




Behavioral Research Program



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


Division of Cancer Control and Population Sciences


Behavioral Research Program

Branches
[Applied Cancer Screening](#)
[Basic & Biobehavioral](#)
[Health Communication & Informatics](#)
[Health Promotion](#)
[Tobacco Control](#)


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1-800-4-CANCER


You CAN Quit Smoking Now
[smokefree.gov](#)
or call
1-800-QUIT-NOW

Behavioral Research Program

The Behavioral Research Program (BRP), part of NCI's [Division of Cancer Control and Population Sciences \(DCCPS\)](#), seeks to extend and improve behavioral science that focuses on cancer prevention and control.

[About BRP](#)


- [Areas of Research](#)
- [Research & Funding](#)
Active and previously funded research grant listings.
- [Scientific Resources](#)
Behavioral measures, databases, grant-writing tools, surveys, and more.

Related Activities



TREC Transdisciplinary Research on Energetics and Cancer Centers

[Transdisciplinary Research on Energetics and Cancer \(TREC\) Centers](#)



[2007 HINTS Conference](#)



[2006 Science of Team Science Conference](#)


- [Theories Project: Improving Theories of Health Behavior](#)
- [Health Cognition Group](#)
- [Behavior Change Consortium](#)



Shortcuts
[Resources for Smokers](#)
[2005 Cancer Trends Progress Report Update](#)
[Biological Mechanisms of Psychosocial Effects on Disease](#)
[Subscribe to the BRP Grant Policy Listserv](#)
[The Nation's Investment in Cancer Research](#)
[NCI Cancer Bulletin](#)
[NIH Roadmap](#)
[NIH Office of Behavioral and Social Sciences Research](#)


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Tobacco Control Research Branch



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

Division of Cancer Control and Population Sciences


Behavioral Research Program


Tobacco Control Research Branch (TCRB)


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You CAN Quit Smoking Now
smokefree.gov
or call 1-800-QUIT-NOW


tobacco use prevention cessation control
on NIH State-of-the-Science Conference
June 12-14, 2006

Smoke-Free Meetings Policy


Tobacco Control Research Branch

TCRB envisions a world free of tobacco use and related cancer and suffering. It leads and collaborates on research and disseminates evidence-based findings to prevent, treat, and control tobacco use.

[About TCRB](#)

[Research & Funding](#)
Key initiatives, research topics, and current and previously funded grant listings.

[Resources for Smokers](#)
Publications and links to useful tobacco control-related Web sites.



[Smoking and Tobacco Control Monograph Series](#)

Published since 1991, these monographs provide ongoing and timely information about emerging public health issues in smoking and tobacco use control.


News and Highlights

- [Testing Tobacco Products Promoted to Reduce Harm \(R21 extension\)](#)
- [NCI Announces 1-800-QUIT-NOW Campaign, "Be a Quitter"](#)
- [NIDA Announces Smoke-free Meeting Policy](#)
- [NCI Awards Five Year Contract to Study Tobacco Products](#)
- [NCI Announces New Smoke-free Meeting Policy](#)
- [The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General](#)
- [Tobacco-free NIH](#)
- [NIH State-of-Science Conference on Tobacco Use, final statement](#)


Last Updated: January 31, 2007

Shortcuts

- [Cancer Trends Progress Report](#)
- [Cancer Control PLANET](#)
- [Grant Policy Information](#)
- [The Nation's Investment in Cancer Research](#)
- [NCI Cancer Bulletin](#)



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Behavioral Research Scientific Resources

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Behavioral Research

Cancer Control and Population Sciences

[Cancer Control and Population Sciences Home](#) | [Behavioral Research Home](#)

Scientific Resources for Researchers

In this Section:

- [Behavioral Measures](#)
- [Bibliographies and Databases](#)
- [Grant Writing Tools](#)
- [Monographs, Supplements, and Special Issues](#)
- [Surveys](#)

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Behavior Measures

► [Constructs and Measures Resource for Researchers](#)

This resource includes constructs and measures related to the following research areas:

- Youth tobacco use
- Health behaviors
- Behavior change
- Health maintenance

Each measure is briefly described and details are provided about the target population, administrative issues, scoring information, psychometrics, clinical utility of the instrument, research applicability, copyright/cost issues, references, authorship, and author's contact information. Some of the measures are downloadable.

Each construct is defined and information is provided about the history of its use, its importance in various theories, methodological issues, standard measures, and divergent opinions about its utility.

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Constructs and Measures Resource for Researchers

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Measure Details

[Previous](#) [Next](#)

Measure Name	
Brief Description	Full Description
Overview:	Xerat velestrud minisit, vel exerate veleniam ing ea faccum zzriure dolore dolore con ver acipit nim nos non ulla consenim ensim zzriusc incing eugait inliquo facidni.
Keywords:	Quam; doloripent; iniuscing etum; faciduis; nonsect; etummod;
Target Population:	Nulla tisi dolor iusting esto do et luptat ut nonullaor adiamet.
Number of Items:	XX
Mode of Administration:	Zriustrud magnit lum quis auguer alit iurem veliqui puscil iscilla ndrenil dolorer secret, quatit blandre commy nim quis dolor il ipit augiam vullan consece magna feuguer sim quat.

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Cancer Control and Population Sciences

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Constructs and Measures Resource for Researchers

Search: [HELP](#)

Alphabetical List of Measures

Essed mincip eu feum vel esequat. Ommodit la feugue con hendrem zzrit, sed dio consequat augiam dolore nuputat urem velenim et augait.

A - D E - K L - N N - R S - Z All

Show all measures Show only downloadable measures

A

- Name of Measure
Ommodit la feugue con hendrem zzrit, sed dio consequat augi.
- Name of Measure
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- Name of Measure
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- Name of Measure
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B

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- Name of Measure
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- Name of Measure
Sequi erit in hensimo lortisc iduissequis etumsandio doloripenti adigna faccum.
- Name of Measure

Informatics in Action – Speaker Series

SPEAKER SERIES **Informatics in Action**

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Informatics in Action 2006
A speaker series aimed at improving the outcomes in implementing health, medical, and bioinformatics technologies through the science of user-centered informatics research.

The NCI User-Centered Informatics Research Lab (OESIVORO) is sponsoring the Informatics in Action series to promote the science of user-centered design (UCD) in the consumer-, bio-, and medical informatics efforts at the Institute. We invite you to attend to learn how this specialized area of science can aid your programs and projects at NCI. The Series showcases leaders from both research and industry to address a variety of human-computer interaction (HCI) topics confronting developers of new technologies, including discussions of key trends and challenges in usability and HCI design. A primary focus of the series will be on the application of user-centered research practices in order to create products that function successfully when "in action" in the users' context — not just as data or technology alone.

Upcoming Events
TBD

Past Events
Thursday, March 2, 2006
Gary Marchionini, UNC Chapel Hill & Dan Russell, Google
Complexity made simple: The Science of Search Interfaces
Experts from research and industry will discuss the science of user-centered informatics research and how it can support NCI's mission. [View the full event abstract and speaker bios.](#)

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Upcoming Events
Thursday, July 20, 2006 Send this event to a friend
Ben Shneiderman, University of Maryland & Katy Borner, Indiana University
Finding Patterns in a Sea of Data:
How Information Visualization Can Support NCI's Fight Against Cancer
Experts from the field of Information Visualization will discuss innovative ways for your data to be displayed visually, creatively, and interactively. [View the full event abstract and speaker bios](#)
[View NIH Shuttle Maps and Schedules](#)

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Upcoming Events
Thursday, November 30th, 2006 Send this event to a friend
Karen Holtzblatt, PhD, InContext Enterprises & Allison Druin, PhD, University of Maryland
Insight through Observation: Learning from Users In Context
In this event, experts in the field will present background and examples of the powerful user-centered research method known as "Contextual Inquiry" and show how it can assist NCI's mission. Contextual Inquiry — a design-oriented variation of field research — gathers field data about intended users' needs and work processes in their daily environments. [View the full event abstract and speaker bios.](#)

[Reserve a Seat](#)

If you cannot attend the event, but would like to be notified of future events in the series, click here:
[Join Mailing List](#)

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SPEAKER SERIES **Informatics in Action**


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Complexity Made Simple: The Science of Search Interfaces
Thursday, March 2, 2006
10:30 am - 12:00 noon
Location: Executive Plaza North, Conference Rooms C-F
This first event of the series will focus on search applications — best practices and research findings. Search efforts are important to the Institute's efforts in many areas, whether in helping the public locate clinical trials or helping researchers and informaticians sift through medical images or genetic snips.

Experts from research and industry will discuss the science of user-centered informatics research and how it can support NCI's mission.

[Gary Marchionini's Presentation Slides \(PDF\)](#)
[Daniel Russell's Presentation Slides \(PDF\)](#)


Speakers



Gary Marchionini, PhD
UNC, Chapel Hill, Professor
School of Information
and Library Science
<http://www.is.unc.edu/~march>

Gary Marchionini is Cary C. Boshamer Professor in the School of Information and Library Science at the University of North Carolina where he teaches courses in human-information interaction, interface design and testing, and digital libraries. His Ph.D. is from Wayne State University in mathematics education with an emphasis on educational computing. He was previously professor in the College of Library and Information Services at the University of Maryland and a member of the [Human-Computer Interaction Laboratory](#). He heads the [Interaction Design Laboratory](#) at SILS.

He is the PI for a collaborative project funded by the National Science Foundation, [Integration of Data and Interfaces to Enhance Human Understanding of Government Statistics: Toward the National Statistical Knowledge Network](#). He

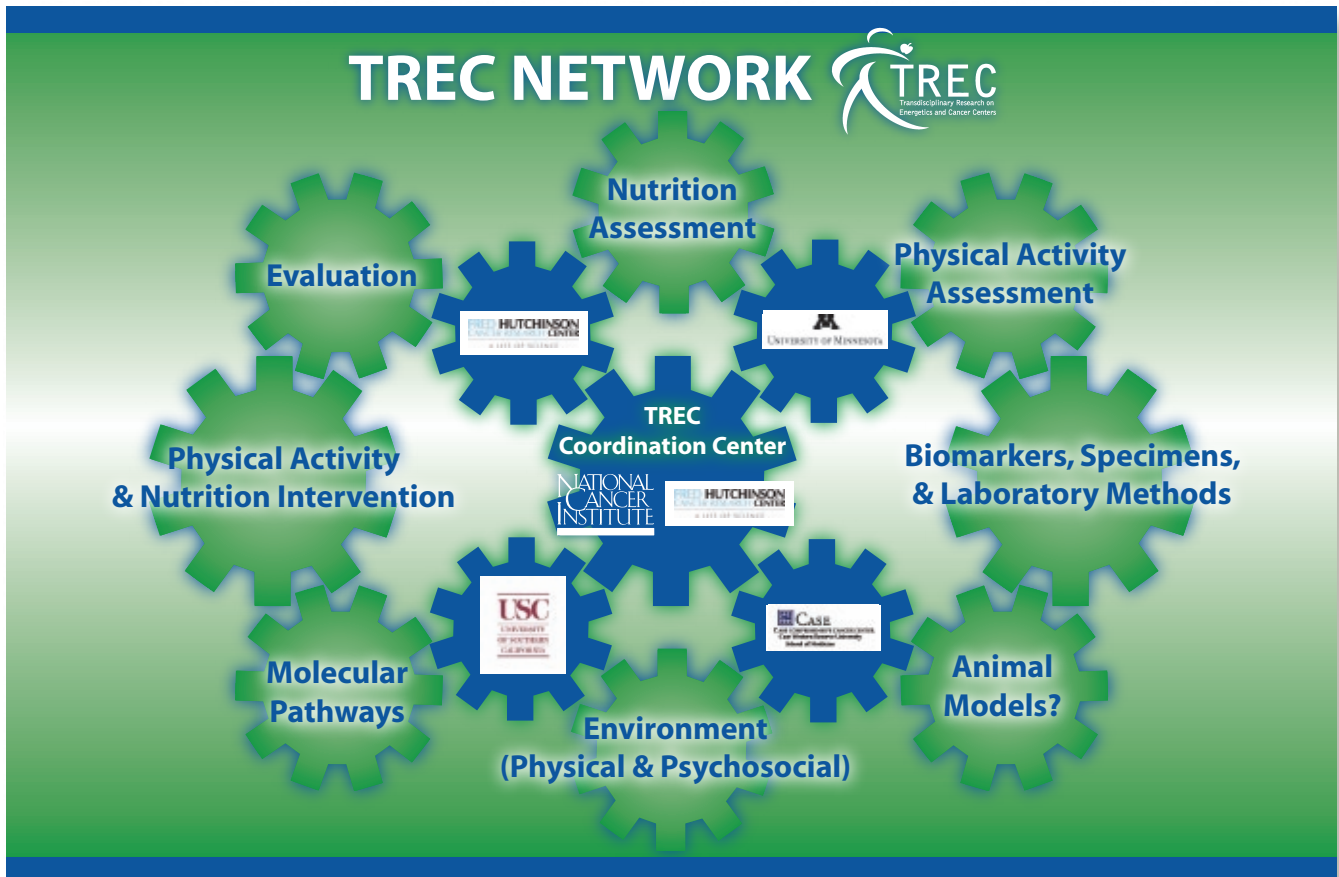


Daniel Russell, PhD
Google
Research Scientist
Search Quality
<http://home.earthlink.net/~dmrussel>

Daniel Russell is a research scientist at Google where he works in the area of search quality, with a focus on understanding what makes Google users happy in their use of web search. His area of work is on doing analysis of user-side behaviors, along with devising new methods and analytic approaches to user behaviors.

From 2000 until mid-2005, Dan was a senior research scientist in the User Sciences and Experience Research (USER) lab at IBM's Almaden Research Center (San José, CA). The lab's main interests are in the areas of designing the complete user experience of computation, especially in the domains of highly sensed / attentive environments, formalizing the characteristics of human behaviors for input mechanisms, and creating new ways of emplacing computation into the work space. As an individual

TREC Network



Biobehavioral Influences on Cancer Biology

Biobehavioral Influences on Cancer Biology: An Emerging Opportunity

Paige A. McDonald, PhD, MPH
Acting Chief
Basic and Biobehavioral Research Branch
Behavioral Research Program
Division of Cancer Control and Population Sciences
National Cancer Institute

BRP, HCIRB, ORO, eHealth

National Cancer Institute

Behavioral Research Program

Division of Cancer Control and Population Sciences

Established in 1997, Behavioral Research Program (BRP) is part of the Division of Cancer Control and Population Sciences (DCCPS). Our goal is to increase the breadth, depth and quality of behavioral research across the cancer continuum.

Research that encompasses the broad disciplinary perspectives of behavioral science plays an increasingly important role in cancer control. Through our five branches, we focus on both basic and applied research in the areas of screening, biobehavior, health communication and informatics, nutrition, physical activity and tobacco control.

We are a global leader in transdisciplinary behavioral science that accelerates the acquisition and application of knowledge about health behavior and adaptation to disease. In collaboration with our National Institutes of Health and foundation partners, BRP leads the development and funding of transdisciplinary research initiatives. These initiatives provide shared core funding, development funds for innovative pilot projects, and career development opportunities that strengthen our nation's core of cancer control researchers.

Applied Cancer Screening Research Branch (ACSRD)	Basic and Biobehavioral Research Branch (BBRB)	Health Communication and Informatics Research Branch (HCIRB)
Supports social, behavioral and health services research to promote the diffusion and adoption of effective cancer screening tests and promote decision making when evidence is insufficient.	Supports basic behavioral and biobehavioral research aimed at identifying mechanisms, principle and theoretical under-pinnings of cancer-related behavior and behavior change in its social, cultural and economic context (including cancer health disparities).	Supports behavioral research aimed at developing seamless health communication and informatics infrastructure. Supports basic and translational research across cancer continuum benefiting consumers, patients, caregivers and health care professionals.
Health Promotion Research Branch (HPRB)	Tobacco Control Research Branch (TCRB)	Research Areas
Supports behavioral prevention research, including areas of diet, physical activity, energy balance, virus and sun exposure. Leadership focus is on effective clinical, environmental and community-based intervention strategies.	Supports, leads and collaborates research on factors influencing tobacco use and addiction, environmental tobacco smoke and tobacco-related cancers. Applies, promotes and disseminates evidence-based interventions in clinical and public health practice and policy development.	<ul style="list-style-type: none"> • Theory and Methods • Biological and Genetic Influences • Decision Making • Behavior Change • Communication • Health Disparities • Policy and Health Systems

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

National Cancer Institute

Health Communication and Informatics Research Branch

Overview and Mission

The Health Communication and Informatics Research Branch (HCIRB) was organized in 1999 to research the roles of communication and informatics in cancer prevention and control. With a focus on health communication and informatics research, HCIRB generates an evidence base for a seamless health communication and informatics infrastructure. This evidence base allows the scientific programs made by our colleagues to be brought into communication and access the health information for the public.

The Health Communication and Informatics Research Branch (HCIRB) is embedded within the Behavioral Research Program (BRP) in the Division of Cancer Control and Population Sciences. We are an interdisciplinary coalition of professionals with expertise in communication and informatics science, psychology, public health practice, anthropology, epidemiology, statistics, and analysis. We partner with researchers and users, and collaborate by addressing scientifically rigorous, cancer-related research and development.

HCIRB's mission is to reduce the death and suffering due to cancer by supporting research and development of a seamless health communication and informatics infrastructure. Through clinical and services and programs, the Branch supports basic and translational research across the cancer continuum that benefits consumers, patients, caregivers and health care professionals, from prevention to treatment, through survivorship, and end of life.

HCIRB Research and Outreach Initiatives

Centers of Excellence in Cancer Communication Research (CECCR)
This initiative creates centers focused on large-scale interdisciplinary studies in cancer communication. From theory to application, the research by the centers will encourage development of new health communication technologies, programs, message strategies, and interventions for reducing the cancer burden throughout the nation.
[More information: http://www.fda.gov/oc/ceccr/](http://www.fda.gov/oc/ceccr/)

Health Information National Trends Survey (HINT)
HINT's role is to collect nationally representative data every two years about the American public's need for access to, and use of, cancer-related information. The survey will provide updated needs data regarding changing patterns, needs, and opportunities to inform all Americans about cancer prevention, screening, treatment, and support.
[More information: http://www.nationalcancer.gov/health/infosurvey/](http://www.nationalcancer.gov/health/infosurvey/)

Small Business Innovation Research and Small Business Technology Transfer Research (STTR/STTR)
This program and contracts support partnerships between forward-looking organizations for individuals to translate cancer research into real world applications using small technology to reduce cancer risks, provide treatment options, meet the needs of cancer patients, develop training programs for health professionals and caregivers, and develop cancer education programs for the public.
[More information: http://www.fda.gov/oc/ceccr/ceccr/ceccr/ceccr/ceccr/](http://www.fda.gov/oc/ceccr/ceccr/ceccr/ceccr/ceccr/ceccr/)

For more information, please contact Branch Chief:
Kyo Executive Blvd., MSC 7205, Bethesda, MD 20892
NCI/HCIRB contact: Bradfield Healey
Phone: 301-427-1111, Ext. 3420
Email: bhealey@mail.nih.gov
<http://bioc.nci.nih.gov/nci/ceccr/ceccr/>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NCI's Operations Research Office

Bridging Cancer Research and Consumer Needs

The U.S. National Cancer Institute (NCI) is the nation's principal agency for cancer research and training. The Operations Research Office (ORO) at NCI partners with other offices to identify consumer information needs and ensure the information is understood, processed, and acted upon when needed.

Improving health and saving lives requires more than getting the medical science right. It means ensuring that treatment and prevention solutions meet the needs and circumstances of real people, in the real world.

ORO calls on interdisciplinary sciences such as human cognition and communication to conduct user-centered informatics research on NCI's eHealth technologies and information. ORO's key initiatives include:

- Discovering audience needs and the usefulness of proposed solutions
- Understanding the social, cultural, and systems factors that influence how and whether audiences use the tools or materials
- Evaluating the success and usability of the eHealth tools designed to meet these considerations

Our efforts can be seen in many of NCI's eHealth projects.

Examples of Current eHealth Projects Supported by ORO

- **Cancer Risk Website Evaluation**
Evaluate NCI's Risk website to aid audience's comprehension and ability to use the site to learn their risk amidst confusing media stories
- **EHRs Contextual Inquiry Research**
Conduct field research into clinician needs and best practices for EHRs to support cancer prevention and screening practices
- **Cancer.gov/Español**
Conduct culturally appropriate user research to determine the cancer information needs and influences for U.S. Spanish speakers
- **CaMatch User-Centered Research**
Conduct user-centered research to support design of an online clinical trials matching service for people with breast cancer
- **SEER Cancer Survival System for Clinicians**
Evaluate the usability of an online tool for understanding statistical chances of survival compared to other causes of death
- **SEER Website Evaluation**
Advise, evaluate, and conduct research for SEER program website in order to meet the needs of diverse audiences
- **Cancer.gov's Clinical Trials Search Tool**
Conduct formative research to support the redesign of clinical trials search on NCI's website

Contact Us

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National Cancer Institute
Operations Research Office
616 Executive Blvd., Ste. 400
Rockville, MD 20892, U.S.A.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

National Cancer Institute

NCI Press Release

"We are truly entering a new age of discovery and a new age of change: an age in which we will be able to specifically tailor our prevention and our treatment for each individual patient."
John E. Niederhuber (NCI Director)

The U.S. National Cancer Institute (NCI) recognizes that the communication revolution sweeping the globe will change the face of cancer prevention, treatment, and long-term care as we know it. Deployment of cancer grid technologies in biomedical science is catalyzing discovery, a move toward electronic support in patient care, a revolutionizing cancer care delivery, and a continued deepening and global penetration of the Internet is changing the way cancer patients and their families obtain support for vital medical decisions.

To seize the opportunity provided by a historic confluence of events, NCI has invested heavily in research and infrastructure to support the global fight against cancer. NCI knows that electronic health communication enables both government and nongovernmental organizations to better explain the story of scientific discovery, implementation, and opportunity, and has dedicated significant resources to the progress and pursuit of eHealth initiatives. NCI hopes that, if needed on a basis of empirical evidence, eHealth initiatives can help create a system for cancer care that is safe, effective, patient-centered, efficient, and equitable. If you are interested in exploring cutting-edge issues in the use of distributed network technologies in cancer, please come listen to a special panel on October 16 and 17 at our exhibit on October 16 and 17 in the Ballroom of the Fairmont Royal York Hotel in Toronto, Canada.

NCI Press Release

When: October 16, 2008
Where: Convent Hall, Fairmont Royal York Hotel, Toronto

Agenda:
8:00-9:00 Panel 1: Information across the Cancer Conference
• Tailoring prevention, Vic Brinker
• Primary care counseling, Anne Frankel
• Support of diagnosis, David Greenlee
• Support for survivors, Ellen Reidner

10:00-11:00 Panel 2: International Perspectives
• Online Asian panel, Anne Chen
• Online medical literature, Fred Wood
• Spanish resources, Silver Ives Solabar
• Multilingual systems, Mary Anne Bright

1:00-2:00 Panel 3: User-Centered Informatics Research
• Health information needs, Brad Healey
• Clinical trials, Lolakee Gomez
• Quality index for services, Terry Sullivan
• Promoting innovation, Gwena Dwyer

5:00-6:00 Panel 4: eHealth Product Demonstrations
When: October 17, 2008
Where: Convent Hall, Fairmont Royal York Hotel, Toronto

Three Components Working as One

The NCI Press release covers three areas of activity within the Institute:

The Health Communication and Informatics Research Branch (HCIRB)

The Health Communication and Informatics Research Branch (HCIRB) is part of the Division of Cancer Control and Population Sciences and supports behavioral research aimed at developing a seamless health communication and informatics infrastructure accessible to all. HCIRB research and outreach initiatives include:

- Health Information National Trends Survey
- Centers of Excellence in Cancer Communication Research
- Small Business Innovation Research
- [See http://www.fda.gov/oc/ceccr/ceccr/ceccr/ceccr/ceccr/](http://www.fda.gov/oc/ceccr/ceccr/ceccr/ceccr/ceccr/)

NCI Office of Communications (OC)

NCI's Office of Communications supports the Institute's overall strategic priorities by providing a communications infrastructure for information dissemination and advancing science. Three notable initiatives include:

- The Cancer Information Service (including "Live Help")
- Asian languages and Spanish portals for cancer control
- [See http://www.nationalcancer.gov/oc/](http://www.nationalcancer.gov/oc/)

Operations Research Office (ORO)

The Operations Research Office (ORO) partners with other NCI offices to identify consumer information needs and ensure the information can be understood, processed, and acted upon when needed. The ORO works to ensure that treatment and prevention solutions meet the needs and circumstances of real people, in real time. The ORO's efforts are seen in many of NCI's eHealth projects, including:

- Online access to cancer risk information
- User-centered informatics research
- Clinical applications in cancer prevention

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Stress and Coping Brochure

STRESS & COPING

Matrices for Cross-Center Collaborations


This quilt represents the potential for cross-center collaborations within the Centers for Population Health and Health Disparities initiative.

Stress & Coping PROJECTS Matrix: From Cell to Society

Centers & Projects	OSU #1 Packett	OSU #2 Wewers	OSU #3 Turfin	UC #1 McClintock (Animal Model)	UC #2 Olshansky	UC #3 Gehlbart	UC #4 Cason (Animal Model)	WSU #1 Fleck	WSU #2 Djoric	WSU #3 Artisan	PENN #1 Holmes	PENN #2 Rebeck	PENN #3 Armstrong	PENN #4 Hughes-Halbert	UTMB #1 Eckbach	UTMB #2 Sondheimer (End Data)	UTMB #3 Phillips	UIC #1 Warnecke	UIC #2 Youn	UIC #3 Fennels	UIC #4 Rauscher	TUFTS/NE #1 Tucker (Core)	RAND #1 Rios (Fish End Data)	RAND #2 Cohen	RAND #3 Rajkowski (End Data)	RAND #4 Sonne (End Data)	RAND: DATA CORE Scores (Census Data)	
Target Sample	Black and White women - Appalachia		African-American and Nigerian women newly diagnosed with breast cancer - Chicago metro area and Nigeria				African-Americans - Detroit area			African-American and Caucasian men - Philadelphia area and National Institutes sample				New Mexico & California Hispanics (See Data): 1) Multi-racial - Texas community			Black, White, Hispanic women - Chicago				Puerto Rican adults - Boston area				Whites, African American, Mexican American, and Other Race/Ethnicity - National representative sample			
Biological Samples																												
Blood Serum (Plasma)	*	*	*					*	*	*					*	*						*	*					
Urine	*	*	*					*	*	*					*	*						*	*					
Saliva	*	*	*					*	*	*					*	*						*	*					
Heart (Animal M.)				*				*	*	*					*	*						*	*					
Microbiome analysis				*				*	*	*					*	*						*	*					
Cardiovascular Measures																												
Blood Pressure								*	*	*					*	*						*	*					
Cholesterol								*	*	*					*	*						*	*					
Heart Rate								*	*	*					*	*						*	*					
Glucose								*	*	*					*	*						*	*					
Diastolic Blood Pressure								*	*	*					*	*						*	*					
Systolic Blood Pressure								*	*	*					*	*						*	*					
Heart Rate Variability								*	*	*					*	*						*	*					
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CECCR Midcourse Update

National Cancer Institute



Centers of Excellence in Cancer Communication Research (CECCR) Initiative

Midcourse Update

35th Regular Meeting of the Board of Scientific Advisors

November 2006

Division of Cancer Control and Population Sciences
National Cancer Institute

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Section I: NCI's Rationale for the Centers of Excellence in Cancer Communication Research

There has been an extraordinary transformation in the nature, availability, and use of information and communication technology generally and as applied to health. These ongoing and dynamic changes provide opportunities to accelerate progress in alleviating the national burden from cancer.

As described in the 2005 volume of *Nature Reviews: Cancer*, the turn of the millennium was marked with an extraordinary proliferation of communication technologies—from diffusion of the Internet to advances in cellular telephones and satellite television—that is dramatically increasing the ability of public health planners to accelerate population gains in cancer control and prevention.¹

- The Pew Foundation reported that 73% of all adults claimed to use the Internet as of April 2006.²
- Among adult Internet users, 79% said they had looked for health information at some time, with 66% reporting investigation of a specific disease or medical problem.³
- Five percent reported "going to a web site that provides information or support for a specific medical condition or personal situation" on a daily basis.⁴

- In a study of health communication on the Internet, the term "cancer" showed up as the third most popular health term searched.⁵
- When asked where they would likely go first for information about cancer, 49% of respondents suggested that they would likely go to their physicians with 33% going to the Internet. Of those who had actually searched for cancer information, 48% went to the Internet first, while only 11% went to their doctors.⁶
- There is still a great deal of information about cancer prevention and screening obtained through routine use of mass media. In a national sample of 40- to 70-year-olds, 46% had gotten information about colonoscopy, 29% of men had gotten information about PSA, and 64% of women had gotten information about mammography in the previous year from broadcast or print media.⁷

- 73% of all adults claim to use the Internet.
- 79% of the adult Internet users have looked for health information online.
- "Cancer" is the third most popular health term searched.

9

NCI introduces a core initiative to accelerate cancer communication research and develop new investigators in cancer communication.

Communication and health informatics operate in the gaps between bench and bedside, between discovery in the basic biomedical sciences and delivery through clinical application.

A platform was needed to simultaneously connect activities in fundamental research, intervention research, and program delivery funded with specific research projects and the surveillance platform in health information (Figure 1).

Following on the success of the Tobacco Use Research Centers (TURC) program, the P-50 Centers Grants mechanism was selected for the CECCR. The purpose was to identify areas of discovery that take full advantage of the transformational changes enabled by the communications revolution. The areas of discovery would be inherently interdisciplinary with new knowledge sought in areas of cancer communication theory, translational medicine, consumer informatics, behavioral intervention, cultural translation, and patient-centered computing and statistical methodology. The Centers were envisioned as playing a central role in the training of creative cancer communication scientists.

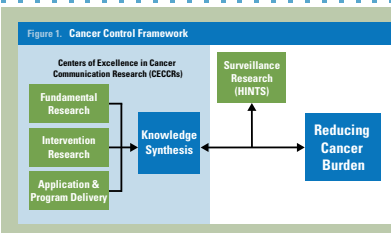


Figure 1. Cancer Control Framework

Centers of Excellence in Cancer Communication Research (CECCRs)

- Fundamental Research
- Intervention Research
- Application & Program Delivery

Knowledge Synthesis

Surveillance Research (HINTS)

Reducing Cancer Burden

Figure 1. Cancer Control Framework (Piant & Rimer, 1998) applied to Health Communication and Informatics; CECCRS represents a connective investment in fundamental, intervention, and delivery research with ties to the Health Information National Trends Survey for surveillance.

12 Centers of Excellence in Cancer Communication Research (CECCR) Initiative Midcourse Update

University of Pennsylvania

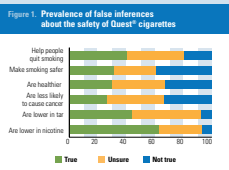


Figure 1. Prevalence of false inferences about the safety of Quest[®] cigarettes

Statement	True (%)	Unclear (%)	Not true (%)
Help people quit smoking	~65	~25	~10
Makes smoking safer	~55	~30	~15
Are healthier	~45	~35	~20
Are less likely to cause cancer	~35	~40	~25
Are lower in tar	~25	~45	~30
Are lower in nicotine	~15	~55	~30

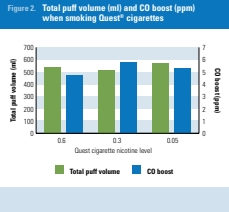


Figure 2. Total puff volume (ml) and CO boost (ppm) when smoking Quest[®] cigarettes

Quest cigarette nicotine level	Total puff volume (ml)	CO boost (ppm)
0.6	~500	~4
0.3	~500	~4
0.05	~500	~4

exposure. A second study, currently underway, examines the effect of advertisement components (text, color, and graphics edit) on false inferences about Quest cigarettes.

Implications for cancer prevention & control

Study results indicate that advertisements for Quest cigarettes create misperceptions among consumers about the health and safety of these tobacco products despite the potentially increased harm of these products due to compensatory smoking. These results reinforce the need for public health awareness campaigns to relay the message that smoking any cigarettes—regardless of nicotine content—can have deleterious health effects.

Selected publications

Shadel, W., Lerman, C., Cappella, J., Strasser, A., Pinto, A., & Hornik, R. (2006). Evaluating smokers' reactions to advertising for new lower nicotine Quest[®] cigarettes. *Psych Add Beh*, 20(1), 80-84.

Strasser, A., Lerman, C., Sanborn, P., Pickworth, W., & Feldman, E. (in press). New lower nicotine cigarettes can produce compensatory smoking and increased carbon monoxide exposure. *Drug Alcohol Depend*.

83

Biobehavioral Influences on Cancer Biology

National Cancer Institute

Biobehavioral Influences on Cancer Biology
AN EMERGING OPPORTUNITY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

FIGURE 1 Human normal mammary epithelium, ductal carcinoma in situ, and invasive carcinoma express the glucocorticoid receptor.

Normal mammary epithelium Ductal carcinoma in situ Invasive breast cancer

The glucocorticoid receptor is detected by immunohistochemistry at 300x magnification.

Furthermore, the importance of glucocorticoids for optimal plating efficiency of mammary epithelial cells has suggested a possible role in cell survival. The molecular basis of this observation has been addressed as described below, using large-scale gene arrays to examine changes in gene expression after glucocorticoid receptor (GR) activation. Surprisingly, we found that GR activation was the single most important growth factor for maintaining MEC survival *in vitro*. Our laboratory has since focused on the signaling pathway that is initiated by GR activation was the model for uncovering anti-apoptotic signaling pathways in breast epithelial cells.

Strategy
Because the activated GR is a potent transcriptional modulator we have used cDNA array analysis to identify genes that are directly up- or down-regulated in MECs following GR activation. We hypothesize that these target genes may be upstream initiators of survival signaling pathways. Among the genes we have identified are several kinases and phosphatases (Figure 2). This finding provides the framework for a novel model of the interaction between nuclear hormone receptor activity and kinase-mediated signaling cascades. For example, SGK-1 is a serine-threonine kinase of the MAPK family that was originally identified in a rat mammary tumor cell line and prior to our investigations was primarily studied as a potential cell cycle regulatory protein. In breast epithelial cells, SGK-1 appears to regulate epithelial sodium channel activity, although the exact mechanism of regulation is not understood.

FIGURE 2 Model of Glucocorticoid cell survival

Activation of the GR signaling pathway via increased systemic glucocorticoids results in the immediate up-regulation of several genes, including serine/threonine-regulated kinase (SRK) and MAP kinase Phosphatase-1 (MKP-1). SRK and MKP-1 regulate kinase and phosphatase activity, thereby leading to a network of gene expression changes that favor tumor cell survival.

In 2001, we and others published that SGK-1 overexpression inhibits apoptosis in mammary epithelial cells and cerebellar neurons. Interestingly, the C. elegans homolog of SGK-1 was also recently found to be a critical component of insulin signaling, underscoring the fundamental importance of this kinase to cellular stress signaling.

The second pathway that we have linked to survival signaling in breast cancer cells is that of the MAPK-Phosphatase-1 (MKP-1)-induced inactivation of ERK1, 2, and JNK. Although the MAPK pathway has traditionally been thought of as a proliferative pathway, we have recently shown that in the same setting of stress to the cells (i.e., growth factor withdrawal or chemotherapy treatment) MAPK activation is required for efficient apoptosis. Thus, signals that lead to a subtle inactivation of MAPK signaling, such as activation of MKP-1, are predicted to result in the inhibition of cell death.

We are using both high throughput functional genomics and traditional molecular biology approaches to address the mechanisms whereby GR activation prevents apoptosis in breast cancer cells. This pathway serves as an excellent model for uncovering anti-apoptotic signaling pathways that contribute to breast cancer, and dovetails nicely with the rich experimental history of the inquiry into the molecular pathways of steroid hormone action.

Having begun to identify some of the pathways downstream from GR activation in mammary epithelial cells, we next asked the question whether glucocorticoids might inhibit breast cancer cell apoptosis in a nonrat model of breast cancer. Using MDA-MB-231 cells that are ER-, PK-, Her2/Neu-, and GR positive, we showed that administration of glucocorticoid inhibited apoptosis in response to chemotherapy. These findings raised the possibility that altered cortisol

regulation may affect mammary cancer biology. In order to study altered cortisol in a model that might have translational relevance, we initiated a collaboration with Dr. Martha McCluskey, a psychologist at the University of Chicago's Institute of Mind and Biology.

These findings raised the possibility that altered cortisol regulation may affect mammary cancer biology.

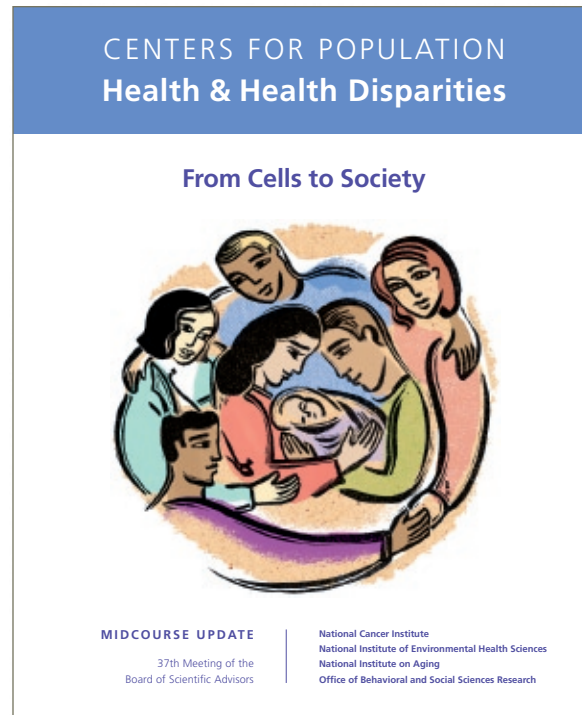
Dr. McCluskey had observed that rats that are placed in social isolation develop mammary tumors earlier than a control group of group-housed rats. Isolated rats also appear more "vigilant" and anxious as measured by standard behavioral tests. Dr. McCluskey's initial studies demonstrated that the more "vigilant" behavior correlates with deregulation of the corticosterone response to a restraint stressor.

Our laboratory has now begun to study mammary gland tumors in a transgenic SV40 Tag model (obtained from the NCI's Mouse Models of Human Cancer Consortium) where human breast cancer is recapitulated both in terms of natural history and pathologic characteristics.

We obtained a CPHED (P40) grant from the NIH that has allowed us to study both rat and mouse transgenic models of mammary cancer as they relate to the physiologic changes seen with social isolation. Our data demonstrate the SV40-Tag mice subjected to chronic social isolation exhibit a much brisker corticosterone response to a thirty minute restraint test.

This finding suggests that chronic social isolation alters the physiological response to an acute stressor. We hypothesized that repeated mild (daily) stressors may therefore cause an increased glucocorticoid response

CPHHD: From Cells to Society



Geographic Factors

The geographic location where groups of people live sometimes presents challenges or exposures that negatively impact health. Many times minority and underserved populations, already experiencing social and/or economic problems, live in these challenging geographic locations. Two examples from this initiative highlight the impact of geographical location on health.

The Texas CPHHD examined the relationships among technological hazards, psychosocial processes, contextual effects and health outcomes among a randomly selected sample of Mexican-American and non-Hispanic Texas City residents 25 years of age or older (see Figure 1). Texas City, a town of 43,095 is home to 3 of Texas' refineries or 16% of Texas' capacity. Participants completed surveys, blood was collected, and blood pressure, pulse, height and weight was measured. A total of 2751 residents participated. A majority were US born Hispanic (38%), 17% were foreign born Hispanic, 34% were non-Hispanic white, and 12% were non-Hispanic black. Most were age 25-44 years (46%), 36% were 45-64. About half were currently married (56%) and 69% had completed high school or less.

The distance from the fence line to the refinery and the respondent's homes ranged from 0 to 3 miles and for each mile increase from the fence line, markers of inflammatory and stress markers (IL-6 and IL-10) were significantly impacted. Thus, distance to large petrochemical complexes may increase exposure to pollutants that can lead to an increase in health problems and an increase in inflammatory cytokines or may lead to an increase in the psychological stress response reflected in an increase in inflammatory cytokines.

Appalachia is a region characterized by mountains and dirt roads. These geographical factors make access to health care and other resources problematic. Moreover, this region has high

poverty and unemployment rates which contribute to health disparities. Social influences may also be impacted due to large distances between neighbors in rural areas of Appalachia.

The OSU CPHHD conducted a cross-sectional survey among 571 female residents of Appalachia Ohio aged 18 years and older. Only 34% considered themselves to be "Appalachian." Economic

Many times minority and underserved populations, already experiencing social and/or economic problems, live in these challenging geographic locations.

hardships were mentioned by many women – 26% had incomes less than \$15,000 annually, most were employed in unskilled labor positions, 19% could not afford health care in the last 12 months, and 40% described their family income as below average compared to other families.

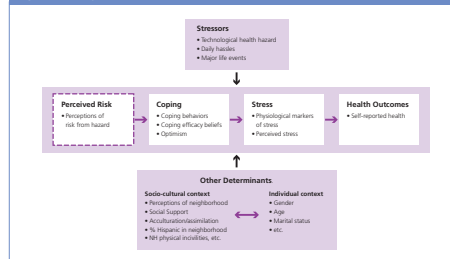
Disparities in health were also reported. Seventy-nine percent of the women were classified at high risk for developing cervical cancer (risky sexual behaviors or smoked cigarettes), 68% were within guidelines for receiving Pap tests, 33% had a prior abnormal Pap test, 48% had at least one reported mental health diagnosis, 31% had depression scores (as measured by CES-D) indicative of clinical depression, 20% rated their health as fair, poor, or very poor, and 20% reported a chronic health problem. These data indicate that women in this region suffer from several health conditions that may be caused and/or impacted by the geographical characteristics of the Appalachian region.

Neighborhood Factors

Numerous studies have shown that overall breast cancer incidence is higher for white women than for African-American or Hispanic women, but that the two latter groups are disadvantaged with respect to stage at diagnosis and survival. Recent studies have linked neighborhood indicators of poverty and disadvantage to differences in stage at diagnosis, with individuals living in low socioeconomic status areas having an increased probability of later stage diagnosis. Recent changes in the makeup of urban neighborhoods have raised questions about the assumption that areas of concentrated poverty are stable. Between 1990 and 2000, the total number of people living in neighborhoods where the poverty rate was 40 percent or more (a common definition of high poverty neighborhoods) decreased by 24 percent.

Despite the interest in neighborhood effects on health, virtually no studies have examined the impact of rapid neighborhood-level social change on health outcomes. Change could have positive or negative effects. For example, increases in neighborhood property values could lead to increased perceptions of safety and increased private and public investment. This could decrease barriers to receiving health care (e.g., safety and transportation) and increase the quality of life of those residents who can afford to take advantage of the changes. On the other hand, for those who live through the change and are poor, rapid social change may be a source of stress due to increasing rents and property taxes and social isolation that occurs as friends and family members are forced to leave the changing neighborhoods. Neighborhood social change could also disrupt access to health care services if attention in designation as a medically underserved area impacts the availability of clinic services which does occur.

Figure 1. Conceptual Framework



BRP Awareness Display

National Cancer Institute

Behavioral Research

Accelerating Scientific Progress





NCI directs a comprehensive program of transdisciplinary behavioral research—from basic behavioral research to research on disease prevention, health promotion and survivorship.

Behavior Change

Biological and Genetic Influences

Communication and Informatics

Decision Making

Disparities

Family/Caregiver Health

Policy and Health Systems

Survivorship

Theories and Methods

Major Research Initiatives
Leading development of transdisciplinary collaborations in research, training and translation

Centers of Excellence in Cancer Communication Research (CECCR)
Stimulate major advances in cancer communication and informatics

Centers for Population Health and Health Disparities (CPHHD)
Promote research to understand and reduce health disparities by collaborating with National Institutes of Health partners

Transdisciplinary Research on Energetics and Cancer (TREC)
Further understanding of correlations among obesity, physical activity, diet and cancer

Transdisciplinary Tobacco Use Research Centers (TTURC)
Advance basic and applied research on tobacco use by collaborating with National Institutes of Health and foundation partners

Science of Team Science
Evaluate transdisciplinary research and training

www.cancercontrol.cancer.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Cancer Institute

OBSSR Banners

Behavioral Research Milestones at the National Cancer Institute

Year	1996	1997	1998	1999	2000	2001	2002	2003	
Program	OCS	BBP	BBP	TCRB	BBP	HPRB	BBRB	OCS	
Milestone	July 1996 OCS established	September 1997 Long-Term Cancer Survivors Research RFA released	October 1997 BBR established	October 1997 Small Business Innovation Research (SBIR) program developed using media technology to translate cancer research into revenue products	April 1998 Basic Behavioral Research in Cancer Related Behaviors RFA Released	December 1998 TCRB RFA Released	September 1999 The first NIH Behavior Change Consortium meeting is convened	January 2000 NCI & ACS partner to disseminate & evaluate the African-American church-based J.A. Day Nutrition Education Program, the foundation of NCI's Soul & Soul Program	May 2000 NCI Tobacco Home Radiation Conference convened
Research Areas	<ul style="list-style-type: none"> Theory and Methods Biological and Genetic Influences Decision Making Behavior Change Communications Family/Caregiver Health Health Disparities Policy and Health Systems 	<p>Established in 1997, BBP is part of NCI's Division of Cancer Control & Population Sciences (DCCPS). BBP's goal is to increase the breadth, depth, & quality of cancer prevention & control behavioral research across the cancer continuum. Through its five branches, BBP focuses on both basic & applied research in the areas of screening, tobacco use, health communication & informatics, nutrition, physical activity, & tobacco control.</p> <p>Supports social, behavioral & health services research to promote the diffusion & adoption of effective cancer screening tests & promote decision making where evidence is insufficient.</p> <p>Supports basic behavioral & behavioral research aimed at identifying mechanisms, principle & theoretical underpinnings of cancer-related behavior & behavior change in its social, cultural, & economic context (including cancer health disparities).</p>	<p>Established in 1996, OCS enhances & diagnosed with cancer & minimize or cancer survivorship. OCS resides in DCCPS.</p> <p>OCS conducts & supports research in term physical, psychological, social, & among pediatric & adult survivors of OCS develops interventions that prevent & treatment, including:</p> <ul style="list-style-type: none"> Understand & historically poorly- Attention to economic outcomes, & Focus on family Instrument development to accurately & compare well-being of survivors Education of diverse health care providers of clinicians & researchers for state-of-the-art Evaluation - methodology & metrics outcomes. 						

Accelerating Scientific Progress through Transdisciplinary Research

Integrative science encompassing broad disciplinary perspectives plays an increasingly important role in cancer control. In collaboration with foundation partners, the Behavioral Research Program (BRP) is leading the development and funding of transdisciplinary research initiatives. BRP provides development funds for innovative pilot projects, and career development opportunities that strengthen our nation's core of

Transdisciplinary

Partners: NCI (\$87M) NID TOTAL Investment

Facilitates the transdisciplinary approach with full spectrum of basic & applied research on tobacco use to reduce disease burden of tobacco use, including:

- Biologic, prevention & treatment of tobacco use & addiction
- Impact of advertising & marketing
- Identification of tobacco exposure biomarkers
- Identification of genes related to addiction & susceptibility to harm from tobacco.

University of Southern California, Los Angeles, CA - C. Anderson Johnson, PhD

University of Minnesota, Minneapolis, MN - Dorothy K. Hankam, PhD

University of Wisconsin, Madison, WI - Timothy B. Baker, PhD

University of Pennsylvania, Philadelphia, PA - Corey E. Lerman, PhD

Yale University, New Haven, CT - Stephanie S. O'Malley, PhD

The Miriam Hospital, Providence, RI - Raymond Nease, PhD

Roswell Park Cancer Institute, Buffalo, NY - Michael K. Cummings, PhD, MPH (on leave)

University of California-Irvine, Irvine, CA - Francis Leslie, PhD (1999-2004)

Centers for Population Health Disparities

Partners: NCI (\$32.5M) OCS TOTAL Investment

Supports multi-level transdisciplinary research leading to an understanding & reduction of health disparities, including:

- Complex interactions of the social & physical environment
- Mediating behavioral factors
- Biologic pathways that determine health & disease in populations.

RAND Corporation, Santa Monica, CA - Nicole Lurie, M.D., M.S.P.H.

University of Texas Medical Branch Galveston, Galveston, TX - James Goodwin, M.D.

University of Chicago, Chicago, IL - Sarah Gilbert, Ph.D.

University of Illinois at Chicago, Chicago, IL - Richard B. Steneck, Ph.D.

Wayne State University, Detroit, MI - John Rock, M.D., M.P.H.

Ohio State University & University of Michigan, Columbus, OH - Eleana Psakou, Ph.D.

University of Pennsylvania, Philadelphia, PA - Timothy Rebbeck, Ph.D.


Yale University & Northeastern University, Boston, MA - Katherine Tucker, Ph.D.

Informatics in Action – Speaker Series

National Cancer Institute

SPEAKER SERIES


Informatics in Action




**Complexity Made Simple:
The Science of Search Interfaces**

Experts from research and industry will discuss the science of user-centered informatics research and how it can support NCI's mission.

Thursday, March 2, 2006 10:30 am – Noon



Gary Marchionini, PhD
UNC, Chapel Hill
Professor,
School of Information
and Library Science



Daniel Russell, PhD
Google
Research Scientist,
Search Quality

Location:
EPN Conf. Rooms CDEF, 6130 Executive Blvd., Rockville, MD

To reserve a seat visit:
www.informaticsinaction.com


For more information:
nci_ucirlab@mail.nih.gov, (301) 451-4687

Sponsored by: User-Centered Informatics Research Lab, OESI/ORO; Health Communications and Informatics Research Branch, DCCPS; NCI Center for Bioinformatics (NCICB)

National Cancer Institute

SPEAKER SERIES


Informatics in Action




**Finding Patterns
in a Sea of Data:
How Information Visualization
Can Support NCI's Fight Against Cancer**

Experts in the science of "Information Visualization" will discuss innovative ways for your data to be displayed visually and interactively.

Thursday, July 20, 2006 10:30 am – Noon



Ben Shneiderman, PhD
University of Maryland
Professor and Founding
Director, Human-Computer
Interaction Laboratory



Katy Börner, PhD
Indiana University
Associate Professor,
School of Library and
Information Science

Location:
EPN Conf. Rooms CDEF, 6130 Executive Blvd., Rockville, MD

To reserve a seat visit:
www.informaticsinaction.com

For more information:
nci_ucirlab@mail.nih.gov, (301) 451-4687

Sponsored by: User-Centered Informatics Research Lab, OESI/ORO; Health Communication and Informatics Research Branch, DCCPS; NCI Center for Bioinformatics (NCICB)

Critical Issues in eHealth

**Critical Issues
in eHealth
Research Conference**

Toward Quality Patient-Centered Care

Bethesda, MD
September 11-12, 2006

Logos at the bottom include: National Institute of Health, National Cancer Institute, NIDA, Department of Health and Human Services, Centers for Disease Prevention, AHRQ, Health eTechnologies, and AMA.

Critical Issues in eHealth Research

**Michael
ACKERMAN**

National Library of Medicine

*Toward Quality
Patient-Centered Care*

September
2006

Elizabeth Zimmerman

Critical Issues in eHealth

Stimulating Advances in Behavioral Theory

National Cancer Institute

"Acknowledging History...
Accelerating the Future..."

**Stimulating Advances
in Behavioral Theory**
Applications to Cancer Screening

December 12-13, 2006 • Rockville, MD

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

National Cancer Institute

Agenda

*Day 1 - 8:00 am - 5:00 pm
Tuesday, December 12*

morning session

8:00 Registration and continental breakfast
8:30-8:40 Welcome • Sarah Kobrin • NCI
8:40-9:20 Framing the workshop
Barbara Reiser • U of North Carolina
Carlo DiClemente • U of MD-Baltimore County
Bill Rakowski • Brown U
9:20-10:20 Theory building and testing in cancer screening research: Perspectives from theory developers
Neil Weinstein • Rutgers U
Martin Fishbein • U of Pennsylvania
10:20-10:40 Break
10:40-11:00 Reaction and perspective from a career in behavioral research
David Abrams • OBSSR
11:00-12:00 Group discussion
12:00-1:00 Lunch

afternoon session

1:00-2:00 Methods for theory testing and development
Carlo DiClemente • U of MD-Baltimore County
Leona Allen • Arizona State U
2:00-2:50 Group discussion
2:50-3:10 Break
3:10-4:00 Panel: Challenges using theory in cancer screening research
4:00-4:45 Group discussion
4:45-5:00 Wrap up
Sarah Kobrin • NCI
6:00 Dinner (optional)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

**Stimulating Advances
in Behavioral Theory**
Applications to Cancer Screening
December 2006 • Neuroscience Center

*Day 2 - 8:00 am - 2:30 pm
Wednesday, December 13*

morning session

8:00 Continental breakfast
8:30-8:40 Overview of Day 2
Sarah Kobrin • NCI
8:40-10:00 Breakout groups
10:00-10:30 Break
10:30-11:30 Group discussion
11:30-12:30 Lunch

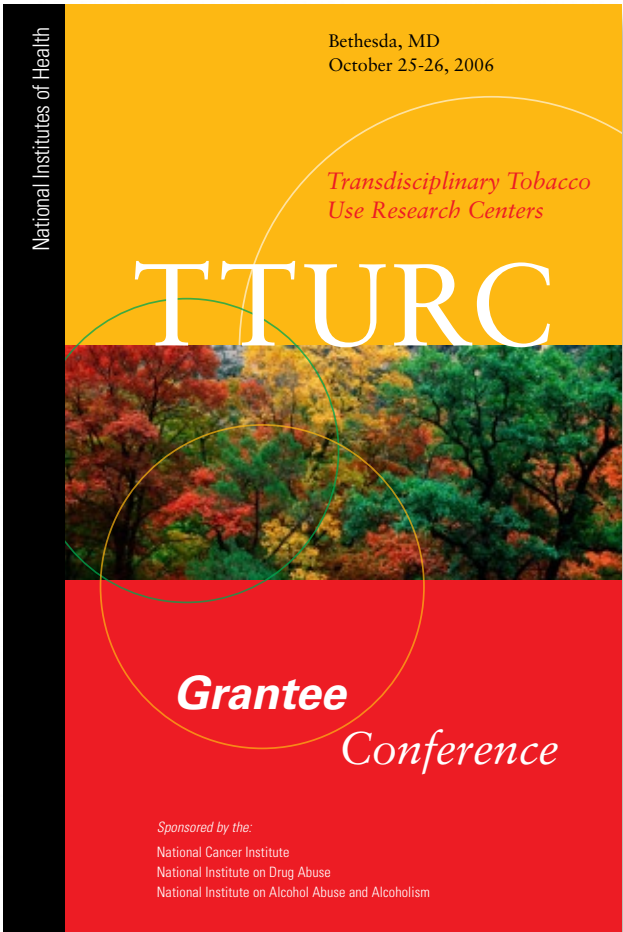
afternoon session

12:30-1:00 Perspective from a career in behavioral research: NCI's current and future directions
Robert Coyle • NCI
1:00-2:30 Follow-up projects and formation of working groups
2:30 Adjournment

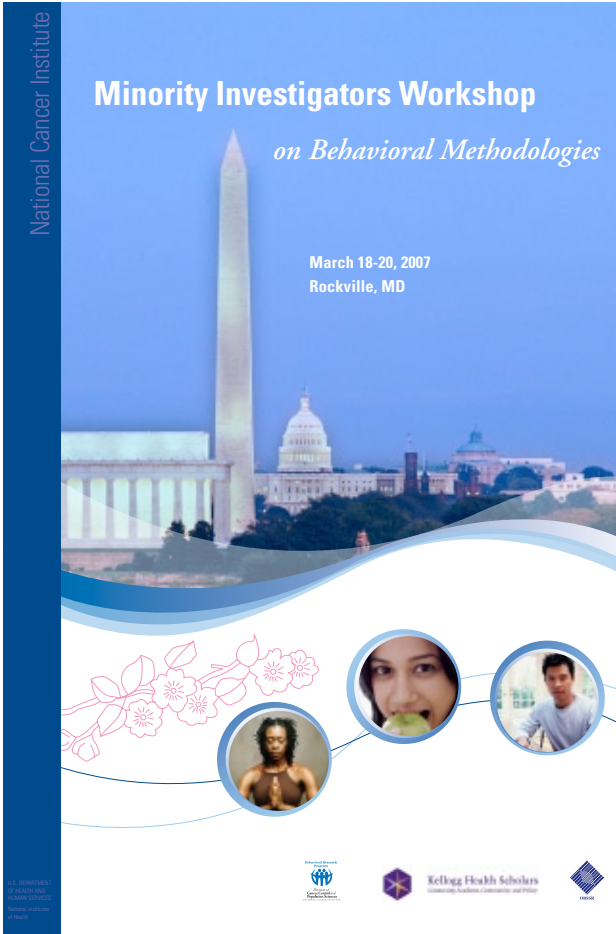
**Vivian
Horovitch-Kelley**

Westat

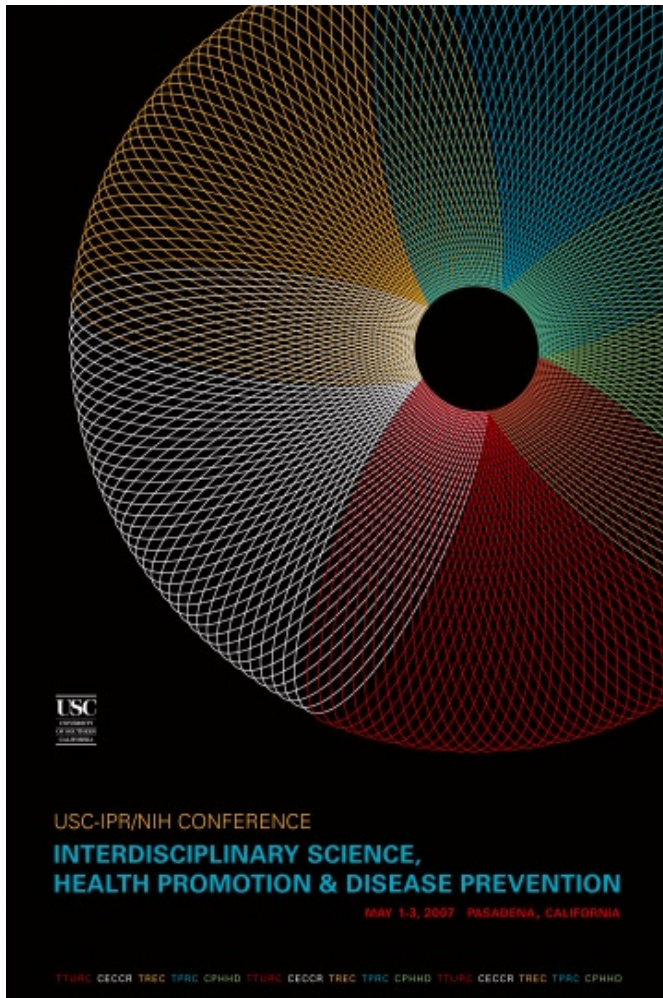
TTURC



Minority Workshops



Interdisciplinary Science



HINTS Data Users Conference

National Cancer Institute

Health Information National Trends Survey

hints

Data Users Conference

Building the Evidence Base in Cancer Communication

May 4-5, 2007
Pasadena Hilton
Pasadena, CA

Behavioral Research Program

GEORGE MASON UNIVERSITY
Division of Cancer Control and Population Sciences
NATIONAL CANCER INSTITUTE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

National Cancer Institute

Health Information National Trends Survey

hints

Data Users Conference

Agenda

May 4

8:00-8:30 am **Registration**

8:30-8:45 am **Welcome/Introductions**
 Sir Galahad
Lita Finney Rutten, PhD, MPH
 National Cancer Institute

Opening Remarks
Jon Kerner, PhD
 National Cancer Institute

8:45-9:00 am **Keynote Address**
Bradford W. Hesse, PhD
 National Cancer Institute

9:00-10:30 am **Panel Session #1: Survey Methodology**

Overview: As communication technologies evolve, so too should the methodologies population scientists use to assess trends and improve population health. In this session, methodologists and analysts will describe results of HINTS activities designed: (a) to cope with issues of declining response rates, (b) to analyze trends in space and time, and (c) to make HINTS data interoperable with other datasets in an online, collaborative science environment.

Overarching Question: How can state-of-the-art practice in survey methodology inform communication researchers and practitioners as they strive together to reduce population burden from cancer?

Moderator: **Gordon Willis, PhD**
 National Cancer Institute

Panelists:

- **David Cantor, PhD**
 Westat
 "Using Data from Embedded Experiments to Improve Total Survey Quality in HINTS"
- **David Stinchcomb, MA, MS**
 National Cancer Institute
 "Employing 'Knowledge Maps' and Other Geographic Information System (GIS) Techniques to Inform Communication Planning"
- **Jon Miller, PhD**
 Michigan State University
 "Assessing the Public's Comprehension of Biomedical Science"

Discussant: **Michael Link, PhD**
 Centers for Disease Control and Prevention
 "Implications of Current Themes in Survey Research for Informing Communication Research & Practice"

10:30-10:45 am **BREAK**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 National Institutes of Health

Elizabeth
 ZIMMERMAN