Use of HINTS Data in Grant Proposals

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Two Different Perspectives

1. NCI R03 Study Section Reviewer
   - Small Grants for Behavioral Research in Cancer Control (PAR-09-003)
   - Specifically reviewed HINTS secondary analysis proposals

2. Potential Grantee / Investigator
   - Analyzing HINTS data (across all 3 years) for Appalachia
   - Replicating the HINTS survey locally
   - Use of HINTS questions in other survey research projects

R03 Study Section Member

- Innovative research question(s)
  - But not too many specific aims!
  - Avoid the kitchen sink approach

- Investigative team
  - Qualified mentor(s) and well developed mentoring plan
    - Previous experience with HINTS analyses
    - Health communication expertise
    - Behavioral science expertise
    - Specific cancer expertise (e.g., breast, lung, colorectal, cervix)
    - Specific topic expertise (e.g., nutrition, health literacy, tobacco use)
  - Look for someone on the team who has experience with weighted datasets and statistical software such as SUDAAN

R03 Study Section Member

- Include relevant literature in the Background and Significance section, including references to other HINTS-related research if applicable
- Make no assumptions!
  - Include information about the HINTS survey in the proposal
- Finding the balance between presenting enough evidence – preliminary analyses, sample sizes, etc. – to support the proposal and already having half of the project complete
- Appropriate conceptual / theoretical model or framework to guide the research question(s)

R03 Study Section Member

- Analysis plans
  - Analyzing trends year to year or combining the three datasets into one?
  - Questions are not always asked in each iteration of HINTS
  - Modality effects
  - Do the variables you're exploring involve certain skip patterns or sampling schemes?
  - Missing data
- Include a list of the specific HINTS variables in the Appendix

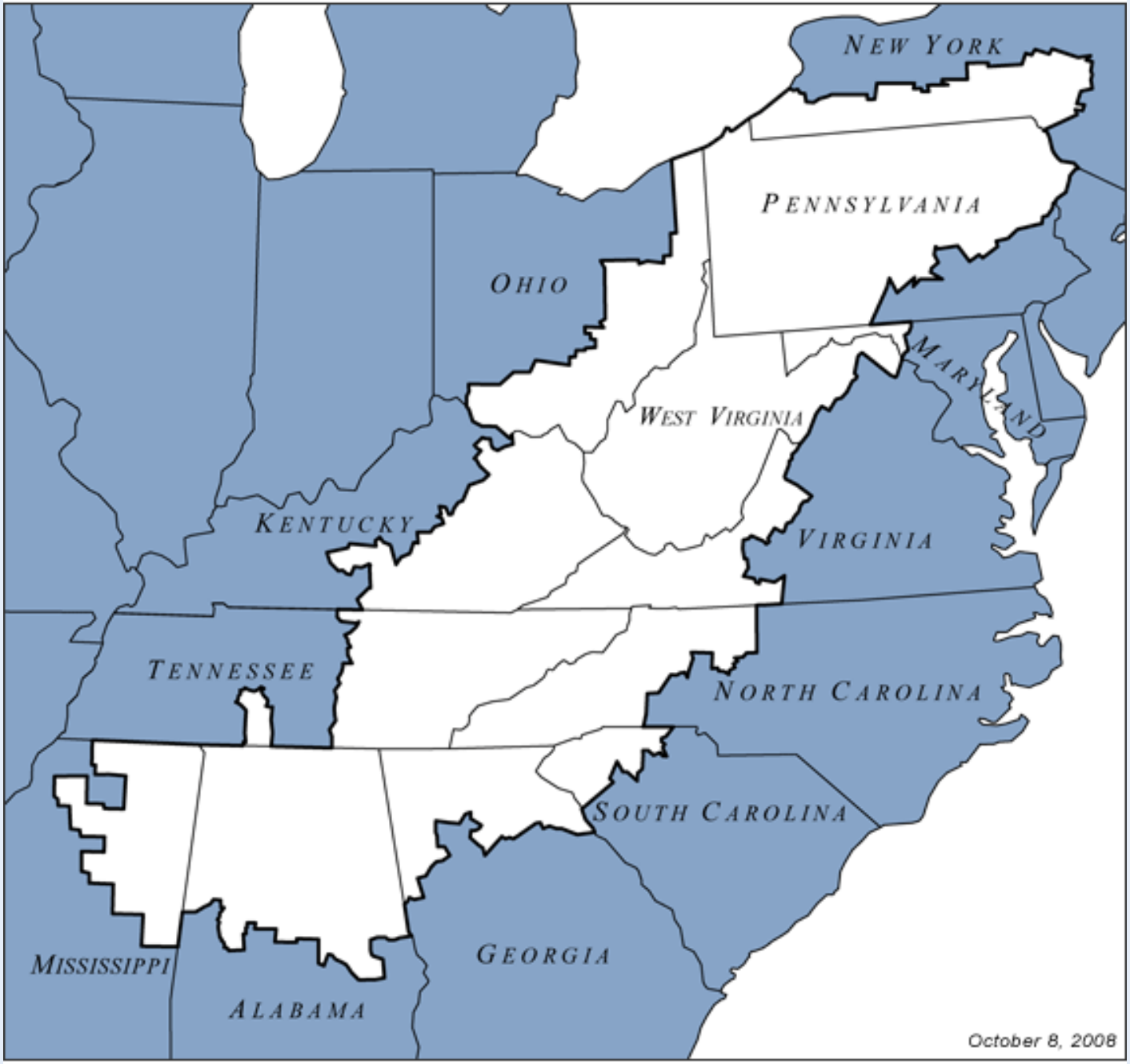
R03 Study Section Member

- Application of the findings to future, larger research studies and public health practice
  - Dissemination involves more than publishing a manuscript and presenting at conferences
  - R03 mechanisms are used to “provide a basis for more extended research”
- Human Subjects
  - Include preliminary tables outlining the number of women and minorities in the study sample
- Talk to the Program Director – Ms. Veronica Chollette!

Potential Grantee / Investigator

- Great interest in Appalachian cancer health disparities
  - Residents of Appalachia experience increased rates of cancer incidence and mortality and high-risk health behaviors.
  - Additionally, Appalachians are often characterized by lower socioeconomic status, geographic isolation, and cultural beliefs such as fatalism.

The Appalachian Region



Source: Appalachian Regional Commission

Potential Grantee / Investigator

- Through a special request of the NCI HINTS team, I've received a re-coded HINTS dataset for each iteration of the survey which contains a newly created dichotomous "Appalachia" variable.
  - The HINTS-Westat team matched Federal Information Processing Standard (FIPS) Codes for US counties and independent cities identified by the Appalachian Regional Commission (ARC) as Appalachian to the list of telephone exchanges used in the RDD sample and the zips in the mailed survey sample.

Combined HINTS: 2003, 2005, 2007

	Total	Appalachia	Non-Appalachia
Sample Size	19,629	1,728 (540, 559, 629)	17,901 (5829, 5027, 7045)

Ideas for Consideration

1. Cancer Information-Seeking Behaviors

2. Focus on questions related to fatalism, worry cancer, healthcare avoidance behaviors, and pt / provider communication
   - Relates to the notion of Appalachian's tending to be fatalistic, prideful, avoiding tests like Pap screening, access to health care, etc.

3. Cervical cancer rates are higher in Appalachia compared to the rest of the rest of the US, therefore we would look at cervical cancer knowledge, Pap testing, and HPV-related questions

4. Tobacco use and quitline use / knowledge of
   - Relates to high smoking and lung cancer rates in Appalachia
   - Harm reduction products

Ideas for Consideration

5. Colon cancer knowledge and risk perceptions (might add screening behaviors)
   - Related to elevated rates of CRC in Appalachia

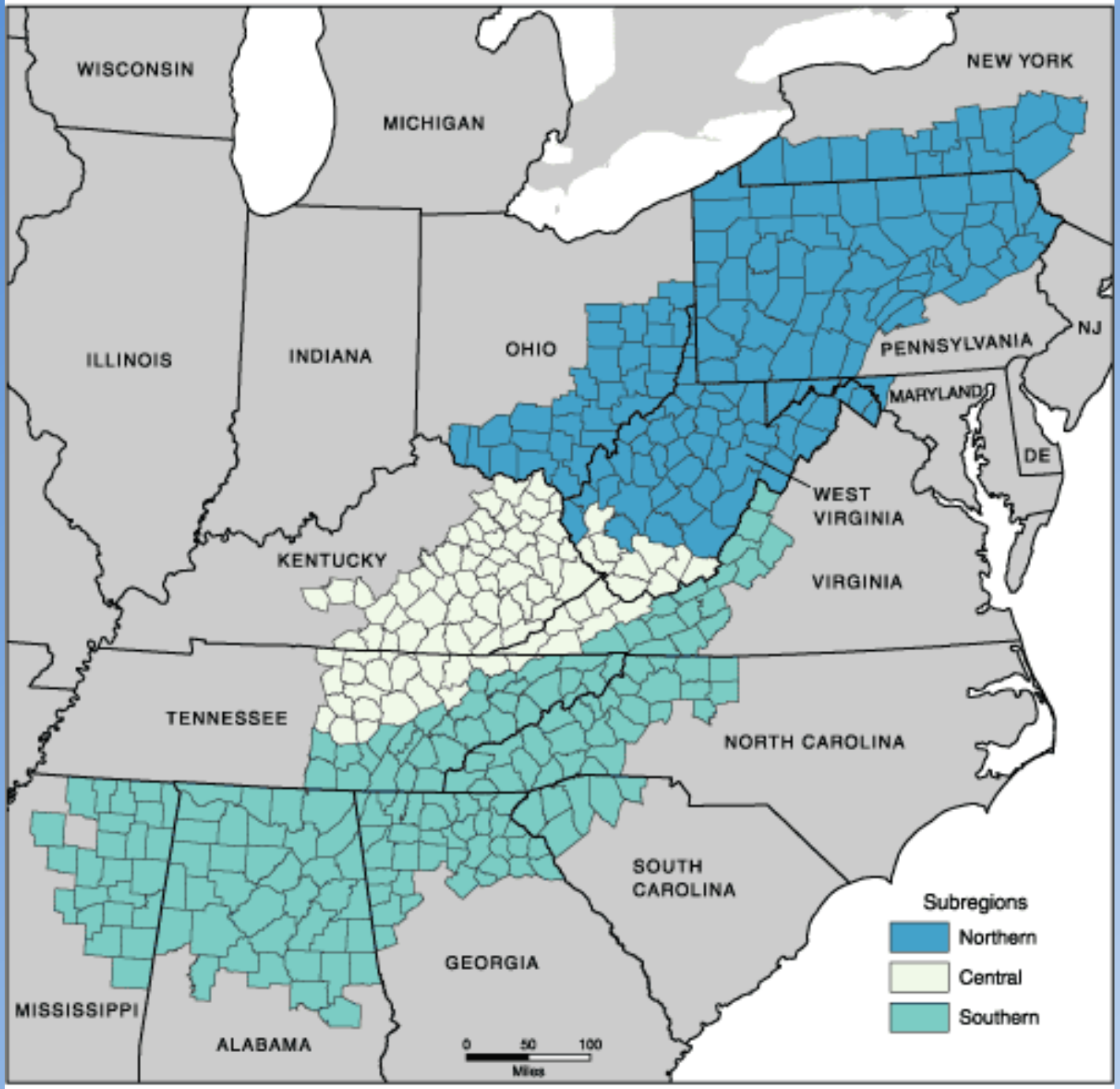
6. Lung cancer knowledge and risk perception (might add tobacco use)
   - Related to elevated rates of smoking and lung cancer in Appalachia

7. Other risk behaviors such as diet and exercise

8. Cancer Survivorship in Appalachia

9. Some combination of two or more ideas listed above

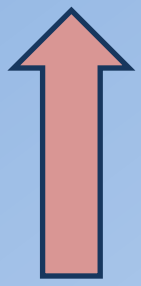
10. Draw in additional data sources such as Census – structural variables affecting populations such as poverty



Map Created: June 2002.

Combined HINTS: 2003, 2005, 2007

	Northern Appalachia	Central Appalachia	Southern Appalachia
Sample Size	799 (261, 263, 275)	171 (50, 62, 59)	754 (227, 232, 295)



Potential Roadblocks

1. Small sample size, particularly for the Appalachian sub-regions
   - Trend analyses or three iterations combined?
   - Or both?

2. Questions aren't always asked across all three surveys

3. Some questions are only asked of a certain % of the HINTS respondents / skip patterns

Potential Roadblocks

4. Strictly Appalachia / non-Appalachian analyses aren't as revealing as you might think
   - The larger region becomes very homogeneous when all combined together
   - One thought is to look at urban / suburban / rural differences within the larger region

5. RDD survey – home telephone coverage in Appalachia

6. October 2008 – President Bush signed into law – 10 new counties added to the Appalachian Region

7. Deciding on a funding mechanism (R03, K award, institutional grant)

Replicating HINTS Locally

- Currently, data from HINTS cannot be drilled down to the state or county level
  - Rural / urban continuum codes
  - Census Divisions
- Investigating the possibility of working with the University of Kentucky Survey Research Center to replicate the HINTS survey in Kentucky and/or Appalachia
  - Full survey or specific modules
    - Demographics, tobacco use, lung cancer risk

Use of HINTS Questions in Other Survey Research Projects

- $10,000 pilot award from the CIS Southern Cluster
- "Examining Cultural Variability in Cancer Information Needs of CIS Hispanic Callers"
  - Partnership between the Coastal Cancer Information Service (CIS) and the University of Miami Dept of Epidemiology and Public Health
    - Erin Kobetz and Julie Kornfeld

"Examining Cultural Variability in Cancer Information Needs of CIS Hispanic Callers"

- Utilized HPV knowledge and awareness questions from the Spanish language HINTS survey
  - Demographics
  - Sociocultural Characteristics

- Allows for comparison of two different samples
  - Nationally representative sample of Hispanics
  - Hispanic cancer information seekers

- Nearly half (48.7%) of CIS callers had an annual income of less than $20K as compared to less than one third of HINTS sample (27.9%).
- Majority of CIS callers (56.6%) did not have health insurance as compared to 36.1% of HINTS sample.

- Almost all CIS callers are foreign born (92.7%) vs. 45.5% of HINTS sample.
- Close to half (44.3%) of CIS callers have lived in US for less than 10 years compared to 34.7% of HINTS sample.

- Awareness of HPV was high in both samples; however, a slightly higher proportion of CIS Hispanic callers had heard of HPV (69.5% vs 63.8%) and the HPV vaccine (65.4% vs 60.4%).

- HPV is a cause of cervical cancer (HINTS 78.7% vs CIS 67.1%).
- HPV is sexually transmitted (HINTS 70.4% vs CIS 66.8%).

- A greater proportion of CIS Hispanic callers were willing to vaccinate their adolescent daughters than their HINTS counterparts (78% vs 55.9%).

THANK YOU!

Questions?

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Health Information National Trends Survey

hints