I.7  NCI’s ¹³¹I/NTS Communications Campaign and Process Evaluation Plan

I.7.1  NCI’s ¹³¹I/NTS Communications Campaign

The goals of NCI’s ¹³¹I/NTS Communications Campaign were:

- To inform health care providers (via health provider organizations) who conduct thyroid screening and education about the availability of NCI’s I-131 materials, especially those practicing in significant fallout areas
- To inform consumer organizations that focus on health education needs of people ages 40 and older, with particular emphasis on groups responsible for thyroid education, about the availability of NCI’s I-131 materials
- To inform federal agencies about the availability of NCI’s I-131 materials for incorporation into their communication channels
- To make information about I-131 materials easily accessible for use by interested consumers, the public at large and advocacy organizations for inclusion in their communication channels

In December 2002, the NCI released communication materials for the Project, developed with extensive input from advocacy groups, community representatives and health officials, as well as extensive focus group testing. Materials included:

- **Get the Facts About Exposure to I-131 Radiation**--This general information brochure provides information about the Nevada tests and identifies individuals at particular risk.
- **Making Choices: Screening for Thyroid Disease**-- This decision aid workbook/brochure is for individuals concerned about their exposure to I-131 from fallout (Based on decision support format of the Ottawa Health Decision Center at the University of Ottawa and Ottawa Health Research Institute, Ontario, Canada)
- **Radioactive Iodine (I-131) and Thyroid Cancer**--This flip chart, designed for use in small groups of up to 10 people, addresses concerns specific to Native Americans.
- **I-131 Web Site** ([www.cancer.gov/i131](http://www.cancer.gov/i131)), which includes tools for partners (“swiss cheese” press release, promotional brochure, etc.)
In order to accomplish these goals, by June 2003, NCI had accomplished the following:

- Held a national teleconference (Dec 2002), at which NCI staff and invited experts discussed pertinent I-131 issues and plans for public promotion and dissemination of the materials.
- Disseminated materials to project partners.
- Within key exposure areas¹, disseminated materials through email and US postal service. Efforts concentrated on reaching key intermediaries—health provider associations, community health clinics, advocacy and support groups, community-based networks, state health agencies, schools of public health, social workers, and federal agencies (including local clinics of the Indian Health Service.) (Full list follows). These intermediaries were provided tools to reach secondary audiences, which include individual health care providers and the concerned public aged 40 and older, particularly those who lived in areas of highest exposure and who consumed milk during the testing period.
- Conducted follow up calls to key organizations to ascertain interest in additional activities.

In sum, the NCI conducted direct outreach with over 1000 local, regional and national organizations (see attached list).

**I.7.2 NCI’s $^{131}$I/NTS Process Evaluation Plan**

In evaluating the promotion and dissemination efforts of the NCI’s $^{131}$I/NTS Communications Campaign, the NCI developed the following measurable objectives:

1. By January 31, 2003, NCI will send promotional materials and educational products to all organizations on the original recruitment list.
2. By January 31, 2003, NCI will send promotional materials and educational products to health professional, consumer health, advocacy, and federal organizations identified by key stakeholders².
3. NCI will send promotional materials to 100% of organizations who request information on the educational products.
4. By December 31, 2002, NCI will conduct a teleconference to launch the materials with the media and key stakeholders.

¹ Twenty states received the highest fallout and include: Montana, Nevada, Utah, Colorado, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Missouri, Arkansas, Minnesota, Iowa, Wisconsin, Illinois, Wyoming, Idaho, Indiana, Texas and Vermont. There are 7 states (Massachusetts, Tennessee, New York, Oregon, Ohio, Michigan and Louisiana) in which only a few counties within each state were affected.

² Group of key informants representing health professional, consumer health, advocacy and federal organization who are interested in I-131 issues and who were identified by NCI at the project’s inception. Largely consists of members of NCI’s I-131 listserv.
5. By February 3, 2003, NCI will send I-131 promotional materials to 100% of specified NIH and NCI-affiliated groups

6. By February 10, 2003, NCI will send I-131 promotional materials and educational products to 100% of specified core thyroid health groups

7. By February 17, 2003, NCI will send I-131 promotional materials and educational products to 100% of specified general medical societies and primary care institutions

8. By February 27, 2003, NCI will send I-131 promotional materials and educational products to 100% of specified consumer health organizations

9. By February 21, 2003, NCI will send I-131 promotional materials and educational products to 100% of specified Federal agencies (see Appendix B. Promotion Plan).

10. By July 3, 2003, NCI will follow-up with 100% of specified core thyroid health specific groups

A Process Evaluation Template, which includes evaluation questions, indicators, measures, process objectives, data sources, and frequency of data collection was developed. Data is to be analyzed in 2003.
This list represents over 450 national organizations/groups who received I-131 promotional materials disseminated by the Office of Cancer Communications in December 2002 [in addition to 121 Members of Congress].

AARP
Agency for Toxic Substances and Disease Registry
Alliance for Nuclear Accountability
Alliance of Atomic Veterans
American College of Preventive Medicine
American Thyroid Association (1000)
Association of State and Territorial Health Officials
ATSDR (1000)
Baltimore City Department of Health
Center for American Indian Research and Education
Center for Global Security & Health, Physicians for Social Responsibility
CDC: State Radiation Directors (54)
CDC: Division of Health Communication-Childhood Cancer Research Institute and Clark University
Colorado Department of Public Health and Environment
Conference of Radiation Control Program Directors
Consumers Union
Council of State and Territorial Epidemiologists
Decision Research
US Department of Health and Human Services
Vanderbilt University-Department of Radiology
Dine Care Group
Downwinders, Inc.
Elder Voices, Inc.
Hanford Health Information Network Resource Center
HRSA: radiation education grantees (36)
HRSA: Bureau of Primary Health Care: Primary and community health centers in high-exposed counties (390)
Idaho Division of Health
Indigenous Environmental Network
Institute for Energy and Environmental Research
Institute for Energy and Environmental Research Interpretive Consultations, Inc, Risk Communication and Environmental Education
Iowa Dept. of Public Health
Johns Hopkins University School of Hygiene and Public Health
Mallinckrodt Institute of Radiology-Washington University School of Medicine
Mayo Medical School-Mayo Clinic Rochester
Memorial Sloan-Kettering Cancer Center
Miamisburg Environmental Safety and Health
Migrant Clinicians Network
Migrant Head Start Quality Improvement Center
Morgan County Medical Center
Morgan County Medical Center
NAACP-Oak Ridge, TN
National Association of County and City Health Officials
National Association of Radiation Survivors
National Center for Environmental Health
National Center for Farmworker Health
National Committee for Radiation Victims
National Congress of American Indians
National Institute of Diabetes and Digestive and Kidney Diseases
National Medical Association
Natural Resources Defense Council
Navaho Uranium Radiation Victims Committee
Directors Consumer Liaison Group-National Cancer Institute
Nevada State Health Division
New England Journal of Medicine
New York Presbyterian Hospital- Weill Medical College of Cornell University
New York State Department of Health
Nuclear Information & Resource Service
Oak Ridge Environmental Justice Committee
Oregon Department of Human Services
Oregon Health Division Environmental and Occupational Epidemiology
Pew Environmental Health Commission
Physicians for Social Responsibility
Porter Novelli
Public Interest Research Group- United States Radiation and Public Health Project
Radiation Health Effects Archives
Radiological Health Section, Nevada State Health Division
Redish & Associates, Inc.
Rutgers University
Scarboro Community Environmental Justice Council
SENES Oak Ridge, Inc.
Short Cressman & Burgess PLLC
Sinai Hospital of Baltimore
Sisters of Charity of Ottawa Health Services
Snake River Alliance
Social and Environmental Research Institute Standing for the Truth About Radiation
Support and Education for Radiation Victims
Tennessee Department of Environment and Conservation
The Endocrine Society
This list represents over 200 national organizations/groups and their affiliates or chapters who received I-131 promotional materials disseminated by the Office Education and Special Initiatives in Spring 2003.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Alaska Native Tribal Health Consortium</td>
<td>National Association of Community Health Centers (20 risk states)</td>
</tr>
<tr>
<td>American Academy of Family Physicians (chapter heads in 20 states)</td>
<td>National Association of County and City Health Officials</td>
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<tr>
<td>American Academy of Nurse Practitioners</td>
<td>National Association of Social Workers</td>
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<tr>
<td>American Academy of Physician Assistants</td>
<td>National Association of State Directors of Migrant Education</td>
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<tr>
<td>American Association of Cancer Education</td>
<td>National Black Nurses Association</td>
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<tr>
<td>American Association of Retired Persons (local chapters and clearinghouse)</td>
<td>National Center for Farmworker Health</td>
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<tr>
<td>American Board of Internal Medicine</td>
<td>National Council of La Raza</td>
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<tr>
<td>American Cancer Society (divisional offices)</td>
<td>National Hispanic Medical Association</td>
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<tr>
<td>American College of Obstetricians and Gynecologists</td>
<td>National Hispanic Nurses Association</td>
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<tr>
<td>American College of Preventative Medicine</td>
<td>National Indian Health Board</td>
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<tr>
<td>American Indian Institute</td>
<td>National Medical Association (local and state societies)</td>
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<tr>
<td>American Medical Association</td>
<td>National Rural Health Association</td>
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<tr>
<td>American Nurses Association (state/local chapters in priority regions)</td>
<td>Native American Cancer Initiative</td>
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<td>American Public Health Association</td>
<td>Native American Health Issues</td>
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<tr>
<td>Association of American Indian Physicians</td>
<td>Office of Minority Health (HHS clearinghouse)</td>
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<tr>
<td>Association of Community Cancer Centers</td>
<td>Office of Minority Health Affairs</td>
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<tr>
<td>Center for Medicaid and Medicare Services</td>
<td>Older Women’s League</td>
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<tr>
<td>Centers for Disease Control and Prevention</td>
<td>Oncology Nursing Society – Special interest committees: Cancer Program Development, Management: Patient Education and Prevention, Early Detection Special Interest Groups</td>
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<tr>
<td>Chronic Disease Directors (communications committee)</td>
<td>Thyroid Cancer Survivors’ Association (local chapters)</td>
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<tr>
<td>Environmental Protection Agency (American Indian Environmental Office)</td>
<td>Veterans Administration</td>
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<tr>
<td>Indian Health Service (American Indian Environmental Office)</td>
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