Implementation Protocol for Using Direct Mail To Increase Mammography Use

Sage implementation protocol: It is easy to "do" direct mail; it is challenging to do direct mail effectively. A great deal of attention must be given to materials design and message development, selection of mailing lists and deciding about incentives to optimize the potential of this strategy. In addition, systems for responding to calls, tracking outcomes, and evaluating cost effectiveness must be developed.

Step One: Intervention Materials Development

An effective direct mail piece must *speak* to the recipient in a way that moves the person to action. For that to happen, message and design must work hand-in-hand. First, the mailer, including the envelope, must be effective. The envelope must establish credibility, and the piece on the inside must garner attention; otherwise, it will be discarded or disregarded and have no effect. Working with a reputable marketing agency with expertise in direct mail has assisted us in developing very sophisticated materials with attention-grabbing graphics and messages; nevertheless, those eye-catching graphics and messages may not be enough to prompt the target audience to act. We have found that extensive formative work has been necessary to fully understand what motivates the target population. In fact, the intervention mailers developed through the Direct Mail Study were a product of two years of extensive formative work, including six focus groups with women from the target population, 28 small-scale mailings (to about 500 households each) to test various designs and messages and to compare different incentive amounts, types of mail service (e.g., first-class versus standard), and the use of an envelope versus a self-mailer (a self-contained mailing that does not require an envelope).

We learned that (a) incentives seem to be effective; (b) standard (bulk rate) postage works almost as well as first class; (c) the envelope and "credibility" of the return address (e.g., Minnesota Department of Health) are critical; (d) materials should greatly limit text and rely on effective images; (e) the images (and related text) need to be evocative or engaging; and (f) there should be a clear and simple action step for the reader (e.g., "call this number now for an appointment"). Surprisingly, it appears that carefully developed, negatively-framed messages are more effective. We also concluded that focus groups were very poor predictors of the effectiveness of materials. The level of formative work, if starting from scratch, will be far more intensive than the level necessary when adapting existing materials. With limited resources and experience, the adaptation of existing materials may be most cost-effective. From our experience, conducting small-scale mailings to compare the response rates of early drafts of materials has proven most valuable and would be useful (or perhaps even necessary) even if adapting existing materials.

Step Two: Reaching the target audience.

Communications must reach targeted audiences *where they are-not* just geographically, but also socio-culturally. Mass mailings with inadequate attention to the quality of the mailing list will significantly decrease the effectiveness of the strategy. When done properly, individuals selected through the mailing list should have a higher than average probability of meeting your program's eligibility criteria. In the case of the Sage Screening Program (Sage) -- the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in Minnesota -- eligibility criteria include having no insurance or insurance with a deductible or co-payment, and a household income at or below 250% of the federal poverty level.

One of the challenges for the NBCCEDP is identifying and recruiting women who are eligible for the program. No database or mailing list containing the necessary information needed to exclusively target eligible women (income lower than 250% of the poverty level, inadequate health insurance coverage, age, name, address) can be purchased or readily created. We purchase commercial databases and other targeted lists that provide name, address, estimated household size, and income information for individuals segmented by age category. We use database vendors that continually update their mailing lists, providing a more accurate and efficient list.

When selecting a mailing list vendor, it is important to verify how frequently lists are updated and how they are segmented (i.e., from what databases does the company extract information to build its lists).

Step Three: Telephone Appointment Scheduling System.

A telephone call center system was developed to handle a large volume of calls, collect caller information, and perform several key functions to facilitate screening. The purpose of this phone system was to maximize the likelihood that each call resulted in an appointment actually being scheduled. In other words, the system's primary function was to capitalize on the moment when a woman was motivated to act and decrease personal and structural barriers to screening. Women who called the toll-free number and gave informed consent were assessed for eligibility for the free screening program. Telephone staff encouraged eligible callers to schedule an appointment immediately using our direct appointment scheduling (DAS) system. Telephone staff identified a clinic that best suited the caller's needs (Sage has contractual agreements with over 380 clinics throughout MN) and attempted to make a three-way call with the caller and the clinic to facilitate the scheduling of an appointment by the end of each call. Sometimes this was not possible because the clinic scheduler was unreachable (e.g., the clinic was closed), and some women preferred to make an appointment on their own. In these situations, telephone staff made follow-up calls to women to see if appointments had been made. Women who made appointments through direct appointment scheduling were sent appointment confirmation letters. Women who had been screened <9 months before their call were offered a reminder call 1 or 2 months before their due date to schedule an appointment.

Ineligible women were referred to a low-cost mammogram program established by the American Cancer Society. For more information on our call center, direct appointment scheduling system (including scripts and screen shots of our electronic data entry system), please refer to the DAS Training Manual.