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This entry, which tied for second in the 1995 Secretary's Award for Innovations in Health Promotion and Disease Prevention, was submitted by Bowman Gray School of Medicine, Wake Forest University, Dr. Mark Dignan and Dr. Penny Sharp, Faculty Advisers.

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Effect of Educational Brochures on Cherokee Women with Abnormal Pap Smears

Historically, cervical cancer among Native Americans greatly exceeds the national average, prompting health care researchers and providers to explore methods of increasing education and screening. This effort resulted in a marked increase in the number of women receiving Papanicolaou (Pap) tests, but a new problem emerged. A high percentage of women with abnormal Pap test results fail to report for followup care.

Early detection and treatment of cervical cancer is an urgent health care concern among all female populations, but this urgency is heightened among Native American women, who experience excess mortality due to cervical cancer. This excess is particularly notable among the Eastern Band of Cherokees located in western North Carolina.

The North Carolina Native American Cervical Cancer Prevention Project (NCP), a five-year project, focused on two North Carolina populations, the Lumbee and Cherokee tribes, and included instruction on cervical cancer prevention, information on gaining access to screening and followup services, and followup to address the barriers faced by individual women.

The first two elements were accomplished by home visits, where familiar environment would enhance information exchange and social support. Eligible households were identified, and 500 per tribe were randomly selected for intervention delivered by trained women from within the target populations. In-home meetings lasted 30–60 minutes and included a health risk appraisal, a 10-minute educational video developed by the investigators, the sharing of printed educational materials, and verbal interaction.

The objectives of this study are twofold. The first objective is to compare two NCP groups being served by the Cherokee Indian Hospital in Cherokee, NC—women with abnormal Pap test results who do not return for followup examination or care and women with abnormal Pap test results who do return. The goal is to identify barriers that stop women from seeking followup examination and care. Knowledge of such barriers can be used in the design of an intervention to increase patient initiative and compliance. Specifically, a culturally specific brochure will be developed.

The second objective is to compare the effectiveness of two educational brochure types—the culturally specific brochure and a standard brochure provided by the National Cancer Institute (NCI). The goals are (a) to determine

whether the Cherokee population's compliance rate can be increased and (b) to determine whether the culturally specific brochure is significantly more effective in increasing the compliance rate.

This study addresses the final goal of the NCP (followup to address the barriers faced by individual women) by comparing the women in both proposed samples.

To accomplish the first objective, a culturally sensitive data collection instrument was developed, and two pilot studies were conducted. The questionnaire was administered to 10 women on the clerical staff at Bowman Gray School of Medicine at Wake Forest University to correct for unforeseen problems. The women were asked if any questions were offensive, confusing, in need of rewording or should be removed. The questionnaire was then adminis-

tered to 10 Cherokee women for similar criticism.

American Indian interviewers were trained then, and interviews were held in the women's homes. At the outset of the interview, the person was informed of the study's purpose and their right to refuse to answer any questions.

Addressing the study's second objective, all women undergoing Pap smears at the hospital during a 12-month period will receive a brochure. Half, chosen at random, will receive the culturally specific brochure based on interview results, and the remainder will receive the NCI brochure. Their medical records will be reviewed 18–24 months later for completed treatment and followup compliance. These results will be compared against medical records from women who were instructed to return for followup care during the two years prior to distribution of brochures.

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The Trading Cards Program— Using High School Role Models for Drug Abuse Prevention

The surge of adolescent substance use that began in the 1960s and increased throughout the 1970s showed signs of decline through the early 1990s. Recent reports, however, found that substance use among adolescents is on the rise again.

Complicating these statistics are data that indicate the average age of initiating cigarette use was 11.6 years, alcohol 13.1 years, and marijuana 13.4 years. It is desirable to prevent or at least delay adolescents' experimentation with alcohol, tobacco, or other drugs.

Various prevention strategies have been implemented in response to adolescents' use of licit and illicit substances. The incorporation of a role model component into drug education programs prior to adolescent experimentation attempts to impact the patterns of adolescent use. Peers can be positive role models of nonuse, create a norm that drug use is undesirable rather than acceptable, and provide alternatives to drug use.

Despite an increase in the use of role models in drug abuse prevention, there are limited data regarding their efficacy. Through an evaluation of the Trading Cards Program, this project aims to provide evidence of the efficacy of role models in drug abuse prevention. Briefly, the Trading Cards Program uses high school students, who pledge a drug-free lifestyle, to model behaviors and social competencies for elementary students as it facilitates relationships