

## 2-1-1 could be effective tool in fighting cancer disparities

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(Medical Xpress) -- The 2-1-1 phone information and referral system could be a key partner in efforts to reduce cancer disparities affecting low-income and racial and ethnic minorities in the U.S., finds a new study by Jason Purnell, PhD, assistant professor of public health at the Brown School at Washington University in St. Louis.

2-1-1, a nationally designated three-digit telephone exchange like 9-1-1, is an information and referral system that serves millions of Americans living in [poverty](#). Callers speak to an information and referral specialist who identifies their needs and provides referrals to local resources. United Way and other agencies sponsor 2-1-1 systems throughout the country.

“After surveying over 1,400 2-1-1 callers from four states, we found that nearly 70 percent of callers needed at least one [cancer control](#) service such as smoking cessation information, and nearly 40 percent needed at least two services,” Purnell says.

“Compared with state and national rates, 2-1-1 callers in Missouri, North Carolina, Texas and Washington had greater need for cancer screening and prevention. Callers were also much more likely to be uninsured, a factor consistently associated with underutilization of cancer control services. Clearly, 2-1-1 systems are reaching Americans with significant unmet [health](#) needs.”

Purnell found that callers are willing to answer questions about their

health and to receive referrals for needed preventive health services.

“Callers were particularly receptive to referrals for mammography, adult HPV vaccination and Pap testing, with approximately 60-72 percent of callers who needed these services accepting a referral,” he says.

“No fewer than a third of those in need accepted referrals overall, suggesting potential for effective intervention in a number of areas for [cancer prevention](#) and control.”

Purnell says this study, published in the current issue of the Journal of Health Care for the Poor and Underserved, illuminates the reach of 2-1-1.

“We estimated that we could reach millions of people who are in need of cancer control and prevention services each year by using 2-1-1, and that’s an incredible [public health](#) impact,” Purnell says.

“There are very few systems that could match that reach and impact.”

Purnell notes that traditional marketing about cancer prevention and control tends to be not as effective with low-income populations.

“The nice thing about 2-1-1 is that the underserved populations are already using the system for help with basic needs and services,” he says.

“You could use this system to deliver health messages in a more targeted and potentially more efficient way.

“One of the ways 2-1-1 can be used is by simply asking people what their cancer control and prevention needs are, but also by proactively offering [cancer](#) prevention referrals for smoking cessation referrals and mammography and colonoscopy referrals,” Purnell says.

**More information:** To view the study, “Cancer Control Needs of 2-1-1 Callers in Missouri, North Carolina, Texas, and Washington,” and a complete list of study co-authors, visit: [muse.jhu.edu/journals/journal.../23/23.2.purnell.html](https://muse.jhu.edu/journals/journal.../23/23.2.purnell.html)

Provided by Washington University School of Medicine in St. Louis

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