



Media Messages from Michigan

Compiled by

AMC Cancer Research Center

for the

Centers for Disease Control and Prevention

Cooperative Agreement #U50/CCU806186-03

With Contributions From:

Michigan Department of Public Health

Detroit Health Department

Kent County Health Department

Michigan District Health Department #2

Brogan & Partners Advertising/Public Relations, Inc.

MEDIA MESSAGES FROM MICHIGAN:

A CASE STUDY

1994

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Who is the Case Study for?

This report was written for state health department staff who are interested in using media campaigns to promote breast and cervical cancer screening as a part of their overall CDC-funded Breast and Cervical Cancer Early Detection Program. The study reflects the experiences of the Michigan Department of Public Health Breast and Cervical Cancer Control Program only, and is an extension of the attached report "The Role of Mass Media in State-Based Public Education Programs for Breast and Cervical Cancer Screening" (Addendum C).

For More Information on the Media Campaign

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For More Information on the Case Study

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ABOUT THIS REPORT

This case study report was developed for state health departments that have Breast and Cervical Cancer Early Detection Programs (BCCEDPs) funded by the Centers for Disease Control and Prevention (CDC). It was designed to assist states with Comprehensive Screening Programs as well as those with Capacity Building Programs. The study represents the experience of one state health department, the Michigan Department of Public Health (MDPH), in using a media campaign as a part of an overall BCCEDP.

The MDPH BCCEDP is highlighted because of its experience with a large-scale, statewide media campaign. The case study approach was selected because it is based on real life occurrences. Case studies are also a way for peers to learn from each other; in this case, for BCCEDP staff at state health departments around the country to learn from the experiences of the MDPH. Because the study is limited to the experience of one state health department, the messages are not directly transferrable to other health departments. In particular, Michigan's media campaign was a large scale, statewide effort and may be much larger than other states wish or have the resources to undertake. Nevertheless, the lessons and "messages" may be helpful to other BCCEDPs considering a media campaign, regardless of size. The reader is encouraged to learn from the experience of the MDPH BCCEDP and to apply any portions of the media campaign that are appropriate and feasible.

Our intent is to present clear and concise messages on the experiences of the MDPH BCCEDP in developing and implementing a media campaign. Chapter 1 briefly describes the MDPH BCCEDP, the media campaign, and evaluation plans. Chapter 2 contains summarized reactions to the media campaign from the state health department, local health departments, and the ad agency. Chapter 3 describes various aspects of the campaign and offers "Messages from Michigan" to other state BCCEDP staff considering a media campaign as a part of their overall program.

The addenda include sample media materials developed for the campaign; a section reserved for media campaign evaluation results;¹ and a 1992 report from a one-day workshop that examined the role of mass media in a multi-state public education initiative for breast and cervical cancer screening. Also included is a description of key steps for marketing effectiveness, developed by Brogan & Partners.

¹ A summary of evaluation will be provided later by CDC to state health departments with CDC-funded BCCEDP's.

Program planners seeking more in-depth information on media campaigns should refer to the wealth of information currently in print, including Public Communication Campaigns (1989), edited by Ronald E. Rice and Charles K. Atkin.

BACKGROUND

To help address the disparity in breast and cervical cancer incidence and mortality rates among minority and low-income U.S. women, Congress adopted the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). This law established a program of cooperative agreements, administered through the Centers for Disease Control and Prevention (CDC), for state health departments to increase the number of women being screened for breast and cervical cancer and to refer women identified with an abnormal screening to appropriate treatment.

State health departments with CDC-funded Breast and Cervical Cancer Early Detection Programs (BCCEDPs) now face the challenge of reaching ethnically diverse, low-income women with health information and recruiting these women for early and regular breast and cervical cancer screening. One approach taken by the MDPH BCCEDP to promote mammography among low-income minority women was to develop a statewide media campaign.

Many other state BCCEDPs have expressed interest in learning from Michigan's experience with this media campaign. As a result, CDC requested that the AMC Cancer Research Center (AMC) develop a case study of the MDPH's Breast Cancer Screening Media Campaign.

AMC staff traveled to Michigan in June 1993 to interview staff from MDPH, three local health departments, and the Brogan & Partners Advertising Agency, which worked under contract with MDPH to develop the media campaign strategies and materials. Telephone interviews were also conducted. The information obtained during the interviews is summarized in this report.

CHAPTER 1: INTRODUCTION

Michigan's Breast and Cervical Cancer Early Detection Program

Michigan was one of the first 12 states funded by the CDC for "comprehensive" BCCEDP planning and implementation. The Michigan program delivers breast and cervical cancer screening and follow-up services to low-income women through its local public health system. Program components include quality assurance and surveillance, screening, follow up, tracking, professional education, public education, and evaluation. The breast cancer screening media campaign that is the subject of this case study was part of the public education effort.

In January 1993, local health departments in Michigan had been screening women for six to 13 months. Because enrollments were slower than expected, the state BCCEDP decided to mount an intensive marketing effort between February and June 1993, targeting low-income women. This Intensive Enrollment Effort (IEE) had both state and local level components. At the state level, MDPH mounted a media campaign as well as numerous other interventions involving organizations with access to the intended audiences. Each participating local health department implemented a variety of diverse marketing and outreach activities during this period, using community-specific strategies to reach women.

The IEE committee was staffed by a BCCEDP senior nurse consultant, a nurse from MDPH's Family Planning program, an outside contractor, an education specialist, a data specialist contractor and a secretary. Their mission was threefold:

- to develop and support state and local strategies to increase the numbers of eligible women coming in for screening;
- to assist local agencies in developing capacity to handle an increased demand for service;
- to develop a referral system for women identified with abnormal breast and cervical cancer screening results.

The Media Campaign

Media campaigns are one way to reach a large number of people with health messages. According to Rice and Atkin (1989), "mass media can be used to improve awareness and knowledge, to stimulate interpersonal communication, and to recruit others to join in." Rice and Atkin go on to say that "campaigns must make their messages available through a variety of communication channels that are accessible and appropriate for the target audience, but the message must also communicate specific information, understandings, and behaviors that are actually accessible, feasible, and culturally acceptable."

In Michigan, the MDPH contracted with Brogan & Partners advertising agency in Detroit to develop and implement a statewide media campaign in order to:

- increase the numbers of low income women getting mammograms in local BCCEDPs;
- raise awareness among the general population regarding the importance of early and regular screening for breast cancer.

This media campaign was one of several public health awareness campaigns undertaken jointly by the MDPH and Brogan & Partners during a five-year period. Other campaigns had addressed HIV/AIDS, tobacco, violence, alcohol and other drugs, and breast cancer early detection.

Rather than follow a traditional approach, in which multiple creative options are narrowed to a single theme, MDPH chose three different themes for the campaign (Addendum A), each with multiple outlets (i.e. television, radio, and newspaper ads, flyers, posters, and business partnerships). This mix of themes and outlets undoubtedly complicated all aspects of the media campaign, from development to evaluation, but it also broadened the appeal to diverse groups of people around the state — women in the Detroit area responded more to one campaign, for example, while rural women identified more with another.

The statewide media campaign lasted three months. The Governor and First Lady fully supported the efforts and appeared, together with the Governor's mother, in a TV public service announcement. Partnerships were formed with Kmart, the Michigan Association of Broadcasters and other businesses. These partnerships, as well as the Governor's commitment and involvement, enhanced the campaign's impact and made maximum use of limited state dollars. Local health departments also linked with the media, businesses, churches and other organizations in their communities, further expanding the scope of the campaign.

Efforts were made to include both the intended audience and local providers in the campaign's decision-making processes. Focus groups were conducted around the state with low-income women older than 45, to obtain feedback on the themes and strategies developed by Brogan & Partners. Local health department BCCEDP staff and the Women's Cancer Awareness Committee were included in the materials-review portion of the campaign and assisted in developing the evaluation plan.

The strategies and activities developed by Brogan & Partners and reviewed by audience members, local providers, and MDPH staff, included:

- **two 30-second television spots;**
- **two 60-second radio spots;**
- **two print ads;**
- **posters;**
- **stuffers** (flyers used in mailings);
- **counter cards** for use at local health departments, churches, and women's groups;
- **handouts, buttons, in-store announcements, and sweepstakes entry forms;**
- **a press kit** (including ads, in-store signage, entry forms, buttons, breast cancer statistics, and a joint press release using quotes from executives at MDPH, Kmart and the Governor's office);
- **a health care/business media contact list;**
- **a news conference;**
- **one-on-one interviews** throughout the campaign;
- **trainings** for local health department staff on how to work with the media.

The Evaluation

MDPH staff, with the assistance of an evaluation specialist from the CDC, developed evaluation strategies early in the media campaign. The evaluation plan was shared with local health department staff to determine whether it was both appropriate and feasible, and revisions were made based on the feedback.

MDPH will evaluate the entire Intensive Enrollment Effort, including the media campaign. A summary of this evaluation will be forwarded by CDC to departments with CDC-funded BCCEDPs. (Addendum B of the current report is reserved for this summary.)

The evaluation data sources specific to the media campaign are:

- a statewide **media tracking survey** of 400 randomly selected women to determine awareness of the media campaign;
- a **telephone clearinghouse hotline**;
- **questions added to the statewide Behavioral Risk Factor Surveillance Survey (BRFSS)** conducted between April 1 and September 30, 1993;
- **enrollee responses** regarding how they learned about the BCCEDP;
- **local health department coordinator perceptions** of the media campaign's impact;
- **the number of entries in a Kmart Mammogram Sweepstakes.**

CHAPTER 2: SUMMARY REACTIONS

The State Health Department

MDPH staff described the unfolding of the media campaign as "fast, furious and exhausting". Numerous activities were planned over a relatively short period, and the process involved many individuals and agencies.

In retrospect, MDPH staff suggest that state health departments:

- **Set aside time to plan the media campaign up front.** This time should be used to develop clear objectives and realistic time lines for the campaign, and to gain a full understanding of the budget available. Planning time should also be used to develop and test different themes and strategies to be used in the campaign, and to meet with the ad agency, local health departments and others who will be key to the campaign's success.
- **Share breast cancer research findings with the ad agency before they begin their creative work.** This will help the agency understand the complexity of the screening barriers experienced by the intended audience and women's previous reactions to various ideas to address these barriers.
- **Involve members of the intended audience in the campaign's development.** Recruit them to participate in focus groups to test campaign messages/images.
- **Consider using more than one theme or strategy to reach the intended audience.** Multiple themes and strategies may appeal to a wider variety of individuals than a single strategy will.
- **Develop a management team to plan and coordinate the media campaign.**
- **Develop co-sponsorships and/or partnerships.** Strive for collaboration.

- **Consider using incentives.** Test incentive ideas with focus groups of women from the intended audience.
- **Appoint one person as the liaison between the health department and the ad agency.** This will limit confusion and enhance communication.

Local Health Departments

Reactions of local health department staff to the media campaign were varied. One local health department felt the campaign was exactly on target. This health department and one other reported that the campaign themes were so "catchy" that women in their communities recited the advertisements when they came in for screening. Another health department felt that the campaign was too general and did not attract attention.

In retrospect, local health department staff suggested that state health departments:

- **Involve a variety of local health departments** (inner city, urban, rural) in the campaign's decision-making process.
- **Involve local BCCEDP staff as early as possible** in statewide media campaign planning, so they can develop plans for local outreach activities and "gear up" for increased caseloads the campaign may bring. Local staff know best how to reach their communities with activities and strategies to both complement and supplement the statewide activities.
- **Develop specific strategies for recruiting underserved women.** Local staff found recruiting women for breast cancer screening more difficult than expected after the initial wave of women came in for screening.

The Ad Agency

A trusting partnership with the ad agency is essential. Setting clear expectations and establishing regular contact can help build this relationship. Ad agencies are experts at reaching the public and can offer insightful and innovative ways to reach the intended audiences.

In retrospect, Brogan & Partners suggest that state health departments:

- **Educate the ad agency** about the overall health problem, the program, and the campaign's objectives, intended audience, message tone and budget. Continue to work closely with the agency. This will provide the agency with the background information needed to develop appropriate and accurate messages, materials and strategies for the campaign.
- **Seek an ad agency with experience in health-related issues.**
- **Request that the agency appoint one person as the contact for the health department.**

CHAPTER 3: MEDIA MESSAGES FROM MICHIGAN

A. WHAT ARE WOMEN TELLING YOU?

Developing the Media Campaign

A media campaign, like other public education activities, succeeds best if members of the target audience are involved throughout the campaign. For state BCCEDPs, the obvious questions include how to involve women from across the state, whether to involve them in focus groups or interviews to determine the appropriateness of the campaign in different communities, and how to include them in revising strategies throughout the campaign.

For its media campaign, the MDPH BCCEDP supplemented existing data on breast cancer-related issues with qualitative research, involving women from the intended audiences in the development of the campaign through focus groups. Brogan & Partners contracted with a research agency, Moore & Associates, to conduct the focus groups. Three groups, representing inner city, rural and urban areas around the state, reviewed the themes and strategies developed by Brogan & Partners. These focus groups were held in Detroit, Lansing, and the rural northern town of Big Rapids. Moore & Associates prescreened participants to ensure that they were in the same age and income groups as women who were eligible for the BCCEDP. Focus group discussions concentrated on the materials developed by Brogan.

What happens when focus group results don't agree with what the health department staff or other decision makers have to say? The message from Michigan was, "Listen to your focus groups!" Michigan staff suggest deciding in advance to listen to focus group members, because they are the experts on their communities. The focus group results will be diverse, but so are the populations being addressed.

For example: One ad idea included a message described as both "cute" and "funny", an attempt to "lighten" the "heavy" topic of mammography and breast cancer. When the message was tested in the focus groups, however, women did not appreciate the humorous approach and felt the topic of breast cancer was far too sensitive and serious to take lightly.

From previous media campaigns, MDPH knew that state and local providers would have questions about the focus group process: "Were the focus groups done correctly?" "Did the women really say that?" "Were the groups representative of the women in my community?". To assure validity and alleviate doubts, MDPH invited concerned state and local staff members to

observe (not participate in) the focus groups and see for themselves exactly how the groups were conducted and with whom. The focus groups were also tape-recorded, and the tapes were shared with interested staff members who were unable to observe the groups directly.

WHAT ARE WOMEN TELLING YOU?
Developing the Media Campaign

Messages from Michigan

- **Take focus groups seriously.** The participants are the "experts." Listen to what they have to say, especially when they disagree with what you think will work.
 - **Tape record the focus groups and invite concerned staff and advisors to observe.** This will help answer questions that may come up later.
 - **Ask focus group participants what approaches (i.e. serious, humorous) are appropriate.** Michigan focus group participants generally did not appreciate humorous approaches for breast cancer and screening.
-

B. POLITICAL ACTION

Making Media Campaigns Work Politically

Media campaigns have to get people's attention and cut through all of the other messages, even if it is offensive to some people. That's where you get cut in the political process.

-Brogan & Partners staff-

By definition, successful media campaigns must get the audience's attention — no small matter, in our very cluttered media environment, where so many messages vie for people's attention. MDPH staff found this challenge especially great within a political system in which the very act of "getting attention" runs counter to the usual approach of being bland to avoid offending anyone. How can BCCEDP media campaigns capture the audience's attention, be respectful of values and culture, and work within a political system, all at the same time? MDPH staff say this balancing act was a crucial part of their media campaign.

Politics in the world of public health can influence many things, such as what programs get funded as well as what health messages are included in a media campaign. Political decisions may be based on data (i.e., more than 175,000 U.S. women and 6,000 in Michigan alone learn they have breast cancer each year), on personal experience or proximity to an issue/disease (i.e., a state policy maker, corporate leader, or health department staff person may have breast cancer or know someone who does), or both. Moreover, many people involved in developing the media campaign want a say in what is conveyed about breast cancer and how the message is delivered.

Politics are real. You have to deal with this.

-MDPH staff-

Facing these pressures in early 1993, the Michigan BCCEDP could draw upon experience from the first breast cancer media campaign in early 1992. In that campaign, the opinions of policy makers greatly led to the elimination of the theme that staff felt was the most powerful and effective. A blander campaign message was developed into print materials (i.e. posters and flyers). According to local health department staff, most of these materials remain unused to this day.

Based on the 1992 experience, MDPH staff sought agreement early in the campaign on how focus group results would be handled, and adhered to program objectives and the agenda. As a Brogan staff member put it: "When the edges of the campaign get too watered down and too rounded from compromise, its time to start completely over." Difficult choices must be made in advance about whose views will shape the campaign. Based on the Michigan experience, it seems prudent to seek the opinions of providers, advocates and community groups that work closely with the intended audience. Get their input early, then develop the campaign and try to limit external input as much as possible.

States must not only reach the target audience, but not offend legislators and others in the process.

-MDPH staff-

At the same time, a successful media campaign requires the support of policy makers. Having the support of the state health director from the beginning of the planning process, and knowing s/he is committed to an effective campaign, will help through difficult times. In Michigan, the Health Director realized the potential impact of the media, supported its use by various health department programs, served as a significant spokesperson, and provided political support for the program. Another important factor in the success of Michigan's campaign was the involvement, support and commitment of the Governor and the First Lady.

POLITICAL ACTION

Making Media Campaigns Work Politically

Messages from Michigan

- **Successful media campaigns involve a "balancing act" between getting the audience's attention and being politically savvy.**
- **Hard choices must be made about who will shape the campaign's strategy and content.** Accommodating everyone produces a campaign that is bland and completely ineffective. Not having a campaign may be better than one that has yielded to too many agendas.
- **Try to help people with strong opinions understand that they are not the intended audience** and that they need to trust the research and focus group findings.
- **Try to avoid external pressures to have the campaign achieve agendas other than the program's agenda.** Once you give in to one person's agenda, others will expect similar treatment.
- **The department must be committed to the campaign.** Involvement of the state health officer and/or other high ranking officials in a substantive fashion establishes credibility and provides positive commitment and leadership.
- **Cancel the campaign if the messages are too weak.** Start over if necessary. No campaign may be preferable to an ineffective one.

C. TALK, TALK, TALK — LISTEN, LISTEN, LISTEN Communicating with the Key Players in the Media Campaign

Both state and local health department staff in Michigan say it was critical to get input at the very beginning from the various parties to the campaign (e.g., the intended audience, staff, providers, political supporters, advisors, technical experts and the ad agency). MDPH staff informed key players that they were considering a media campaign and sought input regarding the best ways to reach women in their communities. Including key players as early as possible helped ensure that the media strategy was appropriate for different audiences, and helped get support from policy makers, local health departments, businesses and media.

Who should provide input? And what happens when different people offer different input? We may expect to reach consensus when everyone has a chance to provide input, but consensus rarely occurs — and, indeed, did not occur in Michigan. Some local health department staff wanted to be informed of every aspect of the media campaign, while others were comfortable simply previewing the materials and implementing the campaign. Some agencies felt the campaign was right on target, while others felt some ads missed the mark. A few people believed their communities were so unique that no message developed for the entire state would be locally effective. One local health department felt the ads needed to be more ethnically specific, while others felt they were specific enough.

Such differences of opinions should be expected and welcomed as opportunities to consider different vantage points and refine messages. Each party's input should be acknowledged. The Michigan program staff determined the campaign's scope, strategy and content, based on the feedback from focus groups that indicated that a variety of media messages and strategies were preferable for reaching diverse populations. Local health departments could develop their own "spin off" campaigns, and some had resources to do so.

When should the different parties be asked for input? Once the Michigan campaign was underway, many activities were happening simultaneously — the establishment and maintenance of business partnerships; the dissemination of posters, flyers, and campaign packets; and the training of local BCCEDP staff. It's best to get input from the key players before the frantic campaign pace takes hold. Regular, frequent, and continuous communications are also important. MDPH used weekly mailings and phone calls to keep local staff informed of project developments.

Delays should not only be expected but be planned for (as much as possible). In Michigan, time was needed for all the players to process what was happening, develop strategies, seek input, give input, revise strategies, and develop a broad base of support activities for the campaign. In the words of a state health department staff person, "We learned as we went, tried to be flexible, and made corrections when we needed to."

With the involvement of so many players and so many opinions, Michigan found it helpful to have one person designated as the "coordinator" of the media campaign at the state health department. This person acted as:

orchestra leader, coordinating input from health department staff, advisors, politicians, local health departments and others involved in decision-making;

buffer, mediating between internal departments and external agencies;

tightrope walker or acrobat, balancing the needs of the health department with the needs of the ad agency.

The "coordinator" need not be, and perhaps *should not* be, the person responsible for the overall outreach and recruitment program. MDPH staff thought it was helpful to have a person who was somewhat removed from the overall program and who was organized, goal-oriented and able to work with many organizational entities. This person should be designated as the sole liaison with the ad agency.

Brogan & Partners also designated a sole point of contact who served as the orchestra leader, buffer and tightrope walker for the agency. The agency contact coordinated all activities, ideas, and departments within the agency; buffered some of the feedback from health department staff (i.e., when the process started getting political or the health department required something the agency did not agree with), and balancing the needs of the agency and the health department.

TALK, TALK, TALK — LISTEN, LISTEN, LISTEN
Communicating with the Key Players in the Media Campaign

Messages from Michigan

- **A broad, involved constituency is important, but don't overdo it.** If too many people are involved, communications are complicated and time consuming. Be prepared to involve those you engage, and don't engage those you aren't prepared to involve.
- **Seek input, not for consensus, but to generate and refine ideas.** In the end, program officials will still make decisions about the scope, strategy and content of the campaign.
- **Identify one person in the department as the "coordinator" of the media campaign efforts early in the planning process.** This person should be designated as the sole liaison with the ad agency.
- **Request that the ad agency designate an individual as the sole point of contact with the health department.**

D. THE AD AGENCY: LEADER, FOLLOWER, PARTNER *Developing a Workable Relationship*

An experienced ad agency can play many roles in a media campaign, helping the campaign take on multiple dimensions. Brogan & Partners took on the roles of leader, follower and partner, varying with the needs of the MDPH, local health departments, and the phase of the campaign.

To take a leadership role in a media campaign, an ad agency needs to be trusted and given some freedom. Experienced ad agencies are experts in reaching the public; they know how to reach different audiences, get people's attention and motivate them to do things. As hard as it may be, program staff must be prepared to give up their biases on what works with different populations and let the ad agency develop and test campaign strategies and materials based on its wealth of experiences.

Brogan & Partners developed numerous creative options for the campaign, based on background materials provided by MDPH about breast cancer and breast cancer screening. The creative options were initially narrowed down by BCCEDP staff and the MDPH Women's Cancer Advisory Committee, then tested with three focus groups around the state. This allowed focus group participants to concentrate on what others perceived to be the best strategies and materials developed by the ad agency.

In addition to trust and freedom, ad agencies that share campaign leadership must have some specific direction from the state health department at the beginning of the process. In addition to background information on the problem, Brogan & Partners listed four things an ad agency must know about the campaign before creative strategies or materials are developed:

- the objectives;
- the intended audience;
- the budget;
- the tone.

Ad agencies are skilled at helping their clients refine each of these four areas, although health departments should start with a clear picture of what they want to do, why they want to do it, and whom they want to reach.

It is also helpful for the ad agency to have the big picture — why is the campaign needed, and where does it fit in to the entire cancer control program? This information first provides the agency with the "content" for meeting the objectives. Second, it helps agency staff understand how health departments operate differently than the typical, for-profit agency clients. Finally, informing the ad agency about the health problem and your program

will help them determine other strategies that may strengthen the impact of your media campaign.

Once the relationship between the ad agency and the health department has been established, contacts have been identified, and campaign priorities set, the agency can act as a partner to the health department and provide a variety of other services to enhance the campaign's effectiveness. For example, Brogan & Partners developed a campaign training program for local health department staff. This training program equipped local providers with information on how to use the local media, how to get on TV and radio talk shows, what print media are effective, and how to work with local newspapers.

MDPH also sought Brogan & Partners' advice on new strategies to recruit women. The ad agency's public relations department came up with new gimmicks and new approaches to "kick off" the campaign and keep the press involved and interested as it progressed. Brogan & Partners developed a series of feature articles for distribution to local newspapers through the local BCCEDPs. The Kmart Mammogram Sweepstakes was one of the new strategies developed to increase the numbers of women who received a mammogram. The local feature articles and the sweepstakes both helped generate "free publicity" for the program. (The sweepstakes is described further in Section F.)

Brogan & Partners helped the state BCCEDP realize that their initial view of the media message was too complex. Initially, MDPH staff wanted a message that encouraged low-income women aged 40 and older to understand their need for breast and cervical cancer screening and identified screening locations. Brogan advised that this was far too complex a message for a 30 second spot on radio and TV, and even for print. They advised MDPH to focus on a single, simple message, and consensus was finally achieved on the theme of encouraging mammography. The audience was then expanded to include all women aged 40 and older, both because income eligibility is difficult to convey in a few words and because physicians might be alienated if all women were advised to call a public health department hotline.

Brogan & Partners suggested that, due to budget constraints, the campaign should be concentrated in a three-month period rather than stretched over a longer period.

Brogan also suggested that MDPH use multiple strategies to place ads, including buying media time and paying a smaller fee for PSAs with guaranteed air times, through a Non-Sustaining Commercial Agreement (NSCA) through the Michigan Association of Broadcasters (MAB). The partnership with the MAB guaranteed that member stations would air the

PSAs a predetermined number of times per week, rotating between daytime, prime time and nighttime. This helped ensure that the TV and radio spots were aired at the times desired by the MDPH staff.

When searching for an ad agency, Brogan suggests that state health departments look for one that has worked with health or social service agencies, knows how to develop creative material, can do formative research and focus group testing, knows what media to use, has a public relations department, and is able to follow the progress of the media campaign by tracking the advertising. Comprehensive media campaigns may require all of these skills.

THE AD AGENCY: LEADER, FOLLOWER, PARTNER
Developing a Workable Relationship

Messages from Michigan

- **Listen to the ad agency carefully; they are experts in what they do.** Health department staff must be prepared to "let go" of biases and creative "instincts" when working with an ad agency.
- **In developing a work plan with the ad agency, identify all needs up front.** Avoid "parceling out" needs, in order to maximize cost efficiency and minimize conflict.
- **Be prepared to ignore your initial reactions and let the experts (the ad agency and the focus groups) say what is working.**
- **Remember, YOU are NOT the intended audience!**
- **Have the ad agency come up with multiple creative options from which to choose.**
- **With cooperation from the ad agency and the program staff and key advisors, reduce the options to a limited number for actual testing and use.**
- **Plan a successful "kick off" for the campaign.** Breast and cervical cancer and screening are not news. A new angle will be needed to capture the attention of the press.

**THE AD AGENCY: LEADER, FOLLOWER, PARTNER,
Developing a Workable Relationship**

Messages from Michigan...continued

- **When possible, work with an ad agency that has had successful experience with health departments**, or else be sure to understand up front how the working relationships will evolve and how conflicts will be resolved.
- **Selecting an ad agency with a public relations capability can be a decided asset.**
- **Use the ad agency to help you come up with new ideas or strategies for reaching different audiences** even beyond the traditional media approaches.
- **Use the ad agency to train and orient local providers** on how to fit into the overall media campaign and how to work with their local media.
- **Concentrate the media campaign in a specific, short time period when funding is limited.**
- **PSA campaigns (i.e. those without a guaranteed viewing schedule) are ineffective in most media markets.** See if your state has a broadcasters association that will air the spots for some payment. This arrangement is the middle ground between paid and PSA spots.
- **Buy TV and radio time** in order to target specific audiences. Buying time ensures that the messages are aired in time slots that reach the target audience.
- **Ask for "bonus" or free spots** along with the paid schedule. Stations are more inclined to "give" when they "get."

E. TAKING THE MESSAGE HOME

Involving Local Health Departments and Local Agencies

How does a statewide media campaign involve local health departments in vastly different areas of the state, serving vastly different populations? Local health department staff interviewed for this report offered different ideas about what worked and how involved they were in Michigan's media campaign.

The MDPH took several steps to include local health departments. Local health officers were brought in early and informed about the campaign. Local departments were sent the materials designed by Brogan & Partners to review. The local departments also received Requests for Proposals (RFPs) for projects to encourage and support local activities that would coincide with the statewide Intensive Enrollment Effort (IEE). Local health departments were awarded \$5,000 to \$8,000 to fund these activities.

In the words of one local health department employee, "The big [statewide] campaign got us thinking about what we could do locally, like how to reach different communities and different ethnic groups." The additional funding allowed the local departments to personalize the campaign for communities in their area.

In interviews, local health department staff agreed that local health departments or a representative sample (i.e. inner city, rural, and urban) should be included in the entire media campaign — from concept development through implementation and evaluation. This was one of the only areas, however, that local health department staff agreed on. No consensus was formed on how to reach different communities around the state, underscoring the need for community-specific, local approaches.

Both local and state health department staff did agree, though, that before the mass media campaign begins in an area, local providers should be in place and accepting patients. This would help avoid the confusion and misunderstanding that arises when advertised services are not available. MDPH considered postponing any media efforts until all the programs were available statewide but chose to proceed because overall enrollment for mammography across Michigan was low.

Once the media campaign had generated an initial wave of women for screening, local health department staff found it extremely difficult to recruit other, harder-to-reach women. The state IEE team was set to assist local health departments in these efforts. Local health departments were overwhelmed by the numbers of women they needed to recruit for screening, as well as the paperwork requirements of the program.

All of the local health department staff interviewed in this study urge that any statewide media effort provide for "tags" of local information (i.e. screening locations, local phone numbers). Printed media materials should leave space in which to add local information, and time can be made available in radio media spots for local celebrities to read some of the script. The health department staff interviewed for this report felt this added information would give the statewide campaign some local flavor and would personalize the campaign for local audiences.

A variety of local health department activities supplemented the Michigan statewide media campaign, including:

interviews for

- local radio and television network and cable stations;
- local newspapers;
- newspapers targeting particular community/ethnic groups;

posters

- placed "everywhere" (i.e. liquor stores, bars, food stores, churches, pharmacies, and places frequented by senior citizens);

flyers

- with local contact phone numbers;

buttons

- with the message "Do the Right Thing — Get a Mammogram;"

trainings

- for Block Club presidents on how to inform community members about the campaign and what resources were in their areas;

presentations

- about the program and local resources to church groups (at services, church retreats, and church meetings);

partnerships

- with local Kmart stores;
- with local shop owners in American Indian communities to identify influential local women and recruit them to advertise the program;
- with the heads of the Black Ministerial Alliance and other ministerial associations to discuss the program and ask their help;

- with private clinics lacking capacity for breast and cervical cancer screening and treatment, where the health department provided such services to the clinic's patients and the clinic accepted health department patients for other medical care;

financial assistance

- such as reimbursing very low-income women for mileage to and from screening sites;

mailings

- to churches describing the program and asking them to advertise the program in their bulletins, with special ads on Mother's Day;

promotional activities

- organizing luncheons for local physicians who served older populations to describe the program and ask for their assistance;
- informing local nursing home staff about the campaign and local resources;
- informing patrons of food stores and food distribution centers about the campaign and local resources;
- organizing a drawing at a food store (\$25 shopping spree) as an incentive for local women to participate in the program;
- giving flowers to women coming in for mammograms;
- distributing program information at a professional basketball game;
- giving awards to nursing home directors who allowed their staff to get mammograms on company time;
- developing educational materials in Spanish and Vietnamese.

TAKING THE MESSAGE HOME
Involving Local Health Departments and Local Agencies

Messages from Michigan:

- **Local providers may not agree on a singular campaign approach.** The diverse views in Michigan led to a campaign with multiple media options that met many providers needs, whereas a single strategy/single theme campaign would likely have appealed to a limited number of providers.
- **Bring in local health officers/administrators early to talk about the campaign plan.**
- **Make sure local communities and providers are notified early** about the campaign, its intentions and its implications.
- **Before the start of the campaign, make sure that agencies can respond positively to the recruitment generated.** Be clear what messages will be given to women in areas without a local BCCEDP.
- **Prepare local agencies for an early, intensive response to the campaign followed by a significant drop in interest** and the need to work very hard to keep recruitment up. Don't let them be fooled by early successes.
- **Never let the mass media release campaign materials before local providers are informed.**
- **Include local information in media campaign materials whenever possible.** When this is not possible, include space for local information to be added to brochures and radio and TV spots.
- **"Gear up" the hotline to handle callers and referrals.**

F. WHO MADE THE TEAM? Involving Other Businesses and Organizations in the Campaign

Many players were involved in the Michigan media campaign in addition to the state and local health departments and Brogan & Partners.

The Michigan Association of Broadcasters (MAB) worked closely with Brogan & Partners to stretch the limited media campaign budget. The MAB was paid a fee to guarantee that the ads would be aired at least a predetermined number of times on the 90 percent of Michigan's radio and television stations that are MAB members.

An outside agency handled all duplication and distribution of materials. The agency kept track of all orders and stock and sent regular reports to the health department. The statewide media messages included a toll-free, central clearinghouse telephone number that mailed information and referred callers to local BCCEDPs or local providers.

One of the campaign's most successful partnerships was with Michigan Kmart pharmacies, which sponsored an eight-week promotion during a three month BCCEDP outreach effort, highlighted by a "Mammogram Sweepstakes." One hundred Kmart pharmacies across the state displayed posters that encouraged women ages 40 and over to get a mammogram and made available one million "Mammogram Sweepstakes" forms. The Perrigo Company (supplier-partner to Kmart) awarded \$10,000 in prizes for in-store shopping sprees. MDPH radio and television ads were modified during this period with a tag line that encouraged women to find out about the Kmart sweepstakes.

Other media campaign activities included additional television and radio PSAs, print ads, posters and other materials. The Governor, his wife and his mother were spotlighted in one PSA. Handouts and buttons were available at Kmart pharmacies, and the stores also displayed counter cards and posters and announced the campaign to shoppers.

Another business linkage occurred with Florist Transworld Delivery (FTD), which sent each of the 700 Michigan-based florists a cover letter from the State Health Department Director and 25 copies of personal letters to floral customers from Michigan's First Lady. The First Lady's letters explained the importance of early detection of breast cancer and encouraged the recipient to get a mammogram. The letters were included with FTD Mother's Day deliveries.

Many more partnerships were formed at the local level, where local health departments linked with businesses, churches, health care providers, block

club presidents, and the media to promote both the media campaign and the overall program.

WHO MADE THE TEAM?
Involving Other Businesses and Organizations in the Campaign

Messages from Michigan

- **Seek partnerships with other media resources** (e.g. state associations of broadcasters).
- **Involve statewide and local businesses and agencies.** Let them do whatever comfortably fits with their current business interests and needs, as long as it remains true to the campaign objectives and "tone."
- **Involve top state leadership and/or local leadership.**
- **Establish retail co-sponsorships and offer incentives if possible.**

G. WHAT'S WORKING? Charting Progress

Assessing the actual impact of Michigan's media campaign is difficult in isolation from the total recruitment program. Eventually, evaluation results will indicate the numbers of women who received mammograms, but even these results will not establish how awareness of the importance of breast cancer early detection increased as a result of the media campaign, nor how many screenings could be attributed to the media campaign alone. (A summary of the evaluation of the media campaign's impact will be forwarded to CDC-funded state health departments that have BCCEDPs. Addendum B is reserved for this summary.)

The following "Messages" summarize some of the most important aspects of the MDPH media campaign and contain suggestions for other state health departments that intend to include a media campaign in their overall BCCEDP.

WHAT'S WORKING? Charting Progress

Messages from Michigan

- **Treat the media campaign as part of a comprehensive approach to increase public awareness and screening — a "retail" event with a short term impact.** Make sure the total program provides for the longer term recruitment needed for a successful chronic disease control program.
- **Conduct focus groups early in the campaign to provide input on themes.** Do not give participants advance notice that the topics are breast and cervical cancer, since this may bias their responses. Have program staff observe or listen to the focus groups.
- **Set up a campaign management team, not just one person or one department.**
- **Assure that local health departments/agencies have the capacity to serve an increased demand.**
- **Establish a system for regularly and frequently reassessing activity and progress and adjusting the campaign accordingly.** Don't just set a course and stick to it.
- **Identify ways to avoid burnout, and pace yourself.** Michigan's Intensive Enrollment Effort exhausted state program staff and local providers.
- **Minimize paper overload on local providers.**
- **Involve outside experts if needed to help design and monitor the evaluation.**
- **Combine paid and guaranteed-airtime PSA media.** Use a broadcasters association if your state has one.
- **Engage co-sponsorships.**
- **Train local agencies on using the local media,** getting on TV and radio talk shows, working with local newspapers, etc.
- **Review and learn from the experience of others.**

ADDENDA

- A. Michigan Media Materials
- B. Michigan Evaluation Results
- C. The Role of Mass Media in State-Based Public Education Programs for Breast and Cervical Cancer Screening:
A Workshop Report
- D. Key Steps for Marketing Effectiveness

A. Michigan Media Materials

(The following pages contain examples of some of the media materials used by the Michigan Department of Public Health)

B. Michigan Evaluation Results

(To be forwarded to States with CDC-funded BCCEDP's)

C. The Role of Mass Media in State-Based Public Education Programs for Breast and Cervical Cancer Screening:

A Workshop Report

**THE ROLE OF MASS MEDIA
IN STATE-BASED PUBLIC EDUCATION PROGRAMS
FOR BREAST AND CERVICAL CANCER SCREENING**

A Workshop Report

Prepared by
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REVIEW DRAFT

March 31, 1992

This report summarizes a one-day workshop, convened on Jan. 27, 1992, by the Division of Cancer Prevention and Control, U.S. Centers for Disease Control, to examine the role of mass media in a multi-state public education initiative for breast and cervical cancer screening. The CDC initiative is coupled with funding to pay for screening of low-income populations under PL-101-354, the Breast and Cervical Cancer Mortality Reduction Act of 1990.

The report is presented as answers to a series of questions that were provided to participants in advance of the workshop.

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A. *What is the appropriate role and scope of mass media efforts within the context of state based public education programs?*

Mass media efforts, consistent with appropriate, well-defined objectives, can support public education programs. They should not drive public education programs, however, nor can they be used in place of comprehensive programs.

Some examples of achievable mass media objectives in breast and cervical cancer public education are a) addressing low levels of cancer- or screening awareness in a target population; b) recruiting peer counselors and role models from the target community; c) informing community members of access points for screening, and d) diminishing social reluctance to discuss female cancers.

Breast and cervical cancer screening arguably present a mass media challenge that differs from other major health campaigns. Unlike polio vaccination, for example, breast and cervical screening are not one-time events. Unlike cholesterol reduction, which does require continuous behavioral change, cancer screening carries the possibility of invasive treatment and long-term navigation of the health-care system. Unlike dental screening, cancer screening invokes the specter of proximate mortality. Mass media efforts to promote breast and cervical cancer public education programs will have to consider the unique features of the health problem involved.

To be effective, mass media efforts must be carefully crafted to serve each target population and community, taking into account specific cancer burdens and screening behaviors, current and predictable barriers to screening, media channels, and media practices. Development of audience- and community-specific media profiles can help pinpoint achievable and appropriate uses of mass media efforts. Such profiles are developed through assessment of the community's formal media channels and informal information networks.

A wide variety of mass media channels and strategies is available, and media options should be examined in light of well-defined needs. Public service announcements and paid media efforts — broadcast and print advertising — are among the options but cannot serve as stand-alone substitutes for carefully crafted mass media plans and should be used only in the context of well-planned efforts.

B. *Is there a need for a national mass media campaign in support of the states?*

Differences among state program structures and local target populations underscore the need to develop community-specific mass media campaigns. A national mass media campaign is therefore not needed unless a specific, common issue is identified across state programs that is potential responsive to mass media efforts.

Examples of some common issues that might benefit from a national effort include a targeted focus on older women, or the need to defuse the social stigma attached to open discussion of women's health issues.

C. *How can state mass media efforts best be coordinated with existing campaigns, messages and materials, both complementary and competitive?*

Effective state mass media efforts address well-defined, need-based objectives, such as greater cancer screening awareness within local target communities and populations. These efforts may be affected by existing campaigns, messages and materials in the community that address a) non-cancer health issues, e.g. AIDS or tuberculosis; b) cancer issues that strike non-program themes, e.g. smoking control; and c) cancer issues that also strike the program's theme, e.g. another agency's breast screening initiative. The extent of coordination is best determined at the community level by state program personnel in collaboration with target population representatives.

To help state programs determine opportunities to reinforce their campaigns, CDC can keep state programs apprised of national campaigns, messages and materials produced by others.

D. *What mass media strategies would best address state needs to elicit initial public participation and first time screening?*

Mass media strategies can best elicit initial participation and first time screening by providing target populations with opportunities for full participation during all phases of strategy development, from initial concepts to execution. Full participation means the community helps *define* the parameters and methods used to conduct the media assessment, rather than being asked later to help *refine* draft plans and media materials, the more traditional approach.

To increase participation by target populations, various channels of recruitment should include community members, community leaders and influentials, representatives of community-based advocacy groups, or similar approaches. State programs can also empower target audiences by imparting mass media skills to members of the community and by providing training and other incentives for community groups to participate in developing mass media efforts.

In addition to fostering community participation, mass media strategies can be more effective when they incorporate and activate informal community-based information networks (e.g. "the grapevine," church sermons, etc.), rather than relying solely on more traditional media channels — e.g., women's magazines and TV talk shows — that have less reach among traditionally underserved populations.

E. *What mass media strategies would best address state needs to maintain screening behavior (promote adherence to screening guidelines) in subsequent years?*

Empowerment of local populations and activation of existing community-based information networks offers the best opportunity to maintain ongoing screening behavior, especially where state programs must scale back or redefine programmatic efforts because of fiscal and

other reasons. Activation of community-based information networks also can help ensure that women with abnormal screening results receive follow-up care.

F. *Are there innovative and/or effective mass media strategies for reaching traditionally underserved audiences with screening messages?*

Underserved populations, including low- and very low-income women, ethnic minorities, the elderly, and low-literate women, often feel powerless, disenfranchised, and mistrustful of outside forces. Media alone cannot change deeply held feelings nor the linked behaviors, but can successfully address specific screening issues by not triggering resistance and instead empowering target communities through the mass media effort.

Screening messages for traditionally underserved audiences are often defined, refined, and targeted by public health professionals, while the audiences may exert little or no influence on the process. This separation can exacerbate audience feelings of mistrust and alienation, undermining the impact of the messages. Empowerment, through genuine audience participation in all phases of mass media efforts, is an innovative and effective way to reach traditionally underserved populations and ensure that messages are effective. Such participation may come through community members, leaders and influentials, advocacy groups or others agents that are familiar with and respected by large portions of the community.

Often, a peer role model can serve as an effective focus for mass media activities. For example, a culturally appropriate campaign may be built around a woman in the target community whose breast cancer was detected early through mammography and who underwent successful treatment.

Mistrust may also be avoided by identifying the screening program with respected, local community organizations, rather than agencies based outside the community. Toward this end, mass media efforts should be shaped by and within the local community and should use identifiers (i.e., names, logos, etc.) that represent the community rather than the statewide program.

Some effective campaigns and reference materials with elements applicable to the current screening program include:

- the "Healthy Babies" campaign in Washington, D.C. (coupon books, also used to reinforce regular prenatal visits);
- a Stanford video, "PSAs that Work";
- "The Small Media Approach," by Al McAlister;
- "The Sense-Making Approach," by Brenda Durvan;
- the OSAP communications studies on target audiences.

G. *What technical assistance and/or training needs will states have in order to effectively mount a mass media effort?*

States may need training in the areas of:

- Developing and conducting community- and population-specific media assessments (i.e. focus groups, household surveys, community forums) that focus on social networks and information channels among target audiences.
- Developing and conducting process evaluations that provide the basis for sound mid-course adjustment of media efforts.
- Issues management. (A discussion on managing a hypothetical issue, namely potential mid-program changes in screening guidelines, is summarized in Attachment A.)
- The existence, uses and limitations of various types of media.
- Techniques for filling information gaps.

States may find the following technical assistance materials helpful:

- A menu of media options based on program skills and funding levels.
- An inventory and review of current state and national mass media activities and campaigns, with a range of case studies to provide model examples and opportunities for coordination without fostering mimicry.
- Summary reports on known barriers and incentives to screening among traditionally underserved populations.
- A checklist of questions for evaluating whether to use media and when to use specific media strategies. (An initial list of recommended questions is provided in Attachment B.)
- A reference sheet of effective responses to foreseeable media issues that might affect the screening program.
- A list of data resources that can help in assessing media channels and audiences.
- Computer-based or other networking for information-sharing and problem-solving.

H. *What evaluation strategies are necessary to determine the success of state-based mass media efforts and CDC's technical assistance and training related to mass media?*

Ongoing process evaluation is necessary to identify weaknesses and make mid-course corrections. This includes monitoring audience contacts with the program to discover unforeseen issues that may be addressable through mass media efforts.

Attachment A

Questions for Assessing Media Strategy and Tactics

1. How does the proposed media activity support program goals and objectives?
2. How will the proposed media penetrate the target population?
3. What are the community's views and priorities regarding breast and cervical screening, and how do they compare with the state's?
4. How will the proposed media activity give a voice to the target audience? How will the target audience help develop and deliver the proposed activity?
5. What channels currently reach which target populations, and with what messages?
(Established information data bases on media channels and audiences are most effective in answering this question.)
6. What social information networks exist in the community, and how will the proposed effort be integrated with these networks?
7. What features of the target population must be discovered through original research before the proposed effort is undertaken?
8. What coordinating points exist between the proposed effort and activities outside the community or state?
9. How will the proposed effort be evaluated while it is underway and amenable to adjustment?

D. Key Steps for Marketing Effectiveness

BROGAN & PARTNERS

KEY STEPS FOR MARKETING EFFECTIVENESS

1. IF NECESSARY, CONDUCT BENCHMARK MARKET RESEARCH - to determine current perceptions, attitudes, problems, strengths, weaknesses, etc.
2. DEFINE MARKETING COMMUNICATIONS BUDGET.
3. REVIEW CLIENT'S BUSINESS PLAN (IF AVAILABLE).
4. DEVELOP MARKETING COMMUNICATIONS PLAN:
 - a. Situation Analysis - agency to gather information from client and industry, including past marketing plans, market research, past promotion, any competitive and legal information, product definition, price, etc.
 - b. S.W.O.T. Analysis - agency to list strengths, weaknesses, opportunities, threats.
 - c. Target Audiences - agency to work with client for most accurate, complete target audience definition, including demographics, psychographics, regional differences, etc.
 - d. Marketing Objectives - agency to work with client in setting realistic, measurable objectives based on current market environment and marketing budget.
 - e. Marketing Communications Objectives - agency to work with client in defining desired image and response objectives based on marketing objectives.
 - f. Marketing Strategy - agency to develop key message strategy based on marketing and communications objectives; to include key benefit statements for each target audience.
 - g. Media Strategy - agency to develop based on objectives, marketing strategy and budget considerations. The media department works with creative and account service teams to devise the most cost-efficient and effective ways and places to present the client's message. The media team must be flexible enough to respond to creative ideas involving unusual media or direct response, sales promotions and other non-commissionable marketing areas.
 - h. Creative Strategy - agency to develop creative strategy based on client input and marketing information prior to developing creative concepts. This is approved by the client prior to creative concepting by the Creative Department (either in marketing communications plan form or creative strategy planner form, depending upon the need).

ADVERTISING / PUBLIC RELATIONS

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- i. Public Relations Plan - when appropriate, agency to work with client, client PR firm or its own PR department in advising a public relations plan to complement advertising and marketing strategy. Of course, sometimes public relations plans may drive the marketing effort or stand alone.
- j. Timetable - agency to develop master schedule for all marketing activity including creative concepts, production, media, public relations activities including internal communication to employees, sales staff, providers and all newsletters. (Weekly updated schedule reports are provided to all clients.)
- k. Evaluation - agency develops an evaluation plan for all marketing activity based on measurable objectives set in the beginning of the marketing process. These may include research, internal monitoring of market share, planned communications response mechanism for measurement of advertising effectiveness.

5. MARKETING PLAN APPROVAL BY CLIENT.

- 6. DEVELOPMENT OF CREATIVE CONCEPTS AND COST ESTIMATES - while the agency believes that there may be one positioning that is unquestionably the most powerful, we will never come to you with just one execution. You will have a selection -- all within the same positioning and strategy -- so you are comfortable that your advertising accurately reflects you.
- 7. CREATIVE CONCEPTS/COST ESTIMATE APPROVAL BY CLIENT - this step may occur after one or several creative revisions.
- 8. PRODUCTION OF CREATIVE.
- 9. MEDIA BUYING.
- 10. DISTRIBUTION OF MATERIALS TO CLIENT AND MEDIA VEHICLES, AS NECESSARY.
- 11. DEVELOPMENT OF EVALUATION RESEARCH.
- 12. CLEAR COMMUNICATION THROUGHOUT ALL STEPS - between agency and client coordinated by your account supervisor. This process is aided through contact reports of all meetings and telephone calls where decisions or agreements are reached; creative strategy planners; timing schedules; expense authorizations, accurate job estimates and clear billing. These actions help insure that your advertising is on strategy, on time and on budget.