

AMEC International Communication Effectiveness Awards 2016 Entry Form Template – PR Consultancies/In-House Teams

(Maximum 4 sides A4)

For full details on how and where to send your entries for the awards go to the page [5 steps to submitting an entry](#) at www.amecawards.com

Category: Best Campaign in the Public & Not for Profit Sectors

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Client: Multicultural Health Communication Service (MHCS)

Campaign title: Evaluation of the Pink Sari Project

The entry must include the following in a maximum of 4 sides A4. (Minimum font size – 10 pt)

Summary

This entry demonstrates:

1. **Rigorous and extensive formative and evaluative research** to create and report an evidence-based public communication project, using quantitative and qualitative methods. Research was embedded throughout;
2. An **innovative and highly cost-effective** approach involving **community-based collaborative design and engagement** instead of top-down information and traditional mass media communication;
3. **Achievement of outcomes/impact including behavioural change in excess of the target objective.**

Objective/Brief

Australian Bureau of Statistics (ABS, 2013a, 2013b) data show that immigrants from India and Sri Lanka are one of the largest and fastest growing ethnic groups in Australia, and particularly in the state of New South Wales (NSW). Immigration patterns indicate that over the coming years there will be a substantial increase in women aged 50 to 74 years of age in these cultural groups. This is the age group in which women are most susceptible to breast cancer. However, Cancer Institute NSW (2014) data show that women from India and Sri Lanka living in Australia have among the lowest rates of breast screening (mammograms) – the primary recommended strategy for early detection and treatment of breast cancer.

Budget

To address this significant health and social problem, the Cancer Institute NSW awards annual grants up to AUD\$100,000 to organisations to design and implement programs to:

Objectives

- Increase **knowledge of enablers and barriers** to address current low rates of screening among Indian and Sri Lankan women in NSW aged 50–74;
- Increase **awareness and influence positive community attitudes** towards breast screening;
- Increase the **capacity of screening services to engage effectively** with the target communities;
- Increase **breast screen rates among women from the target communities by at least 5%**.

The **Multicultural Health Communication Service (MHCS)**, a specialist division of the NSW Ministry of Health, applied for and received one such grant of AUD\$100,000 (the budget for this project) in 2014–2015.

Strategy

In developing a communication strategy, MHCS noted and took account of:

- The difficulty of reaching **culturally and linguistically diverse (CALD) communities** such as Indian and Sri Lankan women aged 50–74 – an older generation of migrants, many of whom do not speak or read English fluently and who often continue to live within tight community groups and cultural enclaves;

- A number of previous campaigns using *mass media* advertising and publicity (**top-down information**) had **failed to significantly increase breast screening rates** among these groups;
- Most information for CALD communities were **direct translations of English** language materials.

MHCS resolved to implement an **evidence-based** program informed by research, to **engage** in innovative ways with stakeholders and this important group, and to **rigorously evaluate** the project. To facilitate this, MHCS implemented three key strategy development steps:

1. MHCS engaged a team of **researchers at the University of Technology Sydney (UTS)**, led by Professor Jim Macnamara, to assist in conducting formative and evaluative research to guide the project;
2. MHCS established a **Project Steering Group** comprised of key stakeholders. Members included representatives of the **NSW Refugee Health Service** and **BreastScreen Liverpool**, a breast screening clinic in an area of Indian and Sri Lankan migrant concentration, as well as **UTS** academics and senior executives of **MHCS**. The Project Steering Committee also consulted with **local area health services** (e.g., South-West Sydney Local Health District);
3. On the advice of UTS and the Steering Group, MHCS commissioned three **formative research** studies:
 - a. A **survey** of women in the target audience (n = 250);
 - b. **Focus groups** to gain in-depth understanding of the target audience's awareness and attitudes towards breast cancer and screening; concerns and barriers to increased breast screening; and their primary sources of information and influence in relation to health issues; and
 - c. A **global literature review** of academic and professional research in relation to cancer detection programs and CALD community health communication. This produced a 24-page report summarising international research findings prior to launching the project.

Formative research revealed that:

- While Indian and Sri Lankan women in the target age group use mass media including ethnic newspapers as a source of local news, **they do not use or attach credibility to mass media as a major source of information about health issues;**
- They **rely mostly on their peers, families, and local communities for health information, including local Indian and Sri Lankan doctors and community leaders.**

Formative research also revealed a number of barriers and challenges that needed to be overcome in order to increase breast screening rates among Indian and Sri Lankan women including:

- A **lack of knowledge** about breast cancer;
- **Lack of understanding of English and poor translations** of information materials from English;
- **Deep-seated fears and superstitions** (e.g., that attending screening for breast cancer could indicate ill health in a family and reduce the chances of marriage for daughters);
- Concern for **family honour** if cancer is detected;
- A resulting '**culture of silence**' (cancer is just not something to talk about);
- **Modesty**, including concerns about exposure in front of men working in breast screen clinics; and
- A **lack of cultural competency** in breast screening clinics (e.g., lack of privacy, unavailability of translators).

Based on the above research findings, MHCS developed a strategy that involved:

1. **Establishment of community partnerships** with a wide range of organisations representing and interacting with Indian and Sri Lankan women. As well as members of the Project Steering Group such as the NSW Refugee Health Service and BreastScreen NSW clinics in relevant areas, these included the Sri Lankan Health Professionals' Association, the Indian Doctor's Association, the Sri Lankan and Indian Welfare Association, Migrant Resource Centres, and women's health services in Local Health Districts;
2. **Identification of 'community champions'**. Through the partnerships established, a number of 'community champions' and leaders were identified and engaged in spearheading the project. These included Indian and Sri Lankan doctors, community and religious leaders, and some women who had survived breast cancer and were willing to support the project;
3. Based on these partnerships and their outreach into Indian and Sri Lankan communities, **a community-based collaborative planning and design approach was taken in developing the project**. This included collaborative design of all materials from naming of the project and logo design to planning all activities undertaken as part of the project (see 'Execution/Implementation');

4. **All information materials were written/rewritten ‘in language’ by native speakers** of each of the key languages (Tamil, Hindi, and Sinhalese) – not as translations of English language content.

Execution/Implementation

Based on the in-depth research and the community-based collaborative approach adopted, a range of activities was undertaken in the 12 month period July 2014–June 2015 within a budget of AUD\$100,000. These included:

1. **Creation of the ‘Pink Sari’ name, logo and artwork** – based largely on ideas and suggestions from the community (see ‘Supporting Materials’);
2. Development of a **Pink Sari Project Web site** (<http://pinksariproject.org>);
3. Creation of a **Pink Sari Facebook page** (<https://www.facebook.com/thepinksariproject>);
4. **A number of Pink Sari community leaders’ forums** were held at which ‘community champions’ were briefed and engaged in the project;
5. **Community information sessions** were held for Indian and Sri Lankan women;
6. **A Pink Sari pledge** was created in which women were encouraged to write a pledge to have a breast screen or encourage other women to have one (see ‘Supporting Materials’);
7. **100 Indian and Sri Lankan women marched in pink saris in the Parramasala parade** through the streets of Parramatta, Sydney in October 2014. *Parramasala* is a major festival involving street parades, food stalls, music, dance, poetry, film, art, and street performances (see ‘Supporting Materials’);
8. **A Pink Sari fashion show** was held in June 2015, planned and organised by volunteers (see ‘Supporting Materials’);
9. A **Pink Sari Photo Exhibition** of 14 breast cancer survivors was held in the Blacktown Arts Centre on 27 August 2015 (planned during the project period). Indian and Sri Lankan women came up with the idea, volunteered, and 14 leading photographers donated their time to create the exhibition that was publicly displayed for several months (see ‘Supporting Materials’);
10. Another innovative initiative in the Pink Sari Project was to **enlist daughters, who are mostly more educated and Westernised than older generations, to encourage their mothers to have a breast screen** through online videos, pledges, and personal communication (see ‘Supporting Materials’);
11. The various activities undertaken resulted in **a large amount of highly favourable media publicity**;
12. A **study of the cultural competency of a BreastScreen NSW clinic** was undertaken and recommendations made to increase cultural competency as a key enabler of increased breast screening for CALD groups.

Campaign Effectiveness

Outputs

- **55 Pink Sari events were attended by 10,462 women from the target audience** during the 12 months;
- **100 Tamil doctors voluntarily engaged in outreach** to Indian and Sri Lankan women in their communities to encourage breast screening;
- **100 women turned out in pink saris** to participate in the *Parramasala* Parade through the streets of Parramatta (see ‘Supporting Materials’);
- **The Pink Sari Fashion Show was a sell-out** and generated a large amount of publicity;
- **14 Indian and Sri Lankan women who survived breast cancer and 14 leading photographers volunteered to produce the Pink Sari Photo Exhibition**;
- **Volunteer time and resources contributed to the project are estimated at \$300,000** (e.g., donation of pink saris, donation of photo exhibition space and video production, volunteer workers, free media space to promote Pink Sari events, etc.) – a 3:1 return on investment¹
- **The Pink Sari Facebook site gained 951 likes (fans) overall**. This is a significant number given the target audience of Indian and Sri Lankan women aged 50–74 living in NSW totals around 2,500). In addition, the Pink Sari Project Facebook site attracted:
 - **1,796 likes of 140 posts** (including text, photos, and videos);
 - **73 comments**, of which all except one were positive;
 - **565 shares**;
 - **7,589 video views**;
- **Almost 1,000 video views were gained on YouTube** (951);

¹ The value of editorial media publicity, sometimes calculated using Advertising Value Equivalents (AVEs), is NOT included in this calculation in compliance with the [Barcelona Principles](#) of Communication Measurement and Best Practice.

- While media publicity was not a primary communication channel in the project, supporting **media publicity in city, local and ethnic press** included:
 - **47 media articles** in city and suburban media;
 - **252 placements of key messages** (see chart in ‘Supporting Materials’);
 - **99.5% of media coverage was positive.**

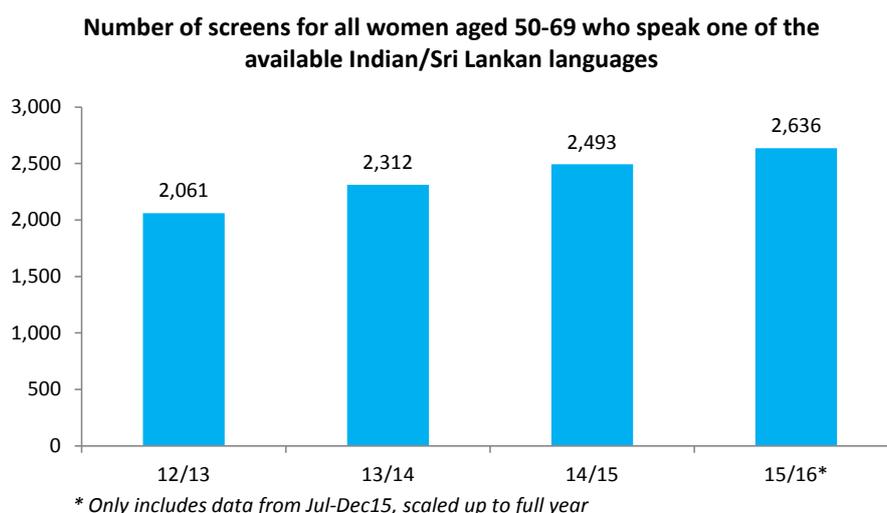
Outcomes / Impact

Most importantly, this project was evaluated in terms of outcomes and impact against objectives. Independent data collected and provided by the Cancer Institute NSW (2015) show that in the financial year 1 July 2014 to 30 June 2015 (the period of the Pink Sari Project), there was:

- An **8% increase in the total number of Indian and Sri Lankan women aged 50–69² living in NSW having a breast screen** – 3% more than the target objective, or 62.5% ahead of target (see Figure 1);
- An **8% increase in the number of Indian and Sri Lankan women aged 50–69 living in NSW having a breast screen for the first time in 2014–2015**;
- A **10% increase in the number of Tamil* women aged 50–69 living in NSW having a breast screen** (5% more than the target objective, or 100% ahead of the target);
- A **7% increase in the number of Hindi* women aged 50–69 living in NSW having a breast screen** (2% more than the target objective, or 40% ahead of the target);
- A **48% increase in the number of Tamil* women aged 50–69 living in NSW having a breast screen for the first time in 2014–2015**;

* *Tamil and Hindi are the two main languages spoken by Indian and Sri Lankan migrants in Australia.*

Figure 1. Overall increase in Indian and Sri Lankan women aged 50–69 having a breast screen (Cancer Institute NSW, 2015).



Postscript – Ongoing Results

- The **cultural competency of breast screening clinics is being increased** through staff training, provision of telephone translators, and the body of knowledge provided by research conducted in this project;
- The central idea of the Pink Sari Project has subsequently been adopted by Muslim women in Queensland who have launched the **Pink Hijab campaign**;
- **Tamil doctors have requested permission to extend the campaign to promote bowel cancer screening**;
- **A number of organisations not involved in the original Pink Sari Project have asked to become ‘partners’ in future projects**;
- A **Pink Sari women’s volunteer group was convened in November 2015 to start planning for how the project can continue** after 2014–2015 Cancer Institute NSW funding is exhausted;
- In December 2015, **Cancer Institute NSW announced that a further \$100,000 will be awarded to the NSW Multicultural Health Communication Service to continue the Pink Sari Project into 2016.**

² Until 2014, Cancer Institute NSW collected breast screening data only for 50–69 year olds, not for 70–74 year olds. Therefore this age range was used to allow comparison with previous years.