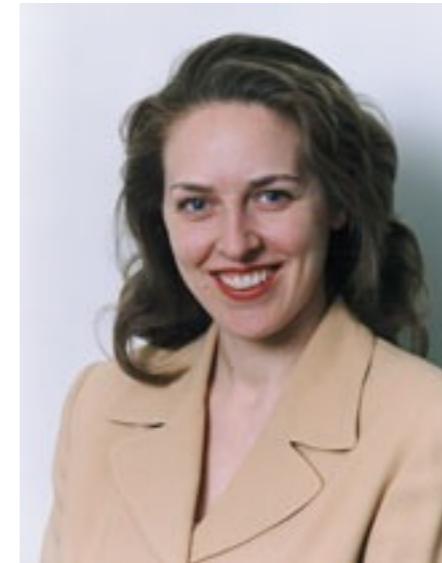
The new study shows that the patients most likely to use Internet research to challenge a doctor are those with disabilities and chronic conditions.

Susannah Fox,
Pew Internet and American Life



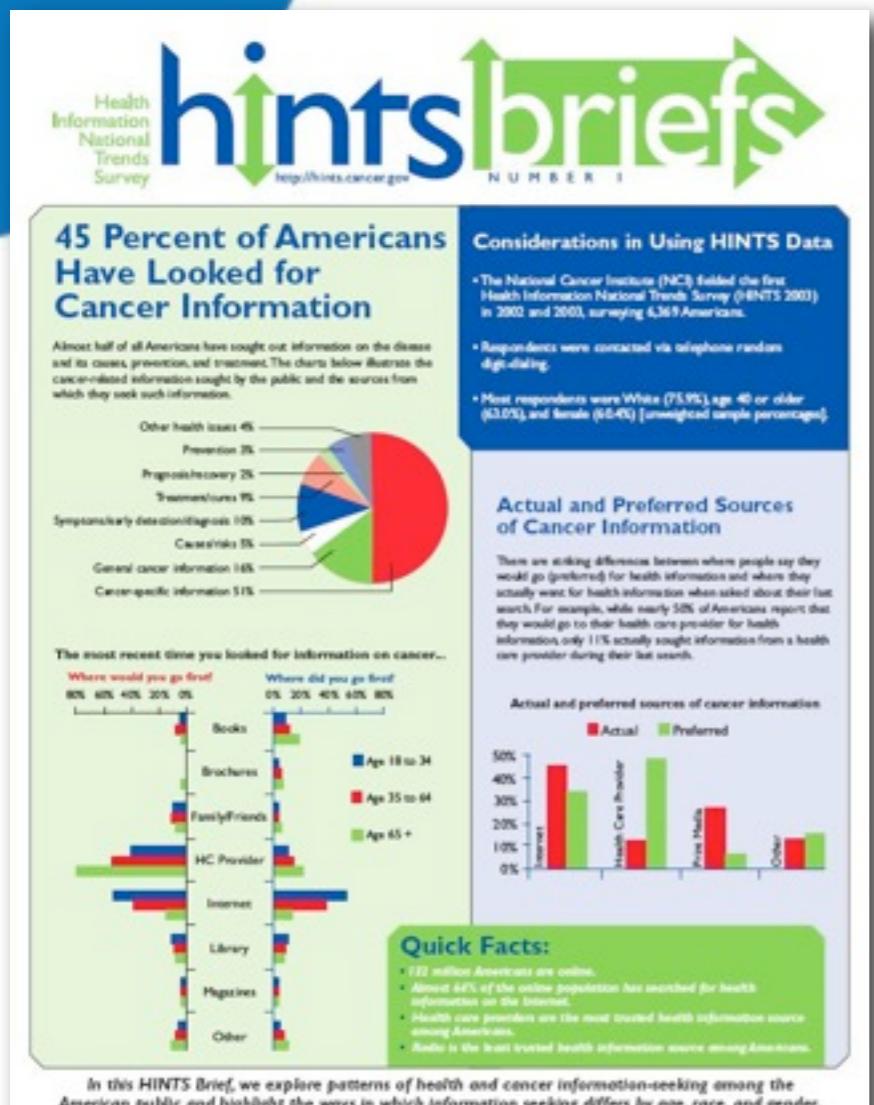
Susannah Fox,
Pew Internet and American Life

The screenshot shows the NPR website homepage. At the top, there's a navigation bar with links for "Hourly News Summary", "24-hour Program Stream | Schedule", "Search NPR.org", and "go". Below this, the date "October 14, 2007" is displayed, along with links for "PROGRAMS", "STATIONS", "TRANSCRIPTS", "ARCHIVES", "NPR SHOP", and "ABOUT". A sidebar on the left features a "LOCAL STATIONS" section with a "support public radio" button and a "GO >" link. The main content area has a heading "YOUR HEALTH" followed by "Patients Turn to the Internet for Health Information" and a "Listen" button. The text is attributed to "by Joseph Shapiro". Below this, there's a "BROWSE TOPICS" section and a thumbnail for "Morning Edition, October 11," which is mostly obscured by a large black rectangular redaction box.

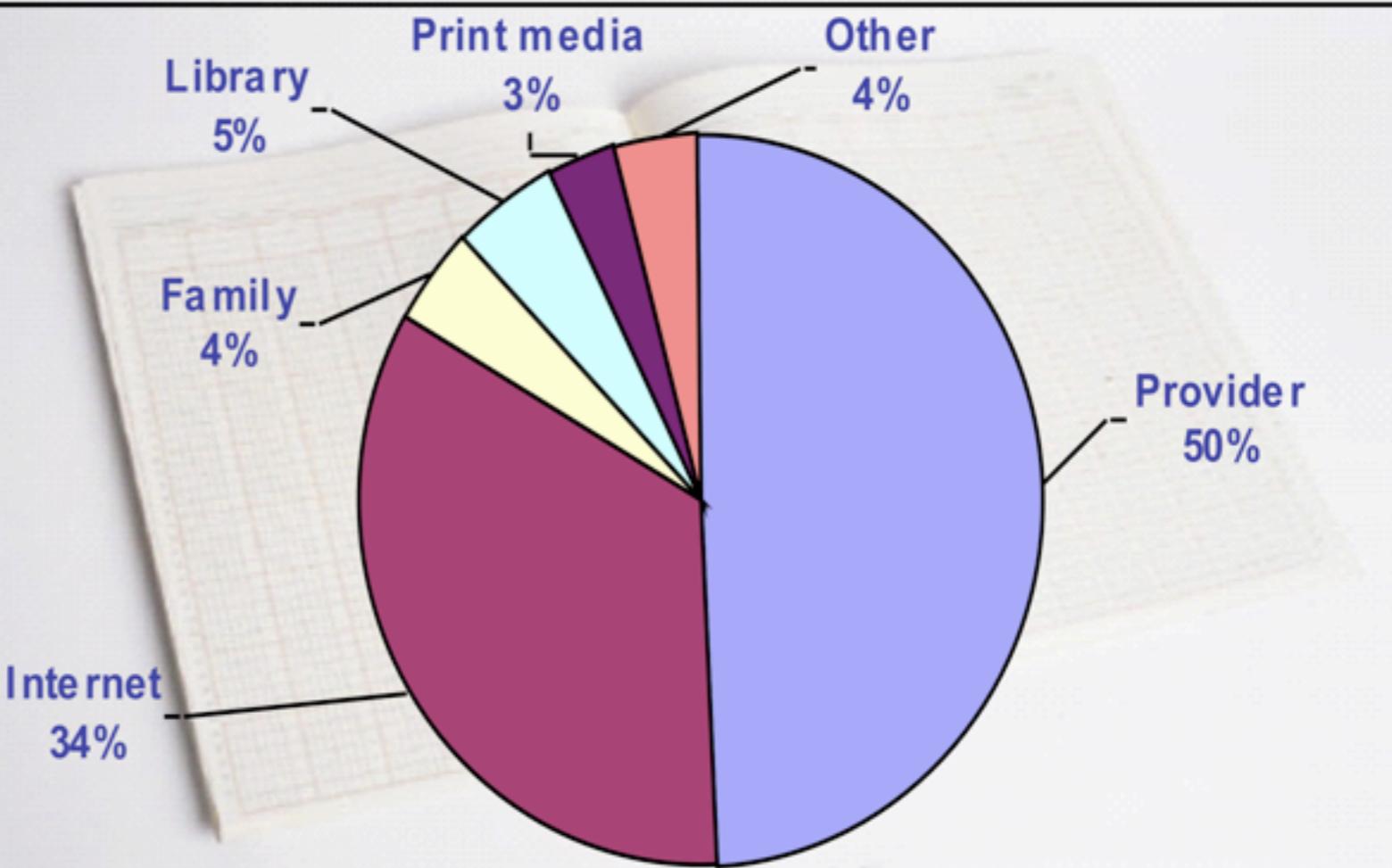


"When we did our first health study in the year 2000," Fox notes, "the American Medical Association sent out a press release asking patients to make a New Year's resolution not to go online."





Preferred Source: Imagine you had a strong need to get information about cancer. Where would you go first?



1994

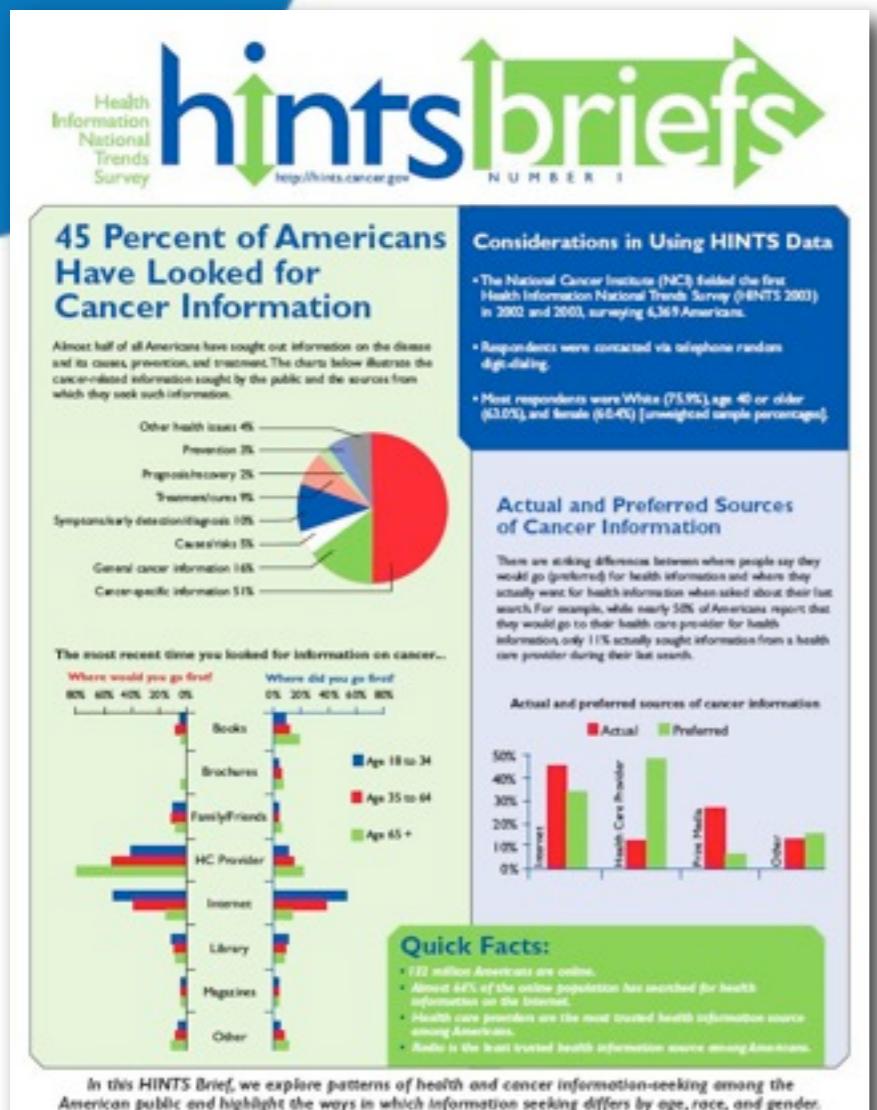
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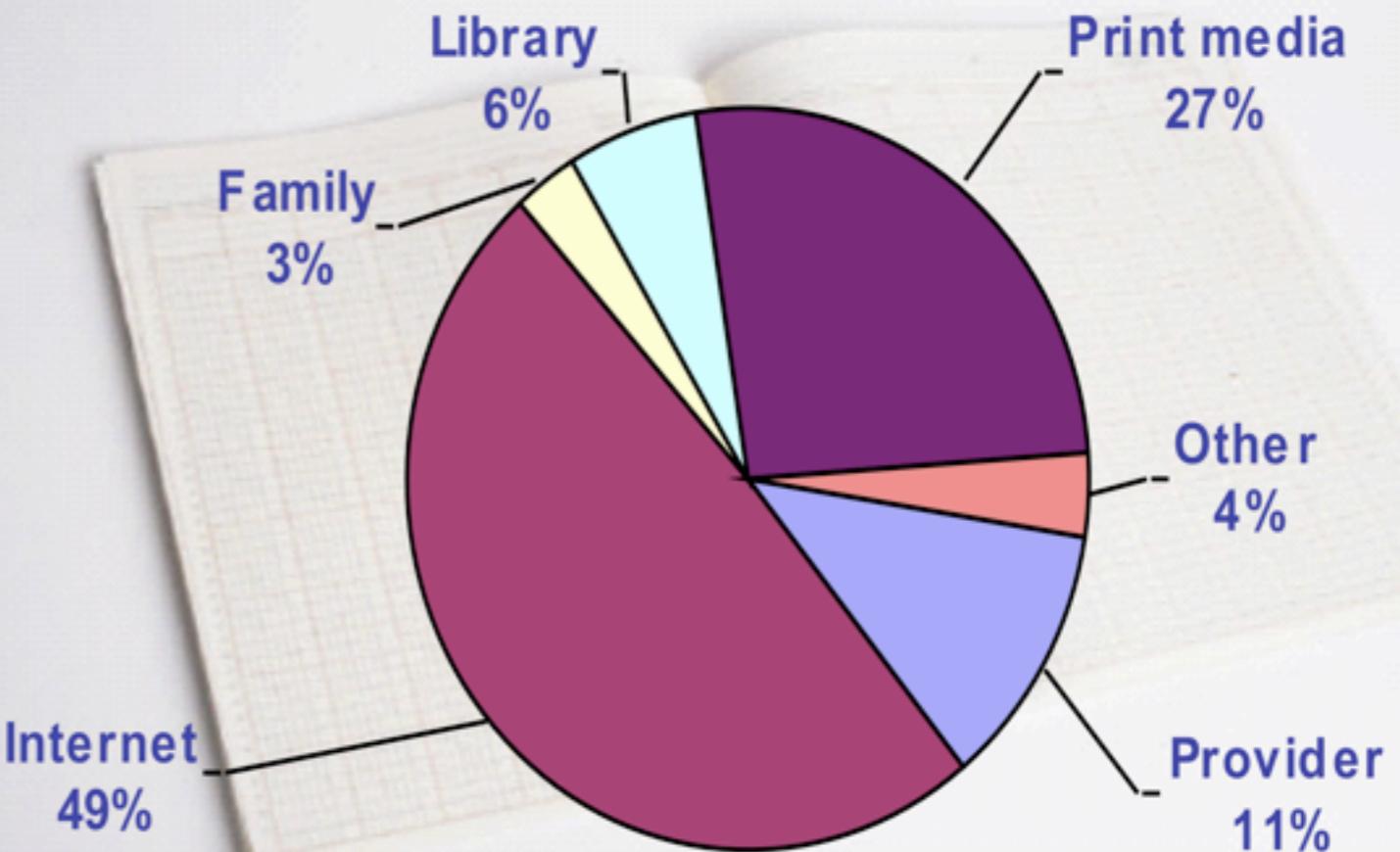
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Actual Source:

The most recent time you wanted information on cancer, where did you go first?



1994

1998

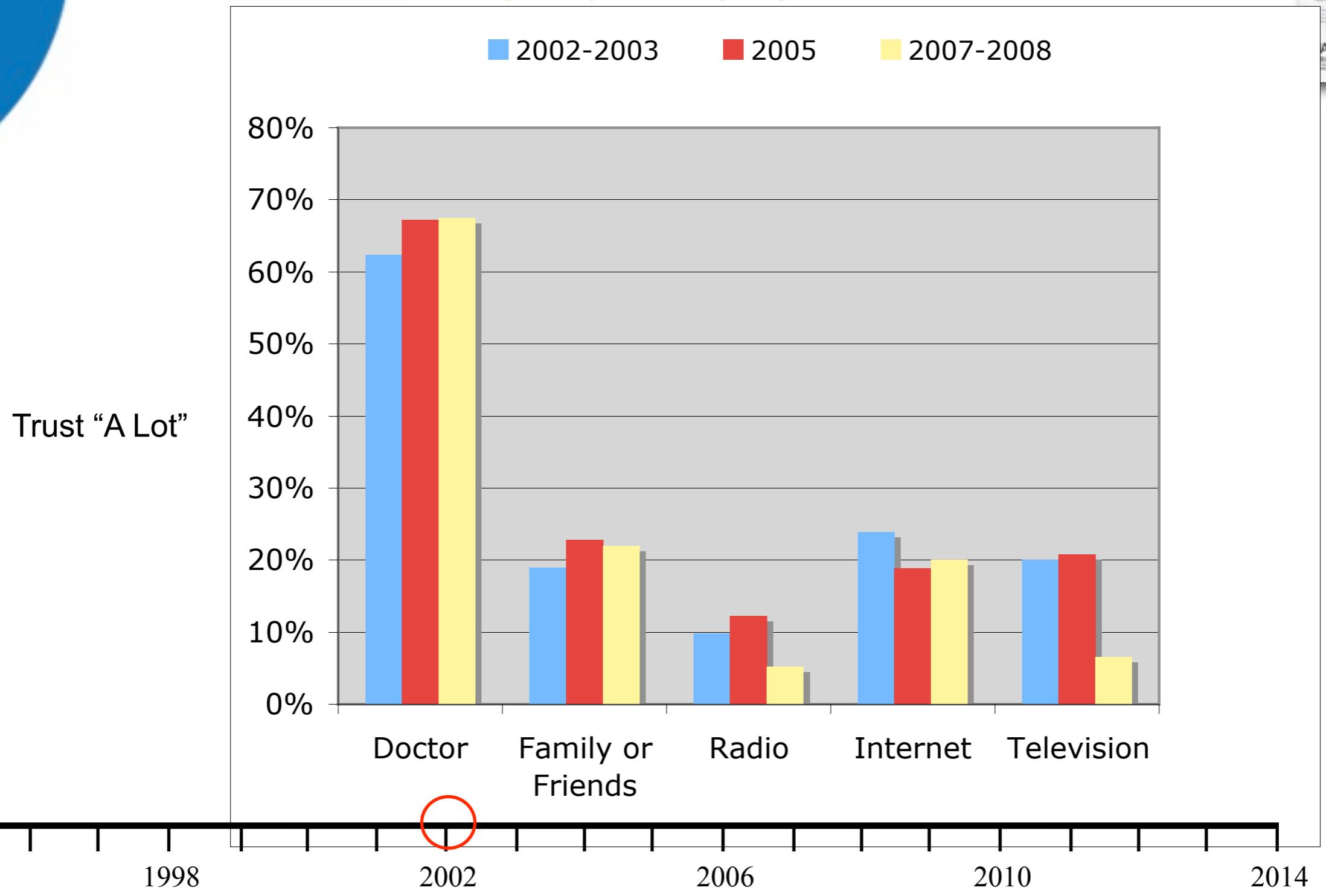
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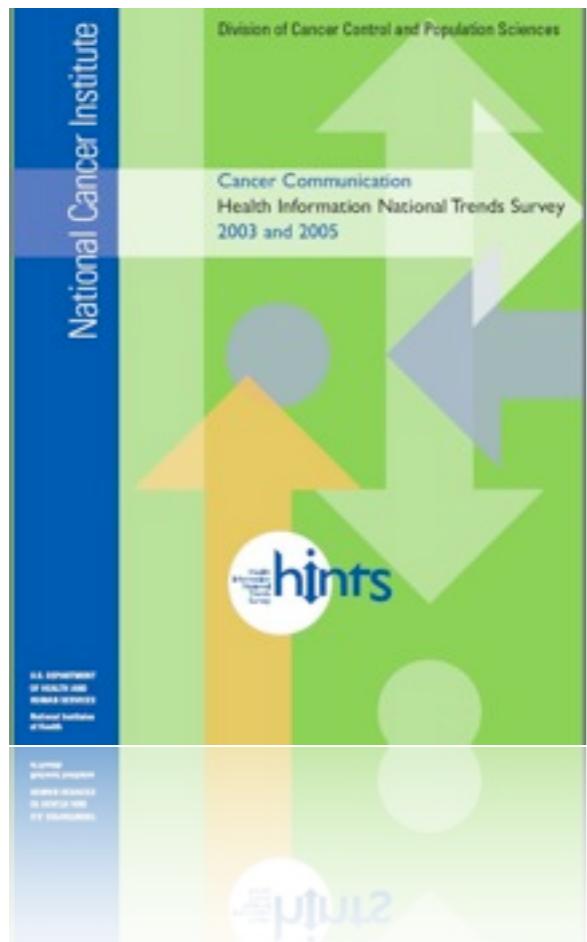
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Trust in Sources / Channels



Population Characteristics



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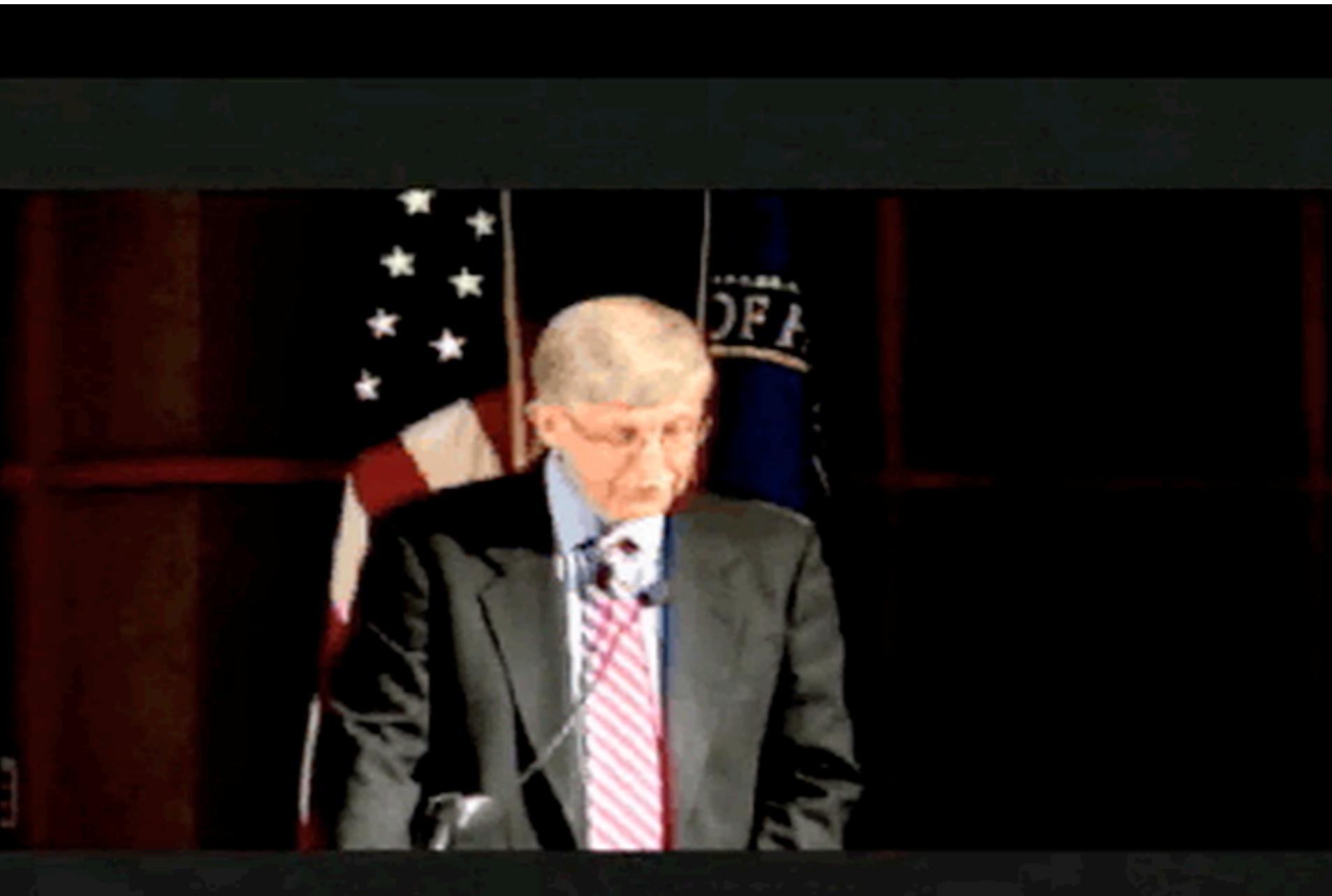
1998

Table 3 Internet Health Information Seeking and Communication, by Sociodemographics

Weighted Averages and 95% Confidence Intervals

		HEALTH INFORMATION SEEKING (INTERNET USERS ONLY)			
		Did You Use the Internet to...			
		Look for Medical Information for Self		Look for Medical Information for Other	
		HINTS 2003 % (95% CI)	HINTS 2005 % (95% CI)	HINTS 2003 % (95% CI)	HINTS 2005 % (95% CI)
	TOTAL	50.7 (48.8, 52.6)	58.4 (55.6, 61.2)	45.8 (43.8, 47.9)	59.5 (57.3, 61.6)
	GENDER				
	Male	43.0 (40.1, 46.1)	50.8 (46.2, 55.3)	39.4 (36.0, 42.9)	52.7 (48.7, 56.6)
	Female	58.1 (55.4, 60.8)	65.5 (61.8, 69.1)	52.2 (49.6, 54.7)	65.8 (63.0, 68.5)
	AGE GROUP				
	18-34	52.9 (50.2, 55.5)	56.6 (51.4, 61.7)	44.3 (40.9, 47.8)	56.4 (51.1, 61.5)
	35-49	50.1 (46.7, 53.5)	60.4 (56.5, 64.2)	50.4 (46.8, 54.0)	66.6 (63.1, 69.9)
	50-64	51.6 (47.5, 55.7)	61.0 (56.9, 64.9)	44.7 (40.4, 49.1)	59.3 (55.2, 63.3)
	65-79	39.0 (33.4, 45.0)	51.7 (44.0, 59.3)	33.3 (27.6, 39.6)	45.4 (39.6, 51.3)
	80+	19.4 (8.4, 38.7)	35.8 (17.6, 59.3)	13.7 (4.9, 32.8)	20.1 (8.4, 40.6)
	RACE/ETHNICITY				
	White, non-Hispanic	52.0 (49.8, 54.2)	59.5 (56.8, 62.1)	48.1 (45.9, 50.2)	61.3 (58.6, 63.8)
	Black, non-Hispanic	47.5 (41.3, 53.8)	53.3 (43.0, 63.3)	36.3 (29.5, 43.8)	49.4 (39.0, 60.0)
	Hispanic	42.8 (35.8, 50.0)	53.5 (43.1, 63.7)	40.0 (33.4, 47.0)	55.1 (45.1, 64.7)
	Non-Hispanic Other	54.1 (44.4, 63.5)	62.7 (50.4, 73.5)	50.5 (41.8, 59.3)	61.7 (49.2, 72.8)
	HOUSEHOLD INCOME				
	Less than \$25,000	45.5 (39.8, 51.2)	60.4 (53.7, 66.7)	39.5 (34.7, 44.5)	62.3 (55.1, 69.0)
	\$25,000 to < \$50,000	48.6 (44.4, 52.8)	53.5 (47.5, 59.3)	41.9 (38.6, 45.3)	55.2 (49.2, 61.1)
	\$50,000 to < \$75,000	54.2 (50.3, 58.1)	55.6 (49.8, 61.4)	49.6 (45.1, 54.1)	59.9 (55.2, 64.4)
	\$75,000 or more	55.5 (52.1, 58.9)	64.3 (59.6, 68.7)	54.3 (50.9, 57.7)	65.4 (60.9, 69.7)
	EDUCATION				
	Less than High School	37.9 (29.9, 46.6)	33.8 (21.6, 48.6)	28.3 (19.1, 39.8)	44.7 (31.1, 59.1)
	High School Graduate	42.8 (39.3, 46.3)	49.6 (43.9, 55.2)	37.9 (35.0, 40.8)	50.5 (45.6, 55.5)
	Some College	52.1 (48.9, 55.2)	58.2 (53.2, 63.1)	46.8 (43.3, 50.2)	59.5 (54.7, 64.2)
	College Graduate or Beyond	58.5 (55.4, 61.5)	69.0 (65.1, 72.6)	56.1 (53.5, 58.7)	68.3 (64.8, 71.6)

Behavioral Science, Disparities



Town Hall Meeting: Monday, August 17, 2009



Fatalism About Cancer Prevention May Prove Fatal

By Neil Osterweil, Senior Associate Editor, MedPage Today

Published: May 18, 2007

Reviewed by Zalman S. Agus, MD; Emeritus Professor at the University of Pennsylvania School of Medicine.

Earn CME/CE credit for reading medical news

MADISON, Wis., May 18 – Americans who consider cancer to be just one of those things, a disease that is essentially random and capricious, are significantly more likely to become a statistic, found researchers here.

People who believe there's not much they can do to prevent cancer may raise their risk of a malignancy by not even trying, reported Jeff Niederdeppe, Ph.D., of the University of Wisconsin and Andrea Gurmankin Levy, Ph.D., of the Dana-Farber Cancer Institute and Harvard School of Public Health, in the May issue of *Cancer Epidemiology, Biomarkers & Prevention*.

Among a random sample of more than 6,300 adult Americans, those who said that they thought cancer was inevitable were significantly less likely to eat a healthy diet, exercise, or shun cigarettes.

"Many Americans seem to feel afraid and helpless in regards to cancer, which may be exacerbated by conflicting news reports and a general lack of education on the causes and prevention of cancer," said Dr. Niederdeppe. "They say 'well, there is nothing much you can do about it,' and, as our survey shows, they indeed do nothing about it."

The investigators looked at the relationship between cancer risk- avoiding behaviors and attitudes regarding cancer. They culled their data from the first wave of the Health Information National Trends Survey (HINTS 2003).

In the HINTS study, adults throughout the United States reached by random-digit dialing were interviewed about their knowledge, attitudes, and behaviors about cancer. The investigators interviewed 6,369 men and women age 18 years and older. African Americans and Hispanic American communities were intentionally oversampled to provide more minority representation.

The respondents were asked to report their level of agreement with three statements:

- "It seems like almost everything causes cancer."
- "There's not much people can do to lower their chances of getting cancer."
- "There are so many recommendations about preventing cancer, it's hard to know which ones to follow."

Action Points

- Explain to patients who ask that three strategies shown to be effective at reducing cancer risk are regular exercise, not smoking, and consumption of at least five servings of fruits and vegetables daily.
- Explain to interested patients that this study found an association between fatalistic beliefs and decreased use of known strategies to reduce risk.
- Point out however that as a cross-sectional survey, the results cannot speak to the causal direction of the associations found.

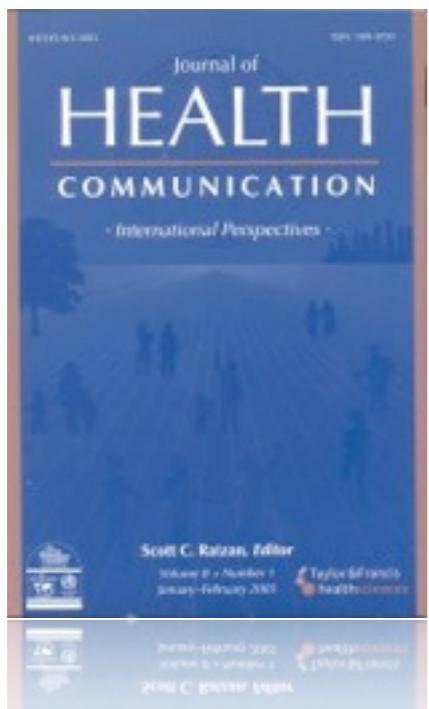


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hintsbriefs NUMBER 2

64% of Americans Believe Some Cancers Are Preventable

Moving from awareness to behavior remains a challenge

More than 64% of Americans believe that lifestyle and behavior influence cancer risk. They're right! It is estimated that 50% to 75% of cancer deaths each year are caused by behaviors such as smoking, physical inactivity, and poor dietary choices.

When asked what people can do to lower their chances of getting cancer, the majority of respondents to the Health Information National Trends Survey (HINTS 2003) accurately reported that never smoking or quitting smoking reduces cancer risk. Indeed, lung cancer is the leading cause of cancer death among men and women, and tobacco use is the single most preventable cause of cancer death in the United States.

Many Americans recognize that eating well can reduce their risk for cancer: 25% of Americans report that eating a better diet can reduce a person's risk of getting cancer. In fact, diets high in fat and low in fruits and vegetables are linked with several types of cancer.

The charts on this page summarize population estimates of people's perceptions of the role of lifestyle in cancer, and behaviors they believe can reduce cancer risk. Interestingly, while most Americans know the dangers of smoking and its link to lung cancer, 48% inaccurately believe that breast and prostate cancers exact a greater annual death toll than lung cancer. Furthermore, 54% of Americans report that there is nothing they would like to change to reduce their own risk.

Although the American public demonstrates awareness of key cancer prevention activities, 15% of Americans, more than 32 million, believe that nothing can reduce a person's cancer risk. Furthermore, 1% of Americans, over 3 million, are not able to pinpoint a specific action that they could take to reduce their own risk of getting cancer.

Do you agree or disagree that there's not much people can do to lower their chances of getting cancer?

Estimated U.S. Population Percentage

Response	Percentage
Strongly agree	5.97%
Somewhat agree	20.99%
No opinion	8.06%
Somewhat disagree	32.14%
Strongly disagree	32.81%

What can people do to reduce their chances of getting cancer?

Estimated U.S. Population Percentage

Action	Percentage
Don't smoke/quit smoking	40.8%
Eat better/better nutrition	25.2%
Not working	15.5%
Other	6.3%
Get a checkup/go to the doctor	4.5%
Exercise/exercise more	3.5%
Stay out of the sun/wear sunscreen	2%

What Do Smokers Believe about Their Risk for Lung Cancer?

In a study using HINTS 2003 data, investigators found that current smokers significantly underestimate their risk for developing lung cancer and other tobacco-related illnesses. Smokers think that their own risk for lung cancer is lower than the risk of the average smoker. In addition, the study showed that smokers underestimate the extent to which smoking elevates their lung cancer risk above that of non-smokers: more than half of current smokers regarded their lung cancer risk as no more than twice that of non-smokers; in fact, even for light smokers in the sample, their risk would be about nine times the non-smoker's risk.

Although 13% of the respondents to HINTS 2003 said that quitting smoking was a behavior they'd like to change to reduce their cancer risk, many smokers and former smokers endorse several myths about cancer risk reduction. More than half mistakenly think that exercise can "undo" most of the negative health consequences of smoking, and almost one third believe that vitamins are beneficial in reversing the effects of tobacco use.

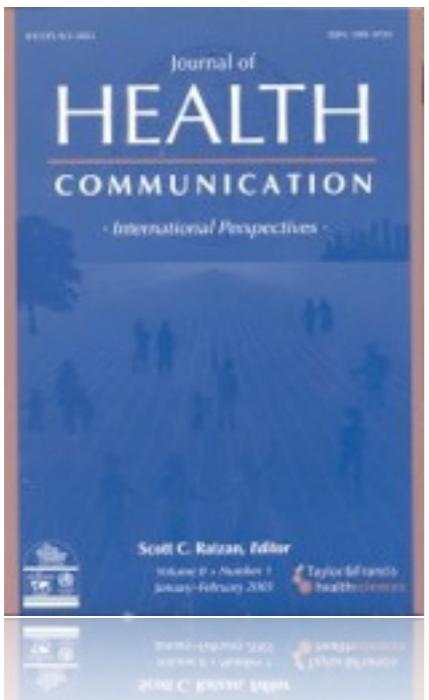
Quick Facts:

- 64% of Americans believe that cancer risks can be reduced.
- 34% of Americans say that there is nothing about their lifestyle they would change to reduce their risk for cancer.
- 10 years after quitting smoking, a person's risk of getting lung cancer is about one third to one half that of people who continue to smoke.
- NCI recommends eating 5 to 9 servings of fruit and vegetables per day to protect against cancers of the colon, mouth, pharynx, esophagus, stomach, and lung.

Health Information Trends Survey (HINTS). Data are from the 2003 Health Information Trends Survey (HINTS 2003). American Research Program, Health Communication and Behavior Research Branch, National Institutes of Health, Bethesda, Maryland. Copyright 2004, American Research Program, Bethesda, Maryland. All rights reserved. This document is based on the HINTS 2003 data collection.

2014

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hintsbriefs

NUMBER 3

Most Americans Are Aware of Cancer Screening Tests

Knowing age and frequency recommendations remains a challenge

When given the names of screening tests to detect certain cancers (e.g., mammogram, fecal occult blood test), the majority of Americans say they have heard of the tests, and many Americans say they have been screened for cancer. However, most people aren't sure at what age they should begin screening or how often they should be screened. In this HINTS Brief, we explore people's knowledge about screening tests for breast, cervical, and colorectal cancers.

What is the correct age to begin screening for breast and colorectal cancers?

	Estimated U.S. Population Percentage
Breast	43% answered correctly 57% answered incorrectly
Colon/Rectum	54% answered correctly 46% answered incorrectly

Quick Facts:
According to the U.S. Preventive Services Task Force

- Women should begin mammography screening at age 40 and have repeat mammograms every one to two years.
- Women should begin having Pap tests to screen for cervical cancer within three years of first having sexual intercourse but no later than age 21. Healthy women should repeat the test every three years.
- Women and men should begin colorectal cancer screening at age 50.

Screening age and frequency recommendations may vary for people who are at higher risk for developing certain cancers because of family history or other risk factors.

Communication and Colorectal Cancer Screening Information Seeking, Health Care Providers, and the Internet

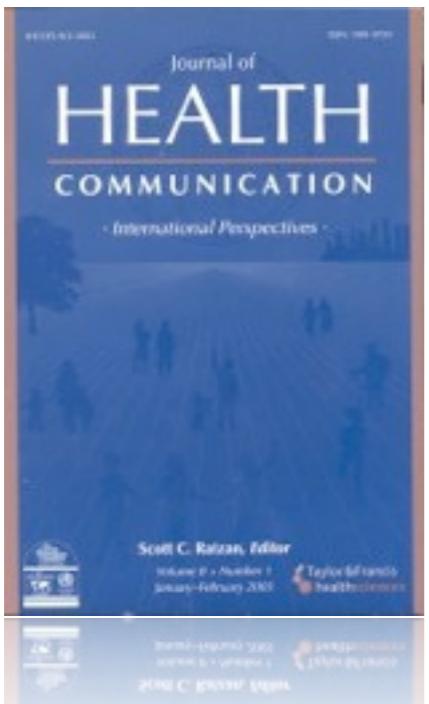
In a recent study using HINTS data, investigators found that several communication-related factors independently contribute to whether people are more or less likely to be up-to-date with colorectal cancer screening. Respondents in the study were considered up-to-date if they had either an FOBT within the past year or endoscopy (colonoscopy or sigmoidoscopy) within the past 10 years.

On average, respondents who said that they had actively sought cancer information, either by themselves or by asking others to do it for them, were more likely to be up-to-date with colorectal cancer screening than respondents who were not active information seekers. Use of the Internet for searching for both health information generally and cancer information specifically was also independently associated with being up-to-date.

Those who were up-to-date with colorectal cancer screening had twice the odds of reporting having "some" or "a lot" of trust in their health care provider. These respondents also indicated that they would prefer to receive screening information in the form of personalized reading materials or other publications such as magazines.

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hintsbriefs hints.cancer.gov/ NUMBER 4

Many Americans Believe Physical Activity Reduces Cancer Risk, But a Majority Find Physical Activity Recommendations Confusing

The majority of Americans believe that physical activity plays a role in preventing cancer. However, when asked which cancers physical activity helps to prevent, 68% of respondents to the Health Information National Trends Survey (HINTS 2003) said they did not know, while fewer than 5% accurately identified colorectal cancer. Nearly 14% inaccurately said exercise helps to prevent all cancers, and 8% inaccurately said lung cancer.

Promoting and enabling regular physical activity are important disease prevention strategies in general, as exercise is beneficial for overall health, and especially in preventing cardiovascular disease and diabetes. HINTS reveals another important intervention strategy for cancer prevention efforts: targeting messages about exercise to those at risk for colorectal cancer, the second leading cause of cancer mortality in the U.S. Increasing physical activity is associated with a 40% reduction of risk of colon cancer.

Encouragingly, 64% of Americans report that they pay attention to physical activity messages they hear in the media. A large majority of Americans (75%) say there are so many physical activity recommendations that it is hard to know which ones to follow. When thinking about the last time they heard a recommendation about exercise, 42% said they did not change their behavior; 18% did change their behavior, and 39% wanted to get more information. When asked if, in the past year, they had seen/heard, or read anything about physical activity and cancer, 68% of HINTS respondents said they had not; 31% had (HINTS 2005).

In this HINTS Brief, we compare physically active and inactive people, and explore the socio-demographic and information-seeking characteristics they possess.

Which types of cancer does physical activity help to prevent?

U.S. Population Perception of the Link between Physical Activity and Specific Cancers

Response	Estimated U.S. Population Percentage
68.2% Don't know	
13.7% All types of cancer	
8.1% Lung cancer	
4.5% Colon cancer	
2.9% Other	
1.5% Breast cancer	
0.5% Prostate cancer	

What did you do the last time you heard or read a new physical activity recommendation?

Estimated U.S. Population Percentage

Action	Estimated U.S. Population Percentage
I did not change what I do	41.8%
I waited to get more information	38.9%
I changed what I do	18.4%
Don't know	8.6%

Inactive Adults
Identifying subgroups for intervention

In a HINTS study published in 2006, investigators conducted an analysis to obtain insight into the sociodemographic and information-seeking characteristics of active and inactive adults by identifying subgroups of inactive adults with distinct characteristics.

Compared to respondents who reported being physically active, inactive respondents were:

- older
- more likely to be women
- not married
- non-White
- less educated
- less likely to have a higher income
- less likely to live in metropolitan areas
- in poorer general health
- less likely to have health insurance
- more overweight
- less likely to believe exercise lowers cancer risk
- less likely to eat five or more servings of vegetables and fruit per day
- more likely to have smoked 100 or more cigarettes in their lifetime

In terms of media exposure and information seeking, the inactive adults were less likely to have used the Internet, and less likely to pay attention to health messages in the media. They also watched more hours of television per day and read newspapers and magazines less frequently than the physically active respondents to the survey.

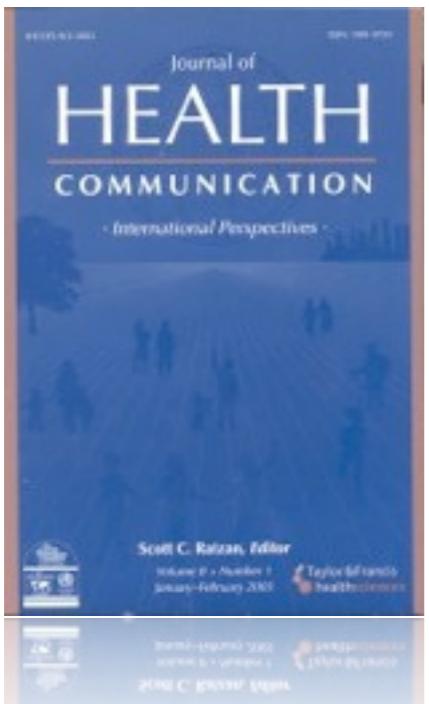
A highly inactive group of adults described in the study as "limited media users" did not read the newspaper or pay attention to other media, was less educated, had low income, was more likely to be Hispanic/Latino, and did not have a regular healthcare provider or health insurance. Although this inactive group pays less attention to media, they can be reached by telephone, which may be an important intervention channel for this group.

Quick Facts:

- Work or leisure-time physical activity is linked to a 40% lower risk of colon cancer. Both vigorous and moderate levels of physical activity appear to reduce this risk.
- The 2005 HHS/USDA Dietary Guidelines for Americans and a 2002 Institute of Medicine report recommend at least 30 minutes of moderate activity daily to improve health, up to 40 minutes per day to prevent adult weight gain, and as much as 90 minutes per day to prevent regaining weight that has been lost.
- Physical activity is connected with a lower risk of breast cancer and possibly prostate and endometrial cancers.
- Approximately 25% of U.S. adults are completely sedentary.

2014

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Health Information National Trends Survey <http://hints.cancer.gov>

hintsbriefs NUMBER 9

Confusion about Cancer Prevention

Because many cancers can be prevented through individual action and lifestyle (e.g., not smoking, eating a healthy diet, exercising and wearing sunscreen), public understanding of cancer prevention is critical to cancer control. Examining how knowledge and beliefs about cancer prevention are associated with lifestyle and behavior is of special concern to health communication practitioners. Effective communication strategies can help to correct misconceptions that may lead to lower participation in behaviors that are known to protect against cancer.

Most respondents to the National Cancer Institute's (NCI) Health Information National Trends Survey (HINTS) realize that cancer is preventable; however, there appears to be confusion about known risk factors for the disease and about which recommendations to follow to decrease individual cancer risk.

Realistic beliefs, characterized by pessimism, helplessness, and confusion about ways to avoid getting cancer, are prevalent among U.S. adults. These realistic beliefs often are spurred by ambiguity regarding the credibility and reliability of health information in the public domain.

In this HINTS Brief, we summarize two recently published studies that show how realistic beliefs and ambiguity about cancer prevention are associated with a lower likelihood of participating in many behaviors that are known to reduce the risk of cancer generally, and colon, skin, and lung cancers specifically.

It Seems Like Everything Causes Cancer
2003 Estimated U.S. Population Percentage

Response	Percentage
Don't know/hesitated	0.4%
No opinion	1.0%
Doubt	41.0%
Agree	48.0%

There's Not Much People Can Do to Lower Their Chances of Getting Cancer
2003 Estimated U.S. Population Percentage

Response	Percentage
Don't know/hesitated	0.4%
No opinion	8.0%
Doubt	64.7%
Agree	26.8%

There Are So Many Recommendations about Preventing Cancer, It's Hard to Know Which Ones to Follow
2003 Estimated U.S. Population Percentage

Response	Percentage
Don't know/hesitated	0.2%
No opinion	7.6%
Doubt	21.1%
Agree	71.1%

Quick Facts

- Lifestyle factors, including smoking, diet and nutrition, physical activity and sun protection can affect a person's risk for cancer.
- There are many ways to reduce the risk of developing cancer:
 - Avoid smoking
 - Eat a diet rich in vegetables and fruits and low in saturated fat
 - Get regular physical activity
 - Obtain recommended cancer screening exams
- Most Americans know that it is possible for individuals to take action to lower their risk of getting cancer.
- Confusion about the causes of cancer and recommendations for preventing cancer is associated with a lower likelihood of participating in many behaviors that protect against the disease.

Fatalism and Ambiguity Predict Lower Adherence to Cancer Prevention Recommendations

"Fatalism" is defined as an outlook that all events are inevitable and controlled by fate, and humans are powerless to influence them.

"Ambiguity" is defined as uncertainty regarding the reliability, credibility, or adequacy of information about risks.

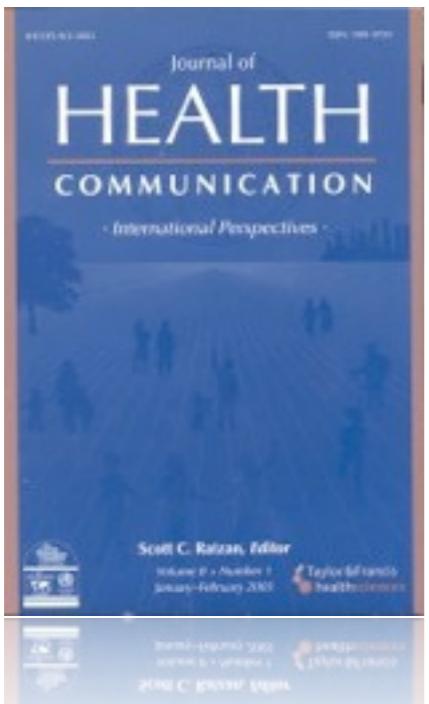
A recently published study using HINTS 2003 data found that several realistic beliefs about cancer are associated with a lower likelihood of engaging in behaviors known to reduce cancer risk, including regular exercise, not smoking, and eating five or more servings of fruits and vegetables per day. The relationship between realistic beliefs and healthy behaviors proved significant even as other predictors of behavior were considered, including age, gender, race/ethnicity, income, education, employment status, marital status, health insurance, and family history of cancer.

A similar study using HINTS 2005 data examined associations between ambiguity about cancer prevention recommendations and behaviors specific to preventing colon, skin, and lung cancers. Investigators found that respondents who agreed with the statement, "There are so many recommendations about preventing colon/lung/skin cancer; it's hard to know which ones to follow," were less likely to engage in behaviors to reduce their risk of those cancers. Specifically, they were less likely than respondents who were not confused about cancer prevention recommendations to have reported undergoing flexible sigmoidoscopy or colonoscopy or using sunscreen, and more likely to report being a current smoker. Ambiguity had an independent effect when several sociodemographic characteristics were considered.

In this HINTS Brief, we explore factors associated with confusion about cancer prevention.

2014

Health communication scientists inform the debate on information seeking, communication processes, and behavioral outcomes



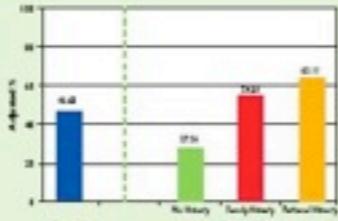
Cancer Survivors and People with a Family History of Cancer Are Most Likely to Seek Cancer Information

Many people who have been touched by cancer actively use available resources (e.g., the Internet, health care providers, newspapers, brochures, and magazines) to seek information about the disease. Compared to the general population of U.S. adults, cancer survivors and people with a family history of the disease are more likely to engage in cancer information seeking. Sixty-three percent of cancer survivors and 54 percent of people with a family history report looking for cancer information, compared to only 37 percent of people with no personal or family history of cancer.

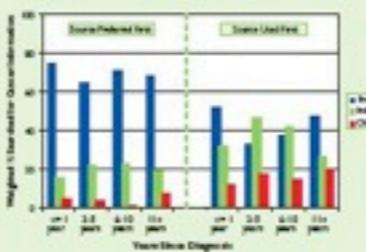
Data from the Health Information National Trends Survey (HINTS) have also shown us that while people say they would prefer to go to a health care provider for health information, most people actually use the Internet first. These patterns are similar among cancer survivors, although usage of health care providers and the Internet as information resources varies with time since diagnosis. During the first year of a cancer diagnosis, patients report going to their health care provider as their first source of information; however, this pattern changes over time as survivors are in transition (years 2 through 10 post-diagnosis), when Internet usage exceeds health care providers as survivors' first resource for cancer information.

In this HINTS Brief, we provide a starting point for improving health communication with cancer survivors. We distinguish the differences between information seekers versus non-seekers in the survivor population, and provide insight on how survivors rate their cancer information seeking experience.

Information Seeking
(Ever Searched for
Cancer Information
by Cancer Status,
Compared to
Overall Population)
HINTS 2005



Cancer Survivors'
Information Source
Preferences and
Information
Source Use*
HINTS 2005



*Weighted percentages
are adjusted for gender,
age, education, annual
income, race/ethnicity,
and health insurance
status

Quick Facts

- A person is considered a cancer survivor from the time of diagnosis, through the balance of his or her life.
- In 2004 it was estimated that there were 10.8 million cancer survivors in the U.S., representing approximately 3.7% of the population.
- 60% of survivors are currently 65 years of age and older.
- Approximately 14% of the 10.8 million estimated cancer survivors were diagnosed more than 20 years ago.

Survivors' Satisfaction with Seeking Cancer Information

Information Quality Is Biggest Concern

In a HINTS study published in 2008, investigators sought to understand cancer survivors' experience and satisfaction with seeking cancer information. Survivors were asked to recall their last experience with searching specifically for cancer information, and to rate that experience on a satisfaction scale.

Almost half of the survivors in the study (44.6%) said that they were concerned about the quality of the information they found during their last search. Thirty percent of survivors reported that it took a lot of effort to find the information they needed. Twenty-three percent felt frustrated during their last search, and 24% thought that the information they found was difficult to understand.

Information seeking survivors across socio-demographic categories seemed to have similar experiences; there were no significant differences in satisfaction by race/ethnicity, gender, age, education, or income.

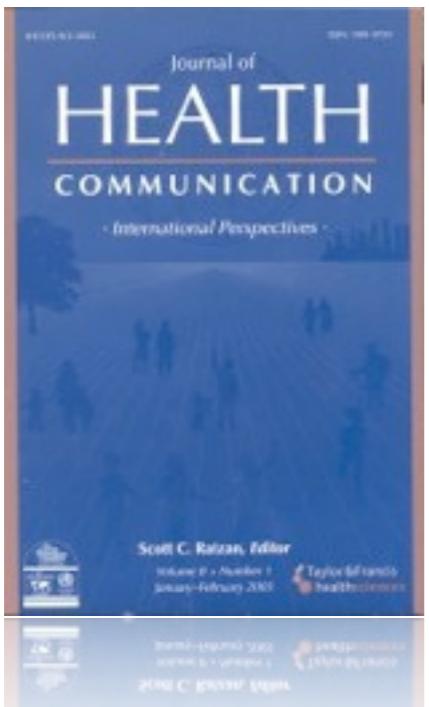
1994

1998

2

2014

Health communication scientists inform the debate on information seeking, communication processes, and behavioral outcomes



Only 28% Know Lung Cancer Is the Leading Cause of Cancer Deaths

84% of Americans Know Smoking Increases Cancer Risk

Over the past several decades, significant progress has been made in reducing overall smoking rates and tobacco-related diseases. Despite these successes, there remain demographic and geographic disparities in smoking prevalence, tobacco-related health outcomes, and knowledge about lung cancer risk factors and mortality.

Much cancer prevention research has demonstrated that knowledge is a central component of effective health promotion, and that gaps in knowledge (e.g., by age, socioeconomic status, geographic region, or race/ethnicity) can create or exacerbate health disparities. While accurate knowledge isn't sufficient to affect behavior change, a baseline of knowledge and awareness is fundamental to the development of attitudes and intentions toward positive, health-enhancing behaviors.

The vast majority of Americans (84%) have received the message that smoking increases cancer risk, and there appears to be only some variation in that knowledge by demographic characteristics or by geographic region. Although lung cancer is the number one cancer killer in the U.S., less than one-third of Americans report that lung cancer is the leading cause of cancer deaths each year. Moreover, differences are pronounced by geographic region, with only 20% of adults in some areas of the country knowing that lung cancer is responsible for more deaths each year than other cancers such as breast, colon, or prostate.

In this HINTS Brief, we explore demographic and geographic factors associated with accurate knowledge about lung cancer mortality, risk factors, and the negative effects of tobacco use.

Geographic Distribution of Smoking and Lung Cancer Knowledge

U.S. Population Percentage, HINTS 2003

Does Smoking Increase Chances of Cancer?

Percent Responding "A lot"	High (95%)	Low (75%)
West	Dark Blue	Light Blue
Midwest	Dark Blue	Light Blue
South	Dark Blue	Light Blue
New England	Dark Blue	Light Blue

Which Type of Cancer Do You Think Will Cause the Most Deaths This Year in the U.S.?

Percent Responding "Lung cancer"	High (95%)	Low (75%)
West	Dark Blue	Light Blue
Midwest	Dark Blue	Light Blue
South	Dark Blue	Light Blue
New England	Dark Blue	Light Blue

Quick Facts

- Smoking is the leading cause of preventable death in the U.S.
- Tobacco use and tobacco-related diseases are more prevalent in certain geographic areas, and among certain racial/ethnic populations and people with low socio-economic status.
- Knowledge about the health consequences of tobacco is not evenly distributed. There are social and geographic differences in knowledge about lung cancer risk factors and mortality.
- Among smokers, disadvantaged groups are more likely to endorse myths and misinformation about the negative effects of tobacco.

Among Smokers, Myths Are Persistent and Pronounced

Gender, Race, and Income Associated with Myth Endorsement

While a majority of current smokers know that smoking cessation is a cancer prevention strategy, they also are prone to endorse some smoking-related myths. In a HINTS study, researchers assessed the extent to which current and former smokers agreed with myths about reversing the negative effects of smoking and how those inaccurate beliefs varied by sociodemographic characteristics.

When current and former smokers were asked whether they believed that exercise could undo most of the negative effects of smoking, males were more likely than females, and African-Americans and Hispanics were more likely than Whites, to endorse the myth. Those with higher incomes generally reported more accurate knowledge, being more likely to disagree with the exercise myth compared to people who earn less than \$25,000 per year.

When asked whether they believed that vitamins could undo most of the negative effects of smoking, similar patterns emerged, with males, African-Americans, Hispanics, and those with incomes less than \$25,000 per year being more likely to endorse the myth than females, Whites, and those with higher incomes, respectively. College graduates, compared to people with less than a high school education, were more likely to hold accurate knowledge, disagreeing with the vitamin myth.

In this HINTS Brief, we explore factors associated with accurate knowledge about tobacco.

1994

1998

2

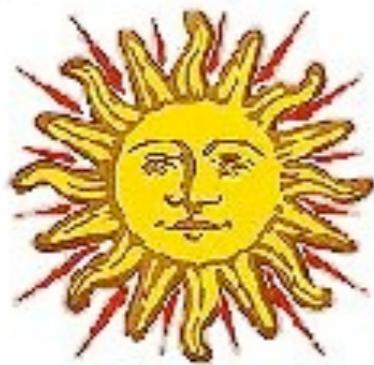
2014

Sun Safety



Protect yourself and your family from the sun:

- Stay out of the sun between 10 a.m. and 4 p.m., when the sun's rays are strongest.



Home > News & Events



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Breadth of Behaviors



1994

1998

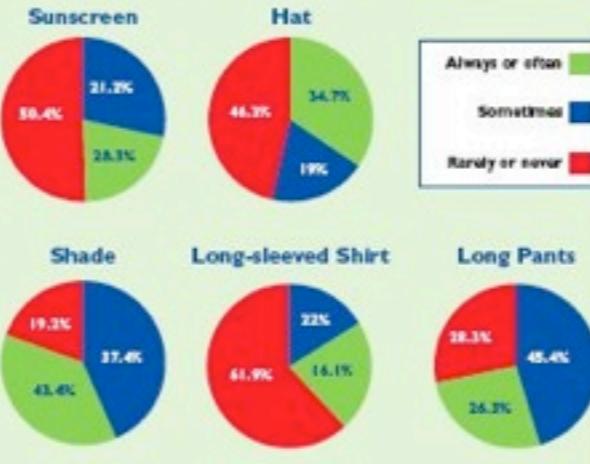
2002

Only a Minority of Americans Regularly Practice Sun Safety

Skin cancer is the most common type of cancer in the United States, developing in approximately one million Americans each year. Nonmelanoma skin cancers (basal cell cancer and squamous cell cancer) are much more common than melanoma; however, melanoma is the most serious type of skin cancer. Exposure to ultraviolet (UV) rays (both A and B rays) appears to be the most important environmental risk factor for the development of skin cancer. The most effective way to lower the risk of skin cancer is to engage in sun-safety practices, such as wearing sunscreen and protective clothing, seeking shade, and avoiding artificial sources of UV rays (tanning booths and sunlamps).

Respondents to the 2005 Health Information National Trends Survey (HINTS 2005) were asked a series of questions about the frequency with which they engage in sun-safety practices. Only a minority of Americans reported "always or often" engaging in protective behavior when outside for an hour or more on a warm, sunny day. Although 43.4% of respondents reported "always or often" seeking shade, half said they "rarely or never" used sunscreen. Other protective strategies were also used more commonly than sunscreen: 45.4% "always or often" wore long pants and 34.7% "always or often" wore a hat. Only 16.1% "always or often" wore a long-sleeved shirt. Data from the National Health Interview Survey (NHIS) confirm relatively low prevalence of sun-safety behaviors, with estimates of use of sunscreen, protective clothing, or seeking shade hovering around 30% since the early 1990s. In HINTS 2005, 91.7% of American adults reported that they had not used indoor tanning devices during the previous 12 months.

Sun-Safety Practices in the U.S. Population



In this HINTS Brief, we examine sun-safety practices in the U.S. population and explore differences by sociodemographic characteristics according to HINTS 2005 data.

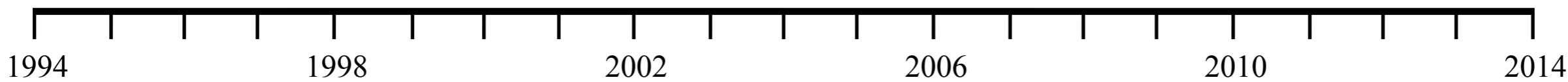
Quick Facts:

- An individual's risk of skin cancer is related to lifetime exposure to UV rays from the sun and artificial sources (tanning booths/beds and sunlamps).
- The risk for skin cancers is highest for fair-skinned populations, but skin cancer can develop in all individuals, regardless of skin pigmentation.
- The Centers for Disease Control and Prevention (CDC) recommends the following sun-safety practices:
 - o Seek shade, especially during midday hours (10:00 a.m. – 4:00 p.m.), when UV rays are strongest and can do the most damage.
 - o Cover up with protective clothing, such as long-sleeved shirts and long pants of tightly woven fabrics.
 - o Wear a hat with a wide brim to shade the face, head, ears, and neck.
 - o Wear sunglasses that wrap around the head and that are designed to block as close to 100% of both UV-A and UV-B rays as possible.
 - o Use sunscreen that protects against UV-A and UV-B rays and has a sun protective factor (SPF) of at least 15. Apply liberally and often while exposed to the sun.

How Can This Inform Your Work?

- There is a need for improved sun-safety behavior among Americans, most notably, the use of sunscreen and protective clothing.
- According to HINTS, sun-safety practice varies by sociodemographic characteristics, including age, race/ethnicity, and gender:
 - o Because women tend to use sunscreen more often than men, efforts to encourage use of sunscreen among men are needed.
 - o The harms of indoor tanning devices should be emphasized for women, as they use these devices more often than men.
 - o Seeking shade is infrequently practiced by younger adults, and the importance of this behavior should be emphasized to this population.
 - o Although men report wearing hats more often than women, these may not be the wide-brimmed hats that offer adequate sun protection. Both men and women should be encouraged to wear wide-brimmed hats that protect their faces and necks from UV rays.

HPV vaccines become available with Direct To Consumer Advertising on prevention for cervical cancer



Jasmin Tiro, Ph.D.

>> Biographical Sketch



>> Details of Research

>> Pers

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1994

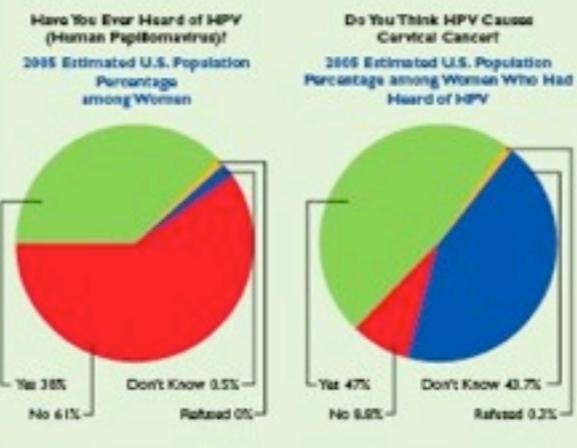
1998

2002

In 2005, 61 Percent of American Women Had Never Heard of HPV

Since the 2006 FDA approval of Gardasil™, a vaccine to prevent cervical cancer, news stories and advertisements have penetrated print, broadcast, and online communication channels with information about human papillomavirus, more commonly known as HPV. Communication researchers do not yet know how this influx of information has shaped knowledge, attitudes, or opinions about HPV and cervical cancer prevention. However, in 2005, 61 percent of American women aged 18 and older had never heard of HPV, even though it is the leading cause of cervical cancer. Of those who had heard of HPV, 44 percent did not know that it causes cervical cancer. (These percentages are unadjusted for other factors that may predict awareness and knowledge.)

Cervical cancer screening using the Pap test is widely accepted and integrated into the U.S. health care system. Newer HPV-based technologies such as the HPV test and vaccine give women and health care providers options for complementing the Pap test to prevent and control cervical cancer more effectively. Current guidelines recommend using the HPV test in women 30 and older for primary screening, and in women of all ages to follow up an abnormal Pap test. In addition, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recently recommended routine HPV vaccination for girls aged 11 and 12. The vaccine protects against two types of HPV that cause 70 percent of all cervical cancers. Not all cervical cancers can be prevented with the vaccine; therefore, it is essential that even vaccinated women continue to receive Pap and HPV tests at the recommended intervals.



Quick Facts:

- Persistent HPV infection causes most cervical cancers. It also plays a role in cancers of the anus, vulva, vagina, and oropharynx.
- HPV is a very common infection. About 20 million people are currently infected and at least 50 percent of sexually active men and women get an infection at some point in their lives.
- There are 100 types of HPV. Most infections go away on their own; some persistent high-risk infections can lead to cervical cancer.
- The Pap test is used to detect abnormal cells in the cervix. Women should begin having Pap tests within three years of first having sexual intercourse, and no later than age 21. Healthy women should repeat the test at least every three years.
- For women age 30 and older, the HPV test can be used for general screening. For women of all ages, it is approved as a way to follow-up an abnormal Pap test. The HPV test can detect 13 of the high-risk types of HPV associated with cervical cancer, even before there are visible changes to cervical cells.
- In June 2006, the FDA approved Gardasil™, the first vaccine to prevent two types of HPV infection that cause 70% of all cervical cancers. The vaccine is approved for girls and young women aged 9 to 26; routine vaccination is recommended for girls aged 11 and 12.
- Although males can also contract HPV, there is no approved test to detect HPV infection in males, and no approved vaccine to prevent HPV infection in males.

How Can This Inform Your Work?

HINTS 2005 does not tell us where women get information about HPV and cervical cancer, nor does it capture the likely increase in awareness of HPV since the 2006 introduction of Gardasil™ and its associated campaign. Nonetheless, HINTS tells us that in 2005, American women were largely unaware of the virus that causes the majority of cervical cancers. There are several tasks that health educators and health communication practitioners can take on to increase the likelihood that women have accurate awareness of HPV and its relationship to cervical cancer.

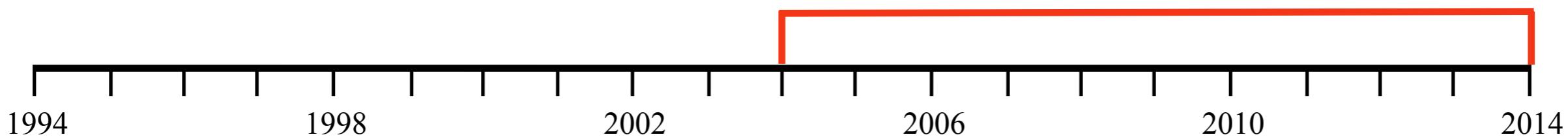
- Efforts are needed to increase recognition of the name of the virus, human papillomavirus, and its acronym, HPV, especially among older women, less educated women, and those not being screened regularly for cervical cancer.
- Efforts are needed to increase the depth of accurate knowledge about HPV and its link to cervical cancer. This information should be shared with women before they are at risk for contracting and suffering adverse consequences from an HPV infection.
- Women who are vaccinated against HPV must understand that regular Pap or HPV tests are still needed to screen for the types of cervical cancer not covered by the vaccine.

In this HINTS Brief, we explore women's awareness of HPV and knowledge of the HPV-cervical cancer link in 2005, before the introduction of the HPV vaccine.

New Aspects of the Information Environment

“Within ten years, every American must have a personal electronic medical record.”

George W. Bush, “President Unveils Tech Initiatives for Energy, Health Care, Internet”, Minneapolis, MN, April 26, 2004

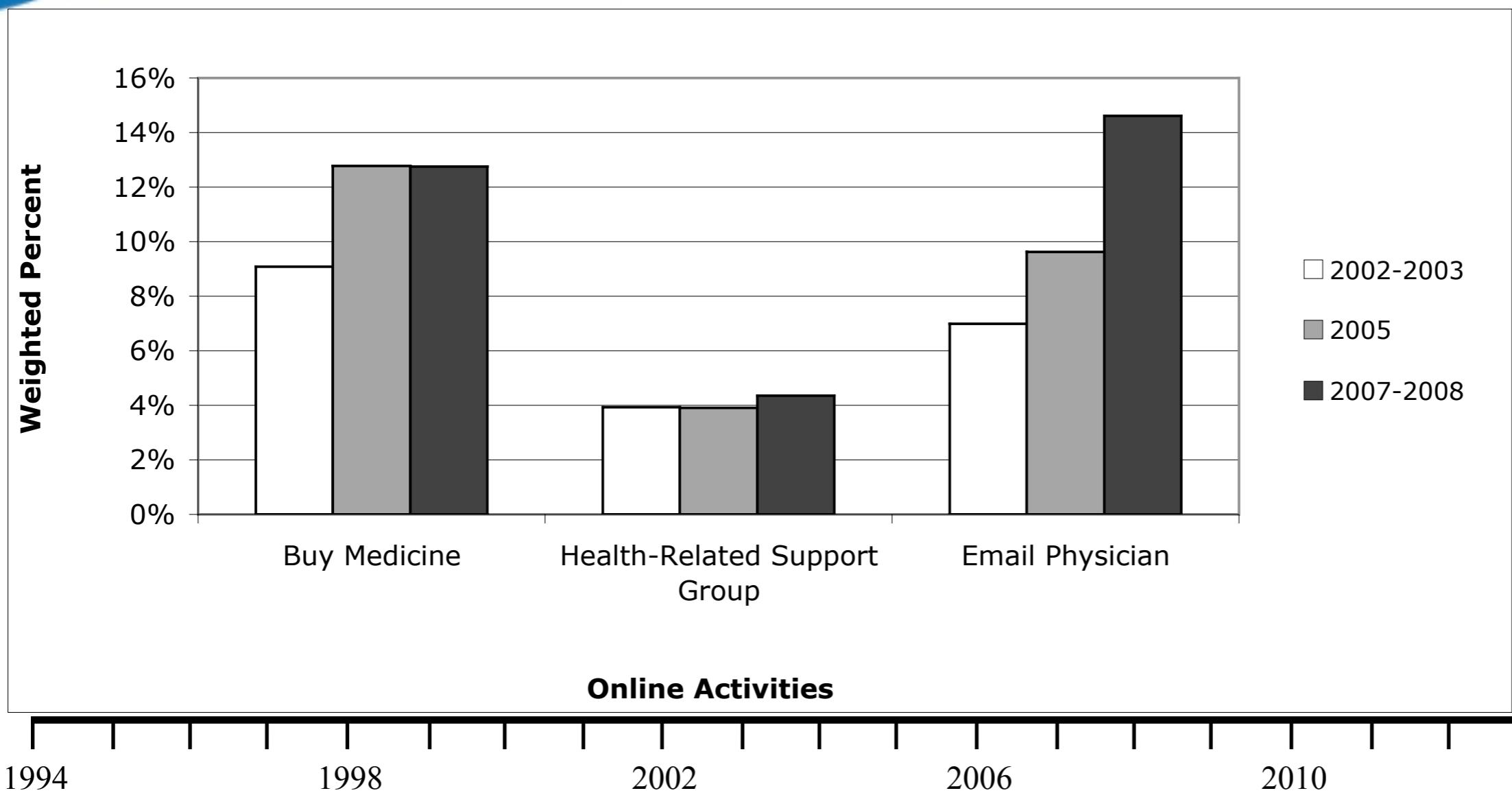


New Aspects of the Information Environment

Rise in patient-physician secure communications

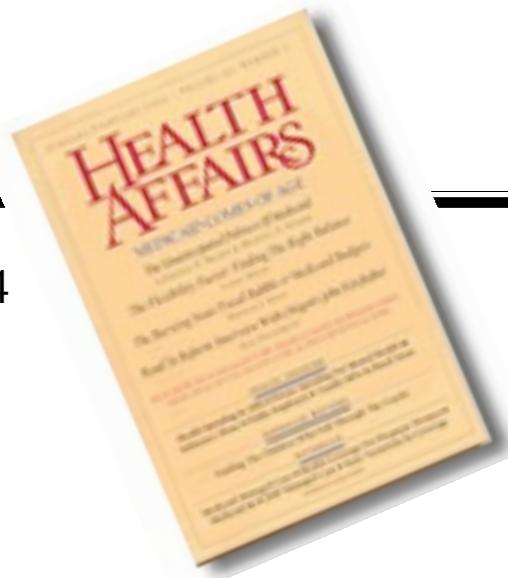
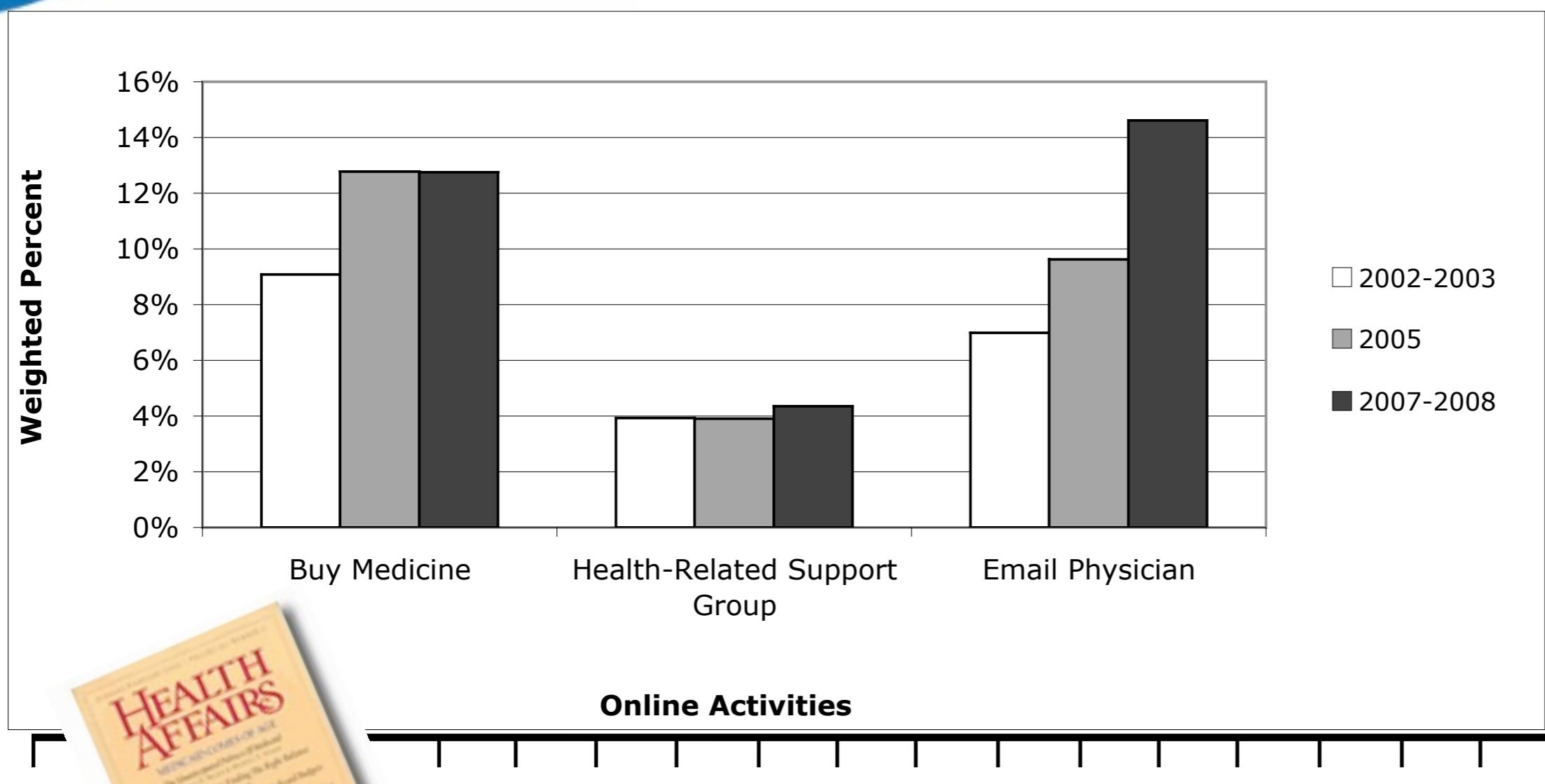


Rise in patient-physician secure communications



New Aspects of the Information Environment

Rise in patient-physician secure communications



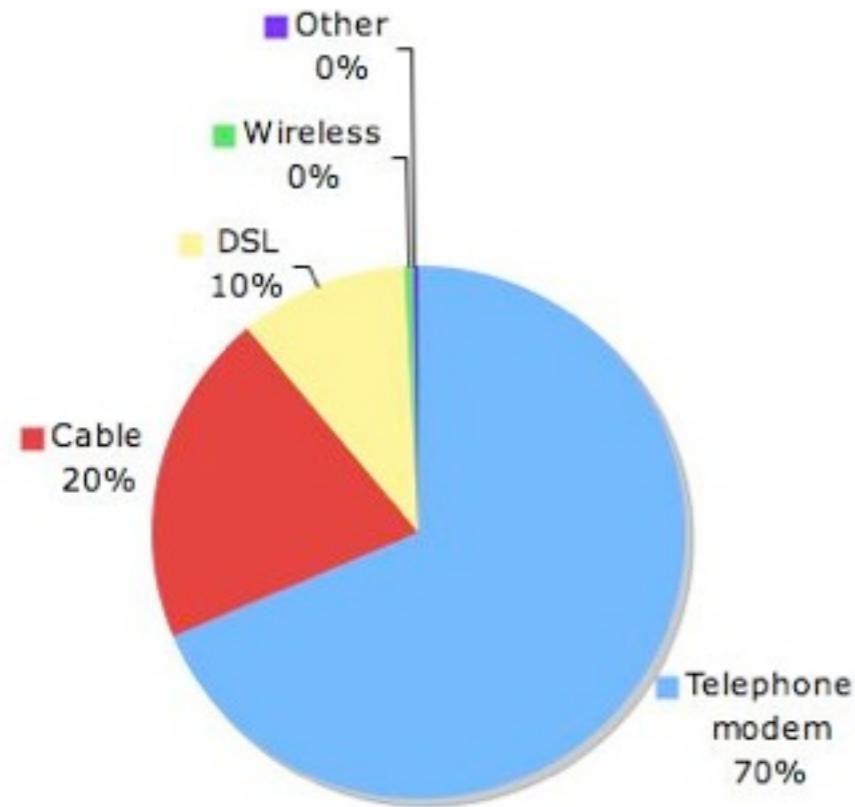
Patient-Doc cited as major cost reducer at Kaiser;
Feb-March 2009



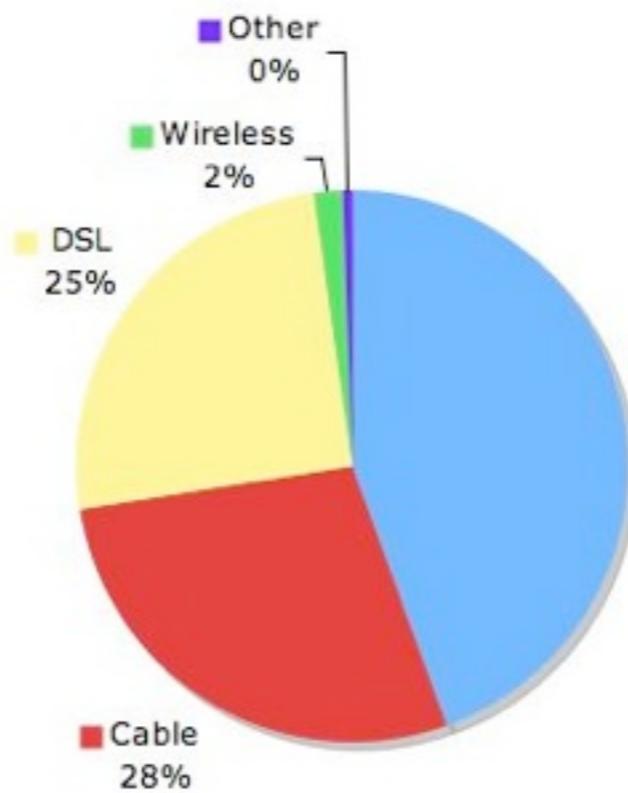
Diffusion of Broadband

Does health behavior change with
“always on” capability

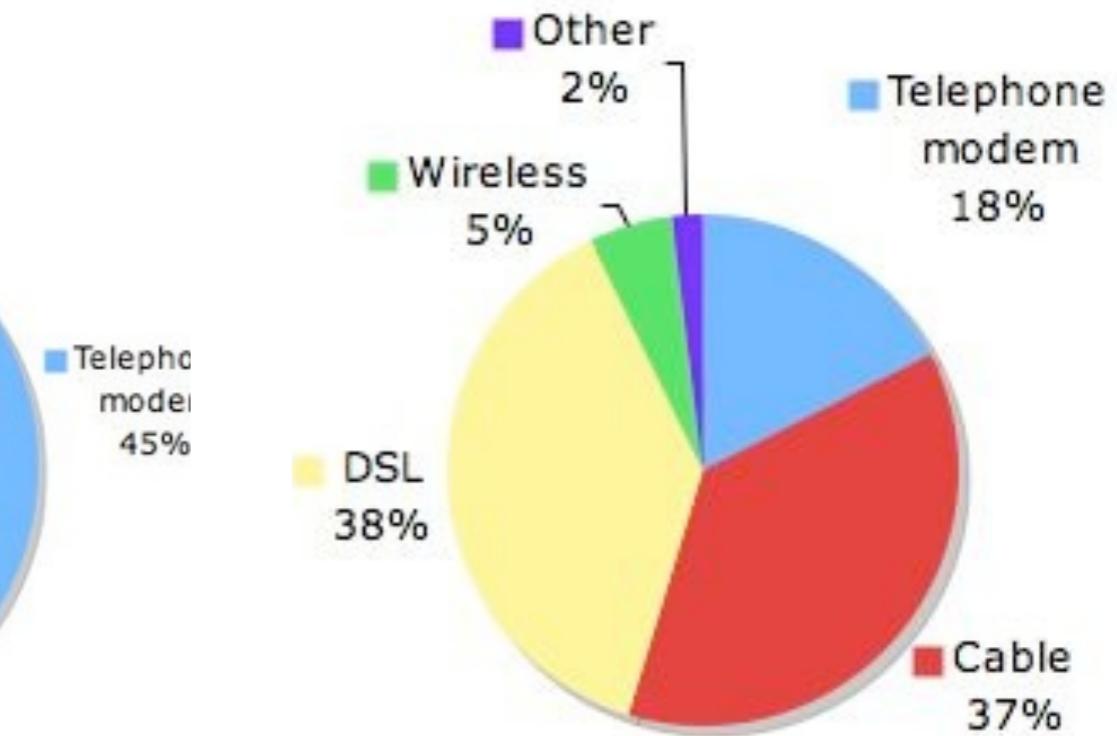
2003



2005



2007-2008





Health Information National Trends Survey

hints[↑]briefs

NUMBER 8

<http://hints.cancer.gov>

Online Patient-Provider Communication: Rare Despite Popularity of Internet and E-mail

An emerging concept known as "e-health" seeks to capitalize on the promise of new media technologies to facilitate equal access to timely and credible health information. One such eHealth endeavor is online patient-provider communication. For more than a decade, studies have consistently shown that the public would like to have access to Internet-based communication with health care professionals.

Data from the Health Information National Trends Survey (HINTS) indicates that most Americans say that health care providers are a more trusted source of health information than the Internet; however, HINTS data also show us that the Internet is the most frequently used source for health information retrieval. In fact, when asked where they went for health information in their last search, most respondents to HINTS said they used the Internet, print media, and other resources more often than health care providers. Online patient-provider communication is one way to utilize the public's most preferred and most often used sources of health information.

The Pew Internet & American Life Project estimates that 73% of Americans are online, and that 93% of them use e-mail. Despite apparently high levels of Internet access, online patient-provider communication is rare. In 2003, it was established that 7% of Internet users responding to HINTS said they had communicated online with a health care professional during the past 12 months. In 2005, this percentage increased to 10%.

While many health care providers have acknowledged the potential benefits of online patient-provider communication, concerns persist about confidentiality, reimbursement, and workload. In general, preference for online communication is higher among patients than among providers.

In this HINTS Brief, we explore factors associated with online patient-provider communication.

In the past 12 months, here you used the Internet or e-mail to communicate with a doctor or doctor's office?

Response	2003 Estimate	2005 Estimate
Yes	360	361
No	361	361
Don't Know	31	31

People get information about cancer, including how to prevent it and find it early, from many sources. Assuming it was free, would you like to get this information by e-mail or the Internet?

Response	Percentage
Neither	47%
E-mail or Internet Sources	41%
Don't Know	6%

Quick Facts

- An estimated 73% of American adults are online, and 93% of them use e-mail.
- Online patient-provider communication is uncommon, though data from HINTS suggest it may be increasing.
- In 2003, 7% of Internet users said they had communicated online with a health care professional in the past 12 months. In 2005, the percentage of Internet users who reported online communication with a health care provider increased to 10%.
- While health care providers have acknowledged the potential benefits of online communication, issues such as confidentiality, reimbursement, and workload must be addressed for the practice to become commonplace.

Going Online to Communicate with Health Care Providers

Shifting Trends from 2003 to 2005

A recently published HINTS study revealed changing patterns in online patient-provider communication between 2003 and 2005.

In 2003, HINTS respondents who had Internet access and who were college graduates were almost four times more likely than respondents who were online and had less than a high school education to have reported communicating with a health care provider online. In 2005, investigators observed no significant differences in online patient-provider communication by education level, suggesting that low levels of education may be posing less of a barrier to this practice among Americans who are already online.

HINTS respondents who were online and living in a non-metropolitan area in 2003 were significantly less likely than respondents who were online and living in a metro area to say they communicated online with health care providers. By 2005, geographic area was no longer associated with online communication with providers. This may suggest that as Internet access in rural areas has expanded over time, location may be becoming less of a barrier to online communication with providers.

HINTS respondents who were online and said that their health status was "fair" or "poor" in 2003 were almost one and a half times more likely than respondents who reported being in good health to say that they had communicated online with a provider. By 2005, health status was not associated with online patient-provider communication. However, differences were observed by personal cancer history with those reporting a history of cancer being almost twice as likely as those without a personal history of cancer to say that they contacted their providers online.

In this HINTS Brief, we explore factors associated with online patient-provider communication.

1994

1998

2002

2006

2010

2014

American Recovery and Reinvestment Act of 2009

\$19 Billion

TITLE XIII—HEALTH INFORMATION TECHNOLOGY

SEC. 13001. SHORT TITLE; TABLE OF CONTENTS OF TITLE.

(a) **SHORT TITLE.**—This title (and title IV of division B) may

- **Key goals*:**

- Improve quality, safety, & efficiency
- Engage patients & their families
- Improve care coordination
- Improve population and public health; reduce disparities
- Ensure privacy and security protections

*Adapted from National Priorities Partnership. National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare. Washington, DC: National Quality Forum; 2008.



Town Hall Meeting: Monday, August 17, 2009

HINTS on the Global Stage



**2 N D I N T E R N A T I O N A L
Cancer Control Congress**

RIO DE JANEIRO, BRAZIL NOVEMBER 25-28, 2007

BUILDING GLOBAL COLLABORATION

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Speaker Presentations

OPENING CEREMONY

[Dr. Simon Sutcliffe](#)
Chair, International Steering Committee / Vice Chair, Canadian Partnership Against Cancer Corporation/ President, BC Cancer Agency

[Dr. Franco Cavalli](#)
President, UICC - Switzerland

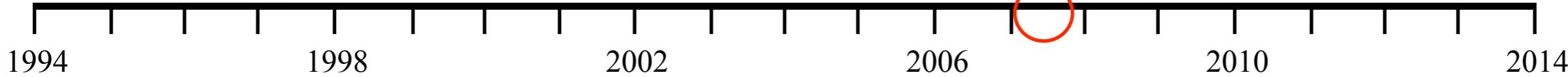
Session 1: "SIMILARITIES AND DISTINCTIONS" BETWEEN CONTROLLING CHRONIC DISEASES AND CANCER

PLENARY SPEAKERS:

[WHO Chronic Diseases Control Strategy](#)
[Dr. Carissa Etienne \(PAHO\)](#)
Australian Experience in Non-Communicable Disease Control
[Part #1](#), [Part #2](#)
[Professor Robert Burton \(Australia\)](#)
[China's National Chronic Disease Plan: community based implementation](#)
[Dr. Wu Fan \(China\)](#)
[Non-communicable disease control in Latin America](#)
[Dr. Eduardo Leon Cazap \(Argentina\)](#)

SESSION 1 & 2 - WORKSHOP PRESENTATIONS

[Cancer Control in Vietnam & Cooperation with WHO & IAEA-PACT](#)
NGUYEN BA DUC, Dang The Can & TRAN VAN THUAN



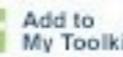
Monolingual, bilingual contexts

Briefs

Breve 12: Es menos probable que los hispanos busquen información sobre el cáncer que los no hispanos

Las diferencias entre la búsqueda de información y el acceso a la misma pueden influir en los conocimientos, actitudes, comportamientos relacionados con la salud y en las decisiones médicas, y pueden contribuir a disparidades en los resultados de la salud entre poblaciones marginadas.

enero 2009 PDF (78 KB)



Add to
My Toolkit

Brief 12: Hispanics Less Likely to Seek Cancer Information than Non-Hispanics

Differences in cancer information seeking and information access have the potential to shape health knowledge, attitudes, behaviors, and medical decisions, and may contribute to disparities in health outcomes among disadvantaged populations.

Jan 2009 PDF (73 KB)



Add to
My Toolkit

Breve 11: Solo 28% de las personas saben que el cáncer de pulmón es la principal causa de muerte por cáncer

Durante las últimas décadas, se han realizado importantes progresos en la reducción de los índices de tabaquismo en general y las enfermedades relacionadas con el tabaco.

Octubre 2008 PDF (90 KB)



Add to
My Toolkit

Brief 11: Knowledge of Tobacco-Related Cancers: Understanding the association of tobacco consumption and perceived cancer risk

Over the past several decades, significant progress has been made in reducing overall smoking rates and tobacco-related diseases. Despite these successes, there remain demographic and geographic disparities in smoking prevalence, tobacco-related health outcomes, and knowledge about lung cancer risk factors and mortality.

Oct 2008 PDF (101 KB)



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Breve 10: Los supervivientes del cáncer y las personas con antecedentes familiares de cáncer son quienes con más probabilidad buscarán información sobre el cáncer

Muchas personas que han sido afectadas por el cáncer utilizan activamente los recursos disponibles (p. ej., Internet, proveedores de atención médica, periódicos, folletos y revistas) para buscar información sobre la enfermedad.

Junio 2008 PDF (85 KB)

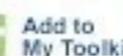


Add to
My Toolkit

Brief 10: Information Support for Cancer Survivors: Cancer information seeking behaviors

Many people who have been touched by cancer actively use available resources (e.g., the Internet, health care providers, newspapers, brochures, and magazines) to seek information about the disease.

Jun 2008 PDF (129 KB)



Add to
My Toolkit

Hispanics Less Likely to Seek Cancer Information than Non-Hispanics

83% of Spanish-speaking Hispanics have never looked for cancer information

Hispanics Report Low Levels of Satisfaction with Cancer Information Seeking

While the majority of Hispanic respondents to HINTS 2005 reported never seeking cancer information from any source,

Breves de hints

NÚMERO 12

Es menos probable que los hispanos busquen información sobre el cáncer que los no hispanos

El 83% de los hispanos que hablan español nunca han buscado información sobre el cáncer

Las diferencias entre la búsqueda de información y el acceso a la misma pueden influir en los conocimientos, actitudes, comportamientos relacionados con la salud y en las decisiones médicas, y pueden contribuir a disparidades en los resultados de la salud entre poblaciones marginadas.

Los datos de HINTS de 2005 revelan que muy pocos hispanos buscan información, y esto depende de su dominio del inglés; solo el 37% de los hispanos que hablan inglés y el 17% de los hispanos que hablan español dijeron que alguna vez buscaron información sobre el cáncer, en comparación con el 52% de no hispanos.

Los hispanos, en particular los que hablan español, pueden tener muchos problemas y enfrentarse a muchos obstáculos en la búsqueda e interpretación de información sobre el cáncer y en la toma de decisiones para su salud basadas en la información. En este Breve de HINTS exploramos la experiencia en cuanto a la búsqueda de información sobre el cáncer entre hispanos encuestados en HINTS en 2005.

Categoría	No hispanos	Hispanos que hablan inglés	Hispanos que hablan español
La búsqueda de información requirió mucho esfuerzo	57%	37%	17%
La información era difícil de entender	32%	47%	38%
Dudas sobre la calidad de la información	40%	67%	50%

Los hispanos reportan bajos niveles de satisfacción en su búsqueda de información sobre el cáncer

Si bien la mayoría de los hispanos encuestados en HINTS en 2005 reportaron que nunca habían buscado información sobre el cáncer en ningún lugar, los que sí buscaron información no quedaron satisfechos con su búsqueda.

Los hispanos reportaron tener poca confianza en su habilidad de obtener información sobre el cáncer. Casi el 30% de los individuos que hablan español tuvieron muy poca confianza o nada en su habilidad de obtener información de cáncer en comparación con el 6% de los no hispanos y el 11% de los hispanos que hablan inglés.

Entre los hispanos que hablan español, el 67% indicó que su búsqueda de información sobre el cáncer requirió mucho esfuerzo, el 55% dijo que era difícil entender la información y el 51% tenía dudas sobre la calidad de la información que encontraron. Entre los hispanos que hablan inglés, la experiencia fue ligeramente mejor; el 47% indicó que su búsqueda de información sobre el cáncer requirió mucho esfuerzo, el 23% dijo que era difícil entender la información y el 60% tenía dudas sobre la calidad de la información que encontraron.

Los no hispanos calificaron más favorablemente su experiencia en la búsqueda de información que los hispanos. El 35% reportó que su última búsqueda requirió mucho esfuerzo, el 22% reportó que la información era difícil de entender y el 46% reportó dudas sobre la calidad de la información.

Categoría	No hispanos	Hispanos que hablan inglés	Hispanos que hablan español
La búsqueda de información requirió mucho esfuerzo	35%	67%	50%
La información era difícil de entender	22%	47%	38%
Dudas sobre la calidad de la información	46%	60%	51%

Experiencias de los hispanos en Estados Unidos en la búsqueda de información sobre el cáncer

Special Study in Puerto Rico





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LA UPR	RECINTOS	OFRECIIMIENTOS ACADEMICOS	ESTUDIANTES	ADMISIONES	ASISTENCIA ECONOMICA	INVESTIGACION Y TECNOLOGIA	EXALUMNOS	SERVICIOS A LA COMUNIDAD	ADMINISTRACION
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NUEVA FECHA LÍMITE PARA TRÁMITES DE NOMINACIÓN DEL PRESIDENTE(A) UPR

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- ▶ Se encuentra entre las 10 primeras universidades de Estados Unidos en el campo de la ingeniería.
- ▶ Es líder en la investigación sobre el cáncer y condiciones neurodegenerativas.
- ▶ Alberga las colecciones bibliográficas principales del país y una de las mejores colecciones del mundo sobre el Caribe.
- ▶ Es custodio de importantes patrimonios culturales, arquitectónicos y naturales.
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Bibliotecas

Sobre un millón de títulos en 42 bibliotecas que se encuentran a la disposición de la comunidad universitaria y el público en general. Accede además el catálogo digital...



HINTS Data Users Meeting

HINTS community convenes to tackle latest issues



NATIONAL CANCER INSTITUTE U.S. National Institutes of Health | www.cancer.gov

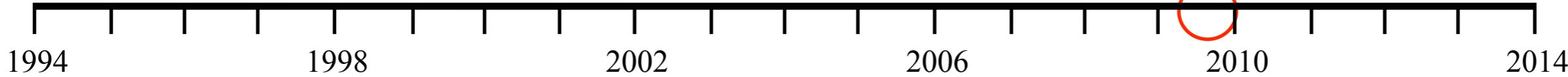
HINTS Data Users Conference Partners in Progress

September 24-25, 2009 | Silver Spring, MD

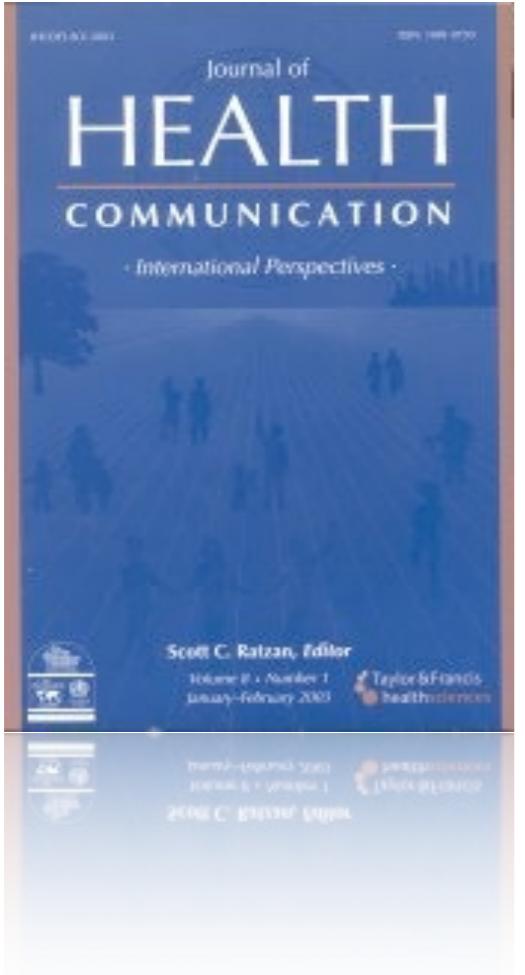
Please join us for the third biennial Health Information National Trends Survey (HINTS) Data Users Conference. This conference is an exciting opportunity for data users from academic, private and public sectors to share analyses from HINTS. This year's theme "Partners in Progress" reflects an expanding reach and greater participation in HINTS activities and results.

Please click the below buttons to get more details about the meeting agenda, meeting logistics, and to register for the conference.

[View Draft Agenda](#) [Register for Conference](#) **hints**

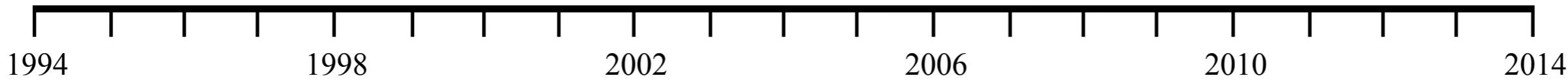
A graphic element consisting of several thick, semi-transparent arrows in purple, blue, and green. They overlap to form a circular shape, with one arrow pointing towards the center of the circle.

Special Issue of Journal of Health Communication



Timeline

- Call in autumn
- Papers due in March
- Publication expected in July 2010
- See Brad Hesse, Lila Rutten, or Rick Moser



Four Year Study

NCI will launch 4th administration of HINTS
in 2010: Will use modular approach

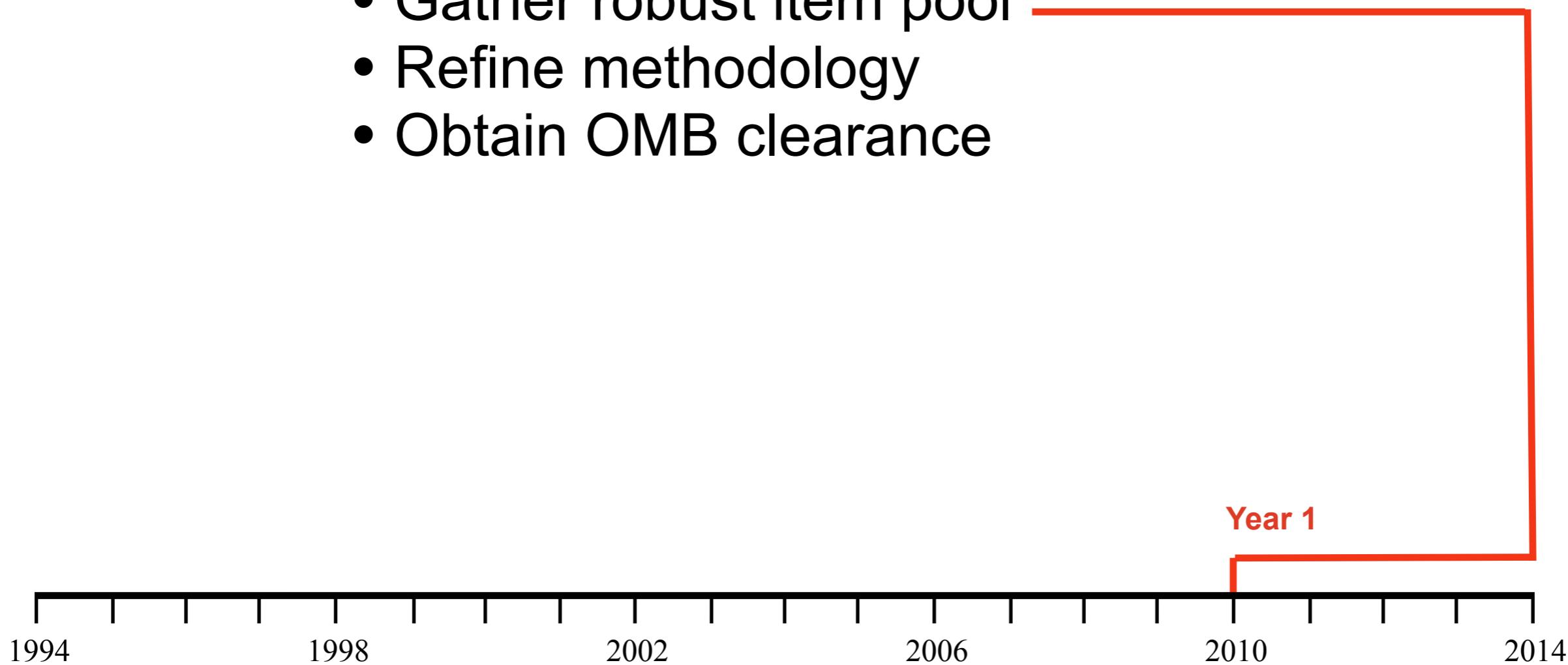


Four Year Study

NCI will launch 4th administration of HINTS in 2010: Will use modular approach

Year 1: Foundation year

- Gather robust item pool
- Refine methodology
- Obtain OMB clearance



Four Year Study

NCI will launch 4th administration of HINTS in 2010: Will use modular approach

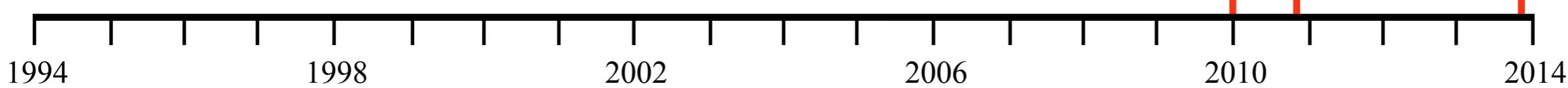
Year 1: Foundation year

- Gather robust item pool
- Refine methodology
- Obtain OMB clearance

Years 2 - 4: Survey years

- Rotate items in modules
- Keep some items constant for trending
- Make data available after each module

Year 1 Years 2 - 4



Call for Items: 2010



1994

1998

2002

2006

2010

2014

National Cancer Institute

U.S. National Institutes of Health | www.cancer.gov



Health Information National Trends Survey

How Americans find and use cancer information



View HINTS Findings

[HINTS Questions](#)

Survey questions & responses
Respondent characteristics
U.S. adult population estimates
Individual question responses displayed in charts
Question source

[HINTS Resources and Materials](#)

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What HINTS does
How HINTS data are used
NCI presentations
Upcoming events

Conduct HINTS Research

[Public Use Dataset](#) – 02/14/2009
Downloadable SAS, SPSS formats
Registration required
2007, 2005, and 2003 datasets

[Survey Instruments](#)

Sampling plan
Survey instruments
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Meeting Registration is OPEN

hints Data Users Conference
Partners in Progress

September 24–25, 2009

[Click here to see meeting agenda and to register](#)



[Call for Items](#)

GEM Grid-Enabled Measures Database

Announcements

HINTS Briefs: Número 12
El 83% de los hispanos que hablan español nunca han buscado información sobre el cáncer.

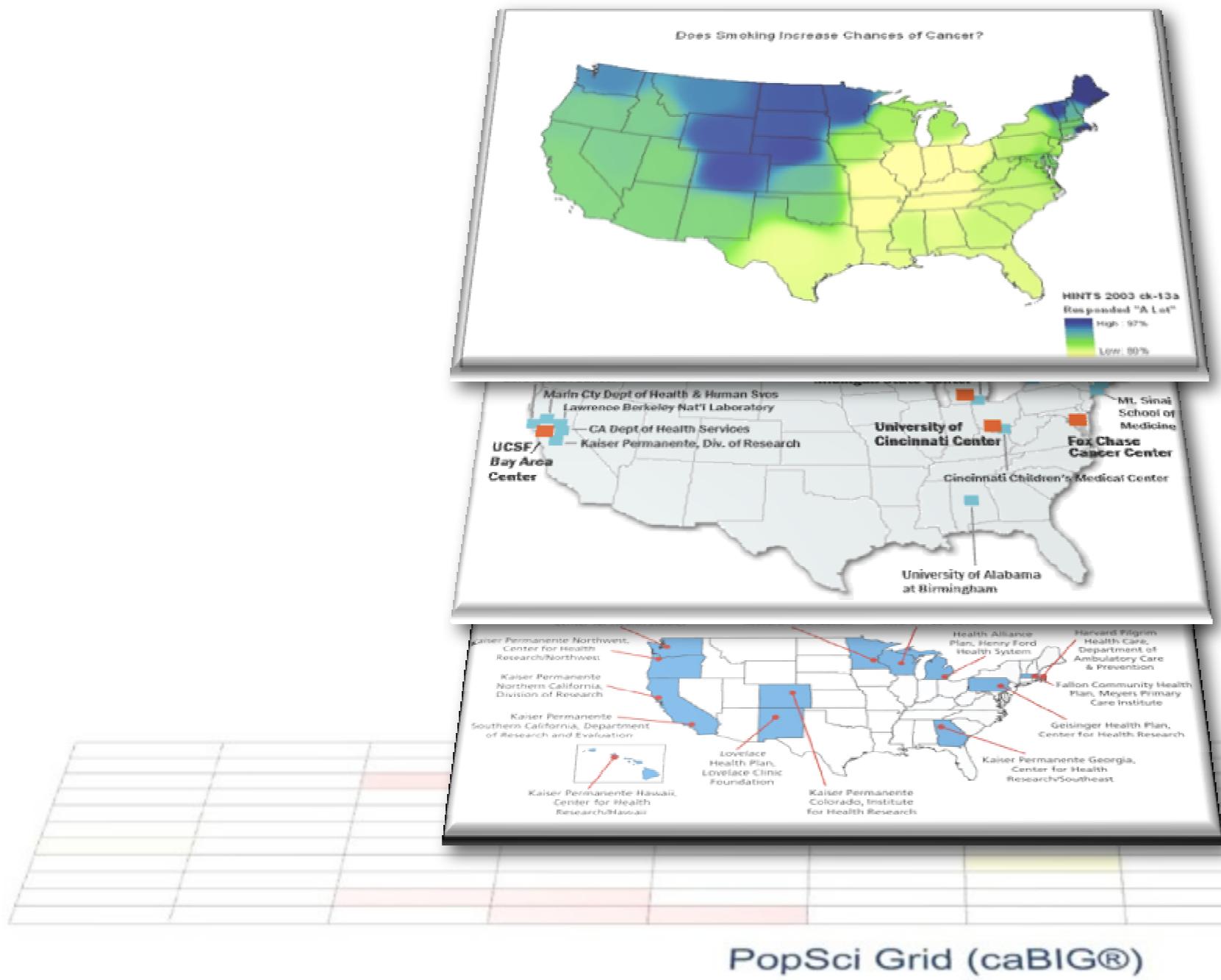


HINTS Briefs: Number 12
83% of Spanish-speaking Hispanics have never looked for cancer information.

Analytic Methods to Examine Changes Across Years Using HINTS 2003 & 2005 Data
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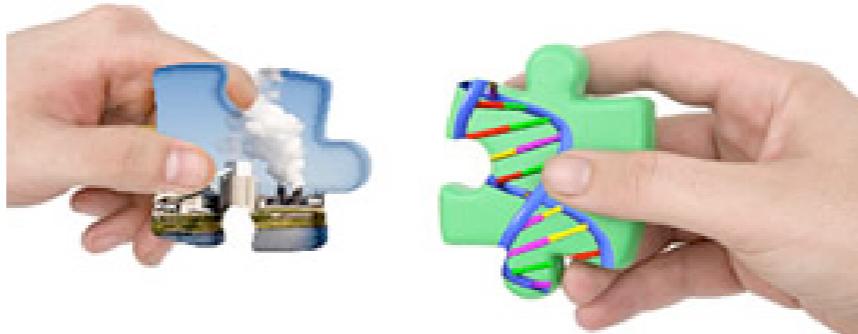
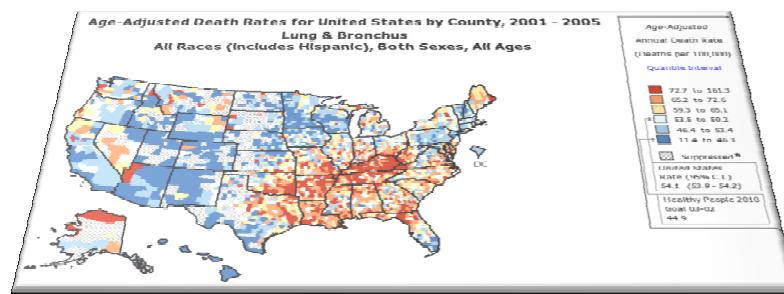
Adding HINTS Data to the Grid



Information Exposure (e.g., Health Information National Trends Survey, HINTS)

Toxicant Exposures (e.g., Breast Cancer & Environment)

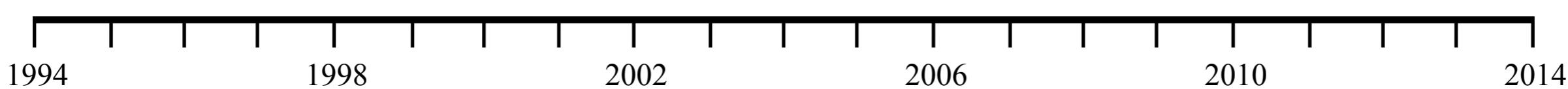
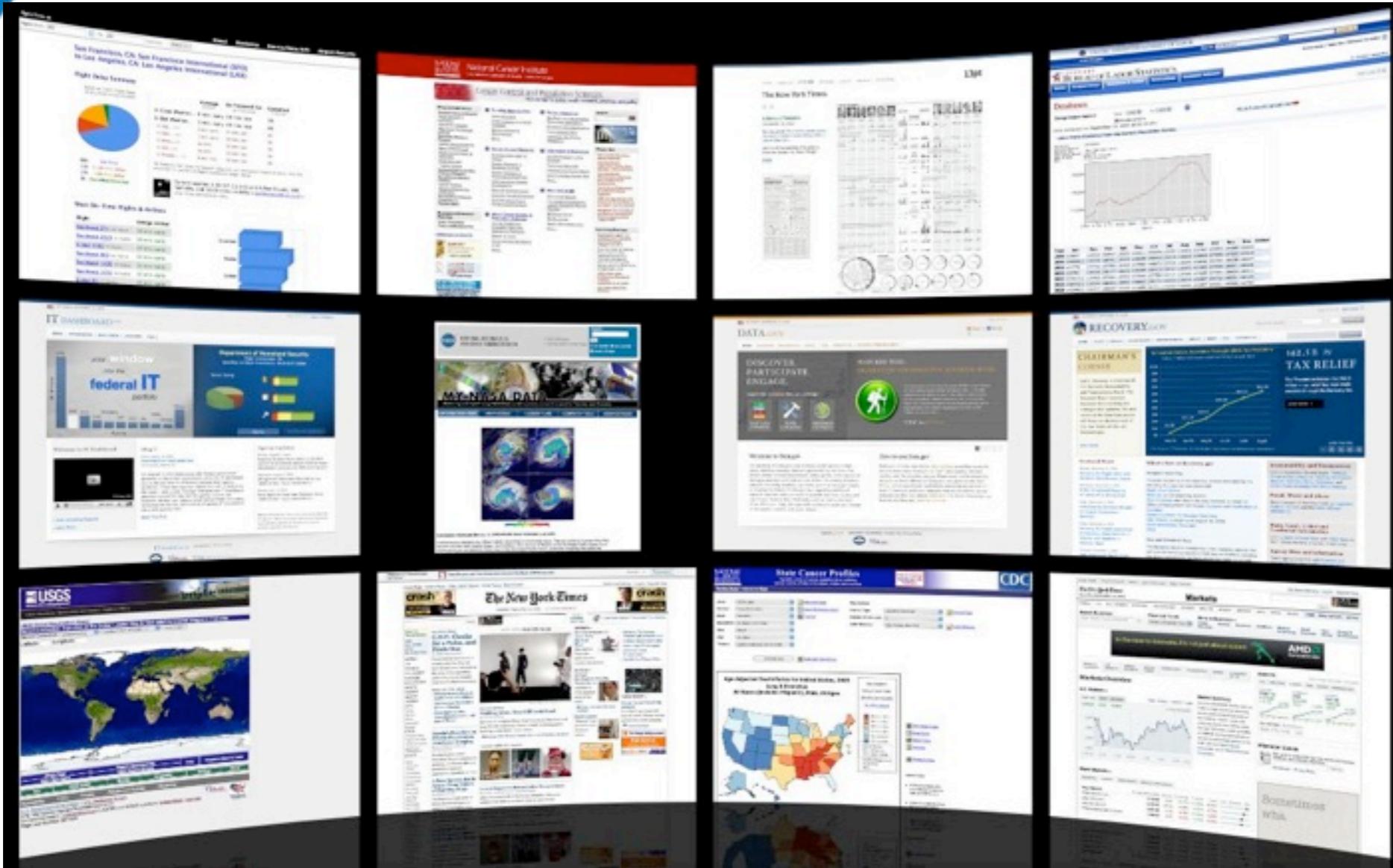
Health Care Environment
(e.g., Cancer Research Network)



Disease Registry Data (e.g., ePath)



Data Resources via Data.gov



Standing Up to Inform Policy, Science, and Practice Together

