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CASE STUDY SERIES
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No. 8

COMMUNICATION
POLICY AND
PLANNING IN THE
AMERICAN CANCER
SOCIETY PUBLIC
EDUCATION
PROGRAM

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SERIES FOREWORD

In 1976 the East-West Communication Institute (now the Institute of Culture and Communication) began a collaborative research project in communication policy and planning. It had become evident that problems in the development of policies and plans for the creation and use of communication resources in society were becoming increasingly acute. Not only were new technologies rapidly expanding the potential of communications systems to serve a variety of purposes, but there was increasing emphasis on the demand use of communication as part of programs for development and social change. With this project, the Institute set out to document and analyze policy development and planning processes of communication systems, East and West. Our intent has been to produce a range of research and educational products that could serve as a foundation for continued and expanded research in this field.

The project as a whole has dealt with three principal components, or levels, of policy and planning problems. At the international level, work has gone forward on international policy issues and the roles of international organizations. At the national level, the project has examined policies and policymaking processes in a number of countries. At the level of agencies and organizations, termed the institutional level, the project has included initial work on the economics of communication and decision making in communication organizations.

This case study is one of a series undertaken to document and analyze the processes of communication planning at the institutional level. These studies describe the communication planning processes in a radio correspondence education project in Thailand, a rural development agency in Malaysia, a national population program in the Philippines, a national voluntary health agency in the United States, and an organization designed to secure citizen participation in broadcasting policy development in the Philippines.

Research at the institutional level began with the compilation of an annotated bibliography of key academic and professional materials, mainly fugitive, relevant to this kind of

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communication planning (Adhikarya et al. 1979). From this review it became clear that while much had been written about planning, much less had been written about institutional-level communication planning. The materials that we did find on institutional-level communication planning supported one of our early hypotheses--that there is a lack of consistency between the various proposed normative models of communication planning and the way it is actually done. In short, planners appeared to be planning in a variety of ways that were different from how the literature said they ought to plan.

To better understand this discrepancy, it was decided to document as completely as possible how people go about planning communication strategies, activities, and events at this level under field conditions. Our purpose was not to evaluate these planning activities using abstract and normative criteria of excellence, but rather to study them as ongoing dynamic planning processes in a range of cultural and organizational settings. We believed knowledge of this type could serve several purposes. First, it could provide a foundation for further research. Second, it could provide a basis for evaluating existing normative models of planning, strengthening the adaptability of these models to different worlds of reality and, equally important, pointing toward the development of new normative models.

A request for proposals for case studies of institutional communication planning processes was circulated to scholars in Asia and the United States in early 1977. Resultant proposals were evaluated, and six (covering four countries) selected for inclusion in the study series.

The studies were inaugurated with a research planning meeting in the spring of 1978 at the Communication Institute. Principal investigators for each of the studies attended. During this meeting, each researcher completed a general theoretical and methodological approach to be used as a guide by the field investigators.

This research design was based on a foundation of grounded theory, a sociological research approach that emphasizes participant observation, unstructured interviews, document analysis, and inductive development of concepts and generalizations. Under this approach, the investigator begins the study with as few preconceptions as possible. As data are gathered, the researcher prepares interim summaries and partial analyses that are shared and discussed with members of the organization being studied. From these cooperative ana-

lyses, revised concepts emerge, and these in turn are used as the bases for collecting additional data and carrying out further analyses. The evolutionary process continues until both the researcher and the members of the subject organization are satisfied that the study accurately portrays the processes under investigation.

This approach to the studies was adopted by each member of the collaborative research team, with some modifications. The principal departure from grounded theory was the delineation of six broad areas of inquiry to guide the studies--problem definition, planners, process, plans, resources, and environment. It was agreed that these broad data-gathering categories set broad parameters within which data would be collected and analyzed.

Following the planning meeting, individual investigators returned to their countries for a year of data gathering and analysis. During this period most were visited by one of the coordinators of the study series.

The team members returned to Honolulu in the spring of 1979 for a three-month data-analysis and report-writing workshop. During this period, researchers interacted frequently with each other and the activity coordinators during the preparation of draft study reports.

These reports were then reviewed in preliminary form at a two-week working conference by a panel of communication planners, some of whom held responsible positions in the organizations studied. Following this review and evaluation in June 1979, the individual investigators returned to their home bases for supplementary data collection and preparation of final reports. The drafts became available during the fall of 1979 and spring of 1980. They were reviewed by the study coordinators and in some cases additional data collection, analyses, and interpretations were carried out.

From this process have emerged case studies of a wide range of organizations in four cultures. We expect them to be useful in a number of ways. As noted, they can serve as a rich source of ideas and problems for further studies of communication planning. Second, they will have significant educational uses and, in fact, have served in draft form as the basis for the development of a university course on communication planning. Finally, as examples of a range of real-world planning efforts, they may help working planners achieve new insights into their own efforts.

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As coordinators of these studies, we feel especially indebted to a large number of people. Dr. S.A. Rahim, leader of the EWCI Communication Policy and Planning Project, was instrumental in developing the project framework within which the studies have been developed and has strongly supported our work as it progressed. Our close colleague, Dr. Meheroo Jussawalla, provided significant assistance in conceptualizing economic aspects of the studies and participated extensively in support of data analysis. Meow-Khim Lim and Mark Rasmuson, participants in the Communication Policy and Planning Project, provided invaluable assistance at various stages.

Special thanks are due to Alan Hancock of Unesco's Division of Development of Communication Systems. Alan encouraged us in our work and provided significant professional advice. He was instrumental in taking the lead to coordinate this series of studies with similar work being done under the auspices of Unesco and facilitated cofunding by Unesco for one of the studies in this series.

Staff support from the Communication Institute has been, as always, outstanding. Phyllis Watanabe oversaw the preparation of the manuscripts at several different stages. Terry Schulze, Institute Publications Officer, provided excellent editing and production support. Program Officer Merry Lee Corwin provided able assistance in arranging the several meetings that supported the research work.

All of these individuals have contributed in important ways. The major contributors, though, have been our colleagues from Asia and the United States who carried out the studies and whose manuscripts have been approved for publication: Zenaida Domingo, Gerald Klonglan, Chun-Nan Lo, Ramli Mohamed, Melina Pugne, and Boonlert Supadhiloke. Their diligence, intelligence, creativity, and energy have been a source of constant inspiration and collaborative learning. We present their work proudly, with full recognition of the difficulty of the tasks they undertook.

John Middleton

George Beal

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ACKNOWLEDGMENTS

This study of the communication planning process of the American Cancer Society's Public Education Program has resulted from the cooperative efforts of many people in the Society.

Mr. Walter James, vice-president for public education of the Society, was willing to have the national Public Education Department become a laboratory for the research study. He provided leadership in legitimizing the study throughout the organization and spent hours suggesting ideas we should study.

Through the office of Ms. Gerry de Harven, director of international activities of the Society, funds were provided to support an international research assistant. This support was important to one of the unique features of this study. The staffing of the study was planned so an Asian could study a U.S. organization (in contrast to the almost universal situation of a U.S. person studying an organization in another country). The goal was to have an Asian assess the similarities and differences between a U.S. organization and their own organization.

Ms. de Harven worked with the East-West Center in nominating qualified individuals from Southeast Asian countries for the international research assistant position, and the East-West Center selected Mr. Chun-Nan Lo of Taiwan from the several applications received. Mr. Lo had been involved in several health-related programs in Taiwan after completing his master of public health degree at the University of California, Berkeley, in 1967. At the time of his selection, he was secretary-general of the Maternal and Child Health Centers in Taiwan and lecturer in public health at Taiwan University. In 1973, he provided leadership in establishing the Chinese Cancer Society. He served as secretary-general of the CCS for three years (1973-75).

The authors wish to extend a special thank you to the many American Cancer Society public education volunteers and staff at national, division (state), and local (unit) levels who spent hours explaining how communication planning in the Society's Public Education Program works. Their cooperation and assistance throughout the study is sincerely appreciated.



THE RESEARCH SETTING

The purpose of this report is to describe the communication planning process of the American Cancer Society Public Education Program. The American Cancer Society (ACS) is a private nonprofit organization concerned with the control and eradication of cancer. The structure of the Society includes a national headquarters in New York, four regional offices, 58 divisions (usually states), and more than 3,128 local county and city units. The ACS has major programs in research, public education, professional education, service to cancer patients, money-producing activities, and public information. The project presented herein focuses on the communication process used in public education.

The decision to study the ACS Public Education Program rests on several factors. The ACS is a private agency. There have been fewer communication planning studies made of private organizations than of public governmental ones. The ACS is a multilevel agency system (national, regional, state, area, local) with nationwide geographical coverage (organizational units exist in each state and almost literally in every village, town, and city in the United States). The organization has been relatively successful in accomplishing its goals over the years. Thus, the agency may provide a basis for understanding communication planning principles that have worked and others that have been discarded. The agency is also working on a problem that has worldwide significance: the health of its citizens. A more detailed description of the ACS is presented in chapter 2 of this report.

STUDY OBJECTIVES

The overall objective of this project is to describe the communication policy and planning processes of the Public Education Program, especially over the past four to five years.

2 / INTRODUCTION

Some of the specific project objectives are to:

1. Describe who the ACS public education communication planners are, for example, the professional background (education and occupational experiences) of staff and volunteers and what communication theory or frameworks communication planners use.
2. Describe the communication planning problems of the ACS Public Education Program, for example, what are some of the key questions ACS planners must answer.
3. Describe some of the general environmental factors that affect (positively or negatively) ACS public education communication planning.
4. Describe the resources used by ACS public education planners, for example, the information base, budget base, and the like.
5. Describe the communication plans developed by ACS public education planners, especially the new (in 1979) program called PACE (Priority Activities in Cancer Education), which provides a framework for determining communication priorities for both adult and youth education programs.
6. Describe the process used to generate an ACS public education communication plan.
7. Describe a communication planning situation where inter-organizational relations between the ACS and another organization were carried out.

RESEARCH METHODOLOGY

Study Design

Within the time and resource limitations of the project, the overall research design was determined by two primary factors: organizational structure and geographical location. First, the decision to describe communication planning at all levels of the ACS organization made it necessary to obtain information from national, state (division), and county (unit) levels of the ACS organization. Second, given the geographical diversity of the United States (e.g., rural vs. urban differences and historical-cultural differences), it was decided

to study, in addition to the national public education office, one state (division) in the East, one in the Midwest, one in the Plains, and one in the West.

Sources of Data

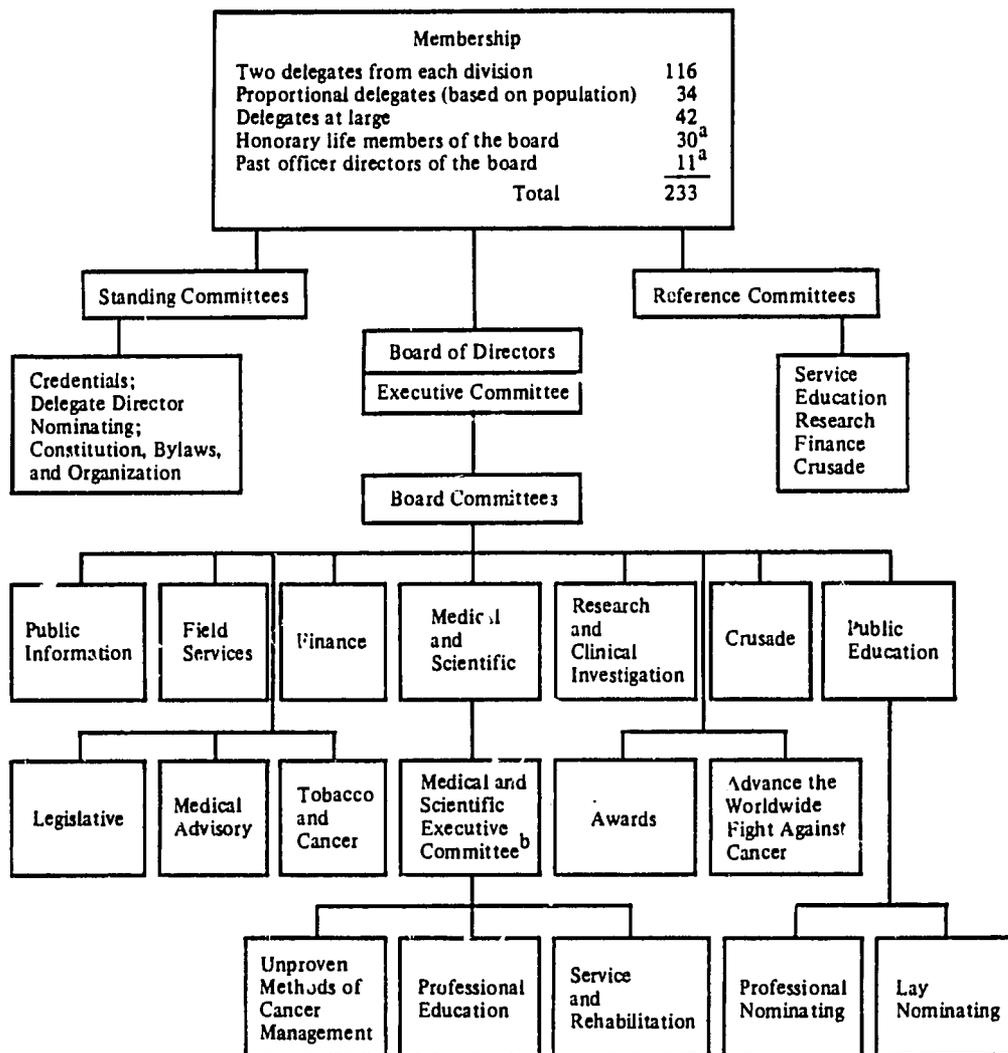
The study used three primary sources of data: personal interviews, participant observation, and written materials.

Personal interviews were held with ACS public education staff and volunteers at national, division, and unit levels (within each of the four states, staff were interviewed at both division and unit levels).

The authors were fortunate to be participants in several ACS Public Education Program meetings and conferences where communication planning processes could be observed. These included participation in a week-long national clinic for public education staff (where communication planning was a key focus) and in a three-day, national conference for staff and volunteers (where the new PACE planning program was introduced). The authors also attended national, regional, divisional, and unit Public Education Committee meetings where communication planning priorities were made. The authors also participated in a national meeting of an ad hoc planning committee composed of national/divisional/unit staff and volunteers to evaluate long-run youth smoking cessation communication strategies.

Several written materials were used to provide an understanding of the ACS Public Education Program communication planning process. National, divisional, and unit levels provided copies of constitution and bylaws, Public Education Committee functions, Public Education Program objectives and priorities, management system information, communication program output (books, pamphlets, films, slides, cassettes, etc.), and annual reports, as well as position papers regarding the ACS Public Education Program's communication planning process.

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a. At date of writing. Elected annually; number varies.

b. The Medical and Scientific Committee and its Executive Committee function through several major subcommittees in addition to those shown and through other subcommittees that may be established from time to time.

Figure 1. American Cancer Society Membership Board and Committee Structure

THE ORGANIZATIONAL SETTING

HISTORICAL BACKGROUND OF THE AMERICAN CANCER SOCIETY

The American Cancer Society, a private voluntary organization, was established in 1913. The long-run objective of the organization is the complete elimination of cancer, a large group of diseases characterized by uncontrolled growth and spread of abnormal cells. The immediate goal is to save more lives and to diminish suffering from cancer to the fullest extent possible. Approximately 350,000 persons die of cancer each year in the United States. It is the second leading cause of death in the United States. Approximately 128,000 lives might be saved (in 1979) by earlier detection and diagnosis.

The ACS is a national organization fighting cancer through a balanced program of research, education, and patient service and rehabilitation. The long-run goal of eliminating cancer as a human disease will be solved by research. The short-run goal of saving more lives and diminishing suffering will be met by public education, professional education, and service to patients.

Since the early 1900s, there has been progress in the fight against cancer. In the early 1900s, few cancer patients had any hope of long-term survival. In the 1930s, fewer than one in five were alive five years after treatment. In the 1950s, it was one in four. In the 1970s, the ratio was one in three. The gain from one in four to one in three represents about 64,000 lives saved each year.

In 1979, it was expected that about 765,000 people in the United States would be diagnosed as having cancer. The estimated new cases and deaths for the major sites of cancer in 1979 were as follows:

<u>Site</u>	<u>No. of Cases</u>	<u>Deaths</u>
Lung	112,000	98,000
Colon-Rectum	112,000	52,000

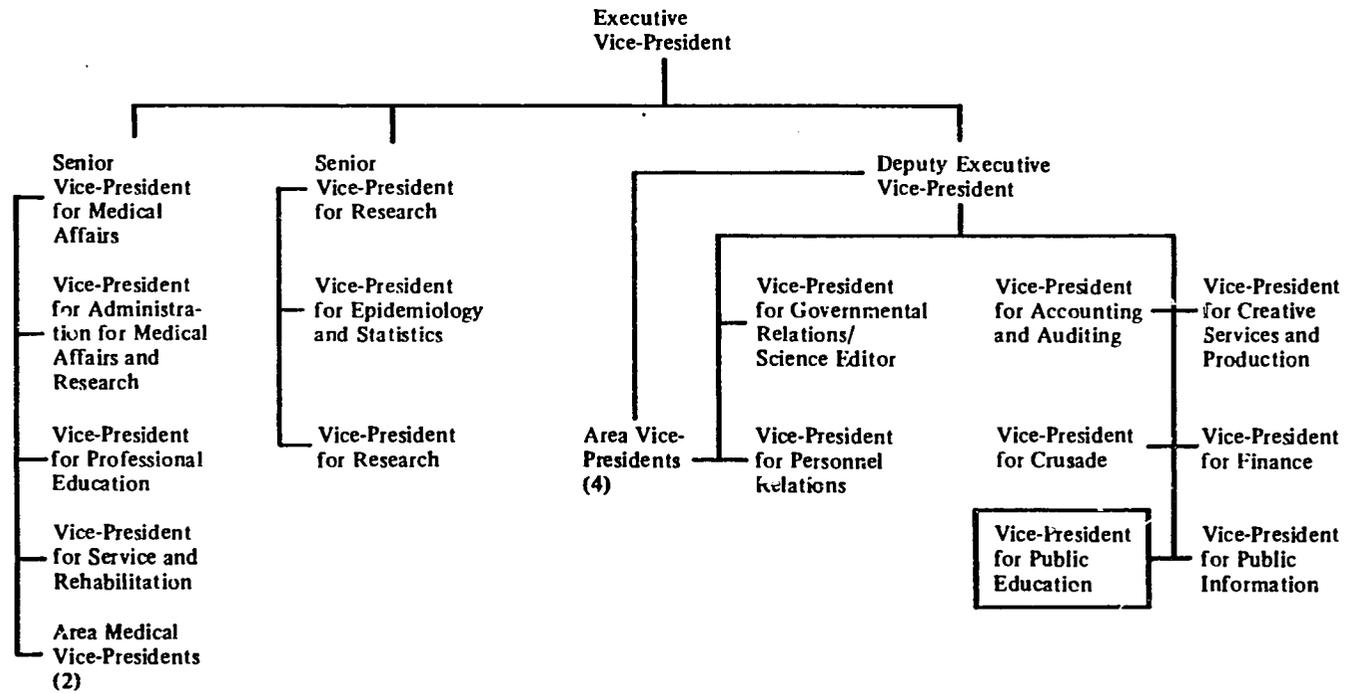


Figure 2. Organization of the American Cancer Society National Staff

NATIONAL ORGANIZATIONAL STRUCTURE / 7

Breast	107,000	35,000
Uterus	53,000	11,000
Oral	24,000	9,000
Skin	14,000	6,000
Leukemia	22,000	15,000

Nationwide the ACS has some 1,737 full- and part-time professional staff and 2,500,000 volunteers. Thus, there is a staff/volunteer ratio of one professional staff member for every 1,440 volunteers. Volunteers play many important roles; for example, they serve as the key policymakers on boards of directors at the national, division (state), and unit (local) levels. Volunteers are the primary people who deliver public education, professional education, and service and rehabilitation programs. And volunteers play a key role in the annual ACS Crusade to solicit funds for the organization.

NATIONAL ORGANIZATIONAL STRUCTURE

The American Cancer Society is a national organization with 58 chartered divisions and 3,128 local units.

The national Society fulfills the major responsibility for overall planning of the Society's Public Education Program and provides technical help and material to divisions and units. The national Society is composed of a 194-member House of Delegates, all of whom are volunteers. The House of Delegates is composed of 116 division delegates, 36 proportional delegates based on population size, and 42 delegates at large.

Responsibilities of the House of Delegates include electing directors, amending the articles of incorporation and bylaws, formulating policy, and providing a forum for interaction between ACS divisions and the national organization.

The House of Delegates elects a Board of Directors of 116 members to govern the Society's activities. One-half of the Board of Directors are members of the medical or scientific professions and half are laypersons. The Board manages the affairs of the Society, including the establishment of a policy framework within which the entire Society operates, the election of national officers, executive committee, and medical-scientific committee members, and the policy direction of the national office operations.

Figure 1 summarizes the national ACS Membership Board and committee structure. It is important to remember that all

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positions in this chart are filled by volunteers. Of special relevance to the research project is the Public Education Committee, a key actor in our communication planning study.

The organizational structure and major tasks of the national ACS staff, headquartered in New York, are summarized in Figure 2. Of special relevance to this research project is the vice-president for public education, the focus of our communication planning study.

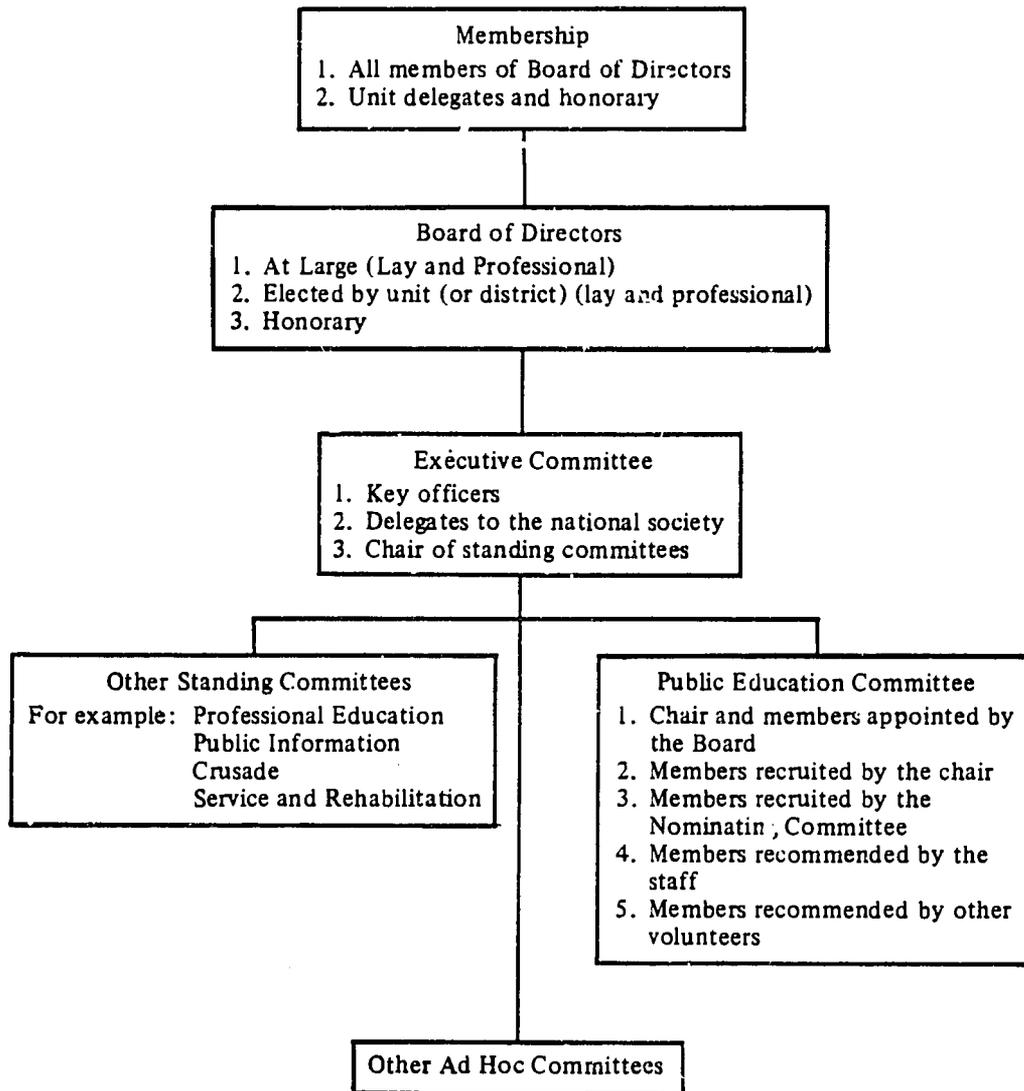


Figure 3. Division Organizational Structure

DIVISION ORGANIZATIONAL STRUCTURE

Each division of the ACS has an organizational structure similar to the national structure. Thus, each has its membership, Board of Directors, Executive Committee, and Board committees (standing and ad hoc). All members are volunteers. Figure 3 summarizes division organizational structure.

Because the focus of this research is public education, we have in Figure 3 elaborated the nature of the division Public Education Committee (one of the major standing committees at the division level). Thus, we show that the chair of the Public Education Committee is appointed by the Board of Directors and usually serves on the Executive Committee. Members of the division Public Education Committee are recruited by the chair, the nominating committee, ACS staff, and other volunteers. The size of the committee varies from state to state (division to division).

Other major standing committees at the division level include Professional Education (doctors, nurses, other health professionals), Public Information, Crusade, and Service and Rehabilitation.

A summary of division staff functions is shown in Figure 4. In large states, there may be a full-time staff member assigned to carry out each function. In smaller states, one staff person may have two or more functions. Thus in some states (divisions), one staff person may be assigned full-time to public education. In other states, one staff member may be assigned half-time to public education and half-time to another function, for example, public information.

UNIT ORGANIZATIONAL STRUCTURE

The 2,964 local units of the ACS primarily follow the 3,130 county administrative units in the United States. Larger population centers establish branches, the organizational element next below the unit. Some 1,923 branches have been established on the basis of geographic subdivisions of unit areas.

Figure 5 presents a general summary of unit organizational structure. A local Board of Directors manages policy, and from it an Executive Committee is selected. The Board of Directors establishes standing committees, the primary ones being Public Education, Patient Services, Public Information,

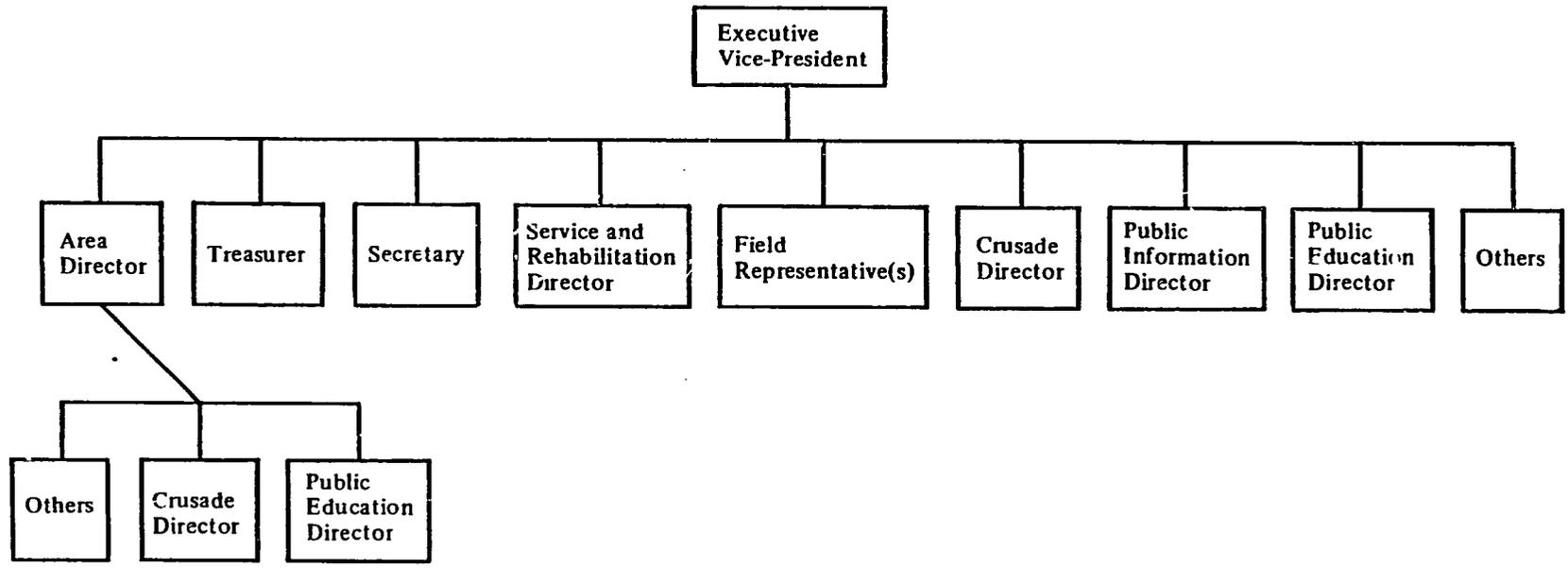


Figure 4. Division Staff Functions

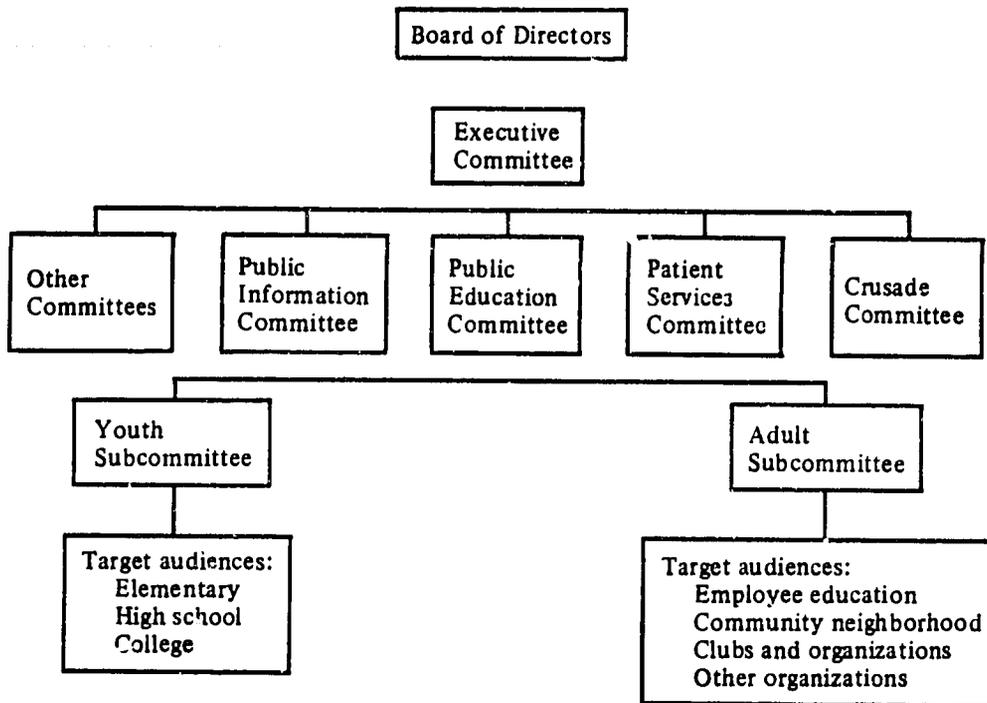


Figure 5. Unit Organizational Structure

and Crusade. Many unit Public Education Committees have established two subcommittees, one to focus on youth (schools) and the other on adults. Members of these subcommittees are further assigned to specific target audiences. Thus, the youth subcommittee will have three target audiences: elementary school children, high school students, and college students. The adult subcommittee will have four targets: employer education, clubs and organizations, community neighborhood (residential area), and other health organizations.

Only larger units will have paid staff (see Figure 6). Many units, particularly rural counties, will not have any paid staff. Unit staff size ranges from none to approximately 20. Units without staff are usually "staffed" by an area representative from the Division level. An area representative may be responsible for 2 to 25 units (counties). The area representatives are responsible for all functions at the local level (public education, patient services, Crusade, and the like).

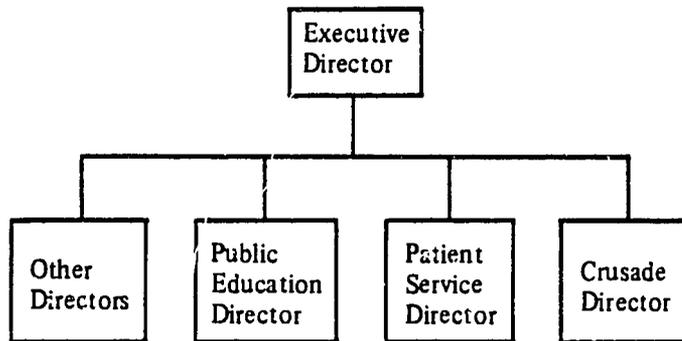


Figure 6. Unit Staff (Large-Population Units)

ACS VERTICAL STAFF LINKAGES

There is much vertical interaction between staffs responsible for public education planning and implementation at national, division, and unit levels. Figure 7 shows the Public Education Program linkages that occur from the national public education vice-president and the four regional public education representatives to division public education directors to unit public education directors and vice versa (up the system).

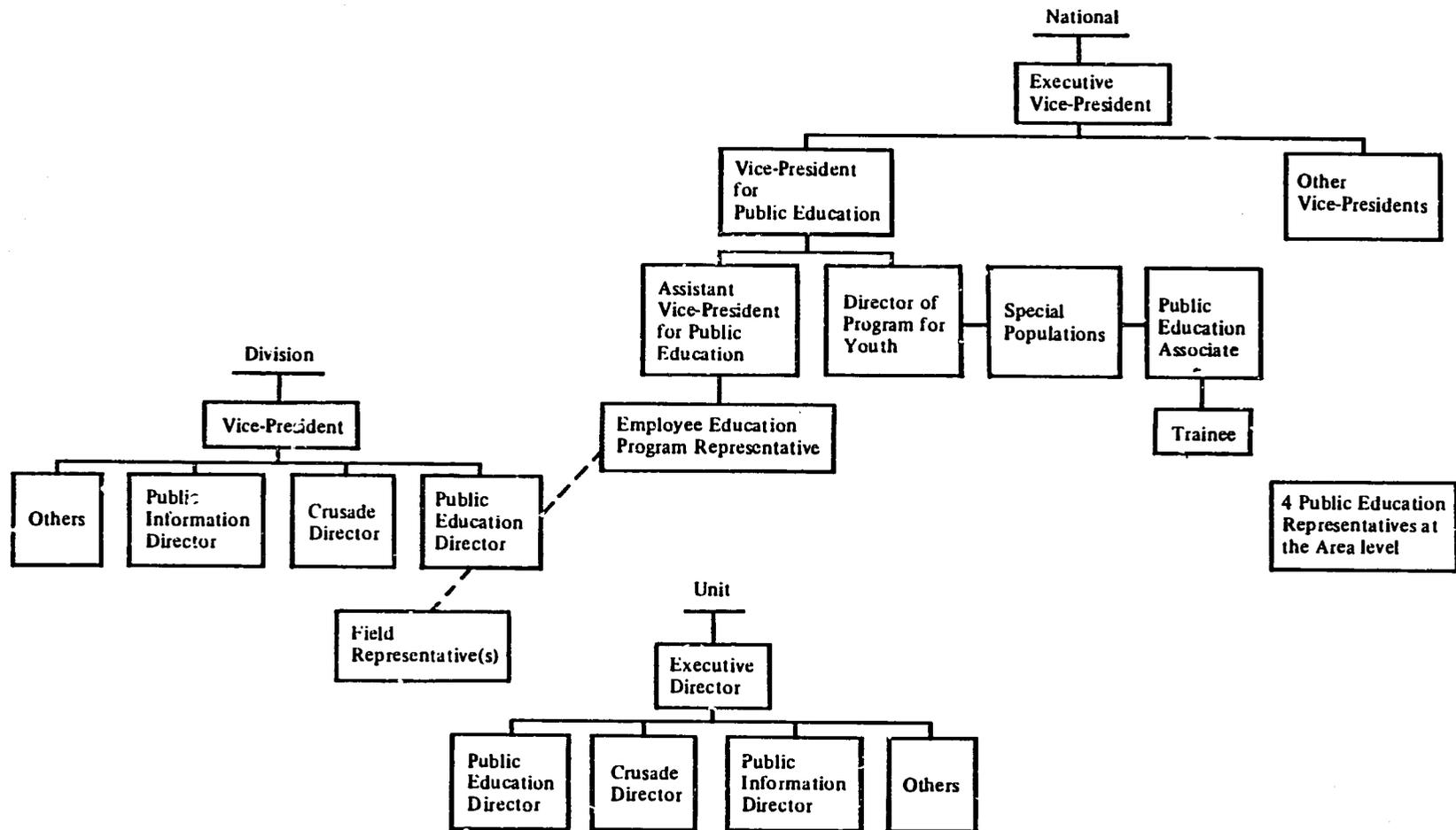


Figure 7. American Cancer Society Vertical Staff Linkages

Chapter 3

COMMUNICATION PLANNING IN THE
AMERICAN CANCER SOCIETY PUBLIC
EDUCATION PROGRAM

One of the major concerns of the American Cancer Society Public Education Program is to mobilize and utilize its resources on priority cancer control practices. The goal of making efficient use of available resources in public education generated a need for communication planning strategies. During the 1960s, a detailed search for a planning methodology emerged. In the 1970s, a nationwide communication planning methodology for ACS public education programs was developed. The culmination of this development process is the new Priority Activity in Cancer Education (PACE) Program, which was introduced nationwide in 1979.

This chapter describes the overall communication planning of the ACS Public Education Program. The presentation illustrates this primary planning activity by focusing on the development of the new PACE program. The presentation is organized into the six general areas delineated by the East-West Center Communication Planning Project staff to facilitate cross-study comparisons: (1) who are the planners, (2) what communication planning problems exist, (3) environmental factors affecting the planning process, (4) resources available and used in the planning process, (5) the resulting plan, in this case the PACE plan, and (6) the planning process itself.

THE PLANNERS

Who are the Planners?

The PACE concept originated at the national level after two years of interaction with division and unit volunteers and staff. A plateau had been reached in the delivery of public education programs at the unit level. Since public education programs are conducted only at the unit level--because that is where people live and work--this was a major problem. Fact-finding questionnaires were sent to all 58 divisions and to

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selected units asking why this plateau had developed. The subject was also discussed at area public education meetings in two successive years. The central theme of most of this input was the need for a clear-cut description of what would be considered a good unit public education program. Out of this grew PACE.

One framework that describes the general input into planning and implementation by national, division, and unit levels is presented in Figure 8.

Generally the national Public Education Department devotes most of its resources to planning and evaluation functions and only a little of its resources to implementation. Divisions are generally involved in both planning and implementation. At the unit level, there is an important planning component, but it is only a small part of its total effort, which is mostly implementation.

ACS staff at all three levels are much involved in communication planning. However, much of the planning is done at the national level.

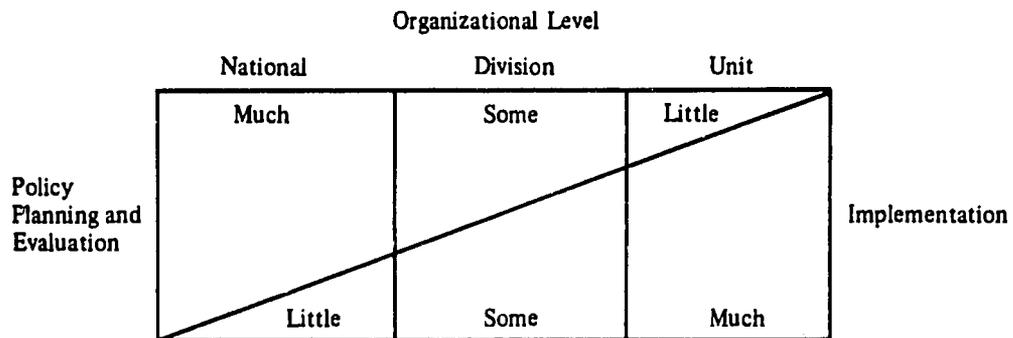


Figure 8. General Framework Comparing Planning Function by Organizational Level

Public Education Directors' Professional Background

The professional background of the national, four division, and four unit public education directors studied in this research project is summarized in Table 1. Seven of the nine have a bachelor's degree. Two have junior college training.

Three have master's degrees. Their fields of study include education, health education, nursing, sociology, public relations, and language. Most had previous professional work experience, with two-thirds having had previous ACS experience before accepting their current position as director of public education. The length of time as a public education director ranged from less than one year to 12 years. And most were recruited to their present positions by an ACS staff person.

Table 1. Professional Background of Public Education Directors

Organizational Level		Educational Level	Field of Study	Previous Professional Work	Time as Public Education Director	Who Recruited?
National	1	M.A.	Education	ACS Public Education Staff 10 Years	12 yrs.	Staff
Division (State)	1	Junior College	Nursing	ACS Volunteer	2 yrs.	Volunteer
	2	B.S.	Health Education	ACS Staff	3(?)	Vice-President
	3	Junior College	Sociology	ACS Field Staff 11 Years	< 1 yr.	Vice-President
	4	M.P.H.	Health	ACS Staff 15 Years		?
Unit (County)	1	B.S.	Sociology	Government	< 1 yr.	Area Director
	2	B.S.	Public Relations	Journalism	< 1 yr.	Area Director
	3	B.A. M.B.A.	Language	ACS Since 1972	8 yrs.	Area Director
	4	B.A.	Education	University	4 yrs.	Executive Director

Background of Other Key Public Education Staff Members

At the national level, two other staff members have played important roles in planning public education programs. One

has primary responsibility for youth programs, the other has primary responsibility for adult programs. Both have bachelor's degrees, one in science education, the other in health administration. Both had worked in division ACS programs before accepting their current positions. One has been in his role four years, the other ten years.

Public Education Committee Members' (Volunteers) Professional Background

Since the ACS is a voluntary organization, many unpaid people play important policy, planning, evaluation, and implementation roles. Some of the most important volunteers for this research study are members of public education committees at national, division, and unit levels. These committees must approve all plans and programs. They therefore play a key legitimization role in the communication planning process. Because of their important role, we have summarized the professional background of the volunteers in the public education committees of the organization studied in this research project (see Table 2).

Table 2. Professional Background of Public Education Committee Members (Volunteers)

Organizational Level	Medical Doctors		Nurses		Other Health Professional		Non-Health Professional		Non-Professional	
	No.	%	No.	%	No.	%	No.	%	No.	%
National (25) ^a	6	24	0	0	3	12	11	44	5	20
Division										
State 1 (19)	5	26.3	1	5.3	5	26.3	5	26.3	3	15.8
State 2 (14)	4	28.6	4	28.6	2	14.3	3	21.4	1	7.1
State 3 (12)	0	0	4	33.3	1	8.3	5	41.7	2	16.7
State 4 (19)	5	26.3	1	5.3	4	21.1	3	15.8	6	31.6
Unit										
State 1 (18)	1	5.6	2	11.1	0	0	6	33.3	9	50
State 2 (18)	0	0	3	16.7	0	0	14	77.8	1	5.6
State 3 (11)	2	18.2	4	36.4	3	27.3	1	9.1	1	9.1
State 4 (14)	1	7.1	3	21.4	1	7.1	4	28.6	5	35.7

a. Number of committee members indicated in parentheses.

The 1979 national Public Education Committee has about 24 percent doctors, no nurses, 12 percent other health professionals, 44 percent nonhealth professionals (half educators and half business leaders), and 20 percent nonprofessionals (civic leaders).

A comparison of the professional backgrounds of division committee members shows both similarities and differences across divisions. Three divisions had approximately one-fourth doctors, while one had no doctors. Two divisions had approximately 30 percent nurses. Two divisions had approximately 25 percent other health professionals. Nonhealth professionals ranged from 15 percent to more than 40 percent of the committees. All but one of the nonhealth professionals at the division level were educational professionals. Nonprofessionals ranged from 7 percent to 32 percent of the committees and included lay members, some of whom had had cancer.

At the unit level, we find greater variation in the composition of the volunteer public education committees than at the division level. Three units had doctors on the committee, all four units had nurses, and two had other health professionals. All had nonhealth professionals, with approximately 20 percent of them being in education and 80 percent in business or other professions. Nonprofessional ranged from one member to 50 percent of the committee membership.

Expert Ad Hoc Public Education Advisory Committees

The national Public Education Committee has periodically created ad hoc advisory committees to analyze and evaluate public education programs and to make recommendations for future program direction. National ad hoc advisory committees on ACS public education programs for youth were appointed in 1972 and 1975. A national ACS ad hoc adult education advisory committee was appointed in 1973. These committees have 10 to 15 members representing a broad spectrum of experts. The 1973 adult committee had leading practitioners from business, industry, labor, and government agencies, regional health planners, health practitioners, and social science researchers. The 1975 youth committee included elementary, junior high, and high school teachers and administrators, as well as national, regional, and local health planners and university curriculum experts. One source used to identify experts is the professional societies.

These committees are expected to provide the most up-to-date assessment of needs and the most current thinking regard-

ing program planning and implementation. Many suggestions are made, and most are implemented by the ACS Public Education Department. Summaries of the recommendations and their implementation by ACS are made. Several national programs have been implemented that were initially recommended by these committees. They have played a key idea-generation function for the ACS staff, which has been aggressive in seeking to benefit from the research and experience of these experts.

Special task forces are also set up to focus on specific cancer problems that include major public education programs. For example, a Target 5 task force focusing on smoking was established to bring together experts to plan a national anti-smoking program.

What do Planners Know?

One of the objectives of the research study was to gain an understanding of the communication theory base that planners use, if any. Insights into communication theory used in public education at national, division, and unit levels can be found in papers and documents prepared by or for the national Public Education Department.

One paper (James 1976b) summarizes the use of the adoption-diffusion model in planning public education (communication) programs. In the same paper, an analysis of advantages of mass media and interpersonal communication is delineated. The bibliography includes seven references to adoption-diffusion, health education theory, and community health planning.

Another source of communication planning frameworks used by the ACS Public Education Program is found in the Handbook for Division Public Education Directors. The Handbook lists the principal materials in four general categories: (1) the American Cancer Society's Public Education Program, (2) roles of the national Society, area offices, divisions, and units, (3) principles of health education, and (4) responsibilities of the division public education director. Section 3 includes references to the adoption of innovations related to cancer-control techniques and to health education principles.

The major source relating the adoption-of-innovation literature to cancer-control public education programs is a paper by Klonglan (1979). This paper is a summary of a one-and-one-half hour research presentation that is given each year at the two national public education clinics for new ACS

staff at division and unit levels. The paper summarizes many adoption-communication concepts as well as time-series data on the current status of selected cancer-control practices.

Briefly the paper introduces the concepts of change agent, innovation (practice), adoption unit (audience), adoption process (stages in the decision-making process through which a person passes from first hearing about an innovation to its final adoption or rejection), and the sources of information (communication) used at different stages in the adoption process. Each of the six areas is then related to some of the cancer-related research data available.

Each national clinic also has a two-hour workshop session where new ACS public education staff have an opportunity to apply adoption-diffusion concepts to cancer public education. The appendix to this report shows the "discussion starter" questions used in the workshop session.

Attitudes and Behaviors of Planners

Planners at all organizational levels were oriented to systematic planning of public education programs. Staff members at all levels saw themselves as managing the planning for the agency. Volunteer committee members at all levels concurred that staff are expected to see that the education (communication) planning for the organization is done but that committees have the authority to approve or disapprove the plans.

Action Space

"Action space" refers to the kinds of action possible to the planner. Planning for cancer public education programs generally includes mobilizing answers to questions such as the following (James 1974a):

- (a) What are the numbers of cancer cases and deaths in the area for the past several years? Which are the leading sites (lung, stomach, colon-rectum, uterus, etc.)? What is the breakdown of the sites as to sex, age, etc.?
- (b) What is the population breakdown in the area, such as the total number of men, women, age groups overall, educational levels, income levels (high, medium, low), languages spoken?

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- (c) Which population groups have the highest risks of cancer, and which forms of cancer are involved?
- (d) At the time of planning, what is the level of knowledge about cancer, its treatment, its diagnosis, tests, etc., among each group?
- (e) At the time of planning, what is being done among these groups to help protect against cancer--tests, health checkups, antismoking campaigns, etc.?
- (f) What has been the success of previous cancer education programs; at which time; on which subject; how many people reached; more important, how many have taken action? What methods have been used, and what are the successful and unsuccessful programs? What can be done to remedy the failures and how can the failures be avoided? Why did certain programs succeed and others fail?

Both staff and volunteers agreed that staff are encouraged to obtain as detailed information as possible to answer these questions. Given the information base regarding incidence of cancer, population breakdown, etc., the planner is expected to come forth with an appropriate plan. Planners, therefore, have flexibility within the factual information available.

The federated structure of the organization, that is, national, division, and unit levels, means that each unit has planning flexibility (open action space), yet must keep in mind other levels of the organization. There is, thus, built-in possibility for negotiation of planning goals, objectives, targets, etc. The national level regularly provides a worksheet for local units to negotiate targets that may be different from those recommended by the national plan.

COMMUNICATION PLANNING PROBLEMS

Communication planning problems, which may become important in the development of a public education program, can be discussed at different analytical levels. On the one hand are the more general overriding communication planning problems (discussed in the next section). There are also more specific problems (discussed in the second section below).

Some General Communication Planning ProblemsWhat is Public Education?

One of the more general problems is to clearly define public education (in contrast to public information). Over the past 15 years, the ACS has developed a public education program in which people help one another protect themselves against cancer. The focus here is on person-to-person education. The goal of public education is to have people take responsibility for their own health. The public education program is not designed to do things for the general public, but rather to have people take specific action to combat cancer. For many people, this will mean changing their habits, that is, stop smoking, do breast self-examinations (BSE), and the like. The public education program is not designed just to provide cancer information to the public, but to change behavior. The public education program does not embrace public relations to enhance the organization. The public relations function (among many others) is the responsibility of the Public Information Department of the ACS.

In summary, the ACS had to develop a definition of public education that could be communicated to relevant parties. The national office of the ACS has encouraged each division and unit to establish separate education and public information committees and to make specific staff assignments for these two functions.

Which General Cancer-Control Practices?

Which cancer-control practices does the ACS educate people about? Here the problem is to decide where in the cancer-control spectrum the Public Education Program should focus its efforts. One framework used to outline the cancer-control spectrum is as follows: prevention, detection, diagnosis, treatment, rehabilitation, and continuing care. ACS has decided to focus public education efforts on the front end of this cancer-control spectrum, i.e., prevention (don't smoke, avoid the sun) and early detection (BSE, Pap, guaiac, procto).

Which Specific Cancer-Control Practices?

Another general problem is the definition of which practices should be "sold" to the public. What are the approved cancer-control practices (such as Pap, BSE, etc.) for which public education programs can be developed? ACS policy is to communicate only approved practices to the general public.

This means that the scientific and medical community must have a sufficient research base to permit a consensus on the value of the practice. Thus, in the late 1970s, approved practices included BSE, Pap, procto exams, and the like. (It is important to note that new developments in scientific or medical research may change approved practices. Thus an approved practice at one time may be superseded by a new, improved practice in the future.) Also, the Society's Public Education Program focuses primarily on those sites of cancer for which prevention and early detection have the greatest life-saving potential.

What is the General Methodology for Developing, Implementing, and Evaluating a Cancer Public Education Program?

In the early 1970s, one of the major problems facing the Public Education Program was the development of a methodology for public education (James 1974b). By the latter part of the decade, a methodology had evolved (James 1977). It included planning at the national level:

to define clearly the cancer problem and public education goals; to establish program priorities and set specific objectives for a specific period of time; to recommend the appropriate educational methods most likely to achieve program success; and to provide a means of measuring performance and evaluating results. (James 1974b, 3)

The methodology also included program planning to be done at the local level. In the early 1970s, the national office was urging local units to adopt the following basic planning concepts (James 1974a, 6):

Program plans should be in writing, should include those responsible for conducting programs, and provide a means of measuring progress and end results. Five basic planning steps are recommended and sample forms are made available:

1. get to know local cancer problem (cancer cases, deaths, leading sites, high-risk groups, etc.);
2. conduct fact-finding to ascertain:
 - a. what public knows and does about cancer tests (use national study or conduct own with national recommended procedures);
 - b. where people live, work and study (form provided);

- c. where they were last reached with which programs--site, educational methods, etc. (use same form as above);
 - d. what facilities are available for people to act (provide checklist);
3. decide what to do:
 - a. set measurable objectives (target population, site, etc.);
 - b. choose educational methods;
 - c. recruit manpower;
 - d. coordinate program with other organizations;
 4. evaluate results--report progress;
 5. plan again.

Within the above framework, six specific public education program "problems" were delineated (James 1974a). These six problems are elaborated in the following sections.

Some Specific Communication Planning Problems

Who Is Our Public Education Audience?

This problem focuses on the need to specify whom the public education programs should be designed to reach. In communication terms, ACS is asking who should be the receiver (target audience) of a public education message. Should it be women only, men only, both men and women, youth? Are there special populations based on lack of education, social barriers, low income, place of residence (rural/urban), or membership in a high-risk group? Who should be given priority attention in public education programs? In other words, who should be the priority adoption unit for cancer-control practices? To solve this problem, ACS has conducted national studies of its own (Gallup 1970, 1973, 1974, 1977a, 1977b; Lieberman 1966, 1977, 1979a, 1979b) to learn where various audiences stand vis-a-vis various cancer practices, and has used research studies in professional journals as well. Table 3 presents a summary matrix of audiences and practices that a public education planning unit would need to fill out in setting its priorities for a given planning period.

What Messages Must Be Stressed?

This problem focuses on the content of the message that needs to be sent to the audience delineated. The specific

Table 3. Audience by Priority Site and Recommended Practice

Priority and Recommended Practice	Audience						
	Adult		Youth		Place of Residence	Minority	
	Women	Men	Girls	Boys	Rural/Urban	Black	Spanish Speaking
Lung Stop Smoke							
Colo-rectal Guaiaac Procto Digital							
Breast BSE							
Uterine Pap Test							

Table 4. Message by Priority Site and Recommended Practice

Priority Site and Recommended Practice	Message				
	Aware	Information	Evaluation	Trial	Adoption
Lung Stop Smoke	1	2	3	4	5
Colo-rectal Guaiaac Procto Digital	6A 6B 6C	7A 7B 7C	8A 8B 8C	9A 9B 9C	10A 10B 10C
Breast BSE	11	12	13	14	15
Uterine Pap	16	17	18	19	20

kind and amount of information must be determined, and the level of ideas must be decided. A decision as to the priority messages in a given time period must also be made. For example, is the primary purpose of a message to make people aware of a practice, or is the primary purpose to get them to try a new practice? And, which messages are needed to reinforce people who have already adopted recommended practices? Table 4 presents a summary of some of the adoption-process message choices planners can consider for various priority sites and recommended practices. Message "I" would focus on making smokers aware that they should stop smoking cigarettes so they will not get lung cancer. For four sites and five adoption stages, there are 20 theoretical "message" points to which priorities must be assigned, no small problem in itself. When some sites (e.g., colo-rectal) have multiple acceptable practices (guaiac, procto, and digital), the message problem is further compounded.

What Methods of Education and Material Will Be Employed?
(Media Choice)

This problem focuses on the media choices that ACS public education planners must take into account. How should the message be packaged for various target audiences? What is the appropriate mix of mass media and person-to-person communication strategies? What specific media should be used, for example, film, slide/tape, record/filmstrip, cassette? How does one prepare materials for discussion groups, for self-instruction, for one-to-one decision making, etc.? (The national Public Education Program has provided a wide variety of materials on various priority practices and for various audiences. Division and local units expressed appreciation for the media resources available for them to use directly, or in some cases, to adapt to local programming needs.)

Who Will Be Responsible for Each Program?

This problem focuses on the need to clearly identify the person or persons responsible for each program. Who will be the source or sender of each program? Will it be an ACS volunteer? What kind of volunteer? Teacher? Doctor? Nurse? Former cancer patient? A man? A woman? Who is the most effective spokesperson? Who is considered an "expert" and who is "trusted?" Research has been carried out to determine the most effective spokespersons regarding specific responsibilities in specific programs, for example, guaiac (Elwood et al. 1978) and BSE (Lieberman 1977). This problem brings into focus the difference between ACS staff and ACS volunteers;

volunteers carry out programs; staff support (coordinate) the volunteers. Thus, it is important for staff to develop recruitment strategies to deal with volunteer turnover. Staff turnover also affects the assignment of responsibilities.

During What Period Will the Program Activities Be Conducted?

This problem focuses on the need for a detailed plan of work for each program for a given time period. Who is to do what should be outlined specifically. ACS sets one-year and five-year goals. Detailed one-year plans of work are developed by each ACS agency.

How Can the Effectiveness of Each Program Be Measured?

This problem focuses on the need for ACS public education programs to be accountable to the general public for the funds it has spent on any given program. Two major effectiveness frameworks have been developed by ACS. One is the Program Activities Report (PAR), a management information system that summarizes audiences reached and actions taken by priority cancer site and which channels were used to reach people. PARs are available at the unit, division, and national levels. The other is evaluation research field studies to determine changes in the target audiences over time. Such studies are conducted approximately every two years on a national level. Divisions carry out evaluation studies of some programs. Most units do not have resources to carry out detailed evaluation studies, so they use extrapolation from national studies.

Complexity of Problems

The complexity of the communication planning problems faced by public education planners can be illustrated by cross-classifying the problems introduced in the previous section. For example, if one cross-classifies audience by message, many different communication alternatives are possible. Table 5 illustrates the many alternatives that can be considered for each health action (recommended practice). For example, if we focus on the recommendation to stop smoking, we have at least seven general audiences, each theoretically needing five messages (awareness, information, etc.) for a total of 35 possible messages. The ACS public education planner must decide which message(s) to develop for each audience. Similar tables could be built to cross-classify audience by media, audience by sender, message by media, message by sender, media by sender, etc. Further complexity is added when three-, four-, five-, and six-way combinations are considered.

Table 5. Audience by Message Complexity

Audience	Message				
	Awareness	Information	Evaluation	Trial	Adopt
Women	1	2	3	4	5
Men	6	7	8	9	10
Youth	11	12	13	14	15
Rural	16	17	18	19	20
Urban	21	22	23	24	25
Black	26	27	28	29	30
Spanish-Speaking	31	32	33	34	35

ENVIRONMENT

The third area delineated for investigation was the general environment in which communication planning takes place. Some of the major environmental factors that the ACS public education planners noted are outlined below.

Sociocultural Factors in the United States

Cancer as a Significant Social Problem

During the 1970s, the cancer problem became a more salient issue to the general public in the United States. National studies show that more people know more about cancer now than ever before. More people believe that early diagnosis is important in combating cancer. More people know the warning signals of cancer than ever before. More people know about BSE and Pap tests than ever before. And more people are taking actions that the ACS public education programs recommend than ever before. This increased interest in the cancer problem is seen as a positive part of the environment for cancer public education.

Health as a Major Social Concern

The 1970s have seen a marked increase in emphasis on the value of health in U.S. society. The public interest in jogging (and other exercises), appropriate diet, and annual checkups is a major illustration of the increased interest in health. This increased interest in health has been positive

for the ACS Public Education Program. Since this is a health program, it is linked to the general health movement in the United States.

Cancer Causes and the Mass Media

Because of the increased importance of cancer in the United States, there is much research focusing on the causes of cancer. Because of the general public's interest in cancer, mass media (newspaper, magazines, radio, and TV) are very responsive to reporting possible causes of cancer. At the present time, one of the controversial items regarding the possible cause of cancer is what is referred to as "environmental cancer." This concept is still rather ambiguous in that it is used by different people to refer to different things. Some refer to food additives, others to diet, some to air and water pollution, etc. One of the reasons for an increased interest in environmental cancers is that people should be able to do something about them. One problem for ACS public education planning that results from this interest in the environmental causes of cancer is the fact that so many different causes of cancer are being hypothesized that it is causing confusion among the general public.

The increased interest by the general public in the causes of the cancer problem creates a demand for specific action recommendations: What should I do? What should I eat? etc. This interest has definite ramifications for public education communication planning. The ACS must be responsive to these requests, yet be responsible when it responds. By responsible, ACS means recommendations for action must be based on solid scientific research and not on isolated studies or in areas where there may be seemingly contradictory research evidence at this time. Thus, the ACS strives to give priority in its planning process to scientifically approved practices.

Other Organizations (Organizational Environment)

The ACS Public Education Department is not the only organization concerned with educating the public about cancer-control practices. At the national level, the National Cancer Institute (NCI) National Cancer Control Program was initiated in the early 1970s in an effort to increase the use of cancer-control practices (Cullen et al. 1976). In some cases, the American Cancer Society public education programs have been jointly carried out with NCI (National Cancer Institute 1978 and National Cancer Program 1977).

Several other private organizations are also indirectly interested in cancer public education, for example, the American Lung Association and the American Heart Association are involved in smoking control programs. Private professional organizations such as the American Hospital Association are also cooperating in the cancer public education program. While some organizations (and individuals) may cooperate to some extent in cancer public education programs of prevention and early detection, some are not as prevention- and early-detection-oriented as the ACS public education programs would desire.

Some private organizations are also working on cancer public education programs. These include church groups who conduct smoking withdrawal clinics and special interest groups developed to promote anticancer programs.

Not all other organizations in the environment are promoting public education that is consistent with the ACS Public Education Program. For example, the tobacco industry allocates large sums of money to promote cigarette smoking. They buy advertising in magazines and newspapers as well as on billboards. Since one goal of the ACS is to eliminate smoking, these businesses are obviously a major competitor of the Society's Public Education Program.

RESOURCES

This section focuses on the resources available to the ACS public education planning effort. Five types of resources are delineated: information resources, theory resources, communication resources, financial resources, and volunteer resources.

Information Resources

The information (data) base for the PACE program came from four major sources:

Nationwide Research Studies

The nationwide research studies conducted by Gallup (1970, 1974, 1977a, 1977b) and Lieberman (1966, 1979) provide an assessment of the public's current state of knowledge, attitude, and actions about different cancer sites and different control behaviors (practices). These studies help delineate priority target audiences and needed messages. They provide

evaluation data regarding the current status of the target audience. The data are used to help determine communication strategies.

Special Research Studies

Another important information resource for communication planning is the special research studies conducted by various researchers on specific cancer sites. For example, the studies focusing on the guaiac test (Elwood et al. 1978) and alternative BSE educational strategies (Lieberman 1977) provide an information base for communication recommendations. These studies provide information about what communication strategies will be most effective for cancer public education.

Program Activity Reports

The Program Activity Report (PAR) provides information about the amount and kinds of activities being carried out at the unit, division, and national levels of the ACS. The PAR provides an ongoing profile of public education performance to aid program planning and evaluation. The PAR includes yearly audience goals for both adult and youth programs. The distribution of program activities according to audience categories and cancer sites is emphasized.

The primary emphasis of the PAR is on numbers of people reached with educational programs as defined by the PAR. The following criteria must be met in order to count persons reached with a public education program:

1. A cancer education message must be presented in a controlled situation where the audience can be identified, counted, and reported.
2. Someone must present the subject and provide opportunities for two-way communication--questions and answers or group discussion.
3. In addition to the above, if there is a cooperative effort with another health agency, ACS must help plan joint activities, assist in training their respective personnel, provide supporting program materials (films, Betsi breast models, literature, etc.), and maintain continuing contact with and support of the educational effort.

The PAR is part of a detailed management information system. Progress toward goals is assessed each quarter. The information is used to assess what areas need to be given attention regarding communication planning strategies.

Personal Communication

The National Committee and staff of the ACS Public Education Department regularly solicit information from experts in public education (see the section on "The Planners" above). The national staff also seeks the advice and counsel of division and unit staff on a regular basis. National staff are well aware that communication programs must be acceptable to division and unit staff members if they are to be successfully implemented. The national staff also carries out an extensive dialogue with volunteers at all levels to ascertain needs and obtain evaluations of potential and existing programs.

Theory Resources

The concepts and frameworks used by ACS public education planners were summarized in the earlier section entitled, "What Planners Know."

Communication Resources

The ACS distinguishes between two major communication functions of the organization: public education and public information. All levels of the ACS have a standing committee for public education and a standing committee for public information. Public information staff at all levels serve as a resource to public education staff (and other ACS program areas).

Financial Resources

Nationwide the ACS budgeted approximately \$150,000,000 in 1978-79. Of this, approximately 17 percent (\$24,935,000) was allocated to Public Education Program services (ACS 1979a). Public education staff at national and division levels indicated they did not feel they had dollar constraints on their Public Education Program efforts. Financial resources have been available to implement programs. Division and units do vary in how they prepare their budgets. Some prepare and submit public education budgets. Others do not have separate public education budgets, although they do have separate staff, program goals, etc.

Volunteer Resources

Since the ACS is a voluntary organization, it relies on the recruitment of competent volunteers to meet its program objectives. The Society has developed several tools to aid staff in their recruitment efforts. The concept of the "specialized volunteer" has been developed to point out the need for different skills in the cancer effort. School teachers can do some types of activities, nurses others, and doctors still others. The ACS is in competition with many other voluntary organizations for volunteer resources. The ACS is often able to obtain volunteer resources at the time they are needed to carry out programs. The recruitment of volunteers is a continuing and challenging resource problem for the ACS Public Education Program.

THE PLAN

Form and Content of the Plan

PACE (Priority Activities in Cancer Education) is a plan that helps spell out a basic ACS public education program for each unit for each year (ACS 1979b). It helps units make the best use of their volunteer power and resources for cancer education. By concentrating on priority activities in cancer education, each unit can be sure of reaching people who need help most and of doing it effectively.

The plan consists of four major components: reasons for the plan, target of the plan, implementation of the plan, and evaluation of the plan.

Reasons for the Plan

Each year thousands of additional American lives could be saved from cancer through prevention or early detection. In the 1950s, one out of four persons was saved from cancer. Now it is one out of three. It could be one out of two. The factors that shape ACS cancer education planning are:

1. The value of periodic health checkups and specific cancer tests, plus prompt action if one of cancer's warning signals occurs.
2. Six cancer sites offer the greatest opportunity for prevention or cure. The majority of cancer incidence and 50 percent of cancer deaths occur in these sites: lung,

colo-rectal, breast, uterine, oral, and skin. The PACE program focuses on lung, colo-rectal, breast, and uterine, and in that order of priority. These are the four major cancer killers where prevention or early detection can provide the biggest payoff in lives saved.

3. Certain health actions can save lives now. Table 6 shows examples of health actions various target groups could take for the four priority cancer sites in order to save lives. This summary outline includes two major ideas from the adoption-diffusion literature: target group (adoption unit) and health action adoption behavior). Social science concepts are basic to the PACE plan.

Table 6. PACE Target Groups and Desired Health Actions

Site	Target Group	Health Action
Lung	Youth Youth/adult smokers At special risk are: long-term and heavy smokers, pregnant women, those whose occupation presents a special health hazard when combined with smoking	Don't smoke cigarettes Quit smoking
Colo-rectal	Adults 40 years of age and over Higher risk for colo-rectal cancer: Personal or family history of colon or rectal cancer, personal or family history of polyps in the colon or rectum, ulcerative colitis	Digital rectal exam every year Guaic slide test every year after 50 Procto exam—after two initial negative tests one year apart—every three to five years after 50
Breast	All women, but especially those over 40 years of age Higher risk for breast cancer: Personal or family history of breast cancer, never had children, first child after 30	Self-exam every month Exam by doctor every year Breast x-ray every year after 50 (between ages 40 and 50, ask your doctor)
Uterine: Cervical	All women (especially Black and Spanish-speaking, those in inner-city and rural areas)	Periodic Pap test
Uterine: Endometrial	Menopausal and post-menopausal women	Annual pelvic exam with Pap test; tissue sampling as necessary

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4. Four audience channels provide access to and assure adequate coverage of all segments of the adult population, including the previously listed target groups: work place, clubs and organizations, home and neighborhood, and programs with other health agencies.
5. Most people go through a predictable process in adopting new health habits. This begins by their becoming aware of the idea, identifying with it personally, trying it out, and then adopting it as a habit. Point 5 focuses on stages in the adoption process and the sources of information used in the awareness (mass media) and evaluation (personal communication) stages.
6. Certain educational approaches and methods established through behavioral study have proven more effective than others in the above adoption process. Point 6 is a general reference to research studies that have been used as an information base for PACE.

Targets of the Plan

The PACE plan suggests that each local ACS unit should reach at least 6 percent of the total adult population each year and 40 percent of the youth potential should be reached each year. PACE also suggests that all segments of the adult population should be reached each year. Four adult audience channels are delineated to aid local units in their planning effort to achieve an adequate coverage of adults by units that have not achieved it in the past. These four channels and the proportion of adults to be reached by each channel are: clubs and organizations, 30 percent; work place, 30 percent; home and neighborhood, 20 percent; and other health agencies, 20 percent. By using these channels it is hoped that in addressing the adults reached, the program site focus will be 30 percent lung, 30 percent colo-rectal, 25 percent breast, and 15 percent uterine.

Implementation of the Plan

Local public education committees and staff are to use the materials provided in the PACE kit to develop their local ACS public education plan. The kit includes:

1. A PACE planning wheel, an easy-to-use dial card that quickly shows the number of adults the local unit should reach. The wheel also shows where they should be reached (audience channels, targets), which programs should be

carried out for each priority cancer site, and how many programs should be carried out. (The local unit must have a general knowledge of its total population to successfully initiate local planning.)

2. A PACE Setter Plan, a master sheet that lets the local unit visualize the year's total adult education program.
3. A PACE Setter Sample Plan, which shows how a plan could be developed for a local unit.
4. If necessary, a planning form entitled "Forecasting your PACE" to help the local unit build up to desired PACE performance levels.
5. PACE Program Guides spell out audience goals, strategies, and programs needed for each of the four audience channels (clubs and organizations, work place, home and neighborhood, and other health agencies). Similar recommendations are made for the Society's programs for youth, starting with general health education in grades kindergarten through six, with attention given to cancer education increasing in the Society's grades seven through nine and senior high school programs. This material provides specific recommendations, for example, the names of films to use, discussion guides, and the like, for each of the priority cancer sites and the school program.
6. PACE Program Worksheets provide a framework to give people and program assignments as well as strategies for volunteers responsible for each of the four adult audience channels and the school program.

The PACE kit also lists several other supporting resource materials that are available from ACS division offices.

Evaluation of the Plan

Each local unit is to keep an ongoing record of its public education activities as the plan is initiated. The unit Program Activities Report (PAR) is the primary management information system to summarize results and send them to division and national levels.

At a more detailed level, daily activity records showing the number of people reached for all programs for each of the four audience channels are recommended. It is also recommended that a separate booking sheet and permanent file card be

developed and maintained for each club and organization, work place, etc., on which detailed information can be recorded as programs are implemented.

Formal Documents vs. Informal Decisions

Historically, most ACS public education plans have not been formally written. Plans have usually been contained in written correspondence and worksheets. As noted in Table 7, we found that more than 50 percent had no written plans at all. Some have only worksheets, forecasting plans, and the like, and in one case, the only written plan was a training program. One objective of the PACE program is to improve the quality of planning, which might lead to more formal planning statements.

Functions of the Plan

The functions of the plan are to help select those programs that should have priority in order to save as many lives as possible using a unit's resources of time, volunteers, materials, and funds (ACS 1979b). It should make the job of goal setting, program planning, and volunteer recruitment as easy as possible. By using the PACE program kit, a unit public education committee should readily find what its expected audience goals are, select target groups in the community, and conduct priority programs for them. And volunteers should know that what they are doing is considered by the ACS to be

Table 7. American Cancer Society Use of Written Plans

Area	Written Plan	Worksheets	Special Training Program Only	Only Discussions or Memo
State 1 Division				X
Unit				X
State 2 Division			X	
Unit		X		
State 3 Division				X
Unit	X			
State 4 Division	X			
Unit	X			
National	X			

fundamental and necessary programming. We also found that all of the interviewees claimed that their plans are used to implement the program, not to communicate it to others or to obtain funding for public education programs.

Continuity

PACE is a brand new public education plan developed by the National Society for use by division and local units. It was written in consultation with ACS public education volunteers throughout the country via special questionnaires and meetings. It aims to help the local units make the best use of their volunteer power and resources for cancer education. By concentrating on priority activities in cancer education it hopes to enable each unit to reach people who need help most and to do it efficiently and effectively.

In terms of continuity of the plan, all but one of the division and unit contacts indicated that PACE was an extension of previous national or division guidelines. Some indicated PACE was both more specific and more realistic than previous efforts to get local units to plan their public education efforts.

Integration of Data, Models, and Resources in the Actual Plan

The ACS has used two major types of data to build its public education program. First is the biological data on mortality and morbidity by cancer site. Second is the social science data focusing on people's knowledge, attitudes, and behaviors about cancer. The use of Gallup and Lieberman studies by ACS provides a strong empirical base for communication planning.

Some of the data collected are explicitly tied to general planning models, especially to the model of how people adopt new health practices. The number of people in different stages in the adoption process at different times is a key input into communication planning.

The linkage of conceptual frameworks and empirical data makes possible a wiser allocation of resources in developing and implementing communication plans. In the mid-1970s, major decisions were made to shift communication resources from just making people aware of new cancer control practices to getting people to try a practice. Thus ACS focused on a public education action program to emphasize the need for trial of recommended practices.

It is our conclusion that there is an unusually good relationship between data, models, and resources in the ACS public education planning effort.

Macro and Micro Plans

The national Public Education Department of the ACS has been concerned with developing a public education (communication) plan applicable to all divisions and units in the United States. It is concerned with data, models, and resources for a total (macro) U.S. plan of cancer education. The national office (including the four regional offices) helps divisions and units step up yearly plans for cancer education by providing aid of many types. The PACE program is designed to help local units develop detailed (micro-level) public education plans.

THE PLANNING PROCESS

The planning of the ACS Public Education Program is a continuous, long-term effort. The effort involves specific annual goals and objectives at national, division, and unit levels as well as five-year plans.

The development of PACE as the major cancer public education planning framework for the early 1980s stems from a 10-to-15-year effort to develop a more effective cancer public education planning system. PACE is the culmination of a decade of effort.

The national Public Education Department has been the focal point for the planning effort. It is the key unit in developing and initiating a framework for public education planning. The national staff interacts with many relevant individuals, both in and out of the ACS organization, in developing recommendations. Several of the key sets of actors are discussed below.

First, the national committee has been responsible for setting up ad hoc advisory committees to tap the experts in public education. National staff are continually on the alert for new ideas, new directions, new data, and new models that have been generated in business, government, or universities.

Second, the national committee has authorized a systematic social science research program to generate a theoretical and empirical data base for sound communication planning. The

national Gallup polls and Lieberman studies; the special experimental studies of alternative communication strategies for specific cancer sites (BSE and others); and the use of findings of U.S. government studies, as well as studies done in other countries, provided much of the social science background for the development of PACE.

A third important source of ideas for any planning effort comes from the personal interaction of national volunteers and staff with division and unit staff and volunteers. As several people commented, "the ACS public education planning process is probably more people intensive than data intensive." This means there are many phone calls and personal meetings to discuss "what will work" in the planning process. The need for a PACE-type program was suggested at area meetings by several units and divisions in the framework, "We need help in planning our public education program priorities and strategies." National staff members saw the need for more planning guidance to division and units as they observed some people allocating scarce volunteer and staff resources to low-priority cancer site programs: "If local units more clearly understood the incidence of cancer by site and sex they could make better planning decisions." National staff members are well aware that any recommendations from their office must make sense to the field staff and volunteers--for it is in each community that lives are saved.

Much of the interpersonal communication takes place during several formal ACS public education activities that occur on a regular basis. Each year there are regional public education staff meetings where needs, problems, and alternative solutions are discussed. Twice a year there are week-long national public education clinics where new public education staff are trained in planning philosophy and techniques. National public education staff, division public education directors, and expert volunteers serve as the faculty for these clinics.

ACS Public Education Division volunteers participate in yearly regional meetings. Every other year there is a national public education conference where division volunteer leaders and public education staff meet to learn about and discuss public education program priorities. The PACE program was the major topic for the 1979 national conference held in San Antonio. This was the primary introduction of PACE to the division level of the ACS.

There is also selected interaction between national volunteers and staff and unit staff and volunteers. This type of interaction frequently revolves around special projects that are being developed or tested by individual local units.

Another important actor in the planning process is the national Public Education Committee. This committee is made up of approximately 25 volunteers who must formally set policy and approve new programs. This group meets three times a year for formal action. This national Public Education Committee approved the implementation of the PACE program as recommended by the national staff. This committee had little input into the details of PACE, but it approved progress reports on its development and authorized the concept and basic direction.

Another key legitimizing group is the national Board of Directors. This board is made up of volunteers who represent scientific, medical, and lay citizens. The board must assess political and social ramifications of proposed plans as well as assure a balance of ACS programming among research, service to patients, public information, public education, etc. This board had no major input into developing PACE, but approved the recommendation of its Public Education Committee for it to be implemented.

In summary, leadership for the development of PACE was given to the national public education staff by the national Public Education Committee. National staff had informal interaction with key division public education staff to test its acceptability and use in the field. In addition, the regional meetings provided an opportunity for all division volunteer and staff leaders to offer recommendations on the makeup of PACE. Formal approval was received from the national Public Education Committee and the national Board of Directors.

The PACE program was then introduced to all division staff and volunteers at the national public education clinic in San Antonio in June 1979. During 1979-80, divisions were to decide whether PACE was relevant and, if so, introduce PACE to their local units. Most divisions have adopted the PACE program. The first operational year for PACE was 1980-81. Future research will be needed to determine the impact of PACE for local unit planning.

INTERORGANIZATIONAL RELATIONS AND
COMMUNICATION PLANNING

This chapter describes a cancer public education effort that involved interorganizational relations. As the authors interviewed division and unit staff and volunteers, we asked for examples of interorganizational cooperation between their organization and one or more others. Several specific programs were suggested: working with hospitals to set up smoking withdrawal clinics; working with Planned Parenthood to educate women about the effects of smoking when pregnant; working with the United Way to provide access to business and industry for cancer public education programs; and working with the educational system to implement the "An Early Start to Good Health" program.

We decided to focus on a division-level planning activity rather than another national program like PACE.

AN EARLY START TO GOOD HEALTH

In the mid-1970s, various research studies sponsored by ACS and others were finding that:

1. The average starting age for smokers was 11 years old.
2. Smoking among teenage girls had risen from 22 percent in 1970 to 27 percent in 1975 (to equal the rate of boys).
3. Children often lived in an environment that portrayed cigarette smoking in a positive way.
4. Preaching to children about cigarettes often did more harm than good.
5. Smoking education must start in the early primary grades.

This information, together with what had been learned from drug education programs and the need for comprehensive

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continuing health education, led to the development of an ACS general health program, "An Early Start to Good Health."

The "An Early Start to Good Health" program was developed for children in grades kindergarten through third. The goals of the program were:

1. To develop in young students an awareness of the body as a system (kindergarten).
2. To create an awareness of what is good and bad for yourself (first grade).
3. To demonstrate the need for taking personal responsibility for good health (second grade).
4. To teach the skill of making choices, such as whether to smoke (third grade).

The "An Early Start to Good Health" program was a series of four filmstrips, set in a mini-musical style, which provided dramatic participatory methods from which understanding could grow. Each program contained a filmstrip, record or cassette, teacher's guide, wall poster, and five spirit masters. Each teacher's guide contained: contents and summary page, a set of five activities to go along with the filmstrip, a text of the filmstrip, and the music and words to the songs.

DIVISION COMMUNICATION PLANNING

"An Early Start to Good Health" was developed by the national Society in 1976 and introduced to divisions in early 1977. Division staff and public education committees were asked to develop plans to get the new program into all elementary schools in the state during the summer of 1977.

The traditional pattern for communicating new programs to schools is for the division to ask that units contact the schools in their area. Local volunteers contact schools and set up a relationship with the school to use ACS program materials. This has proved effective in the past.

In visits with divisions and units, we found that some had used this typical mode to introduce "An Early Start to Good Health." In one division, however, the staff and public education committee (planners) disseminated the program differently. In an effort to assure wide and immediate use of

the new program materials, this division provided one free program kit to each elementary school in the state. This meant that schools would not have to find money in already pinched budgets to use the program. It meant that the division would be allocating its funds to this program rather than to some other activities. To get a free kit, the school principal would have to sign an agreement to meet three requirements: (1) that teachers be given in-service training before the kit could be used; (2) that the kit be used once a year; and (3) that a brief usage report form be submitted semi-annually on cards provided by the division. The kit would remain the property of the division, which could request the return of the kit if the above requirements were not met.

The next major concern was to decide who could do the in-service training of teachers in the time desired. The goal was to train in-service trainers, hold in-service training programs for school teachers, and deliver the kits during a three-month period (September, October, and November) in the fall of 1977. Would the traditional mode of going from division to unit volunteers work? Would there be enough volunteers in each unit to conduct the in-service training? Given past experiences, the division committee and staff knew that local volunteers could not do the in-service training in the time desired in all of the units.

What alternatives could be considered by the division staff and Public Education Committee? Several volunteer members of the division Public Education Committee were associated with education organizations that were interested in getting "An Early Start to Good Health" into the elementary schools. These members included a member of the state Department of Public Instruction, a staff member of one of the area education associations in the state (whose responsibility is to provide support to local schools), university faculty, and school teachers. This group of people suggested that the division staff and committee disseminate the program through the state and area school system, which had established communication links with each school in the state. The state Department of Public Instruction could be asked to endorse the project and sponsor (with ACS) an in-service training program (in September) for at least one staff member of each area education office in the state (a train-the-trainers meeting). These area education staff could then return to their areas and hold an in-service training program (in October) for at least one representative of every school district in their area. The trained school district representative would carry out (in November) the in-service program for all schools in the district.

The division public education staff and committee also wanted the help of a major university in developing the in-service training program, including possible videotapes, workshop materials, etc. They also wanted to have the legitimization (support and endorsement) of the state's Elementary Principals Association.

One concern the division staff and public education committee had about this dissemination model was the reaction of unit-level ACS staff and volunteers who had traditionally contacted schools in their area, carried out in-service training, and delivered the program materials. Would the use of the educational delivery system be seen as taking ACS programs away from local volunteers? The division staff and public education committee knew that volunteers in some communities had the ability to do the in-service training and deliver the kits. So plans were made to have the educational system do the in-service training and have local ACS volunteers deliver the "An Early Start to Good Health" kits if they wanted to. (The educational system would have preferred to handle and deliver the kits, too.)

The division public education committee and staff decided to implement the "An Early Start to Good Health" program through the educational system. A design for interorganizational relations at the state level had been made.

DIVISION IMPLEMENTATION

The proposal to disseminate the "An Early Start to Good Health" program through the educational system was initiated in the summer of 1977. Division staff and committee members obtained support and endorsement from the state's Elementary Principals Association. They also received the support and cooperation of the state's Department of Public Instruction. A major university agreed to help develop the in-service training program. The ACS division had an exhibit at the state's School Administrators Conference to make them aware of a new program being initiated in the fall of 1977. Local ACS volunteers were asked to contact local schools to introduce the program and seek their participation in the fall.

The state-level in-service training program was actually held on October 5, 1977 (rather than in September, as originally planned). The area education staff returned to their areas and conducted in-service workshops for representatives from each of their school districts in October and November.

These representatives carried out in-service training in each of their schools beginning in November.

One goal discussed in the planning stages by the division public education staff and committee was never met. It had been hoped that an explanation sheet for parents could be prepared. Such a sheet could have been used to reinforce the school program. The plan was to have parent/teacher meetings where the school program could be discussed.

The response of the educational system to the "An Early Start to Good Health" program was positive. Almost every school in the state signed an agreement to use the material. Evaluation feedback was positive from school teachers, area education staff, and the state Department of Public Instruction. ACS unit and division staff and volunteers also had positive evaluations of the program. "Their program had been a success." Almost every kindergarten to third grade student in the state had been exposed to "An Early Start to Good Health."

This case example shows the type of communication planning that can be done by division-level staff and volunteers in the American Cancer Society.

SUMMARY AND GENERALIZATIONS

This report has described the communication planning process of the American Cancer Society's Public Education Program. Specific study objectives were to describe: (1) who the ACS public education planners were; (2) the communication planning problems of the ACS Public Education Program; (3) the general environmental factors that affect ACS public education communication planning; (4) the resources used by the ACS public education planners; (5) the communication plans developed by ACS public education planners; (6) the process used to generate an ACS public education communication plan; and (7) a communication planning situation where interorganizational relations between the ACS and other organizations were carried out.

The study findings are summarized below as a set of generalizations or propositions.

THE PLANNERS

1. Organizational staff and volunteers at unit (local), division (state), and national levels are involved in public education planning.
2. The national level devotes more resources to planning than do division and unit levels.
3. ACS public education staff at all three levels do most of the communication planning for their respective levels (compared to volunteers). They provide information for volunteer decision making.
4. Volunteer committees at all three levels must approve all plans before implementation takes place.
5. All national, division, and unit public education directors had college training; most had college degrees.

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6. Most public education directors had some formal training in the general area of planning, but only a few had some formal training in communication planning.
7. Public Education Committee members (volunteers) at all three organizational levels generally had much formal (college) education, with several members of each committee having some planning skills.
8. National public education makes periodic use of communication planning experts on ad hoc public education advisory committees.
9. ACS planners at the national level are familiar with and systematically use communication theory as a basis for their planning; adoption-diffusion frameworks, health education theory, community health planning, mass media, and interpersonal communication ideas are used extensively in their planning efforts.
10. Staff and volunteers at all levels had positive attitudes toward the need for systematic planning of public education programs.
11. ACS public education planning is also expected to be based on factual information (scientifically based data).
12. Communication theory and scientific data are brought together in the communication planning process.
13. Because of the federated structure of the organization, each organizational level has planning flexibility (open action space).

COMMUNICATION PLANNING PROBLEMS

14. ACS public education planners have to deal with several general communication planning problems. (Four of these are summarized in items 15-18.)
15. Public education (to have people take specific actions to combat cancer) is not public information (which includes a public relations program to enhance the organization).
16. ACS public education programs focus primarily on general cancer-control practices that are prevention- and early-detection-oriented rather, than on practices that are

diagnostic, treatment, rehabilitation, and continuing care in nature.

17. ACS develops public education programs only for approved cancer-control practices, i.e., there is a scientific and medical research base regarding the merits of the practice (such as for Pap, BSE, etc.).
18. ACS public education generated a general methodology for developing, implementing, and evaluating a cancer public education program, encompassing both national and local planning.
19. ACS public education planners have to deal with several specific communication planning problems. (Six of these are summarized in items 20-25.)
20. Public education programs regarding specific cancer-control practices are designed to reach specific target audiences (e.g., adults or youth, men or women, rural or urban, black or Spanish-speaking minority, etc.).
21. Message priorities (for each recommended practice) are established for the different stages in the adoption process (awareness, information, evaluation, trial, and adoption) based on the percentage of the target audience in each decision stage.
22. ACS public education departments have created a wide variety of media (mass media and person-to-person communication strategies) on various priority practices and for various audiences.
23. ACS public education planners stress the need for clearly identifying the person or persons responsible for carrying out each public education (communication) program. Such responsibilities, for example, the role of the volunteers (implement) vs. the role of staff (support) and which volunteer (doctor, nurse, former cancer patient, etc.) to use (as the sender) are often based on social science research studies.
24. ACS develops one-year and five-year goals: detailed one-year plans of work are developed by each ACS agency.
25. To be accountable to the general public, ACS has developed two "effectiveness" frameworks: one is an elaborate management information system that summarizes audiences

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reached and actions taken by priority cancer site and which channels were used to reach people; the other is evaluation research field studies to determine changes in audiences over time.

ENVIRONMENT

26. During the 1970s, several general sociocultural developments in the United States provided a supportive environment for cancer public education planners; for example, the cancer problem became a more salient issue, there was a marked increase in the general public's interest in health (jogging, diet, checkups, etc.), and the women's liberation movement emphasized the need to "know one-self," including one's body. Because of the general public's interest in cancer, mass media (newspapers, magazines, radio, and TV) have been interested in reporting the possible causes of cancer. This interest has had both positive and negative effects for ACS public education; for example, positive regarding willingness to use ACS programs, negative regarding willingness to include cancer information from many sources, some of which are not based on as extensive a scientific research base as desired by ACS.
27. ACS public education is not the only organization concerned with educating the public about cancer-control practices. Public (National Cancer Institute's National Cancer Control Program) and other private voluntary organizations (the American Lung Association and the American Heart Association) are especially interested in the health risk involved in cigarette smoking. Churches and civic and service clubs and organizations are also interested in developing specific programs regarding cancer-control practices, such as educational programs concerning special screening programs and the health risk involved in cigarette smoking.
28. Not all organizations (e.g., tobacco companies) are promoting public education that is consistent with the ACS Public Education Program.

RESOURCES

29. ACS public education planners make extensive use of information resources in their planning efforts.

30. Information resources include data from nationwide research studies, special research studies, and management information system reports.
31. Information resources also include personal communication with experts in public education and with division and unit staff and volunteers.
32. ACS public education planners use many communication theory frameworks.
33. Public education planners have access to ACS public information (communication) resources (television, radio, newspapers, etc.) at all levels.
34. Financial resources have been available to implement public education programs. Finances do not appear to be a limiting resource.
35. Since the ACS public education programs are implemented by volunteers, planners must be aware of available volunteer resources when making their plans. (The ACS has developed several tools to aid staff in their efforts to recruit volunteers.)

THE PLAN

PACE (Priority Activities in Cancer Education) is a plan that helps spell out a basic ACS Public Education Program for each unit for each year.

36. The reasons for the plan were clearly spelled out in a professional PACE kit that was made available for all local units.
37. Suggested target audiences were also clearly delineated in the plan.
38. The PACE kit includes several aids (worksheets, planning wheels, etc.) that can be used in implementing PACE.
39. Suggestions for evaluating the use of PACE were explicitly made in the kit.
40. The PACE program encourages written plans rather than unwritten informal plans.

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41. PACE's primary function is to help select those programs that should have priority in order to save as many lives as possible by making optimum use of a unit's volunteers, materials, and funds.
42. PACE was an extension of previous ACS public education planning efforts, and this provided continuity of planning principles.
43. There is good (and explicit) linkage among data, models, and resources in the PACE planning effort.

THE PLANNING PROCESS

44. The planning of the overall ACS Public Education Program is a continuous, long-term effort.
45. The national Public Education Department has been the focal point for the ACS public education planning effort: (1) the national Public Education Committee has been responsible for setting up ad hoc advisory committees and authorizing a systematic social science research program, and (2) national volunteers and staff have had much interaction with division and unit staff and volunteers.
46. There are several formal ACS public education activities that occur on a regular basis (semiannually, yearly, or biennially) in which planning is a focus: regional public education staff meetings, national public education clinics for new staff, annual regional meetings for division public education volunteers, and biennial national public education conferences for division volunteer leaders and staff.
47. The national Board of Directors (all volunteers) must authorize public education plans before they are implemented.

INTERORGANIZATIONAL RELATIONS AND COMMUNICATION PLANNING

48. There are several examples of successful interorganizational cooperatives between ACS public education and other organizations (hospitals, Planned Parenthood, United Way, schools, colleges and universities, etc.)

49. New interorganizational patterns of public education communication can be developed without creating severe negative reactions from ACS staff and volunteers familiar with more traditional patterns of planning and implementation.

The authors hope that this case study will be helpful to other organizations interested in improving their communication planning efforts.

National ACS Public Education Clinic Workshop
Relating Adoption Concepts to Cancer Education

DISCUSSION STARTERS FOR
"HOW PEOPLE CHANGE HABIT PATTERNS"

Tuesday, May 8, 1979
3:30 p.m.

1. What are the priority cancer-control innovations the ACS is promoting?
2. When are public education volunteers acting as change agents? How does the adoption-process information apply to their education activities?
3. Who are we asking to adopt each cancer-control innovation? What question can be asked about them which will help us design an efficient behavior-changing public education program for them?
4. When are ACS staff acting as change agents? How does the adoption-process information apply to our work?
5. Who are the six most important change agencies (organizations) or change agents in your community regarding cancer-control innovations?
6. What audiences can be identified as priority targets to speed up communitywide adoption of the specific health habits to control cancer?
7. How do the principles identified in the adoption and diffusion process help determine specific program makeup?
8. To what extent does the public image of the ACS as an expert source of cancer-control information make people comfortable enough to change health habits?

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9. To what extent does the public image of the ACS as a trustworthy source of cancer-control information give people "the confidence to try something different than he/she has attempted in the past?"
10. Talk about the credibility of the ACS as a change agency in cancer-control for a local community. What do our public communication methods tell our adoption units about our expertness in health habit innovations?
11. Discuss the differing roles of public information and public education in the adoption process.
12. To what extent should volunteers be aware of the adoption-diffusion process?

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THE EAST-WEST CENTER is an educational institution established in Hawaii in 1960 by the United States Congress. The Center's mandate is "to promote better relations and understanding among the nations of Asia, the Pacific, and the United States through cooperative study, training, and research."

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