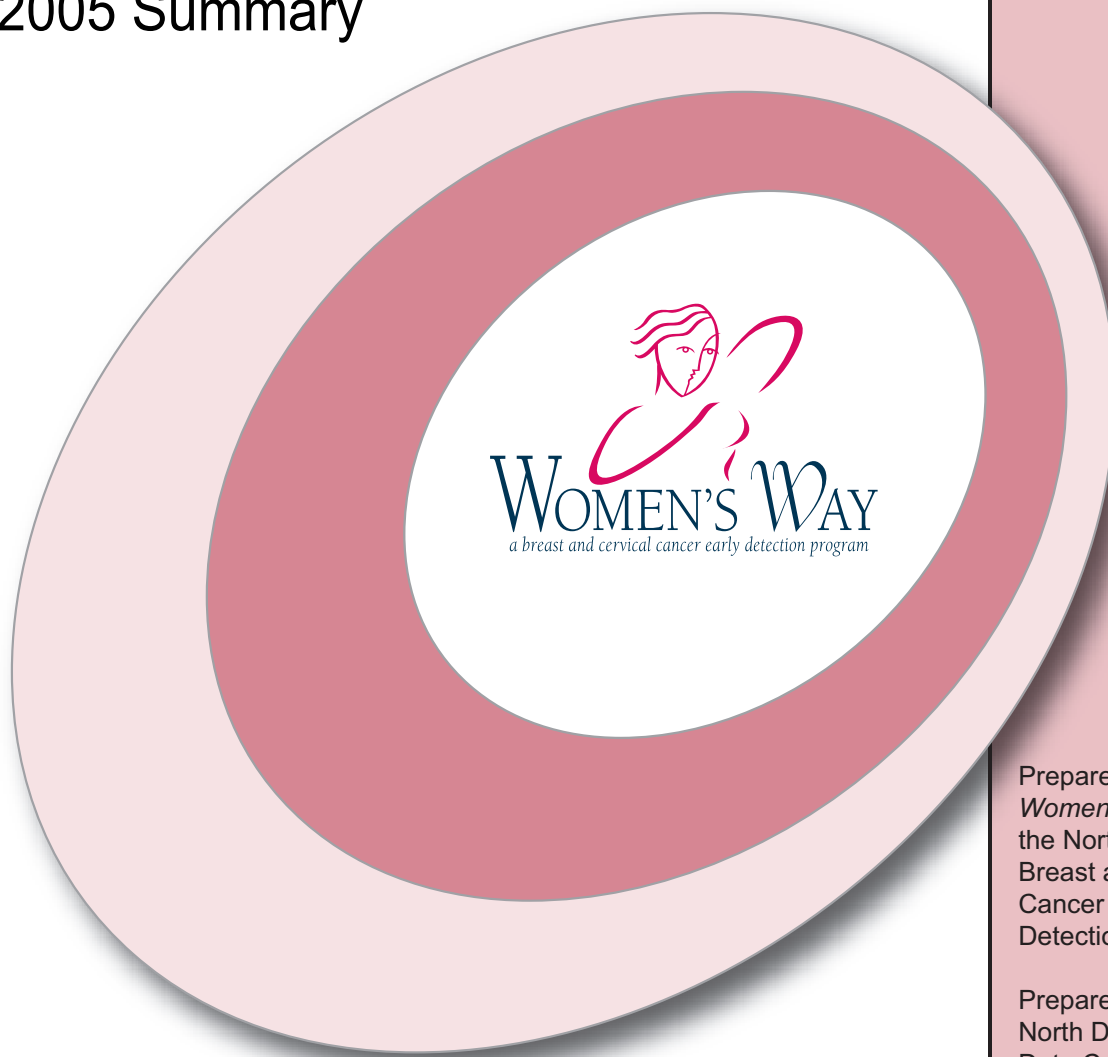


# Women's Way Direct Mail Project:

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## 2005 Summary



Prepared for:  
*Women's Way*,  
the North Dakota  
Breast and Cervical  
Cancer Early  
Detection Program

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**NORTH DAKOTA**  
DEPARTMENT of HEALTH



# FORWARD

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This direct mail project was conducted by the North Dakota State Data Center at North Dakota State University (NDSU) and Reach Partners, Inc., for *Women's Way*, the North Dakota Breast and Cervical Cancer Early Detection Program (<http://www.ndhealth.gov/womensway>), and the North Dakota Department of Health (<http://www.ndhealth.gov>). Funded by the Centers for Disease Control and Prevention, *Women's Way* works to reduce mortality from breast and cervical cancer by increasing education and screening among low-income, underserved, high-risk and minority women. *Women's Way* statewide recruitment projects are facilitated by consultants at Reach Partners, Inc., and Cowden Communications. The results of the project are summarized in this document, *Women's Way Direct Mail Project: 2005 Summary*. Detailed results are presented in a second document, *Women's Way Direct Mail Project: 2005 Technical Report*. Both documents are available on the North Dakota Department of Health website at [www.ndhealth.gov/cancer/publications.asp?DivisionID=2](http://www.ndhealth.gov/cancer/publications.asp?DivisionID=2).

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# PROJECT SUMMARY

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*Women's Way*, the North Dakota Breast and Cervical Cancer Early Detection Program, is administered by the North Dakota Department of Health and funded by the Centers for Disease Control and Prevention. *Women's Way* works to reduce mortality from breast and cervical cancer by increasing education and screening among low-income, underserved, high-risk and minority women. Eligibility for the program is a combination of criteria relating to age, household income, and health insurance status.

*Women's Way* received funding to test the effectiveness of direct mail in recruiting eligible women. Direct mail has been used with varying degrees of success by other states' National Breast and Cervical Cancer Early Detection Programs. *Women's Way* consulted with staff at the North Dakota State Data Center to evaluate the effectiveness of direct mail in North Dakota. The direct mail project included evaluating the success of the direct mail campaign, examining characteristics of the intended audience, examining the overall reliability of the sampling frame developed from a purchased list of names, and providing feedback for future message and campaign design.

The project took place in several phases beginning in February of 2004 and ending in December of 2004. First, a baseline survey of women was conducted in order to determine characteristics of the *Women's Way* intended audience. Second, the direct mail campaign was conducted, in which more than 7,000 cards were mailed to names on the purchased list. Third, a follow up evaluation survey was conducted which determined the impact of the cards by calling women who had completed the baseline survey. Finally, the names of new enrollees to the program were monitored in order to determine the enrollment rate from the direct mail campaign as well as the effectiveness of the \$10 incentive offered to new enrollees who completed a breast or cervical cancer screening. Throughout the process, the sampling frame developed from the purchased list was closely monitored and documented in order to determine its reliability.

The sampling frame for the direct mail campaign was a list purchased from Medstat. Lists from Medstat were promoted to *Women's Way* by the National Cancer Institute as being able to offer names, addresses, and phone numbers of women matching certain eligibility criteria. This list was selected to serve as the sampling frame for the campaign because it theoretically consisted of women potentially eligible for the program (i.e., the list was restricted to women ages 40 to 64 with annual household incomes less than \$35,000, but did not attempt to determine health insurance status). In addition, the list was designed to offer clustering of names by characteristics (often termed as psychographics) that could prove useful in targeting mail campaigns. The direct mail campaign achieved an enrollment rate (0.9%) consistent with the enrollment rate of other direct mail campaigns. However, a comparison of the enrollment rate achieved using the overall sampling frame with the sampling frame of baseline survey respondents, whose potential eligibility was verified through a phone survey, indicates that a true list of potentially eligible women would have resulted in an enrollment rate four times (3.5%) the level achieved. This highlights the need to be cautious regarding the reliability of purchased lists, especially when evaluating campaigns.

The limitations of the sampling frame were more apparent by the fact that, through screening for participation in the baseline survey, 38% of all phone numbers called were deemed ineligible (i.e., no woman was at that phone number, or the woman did not fit age or income criteria). This is in addition to the 8% of all phone numbers called that were no longer in service. In fact, when looking only at phone numbers where eligibility status had been determined (i.e., those who completed the survey as well as those who were determined to be ineligible), the best estimate of the proportion of potentially eligible women on the sampling frame was 15%. Using Census 2000 data, it was determined that 88% of the sampling frame should have matched the *Women's Way* age and income eligibility guidelines. The sampling frame also had a high proportion of names without phone numbers (22%), and had several names which were determined to have address problems (15%). It also did not match the rural/urban geographic distribution for North Dakota found in Census 2000 or found among *Women's Way* enrollees overall. These problems may have arisen because of the high rate of mobility in our society. In addition, since a purchased list of this type relies on multiple databases, its limitations may reflect difficulties in maintaining current lists.

The enrollment rate from the direct mail campaign yielded too small of a number of women for in-depth analysis to occur. Analysis of the women that enrolled off the card does tell us that no one card stood out above the other two. In addition, the incentive did not increase the proportion of women who completed a breast or cervical cancer screening over the other new enrollees who did not receive an incentive. It is estimated that the cost of using this campaign to enroll women was \$138 per woman. This amount is higher than the general guideline of \$100 per woman for recruitment and public education for a recruitment strategy to be considered effective. Therefore, this direct mail campaign did not result in a cost effective method of getting women to enroll in *Women's Way*. Potentially eligible women, such as those who completed the baseline survey, responded to the direct mail at a rate of 3.5%. With a more accurate sampling frame, a 3.5% response rate would result in a cost to enroll as low as \$34 per woman and would more closely match the expectations of a purchased list of potentially eligible women.

Recognition of *Women's Way* among the intended audience is good. Among the women who participated in the follow up evaluation survey, the vast majority had heard of the program. Brochures were the most common way that women heard of *Women's Way*, followed by newspapers, television ads, health care workers, and something they received in the mail. In addition, half of the women remembered receiving a card, and the majority who remember the card said they opened and read it. Recollection of details is lower, with two in five remembering something about the card or something about the eligibility requirements, and one in five remembering something about the incentive. While 18 of 457 women said they called to learn about enrolling in *Women's Way* because of the card, another 25 women called due to other influences. More than two-thirds of the women who did not call to learn about the program self-screened and concluded they would not be eligible for the program. Their conclusions were not necessarily an accurate assessment of their actual eligibility.

One of the greatest insights provided by the results of the direct mail project is that women potentially eligible for *Women's Way* are not a homogeneous audience. Important characteristics include whether the woman is age 40 to 49, whether she has had a mammogram, whether she has health insurance, and the type of household she lives in. Future mailings to a segmented audience based on characteristic data can contribute to effective direct mail campaigns. To make future mass mailings cost effective, the campaign would have to ensure an accurate purchased list of potentially eligible women. A mixed approach of messages and media types will continue to be the most effective approach to getting women to enroll in *Women's Way*.

This *Women's Way Direct Mail Project: 2005 Summary* provides a brief overview of the *Women's Way* Direct Mail Project, including a look at the Study Objectives, Methodology, Characteristics of the Intended Audience, Overall Reliability of the Sampling Frame, and Evaluation of the Direct Mail Campaign. Detailed project results can be reviewed in the *Women's Way Direct Mail Project: 2005 Technical Report*. Both documents are available on the North Dakota Department of Health website at [www.ndhealth.gov/cancer/publications.asp?DivisionID=2](http://www.ndhealth.gov/cancer/publications.asp?DivisionID=2).





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## STUDY OBJECTIVES

- The focus of *Women's Way*, the North Dakota Breast and Cervical Cancer Early Detection Program, is to enable eligible medically underserved women to obtain regular breast and cervical cancer screening services.
  - The *Women's Way* intended audience is North Dakota women between the ages of 40 and 64, who qualify based on household income, and who do not have health insurance, do not have breast or cervical cancer screenings covered by their health insurance, or cannot afford high deductibles and co-payments.
  - Using Census 2000 data, our best estimate of the number of women in North Dakota matching the age and household income eligibility criteria is 21,000 (i.e., 7% of all women in North Dakota or 22% of all women ages 40 to 64). The data do not allow a determination of how many of these women have health insurance.
  - *Women's Way* follows the American Cancer Society's guidelines that: 1) women ages 40 and older should have a mammogram every year, and 2) all sexually active women or women ages 21 and older should have Pap tests every one to three years, depending on doctors' recommendations and risk factors.
- The primary objective of the direct mail project was to evaluate the effectiveness of direct mail in recruiting women into *Women's Way*. The objective had the following four components:
  - To evaluate the success of the direct mail campaign
  - To examine characteristics of the intended audience
  - To examine the overall reliability of the sampling frame
  - To provide feedback for future message and campaign design
- The project designed to accomplish the primary objective included:
  - A baseline survey (February-March 2004)
  - A direct mail campaign (May-June 2004)
  - An evaluation survey (October 2004)
  - Analysis of new enrollees (May-December 2004)
  - Documentation of the sampling frame (list purchased from Medstat September 2003)

## METHODOLOGY

### Purchased List and Sampling Frame

- The list purchased by *Women's Way* from Medstat for the purpose of a direct mail campaign was intended to be a list of the names of women 40 to 64 in North Dakota with annual household incomes of \$35,000 or less. Of the original 27,214 names, 1,338 names matched *Women's Way* records and were removed. The remaining list of 25,876 names was used as the overall sampling frame.
- The sampling frame was separated into three groups according to geography: Group 1 was women living in larger "targeted urban" communities, Group 2 was women living in smaller "other urban" communities, and Group 3 was women living in "rural" areas of North Dakota.
- The list also included a Claritas PRIZM lifestyle segmentation cluster for each woman. This system is designed to offer clustering of names by characteristics, and it was one of the selling points for the list. Analysis of clusters did not occur in this study, however, because it would have required a much larger overall number of completed surveys.

### Baseline Survey Design

- The baseline telephone survey was designed to determine characteristics of the intended audience. Background, opinions regarding cancer, and breast and cervical cancer screening behavior and intentions were explored in the baseline survey along with demographics of the women. Participants were screened based on age and household income criteria only, not health insurance status, and thus are referred to as "potentially eligible" for *Women's Way*.
- The baseline survey was conducted in February and March of 2004 and represented a random sample of the overall sampling frame. There were a total of 742 completed surveys. The refusal rate among women with whom contact was made was low at 27%. Nearly two in five phone numbers called resulted in a determination of being ineligible (i.e., no woman at that phone number, or the woman did not fit age or income criteria).

### Direct Mail Campaign

- Three different cards were developed by *Women's Way* for the direct mail campaign: Card 1, the "Anderson" card; Card 2, the "Little Voice" card; and Card 3, the "Poster" card. The "Anderson" card and the "Little Voice" card were adapted by *Women's Way* from cards developed and researched by SAGE – Minnesota's Cancer Screening Program. The "Poster" card was an adaptation of a *Women's Way* poster message that was previously tested with the intended audience.

- A total of 7,212 names were randomly divided among the three cards, and cards were sent in four waves in May and June of 2004. The women who received a card included women who completed the baseline survey and had correct addresses as well as others with phone numbers whose addresses had been verified.

### Evaluation Survey Design

- The evaluation survey was designed to follow up with women who completed the baseline survey and were sent a card in the direct mail campaign. The women were asked their recall of *Women's Way* and the direct mail campaign, and asked questions about the card they received. They were also asked their reasons for calling, or not calling, to learn about enrolling in *Women's Way*.
- The evaluation survey was conducted in October 2004, approximately five months after the baseline participants were sent a card. There were a total of 457 completed evaluation surveys.

## **CHARACTERISTICS OF THE INTENDED AUDIENCE**

### Baseline Survey Results

- Characteristics of the intended audience were explored in the baseline survey. Women were asked their background and opinions regarding cancer, their breast and cervical cancer screening behavior and intentions, and demographics. Key findings include:
  - One-third of women had a family history of breast cancer (33%). The majority was not worried about getting breast cancer (52%); one-fifth of women were worried about getting breast cancer (18%).
  - Most women said they know doctors' recommendations regarding mammograms for women 40 years and older (89%), though their perceptions of the recommendations were not verified.
  - More than half of women were very confident that mammograms could provide early detection of breast cancer (54%) and could prevent dying from breast cancer (57%).
  - Half of women were influenced a great deal in their decisions about getting a mammogram by the opinions of health care providers (48%). Three in 10 women were influenced by friends and family (30%) and one in five was influenced by information from the media (22%).

- The vast majority of women had had a mammogram (84%). The majority of women who had had a mammogram had it within the last year (53%). The majority of women were very likely to get a mammogram in the next 12 months (62%). However, one-fifth of women were not at all likely to get a mammogram in the next year (21%).
- Most women were not at all nervous about getting a mammogram (65%), though approximately one-third of women indicated there was something that made it difficult for them to get a mammogram (31%). Among women with a barrier, half said they were not likely to overcome the barrier (51%). The single largest barrier named was not having health insurance (21%). Financial factors were also important: 16% of responses were regarding money/finances and 15% were regarding cost or not being able to afford a mammogram.
- Nearly all the women had had a Pap test (99%). Nearly half of the women had a Pap test in the last year (46%), while one-fifth had a Pap test more than four years ago (19%). The majority of women were very likely to get a Pap test in the next 12 months (61%).
- One-fourth of respondents had some kind of degree beyond high school (26%). More than one-fourth of women had an annual household income of \$15,000 or less (27%). Based on U.S. Census Bureau definitions, one-fourth of women were not in the labor force (i.e., 26% were not employed or actively seeking employment), and 71% were employed. More than half of women were married and lived with their spouse (59%). Nine out of 10 women had children (90%).
- Three-fourths of women had health insurance (78%). Among all women who had not had a mammogram, however, only 58% had health insurance.
- The baseline survey provides insight into unique segments of the intended audience. Specifically, mammogram status, age, and health insurance status are important dimensions of which to be mindful. Whether or not a woman has had a mammogram reflects her experience with the behavior *Women's Way* hopes to influence. The large proportion of women who are younger than age 50 represents a group of women who may be getting mixed messages from the medical community regarding mammograms. The large proportion of women who have health insurance represents a group of women who are not calling to learn about the program because they are self-screening their eligibility.

### Insight Provided by Theoretical Models

- Three theoretical models that may provide insight into women's attitudes and behaviors regarding breast and cervical cancer screenings as well as future message development were explored using questions in the baseline survey: Stages of Change, Self-Regulation, and Reasoned Action.

- The Stages of Change model sees behavior change as a process, not a single event. Women can be at different points in a continuum of stages: pre-contemplative, contemplative, ready for action, action/maintenance, and relapse. Two-thirds of women were at the action/maintenance stage of change (67%), meaning they had had a mammogram and had plans for following a regular schedule.
- The Self-Regulation model says that in the context of a health threat, women will try to control the danger as well as the negative feelings that result from the threat, contributing to behavior to protect their health. The components of this model include self-efficacy, risk perception, and worry/anxiety. Women overall had high self-efficacy (69%), meaning they were confident that mammograms could detect cancer early and prevent dying from breast cancer. Women did not have very high levels of perception of risk (31%) or worry/anxiety (17%).
- The Reasoned Action model sees behavior intent as the predictor of actual behavior. Intent is a combination of the attitude about doing a behavior, or how much a woman believes that the outcome from a behavior is going to be positive, and the influence of subjective norms, or what others who are important to the woman think about her performing the behavior. More than two-thirds of women had a positive attitude (69%), meaning they saw mammograms as effective in the goal of preventing cancer. Nearly three-fourths of women were influenced in their decisions regarding mammograms by at least one of the three subjective norms measured in the baseline survey (73%): 64% were influenced by the opinions of health care providers, 39% by the opinions of friends/family, and 35% by information from the media. In addition, more than three-fourths had a high level of perceived control (78%), meaning they had a strong sense of being able to successfully get a mammogram.
- The theoretical models also provide insight into results from the evaluation survey. The 43 women who called *Women's Way*, or 9% of the women who answered the evaluation survey, were asked what influenced them to call to learn about *Women's Way*.
  - Among the three theoretical models explored, the Self-Regulation model and the Reasoned Action model may be good predictors of who will call *Women's Way* to learn about the program. Findings include that, compared to the overall distribution of women, a larger proportion of the women who called had a high level of risk perception and a larger proportion was influenced by information from the media.

## Recognition of *Women's Way*

- Recognition of *Women's Way* was explored briefly in the baseline survey.
  - Half of the women had heard of “a program that may provide a way to pay for mammograms and Pap tests for women living in North Dakota” (50%). A little more than half of these women said they recalled the name of the program (56%).
- Knowledge of the program was also briefly explored in the evaluation survey.
  - Four-fifths of women had heard of *Women's Way* (80%). Brochures were the most common way that women heard of *Women's Way* (33%), followed by newspapers (28%), television ads (28%), and health care workers (25%). One-fifth of women heard of the program through something they received in the mail (19%).

## **OVERALL RELIABILITY OF THE SAMPLING FRAME**

- Determining the overall reliability of the sampling frame (i.e., the list purchased from Medstat) was accomplished through detailed documentation of the names on the list through each phase of the project: sampling frame design, baseline survey, address matching, direct mail campaign, evaluation survey, and tracking of new enrollees.
- Because the primary objective of the project was to evaluate the effectiveness of direct mail in recruiting new women into *Women's Way*, women on the purchased list whose names were already in *Women's Way* records were excluded from the study. This was also done to reduce the possible confusion of women already enrolled in the program if they were contacted for the project. Of the original 27,214 names, 1,338 names matched *Women's Way* records and were removed. At the time this matching was done, there were 6,355 names in *Women's Way* records, of which 5,017 were not on the Medstat list. Because the 1,338 names included women with incorrect addresses, women who were no longer eligible, and women who were deceased, along with women who were active enrollees, the overall impact on the analysis of the list's reliability was negligible. The remaining 25,876 names were used as the sampling frame for the study.
- The list purchased by *Women's Way* from Medstat for the purpose of a direct mail campaign was intended to be a list of the names of women 40 to 64 in North Dakota with annual household incomes of \$35,000 or less. Overall, the reliability of the list was limited.
  - Of the 11,155 phone numbers that were verified through phone contacts in the baseline survey, nearly half were bad phone numbers or were not eligible. By looking at the 5,005 women on the sampling frame whose eligibility was determined (i.e., the 749 women verified as potentially eligible and the 4,256 women verified as not eligible), a generous overall estimate of the proportion



of potentially eligible women on the sampling frame purchased from Medstat is 15%. Using Census 2000 data, it was determined that the proportion of potentially eligible women on the list should have been approximately 88%.

- Of the 25,876 names in the sampling frame, 5,766 (22%) did not have phone numbers.
- *Women's Way* used the services of Melissa Data to check the addresses of women on the sampling frame, and eliminate or update incorrect addresses before implementing the direct mail campaign. Of the 25,876 addresses in the sampling frame that were checked, 2,713 incorrect addresses were excluded from the direct mail campaign and another 1,172 addresses were incorrect but could be updated. Therefore, 15% of the sampling frame had address problems.
- The geographic distribution of the sampling frame was skewed in that it included a larger proportion of women in "rural" locations and women in smaller "other urban" locations than is found in the geographic distribution for North Dakota from Census 2000 or among *Women's Way* enrollees.

## EVALUATION OF THE DIRECT MAIL CAMPAIGN

- Determining the success of the direct mail campaign was accomplished through 1) the follow up evaluation survey, and 2) tracking women who enrolled in *Women's Way*.

### Evaluation Survey Results

- The evaluation telephone survey was designed to follow up with women who completed the baseline survey approximately five months after they were sent a direct mail card. The survey was conducted in October 2004. There were a total of 457 completed evaluation surveys.
- The women were asked their recall of *Women's Way* and the direct mail campaign, and asked questions about the card they received. They were also asked their reasons for calling, or not calling, *Women's Way*. Key findings include:
  - The distribution of respondents was fairly even according to which of the three cards they were sent. Just over half of the women who answered the survey remembered receiving a card in the mail in May or June of 2004 (52%).
  - Among women who remembered receiving a card, a large majority opened and read the card (84%). Regarding those who did not open the card, some threw it away and some set the card aside.

- Overall, there were not many differences among women according to which card they received. However, somewhat larger proportions of the women who received the “Anderson” card and the “Poster” card remembered receiving the card (57% and 52%, respectively) compared to the women who received the “Little Voice” card (45%). In addition, a somewhat smaller proportion of women who received the “Anderson” card opened and read the card (78%) compared to the “Little Voice” card and the “Poster” card (89% and 88%, respectively).
- Among women who remembered receiving a card and read it, when asked what prompted the woman to read the card, the most common response was that she always reads her mail (19%). Because she recognized the name of the program (14%) and curiosity (11%) were other common responses.
- Approximately two in five women said they remembered something about the card (44%); two in five women said they remembered something about the eligibility requirements (41%); and one in five said they remembered something about an incentive (20%). When asked what the woman remembered about the card, the most common responses were that it was pink (19%) and the *Women’s Way* logo (18%). Regarding the incentive specifically, the most common responses were money/\$10 (46%) and help with a mammogram or Pap test if eligible (36%). Regarding eligibility requirements specifically, the most common response was that you had to be of a certain income (46%). Age and not having health insurance were the next two most common responses (20% and 18%, respectively).
- Among the women who remembered receiving a card and read it, nearly one in 10 called to learn about enrolling in *Women’s Way* (9%), more than one-fourth set the card aside without calling (29%), and more than half threw the card away (53%). Of all evaluation survey respondents, 18 women remembered receiving a card, read it, and then called. Of these 18 women who called because of the card, 12 became enrolled in the program. Another 25 women called to learn about *Women’s Way* due to other influences and either did not remember receiving the card, or remembered receiving the card but did not read it.
- Three-fourths of women who answered the survey and had heard of *Women’s Way* had not called to learn about the program (76%). When asked their reasons for not calling, the largest response was that they had health insurance coverage (61%). Other reasons included they believed they made too much money to qualify (24%), they did not need help paying for breast or cervical cancer screenings (14%), and they just did not have time (10%).
- More than two-thirds of women did not call to learn about the program because they self-screened and concluded they would not be eligible for the program (68%) (i.e., by answering they did not need breast or cervical cancer screenings, they were too young or too old, made too much money, or had health insurance coverage).

- The 43 women who called *Women's Way* in total, or 9% of all women who answered the evaluation survey, were asked what influenced them to call to learn about *Women's Way*. Approximately one in two women said someone close to them having dealt with cancer influenced them to call (54%). However, *Women's Way* marketing materials were most influential, cited by nearly three-fourths of women (72%). A brochure or pamphlet was the material cited most often (47%), primarily by women whose reason for calling was not a card. The card in the mail was the second most common response (21%).

### Analysis of Enrollment

- One component of evaluating the success of the direct mail campaign was matching the names of new enrollees to the list of women who received cards. Doing so allowed us to determine the proportion of women who received cards who then became enrolled in the program. Enrollee data were monitored from May 4, 2004, through December 1, 2004. There were 538 new *Women's Way* enrollees in that timeframe. A total of 106 of the new enrollees' names matched names on the sampling frame. Of the 106, 62 had been sent a card. Of the 7,212 cards sent, the 62 enrollees represent an enrollment rate of 0.9%.
- Of the 660 baseline survey respondents who were determined to be potentially eligible and were mailed a card, 23 enrolled, representing an enrollment rate of 3.5%.
- Tracking the names of new enrollees and matching them to the sampling frame also allowed us to determine the names of women who should receive the \$10 incentive. Of the 62 new enrollees who received a card, a total of 47 completed a breast or cervical cancer screening by December 1, 2004, and therefore received an incentive, representing a screening rate of 76%. Nearly half of the women who completed a breast or cervical cancer screening did not complete it by the deadline on the card for getting the incentive (August 31, 2004), however, though they were given the incentive if they completed it before the end of the monitoring period (December 1, 2004). In addition, the incentive did not impact the proportion of new enrollees who got a breast or cervical cancer screening.

### Conclusions

- Four in five women who completed the evaluation survey had heard of *Women's Way*. Half of these women remembered receiving a card (all of whom were sent a card in May or June of 2004). The vast majority of women who remembered the card, opened and read it. The women who read the card represent 44% of all evaluation survey respondents.
- Of the women who opened and read the card, approximately two in five remembered something about the card (44%) and the eligibility requirements (41%), and one in five remembered something about the incentive (20%).

- A total of 43 of the 457 survey respondents called to learn about the program (18 due to the card and 25 due to other influences). Among women who were asked if they had called, the most prominent reason they had not called was that they self-screened their own eligibility due to such reasons as having health insurance coverage or assuming their income was too high.
- The 62 new enrollees who received a card represent 0.9% of the 7,212 women who were sent cards. This overall enrollment rate is consistent with enrollment rates of many direct mail campaigns. However, the enrollment rate achieved among women who completed the baseline survey was 3.5%, nearly four times as high. Since the baseline survey was a representative sample of the overall sampling frame, but screened to ensure potential eligibility, one can conclude that the lower enrollment rate achieved by the overall sampling frame was a result of its limitations. This may be due to the difficulties in maintaining an updated list, especially one that includes characteristic data most likely derived from multiple sources.
- Though 52% of women who completed the evaluation survey remembered receiving a card, no one card stood out above the other two, and the cards did not achieve an above-average rate of enrollment. When a list of potentially eligible women was used, however, the same three cards did produce an improved rate of enrollment. While no card worked better than the others when directed to a homogeneous audience, one of the messages could be directed to a segment of the intended audience where specific characteristics were known and might produce a better response rate.
- Though incentives can be an important component in improving the response rates to, and therefore the success of, direct mail campaigns, the incentive used in this direct mail campaign did not contribute to a successful project. Enrollment rates were not higher than the average rates achieved in direct mail campaigns and the incentive was not recalled at a high rate among women in the evaluation survey who read the card. In addition, the incentive did not result in a higher proportion of women who were enrolled completing a breast or cervical cancer screening.
- The direct mail campaign did not result in a cost effective method of getting women to enroll in *Women's Way*. A general guideline is \$100 per woman for recruitment and public education for a recruitment strategy to be considered effective. The cost per woman in this campaign was \$138.
- For the future, the goal is to better target the *Women's Way* intended audience and tailor the messaging and campaign design. This may include looking at distributions of women using Geographic Information Systems (GIS) mapping and Census 2000 data. It may also include focusing on important characteristics of the women, such as household type or whether they have had a mammogram. Finding a more accurate purchased list that is thoroughly updated on a regular basis would also be useful.