

Team Shan Breast Cancer Awareness for Young Women - Prairie Projects

Analysis of Young Women's Perceptions of Key Take Home Messages

(2011-2014)

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Background and Purpose

Team Shan's purpose is to educate the public, health care professionals and young women about early detection, risk reduction and prevention of breast cancer. *Team Shan Breast Cancer Awareness for Young Women (Team Shan)* is a charitable organization dedicated to raising awareness that breast cancer is "not just a disease of older women." Team Shan is named after Shanna (Shan) Larsen. Shan was only 24 when she lost her life to breast cancer.

Team Shan awareness and education activities targeting young women include the facilitation of breast cancer awareness campaigns on and around post-secondary school campuses across the country. The primary short-term outcome objectives of the work of Team Shan are

- to increase awareness of the risk of breast cancer to young women, and
- to increase knowledge about their breast health.

In the long-term, the project aspires, through increasing awareness and knowledge about breast cancer and breast health, to

- increase early detection of breast cancer in young women, and
- improve outcomes for young women diagnosed with breast cancer.

In 2007 and 2008, multi-faceted breast cancer awareness campaigns targeted to young women were delivered as pilot projects on post-secondary campuses in the London, Ontario region. Successes and lessons learned from these projects informed the development of a more comprehensive social marketing model. This model has now been implemented on 13 college and university campuses across the Prairie Provinces since 2010. The campaigns, delivered in the Fall (around breast cancer awareness month) have included media and marketing activities, dissemination of print materials and social media exposure. Detailed messaging around breast cancer facts, risk factors, symptoms and self-help strategies were included in campaign print media ads, radio spots and print materials (i.e., pamphlets, shower cards). Campaign messaging was consistent with Team Shan website information and the Team Shan website, Facebook page and Twitter account were posted on all campaign media and marketing advertisements and print materials.

The theme and primary message delivered through the campaigns (i.e., highlighted on billboards, pamphlets, posters) is "*breast cancer...not just a disease of older women.*"

From 2011-2014, Team Shan campaigns were evaluated at a sample of 9 of the 13 post-secondary school campuses where the campaign was delivered. Young women aged 17-29 years participated in the evaluation activities. The respondents were a random selection of young women on campuses who volunteered to participate in either a pre (September) or post (January) campaign questionnaire. Respondents were on campus during the implementation (October-November) of the Team Shan campaigns and represented a cross section of the target population. The results of the evaluation have been reported elsewhere (reports are available at www.teamshan.ca).

In 2014, Taylor Newberry Consulting was engaged by Team Shan to complete more in-depth analysis of some of the qualitative data gathered through the evaluation activities. In particular, Team Shan was interested in gaining deeper insight into how the key message of the campaign ("breast cancer...not just a disease of older women"), as well as secondary messages (re: breast cancer facts, risk factors, symptoms, and self-help strategies) have been taken up and

understood by their target population - young women. Is the campaign having the impact, in terms of awareness-raising, that it was intended to?

Analysis of Key Take Home Messages

We examined qualitative open-ended responses to one key question on the campaign questionnaire to answer this question, “**What was your key take-home message [from the campaign]?**”

Key messages were provided in response to the various Team Shan campaign activities: media (campus radio, newspapers, closed circuit television), marketing (billboards, public transit, transit shelters), print materials (posters, pamphlets, bookmarks, shower cards), interactive/social media (websites, Facebook, Twitter). A total of 611 young women responded to the question.

These responses were analyzed line-by-line and coded to identify common themes in take-home messages. Through analysis of the messages, a coding scheme was developed to categorize the common types of take-home messages reported by young women who observed the campaign. The categories (codes) describing common key take-home messages that emerged through the analysis are described below, with the most commonly reported themes listed first.

A total of 27 respondents indicated that although they remembered seeing the campaign materials, they could not identify what the key message of the campaign was. An additional 45 respondents expressed that they felt the campaign was important or indicated that they were touched by *Shan’s Story* used in the campaign, but did not report a key take-home message. Consequently, these responses were excluded from the analysis. The 611 respondents described a total of 714 take-home messages. Some respondents reported more than one key take-home message. Respondents reported that they understood the key message of the campaign to align with one of 7 themes. This data is summarized in Table 1 and described in the sections that follow.

Table 1: Summary of Reported Take-Home Message Data (Campaigns 2010-2013)

Message Theme (total # messages)	Campaign Year				Total (714)
	2010 (163)	2011 (182)	2012 (226)	2013 (143)	
Breast cancer can affect young women as well as older women; breast cancer is not dependent on age	69 (42%)	72 (40%)	89 (39%)	62(43%)	292 (41%)
People should engage in regular (and early) screening for breast cancer – through self-exam or by a medical professional	28 (17%)	36 (20%)	51 (23%)	34 (24%)	149 (21%)
It is important for the public to be aware of breast cancer; breast cancer is a serious issue	29 (18%)	35 (19%)	47(21%)	20 (14%)	131 (18%)
Breast cancer can affect anyone	25 (15%)	22 (12%)	23 (10%)	19 (13%)	89 (12%)
More support is needed to help campaign and fundraise for breast cancer research	6 (4%)	16 (9%)	14(6%)	4 (3%)	40 (6%)
Rates of breast cancer (e.g., incidence, prevalence, morbidity, mortality)	1 (<1%)	1 (<1%)	1 (<1%)	4 (3%)	7 (1%)
Support is available for women with breast cancer; there is hope for a cure	5 (3%)	0	1 (<1%)	0	6 (1%)

Summary of Findings

A. Breast cancer can affect young women as well as older women; breast cancer is not dependent on age

The most commonly reported take-home message of the campaign referred to the fact that breast cancer can affect young women as well as older women. Of the 714 take-home messages reported, this message was reported 41% of the time (it was identified as one of the key messages 292 times). This is evidence that the campaign was quite effective in communicating its intended message to the target population. Example quotations:

“that it can affect anyone, even a healthy young woman”

“young women can be diagnosed with breast cancer-not just older women”

“that it can happen to anyone at any age”

B. People should engage in regular (and early) screening for breast cancer – through self-exam or by a medical professional

Just over 20% of the take-home messages reported by respondents referred to the need for women to take specific action (e.g., breast cancer screening) to protect and promote their own breast health. This message was sometimes reported with specific reference to the need for young women to engage in routine breast cancer screening. For example:

“check for breast cancer early”

“to get regular exams even though I am young”

“that you should get tested & detect breast cancer at an early age to help prevent it”

Other times, respondents reported screening as necessary action by all females, regardless of age. For example:

“you should check yourself at all ages”

“should always be checking”

“every women should worry about and take precautions against breast cancer”

Some respondents believed the campaign was promoting regular breast cancer screening by medical professionals, while others perceived the message was for women to increase home self-examination and participation in healthy lifestyles to prevent breast cancer. Information about personal breast knowledge, exams, and self-help was shared in campaign pamphlets, so it is not surprising that some women oriented to these secondary campaign messages. In some cases, messages about screening were reported by respondents as the key campaign message in the absence of the campaign’s primary message about awareness of breast cancer in *young* women. Example quotations illustrating this are as follows:

“get regular check up or do self exams”

“to get a yearly ultrasound of breast/mammogram”

“that home breast exams are important”

“medical check up are a must!”

“self breast examinations as a means of prevention”

Messages promoting screening consistently represented between 17-24% of the messages reported by respondents across the campuses sampled for this evaluation between 2011 and 2014.

C. It is important for the public to be aware of breast cancer; breast cancer is a serious issue

Closely following the messages about breast cancer screening, the third most frequently reported key take-home message of the campaign was a simple message referring to the need for the general public to be more aware of breast cancer as a serious contemporary issue. Eighteen percent (131) of the total reported key messages fell into this category. Example responses are listed below:

“that breast cancer is a very important issue that needs to be dealt with”

“we should pay more attention on breast cancer and know more about it”

“increased awareness”

“we need to pay more attention to this now”

“awareness of breast cancer”

Sometimes these messages referred to the need to be aware of specific characteristics of breast cancer, such as risk factors, symptoms, or incidence/prevalence rates. However, most commonly, people referred a more general sense of the need to increase general public awareness of its existence. While a general sense of increased awareness may be a beneficial result of the campaign, it also demonstrates that for some members of the target population, the *particular* lesson of the campaign re: incidence of breast cancer in young women was not salient.

D. Breast cancer can affect anyone

A relatively small subset of responses (12%) identified the key take-home message of the campaign as being that breast cancer can affect “anyone” and “everyone”. The data show that some participants interpreted the campaign message more broadly than the understanding that young -as well as older- women can be diagnosed with breast cancer, as participants reported that men can be diagnosed with breast cancer, and that breast cancer can affect diverse groups of women, regardless of health status and “demographic” variables other than age. A number of examples are listed below to highlight the breadth of responses in this category.

“that breast cancer affects more than one demographic of women”

“main target is women. Everyone can be affected”

“breast cancer affects many different kinds of women”

“nobody is safe from cancer”

“breast cancer happens to anyone, at anytime”

“it is important to be aware of breast health at any age and if you are either sex”

“everyone is at risk”

“anyone, doesn’t matter if they are young or old or sick or healthy, can get breast cancer”

“everyone and anyone that is female can suffer breast cancer”

“cancer can happen to anyone, at any age or health status”

“that anyone can be affected and cancer does not discriminate”

This interpretation differs from the predominant key message that breast cancer is not dependent on age – it is more encompassing, and positions breast cancer as a universal risk to all people. This broader perception of risk is not necessarily harmful, but it may not be an entirely accurate interpretation of relative risk factors.

E. Other, less-frequently cited messages

The remaining 8% of key messages reported (just over 50 of the 714) aligned with one of three themes, which appear to be respondents’ extrapolations of actual campaign messages, rather than rooted in the actual campaign materials. Six percent of all of the messages analyzed suggested the campaign was a fundraising initiative and that the key message was a call for people to donate to breast cancer research. Examples of each type of message are listed below.

More support is needed to help campaign and fundraise for breast cancer research

“that breast cancer is very common and we need to donate”

“the importance of increasing funds for research”

“marathons for support...more event dates and ways to pitch in (donations)”

A very small number of messages (1%) referred to increased rates of breast cancer (in terms of incidence/prevalence/mortality/morbidity). In some cases these messages made specific reference to increased rates for young women, but in other cases, referred more generally to increasing rates of breast cancer. Similarly, 1% of the reported take-home messages suggested the focus of the campaign was on raising awareness about the availability of community support for women with breast cancer, or in promoting hope for a cure.

Rates of breast cancer (e.g., incidence, prevalence, morbidity, mortality)

“that it (breast cancer) is a growing problem”

“we need to be more aware about how prevalent breast cancer has become”

“many women die young from breast cancer”

“a lot more women die every year from breast cancer than known by general public”

Support is available for women with breast cancer; there is hope for a cure

“you can get help if needed”

“that there is care and support in the community-a message of hope!”

“to help & support those in need”

Conclusions and Recommendations

The campaign has been successful in promoting its intended key message that breast cancer is “not just a disease of older women.” Just over 40% of the key messages reported by evaluation participants aligned with the intended primary take-home message of the campaign, demonstrating success in communicating that message over the cycles of the campaign from 2010-2014. Some women reported the campaign as promoting different key messages – some of which were linked to actual secondary messages of the campaign (e.g. related to breast cancer screening and breast awareness), and some of which appear to be different perceptions of the campaign’s purpose (e.g., donations for breast cancer research). As the campaign moves forward, the learnings from this analysis could be used to further refine campaign messaging to help ensure important health promotion messages continue to be delivered to and understood by young women. Recommendations are offered below as considerations for continued improvement to key messaging based on the data analyzed (young women’s perceptions of key messages) and do not represent a focused, in-depth critique of actual campaign materials.

Many respondents appeared to interpret the key take-home message of the campaign as call to action, in some sense, noting the message was “to be aware”, to “get screened”, “to donate”, etc. One approach to refining messaging may be to build key messages that are more action-oriented, providing specific suggestions about what the campaign hopes people to do after they see campaign materials – e.g., to *learn* more about the risk of breast cancer for young women (e.g., by going to a particular website); to *learn* about your particular personal risk for breast cancer; to *better understand* your body and your breasts so you can be aware of symptoms of breast cancer if they arise; to *get* screened for breast cancer or *do* self-exams and when/how frequently to do so. Some of this action-oriented language is already present in the content of campaign pamphlets and web pages and could perhaps be promoted in the primary messages shared prominently on billboards and posters.

The prairie campaign projects (the focus of this evaluation) were intended to reach young women on post-secondary school campuses. Recognizing the important role healthcare professionals play in breast cancer education and detection, other specific Team Shan strategies have been developed and implemented to target this group (i.e., staff in-service education sessions, one on one meetings, lunch and learns, health professional conference presentations, physician mail outs, medical student resource sharing etc.).

A consideration for campaign messaging moving forward is to continue to find ways to directly address the possibility that young women may be receiving messages from health care professionals that may be confusing or conflict with health promotion messages that encourage regular clinical breast exams and self-exams. Recent recommendations from the Canadian Task for Preventive Health Care¹ advise against routine breast self-examinations and clinical breast examinations for women of average risk (aged 40-70 years) based on a systematic review demonstrating low quality evidence of efficacy. These recommendations have sparked a great deal of controversy in the health promotion and prevention field in Canada. In response, some researchers and practitioners have suggested that given high rates of false positive results, recommendations against regularly scheduled screening may seem reasonable, but recommend that “physical examination of the breasts be included when women undergo a thorough physical examination as part of their periodic health examination” as an opportunity to reinforce breast awareness and cue women to report symptoms they may have otherwise been reluctant to report². This lack of clarity – or congruency - in recommendations in the field provides Team Shan with opportunities to continue their work in advocating for and bringing awareness to young women’s breast health through public campaign messaging.

¹ The Canadian Task Force on Preventive Health (2011). Recommendations on screening for breast cancer in average-risk women aged 40-74 years. *Canadian Medical Association Journal*, 183 (17), 1991-2001.

² Warner, E., Heisey, R., Carroll, J.C. (2012). Applying the 2011 Canadian guidelines for breast cancer screening in practice. *Canadian Medical Association Journal*, 184 (16), 1803-1807.