

# Background Reading

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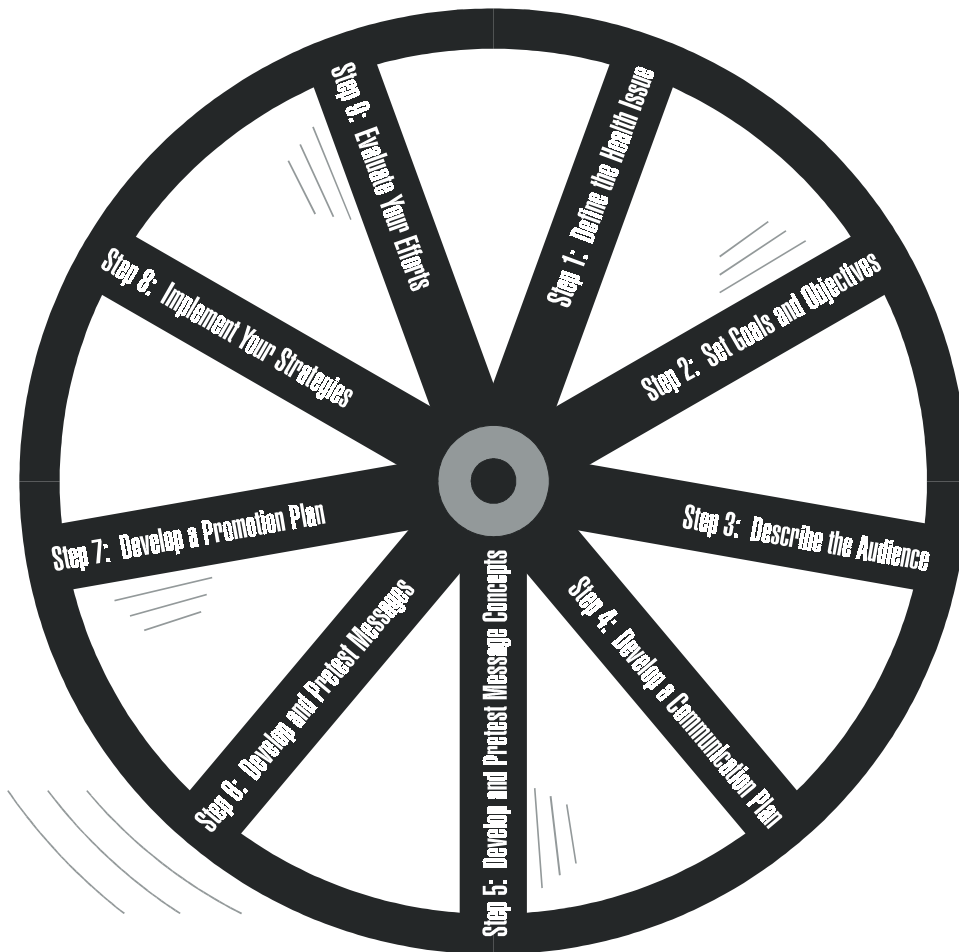
## Introduction

Health communication consists of a range of activities intended to increase knowledge, promote positive changes in attitude, and increase screening behavior among the intended audience. In the context of outreach, the overall goal of health communication in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is to enroll and screen women for breast and cervical cancer.

This Background Reading section contains a description of the NBCCEDP Health Communication Wheel, which provides a step-by-step process for developing, implementing, and evaluating effective health communication efforts. In addition, several tools that can be used to assess health communication materials are provided.

## NBCCEDP Health Communication Wheel

The model below is an adaptation of CDC’s Nine-Step Health Communication Model (1993) and the CDCynergy model (1998). This nine-step wheel combines elements of both models into one specifically designed for NBCCEDP.



## Step 1: Define the Health Issue (What is the health issue we want to affect?)

Planning for effective health communication efforts begins with a statement of the health issue or problem to be addressed. In this step, consider the following:

- Describe the health issue or problem:
  - What *is* happening with the health issue?
  - What *should be* happening with the health issue?
- Describe its relevance to your organization (internal factors):
  - Do you have organizational support to work on this health issue?
  - Does your organization have
    - Funding to work on this health issue?
    - The authority to work on it?
    - The mandate to work on it?
    - A mission that supports this work?
    - The knowledge, expertise, and technology to work on this health issue?
- Describe its relevance outside the organization (external factors):
  - What effect might social, cultural, and political forces have on your ability to tackle this health issue?
  - Is there demand from the public to tackle this issue?
- Describe the health issue in detail:
  - Who is affected by it?
  - Where is it happening?
  - When is it happening?
  - Are there any trends you notice with the health issue?

### **Example: Applying This Step to BCCEDP “X”**

*Note:* This example follows a fictional Breast and Cervical Cancer Early Detection Program (BCCEDP) through the health communication process. The example provides a general description of the process. It does not include every detail or every piece of information necessary to develop, implement, and evaluate effect health communication efforts.

- Describe the health issue or problem:

Broadly speaking, the health issue that concerns BCCEDP X is breast and cervical cancer. Because this training is focused on outreach to increase screening, we will define the issue more specifically as enrolling and screening medically underserved women for breast and cervical cancer.

- What *is* happening: Many women in the area are not being screened for breast and cervical cancer. Among the women who are being screened, many are not returning as necessary for rescreening.
- What *should be* happening: All women in the area should be coming back at regular intervals for breast and cervical cancer screening.
- Describe its relevance to your organization (internal factors):
  - BCCEDP X has funding, organizational support, authority, mandate, and mission to enroll, screen, and rescreen medically underserved women for breast and cervical cancer. In fact, providing screening and early detection services is its reason for existence.
  - Paid BCCEDP staff, along with medical advisory boards, coalition members, partners and volunteers, have the knowledge, expertise, and technology to work on this health issue.
- Describe its relevance outside the organization (external factors):
  - Social, cultural, and political forces might have had an impact on BCCEDP X's ability to implement communication activities. For example, workplaces and places of worship may be resistant to working with the BCCEDP to offer recruitment and screening programs. Working to convince these sites and others to work with BCCEDP X will be part of planning this effort.
  - More accessible screening and early detection services are in demand by the public, including breast cancer survivors, activists, and BCCEDP coalition members, among others.
- Describe the problem in detail:
  - Women from all socioeconomic, racial, and ethnic backgrounds in the area currently seek screening and rescreening services less frequently than is recommended. Medically underserved women (e.g., low-income women and uninsured or underinsured women) are screened and rescreened at lower rates than women with higher incomes and adequate insurance.

## Step 2: Set Goals and Objectives (What do we want to accomplish?)

Once you have reviewed the need for the health communication effort, it is time to clarify goals and set communication objectives. Writing clear objectives helps set the stage for evaluating the program when it is implemented. In this step, consider the following:

- Your overall reason for health communication efforts (abstract, long term, attainable, not necessarily measurable)
  - What is your “grand reason” for developing a health communication effort?
- The overall objectives for health communication within the program
  - What do you want to affect through this communication effort? Do you want to increase awareness, improve knowledge, change attitudes or beliefs, and/or change behavior? (Keep in mind that BCCEDP objectives must include behavior change—women enrolling and obtaining screening services.)
  - How can you make objectives supportive of and derived from the goals and objectives of your BCCEDP program?
  - To what extent do your objectives reflect a public health framework such as the Healthy People 2000 national health promotion and disease prevention objectives?
  - How can you make your objectives specific, measurable, attainable, realistic, and time bound?
  - How can you make sure that your objectives state the expected results of the communication activity (e.g., how much of *what* outcome is expected from *whom* and by *when*)?
- Contributing factors
  - To what extent do environmental factors, such as clinic locations, road conditions, lack of providers, or lack of transportation, contribute to the health issue?
  - To what extent does biology contribute to the health issue?
  - To what extent does individual behavior contribute to the health issue?
  - To what extent do policies, such as those related to insurance coverage for screening services, contribute to the health issue?
- Other related health communication efforts or interventions
  - Are other organizations already conducting or planning to conduct a communication effort or other intervention on the same topic?
  - How have messages been communicated in the past?
  - Which health communication efforts have been demonstrated to be successful in the past?

- What is the level of knowledge, and what are the attitudes, beliefs, and behaviors related to the health issue in the community?
- Strategy or combination of strategies that can best influence the health issue
  - What contribution can health communication make to the overall program?
  - What other strategies, such as influencing policies, removing environmental barriers (e.g., improving road conditions), or improving health services are needed?

### **Applying This Step to BCCEDP "X"**

- Your overall reason for health communication efforts (abstract, long-term, attainable, not necessarily measurable)
  - BCCEDP X wants to reduce illness and death from breast and cervical cancer among the intended audience(s).
- Overall objectives for health communication within the program
  - BCCEDP X wants to “do it all”—increase awareness, improve knowledge, and change attitudes and beliefs as necessary to affect women’s screening behavior (i.e., the program ultimately wants to enroll and screen women in the intended audience).
  - Objectives that aim to increase screening for breast and cervical cancer are consistent with overall BCCEDP goals and objectives and national guidelines for reducing illness and death from breast and cervical cancer. By the end of a 2-year communication effort:
    - Objective 1: Eighty percent of women in the intended audience will be able to correctly identify that yearly screening for breast and cervical cancer can help find cancers early, when they are most likely to be treated successfully.
    - Objective 2: BCCEDP X will increase its enrollment of members of the intended audience by 25 percent.
    - Objective 3: Ninety percent of women who are already enrolled in BCCEDP X will return for routine rescreening at the appropriate intervals.
- Factors that contribute to the health issue
  - Environmental factors that contribute to low screening rates include inconvenient clinic hours, lack of culturally appropriate services, and high public transportation expenses.
  - Biology can play a role in a woman’s risk for breast cancer: approximately 5 to 10 percent of women with breast cancer have a hereditary (inherited) form

of the disease.<sup>1</sup> In addition, age, a family history of breast cancer (in a mother, sister, or daughter), a personal history of breast cancer or benign (noncancerous) breast disease, early first menstrual period, and late menopause (“change of life”) are also associated with a higher risk for breast cancer.<sup>2</sup>

- Individual behavior
  - Women’s individual screening behavior—whether or not they follow the recommended guidelines for breast and cervical cancer for their age group—may have a huge impact on early detection and treatment of breast and cervical cancers. (This is the behavior that most concerns BCCEDPs.)
  - Sexual behavior can play a role in a woman’s risk for cervical cancer: human papillomaviruses, the sexually transmitted viruses that cause genital warts, are associated with cervical cancer.<sup>3</sup>
  - Cigarette smoking is associated with the development of and deaths from cervical cancer.<sup>4</sup>
- As noted in Step 1, women in the area served by BCCEDP X who are uninsured or underinsured are screened and rescreened at lower rates than are women with adequate insurance. Women who have inadequate insurance are the primary clients of BCCEDP X.
- Other related health communication efforts or interventions
  - Several local organizations have used health communication as a way to encourage women to be screened for breast and cervical cancer. There are no campaigns currently being planned or implemented.
  - One organization’s health communication effort involved radio, television, and print advertisements. This expensive campaign involved factual messages delivered by a white man in a lab coat who identified himself as a doctor and encouraged women to get a mammogram or Pap test. The organization planning the effort did not clearly identify the target audience nor did they pretest concepts or messages with members of the community—largely African American, Hispanic/Latino, and Vietnamese American. In addition, the advertisements did not provide specific telephone numbers for additional information, such as provider locations. At its completion, this health communication effort did not significantly increase the number of women seeking or receiving screening services in the area.

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<sup>1</sup> National Cancer Institute. Genetic testing for breast cancer risk: it’s your choice (fact sheet); 1997.

<sup>2</sup> American Cancer Society. Breast cancer—overview; 1998.

<sup>3</sup> National Cancer Institute. Human papillomaviruses and cancer (fact sheet); 1998.

<sup>4</sup> National Cancer Institute. Questions and answers about cigarette smoking and cancer (fact sheet); 1998.

- In contrast to the previous example, another organization’s health communication effort involved one-on-one education by community health workers, group education sessions in places of worship and worksites, and fliers placed in laundromats, social service agencies, and other community locations. Concepts and messages were pretested with the intended audience: uninsured or underinsured African American and Vietnamese American women ages 50 to 64. In addition, all messages included phone numbers that were staffed by English and Vietnamese speakers who answered questions and offered referrals to local providers. This effort was very successful in improving women’s knowledge about breast and cervical cancer and in influencing their intentions to seek out screening services. (Long-term evaluation is planned to see if the communication effort actually influenced screening behavior.)
- Two years ago, the State health department collaborated with a local cancer organization to study the knowledge, attitudes, and beliefs of women age 50 and older about cancer. (This study did not divide up information about participants by race/ethnicity or insurance coverage.) The study provided the following information related to breast and cervical cancer:
  - Sixty-five percent of respondents did not know that women should have mammograms and Pap tests every year.
  - Sixty-three percent of respondents agreed or strongly agreed that they were scared to get a mammogram or Pap test because of the possibility of finding out that they have cancer.
  - Fifty-nine percent of respondents agreed or strongly agreed that they were too busy taking care of their families to get a mammogram or Pap test.
  - Thirty-two percent of respondents believed that detecting breast cancer early *would not* improve the chances of treating it successfully.
  - Twenty-eight percent of respondents believed that mammograms could cause cancer.
- Strategy or combination of strategies that can best influence the health issue
  - Health communication can be used to help influence knowledge, attitudes, and behavior related to screening for breast and cervical cancer.
  - Other strategies, such as improving access to provider sites and clinics, are needed to help increase screening rates. Access may be improved in a number of ways: increasing transportation options, offering mobile mammography services, expanding clinic hours, ensuring culturally sensitive services in provider sites and clinics, and so forth.



## Step 3: Describe the Audience (Who do we want to reach?)

Any effective health communication effort is based on a thorough understanding of the intended audience—the specific group of people you want to reach and influence with your message. Given the diverse interests, needs, concerns, and priorities among different segments of the public, few messages are appropriate for everyone included in “the general public.” Careful audience analysis will help you develop relevant messages and materials and identify the channels most likely to reach and influence your audiences. Trying to reach everyone with one message or concept may dilute your communication activity so that it appeals to few rather than many people.

In this step, you will “segment” and prioritize your audience. The goal of audience segmentation is to identify the largest possible groups of people (among those affected by the issue) that share common traits that affect the way they respond to the health issue or problem. For some issues and messages, it may be sufficient to segment by physical characteristics (e.g., exposure to health risks) and demographic and cultural characteristics (e.g., age, gender, race) alone; for others, it may be appropriate to consider characteristics such as behaviors (e.g., smoking habits, exercise patterns), communication channels used (e.g., specific radio stations, magazines), and psychological characteristics (e.g., attitudes, values, opinions). Consider the following:

- Ways to describe and divide up the group(s) in the area served by your program
  - What physical characteristics, such as environmental exposures and family histories, are shared among groups?
  - What demographic and cultural characteristics, such as age, gender, race, ethnicity, literacy levels, and media habits are shared among groups?
  - What behavioral characteristics, such as history of cancer screening, are shared among groups?
  - What psychosocial characteristics, such as attitudes about health and health care, feelings about cancer, and cultural beliefs, are shared among groups?
  - What levels of knowledge about the health issue are shared among groups?
- Your program’s priorities for selecting the intended audience
  - What guidance does your program’s overall goals, objectives, mandates, and funding provide about selecting the intended audience?
  - Will you concentrate on certain groups based on
    - The overall size of the population (e.g., the largest group(s) will receive the most attention)?
    - Vulnerability to the health problem (e.g., the group(s) most affected by the health issue will receive the most attention)?

- Ease of reaching the population (e.g., the group(s) that have well-established social networks and are easiest to reach through traditional or established means will receive the most attention)?
- The population’s responsiveness or readiness to change behavior (e.g., the group(s) with a good “track record” of having responded in the past to health communication campaigns will receive the most attention)?
- Politics (e.g., the group(s) with strong advocacy will receive the most attention)?
- An opportunity to build on or “piggyback” existing efforts to reach the group(s)?
- Primary audiences vs. secondary audiences
  - Who will be the primary audience—the group(s) you wish to affect in some way (e.g., women ages 50 to 64, uninsured or underinsured, of a particular racial or ethnic group)?
  - Who will be your secondary audience—the group(s) that have influence on your primary audience (e.g., health care providers, family members of the intended audience, social service agencies)?

### **Example: BCCEDP “X”**

- Ways to describe and divide up the group(s) in the area served by your program
  - The area served by BCCEDP X includes people of several races, ethnicities, and cultures, different educational and literacy levels, and a variety of media habits. Because the primary intended audience for the program is already established by mandate, however, information about the general makeup of the geographic area will not be detailed here. (See below for intended audience.)
- Your program’s priorities for selecting the intended audience
  - BCCEDP X’s intended audience, as established by State X’s overall health plan, is underinsured or uninsured African American and Hispanic/Latina women ages 50 to 64. The selection of this intended audience was originally based upon the overall size of different populations, the extent to which racial/ethnic groups were affected by breast and cervical cancer, and the extent to which various racial/ethnic groups were insured.
- Primary audiences vs. secondary audiences
  - See above for primary audiences.
  - Secondary audiences will include family members of the intended audience, social service agencies, places of worship, community-based organizations that work with the three communities, and health care providers.

## Step 4: Develop a Communication Plan (What will we do? How will we do it?)

Once you have identified the intended audience(s), it is time to set specific audience objectives. These objectives should support the objectives of the overall communication effort that you describe in Step 2. The objectives set in this step are specific to your intended audiences. They also specify what is to be accomplished through each part or activity of the communication effort.

- Audience-specific communication objectives for the primary and secondary audiences
  - What do you want to affect through this communication effort? Do you want to increase awareness, improve knowledge, change attitudes or beliefs, and/or change behaviors?
  - How can you make objectives supportive of and derived from the goals and objectives of your BCCEDP program?
  - How can you make your objectives specific, measurable, attainable, realistic, and time bound?
  - How can you make sure that your objectives state the expected results of the communication activity (e.g., how much of *what* outcome is expected from *whom* by *when*)?

Once you have set audience-specific objectives, it is time to choose channels and settings that will be most effective in reaching the intended audiences. A wide range of communication channels can be used, ranging from interpersonal channels (e.g., outreach workers, provider/patient interactions, case manager/client education) to small-group or organizational channels (e.g., worksites, places of worship, community-based organizations) to mass media (e.g., TV, radio, newspapers, outdoor advertising, fliers, brochures, organization newsletters). Selecting channels is a crucial planning decision that affects how effectively and efficiently your health messages will reach your intended audiences.

Using several different but appropriate channels takes advantage of the unique strengths of each channel and minimizes the risk that a single channel will “miss” a large part of the intended audience. A good mix of channels increases the opportunities for the intended audience to be exposed to the message a sufficient number of times to absorb and remember it. Consider the following:

- Channel selection
  - From which sources do members of the intended audience seek or receive news, other information, and entertainment (i.e., which channels are most likely to be credible and accessible to the intended audience)?
  - What are the timeline and budget for your communication activities? Placement of articles in magazines often requires lead time of several months, whereas a video news release can be distributed and aired during the same afternoon. Production of a

television public service announcement (PSA) can cost many thousands of dollars, whereas a live-announcer radio script can be produced at little expense.

Settings are the actual places in which communication activities are delivered, including clinic waiting rooms or examination rooms, laundromats, beauty shops, and homes, among others.

Consider the following:

- Setting selection
  - Where can you reach the intended audience when they are attentive and open to your communication effort?
  - Where can potential partners help you reach the intended audience?

Activities are methods for delivering communication through the chosen channels. For example, two health communication activities that can be delivered through interpersonal channels are one-on-one counseling and peer education delivered by community health workers. Through small-group or organizational channels, activities may include group educational sessions in the workplace or in places of worship. Examples of activities delivered through mass media channels include radio PSAs, billboards, and television PSAs.

Because activities need to help you reach your goals and objectives, they need to be chosen based on their demonstrated effectiveness. Planners can look to literature reviews, evaluation results, and past experience to help select activities that are most likely to be effective.

- Activity selection
  - What activities are most likely to help you achieve your goals and objectives?
  - What activities are likely to have no negative effects on the intended audience?
  - Which activities can be used in combination with other activities?
  - What resources do you have and need?
  - What other agencies work with and have established trust and credibility with the intended audience?

### **Example: BCCEDP "X"**

- Audience-specific communication objectives for the primary and secondary audiences by the end of this 2-year communication effort include:
  - Objective 1: Eighty percent of underinsured or uninsured African American and Hispanic/Latina women enrolled in BCCEDP will be able to correctly identify that yearly screening for breast and cervical cancer can help find cancers early, when they are most likely to be treated successfully.
  - Objective 2: BCCEDP X will increase its enrollment of underinsured or uninsured African American and Hispanic/Latina women ages 50 to 64 by 25 percent.

- Objective 3: Ninety percent of women who are already enrolled in BCCEDP X will return for routine rescreening at the appropriate intervals.
- Channel selection
  - BCCEDP X worked with community-based organizations and places of worship to find out appropriate channels for reaching members of the intended audience. Some of the sources from which members of the intended audience seek or receive news, other information, and entertainment are as follows:
    - Many African American women seek and receive news and entertainment from two local radio stations, local and national newspapers, and local and national television stations. Visiting is common among friends and family members, and many women play bingo on a regular basis. In addition, many women in the African American community attend area churches and a local mosque.
    - Many Hispanic/Latina women seek and receive news and entertainment from a Spanish-language local radio station, newspaper, and a television station that broadcasts nationally. Women who are comfortable with English may seek information and entertainment from English-language sources such as newspapers, televisions, and radio. Visiting is common among friends and family members. In addition, many women in the Hispanic/Latina community attend area churches.
  - Implementation of the communication activity will be completed within 2 years. Short-term evaluation (see Step 9) will begin after implementation. The budget for this communication effort will determine, in part, activity selection (e.g., a PSA on a national Spanish-language TV station would be too expensive).
- Setting selection
  - African American women: homes, places of worship, and beauty parlors and other businesses
  - Hispanic/Latina women: homes, churches, and clinics
- Activity selection
  - African American women:
    - Community health workers, who will be recruited and trained in conjunction with a local community-based organization
    - Group education delivered in places of worship
    - Radio PSA
    - Posters with tear-off BCCEDP contact information in beauty parlors, bingo halls, and local businesses

- Hispanic/Latina Women:
  - Community health workers to be recruited and trained in conjunction with a local community-based organization
  - Group education delivered in places of worship
  - Print PSAs in Spanish-language newspapers
  - Radio PSA on the local Spanish-language radio station
  - Training for providers to encourage screening among their patients

## Step 5: Develop and Pretest Message Concepts (What do we want to say?)

Once channels, settings, and activities have been selected, it is time to begin thinking about messages to be delivered through chosen activities. A crucial step in creating effective health communication efforts is determining what message ideas or concepts have the best chance of “hitting home” and influencing the intended audience. This process begins with using formative research and pretesting.

Literature reviews, focus groups, and intercept interviews are examples of formative research tools that can be very helpful in identifying key message concepts. For example, research indicates that message concepts related to personal susceptibility and recommendations from physicians are effective. Consider the following:

- Information needs of the intended audience
  - What is the intended audience’s awareness of the health issue or problem?
    - Have they ever thought about the health issue?
    - What myths or misinformation do they hold?
    - What are their cultural belief systems about the health issue (e.g., what do they believe causes the health problem and what do they think can be done to prevent, diagnose, and treat it)?
    - To what extent do they think that they might be affected by the health issue (i.e., do they think they are vulnerable or susceptible to the problem)?
  - To what extent are they practicing the desired behavior?
  - If the intended audience is already practicing the desired behavior, but not on a regular basis, do they need reinforcement to continuing practicing the behavior?
- Relevance to the intended audience
  - What situations (e.g., family reunions, church picnics, community festivals) are familiar to the intended audience?
  - What works best with the intended audience for changing the factors that lead to the health issue or problem?
  - What health benefits (e.g., remaining healthy for the sake of one’s family, avoiding death) would motivate the intended audience?
  - What cultural or social norms (e.g., protecting one’s family, being part of the community, seeing everything in life as connected, holding special respect for elders) would motivate the intended audience?
  - What things might keep the intended audience from adopting the desired health behavior (e.g., inconvenience, fear, negative experiences in health care settings)?

- Accuracy of the message
  - Is there agreement among scientists about what the message should be (e.g., cancer screening recommendations)? If not, how will you handle the lack of consensus?
  - What are the key points that need to be made about the health issue or problem? For example, yearly mammograms are recommended for women age 50 and older.

Concepts are ideas or themes behind messages you will eventually write; they are not actual messages. For example, one concept that may be appropriate for women in the age served by BCCEDPs is emphasizing the women’s role within the family: protecting her health is good for her *and* the family. In writing concepts, consider the following:

- Writing concepts
  - What does a literature review tell you about the concepts that work well for your intended audience?
  - How can you fit the concept to the channel(s) you have chosen? For example, TV and radio are excellent choices to get across brief, simple, motivational concepts and messages. Interpersonal and small-group/organizational channels, such as community health workers and group educational sessions in workplaces, lend themselves better to more complex concepts and messages.
  - How can you use all of the above—information needs, cultural relevance, channels selected, and message accuracy—to make a first attempt at writing a concept?
  - How can you make your concept
    - Easy to understand?
    - Attention getting?
    - Credible?
    - Culturally appropriate?

Pretesting helps determine whether one concept works better for the intended audience than another and which concepts should eventually be developed into specific messages. The general approach to pretesting concepts is to share them with members of the intended audience and gauge their reactions. Is the concept easy to understand, attention getting, credible, and culturally appropriate?

Focus groups and intercept interviews are two of the most common pretesting methods. Focus groups are structured, planned discussion groups that are designed to collect opinions from members of the intended audience. They are led by a facilitator or moderator who is trained to draw the most information possible from the group. In focus groups, participants learn about the concepts and give feedback. Intercept interviews are commonly used in market research and are simple to conduct. Individuals appearing to fit predetermined criteria are approached in public places such as grocery stores, shopping malls, and sports arenas. These predetermined criteria may include age, race or ethnicity, and gender, among others.



For both focus groups and intercept interviews, it is important to develop a screener—a set of questions that the recruiter asks of all potential participants. These questions should help determine if someone is a member of the intended audience. They may be given a brief explanation and then asked for an opinion of the concept(s).

For example, if your intended audience is African American women ages 50 to 64 who do not have health insurance, you would want to ask questions that identify race/ethnicity, age, and insurance status before proceeding with an intercept interview or inviting someone to participate in a focus group. In pretesting message concepts, consider the following:

- Pretesting message concepts
  - What pretesting methods will you use?
  - How will you make sure that people participating in your intercept interviews, and/or focus groups are members of the intended audience?
  - What questions will you include in the moderator guide to help determine whether the concepts are relevant to pretest participants?

### **Example: BCCEDP “X”**

- Information needs were determined by one-on-one interviews with members of the intended audience. Although there was variation among individuals within each community, selected overall results related to breast cancer were as follows:
  - African American women had a high level of awareness about breast cancer. The majority felt that they were at risk; 55 percent had ever had a mammogram. Only 18 percent reported having a mammogram 2 years in a row.
  - Hispanic/Latina women had a low level of awareness about breast cancer, and therefore did not think of themselves at risk. Only 10 percent had ever had a mammogram.
- Relevance to the intended audience was determined from selected results based on literature review, one-on-one interviews, and discussion with community-based organizations that work with that audience.
  - African American women
    - Familiar situations include family reunions, bingo, and church teas.
    - One successful approach encourages women to seek screening services by emphasizing the women’s special role as elders in the community. It is important for the whole community that they stay healthy. Also, as elders, they will set the example for other women in the community.
    - To be successful, communication efforts need to address mistrust of health care settings based on previous bad experiences such as

experimentation on African Americans within the health care system (e.g., the Tuskegee Syphilis Study).

- Hispanic/Latina women
  - Familiar situations include family get-togethers and Christmas celebrations, and talking with other women in local stores (e.g., grocery stores).
  - One successful approach to encourage women to seek screening services is to emphasize the importance of women's role within the family and the importance of staying healthy for one's family. Another approach encourages men to speak with female partners and family members about screening.
  - To be successful, communication efforts need to address fear of governmental agencies (e.g., some Hispanic/Latina women without U.S. citizenship may be hesitant to seek services from a health department for fear of deportation).
- Accuracy of the message
  - There is clear agreement among scientists about screening guidelines for women in the intended audience. Yearly mammograms and Pap tests are recommended for women age 50 and older.
- Writing concepts
  - Concepts for messages delivered by community health workers can include more detail than those delivered through radio public service announcements (PSAs), which can be more detailed than those delivered on posters.
  - The following are examples of two of the concepts that were written for the intended audience:
    - Poster for African American women: A picture of an African American family of several generations, including several women in their 50s, at a reunion. The poster would get across the concept of respect for elders within the African American community.
    - Radio PSA for Hispanic/Latina women: Your family needs you. Take care of yourself by getting a mammogram (message to be delivered by a Hispanic/Latino celebrity).
- Pretesting message concepts
  - Concepts for the poster for African American women were pretested using intercept interviews.
    - First, all potential participants answered screener questions to make sure they were members of the intended audience. One example of a screener question was “Are you between the ages of 50 and 64?” People who

answered “no” to *any* of the screener questions were thanked for their time and the interview ended.

- People who answered “yes” to *all* of the screener questions were given a brief explanation about the poster and asked intercept interview questions. One example of an intercept interview question was “What do you like or dislike about the idea of showing a family reunion on the poster?”
- Concepts for the radio PSA for Hispanic/Latina women were pretested using focus groups.
  - First, all potential participants answered screener questions to make sure they were members of the intended audience. One example of a screener question was “Do you consider yourself to be either Hispanic or Latina?” People who answered “no” to *any* of the screener questions were thanked for their time and the interview ended.
  - People who answered “yes” to *all* of the screener questions were invited to participate in a focus group. One example of a focus group question was “How would you react to the idea that getting a mammogram will help you stay healthy for your family?”

## Step 6: Develop and Pretest Messages (How do we want to say it?)

Crafting specific messages is possible once you have determined which message concepts are most relevant to your communication goals and objectives, and meaningful to the intended audience. Each concept can be developed into several different messages. In writing messages, consider the following:

- Writing messages
  - How can you apply what you learn in pretesting message concepts?
    - Which concepts are most relevant to your communication goals and objectives *and* motivational to members of the intended audience?
    - What will make the message culturally and linguistically relevant to the intended audience?
    - What will be the tone and style of the message?
    - What will be the type of appeal used in the message? For example, will you appeal to the intended audience's logic? Try to reduce the intended audience's fear about screening? Try to create a sense of empowerment among the intended audience?
  - How can you tailor messages for each channel, setting, and activity through which they will be delivered?
  - Who will review messages before they are pretested (e.g., how can you enlist the help of colleagues or people who work with the intended audience)?
  - How can you develop a review checklist that addresses the following questions?
    - Are written messages at a reading level that is appropriate for the intended audience?
    - Is the word choice appropriate for the intended audience?

Once you have created specific messages, it is important to pretest them with the intended audience. Pretesting at this point in message development helps determine whether the messages and formats are appropriate, understandable, attention getting, credible, and relevant and have the desired effect (e.g., motivating members of the intended audience to call for a screening appointment).

Pretesting is conducted while materials are in draft form to allow changes to the messages or materials without great expense. As with message concepts, focus groups and intercept interviews are two of the most common pretesting methods. (See Handout #7, Step 5, for a more detailed description of focus groups and intercept interviews.) In pretesting messages, consider the following:

- Pretesting
  - Which pretesting methods will you use?
  - How will you make sure that people participating in your intercept interviews, and/or focus groups are members of the intended audience?
  - What question will you ask to address the following points, which will help determine whether the concepts are relevant to pretest participants?
    - Are messages understandable and relevant?
    - Are messages in a format and style appropriate for the intended audience?
    - Do messages incorporate the cultural norms of the audience?
    - Is word choice appropriate for the intended audience?
  - How will you revise your messages based on the results of the pretest before proceeding with “finished” products?

### **Example: BCCEDP “X”**

- Writing messages
  - African American women
    - Because the concepts were well received in pretesting, they will be developed into messages.
    - Pictures should look like members of the intended audience.
    - The style will be clear and direct (straight to the point).
    - The message will try to create a sense of empowerment among the intended audience by addressing the special status of elders.
    - The message was reviewed by several BCCEDP colleagues and staff at a local community-based organization that works with the African American community. Reviewers provided feedback on a checklist about reading level and word choice.
  - Hispanic/Latina women
    - Pretest participants felt that the message for the radio public service announcement (PSA) should be delivered by a “regular” person rather than a celebrity.
    - The message will appeal to women’s sense of responsibility towards their family as a way to encourage screening.
    - The message was reviewed by several BCCEDP colleagues and staff at a local community-based organization that works with the Hispanic/Latino community. Reviewers provided feedback on a checklist about reading level and word choice.

- Pretesting
  - Because the methods for pretesting concepts seemed to work well with the intended audience, the same methods were used for testing messages. Intercept interviews were conducted for the poster for African American women. Focus groups were assembled for the radio PSA for Hispanic/Latina women. Pretesting questions were revised to gather specific information about messages.
  - Several revisions were made to messages and format. Selected changes included
    - Adding a kente cloth border to the poster and showing a wider range of ages of African American women; and
    - Revising the wording of the message on the radio PSA for Hispanic/Latina women and using an announcer with a more “generic” accent (i.e., one that would not sound specifically Mexican or Puerto Rican).

## Step 7. Develop a Promotion Plan (How do we get it used?)

Developing a sound promotion plan for a communication activity is critical to ensure that it reaches its intended audiences.

Most effective health communication efforts include much more than delivery of a single product through a single channel. Imagine a single brochure distributed to public health clinics or a single public service announcement (PSA) offered to TV stations. Other communication components might include public relations activities (e.g., interviews on TV and radio talk shows) to draw attention to the communication message. They might involve networking with partners working with your program (e.g., places of worship, beauty salons, and coalitions). They might involve media advocacy at several levels to support changes in the public health environment (e.g., insurance reimbursement for mammograms).

In developing a promotion plan, consider the following:

- Developing a promotion plan
  - How can you make the promotion plan consistent with the communication objectives and the overall program goals?
  - How “do-able” is the promotion plan (i.e., is it within your ability to carry out)?
  - How can you use more than one channel and activity to deliver messages?
  - What other communication components, such as press conferences, other special kickoff functions, and visits to newspaper editorial boards, can be used?
  - How can you identify and enlist the help of “gatekeepers” or secondary audiences who will be of assistance in endorsing and promoting your messages?
  - How will you make sure that the plan includes all of the following necessary elements?
    - Description of the intended audience
    - Description of the channels, settings, and activities to be used
    - Description of how materials and information will be distributed (e.g., telephone hotlines, product distribution centers)
    - Description of how materials will be stored and tracked
    - Description of roles and responsibilities for personnel who will be responsible for different aspects of the communication effort
    - Timetable for carrying out communication activities

Two important activities should occur during the promotion planning step. They are

1. Packaging of materials to ensure their best use by primary and secondary intended audience members; and
  2. Pilot testing of one or more components of the total communication effort to answer critical promotion and distribution questions before full-scale implementation (e.g., how many telephone calls can be expected in response to a toll-free number in a TV PSA).
- Packaging and pilot testing
    - How can materials be packaged to ensure best use by the primary and secondary audiences?
    - How will you orient partners to the plan?
    - How will you pilot test activities to get an idea of anticipated response (e.g., how many telephone calls to an information hotline might a radio PSA generate)?
    - What preparations will you make to meet the anticipated response?

### **Example: BCCEDP “X”**

*Note:* The remaining examples will focus only on the activities designed for African American women.

- Developing a promotion plan
  - As noted in Step 4, several communication channels and activities were used. (Steps 5 to 8 focused on only one activity—a poster with tear-off contact information.)
  - Kickoff functions included a reception with food for staff of community-based organizations and leaders—including religious leaders—in the African American community.
  - Many of the attendees had been at an earlier meeting to discuss suggestions for promoting activities. Based on that meeting, a promotion plan was developed that included the following:
    - A description of the intended audience: underinsured or uninsured African American women ages 50 to 64.
    - A description of the channels, settings, and activities to be used: Community health workers, group education delivered in places of worship, a radio PSA, and a poster with tear-off BCCEDP contact information displayed in churches, beauty parlors, bingo halls, and local businesses.
    - A description of how materials and information are to be distributed: BCCEDP X will be responsible for storing, distributing, and tracking



materials with the help of a form that lists date, number of materials distributed, and name/organization to which materials are sent.

- A detailed list of roles and responsibilities within the BCCEDP and partnering organizations.
- A timetable for carrying out remaining communication activities.
- Packaging and pilot testing
  - Packaging was determined at the meeting prior to the kickoff reception. Partnering organizations determined, for example, that posters should be packaged in groups of 25 so that organizations would have enough to distribute to various sites in the community.
  - Partners were oriented to the plan by a followup conference call.
  - Activities were piloted in selected sites for 2 weeks. For example, posters were displayed at 10 locations. All callers were asked where they heard about the BCCEDP, and responses were recorded. The number of women who called because of the poster was averaged and then multiplied by the number of posters to be distributed. This provided a rough estimate of anticipated response.
  - Based on anticipated response, BCCEDP X decided that they needed to install another phone line to answer callers' questions and schedule appointments, and that they would utilize volunteers to help staff members answer phones. In addition, another case manager was hired to help enroll and educate women, and to help ensure that women would return for routine rescreening.

## Step 8: Implement Your Strategies (Let's do it!)

Careful planning and pretesting throughout the communication development process set the stage for action. Communication activities take place through all appropriate media and organizational channels, timed to support other elements of the overall program (e.g., support services, community outreach efforts). In this step, consider the following:

- Implementation
  - How can you ensure that partners and “gatekeepers” (secondary audiences) have enough materials?
  - How can you establish processes to deliver materials and information quickly?

During implementation, process evaluation is needed to determine whether mass media and organizational gatekeepers are actively participating in the communication activities, whether messages and materials are reaching intended audiences, and whether the overall activity is proceeding on time, on strategy, and within budget.

Process evaluation can also provide measures of message dissemination and exposure, using techniques and services such as clipping services, public service monitoring reports, “bounceback” cards, surveys, and measures of calls to hotlines or changes in inventory.

- Process evaluation
  - How can you measure the following?
    - Where and when the messages are broadcast, published, and delivered?
    - The level of participation of gatekeepers?
    - The level of satisfaction of gatekeepers?
    - How frequently the intended audiences are being exposed to the messages?
  - Who will be responsible for each part of the process evaluation?
  - How will you revise your promotion plan based on ongoing process evaluation results?

### Example: BCCEDP “X”

- Implementation
  - Partnering organizations were provided with materials based on the numbers they requested and were given a number to call if they needed more materials. In addition, a BCCEDP X staff member was given the responsibility of calling each partnering organization monthly for the duration of the communication effort to check on progress and see if assistance or additional materials were needed.

- Process evaluation
  - Process evaluation information was gathered using the following processes:
    - Number of times the radio PSA was aired was determined through contact with the radio stations.
    - Each community health worker kept a log of the number of women and family members reached.
    - Educators turned in a one-page sheet each time they delivered an educational session in a place of worship. Information recorded the number of participants, sex, and racial/ethnic makeup. In addition, participants were encouraged to fill out feedback forms at the end of the sessions to rate the impact on their intentions to seek screening services.
    - Gatekeepers kept a log of posters distributed. By visiting distribution locations monthly, they were also able to record the number of tear-off sheets with BCCEDP X contact information that were taken.
    - The level of satisfaction of gatekeepers was measured through written surveys and phone interviews 6 months after implementation began.
    - BCCEDP X continued to ask all callers about how they heard about the program. Responses were recorded and analyzed on a monthly basis.
  - BCCEDP staff members were assigned specific process evaluation tasks.
  - The following changes were made based on ongoing process evaluation:
    - Clinics and providers were contacted and asked to play the stations that aired radio PSAs most frequently in their waiting rooms.
    - Community health workers suggested changes to their log to make it easier and faster to use, and changes were made accordingly.
    - Changes were made to the guidelines for delivering group education sessions in places of worship; these included shortening the sessions, clarifying information, and creating a version that was more culturally appropriate for the Islamic community.
    - Because tear-off sheets were being taken off posters most often from laundromats and beauty parlors, BCCEDP staff located additional laundromats and beauty parlors in which to put posters.
    - At their request, gatekeepers were provided with an informational training so they could answer basic questions about BCCEDP X services and screening procedures.

## Step 9: Evaluate Your Efforts (How well did we do?)

Whereas the purpose of process evaluation is to measure how well your messages, materials, and activities were implemented and received by your intended audiences, the goal of short-term evaluation is to measure the effects of the communication activity on the intended audiences. For most programs, the focus of short-term evaluation will be on the extent to which your communication efforts were successful in enrolling women for breast and cervical cancer screening within a short (e.g., 3 months) period of time.

*Note:* Some evaluations may also cover long-term effects, such as changes in illness and death related to breast and cervical cancer. However, this type of long-term evaluation usually will not be the focus of a BCCEDP's evaluation efforts.

This phase of evaluation typically is the most difficult and most costly. Moreover, especially in a comprehensive prevention program, it can be difficult to separate the effects of health communication from the effects of other program elements. For these reasons, many programs will benefit from working with outside paid or volunteer consultants, such as university researchers, graduate students, and others who have experience evaluating health programs.

In this step, consider the following:

- Short-term evaluation
  - How will you make your evaluation plan consistent with the communication objectives and overall program goals?
  - How will you include the following in your evaluation plan?
    - What type of data you will collect and how you will collect them?
    - How will you show the effect of the messages on the intended audience?
    - What types of analysis will be done?
    - How will you measure the cost of the communication effort relative to the benefits?
    - What might be important reasons to evaluate separately the effects of health communication and the effects of other parts of the program?
    - How can you measure unexpected aspects or effects—positive or negative—of your health communication activities and what the effects might be?
  - Who will be responsible for each part of the outcome evaluation?
  - How will you disseminate your evaluation results?
    - For whom must reports be written about your communication efforts?
    - Who else might benefit from your experience?

- How might you share information with them?
- What lessons learned need to be considered in planning future communication efforts?

### **Example: BCCEDP “X”**

- Short-term evaluation
  - Short-term evaluation was conducted with the help of a professor and two graduate students from a local university. It was determined that the evaluation would focus on the extent to which the communication activities met the objectives written in Step 4.
  - The evaluation plan included the following information:
    - Data collection through a combination of written surveys and one-to-one interviews with women who have been screened and report that they were visited by community health workers, participated in group education sessions at places of worship, listened to the radio, visited places displaying posters, and ultimately enrolled in BCCEDP X

Questions will gather information about knowledge, attitudes, and beliefs about cancer risks and screening, intentions to be screened, and the degree to which communication activities were the reason that women actually enrolled in the BCCEDP

    - How data will be analyzed (by university professor and students):  
Written comments grouped according to theme; yes/no and opinion questions to be analyzed statistically
    - Roles and responsibilities of each person contributing to the evaluation
  - Evaluation results were disseminated through a report to the State BCCEDP, all BCCEDP X staff and volunteers, and all partnering organizations. The report included a brief summary of results, a section of more detailed results presented in bullet points, two simple charts, and a “lesson learned” section, which detailed points to consider in planning future communication efforts. Results related to objectives for African American women by the end of this 2-year communication effort included the following:
    - Objective 1: Seventy-six percent of underinsured or uninsured African American women ages 50 to 64 were able to correctly identify that yearly screening for breast and cervical cancer can help find cancers early, when they are most likely to be treated successfully.
    - Objective 2: BCCEDP X increased its enrollment of underinsured or uninsured African American women ages 50 to 64 by 33 percent.
    - Objective 3: Still under evaluation, as the rescreening rate needs to be tracked over time.

**Tools for Developing and Pretesting  
Cancer Communication Messages**

*Note: To follow are six tools for developing and pretesting messages. While some are geared specifically for print materials, others can be used for audio and video messages, as well.*

## Differences Between Skilled and Limited Readers

<b>Skilled Readers</b>	<b>Limited Readers</b>	<b>To Improve Learning and Understanding, You Can</b>
Interpret meaning of words; can infer meaning from words given in context.	Take words literally, e.g., feeling blue may mean “looking blue” not “feeling down.” Words such as “Pap” and “mammogram” may be confusing.	Explain the meaning of words. Do not assume. Ask for verification. Check out understanding with intended audience members. Use glossaries.
Read with fluency.	Read slowly and miss the meaning. Long sentences provide little meaning because words will be forgotten.	Use common words and short sentences. Get to the main point. Keep it simple. Less is more.
Look up uncommon words.	Skip over uncommon words.	Change to a common word or explain by an example. Define difficult words or substitute easier-to-understand words.
Grasp the context.	Miss the context.	Explain context first, and use visuals. Help the reader make the connection to his/her own life or situation.
Are persistent in their reading endeavors.	Tire quickly.	Use short paragraphs. Make layout look easy to read. Modify format to allow for breathing space. Make reading meaningful and relevant. Employ design techniques that are appealing, attractive, understandable, and motivating.

Adapted from Doak et al. 1995, 1996.

## Rapid Estimate of Adult Literacy in Medicine

The Rapid Estimate of Adult Literacy in Medicine (REALM) is a screening instrument to assess an adult's ability to read common medical words and lay terms for body parts and illnesses. It is designed to assist medical professionals in estimating a person's literacy level so that the appropriate level of education materials or oral instructions can be used. The test takes 2 to 3 minutes to administer and score.

### Directions:

1. Give the person a laminated copy of the REALM Worksheet (on the next page) and score answers on an unlaminated copy that is attached to a clipboard. Hold the clipboard at an angle so that she is not distracted by your scoring procedure.

Say:

“Please read as many words as you can from this list. Begin with the first word on List 1 and read aloud. When you come to a word you cannot read, do the best you can or say ‘blank’ and go on to the next word.”

2. If the person takes more than 5 seconds on a word, say “blank” and point to the next word, if necessary, to move the patient along. If she begins to miss every word, have her pronounce only known words.
3. Count as an error any word not attempted or mispronounced. Score by marking a plus (+) after each correct word, a check (✓) after each mispronounced word, and a minus (-) after words not attempted. Count as correct any self-corrected word.
4. Count the number of correct words for each list and record the numbers in the “score” box. Total the numbers and match the total score with its grade equivalent in the table on page 44.



# REALM Worksheet

Terry Davis, Ph.D. • Michael Crouch, M.D. • Sandy Long, Ph.D.

Patient Name/Subject # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Reading Level \_\_\_\_\_ Grade Completed \_\_\_\_\_

Date \_\_\_\_\_ Clinic \_\_\_\_\_ Examiner \_\_\_\_\_

List 1	List 2	List 3
fat _____	fatigue _____	allergic _____
flu _____	pelvic _____	menstrual _____
pill _____	jaundice _____	testicle _____
dose _____	infection _____	colitis _____
eye _____	exercise _____	emergency _____
stress _____	behavior _____	medication _____
smear _____	prescription _____	occupation _____
nerves _____	notify _____	sexually _____
germs _____	gallbladder _____	alcoholism _____
meals _____	calories _____	irritation _____
disease _____	depression _____	constipation _____
cancer _____	miscarriage _____	gonorrhea _____
caffeine _____	pregnancy _____	inflammatory _____
attack _____	arthritis _____	diabetes _____
kidney _____	nutrition _____	hepatitis _____
hormones _____	menopause _____	antibiotics _____
herpes _____	appendix _____	diagnosis _____
seizure _____	abnormal _____	potassium _____
bowel _____	syphilis _____	anemia _____
asthma _____	hemorrhoids _____	obesity _____
rectal _____	nausea _____	osteoporosis _____
incest _____	directed _____	impetigo _____

Score	
List 1	_____
List 2	_____
List 3	_____
Raw Score	_____

Adapted and reprinted with permission from Davis et al., 1993. "REALM" Copyright 1993.

## Grade Equivalent for REALM Scoring

<b>Raw Score</b>	<b>Grade Range</b>
0-18	3rd Grade and Below— Will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes
19-44	4th to 6th Grade— Will need low-literacy materials; may not be able to read prescription labels
45-60	7th to 8th Grade— Will struggle with most health education materials; will not be offended by low-literacy materials
61-66	High School— Will be able to read most health education materials

# Assessment of Printed Materials Worksheet

**Directions:**

Assess your printed materials using the following tool. Use the rating scale of 1 to 4 for each item in a major category.

**1 = poor, 2 = fair, 3 = good, 4 = very good, N/A = not applicable**

For each category, give an overall category rating of (+) *effective* or (-) *not effective*, (X) *unsure*

Name of medium (brochure/flier/poster, etc.): \_\_\_\_\_

Author: \_\_\_\_\_

Intended audience: \_\_\_\_\_

Cost/availability: \_\_\_\_\_

Category/Criteria	Rating 1 to 4	Overall Rating		
		(+)	(-)	(X)
<b>Format/Layout</b> <i>Is the overall format style appealing/understandable?</i>				
Organizational style				
White space				
Margins				
Grouping of elements				
Use of headers/advance organizers				
<b>Type</b> <i>Is the type size/style going to work with my intended group?</i>				
Size				
Style				
Spacing				
<b>Verbal Content</b> <i>Is the information accurate, easy to understand, and meaningful?</i>				
Clarity				
Quantity				
Relevancy to intended group (e.g., age, gender, ethnicity)				
Use of active voice				

Category/Criteria	Rating 1 to 4	Overall Rating		
		(+)	(-)	(X)
Readability level/difficulty				
Accuracy				
<b>Visual Content</b> <i>Are the visuals supportive to the text and are they relevant?</i>				
Tone/mood				
Clarity				
Cueing				
Relevancy to intended group (i.e., age, gender, ethnicity)				
Currency				
Accuracy				
Detail				
<b>Esthetic Quality</b> <i>Is this a publication that is likely to be looked at?</i>				
Attractiveness				
Color				
Quality of production space for notes, glossary, personalized instructions				

**Comments:**

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Overall, based on your scoring of 1 to 4 and an evaluation of its effectiveness with the intended group, how would you rate this educational tool? Circle one:

- 1 = poor:** Probably won't work with my intended audience. I would probably never use it.
- 2 = fair:** Has a low likelihood of success with my intended group. I would use it rarely and only in combination with other sources.
- 3 = good:** Has a good likelihood of being suitable and relevant for about half of my intended audience. I would use it sometimes.
- 4 = very good:** Has a high likelihood of being suitable and relevant for most of my intended audience. I would most definitely use it!

## How To Test for Readability

### The SMOG Readability Formula \*

To calculate the SMOG reading grade level, begin with the entire written work that is being assessed, and follow these four steps:

1. Count off 10 consecutive sentences near the beginning, in the middle, and near the end of the text.
2. From this sample of 30 sentences, circle all of the words containing three or more syllables (polysyllabic), including repetitions of the same word, and total the number of words circled.
3. Estimate the square root of the total number of polysyllabic words counted. This is done by finding the nearest perfect square, and taking its square root.
4. Finally, add a constant of three to the square root. This number gives the SMOG grade or the reading grade level that a person must have reached if he or she is to fully understand the text being assessed.

A few additional guidelines will help to clarify these directions:

- A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!), or a question mark (?).

- Hyphenated words are considered as one word.
- Numbers that are written out should also be considered, and if in numeric form in the text, they should be pronounced to determine whether they are polysyllabic.
- Proper nouns, whether polysyllabic, should be counted, too.
- Abbreviations should be read as unabbreviated to determine whether they are polysyllabic.

Not all pamphlets, factsheets, or other printed materials contain 30 sentences. To test a text that has fewer than 30 sentences:

1. Count all the polysyllabic words in the text.
2. Count the number of sentences.
3. Find the average number of polysyllabic words per sentence as follows:

$$\text{average} = \frac{\text{Total \# of polysyllabic words}}{\text{Total \# of sentences}}$$

4. Multiply that average by the number of sentences *short of 30*.
5. Add that figure on to the total number of polysyllabic words.
6. Find the square root and add the constant of 3.

\*Excerpted from U.S. Department of Health and Human Resources, National Institutes of Health, National Cancer Institute, Office of Cancer Communications. Making health communication programs work. 1992; pp. 77-79.

# Glossary of Terms Worksheet

## Instructions

In talking with your colleagues, what are the most commonly used words in your setting? Begin to develop a glossary of words, and try to find words that can be substituted. Choose words that are more familiar to the intended audience, are more culturally appropriate, or have fewer syllables. Do not simplify words if doing so changes the meaning. You also may spell out some words phonetically for ease of understanding.

### Difficult Word

- cervix
- examination
- mammogram
- opportunity
- palpation for breast lumps
  
- carcinoma
- detection

### Easier Word

- opening of the womb
- test
- x-ray picture of breast
- chance
- using your fingers to touch and press the breast to check for lumps
- cancer
- found

Write down other commonly used words. Verify the meaning and understanding of the words with peers and with intended audience members.

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# Learner Verification Exercise

## Purpose

- To pretest the effectiveness of the message.
- To help reveal ineffective information in early phases of development.
- To act as a quality assurance measure.

## Instructions

Based on the message you wish to convey, think of questions to ask members of an intended audience that address each of the components listed below.

Component	Description	Questions to ask
Attraction	Readers should be attracted to the health message.	_____ _____ _____
Comprehension	Readers should be able to summarize the main points of the cancer message.	_____ _____ _____
Self-Efficacy	Readers need to feel that they can do/act on the message.	_____ _____ _____
Acceptance	Readers need to think that the information is culturally relevant to them, and “speaks to” their race/ethnicity, age, gender, cultural values, physical abilities, and beliefs about health.	_____ _____ _____ _____ _____ _____ _____
Persuasion	Readers need to feel that this instruction is significant for them, and that acting on the message will have benefits for them.	_____ _____ _____ _____ _____

# Lesson Plans

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# Lesson Plans

## Getting Ready for the Training

### Things To Do

- Refer to pages 4-6 for a detailed preparation, delivery, and post-training activity checklist.
- Read the Background Reading chapter.
- Read the lesson plans contained in this chapter and familiarize yourself with the training resources chapter.
- Make copies of all handouts and transparencies. The handouts and transparencies will be used as the participant's manual. Be sure you have one copy for each participant.
- Make copies of the test and evaluation form.
- Create certificates of completion for participants. (A sample certificate is included on page 152.)
- Create a list of participants' names and contact information (addresses, phone numbers, fax numbers, and e-mail addresses, if applicable) to hand out during the training.
- In your mind, walk through the activities until you feel comfortable with how to lead them. You may wish to practice out loud, in front of a mirror, with a tape recorder, or with friends or colleagues.
- Write down the steps of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Health Communication Wheel on newsprint.
- Set up the training room so that participants can see each other (e.g., in a circle) and move freely around the room.
- Set up the overhead projector, and use one transparency to focus the projector.

### Materials, Equipment, and Supplies

- Newsprint pad
- Easel
- Markers
- Masking tape
- Name tags
- CD or cassette tape player and two songs of your choice
- Five examples of print materials that contain information on breast or cervical education, screening, or diagnosis (e.g., brochures, pamphlets, printed public-service announcements, after-care instructions)
- Overhead projector and screen
- Blank transparencies
- Transparency pens

- Transparency Masters for Trainers
  - T-1, p. 98: Purpose
  - T-2, p. 99: Objectives
  - T-3, p. 100: Health Communication
- Transparencies for Participants
  - T-1, p. 102: Purpose
  - T-2, p. 102: Objectives
  - T-3, p. 102: Health Communication
- Handouts
  - HO-1, p. 104: Making Cancer Communication Work Training Agenda
  - HO-2, p. 105: NBCCEDP Health Communication Wheel
  - HO-3, p. 106: Define the Health Issue
  - HO-4, p. 108: Set Goals and Objectives
  - HO-5, p. 113: Describe the Audience
  - HO-6, p. 116: Develop a Communication Plan
  - HO-7, p. 120: Develop and Pretest Message Concepts
  - HO-8, p. 125: Develop and Pretest Messages
  - HO-9, p. 128: Develop a Promotion Plan
  - HO-10, p. 131: Implement Your Strategies
  - HO-11, p. 134: Evaluate Your Efforts
  - HO-12, p. 137: Glossary of Terms Worksheet
  - HO-13, p. 138: Learner Verification Exercise
  - HO-14, p. 139: Assessment of Printed Materials Worksheet
  - HO-15, p. 141: Materials Redesign Workshop Guidelines
  - HO-16, p. 143: Action Steps Template
  - HO-17, p. 144: Additional Resources on Health Communication
- Trainer Resources
  - TR-1, p. 146: Training Evaluation Form
  - TR-2, p. 148: Training Test
  - TR-3, p. 150: Test Answer Key
  - TR-4, p. 152: Sample Certificate of Completion

### Training Agenda

• Welcome and Introductions	30 minutes
• Framework for Health Communication	90 minutes
• Break	15 minutes
• Developing Audience-Appropriate Materials	30 minutes
• Pretesting	45 minutes
• Lunch	60 minutes
• Assessing Print Materials	45 minutes
• Materials Redesign Workshop	75 minutes
• Break	15 minutes
• Next Steps	45 minutes
• Key Take-Home Messages and Evaluation	30 minutes
<b>Total Time</b>	<b>8 hours</b>

## Icons

The following icons are included in the “Facilitator Notes” column:



Approximate Activity Time (Times for specific parts of activities are included in parentheses next to smaller clock icons.)



Show Transparency



Refer to Handout



Distribute Trainer Resource



## Welcome and Introductions

### Step 1: Welcome participants and go over “housekeeping” details.

- As participants arrive, ask them to fill out name tags and put them on.
- Welcome participants and thank them for taking time to participate in this training.
- Briefly introduce yourself.
- Go over “housekeeping” details—location of restrooms, phones, water fountains, and so forth.

**Note to Trainer:** If this training is offered as a continuation of the Community Analysis training or Overview of Outreach Strategies training, the welcome and introductions should focus on addressing issues from the previous day’s training, answering questions, and providing an overview of what will be covered during this portion of the training.



### Step 2: Conduct the Circles Icebreaker (below) or an icebreaker of your choice.

- Ask participants to stand up and move to an area in the room that has space.
- Divide the group into two smaller groups of equal size and ask one group to form a large circle.
- Ask the other group to form a smaller circle inside the first group’s circle.
- Ask people in the outer circle to turn a quarter turn to their right.
- Ask people in the inner circle to turn a quarter turn to their left.

- Explain that you will play music. When the music begins
    - The outer circle will walk clockwise (in the direction they are facing); and
    - The inner circle will walk counterclockwise (in the direction they are facing).
  - Play the music for a few seconds, and then stop the music.
  - Ask participants to face the person in the other circle and to take turns introducing themselves and telling each other where they are from.
  - Give them 1 minute to accomplish this task.
  - Start the music again and ask them to continue walking in the same direction they were walking in before.
  - After a few seconds, stop the music.
  - Ask participants to face the person in the other circle and tell them where they work and what kind of work they do.
  - Continue the process of walking to music and stopping to talk to the person in the other circle, asking them to discuss the following:
    - What are your expectations for today?
    - What is your favorite family food dish and why?
    - What would you do with a million dollars?
    - If you could go anywhere on vacation, and money was no object, where would you go?
- Note to Trainer:** Do as many or as few topics as time will allow, but be sure to ask participants about their expectations. Encourage dancing around the circle as well as walking.
- After 5 minutes, stop the activity, have participants return to their seats, and ask them if anyone would like to share something interesting they learned. Take a few responses; be mindful of time constraints.

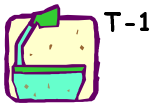
## Facilitator Notes

## Facilitator Outline

- Ask them what their partner's expectations were for today and record the answers on newsprint. (If you have already created a list based on the expectations that they mentioned on their application forms, ask them if they want to add to the list.)
- Thank everyone for their willingness to share information and get into the fun of the exercise, and encourage a round of applause for all.

**Note to Trainer:** This list of expectations—along with information provided on the application form—will help you gain an understanding of participants' training needs. To the greatest extent possible, provide examples, resources, and information to help ensure that the training is relevant and useful to them.

If someone lists an expectation that is clearly not going to be met in the training (e.g., "I want to learn a step-by-step process for doing a community analysis"), it is a good idea to explain at this point that this particular training will not cover that information. Make suggestions for other trainings or resources to help that participant learn the information or build the skills he or she is seeking.



### Step 3: Describe the purpose and learning objectives of this training and go over the agenda.

- Explain that the purpose of this training program is to learn about cancer communication and the skills needed to develop and implement effective cancer communication.
- Tell participants that by the end of this 6½-hour training program, they will be able to
  - Define health communication;
  - Describe the steps of the NBCCEDP Health Communication Wheel;
  - Describe characteristics of effective print materials;
  - Develop a plan for redesigning a printed health communication piece so that it is appropriate for the intended audience; and
  - Develop a plan for applying what has been learned back on the job.

## Facilitator Notes



HO-1



(5 mins)

## Facilitator Outline

- Refer them to Handout #1, Making Cancer Communication Work Training Agenda, and briefly go over the day's sessions.

### Step 4: Establish norms for the training.

- Explain to participants that setting “norms”—or ground rules—for the training will help to make the training a safe, respectful, comfortable environment for everyone.
- Ask them to create a list of norms for this training. Write the list on newsprint or a transparency.

**Note to Trainer:** You may wish to provide the following norms as examples if participants do not list them:

- One person talks at a time.
- Respect others' confidentiality.
- Help each other learn.
- Help the training stay on track by returning on time from breaks and lunch.
- All feedback is to be given in a supportive manner, with the goal of helping others improve their skills.

**Note to Trainer:** If you will be offering continuing education credits for this training, explain the process for receiving credits at this time.



## Framework for Health Communication

### Step 1: Introduce health communication.

- Ask participants to turn to the person sitting next to them and discuss how they have, in the past, learned about health and health-related issues. Both people should have an opportunity to talk.
- Give them 2 minutes to talk and then ask for a few volunteers to tell the group what they discussed.
- Ask them to turn to the same person and discuss if, when they learned about health, what they learned was usually accurate. Ask participants to also discuss the various ways they have learned accurate health information. Both persons should have an opportunity to talk.
- Give them 2 minutes to talk and then ask for a few volunteers to tell the group what they discussed.
- Make the point that providing and receiving accurate, effective, health information is not as easy as we would like to think, both in our personal and our professional lives.
- Explain that health communication consists of a range of activities intended to increase knowledge, promote positive changes in attitude, and increase screening behavior among the intended audience.
- Explain that in the context of outreach, the overall goal of health communication is to enroll and screen women for breast and cervical cancer. Therefore, this training will focus on how to use health communication effectively to recruit older medically underserved women for breast and cervical cancer screening.
- Tell them that it is crucial not to assume that communication is automatically the solution to a public health issue, such as how to recruit women for breast and cervical cancer screening. Instead, it essential to
  - Acquire a thorough understanding of a health issue and who is affected by it;
  - Explore a wide range of possible strategies for influencing the issue;



## Facilitator Notes

## Facilitator Outline

- Systematically select the strategies that show the most promise; and
  - Understand the role communication can play in planning, implementing, and evaluating selected strategies (CDC/ATSDR 1998).
- Explain that, in general, effective outreach involves multiple strategies that are selected based on a thorough community analysis.

**Note to Trainer:** Community analysis will not be discussed in depth in this training because the “Community Analysis” Lesson Plans are available. (See Part 1 of this series.)

You may need to help participants stay focused on health communication by deferring a discussion of community analysis until another time.



(5 mins)

### **Step 2: Introduce the National Breast and Cervical Cancer Early Detection Program Health Communication Wheel.**

- Explain that some time will be taken to review the NBCCEDP Health Communication Wheel, which will be the foundation for this training.

**Note to Trainer:** Have newsprint with the nine steps of the health communication wheel ready to put up on the wall. Leave the newsprint up for the rest of the training.



HO-2

- List the steps of the NBCCEDP Health Communication Wheel:
- Step 1: Define the Health Issue
  - Step 2: Set Goals and Objectives
  - Step 3: Describe the Audience
  - Step 4: Develop a Communication Plan
  - Step 5: Develop and Pretest Message Concepts
  - Step 6: Develop and Pretest Messages
  - Step 7: Develop a Promotion Plan
  - Step 8: Implement Your Strategies
  - Step 9: Evaluate Your Efforts

## Facilitator Notes



(60 mins)



HO-3  
thru  
HO-11



HO-3

## Facilitator Outline

### Step 3: Provide an overview of each of the nine steps.

- Refer participants to handouts #3 through #11, which describe each of the nine steps, for this discussion.

**Note to Trainer:** For each of the nine steps of the model, you will share information and then lead a discussion using the questions provided. To manage time effectively, you will need to average about 6 minutes for covering each step. (Some steps will take more time to discuss than others.)

- Tell participants that the nine-step model will be explained by a series of questions that program planners need to ask themselves when planning health communication efforts. After the questions for a step are covered, participants will be reading and discussing an example of how the questions might be answered by a fictional breast and cervical cancer early detection program.
- Explain that planning for effective health communication efforts begins with a statement of the health issue or problem to be addressed. Share the following questions that planners need to answer in **Step 1**:
  - Describe the health issue or problem:
    - What *is* happening with the health issue?
    - What *should be* happening with the health issue?
  - Relevance to your organization (internal factors):
    - Do you have organizational support to work on this health issue?
    - Does your organization have funding, authority, mandate, and the knowledge, expertise, and technology to work on this health issue?
    - Does your organization have a mission that supports this work?

- Relevance outside the organization (external factors):
  - What effect might social, cultural, and political forces have on your ability to tackle this health issue?
  - Is there demand from the public to tackle this issue?
- Describe the health issue in detail:
  - Who is affected by it?
  - Where is it happening?
  - When is it happening?
  - Are there any trends you notice with the health issue?
- Ask participants to spend 1 minute reading the example for **Step 1**. Then, encourage discussion by asking the following questions:
  - What is the health issue that concerns breast and cervical cancer early detection programs (BCCEDPs)?

**Note to Trainer:** Make sure that participants define the issue specifically as enrolling and screening medically underserved women for breast and cervical cancer.

- What is the difference between what *is* happening and what *should be* happening?
- To what extent does BCCEDP “X” have funding, organizational support, authority, mandate, and mission to work on this issue?

**Note to Trainer:** You may wish to acknowledge that the answer to this question may seem obvious, as working on this issue is BCCEDPs’ reason for existence. This will not be true of all organizations or all health issues, however, so it is a worthwhile question to ask in the health communication planning process.



- Explain that once you have reviewed the need for the health communication effort, it is time to clarify goals and set communication objectives. Writing clear objectives helps set the stage for evaluating the program when it is implemented. Share the following questions that planners need to answer in **Step 2**:

- Your overall reason for health communication efforts (abstract, long term, attainable, not necessarily measurable)
  - What is your “grand reason” for developing a health communication effort?
- The overall objectives for health communication within the program
  - What do you want to affect through this communication effort? Do you want to increase awareness, improve knowledge, change attitudes or beliefs, and/or change behavior? (Keep in mind that BCCEDP objectives must include behavior change—women enrolling and obtaining screening services.)
  - How can you make objectives supportive of and derived from the goals and objectives of your BCCEDP program?
  - To what extent do your objectives reflect a public health framework such as the Healthy People 2000 national health promotion and disease prevention objectives?
  - How can you make your objectives specific, measurable, attainable, realistic, and time bound?
  - How can you make sure that your objectives state the expected results of the communication activity (e.g., how much of *what* outcome is expected from *whom* and by *when*)?
- Factors that contribute to the health issue
  - To what extent do environmental factors, such as clinic locations, road conditions, lack of providers, or lack of transportation, contribute to the health issue?
  - To what extent does biology contribute to the health issue?
  - To what extent does individual behavior contribute to the health issue?
  - To what extent do policies, such as those related to insurance coverage for screening services, contribute to the health issue?

- Other related health communication efforts or interventions
  - Are other organizations already conducting or planning to conduct a communication effort or other intervention on the same topic?
  - How have messages been communicated in the past?
  - Which health communication efforts have been demonstrated to be successful in the past?
  - What is the level of knowledge, and what are the attitudes, beliefs, and behaviors related to the health issue in the community?
- The strategy or combination of strategies that can best influence the health issue
  - What contribution can health communication make to the overall program?
  - What other strategies, such as influencing policies, removing environmental barriers (e.g., improving road conditions), or improving health services, are needed?
- Ask participants to spend 1 minute reading the example for **Step 2**. Then, encourage discussion by asking the following questions:
  - How do BCCEDP X's objectives support its overall goals?
  - What are some examples of environmental factors that affect the health issue?
  - What contribution can health communication play in affecting this health issue? What are the limitations of health communication?
- Explain that any effective health communication effort is based on a thorough understanding of the intended audience—the specific group of people you want to reach and influence with your message. Share the following questions that planners need to answer in **Step 3**:
  - Ways to describe and divide up the group(s) in the area served by your program



HO-5

- What physical characteristics, such as environmental exposures and family histories, are shared among groups?
- What demographic and cultural characteristics, such as age, gender, race, ethnicity, literacy levels, and media habits are shared among groups?
- What behavioral characteristics, such as history of cancer screening, are shared among groups?
- What psychosocial characteristics, such as attitudes about health and health care, feelings about cancer, and cultural beliefs, are shared among groups?
- What levels of knowledge about the health issue are shared among groups?
- Your program’s priorities for selecting the intended audience
  - What guidance does your program’s overall goals, objectives, mandates, and funding provide about selecting the intended audience?
  - Will you concentrate on certain groups based on the overall size of the population, vulnerability to the health problem, ease of reaching the population, the population’s responsiveness or readiness to change behavior, politics, or an opportunity to build on or “piggyback” existing efforts to reach the group(s)?
- Primary audiences vs. secondary audiences
  - Who will be the primary audience—the group(s) you wish to affect in some way (e.g., women ages 50 to 64, uninsured or underinsured, of a particular racial or ethnic group)?
  - Who will be your secondary audience—the group(s) that have influence on your primary audience (e.g., health care providers, family members of the intended audience, social service agencies)?



HO-6

- Ask participants to spend 1 minute reading the example for **Step 3**. Then, encourage discussion by asking the following questions:
  - How did BCCEDP X choose its primary intended audience?
  - How can the secondary audiences identified help BCCEDP reach the primary audience?
  
- Explain that once you have identified the intended audience(s), it is time to plan specific audience objectives, and choose channels, settings, and activities that will be most effective in reaching the intended audiences. Share the following questions that planners need to answer in **Step 4**:
  - Audience-specific communication objectives for the primary and secondary audiences
    - What do you want to affect through this communication effort? Do you want to increase awareness, improve knowledge, change attitudes or beliefs, and/or change behaviors?
    - How can you make objectives supportive of and derived from the goals and objectives of your BCCEDP program?
    - How can you make your objectives specific, measurable, attainable, realistic, and time bound?
    - How can you make sure that your objectives state the expected results of the communication activity (e.g., how much of *what* outcome is expected from *whom* by *when*)?
  - Channel selection
    - From which sources do members of the intended audience seek or receive news, other information, and entertainment (i.e., which channels are most likely to be credible and accessible to the intended audience)?
    - What are the timeline and budget for your communication activities? Placement of articles in magazines often requires lead time of several months, whereas a video news release can be distributed and aired during the same afternoon. Production of a television public service announcement (PSA) can cost

many thousands of dollars, whereas a live-announcer radio script can be produced at little expense.

- Setting selection
  - Where can you reach the intended audience when they are attentive and open to your communication effort?
  - Where can potential partners help you reach the intended audience?
- Activity selection
  - What activities are likely to have no negative effects on the intended audience?
  - Which activities can be used in combination with other activities?
  - What resources do you have and need?
  - What other agencies work with and have established trust and credibility with the intended audience?

- Ask participants to spend 1 minute reading the example for **Step 4**. Then, encourage discussion by asking the following questions:

- How do the audience-specific objectives set in this step differ from the overall communication objectives set in Step 2?
- How does identifying appropriate channels help improve a program's chances of reaching the intended audience?
- What are the benefits of using multiple channels, settings, and activities to reach your intended audiences?



HO-7

- Explain that a crucial step in creating effective health communication efforts is determining what message ideas or concepts have the best chance of “hitting home” and influencing the intended audience. This process begins with using formative research and pretesting. Share the following questions that planners need to answer in **Step 5**:

- Information needs of the intended audience



- What is the intended audience’s awareness of the health issue or problem: Have they ever thought about the health issue? What myths or misinformation do they hold? What are their cultural belief systems about the health issue? To what extent do they think that they might be affected by the health issue?
- To what extent are they practicing the desired behavior?
- If the intended audience is already practicing the desired behavior, but not on a regular basis, do they need reinforcement to continuing practicing the behavior?
- Relevance to the intended audience:
  - What situations (e.g., family reunions, church picnics, community festivals) are familiar to the intended audience?
  - What works best with the intended audience for changing the factors that lead to the health issue or problem?
  - What health benefits (e.g., remaining healthy for the sake of one’s family, avoiding death) would motivate the intended audience?
  - What cultural or social norms (e.g., protecting one’s family, being part of the community, seeing everything in life as connected, holding special respect for elders) would motivate the intended audience?
  - What things might keep the intended audience from adopting the desired health behavior (e.g., inconvenience, fear, negative experiences in health care settings)?
- Accuracy of the message
  - Is there agreement among scientists about what the message should be (e.g., cancer screening recommendations)? If not, how will you handle the lack of consensus?
  - What are the key points that need to be made about the health issue or problem? For example, yearly mammograms are recommended for women age 50 and older.

- Writing concepts
  - What does a literature review tell you about the concepts—ideas or themes that you will eventually develop into messages— that work well for your intended audience?
  - How can you fit the concept to the channel(s) you have chosen? For example, TV and radio are excellent choices to get across brief, simple, motivational concepts and messages. Interpersonal and small-group/organizational channels, such as community health workers and group educational sessions in workplaces, lend themselves better to more complex concepts and messages.
  - How can you use all of the above—information needs, cultural relevance, channels selected, and message accuracy—to make a first attempt at writing a concept?
  - How can you make your concept easy to understand, attention getting, credible, and culturally appropriate?
- Pretesting message concepts
  - What pretesting methods will you use?
  - How will you make sure that people participating in your intercept interviews, and/or focus groups are members of the intended audience?
  - What questions will you include in the moderator guide to help determine whether the concepts are relevant to pretest participants?
- Ask participants to spend 1 minute reading the example for **Step 5**. Then, encourage discussion by asking the following questions:

**Note to Trainer:** Ask participants to read the descriptions of focus groups, intercept interviews, and screeners, as well.

- How were information needs of the intended audience determined?
- What pretesting methods were used?



HO-8

- How did planners ensure that women participating in focus groups and intercept interviews were actually members of the intended audience?
- Explain that crafting specific messages is possible once you have determined which message concepts are most relevant to your communication goals and objectives, and meaningful to the intended audience. Each concept can be developed into several different messages, which are then pretested. Share the following questions that planners need to answer in **Step 6**:
  - Writing messages
    - How can you apply what you learn in pretesting message concepts? Which concepts are most relevant to your communication goals and objectives *and* motivational to members of the intended audience? What will make the message culturally and linguistically relevant to the intended audience? What will be the tone and style of the message? What will be the type of appeal used in the message?
    - How can you tailor messages for each channel, setting, and activity through which they will be delivered?
    - Who will review messages before they are pretested (e.g., how can you enlist the help of colleagues or people who work with the intended audience)?
    - How can you develop a review checklist that addresses whether reading level and word choice are appropriate for the intended audience?
  - Pretesting
    - Which pretesting methods will you use?
    - How will you make sure that people participating in your intercept interviews and/or focus groups are members of the intended audience?
    - What question will you ask to address the following points, which will help determine whether the concepts are relevant to pretest participants: Are messages understandable and relevant? Are messages in a format and style appropriate for the intended

audience? Do messages incorporate the cultural norms of the audience? Is word choice appropriate for the intended audience?

- How will you revise your messages based on the results of the pretest before proceeding with “finished” products?

- Ask participants to spend 1 minute reading the example for **Step 6**. Then, encourage discussion by asking the following questions:

- What information from concept pretesting was used to develop messages for African American women? For Hispanic/Latina women?
- What type of “appeal”—or method for motivating the intended audience—was used in the poster for African American women?
- What suggestions did women in the focus group have for making the poster more relevant?



HO-9

- Explain that developing a sound promotion plan for a communication activity is critical to ensure that it reaches its intended audiences. Most effective health communication efforts include much more than delivery of a single product through a single channel. Share the following questions that planners need to answer in **Step 7**:

- Developing a promotion plan
  - How can you make the promotion plan consistent with the communication objectives and the overall program goals?
  - How “do-able” is the promotion plan (i.e., is it within your ability to carry out)?
  - How can you use more than one channel and activity to deliver messages?
  - What other communication components, such as press conferences, other special kickoff functions, and visits to newspaper editorial boards, can be used?
  - How can you identify and enlist the help of “gatekeepers” or secondary audiences who will be of assistance in endorsing and promoting your messages?

- How will you make sure that the plan includes all of the following necessary elements: a description of the intended audience; the channels, settings, and activities to be used; how materials and information will be distributed; how materials will be stored and tracked; roles and responsibilities for personnel who will be responsible for different aspects of the communication effort; and a timetable for carrying out communication activities?
- Packaging and pilot testing
  - How can materials be packaged to ensure the best use by primary and secondary audiences?
  - How will you orient partners to the plan?
  - How will you pilot test activities to get an idea of anticipated response?
  - What preparations will you make to meet the anticipated response?
- Ask participants to spend 1 minute reading the example for **Step 7**. Then, encourage discussion by asking the following questions:
  - What role did partnering organizations play in promotional activities and packaging decisions?
  - How did pilot testing activities help BCCEDP X prepare for the response generated by communication activities?
- Explain that careful planning and pretesting throughout the communication development process set the stage for action. During implementation, process evaluation is needed to determine whether mass media and organizational gatekeepers are actively participating in the communication activities, whether messages and materials are reaching intended audiences, and whether the overall activity is proceeding on time, on strategy, and within budget. Share the following questions that planners need to answer in **Step 8**:



HO-10

- Implementation
  - How can you ensure that partners and “gatekeepers” (secondary audiences) have enough materials?
  - How can you establish processes to deliver materials and information quickly?
- Process evaluation
  - How can you measure where and when the messages are broadcast, published, and delivered; the level of participation and satisfaction of gatekeepers; and how frequently the intended audiences are being exposed to the messages?
  - Who will be responsible for each part of the process evaluation?
  - How will you revise your promotion plan based on ongoing process evaluation results?
- Ask participants to spend 1 minute reading the example for **Step 8**. Then, encourage discussion by asking the following questions:
  - How was process evaluation information collected?
  - What changes were made based on that information?
  - Based on this example, why is process evaluation an essential part of health communication efforts?
- Explain that the goal of short-term evaluation is to measure the effects of the communication activity on the intended audiences. For most programs, the focus of short-term evaluation will be on the extent to which your communication efforts were successful in enrolling women for breast and cervical cancer screening within a short (e.g., 3 months) period of time. Share the following questions that planners need to answer in **Step 9**:
  - Short-term evaluation
    - How will you make your evaluation plan consistent with the communication objectives and overall program goals?



HO-11

- How will you include the following in your evaluation plan:  
What type of data you will collect and how you will collect it?  
How will you show the effect of the messages on the intended audience? What types of analysis will be done?
  - How will you measure the cost of the communication effort relative to the benefits?
  - What might be important reasons to evaluate separately the effects of health communication and the effects of other parts of the program?
  - How can you measure unexpected aspects or effects—positive or negative—of your health communication activities and what the effects might be?
  - Who will be responsible for each part of the outcome evaluation?
  - How will you disseminate your evaluation results: For whom must reports be written about your communication efforts? Who else might benefit from your experience? How might you share information with them? What lessons learned need to be considered in planning future communication efforts?
- Ask participants to spend 1 minute reading the example for **Step 9**. Then, encourage discussion by asking the following questions:
- What was the focus of BCCEDP X’s short-term evaluation?
  - Where can BCCEDPs find assistance in conducting evaluation?
  - What are some reasons to disseminate a report of your evaluation findings to partnering organizations, colleagues, volunteers, and others?

## Facilitator Notes



(15  
mins)

## Facilitator Outline

### Step 4: Summarize the discussion.

- Summarize the discussion by asking participants the following questions:
  - What questions do you have about the nine steps?
  - To what extent do you think you will be able to use the model in your health education work?
- Reiterate that communication activities are one aspect of successful recruitment of women for breast and cervical cancer screening. A crucial part of this model is using the results of a thorough community analysis to determine the role health communication can play in reaching program goals and objectives.
- Answer any questions and address any concerns.
- Remind them that they each have information on their handouts about all of the steps.
- Tell them that in the next session they will be focusing on developing materials that are appropriate and effective for an intended audience.



15  
minutes

### Break





## Developing Audience-Appropriate Materials

### Step 1: Introduce the activity.

- Explain to participants that there are several steps in developing effective health communication materials, once it has been determined that the identified health issue can be addressed effectively through health communication.
- Point out that for the purposes of this training, we will assume that health communication is an appropriate solution for an identified health issue. In real life, other strategies might be needed, including ones that influence policy-level changes or create structural changes in the environment (e.g., improving road conditions to improve women's access to screening facilities).
- Explain that, for the purposes of the next few activities, we will assume that through careful planning, it has been determined that mass media—print, audio, and/or video—channels and activities are appropriate for the intended audience.
- Point out that there are various tools that can be used to help develop effective health communication materials. Participants will become familiar with a few of these tools as they move through this training.
- Explain that the focus for the next session will be on how to make print materials more user friendly. However, the information and skills also can be applied to audio and video materials.
- Remind them of the request for them to bring their program's printed materials.

**Note to Trainer:** Participants who did not bring printed materials can use examples you provide.

- Share the following information:
  - The content and structure of print, audio, and video materials are most effective when they are tailored specifically for the intended audience.

## Facilitator Notes

## Facilitator Outline



- Take into consideration the information habits of the intended audience, how they get their health information and from which sources. This information should be determined in Step 4.

### Step 2: Conduct the activity.

- Explain that the next activity will help get participants thinking about the words they use when they develop health communication materials.
- Divide the group into four smaller groups by having them count off 1, 2, 3, 4. All 1's will be a group, all 2's will be a group, and so forth.
- Ask them to turn to Handout #12, Glossary of Terms Worksheet.
- Ask them to work together in their small groups to fill in the worksheet. They will have 10 minutes to work on this task. Explain that they should focus on words and expressions related to breast and cervical cancer education and screening.
- After 10 minutes, ask the groups to write their lists of difficult words and easier words on newsprint. Allow 2 to 3 minutes for groups to transfer their lists to newsprint; then, bring the large group back together.
- Put all the glossary lists up on the wall, cross off any repeated terms, and briefly review the lists with the whole group.
- Ask if anyone would like to add any words or expressions. If there are any words or expressions that you feel would be important, add them as well.

**Note to Trainer:** If possible, arrange to have the lists of terms typed up and sent to them soon after the training. If you will be able to send the lists to them, let them know at this time.

## Facilitator Notes



(5 mins)

## Facilitator Outline

### Step 3: Process the activity.

- Have participants share what they learned through this activity by asking the following questions:
  - What did you learn through this activity?
  - What will you do differently in your job as a result of this activity?
- Explain that the next session will focus on how to pretest concepts and messages you have developed.



## Pretesting

### Step 1: Introduce the activity.

- Review the following information about pretesting:
  - Even when people working on health communication campaigns know their intended audience well, pretesting is vital. Pretesting helps ensure that health messages are relevant and culturally and language appropriate.
  - There are two commonly used methods for pretesting—focus groups and intercept interviews.
    - Focus groups are structured, planned, discussion groups that are designed to collect unrehearsed opinions from community residents. They may hear about the materials and then have an opportunity to review the materials and give feedback about them.
    - Intercept interviews are commonly used in market research and are simple to conduct. Individuals appearing to fit predetermined criteria are approached in public places such as grocery stores, shopping malls, and sports arenas. These predetermined criteria may include age, race or ethnicity, and gender, among others. The individuals may be given a brief explanation and then asked for their opinion of the materials.
    - For both focus groups and intercept interviews, it is essential to develop a “screener”—a set of questions that the interviewer or focus group moderator asks of all potential participants. These questions should help determine if the potential participant is a member of the intended audience. For example, if your intended audience is African American women ages 50 to 64 who do not have health insurance, you would want to ask questions that identify race/ethnicity, age, and insurance status.
  - There is an important distinction between the pretesting that planners do in Step 5: Develop and Pretest Message Concepts and in Step 6: Develop and Pretest Messages. Concepts *are not* health-related messages. They *are* central themes or abstract ideas that serve as the springboard for discussion with an audience to get their input and the language to be used to develop health messages.

- For example, the Connecticut Breast and Cervical Cancer Early Detection Program was developing its video PSA, “What is a Woman?” The program pretested the concept of using a celebrity to deliver messages about the importance of screening and early detection.
- Focus-group participants felt strongly that viewers would relate better to noncelebrities than to celebrities. Consequently, the PSA was eventually filmed with “regular people.”
- To pretest the actual messages, the program developed a storyboard, which laid out the proposed scenes and dialog for the PSA.
- The storyboard indicated that the narrator would be saying, “She’s a wife, she’s a mother . . .,” and so forth, as a way of listing the many roles that women play.
- When this message was pretested, focus-group participants felt that the narrator should speak directly to the listener. The dialog was therefore changed to say, “You’re a wife, you’re a mother . . .,” and so forth.
- These opinions gathered from the intended audience were crucial in the PSA-development process. Pretesting concepts *and* messages in this manner not only helps ensure that the materials are appropriate for the intended audience, it also saves time and money that might have to be spent in redoing a video.



### Step 2: Conduct the activity.

- Explain that the purpose of this activity is to develop and practice using pretesting questions. The questions they will come up with can be used in focus groups or intercept interviews.
- Ask participants to get back together with their last group, and turn to Handout #13, Learner Verification Exercise.
- Give the following directions:
  - Each group will select one piece of printed material to focus on.

**Facilitator Notes****Facilitator Outline**

- Everyone in the group will take turns being interviewed about one of the five components, or topics, listed on the handout— attraction, comprehension, self-efficacy, acceptance, and persuasion.
- A description is provided for each component on the handout.
- To start, one person will be interviewed by the other three people in the group on the topic of attraction. The three interviewers will think of questions to ask the interviewee related to the attractiveness of health communication materials. For example, one question related to attractiveness might be, “Would you stop to look at this flier?”
- Then, another person in the group will be interviewed on the topic of comprehension. Again, the three interviewers will think of and ask questions related to this topic.
- Try to cover all five topics in the 20 minutes allotted for this activity.
- If the person being interviewed looks confused by a question, or if he or she answers in a way that is not appropriate to the question, there is a good chance that the particular question is not effective.
- Groups should record on newsprint questions that worked well for each of the five topics.
- Circulate among the small groups to provide participants with periodic time checks to keep them moving through the topics (every 4 minutes or so, encourage them to move onto the next topic).
- After about 15 minutes, bring the whole group back together and tape the newsprint lists on the wall.
- Briefly review the lists of questions. If you see repetitions, cross them off.
- Ask if anyone would like to add anything to the lists.

**Note to Trainer:** If possible, arrange to have the questions participants come up with typed up and sent to them soon after the training. If you will be able to send questions to them, let them know at this time.



(5 mins)

### Step 3: Process the activity.

- Process the activity by asking participants the following questions:
  - How does pretesting contribute to the process of developing health communication materials?
  - How will you use what you learned in this activity in your work?
- Reiterate that tools such as the ones they have used so far in the training provide a step-by-step process to help ensure that health communication materials are appropriate for the intended audience.
- Thank them for their hard work. Tell them that in the next session they will work in small groups to assess existing materials and develop plans for adapting materials for a specific audience.



60  
minutes

## Lunch



## Assessing Print Materials

### Step 1: Introduce the activity.

- Explain that the purpose of this activity is to take a critical look at already existing materials, and to assess their effectiveness and appropriateness for an intended audience. Using or adapting materials that already exist—instead of creating them from scratch—can save a lot of time, energy, and work.
- Remind participants that although the group will be focusing on printed materials for this training, many of the principles may be applied to other channels, activities, and materials.

### Step 2: Conduct the activity.

- Ask participants to pair up with another person in the group whom they have not yet worked with in this training.
- Ask them to turn to the Handout #14, Assessment of Printed Materials Worksheet.
- Walk through the components of this worksheet:
  - **Format/Layout**
    - *Organizational style* is the order in which information is presented.
    - *White space* is the space on the page with no words or pictures (even if the paper is a color other than white).
    - *Margins* are the white space on the top, bottom, left, and right sides of the page; margins usually do not have words or pictures in them.
    - *Grouping of elements* is the way in which words and pictures are grouped together.
    - *Headers/advance organizers* are the “titles” that are used for different sections.
  - **Type** is the actual letters, or the “font” used.



- **Verbal Content**

- *Clarity* is the extent to which the messages are easy to understand.
- *Quantity* is the amount of words on the page; often people try to “cram” too much information in one printed piece.
- Use of *active voice* means that things are described in a way that suggests that the reader can act instead of be acted upon. For example, “She made an appointment for a mammogram” is written in active voice; “An appointment for a mammogram was made by her” is in passive voice.
- *Readability level/difficulty* is how hard the messages are to read.
- *Accuracy* is whether or not the messages are factual.

- **Visual Content**

- *Tone/mood* relates to the feeling the message conveys the reader (e.g., scary, upbeat, empowering).
- *Cueing* is whether the pictures relate to the words and help the reader understand the messages.
- *Currency* reflects how up-to-date the information is.

- **Esthetic Quality** is how attractive the materials are.

- Instruct pairs to review their own printed materials with the help of these guidelines. They should take 10 minutes to review one set of materials together, and then take another 10 minutes to review the second set of materials together.
- Explain that they will need to decide who is the primary intended audience—the group of people who will actually be reading the printed piece—before doing their critical review. They will need to use their best judgment and their experience working with the intended audience in reviewing materials.
- Remind pairs when 10 minutes have passed that they should switch to the second set of materials.

## Facilitator Notes



(5 mins)

## Facilitator Outline

- At the end of the allotted time, ask participants to come back into the large group.

### **Step 3: Process the activity.**

- Invite participants to share their experiences, using the following questions:
  - What did you learn about your own materials?
  - What did you learn from this activity?
- Thank everyone for their hard work and willingness to review their own and their partner's materials.
- Point out that in real life, they would probably want to have several people—including members of the intended audience or people who work closely with the intended audience—review materials.
- Explain that the next activity will focus on developing a plan to adapt materials.



## Materials Redesign Workshop

### Step 1: Introduce the activity.

- Explain to participants that they will now have an opportunity to develop a plan for adapting materials to meet the needs of an intended audience. They will be working in small groups and will be provided with a scenario that describes an intended audience. They will develop a plan for how to adapt materials to meet the needs of that audience.
- Point out that in the real world, it takes longer than 30 minutes to develop a plan for adapting materials, and much longer to actually adapt the materials. This workshop is intended to give them a chance to apply what they have learned so far in the training.

### Step 2: Conduct the activity.

- Divide the group into smaller groups of five. Each group of five will work together on materials.
- Ask participants to turn to Handout #15, Materials Redesign Workshop Guidelines.
- Give the following directions:
  - They will read Handout #15, including the scenario on the back of the page.
  - They will review the materials members of the group brought with them, and select one piece to be adapted to the intended audience described in the scenario. Then they will apply what they have learned in previous sessions of this training to the selection of the appropriate material.
  - Groups will then report back to the full group about how they would adapt this printed material, including the following in their report:
    - Communication objectives
    - Design (content, look, language, appeal)
    - Pretesting methods
    - Implementation plan

**Facilitator Notes****Facilitator Outline**

- Promotion plan
- Methods for process and short-term evaluation
- The focus of the workshop should be on *planning the process for redesigning materials*—not on actually redesigning them.
- They may use any of the tools from this training as they go through the process of planning their adaptation. For example, they will want to refer back to handouts #2 through #11, which explain the NBCCEDP Health Communication Wheel. In addition, they may find the Glossary of Terms Worksheet, the Learner Verification Exercise, and the Assessment of Printed Materials Worksheet (handouts #12 through #14) helpful.
- They will be provided with any supplies they need, including newsprint, markers, masking tape, blank transparencies, and so forth.
- They will have 30 minutes for this part of the workshop.
- You will be available for questions during the time they are working on their materials and presentations.
- Give them a 5-minute warning before the 30 minutes are up, and then ask groups to come back together into the large group. Groups may stay together if they choose.
- Ask them to make their presentations. (Presentations can be made in any order.)
- After each group presents, ask the other groups if they have any questions or comments to share.

**Note to Trainer:** As groups present, make sure they cover each of the following items:

- Communication objectives
- Design (content, look, language, appeal)
- Pretesting methods
- Implementation plan
- Promotion plan
- Methods for process and short-term evaluation

If groups do not cover these items on their own, ask them about the item(s) they missed.



(5 mins)

### Step 3: Process the activity.

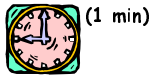
- Process the activity by asking participants the following questions:
  - How confident do you feel in your ability to adapt materials?
  - How do you feel you can use the information we have covered in this training?
  - How do you feel you can utilize this information when you get back to your jobs?
- Answer any questions and address any concerns.
- Thank them for their hard work and great presentations.



15  
minutes

### Break

## Facilitator Notes



## Facilitator Outline

### Next Steps

#### Step 1: Introduce the activity.

- Explain that during this session, participants will think about how they will apply what they have learned in this training to their work.
- Tell them that they will prioritize new ideas they have gained from this training, determine who else they should consult and what additional assistance they will need, and set deadlines for implementing these ideas.
- Explain that Handout #16, Action Steps Template, has been developed to help facilitate the process of turning ideas into action steps.

#### Step 2: Conduct the activity.

- Give the following instructions.
  - Participants will write three ideas for implementing health communication activities in their BCCEDP on the Action Steps Template and begin to list actions to be taken within 1 month, in the next 1 to 3 months, and in the next 3 to 6 months. If actions involve budgetary decisions, the first step, for example, may be to draft a proposal for obtaining funds.
  - They also will make a list of the three key people whose buy-in will be essential to implementing their action steps.
- Give them 15 minutes to work individually.
- Bring the group back together.
- Ask them to brainstorm the following two lists, and record their answers on newsprint:
  - List 1: Things that will help them implement their action steps (for example, buy-in of the project director);
  - List 2: Things that will hinder them in implementing their action steps (for example, lack of funding).

## Facilitator Notes



(10  
mins)

## Facilitator Outline

### Step 3: Process the activity.

- Ask the group to offer solutions for the things that have been identified as hindrances. Record suggestions on the newsprint with list 2 (hindrances).
- Give participants 5 minutes to record “solutions” on their Action Steps Template.

## Facilitator Notes



## Facilitator Outline

### Key Take-Home Messages and Evaluation

#### Step 1: Thank participants for their hard work and elicit key take-home messages.

- Compliment the group on areas in which it is strong or in which you observed improvement during the training.
- Ask participants to summarize what they will “take home” with them from this training. Record their responses on newsprint or a blank transparency.

**Note to Trainer:** You may wish to go around the room and have each participant contribute one key message.

#### Step 2: Review participants' expectations.

- Refer back to the transparency or newsprint of participants' expectations (from the Welcome and Introductions session).
- Ask them to identify expectations met in this training. Check off expectations that have been met.
- Provide suggestions for additional training or resources to help participants with expectations that were not met during the training. (Refer to the group for ideas in addition to providing your own suggestions.)
- Refer them to Handout #17, Additional Resources on Health Communication, and explain that this handout contains resources to help them learn more about this topic.
- Hand out the participant list so that they can continue to share ideas and resources after the training.

#### Step 3: Ask participants to complete evaluation forms for the session.

- Ask participants to complete the evaluation form for this training.
- Collect completed evaluation forms.



## Facilitator Notes



(15 mins)



TR-2



TR-3



TR-4

## Facilitator Outline

### Step 4: Administer the test.

- Distribute the test to participants.
- Collect completed tests.
- Go over test answers with the whole group. (The Test Answer Key is located on page 150.)

### Post-Training Activities

- Distribute or send certificates of completion to participants.
- If you had this training accredited for continuing education credits, submit materials to the appropriate organization.

# Training Resources

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# Training Resources

This section contains all of the transparency masters and handouts you will need to facilitate this 6½-hour training.

## Contents of This Section

- Marketing Flier, page 95
- Application Form, page 96
- Transparency Masters for Trainers
  - T-1, p. 98: Purpose
  - T-2, p. 99: Objectives
  - T-3, p. 100: Health Communication
- Transparencies for Participants
  - T-1, p. 102: Purpose
  - T-2, p. 102: Objectives
  - T-3, p. 102: Health Communication
- Handouts
  - HO-1, p. 104: Making Cancer Communication Work Training Agenda
  - HO-2, p. 105: NBCCEDP Health Communication Wheel
  - HO-3, p. 106: Define the Health Issue
  - HO-4, p. 108: Set Goals and Objectives
  - HO-5, p. 113: Describe the Audience
  - HO-6, p. 116: Develop a Communication Plan
  - HO-7, p. 120: Develop and Pretest Message Concepts
  - HO-8, p. 125: Develop and Pretest Messages
  - HO-9, p. 128: Develop a Promotion Plan
  - HO-10, p. 131: Implement Your Strategies
  - HO-11, p. 134: Evaluate Your Efforts
  - HO-12, p. 137: Glossary of Terms Worksheet
  - HO-13, p. 138: Learner Verification Exercise
  - HO-14, p. 139: Assessment of Printed Materials Worksheet
  - HO-15, p. 141: Materials Redesign Workshop Guidelines
  - HO-16, p. 143: Action Steps Template
  - HO-17, p. 144: Additional Resources on Health Communication
- Trainer Resources
  - TR-1, p. 146: Training Evaluation Form
  - TR-2, p. 148: Training Test
  - TR-3, p. 150: Test Answer Key
  - TR-4, p. 152: Sample Certificate of Completion

## **Marketing Flier and Application Form**

# Outreach To Increase Screening for Breast and Cervical Cancer

## Making Cancer Communication Work

A Training Program of the National Training Center,  
Division of Cancer Prevention and Control, Centers for Disease Control and Prevention

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**Date:**

**Location:**

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**Purpose:** The overall goal of this 6½-hour training is to help participants build skills in planning, implementing, and evaluating health communication efforts.

**Objectives:** By the end of this 6½-hour training, participants will be able to

- Define health communication;
- Describe the steps of the National Breast and Cervical Cancer Early Detection Program Health Communication Wheel;
- Describe characteristics of effective print materials;
- Develop a plan for redesigning a printed health communication piece so that it is appropriate for the intended audience; and
- Develop a plan for applying what has been learned back on the job.

**Audience:** The intended audience for this training program is State, regional, county, and local breast and cervical early detection program (BCCEDP) staff, task forces, coalition members, partners, and others who contribute to BCCEDP outreach activities. Geared for participants at a “beginning” to “intermediate” level, the training is appropriate for participants who have

- No experience with health communication; *or*
- Some experience with health communication and wish to strengthen their skills and learn a systematic process for developing communication activities and materials.

**Methods:** This training program is based on principles of adult learning, is designed to be interactive, and will combine a variety of training strategies, including discussion, small-group tasks, scenarios, and planning of action steps.

**Request To Attend:** Please complete and send/fax the enclosed application form to:

**Space Is Limited!** Space in this training is limited to 20 participants. Please note that for you to attend, you must agree to attend the entire training and participate in evaluation activities.

## Making Cancer Communication Work Training Application Form

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you ever used health communication to recruit women for breast and cervical cancer screening?

- Yes
- No (If no, please skip to the last question.)

What have been some of the challenges you have faced in using health communication?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What have been some of the benefits you have experienced from using health communication?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you expect to gain from this training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Important Note:** Please bring at least one example of printed education materials from your program. Your example may be a breast or cervical cancer education and screening brochure, pamphlet, printed public service announcement, or after-care instructions. You will be assessing and redesigning print materials as part of this training.

# **Transparency Masters for Trainers**

# ***Purpose***

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To learn about cancer communication and the skills needed to develop and implement effective cancer communication



# ***Objectives***

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- Define health communication;
- Describe the steps of the NBCCEDP Health Communication Wheel;
- Describe characteristics of effective print materials;
- Develop a plan for redesigning a printed health communication piece so that it is appropriate for the intended audience; and
- Develop a plan for applying what has been learned back on the job.

# ***Health Communication***

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A range of activities intended to increase knowledge, promote positive changes in attitude, and increase screening behavior among the intended audience

## **Transparencies for Participants**

***Purpose***

To learn about cancer communication and the skills needed to develop and implement effective cancer communication

T-1



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***Objectives***

- Define health communication;
- Describe the steps of the NBCCEDP Health Communication Wheel;
- Describe characteristics of effective print materials;
- Develop a plan for redesigning a printed health communication piece so that it is appropriate for the intended audience; and
- Develop a plan for applying what has been learned back on the job.

T-2



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***Health Communication***

A range of activities intended to increase knowledge, promote positive changes in attitude, and increase screening behavior among the intended audience

T-3



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# Handouts

# Handout #1

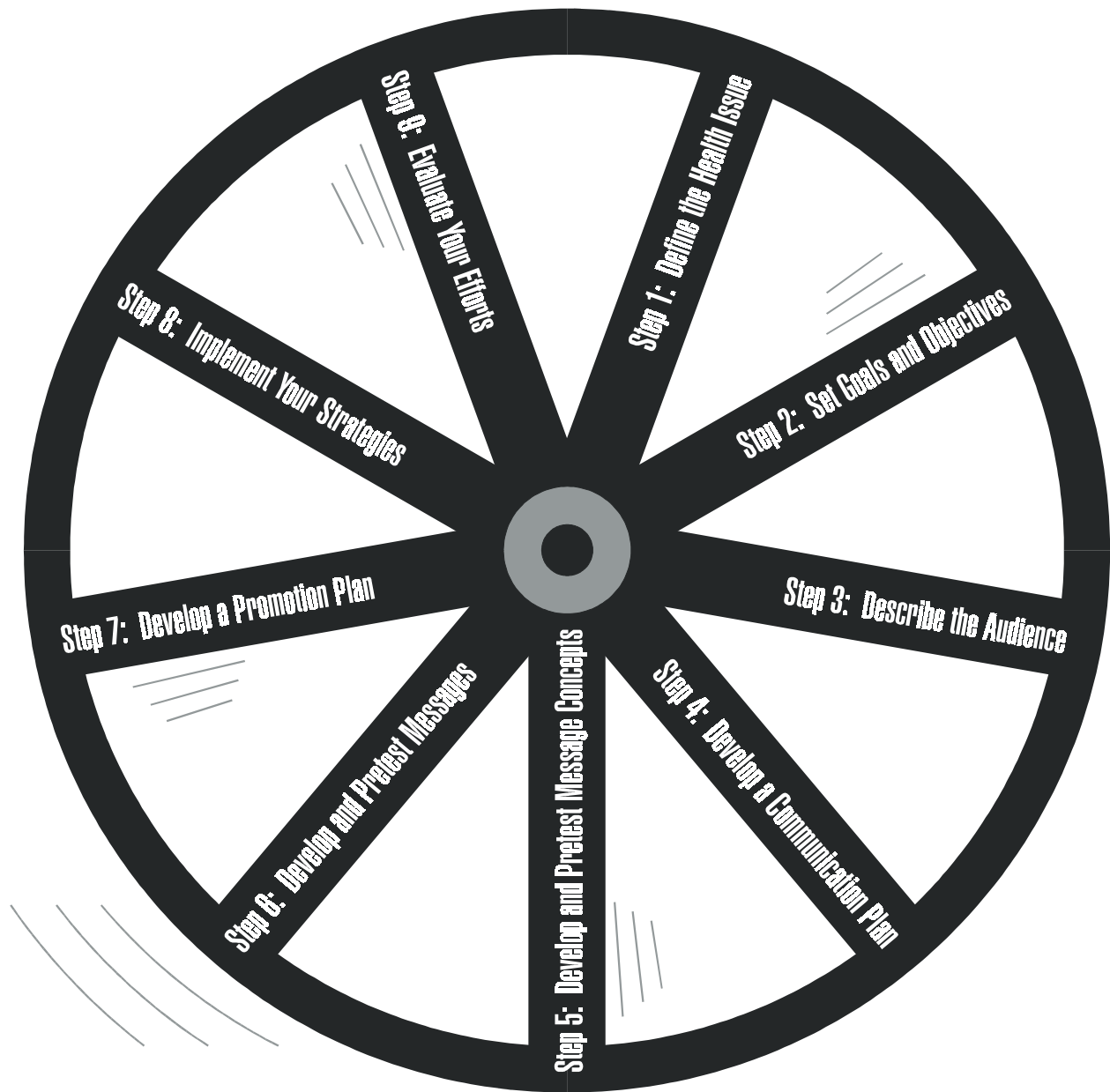
## Making Cancer Communication Work Training Agenda

Welcome and Introductions	30 minutes
Framework for Health Communication	90 minutes
Break	15 minutes
Developing Audience-Appropriate Materials	30 minutes
Pretesting	45 minutes
Lunch	60 minutes
Assessing Print Materials	45 minutes
Materials Redesign Workshop	75 minutes
Break	15 minutes
Next Steps	45 minutes
Key Take-Home Messages and Evaluation	30 minutes

## Handout #2

# NBCCEDP Health Communication Wheel

The model below is an adaptation of CDC's Nine-Step Health Communication Model (1993) and the CDCynergy model (1998). This nine-step wheel combines elements of both models into one specifically designed for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).



## Handout #3

### Define the Health Issue

#### Step 1: Define the Health Issue (What is the health issue we want to affect?)

Planning for effective health communication efforts begins with a statement of the health issue or problem to be addressed. In this step, consider the following:

- Describe the health issue or problem:
  - What *is* happening with the health issue?
  - What *should be* happening with the health issue?
- Describe its relevance to your organization (internal factors):
  - Do you have organizational support to work on this health issue?
  - Does your organization have
    - funding to work on this health issue?
    - the authority to work on it?
    - the mandate to work on it?
    - a mission that supports this work?
    - the knowledge, expertise, and technology to work on this health issue?
- Describe its relevance outside the organization (external factors):
  - What effect might social, cultural, and political forces have on your ability to tackle this health issue?
  - Is there demand from the public to tackle this issue?
- Describe the health issue in detail:
  - Who is affected by it?
  - Where is it happening?
  - When is it happening?
  - Are there any trends you notice with the health issue?

#### **Example: Applying This Step to BCCEDP “X”**

**Note:** This example follows a fictional Breast and Cervical Cancer Early Detection Program (BCCEDP) through the health communication process. The example provides a general description of the process. It does not include every detail or every



### Handout #3 (continued)

piece of information necessary to develop, implement, and evaluate effective health communication efforts.

- Describe the health issue or problem:

Broadly speaking, the health issue that concerns BCCEDP X is breast and cervical cancer. Because this training is focused on outreach to increase screening, we will define the issue more specifically as enrolling and screening medically underserved women for breast and cervical cancer.

- What *is* happening: Many women in the area are not being screened for breast and cervical cancer. Among the women who are being screened, many are not returning as necessary for rescreening.
- What *should be* happening: All women in the area should be coming back at regular intervals for breast and cervical cancer screening.
- Describe its relevance to your organization (internal factors):
  - BCCEDP X has funding, organizational support, authority, mandate, and mission to enroll, screen, and rescreen medically underserved women for breast and cervical cancer. In fact, providing screening and early detection services is its reason for existence.
  - Paid BCCEDP staff, along with medical advisory boards, coalition members, partners and volunteers, have the knowledge, expertise, and technology to work on this health issue.
- Describe its relevance outside the organization (external factors):
  - Social, cultural, and political forces might have had an impact on BCCEDP X's ability to implement communication activities. For example, workplaces and places of worship may be resistant to working with the BCCEDP to offer recruitment and screening programs. Working to convince these sites and others to work with BCCEDP X will be part of planning this effort.
  - More accessible screening and early detection services are in demand by the public, including breast cancer survivors, activists, and BCCEDP coalition members, among others.
- Describe the problem in detail:
  - Women from all socioeconomic, racial, and ethnic backgrounds in the area currently seek screening and rescreening services less frequently than is recommended. Medically underserved women (e.g., low-income women and uninsured or underinsured women) are screened and rescreened at lower rates than women with higher incomes and adequate insurance.

## Handout #4

### Set Goals and Objectives

#### Step 2: Set Goals and Objectives (What do we want to accomplish?)

Once you have reviewed the need for the health communication effort, it is time to clarify goals and set communication objectives. Writing clear objectives helps set the stage for evaluating the program when it is implemented. In this step, consider the following:

- Your overall reason for health communication efforts (abstract, long term, attainable, not necessarily measurable)
  - What is your “grand reason” for developing a health communication effort?
- The overall objectives for health communication within the program
  - What do you want to affect through this communication effort? Do you want to increase awareness, improve knowledge, change attitudes or beliefs, and/or change behavior? (Keep in mind that BCCEDP objectives must include behavior change—women enrolling and obtaining screening services.)
  - How can you make objectives supportive of and derived from the goals and objectives of your BCCEDP program?
  - To what extent do your objectives reflect a public health framework such as the Healthy People 2000 national health promotion and disease prevention objectives?
  - How can you make your objectives specific, measurable, attainable, realistic, and time bound?
  - How can you make sure that your objectives state the expected results of the communication activity (e.g., how much of *what* outcome is expected from *whom* and by *when*)?
- Contributing factors
  - To what extent do environmental factors, such as clinic locations, road conditions, lack of providers, or lack of transportation, contribute to the health issue?
  - To what extent does biology contribute to the health issue?
  - To what extent does individual behavior contribute to the health issue?
  - To what extent do policies, such as those related to insurance coverage for screening services, contribute to the health issue?
- Other related health communication efforts or interventions
  - Are other organizations already conducting or planning to conduct a communication effort or other intervention on the same topic?
  - How have messages been communicated in the past?

## Handout #4 (continued)

- Which health communication efforts have been demonstrated to be successful in the past?
- What is the level of knowledge, and what are the attitudes, beliefs, and behaviors related to the health issue in the community?
- Strategy or combination of strategies that can best influence the health issue
  - What contribution can health communication make to the overall program?
  - What other strategies, such as influencing policies, removing environmental barriers (e.g., improving road conditions), or improving health services are needed?

### Applying This Step to BCCEDP "X"

- Your overall reason for health communication efforts (abstract, long-term, attainable, not necessarily measurable)
  - BCCEDP X wants to reduce illness and death from breast and cervical cancer among the intended audience(s).
- Overall objectives for health communication within the program
  - BCCEDP X wants to “do it all”—increase awareness, improve knowledge, and change attitudes and beliefs as necessary to affect women’s screening behavior (i.e., the program ultimately wants to enroll and screen women in the intended audience).
  - Objectives that aim to increase screening for breast and cervical cancer are consistent with overall BCCEDP goals and objectives and national guidelines for reducing illness and death from breast and cervical cancer. By the end of a 2-year communication effort:
    - Objective 1: Eighty percent of women in the intended audience will be able to correctly identify that yearly screening for breast and cervical cancer can help find cancers early, when they are most likely to be treated successfully.
    - Objective 2: BCCEDP X will increase its enrollment of members of the intended audience by 25 percent.
    - Objective 3: Ninety percent of women who are already enrolled in BCCEDP X will return for routine rescreening at the appropriate intervals.
- Factors that contribute to the health issue
  - Environmental factors that contribute to low screening rates include inconvenient clinic hours, lack of culturally appropriate services, and high public transportation expenses.

## Handout #4 (continued)

- Biology can play a role in a woman’s risk for breast cancer: approximately 5 to 10 percent of women with breast cancer have a hereditary (inherited) form of the disease.<sup>5</sup> In addition, age, a family history of breast cancer (in a mother, sister, or daughter), a personal history of breast cancer or benign (noncancerous) breast disease, early first menstrual period, and late menopause (“change of life”) are also associated with a higher risk for breast cancer.<sup>6</sup>
- Individual behavior
  - Women’s individual screening behavior—whether or not they follow the recommended guidelines for breast and cervical cancer for their age group—may have a huge impact on early detection and treatment of breast and cervical cancers. (This is the behavior that most concerns BCCEDPs.)
  - Sexual behavior can play a role in a woman’s risk for cervical cancer: human papillomaviruses, the sexually transmitted viruses that cause genital warts, are associated with cervical cancer.<sup>7</sup>
  - Cigarette smoking is associated with the development of and deaths from cervical cancer.<sup>8</sup>
- As noted in Step 1, women in the area served by BCCEDP X who are uninsured or underinsured are screened and rescreened at lower rates than are women with adequate insurance. Women who have inadequate insurance are the primary clients of BCCEDP X.
- Other related health communication efforts or interventions
  - Several local organizations have used health communication as a way to encourage women to be screened for breast and cervical cancer. There are no campaigns currently being planned or implemented.
  - One organization’s health communication effort involved radio, television, and print advertisements. This expensive campaign involved factual messages delivered by a white man in a lab coat who identified himself as a doctor and encouraged women to get a mammogram or Pap test. The organization planning the effort did not clearly identify the target audience nor did they pretest concepts or messages with members of the community—largely African American, Hispanic/Latino, and Vietnamese

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<sup>5</sup> National Cancer Institute. Genetic testing for breast cancer risk: it’s your choice (fact sheet); 1997.

<sup>6</sup> American Cancer Society. Breast cancer—overview; 1998.

<sup>7</sup> National Cancer Institute. Human papillomaviruses and cancer (fact sheet); 1998.

<sup>8</sup> National Cancer Institute. Questions and answers about cigarette smoking and cancer (fact sheet); 1998.

## Handout #4 (continued)

American. In addition, the advertisements did not provide specific telephone numbers for additional information, such as provider locations. At its completion, this health communication effort did not significantly increase the number of women seeking or receiving screening services in the area.

- In contrast to the previous example, another organization's health communication effort involved one-on-one education by community health workers, group education sessions in places of worship and worksites, and fliers placed in laundromats, social service agencies, and other community locations. Concepts and messages were pretested with the intended audience: uninsured or underinsured African American and Vietnamese American women ages 50 to 64. In addition, all messages included phone numbers that were staffed by English and Vietnamese speakers who answered questions and offered referrals to local providers. This effort was very successful in improving women's knowledge about breast and cervical cancer and in influencing their intentions to seek out screening services. (Long-term evaluation is planned to see if the communication effort actually influenced screening behavior.)
- Two years ago, the State health department collaborated with a local cancer organization to study the knowledge, attitudes, and beliefs of women age 50 and older about cancer. (This study did not divide up information about participants by race/ethnicity or insurance coverage.) The study provided the following information related to breast and cervical cancer:
  - Sixty-five percent of respondents did not know that women should have mammograms and Pap tests every year.
  - Sixty-three percent of respondents agreed or strongly agreed that they were scared to get a mammogram or Pap test because of the possibility of finding out that they have cancer.
  - Fifty-nine percent of respondents agreed or strongly agreed that they were too busy taking care of their families to get a mammogram or Pap test.
  - Thirty-two percent of respondents believed that detecting breast cancer early *would not* improve the chances of treating it successfully.
  - Twenty-eight percent of respondents believed that mammograms could cause cancer.
- Strategy or combination of strategies that can best influence the health issue
  - Health communication can be used to help influence knowledge, attitudes, and behavior related to screening for breast and cervical cancer.

**Handout #4** (continued)

- Other strategies, such as improving access to provider sites and clinics, are needed to help increase screening rates. Access may be improved in a number of ways:
  - Increasing transportation options
  - Offering mobile mammography services
  - Expanding clinic hours
  - Ensuring culturally sensitive services in provider sites and clinics

## Handout #5

### Describe the Audience

#### Step 3: Describe the Audience (Who do we want to reach?)

Any effective health communication effort is based on a thorough understanding of the intended audience—the specific group of people you want to reach and influence with your message. Given the diverse interests, needs, concerns, and priorities among different segments of the public, few messages are appropriate for everyone included in “the general public.” Careful audience analysis will help you develop relevant messages and materials and identify the channels most likely to reach and influence your audiences. Trying to reach everyone with one message or concept may dilute your communication activity so that it appeals to few rather than many people.

In this step, you will “segment” and prioritize your audience. The goal of audience segmentation is to identify the largest possible groups of people (among those affected by the issue) that share common traits that affect the way they respond to the health issue or problem. For some issues and messages, it may be sufficient to segment by physical characteristics (e.g., exposure to health risks) and demographic and cultural characteristics (e.g., age, gender, race) alone. For others, it may be appropriate to consider characteristics such as behaviors (e.g., smoking habits, exercise patterns), communication channels used (e.g., specific radio stations, magazines), and psychological characteristics (e.g., attitudes, values, opinions). Consider the following:

- Ways to describe and divide up the group(s) in the area served by your program
  - What physical characteristics, such as environmental exposures and family histories, are shared among groups?
  - What demographic and cultural characteristics, such as age, gender, race, ethnicity, literacy levels, and media habits are shared among groups?
  - What behavioral characteristics, such as history of cancer screening, are shared among groups?
  - What psychosocial characteristics, such as attitudes about health and health care, feelings about cancer, and cultural beliefs, are shared among groups?
  - What levels of knowledge about the health issue are shared among groups?
- Your program’s priorities for selecting the intended audience
  - What guidance does your program’s overall goals, objectives, mandates, and funding provide about selecting the intended audience?
  - Will you concentrate on certain groups based on
    - The overall size of the population (e.g., the largest group(s) will receive the most attention)?

## Handout #5 (continued)

- Vulnerability to the health problem (e.g., the group(s) most affected by the health issue will receive the most attention)?
  - Ease of reaching the population (e.g., the group(s) that have well-established social networks and are easiest to reach through traditional or established means will receive the most attention)?
  - The population’s responsiveness or readiness to change behavior (e.g., the group(s) with a good “track record” of having responded in the past to health communication campaigns will receive the most attention)?
  - Politics (e.g., the group(s) with strong advocacy will receive the most attention)?
  - An opportunity to build on or “piggyback” existing efforts to reach the group(s)?
- Primary audiences vs. secondary audiences
    - Who will be the primary audience—the group(s) you wish to affect in some way (e.g., women ages 50 to 64, uninsured or underinsured, of a particular racial or ethnic group)?
    - Who will be your secondary audience—the group(s) that have influence on your primary audience (e.g., health care providers, family members of the intended audience, social service agencies)?

### **Example: BCCEDP “X”**

- Ways to describe and divide up the group(s) in the area served by your program
  - The area served by BCCEDP X includes people of several races, ethnicities, and cultures, different educational and literacy levels, and a variety of media habits. Because the primary intended audience for the program is already established by mandate, however, information about the general makeup of the geographic area will not be detailed here. (See below for intended audience.)
- Your program’s priorities for selecting the intended audience
  - BCCEDP X’s intended audience, as established by State X’s overall health plan, is underinsured or uninsured African American and Hispanic/Latina women ages 50 to 64. The selection of this intended audience was originally based upon the overall size of different populations, the extent to which racial/ethnic groups were affected by breast and cervical cancer, and the extent to which various racial/ethnic groups were insured.
- Primary audiences vs. secondary audiences
  - See above for primary audiences.



**Handout #5** (continued)

- Secondary audiences will include family members of the intended audience, social service agencies, places of worship, community-based organizations that work with the three communities, and health care providers.

## Handout #6

### Develop a Communication Plan

#### Step 4: Develop a Communication Plan (What will we do? How will we do it?)

Once you have identified the intended audience(s), it is time to set specific audience objectives. These objectives should support the objectives of the overall communication effort that you describe in Step 2. The objectives set in this step are specific to your intended audiences. They also specify what is to be accomplished through each part or activity of the communication effort.

- Audience-specific communication objectives for the primary and secondary audiences
  - What do you want to affect through this communication effort? Do you want to increase awareness, improve knowledge, change attitudes or beliefs, and/or change behaviors?
  - How can you make objectives supportive of and derived from the goals and objectives of your BCCEDP program?
  - How can you make your objectives specific, measurable, attainable, realistic, and time bound?
  - How can you make sure that your objectives state the expected results of the communication activity (e.g., how much of *what* outcome is expected from *whom* by *when*)?

Once you have set audience-specific objectives, it is time to choose channels and settings that will be most effective in reaching the intended audiences. A wide range of communication channels can be used, ranging from interpersonal channels (e.g., outreach workers, provider/patient interactions, case manager/client education) to small-group or organizational channels (e.g., worksites, places of worship, community-based organizations) to mass media (e.g., TV, radio, newspapers, outdoor advertising, fliers, brochures, organization newsletters). Selecting channels is a crucial planning decision that affects how effectively and efficiently your health messages will reach your intended audiences.

Using several different but appropriate channels takes advantage of the unique strengths of each channel and minimizes the risk that a single channel will “miss” a large part of the intended audience. A good mix of channels increases the opportunities for the intended audience to be exposed to the message a sufficient number of times to absorb and remember it. Consider the following:

- Channel selection
  - From which sources do members of the intended audience seek or receive news, other information, and entertainment (i.e., which channels are most likely to be credible and accessible to the intended audience)?

## Handout #6 (continued)

- What are the timeline and budget for your communication activities? Placement of articles in magazines often requires lead time of several months, whereas a video news release can be distributed and aired during the same afternoon. Production of a television public service announcement (PSA) can cost many thousands of dollars, whereas a live-announcer radio script can be produced at little expense.

Settings are the actual places in which communication activities are delivered, including clinic waiting rooms or examination rooms, laundromats, beauty shops, and homes, among others. Consider the following:

- Setting selection
  - Where can you reach the intended audience when they are attentive and open to your communication effort?
  - Where can potential partners help you reach the intended audience?

Activities are methods for delivering communication through the chosen channels. For example, two health communication activities that can be delivered through interpersonal channels are one-on-one counseling and peer education delivered by community health workers. Through small-group or organizational channels, activities may include group educational sessions in the workplace or in places of worship. Examples of activities delivered through mass media channels include radio PSAs, billboards, and television PSAs.

Because activities need to help you reach your goal and objectives, they need to be chosen based on their demonstrated effectiveness. Planners can look to literature reviews, evaluation results, and past experience to help select activities that are most likely to be effective.

- Activity selection
  - What activities are most likely to help you achieve your goal and objectives?
  - What activities are likely to have no negative effects on the intended audience?
  - Which activities can be used in combination with other activities?
  - What resources do you have and need?
  - What other agencies work with and have established trust and credibility with the intended audience?

### **Example: BCCEDP "X"**

- Audience-specific communication objectives for the primary and secondary audiences by the end of this 2-year communication effort include:
  - Objective 1: Eighty percent of underinsured or uninsured African American and Hispanic/Latina women enrolled in BCCEDP will be able to correctly

## Handout #6 (continued)

identify that yearly screening for breast and cervical cancer can help find cancers early, when they are most likely to be treated successfully.

- Objective 2: BCCEDP X will increase its enrollment of underinsured or uninsured African American and Hispanic/Latina women ages 50 to 64 by 25 percent.
- Objective 3: Ninety percent of women who are already enrolled in BCCEDP X will return for routine rescreening at the appropriate intervals.
- Channel selection
  - BCCEDP X worked with community-based organizations and places of worship to find out appropriate channels for reaching members of the intended audience. Some of the sources from which members of the intended audience seek or receive news, other information, and entertainment are as follows:
    - Many African American women seek and receive news and entertainment from two local radio stations, local and national newspapers, and local and national television stations. Visiting is common among friends and family members, and many women play bingo on a regular basis. In addition, many women in the African American community attend area churches and a local mosque.
    - Many Hispanic/Latina women seek and receive news and entertainment from a Spanish-language local radio station, newspaper, and a television station that broadcasts nationally. Women who are comfortable with English may seek information and entertainment from English-language sources such as newspapers, televisions, and radio. Visiting is common among friends and family members. In addition, many women in the Hispanic/Latina community attend area churches.
  - Implementation of the communication activity will be completed within 2 years. Short-term evaluation (see Step 9) will begin after implementation. The budget for this communication effort will determine, in part, activity selection (e.g., a PSA on a national Spanish-language TV station would be too expensive).
- Setting selection
  - African American women: homes, places of worship, and beauty parlors and other businesses
  - Hispanic/Latina women: homes, churches, and clinics

## Handout #6 (continued)

- Activity selection
  - African American women:
    - Community health workers, who will be recruited and trained in conjunction with a local community-based organization
    - Group education delivered in places of worship
    - Radio PSA
    - Posters with tear-off BCCEDP contact information in beauty parlors, bingo halls, and local businesses
  - Hispanic/Latina Women:
    - Community health workers to be recruited and trained in conjunction with a local community-based organization
    - Group education delivered in places of worship
    - Print PSAs in Spanish-language newspapers
    - Radio PSA on the local Spanish-language radio station
    - Training for providers to encourage screening among their patients

## **Handout #7**

### **Develop and Pretest Message Concepts**

#### **Step 5: Develop and Pretest Message Concepts (What do we want to say?)**

Once channels, settings, and activities have been selected, it is time to begin thinking about messages to be delivered through chosen activities. A crucial step in creating effective health communication efforts is determining what message ideas or concepts have the best chance of “hitting home” and influencing the intended audience. This process begins with using formative research and pretesting.

Literature reviews, focus groups, and intercept interviews are examples of formative research tools that can be very helpful in identifying key message concepts. For example, research indicates that message concepts related to personal susceptibility and recommendations from physicians are effective. Consider the following:

- Information needs of the intended audience
  - What is the intended audience’s awareness of the health issue or problem?
    - Have they ever thought about the health issue?
    - What myths or misinformation do they hold?
    - What are their cultural belief systems about the health issue (e.g., what do they believe causes the health problem and what do they think can be done to prevent, diagnose, and treat it)?
    - To what extent do they think that they might be affected by the health issue (i.e., do they think they are vulnerable or susceptible to the problem)?
  - To what extent are they practicing the desired behavior?
  - If the intended audience is already practicing the desired behavior, but not on a regular basis, do they need reinforcement to continuing practicing the behavior?
- Relevance to the intended audience
  - What situations (e.g., family reunions, church picnics, community festivals) are familiar to the intended audience?
  - What works best with the intended audience for changing the factors that lead to the health issue or problem?
  - What health benefits (e.g., remaining healthy for the sake of one’s family, avoiding death) would motivate the intended audience?
  - What cultural or social norms (e.g., protecting one’s family, being part of the community, seeing everything in life as connected, holding special respect for elders) would motivate the intended audience?

## Handout #7 (continued)

- What things might keep the intended audience from adopting the desired health behavior (e.g., inconvenience, fear, negative experiences in health care settings)?
- Accuracy of the message
  - Is there agreement among scientists about what the message should be (e.g., cancer screening recommendations)? If not, how will you handle the lack of consensus?
  - What are the key points that need to be made about the health issue or problem? For example, yearly mammograms are recommended for women age 50 and older.

Concepts are ideas or themes behind messages you will eventually write; they are not actual messages. For example, one concept that may be appropriate for women in the age served by BCCEDPs is emphasizing the women's role within the family: protecting her health is good for her *and* the family. In writing concepts, consider the following:

- Writing concepts
  - What does a literature review tell you about the concepts that work well for your intended audience?
  - How can you fit the concept to the channel(s) you have chosen? For example, TV and radio are excellent choices to get across brief, simple, motivational concepts and messages. Interpersonal and small-group/organizational channels, such as community health workers and group educational sessions in workplaces, lend themselves better to more complex concepts and messages.
  - How can you use all of the above—information needs, cultural relevance, channels selected, and message accuracy—to make a first attempt at writing a concept?
  - How can you make your concept
    - Easy to understand?
    - Attention getting?
    - Credible?
    - Culturally appropriate?

Pretesting helps determine whether one concept works better for the intended audience than another and which concepts should eventually be developed into specific messages. The general approach to pretesting concepts is to share them with members of the intended audience and gauge their reactions. Is the concept easy to understand, attention getting, credible, and culturally appropriate?

Focus groups and intercept interviews are two of the most common pretesting methods. Focus groups are structured, planned discussion groups that are designed to collect opinions from members of the intended audience. They are led by a facilitator or moderator who is trained to

## Handout #7 (continued)

draw the most information possible from the group. In focus groups, participants learn about the concepts and give feedback. Intercept interviews are commonly used in market research and are simple to conduct. Individuals appearing to fit predetermined criteria are approached in public places such as grocery stores, shopping malls, and sports arenas. These predetermined criteria may include age, race or ethnicity, and gender, among others.

For both focus groups and intercept interviews, it is important to develop a screener—a set of questions that the recruiter asks of all potential participants. These questions should help determine if someone is a member of the intended audience. Possible candidates may be given a brief explanation and then asked for their opinion of the concept(s).

For example, if your intended audience is African American women ages 50 to 64 who do not have health insurance, you would want to ask questions that identify race/ethnicity, age, and insurance status before proceeding with an intercept interview or inviting someone to participate in a focus group. In pretesting message concepts, consider the following:

- Pretesting message concepts
  - What pretesting methods will you use?
  - How will you make sure that people participating in your intercept interviews, and/or focus groups are members of the intended audience?
  - What questions will you include in the moderator guide to help determine whether the concepts are relevant to pretest participants?

### **Example: BCCEDP “X”**

- Information needs were determined by one-on-one interviews with members of the intended audience. Although there was variation among individuals within each community, selected overall results related to breast cancer were as follows:
  - African American women had a high level of awareness about breast cancer. The majority felt that they were at risk; 55 percent had ever had a mammogram. Only 18 percent reported having a mammogram 2 years in a row.
  - Hispanic/Latina women had a low level of awareness about breast cancer, and therefore did not think of themselves at risk. Only 10 percent had ever had a mammogram.
- Relevance to the intended audience was determined from selected results based on literature review, one-on-one interviews, and discussion with community-based organizations working with that audience.



## Handout #7 (continued)

- African American women
  - Familiar situations include family reunions, bingo, and church teas.
  - One successful approach encourages women to seek screening services by emphasizing their special role as elders in the community. It is important for the whole community that they stay healthy. Also, as elders, they will set the example for other women in the community.
  - To be successful, communication efforts need to address mistrust of health care settings based on previous bad experiences such as experimentation on African Americans within the health care system (e.g., the Tuskegee Syphilis Study).
- Hispanic/Latina women
  - Familiar situations include family get-togethers and Christmas celebrations, and talking with other women in local stores (e.g., grocery stores).
  - One successful approach to encourage women to seek screening services is to emphasize the importance of women's role within the family and the importance of staying healthy for one's family. Another approach encourages men to speak with female partners and family members about screening.
  - To be successful, communication efforts need to address fear of governmental agencies (e.g., some Hispanic/Latina women without U.S. citizenship may be hesitant to seek services from a health department for fear of deportation).
- Accuracy of the message
  - There is clear agreement among scientists about screening guidelines for women in the intended audience. Yearly mammograms and Pap tests are recommended for women age 50 and older.
- Writing concepts
  - Concepts for messages delivered by community health workers can include more detail than those delivered through radio public service announcement (PSA)s, which can be more detailed than those delivered on posters.
  - The following are examples of two of the concepts that were written for the intended audience:
    - Poster for African American women: A picture of an African American family of several generations, including several women in their 50s, at a reunion. The poster would get across the concept of respect for elders within the African American community.

## Handout #7 (continued)

- Radio PSA for Hispanic/Latina women: Your family needs you. Take care of yourself by getting a mammogram (message to be delivered by a Hispanic/Latino celebrity).
- Pretesting message concepts
  - Concepts for the poster for African American women were pretested using intercept interviews.
    - First, all potential participants answered screener questions to make sure they were members of the intended audience. One example of a screener question was “Are you between the ages of 50 and 64?” People who answered “no” to *any* of the screener questions were thanked for their time and the interview ended.
    - People who answered “yes” to *all* of the screener questions were given a brief explanation about the poster and asked intercept interview questions. One example of an intercept interview question was “What do you like or dislike about the idea of showing a family reunion on the poster?”
  - Concepts for the radio PSA for Hispanic/Latina women were pretested using focus groups.
    - First, all potential participants answered screener questions to make sure they were members of the intended audience. One example of a screener question was “Do you consider yourself to be either Hispanic or Latina?” People who answered “no” to *any* of the screener questions were thanked for their time and the interview ended.
    - People who answered “yes” to *all* of the screener questions were invited to participate in a focus group. One example of a focus group question was “How would you react to the idea that getting a mammogram will help you stay healthy for your family?”

## Handout #8

### Develop and Pretest Messages

#### Step 6: Develop and Pretest Messages (How do we want to say it?)

Crafting specific messages is possible once you have determined which message concepts are most relevant to your communication goals and objectives, and meaningful to the intended audience. Each concept can be developed into several different messages. In writing messages, consider the following:

- Writing messages
  - How can you apply what you learn in pretesting message concepts?
    - Which concepts are most relevant to your communication goals and objectives *and* motivational to members of the intended audience?
    - What will make the message culturally and linguistically relevant to the intended audience?
    - What will be the tone and style of the message?
    - What will be the type of appeal used in the message? For example, will you appeal to the intended audience's logic? Try to reduce the intended audience's fear about screening? Try to create a sense of empowerment among the intended audience?
  - How can you tailor messages for each channel, setting, and activity through which they will be delivered?
  - Who will review messages before they are pretested (e.g., how can you enlist the help of colleagues or people who work with the intended audience)?
  - How can you develop a review checklist that addresses the following questions?
    - Are written messages at a reading level that is appropriate for the intended audience?
    - Is the word choice appropriate for the intended audience?

Once you have created specific messages, it is important to pretest them with the intended audience. Pretesting at this point in message development helps determine whether the messages and formats are appropriate, understandable, attention getting, credible, and relevant and have the desired effect (e.g., motivating members of the intended audience to call for a screening appointment).

Pretesting is conducted while materials are in draft form to allow changes to the messages or materials without great expense. As with message concepts, focus groups and intercept interviews are two of the most common pretesting methods. (See Handout #7, Step 5, for a more

## Handout #8 (continued)

detailed description of focus groups and intercept interviews.) In pretesting messages, consider the following:

- Pretesting
  - Which pretesting methods will you use?
  - How will you make sure that people participating in your intercept interviews, and/or focus groups are members of the intended audience?
  - What question will you ask to address the following points, which will help determine whether the concepts are relevant to pretest participants?
    - Are messages understandable and relevant?
    - Are messages in a format and style appropriate for the intended audience?
    - Do messages incorporate the cultural norms of the audience?
    - Is word choice appropriate for the intended audience?
  - How will you revise your messages based on the results of the pretest before proceeding with “finished” products?

### Example: BCCEDP “X”

- Writing messages
  - African American women
    - Because the concepts were well received in pretesting, they will be developed into messages.
    - Pictures should look like members of the intended audience.
    - The style will be clear and direct (straight to the point).
    - The message will try to create a sense of empowerment among the intended audience by addressing the special status of elders.
    - The message was reviewed by several BCCEDP colleagues and staff at a local community-based organization that works with the African American community. Reviewers provided feedback on a checklist about reading level and word choice.
  - Hispanic/Latina women
    - Pretest participants felt that the message for the radio public service announcement (PSA) should be delivered by a “regular” person rather than a celebrity.

## Handout #8 (continued)

- The message will appeal to women’s sense of responsibility towards their family as a way to encourage screening.
  - The message was reviewed by several BCCEDP colleagues and staff at a local community-based organization that works with the Hispanic/Latino community. Reviewers provided feedback on a checklist about reading level and word choice.
- Pretesting
  - Because the methods for pretesting concepts seemed to work well with the intended audience, the same methods were used for testing messages. Intercept interviews were conducted for the poster for African American women. Focus groups were assembled for the radio PSA for Hispanic/Latina women. Pretesting questions were revised to gather specific information about messages.
  - Several revisions were made to messages and format. Selected changes included
    - Adding a kente cloth border to the poster and showing a wider range of ages of African American women; and
    - Revising the wording of the message on the radio PSA for Hispanic/Latina women and using an announcer with a more “generic” accent (i.e., one that would not sound specifically Mexican or Puerto Rican).

## **Handout #9**

### **Develop a Promotion Plan**

#### **Step 7. Develop a Promotion Plan (How do we get it used?)**

Developing a sound promotion plan for a communication activity is critical to ensure that it reaches its intended audiences.

Most effective health communication efforts include much more than delivery of a single product through a single channel. Imagine a single brochure distributed to public health clinics or a single public service announcement (PSA) offered to TV stations. Other communication components might include public relations activities (e.g., interviews on TV and radio talk shows) to draw attention to the communication message. They might involve networking with partners working with your program (e.g., places of worship, beauty salons, and coalitions). They might involve media advocacy at several levels to support changes in the public health environment (e.g., insurance reimbursement for mammograms).

In developing a promotion plan, consider the following:

- Developing a promotion plan
  - How can you make the promotion plan consistent with the communication objectives and the overall program goals?
  - How “do-able” is the promotion plan (i.e., is it within your ability to carry out)?
  - How can you use more than one channel and activity to deliver messages?
  - What other communication components, such as press conferences, other special kickoff functions, and visits to newspaper editorial boards, can be used?
  - How can you identify and enlist the help of “gatekeepers” or secondary audiences who will be of assistance in endorsing and promoting your messages?
  - How will you make sure that the plan includes all of the following necessary elements?
    - Description of the intended audience
    - Description of the channels, settings, and activities to be used
    - Description of how materials and information will be distributed (e.g., telephone hotlines, product distribution centers)
    - Description of how materials will be stored and tracked
    - Description of roles and responsibilities for personnel who will be responsible for different aspects of the communication effort
    - Timetable for carrying out communication activities

## Handout #9 (continued)

Two important activities should occur during the promotion planning step. They are

1. Packaging of materials to ensure their best use by primary and secondary intended audience members; and
  2. Pilot testing of one or more components of the total communication effort to answer critical promotion and distribution questions before full-scale implementation (e.g., how many telephone calls can be expected in response to a toll-free number in a TV PSA).
- Packaging and pilot testing
    - How can materials be packaged to ensure best use by the primary and secondary audiences?
    - How will you orient partners to the plan?
    - How will you pilot test activities to get an idea of anticipated response (e.g., how many telephone calls to an information hotline might a radio PSA generate)?
    - What preparations will you make to meet the anticipated response?

### Example: BCCEDP "X"

*Note:* The remaining examples will focus only on the activities designed for African American women.

- Developing a promotion plan
  - As noted in Step 4, several communication channels and activities were used. (Steps 5 to 8 focused on only one activity—a poster with tear-off contact information.)
  - Kickoff functions included a reception with food for staff of community-based organizations and leaders—including religious leaders—in the African American community.
  - Many of the attendees had been at an earlier meeting to discuss suggestions for promoting activities. Based on that meeting, a promotion plan was developed that included the following:
    - A description of the intended audience: underinsured or uninsured African American women ages 50 to 64.
    - A description of the channels, settings, and activities to be used: Community health workers, group education delivered in places of worship, a radio PSA, and a poster with tear-off BCCEDP contact information displayed in churches, beauty parlors, bingo halls, and local businesses.

## Handout #9 (continued)

- A description of how materials and information are to be distributed: BCCEDP X will be responsible for storing, distributing, and tracking materials with the help of a form that lists date, number of materials distributed, and name/organization to which materials are sent.
- A detailed list of roles and responsibilities within the BCCEDP and partnering organizations.
- A timetable for carrying out remaining communication activities.
- Packaging and pilot testing
  - Packaging was determined at the meeting prior to the kickoff reception. Partnering organizations determined, for example, that posters should be packaged in groups of 25 so that organizations would have enough to distribute to various sites in the community.
  - Partners were oriented to the plan by a followup conference call.
  - Activities were piloted in selected sites for 2 weeks. For example, posters were displayed at 10 locations. All callers were asked where they heard about the BCCEDP, and responses were recorded. The number of women who called because of the poster was averaged and then multiplied by the number of posters to be distributed. This provided a rough estimate of anticipated response.
  - Based on anticipated response, BCCEDP X decided that they needed to install another phone line to answer callers' questions and schedule appointments, and that they would utilize volunteers to help staff members answer phones. In addition, another case manager was hired to help enroll and educate women, and to help ensure that women would return for routine rescreening.



# Handout #10

## Implement Your Strategies

### Step 8: Implement Your Strategies (Let's do it!)

Careful planning and pretesting throughout the communication development process set the stage for action. Communication activities take place through all appropriate media and organizational channels, timed to support other elements of the overall program (e.g., support services, community outreach efforts). In this step, consider the following:

- Implementation
  - How can you ensure that partners and “gatekeepers” (secondary audiences) have enough materials?
  - How can you establish processes to deliver materials and information quickly?

During implementation, process evaluation is needed to determine whether mass media and organizational gatekeepers are actively participating in the communication activities, whether messages and materials are reaching intended audiences, and whether the overall activity is proceeding on time, on strategy, and within budget.

Process evaluation can also provide measures of message dissemination and exposure, using techniques and services such as clipping services, public service monitoring reports, “bounceback” cards, surveys, and measures of calls to hotlines or changes in inventory.

- Process evaluation
  - How can you measure the following?
    - Where and when the messages are broadcast, published, and delivered?
    - The level of participation of gatekeepers?
    - The level of satisfaction of gatekeepers?
    - How frequently the intended audiences are being exposed to the messages?
  - Who will be responsible for each part of the process evaluation?
  - How will you revise your promotion plan based on ongoing process evaluation results?

#### **Example: BCCEDP “X”**

- Implementation
  - Partnering organizations were provided with materials based on the numbers they requested and were given a number to call if they needed more

## Handout #10 (continued)

materials. In addition, a BCCEDP X staff member was given the responsibility of calling each partnering organization monthly for the duration of the communication effort to check on progress and see if assistance or additional materials were needed.

- Process evaluation
  - Process evaluation information was gathered using the following processes:
    - Number of times the radio PSA was aired was determined through contact with the radio stations.
    - Each community health worker kept a log of the number of women and family members reached.
    - Educators turned in a one-page sheet each time they delivered an educational session in a place of worship. Information recorded the number of participants, sex, and racial/ethnic makeup. In addition, participants were encouraged to fill out feedback forms at the end of the sessions to rate the impact on their intentions to seek screening services.
    - Gatekeepers kept a log of posters distributed. By visiting distribution locations monthly, they were also able to record the number of tear-off sheets with BCCEDP X contact information that were taken.
    - The level of satisfaction of gatekeepers was measured through written surveys and phone interviews 6 months after implementation began.
    - BCCEDP X continued to ask all callers about how they heard about the program. Responses were recorded and analyzed on a monthly basis.
  - BCCEDP staff members were assigned specific process evaluation tasks.
  - The following changes were made based on ongoing process evaluation:
    - Clinics and providers were contacted and asked to play the stations that aired radio PSAs most frequently in their waiting rooms.
    - Community health workers suggested changes to their log to make it easier and faster to use, and changes were made accordingly.
    - Changes were made to the guidelines for delivering group education sessions in places of worship; these included shortening the sessions, clarifying information, and creating a version that was more culturally appropriate for the Islamic community.
    - Because tear-off sheets were being taken off posters most often from laundromats and beauty parlors, BCCEDP staff located additional laundromats and beauty parlors in which to put posters.

**Handout #10** (continued)

- At their request, gatekeepers were provided with an informational training so they could answer basic questions about BCCEDP X services and screening procedures.

# Handout #11

## Evaluate Your Efforts

### Step 9: Evaluate Your Efforts (How well did we do?)

Whereas the purpose of process evaluation is to measure how well your messages, materials, and activities were implemented and received by your intended audiences, the goal of short-term evaluation is to measure the effects of the communication activity on the intended audiences. For most programs, the focus of short-term evaluation will be on the extent to which your communication efforts were successful in enrolling women for breast and cervical cancer screening within a short (e.g., 3 months) period of time.

*Note:* Some evaluations may also cover long-term effects, such as changes in illness and death related to breast and cervical cancer. However, this type of long-term evaluation usually will not be the focus of a BCCEDP's evaluation efforts.

This phase of evaluation typically is the most difficult and most costly. Moreover, especially in a comprehensive prevention program, it can be difficult to separate the effects of health communication from the effects of other program elements. For these reasons, many programs will benefit from working with outside paid or volunteer consultants, such as university researchers, graduate students, and others who have experience evaluating health programs.

In this step, consider the following:

- Short-term evaluation
  - How will you make your evaluation plan consistent with the communication objectives and overall program goals?
  - How will you include the following in your evaluation plan?
    - What type of data you will collect and how you will collect them?
    - How will you show the effect of the messages on the intended audience?
    - What types of analysis will be done?
    - How will you measure the cost of the communication effort relative to the benefits?
    - What might be important reasons to evaluate separately the effects of health communication and the effects of other parts of the program?
    - How can you measure unexpected aspects or effects—positive or negative—of your health communication activities and what the effects might be?
  - Who will be responsible for each part of the outcome evaluation?

## Handout #11 (continued)

- How will you disseminate your evaluation results?
  - For whom must reports be written about your communication efforts?
  - Who else might benefit from your experience?
  - How might you share information with them?
  - What lessons learned need to be considered in planning future communication efforts?

### Example: BCCEDP "X"

- Short-term evaluation
  - Short-term evaluation was conducted with the help of a professor and two graduate students from a local university. It was determined that the evaluation would focus on the extent to which the communication activities met the objectives written in Step 4.
  - The evaluation plan included the following information:
    - Data collection through a combination of written surveys and one-to-one interviews with women who have been screened and report that they were visited by community health workers, participated in group education sessions at places of worship, listened to the radio, visited places displaying posters, and ultimately enrolled in BCCEDP X.

Questions will gather information about knowledge, attitudes, and beliefs about cancer risks and screening, intentions to be screened, and the degree to which communication activities were the reason that women actually enrolled in the BCCEDP.
    - How data will be analyzed (by university professor and students):  
Written comments grouped according to theme; yes/no and opinion questions to be analyzed statistically
    - Roles and responsibilities of each person contributing to evaluation
  - Evaluation results were disseminated through a report to the State BCCEDP, all BCCEDP X staff and volunteers, and all partnering organizations. The report included a brief summary of results, a section of more detailed results presented in bullet points, two simple charts, and a "lessons learned" section, which detailed points to consider in planning future communication efforts. Results related to objectives for African American women by the end of this 2-year communication effort included the following:

**Handout #11** (continued)

- Objective 1: Seventy-six percent of underinsured or uninsured African American women ages 50 to 64 were able to correctly identify that yearly screening for breast and cervical cancer can help find cancers early, when they are most likely to be treated successfully.
- Objective 2: BCCEDP X increased its enrollment of underinsured or uninsured African American women ages 50 to 64 by 33 percent.
- Objective 3: Still under evaluation, as rescreening rate needs to be tracked over time.

# Handout #12

## Glossary of Terms Worksheet

### Instructions

In talking with your colleagues, what are the most commonly used words in your setting? Begin to develop a glossary of words, and try to find words that can be substituted. Choose words that are more familiar to the intended audience, are more culturally appropriate, or have fewer syllables. Do not simplify words if doing so changes the meaning. You also may spell out some words phonetically for ease of understanding.

### Difficult Word

- cervix
- examination
- mammogram
- opportunity
- palpation for breast lumps
  
- carcinoma
- detection

### Easier Word

- opening of the womb
- test
- x-ray picture of breast
- chance
- using your fingers to touch and press the breast to check for lumps
  
- cancer
- found

Write down other commonly used words. Verify the meaning and understanding of the words with peers and with intended audience members.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# Handout #13

## Learner Verification Exercise

### Instructions

Based on the message you wish to convey, think of questions to ask members of an intended audience that address each of the components listed below.

Component	Description	Questions to ask
Attraction	Readers should be attracted to the health message.	<hr/> <hr/> <hr/>
Comprehension	Readers should be able to summarize the main points of the cancer message.	<hr/> <hr/> <hr/>
Self-Efficacy	Readers need to feel that they can do/act on the message.	<hr/> <hr/> <hr/>
Acceptance	Readers need to think that the information is culturally relevant to them, and “speaks to” their race/ethnicity, age, gender, cultural values, physical abilities, and beliefs about health.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Persuasion	Readers need to feel that this instruction is significant for them, and that acting on the message will have benefits for them.	<hr/> <hr/> <hr/> <hr/> <hr/>



# Handout #14

## Assessment of Printed Materials Worksheet

**Directions:**

Assess your printed materials using the following tool. Use the rating scale of 1 to 4 for each item in a major category.

**1 = poor, 2 = fair, 3 = good, 4 = very good, N/A = not applicable**

For each category, give an overall category rating of (+) *effective* or (-) *not effective*, (X) *unsure*

Name of medium (brochure/flier/poster, etc.): \_\_\_\_\_

Author: \_\_\_\_\_

Intended audience: \_\_\_\_\_

Cost/availability: \_\_\_\_\_

Category/Criteria	Rating 1 to 4	Overall Rating		
		(+)	(-)	(X)
<b>Format/Layout</b>				
<i>Is the overall format style appealing/understandable?</i>				
Organizational style				
White space				
Margins				
Grouping of elements				
Use of headers/advance organizers				
<b>Type</b>				
<i>Is the type size/style going to work with my intended group?</i>				
Size				
Style				
Spacing				
<b>Verbal Content</b>				
<i>Is the information accurate, easy to understand, and meaningful?</i>				
Clarity				
Quantity				
Relevancy to intended group (e.g., age, gender, ethnicity)				
Use of active voice				
Readability level/difficulty				
Accuracy				

**Handout #14** (continued)

Category/Criteria	Rating 1 to 4	Overall Rating		
		(+)	(-)	(X)
<b>Visual Content</b> <i>Are the visuals supportive to the text and are they relevant?</i>				
Tone/mood				
Clarity				
Cueing				
Relevancy to intended group (i.e., age, gender, ethnicity)				
Currency				
Accuracy				
Detail				
<b>Esthetic Quality</b> <i>Is this a publication that is likely to be looked at?</i>				
Attractiveness				
Color				
Quality of production space for notes, glossary, personalized instructions				

**Comments:**

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Overall, based on your scoring of 1 to 4 and an evaluation of its effectiveness with the intended group, how would you rate this educational tool? Circle one:

- 1 = poor:** Probably won't work with my intended audience. I would probably never use it.
- 2 = fair:** Has a low likelihood of success with my intended group. I would use it rarely and only in combination with other sources.
- 3 = good:** Has a good likelihood of being suitable and relevant for about half of my intended audience. I would use it sometimes.
- 4 = very good:** Has a high likelihood of being suitable and relevant for most of my intended audience. I would most definitely use it!

# Handout #15

## Materials Redesign Workshop Guidelines

The purpose of this activity is to develop a plan for adapting printed materials to meet the needs of an intended audience.

### Instructions

Groups should complete the following steps:

- Review the scenario following these steps.
- Review the materials members of the group brought with them, and select one piece to be adapted to the intended audience described on the back of this page. Apply what you have learned in previous sessions of this training to the selection of the appropriate material.
- You may use any of the tools from this training as you go through the process of planning your adaptation. For example, you will want to refer back to handouts #2 through #11, which explain the National Breast and Cervical Cancer Early Detection Program Health Communication Wheel. In addition, you may find the Glossary of Terms Worksheet, the Learner Verification Exercise, and the Assessment of Printed Materials Worksheet (handouts #12 through #14) helpful.
- Develop a method for presenting your plan to the full group.
- Your group will then report back to the full group about how you would adapt this printed material. Include the following in your report:
  - Communication objectives
  - Design (content, look, language, appeal)
  - Pretesting methods
  - Implementation plan
  - Promotion plan
  - Methods for process and short-term evaluation
- The focus this workshop should be on *planning the process for redesigning materials*—not on actually redesigning them.
- You will be provided with any supplies you need, including newsprint, markers, blank transparencies, and so forth.
- Your trainer will be available for questions during the workshop.
- You will have 30 minutes for small-group work; you will be given a 5-minute warning before the time is up.

## **Handout #15** (continued)

### **Intended Audience**

The County Y Breast and Cervical Cancer Early Detection Program was developed to address the need for increased breast and cervical cancer screening among low-income African American women ages 50 to 65. Eligibility for low-cost clinical breast exams, mammograms, Pap tests, and followup care is defined by the government structure of County Y.

The local health department provides services to women who are residents of County Y. The county also provides other services that support access to health care, for example, low-cost transportation.

County Y includes women of many races. African Americans tend to live in specific areas of the community, go to specific churches, and receive the bulk of their health care from specific sources. African American women in County Y also come in contact with other services during their day, including beauty shops, grocery stores, county and government offices for social security, medicare, and other financial programs, and recreation centers. Some of them receive home services like Meals On Wheels.

## Handout #16 Action Steps Template

Priority	Actions To Be Taken Within 1 Month	Action To Be Taken in the Next 1 to 3 Months	Actions To Be Taken in the Next 3 to 6 Months
Determine whether or not health communication will be an effective strategy for recruiting the intended audience for breast and cervical cancer screening. If so, begin planning.	<ul style="list-style-type: none"> <li>• Review the community analysis results and determine whether to use health communication.</li> <li>If so,</li> <li>• Hold a kickoff meeting with partnering organizations;</li> <li>• Set communication objectives; and</li> <li>• Analyze and segment audience.</li> </ul>	Develop and pretest message concepts.	<ul style="list-style-type: none"> <li>• Select communication channels;</li> <li>• Create and pretest message and products; and</li> <li>• Develop a promotion plan.</li> </ul>

Names of three people whose buy-in is critical to implementing action steps:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Handout #17

### Additional Resources on Health Communication

#### Information on Planning, Implementing, and Evaluating Health Communication Campaigns

- *CDCynergy* is a CD-ROM tool developed by the Centers for Disease Control and Prevention (CDC) in collaboration with the Agency for Toxic Substances and Disease Registry to systematically plan and evaluate health communication interventions. *CDCynergy* guides users through a process in which they
  - Acquire a thorough understanding of a health problem and who is affected by it;
  - Explore a wide range of possible strategies for influencing the problem;
  - Systematically select the strategies that show the most promise;
  - Understand the role communication can play in planning, implementing, and evaluating selected strategies; and
  - Develop a comprehensive communication plan that includes audience research, pretesting, production, launch, and evaluation at every stage.

For more information on availability of and training on *CDCynergy*, contact Christine Prue, Ph.D., CDC Office of Communication, at 404-639-7267 or send an e-mail to [cdcynenergy@cdc.gov](mailto:cdcynenergy@cdc.gov).

- National Cancer Institute's *Making Health Communication Programs Work: A Planner's Guide* is available from the Institute at the number below or at [www.nci.nih.gov](http://www.nci.nih.gov) on the Internet.

#### Health Education Materials

- National Institutes of Health, National Cancer Institute  
Phone: 1-800-422-6237
- Channing L. Bete Co., Inc.  
200 State Road, South Deerfield, MA 01373-0200  
Health Information for Women: Scriptographic booklets  
Breast Cancer, Cervical Cancer/Mammography  
(Every reader series written with extra simple text/Spanish)  
Phone: 1-800-628-7733
- Education Program Associates, Inc.  
1 West Campbell Avenue, Suite 40, Campbell, CA 95008-1039  
Series of brochures on breast and cervical health (both easy-to-read and Spanish language)
- American Cancer Society  
Phone: 1-800-ACS-2345

## **Trainer Resources**

# Trainer Resource #1

## Making Cancer Communication Work Training Evaluation Form

Name: \_\_\_\_\_  
(required *only* for participants who wish to receive continuing education credits)

*The overall goal of the Making Cancer Communication Work Training is to help participants develop skills in planning, implementing, and evaluating health communication efforts. Through participation in this training, Breast and Cervical Cancer Early Detection Program (BCCEDP) staff members and others who contribute to outreach activities will become better equipped to provide effective community outreach to increase rates of screening for breast and cervical cancer.*

**Please respond to the following items by circling the appropriate number.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>1. The training room was comfortable.</b>	4	3	2	1
<b>2. The training was relevant to my needs.</b>	4	3	2	1
<b>3. The length of the training was just right.</b>	4	3	2	1
<b>4. I learned new information at this training.</b>	4	3	2	1
<b>5. I will use the information that I learned at this training.</b>	4	3	2	1
<b>6. Because of this training, I can now successfully—</b>				
a. Define health communication;	4	3	2	1
b. Describe the steps of the National Breast and Cervical Cancer Early Detection Program Health Communication Wheel;	4	3	2	1
c. Describe characteristics of effective print materials;	4	3	2	1
d. Develop a plan for redesigning a printed health communication piece so that it is appropriate for the intended audience; and	4	3	2	1
e. Develop a plan for applying what has been learned back on the job.	4	3	2	1



**Trainer Resource #1** (continued)

Please respond to the following items by circling the appropriate number.

7. Please rate the trainers' facilitation of the Community Analysis Training.	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Trainer Name:</b> _____				
a. Presented information in a clear and logical manner.	4	3	2	1
b. Used effective teaching strategies.	4	3	2	1
c. Demonstrated mastery of the topic.	4	3	2	1
d. Used transparencies and handouts that contributed to the session.	4	3	2	1
<b>Trainer Name:</b> _____				
a. Presented information in a clear and logical manner.	4	3	2	1
b. Used effective teaching strategies.	4	3	2	1
c. Demonstrated mastery of the topic.	4	3	2	1
d. Used transparencies and handouts that contributed to the session.	4	3	2	1
<b>Trainer Name:</b> _____				
a. Presented information in a clear and logical manner.	4	3	2	1
b. Used effective teaching strategies.	4	3	2	1
c. Demonstrated mastery of the topic.	4	3	2	1
d. Used transparencies and handouts that contributed to the session.	4	3	2	1

**8. What other comments do you have about the Community Analysis Training?**

**Thank you for your feedback!**

## Trainer Resource #2

### Making Cancer Communication Work Training Test

Name: \_\_\_\_\_

Circle the letter next to the best answer or the answer that best completes the sentence.

1. Health communication used by itself is *always* the most effective way to address a health issue or problem.
  - a. True
  - b. False
  
2. In breast and cervical cancer early detection programs, the overall goal of health communication is—
  - a. To teach the general public facts about breast and cervical cancer screening and treatment.
  - b. To enroll and screen medically underserved women for breast and cervical cancer.
  - c. To raise awareness among the general public about the need for breast and cervical cancer screening.
  - d. To raise awareness among the medically underserved women about the need for breast and cervical cancer screening.
  
3. Objectives of health communication efforts should—
  - a. Be specific, measurable, attainable, realistic, and time-bound.
  - b. Be consistent with overall program goals.
  - c. Include expected results (e.g., How much—of what outcome—is expected among whom—by when?).
  - d. All of the above.
  
4. In health communication efforts, the primary intended audience is—
  - a. The general public.
  - b. All people who may be affected by a specific health issue.
  - c. The specific group of people you want to reach and influence with your message.
  - d. Program partners, medical advisory board members, and coalition members.

## Trainer Resource #2 (continued)

5. In selecting appropriate channels for health communication, programs need to consider the sources from which members of the intended audience seek or receive news, information, and entertainment.
  - a. True
  - b. False
  
6. Television and radio are examples of which of the following channels?
  - a. Interpersonal
  - b. Small-group
  - c. Organizational
  - d. Mass media
  
7. Health communication materials are most effective when they are designed specifically for the intended audience.
  - a. True
  - b. False
  
8. Pretesting should be done *only* after a health message (for example, a draft flier or radio public service announcement) has been completed.
  - a. True
  - b. False
  
9. Effective promotion plans include several different activities, such as television or radio interviews, press conferences, kickoff functions, or newspaper editorials.
  - a. True
  - b. False
  
10. Which of the following should be measured when evaluating health communication efforts?
  - a. How often the intended audiences are being exposed to the messages
  - b. The level of participation and satisfaction of gatekeepers
  - c. How well the health communication effort met its objectives
  - d. All of the above

## Trainer Resource #3

### Test Answer Key

1. Health communication used by itself is *always* the most effective way to address a health issue or problem.
  - b. False (Health communication is one strategy among many for addressing a health issue; understanding the role communication can play is an essential part of the planning process.)
2. In breast and cervical cancer early detection programs, the overall goal of health communication is—
  - b. To enroll and screen medically underserved women for breast and cervical cancer. (To be effective, health communication must go beyond teaching facts and raising awareness and actually bring medically underserved women in for screening.)
3. Objectives of health communication efforts should—
  - d. All of the above. (All answers provided describe important characteristics of objectives.)
4. In health communication efforts, the primary intended audience is—
  - c. The specific group of people you want to reach and influence with your message. (This is the definition of “intended audience.”)
5. In selecting appropriate channels for health communication, programs need to consider the sources from which members of the intended audience seek or receive news, information, and entertainment.
  - a. True (Taking this information into account will help ensure that channels selected are appropriate for the intended audience.)
6. Television and radio are examples of which of the following channels?
  - d. Mass media (These are two of the most commonly cited examples of mass media channels; other examples include billboards, newspaper and magazine advertisements, and newsletters.)
7. Health communication materials are most effective when they are designed specifically for the intended audience.
  - a. True (Materials that are too general may not reach members of your intended audience.)

**Trainer Resource #3** (continued)

8. Pretesting should be done *only* after a health message (e.g., a draft flier or radio public service announcement) has been completed.
  - b. False (Pretesting message concepts helps provide information to help develop actual messages.)
9. Effective promotion plans include several different activities, such as television or radio interviews, press conferences, kickoff functions, or newspaper editorials.
  - a. True (Most effective health communication efforts include more much more than delivery of a single product through a single channel, e.g., distribution of a brochure to public health clinics or one television public service announcement.)
10. Which of the following should be measured when evaluating health communication efforts?
  - d. All of the above (All of the answers listed need to be evaluated to determine overall effectiveness of health communication efforts.)

**Trainer Resource #4  
Sample Certificate of Completion**

**Centers for Disease Control and Prevention  
Division of Cancer Prevention and Control's  
National Training Center**

This is to certify that

\_\_\_\_\_

has attended the National Training Center training,  
"Making Cancer Communication Work,"  
held on \_\_\_\_\_ in \_\_\_\_\_.

*Signature of Trainer*

\_\_\_\_\_

Name of Trainer

## Appendix A: Glossary

**Adult learning theory:** Principles based on research that shows that adults learn best when their learning is self-directed, fills an immediate need, involves the learner, is reflective, provides feedback, shows respect for the learner, draws on the learner's own experience, and occurs in a comfortable environment.

**Brainstorming:** Generating a list of ideas, thoughts, or alternative solutions around a particular theme or topic. In brainstorming, no idea is dismissed or criticized—anything offered by participants is written down.

**Bridging:** In training, the linking of one idea or activity to another. Effective bridging helps participants make connections, solidify their learning, and follow the flow of training activities.

**Case studies:** A teaching strategy that provides an opportunity for participants to apply abstract concepts or models to a real-life situation. Through the use of a hypothetical and familiar situation, participants move from knowledge to skill building.

**Channel:** Vehicle through which health communication is delivered to the intended audience; channels include interpersonal, small-group or organizational, and mass media.

**Coalitions and partnerships:** An organization of independent organizations who share a common goal, such as providing outreach to increase and provide breast and cervical cancer screening in a community.

**Community:** A group of people held together by geography or common background, traits, or interests. *See also* functional community and structural community.

**Community analysis:** A process that guides program planners in defining and describing intended audiences and the changes in these populations that are expected to be produced by outreach programs. Community analysis provides a *systematic* way of collecting information needed to make certain that program plans are developed with an appreciation of the needs, interests, values, and resources of and barriers faced by the intended audience.

**Community forums:** In this packet, a technique for collecting information for a community analysis. Community forums are meetings of knowledgeable individuals who discuss issues in the community.

**Community health care system:** In this packet, information that is part of a thorough community analysis. Community health care system information includes providers and organizations delivering health services in a defined geographic region.

**Community health workers:** Persons indigenous to their community who serve as a link between community members and the service delivery system. Community health worker programs are an outreach strategy used by several breast and cervical cancer early detection programs (BCCEDPs).

**Community health status:** In this packet, information that is part of a thorough community analysis. Community health status includes vital statistics, information about morbidity (illness and disease), risk factors, and years of life lost.

**Community interventions:** Outreach interventions that generally include multiple components, including mobilization of the community with formation and maintenance of a community advisory board.

**Community social service system:** Information that is part of a thorough community analysis. Community social service information includes participation in Federal programs and private health insurance, and locally generated programs.

**Cultural sensitivity:** Listening for and observing the “unspoken” in all communications and following up to understand each word that is spoken or gesture made. It is impossible to know all the unique cultural norms of any ethnic group.

**Direct mail:** An outreach strategy in which a piece of information is delivered by mail to an individual’s home or office (e.g., a letter from a physician encouraging a woman to get screened for breast or cervical cancer).

**Facilitation:** A teaching style based on the principles of adult learning. Facilitation helps participants learn information and build skills by actively engaging them in their own learning.

**Faith-based interventions:** Outreach initiatives implemented in places of worship.

**Feedback:** Information shared to complement an individual’s skills or help an individual improve his or her performance. Feedback is always given in a supportive manner.

**Field observation:** In this packet, a technique for collecting information for a community analysis. Field observation involves direct, firsthand observation of the community.

**Focus groups:** A technique for collecting information for a community analysis. Focus groups are planned discussion groups designed to collect unrehearsed opinions from community residents.

**Formative research:** Research completed early in a planning process (e.g., pretesting) to help guide planning and implementation of an outreach or communication initiative.

**Functional community:** Defined by the actions of people who identify with each other.



**Group norms:** Ground rules agreed upon by participants to help make a training a safe, comfortable, and productive learning environment.

**Health action model:** A model developed by the Centers for Disease Control and Prevention (CDC), which provides the framework for planning a comprehensive prevention program from a social marketing perspective.

**Health communication:** A range of activities intended to increase knowledge, promote positive changes in attitude, and increase screening behavior among the intended audience.

**Health communication wheel:** A graphic depiction of the nine-step process outlined by CDC for developing health communication initiatives.

**Icebreaker:** A warmup activity designed to help participants relax, get to know each other, and get ready to learn. An icebreaker is included in the Lesson Plans section of this manual.

**Intended audience:** In outreach initiatives, the individuals, service providers, and organizations that will be the focus of outreach programming. Intended audiences are usually determined through government mandates (e.g., legislation), organization or institution goals, and availability of funding.

**Intercept interviews:** A technique for collecting information for a community analysis. Intercept interviews are done by approaching individuals who appear to fit predetermined criteria and asking them to provide their opinions on a relevant topic.

**Interpersonal strategies:** Outreach strategies that involve direct, one-to-one interaction or communication with a client or others who are important to her.

**Key informant interviews:** A technique for collecting information for a community analysis. Key informant interviews are structured discussions that elicit specific information from several individuals with knowledge about a community.

**Lesson plans:** In this packet, a set of guidelines that provide guidance on facilitating a 6½-hour training.

**Listening:** An active process by which a trainer demonstrates—both verbally and nonverbally—that he or she is paying attention to the needs, concerns, and contributions of participants.

**Lectures:** A quick and easy way to cover content that is new or unfamiliar to participants. Because adults learn most effectively when they participate actively in their learning, lectures are kept to a minimum in this training.

**Measurable objectives:** Provide a clear description of what is intended to be accomplished within a specific period of time. Measurable objectives answer the question, “Who will do what by when?”

**Media strategies:** Media-based outreach initiatives that aim to change health-related behaviors, such as encouraging women to get screened for breast or cervical cancer.

**Open-ended questions:** Questions that cannot be answered with a simple “yes” or “no.” Open-ended questions are a simple way for trainers to acknowledge that participants have valuable information and experience to share.

**Outreach:** A range of activities within a community aimed at creating a supportive environment for screening, bringing women in for screening, and supporting rescreening.

**Paolo Freire:** A Brazilian educator, founder of popular education, and developer of the empowerment approach to education.

**Process evaluation:** Evaluation that aims to understand how the program is working and to identify areas for improvement.

**Provider interventions and community health center interventions:** Outreach strategies in which providers encourage their patients to seek screening for breast and cervical cancer.

**Sample surveys:** A technique for collecting information for a community analysis. Sample surveys are the most complex method for collecting community analysis information, and involve defining the population, designing a system for selecting a representative sample of the population, collecting and analyzing data, and developing estimates of how collected information applies to the population as a whole.

**Short-term evaluation:** Evaluation aimed at measuring program effectiveness (i.e., whether or not a program met its objectives).

**Small-group work:** A teaching strategy that provides an opportunity for participants to work together to accomplish a specific task.

**Social-ecological model:** A model, proposed by K. R. McLeroy and colleagues, which provides a systems perspective for community outreach. The social-ecological model promotes a comprehensive outreach approach that occurs at multiple levels of the community (i.e., individual, network, organizational, community, and policy) simultaneously.

**Statistical information:** Reviewing statistical information is a technique for collecting information for a community analysis. Relevant statistical information may include records of births, deaths, marriages, education, occupation, income, household characteristics, and so forth.

**Structural community:** A legal structure defined geographically or legally by government.

**Structural community characteristics:** Information that is part of a thorough community analysis. Structural community characteristics include geographic identifiers, information about business and commerce, demographic characteristics, and information about the social and political structure.

**Target audience:** In health communication, the group of people for whom a message is intended.

**Time management:** The process by which a facilitator covers content in the time allotted in a way that meets participants' needs.

**Workplace interventions:** Outreach initiatives implemented through the workplace and aimed at employees, clients, customers, or members.

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