

**119TH MEETING OF THE NATIONAL CANCER ADVISORY BOARD
MEETING OF THE AD HOC SUBCOMMITTEE ON COMMUNICATIONS**

**September 10, 2001
7:00 p.m. —8:30 p.m.**

Welcome/Opening Remarks—Dr. Susan Love/Dr. Susan Sieber

Dr. Susan Love chaired the meeting of the Ad Hoc Subcommittee on Communications with Dr. Susan Sieber, Director, Office of Communications (OC), serving as Executive Secretary. Dr. Love welcomed Subcommittee members and attendees and briefly reviewed the agenda, which contained two items: a continuation of the last meeting's discussion on What Should a Communications Program Look Like? and a review of a new publication by the Institute of Medicine called *Improving Palliative Care for Cancer*.

Subcommittee Member Comments: What Should a Communications Program Look Like?

Dr. Love called on the Subcommittee members to each share their thoughts on what a communication program should look like.

Dr. Huerta. Dr. Huerta stated that four elements are important for a successful communications program. Those four elements are: consistency, comprehensiveness of content, breadth of media, and building trust. He elaborated on each element. Consistency means getting the health message out on a daily basis. He compared communications to a news broadcast and stated that just as there is a sports segment everyday, even if there is very little sports news, there should also be health programming every day. The messages that are given should be comprehensive and cover all of the health issues of the target population. Each American should hear these messages every day through radio, television, print, Internet and all available channels. Lastly, Dr. Huerta stressed that trust must be established with the community within which a person is working. On Dr. Huerta's radio show this is done by not accepting sponsorships. It was pointed out that at NCI, this last element is referred to as credibility. Dr. Sieber noted that each one of the elements identified by Dr. Huerta is featured in NCI's new branding strategy.

Dr. Ramirez. Dr. Ramirez stated that communications need to be accessible to all communities and be comprehensive from prevention to end of life, as well as comprehensive across life span from childhood to old age. Efforts need to be taken to get messages out at different levels using mass communication techniques.

Dr. Abu-Ghazaleh. Dr. Abu-Ghazaleh extolled the value of using the Internet to reach a vast audience. It was suggested that everyone is at most only 1 person away from the Internet. In other words, if someone cannot access the Internet himself or herself, they know someone who can. Dr. Huerta mentioned that while conventional radio might be limited in its ability to reach audiences in sparsely populated areas, there is Internet radio that reaches anywhere the Internet goes. Another value of the Internet is that it is available on demand, whenever the user wants it. Dr. Abu-Ghazaleh also stated that NCI should do more to promote itself. Most people

do not know what NCI does. If asked, most people identify the American Cancer Society as the best source for cancer information.

General Discussion. Dr. Sieber gave a brief update on the status of the NCI “branding” efforts. Four logos and tag lines are being presented to the Executive Committee for review within the next few weeks. The logos and tag lines have undergone extensive testing with people representing a variety of NCI’s constituents. The logos and tag lines will then be presented to NCI staff. Including staff in the decision-making process is a crucial step, which should ultimately assist in obtaining support from the staff. The promotion plan roll-out, which is still being formulated, will be done as a soft-launch. The new brand should be ready by the beginning of 2002. Other new developments within NCI include: the possible development of a webzine for dissemination of information; reorganizations within NCI to address processes and procedures for translations of materials; a new group to review NCI publications; work with Good Morning America to produce health stories to air on that show.

Dr. Huerta was asked to describe his program and why it has been so successful. Dr. Huerta started with his program airing on a single station and it now airs internally on nearly 90 radio stations, with few ever dropping out of the network. Those that have dropped his show were stations that changed their format to English. Everyday he talks about health issues using the Healthy People 2010 guidelines. His shows are written for people with very little formal education. His material comes from medical journals such as the *Journal of the National Cancer Institute*, *Journal of the American Medical Association*, and the *New England Journal of Medicine*.

NIH’s and NCI’s communication priorities and resources were discussed. Historically, NIH has not had a very large communication role because its main role has been seen as research. This is changing. NIH and NCI are more active in health communication. NIH has a radio station and NCI has begun to increase its contributions to the radio station. Some NCAB members noted that the show is only a weekly show, but with NIH’s resources could be run daily. The key is to have diversity in the content of the show to keep it fresh. NCI is currently contracting with journalists to find stories at cancer centers to bring to the public’s attention. They are looking for stories that will capture the imagination of the American people and also excite the public about research. To reach as many different audiences as possible, programs should be coordinated across many different networks. Dr. Huerta identified Telemundo as an example of a network that could be used to reach Hispanic audiences. He indicated that the television station has a penetrance of more than 90 percent and has a program that is the Spanish-language equivalent to Good Morning America. Dr. Huerta was asked to help with identifying appropriate radio and television stations in various networks. It was also noted that improved and expanded telephone answering services need to be in place before these new channels are used.

Improving Palliative Care for Cancer

During the second portion of the meeting the Subcommittee discussed the book, *Improving Palliative Care for Cancer*. Dr. Love thought that the book was very good and reviewed several sections for the Subcommittee.

Dr. Love indicated that there is a lack of data on what works in palliative care. She remarked at the irony that palliative care at the NCI is within the Division of Prevention and not part of the Division of Cancer Treatment and Diagnosis. She also indicated that the issue of death is not dealt with very well by NCI's publications. Most NCI materials lack any mention of death as a possibility. It was stated that physicians can still be very paternalistic with respect to the information they share with their patients. She said that the emphasis on hope for cancer patients needs to be re-thought to include the concept of death. Palliative care treatment needs to be incorporated into curative treatment and the possibility of death needs to be raised with patients at the beginning of treatment, otherwise people with cancer get a sense that they have failed in some way. The sense of failure by the patient is even conveyed to patients in the terms used by clinicians such as "treatment failure" for a person who has not responded to treatment—as if it is the patient who has failed and not the treatment. Economic incentives for physicians to keep patients involved in curative treatment such as chemotherapy was identified by the Subcommittee as one barrier to providing quality palliative care. Medicare is in some ways a contributing factor, because Medicare will continue to pay for treatments long past the time when the treatment might be reasonably expected to work.

More training of providers to understand what is available in palliative care is necessary. If providers felt more comfortable they would give better information. Dr. Abu-Ghazaleh stated that two things are frightening to patients—neglect and suffering. He tries to address these issues at the start with his patients, by reassuring them that they will not be neglected and will not endure suffering. He also indicated how difficult it is for physicians to speak with patients about death and dying. Family physicians do a good job with this, it is the specialists who often lack the skills to handle this situation. The Committee suggested that a similar book targeted to patients and the public should be produced.

Dr. Love solicited suggestions for topics for next meeting. It was suggested that they hear an update on the "branding" issue resulting from the Executive Committee response to the "branding" presentation. They also suggested taking a tour of the new NCI Communications Technology Research Center facilities.



Dr. Susan Love
Chair

9/17/01
Date



Dr. Susan Sieber
Executive Secretary

9/17/01
Date