

## APPENDIX E – HINTS INFORMATION SHEET

<b>HINTS</b>	<b>Health Information National Trends Survey</b>
<a href="http://hints.cancer.gov">http://hints.cancer.gov</a>	
Year begun: 2003	Periodicity: 2003, 2005, 2007, 2009 (Puerto Rico only), 2011, 2012, 2013 (proposed), 2014 (proposed)
Design: cross-sectional	
Target population: non-institutionalized adults in the US	
Sample type: random selection, representative of non-institutionalized adults in US. Sampling via either RDD (random digit dial) or ABS (address-based sampling), depending on year fielded (see “Administration mode,” below.)	
Sample size: between 3,500 – 7,500, depending on year fielded.	
Administration mode: varied by year 2003: Telephone (RDD) 2005: Telephone and web (RDD) 2007: Telephone and mail (RDD and ABS) 2009: Telephone (RDD) 2011: Mail (ABS) 2012: Mail (ABS)	
Impetus for survey: To collect nationally-representative data on the American public’s need for, access to and use of cancer-related information and to monitor changes in the rapidly evolving health communication and media environment.	
Survey goals and objectives: The HINTS program aims to provide surveillance for the fields of cancer communication, public health, and clinical practice and to make available public-use datasets to enable research and guide the development of cancer prevention and control policies, programs, and practices at national, state, and local levels. HINTS provides NCI with a comprehensive assessment of the American public’s current access to, and use of, information about cancer across the cancer control continuum from cancer prevention, early detection, diagnosis, treatment, and survivorship. The content of the survey focuses on understanding the degree to which members of the general population understand vital cancer prevention messages. More importantly, this NCI survey couples knowledge-related questions with inquiries into the media and communication channels through which health information is being obtained, and assesses how cancer prevention behaviors are associated with media exposure, patient-provider communication, and other important health communication constructs.	
Prevalence estimates to be generated: No tobacco use prevalence estimates are generated with HINTS.	
Key relationships to be studied: Research questions to be answered by HINTS include: <ul style="list-style-type: none"> <li>• Considering the full range of communication channels, what are the major sources of cancer information for the American public?</li> <li>• Have there been population shifts over time in use of major sources of cancer information for the American public?</li> <li>• To what extent is access or lack of access to different sources of health information associated with cancer knowledge or behaviors?</li> <li>• Have there been population shifts over time in access to different sources of health information and are these shifts related to changes in cancer knowledge or behavior?</li> <li>• What segments of the U.S. population depend on information technology (i.e., the Internet) to meet at least some of their cancer information needs?</li> <li>• Have there been population shifts over time in the extent to which segments of the U.S. population depend on information technology to meet at least some of their cancer information needs?</li> </ul>	

- How trustworthy are the sources of health information perceived to be and how satisfied are respondents with health information access and content?
- Have perceptions of trust in and satisfaction with various sources of health information changed over time?
- What is the level of knowledge about cancer incidence, etiology, prevention, detection, and treatability and what are the psychological and structural determinants of this knowledge?
- Have levels of knowledge about cancer incidence, etiology, prevention, detection, and treatability changed over time in the population and are such changes associated with psychological and structural determinants of this knowledge?
- How are cancer prevention behaviors related to sources of information and their use?
- Have there been population shifts in cancer prevention behaviors, and do such shifts correspond to changes in use of information sources?
- How do people want to get information about cancer-related issues?
- Have there been population shifts over time in preferences in the ways in which people want to get information about cancer?

Types of measures: HINTS has a core set of measures focusing on its main content area (health communication) in addition to a core set of measures to provide surveillance on cancer-related behaviors (such as cancer screening). These core questions appear in each iteration of HINTS and make up approximately 50% of the instrument. The other 50% of the instrument varies in order to capture timely issues in cancer control and shifts in the evolving media environment. Below is a list of the types of constructs that have been included in past iterations of HINTS:

Attention to health information	Consideration of future consequences	Information Seeking
Avoidance of screening	Depression	Insurance status
Behavior change	Dietary Assessment	Lung cancer
Bodily Pain	Environment and Cancer	Media exposure
Breast cancer	Environmental Health Knowledge	Mental Models of Cancer
Cancer perceptions	Exposure to support Resources	Numeracy (Health)
Cancer related knowledge	Family History	Nutrition
Cancer Risk Perceptions	Genomics	Patient-provider communication
Cancer Screening Knowledge	Health Behavior	Physical Activity
Cancer survivorship	Health Care	Prostate Cancer
Caregiver Preparedness	Health information seeking	Skin cancer
Cervical Cancer	Health Information Technology	Social Support
Chemical Exposures	Health literacy	Sun Safety
Clinical Trials	Health Self-Efficacy	Tobacco Use
Colorectal cancer	Health status	Use of Technology
Comorbidity		Weight/Weight Loss

#### Number of tobacco questions included in HINTS

Year of Administration	Total number of items	Number of tobacco items	Percent of items about tobacco
2003	223	16	7.2%
2005	195	28	14.4%
2007	185	19	10.3%
2009 (PR)	185	19	10.3%
2011 (cycle 1)	205	3	1.5%
2012 (cycle 2)	203	11	5.4%
2013 (proposed cycle 3)	209	16	7.7%