

**Proposed Title:** Information Overload: Does attention to mass mediated information about health and/or confusion about cancer screening recommendations predict participating in cancer screening?

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**Research Questions:**

RQ 1. Does higher attention to health and medical information from mass media sources or agreeing with the statement “There are so many different recommendations about preventing cancer, it’s hard to know which ones to follow” relate to recent receipt of screening mammography for women aged 45-74?

RQ 2. Similarly is attention to media or confusion about cancer screening recommendations related to recent receipt of Pap smear by women aged 18 - 65, especially given that recommendations have changed recently?

RQ4. Does attention to media or confusion about cancer screening recommendations relate to recent use of CRC screening tests by adults aged 50 and older?

**Study Rationale:**

Health professionals are often concerned about the effect of mass mediated information on the knowledge and behavior of the public concerning cancer screening. Increasingly we live in a world of multiple information channels, and it is possible that conflicting advice and information about different cancer prevention activities is presented to the public. For example, in recent years there has been discussion in the medical research community about the efficacy of screening mammography and what recommendations should be given about the age at which to begin screening and how often. National news media outlets covered some of this controversy and that led to concern that this could confuse women about the screening recommendations appropriate for them.

Our hypothesis is that in general researchers and health professionals tend to overestimate the influence of the media in medical decision-making regardless of controversy about a recommendation. Health messages change constantly, so it is not surprising that people find them confusing (a previous analysis found that over 70% of this sample agreed with the statement “There are so many recommendations about preventing cancer, it’s hard to know which ones to follow”). Ultimately, we think that people still rely on their provider to advise them on issues concerning personal health. We believe that if providers are still recommending these screening tests, people will continue to get them despite

mass media coverage of scientific controversy, or revisions in screening guidelines. For example, in the case of Pap smears, where the screening interval has been changed but the test is still recommended, we suspect that it will not change that annual screening behavior that is already established for most women.

**Variables of Interest:**

**Outcomes:**

BC6whenmammogram                      When was most recent mammogram?  
 CV2whenpapsmear                      When did you have your most recent Pap smear?  
 PC6WhenPSAtest                      When did you have your most recent PSA test to check for prostate cancer?

**Predictors:**

CK14cTooManyRecs                      There are so many different recommendations about preventing cancer, it's hard to know which ones to follow - Would you say you strongly agree, somewhat agree, somewhat disagree, strongly disagree or have no opinion?

HC-8. How much attention do you pay to information about health or medical topics [FILL MEDIA SOURCE]? Would you say a lot, some, a little, or not at all? (How about [FILL MEDIA SOURCE]?)  
 [CODE "DON'T USE" AS "NOT AT ALL".]

	<u>A LOT</u>	<u>SOME</u>	<u>A LITTLE</u>	<u>NOT AT ALL</u>
a. on TV .....	1	2	3	4
b. on the radio.....	1	2	3	4
c. in newspapers .....	1	2	3	4
d. in magazines.....	1	2	3	4
e. on the Internet.....	1	2	3	4

**Controlling for:**

Patient-Provider variables  
 Age  
 Education  
 Race/Ethnicity  
 Income  
 Usual Source of Care

**Proposed Methodology:**

Using appropriately weighted analyses we will first examine the bivariate correlations between the variables of interest (with Cochran-Mantel-Haenszel statistics). Our second step will involve appropriate regression analysis to control for other factors known to influence screening such as age, education, usual source of care, race, etc.