

Using social marketing to increase breast cancer screening among African American women: perspectives from African American breast cancer survivors

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- *Despite progressive preventative techniques, intervention programs, and guidelines to help reduce breast cancer mortality, African American women (AAW) remain affected by breast cancer in greater numbers compared to Caucasians. As rates of breast cancer mortality continue to increase among AAW, a greater need for change emerges, which should include crafting culturally specific social marketing programs that promote breast cancer awareness among AAW. This exploratory study focuses on social marketing strategies to promote this awareness. The research underscores several social marketing strategies from the perspective of AAW (N = 130) breast cancer survivors. Qualitative data were collected from focus groups regarding social marketing strategies needed to promote breast cancer awareness. The discussions revealed social marketing campaigns that are culturally sensitive and unswerving are more likely to increase behavior modification. Furthermore, messages from other AAW tailored toward a specific market are more beneficial for promoting breast cancer screening.*

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Introduction

Each year, worldwide, breast cancer threatens the lives of many women. The National Cancer Institute (NCI) states that breast cancer is the second most prevalent form of cancer and the second leading cause of cancer deaths in American women. According to the American

Cancer Society (ACS), in 2007 an estimated 178 480 new cases of invasive breast cancer will be diagnosed among women, as well as an estimated 62 230 additional cases of *in situ* breast cancer; approximately 40 460 women will die of the disease.

The highest incidence of breast cancer is among Caucasian females, followed by African American women (AAW), Hispanic, and Asian women. However, according to the ACS, breast cancer is the leading cause of cancer death among AAW. In fact, they found that, “AAW have the highest mortality rate and

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shortest survival of any racial and ethnic group in the United States for most cancer” (ACS, 2007, p. 1). Although there is no sound reason for a higher death rate among AAW, there are many factors that have been identified as contributors to this disparity, such as lack of knowledge, limited education, cultural beliefs, language barriers, late stage diagnosis, reduced access to care, and deprivation, but ultimately socioeconomic status is a central determinant in differing outcomes of breast cancer mortality (McWhorter and Mayer, 1987; Farley and Flannery, 1989). Many ethnic minorities and the economically disadvantaged populations experience more cancer incidences and mortality than the majority population, often because of lack of access to adequate cancer health care facilities. Others worry about the cost of care and decide not to burden their family with the cost of treatment (Siminoff and Ross, 2005). The degree of deprivation and socioeconomic status (SES) has an enormous impact on individual behavioral patterns to practice healthy habits. On the other hand, Frisby (2002) and Powe and Finne (2003) declared that psychosocial factors, such as fear and fatalism, are major barriers that preclude AAW from seeking mammography screening, thus causing late stage diagnosis and reduced likelihood of survival. Although these factors continue to afflict many women, there are some public health programs being used to increase breast cancer awareness that empower women with knowledge regarding early detection and prevention. Many of these public health programs were developed with the use of social marketing approaches.

Social marketing has been used for many years to sell products to consumers and alter their ways of thinking, modify their attitudes, and change their behavior patterns. It is one of the most influential tools being used to address social change and modify human behavior. Social marketing was introduced in the 1970s by Philip Kotler and Gerald Zaltman and is defined as “the adaptation of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence voluntary behavior of

target audiences in order to improve their personal welfare and that of their society” (Andreasen, 1995, p. 7). Subsequent to analyzing how social marketing was being used to sell products to consumers, the researchers had an epiphany and realized this process could be used to change human attitudes and modify behaviors. Currently, social marketing, which is immersed in campaigns and advertisements, is the trailblazer guiding positive social changes.

Literature review

Since the early conception of social marketing, many individuals have been exploring new methods of developing messages or programs that will promote health, employ behavior change, and present new innovative ideas to society. This uniqueness of social marketing principles allows it distinctive techniques to reach a broad range of individuals through commercial advertising and/or community promotion thereby bolstering the effectiveness of conventional health education and encouraging prevention throughout many different locales. When social marketing is used in such crafty and unique ways, it has the ability to popularize positive ideas and change attitudes; furthermore, it empowers individuals to change their behavior.

There are some interesting health promotion programs that have been created with the use of social marketing. For instance, Gans *et al.* (2003) developed a culturally sensitive health education program in Boston, Massachusetts to aid AAW with weight control. The program, *SisterTalk*, was broadcast on cable television (TV) to assist its viewers in controlling their weight:

The core SisterTalk intervention consisted of 12 one hour weekly programs broadcast live on cable TV. Participants also received a SisterTalk binder with written educational materials corresponding to the first two shows, and biweekly mailings of additional written materials for the remainder of the core TV program (p. 655).

Additionally, structured intervention included other resources, such as booster videotapes, calling in live during the show to ask questions, peer education and support, advice from and access to health care practitioners (i.e., an exercise physiologist, a registered dietitian, and a social worker), and a supply of related written materials mailed at monthly intervals to assist with maintenance of behavior change. Most importantly, the researchers reported that AAW were involved in the design and implementation process in order to create a practical, appealing, and culturally sensitive program. The program was successfully operated with a total of 373 women and believed to have been an excellent intervention tool for others to emulate throughout the United States.

Another invigorating program that utilized the social marketing concept to promote healthy behaviors was reported by Dignan *et al.* (1991), who detailed the benefits of using mass media educational messages to promote cervical cancer screening among AAW age 18 and older who reside in Forsyth County, North Carolina. The strategic intervention process included sending educational messages through electronic and printed channels, contacting churches, clinic and hospital waiting rooms, colleges, shopping centers, local newspaper organizations, radio stations, and local TV stations to promote cervical cancer screening. Additionally, Forsyth County developed a breast cancer awareness project using the principles of social marketing to promote breast cancer screening among low income, predominately AAW age 40 and older. Using the social marketing model to promote the community-based program and developing several interventions (i.e., community parties, church education programs, mass media techniques, birthday card reminders, etc.) to encourage women to seek breast and cervical cancer testing improved screening rates. For Papanicolaou (Pap) smear rates were improved (73–87%; $p = 0.003$) and mammography increased (31–56%; $p < 0.001$) in the intervention city (Paskett *et al.*, 1999). In contrast, a totally different way of employing social

marketing is reported by Nichols *et al.* (2004) in a study that used social marketing as a framework for recruiting individuals to participate in an Alzheimer's research project. Research is an extremely important area of health that is frequently overlooked, underfunded, and lacks participation from consumers. The use of it provides new and innovative treatments and medications, reduces suffering from illnesses, and helps Americans live longer. Subsequently, exploring an area that is paramount for so many individuals, using the social marketing model to identify factors that influence recruitment for medical research is vital.

On a different note, Icard *et al.* (2003) explored how social marketing strategies increased African Americans' access to health promotion programs. The authors focused on several key components that link at-risk African Americans to health promotion programs (e.g., sources, messages, channel, and target). These areas are essential for designing better ways to promote breast cancer awareness among AAW. In order to develop an empowering message, connect with the audience, and persuade behavior change, it is imperative that all components are developed with the target population in mind. Understanding the full range of human needs, their beliefs, and their behaviors determines how to address the target audience and increases the possibility of reaching them with an effective message (McGuire, 1991). It is evident, then, that there are many different elements that could be taken into consideration.

Overall, numerous individuals are using social marketing to implement social change, develop health promotion programs, or comprehensive prevention intervention projects to promote health and wellness and influence behavior change (Kotler and Zaltman, 1971; Lefebvre and Flora, 1988; Thackeray and Neiger, 2003). It is a device that may be used in a broad range of disciplines from public health to government training, environment safety, and much more. Social marketing is without a doubt an effective measure to

improve the lives and health status of many individuals. In order to reach different racial and ethnic groups, the underserved communities, or the seemingly inaccessible populations, it is critical that all pieces are cohesively aligned to fully capture them all.

Exploratory questions

There is a significant amount of research that has introduced the process of social marketing to society (Kotler and Zaltman, 1971; Bagozzi, 1974; Andreasen, 1995). Over the years, social marketing principles and techniques have been instrumental in convincing consumers to alter their choices, but more importantly, they have been successful in promoting positive behavior and encouraging change. Along the way, a few scholars have developed theoretical and conceptual strategies for broadening the model of social marketing to use with organizations, in education, healthcare institutions, and so forth (Kolter and Levy, 1969; Levy and Kotler, 1969; Kolter and Clarke, 1986; Kolter and Andreasen 1996). Further research explored how social marketing fosters sustainable behavior change (Kassirer and McKenzie-Mohr, 1998; McKenzie-Mohr, 2000) while others followed the more traditional practice of using the social marketing approach to bring about social changes in attitudes and behaviors (Kotler and Zaltman, 1971; Ajzen and Fishbein, 1980; Andreasen, 1995). There is, however, limited research that has explored how social marketing has influenced African American women breast cancer survivors (AAWBCS). As a result, the purpose of this research is to explore how social marketing has influenced AAWBCS and introduce salient social marketing techniques beneficial to promoting breast cancer awareness among AAW.

Method

Design

A qualitative study utilizing focus groups and in-depth face-to-face interviews was used to solicit information from AAWBCS regarding

how social marketing has impacted their lives and assisted them in maintaining healthier lifestyles. A social constructionism research methodology was selected to obtain individuals' views regarding the relationship between social phenomena and how social marketing may influence health decisions. As a guide to the exploratory research, the study examines the following questions:

- What social marketing techniques have influenced your lifestyle and changed your way of thinking towards your health?
- What social marketing resources do you believe are necessary to increase breast cancer awareness among AAW?

There were three scheduled focus groups and several in-depth face-to-face interviews. Focus groups were selected to seek comprehensive information from individuals regarding the ways social marketing has influenced their behavioral habits and how it should be used to increase breast cancer awareness. Kitzinger and Barbour (1999) postulated that focus groups are an essential tool for exploring how points of view are formulated and constructed. This method allowed the collection of data from many people, and in turn, people asked questions, exchanged anecdotes, and expressed their viewpoints (Kitzinger, 1994). As a result, this method was used to collect data regarding opinions and impressions from women who were diagnosed with and survived breast cancer. The focus groups were scheduled in conjunction with survivor breast cancer awareness meetings and events; therefore, the focus groups had different membership participants. Also, in an effort to collect more concrete data and due to time constraints, discussion themes were assigned to each focus group. In regard to the in-depth interview process, trained researchers were present at the focus groups to assist individuals with disabilities (e.g., hearing impaired, physical debilitations, etc.). Interviews were recorded, transcribed verbatim, and entered into the database. The transcribed interviews were analyzed independently by two research

members, using grounded theory methods. Ultimately, it was found that participants possessed essential knowledge to offer to other women that may assist with attenuating the increase of breast cancer mortality.

Sample

A purposive research method was employed to identify and select eligible women to participate in this research study. Patton (1990, p. 169) defined purposive sampling as a "process of selecting individuals with homogeneous characteristics with common threads being the issue for discussion. The purposive method is the most popular in qualitative research and allows for the collection of enriched information, or as Patton states, "information-rich," which means information that provides greater data for the purpose of the study. This study selected AAW who were breast cancer survivors, who are in compliance with mammography screening according to the ACS guidelines, and who practice routine follow-up breast cancer protocols (e.g., scheduling annual appointments, tests, etc.). The ACS established guidelines with the intention of reducing the overall cancer risk, incidence, and mortality of cancerous diseases. With regard to the screening guidelines for breast cancer, the ACS (2006, p. 18) suggests the following:

Yearly mammograms are recommended starting at age 40. The age at which screening should be stopped should be individualized by considering the potential risks and benefits of screening in the context of overall health status and longevity. Clinical breast examination (CBE) should be part of a periodic health examination, about every 3 years for women in their 20 and 30 seconds, and every year for women 40 and older.

The criteria for participating in the study included the following: (a) AAW who are breast cancer survivors; (b) were compliant with ACS guidelines; and (c) were between the

ages of 40 and 79 and willing to provide information regarding how social marketing has influenced them and changed their behavior, as well as provide further information regarding what social marketing techniques are needed to promote breast cancer awareness among AAW. The sample size included 130 participants and the demographic characteristics comprised of several components (e.g., age, education, annual income, and type of breast cancer surgery). **Table 1** provides a summary of the demographic characteristics of the sample population.

Procedures

All participants provided written informed consent before participating in the study. After obtaining consent forms from participants, focus study sessions were organized and scheduled monthly to solicit information from

Table 1. Demographic characteristics of 130 AAW breast cancer survivors

Study variable	<i>n</i>	%
Age		
40–49 years	51	39
50–59 years	33	25
60–69 years	40	31
≥70	6	5
Education status		
High school or less	20	15
High school graduate	28	22
Associates degree	34	26
Bachelor's degree	25	19
Master's degree or higher	23	18
Annual income		
<\$10 000–\$29 999	15	12
\$30 000–\$49 999	29	22
\$50 000–\$69 999	33	25
\$70 000 or greater	18	14
Missing	35	27
Type of breast cancer surgery		
Lumpectomy	52	40
Mastectomy	61	47
Other (i.e., lumpectomy then mastectomy)	17	13

Demographic characteristics data.

AAWBCS. Detailed information was provided to the participants regarding this research study and confidentiality was addressed and maintained throughout the study.

There are a few African American organizations working persistently with AAW who are breast cancer survivors to provide support, resource information, as well as health and medical services. For instance, the African American Breast Cancer Alliance, Inc. (AABCA) was founded in 1990 by Black women who were diagnosed with breast cancer. The AABCA is dedicated to providing hope, awareness, education, and emotional and social support to breast cancer survivors, their family members, and the community. The Sisters Network, Inc. was founded in 1994, and it is the first national African American breast cancer survivorship organization promoting breast cancer awareness. There are 39 Sisters Network chapters throughout the United States and each is affiliated with the Sisters Network, Inc. The ultimate goal of these organizations is to provide holistic assistance to AAW who are diagnosed with breast cancer and help them throughout the process of making decisions regarding treatment, surgery, and provide guidance onward toward survivorship. In this study, the African American Breast Cancer Alliance of Minnesota and many independent individual AAW in the United States who are breast cancer survivors were willing to participate in this exploratory research.

This study followed the qualitative research practices introduced by Letts *et al.* (2007). Research was conducted using focus groups and in-depth interviews to solicit information regarding social marketing campaigns that had been influential for them. The same principles were used with each different interview method. The use of open-ended questions allowed for collecting the depth and range of individual attitudes and beliefs of each person's social marketing experiences. Additionally, probing enquiries following participant responses to the open-ended questions afforded more profundity regarding the subject matter. Overall, participants were stimulated

and able to supply a wealth of information with valuable and reliable responses.

All focus studies and interviews were collected and later transcribed verbatim for data analysis. First, the demographic data were analyzed with descriptive statistics, and then the raw data (i.e., focus studies and interviews) were coded and examined with statistical analysis system (SAS) computer software program version 9 for Windows. After crafting a matrix, these data were aligned in a database and categorized by developing a similarity of themes and discussion topics, analyzing for frequencies, and correlations (Bernard, 1996).

Findings

Demographic characteristics

Included in the study were a total of 130 AAW living in the United States throughout the various states. Participants ranged in age from 40 to 79 years ($M = 52$ years, $SD = 9.03$). All the 130 participants were breast cancer survivors and stated they are in compliance by means of continuing to schedule routine follow-up medical appointments and follow the ACS guidelines.

There were three focus group sessions established to collect qualitative data from AAWBCS. These sessions were divided into 1-hour sessions, with the first half hour focusing on social marketing programs that were influential in making an impact on personal behavior habit. The second half hour concentrated on social marketing strategies beneficial in promoting breast cancer awareness among AAW. **Table 2** provides an overview of the selected discussion themes.

In addition, participants provided in-depth information regarding time spent reviewing healthcare data, such as reading health advertisements, brochures, or surfing the Internet for healthcare updates. Participants were asked to estimate how much time they spent per week keeping abreast of healthcare issues and viewing marketing campaigns by providing a list using three categories: low, moderate, or high. Nearly 48% of the participants stated

Table 2. Salient discussion themes from 130 AAW breast cancer survivors

Focus group session one/categories
Movies promoting breast cancer awareness
Breast cancer commercials
Culturally specific television programs
Focus group session two/categories
Marketing literature (i.e., newsletters, pamphlets, and brochures)
Online educational health information
Focus group session three/categories
Faith-based organization events
Organizations events (i.e., local clinics and non-profit organizations)
Community and neighborhood events

Salient discussion themes.

they spent a “moderate” amount of time reviewing healthcare literature, and 52% of the participants stated that they spent a “high” level of time engaging in literature review and looking at marketing campaigns. With regard to how much time is spent per week watching TV or listening to health news radio stations, 40% of participants stated low, 29% acknowledged moderate, and 31% stated high. The participants were asked how much time they spent per week communicating with healthcare practitioners regarding health issues; 12% of the participants stated low, 28% stated moderate, and 60% revealed high, indicating an enormous amount of time was spent conversing with healthcare practitioners.

Summary of focus group discussions

The qualitative focus groups were instrumental in providing stimulating dialogue regarding social marketing strategies/campaigns that were motivating and extremely though provoking for them. Many of the women had similar thoughts and offered detailed examples of current social marketing programs they felt were most beneficial in promoting and sustaining positive personal behavior change. The retrieved data from the focus groups was extrapolated and divided into sub-categories to

construct pivotal themes, which are listed in Table 2.

Focus group session one

Focus group session one was a large group ($n=33$) that concentrated primarily on the following discussion topics: (a) movies promoting breast cancer awareness, (b) culturally sensitive TV programs, and (c) breast cancer awareness commercials. Many of the participants stated TV has been a fundamental instrument for delivering health awareness and education, raising awareness about common health problems, introducing major nutrition facts, and presenting new medical alerts. Recently, a media marketing TV program worked assiduously to target its audience by presenting a more comprehensive message that included personal attributes, such as feelings, anxiety, and challenges to describe what women may experience, from the time of being diagnosed with breast cancer, to the final decision to undergo surgery, treatment, and so forth. More programs are conveying culturally sensitive messages and presenting movies that have women of color in the program to recount their experience. The aforementioned discussion topics were a precursor to the following focus question. *What were some breast cancer awareness campaigns, promotions, or prevention programs that influenced your way of thinking about your health?* A participant [participant 1] reported “that a very touching program regarding breast cancer was a movie called *Why I Wore Lipstick to my Mastectomy*, produced by Peter Werner.” The movie is about a lady who had to make the most important decision of her life—whether or not to get a mastectomy.” Trying to find herself, while losing her vibrancy and her looks, [she] discovers a story of self-acceptance by relying on her courage, her humor, and of course, her red lipstick” (Lifetime, 2006, para 1). In the focus group session, [participant 1] stated:

After reviewing this movie, I came to the realization that this is an exceptional tool

to teach women what they may be up against, but more importantly, why they should be diligent care seekers and more enthusiastic to prevent this disease. This movie gave me the voice to advocate to other women about preventive measures.

A second woman [participant 2] reported "that the movie provided encouragement, hope, and inspired her to continue scheduling follow-up appointments with her physician." She stated:

It reminded me that I am a survivor and in order to continue onward, it is vital for me to maintain a resilient attitude and not let fear immobilize me. In addition, the movie offered detailed information on what women have to endure when diagnosed with this disease. In part these experiences furnished women with a sense of what to anticipate, but more importantly, the undertone of the message encourages women to adopt healthy lifestyles, encouraged prevention, and inspired maintaining overall good health.

Another participant [participant 3] offered her opinion regarding many *Lifetime* TV commercials and online campaigns that promote breast cancer awareness. *Lifetime* is a cable TV network devoted to various programs (i.e., movies, dramas, sitcoms, etc.) designed for women or feature women in lead roles to express their life experiences. "*Lifetime* is committed to offering the highest quality entertainment and information programming, and advocating a wide range of issues affecting women and their families" (Lifetime Television, 2007). Thus, [participant 3] declared:

Many of the commercials, one in particular, called "If you Were my Sister," which features many women of color who encourage women to reach out to their loved ones and remind them to have a mammogram, has been a positive source of encouragement for me. When I am in

the house, I can hear the many women on this commercial, with joy in their voices, urgency, and enormous emphasis on the word "sister" that encourages me, a survivor, to contact my family and friends and remind them to follow-up with their physicians and schedule a mammogram. This is a commercial with a grounded message that speaks directly to me and is essential in encouraging self-esteem and empowering women to take action and seek care. This instrument is a tool that should be used by other entities to help increase breast cancer awareness among AAW. It would be a pleasure to walk in the grocery store and hear this commercial being announced overhead.

Of course, there are many other methods of social marketing campaigns that were addressed in this discussion; for instance, many women identified some programs that included actresses that look like them, of the same ethnic group, such as Maya Angelou, Patti LaBelle, Diahann Carroll, and Queen Latifah who endorse mammography screening, CBEs, and self-breast examinations (SBEs). A participant [participant 4] states, "It is encouraging because you see someone of the same racial group with possibly a similar background and this gives you confidence and reassurance that you can do it, too." They are instrumental in dismantling some of those barriers such as fear and fatalism that preclude AAW from obtaining screening (Powe *et al.*, 2003; Champion *et al.*, 2004; Remennick, 2006). These women and many more provide a message that works because it is not a command, but a simple reminder to take action, plus these messages come across with a caring sentiment. Some messages are straightforward, such as "Have you been tested," "Save a life," or "Get checked." As Parker (2004) acknowledged, these messages work because "it is perceived as personal, suggestive, simple, and memorable" (p. 3). More importantly, the messages are thought-provoking statements that generate a sense of action.

Focus group session two

The second group of women was small ($n = 25$) and addressed social marketing strategies, such as marketing literature (i.e., newsletters, pamphlets, and brochures), and online educational health information. The conversation centered on culturally specific posters at local hospitals and clinics, leaflets, and the mass media (i.e., newspaper, radio, and TV). The focus question pertained to social marketing that promoted health and wellness and was stated as following: “*What slogans, gimmicks, or key phrases did you notice that were able to raise your health awareness?*” In addition, another question was introduced to the participants regarding this topic and served as a probe to stimulate the discussion and led to many more comments. The question was stated as following: “*When discussing breast cancer awareness with others (i.e., mother, sisters, friends, etc.) what are some health awareness or promotional campaigns that come to mind?*” The group provided a collaborative list of breast cancer poster slogans that captivated their attention, for instance, “Do it for you,” “Regular Screening Saves Lives,” “A Mammogram is my Friend,” and “Stop the Silence.” One woman [participant 4] reported:

Some of the ads are so personal, prepared as though the message is speaking directly to me, which draws my attention to the health issue and persuades me to take action. Over the years, there has been an abundance of literature produced to promote breast cancer awareness, but this information was so impersonal. Now, I am starting to see some emphasis regarding minority women and the message is different from the Western traditional practices. Ads are including messages in multiple languages, with women of color offering a positive message, and “softer” messages. These styles can have a tremendous effect on how minority women react; for sure I believe these new ideas are grabbing our attention.

As the discussion continued to progress, another lady [participant 5], who appeared older, made the following comment:

I have been in this world for many decades (six to be exact) and being a breast cancer survivor and a nurse, I would like to see messages that are culturally sensitive and that address the etiology of breast cancer plus include some facts to dispute those myths and historical beliefs regarding breast cancer causation, treatment, and surgery. We need messages created in lay terms to help black women understand breast cancer symptoms and assist with understanding the perceived susceptibility. Many black women associate breast cancer with an automatic death sentence; instead, these women need to know that there are many modalities of breast cancer treatment. They need to see breast cancer education and prevention messages in bright bold pink letters everywhere, such as grocery stores, libraries, gas stations, restaurants, bathrooms, government buildings, hospitals and clinics, and community centers. In essence, communication is lacking, and we need to start presenting and disseminating breast cancer awareness messages in areas where the need is greater and unusual. Unfortunately, I can count on my hand the amount of breast cancer literature displayed in my community—definitely not much!

In addition, a younger nurse [participant 6] stated: We truly need literature that educates the community regarding health myths. I see many patients that are afraid to have surgery because they have heard of false stories regarding health procedures (e.g., such as once a physician cuts [i.e., begins surgery]), the cancer will spread throughout the body. Historically, health myths have frightened many people of color; therefore, it is critical to develop literature that addresses some of these fallacies.

Another stimulating topic of discussion was included—information technology. Over the

years, information technology has evolved dramatically and continues to be the key component of business activity and personal operations. Computer technology has made a significant impact in the business world and has increased the means of global communication. There are cellular phones, e-mail, the Internet, and many more communication devices that influence how society functions on a daily basis. Interestingly, computer technology can be used to modify the way humans think and operate. As Fogg (2002, p. xi) stated:

Computers can be used to persuade us to take control over the decisions affecting our health and well-being; we can harness this power for the good it can impart, while sounding alarms against the dark side of this force of persuasive influence. Understanding the deep nature of captology is essential to prepare us to appreciate how persuasive technologies can work to get a message across to change thoughts, feelings, and actions.

Since computer technology has the capability of reaching millions of people and is a salient source for assisting in modifying behavior, it is and has been certainly an investment tool for promoting an array of healthcare information. We have the capacity to target a specific audience, craft culturally sensitive messages, and address anonymous questions that some people may be fearful to raise in person. As the positive discussion continued, some of the participants had a different perspective regarding using only the Internet as a source of information. The focus question explored the advantages or disadvantages of using the Internet as a social marketing strategy to promote health information. An older participant [participant 7] stated:

Many healthcare providers have developed Internet Web sites with copious information regarding breast cancer, and this information is available for people with Internet access. However, there is a grow-

ing trend of people without computers, and therefore, the puzzling question is how to get this information to the underserved population, those individuals without computers in their homes.

Another, young lady [participant 8] stated, "The Internet is a wonderful tool. . .but poor people are not using this system as much as others. Healthcare practitioners probably reach the middle class, the more affluent, and more educated individuals compared to the underserved population." Following her comments, another party [participant 9] stated:

This process is certainly not for those individuals that experience socioeconomic hardship. In this scenario, the most efficient way to promote health and wellness is not by using the Internet, but instead, taking a more social change approach promoting [information sharing] within those underserved communities. This means that public health practitioners/providers/advocates and so forth need to work within the community, organizing door-to-door movements to assist individuals with their healthcare needs. Developing this conceptualization is an enormous project, but it will assist individuals at a much greater level and increase preventive services. In addition, I am for technology; therefore, it might be advantageous for advocates to collaborate with telecommunication companies to establish a process whereby healthcare messages can be sent via cellular telephones, e-mail, and other avenues of communication. Although some people might not have access to computers, more people are communicating by cellular telephones.

Although technology is expanding rapidly, it is extremely vital that healthcare advocates and individuals promoting health and wellness keep in mind that while technology is surging ahead, there are many individuals who are not

following at the same pace. As Viswanath and Kreuter (2007) confirm, definitely communication inequalities that exist because people have limited access to computer technology. Therefore, it is crucial that healthcare promotion is developed through multiple channels with different segments, keeping in mind that the utilitarianism is the principle for the greater good, and in order to build a healthier society we need to reach as many individuals as possible.

Focus group session three

According to Swartz (2002), Black churches have been the cornerstone for African American people by acting as bridges to promote healthy communities, being the stewards to assist the community, and standing as leaders through various movements. Many church leaders have been the catalyst through their personal connections with organizing community events, working with governmental officers, healthcare practitioners, and many other individuals interested in promoting healthier communities. From a historical perspective, churches have been momentous achievers by working to improve the health and wellness of the Black communities. In this discussion, which was the subject of the third focus group ($n = 17$), participants concentrated on how faith-based organizations, local organizations, and community events have been, and continue to be, pioneers in promoting breast cancer for AAW. The discussion topic was centered on health educational events and the focus question was as follows: "What are some breast cancer educational events, faith-based or community events that have been especially beneficial to you or your family?" One lady presented information about how her church developed a health and wellness quarterly session that focuses on promoting good health and spirituality, through education and special programs. She [participant 10] stated:

[My] church has worked for years to promote health and wellness. Every 3 months, the church will arrange for

professionals to speak about diseases and prevention. It is a big event because it is not only open to the congregation, but members of the community as well. The church will promote healthcare by using the media (i.e., newsletter and local radio stations) to inform the community about free clinical care and testing. We are committed to helping the community seek health services in mind, body, and spirit; however, at times, it is definitely a challenge to get people to the door.

As the conversation progressed, another individual [participant 11] uttered, in a low voice:

My church has established a monthly health session, which is open for all, but mainly the congregation members attend. We have tried to open this event up to the community, but people are apprehensive and do not attend. Therefore, our "Health Team," which is a collective group of health professionals that attend the church, works zealously with the members of the congregation. When I was diagnosed several years ago with breast cancer, the group was very supportive by providing resources, assisting with making some medical decisions, and caring for me during and after my surgery. Now, we are developing a self-help brochure that will offer women further encouragement and insight about the disease plus list survivorship program information. It is a fearful disease, but with early detection and support, you can survive.

According to Sutherland *et al.* (1997), the church in an African American community is a centerpiece for health promotion and direction. Over the years, faith-based organizations have provided the foundation for spiritual guidance and have, and currently continue to be, where individuals will turn in times of need. Faith-based organizations are an essential apparatus for the dissemination of different health information and promotion of breast

cancer awareness to support public health improvement efforts.

Of equal importance, an older lady [participant 12] added to the conversation thus stating, "Along with faith-based organizations, it would be nice to see local organizations do more within the community to educate women regarding breast cancer and other health diseases." Another lady [participant 13] agreed, then stated, "We see health information on TV and so forth from organizations, but it would be a change to see a major company in downtown Buffalo, New York, or Harlem promoting breast cancer awareness plus offering free mammogram testing. This is something that I have yet to see." Participant 14 declared, "In other words, it would be a change to see organizations, out of the office and in the community working with individuals in greater need (i.e., underserved and underprivileged people) thereby promoting prevention and making an earnest effort to reach the people at a closer range." Several of the participants also agreed and thought this is something that is lacking and is a major necessity for improving the overall health and wellness of those communities that are often overlooked.

Limitations

Although this study was significant in addressing how multiple social marketing campaigns can influence and modify the way some AAW think about breast cancer screening, a few limitations must be noted. A major limitation of the study may have been due to participants who discussed the research topic before contributing to the study. Next, there were no measures implemented to verify if the individuals participating in the study actually had a mammogram and were compliant prior to their participation, and, furthermore, if they were, and currently are, continuously seeking preventive services. Third, although there was reliable and sophisticated equipment used to transcribe interview data—which contained a wealth of information regarding social marketing and how this technique can benefit AAW

who are noncompliant with mammography screening—it was still difficult to encapsulate an inclusive level of saturation from all the participants. Lastly, the small sample size or representation of AAW can be recognized as another limiting factor. In essence, due to the exploratory nature of the study, the findings cannot be generalized to the wider population. Despite the limitations, the findings were conclusive enough to offer further insight as to how social marketing strategies can be used to increase breast cancer screening among AAW.

Discussion

For many decades, social marketing has been a significant component in changing the way individuals think about a particular product, influencing behavior change, and altering the cognizance of human beliefs (Kolter and Clarke, 1986; Andreasen, 1995; McKenzie-Mohr, 2000). Using social marketing strategies is imperative to increase breast cancer awareness among AAW, which was identified by many AAWBCS in the focus group sessions. As Andreasen (1995) indicated, it may be instrumental to use the social marketing segmentation concept to promote breast cancer awareness campaigns directly to AAW. This concept involves developing different strategies appropriate for each specific segment such as commercial messages that concentrate on AAW in a manner different from their counterparts. A homogeneous message for AAW should be direct to address breast cancer prevention, and then conclude with factual data that illustrate why prevention can save lives. It is also important to include some brief facts and figures; nothing overwhelming, but a message that provides women with enough information to understand the implications of this disease, the growing disparity, and more importantly, the prevention measures (i.e., annual mammography, CBEs, and SBEs) available. During the focus study discussions and personal interviews, many other salient points emerged from the AAWBCS regarding how social marketing can be used to increase breast cancer awareness among AAW. There were

Table 3. Recommendations to increase breast cancer awareness among AAW

Social marketing

- Develop advertising that is culturally sensitive to include AAW of different ages, economic, and cultural milieus
- Craft messages (i.e., literature, brochures, etc.) that address myths regarding mammography screening
- Create commercials with “soft messages,” which include women of color and breast cancer survivors
- Deliver messages where the need is great, such as to minorities and the underserved communities

Promotion

- Include AAW in the planning process at the local, state, and federal levels
- Offer more incentive programs to encourage breast cancer screening
- Present more educational training programs within the minority and underserved communities
- Increase the number of community health workers (CHW) to provide community-based services and assist with healthcare needs

Funding

- Allocate further research funding to support the development of a cure for breast cancer
- Provide free mammography screening programs within community locations
- Encourage states to develop free screening programs for individuals without insurance
- Increase funding for the National Breast and Cervical Cancer Early Detection Program
- Designate additional funding for community health workers (CHWs) services to promote breast cancer awareness (i.e., to work on community mobilization neighborhood-based outreach programs to increase breast cancer awareness)

Recommendations to increase breast cancer awareness among AAW.

three pivotal points that many of the interviewees presented in consensus: (a) being included in the planning process, (b) developing culturally specific messages, and (c) allotting further healthcare assistance at a community level. These suggestions, along with many other mechanisms, can definitely make a difference in increasing awareness and reducing breast cancer among AAW.

The many participants offered a wealth of information concerning social marketing approaches, campaigns, and advertisements in progress, as well as what is currently required to increase adherence to breast cancer screening guidelines among AAW. The participants focused on three significant areas (i.e., social marketing, promotion, and funding) that are needed to increase breast cancer awareness among AAW. **Table 3** is a consensus of collected results from the participants and displays several repeated themes and recommendations to increase breast cancer awareness among AAW and promote cancer awareness.

Conclusion

The research underscores the importance of social marketing campaigns and addresses how

public health practitioners and advocates might use these different programs to encourage AAW to adhere to screening. The AAWBCS provided strategies to promote breast cancer screening, listed various venues that may influence breast cancer screening, and even addressed caveats that might be important to avoid when promoting screening. Overall, the AAWBCS were provided much insight and an abundance of valuable information to help guide healthcare practitioners and public health advocates with knowledgeable resources that may assist them with developing healthcare promotional projects for AAW. Further research might explore the benefits of using AAWBCS to educate AAW in breast cancer awareness by developing printed material, offering training, and providing individualized attention. AAWBCS delivering the message of breast cancer awareness, such as why it's important to have a routine mammography, sharing their experience, and how they survived breast cancer might be more realistic and encouraging.

This research offers further knowledge and information regarding strategic ways to promote breast cancer among AAW from the perspectives of AAWBCS. It affords profound information to other individuals who are

working fervently to promote breast cancer awareness and empower AAW with the knowledge and skills to make healthy decisions. The development of this research provides useful information regarding the greater need for developing intervention programs that involve AAW and offers recommendations from AAWBCS' perspective of additional things needed to increase breast cancer awareness among AAW.

In conclusion, revolutionizing the way AAW think about breast cancer means we must change the social-structural practice of promoting awareness. Healthcare practitioners, advocates, and others interested in reducing breast cancer among AAW must start by including them in the planning process, embracing them in the message, and altering the message from the Western cultural practice to include a more culturally specific and linguistic approach (Beyene, 2002). Although the current practice used to promote breast cancer has been favorable for many, during the process many systematic approaches have neglected to include other emerging and burgeoning ethnic groups. As social marketing continues to make a tremendous impact on behavior change, advertisements and campaigns designed to include women of color will play an essential role in attenuating breast cancer mortality.

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