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greater increase in selfcommunity-based approaches can help
and skills gaps about FHH and increase confidence in using
this information to improve the health of those most at risk.

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As our understanding of the genomic basis of com-

FHH (i.e., their understanding of what information is

style, physical environment, and genetic inheritance, and practicing building rapport when asking a relative about their health history (e.g., •Where were you born?• •What homemade remedies did your family use while you were growing up?•).

Comparison Group Participants in the comparison group received a session wherein the LHA read aloud a Spanish language

of perceived usefulness of FHH information, controlling for genetic self-efficacy, recruitment site, education, fatalism, and gender (table 6). Finally, after controlling for genetic self-efficacy, age, recruitment site, family history of cancer, gender, and country of birth, charla partici-

sengers[87]. Future studies could examine more specifically how participants perceive LHAs versus other possible messengers (e.g., family members, Latino family physicians) for content related to family history and genetics.

In their review of LHA interventions among Hispanic participants, Rhodes et al. (2007) suggest key elements to strengthen the effectiveness of future LHA projects

underserved populations must play a central role. De-

spite the challenges in reaching underserved communi-
ties, the community members who participated in this
study demonstrated great interest and enthusiasm for
family history. Continued research on communication
approaches such as charlas may help to close the knowl-
edge and skills gap and help ensure that this infor-
mation can be used to improve the health of those most
at risk.

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