

Emotional Jam: Myths and Motivators behind Cancer Screening and Treatment

**Findings based on focus groups with
underserved women in Virginia**



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Executive Summary

Overview

The Virginia Department of Health Breast and Cervical Cancer Early Detection Program seeks to increase the number of underserved women who participate in free cancer screening exams through the “Every Woman’s Life” Program. The purpose of this project was to identify barriers and motivators to women participating in a free cancer screening program as well as garner reaction to several brochure concepts.

Methodology

Three focus groups were conducted in June, 2004 with respondents from the cities of Norfolk and Newport News. All participants were residents of Virginia and met the criteria for participation in the “Every Woman’s Life” program including age (40-64) and income (2003 Federal Poverty guidelines). In addition, participants either had no health insurance or were underinsured.

Key Findings

Cancer is an emotional topic, with fear being the primary emotion identified by these respondents. Barriers to being screened for cancer were mostly emotional and included fear of the test, of the results and of treatment. Cost of the exam was also a barrier but emotional barriers appeared to be more important.

Motivators to seeking cancer treatment also were emotional and centered on family. Respondents viewed themselves as important people in the lives of those they loved and wanted to remain vital for their families as long as possible.

Past experiences with cancer colored their perceptions. Almost all respondents had a close friend or relative who had died of cancer. Some reacted to this experience by actively taking steps to secure their health, including cancer screenings. Others rejected cancer screening because they feared either the knowledge itself or the resulting painful treatments.

Across all groups, respondents talked about their spiritual beliefs. Some found cancer screening consistent with their personal faith because health educators, they felt, worked in harmony with God, the ultimate healer. Others discarded cancer screenings, feeling that their fate was in the hands of God. Addressing this belief in fate may be important to increasing cancer screening participation.

Respondents also provided feedback on the current “Every Woman’s Life” brochure as well as five new concepts. Brochures with images of a grandmother and grandchild together resonated strongly with the groups as did brochures that positioned cancer screening patients with loving family members.

Introduction

The Virginia Breast and Cervical Cancer Early Detection Program (VBCCEDP) seeks to increase the number of low income women who get mammograms and pap tests. The primary target for this program is 50-64 year old women. The secondary target is 40-49 year old women. Women in these groups qualify if their incomes are no more than 200 percent of the federal poverty levels, have no health insurance or cannot afford to pay their deductible and live in Virginia.

During an nine month period from October 2002-June 2003, 4,411 women received breast and/or cervical screening through VBCCEDP but over 22,000 brochures were distributed through community outreach campaigns. Addressing barriers and identifying motivators to program participation may strengthen outreach efforts and increase participation. Preliminary research suggested that the VBCCEDP outreach campaign might be more effective if a different brochure was used.

The purpose of this research was to identify:

- Emotional and rational reasons that affect a woman's decision to be screened for breast and cervical cancer
- Emotional and rational barriers as well as motivators to being screened for breast and cervical cancer through the Every Woman's Life program
- What people (roles) and characteristics are influential to potential program participants
- Personality traits/characteristics that make community outreach workers more influential to potential participants
- Types of messages that capture the attention of potential participants and cause them to call for screening appointments AND attend the appointments
- Types of images that capture attention and cause people to read on
- Trusted sources of messages
- Reactions of women eligible for the VBCCEDP to preliminary brochure concepts and messages

Methodology

Three focus groups were conducted with women who met all criteria for program participation. A total of 23 women participated, a majority in the 50-64 age group. Several ethnic and racial groups were represented in the groups, but all women spoke English. Discussions were taped and transcribed. Clients were recruited by flyers distributed by Community Lay Outreach Workers (CLOWs), and received \$75-\$100 for participating. Pam McCarthy, founder and principal of Pam McCarthy and Associates, Inc., conducted the focus groups.

Key Findings

Cancer is an emotional topic

The word “cancer” evokes intense and diverse feelings in the women. While some identified “hope” or “grace” as their primary emotion, others identified “death” or “anger.” Feelings and words related to cancer included:

- Fear
- Death
- Hope
- Anger
- Hate
- Loss
- Despair
- Grace
- Courage
- Denial
- Scared
- Afraid
- Avoidance
- Pain
- Sacrifice
- Why?

Barriers to cancer screening

Barriers to seeking cancer screening were as diverse as the feelings generated by the topic. Some were rational; most were emotional. While people's past experiences with cancer helped form their opinions relating to cancer, similar experiences didn't result in shared perceptions. One woman's husband died of cancer yet she was diligent about doing everything possible, including cancer screening, to protect her own health. Another who had lost a loved one to cancer vowed never to be screened or treated for cancer. Although participants' responses weren't predictable by experience, their opinions and feelings were swift and firm.

Listed below are the primary barriers identified by the respondents to seeking cancer screening.

- **Cost**

“I think the biggest reason that women don't go is because we can't afford it. It's a lot of money.”

“...the dollar signs start jumping in.”

“I don't think it's necessarily a fear. I think it's more so, can I afford this disease? ...What's going to happen to me? What's going to happen to my family? If you have children, what's going to happen to them and it's really almost financially more than going through the pain. Going through the medicine, going through the hospitalization, any of that. I think it's more financial.”

“The cost of just thinking about having cancer. Having it. Dealing with it, just all the way down the line.”

- **Fear of cancer screening tests**

“...I don’t want to have a mammogram or pap. Mammograms hurt, pap tests I hate, I have been hating them since I was a kid.”

“I don’t want anybody else to know that I would be afraid to have a test like that done.”

“...mammograms just kill me. I do them because I know I have to.”

- **Fear of negative test results**

“...because no matter what way you look at it, it’s bad news. No matter what way you address the problem and go after the fact, it’s still bad news and that’s what you are now wanting.”

- **Fear that follow up exams may not be affordable**

“When you run into a problem as far as a mammogram is concerned is when you go for that mammogram that’s questionable, and you have to go back. That’s when the fear sets in and that’s when you get apprehensive about going back for another exam. And if you don’t have insurance, you may have gotten the free or reduced price mammogram, but when you don’t have insurance and you have to go in for that second procedure, that’s when you again run into a problem because how are you going to pay for a second mammogram when you couldn’t pay for the first and how do you pay for the biopsy?”

- **Fear of long waiting time before finding out results**

“But I think the worst for me, when I have a test done and I have to wait two weeks to find out whether I’m gong to be okay or not...”

“I don’t think that we should have to sit around and worry and wonder and wonder.”

- **Perception that they may not receive quality care if cancer is detected**

“...there is a big difference in the quality of health care that you get when you have insurance, when you don’t have insurance, or depending on what kind of insurance you have. There’s a stigmatism behind Medicaid, you know, you might go to a doctor and I’ve experienced it myself because I’ve been on Medicaid and the doctors don’t seem to give you the quality of care that if you’d had Blue Cross Blue Shield, or some other type of insurance. ...And even if they did have suspected cancer, they can’t afford the test.”

“I think what most people are saying is that if you are going to a regular doctor, not necessarily a free clinic or a free screening, but if you are going to a regular doctor and you have Medicaid, or you have a certain insurance and they know what you need is not going to be covered by the insurance, you are going to get treated with the bare minimum.”

“That’s what I was thinking that one of the reasons people probably wouldn’t go to get a screening, if they don’t have the proper health insurance or if they do and they feel like well it’s not going to matter because they are going to stop the procedures at a certain point or you know, you are going to get kicked out of the hospital or you can only pay for this amount of medicine, why not just stay healthy as long as you can in the condition that you are and then just let your life lead on.”

- **Fear of cancer treatment if cancer is detected**

“I choose not to be cut on. I choose not to be a guinea pig. I chose not to go through all that. Just let me wake up one day and I’m gone. That’s why I said I’m not normal. A normal person would read this brochure and be very interested and go for it...but I saw how people die, close to me, and they live a short time linger and they died in agony.”

“...there is going to be an attitude when you don’t have insurance and it’s going to be so expensive that it’s impossible to take care of.”

“I have nine grandchildren, but I do not want them to see me in that condition. No hair, weak, can’t do anything. They are not ever going to see me like that, not ever.”

“I don’t have exams no more. I gave them up. Well, my thought is, and I’m a firm believer in this, some cancers you can survive with treatment. I choose not to have the treatment. God is going to take me when He’s ready for me. And the treatment from what I can see with my own eyes shortens your life and you don’t have the quality of life that you are going to have without the treatment. And I chose not to have the treatment. So if I got cancer, God’s going to take me when he wants to. It’s up to him.

“They will never get me in there for radiation. They will never get me in there to cut on me. Never.”

- **Fear of death**

“Sometime it can kind of overtake people--that fear. I said fear, anxiety...and at the end, I fear that more so than any other time.”

- **Perception that cancer is a death sentence**

“I’m never going to get better anyway, so I don’t want to know if I got this. So that’s the way I’m feeling.”

“I relate cancer to death.”

- **Use of spiritual beliefs to rationalize and justify fear of tests, knowledge of test results, treatment and death**

Faith in God was a strong theme in all groups. The women had survived many life challenges and their faith had provided stability and direction. Some women viewed cancer screening as consistent with their spiritual beliefs since God gave them a brain and access to medical care.

“I have faith too in God, but I also feel that God puts doctors here with the knowledge and new technology to learn how to help prolong life. I feel that.”

Others said their fate was determined by God and viewed cancer screening as unnecessary since God held their final fate in His hands. However, other answers suggest that they had an intense fear of the tests, results and treatment. They shared stories of watching loved ones dying painful deaths along with faith-based explanations of why they wouldn’t consider cancer screening or treatment.

“God is going to take me when He’s ready for me. Whether I had the treatment or not. You know, I’m gone when He says your number is up, I want you home.”

It’s difficult to counter faith-justified decisions without appearing to attack a person's religious beliefs or even the person herself. However, some respondents generated counterarguments that could be persuasive with those who held these beliefs. Here are phrases that might be effective in getting women who hold these beliefs to consider cancer screening:

“Faith can take you to great heights. You know God is indeed the greatest healer, but God’s presence can also be felt in the knowledge he imparts on others. So combine your faith with the miracles of science, this gives you double assurance that your body is being cared for. Trusting in doctors and in science can be twice as empowering and if the news is not good, let your faith lead you to believing your healing will be forthcoming and by God’s grace, you will survive. That’s what I would want somebody to tell me. Combine my faith with the knowledge that God has given to these doctors and the scientific inventions that can help me. Put those two together and believe, if there is a problem, if I believe in God and believe it is not my time, I will survive, whatever the news is, because I don’t want to hear the news. Convince me that even if I hear the news, I still have a future.”

“You need to find out so we can pray, because it’s all in God’s hands anyway and he’s the ultimate healer.”

“Convince them that they have faith enough to get them through whatever.”

“He’s not going to give you more than you can handle.”

“God is strong and will give you the strength to go on.”

“God talks to you through others.” (Note: specific reference was to grandchildren but CLOWs or other people in the faith community might use this approach.)

“You can always get screened and then make the decision about treatment.”

“If you know that you have the disease that’s going to take you, then you have time to leave a legacy to grandchildren...”

“That’s why God gives you brains.”

- **Fear of negative health provider attitudes/treatment during the exam**

“It’s been my experience that they have been quite rude about, you know, there’s nothing wrong with you, why are you here? I’ve heard that.”

“I want to know people aren’t going to look down their nose at me regardless of my financial status, my ethnic background, that it’s going to be a helpful, loving environment for women, that the support is going to be there regardless.”

- **Perception that they are fated to get cancer because it runs in their family**

“I think cancer runs in my family, so everyone had it already, everyone except me. So I’m just waiting....I feel like no matter how hard I try and whatever I eat and whatever I do, it’s probably going to happen anyway...makes me feel like why bother? And I just get real angry.”

- **Prefer no notification of impending death**

“You are afraid of how far it might have gone. ...I’m not going because I don’t want to know how bad it really is. If I’m dying, I don’t want to know if I have a week, two weeks.”

- **Confusion about the need for pap smears after hysterectomy**

“Well, I talked to my doctor about it (pap smear) and he told me that unless there is something that leaves us to believe that you might have something, there is no reason for you to have a pap smear. But other doctors say no, you need one every year. And I’m not going to get one.”

- **Difficult life experiences are overwhelming and leave little energy for cancer screening**

“I’m going through so many things that I just can’t handle it if there was something else wrong with me.”

“I can postpone it (screening) and I will still be fine. I’ll get treatment later because I just can’t, I just don’t have the time right now. I don’t want to know right now, because I’m too busy. I don’t want to deal with it and that, I think that happens a lot too.”

Motivators for seeking cancer screening

- **Desire to be around for children and/or grandchildren; a desire to not miss sharing the important things of life with loved ones**

“I want to see him grow up. If there is anything I can do to keep myself around to see him grow up, that’s what I will do.”

“But see most of us would say ...I have been here long enough. ...but convince that person what about the people left behind. How valuable you are to them. That would convince me. If somebody could convince me that I’m too valuable to go out like that...we on our own might not believe that. But if a grandchild or a son or a daughter or somebody says ‘mama, please. We want you to be around. ...do it for us. Do it for the family. Do it for someone other than yourself.’”

- **Perception that cancer is curable**

“Fear won’t stop me.....My grandmother had it and she lived 20 years past that....and that’s not what killed her. So that gives me the hope of knowing that if I catch it soon enough that it can be cured or at least put in remission enough so that I can live the rest of my life the way I want to.”

- **Knowledge that emotional support will be available during screening and treatment**

”I put worry free health care. This would include free visits to the doctor and any referrals outside of that doctor. All medicines would be included; transportation would be available if necessary. Support groups to join, your own group of doctors. Counselors available to discuss any problems and talk through personal medical problems. Home visits available when needed and hospitalizations included at no cost and a family room available for support.”

- **Knowledge that discoveries are being made, people go into remission and/or are cured from cancer**

“Because I know quite a few cancer survivors. And it’s through the faith that we have that we use prayer and modern medicine.”

- **Personal experiences with cancer survivors**

“I think it will vary whether you lost someone to cancer or whether you have someone survive with cancer. That might make the difference.”

- **Perception that they won't get cancer since other family members didn't have it**

"And the one thing about breast cancer that I always said it's not in my family, so I don't have to worry, I have a friend that I work with that seen us for 25 years who now got breast cancer. It was never in her family. I have another friend, 62, it was never in her family. I always thought that I don't have to worry, but that doesn't matter."

"Well, I've never had anybody survive it (cancer). Everybody that I have, my mother died of leukemia, I had a sister-in-law that died of breast cancer, I mean you just think about that when you go to have your exam. I did have one (exam) two years ago...and everybody asked me 'was I scared?' I said why? Nobody dies of breast cancer in my family."

"...on the inside (brochure) it says as women get older, their chances of getting breast and cervical cancer increases. I didn't know that, didn't realize that and this is, again, education for me..."

- **Belief that God uses health professionals and medicine to heal people**

"Go to the doctor, know that between the doctor and the Lord, either way, he can make it correct. And I said reach for the stars. That your life and decent quality of it, that it can be all that you want it to be."

- **Knowledge that treatments have improved and survival rates improved**

"...with the technology today, the medication, I wouldn't be as fearful as say ten years ago."

"Yeah, but it's not your mother's test. It's not the test your mother took."

- **Desire for peace of mind**

"I always look at it as something I am doing for myself. That it give me peace of mind. I don't have to worry about it until next year. And I know that I did have a positive pap smear and I had surgery for it when I was in my 20's...I started writing out a will, just from that simple thing, so that scared me enough so that's one of the reasons why I do it all the time."

- **Pride in taking care of yourself and doing what's right for others**

"In a way, it's kind of a source of pride when you take care of yourself and do what you should be doing for your body and really for your family and everybody."

Recommendations for the program brochure

Based on focus group findings, the program brochure should:

- Provide assurances that free, friendly, supportive and quality treatment is available if cancer is detected
- Highlight advances in cancer treatment and increases in survival rates

“They should have something in there about the statistics showing like in, out of 100 women that go, how many women actually have something serious wrong. Because not being like I haven’t bet on horses or things like that, but if you think the odds can be in your favor, like well it doesn’t happen very often, you are more likely to figure well I’m going to fall in that category that it’s not going to happen to you and I would go.”

- Address the fear of cancer, cancer tests and treatment
- State there is no co-pay for those who qualify yet have health insurance
- Use a minimum of words
- Feature the word “free”

“I like to see the word free as opposed to mammogram and pap test, even though that’s what you are going for. Two things frighten women the most, or that they dislike, having a mammogram, having a pap test. Whether they have no idea, no feeling that anything is wrong, but the word that is certainly generic to everyone is that word free. So mammogram and pap tests, even though that is your main objective should be down here and free should be up here.”

- Include income guidelines in the brochure
- Feature the phone number in a prominent place
- Include the cost savings of being screened
- Emphasize community in materials targeted to African Americans:

“...the African American community thinks more about what’s good for the community than what’s good for me. Whereas the Caucasian community would think about what’s good for me. And I think in her brochure, when she brings up, you know, community, I think that’s very important because that helps bring, community is what they have to bring them all together.”

- Themes to consider in the brochure
 - Cancer is not a death sentence

“(title) ‘Cancer does not have to be a death sentence’. I would say ‘ohLord, let me read this.’ I would probably read it in the car before I got home.”

- Do it for the ones you love and who love you

“I want to be around the people I love and I want them to be here around me too.”

Graphic design considerations

- Use a cover image that shows a woman with her family, especially a grandchild

“She looks like she is at peace with this baby.”

“Because of the picture. And say ‘do it for them’

- Consider the color pink

“The pink is going to jump out at you number one because to most women, pink, they are going to see something with pink on it and they are going to think that that’s something to do with women, even if they see it from a distance that may bring that brochure to their attention as something they want to pick up. The pink flower on there. Even before they see the every woman’s life, I think that the pink is a very strong color for the front of this brochure.”

- Use bright colors that suggest optimism

Recommendations for Community Lay Outreach Workers (CLOW)

Community Lay Outreach Workers (CLOW) seek to influence their target audiences. Respondents were asked to identify people who were influential in their lives as well as characteristics that made them influential. CLOWs who adapt these characteristics are likely to get more women to seek cancer screening exams. Characteristics of influential people identified by the respondents:

- | | |
|-----------------------------|--|
| • Caring | • Loyal |
| • Person of strong faith | • Strong; Provides strength to get through difficult times |
| • Smile | • Positive attitude |
| • Good role model | • Someone who sees the good in people/situations |
| • Connects quickly | |
| • Takes the time to know me | |

- Helps others make decisions by talking and listening (rather than dictating actions)
- Talks me out of things
- Shares opinions
- Understanding
- Humorous
- Provides companionship
- Generous
- Unselfish
- Credible
- Trustworthy
- Someone who loves me
- Not condescending or arrogant
- Not a “know it all”
- Willing to go the extra mile
- Patient
- Non-judgmental
- Humble
- Interesting
- Encouraging
- Good eye contact
- Sincere
- Intelligent
- Creative

Focus group respondents had no previous experience with CLOWs. However, they were asked to identify phrases that would touch their hearts and minds and cause them to read a brochure and/or act on screening advice. Respondents said the following comments would be effective at getting them to act and/or read more about cancer screenings:

- I’m a cancer survivor and you can be too.
- Cancer doesn’t have to mean a death sentence
- Do it for your family. (Read this for your family.)
- Do it for your grandkids
- Is saving someone’s life worth a few minutes of your time?
- Love your family. Take care of yourself.
- Reading this brochure can save you \$250. (This figure was a guess. The actual cost of the two exams should be mentioned by the CLOWs and in print materials.)
- Live your life with no regrets.
- Don’t be a statistic.
- Be a role model for your children.
- Help save your own life.
- Your family needs you. Your community needs you. Your church needs you.
- You love your family. You want to be here for them.
- You are not doing this for yourself. You are doing it for your family.
- You can’t imagine how much your family would miss you.
- Don’t you want to be around to share life’s important events with those you love?
- What you don’t know can hurt (kill) you.
- Keep hope alive.
- Love is the greatest gift. Love yourself enough to get tested.
- There is nothing in your life that’s more important than taking care of your health.
- The recovery rates are better the sooner you find out.
- Life is short. You’ve got to save your own life.
- You are number one.

- Get peace of mind. Get screened.
- Find out now and be at peace with yourself.
- I care about you. I hope you read this.
- There are many women just like you that have benefited from this program.
- This is the gift for life.
- Take this. This is a gift for life.
- This is the best gift you can give yourself. And pass it on to someone you love.
- Save yourself money.
- All tests done in a helpful, supportive environment.
- I'll go with you to the exam.

Additional recommendations for those trying to influence a woman to be screened:

“Just make light of it, like it doesn't take a minute. It doesn't really hurt.”

“Find out. If it's great, you are going to feel great. If there's nothing wrong, you will know. ...just for that peace.”

Planning recommendations for future program campaigns

CLOWs know the communities they serve and are effective at promoting cancer screening. But loved ones, such as children, grandchildren and friends, may be more influential than CLOWs in getting underserved women to attend to cancer screening. A campaign targeted at family and friends of underserved women with the goal of asking them to take their mother or grandmother to be screened for cancer has the potential to be successful. National holidays such as Mother's Day may be especially appropriate times to launch this campaign. (Ideas: Take your mother to cancer screening instead of lunch. Give your mother a future instead of flowers.)

“When people drink, we now have a program that says don't let your friends drive drunk. Take the keys. Maybe we need to have a 'take a friend to have a cancer screen.'”

“...this is how I feel. I love you and want to spend more time with you and please find out if you are in good health. ...I will always be there for you, so will the many prayers in faith. You are too important in our lives not to proceed with screening, will only lengthen our worries and concerns and never give up. ...There is a reason for everything and God will give you the strength to carry through and so will we. It's a support. It's got to be a support system.”

Since the attitudes and actions of some health care providers were identified as barriers to screening, program leaders might launch an awareness program for those who provide cancer screening to underserved women. The purpose of this would be to identify and change attitudes and actions that are perceived as judgmental, uncaring or impersonal by the women being served. In addition, providers could be made aware of the negative

feelings that result because of long wait times between tests and results, and ways to support women needing follow up tests and care.

Program leaders might consider other ideas suggested by the respondents:

- Offer sliding scale fees for women who just miss qualifying for the free screenings
- Combine cancer screenings with flu shots, diabetes tests and Hepatitis B shots
- Work with companies that employ underserved women to offer incentives like T-shirts, food or afternoons off with pay to get screened
- Take mammography machines to large worksites and allow women to come during work hours without appointments
- Provide certificates, buttons or T-shirts to those who are screened
- Develop posters for the ceiling of ob-gyn rooms

One purpose of this project was to develop a single brochure for the target audience. However, program leaders may want to segment this audience further. The two subgroups identified in this research consist of women who understood the need for cancer screening and were receptive to information that allowed them to be screened and women who were resistant to cancer screening for emotional reasons. A simple flyer with contact information, qualifiers and locations would be appropriate for the first group but not enough for those in the second more resistant group of women. Targeted brochures addressing the needs of each subgroup may be more influential than one brochure alone.

Reactions to brochure concepts



Brochure #1: Make a list of people who love you

The “Make a list of people who love you” brochure received the most positive feedback from focus group respondents. *“Because I have a lot of people I love and a lot of people that love me and I think that, without even opening it, you should do something for yourself. To be there for those people.”*

“I’m just hung up on love because I think love covers all.”

“It’s simple. Love is simple. I mean, everybody loves somebody and you can give your love to anybody and it just makes sense.”

“I would pick this one up because it gives you something to do. It gives you something to think about. And I like challenges.”

“I would want to know why they wanted me to make that list.”

“I became curious. I want to see what’s on the inside. What is it they are going for?”

“Because I can think of so many people that love me. To live as long as I can. I need to stay around a little longer.”

Some thought the words should be “make a list of people you love” with an expanded list of names inside to include church, God, friends, community and co workers.

*“...I would say list the people who **you** love.”*

A few didn't understand the purpose of the suggested “make a list” activity

“No, I would never pick that up because it doesn't tell me why I am doing it at all. I already know who loves me. Why would I pick this up and write it down?”



Brochure #2: Be your own best friend.

Respondents also liked the self-care theme of the “Be your own best friend” brochure. But some thought the brochure had a lesbian theme and said they might not pick it up because of that. To make the “best friend” concept more pronounced, some suggested silhouetting one of the figures or making the two women look more alike.

“I think everybody should do that anyway.”

“I pick ‘your own best friend’ because, living alone, I have to be.”

“It reminds me to take care of my self.”

Reducing your worries
about breast and cervical cancer

Is as easy as...

Brochure #3: One two free

"It's just simple, it doesn't have a lot of reading, you can see it, you understand, one, two, free. It just works."

"Simple, to the point, in your face, here I am."

"Not a lot of reading."

"It looks like something you pick up at a bank. It stays in your car and you never read it. This looks really boring."

one

GET A FREE MAMMOGRAM.

two

GET A FREE PAP TEST.

free

Brochure #4: Random letters that don't make sense


"If I was just to see it, I would not have really paid it any attention."

"Just too confusing..."

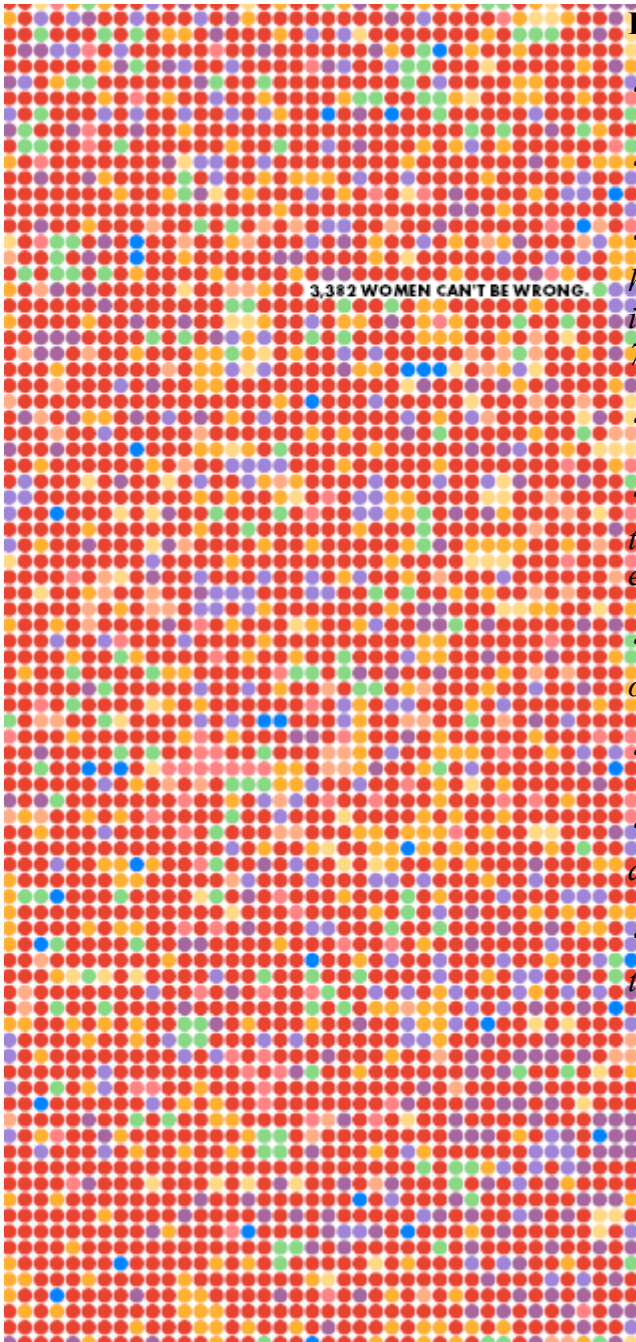
"Looks like an eye exam."

"...the print isn't grabbing me. I'm not going to open it at all."

Xkdkerm Tfg
RkfkS Dkdk
Tgnio CfvC
Pwps Vk,
Kkg Ekf
Ddkvm
Fkmr
Xb



Not getting a
free pap test and
mammogram
makes about as
much sense as that.



Brochure #5: Dots

"This one really hurts my eyes."

"This one gave me a headache."

"I would pick up this just to see what the heck it had to say because it looks so, it's so psychedelic. It reminds you of the 70s."

"The information is too small."

"It's confusing. It's too busy. If I saw that I would completely avoid it without even looking at it."

"You can't pick up the words on this one."

"Smaller dots. Bigger words."

"I love the idea of it. I think smaller dots and ...the words could be bigger"

"The words are fine. It's the design that's got to change."

Comments on brochure headlines

Although there were many different concepts tested, the brochures contained only two headlines. Respondents reacted favorably to headline #1, "I was scared to go in for my test. But I went anyway." They liked the way fear was addressed and dismissed.

"That's my favorite. You are scared but you go anyway. Once you find out that you are okay, that's the best feeling in the world."

"Right hitting that fear right away. Plus if people are afraid to go for breast cancer screening, it doesn't tell you that on the front so they are going to pick it up..."

Respondents didn't agree with headline #2: "The more you know about these tests, the more you want to take them."

"They scare you to death."

"They would run you right out the door."