

SHOULD'VE. COULD'VE. WOULD'VE.
A MELANOMA AWARENESS INITIATIVE

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BACKGROUND TO THE PROJECT

I. AGENCY DESCRIPTION

The Melanoma Education Foundation (MEF) is a non-profit organization dedicated to melanoma prevention and saving lives from this deadly skin cancer. The MEF was founded by Dr. Steven A. Fine, in honor of his son, Dan Fine, who died of melanoma at the early age of 26 in 1998. Many melanomas are completely curable if caught early, but Dan had never been educated about this disease, just like most students his age. This Foundation was created to change the lack of education on melanoma among students, and prevent other families from experiencing a tragedy like the Fine's.

The MEF promotes melanoma awareness in New England schools by training health educators through their **SkinCheck**[®] Program. Middle school and high school health educators are provided with materials and lesson plans to educate New England students about melanoma and the importance of early self-detection through Self Skin Examinations (SSEs). The MEF hopes to save lives by promoting greater awareness of melanoma and SSEs in students, before it is too late.

II. PROBLEM STATEMENT

Malignant melanoma is a serious skin cancer which can spread internally and cause death. Melanoma can happen to anyone at any age, and high risk melanoma behaviors occur as early as childhood, when parents do not apply sunscreen to their children (CDC, 2007). Fortunately, this disease is potentially curable when detected early and removed (Roy & Wagner, 1992). But the majority of youth are unaware about melanoma: what it is, what it looks like, their risks for developing it, and what they can do to decrease their risks. Among adolescents and young adults, 74 percent have little or no knowledge of this disease (Centers for Disease Control and Prevention (CDC), 1996). Although initiatives, such as the MEF's, provide

school curriculums to educate students on melanoma, middle school students will still engage in high risk melanoma behaviors.

Students at this age begin to make independent lifestyle choices, unaware of the consequences of certain high risk behaviors (Barclay & Loudon, 2007). Specifically, these students are unaware of the harmful effects of high UV exposure and developing melanoma. There is a knowledge gap that exists in regards to early detection to reduce the severity level of melanoma if developed (Weinstock, 2004). Therefore, efforts need to be made to increase student awareness on their risks to this deadly disease. In particular, middle school students need to be taught the importance of early detection and how to perform regular SSEs to possibly save their own lives in the near future.

III. PROJECT OVERVIEW

The MEF is dedicated to melanoma prevention through educating New England teens about this disease and the importance of SSEs. Currently, The SkinCheck[®] Program provides middle school health educators with a one hour skin cancer teacher-training DVD, a book mark on identifying melanoma moles to distribute to the students, and a detailed lesson plan for their classroom. This lesson plan includes the DVD, *The Dark Side of the Sun* (2005). The DVD emphasizes sun protection and the toxicity of UV rays—an approach widely used, but has been shown to be ineffective in promoting melanoma prevention behavior(s) among the middle school students (MEF, 2007). Instead, the MEF believes a new DVD—educating students on melanoma, their individual risks of melanoma, and emphasizing the importance of doing routine SSEs—will be a more effective approach to reducing melanoma deaths and increasing awareness among middle school students.

The goal of this project is to develop a new educational DVD to raise awareness on melanoma and early detection by informing New England middle school students about the

disease, how to reduce their risks, and perform monthly SSEs. Graduate Consultant, Catherine Yeh, will research, write, and produce a new DVD which will replace *The Dark Side of the Sun* (2005) and be included in the SkinCheck[®] Program to project the MEF's message that regular SSEs can possibly save your life. This DVD will be distributed to over 250 schools in the MEF's network. Catherine will work with Stony Hill Pictures cinematographer, Kathryn Hall, and editor, Allyson Sherlock, to create the final deliverable under a \$20K budget provided by the MEF (see Appendix A).

Catching melanoma early is the key to prevention and successful treatment (NIH, 2007). Through this new educational DVD, the MEF hopes to increase awareness on melanoma in middle schools students and provide them with tools to prevent and detect this disease as best as possible, before it is too late.

PROBLEM ANALYSIS & LITERATURE REVIEW

IV. TARGET AUDIENCE

The target audience for the MEF's new DVD is middle school students in New England. Specifically, these 6th, 7th and 8th graders are between 10-14-years-old and attend schools in the MEF's network using The SkinChecks® Program. Most schools within this network are in middle class and upper middle class suburban areas with a large population of fair skinned students. Those students who continue in high school within the same district will be taught a more detailed lesson on melanoma and SSEs.

The MEF (2007) believes this age is critical to the development of their beliefs, attitudes, and behaviors towards melanoma. It is at this age when teens, especially girls, begin to tan—increasing their risk for developing melanoma. Due to rising rates of skin cancer associated with early-life UV exposure, it is important to increase awareness of melanoma to this particular audience (Barclay & Loudon, 2007).

V. AN OVERVIEW OF MELANOMA IN YOUNG POPULATIONS

Malignant Melanoma

Malignant melanoma is the most dangerous skin cancer because it grows quickly and has the ability to metastasize to any organ of the body (American Cancer Society (ACS), 2007). In many cases, this skin cancer causes death if not detected and removed early enough. Although melanoma is more common in older adults, the number of children and teenagers diagnosed with this disease is increasing every year (Strouse, 2005).

According to the ACS (2007), an alarming 59,940 cases of melanoma will be diagnosed this year and as many as 8,000 will die from it. Melanoma is the reason for the majority of the skin cancer deaths in the United States. Although melanoma accounts for only 3% of skin

cancers in the US (among basal cell and squamous cell skin cancers), it is one of the most common cancers in adolescents and young adults (ACS, 2007).

Melanoma is largely attributed to the damaging effects of ultraviolet (UV) radiation (ACS, 2007). UV light causes cells in the epidermis to reproduce faster, while at the same time slowing the body's immune response to those growths. Even short-term exposure from UV rays can damage skin cells, resulting in sunburn and tanning. Long-term UV exposure causes signs of *photo-aging*, which includes prematurely aged skin, wrinkles, loss of elasticity, dark patches, actinic keratoses (small rough or scaly patches). In many cases, skin cancer will occur, and in the worst cases, melanoma which can lead to death (ACS, 2007).

But melanoma is usually only deadly when caught too late. Melanoma is classified from stages 0-IV, and it is usually the last stage (IV) that leads to death. Stage IV melanomas are deadly because the melanoma has metastasized to lymph nodes in other areas of the body or to internal organs such as the lungs, the liver, brain, bone and gastrointestinal tract (Skin Cancer Foundation, 2008). Stage III melanoma is also a later stage melanoma, where the cancer has reached the local or regional lymph nodes and spread more than 2 centimeters under the tissue from the primary tumor (Skin Cancer Foundation, 2008). Stage III and IV patients require rigorous treatment of chemotherapy or interferon, where a series of shots are injected into the body for eleven months. Lymph nodes are drained and monitored. This treatment is painful and incredibly disruptive to the patient's lifestyle (Skin Cancer Foundation, 2008).

Stage II-0 melanoma are more promising. In stage II, the melanoma is classified by thickness and depth, the presence of absence of ulceration, and potential metastases to regional lymph nodes (Skin Cancer Foundation, 2008). Stage I is an earlier melanoma which is classified by the thickness of the original tumor, and usually less than 1 mm thick (Skin Cancer Foundation, 2008). The melanoma has not spread.

Above all, the best case is Stage 0, or a melanoma *in situ*, where it has not reached anything under the skin. Survival rates for *in situ* melanomas are extremely high, which is why it is so important to catch melanomas as early as possible (Skin Cancer Foundation, 2008).

Teens at Risk

An individual's risk for melanoma significantly increases if they have been severely sun burned or used a tanning bed in their childhood or teenage years (NIH, 2007). Unfortunately, most sun damage occurs on a person before the age of 20, as the majority of an individual's total lifetime sun exposure occurs during their childhood years (Keifer et al., 2005). Yet less than one-third of U.S. youth between ages of 11-18-years practice protective sun behaviors to prevent skin cancer (ACS, 1996). Although many programs and messages promote reducing and avoiding exposure to UV radiation to prevent melanoma, much of the damage has already occurred in many young individuals.

Genetics are also a risk factor for melanoma which is uncontrollable. Fair skinned, red or blond hair individuals have the highest risk for melanoma. Those with a family history of melanoma have a greater chance of developing it as well—around 10 percent of all people with melanoma have a family history of melanoma (ACS, 2007). However, melanoma is non discriminatory in age, race, and gender, and an individual can still develop this disease without a family history of it (ACS, 2007).

According to the National Cancer Institute (NCI) and John Hopkins University School of Medicine, there were 1, 255 cases of melanoma in children and teenagers between 1973 and 2001. Since then, the number of melanoma cases in children and teens has increased about 3% every year, especially in 10-19 year olds (Dowshen, 2005). A study from *The Journal of Clinical Oncology* (2005) used statistics from the NCI examining youth under the age of 25. Among this population, research revealed, being fair skinned and female increases an individual's risk of

developing melanoma. In addition, older kids and teens exposed to more UV rays had a significantly greater chance to develop melanoma than those that were not. (Dowshen, 2005).

In 2004 a survey was conducted for youths. Only 39 percent of 11-18-year-olds reported regular sunscreen use when outdoors on sunny days for at least an hour. This percentage has increased 8 percent since 1998. More recent surveys have learned that more than six in 10 teenagers still do not use sunscreen on a regular basis (Hitti, 2006). In addition, the youth surveyed reported spending an average of 18 days at the pool between 10 a.m. and 4 p.m. (Sampson, 2006), a prime time for sun exposure to increase rates of skin cancer, (ACS, n.d.). Reasons for this low statistic are largely due to cultural ideals for physical appearance. "I feel healthy when I have a nice tan," and "I look better when I have a tan" are statements with which 67.8 percent of youth identify. Consequently, many teenagers are sunburned in the summer due to the lack of protection from the sun (Sampson, 2006).

The Popularity of Tanning Beds

Many teens also use tanning beds to feed their desire to look tan. In just one session in a tanning bed, an individual is exposed to the same amount of UV rays as being outside for 8 hours (Melanoma Foundation of New England, 2007). Some tanning beds release much stronger UV light than the sun. This means an individual who uses a tanning bed has more than 2.5 times the risk for developing skin cancer. Even if a person doesn't get burned, this UV ray exposure raises the risk of developing melanoma (ACS, 2005). In 2005, the World Health Organization (WHO) issued a warning in 2005 for young people under the age of 18 to be especially careful not to raise their risk of skin cancer by staying away from tanning beds (ACS, 2005). In fact, the skin of teens is more vulnerable than the skin of adults.

Despite this danger, teenagers will still visit tanning salons to achieve their desired tan. The American Academy of Dermatology(2005) surveyed 505 teens nationwide, ages 12-17-years-

olds, and found almost 80 percent knew about the dangers of tanning—yet 66 percent thought they looked healthier and better with a tan. This is reflected in the statistic which reveals an estimated 2.3 million teens in the United States visit a tanning salon at least once a year (Skin Cancer Foundation, 2007).

Tanning is also a popular activity among teens in other countries. Australia is known for having the highest incidence rate of melanoma in the world. Many studies in Australia have been devoted to the link between tanning and melanoma, as it is most common in young Australians as young as 15 (The Melanoma Foundation, 2006). In 2006, the International Agency for Research on Cancer in Australia conducted a systematic review on the link between indoor tanning and melanoma. Their results revealed individuals who used a tanning bed have a 15 percent increased risk of developing melanoma compared to individuals who have not. Those exposed to indoor tanning before the age of 35 years have an even higher risk for melanoma.

The Skin Cancer Foundation (2006) has found skin cancer statistics tripling in women under the age of 40 in the past thirty years. Dr. Marie-France Demierre of Boston University Medical School expects a potential epidemic of melanoma in females in the next few decades due to their current tanning habits (MPIP, 2000). Still today, many teens are following the trend by striving to attain a bronzed body, much like their esteemed celebrity icons.

It is clear that being tan has become a standard of beauty (Medical News Today, 2005). Teens' strive to attain a tanned complexion is revealed in the high use of tanning salons among teens and the decrease in their protective sun behaviors, contributing to the rise of melanoma among this population.

Tanning in Massachusetts

Although the northeast does not get as much sun as other states, Massachusetts has the 18th highest rate of melanoma cases in the nation, and has a four percent higher rate of melanoma

diagnoses than the national average (NCI, 2007). The Melanoma Foundation of New England (2007) attributes this to the popularity of tanning beds in the state. In 2007, Senator Pam Resor and Senator James Timilty of the Commonwealth proposed Bill No. 1329 to protect children from tanning salons (Bazell, 2004). In 2007, this bill was passed, stating all 16 and 17 year olds in Massachusetts are required to have a parent present when tanning in a tanning salon. Teens are obligated to read information on the dangers of tanning beds, which salons are required to provide (Bazell, 2004).

But there is a common misconception among parents and teens that an individual is safer from skin cancer in a tanning bed as compared to being out in the sun. These misconceptions are reinforced by statements like those from Francie Hauck, owner of a tanning salon on Commonwealth Avenue in Massachusetts. Hauck disputed the push for Bill No. 1329, saying in a released phone interview, "Reasonable tanning is as safe as being in the sun. A tan is your natural protection for the skin. When people don't tan [before sun exposure], they get fried" (Bazell, 2004). Dermatologists and skin cancer organizations, including the Massachusetts Academy of Dermatology (2007), dispute this statement.

VI. AWARENESS & PREVENTION THROUGH EARLY DETECTION

Teen Melanoma Awareness and Prevention Efforts

According to the International Journal of Cancer (1998), "the centerpiece of skin cancer prevention efforts is to minimize the harmful effects of sun exposure during childhood and adolescence, as the majority of an individual's lifetime sun damage tends to occur before adulthood." However, the rising incidents of young people with melanoma, the increased popularity of commercial tanning beds, and the lack of sun protection revealed in national surveys, propose that primary melanoma prevention efforts have not yet been effective among teenagers (Cokkinides et al., 2006).

A study among middle school students in Maryland found low levels of skin cancer knowledge and sun protective behaviors (Alberg, Herbst, Genkinger & Duszynski, 2002). But knowledge is not enough to influence behavior in youth, especially when it comes to skin cancer prevention. Positive attitudes was a determinant for compliance of skin cancer prevention behaviors in this study. Researchers concluded positive attitudes should be prominent in prevention programs, and impacting attitudes towards sun protective behaviors early in life can help reduce rates of skin cancer (Alberg et. al., 2002).

Other studies reveal early detection is the key to reducing melanoma deaths (Weinstock, et al., 2007). If caught early, it is very treatable, especially in children and teens. In an NCI study, approximately 94 percent of children and teens with melanoma survived at least five years after their diagnosis (Dowshen, 2005). The most fatal melanomas are visible on the surface of the skin and can be curable if noticed and removed in time. A routine monthly SSE can greatly reduce melanoma mortality, and has been studied from several perspectives (Weinstock et al., 2000).

The ABCDE's of Regular Self Skin Examinations (SSEs)

The purpose of a self-skin examination (SSE) is to find melanoma early. Many melanomas can take years to develop. Thoroughly checking one's skin for unusual growth or changing marks every month is recommended by the American Cancer Society (2007) and other skin cancer foundations to prevent melanoma deaths. Regular SSEs in combination with awareness of melanoma warning signs can substantially decrease death from melanoma (Weinstock, et al., 2007). SSEs only take 10 minutes and are critical for prevention, but only 10-20 percent of the population performs monthly SSEs (Weinstock et al., 1999, 2004). In order to thoroughly check one's skin, one must be able to recognize a potential melanoma when they see it (Weinstock, 2006).

There are specific warning signs one should look for: A-Asymmetry, B-Border, C-Color, D-Diameter, E-Evolving (ACS, 2007). This alphabet mnemonic for melanoma diagnosis has been useful in promoting early detection of melanoma to the general public in the past two decades because it is easy to remember and covers the most important warning signs for early detection (Rigel, Friedman, Kopf, & Polsky, 2005). Weinstock (2006) agrees the ABCDE acronym has progressed the general public's knowledge and appreciation of principles of early detection, but also describes limitations and flaws to this approach.

The American Cancer Society (2004) has begun to advocate the "new or changing spot" message. Clinicians have also begun to advocate this message which states, new growths and sores that do not heal, are extremely important warning signs. These warning signs are not discussed within the ABCDE acronym. In addition, the overall early detection method requires follow up with a physician or health professional for successful melanoma detection because these warning signs "have the potential to be substantially more sensitive for detecting small melanomas, nodular melanoma, and amelanotic melanoma," (Weinstock 2004). These rarer types of melanomas are harder to detect as they may grow vertically, lack color and are fast spreading. This element is not emphasized in ABCDE which could possibly result in a faulty SSE, and misdiagnosis of moles that appear "normal" but are growing vertically as melanoma. Finally, Weinstock et al. (1999, 2004) argues that the flaws of the ABCDE reside in the lack of self awareness from the general public. The majority of people have little to no knowledge on the spots on their skin so they are unaware of one that may be changing. Prevention through ABCDE cannot be guaranteed successful unless patients are consistently and thoroughly engaging in SSEs.

SSE Awareness

Despite the limitations of the ABCDE method, SSEs are still the key to prevention in melanoma related deaths. Unfortunately, only a small percentage of the general public reports engaging in regular SSEs (Weinstock et al., 1999, 2004). Melanoma interventions have begun to recognize this discrepancy and are addressing the importance of regular SSEs.

Through the “Check It Out” project (2004), a randomized trial was conducted among 1,356 patients in New England attending routine primary care visits. Patients in the intervention group were provided instructional materials and counseling sessions on how to perform regular SSEs. The study concluded that intervention can be effective in increasing regular SSEs—more patients in the “Check It Out” project performed monthly SSEs and had skin surgery after detecting early sign(s) of melanoma than those who were not exposed (Weinstock, 2004).

“Check-It-Out” (2004) also evaluated the efficacy of Primary Care Physician (PCP) office interventions to perform regular SSEs. The study found that partner participation is key in regular SSE practice. Women perform SSEs more often than men (Weinstock 1999), but this study found that women are more likely to conduct SSEs on their husbands. The study suggests the use of partners for greater effectiveness in SSE interventions on men.

The role of the individual in prevention

More than half of newly detected melanomas are self-detected. In a survey of 102 patients at John Hopkins School of Medicine, 55 percent of melanomas were self detected. But physicians were able to detect melanomas at earlier stages (Epstein, Lange, Gruber, Modfid, & Koch, 1999). To effectively reduce melanoma deaths, it is recommended that clinicians and patients work together to look at the skin (Weinstock, 2006). But patients need to be responsible for examining their skin consistently to notice changing or new lesions. Weinstock

(2006) further argues that the individual is better suited than a physician to catch a melanoma. Most melanomas are only detected based on the change in the lesion, and the patient should typically be more familiar than the physician with their own skin.

In addition, dermatologists have the most knowledge on recognizing melanoma, but not everyone visits a dermatologist. A large population of individuals will only visit a primary care physician (PCP) and many PCP's are not properly trained to detect melanoma. The long list of prevention activities PCP's are required to educate their patients on allows little time for melanoma prevention counseling. In one survey of patients (Weinstock, 1999), the majority of patients reported that their PCP never looked at the back of their legs unless they asked them to. This is a common area for melanoma to occur, especially in women. The PCPs also rarely looked at the patient's backs—another common area for melanoma in both men and women. Due to these findings, Weinstock (2006) concludes that it is the patient who plays the most crucial role in detection and prevention by being aware of one's skin. These findings on PCP and detection failure reveal the importance of "follow-up" in the role of the individual in prevention.

Almost all information on melanoma and SSEs will promote a visit to the doctor, reading, "If you see a suspicious skin growth during your self-exam, contact your health professional," (WebMD, 2007). Regardless of whether or not an individual engages in a thorough SSE, it is most crucial to contact one's doctor if they suspect *anything* suspicious on their skin (ACC, 2008). One national study revealed that patients will wait at least 26 days to get a suspicious mole checked by a doctor—which is over three times longer than the average wait time in scheduling an appointment for Botox (Resneck, 2008). This reflects the melanoma detection research in New Zealand which found, "The greatest delay in treatment usually occurs before the first visit to the doctor," (Bulliard & Coz, 1996). If the moles are malignant, it is this delay that allows time for melanomas to stage, hinders the success of treatment, and could possibly

result in death. Therefore, individuals are encouraged to not only recognize the early signs of melanoma, but also seek a medical expert *early*. It is crucial to follow up with a doctor (dermatologist preferably) as early as possible when one spots a suspicious mole, but many individuals are not seeking immediate medical attention early enough, before it is too late (McGee & Williams, 1998).

Conclusions on Prevention Through Early Detection

Due to the positive feedback regarding the ABCDE mnemonic device, it will be used as a guide to teach middle school students about prevention. The signs and symptoms represented by ABCDE will be the base of the early detection information presented to students. ABCDE is simple, clear and easy to remember, but because of the limitations discussed by Weinstock (2007) and the American Cancer Society (2004), the acronym will be tested before it is actually implemented into the final deliverable. In addition, the role of the individual will be emphasized in the prevention message. Although doctors are the ones who diagnose melanoma, the DVD will highlight the importance of working in conjunction with their physicians and taking anything suspicious to be checked by a doctor right away. If it is easier to use a partner to perform an SSE (i.e. parent, sibling, friend, etc.), it is also important to incorporate them into the SSE process. Ultimately, it is the patient's responsibility to conduct regular SSEs and be most familiar with their own skin. If anything seems suspicious or abnormal on their skin, students will be encouraged to take the "next step" and seek medical attention before it is too late.

VII. TARGETING THE TEENAGE AUDIENCE

In order to create an effective health initiative, it is important to have a greater understanding of past health initiatives aimed at changing the behavior of the target population. Several campaigns target middle school students in regards to nutrition, exercise, tobacco and

drug use. Although these campaigns are not about skin cancer, it is important to review their goals and evaluations to learn what works when it comes to changing behavior in middle school students.

VERB, It's What You Do, (CDC)

Through TV, print and online mediums, this campaign encouraged physical activity among 9-13 year olds by marketing the behavior as “cool, fun, and a change to have a good time with friends” (Huhman et al., 2005). Just after one year, the levels of reported physical activity during free time increased especially for 9 to 13-year-olds. Among 3,120 youth surveyed, 74 percent were aware of the VERB campaign, exceeding the goal of raising awareness to 50 percent of 9 to 13-year-olds. According to the CDC (2007), the more exposure a child or teen had to VERB, the more physically active they were. Audience research analysis revealed that mastery, peer acceptance, competition and fun were aspects of physical activity that resonated best with this age group (Huhman et. al., 2005).

In the evaluation of VERB, there was a positive correlation between awareness and behavior outcome (i.e. free-time physical activity). It is important to note that the VERB campaign did not use the typical “do it, it's good for you” approach to market exercise among youth. Instead they used mass media and pro athletes to market the behavior as “fun, easy and accepted among peers.” As revealed in evaluation, these strategies were extremely effective strategies for influencing physical activity in this age group.

Truth®, American Legacy Foundation

This anti-smoking campaign marketed the “truth” about tobacco as a brand for teens ages 12 to 17-years-old. The success of this campaign is rooted in their research of branding. Research revealed that teens use branding as a form of self expression, and it is due to this characteristic of teens that make tobacco brands some of the most successful brands in the

world (Vallone, 2006). The *Truth* competed with other tobacco brands in the industry and successfully reduced the prevalence of teen smoking—adjusting beliefs and attitudes among the population about smoking which influenced their intention to engage in the behavior (Vallone, 2006). The campaign took the following spin to shift the core beliefs of attitudes and beliefs among teens.

- Cigarette companies lie
- Cigarette companies deny that cigarettes cause disease
- Taking a stand against smoking is important to me
- Not smoking is a way to express independence
- Smoking makes people your age look cool or fit in (Vallone, 2006).

Exposing teens to the truth about tobacco companies encouraged the need to rebel. It is important to note that the messages implemented never preached and never condemned smokers. Instead, they used concept such as “Think, Don’t Smoke” through television PSAs, print, and online commercial advertising to relate to a sensation-seeking audience.

After the first year of the *Truth* campaign, 75 percent of all 12 to 17-year-olds evaluated could accurately describe at least one truth ad. With confirmation in the awareness of *Truth*, 66 percent surveyed were more likely to say they would not smoke in the coming year. As a result, current smoking rates among students between 1999 and 2000 declined from 25.3 percent to 18.0 percent: *Truth* accounted for about 22 percent of the total declined smoking rates in youth smoking (Vallone, 2006).

Conclusion of Past Behavior Messages Marketed to Teens

Changing behavior is one of the hardest things to do, especially among an audience that considers themselves “invincible” to negative health consequences. Both of these campaigns showed a positive correlation in awareness in regards to behavior change. The success of these behavior messages marketed to teens can be attributed to their spin on the behavior. Neither

campaigns “told” the teenagers what to do. Instead, their edgy and unique deliverables engaged the sensation seeking audience and marketed the behavior as a collaboration effort—exercise as fun to do with your friends, and teens not smoking as a generation rebellion against the tobacco industry. Through these campaigns, it can be learned that in order to successfully market behavior change to teens, one must consider their sensation-seeking characteristic: re-inventing the spin on messages they have already heard engages this audience, which in turn, raises their awareness. Most importantly, increasing awareness can lead to positive behavior change.

VIII. ENVIRONMENTAL SCAN

An environmental scan was conducted through the internet to analyze the current skin cancer awareness and prevention efforts within schools. The following skin cancer programs were evaluated to understand how media is being used to implement prevention and awareness messages to students, how skin cancer initiatives are being incorporated into school lesson plans, and finally, how students are being engaged in these programs to care about a topic that has mainly been targeted to older populations.

Sunguard Your Skin (The Coalition of Skin Cancer Prevention in Maryland)

This is a two-lesson curriculum being used in hundreds of private and public schools in Maryland as well as other parts of the world. SunGuard Your Skin distributes a teacher’s guide, student booklet, parent letter, and video—all free of charge—to promote sun safety to students. In addition, the SunGuard Man mascot travels throughout Maryland to give sunscreen to children and adults. SunGuard Man also engages children and their parents in his skin cancer prevention message online through his interactive games, animated adventure videos, and photo album. SunGuard Your Skin uses the “SunSafe Community” model to promote sun safety through schools, child care centers, recreation areas, physicians’ offices and media. The program

has been proven thus far to have a positive impact on student's knowledge, attitudes and beliefs on skin cancer prevention (www.sunguardman.org, 2008).

Sunny Days, Healthy Ways (Arizona Cancer Center)

This sun safety curriculum teaches skin cancer prevention skills to children in kindergarten through 8th grade. Specifically at the middle school level, teachers are provided with six lessons which include background information for the teacher, lesson goals, objectives, time requirements, vocabulary lists, introductory activities, main content, related activities, summaries, a 64-page color student workbook, and additional resources such as the website which provides up-to-date information and support. Recommended by the CDC and ACS as a national resource for schools teaching skin cancer prevention, this program has been systematically evaluated in the past ten years and proven to be effective in increasing knowledge, forming positive attitudes and improving sun safety behaviors. Students and teachers continue to find SDHW convenient, engaging and effective (CDC, 2006).

SunSmart America Curriculum

This curriculum is adapted from the Australian SunSmart program. In this program, seven 45-60 minute lessons are taught to students in school, emphasizing ABCDE and how to detect malignant moles. In it's evaluation, the greatest improvement was seen in the student's ability to correctly define the five rules of early detection (ABCDE), with improved change scores by gender and race continuing after six months (Geller et al., 2005).

SunSmart School Programs (Australia)

This program contains the "Sunburnt Country" video (Taylor, 2005) which is distributed to schools to raise awareness on skin cancer and the dangers of UV radiation. This video examines the multi-factorial issues surrounding young populations and skin cancer. It is accompanied by a teacher guide, notes and a worksheet for students and discussion questions.

Project S.A.F.E.T.Y (Sun Awareness For Educating Today's Youth) (The SHADE FOUNDATION and The University of Texas M.D. Anderson Cancer Center)

This three-lesson curriculum teaches skin cancer awareness and prevention to students grades 4-12, through interactive CD-ROMs and a 90-page Teacher's Guide. Students have access to animated graphics, streaming video, lessons, optional activities, and a glossary of medical terms (The Shade Foundation, 2007). Through pre and post testing (2002), Project S.A.F.E.T.Y has impacted students through positive attitudes and behavioral changes toward sun safety.

Conclusion of Environmental Scan

Current skin cancer prevention campaigns targeted at students in schools are being implemented through a multimedia approach. Successful interventions engage students through interactive lessons, using CD-ROMS, internet, videos and workbooks. Through these mediums, campaigns have increased student awareness on skin cancer, but more importantly, they have promoted positive attitudes. The media used in the school curriculum engages the students to take an interest in skin cancer and what they can do to protect themselves. Learning through multi-medias grabs and holds attention, which improves learning (Mayer & Moreno, 1998). It increases awareness and creates positive attitudes, which is attributed to the engagement in positive skin cancer prevention and sun safety behaviors.

It is important to note the overwhelming focus on sunscreen in messages targeted to young students. This competing message is also implemented through television PSAs, television news broadcasts, and websites. In addition, an increase in tanning awareness messages in relation to skin cancer is being targeted at young populations and being seen across television, radio, and web. Although these messages have become more popular, the prevalence of melanoma and the incidents of death among this population reveal that these messages are ineffective. However, due to their prevalence, they will be reviewed and considered in developing of concepts and

messages, in addition to the analysis of the school curriculums discussed for the environmental scan.

Despite the success in implementing positive attitudes towards skin cancer prevention in students, there is still a lack of emphasis on promoting SSEs and the importance of early detection for prevention, which are the elements being highlighted in The Foundation's "new" approach to reducing melanoma among young populations. As revealed through successful health initiatives for teens, new approaches to health messages are the key to attention engagement, leading to positive attitudes and a higher change for behavior change (Huhman et. al., 2005; Vallone, 2006). It is crucial to back this "new" initiative with theory to create sound concepts and messages for the final deliverable.

IX. THEORY

To effectively communicate the risks of melanoma and the idea of SSEs to middle school students, theoretical ideas will be applied in regards to their current characteristics and behaviors. This will allow an understanding of their behaviors and lack of effective melanoma prevention behaviors, providing perspective on overcoming the barriers to solve the problem.

Health Belief Model

The Health Belief Model (HBM) (Becker, 1974; Janz, Champion & Strecher, 2002) will be used as a guide to motivate middle school students to engage in preventive melanoma behaviors. This theory addresses the target audience's points of resistance in terms of their underlying beliefs about a health problem and its prevention or cure, pin pointing the individual's perceptions of popular opinion for roles and behaviors appropriate for their social circle and culture (Janz et al., 2002). HBM will be broken and applied to the MEF's initiative:

In order to get middle school students to accept the behavior of engaging in SSEs and not tan, their perceived *susceptibility* and *severity* of melanoma needs to be increased. They will need

to see the increased likelihood of developing melanoma if they start/continue tanning and do not perform SSEs. The concept of susceptibility describes the individual's belief on the likelihood of developing melanoma. Severity illustrates how serious and problematic contracting melanoma would be to the students. Even though the students may have heard that melanoma can be deadly, and tanning increases their risk of getting melanoma, the target population does not feel a high susceptibility or severity of developing melanoma. This may be especially true since many have not been exposed to anyone with this disease. Unless the student's perceptions are changed to ones that are higher, it is very unlikely that their behavior will change (engaging in SSEs and stop tanning). The intervention needs to portray the negative effects of melanoma in addition to the high likelihood of developing melanoma later in life as a result of their current behaviors. Additionally, the student's perceived *benefits* and *barriers* to engaging in SSEs and not tanning must be considered. Perceived barriers are all those things that an individual believes is hindering them from engaging in SSEs or not tanning, and perceived benefits are the rewards an individual believes they will receive from engaging in SSEs and not tanning. The desire to be tan and the lack of time in their lives prohibits them from making SSEs a priority. The DVD will attempt to instill the perceived benefits that SSEs are important because they will save their lives and allow them to live a normal teenage life. The DVD will also play into their vanity and show that SSEs and not tanning will lower their risk of melanoma, and lower the possible physically damaging effects. These perceived benefits need to outweigh the perceived barriers in order for a more likely behavior change to take place. The student's *self-efficacy* in doing regular SSEs is also an important factor to consider. Self-efficacy describes the audience's confidence in their ability to take action. The DVD will need to provide them guidance on how to perform this desired behavior. Finally, the DVD needs to factor in some very personal and specific *Cues to*

Action. These specific stimuli will push the individual to the point where they adapt to the behavior of doing SSEs once a month, consistently. The messages will discuss the issues of the negative effects of melanoma (both physical and lifelong effect). This is intended to elicit strong emotions in the students. Promoting awareness on avoiding the physical effects of melanoma and providing information on how to prevent these effects will be their specific cues to action.

Theory of Planned Behavior

Secondly, the Theory of Planned Behavior (TPB) (Ajzen, 1988, 1991) will be used as a guide in this intervention. According to this theory, the audience's *attitude*, *subjective norms*, and their *perceived behavior control* to performing regular SSEs and reducing the risks of melanoma need to be accounted for. Together, these concepts will lead to their *intention* and then eventually the actual *behavior* of regular SSEs. The students' attitude toward regular SSEs should be considered when analyzing their current *behavioral beliefs* and the way they *evaluate the outcomes* of this behavior. This includes learning about what they think will happen, and if they think it will be a positive or negative outcome in terms of doing regular SSEs. Their *normative beliefs* and *motivation to comply* are also both extremely important in assessing the subjective norm surrounding consistent SSEs. To assess this, it is necessary to learn how their peers and other important people in their lives view doing SSEs (positive or negative) and see if they care enough to comply to do regular SSEs. Finally, to target their perceived behavior control, students will be shown that regular SSEs are a controlled behavior that is up to each individual. Their *control beliefs* will be considered, tackling the factors and resources that impede SSE behavior, as well as their *perceived power* by learning how they weigh these control beliefs. Showing students that SSEs are simple, not time consuming and virtually effortless will give them a higher perceived power.

Stages of Change

Changing a behavior is a very lengthy and difficult process. For this reason, the Stages of Change Model (Prochaska, 1996) will be used as a guide. This Model will pinpoint where the students are in the behavior change process in order to gauge what can be done, with reason and theory. The model contends that there are six stages individuals go through when making a change in their behavior: *precontemplation* (when they have no intention of changing their behavior and have no even thought about it), *contemplation* (when they begin to weigh the pros and cons, and have some intention of taking action within the next six months), *preparation* (when they are collecting information and intend to make a change within the next 30 days), *action* (when they have changed the behavior within a six month framework), *maintenance* (when the behavior change becomes routine, perhaps with some relapses), and *termination* (when they have complete self efficacy and have reached a stage where there is no temptation to go back to the old ways). Any communication plan must depend on the stage at which the given population is in (Prochaska, 1996).

The target audience is in the precontemplation stage. They have no intention of doing SSEs or reducing their risk of melanoma. Much of this can be attributed to their lack of knowledge and exposure to melanoma, or their low susceptibility to skin cancer at their age (MEF, 2007). The goal of the new DVD, is to move the target audience to the contemplation stage, where they will intend to take action in the next six months, and then eventually prepare them for engaging in regular SSEs.

To do so, the students' awareness of melanoma and their personal risks of melanoma must be increased. In the precontemplation stage, students will be given sufficient information about melanoma in order to weigh the pro and cons of engaging in regular SSEs. They will be provided with the information necessary to learn about their risks of melanoma, as well as the

information on SSEs—how to perform them correctly, when to do them, what to look for, and the most convenient times to do them during their busy lifestyles.

To move them further to contemplation, the messages in the DVD must motivate the students with specific encouragers, emphasizing the positive outcomes of performing regular SSEs, and give enough information about reducing their risks of melanoma. The messages must make them realize that the pros of reducing their risks of melanoma and engaging in regular SSEs outweigh the cons. It is also very important to provide them with ways to overcome their perceived barriers to reducing their risks of melanoma and doing regular SSEs. These barriers are discussed in the HBM and TPB sections.

Finally, it is necessary to break down the environmental constraints preventing them to move towards the behavior change. As acceptance amongst peers is very important to middle school students, the new video will show SSEs and reducing melanoma risks as a social norm among the students, especially in the classroom. For a person to perform the given behavior, there has to be no environmental constraints that hinder the behavior from occurring (Ajzen & Fishbein, 1980).

Although it is the goal of the MEF to have students physically engage in SSEs once a month, the goal of this specific project is to prime the students into actually making these changes. For this reason, the video aims to move them from precontemplation to contemplation and eventually to preparation. Many of the students who view the video in middle school will continue to view another video from the SkinChecks® lesson plan in high school. It is in high school where they will receive a more in depth lesson on melanoma and skin checks. The hope of the Foundation is to move the older teenagers into the action stage.

Therefore, if the middle school students are motivated enough to participate in the ideas and concepts of regular SSEs and reducing their individual risks of melanoma, the video will

have reached the goal of “preparation”. Students who will consider part-taking in reducing their risks of melanoma and engaging in SSEs in the next 6 months, and then intend or plan to engage in these preventative behaviors will have gone from precontemplation to contemplation and then preparation.

The model states that in order to move between stages, the population must possess *self-efficacy*. As covered in the HBM, the intervention will target students' self-efficacy by instilling confidence in them to perform regular SSEs and reduce their individual risks of melanoma. Showing SSEs as an easy, virtually timeless and effortless behavior (which only takes 10 minutes once a month), will increase self-efficacy of students.

Factors that would inhibit the accessibility of regular SSEs include lack of supply for the lesson plan, discontinuation of lesson plan, and lack of motivation to students from their health educators. Efforts will be made to assure that these situations do not occur.

Activation Model

The Activation Model (Donohew, Lorch & Palmgreen, 1998; Donohew et al., 1980) will be used to engage this sensation-seeking audience to engage in SSEs and melanoma prevention behaviors. This theory works on the assumption that humans have needs for stimulation. Attention is a function of the level of need for stimulation and the level of stimulation provided by the message (a stimulus). High sensation seeking (HSS) elements in messages will attract, hold attention and persuade high risk takers to avoid behaviors (Helme, Donohew, Baier & Zittleman, 2007). HSS elements are defined as sensor evoking, affective and arousal responding strong, visual effects that make media more intense and exciting. These can include suspenseful or intense music, multiple cuts and edits, unusual lighting and camera angles, zooms, and close-ups (Helme et al., 2007).

This theory will be applied to the production of the new educational video because it reflects the target audience's high desire for entertainment and HSS elements. Their short attention levels are accommodated by the fast and flashy messages targeted at them through the culture of cell phones, text messages, internet and virtual devices (Packaged Facts, 2005). They are attracted to messages and mediums that stimulate their sensations.

Teenagers are also HSS in their associations with risky health behaviors (Helme, 2007). The Activation Model has been used in past interventions for drug and alcohol prevention among teens—common risky behaviors associated with HSS personalities (Helme, 2007). Tanning is also a high risk behavior among this audience. Although many teens may know that tanning is not good for their bodies, they will continue to engage in this behavior for reasons including the desire to be physically attractive and their invincible attitude towards melanoma (Melanoma Education Foundation of New England, 2007).

As described by the Activation Model, individuals seek messages for information that also fulfill their need for entertainment. The Model also suggests using high sensation stimulants. For a DVD these would include close ups and documentary style camera angles, mixed with entertaining music, natural sound effects, and multiple cuts and edits. These effects will echo the style of their most watched television shows, providing emotional impact and engaging elements to the HSS audience.

It is important to note that persuasive messages must have the sufficient level of arousal value in order to be effective, because too powerful or too pallid messages can turn away the individual to seek another source of stimulation (Helme, 2007). To ensure this doesn't happen, the concept of "show, don't tell" will be applied—the information will be presented in a way where the viewer will be allowed to experiment the story for themselves. According to Documentary Storytelling (2004), "Too often, films *tell* us what they are suppose to think

through the use of heavy-handed narration, loaded graphics, or a stacked deck of interviews”—this will be avoided in the production of the new film.

Entertainment Education

Entertainment Education (EE) (Singhal & Rogers, 1999) will be used to integrate the MEF's messages into a film that will be entertaining to the students. Modeled from the Social Learning Theory (Bandura, 1977) and the Theory of Reasoned Action (Ajzen & Fishbein, 1975, 1980), EE works because people learn from modeled behavior—where good behaviors are rewarded and bad behaviors are punished (Bandura, 1976). In addition, repetition, rehearsal of behaviors and attention to modeled activities within the story line enhances modeling. Powerful entertainment can shape perceptions and behaviors of viewers through the use of television shows, movies, and music. These mediums can reinforce existing behaviors, demonstrate new behavior, and affect audience emotions (CDC, 2006).

EE is used to educate audience members about public health issues that affect their daily lives (CDC, 2006). According to the CDC (2006), 88 percent of people in America learn about health issues from television—making it an ideal and affective outlet for communicating health messages and positive health behavior.

In the development of the ideas of this project, the principles of EE will be borrowed. It is understood that many messages in EE are imbedded into prime time television dramas as a result from outreach efforts of Hollywood advocacy organizations. This project does not fall exactly into the criteria for EE. However, in order to integrate health communication theory into the production of the DVD, this theory will be used for the purposes of *entertaining* the students while *educating* them on melanoma prevention behavior.

Documentary Storytelling

There are certain accepted guidelines that practitioners use to create an effective and compelling DVD. As discussed in the Activation Model, engaging an audience to participate and telling a story for greatest emotional appeal is the most difficult in film narratives (Bernard, 2004). Additionally, it is critical for filmmakers to produce a piece where the audience is not just “watching” the characters on screen, but instead, feel they are in the moment with them. Documentaries and films need to be active rather than passive. Moments of conflict, climax and resolution need to create emotional impacts on the audience in order to get them to care about what will happen (Bernard, 2004). These guidelines will be used in the production of the DVD to create an effective and compelling piece for middle school students.

METHODOLOGY

X. FORMATIVE RESEARCH

Although the literature reveals the effective impact of multi-media on American youth in promoting health awareness, it is necessary to understand the audience's attitudes and knowledge on melanoma and SSEs. It is also important to learn what messages resonate best in teaching awareness and prevention videos. These findings will reveal ways to integrate what *the students* want to see with what *the MEF* wants to teach them.

Focus groups allow a large amount of interaction with participants, and can be used to engage their attention (Morgan, 1997). But there is a lack of focus group research on melanoma awareness in middle school students, while many surveys and interviews have been conducted for formative research. Therefore, Catherine Yeh and Steve Fine decided focus groups would be the method used to better understand the target audience in regards to their attitudes and knowledge in melanoma and SSEs, and provide deeper insight to the MEF's newer approach to awareness and prevention. Each focus group conducted is described.

Focus Group Descriptions

After approval from the Emerson College Human Research Subjects Committee, three focus groups with students (ages 10-14) were conducted at middle schools in the MEF's network. Two were conducted for message and concept development, and one was conducted for concept testing.

Each school that participated was recruited by Steve Fine and Catherine Yeh. Principals and health educators were invited through e-mail and phone to have their students be a part of the MEF's initiative. After approval from the Principal, Catherine Yeh sent each health educator a letter explaining the objectives of the focus group (See Appendix B). In addition, each health educator was sent parent letters and parental consent forms (See Appendix C & Appendix D).

Recruited students were given one parent letter and two consent forms by their health educator (one to be signed and returned to their teacher and one for their own records). It is important to note that students were unable to participate unless the consent forms were signed.

Each focus group had 10 students selected by their health educator to represent the socioeconomic and demographic population of the school. In addition, Catherine requested for health educators to recruit an even amount of boys and girls with different interests and personalities to better represent the overall student body. All students attended schools in middle class suburban areas of Massachusetts with a high percentage of fair skin residents. This would offer valuable insight and opinions related to melanoma awareness and prevention. Students answered questions based on a moderator guide developed by Catherine and reviewed by Steve (See Appendix E).

Focus Group 1 & 2—Message & Concept Development

Two 90 minute focus groups were conducted to better understand the target audience in order to develop an effective message and concept on promoting SSEs and raising awareness on melanoma. These focus groups also aimed to understand students' views and opinions on past prevention and awareness video clips and learn about their current attitudes and knowledge about melanoma. The first focus group was conducted with 4 boys and 6 girls at West Middle School in Andover, Massachusetts on December 11, 2007. The second focus group was conducted with 3 boys and 7 girls at Joyce Middle School in Woburn, Massachusetts on January 16, 2008. These students were all of different ethnicities, but predominately fair skinned.

Both focus groups were video recorded and facilitated by Catherine Yeh. Focus groups were also attended by Gary Ashwal, MEF high school DVD producer and Emerson College graduate student. Catherine and Gary took thorough notes in case the video recorder did not pick up all comments made by the students.

Each participating school received a Sun Facial Analyzer machine from the MEF. In addition, each student received a \$25 cash incentive for their participation in the focus group. Students were also informed of the focus group objectives, the MEF's goals, and their individual rights (See Appendix E). Students were notified multiple times of the voluntary nature of their participation, which would not in any way affect their incentive. They were warned that images shown could be unsettling, but had been widely used and viewed by many teenagers who didn't reflect any strong disturbing emotions towards the graphics (See Appendix F). Students were also warned before the images appeared and could opt not to watch or participate in the discussion as they pleased. Students were notified that all reports, tapes and notes from the focus groups would not be revealed to anyone outside the MEF. Catherine collected signed parental consent forms upon the start of the focus group. Students were given their incentives after completion of the focus groups.

Results of Focus Groups #1 & 2—Message & Concept Development

Focus groups revealed an overall lack of knowledge and awareness on melanoma and SSEs. Although a handful of students from each focus group had heard of melanoma, the majority of students were unaware of the severity and their susceptibility. For example, students who had heard of melanoma before said, "It comes from sun rays, tanning, and UV radiation." They related surgery, pain and even death to melanoma. Despite this, the general consensus of students' individual susceptibility to melanoma was low. One boy said, "I could be at risk, but I don't think I'm affected. I'm having fun in the sun and not thinking about it." A few believed, "You usually only get it if you live in the North and South poles." In addition, none of the students had heard of SSEs or had any idea of their importance in prevention.

To further discuss melanoma and SSEs, and learn about developing effective message and concept designs, PSAs and clips from past melanoma initiatives and *The Dark Side of the Sun* (2005), were condensed into the four short video files (See Appendix F).

1. Personal Narratives

Students were very surprised to see young people with melanoma. “I didn’t think it could happen so young,” said one girl. Students thought the scars on the melanoma patients in this video clip were, “worse than I thought it would be.” Students could relate to the young patients in this video, which increased their awareness and susceptibility of melanoma. They could also relate to not wearing sunscreen in the summer and not thinking about SSEs at their age. Students believed narratives of young Australians, Clare Oliver and Benjamin Foley, made the biggest impact—Oliver was filmed looking “healthy” in the hospital but did not know if she was going to survive, and Foley had a huge melanoma scar on his back, but still sunbathed on the beach with his friends. These personal narratives were “surprising” to the students which grabbed their attention and made them think about their susceptibility to melanoma.

2. PSAs

Several PSAs using a variety of tactics including humor, music, and fear were shown to students. Overall, students were intrigued by the PSAs and felt they wanted to tell their friends more about melanoma. An Australian PSA which showed a tanning bed turn into a coffin caused a lot of discussion. “It shows there’s no hope if you go tanning,” said one student. A skin check PSA by Olay® made students laugh, as they watched a man strip down to his underwear on a busy street to get a “free skin check”—all while a happy, upbeat melody was heard in the background. Although students were laughing, they all felt it was unrealistic and the humor and music distracted from the seriousness of the message. “It’s

embarrassing!” said one student. Although students understood the message of SSEs, students were not receptive to the humorous spin; whereas, fear tactics using graphic images were most well received, and intrigued the students. After watching these types of PSA, students reported believing melanoma was a very serious matter.

3. Do You Know Your ABCDE's?

Students had never heard of ABCDE for SSEs. They also believed SSEs were unnecessary for them or Massachusetts residents. “We have colder weather, shorter summers, so we don't really do skin checks,” said one student.

After watching video clips showing how to do an SSE, students felt SSEs would take too long. Boys especially wouldn't want to ask their peers or parents to help check their skin. Many believed school and after school obligations were things more important than SSEs. “We have enough to worry about as it is,” said one female student. Although students felt ABCDE was a unique way to remember what to look for, many could not easily recall what each letter stood for.

Overall, students listed laziness, lack of time, and low priority as barriers in doing routine SSEs. Boys were especially uncomfortable with asking for help. After seeing these video clips, students believed they would think about SSEs and maybe do them a few times. Students also agreed they would most likely tell their friends about SSEs, but believed personally knowing someone with melanoma would motivate them more to take the time to engage in SSEs.

4. Who Will You Listen To?

Students watched melanoma awareness messages delivered by real doctors, an actor who played a doctor, students, and family members of Mollie Biggane, who died from melanoma. Students did not like messages that were long because they lost interest. They wanted

narrators to get to the point and not hear more than they needed. They also liked being surprised. For example, some students were very surprised to learn that melanoma can even happen in your mouth and eyes.

Overall, students thought the most believable messages were communicated by Mollie's family members and the actor who played a doctor. Students were unaware that this "doctor" was an actor. In addition, the "doctor" had a fake tan, but students did not notice or question his credibility.

Students liked the narrators who delivered messages with "sincerity". Engaged students said these narrator's had personalized messages. "Like when he says, 'YOU can be affected,' it's more powerful." This tone was empowering for students, which was a similar reaction to the messages from personal narratives. "Using one of the melanoma people will be best since we can relate to them and it would be most believable and powerful," said one student.

At the conclusion of the session, each student wrote out their five favorite songs and their favorite television shows to help Catherine understand the entertainment preferences and the culture of the target audience. It was significant to collect music preferences because music is an important emotional outlet for teens, especially for teen girls (Packaged Facts, 2005). These findings would be applied to the style of the final deliverable. Students favored songs and television heard and seen on MTV and Disney channel. Specifically, they preferred contemporary pop music and reality television shows. This data was extremely reflective of the teen market research on the similar tastes of TV networks in this age group (Packaged Facts, 2005). In addition, "young teens prefer to watch dramas, reality shows, and situation comedies," (Packaged Facts, 2005). This was also reflected in the results of the focus group.

Summary of Focus Groups 1 & 2—What Was Learned, What's To Come...

These focus groups provided insight into the attitudes and beliefs of melanoma in regards to the target audience's characteristics. A lack of awareness and knowledge on melanoma and SSEs was evident among these middle school students. Personal narratives from young people with melanoma increased their perceived severity and susceptibility to melanoma. Students were receptive to messages to take preventative action when they could 1) relate to the narrator, 2) when they felt the narrator was sincere, 3) when they were surprised (or engaged), and 4) when they were empowered. The developed concepts and messages for the DVD incorporates these elements, but also considers the mixed feelings of students on the content of the early detection messages, such as the complexity of ABCDE and the unwillingness to take time to engage in SSEs or ask for help.

Another important note was the students' surprised and engaged reaction to graphic images of surgery and skin scars. PSAs using fear appeals stuck out most when recalling messages. Theories rooted in fear appeals were not applied for this project, due to the research which reveals their ineffectiveness—strong fear appeals can produce high levels of anxiety which can hinder message acceptance (Millar & Millar, 1996). However, for the development of the concept and message, fear tactics are considered to encourage the positive response observed in the focus groups—the high recall and spark of discussion of the PSAs using fear appeals among the students. Additionally, concepts and messages developed integrate the music and television style of MTV and Disney Channel. All the findings aide the development of the concept and final messages to raise the students' severity and susceptibility of melanoma to promote positive attitudes on SSEs.

Focus Group # 3—Concept Testing

Finally, one 90 minute focus group was conducted on March 14, 2008, for the purpose of concept testing. Participants included 5 boys and 5 girls from Cloakley Middle School in Norwood, Massachusetts. This focus group followed the same recruitment and implementation guidelines and procedures as focus groups # 1 & 2 with the following exceptions:

- 1) Students were not videotaped
- 2) Gary Ashwal was not present (See Appendix G, H, I).

Students viewed three short concepts were developed using the data gathered from the previous focus groups. These concepts were presented to the students in a story board format using Microsoft PowerPoint, containing text, animation, graphics and personal narrative formats—elements which students in other focus groups felt strongly about when listening to melanoma messages. Each personal narrative illustrated a different concept about melanoma and SSEs, and the consequences of the disease to increase severity and susceptibility.

1. *Should've, Would've, Could've* (See Appendix J).

The hook of this concept was what a teenager “should, would’ve and could’ve” done to prevent melanoma. This was illustrated through the story of a young boy named Zach, whose friend spotted a suspicious mole on his back during soccer practice. The mole was bled when he pushed it. Zach was a “tough” boy, so he decided not to say anything because it was “no big deal.” By the time he mentioned it to his Dad and went to the doctor, it was already too late for it to be “no big deal.” Zach had to have serious surgeries to remove his melanoma. An animation from the video, *Gear Up* (M.D. Anderson, 1995), used in Projects S.A.F.E.T.Y. was included to explain the science of melanoma, and how skin cells, like Zach’s, mutate and spread cancer. Zack’s message

was, “I *should've* been aware of my moles, I *could've* done SSEs, and if I had waited any longer to say anything, I *would've* possibly died.”

2. *Melanoma Isn't Pretty* (See Appendix K)

The hook of this concept was the irony of tanning: teens go tanning to be more attractive (or to look “pretty”), but the future result(s) from tanning is not attractive or pretty. This concept was illustrated through the story of a young woman named Kathryn, who liked being tan, just like all her friends. Being a New Englander, Kathryn didn't get much chance in the sun, so she made regular trips to the tanning booths. Kathryn felt “pretty” with a tan, but she learned the consequences were not pretty: scars, surgeries, and side effects from chemo such as hair loss and severe weight loss. Kathryn's message was, “no tan is worth what I had to go through.”

3. *It's For The Rest Of Your Life* (See Appendix L)

The hook of this concept was being young and a cancer patient forever. This concept illustrated the severity of melanoma and importance of SSEs, because “one little mole” can turn out to be something that is much bigger. A young girl named Amanda shared the consequences she endured from melanoma, which included long doctor appointments, lost times with friends, continuous mole surgeries, not being able to go out in the sun like she used to, and the multiple scars on her body. Amanda's message was, “I'm 15 years old, and I will always be a cancer patient.”

Focus Group # 3 Concept Testing Results

These three concepts were tested to determine which would be most effective for the final deliverable. The concept testing learned what types of graphic images, animation and characteristics of melanoma survivors had the strongest appeal. Initially, the participants in the focus group described themselves with a low susceptibility to melanoma because they were not

in the sun a lot. Only one girl admitted she had gone tanning. Most had not heard of melanoma. When discussing the severity of skin cancer in general, they believed lung cancer and breast cancer were more severe health issues.

Overall, students had a positive reaction to all three concepts. They enjoyed hearing the personal narratives; however, six out of 10 students favored *Melanoma Isn't Pretty*. The results for each concept are outlined below:

1. Should've Would've Could've

The boys related to Zach because he was, “a cool guy that plays soccer.” Another said, “it would be even cooler if it was football,” and his male peers agreed. All students understood the concept of taking immediate action on suspicious moles, before it is too late. Students also related to Zach because they wouldn't say anything to a parent initially either. After seeing the consequences, they agreed they would now act differently.

Students enjoyed the surgery images, and suggested to include more to make the concept better. They disliked the animation of the spreading melanoma and mutating cells. Many laughed at the mean faces on the mutating cells which they called, “stupid.” They also said it made them dislike the concept. They preferred to see more explicit animation instead of cartoons made for children because it was not authentic. Students liked the phrase, *Could've*, *Would've*, *Should've*, because it was catchy and informative on the idea of taking action before it is too late.

2. Melanoma Isn't Pretty

This concept was favored among the participants. Many students said Kathryn's story made them never want to go in the sun or tan again, while some believed they probably still would because they enjoyed being in warm weather and not looking pale. They said this concept was best because there were lots of graphics which showed the consequences of

melanoma. Particularly, a surgery graphic of an open wound caused the most reaction, and students spoke about how this image “stuck out” and “surprised” them. They also believed this story was the most informative. Students could relate to Kathryn because she enjoyed being in the sun and felt attractive with a tan. These relatable characteristics engaged students and created a liking for Kathryn, which was why they liked this concept best. The students were split between the title, *Melanoma Isn't Pretty*, and liked the ending line, “no tan is worth what I've been through.”

3. It's For The Rest Of Your Life

This concept was also well received, but students did not like it more than *Melanoma Isn't Pretty*. The students understood the underlying concept of the lifetime consequences of melanoma. Students were indifferent about the featured character, Amanda, but felt bad for her because she had to have every suspicious mole taken out. Like the other concepts, they said their favorite part was the graphic images (this concept showed Amanda's scars). The students did not have any opinion about the title of this concept, but thought the ending line, “I will always be a cancer patient,” was really sad.

Summary of Focus Group # 3 Concept Testing

Overall, the students believed these concepts were motivational and empowering. Seeing the characters and hearing their consequences from a first person perspective gave them reason to be aware of melanoma and SSEs. Students were more focused on graphics, so they favored the concept with the most graphic images. This was the main reason they favored *Melanoma Isn't Pretty*. It is important to note that students had a hard time focusing on the actual concept and message of the story because they were distracted by the characters and the images. This is a common occurrence in concept testing, and usually requires more experience to overcome this limitation.

It seemed that students may have liked other concepts more, but did not vote for them because of a lack of graphics. In addition, students felt peer pressured to vote for certain concepts such as concept 1. One boy in particular said he thought Zach's story was "kind of boring," but then voted for it as a favorite in the end when he saw other boys in the group vote for this concept.

Regardless, all the concepts made an impact on the students, where they could recall details of the stories and remember unique consequences each character endured due to their lack of awareness and prevention. Students believed the stories for all three concepts were interesting; however, surgery images and the story line in *Melanoma Isn't Pretty* were best received.

The concepts were effective in raising awareness on melanoma and SSEs. A few students mentioned that they wouldn't initially think anything if they saw a new or suspicious mole, but these stories had motivated them to engage in SSEs and tell a parent if they ever saw anything suspicious. Others mentioned they would want a doctor or parent to check their skin to be sure. They believed the stories were beneficial in learning about melanoma and SSEs, especially with graphic images. Students related the use of graphic images with a "cool" health video they previously saw on lung cancer. This video featured a man who was missing part of his face from his cancer. This discussion revealed the power of graphic images on this audience in raising awareness and recalling messages.

Finally students related these narratives to those on the MTV's series, *True Life* (Stieglitz, 2005, 2006). Specifically, students spoke of characters from episodes about tourette syndrome and obsessive-compulsive disorder. They thought all the characters they saw in the concepts would be effective, but since Kathryn's story was the best, it should be saved for last.

The results from this focus group are incorporated into the final concept and message, and paired with theoretical behavior, the literature review and results from focus groups 1 & 2. This is further discussed under “final concept” in the Communication Strategy section.

RATIONALE FOR OVERALL COMMUNICATION STRATEGY

XI. AUDIENCE ANALYSIS

An effective communication strategy targets messages to the audience in regards to their characteristics such as their preferences, needs, current behaviors, beliefs and media interests. In using the Stages of Change model (Prochaska, 1996), it is important to understand the target audience to develop messages framed towards their current stage. Through the analysis of the literature review and formative research conducted in Massachusetts middle schools in the MEF's network, the following characteristics were important to consider in the development of the final DVD:

Beliefs on melanoma and SSEs:

- Students have little to no knowledge on SSEs and melanoma.
- Students believe ABCDE is an easy acronym to follow; however, there is poor recall and understanding of what each letter stands for.
- Girls have higher self-efficacy than boys to perform SSEs and ask for help.
- Students think it is helpful to see how melanoma develops.
- Students are unsure of the term "lymph nodes".
- Students find it hard to pay attention to educational television or videos.
- After learning about Students consider melanoma a threat, but not large enough to encourage friends and family members to do skin checks or perform skin checks on each other monthly.
 - Students feel it is something they may do a few times, but will eventually forget.
 - A bigger health "threat" is HIV/AIDS, smoking/lung cancer, and breast cancer.

Lifestyle & Character

- Generally, students enjoy music, television, group activities, new technology, vacations, and beaches.
- Middle school students struggle with self identity, and finding their "niche."

- They strive to be “unique.”
- Physical appearance is important, especially for girls.
- Students trust parents and teachers.
- Students are preoccupied with school and extracurricular activities.
- Family, friends and school are among the most important things.

Media Preferences

- Music they enjoy are top 10 billboard hits—contemporary pop.
- Students enjoy reality style television shows on Disney, MTV and Fox.
- Students look up (emulate) to celebrities and older students.
- Students enjoy watching things that are high sensation seeking.

Summary of Audience Analysis

These characteristics were applied in the development of the final concept, message and deliverable. However, in order for the message to effectively reach middle school students in the MEF's network, it is also important to address the characteristics which pose as obstacles to engage in SSEs. These include:

- Their short 15-20 minute attention span.
- Their perceived view of SSEs as a complicated, sometimes awkward, and time consuming behavior.
- Their low perceived susceptibility to melanoma, and low threat if SSE not performed.

The communication strategy for this project addressed these points of resistance. A creative brief was developed to outline the goals, objectives and strategy to overcome these obstacles in order to engage students in the messages and final deliverable.

XII. CREATIVE BRIEF

The creative brief integrates the audience analysis, data gathered from focus groups, literature review, and behavioral theory (See Appendix M). Steve Fine approves these important elements to be consistent with the MEF. These elements of the creative brief guide the development of the final concept and message:

Goal: To increase awareness of melanoma and SSEs among middle school students in New England.

Objectives:

Think: I understand what melanoma is, what it looks like, what the risk factors are and how I can reduce them.

- My peers and I should pay attention to my skin and perform SSEs every month to monitor changes.
- I will act when I see a possible danger sign.

Feel: Melanoma is a life-threatening disease that can kill or disfigure my peers and I if we do not start preventing ourselves from it NOW by—

- doing regular SSEs .
- protecting ourselves from UV rays (not tanning).

Do: Reduce individual risks of melanoma by being aware of moles through SSEs, tell SOMEONE (a parent) if any suspicious moles or marks are found, and avoid unnecessary UV Ray exposure (tanning beds).

Key Promise: If my friends and I perform regular SSEs and not tan, then we can prevent melanoma before it becomes fatal or necessitates disfiguring surgery

Supporting Statements

- Melanoma is usually discovered by patients, not doctors.
- Melanoma can occur in unexpected places.
- Melanoma is nondiscriminatory (age, sex, and ethnicity).
- Monthly SSE is associated with greatly reduced melanoma mortality.

Tone: Youth culture driven, authentic, high sensation seeking, high shock value and attention grabbing.

Summary of Creative Brief

The creative brief is the arc of the final deliverable. The key promises, supporting statements and tone for the DVD were elements that supplemented the goals and objectives. The key promise promotes the benefits of the recommended behavior. This is intended to give students the “solution” to the problem at hand, and also increase their self-efficacy and

normative beliefs in regards to SSEs and reducing the risks of melanoma. The supporting statements further explain why the key promise outweighs the barriers. The underlying tone of the concept and messages reflect the style which resonates best with the target audience to communicate these elements. This is reflected within the framework of the DVD which is inspired by a documentary storytelling three act arc.

XIII. THE FRAMEWORK

The DVD's "documentary style" is encouraged through the target audience's positive feedback and media preferences for reality television styles such as MTV's *True Life* series, where teens are educated on health topics through the lives of young people who are personally affected (Steiglitz, 2006). The Kaiser Family Foundation (2008) recognizes this series as a powerful form of entertainment education which is effective in raising awareness to this audience. For these reasons, this reality documentary style will be used to engage students, and allows creative room to incorporate the important elements discussed within the creative brief. Bernard (2004) provides a traditional documentary frame work, outlined below:

ACT 1: The first quarter of the DVD introduces the characters, so the audience knows *who* and *what* the story is about, and also what is at stake. This is called the "inciting incident" which develops the emotional peak and conflict.

ACT 2: This is the longest section of a documentary. In Act 2, the pace increases and complications emerge. There are unexpected twists which drives greater emotional peaks. Stakes continue to rise, and new information is built.

ACT 3: The final act is the last quarter of the DVD. In Act 3, the character(s) "approaches defeat." Tension is intensified up until the last few moments where the tension pushes in resolution.

The documentary style best fits the students' desire to watch and hear messages from real survivors. In addition, documentaries engage the audience because they feel they are "in the moment" with the subjects and ads great emotional appeal (Bernard, 2004). Therefore, this framework is applied to the final concept and the development of the final deliverable.

IX. THE FINAL CONCEPT

The final concept message combines the three preliminary concepts developed and tested in the methodology section, with literature, theory, and data gathered from the focus groups. A final concept was chosen and redeveloped which best fit the important elements of the creative brief and the documentary storytelling framework.

Although *Melanoma Isn't Pretty* was favored in the concept testing focus group, it only focused on one part of the awareness objectives and goals of the MEF. As mentioned in the methodology section, students had a hard time focusing on the messages and were distracted by character and images. In addition, the students had an overall liking for all three concepts, but favored the one with the most graphic images. Students also liked the phrase and idea, "Should've, Could've Would've." For these reasons, the final concept emphasizes graphic images and is named, "Should've. Could've. Would've" (See Appendix N).

The *Should've Could've Would've* concept promotes the need to take action *now*, before it is too late. The final concept uses personal narratives of sincere, young, relatable and approachable melanoma survivors to engage and motivate the students. As revealed in focus groups, relatable characters also raise the audience's perceived severity and susceptibility of melanoma.

The messages of "no tan is worth what I've been through" and "I will be a cancer patient for the rest of my life" are also included to raise severity and susceptibility. As seen in concept testing, these messages arouse emotion in students. The importance of SSEs and UV ray protection are discussed through the depiction of what the survivors' "should've, could've or

would've” done. This promotes the key promise and motivates students to engage in the recommended behaviors.

This final concept is written into the documentary storytelling framework and integrates behavioral theory to effectively communicate melanoma awareness and the importance of SSEs to middle school students in New England.

XV. IMPLEMENTATION

The Documentary Subjects

Through the Melanoma Patient Information Pages (MPIP), a network website for melanoma survivors, and the MEF, three young melanoma survivors from New England are cast to effectively communicate the final concept through their personal narratives.

Subject 1:

Kathryn Sweeney is a 23 year old female, born and raised in Norwood, Massachusetts. Kathryn was diagnosed with stage 3a melanoma right after she graduated from Bridgewater State College. Kathryn agreed to participate in her third month of her interferon treatment—after losing 30 pounds and a lot of her hair. She relates to the target audience because she understands and remembers the pressures of being tan in Massachusetts public schools. She was also an avid la cross player throughout middle school, high school and college. Kathryn never knew about SSEs, and although she knew she could “possibly” get skin cancer from tanning, she continued to tan throughout her teen and young adult years to keep up with the trend. She labeled herself an “obsessive tanner” who went at least 3 times a week. Kathryn is friendly and outgoing. She is recently engaged to her college sweetheart, who also grew up in Norwood.

Subject 2:

Ashley Lindsey is a 15 year old female from Rockport, Maine. She is a sophomore student at Camden Hills Regional High School. Ashley was diagnosed with stage 3a melanoma

when she was 12 years old. She is two years out of treatment but still goes to the dermatologist and oncologist continuously to keep track of her moles and take care of her skin. Ashley was not in the sun in the summer time, has never tanned, and always takes precaution in the sun. Ashley also endured interferon treatments and painful surgeries on her foot and inner thigh to remove the melanoma and the affected lymph nodes. Ashley also had substantial weight loss, loss of hair, and many scars from her treatments. She relates to the target audience because she was diagnosed when she was in middle school. In addition, she never believed cancer could happen to someone so young. Ashley is just starting to grow into her own skin, and coping with being 15 years old and a cancer patient “for the rest of her life.” She agreed to participate in the DVD to promote this message.

Subject 3:

Ramsey Lafayette is a 23-year-old male from Bangor, Maine. He is a senior student and football player at Harvard University. He was diagnosed with stage 3a melanoma when he was 18-years-old. He is three years out of treatment but still continues to follow up with a dermatologist, oncologist, and takes preventative measures to protect his skin. Ramsey is a subject that many young boys can look up to and relate to with his leadership roles and versatile interests—captain of his high school football team, class president, an active member of math club, chess club and jazz club, and now a Harvard student who also plays on the defensive line. Ramsey agreed to participate in this DVD to share his unique story of how his life suddenly took an abrupt stop. Now that he is back on track, he wants young students to learn from his past and understand that melanoma can happen to anyone, which is why it is so important to reduce your risks and engage in SSEs.

Summary of Documentary Subjects

Catherine cast melanoma survivors with individualistic and unique stories, which promotes the MEF's message on the importance of SSEs. Their stories also raise awareness of melanoma in young populations and the risks of melanoma in regards to age, location, and behaviors such as tanning. Finally, these three survivors symbolize the concept of "should've," "could've," and "would've" within the documentary storytelling framework.

Application of Theory

In developing the script for the DVD, theoretical ideas are paired with characteristics of the target population discussed in the audience analysis. Specifically, the Health Belief Model, the Theory of Planned Behavior, Stages of Change, Activation Model, and the principles of Entertainment Education are applied within the framework of the documentary storytelling.

Health Belief Model

In order to motivate middle school students to engage in the recommended preventative melanoma behaviors, the DVD heightens the target audience's perceived *susceptibility* and *severity* of melanoma. Through the personal narratives of the documentary subjects, students should see the negative consequences of tanning and not engaging in SSEs such as physical scars, surgeries, and loss or normal teenage lifestyle. This establishes a perceived threat of melanoma. The severity and susceptibility of melanoma also increases through animation and graphics that explain the nature of how melanoma develops in the body. This shows the process of how UV rays can damage the skin, mutates cells, and spreads to the lymph nodes.

Additionally, the DVD decreases their perceived barriers by showing that SSEs is not time consuming. The subjects in the DVD plays into the target audience's vanity by showing that SSEs and not tanning actually lower their risk of melanoma which lowers the physically damaging effects of melanoma such as severe scars. In turn, the perceived *benefits* are demonstrated by showing that not tanning and engaging in SSEs makes them look better

and healthier (without scars and physical disfigurement). Students should see that the small amount of time to engage in an SSE could provide these benefits, and prevent physical and lifestyle deformities (i.e. scars and missing out on being a normal teenager). These benefits outweigh the *barriers* of the lack of importance of SSEs, their vanity, and their lack of “time.” The documentary subjects also display that SSEs are simple and can also be done with the help of an adult. The subjects discuss the ease of doing SSEs and the signs and symptoms one should be aware of. Subjects will also discuss *when* they do their own skin checks. Students see that doing SSEs are the only way to catch melanoma before it permanently disfigures them and their lifestyles. This leads to the final message, to tell an adult if they find anything suspicious. Students who relate and trust the subjects in the DVD will have an increased *self-efficacy* on engaging in their own SSEs and asking an adult for help.

The subjects provide personal and specific cues to actions through their stories on their “should’ve, could’ve and would’ve’s” in regards to how to prevent melanoma. Students can hear and see the physical and lifelong effects of melanoma from the eyes of the subjects. This intends to elicit strong emotions, especially those who relate to the subjects. All these factors should increase awareness and the likelihood of the target audience adopting the recommended actions of not tanning and engaging in SSEs.

Theory of Reasoned Action

The Theory of Reasoned Action states that there are three factors that lead to the intention of taking part in any given behavior: *attitude* toward behavior, *subjective norm*, and *perceived behavioral control*. The DVD creates positive attitudes towards melanoma risk reducing behaviors by changing their current behavioral beliefs and evaluating the outcomes of the recommended behavior. Kathryn’s story about the consequences of her tanning habits

should spoil the target audience's behavior belief that not tanning and protecting their skin makes them less attractive. Other behavioral beliefs include the low importance of SSEs. Personal narratives from the documentary subjects dispel this belief through the discussion of their "should've, could've and would've's"—showing students that SSEs saved their lives, and if they had been more aware sooner, they would have suffered less consequences. These consequences aim to promote a positive outcome in terms of doing regular SSEs.

Further, the subjective norms surrounding tanning and SSEs are changed through the influence of the survivors who promote the fact that it is okay not to be tan. As students watch and hear these influential and relatable subjects talk about not tanning and engaging in SSEs, they will be more likely to comply. These reasons should promote the target audience to follow their role models (used in the DVD), and change the subjective norms surrounded around tanning and SSEs.

Lastly, the DVD increases their perceived behavioral control by heightening the student's control beliefs and perceived power. Students are provided with all information on how, when, and why to engage in SSEs and also not tan. To heighten perceived power, SSEs are discussed as simple, not time consuming and virtually effortless. In addition, the documentary subjects encourage the help of a parent and doctor in engaging in SSEs. The documentary subjects do not preach to the students about doing these behaviors. Instead, they show the students that these behaviors are up to each individual. The message of *their skin* being *their own* responsibility promotes a feeling of empowerment to increase behavioral control. The personal narratives and the images of scars and surgeries are reminders that easy and simple behaviors, such as not tanning and SSEs, can reduce these types of consequences.

Stages of Change

Through the messages guided from the Health Belief Model and Theory of Planned Behavior, middle school students should be influenced to move from the *precontemplation* stage into the *contemplation* stage. The personal narratives, graphics, images and animation in the DVD are intended to increase knowledge about melanoma, which increases behavior intentions, such as the likelihood of not tanning and engaging in SSEs. Students are given information in the DVD that allows them to weigh the pros and cons of engaging in regular SSEs through the personal narratives of the documentary subjects. They also understand their individual risks as they watch the DVD. Documentary subjects discuss how to perform SSEs correctly, when to do them, and what to look for. As discussed previously, the subjects also share their should've could've and would've's on reducing their risks of melanoma and emphasize the positive outcomes of performing regular SSEs. This information shows, the pros of the recommended behaviors outweigh the cons, and is a source of encouragement for students to reduce their risks of melanoma. Further, environmental constraints are broken by promoting an accepting message of not tanning and SSEs amongst peers. The relatable and role-model qualities of the documentary subjects should provide a higher acceptance to the prevention messages.

As discussed in the application of the HBM, students' self-efficacy in not tanning and engaging in SSEs should be increased. The self-efficacy is instilled by the DVD to move the students between the two stages. The combination of these factors from the messages implemented moves the audience from precontemplation stage into the contemplation stage of not tanning and SSEs.

Activation Model, Entertainment Education, and Documentary Storytelling

The concept of the Entertainment Education theory is imbedded in the script by entertaining students while educating them on melanoma prevention and awareness.

Entertainment also stimulates the target audience, which attracts and holds their attention. As revealed by the Activation Model, teenagers have a high need for stimulation and high sensation seeking messages. The documentary style of the script hopes to stimulate these senses and entertain students—ultimately engaging them to be interested in melanoma and SSEs, and raising their awareness. The elements of Activation Model, Entertainment Education and Documentary Storytelling are discussed in further detail within the framework of the script.

The Script and The DVD (Appendix N & O)

ACT 1:

Act 1 immediately grabs the student's attention by revealing a surprise—three young and very different people, with one thing in common: stage 3 melanoma. This initial fact provides some shock value and provides a reason for the students to keep paying attention.

As Act 1 continues, students are able to relate to the characters because of their age and their versatile personalities and interests. Through the depiction of these characters, Act 1 begins to raise the students' susceptibility to melanoma.

A narrator's voice (voice over or VO) starts the DVD to set the stage of how melanoma is affecting young people. As revealed in the audience analysis, students want listen to people who are relatable and trustable. Therefore, the tone of the VO is, "youthful yet authoritative." The use of this VO should engage students because it mimics a news story, informing students on what is to come. However, after the stage is set, the style of the script turns into a more traditional documentary. This surprise should engage the students further.

ACT 2:

For the purpose of this DVD, Act 2 is about 10 minutes long. Act 2 continues to engage the students, delving into the stories of the melanoma survivors. New information builds to

raise emotions. One survivor reveals her tanning habits, one survivor reveals how she found her abnormal looking mole at a very young age, and one survivor reveals how melanoma struck him despite his lack of sun exposure. These survivors also reveal that it was “almost” too late before they found their melanoma and how it affects their young lives—discussing the “should’ve, could’ve and would’ve” actions in preventing their serious and severe situations.

Through the details of these stories, students’ *susceptibility* is raised even more, as they see similarities in the survivors’ stories to their own lifestyles. The *severity* of melanoma is also raised through the scientific explanation on the development of the disease, and the survivors discussion on how their lives ultimately change forever from one “little” mole.

Students are also able to hear the reactions of other young students in New England to melanoma. These “man on the street” clips, or MOS, capture the candid reaction of students in hallways of schools who may or may not know about melanoma. MOS’s are used to create a “reality” element, as individuals are filmed without practice or a script. These responses are caught on camera. Each MOS addresses the *normative beliefs* of many students in New England, showing the audience that they are not alone if they have not heard of melanoma. The students in the MOS may also have the same *attitudes* as the students who are be watching the DVD, thinking they do not have a high risk for melanoma and SSEs don’t have to be a priority. However, the consequences discussed within the personal narratives should distill these normative and behavioral beliefs to change attitudes and subjective norms of the recommended behavior.

Finally, act 2 shows some graphic images of surgery and scars from stage 3 melanoma. These are similar to the favored images discussed in the audience analysis to further engage

students and drive greater emotional peak. Act 2 displays the reaction of friends and family members who have seen a loved one go through the treatments for melanoma. Students are able to hear and see their reactions. Through these images and reactions, the DVD aims to bring a new light to students on their original attitudes towards melanoma and SSEs right in time for the final act.

ACT 3:

The final act is about 5 minutes. Act 3 reveals each survivor's past as they "approach defeat." While each survivor looks back on their struggle with their treatment, tension rises in the script. They discuss the consequences they suffer from not protecting themselves and/or not being aware of their moles. As the story line intensifies, the survivors think of what they "should've, could've and would've" done to prevent melanoma. Finally, the script resolves as each survivor tells the audience that they do not have to make the same mistakes.

The "should've, could've, would've" become a "should, can, and will," as the survivors motivate the students to protect themselves *now*. The DVD shows graphics and images of the signs and symptoms of melanoma that students should look for when doing a skin check. Survivors encourage students to not only protect themselves from UV rays, but also to engage in SSEs to prevent abnormal moles from getting worse and turning into something more serious.

The call to action is to be aware and act before it is too late. Survivors discuss how *easy* it is to prevent situations like theirs from occurring—only 10 minutes once a month to be aware of one's skin can make a big difference. This part of the script and DVD increases self-efficacy of doing SSEs. Students who relate to these survivors should think, "if young people like them think it's easy to prevent melanoma from disfiguring and disrupting their lifestyle, it really is easy." Also, by having the survivors talk and show them the simplicity of SSEs,

students should believe it is something simple enough they can do themselves or ask someone they trust to help them with. Finally, the survivors encourage students to tell somebody, such as a parent, if they find or think anything on their skin is suspicious.

Summary of Implementation

The script and final DVD raises severity and susceptibility of melanoma, and outweigh the benefits of engaging in SSEs in regards to the barriers. These elements are intended to motivate students to engage in SSEs and really think about melanoma. The script and DVD also aim to promote positive attitudes towards SSEs and melanoma awareness in order to raise their intention to engage in SSEs.

Through the personal narratives of the three melanoma survivors, students should be motivated to engage in SSEs and really think about melanoma. Positive attitudes towards SSEs are promoted along with the importance of knowing about melanoma in order to raise their intention to engage in SSEs. Normative beliefs on melanoma and SSEs from other young students are intended to show the audience how their peers view melanoma and SSEs. Students are given the “freedom” to engage in SSEs or not to engage in SSEs.

As revealed in successful health initiatives towards youth, such as the VERB and *Truth* campaigns, it is important not to preach to students and make them a part of the decision making process of behavior change. This DVD intends to do the same by providing students with the facts on their individual risks, giving them information on how to reduce them through SSEs, but showing that it will ultimately their *personal* choice to comply. Although it is important to provide a “collaborative” outlook on this new behavior, it is also just as important to give each student freedom and power, as the target audience emulates adulthood. As revealed by Barclay & Loudon (2007), teens at this age like making their own lifestyle decisions.

Therefore, this freedom plays into the target audience's desire to be "unique" and "individualistic".

The implementation of behavioral theories and audience research in the script should create a successful deliverable which increases awareness on melanoma. The messages in this DVD effectively communicate the MEF's message on the importance of early detection. However, the success of the messages can only be determined through message testing. This occurs in the future after a few other important creative elements are included into the final deliverable.

CONCLUSIONS

XVI. FUTURE WORK

Voice Over, Graphics, Music Score, and Animation

In the development of the final DVD, Catherine Yeh will work with Stony Hills Pictures and other artists to add voice over, graphics, animation and music. These creative considerations are important for effective message delivery, as discussed in the audience analysis and creative brief.

Music is important because it is labeled as a popular emotional outlet for the target audience. Young teenage girls, especially, use music as an “emotional outlet” (Packaged Facts, 2005). The music will supplement “drier” areas of the video such as the scientific explanation of melanoma and UV radiation. The music will resemble the style of contemporary pop Billboard hits; however, Catherine will work with a composer to ensure that the music matches the tone of the DVD and does not distract from the content and message.

Animation and graphics will be used to explain the science of melanoma, UV rays, and the signs and symptoms of melanoma. These animations and graphics will allow the students to physically “see” the information broken down on the screen so it is easier to digest. In addition, the animation and graphics will engage the students in the content of the video. Catherine will work with a designer and animator to create visual elements to engage and inform the multi-media drive, high sensation seeking, target audience.

Finally, a voice-over will be cast to narrate the introduction, ending and possibly the animated areas of the video. A male voice will balance out the genders in the video—having two female survivors and only one male survivor. Currently, Catherine has selected a few voice actors who auditioned on April 13, 2008 and April 15, 2008 at auditions held at Emerson College.

These actors are able to speak in a “youthful, yet authoritative” tone. The audition tapes of these voice actors will be heard by Stony Hill Pictures and Steve Fine in the casting process.

These important elements will be included in the next cut of the DVD to aide in the communication of the messages within the script. This cut of the DVD will be tested to ensure messages are communicated effectively to the target audience through the personal narratives, animation, graphics, music, and voice-over.

Message Testing

A message testing focus group is scheduled on May 8, 2008 at Stoneham Middle School in Stoneham, Massachusetts at 9:00 AM. Ten students will watch the rough cut of the DVD to assess the effectiveness of the messages. In addition, they will also discuss their opinions on the content, look and feel of the DVD—what they liked and did not like. They will have the opportunities to suggest how to make the DVD better for the target audience. Students will assess the significance of the messages, their attitudes and motivation to comply, and any changes in their perception of melanoma, tanning and SSEs after watching the DVD.

Catherine Yeh will work with Steve Fine to assess these opinions, thoughts and ideas from the focus group. Catherine will take these into consideration in the next cut of the DVD and work with editor, Allyson Sherlock, to integrate the data collected from the message testing focus group in order to promote a successful and effective message through the DVD. Message testing is important in this phase of development to ensure that the DVD is on the right track in regards to the goals and objectives of the MEF.

An additional focus group will be conducted for pre-testing of a drafted final cut of the DVD with inclusion of the cast voice-over, animation, graphics, and music. The opinions and comments from Stoneham students, Steve Fine and Stony Hill Pictures will also be incorporated during the editing process before the final cut is tested.

This 5th focus group will serve as a “pre-test” for the final DVD to determine the effectiveness of the content, and identify the strengths and weaknesses of the DVD in a single execution. This information will aid to improve the DVD before it is dropped on June 15, 2008, and eventually distributed to the MEF’s network schools. Catherine will execute this pre-test phase and assess the effectiveness of the recommended elements:

- “Attention—does the message attract and/or hold the audience’s attention?
- Comprehension—Is the message clearly understood? Are the main ideas conveyed?
- Personal Relevance—Does the target audience perceive the message to be personally relevant?
- Believability—Is the message and/or its source perceived as believable?
- Acceptability—Is there anything in the message that may be offensive or unacceptable to the target audience?” (NIH, 1980).

In addition, Catherine will gather feedback from professionals involved in health awareness and prevention initiatives. Steve Fine and the MEF will watch the video in the pre-test phase to ensure the final DVD includes the goals and objectives of the Foundation. Others who have agreed to screen the DVD include: Dr. Sherry Wallington, a postdoctoral fellow at Dana Farber Cancer Institute, specializing in the effects of mass media in the development, implementation, and evaluation of cancer communication interventions; Juan Mandelbaum, founder of independent media company, Geovision, Inc.; Cindy McKeown, producer at WGBH in Boston; and Dr. Martin Weinstock, director of the Division of Dermatoepidemiology at Brown Medical School, who is cited throughout this paper. The input and feedback from these individuals will be extremely valuable in the improvement and evaluation of the final DVD.

All the feedback and comments will be analyzed and further incorporated into the final DVD to ensure that Catherine Yeh, delivers an effective product for the MEF. The true success of this deliverable, however, will be determined after it is implemented in New England middle schools. This will be discussed further in the Evaluation section.

Follow-Up

The audience analysis reveals the high sensation seeking characteristics in middle school students drive them to be avid internet users. In fact, most middle school students use the internet not only for educational purposes but also for entertainment (Packaged Facts, 2005). Depending on their level of engagement in the DVD, students may want to follow-up or learn more. Although The SkinChecks® Lesson Plan refers students to the MEF's website, it may be beneficial for students to be able to connect with the survivors featured in the new DVD. This type of approach is popular for students' favorite television shows, where the reality television subject posts blogs and follow-up information to further engage the audience. Catherine recommends the MEF to consider a follow-up section on their website of the documentary subjects to continue the awareness message and draw more visits to the website. However, this is only a logical next step for the MEF if there is a desire from students, and also if there are benefits that outweigh the financial costs. To determine this, it is necessary to evaluate the effect of the final deliverable.

XVII. FURTHER FORMATIVE EVALUATION

Evaluation addresses the way in which an initiative influences knowledge, attitudes and behavior on a specific audience. According to Flay & Cook (1989), "a unique feature of evaluation is its concern with questions of effectiveness, how a program causally affects those who receive its services at an acceptable level of quantity and quality." In addition, evaluation questions the audience, implementation, impacts, cost, and causal process. Together, these six elements provide a basis to evaluate the success of a health initiative, and are used specifically in prevention campaigns with a mass media component (Lay & Cook, 1989). These elements are recommended by Catherine Yeh for the formative evaluation of the final DVD.

Catherine recommends a longitudinal evaluation through written surveys to assess the success of the final deliverable in the dissemination of the awareness messages to middle school students in New England. It is important to evaluate the level of awareness on melanoma and SSEs among this target audience before the implementation of the DVD. This will be compared to the level of awareness on melanoma and SSEs among the target audience after implementation. Catherine suggests the evaluator conduct these pre-tests and post tests within multiple middle schools in New England. It is also suggested to evaluate the awareness level of melanoma and SSEs among middle schools students in New England who have never had exposure to the DVD. This can be compared to the level of awareness in students who viewed the video, and be valuable when assessing the six elements recommended by Flay & Cook (1989)—how the audience is affected by the message, the effectiveness of the implementation of the message and the actual DVD, the impact it had on students, the comparative costs, and learning the causal process of why specific effects did or did not occur.

Finally, a two year timeline is suggested for this evaluation to allow time for a mid-evaluation at the one year mark to assess the effectiveness of the deliverable. Any recommendations during the mid-evaluation can be reviewed and considered by the MEF into the SkinChecks® Program, before the next school year to aim for an increased level of awareness on melanoma and SSEs.

It is important to note that the ultimate goal of the MEF is to save lives through awareness of melanoma and provide students the tools to prevent melanoma related death. In order to assess the reach of the ultimate goal, data must be gathered on state and national mortality rates related to melanoma.

Through a longitudinal formative evaluation, the MEF will be able to gather outcomes data and better understand the reasons behind the success or lack of success in the messages of the deliverable. Although Catherine believes the use of research, formative data collection,

behavioral theory in the creation of these messages, and the process of concept testing and message testing will attribute to an effective awareness initiative, it is also important to address the issues which could possibly hinder this success.

XVIII. LIMITATIONS

There are a few limitations which have occurred and could still occur in the creation, development and implementation of the final deliverable.

Time Limitations

The biggest limitation in this project was the lack of time in the creation of the final deliverable. Catherine Yeh began this project in October 2007, and the final deliverable is still in the development process seven months later. The average timeframe for the Applied Learning Experience is about four months to research literature, conduct formative research, create and test concepts and messages, and finally develop the implementation plan of the project. Catherine began the research of this project early, and received IRB approval to conduct focus groups with middle school students by late November. She was able to conduct one focus group by December 11, 2008. The second focus group did not occur until January 16th and the third did not even happen. Although this may be a normal timeframe for other ALE's, Catherine was running on a tight schedule (Appendix P). Due to the need to develop a creative agenda for the production company, and to ensure that the development of a rough cut by May 5th, Catherine was unable to conduct her third focus group.

In addition, the nature of documentary film making or any film development is a lengthy process. Creative briefs, script writing, music, animation and graphics are all elements that require review and approval. Sometimes many versions of these elements are done before the producer, director, media company and employer are satisfied with the product. Further, documentary subjects and voice-overs require auditions and casting—all things that require

time. Above all, the nature of this project required the use of behavioral theory and relevant research, which adds on more time in the review and approval process of documentary film development.

Although the time constraint may have limited the development of better tested concepts and messages, it is important to note that Catherine is continuing to develop the final deliverable. Despite the May 5, 2008 deadline for the Applied Learning Experience, the final DVD will not be dropped to the MEF until June 15, 2008. This continuation allows time to sufficiently test the messages of the DVD, properly cast the voice over, and work with artists to create effective animation, graphics and music.

Production Limitations

As noted by the production team, the timeline in which this project was conducted was a reversal of traditional documentary films; however in order to create this deliverable in the manner of effective health communication initiatives, it was necessary to conduct the research before developing the script. This is different from traditional documentaries where the footage is shot, a script is molded, and then “research” is conducted through pre-screening (Bernard, 2004). Although the goal of creating an educational film based with research and theory may have been achieved, the limitation of traditional production could hinder the artistic value of the final deliverable.

Focus Group Limitations

The nature of the target audience created limitations in the focus group sessions, and revealed some difficulties in the analysis of the research collected. As discussed, the intended third focus group was not conducted due to time constraints. In addition, the third focus group was not conducted due to the strict and protective nature of school boards and authorities. Principals of middle schools were not keen on allowing their underage students participate as

“human subjects” for research. Moreover, they disliked the video-taping element of the focus group request. Although Catherine Yeh eventually stopped requesting video-taped focus groups, it was already too late in the production time line to conduct a message development focus group. This was also partially due to the schedule of middle schools in Massachusetts, which is the second limitation of focus groups.

The production timeline clashed with Massachusetts public schools calendars, which had many school breaks during the weeks in the production timeline reserved for message and concept development (Appendix P). Catherine was forced to analyze the data she had collected from two focus groups and continue to the next step of developing concepts to test.

Other limitations within focus groups are a result of the characteristics of the participants. Catherine was reminded of the short attention span of the target audience when conducting the focus groups. The first two were between 60 to 90 minutes long. These sessions lost a number of participants who lost interest after 30 minutes. Although Catherine made an effort to engage the participants, the lost of interest may have hindered the results of the focus groups.

Students were recruited by health teachers. Although Catherine and Steve Fine specifically asked for a group which represented the student body of the middle school with different personalities and interests, teachers did not always follow these instructions. The first group had extremely smart students, many carrying advanced text books. It was valuable to hear opinions of intelligent and gifted students, but it did not provide more generalizable data for the target audience. The other focus groups had a better mix of personalities and interests, but did not always have an even amount of boys and girls. Finally, in the concept testing focus group, the personalities of a few selected participants were very dominant. Although everyone participated, the flow was sometimes disrupted by uninterested students who voiced attitudes

and rude comments. Perhaps the timing of the focus group (after school on a Friday) could be partially attributed to this attitude. In addition, the health teacher from the third focus group was extremely inquisitive of the incentives that would be distributed to the students. Catherine was e-mailed multiple times on how much students would receive and exactly when they would receive it. This health teacher explained to Catherine that the students were the ones who were eager to know. This leads to suspicion that students were only participating for the incentive, which would also hinder data collected for concept testing.

The overall uneven distribution of personalities and gender may have disturbed the formative research collection, but Catherine was able to gather data from different types of students to aid in the development of the final message and DVD. These limitations may or may not have really disrupted the development of a successful message, but this can only be learned from evaluation.

IXX. CONCLUSIONS

This DVD will be included as part of the SkinChecks® Program which will supplement the lessons about melanoma in over 250 New England middle schools. This new DVD should successfully increase awareness on melanoma by informing the target audience about melanoma, how to reduce their risks, and prevent it through SSEs.

The messages in this video are created to the target audience's appeal. Health Belief Model, Theory of Planned Behavior, Stages of Change, Activation Model, Entertainment Education Theory and Documentary Storytelling elements are theoretical frameworks that allow the creation and implementation of messages that will move middle school students to think about their risks of melanoma and SSEs. All aspects of the DVD are carefully researched and tested to ensure success among this target audience. Through the thorough literature review, formative data collection, and the eventual feedback and evaluation that will be implemented, it

is believed that the final DVD will elicit positive responses to melanoma awareness and SSEs in middle school students in New England. This in turn, should provide a decreased future risk of melanoma for this population, reflecting and achieving the goal of the Melanoma Education Foundation—to save lives through the education of melanoma and SSEs.

XXI. A PERSONAL NOTE

I would like to say that I have never felt anything like the feelings I have experienced through the Applied Learning Experience. Never have I been so stressed, but so happy at the same time, and I must admit as the end is here, it's now overwhelming...

In the past 7 months, I have applied everything I have learned in my undergraduate and graduate studies to the development of this DVD. Most importantly, I learned a tremendous amount of new information about the use of media for health communication. The ALE has provided the opportunity to integrate my passion for health and media, and truly test the knowledge and skills I acquired through the Health Communication program at Emerson College, in collaboration with the Tufts University School of Medicine. The application of this knowledge and skill set is the back bone of my final deliverable.

In my personal journey, I embarked upon the field of Health Communication in my junior year at Michigan State University. Through my curiosity in the tanning fad among girls on campus, I created *The Sun Goddess Project* in Dr. Kami Silk's campaign analysis class. Through Dr. Silk, and Dr. Maria Lapinski's guidance at MSU, I found the drive to apply my passion for television production and reporting on health beats, specifically to youth, at the health communication program at Emerson College. It is ironic that the subject which sparked my interest for health communication is the same subject that became my ALE.

Now, as I look to the next step, I realize I am about to embark into my first "real world" experience, and my first time in 14 years without school. Although this causes some anxiety, I

am confident in succeeding, wherever that may be. Through this project, I have realized the depth, magnitude and value in everything I have learned, and I am able to apply it to something as great as this. I believe the challenges that were presented to me through the ALE are the types of challenges which I will see again. I have a greater understanding for the importance of communication, following-up, following-through, presentation, dedication, independence and collaboration. Additionally, the nature of film production, media companies, and documentary storytelling are other skills which I have acquired. I realize the importance of theory for effective health communication, and I am grateful I have acquired the skills to apply theoretical frameworks to the development of health messages. All these elements have aided in my personal character, which I am confident, will make me a credible, experienced and unique individual in my next step. I attribute these lessons learned to a few special people.

Thank you to Dr. Steven A. Fine and the Melanoma Education Foundation, who provided me with this incredible experience. Dr. Fine's dedication to melanoma awareness and prevention is incredibly motivating, and it has been a pleasure to work with such a knowledgeable and passionate individual. Special thanks to Allyson Sherlock and Kathryn Hall of Stony Hill Pictures whom made the production of the final deliverable possible. Special thanks to Gary Ashwal, who said in the beginning, "I won't let you drown if you don't let me drown," and went above and beyond the call of duty to keep his word. Most of all, thanks to Dr. Timothy Edgar for his support and guidance through the ALE and the past two years of graduate school. He has taught me the theories and skills necessary for successful health communication development and implementation.

So as this project concludes, I say, I have never felt the way I do. Although it is the most stress I have ever felt, I realize it is the most passionate and enjoyment I have every felt for

anything I have ever done. I know this feeling is what drives those who are successful in their field, and for this reason, I know my next step will be a reflection of my ALE project.

In one of my anxious office visits this year, Dr. Edgar told me that as one gets older, one finds that success and happiness is also often marked by stress—which is an underlying emotion behind effective projects. But in reaching one's goals, the stress is somehow shaved away through the achievement of success. Although I have not mastered this balancing act, I believe I will get more practice in my next steps. Through this experience, I know Dr. Edgar is right, and this gives me faith that as long as I'm doing what I'm passionate about, it will all balance out. To be able to learn this in this period of my life is something I am forever grateful for, and I cannot say thank you enough.

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APPENDIX A
PRODUCTION BUDGET

Production Budget		
Item	Date	Amount
Stony Hill Pictures		
SHP Contract Payment 1		2,000
SHP Contract Payment 2		4,000
SHP Contract Payment 3		7,380
TOTAL		13,380
Focus Groups		
West Middle School Participant Payments	12/11/2007	250
West Middle School Snacks	12/11/2007	25
Joyce Middle School Participant Payments	1/16/2007	250
Joyce Middle School Snacks	1/16/2007	25
Cloakley Middle School Participant Payments		250
Cloakley Middle School Snacks		13
<i>Stoneham Middle School Participant Payments</i>	5/8/2008	250
<i>Stoneham Middle School Snacks</i>	5/8/2008	20
TOTAL		<i>1083</i>
Maine Filming		
Food	4/4/2008	48
Hotel	4/3/2008	80
TOTAL		128
Transportation		
Lindsey Family Meeting (Maine)	4/2/2008	174
Tolls from Maine	4/2/2008	5
Cloakley Focus Group	4/14/2008	47
Maine Filming	4/3/08-4/4/08	216
Tolls from Maine	4/3/08-4/4/08	16
Ramsey Filming	4/13/2008	26
<i>Stoneham Focus Group & WGBH</i>	5/8/2008	100
TOTAL		<i>584</i>
Cast		
Voice Over		200
Music		500
Animation		600
TOTAL		<i>1300</i>
Gifts and Miscellaneous Charges		
Ashley Lindsey Gift	4/6/2008	28
Lindsey Family Gift	4/6/2008	81
Ramsey Gift	4/10/2008	25
<i>Kathryn Gift</i>	4/30/2008	25
TOTAL		<i>159</i>
TOTAL COST		<i>16634</i>

**Italicized texts are estimates of future costs*

APPENDIX B
LETTER TO TEACHER

Date

Dear Name, Title:

Thank you for inviting me to meet your class in December 2007 and January 2008 (Date to be determined). As we previously discussed, during this meeting I will host a formal focus group to gather critical input from your middle school students regarding their attitudes and knowledge related to malignant melanoma and skin checks. I'll also be discussing messages of past skin cancer prevention videos, e.g. what parts of the message was effective and what they liked or disliked.

Enclosed please find a supply of study introduction letters and parental consent forms. Each student in your class should receive an introduction letter and two consent forms. The second copy of the consent form is for parents' records. Please distribute the letter and parental consent form as soon as possible. Students are requested to return the letter on or before the meeting date (in December 2007 or January 2008—date to be determined). If students should return the signed consent form to you before the meeting date, please remember to bring the consent form with you to the focus group.

We are offering a \$25.00 compensation to students who participate in this study. Ten students will be selected as participants for the focus group discussions. These ten will reflect the demographic and socioeconomic status of the school. Although participants are being selected by you, the only guarantee of their participation is their signed parental consent form.

*****Only students who return their signed parental consent form will be allowed to participate in the focus group. Participation in the study group is completely voluntary. Students can choose to withdraw at anytime without penalty.**

If you should have any questions or concerns, please contact me immediately at 248-410-8190 or yeh.cat@gmail.com. I will call you within the next week to follow-up.

Thank you in advance for your help. Your assistance is important to the success of this focus group.

Sincerely,

Catherine Yeh
Project Coordinator
Emerson College Graduate Student

Steve Fine, PhD
President, Melanoma Education Foundation

APPENDIX C
LETTER TO PARENTS

Date

Dear Parent:

My name is Catherine Yeh, and I am a graduate student at Emerson College in Boston. I am currently working with the Melanoma Education Foundation on a new video to raise awareness of a very important issue—malignant melanoma skin cancer and skin checks. According to the American Cancer Society, melanoma is the most common cancer in young adults ages 25-29, but it can also occur during teenage years. Most sun damage occurs before age 20; however, less than one-third of U.S. youth ages 11-18 practices protective sun behaviors to protect themselves from sunburns and skin cancer. State and local education agencies and schools have implemented skin cancer prevention campaigns focusing on protective sun behaviors, but melanoma among youth is still on the rise.

The Foundation believes an effective approach to prevention is to educate middle school students about skin cancer and the importance of early detection by doing routine skin checks. The new video will emphasize skin checks, because it is the key to prevention and successful treatment.

In order to create a successful video, I need critical input from middle school students regarding their attitudes and knowledge related to melanoma, skin checks, and past prevention videos. On (date to be determined), your middle schooler is invited to attend a focus group meeting. At that meeting, I plan to host a 90 minute focus group with the teens and their middle school student peers. The questions will cover topics such as the student's current knowledge of melanoma and skin checks, their knowledge of skin check behaviors, and the types of messages and content that they find most effective in melanoma prevention videos.

The focus group meeting will be video recorded and transcribed for accuracy purposes. The video will only be visible to Catherine Yeh and members of the Foundation. All information shared at the focus group will be kept strictly confidential, and the video will be destroyed after transcription.

Participation in this focus group is voluntary, and participants can choose to withdraw at anytime without penalty. We are offering a \$25 compensation for participation in this study. **Although they have been selected by their teacher, they will not be allowed participation without your consent.** In order to participate, your teenager must bring in their signed parental consent form.

Attached please find the parental consent form to allow your teen to participate in the focus group. The second copy of the consent form is identical to the first, and is for your records. If you should have any questions or concerns after reading the consent form, please don't hesitate to contact me at 248-410-8190 or yeh.cat@gmail.com. Your teen's input is extremely valuable! Thank you in advance for your consideration.

Sincerely,

Catherine Yeh
Project Coordinator
Emerson College Graduate Student

Steve Fine, PhD
President, Melanoma Education Foundation

APPENDIX D
INFORMED PARENTAL CONSENT FORM

INFORMED PARENTAL CONSENT FORM

Purpose of this Focus Group

The purpose of this focus study is to learn how the Melanoma Education Foundation can best communicate with middle school students on issues related to melanoma and skin checks. For example, do middle school students prefer to receive information on melanoma in a video from a narrator who is a doctor or a person close to their age? The focus group will help the project coordinator, Catherine Yeh, Emerson College Graduate Student, to determine the current level of middle school student's knowledge related to melanoma and skin checks, and the perceived cost and benefits of engaging in skin checks. The focus group will take about 1 hour, and will be held during the scheduled meeting on (date to be determined).

Confidentiality

Participation in this focus group is voluntary. At any time participants may leave the focus group and not be penalized.

We are offering a \$25.00 compensation to students who participate in this study. Ten students will be selected by their teacher as participants for the focus group discussions. However, **the participant must have a signed parental consent form in order to participate.**

The focus group meeting will be video recorded and transcribed for accuracy purposes. The video will only be visible to Catherine Yeh and members of the Foundation. All information shared at the focus group will be kept strictly confidential, and the video will be destroyed after transcription. In addition, no one except the study team will have access to any participants' responses or personal information. Responses will not be connected to participants' personal information, including names, in any way.

Potential Risks Associated with this Study

There are minimal risks associated with participating in this focus group. The topics of the study deal with middle school student's personal opinions, thoughts, feelings, and behaviors around melanoma and skin checks. In this study there is the chance that participants may experience feelings of discomfort or various emotions related to melanoma, especially if the participant has been personally affected by skin cancer. *All participants have the option to skip questions, refrain from discussion, or terminate participation at any time during the study.* The study moderator, Catherine Yeh, will encourage all participants to express any and all feelings of discomfort during the study. All concerns will be immediately addressed, and the group will not continue until the teen is comfortable sharing information or decides to decline answering the question.

Finally, during the focus groups, previous campaign materials (video clips) for middle school students and teenagers on melanoma and skin checks will be distributed and viewed. There is the chance that some teens may find these images and video clips unsettling because they will reflect metastasized melanoma or scars from body parts affected by melanoma; however these images have been widely used in the past for teenage audiences and have not reflected any disturbing emotional responses. Participants will be told that they have the option not to view any or all of the images or video clips before they are distributed.

As mentioned above, confidentiality is a priority of this study. All information gathered from this study will be accessible only to Melanoma Education Foundation staff, and Catherine Yeh. None of the responses given during the study will be linked to personal identifiers.

Finally, participation, or lack of participation, in this study will in no way affect your teen's grade in the class.

Potential Benefits of Being in the Study

The benefits of participation in this study include the opportunity to provide important suggestions and opinions on how the Melanoma Education Foundation can be most effective in reaching its goal of increasing melanoma and skin checks awareness for middle school students. Participants are ultimately contributing to a campaign that may dramatically improve the quality of life for tens of thousands of teens at risk for melanoma. In addition, as a result of their participation, teens in this study may directly benefit from skin checks.

Contacts:

For questions, please contact Catherine Yeh at 248-410-81901 or yeh.cat@gmail.com. You may also contact Steve Fine, President, Melanoma Education Foundation at 978-535-3080. If you (or your teen) believe that any member of the research team violates any ethical standard or acts inappropriately during the course of the study, you can contact Donna Schroth, chairperson of the Human Subjects Committee at 617-824-8612 or [Human Subjects@emerson.edu](mailto:HumanSubjects@emerson.edu) to report your concerns.

If you choose to allow your teen to participate, please read and sign below

I have read the above statement of Informed Consent, understand the description of the study, and have received a copy of this informed consent statement to keep. I understand that if I have questions about the study, I can direct my questions to Catherine Yeh. I understand that my teen's participation is voluntary and that he/she can leave the focus group or withdraw from the study at any time.

Name

Signature

Date

APPENDIX E
FOCUS GROUP 1&2 MODERATOR GUIDE

FOCUS GROUP I&2 MODERATOR GUIDE

Moderator: Catherine Yeh, Study Director, Emerson College
Co-Moderator: Gary Ashwal, Graduate Student, Emerson College

Supplies: Video or audio recorder, note-taking materials, pens and paper for participants, flipcharts, markers, video and DVD player, TV, copies of previous skin cancer and skin check videos for teens, snacks

Introduction (5 minutes)

Hello everyone, and welcome! My name is Catherine Yeh, and I will be facilitating today's focus group. And, this is Gary Ashwal. He is a graduate student at Emerson College, and will be helping me take some notes during this focus group. Thank you all for agreeing to participate in this focus group, and for returning your signed parental consent form. Just to confirm, has everyone here turned in their parental consent form? Great! **(If anyone has not, ask them to leave the room until the focus group is over. Make sure room is available where teen can do homework, or relax.)** As you know from the introductory letter you received, we will be talking today about melanoma and skin checks.

Specifically, we would like to hear your ideas about how to better reach middle schoolers through a video with information about melanoma and skin checks. With over 8,000 people dying from malignant melanoma this year alone, and about 59,940 new cases of melanoma being diagnosed, Melanoma is more common than any non-skin cancer among young people. Today we'll explore some of the reasons that teens may or may not engage in skin checks, such as perceived barriers and costs to engaging in skin checks, and also what types of messages you find most effective in videos informing teens on melanoma and skin checks.

It is important that you feel comfortable here discussing your personal opinions. You are encouraged to speak freely and openly, as there is no wrong answer. I do ask that you respect the opinions of others by not speaking over one another. Likewise, I ask that you respect the confidentiality of your peers, and not discuss the information shared today outside of this room.

You will be audio (or video) recorded during this focus group just so we can get accurate accounts of your opinions. Gary will also be taking notes for me throughout the session, and we will also use the flip chart as needed to outline and guide our conversation. Please know that there will be no identifiable information next to your responses. For example, your names will not be recorded anywhere in the notes, and your audio or video recorded opinions and answers will be completely confidential. Only our research team will have access to these tapes. And the tapes will be destroyed after we transcribe the information we gather from the focus groups today. Overall, we want you to feel comfortable during our discussion. If at any time you feel uncomfortable with the conversation, please let me know, and you may end your participation in this focus group without any penalty.

The focus group will last for approximately an hour. Because we are here for a limited amount of time and need to cover many topics, I might need to close the conversation occasionally to move on to the next topic. I will leave some time at the end of our session to come back to anyone who might have additional comments. Please feel free to use the paper and pens we have provided to note comments or questions you might like to come back to.

Before we get started, let's take a few minutes to introduce ourselves and hear a little more about each other. We'll go around the table – everyone should say your first name only, and then tell the group about something you enjoy. (For example, your favorite activity, food, movie, etc.)

I'll start. As I said before my name is Catherine and my favorite food is homemade guacamole.

(Participants introduce themselves.)

Great! Let's get started.

General Melanoma Knowledge (10 minutes)

The first set of questions is designed to assess your general knowledge and thoughts on melanoma.

1. How many of you have or have previously been exposed to melanoma or any type of skin cancer?
-If so, how many of you have personally experienced or seen skin cancer?
2. On a scale of 1 to 10 (with 10 being the most serious) how serious of a problem do you perceive teens having melanoma skin cancer? For those of you who answered 5 or below, can you please explain why you selected that number?
3. What contributing factor(s) do you believe most often lead to melanoma?

Skin Check Knowledge (15 minutes)

Next I'd like to talk about early detection and prevention behaviors that you may or may not currently do to protect yourself from melanoma.

4. The Foundation and other skin cancer organizations recommend that teenagers and middle school students participate in skin checks, checking your moles and looking for spots that may look irregular or different. How many of you check your skin?
-Do you know how to check your skin?
-Do you think your peers check their skin?
5. What are the biggest factors in motivating you to engage in the skin checks?
- What benefits do you receive from engaging in skin checks?
6. What are the biggest factors in your decision not to engage in skin checks
- What are the costs to you of engaging in skin checks?
7. On a statewide level, what do you think is the number one reason why middle schoolers do not engage in skin checks? (Your answer may or may not be the same as the last question.)
8. What if any health and prevention issues do you consider more important than melanoma and skin checks? (For example: community violence, STIs)

Message Development (20 minutes)

Next, I'd like talk about the types of messages that teens are likely to respond to.

The Foundation has created a videos, "The Dark Side of the Sun", and "Sun Spots" to help educate n on melanoma. Other skin cancer prevention organizations in the United States and Australia have also created PSAs for television. I'm now going to show you parts of these videos and PSAs. Before I do, I

want you to know that you may find some of the graphics unsettling. If you don't want to see any of these video clips, please raise your hand.

Let's take a few minutes to watch these clips. Feel free to jot down any initial impressions on the pad of paper at your spot.

Now, that you've had a chance to see these clips. I have a few questions for you.

9. What parts do you like best, and why?
10. Which message tactic resonates most with you (i.e. fear tactic, social norms, self-efficacy promotion)
11. What recommendations (if any) would you make to improve these video clips?
12. After reviewing these video clips would you be likely to change your behaviors or call/visit the organization for more information?
13. How do you feel about the narrators of these video clips? Which ones do you remember? Which ones caught your attention? Who are you most likely to listen to?

Information Delivery (5 Minutes)

Next I'd like to talk about your information delivery preferences.

14. What type of person are you most likely to listen to about melanoma information? (For example: coworkers, parents, employers, school officials, health care providers, community leaders, friends, siblings, celebrities)
15. Based on your past experiences who did you have to seek out for this information? Based on the videos which narrator would you seek out for melanoma and skin check information?
16. When you saw video clips presenting how to check your skin, which ones were easy to follow, which ones were too complicated?

Thank you all very much for your insightful comments. I have one final question before I open up the floor for your questions and additional comments.

17. If the new video was more up to date with all of your preferences to how the information and messages are delivered, do you think your classmates and friends would pay attention in class to watch it? Do you think they will check their skin for melanoma?

Debrief (5 minutes)

It looks as though the hour is almost up, I'd like to take a few minutes to debrief with final questions or comments about your experience today. Is there anything you'd like to say before we go?

Is there anything else you would like to say, but did not have a chance to, on any of the topics we covered?

I want to thank all of you again for participating. We value your suggestions and ideas. I'd like to remind you that you should feel free to contact me at any time if you have questions or concerns about the focus group or the results of our discussion.

Thank you again!

APPENDIX F
CAMPAIGN MATERIALS USED FOR FOCUS GROUP

CAMPAIGN MATERIALS

Content from the following videos and television PSAs will be used for focus group discussion:

“The Dark Side of The Sun” (2005)

This is a 20 minute DVD on skin cancer prevention for middle school students. It focuses on the dangers of the sun, prevention tips, and the story of Mollie Biggane, a teenager who lost her life to melanoma. A few images of metastasized melanoma are shown.

“Sun Spots” (1993)

This is a 20 VHS video on skin cancer and UV rays. A young boy narrates the video. A few graphic images of people with melanoma are shown. The video features a melanoma survivor—a woman who was diagnosed with melanoma when she was younger.

“Skin Cancer Screening”

<http://www.youtube.com/watch?v=IGrr8QAehP8>

This is a humorous PSA on skin checks. A man strips to his underwear in the middle of the city to get a free skin check.

“Miss Maryland—Skin Cancer”

<http://youtube.com/watch?v=E-iiM5keIIA>

Miss America competitor, Miss Maryland, shares her story on her battle with skin cancer which she developed from tanning for pageants. A few scars from her skin cancer surgeries are shown.

“How Skin Cancer Works”

<http://youtube.com/watch?v=PbwRjL2csig>

A 3 minute visual tutorial on skin cancers, revealing lesions on the skin to show people how to recognize skin cancer.

“How Hot Is Skin Cancer”

<http://youtube.com/watch?v=3lhecX7EM4o>

<http://youtube.com/watch?v=xQkr3sZSVWs>

Two 30 second PSAs informing teens on the “ugly” side of tanning.

“Dying for a Tan” (2005)

<http://youtube.com/watch?v=dQSJNbiH480>

An Australian informational video on teens affected and at risk for melanoma. Discusses the problem and interviews teens who have the disease. Shows a few images of the teens who have scars from melanoma surgery.

APPENDIX G
PARENT LETTER FOR FOCUS GROUP 3—CONCEPT TESTING

Date

Dear Parent:

My name is Catherine Yeh, and I am a health communication graduate student at Emerson College in Boston. I am currently working with the Melanoma Education Foundation on a new video to raise awareness of a very important issues—malignant melanoma skin cancer and skin checks. According to the American Cancer Society, melanoma is the most common cancer in young adults ages 25-29, but it can also occur during teenage years. Most sun damage occurs before age 20; however, less than one-third of U.S. youth ages 11-18 practices protective sun behaviors to protect themselves from sunburns and skin cancer. State and local education agencies and schools have implemented skin cancer prevention campaigns focusing on protective sun behaviors, but melanoma among youth is still on the rise.

The Foundation believes an effective approach to prevention is to educate middle school students about skin cancer and the importance of early detection by doing routine skin checks. The new video will emphasize skin checks, because it is the key to prevention and successful treatment.

In order to create a successful video, I need critical input from middle school students regarding their attitudes and knowledge related to melanoma, skin checks, and past prevention videos. On (date to be determined), your middle school student is invited to attend a focus group meeting. At that meeting, I plan to host a 90 minute focus group with students. The students will watch a series of video clips designed to test four different concepts, based on previous focus groups with other middle school students in Massachusetts. The students in this focus group will be asked to discuss their reaction to these clips. Their answers will help determine the most effective content and format for our video. All information shared at the focus group will be kept strictly confidential.

The focus group meeting will be video recorded and transcribed for accuracy purposes. The video will only be visible to Catherine Yeh and members of Foundation All information shared at the focus group will be kept strictly confidential, and the video will be destroyed after transcription.

Participation in this focus group is voluntary, and participants can choose to withdraw at anytime without penalty. We are offering a movie ticket voucher for participation in this study. **Although they have been selected by their teacher, they will not be allowed participation without your consent. In order to participate, your middle school student must bring in their signed parental consent form.**

Attached please find the parental consent form to allow your student to participate in the focus group. The second copy of the consent form is identical to the first, and is for your records. If you should have any questions or concerns after reading the consent form, please don't hesitate to contact me at 248-410-8190 or yeh.cat@gmail.com.

Your middle schooler's input is extremely valuable! Thank you in advance for your consideration.

Sincerely,

Catherine Yeh
Project Coordinator
Emerson College Graduate Student

Steve Fine, PhD
President, Melanoma Education Foundation

APPENDIX H
PARENTAL CONSENT FORM FOR FOCUS GROUP 3—CONCEPT TESTING

PARENTAL CONSENT FORM

Purpose of this Focus Group

The purpose of this focus study is to learn how the Melanoma Education Foundation can best communicate with middle school students on issues related to melanoma and skin checks. For example, do middle school students prefer to receive information on melanoma in a video from a narrator who is a doctor or a person close to their age? The focus group will help the project coordinator, Catherine Yeh, Emerson College Graduate Student, to determine the current level of middle school student's knowledge related to melanoma and skin checks, and the perceived cost and benefits of engaging in skin checks. The focus group will take about 90 minutes, and will be held during the scheduled meeting on (date to be determined).

Confidentiality

Participation in this focus group is voluntary. At any time participants may leave the focus group and not be penalized.

We are offering a movie ticket voucher for compensation to students who participate in this study. Twelve students will be selected by their teacher as participants for the focus group discussions. However, the participant must have a signed parental consent form in order to participate.

The focus group meeting will be video recorded and transcribed for accuracy purposes. The video will only be visible to Catherine Yeh, cinematographer, Kathryn Hall, and editor, Allyson Sherlock (members of the production team). All information shared at the focus group will be kept strictly confidential, and the video will be destroyed after transcription. In addition, no one except the study team will have access to any participants' responses or personal information. Responses will not be connected to participants' personal information, including names, in any way.

Potential Risks Associated with this Study

There are minimal risks associated with participating in this focus group. The topics of the study deal with middle school student's personal opinions, thoughts, feelings, and behaviors around melanoma and skin checks. In this study there is the chance that participants may experience feelings of discomfort or various emotions related to melanoma, especially if the participant has been personally affected by skin cancer. *All participants have the option to skip questions, refrain from discussion, or terminate participation at any time during the study.* The study moderator, Catherine Yeh, will encourage all participants to express any and all feelings of discomfort during the study. All concerns will be immediately addressed, and the group will not continue until the teen is comfortable sharing information or decides to decline answering the question.

Finally, during the focus groups, four 1-minute concept video clips compiled from other skin cancer videos and public service announcements created by state, national and non-profit organizations will be shown. There is the chance that some teens may find these images and video clips unsettling because they will reflect metastasized melanoma or scars from body parts affected by melanoma; however these images have been widely used in the past for teenage audiences and have not reflected any disturbing emotional responses. Participants will be told that they have the option not to view any or all of the images or video clips before they are distributed.

As mentioned above, confidentiality is a priority of this study. All information gathered from this study will be accessible only to Melanoma Education Foundation staff, and Catherine Yeh. None of the responses given during the study will be linked to personal identifiers.

Finally, participation, or lack of participation, in this study will in no way affect your teen's grade in the class.

Potential Benefits of Being in the Study

The benefits of participation in this study include the opportunity to provide important suggestions and opinions on how the Melanoma Education Foundation can be most effective in reaching its goal of increasing melanoma and skin checks awareness for middle school students. Participants are ultimately contributing to a campaign that may dramatically improve the quality of life for tens of thousands of teens at risk for melanoma. In addition, as a result of their participation, middle school students in this study may directly benefit from skin checks.

Contacts: For questions, please contact Catherine Yeh at 248-410-81901 or yeh.cat@gmail.com. You may also contact Steve Fine, President, Melanoma Education Foundation at 978-535-3080. If you (or your middle school student) believe that any member of the research team violates any ethical standard or acts inappropriately during the course of the study, you can contact Donna Schroth, chairperson of the Human Subjects Committee at 617-824-8612 or Human_Subjects@emerson.edu to report your concerns.

If you choose to allow your teen to participate, please read and sign below

I have read the above statement of Informed Consent, understand the description of the study, and have received a copy of this informed consent statement to keep. I understand that if I have questions about the study, I can direct my questions to Catherine Yeh. I understand that my teen's participation is voluntary and that he/she can leave the focus group or withdraw from the study at any time.

Name

Signature

Date

APPENDIX I
FOCUS GROUP 3 MODERATOR GUIDE

FOCUS GROUP 3 MODERATOR GUIDE—CONCEPT TESTING

Moderator: Catherine Yeh, Study Director, Emerson College

Supplies: Note-taking materials, pens and paper for participants, video clips of previous melanoma and skin cancer video clips, television or video projector and speakers, snacks

Introduction (5 minutes)

Hello everyone, and welcome to the Melanoma Education Foundation Focus Group. My name is Catherine Yeh, and I will be facilitating today's focus group. Thank you all for agreeing to participate in this focus group, and for returning your signed parental consent form. Just to confirm, has everyone here turned in their parental consent form? Great! As you know from the introductory letter you received, we will be talking today about early detection of melanoma.

Specifically, we'll be watching a few video clips that show some potential concepts for an educational video that we will be producing. We came up with these concepts based on feedback we received from our previous focus groups with students like you.

It is important that you feel comfortable here discussing your personal opinions about these concepts. You are encouraged to speak freely and openly, as there is no wrong answer. I do ask that you respect the opinions of others by not speaking over one another. Likewise, I ask that you respect the confidentiality of your peers, and not discuss the information shared today outside of this room.

It is important that you feel comfortable here discussing your personal opinions. You are encouraged to speak freely and openly, as there is no wrong answer. I do ask that you respect the opinions of others by not speaking over one another. Likewise, I ask that you respect the confidentiality of your peers, and not discuss the information shared today outside of this room.

Please know that there will be no identifiable information next to your responses. For example, your names will not be recorded anywhere in the notes, and your audio or video recorded opinions and answers will be completely confidential. Only our research team will have access to these tapes. And the tapes will be destroyed after we transcribe the information we gather from the focus groups today. Overall, we want you to feel comfortable during our discussion. If at any time you feel uncomfortable with the conversation, please let me know, and you may end your participation in this focus group without any penalty.

The focus group will last for approximately 90 minutes. Because we are here for a limited amount of time and need to cover many topics, I might need to close the conversation occasionally to move on to the next topic. I will leave some time at the end of our session to come back to anyone who might have additional comments. Please feel free to use the paper and pens we have provided to note comments or questions you might like to come back to.

Before we get started, let's take a few minutes to introduce ourselves and hear a little more about each other. We'll go around the table – everyone should say your first name only, and then tell the group about something you enjoy. (For example, your favorite activity, food, movie, etc.)

I'll start. As I said before my name is Catherine and my favorite food is homemade guacamole.

(Participants introduce themselves.)

Great! Let's get started.

General Introduction (10 minutes)

We're going to start by picking at your brain on some words, images and ideas that come to your mind when you think of melanoma. Keep in mind what you think your peers would think and feel about melanoma as well.

Remember, these concepts you are going to see will be produced into a full 15-20 minute educational video. We are adding music, animation and all that fun stuff that will make it interesting to watch!

While looking at each concept please keep the following in mind:

What is the main idea of this concept?

Why is it important? Why is it not important?

How does the concept make you feel?

Would this concept get your attention? (In a positive or negative way)?

Does this concept make you want to do something, or make changes in your lifestyle?

Is this concept believable?

Suggestions

Please let me know if you think any of this is or would be confusing you and your peers to understand? Is there anything you would change to any of these to make them more effective?

If we are clear with that, let's start our discussion on the four concepts....

[Moderator will show concept A,B,C,D and ask for reactions from participants, asking questions listed above.]

Debrief (5 minutes)

Alright well it looks like our time is just about up. So I want to take this time right now to ask if anyone has any final questions, comments, or concerns.


[Participants ask questions]

Thank you so much for your participation, you have given us great feedback on these concepts and we really appreciate all your suggestions and ideas. Please feel free to contact me after this focus group if you have any more questions or concerns related to our discussion. Have a great rest of your day, thanks again!

APPENDIX J
CONCEPT 1: SHOULD'VE, WOULD'VE, COULD'VE

CONCEPT 1

I SHOULD'VE, WOULD'VE, COULD'VE...



- My name is Zack
- I am 13 years old
- I like to play soccer



- When I was 10, my friend saw a dark bump on my upper back during soccer practice
- I pushed it, it bled.



No big deal

I'm a boy

I'm tough



- Soccer season ended and it was time for my annual checkup
- My bump was still there
- I decided to "mention it" to Dad



- Before I knew it I was having surgery.



Here is why...



- I SHOULD have been checking for abnormal moles
- I COULD have told my father sooner
- If I waited any longer, the cancer WOULD have spread and possibly killed me...



- 3 years later I still need tests every month to make sure there are no more cancerous moles.
- This scar reminds me everyday—what I should've, could've, would've done...



APPENDIX K
CONCEPT 2 MELANOMA ISN'T PRETTY

CONCEPT 2

MELANOMA ISN'T PRETTY



- My name is Kathryn
- I'm 20 years old
- My high school sweetheart just proposed



- After I went on my spring break trip in high school, I couldn't get enough of the sun



- But it's hard to get sun in New England
- So my friends and I did the next best thing to keep our color



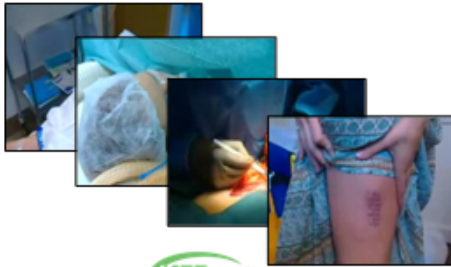
- I was addicted, I loved being tan
- We felt prettier when we had that color



BUT...

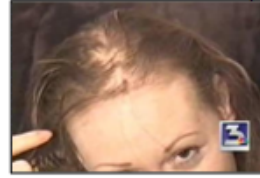


Melanoma isn't pretty



• Now I'm being treated for my melanoma....

- I've lost 30 pounds
- I keep losing my hair
- I just want to be normal and be able to plan my wedding



NO TAN IS WORTH
WHAT I'VE BEEN THROUGH





APPENDIX L
CONCEPT 3 IT'S FOR THE REST OF YOUR LIFE

CONCEPT 3

IT'S FOR THE REST OF YOUR LIFE



- My name is Amanda
- I'm 15 years old
- I'm a very good student
- And I had melanoma



- I've been going to Mass General Hospital since I was 12 years old
- I used to spend hours, days, and sometimes weeks there



- Now I go once a month
- The doctors have to check my skin all the time
- They will remove any mole they see that looks suspicious...just to be safe



- I can't go out in the sun like I used to



- I have scars that are forever



I'M 15 YEARS OLD, AND I WILL ALWAYS BE
A CANCER PATIENT



APPENDIX M
CREATIVE BRIEF

CREATIVE BRIEF

Target Audience:

Middle school students in Massachusetts have little to no knowledge on self skin checks. Although some may have heard of melanoma through family members who have been diagnosed, many have not.

- Students believe ABCDE is an easy acronym to follow and remember.
- Girls have higher self-efficacy than boys to perform skin checks on each other.
- Students think it is helpful to see how melanoma develops.
- They are unsure of the term “lymph nodes”.
- Find it hard to pay attention to educational television or videos. 15 minute attention span.
- Enjoy watching things that are high sensation seeking.
- Considers melanoma a threat, but not large enough to encourage friends and family members to do skin checks or perform skin checks on each other monthly.
 - Feels it is something they may do a few times, but will eventually forget. Not a “priority”.
 - A bigger health “threat” is HIV/AIDS, smoking/lung cancer

Generally, middle school students in Massachusetts enjoy music, television, group activities, new technology, vacations, beaches and being “unique”. There is a big maturity gap between 6th grade and 8th grade.

- Middle school students struggle with self identity, and finding their “niche”.
- Physical appearance begins to become important, especially for girls.
- Music they enjoy are top 10 billboard hits—a mix of hip hop, Disney, and teen pop.
- Television they enjoy are a mix between Disney, Fox and Mtv.
- Look up to celebrities, parents, and teachers.

Objectives

Think: I understand what melanoma is, what it looks like, what the risk factors are and how I can reduce them.

- My peers and I should pay attention to my skin and perform Self Skin Examinations every month to monitor changes.
- I will act when I see a possible danger sign.

Feel: Melanoma is a life-threatening disease that can kill or disfigure my peers and I if we do not start preventing ourselves from it NOW, by—

- doing regular SSEs
- not tanning

Do: Perform regular (monthly) SSE and have parent schedule immediate dermatologist appointment if any suspicious moles or marks are found. Encourage peers to perform likewise.

Obstacles

- Middle school students have a very short attention span—15-20 minutes of educational video is hard for them to digest.

- Pay attention to flashy, high sensation seeking drama.
- Have other priorities than remembering to perform monthly SSEs.
- A little bit awkward to perform SSEs on each other.
- Low perceived susceptibility to melanoma, and low threat if SSE not performed.
- Students are so technologically advanced, and technology is changing so fast. Need to create a video that will not look outdated too soon.
- Middle school students don't care about melanoma because it's not important as school, friends and family.
 - "it's not important to me, because it's not important"
 - "Who cares if it's not going to affect me NOW?"

Key Promises:

If my friends and I perform regular SSEs and not tan, then we can prevent melanoma before it becomes fatal or necessitates disfiguring surgery.

Support Statements

- Melanoma is usually discovered by patients, not doctors.
- Melanoma can occur in unexpected places.
- Melanoma is nondiscriminatory (age, sex, and ethnicity).
- Monthly SSE is associated with greatly reduced melanoma mortality.

Tone

Youth culture driven, authentic, high sensation seeking, shock value, attention grabbing.

Communication Channels

A 15-20 minute DVD for the classroom.

Openings

Skin Check lesson plan provided by MEF for middle school teachers.

Creative Considerations

Melanoma survivor narrative story—preferably a teenager or someone close to middle school student age (11-15 years old)

Clare Oliver

Local Doctor interview and perhaps doctor appointment

Local Teacher interview

Local parent interview

Local Middle school student attitudes towards skin checks and skin cancer

ABCDE

Melanoma staging images

Students performing skin checks—for boys and for girls

A personable narrator to guide students through the video.

Animation--Explanation of how melanoma occurs in the body.

4th/5th grade level health/media literacy

Call to Action: Perform a monthly skin check.

APPENDIX N
SCRIPT

Should've. Would've. Could've.

Act I

[Kathryn going cooking dinner with fiancé, Ashley zipping up back pack, Ramsey at football practice]
NatSound: Dishes clink, zipping of backpack, team practice (yelling)

VO: Meet Kathryn, Ashley and Ramsey. Three very different people, with one thing in common—

Kathryn: “I had stage 3,”

Ashley: “I had stage 3,”

Ramsey: “I had stage 3, melanoma”

VO: It's the most serious type of skin cancer, and it's affecting young people all around the United States—even in places like New England, where there is a isn't much sunshine most of the year.

Ashley 16:26: I know a lot of friends are like “it can't happen” but it can. It can happen to anybody!

(Lindsey Home Tape 2) Mrs. Lindsey: I think we could've done this, we could've done that...

Ramsey 12:45 ..I wasn't sure or couldn't understand what had happened to my body and what had brought this on. You know, it can be spontaneous sometimes—there are some environmental factors—what you eat, UV light—but I had no idea it was coming...

VO: Little chance for sun means little chance to get a tan. For many students, it's important to have that sun-kissed glow—but they may not know it could cost them their lives.

Kathryn 12:23 ...it made me feel good. Some people say it helps with acne. But I would take pale skin and acne any day over what I had to go through...

Richie (Kathryn's Fiancé) 36:40 She was pretty dark. You look at her now, she's lighter than me, and I'm light. She went tanning, sit in the sun all the time...

VO: Melanoma isn't pretty, and it can strike anyone at any age.

Ashley 5:30: I found it when I came out of the shower. It rose...I told my mom...17:50 the mole was right between my toes. I think I had I forever....half brown and discolored...

(Lindsey Home Tape 2) Mr. Lindsey: The first time I saw the mole, she showed it to me...It was the size of an eraser

Kathryn 4:49: In high school I played basketball and track...I never really wore sun block during those times. 5:06 During those times we were outside, 5 days a week...

Ramsey 5:02: It was august before my senior year. I was going in for my physical, I had just returned from Ecuador, doing some service work...

VO: Welcome to the world of a melanoma survivor.

Kathryn 18:50 Everyday you wake up and wonder if it's going to come back...

Dissolve, fade to black

Act 2:

Why Me?

Ramsey 13:38 how did this happen to me, what did I do. Why me, what did I do to bring this on?

Ashley 25:40 ...before, my shoulders would burn real bad...

(Lindsey Home Tape 2) Mrs. Lindsey: I think growing up we put sunscreen on her but not as strong...

Kathryn 3:08 When I was a child...my parents used to put on sunblock but my grandmother had a pool...right in my backyard, so we were there a lot...

Kathryn's Mom 45:25 What I remember about Kathryn's sun exposure growing up was that she was in the sun a lot...grandma's pool. We spent everyday at the pool. In those days we didn't wear sun screen all we wanted to do was be tanned

Kathryn 4:04 When I became more aware of getting a tan and stuff, I would think, oh I don't need sun block. Because I would want the tan...but I would always put it on my face...

Ramsey 11:43 ...I wasn't sure...Just looking back at my family history we have no history of melanoma, no history of cancer in general on either side. And so it wasn't really something I was thinking about or playing with...you know, that I might get this at a younger age or something I was aware of...

Too much sun or tanning increases your chances of melanoma...

[INSERT ANIMATION: UV RAYS and TANNING]

Fade to black

Text on Black Screen:
Dana Farber Cancer Center
Boston, MA

VO Kathryn (Norwood Tape) 9:06 I was diagnosed with stage 3A because mine spread to the lymph node regions

Dr. Friedlander: When one has melanoma, one has risk for spread to the lymph nodes. It's at physical check ups where we check for abnormal lumps and bumps to see if the melanoma has spread.

[Dr. Friedlander shows where the lymph nodes are that he checks on Kathryn]

There are lymph nodes in the elbows, under the armpit...etc....

Kathryn (Dana Farber Tape) 8:20: They circulate fluid through your body and that's a lot of how cancer spreads...

OR

Kathryn (Norwood Tape) 9:19 ...you have them all over your body and they cycle fluid all through your body

[INSERT ANIMATION & GRAPHICS of MELANOMA DEVELOPMENT AND SPREAD TO LYMPHNODES—Stage 1, 2, 3, 4]

TEXT ON BLACK SCREEN

The Gym

April 11, 2008, 4:00PM

Boston, Massachusetts

Ramsey 00:59 Right now I'm on the D line—the defense end—and we're in the middle of spring ball...

1:59 I always loved football since 7th grade...From there I knew I wanted to play in college. It was always a goal of mine in high school...

4:00 In high school...pretty gregarious, pretty social. I mean definitely dedicated in my areas, but I was doing so many different things, with what drew my interests: jazz band, chess team, math team...but sports drew my interests my most and psychology. I was all over the place, I was busy all the time, but my heart was set on football...

7:56 I was 18 when I was diagnosed. I turned 19 when I was doing chemo, and I actually got my admittance letter to Harvard when I was in the hospital...which was nice...that was definitely inspiring...to what can be a dark day....

7:12 did some more testing (radioactive) to see which direction in the body it spread...7:30 It had actually spread to my lymph system in my leg...so we did another surgery down there. 7:37 and that happened all throughout oct, nov, dec. and then we started the interferon treatment...

TEXT ON BLACK SCREEN

1:50 PM April 4, 2008

Rockport, ME

Cambden Regional High School

[Mr. Kerr giving directions in biology class]

(High school tape 2) Ashley: Research biology is my favorite class

[looking at slides/dissecting fetal pigs]

TEXT ON SCREEN:

Yesterday Ashley revealed to her biology class that she was a melanoma survivor

(High school tape 2) Boy with red shirt:

I didn't know you could get it without the sun...I guessed you could get cancer at a young age from tanning...so this came as a surprise, I didn't know until yesterday...I probably won't get it...but I'd feel bad for anyone who had to have this happen. That's horrible.

TEXT ON SCREEN:

The Lindsey Residence

4:00PM, April 4th, 2008

Rockland, ME

[*Ashley transition b-roll*]

Ashley 4:30: I was 12 years old in 7th grade...My parents told me. I was like, 'it doesn't happen to people like me'.

[*pictures of Ashley when she was going through treatment*]

Judy Klodsy, School Nurse 0:50: First thing I remember...her mom telling me that she was very concerned...

Ashley 18:38: The dermatologist took it off, sent it away. I was scared that day. I didn't know what was going to happen

Mrs. Lindsey 44:00: At the end of September 2004 she was diagnosed

44:50: When she was diagnosed, I received a call...he said "melanoma"—I didn't quite grasp he was talking about my 12 year old girl...

Judy Klodsy 1:30: The next step was she was going to Mass General...

Mr. Lindsey 45:39: It was late at night, it was the worst time. Your world is turned upside down. Everything's on hold now.....it changes your life...

Ashley 19:17 After my first surgery, there were skin graphs, then they took off my lymph nodes, and I had another surgery...

Mr. Lindsey 49:50 the most painful part for me was the first surgery. We watched her and she started crying and I just fell apart

[*pictures of Ashley's foot*]

Ashley 14:57: I was scared of losing my toes and legs because if spread to my lymph nodes...

Mrs. Lindsey 50:9: The most painful part for me...knowing if she were older, they would've had to cut off her toes.

Mr. Lindsey 51:00: She had hundreds of stitches--like stitches for clothing and it was not pretty...

Ashley 14:00: I didn't know what was going to happen...

TEXT ON BLACK SCREEN:

Ashley missed almost a whole year of school to treat her melanoma

Ashley 7:40 I'd think, "oh, Demi has this right now" ...and I'd be at home, just sitting in my Dad's chair, not having any fun...

...I don't want people to think I didn't do anything. I had homework just like everyone else.

Mrs. Lindsey 55:00 The side effects: chills, shakes uncontrollably, hair began to thin...and then the worse, the psoriasis...it got to the point where her body was literally covered from head to toe

Ashley 20:44 Right here was where my drain was. I would leave it there...There's sometimes where I could feel it. I just didn't like it at all

TEXT ON BLACK SCREEN:

Going back to school...

Judy Klodsy 2:48 There wasn't much I could do physically for her, just kept her going and she could beat this...

Ashley 8:37 I remember the school assembly. My grandma came, I sat next to her. The nurse came to talk so people could learn about it.

(HS Tape 2) **Ashley's friend Jessica (in stripped red shirt):** I went to school with her and I remember the day of the assembly. They told us what it was and it wasn't contagious...

Classmate Reactions (MOS):

(HS Tape 1) **Boy in gym 15:00** mmm I don't know very much or a lot about it. It's a rare skin cancer type?

Girls on bench 11:00 I've heard it's a pretty bad disease...treatments and stuff. Like they cut the cancer out of them?

The images from surgery

[Dr. Yang's office, Brigham & Women's Hospital]

Dr. Yang: Now Kathryn I'm going to numb you up...

[buzzing and cutting]

Dr. Yang: ok you're going to feel some tugging...it's to kind of loosen up the tissue so we can bring it back together without any tension...

[Mole removal surgery]

[shot of Kathryn's feet—pan up—surgery table. Nat sound: buzzing. Close up Dr. Yang]

Kathryn: I can feel the pulling and tugging. It's hot...

Dissolve to Mrs. Sweeney

Kathryn's Mom 45:25 She played la cross in high school and college—constant sun exposure during spring and summer months

Kathryn 5:06 during those times we were outside, 5 days a week.

Kathryn's Mom 45:45 well, she was a teenager who thought that tan skin was better than pale skin...tanning booths were a big part of her life...

Kathryn 11:30 I was an excessive tanner. I started probably my soph yr in high school, I'd tan a lot—almost 3-5 times a week for prom, dances. Then if I didn't have dances, I would just do it cuz I liked the way I looked. Sometimes I wouldn't in the winter...but it becomes addicting, esp when you see...

(Brigham & Women's Tape) Kathryn's Friend #1: I was with her probably everytime. After school, after practice. We dated upperclassmen boys so we would tan before the prom and then it just became routine. The three of us would go or go to the beach together

(Brigham & Women's Tape) Kathryn's Friend #2: We went tanning all through college, we found every excuse in the book—"oh we have this coming up, lets go tanning!"

Kathryn 11:14 everyone said be careful, but you don't think it's going to happen to you. Then when it does, you're like, wow, I should have listened, been more precautious

Kathryn 6:07 I was diagnosed when I was 22 years old, June 2007. And it was actually, I was diagnosed the week after my college graduation party.

Richie (Kathryn's Fiance) 31:05 when we got engaged I found out she had a little mole on her arm.

Kathryn 6:23 I just went to the doctor to get a physical for my summer job. There was a mole that was bothering me, so the doctor said yeah we'll just take it off...

Richie 6:07(ish) She got a little surgery done, thought it was nothing...two or three days later they called her back, it was a little more serious...

Kathryn 6:49 I got a call from my doctor that said I needed to come back and bring someone with me. At that initial point I knew something was wrong...**7:04** they explained to me what it was, it was melanoma...

8:17 I knew what it was, but not the extent of how serious it could be...

Kathryn's Friend #1: ...Hearing the actual words come out...

...Just watching her not be able to do the stuff that everyone else was doing...

...That's the hardest part...

Richie 32:52 it was a shock at first. You don't realize how serious it was. You figure, oh, a little mole...but obviously, it turned into something more serious...

Kathryn's Mom 48:38 during this time I kept thinking it was going to be okay, it wasn't big. But unfortunately the results were that the cancer had spread to her lymph nodes. She needed to have surgery to remove her lymph nodes...**49:00** ...another month of waiting...to see how far it had spread

Kathryn 13:52 the treatment for my stage 3 melanoma was very intense **14:06** it's very toxic **14:15** it tried to kill any of the cells traveling in your system.

Kathryn's Mom 49:55 her chemo treatments began right after my son got married...

14:29 the drug is called interferon. In the first month I had to go to the hospital 3 times a week for 5 weeks...I had to get hooked up to an I-V for 3 hours...

Richie 35:46 generally she'd go with her mother in the morning. I'd go to work. When I came home, she's be in bed or on the couch.

Kathryn's Mom 50:18 she handled it very well, I was very proud of her. It was a time where she was really sick. She had to go 5 days a week. Then Monday came around and she had to go back. It would zap her energy...

Richie 36:09 just seeing her, how miserable she was. She was always down in the dumps. She would always say I don't want to do this, why me why me. Just seeing her, it obviously upsets me. That was probably the hardest part.

14:52 the symptoms were....it was like you had the flu everyday, but extreme flu...**15:16** it was giving myself an injection...

15:31 I only made it for 3 months. I lost 30 lbs, I couldn't eat anything...I really pushed myself to do what I could, but I had to stop because I couldn't do anything. I felt so week.

(Brigham & Women's Tape) Kathryn's friends: It's just really hard for us to realize that we're all out here getting jobs and doing normal things, and she has to go through this...

Kathryn 17:33 it was tough because I couldn't work or do anything. At first I'd try to go on walks and stuff. It was tough on my mentally, cuz all my friends were at school...doing things a 22 yr old wanted to.

18:14 in my head, I'd be like, I'm 22 and I can't do what I want to. I couldn't even go to the movies with my friend cuz I'd be worried about if I'd be sick...

Text On Black Screen:

The Scars

Ramsey 27:17 the mole was initially right here on my stomach...I've had three surgeries right here...lymph nodes...another 26 lymph nodes in my leg...

28:06 I also just had a small removal on my arm, right here, of a mole that didn't look completely normal. I think my dermatologist more for my comfort, wanted to remove it, just to be sure.

28:44 it healed up well...slowed me down a little bit with football, but it didn't stop me from where I wanted to go...healed up great

Kathryn 20:44 this was the initial one...the mole was not that big. It was probably the size of the freckle right here...so I have this one, armpit....on my back...

Ashley 20:23 I have a scar right here...

21:30...Like I have one on my arm and this one too...Then one of them changed in diameter and had grow...One was on the side of my face...Then one on my pinky, one on the back of my leg...

Dr. Yang: It's really sad, yeah. I see more and more young patients with melanoma.

Ramsey 19:56 I don't think anyone really wants to be diagnosed with cancer...

Freshman Boy at Lunch (HS Tape) 14:00 uhhh...I know it's cancer of the skin. Actually, I got tested for it once. They like removed it and stitched it up. I was worried they told me I had to have it removed. (but no big deal)

Could've Should've Would've

Ramsey 12:20 I guess I just had this feeling that this mole wasn't right—I had seen or read pamphlets on 'these are symptoms—irregular growth, thickness, scabbing was the one thing I noticed

18:22 I just had an instinct that there was something a rye, and I wanted to get it treated, irregardless of what they were saying...

20:00 I think if I were more aware of the symptoms, I think I would have gotten the diagnosis much earlier...

Ashley 31:19 I'm a summer camp counselor. I take care of 6th graders...I think they're afraid to ask us for help. 24:24 I say I had melanoma and they don't know...

Kathryn 21:45 I noticed the mole that ended up being melanoma prob a year before I got it off. Right from the beginning I knew it didn't look right. So I always think, you know, if I took it off right when I knew, it might not have advanced to stage 3 it might have just been stage 1 or 2 when it doesn't travel...

Ashley 26:50 If I see a mole that's changed I'll tell my dermatologist

Ramsey 24:14 I'm three years out

24:26 from the diagnosis....I feel a sense of responsibility to myself, and do exactly what I want. And live everyday to the fullest I can. Trying to be positive

Kathryn 25:20 if you notice a mole, would you rather get it out, or spend a year of your life going through chemo therapy? Because why not take the time to check yourself or, check yourself out at the doctor.

Text on Black Screen

*Brigham & Women's Hospital
2 PM Saturday April 14, 2008
Boston, MA*

Kathryn

....I've had moles removed, but not that big...

....They found it. I come for a body check every 3 months. Anything they think is even questionable they just take it out...

22:14 it's better getting it off earlier and not wait—could be something worse than you ever expect

[Dr. Yang consulting Kathryn before her surgery]

Kathryn Norwood Tape 22:34 if you catch it early, they just do a little biopsy, cut it out, test it

22:40 if it's stage one they just clear out the margins, and that's it.

22:46 for me, they cleared out my margins, but had to test my lymph nodes...surgeries...

[Kathryn's mole after it healed...from Norwood Tape]

ACT 3

THE SIGNS & SYMPTOMS

[INSERT ANIMATION & GRAPHICS: WHAT TO LOOK FOR]

Ramsey 20:00 I think it's really important to be aware of yourself, of your body, of your surroundings **20:34** and just take note. Know that it can happen to anyone. I don't think I spent an excessive amount of time in the sun, I don't think I ate anything wrong...

...it just randomly started, so I think for me, it can happen anywhere. So it's good to be aware...**21:17** it only takes a minute a month to do a skin check and be aware of what may be irregular, but I think few people take the time to consciously do that. But I feel like if they did—especially with melanoma which is a very fast spreading disease—that if you catch it in its early stages, then it's not really issues.

Kathryn 23:28 if I have moles they just keep a record and check. I also keep a record myself..

Kathryn 23:48 I think it's important, a lot of middle school high school kids, that's when I started tanning...you want to go to the beach on the weekend. **24:02** when you're younger

you're more vulnerable. You need to be careful. I know a lot of kids, if you're going to get it, you're going to get it later on 40 or 50...I thought the same thing...how is going to tanning for a year going to cause it

Kathryn 24:32 if tanning or sun had nothing to do with it, then I think yeah if you're going to get it you'll get it in your 40/50s but for me to get it at 22 and they say it's suppose to take 40/50 years, then I think absolutely sun exposure and tanning has a lot to do with it.

Kathryn 24:53 I would just say back then I had the same attitude. But after going through this. If I could talk to girl/guy, I'm not saying it happens to only girls cuz guys go tanning and are out in the sun...it is important and it takes 2 seconds.

Ashley 27:5 Whenever I get out of the shower I'll look...I'll tell my mom...I look on my legs...I can't see my back so I will use a mirror.

Judy 6:20 Ashley is only ONE. Only one student...Their lives will be changed forever because of it.

Mr. & Mrs. Lindsey: It isn't anything you can NOT take care of. It holds everything together. Your skin is your biggest organ

It's just like regular physicals and teeth cleaning. She has to get in the routine... You're never too young to get this. If you're a child, your body is going through changes and you're shy, it's IMPERATIVE to tell someone, and have a look...

Ramsey 22:04 I would say be a little less self conscious, and not be afraid someone close to you whether it be your parents, family member, close friends—just yeah, hey can you check my back, make it a habit—then there's nothing to it. It's not awkward.

22:40 I don't have any problem now. I think you can justify it within yourself, for your health. Just asking someone for help...it's something you should take pride in, and invest yourself in.

23:12 it can only help you, it will never hurt you...

Ramsey: It's *your* skin.

Kathryn: It's *your* skin

Ashley: It's *your* skin

VO: It's *your* skin, and it's the biggest organ in your body.

[Ashley/Ramsey/Kathryn b-roll]

These three young survivors were the lucky ones who caught melanoma, before it was too late. But not everyone is as fortunate.

[people going tanning]

Living in New England does not mean you can't get skin cancer, especially if you go tanning.

[surgery b-roll, hair loss b-roll]

Melanoma isn't pretty, but you can reduce your risks very easily...

[skin check b-roll]

Skin checks are the key to prevention, so it is important to make it a priority and LOOK at your skin...

Just a few minutes, once a month. Can you handle that?

[zoom into Kathryn's skin]

It's *your* skin...

APPENDIX O
FINAL DELIVERABLE

See *Should've, Would've, Could've*. DVD

APPENDIX P
FUTURE WORK TIMELINE

MIDDLE SCHOOL VIDEO PRODUCTION TIMELINE

CLIENT: MELANOMA EDUCATION FOUNDATION

NOTES: DATES AND TIMES ARE SUBJECT TO CHANGE

March							April						
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S
						1			1	2	3	4	5
2	3	4	5	6	7	8	6	7	8	9	10	11	12
9	10	11	12	13	14	15	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28	29	30			
30	31												
May							June						
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S
				1	2	3	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14
11	12	13	14	15	16	17	15	16	17	18	19	20	21
18	19	20	21	22	23	24	22	23	24	25	26	27	28
25	26	27	28	29	30	31	29	30					

PROJECT PHASE	DATE	TIME
Concept Testing FOCUS GROUP Coodley Middle School, Norwood	3/14	1:30PM-4:00PM
Meet & Greet Ramsey Lafayette, Melanoma Survivor Harvard	3/16	12:30PM
SHOOTING Kathryn Sweeney Doctor Appointments Ryan @ Dana Farber—lymph node check 11am @ BWH—mole removal surgery	3/18	8:30AM-1:00PM
SHOOTING Ashley Lindsey Maine	4/4-4/6	ALL DAY
SHOOTING: VO Auditions Kathryn and Ramsey Norwood home; Harvard; Emerson	4/12-4-13	11:00AM & 10:30AM; 2:00PM
EDITING Rough Cut	4/14-5/4	N/A
SCREENING & FEEDBACK Steve Fine and Kathryn Hall Emerson	4/24	10:00AM
Rough Cut to Tim Cot & Gary's ALE Presentation	5/5	5:50PM & 6:10PM
MESSAGE TESTING FOCUS GROUP High School and Middle School (Stoneman) WGH—DVD screening with Cindy MCKEOWN	5/8	9:00AM & 4:00PM
Voice Over, Animation, Music, and further edits	5/12-5/31	TBD
FINAL SCREENINGS & FEEDBACK Approval from Steve Dana Farber, SEQUASSQU , Pre-testing @ middle school	6/2-6/13	TBD
VIDEOS DROPPED	6/15	12:00PM

APPENDIX Q
POWER POINT

Should've. Could've. Would've. A Melanoma Awareness Initiative



Catherine Yeh
Applied Learning Experience
Emerson College
May 5, 2008

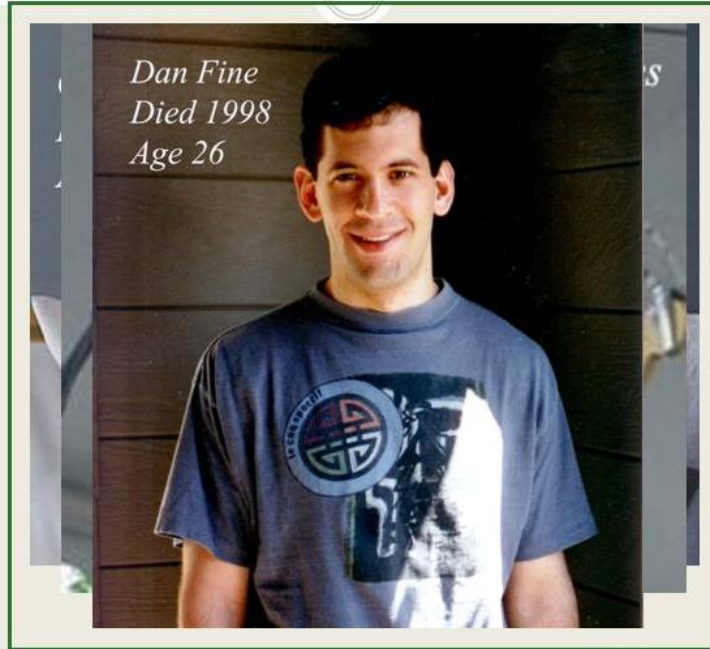


The Skin Checks[®] Program



Promoting greater awareness of melanoma and the importance of early self-detection through regular self-skin examinations...



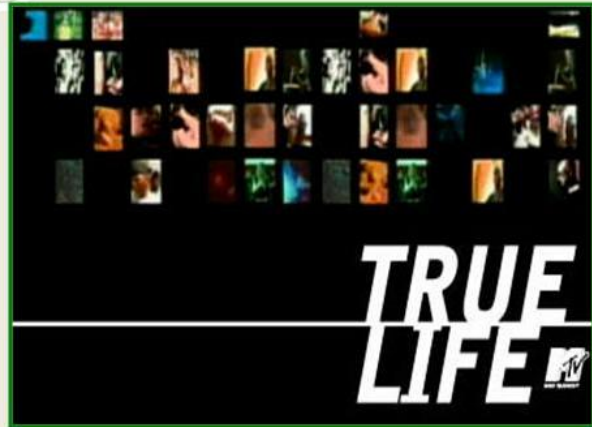


Middle School Students

-The "OMG" Generation-



High Sensation Seeking



Authentic



The Script

- Raise perceived susceptibility and severity of melanoma
- Overcome barriers of doing skin checks and not tanning
- Create positive attitudes
- Provide personal cues to action
- Change the tanning norm
- Increase behavioral control and power

The Documentary Subjects

Kathryn, 22



Ashley, 15



Ramsey, 22



Act 2

Act 2

YOU'RE AT RISK... THIS COULD HAPPEN TO YOU

Act 2

YOU'RE AT RISK... THIS COULD HAPPEN TO YOU

Act 2

YOU'RE AT RISK... THIS COULD HAPPEN TO YOU



Act 3

Act 3

After a long meeting, he goes to his study, opening his pocket. Ramon, who had just entered, stands behind him, trying to get his attention. He goes on talking.

VO: 3 See Kathern, Ashley and Ramsey. There are different people with one thing in common—

Kathern: "I had stage 1."

Ashley: "I had stage 1."

Ramon: "I had stage 3, melanoma."

It's your skin

Ashley 10:26: "Don't know if friends are able to see this happen" but it can happen to anyone."

(Lindsay Home Tape 2) Mrs. Lindsay: "I think we should've done this we should've done this"

Ramon 12:45: "I want more to come in understanding what has happened to my body and what had brought this on. You know, it can be prevented or sometimes—there are some environmental factors—suntans and UV light—but I had no idea it was coming."

VO: "Look, thank for our chance here chance to get a tan. For many students, it's important to have that sun-tanned glow—but they may not know it could be at their skin's risk"

Kathern 13:23: "It made me feel good. Some people may be like with some. But I would take that skin and wear my sunglasses. I had to go through."

Rachel (Kathern's Friend) 15:40: "He was pretty dark. It's not as brown as she's lighter than me, but I'd say he was getting on at the age at the time."

VO: "I can see that pretty and it can strike anyone at any age"

Ashley 5:00: "I can't even imagine what it's like. I think I had to see her. I had to see her. I had to see her. I had to see her."

(Lindsay Home Tape 2) Mr. Lindsay: "The last time I saw the people, she showed it to me. It was the day of an event."



Coming Soon To A School Near You

- Voice Over, Animation, Music
- Message Testing
- Professional Feedback
 - Cindy McKeown, WGBH
 - Dr. Sherry Wallington, DFCI
 - Juan Mandelbaum, Geovision, Inc.
 - Dr. Martin Weinstock, MD, PhD, Brown University
- Longitudinal evaluation



Thank You



Dr. Steve Fine &
The Melanoma Education Foundation

Stony Hill Pictures

Gary Ashwal, *soon to be MA*

Dr. Timothy Edgar

