

# The Right To Know Health Promotion Campaign

## TOOLKIT DISSEMINATION GUIDE



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## I. Introduction

### What Is The Right to Know Campaign and Why Is It Needed?

Breast cancer is a major public health concern for all women, including women with disabilities. Women who have disabilities are just as likely as women without disabilities to have ever received a mammogram; they are significantly less likely, however, to have been screened within the recommended guidelines (MMWR 1998, Iezzoni et al. 2000, Schootman 2003, Armour et al. 2008). The public health community has increased breast cancer awareness and encouraged women to adopt preventive practices through the use of health communication messages and campaigns, yet few communication messages exist that target women with disabilities.

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The Centers for Disease Control and Prevention (CDC) conducted a qualitative study to explore the barriers to breast cancer screening for women who have physical disabilities. Barriers identified included: lack of perceived susceptibility to cancer, preoccupation with other health issues, not knowing where to go for accessible screening, difficulty with positioning, inaccessible facilities and equipment, and provider knowledge and attitudes (Thierry 2004). Women with disabilities also identified the lack of health promotion messages and materials that reflect their unique needs as problematic and requested that

CDC address this issue.

As a result of this study, CDC, in collaboration with its social marketing contractor, the American Institutes for Research® (AIR), created and tested a family of health promotion materials (e.g., posters, MP3 files, low-tech fliers, print advertisements, and tip sheets) designed to increase awareness of breast cancer among women with physical disabilities and encourage these women to get screened. Research has shown that perceived susceptibility (Aiken et al. 1994, Allen et al. 1994, Stein et al. 1992) and self-efficacy (Bandura 1977, Allen et al. 1998, Palmer et al. 2005) are strongly associated with mammography screening. These materials share the tagline “Breast Cancer Screening. *The Right to Know*,” and feature four women with physical disabilities who have survived breast cancer. They are designed to address the issues of perceived susceptibility and self-efficacy.

### The Right to Know Pilot Campaigns

*The Right to Know* health promotion materials were disseminated in three pilot communities (Salinas, California; Chicago, Illinois; and Boston, Massachusetts) over a 5-month period. CDC and AIR partnered with the Central Coast Center for Independent Living (CCCIL) in Salinas, the Rehabilitation Institute of Chicago (RIC), and the Massachusetts Office on Health and Disability (MOHD) to:

1. Identify successful strategies for product dissemination.
2. Distribute and track the materials.
3. Promote community capacity building.

4. Evaluate the effect these materials had on awareness, perceived susceptibility, or self efficacy, or a combination thereof, regarding breast cancer screening for women with physical disabilities.

Information gleaned from these pilot campaigns was used to finalize the campaign products, inform the development of this Toolkit Dissemination Guide, and develop a national health promotion campaign to educate women with disabilities about their risk for breast cancer and encourage them to get screened.

## Who Should Use This Guide

The materials in *The Right to Know* campaign toolkit are designed to help organizations effectively communicate the need for early and regular breast cancer screening for women living with physical disabilities. Organizations that will find this Toolkit Dissemination Guide helpful include:

- State health departments
- Rehabilitation hospitals and clinics
- Centers for Independent Living (CILs)
- Disability service organizations
- Cancer screening programs

## Purpose of this Toolkit Dissemination Guide

This Toolkit Dissemination Guide serves as a resource to help organizations:

- Plan and execute a state or local community health promotion campaign encouraging women with physical disabilities between the



*As a young mother, a spinal cord injury left Diane with a disability. And at 40, she was first in her family to be diagnosed with breast cancer.*

*—DIANE, SURVIVOR*

ages of 40 to 49 to talk to their doctor about when and how often they should have a screening mammogram, and if between the ages of 50 to 74, have a screening mammogram every two years.

- Use the toolkit materials effectively and learn how other organizations incorporated them into their local health promotion campaigns.
- Monitor and track their health promotion campaign activities.

## II. Tools You Can Use

The *Right to Know* campaign materials are intended to increase awareness of breast cancer. It is designed to motivate women living with physical disabilities between the ages of 40 to 49 to talk to their doctor about when and how and often they should have a screening mammogram, and if they are between the ages of 50 to 74, have a screening mammogram every two years.

Organizations and their partners can use some or all of these materials, depending on the health promotion campaign activities they are planning to implement. Materials can be downloaded from *The Right to Know* campaign website at [www.cdc.gov/RightToKnow](http://www.cdc.gov/RightToKnow).

Health Promotion Product	Dimensions/Printing Information	Examples of Use
5 Posters (4 English, 1 Spanish)	<ul style="list-style-type: none"> <li>• 17 inches x 22 inches, with bleeds</li> <li>• May be folded down to 8.5 inches x 11 inches for shipping</li> <li>• CMYK color</li> <li>• Professional printing services required to print full-size, color posters</li> <li>• Cannot be customized</li> </ul>	<ul style="list-style-type: none"> <li>• Display in rehabilitation centers and disability service organizations</li> <li>• Display in waiting and examination rooms of health clinics or health care provider offices for women, people with disabilities, or low-income individuals</li> <li>• Post in public transportation areas such as subways, disability transit buses, and city bus shelters</li> </ul>
5 High-Tech Fliers	<ul style="list-style-type: none"> <li>• 8.5 inches x 11 inches</li> <li>• Color</li> <li>• Cannot be customized (see low-tech fliers for customization)</li> <li>• Same layout and content as posters</li> </ul>	<ul style="list-style-type: none"> <li>• Display in same locations as posters (see above)</li> <li>• Include as inserts in newsletters or other direct mailings for clients of rehabilitation centers or Centers for Independent Living</li> <li>• Use to promote a local event, education class, support group, or discussion</li> </ul>



Health Promotion Product	Dimensions/Printing Information	Examples of Use
7 Low-Tech Fliers (event posters) (5 English, 2 Spanish)	<ul style="list-style-type: none"> <li>• 8.5 inches by 11 inches</li> <li>• Color (can also print on black and white printer)</li> <li>• Can be printed easily from office computer and printer</li> <li>• Top two-thirds of flier, with visual and message, is static</li> <li>• Lower one-third of flier can be customized in Microsoft Word with announcements from the organization or local mammography center information</li> <li>• Organizations may incorporate local contact information, local key messages, or other information on the bottom of the low-tech fliers in the space allotted</li> <li>• Font sizes of the organizational names should be smaller than the CDC or HHS logos and organizational logos or other graphics may not be added</li> </ul>	<ul style="list-style-type: none"> <li>• Display in same locations as high-tech fliers (see above)</li> </ul>
2 Tip Sheets (1 English, 1 Spanish)	<ul style="list-style-type: none"> <li>• 8.5 inches x 11 inches</li> <li>• Color (can also print on black and white printer)</li> <li>• Professional printing or high-quality office printer required</li> <li>• Cannot be customized</li> </ul>	<ul style="list-style-type: none"> <li>• Pair with important mailings from hospitals or health care providers, such as bills, Social Security insurance checks, or appointment slips</li> <li>• Post on an organization's website</li> <li>• Distribute at events such as health fairs and community seminars or when checking in for a medical appointment or mammogram</li> <li>• Display on tables in waiting rooms</li> <li>• Use as "talking or message points" when preparing for media interviews, writing press releases, and creating fact sheets</li> </ul>



Health Promotion Product	Dimensions/Printing Information	Examples of Use
4 MP3 Audio Recordings (3 English, 1 Spanish and English)	<ul style="list-style-type: none"> <li>• June’s recording time—2:51</li> <li>• Diane’s recording time—2:00</li> <li>• Judy’s recording time—2:06</li> <li>• Helen’s recording time—3:12 (Combination of Spanish and English)</li> </ul>	<ul style="list-style-type: none"> <li>• Play over an audio system during an event or in a health clinic or hospital waiting room</li> <li>• Air during a radio talk show or incorporate into a public service announcement to be played on the radio</li> <li>• Post on an organization’s website</li> <li>• Use in support groups for discussions</li> </ul>
Web Banner and Web Buttons	<ul style="list-style-type: none"> <li>• Web Banner = 468 x 60 pixels</li> <li>• Web Button 1 = 150 x 172 pixels</li> <li>• Web Button 2 = 300 x 600 pixels</li> <li>• Printing resolution is 72 dpi (dots per inch)</li> <li>• Cannot be customized</li> </ul>	<ul style="list-style-type: none"> <li>• Post on organization or national websites and link to the MP3 audio recordings</li> </ul>
Advertisements	<ul style="list-style-type: none"> <li>• Color and black and white</li> <li>• Electronic versions of advertisements are camera-ready</li> <li>• For each individual (Diane, Judi, June, Helen, Spanish [Helen]), the following sizes are available: <ul style="list-style-type: none"> <li>– 7.875 inches x 10.5 inches</li> <li>– 6.25 inches x 9.5 inches</li> <li>– 3.22 inches x 5 inches</li> </ul> </li> <li>• Cannot be customized <ul style="list-style-type: none"> <li>– If size does not fit exact ad specs required, consider a floating ad (white space around margins)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Place advertisements in a variety of print publications including: women’s health and disability magazines and newsletters, and daily and community newspapers</li> <li>• Use the large advertisements in place of posters if the posters are too big for a space. Note: advertisement content might be difficult to read due to the smaller font size</li> </ul>
www.cdc.gov/RightToKnow	<ul style="list-style-type: none"> <li>• <i>The Right to Know</i> health promotion materials can be downloaded from the cdc.gov website</li> <li>• Features breast cancer survivor stories, e-post cards reminding friends to get their mammograms, and spotlights on partners who are implementing <i>The Right to Know</i> campaign</li> <li>• Links to relevant articles, publications, and breast and cervical cancer screening programs and sites</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a link from an organization’s website to <i>The Right To Know</i> website</li> </ul>

## CDC Guidelines for Use of The Right to Know Campaign Materials

The Right to Know campaign materials have been created and refined by CDC through extensive testing and feedback with the target audience: women older than 40 years of age living with physical disabilities. When using these materials in state and local health promotion efforts, organizations need to adhere to the following CDC materials use guidelines:

E-mail any questions regarding the use of these health promotion materials to [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov).

- Incorporate *The Right to Know* campaign materials with other breast cancer or preventive health care information.
- All print and audio files may be posted on websites or widely distributed via e-mail and the Internet.
- Audio files may be “tagged” with local organization contact information and aired on radio stations.
- Materials may be reproduced as needed. There are no limitations on the quantity of products that may be reproduced.
- *The Right to Know* campaign materials may use logos representing the U.S. Department of Health and Human Services (HHS) and CDC only. Additional organization logos are not to be added on any of the materials.
- Organizations may add their name, telephone number, website URL, or local messages to the low-tech fliers.

The posters, print advertisements, tip sheets, and Web banners may not be modified.

- Organizations may incorporate local contact information, local key messages, or other information on the bottom of the low-tech fliers in the space allotted. Font sizes of the organizational names should be smaller than the CDC or HHS logos and organizational logos or other graphics may not be added. To customize each flier:
  - ◆ Open the flier file and go to VIEW on the menu bar. Select “print layout.” This allows viewing of the picture and text box at the same time.



*June, who was born with cerebral palsy, knows first-hand that we're not immune to breast cancer just because we live with a disability.*

— JUNE, BREAST CANCER SURVIVOR

- ◆ Use the large space on the bottom half of the fliers to incorporate additional information, such as announcements for meetings or other events, local accessible mammography centers, and organizations that can provide information on breast cancer screening and treatment.
- ◆ Sample text is included in the electronic file for each flier. The text's font type and size are recommended. If you type in new text over the sample text shown, the style will be maintained.

### **Using The Right to Know Website**

The Right to Know website, [www.cdc.gov/RightToKnow](http://www.cdc.gov/RightToKnow), is an online resource on breast cancer screening for women with physical disabilities. The website contains electronic versions of all campaign products that can be downloaded easily, saved onto office or home computers, and printed. They also can be e-mailed easily and posted onto websites.

- Articles, publications, and cancer facts and statistics.

### III. Getting Started: Campaign Preplanning and Securing Partners

#### Committing To Lead *The Right to Know* Health Promotion Campaign

Successful health promotion campaigns need the commitment and support of an organization's leadership and of the team that will be responsible for planning and implementing campaign activities.

The very first step in planning *The Right to Know* campaign is for an organization's leadership (or appropriate decision makers) to answer a few important questions that will help guide the campaign's goals, components, partnerships, timing, staffing, and financial resources. Consider answering these core campaign questions when beginning to plan *The Right to Know* campaign:

- What is your organization's overall campaign goal?
  - ◆ What do you want the campaign to achieve?
- Does your organization want to conduct one campaign activity or several?
- What financial and human resources are currently available to support campaign activities?
- When do you want to launch the campaign?

- ◆ Depending on the campaign's activities, planning time might require a few weeks or a few months.
- How many months should the campaign last?
  - ◆ Does your organization have the financial and human resources to sustain the campaign over an appropriate length of time? How long will that be?
- Are accessible mammography screening facilities located in or near your community?
- What types of partners will you need to support the campaign (e.g., breast and cervical cancer screening programs, Centers for Independent Living, or accessible mammography sites)?

With these questions answered, an organization's leadership will have set the stage for planning a successful health promotion campaign.

To be most effective, dedicated staff will be needed to plan and implement a local *The Right to Know* campaign. It is recommended that primary partner organizations have a staff person dedicated to the campaign with at least 25% of his or her time committed to the campaign.

## Securing and Managing Community Partners

With core campaign planning questions answered, identify community partners and engage their interest and commitment to *The Right to Know* health promotion campaign.

Depending on an organization's resources, campaign goals, and the channels needed to reach women with physical disabilities in a community, several partners may be needed.

When putting together a list of potential partners, keep in mind that there are two types of partners:

1. Partners who can strategically plan and network on the campaign's behalf to secure financial and human support or establish distribution channels.
2. Partners who will actually implement the campaign's activities.

At a minimum, campaign planning committees and partners should include:

- Women living with physical disabilities representing the campaign's target audience.
- A Center for Independent Living or other disability service organization.
- A local mammography imaging center or medical center that offers accessible mammography screenings.

Other potential partners include:

- Local or state public health departments.

- Local or state cancer education organizations.
- Local or state disability advocacy organizations.
- Rehabilitation hospitals.
- Community-based or local affiliates of national organizations whose outreach and communication efforts target women with physical disabilities.
- Organizations that reach specific racial or ethnic groups of women with disabilities.
- Breast cancer foundations or organizations that can help connect the campaign to established community breast cancer prevention events.
- Physical therapy practices.
- Obstetrician/gynecologist physician offices that treat women with physical disabilities.
- Local radio, television, and newspapers.



## Examples of Organizing (Primary) and Supporting (Secondary) Partners

Primary Partners		
<ul style="list-style-type: none"> <li>Central Coast Center for Independent Living (Salinas, California)</li> </ul>	<ul style="list-style-type: none"> <li>Massachusetts Office of Health and Disability (Boston, Massachusetts)</li> </ul>	<ul style="list-style-type: none"> <li>Rehabilitation Institute of Chicago (Chicago, Illinois)</li> </ul>
Secondary Partners		
<ul style="list-style-type: none"> <li>Central Coast Alliance for Health</li> <li>Nativdad Medical Center</li> <li>Montgomery County Health Department</li> <li>Comprehensive Cancer Care</li> <li>Community Hospital of the Monterey Peninsula Breast Clinic</li> <li>Radio Bilingue</li> <li>American Cancer Society</li> </ul>	<ul style="list-style-type: none"> <li>Boston Center for Independent Living</li> <li>Boston Public Health Commission</li> <li>Dana-Farber Mammography Cancer Institute</li> <li>Dana-Farber Mammography Van Services</li> <li>Multi-cultural Independent Living Center of Boston</li> <li>Women's Health Network</li> <li>American Cancer Society</li> <li>1199 Service Employees International Union (labor union that includes home health care workers)</li> </ul>	<ul style="list-style-type: none"> <li>Access Living of Metropolitan Chicago (CIL)</li> <li>Home Health and Hospice</li> <li>Loyola University Medical Center</li> <li>Mount Sinai Hospital</li> <li>Northwestern Memorial Hospital Mammography Department</li> <li>Progress Center for Independent Living</li> <li>Rehabilitation Center of Chicago Women's Board</li> <li>Rush University Medical Center</li> <li>Schwab Rehabilitation Hospital</li> <li>Silver Lining Foundation</li> <li>University of Chicago Mammography Department</li> </ul>

### Planning the Partner Campaign Kickoff Meeting

Once all potential collaborators have been identified, invite them to a partner campaign kickoff meeting. This meeting:

- Unites potential partners to support the health promotion campaign.
- Establishes campaign objectives among partners.
- Identifies campaign activities, the quantities and types of campaign materials needed, and who will implement the activities.
- Identifies how partners will track their efforts and results.
- Establishes systems of communication.

Create an agenda for the meeting to guide the discussion. If possible, keep the first meeting to a maximum of 4 hours with two or three breaks and include breakfast or lunch, or both.

**Tip:** If the campaign has several partners, consider forming subcommittees to more efficiently accomplish planning and execution of specific campaign activities.

### Establishing and Maintaining Partners: Lessons Learned From Pilot Campaigns

Working with partners takes time, patience, and open and regular communication. Most often, partners will be donating their staff and financial resources to support campaign activities. Thus, their questions, concerns, and suggestions need to be heard and

addressed. When working with partners consider these lessons learned from the pilot campaign's primary partners:

- Expand existing relationships with partners, but also explore relationships with new, nontraditional partners. For example, a Center for Independent Living might consider partnering with the state health department's breast and cervical cancer screening program.
- Clearly explain the benefits of participating in the health promotion campaign to all partners.
- Involve partners in the planning campaign and define specific partner activities.
- Establish regular communication with specific objectives for each meeting or conference call.
- Clearly define partner roles and responsibilities. Do not involve all partners in every decision.
- Divide partners into subcommittees (as needed) based on partner interest and capacity to work on the subcommittee.
- Keep partners informed of the campaign's progress, but do not overload them with details.
- Listen to partner needs and support their efforts.
- Thank and acknowledge partner contributions.
- Involve partners in planning a specific event. This is a great opportunity to build and strengthen relationships between organizations.

*Helen, a two-time cancer survivor, wants to be an inspiration to others. Despite her chronic rheumatoid arthritis, she leads a full and active life.*

*—HELEN,  
BREAST CANCER SURVIVOR*





## IV. Dissemination Plans: Strategic Roadmaps that Organize the Campaign Effort

Develop a dissemination plan that will serve as an overall roadmap describing how this health promotion campaign will come to life. Share the plan with partners for their feedback and buy-in. Plan components include:

- **Campaign Goals**—What is the overall goal(s) of your organization’s *The Right to Know* campaign? Try to limit campaign goals to two.

Ex: Increase the percentage of women with physical disabilities who have a mammogram by 10%.

- **Communication Objectives**—What do you want the information disseminated during the campaign to achieve among the target audience? Try to limit communication objectives to three.

Ex: Help women with physical disabilities increase their knowledge and awareness of breast health and the risk factors associated with breast cancer.

- **Target Audience(s)**—Who are the recipients of the information being disseminated? Do you need to prioritize the target audiences into primary and secondary segments?

Ex: Identify English and Spanish speaking women, 40 years of age or older living in Salinas, California.

- **Strategies**—How are you going to meet your goals? (Think broadly, not of specific tactics.)

Ex: Utilize the local media and partners’ communication channels to raise awareness of the local *The Right to Know* campaign activities and key messages supporting breast health and mammography screening.

- **Tactics**—What are the specific activities that support the strategies? These can include hosting a launch event, participating in health fairs or breast cancer walks or races, and distributing tip sheets or displaying campaign posters.

Ex: Contact local health reporters at television stations and community newspapers to write a story on the challenges women with disabilities often encounter when scheduling and having a mammogram.

Ex: Work with local radio station producers to adapt one of the MP3 files into a local public service announcement (PSA). Find a breast cancer survivor living with a physical disability who can be the local spokesperson for the campaign. Encourage the station to air the PSA during prime audience listening hours.

- **Campaign Evaluation**—What might success look like? Can you evaluate the campaign’s activities? Can you monitor and track activities?
- **Execution Timeline**—How much time is needed to plan and execute activities and events, and prepare and deliver campaign materials to partners?

## Crafting a Strategic Dissemination Plan

- Develop clearly defined goals and campaign communication objectives that all partners agree on.
- Identify each partner's available financial and human resources.
- Ask partners to support activities that are a natural extension of a program or work they are currently implementing.
- Consider how much time partners will need to prepare for activities they are responsible for executing.
- Assign priorities to chosen tactics and pursue only those that are most realistic, will reach the target audience, and are culturally appropriate.
- Think through the schedule of activities and be aware that a campaign will ebb and flow with various levels of intensity.
- Identify early in the planning process accessible mammography screening centers that can be shared with the target audience and partners. This information will help women easily find accessible mammography centers. Campaign efforts should refer women to accessible screening centers. If a community does not have accessible mammography screening centers, then consider working with local facilities to make reasonable accommodations for screening.
- Determine how to monitor or track partner activities. Identify any barriers that could affect the implementation of the dissemination plan and decide how to respond to them.
- Try to host at least one special event during the campaign that can bring heightened attention to the campaign materials and messages among the target audience, stakeholders, and other people who might influence the target audience's health care decisions.

*Judi, a cancer survivor who lives with cerebral palsy, reminds us that living with a disability does not make us immune to breast cancer. And early detection is the key to living.*

*— JUDI,  
BREAST CANCER SURVIVOR*



## V. Putting the Dissemination Plan Into Action

The dissemination plan should include a variety of health promotion activities, such as kickoff and other community special events, materials distribution and displays, advertising, e-mail blasts, and mailings. Media activities with local and community news outlets (e.g., local newspapers and community organizations' online newsletters) can help increase awareness of the local campaign in the community and enhance health promotion activities that are more closely directed to the target audience. When planning and executing such activities, keep in mind the following suggestions and examples.

### Health Promotion Special Events

Special events that support *The Right to Know* local campaign can bring together women with disabilities, health care providers, and community leaders to discuss the issues associated with breast cancer screening, detection, and treatment as they pertain to women with physical disabilities. In addition, such events can help generate community awareness and excitement about local campaign activities.

Special events can launch the campaign and can be tied to special health observance months (e.g. October for Breast Cancer and Disability Employment Awareness, April for Cancer Control Awareness, or May for National Women's Health Week).

They can be held independently or in conjunction with another community event. Events should be fun as well as informative.

During *The Right to Know* campaign pilot demonstration, each one of the three primary partners planned and implemented at least one special event. These events included a women's health and beauty program, a continuing education training program for mammography technicians and health care providers, and a community health education seminar. A more detailed description of these events follows.

#### Rehabilitation Institute of Chicago and the "Pretty in Pink" Seminar

**Theme:** Women's Health and Beauty Program

**Location:** Rehabilitation Center of Chicago

**Date:** November 2006

**Partners:** University of Chicago and Rush Memorial Hospital

**Participants:** 50 Black or African-American, Latina, and White women, 40–69 years of age, with physical disabilities

**Program Overview:** The Rehabilitation Center of Chicago invited women with physical disabilities to their facilities for an afternoon that focused on women's health and beauty issues. The program highlighted *The Right to Know* campaign materials and messages and encouraged women to make an appointment for a mammogram. The MP3 recordings were played in the lobby entrance so women could hear them as they mingled outside the event space and campaign posters, fliers, and tip sheets were displayed. All of the women who attended received

gift bags and *The Right to Know* tip sheets. The event featured:

- Physician speakers from the University of Chicago and Rush Memorial Hospital
- A performance about body image by local comedian Tekky LaMekky (Ms. LaMekky lives with a physical disability)
- Free manicures, massages, and other beauty treatments
- Display and distribution of campaign posters, fliers, and tip sheets

### Central Coast Center for Independent Living (CCCIL) and Health Care Provider Educational Sessions

**Theme:** Caring for People With Physical Disabilities

**Location:** Salinas Valley Memorial Hospital, Navida Medical Center, and Community Hospital of Monterey Peninsula Breast Clinic

**Date:** November 2006

**Partners:** Salinas Valley Memorial Hospital, Navidad Medical Center, and Community Hospital of Monterey Peninsula Breast Clinic

**Participants:** 30 health care providers comprising physicians, nurses, physical therapists, occupational therapists, mammography technicians, and case managers

**Program Overview:** CCCIL organized a series of educational programs to help obstetricians, family physicians, and mammography technicians improve their care of female patients with physical disabilities. The educational

sessions included two short “grand rounds” programs at Salinas Valley Memorial Hospital. During these grand rounds sessions, a physician from the Rehabilitation Department of Valley Brook Medical Center (San Jose, California) gave a presentation on obstetrics/gynecology and breast health issues faced by women with disabilities and how these issues can differ from those of women without disabilities. They also discussed examination processes and scheduling issues. A third educational session was conducted by Flora Maiki, executive director of Breast Health Access for Women with Disabilities in San Francisco. This session was given to mammography technicians and addressed scheduling issues for providing mammograms for women with physical disabilities. Following these medical education sessions, all health care providers were sent *The Right to Know* posters and tip sheets, and were asked to display the posters in their waiting rooms and distribute copies of the tip sheets to patients.

### Massachusetts Office on Health and Disability and The Right to Know Education Event

**Theme:** Breast Health Education

**Location:** Local community college in Boston, Massachusetts

**Date:** October 2006/Breast Cancer Awareness Month

**Partners:** Dana Farber Cancer Institute, Boston Center for Independent Living and the Boston Public Health Commission, Women’s Health Network, 1199 SEIU

**Participants:** 50 women 40 through 69 years of age living with physical



disabilities. Most of the women were Black or African American and White.

**Program Overview:** To kick off *The Right to Know* campaign, members of the Massachusetts Office on Health and Disability brought women with disabilities together for an educational program focused on breast health and breast cancer screening. Many of *The Right to Know* campaign materials were incorporated into the program and the tip sheet was translated into Braille for women who were visually impaired. In addition, MP3 recordings featuring the White and Black or African-American women from the campaign were played while their recordings were translated through sign language interpreters for those who were hearing impaired. The program featured a female physician and two women who had survived breast cancer, all of whom were living with a disability. These women shared with the attendees the important health issues and risk factors associated with breast cancer and the important role breast cancer screening plays in early detection.

### When Planning Special Events, Remember To...

- Consider a launch event to kick off the campaign in the community and potentially generate initial awareness of the campaign and its messages.
- Avoid holding events when the weather might make transportation for women with physical disabilities difficult.
- Create an event that is fun and appealing to women. The event can incorporate breast health and breast cancer screening messages, but

does not have to focus solely on these issues. It can incorporate a variety of other health, nutrition, fitness, fashion, and beauty issues that generally will appeal to the target audience.

- Involve women with disabilities from your community in the event planning process.
- Include information on the event posters, fliers, advertising, and e-mail announcements pertaining to accessibility for people with physical disabilities.
- Try to publicize the event with local news organizations (e.g., newspapers, radio and television stations and websites) and invite health reporters to cover it.
- Organize programs that not only educate women with physical disabilities, but also engage physicians, mammography technicians, nurses, and other allied health professionals.
- Consider the many health observances that take place throughout the year and whether an event might receive more interest from your potential attendees, stakeholders, and the local media if it is held at the same time. Consider orchestrating a breast health event in coordination with one of the following national health observances:
  - February – National Cancer Prevention Month
  - April – Cancer Control Month
  - May (week of Mother’s Day) – National Women’s Health Week
  - First Sunday in June – National Cancer Survivors’ Day
  - September 26 – National Women’s Health and Fitness Day

- October – National Disability Employment Awareness Month
- October – National Breast Cancer Awareness Month
- Third Friday in October – National Mammography Day
- November – National Family Caregiver Month

### **Material Distribution and Display: Getting Health Promotion Messages Deep Into the Community**

Women living with physical disabilities can lead very active lives. Materials should be distributed and displayed where these women live, work, play, and worship. *The Right to Know* campaign materials can be e-mailed or downloaded easily, so there are many opportunities for disseminating these materials in the community. Talk with your partners about the most effective communication channels they use to reach constituents. Also refer to section II in this guide, *Tools You Can Use*, for some materials distribution ideas. These include:

- Displaying posters, tip sheets, and fliers in health care provider offices or clinics, disability service offices, durable medical equipment stores, and pharmacies, as well as in retail stores and restaurant windows. Note: When there are space limitations and the posters are too big, the full-size print advertisements also can be displayed in public areas.
- Placing tip sheets and print advertisements in community newsletters, local magazines, and newspapers.

- Posting Web banners, *The Right to Know* website URL, and the MP3 audio recordings on partner organization websites.
- Airing the MP3 audio recordings during events and as part of radio station news stories or interviews.

Partners play a critical role in disseminating materials deep into a community so work closely with them and make sure they receive clear communication regarding:

- The types and quantities of products to be reproduced and distributed. (Make sure financial resources are available to reproduce the materials and human resources are available to distribute them.)
- The length of time materials will stay posted in the community and whether partners will need to remove them at the close of the campaign effort.
- Reinforcing campaign messages during organization meetings and events. (For example, if a church agrees to make tip sheets available on a community information table, ask the minister if he or she would announce during services that congregants should visit the information table and remind women of the importance of regular breast cancer screening.)

## Using Paid Advertising, Public Service Campaigns and Media Relations To Raise Broad Awareness of Local The Right to Know Health Promotion Campaign and Messages

Paid advertising, public service announcements, and media relations can greatly help partners increase broad awareness of campaign materials and messages. If the budget permits, partners will want to explore using a combination of media relations, advertising and public service announcements to support local *The Right to Know* campaign dissemination activities.

### Paid Advertising and Public Service Announcements

Paid advertisements guarantee that messages are presented to target audiences exactly as created. Organizations purchase specific commercial print space, broadcast air time, or website space so that their advertisements can be seen or aired. There are opportunities to advertise on websites, social media networks (e.g., Facebook and Twitter), billboards, and public transportation services such as buses, trains, and taxis. In addition, nontraditional venues and mediums such as accessible bathroom stalls, restaurant placemats, or postcards, also can provide additional opportunities to reach the target audience.

Paid advertising space greatly varies across media and medium (e.g., billboards, buses, trains, and postcards). For example, website advertising space often is less expensive than such space in newspapers, magazines, and broadcast media. Community and

Spanish-language news media are often less expensive than daily English language newspapers and magazines. Campaign partners might want to consider working with a media buying agency that can strategize about how best to plan and implement a local advertising effort. The media buyer might be able to help the campaign attain advertising space at a reduced cost or become a campaign partner by donating his or her professional services.

Public service announcements or PSAs are nonpaid advertisements. Media companies donate a percentage of their news services for community service and will select a few PSAs to run in or on their donated media space. Like paid advertisements, PSAs usually contain key messages and ask readers, viewers, or listeners to take some kind of action (e.g., go to a website or call a hotline). *The Right to Know* campaign materials include camera-ready print advertisements in several sizes that can be placed in newspapers or magazines as paid advertisements or PSAs. In addition, online banners are also available for advertising on websites.

If the dissemination plan includes placing *The Right to Know* campaign materials in local newspapers as PSAs, keep in mind that news media receive hundreds of PSA requests so it can be difficult to get the campaign's message aired or printed. When planning a PSA placement effort be sure to:

- Send the PSA to the media at least 6 to 12 weeks prior to the date the PSA should run.
- Identify the community affairs directors or public service directors at the local media outlets who are responsible for reviewing and



selecting PSAs.

- Include a letter, called a pitch letter, with *The Right to Know* advertisement explaining why it is important for the media outlet to use the PSA and why women with physical disabilities and their families and friends need to know about *The Right to Know* campaign messages.

**Adapting *The Right to Know* materials for radio:** The MP3 recordings can be incorporated into a radio advertisement. Try to find a radio station who will help produce a prerecorded radio advertisement using their studio facilities. A producer at the station also can help create “live announcer” scripts that radio announcers can be read on the air.

### Media Relations

Media relations involves working with newspapers, radio and television stations, community and organization newsletters, and websites to get them to publish news stories about an event, person, or issue of interest to a community. News stories help to educate target audiences, as well as the general public, about issues related to breast health and breast cancer screening among women with physical disabilities. They also provide opportunities for subject matter experts in a community to express their support for *The Right to Know* campaign and messages. Unlike advertising, news stories do not guarantee that messages and information will be reported accurately because they depend on how a journalist is going to interpret the information he/she is provided. Most media relations activities can be conducted on a limited budget, but they do require

adequate staffing resources and time.

### Media Relations Tools

When executing media relations activities consider using one or more of the following media relations tools to help get information about a local *The Right to Know* campaign to community news media.

#### *Press Release*

A press release is a summary of news, including quotes from spokespersons, key messages, important facts, and new information about an issue that help make for an interesting news story. It is usually one or two pages and aims to “sell” an idea to the media. Press releases include the who, what, when, where, and why (e.g., information on an organization, what the news is and why it’s important). They are sent to and used by all media outlets including television, radio, print, and website news editors, reporters, and producers and can help journalists write and produce news stories.

#### *Pitch Letter*

A pitch letter can be used on its own or with a press release and other media relations materials to suggest a story idea(s) related to the local *The Right to Know* campaign. The letter or e-mail can propose one or more story ideas and is used as a conversation starter to generate interest from a journalist. The pitch letter should be one page or less and should include key messages and story ideas, relevance of an issue, as well as, a recommendation for a good subject matter expert and importance.

#### *Media Alert*

A media alert informs the media that an event is taking place. It is a one-pager

and contains the who, what, where, when, and why about the event. When having an event or special education program, send an initial media alert to local media outlets 3 to 5 days before the event, and then contact news organizations to ask if they will attend and explain why it is important they cover the event as a news story. Resend the media alert one day before the event as a reminder and follow it with phone calls to help secure media attendance. Media alerts should be sent to news assignment desks and health reporters.

### *Opinion-Editorials (Op-Eds)*

The editorial page of a newspaper is widely read by policy makers and key stakeholders in the community. Placing a by-lined article in the op-ed section of the newspaper often will get the attention of and inform these particular target audiences. Every newspaper has an editorial editor. If it is a small newspaper, the general editor often will decide which editorials to run. Contact local opinion page editors for specific submission guidelines.

### *Key Messages*

Key messages are often the three to five most important ideas or facts that should be communicated consistently and repeated to target audiences. They are a fundamental element of any successful media relations effort and should be incorporated into the previously mentioned media relations tools.

Organizations cannot communicate effectively until they know what they want to say.

Consider the following when crafting a local campaign's key messages:

- Make key messages brief (one to two sentences) and consistent throughout all media relations tools.
- Communicate the most important message first and do not include a lot of background information.
- Give action steps that are positive, not negative.
- Use personal pronouns such as “We are committed to...” or “We understand the need for...”
- Avoid technical jargon, condescending or judgmental phrases, promises or guarantees, and humor.

EXAMPLE OF A KEY MESSAGE: “Breast cancer affects all women, including those living with physical disabilities. If you are between the ages of 40 to 49, talk to your doctor about when and how often you should have a screening mammogram. If you are between the ages of 50 to 74, be sure to have a screening mammogram every two years.”

# Breast cancer was just another obstacle I had to fight.

—DIANE, SURVIVOR

As a young mother, a spinal cord injury left Diane with a disability.

And at 40, she was first in her family to be diagnosed with breast cancer. She calls the cancer her wake-up call, and credits early detection with still being alive today.

Breast cancer is the most common cancer in women. And living with a disability doesn't make you immune. If you are between the ages of 40 to 49, talk to your doctor about when and how often you should have a screening mammogram. If you are between the ages of 50 to 74, be sure to have a screening mammogram every two years.



**BREAST CANCER SCREENING**

**THE RIGHT TO KNOW**

For more information, visit  
[www.cdc.gov/RightToKnow](http://www.cdc.gov/RightToKnow)  
or call 1-800-CDC-INFO (232-4636)  
1-888-232-6348 (TTY)



## VI. Evaluating the Campaign

### What is evaluation?

Evaluation is a systematic process to understand what a program does and how well the program does it. Evaluation results can be used to maintain or improve program quality and to ensure that future planning can be more evidence-based. Evaluation constitutes part of an ongoing cycle of program planning, implementation, and improvement (Patton, 1987).

You and your research team should know why the evaluation is being undertaken and the type of information that would be valuable for your program and stakeholders. Evaluation strategies should be in place from the campaign's beginning and are an essential component of successful dissemination. Incorporating evaluation from the beginning ensures that the appropriate information is collected, dissemination activities are examined, problems or challenges are identified. Recommendations can be made to address issues and success can be measured throughout implementation and at conclusion of the program.

Evaluation helps to track basic information such as which campaign materials are being distributed to whom as well as larger questions like: "How many more women are getting mammograms because of the campaign?" Once activities are under way, evaluation helps to identify when changes in campaign strategies, tactics, and activities are needed. For instance, if part of a campaign plan was

to reach the Latina community and very few Spanish language materials have been distributed, a new partner might be needed to work directly with this population to help increase dissemination efforts.

### Why should I evaluate my program?

Evaluation can improve program design and implementation and demonstrate program effectiveness. It is important to periodically assess and adapt your activities to ensure they are as effective as possible. Evaluation can help you identify areas for improvement, and ultimately it can help you realize your goals more efficiently (Hornik, 2002; Noar, 2006). Evaluation enables you to demonstrate your program's success or progress. The information you collect allows you to better communicate your program's effect to others, which is critical for staff morale as well as attracting and retaining support from current and potential funders (Hornik & Yanovitzky, 2003).

### What type of evaluation should I conduct?

Evaluation falls into one of two broad categories: formative and summative. **Formative evaluations** are conducted during program development and implementation and are useful if you want direction on how to best achieve your goals or improve your program. **Summative evaluations** should be completed once your programs are well established and will tell you to what extent the program is achieving its goals. Planning for both types of evaluation should begin during program planning and development.

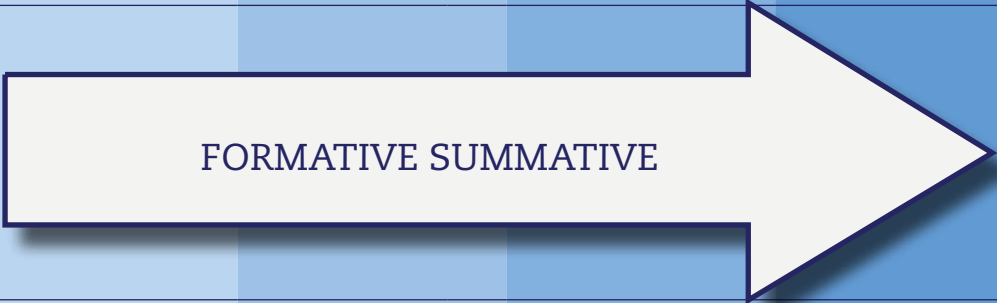
Table 1 - Phases of evaluation: formative and summative

Formative	
<b>Needs Assessment</b>	Determines who needs the communication program or intervention, how great the need is, and what can be done to best meet the need. Involves audience research and informs audience segmentation and marketing mix and program strategies.
<b>Process Evaluation</b>	Measures effort and the direct outputs of programs and interventions: what and how much is being accomplished (i.e., exposure, reach, knowledge, attitudes, etc.). Examines the process of implementing the communication program or intervention and determines whether it is operating as planned. It can be done continuously or as a one-time assessment. Monitoring ongoing tracking of results throughout a program is part of process evaluation. Results are used to improve the program and intervention.
Summative	
<b>Outcome Evaluation</b>	Measures effect of campaign and changes that result from the program. Investigates to what extent the communication program or intervention is achieving its outcomes in the target populations. These outcomes are the short-term and medium-term changes in program participants that result directly from the program such as knowledge and awareness, attitude change, beliefs, social norms, and behavior change. Could also measure policy changes.
<b>Impact Evaluation</b>	Measures community-level change or longer-term results (i.e., changes in disease risk status, morbidity, and mortality) that have occurred as a result of the communication program or intervention. These effects typically affect the entire community, organization, society, or environment.

Goals for evaluation activities, the nature of the campaign, timeline, and resources available for evaluation will determine how and when to collect data. The following table illustrates what types of data to collect during different phases of program development and

implementation stage. It is important to note that even if data will not be collected until the program is established or matured, the approach for collecting these data should be developed during program planning.

Table 2 - Evaluation type based on program stage

<b>Program Stage</b>	Before Program Begins	New Program	Established Program	Mature Program
<b>Phase</b>				
<b>Evaluation Type</b>	Needs Assessment	Process / Implementation Evaluation	Outcome Evaluation	Impact Evaluation
<b>Questions Asked</b>	To what extent is the need being met? What can be done to address this need?	Is the program operating as planned?	Is the program achieving its objectives?	What predicted and unpredicted effects has the program had?

(Adapted from Norland 2004, Pancer and Westhues 1989, and Rossi et al 2004)

Summative evaluations build on data collected in earlier stages.

## How do I conduct an evaluation?

The following seven steps are a starting point for tailoring an evaluation to a particular public health effort at a particular time. In addition, the steps represent an ongoing cycle, rather than a linear sequence, and addressing each of the steps is an iterative process.

### 1. Identify resources

Identifying the resources available for evaluation will help determine the content of the general program evaluation. Resources consist of budget, staff, and time. Deciding on the resources that will be committed to a general program evaluation involves simultaneous consideration of the importance of the program decisions to which the evaluation will contribute, the resources needed to satisfy the evaluation's objectives, and the resources that the program can afford.

Some programs use a percent-of-annual-program-cost rule of thumb to set the cost for general program evaluations ranging on average 1–10%. However, such rules of thumb assume a number of factors that are not always clear. Broadly speaking, three factors weigh heavily on cost. These are:

- The type of evaluation
- The scope of the information required (for example, number of questions or size of sample)
- The required rigor of the information results

A sample checklist for considerations while developing a budget and identifying resources for your evaluation can be found here: <http://www.wmich.edu/evalctr/checklists/>

[evaluation-management/](#).

### 2. Engage stakeholders

After identifying resources, the next step involves identifying and engaging stakeholders. These individuals have a vested interest in the evaluation. The manner and extent to which stakeholders are included will vary depending on partners involved and the campaign's organizing structure; however, partners will most likely be needed to collect the monitoring data, and many times it will also be useful to gather their perspective on the results:

- Find out what they want to know and how they will use the information.
- Involve them in designing and conducting the evaluation.
- For less involved stakeholders, keep them informed about activities through meetings, reports and other means of communication (CDC, 1999, 2008; McDonald et al., 2001).

Campaign partners might want to ask themselves, if they were to implement the campaign again with the benefit of hindsight:

- What would they do the same?
- What would they do differently?
- What advice would they give other organizations that would like to implement *The Right To Know* campaign?

Just as partners were included in planning the campaign to secure their commitment and increase the potential of success, they need to be included in several aspects of the evaluation of the



campaign and results should be shared with them.

### 1. Select the key evaluation questions

Basic evaluation questions that should be adapted to your program content include:

- What will be evaluated? (i.e., What is the program and in what context does it exist?)
- Was fidelity to the intervention plan maintained?
- Were exposure levels adequate to make a measurable difference?
- What aspects of the program will be considered when judging performance?
- What standards (type or level of performance) must be reached for the program to be considered successful?
- What evidence will be used to indicate how the program has performed?
- How will the lessons learned from the inquiry be used to improve public health effectiveness? (CDC, 1999, 2008).

### 2. Identify program elements to monitor

In this step you decide what is worth monitoring.

- To decide which components of the program to monitor, ask yourself who will use the information and how, what resources are available, and whether the data can be collected in a technically sound and ethical manner.

- Monitoring, also called process evaluation, is an ongoing effort that tracks variables such as funding received, products and services delivered, payments made, other resources contributed to and expended by the program, program activities, and adherence to timelines.
- Monitoring during program implementation will let you know whether the program is being implemented as planned and how well the program is reaching your target audience.
- If staff and representative participants see problems, you are able to make mid-course program corrections (CDC, 1999, 2008).

When defining what needs to be monitored, it is useful to closely review the campaign dissemination plan and timeline. Look at the set of activities that have been defined for each dissemination strategy and when they are to be implemented.

## Example questions based on *The Right To Know* pilot campaign logic model

### Process evaluation questions:

- How many and what type of partners are involved in the campaign?
- How many hits has the website received?
- How many attendees came to an event?
- How many advertisements were run? Calls answered? Tip sheets distributed?
- How many referrals did partners give to screening?

### Outcome evaluation questions:

- How aware are mammography technicians of accessibility issues?
- How many people in the primary target audience believe they can be screened?
- How many people in the primary target audience intend to be screened?
- Has breast cancer screening increased in the target audience?
- Have improved practices for mammography for women with disabilities been implemented?

## Using a logic model

A logic model can be helpful in identifying activities to monitor. A logic model is a diagram that shows the relationship between campaign inputs, campaign activities, immediate campaign outputs, and longer-term campaign outcomes. The logic model can help to visualize the components of a campaign and the processes and activities involved: how the resources available will be used to carry out certain activities (e.g., buying advertising space and placing campaign advertisements in the local newspaper); how these activities in turn are expected to have certain outputs (e.g., increased awareness of the importance of screening); and, ultimately, how activities should lead to expected

outcomes (e.g. increased screenings). For campaign monitoring, focus on the first three parts of the model: inputs, activities, and outputs. When designing outcome and effect evaluation, consider the information in short-, mid-, and long-term outcomes.

*An example of a logic model for The Right to Know pilot campaign can be found in the Additional Resources section of this dissemination guide.*

### 1. Determine how the information will be gathered

In this step, you must decide how to gather the information:

- Decide which information sources and data collection methods will be used.

### Types of data: Quantitative and Qualitative

There are two basic types of information or data: quantitative and qualitative, which are often used in tandem because they serve different purposes. Using a mix of both types of data will provide more information on campaign progress, what adjustments should be made, and campaign success.

#### Quantitative Data

Quantitative data are used to describe, measure, and quantify aspects such as audience reach, materials distributed, and activities held as part of the campaign. Such data often are used to answer ‘What?’ questions such as:

- What activities were carried out?
- What materials were distributed and to whom?

For the pilot campaign, standardized forms were developed to collect quantitative information needed to track progress made, record campaign activities, and register information requests.

#### Qualitative Data

Qualitative data are used to obtain more in-depth information about specific campaign processes and events, including audience and partner perceptions. These data more often are used to answer ‘How?’ questions, such as:

- How were partners engaged in the campaign?

- Develop the research design that is the best fit for the situation at hand.

There are a variety of research designs that can be used for evaluation—experimental, quasi-experimental, survey, and case study, to name a few. For *The Right To Know* campaign evaluation, the research design can be an extension of program implementation based on activities and points identified for data collection. During this step, you will determine what mix of qualitative and quantitative data you will use. You will also determine what data tools can be used for collecting information—progress reports for monitoring, surveys conducted by campaign team,

and interviews with participants and partners.

*Example tracking tools are available in the Additional Resources section of this dissemination guide.*

### Develop a data analysis and reporting plan

In previous steps you’ve determined what information you need and how to collect it, this is the step where you turn data points into information. During this step, you will determine how the data will be analyzed and how the results will be summarized, interpreted, disseminated, and used to improve program implementation (CDC, 1999,

2008). You will want to assess resources available for data analysis before you finalize your data collection plan to ensure that you end up with data that is easy to translate into a useful purpose.

**Questions to ask during this step include:**

- Who will be able to analyze the data collected?
- If the evaluation data requires statistical analysis, do we have the necessary software tools to analyze data?
- Who will use the evaluation report?
- Will the reporting plan make it simple to apply the information that has been gathered to improve ongoing implementation?
- Are data being communicated in the best way to demonstrate the success of the program?

### **1. Ensure use and share lessons learned**

Effective evaluation requires time, effort, and resources. Given these investments, it is critical that the evaluation findings be disseminated appropriately and used to inform decision making and action. Once again, key stakeholders can provide critical information about the form, function, and distribution of evaluation findings to maximize their use (CDC, 1999, 2008).

## VII. Additional Resources

1. Sample Strategic Plan
2. Sample Media Tools
  - A. Media Alert
  - B. Op-Ed
3. Pilot Campaign Tracking Forms
  - A. Community Outreach and Media Activity Tracking Form
  - B. Information Requested/E-mail/Telephone Call Tracking Form
4. Sample Evaluation Framework using *The Right To Know* pilot campaign logic model

## Sample Strategic Plan

This strategic plan was developed by the Central Coast Center for Independent Living and implemented during their pilot campaign activities.

### **CDC Breast Cancer Screening for Women With Physical Disabilities Central Coast Center for Independent Living Pilot Campaign Dissemination Planning Worksheet**

#### **1. Campaign Goals**

What is the overall goal(s) of your organization's Breast Cancer Screening for Women With Physical Disabilities Dissemination Campaign? Try to limit campaign goals to two.

- To disseminate health promotion materials encouraging women with physical disabilities to get regularly screened for breast cancer.
- To build and strengthen support from local health and community-based organizations on breast cancer screening affecting women with physical disabilities.

#### **2. Communication Objectives**

What do you want the information disseminated during the campaign to achieve among the target audience? Try to limit communication objectives to three.

- To persuade women with physical disabilities that they need to get an annual mammogram.
- To elevate the importance of breast cancer screening among women with physical disabilities.
- To raise awareness of the importance of breast cancer screening for women with physical disabilities among local health and community-based organizations.
- To raise awareness that women with physical disabilities have a right to have an accessible mammography screening.

#### **3. Target Audience**

Who are the recipients of the information being disseminated? Do you need to prioritize the target audience into primary and secondary?

- English and Spanish speaking women with between the ages of 40 and 69 with physical disabilities living in Monterey and Santa Cruz counties.

#### **4. Campaign Strategies**

How are you going to accomplish the communication objectives? (Think broadly, not specific tactics.)

- Utilize partnerships with community, disability service and health care organizations to leverage material dissemination.



- Use local Spanish-language and general media to raise awareness of key campaign messages.
- Generate interest and support from media and community leaders and consumers with timed special events (one at launch and one during Breast Cancer Awareness Month in October).
- Customize select health promotion materials to drive target audience to Central Coast Center for Independent Living for more information.

## 5. Tactics/Activities

What are the specific activities that support the strategies?

- Distribute tip sheets at the following community events:
  - ◆ SUBA Event (September), MCCEPD Employer Recognition (October), Bi-National Health events (October), and MCCEPD Winter Luncheon (December).
- Create partnerships with the following medical-managed care health care providers and key local community-based organizations to support campaign efforts:
  - ◆ Central Coast Alliance for Health, and
  - ◆ Clinica De Salud (Clinics in Salinas, Greenfield, Gonzales, and King City).
- Identify key staff who will respond to telephone inquiries and track them.
- Distribute low-tech flyers and tip sheets at the following meetings and events:
  - ◆ RIDES Advisory Council
  - ◆ Members Services Advisory board
  - ◆ Commission on Disabilities
  - ◆ SCORE
  - ◆ MCCEPD Executive Committee
  - ◆ Monterey County Health Consortium
  - ◆ NAMC
  - ◆ CCCIL's Spanish TBI Support Group
  - ◆ Central Coast Alliance for Health Advisory Committee
  - ◆ CHISPA Board
  - ◆ Monterey County Action Council
  - ◆ Girl's Inc. Steering Committee
  - ◆ United Way of Monterey County
  - ◆ Monterey County Health Consortium.



- Display posters in the following venues (where people live, work, play, and worship) (this can include clinics, community centers, churches, grocery stores, post offices, swap meets, residential community centers, bakeries, labor camps, Promotoras, CCCIL offices, schools, laundry mats, tortillerias, paratransit services staff, doctor offices, pharmacies, herb shops, bridal salons, and restaurants):
  - ◆ Swap Meet in East Salinas
  - ◆ Sacred Heart Church
  - ◆ La Esperanza Markets
  - ◆ Casa de Lavanderias in East Salinas
  - ◆ La Princessa Marke
  - ◆ Mi Pueblo Market
  - ◆ El Charrito Market
  - ◆ El Aguila Bakery
  - ◆ La Leal Bakery
  - ◆ Plaza Bakery
  - ◆ Jesse Sanchez School
  - ◆ Bardin Elementary
  - ◆ Oscar Loya School
  - ◆ Northridge Mall stores catering to women
  - ◆ RIDES program
  - ◆ Chapala's Mexican Restaurant
  - ◆ La Fogata
  - ◆ El Camaron
  - ◆ Carlito's
  - ◆ Winchell's Donuts
  - ◆ Mc Donald's
  - ◆ Walgreens
  - ◆ Longs Drug Stores
  - ◆ Rite Aid
  - ◆ Sal-Mex
  - ◆ Super Taqueria
  - ◆ AA. Deportivo Alcon
- Display tip sheets or distribute tip sheets through retailers (e.g., Victoria's Secret, and the lingerie department at Macy's).
- Develop a resource list of mammography centers in surrounding areas and make available to partners, community organizations, the media, and consumers.

### Media Relations and Advertising

- Conduct a paid media buy and place print advertisements in select daily and community newspapers.
- Conduct media relations activities in support of kick-off and Breast Cancer Awareness Month events (e.g., press release, media alert, health promotion campaign materials, and information on CCCIL).

- Develop three key messages (adapted from the health promotion materials) to incorporate into all communication efforts with partners, consumers, and media.
- Secure an opportunity with The Californian and The Sentinel to write monthly columns relating to women with physical disabilities and mammography screening.
- Approach the two major Spanish-language radio stations to feature a talk show segment on accessible mammography screening for women with physical disabilities. Feature Elsa, Alma, health provider (radiologists).
- Secure an interview on the Teresa Wright program that appears on Sunday mornings.

## Community Organization Partnerships

- Collaborate with the following organizations to support the campaign: churches, CBOs, health care providers, and health care service organizations and facilities. Develop and distribute to partners a partner campaign tip sheet with suggestions on how they can get involved and the health promotion materials available (the goal is to get each organization to agree to conduct at least one dissemination activity).

- ◆ Del Mar Caregiver Resource Center
- ◆ Department of Rehabilitation (Salinas & Monterey)
- ◆ MS Community Services
- ◆ Deaf and Hard of Hearing Services Center
- ◆ Monterey County Health Department
- ◆ Alliance On Aging
- ◆ Aging and Adult Services
- ◆ Blind and Visually Impaired Center
- ◆ Hartnell College
- ◆ MPC
- ◆ John XXIII Aids Ministry
- ◆ Interim
- ◆ HOPE Services
- ◆ Department of Social and Employment Services
- ◆ MCOE
- ◆ REAP Program
- ◆ San Andreas Regional Center
- ◆ Sun Street Centers
- ◆ Women's Crisis Center
- ◆ Shelter Outreach Plus
- ◆ Monterey County Aids Project
- ◆ Monterey County Housing Authority
- ◆ Clinicas De Salud

- ◆ Monterey–Salinas Transit
- ◆ CHISPA
- ◆ Community Action Partnership

Additional Organizations:

- ◆ South County Regional Health Partners
- ◆ Catholic Charities
- ◆ CRILA
- ◆ Central Coast Citizenship project
- ◆ Center for Community Advocacy
- ◆ Coalition of Homeless Service Providers
- ◆ Housing Advocacy Council
- ◆ Social Security Administration
- Contact local obstetrician/gynecologists (Dr. Susan Rosen) to participate and support the campaign efforts.
- Hold a grand rounds focused on need for screening for women with physical disabilities.
- Partner with local health care providers that have a client base of women with physical disabilities or hospitals or mammography centers that offer accessible mammography machines, or both, to host a special lecture during which barriers to screening are discussed, including tips to help women with disabilities better communicate with health care providers and overcome any perceived barriers.
- Hold a sensitivity training with technicians and health care providers.

## Sample Media Tools

### A. Media Alert

The following media alert was written and disseminated by the Central Coast Center for Independent Living during their pilot campaign activities.

**MEDIA ALERT CONTACT:** \_\_\_\_\_

**FOR IMMEDIATE RELEASE**

**October 27, 2006**

The Central Coast Center Independent Living (CCCIL) and the Center for Disease Control and Prevention (CDC), has launched a pilot campaign to disseminate health promotional materials to evaluate their impact on creating awareness, perceived susceptibility and self-efficacy regarding breast cancer screening for women with disabilities in Monterey County. Information gleaned from this pilot campaign will be used to develop a national health promotion campaign to educate women with disabilities about their risk for breast cancer and to encourage them to be screened. The pilot campaign activities are taking place through February 2007.

CCCIL will be holding a press conference at the Natividad Mammography Center located in

Bldg 500, 1441 Constitution Blvd. in Salinas on October 30, 2006 at 12 pm.

For more information, contact: (provide name, phone and email)

## B. Op-Ed

*The following Op-Ed was written by the Rehabilitation Institute of Chicago and partners and submitted to the Chicago Tribune for consideration.*

Breast cancer affects all women, including those with severe physical disabilities. Unfortunately, women with disabilities are less likely to receive screening mammograms and more likely to be diagnosed at a later stage of cancer than their non-disabled peers.

We, the health care and community service providers signed below, support National Breast Cancer Awareness Month by participating in a U.S. Centers for Disease Control Prevention (CDC) pioneering project designed to increase the awareness of breast cancer prevention among women with physical disabilities. Despite national objectives to promote the health and well-being of people with disabilities, the use and quality of preventive breast cancer screening by women with disabilities remains inadequate.

Access to health care means much more than having robust health insurance coverage. Structural barriers, such as architectural design, inaccessible diagnostic equipment or poor signage impede access to health care for people with many different kinds of disabilities. Individuals with disabilities are denied access to potentially life-saving diagnoses when diagnostic equipment is inaccessible. For example, unlike typical mammography equipment that requires a woman to stand up, equipment based on universal design standards allows a woman to sit during the procedure. Few health care providers are trained in addressing the preventive screening needs of people with disabilities. A woman with a spinal cord injury or multiple sclerosis might look at a yearly mammogram as a grueling experience or an experience she chooses not to have at all.

A lack of regular screening leads to delays in breast cancer diagnosis and less favorable prognoses among women (with or without disabilities). Delayed treatment is less effective and costs more.

“For more than 20 years, National Breast Cancer Awareness Month (NBCAM) has educated women about early breast cancer detection, diagnosis and treatment. NBCAM continues reaching out to women with several key messages, most notably, the importance of early detection. Mammography screenings are a woman’s best chance for detecting breast cancer early. When coupled with new treatment options, mammography screenings can significantly improve a woman’s chances of survival. We are pleased that our efforts have contributed to more women than ever participating in mammography screening. Independent reports indicate that this has been instrumental in the increase in the survival rate for women with breast cancer.” ([www.nbcam.org](http://www.nbcam.org)).

We feel it is time this message reaches a segment of the population that has traditionally lacked adequate access to essential preventive care. The health care and community service providers signed below are committed to improving the breast cancer morbidity and mortality rates of women with disabilities in the Chicago

metropolitan area.

We encourage all women to take charge of their breast health. For women with disabilities, this may mean learning an adaptive breast self-exam or performing an alternative means of monthly assessment. It also means scheduling an annual screening mammogram regardless of the barriers. Because confronting them is the only way to knock them down.



## Pilot Campaign Tracking Forms

### Community Outreach and Media Activity Tracking Form

#### GENERAL ASPECTS

(a) Name of Organization: \_\_\_\_\_

(b) Start Date of Event: \_\_\_\_\_ End Date of Event:  
\_\_\_\_\_

(c) Location of Event (Check only one):

- |   |   |
|---|---|
| <input type="checkbox"/> Center for Independent Living Organization | <input type="checkbox"/> Community-Based                  |
| <input type="checkbox"/> Healthcare Facility or Clinic              | <input type="checkbox"/> Faith-Based Organization         |
| <input type="checkbox"/> Disability Service Organization            | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Not applicable                             |   |

(d) Partner Organizations (please list up to three partners that you had to distribute the materials or plan the event):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

#### Type of Activity

(e) Type of Outreach:  
only if

following)  
[check only one]

- Health Fair
- Presentation
- Workshop
- Media Activity
- Other (please specify):  
\_\_\_\_\_

#### Audience

(f) Primary Audience:

[check only one]

- Target Audience
- Family/Significant Other
- Health Care Professionals
- Personal Assistant/Caretaker
- Other (please specify):  
\_\_\_\_\_

(g) Race/Ethnicity (indicate  
targeting one of the

[check only one]

- African-American, non-Hispanic
- Hispanic/Latino, any race

(h) Number of people who attended the Event (if applicable): \_\_\_\_\_

#### MATERIALS DISTRIBUTION

(i) Methods of Distribution

Placement (Please specify where and how): \_\_\_\_\_

Intermediary Organization (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Center for Independent Living | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> Healthcare Facility or Clinic | <input type="checkbox"/> Faith-Based Organization     |

Disability Service Organization

Other (Please specify):

\_\_\_\_\_  Web site (Please specify web address or URL): \_\_\_\_\_

Direct/Letter Mail

Other (Please specify): \_\_\_\_\_

(j) Number of Materials Distributed and Versions

Posters

Version:  Judi; Number: \_\_\_\_\_ Version:  June; Number: \_\_\_\_\_

Version:  Diane; Number: \_\_\_\_\_

Version:  Helen (English); Number: \_\_\_\_\_

Version:  Helen (Spanish) ; Number: \_\_\_\_\_

Tip Sheet

Version:  English; Number: \_\_\_\_\_ Version:  Spanish; Number: \_\_\_\_\_

Flyer

Version:  Judi; Number: \_\_\_\_\_ Version:  June; Number: \_\_\_\_\_

Version:  Diane; Number: \_\_\_\_\_

Version:  Helen (English); Number: \_\_\_\_\_

Version:  Helen (Spanish); Number: \_\_\_\_\_

Version:  Group (English); Number: \_\_\_\_\_

Version:  Group (Spanish); Number: \_\_\_\_\_

Audio Recording:

Version:  Judi; Number: \_\_\_\_\_ Version:  June; Number: \_\_\_\_\_

Version: Diane; Number: \_\_\_\_\_ Version:  Helen; Number: \_\_\_\_\_

**MEDIA ACTIVITY**

(k) Advertisement Placement  
(check all that apply):

Newspaper

Newsletter

Web site

Magazine

(l) Media Advocacy  
(check all that apply):

Distributed press release

Organized press conference

Wrote and placed an article

or editorial

Spokesperson interviewed \_\_\_\_\_

by media

Contacted reporters

(m) Language Used  
(check only one):

English

Spanish

Both

Other (please specify):

(n) Advertisement versions used (check all that apply):\*

Judi

June

Diane

Helen (Spanish)

Helen (English)

\* **NOTE: Please be sure to attach any news article clips**

**Thank you for completing this form. If you have any questions/concerns, please contact \_\_\_\_\_ . Please fax your form to \_\_\_\_\_ or email it to \_\_\_\_\_ .**

## Information Request/Email/Telephone Call Tracking Form

### GENERAL

(a) Date of Contact: \_\_\_\_\_

(b) Method of Contact (Check only one):

- Telephone
- In-person
- Hard Mail/Letter
- E-mail
- Online
- Other (please specify): \_\_\_\_\_

(c) Information Requestor is (Check only one):

- Target audience member (women, 40–69 yrs., living with physical disabilities)
- Media
- Health Professional
- Family/Significant Other
- Other (please specify): \_\_\_\_\_

(d) Reason for contact (Check all that apply)

- General information about breast cancer screening
- Information about this organization
- Information about an event related to the pilot campaign
- Information about a screening location
- Other (Ask for requestor to specify): \_\_\_\_\_

### SOURCE OF REQUEST

(e) Requestor heard of organization from (Check all that apply:)

- Poster (Ask requestor to specify where seen, if phone call): \_\_\_\_\_
- Flyer (Ask for requestor to specify where seen, if phone call): \_\_\_\_\_
- Tip Sheet (Ask for requestor to specify where seen, if phone call): \_\_\_\_\_
- Recording (Ask for requestor to specify where heard, if phone call): \_\_\_\_\_
- Advertisement (Ask for requestor to specify where seen, if phone call): \_\_\_\_\_
- Outreach Activity
- Website
- News story
- Health care provider
- Caseworker
- Other (Ask for requestor to specify, if phone call): \_\_\_\_\_

### ACTION TAKEN (Check all that apply)

(f) What action(s) did you take:

- Screening referral
- Information requested was provided by phone or email

Pilot campaign materials were sent (please specify which materials were sent):

\_\_\_\_\_

Other (please specify): \_\_\_\_\_

**Thank you for completing this form. If you have any questions or concerns about this form, please contact \_\_\_\_\_ . Please email your form to \_\_\_\_\_ or fax it to \_\_\_\_\_ .**

Sample Evaluation Framework Using *The Right To Know* Pilot Campaign Logic Model

Questions	Data Collection Possibilities	Reporting and Using Data
<b>Process evaluation</b>		
How many and what type of partners are involved in the campaign?	Tracking form	Data collected during process evaluation can be used to track progress and to ensure that the campaign is reaching the intended target audience with campaign messages and materials. Share information collected with partners on an ongoing basis to ensure a shared perspective on implementation successes.
How many hits has the website received?	Website statistics	
How many attendees came to an event?	Sign in sheet or event forms	
Were attendees members of the target audience?	Event forms	
How many advertisements were run? Calls answered? Tip sheets distributed?	Counts on tracking form	
What audience members were reached with materials?	Partner survey	
How many referrals did partners give to screening?	Partner survey	
<b>Outcome evaluation</b>		
How aware are mammography technicians of accessibility issues?	Mammography tech survey	Data collected for outcome evaluation demonstrate campaign success and confirm if the intervention achieved the intended results. A combination of process and outcome data can help identify implementation best practices. Stakeholders will be interested in hearing about the campaign successes identified through the outcome evaluation.
How many people in the primary target audience believe they can be screened?	Audience survey (through a partner such as mammography site, health department, or community group)	
How many people in the primary target audience intend to be screened?	Audience survey	
How much has breast cancer screening increased in the target audience?	Partner survey and tracking data (before and after intervention)	
Have improved practices for mammography for women with disabilities been implemented?	Partner survey Observation	



## VIII. References

Aiken LS, West SG, Woodward CK, Reno RR, Reynolds KD. (1994). Increasing screening mammography in asymptomatic women: evaluation of a second-generation, theory-based program. *Health Psychology* 13(6): 526–538.

Allen JD, Sorensen G, Stoddard AM, Colditz G, Peterson K. (1998). Intention to have a mammogram in the future among women who have underused mammography in the past. *Health Education and Behavior* 25(4): 474–488.

Armour, BS, Thierry JM, Wolfe, LA. A profile of state-level differences in cervical and breast cancer screening among women with and those without disabilities in the United States.

Bandura A. (1997). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.

Palmer RC, Fernandez ME, Tortolero-Luna G, Gonzales A, Dolan Mullen P. (2005). Acculturation and mammography screening among Hispanic women living in farmworker communities. *Cancer Control* 12 (Suppl 2): 21–27.

Centers for Disease Control and Prevention (CDC). (1998). Use of cervical and breast cancer screening among women with and without functional limitations – United States, 1994 -1995. *MMWR* 47(40): 8563–8566. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00055280.htm>. Accessed November 4, 2005.

Iezzoni LI, McCarthy EP, Davis RB, Harris-David L, O’Day B. (2001). Use of screening and preventive services among women with disabilities *American Journal of Medical Quality* 16(4): 135–144.

Schootman M, Jeffe DB. (2003). Identifying factors associated with disability-related differences in breast cancer screening (United States). *Cancer Causes Control* 14(2): 97–107.

Stein JA, Fox SA, Murata PJ, Morisky DE. (1992). Mammography usage and the health belief model. *Health Education Quarterly* 19(4): 447–462.

Thierry JM. (2004). Barriers to breast cancer screening among women aged 40 years and older who have physical disabilities. Unpublished doctoral dissertation. University of Georgia. Atlanta.

Thierry JM, Cyril JK. (2004). Health of women with disabilities: From data to action. In Welner LS, Haseltine F (eds.). *Welner’s Guide to the Care of Women with Disabilities*. Philadelphia PA: Lippincott Williams and Wilkins, pp. 373–382.

## Chapter VI. References

1. Centers for Disease Control and Prevention. (2010) *What We Know About...Evaluation Planning: What is it and how do you do it?*. Publication of the Marketing and Communication Strategy Branch, Division of Health Communication and Marketing.
2. Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. *Morbidity & Mortality Weekly Report*, 48, 1–40.
3. Centers for Disease Control and

- Prevention. (2008). Introduction to Process Evaluation in Tobacco Use Prevention and Control. Atlanta, GA: U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
4. Hausman, A. J. & J. Becker (2000). Using participatory research to plan evaluation in violence prevention. *Health Promotion Practice*, 1(4), 331–340.
  5. Hornik, R. C. (2002). Epilogue: Evaluation design for public health communication programs. In Robert C. Hornik (Ed.), *Public Health Communication: Evidence for Behavior Change*. Mahwah, NJ: Lawrence Erlbaum Associates.
  6. Hornik, R. C. & Yanovitzky, I. (2003). Using theory to design evaluations of communication campaigns: The case of the National Youth Anti-Drug Media Campaign. *Communication Theory*, 13(2), 204–224.
  7. McDonald et al. (2001). Chapter 1: Engage stakeholders. Introduction to Program Evaluation for Comprehensive Tobacco Control. Retrieved February 25, 2009 at [http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/surveillance\\_evaluation/evaluation\\_manual/](http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/evaluation_manual/).
  8. Noar, S. M. (2006). A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of Health Communication*, 11, 21–42.
  9. Norland, E. (2004, Sept.). From education theory to conservation practice. Presented at the Annual Meeting of the International Association for Fish & Wildlife Agencies. Atlantic City, New Jersey.
  10. Pancer, S. M. & Westhues, A. (1989). A developmental stage approach to program planning and evaluation. *Evaluation Review*, 13, 56–77.
  11. Patton, M. Q. (1987). *Qualitative Research Evaluation Methods*. Thousand Oaks, CA: Sage Publishers.
  12. Patton, M. Q. (2002). Utilization-focused evaluation checklist. Retrieved September 9, 2002, from The Evaluation Center, Evaluation Checklists Web site: <http://www.wmich.edu/evalctr/checklists/>.
  13. Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A systematic approach*. Thousand Oaks, CA: Sage Publications.
  14. Schwandt, T. A. (2009). Toward a practical theory of evidence for evaluation. In Stewart I. Donaldson, Christina A. Christie & Melvin M. Mark (Eds.), *What counts as credible evidence in applied research and evaluation practice?* Thousand Oaks, CA: Sage Publications, Inc.
  15. Spiel, C. (2001). Program Evaluation. In Neil J. Smelser & Paul B. Baltes (Eds.) *International Encyclopedia of the Social & Behavioral Sciences*. Oxford: Elsevier Science Ltd.
  16. Turning Point Social Marketing Collaborative, Centers for Disease Control and Prevention, Academy for Educational Development (2005). *CDCynergy: social marketing edition, version 2.0 [CD ROM]* Atlanta (GA):

CDC, Office of Communication.

17. Upshur, R. E. G. (2002). If not evidence, then what? Or does medicine really need an evidence base? *Journal of Evaluation in Clinical Practice*, 8(2), 113–119.
18. U.S. Department of Energy. Guide for Managing General Program Evaluations compiled by Sandia National Laboratories, Albuquerque, New Mexico, USA under Contract DE-AC04-94AL8500. Available online at: [http://www1.eere.energy.gov/ba/pba/program\\_evaluation/printable\\_versions/general\\_evaluation.html](http://www1.eere.energy.gov/ba/pba/program_evaluation/printable_versions/general_evaluation.html).
19. Yin, R. (2003). *Case Study Research: Design and Methods*. Thousand Oaks, CA: Sage Publications.







**BREAST CANCER SCREENING**  **THE RIGHT TO KNOW**