



BACKGROUND AND CAMPAIGN OBJECTIVES

Mortality due to breast cancer is disproportionately higher among low-income African American women,¹ due in part to breast cancer diagnosis at later stages of the disease,^{2,3} which is attributable to a lack of timely and regular mammograms. Mammography tests remain underused by at-risk women, including low-income African American women.

The Centers for Disease Control and Prevention's (CDC's) Division of Cancer Prevention and Control, contracted with ICF International to develop and evaluate a culturally appropriate mass media pilot campaign that targets low-income African American women 40–64 years of age: It's Your Life. Go Live It! The campaign aims to increase awareness and utilization of local National Breast and Cervical Cancer Early Detection Program (NBCCEDP) services. This presentation focuses on evaluation of the intermediate outcome of increased awareness (see Exhibit 1).

Exhibit 1: Campaign Objectives and Evaluation Questions

CAMPAIGN OBJECTIVES
1. Increase calls from the campaign cities to the designated toll-free number for the campaign. 2. Increase mammograms obtained by African American women through the local NBCCEDP in campaign sites.
EVALUATION QUESTIONS
1. Is exposure to the campaign related to increased use of the toll-free number established for the campaign (awareness)? <ul style="list-style-type: none">– Did calls to the toll-free number increase during the campaign?– Did calls to the toll-free number increase from low-income African American women 40–64 years of age, during the course of the campaign?
2. Is exposure to the campaign related to use of NBCCEDP mammogram services at the local level (utilization)? <ul style="list-style-type: none">– Was there an increase in the number of mammograms provided through the BCCCP during and immediately following the campaign?– Was there an increase in the number of mammograms provided through the BCCCP to low-income African American women 40–64 years of age during and immediately following the campaign?

THE PILOT CAMPAIGNS

The pilot campaign in Georgia (GA) was implemented and evaluated from June 2008 through July 2009. A second pilot campaign in North Carolina (NC) was implemented and evaluated from April 1, 2013 concluding March 31, 2014 (see Exhibit 2). The two core elements—audio messages and print media—were developed and tailored based on formative focus groups and message testing with the target population in each market (see Exhibits 3 and 4).⁴

Exhibit 2: Implementation Strategies for the Georgia and North Carolina Pilot Campaigns

IMPLEMENTATION STRATEGIES	GEORGIA		NORTH CAROLINA		
	Savannah	Macon	Raleigh-Durham	Charlotte	Windsor
Core Element 1: Culturally Appropriate Audio Messaging					
Radio Advertisements					
1. Air two to three 30-second taped radio spots on local radio stations each month			X	X	
2. Air three to six 60-second taped radio spots on local radio stations each month	X	X			
3. Air two 60-second radio vignettes on local radio stations each month			X	X	
Radio Shows					
4. Air live or taped radio shows and interviews on local radio stations	X	X	X	X	
Core Element 2: Culturally Appropriate Print Dissemination					
Community Venues					
5. Display campaign materials in select community venues <ul style="list-style-type: none">• Display campaign posters in locations recommended during the formative evaluation that are frequented by the target population• Provide campaign reminder cards and postcards for takeaway at community venues	X		X		X
Out of Home (OOH)					
6. Display bus advertisements <ul style="list-style-type: none">• Display exterior bus panels on two transit authority buses.• Display interior placards on all transit authority buses (45 days).			X Raleigh only		
Community Events					
7. Disseminate campaign materials at community events <ul style="list-style-type: none">• Distribute campaign postcards and reminder cards at community events that the target population is likely to attend	X		X		

Exhibit 3: Sample Posters



Exhibit 4: Sample Radio Spots

SAMPLE 60-SECOND RADIO SPOT FROM GA	
Announcer:	Breast cancer is the second leading cause of cancer death in American women, and African American women are disproportionately affected by it. That number doesn't have to be that high. Sadly, most of our women aren't aware of a local program to get a low-cost or even a no-cost mammogram.
BC Survivor:	Hello, my name is Brenda Dunham, and I am a 3-year cancer survivor. I am here to encourage women to get a mammogram screening. I did, and cancer was found. I have been able to overcome this disease by getting the knowledge. And by getting a mammogram screening, it could save your life.
Provider:	My name is Dr. Paula Denito. Free mammogram services are available and are available in the same clinics with the same technicians. It does not matter whether you can afford to pay or not. You will get the same service.
Announcer:	Call this number to find one of many locations for screening today: 1-800-4CANCER. It could save your life.
SAMPLE 30-SECOND RADIO SPOT FROM NC	
Announcer:	Hey! It's your girl, Melissa Wade. Breast cancer is the second leading cause of cancer deaths among African American women.
BC Survivor:	I'm Paula Huntley. With us not having a history of breast cancer in my family, I really didn't think about it until it happened to me. Ladies, see what you can do to get a free or low-cost mammogram. It can save your life. It really can. Do it. Just do it.
Announcer:	To learn about or to schedule your free or low-cost mammogram, call 1-855-449-0549. It's your life. Go live it!

Individuals exposed to the campaign could call a toll-free number to learn about or schedule a free or low-cost mammogram. They were then asked a series of questions about their demographics and how they heard about the campaign. Callers from non-campaign sites were asked a subset of questions to assess their demographics and the reach of the campaign, before being transferred to their local BCCCP or patient navigator.

During both campaigns, interviews were conducted during the sixth month of the campaign to assess listeners' opinions and insights on the radio ads and to solicit recommendations for ads to be aired during the latter part of the campaign.

Despite using similar campaign implementation *strategies*, there were differences in GA and NC markets and midcampaign assessment that resulted in differences in *how* the campaigns were implemented (see Exhibit 5).

Exhibit 5: Implementation Differences Between the Georgia and North Carolina Pilot Campaigns

ASPECT OF IMPLEMENTATION	GEORGIA (June 2008–July 2009)	NORTH CAROLINA (April 2013–March 2014)
Age of target population	40–64 years of age	50–64 years of age
Campaign phases	One 13-month phase	Three phases: 1. Airing of audio messages on one radio station per market (April–September) 2. Airing of audio messages on two radio stations per market (October–December) 3. No audio messages aired (January–March)
Radio	Savannah <ul style="list-style-type: none">• Spots aired weekly• Aired 40 spots/week across 2 stations (approximately 172 spots/month) Macon <ul style="list-style-type: none">• Spots aired weekly• Aired 91 spots/week across 4 stations (approximately 394 spots/month)	Raleigh-Durham <ul style="list-style-type: none">• Spots aired first 2 weeks of each month• Aired 63 spots/month on average, on 1 station (phase 1)• Aired 93 spots/month on average, across 2 stations (phase 2) Charlotte <ul style="list-style-type: none">• Spots aired weekly• Aired 102 spots/month on average, on 1 station (phase 1)• Aired 176 spots/month on average, across 2 stations (phase 2)
Data collection	Cancer Information Services (CIS) survey	American Sexual Health Association (ASHA) survey
Transfer protocol for callers	Callers transferred to BCCCP at their local health department	Callers from counties of the intervention sites transferred to patient navigator to prescreen for BCCCP eligibility (Raleigh-Durham area only); callers from all other counties transferred directly to their local health department or the State BCCCP (if no county program)

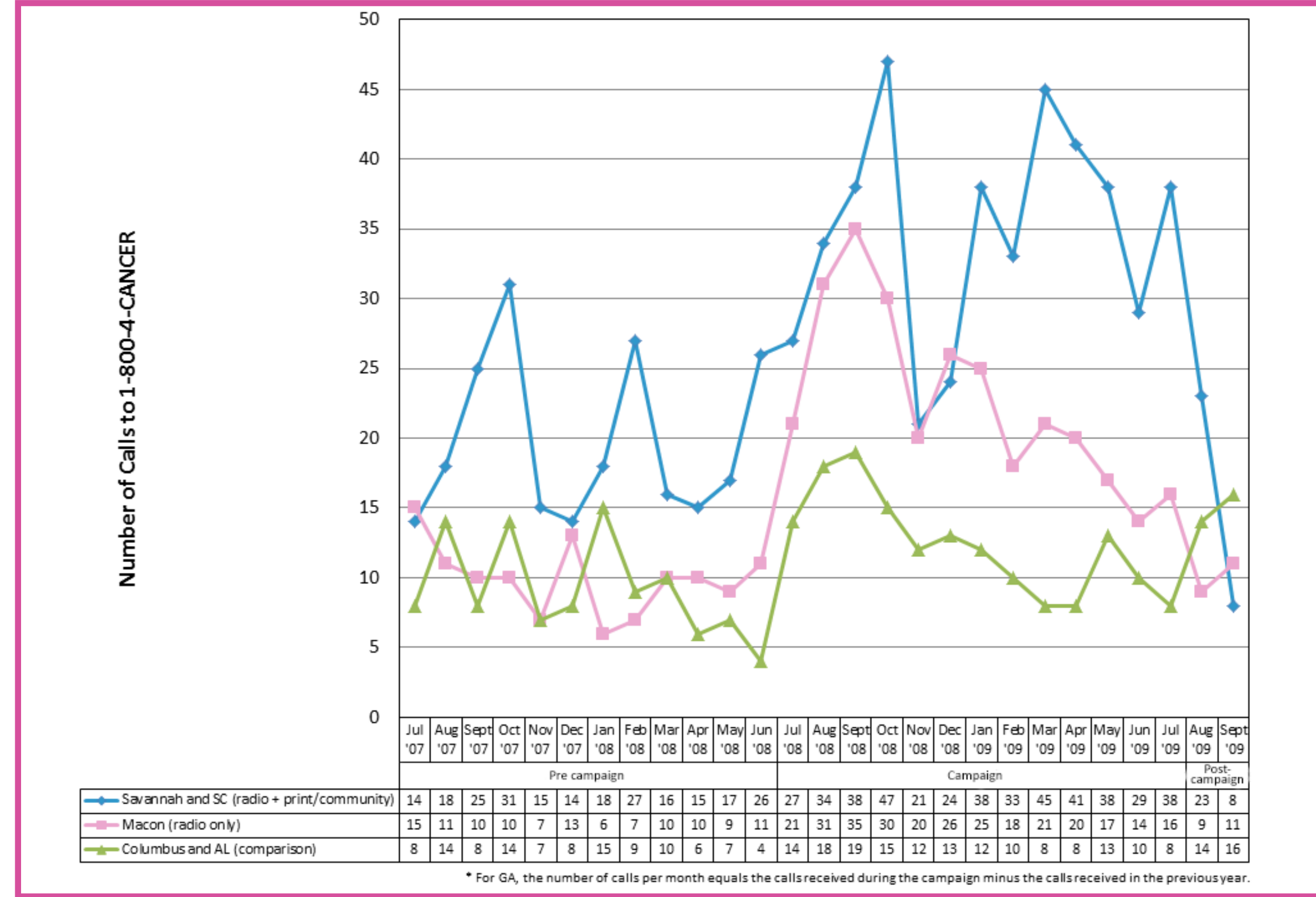
EVALUATION DESIGN AND RESULTS

The evaluation implemented in GA and NC used a quasi-experimental design with data collected before, during, and after campaign implementation. Key awareness results comparing the campaign implementations are shown in Exhibits 6 and 7.

IMPORTANT CONTEXT FOR COMPARING RESULTS

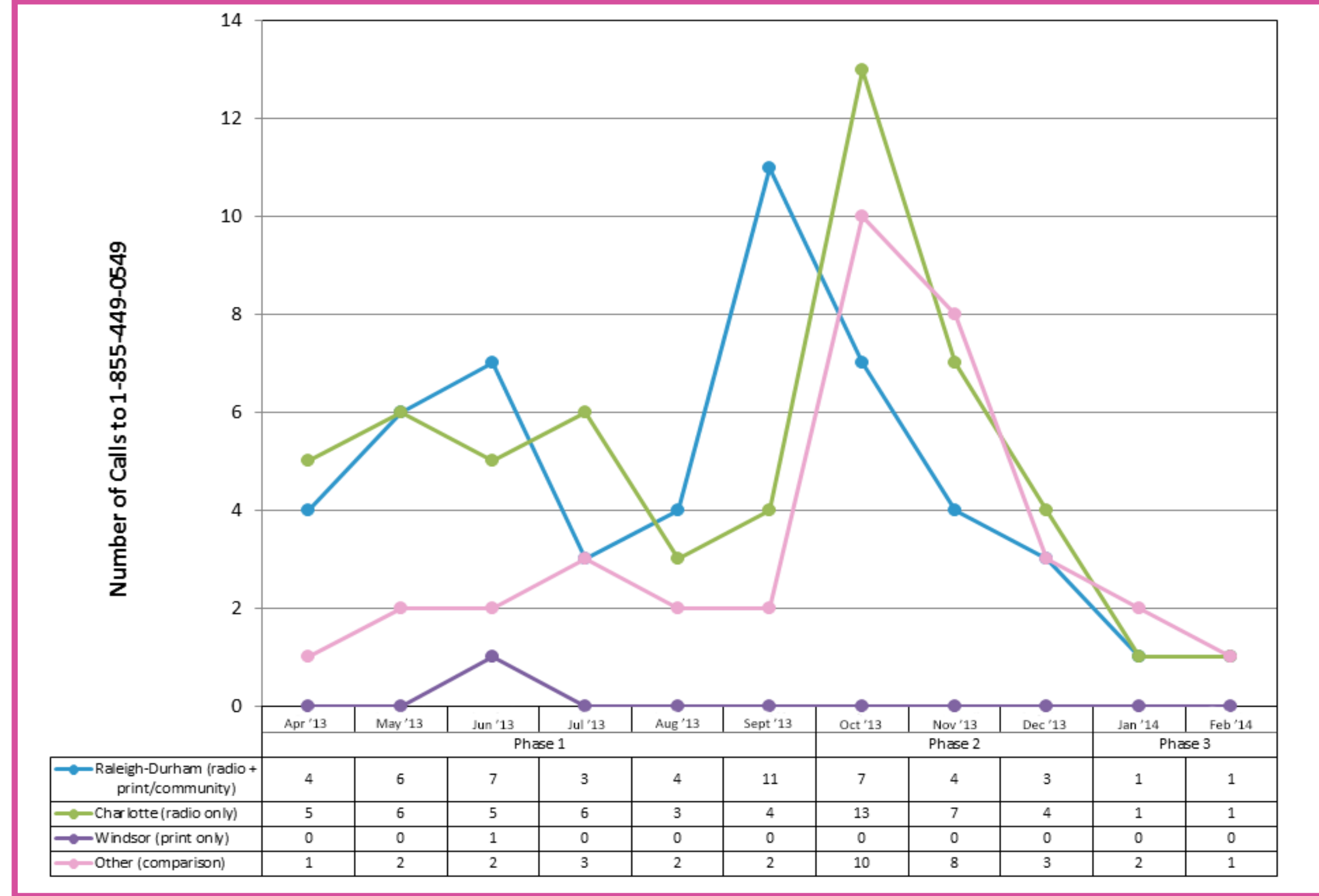
In GA, we partnered with CIS to gather information from callers before, during, and after the campaign using an established phone number. In addition, CIS was promoted by other sources before and during the campaign. In NC, we partnered with ASHA to collect caller data during and after the campaign using a number set up for the new campaign. Thus, we had access to baseline CIS data; however, there were no comparable baseline caller data for analysis from ASHA.

Exhibit 6: Number of Calls by Month and Site During the Evaluation Period (Georgia)^a



^a Call data indicated that the number of callers from intervention sites (Savannah and Macon) were more likely to be African American (57% and 60%, respectively, vs. 44%).

Exhibit 7: Number of Calls to Date by Month and Site (North Carolina)^a



^a Call data indicate that the number of callers from two of the intervention sites (Raleigh-Durham and Charlotte) were more likely to be African American (94% and 93%) versus the rest of the State (63%); Windsor is included with the rest of rest of the State since there was only one caller from this site.

A comparison of the implementation processes and intermediate outcome from the two pilot campaigns has yielded a number of lessons learned and recommendations for planning future implementations and evaluations of the "It's Your Life. Go Live It!" campaign.

CONCLUSION: LESSONS LEARNED AND RECOMMENDATIONS

Pre-Implementation Activities

► Define "implementation" as it relates to this campaign.

Articulate the core elements of the campaign (components that must be implemented) along with how to implement them. Guidance and/or standards for implementation may include information such as expected radio strategy reach, frequency, number, and type of print media venues to display (e.g., large vs. small posters, postcards). This information can inform budgeting for media buys (e.g., radio air time, OOH displays) and field staff in the selected market.

► Conduct a context scan to assess the campaign site(s).

A formalized and systematic context scan would provide an in-depth examination of the targeted communities, incorporating any contextual factors that may influence the campaign. These factors include State and local health departments' implementation of the BCCCP, infrastructure, resources, and staffs' interest and capacity to partner with the campaign; the political environment within and beyond the health department; and identification of local champions and partners to facilitate implementation activities.

► Develop and maintain local partnerships.

Identify and engage local champions and partners (including BCCP staff, local media outlets, community champions, and creative staff) in campaign activities as early as possible.

► Create a semi-structured protocol for radio ad development.

A semi-structured protocol for recruitment inspires creativity, authenticity, and quality in the radio ads. The protocol should include, but is not be limited to, the following:

- Specific criteria for prescreening and recruitment to ensure diversity among testimonials of breast cancer survivors and/or friends and family members impacted by breast cancer, including men.
- A semi-structured interview guide to ensure consistency in the information gathered and to help individuals prepare their responses. Women and men should answer first without the script and then repeat their response using the script; allow them to make notes.

► Use a vanity number (e.g., 1-800-4-CANCER).

Respondents to the listener assessment noted that it is easier to recall a simple (i.e., vanity) campaign number, thus making it more likely for them to call.

► Budget for and develop 60-second radio spots.

The 60-second vignettes from NC and the GA spots were richer and more engaging to the target audience than the 30-second spots. The respondents to the listener assessment also noted that the 30-second spots were too short or quick and that the phone number should be repeated.

Implementation Activities

► Leverage/maintain community relationships.

It is critical to develop, leverage, and maintain relationships with local providers, patient navigators, health service organizations, media outlets, and small business owners to obtain their help in identifying potential locations and events (on the basis of feasibility, appropriateness, etc.) for dissemination, distributing/posting materials, and conducting spot checks.

► Secure campaign collateral with logo for community events.

T-shirts with the campaign logo were used by field staff while disseminating print material at events and conducting spot checks. Field staff noted that this brought credibility and increased awareness to the campaign; they also experienced a better reception from event attendees. In addition to T-shirts, other collateral with the campaign logo (e.g., hats, giveaways/prizes) would bring increased visibility and credibility to the campaign field staff.

► Conduct campaign listener assessment.

Conducting a listener assessment prior to campaign launch and/or midcampaign will help to accomplish the following:

- Conduct feedback on spots prior to the launch of the campaign, as well as at the mid-point of the campaign.
- Negotiate airtime for the listener assessment public service announcement during the media buy to ensure adequate recruitment time.

CITATIONS

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