Reaching people where they live

For UNC School of Public Health researchers, reducing colon cancer risk means reaching out to people in the places where they live, work and play. “Even if you know what people can do to reduce their risk, you still have to get the word out in ways that will be meaningful and places that are convenient,” Linnan says. “People are just too busy, and we can’t assume that health is at the top of everybody’s priority list.”

Linnan is leading a team conducting a randomized trial of an intervention where women spend quite a bit of time — beauty salons. Early work from the BEAUTY project (Bringing Education and Understanding To You) shows that 17.3 percent of the women in the study visit the salon weekly, spending on average two-and-a-half hours on each visit. That offers a great opportunity for health talk.

“There are over 11,000 salons in North Carolina alone, and over 60,000 licensed stylists,” Linnan says. “If we figure out just the right methods and intensity of intervention that will encourage licensed stylists to weave cancer prevention messages into conversations they have with customers during a typical salon visit, the opportunity for reaching women and reinforcing these messages at subsequent salon visits is really amazing. The North Carolina BEAUTY and Health Project is designed to do just that.”

BEAUTY compares self-reported behavior changes in diet and physical activity among customers of beauty salons who receive various health interventions while they visit salons. Researchers want to find out if stylists and salon owners, whom the customers already trust, can be effective in conveying information about how to reduce risk of prostate, breast and colorectal cancers, not just for women but also for the men in their lives. If the answer is “yes,” then it is good news since we know they are vital links to many women, as well as men and children.

A second project also led by Linnan, TRIM (Trimming Risk in Men), has begun to explore the same questions in barbershops, working with barbers to help their customers make informed decisions about prostate and colorectal cancer screening.

Both projects are examples of community-based participatory research, in which community members help shape all aspects of the research, Linnan says. BEAUTY project researchers recruited an advisory board made up of beauty product distributors, directors of cosmetology schools, salon owners and licensed stylists to help decide how the interventions might be conducted. “We started this effort back in 2000 with a simple question to our advisory board members: ‘What do you think of the idea of promoting health in beauty salons?’” Linnan says. “They were very enthusiastic, but they said, ‘If you don’t have the stylists on board, it won’t work.’” So the first thing we did was conduct a survey of licensed stylists in one North Carolina county to find out if they were interested and willing to participate, if they had preferences about topics they were most comfortable discussing and what type of training they would like.

Response from stylists was enthusiastic, Linnan says. Researchers sent trained observers to 10 salons for about eight hours in each salon. “We found that women in salons spend 18 percent of their time talking about health-related topics and that the conversations were initiated equally by stylists and by customers,” Linnan says. Joyce Thomas, director of the Cosmetology and Barbering Schools at Central Carolina Community College in Sanford, N.C., and a member of the BEAUTY project’s advisory board, knows that firsthand after more than 40 years as a hair stylist. “When somebody is having a problem, they want to talk about it, and they feel like their hairdresser is the one to talk to about it,” she says. “Especially when somebody’s had surgery, they even want to show you their scar. There’s just a closeness there.”

After conducting the observations, a stylist survey and a successful pilot intervention that showed positive changes among stylists and customers, researchers worked with the advisory board members to design a randomized trial of 40 salons frequented primarily by African-American women. All

Jane Smith, stylist and owner of Simplex Styling Salon in Durham, N.C., talks about BEAUTY with client Lisa Cohen. “We’re somewhat like counselors to our customers,” Smith says. “They feel like they can talk to us about anything, any way. But because of the displays, they felt a little more comfortable talking about health concerns.”

Why?

UNC researchers look for the reasons behind colon cancer disparities

Are the higher rates of colon cancer among African-Americans and their higher death rates from this disease due to differences in access to care or health information, differences in diet, or even variant tumor characteristics?

Various studies have suggested these reasons and more, but there are no clear-cut answers. “Race is a difficult term to define, and it’s quite likely to be something else — poverty or access to care — that’s really responsible,” says Dr. Robert Sandler, professor of epidemiology at the UNC School of Public Health and Nina C. and John T. Sessions Distinguished Professor of Medicine.

Dr. Paul Godley, adjunct associate professor of epidemiology and biostatistics at the UNC School of Public Health, associate professor of hematology and oncology at the UNC School of Medicine and director of the UNC Program on Ethnicity, Culture and Health Outcomes (ECHO), agrees that as scientists learn more, reasons for health disparities are likely to run the gamut and will be different for various diseases. “It’s going to be everything — from attitudes and beliefs among patients about early detection and screening for a certain cancer, access to screening or prevention programs and access to health care — to the attitudes and beliefs of the physicians taking care of the patients, their ability to either treat patients or refer them for treatment, and racial differences in risk factors for some diseases,” Godley says.

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Sander adds, “There’s clearly some evidence suggesting that lack of access to care causes people to do worse.” In one study, among veterans, African-Americans and whites had outcomes that were similar. “Veterans have the same access to care, despite race,” Sander notes, indicating that “equal access to care eliminates disparities.” African-Americans may be more likely to get particular tumor types that might cause them to have worse outcomes. Dr. Richard Goldberg, professor of medicine at the UNC School of Medicine, found that African-Americans with colon cancer didn’t respond as well to a particular type of chemotherapy. While he couldn’t know for sure why racial differences existed, one possibility is that African-Americans (or other racial groups) might get different tumor types or may metabolize chemotherapy drugs differently.

Sandler is helping coordinate two studies seeking to sort out the reasons. He leads the UNC arm of the national CanCORS (Cancer Care Outcomes Research and Surveillance), funded by the National Cancer Institute, which follows 5,000 colon cancer patients from across the country. Researchers are collecting information about factors that might affect patient outcomes, including which hospitals patients visit, the types of health care providers they see, whether they have other diseases and which treatments they receive.

The UNC arm of the study also is collecting cancer tissue from each patient. The researchers will analyze this tissue with special funding from the National Cancer Institute—a Specialized Program in Research Excellence (SPORE) grant in gastrointestinal cancers, led by Dr. Joel Tepper of the UNC School of Medicine. “Other people have looked at some of the molecular characteristics of tumors, but they didn’t have this unique rich data set that we have from the CanCORS project,” Sandler says. “And other people have done projects like CanCORS, but they haven’t had the tumor tissue. So the power of our study is that we have this rich source of information about the patient, the providers, the health care system, and we also have the tumors.”

In their analyses, the researchers will look for clues as to how tumors might differ among people who have worse outcomes. “There are about 20 different markers we’re looking at that have to do with different ways...”

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A community network

Another project reaching people where they live — the Carolina Community Network (CCN) — was funded by the National Cancer Institute in 2005 to reduce prostate, breast and colorectal cancer disparities among African-Americans in North Carolina through education, training and research.

The CCN is led by Dr. Paul Godley, adjunct associate professor of epidemiology and biostatistics at the UNC School of Public Health, associate professor of hematology and oncology at the UNC School of Medicine and director of the UNC Program on Ethnicity, Culture and Health Outcomes (ECHO).

CCN’s many projects include providing support and information to help two established community organizations in Eastern and Central North Carolina incorporate cancer-prevention messages into the programs they already offer, says Crystal Meyer, CCN program coordinator.

"Over time, we’d like to expand the partnership to include more community partners and hopefully more diseases so that we can have a bigger effect,” Godley says.

The CCN has also been working with churches in Rocky Mount, N.C. “We’ve been trying to connect with churches to let them know about the Body and Soul nutrition intervention program, and we’re planning to do one-on-one sessions with churches to implement healthy eating and lifestyle programs with their congregations,” Meyer says.

Dr. Paul Godley

The Carolina Community Network has plans to conduct one-on-one sessions with churches in Rocky Mount, N.C., to implement healthy eating and lifestyle programs into congregations.

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that cancer can develop," Sandler says. Examples include DNA repair genes and tumor suppressor genes, which, when mutated, don’t perform their normal function of suppressing cancer.

“So if you have a certain pattern of mutations, for example, is your prognosis worse? Or do people with certain tumor characteristics respond differently to chemotherapy or to radiation therapy? By taking advantage of the CanCORS data set, we’ll have extensive information on the kinds of chemotherapy patients received and the kinds of radiation that they got," Sandler says.

The CanCORS study is scheduled to follow the patients for one year, though Sandler and colleagues are seeking additional funding. “We’d really like to be able to follow these people for a long period of time,” he says. Studies like these are among the most important being done because they help researchers answer the many key questions that have plagued us for years, such as, “What difference does it make when a person gets into the health care system or where they are treated? Is income more important than race? Is tumor type the most important factor?” Much hope lies with large, interdisciplinary studies, led by strong teams like CanCORS, to answer these and other questions with credible data.

– By Angela Spivey

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