

The Salon Project

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In February 2012 Good Samaritan Cancer Center implemented an outreach project in a rural Nebraska county to educate women about breast health. Our “Take Care of the Girls” Salon Project was designed to:

- Approach women in a common gathering place—hair salons
- Capitalize on pre-existing relationships between cosmetologists and customers
- Utilize cosmetologists as lay educators
- Deliver a scripted verbal message
- Use a light-hearted theme and an eye-catching design to capture customers’ attention
- Present credible print information about mammograms, breast health, breast cancer, and available resources.

We chose a specific Nebraska county because it had a lower population per square mile, a higher percentage of residents over the age of 65, a higher percentage of uninsured residents, and a lower compliance rate to mammography recommendations. We specifically designed our Salon Project to reach this rural disparity population.

Getting Started

The first step: reaching out to cancer survivors for their input and ideas. As coordinator of the Salon Project, I attended a local breast cancer support group, explained the project idea, and asked the 13 members present to select a theme that was clever and bold without being offensive. From six options, they selected the “Take Care of the Girls” theme.

Our corporate communications department then designed a mock-up of a three-dimensional handout featuring a brassiere with “cleavage” created by partially revealing a package of two pink snack cakes. The handout included print information regarding:

- Breast cancer risks
- Family history issues
- Clinical breast exams
- Personal breast awareness
- Healthy lifestyle choices
- ACS screening recommendations
- Digital mammography available locally
- Financial resources from *Every Woman Matters*, a program that helps women ages 40 to 74 with limited or no health insurance and low or moderate income receive annual screening mammograms.

The handout also included an anonymous survey that women could complete and leave with the business, mail themselves, or complete online via a designated link.

The next step was to reach out to local providers. The county is home to two critical access hospitals, each offering digital mammography services. Both hospitals are affiliated with Good Samaritan Hospital through the Critical Access Network, so relationships and collaborations already existed. During the planning phase of our Salon Project, I spoke with the administrators at the two hospitals, describing the project in full and discussing our promotional plan. Both expressed strong support and agreed to provide past and future mammography statistics for their

facilities. I also contacted administrators at the county medical clinics.

Funding Our Project

In August 2011, I submitted a small grant application for our Salon Project to the Nebraska Affiliate of Susan G. Komen for the Cure. Their response letter expressed support for our efforts to address breast health needs in Nebraska, but reported that they were unable to approve the grant request. Failure to secure grant funding caused us to re-evaluate each project component—from the theme and design to all projected costs. As the theme and design were key project components—using surprise and humor to capture women’s attention and elicit conversation—we felt that changing them threatened the essence of our project. In the end, Good Samaritan’s corporate communications department designed the promotion pieces, donating most of the production costs as in-kind.

Funds from The American Recovery and Reinvestment Act (ARRA) paid the salary costs for my position (project coordinator). Local newspapers and the radio station offered heavy discounts to publicize our Salon Project. As supplies, mileage, postage, and miscellaneous project costs were moderate, the hospital picked up those costs.

The price of the snack cakes used in the promotion piece was the most significant project cost. While we were unsuccessful in engaging the snack company’s corporate office in the project, a local wholesale distributor agreed to

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discount the snack cakes by more than 50 percent. This discount allowed our Salon Project to move forward.

Reaching Out to Local Salons

Originally intended for rollout during National Breast Cancer Awareness Month in October 2011, the grant denial pushed the date back. Instead, we implemented our Salon Project during a two-week period in February 2012. This decision allowed us to incorporate a Valentine’s Day theme of “love yourself” into our promotion.

We contacted 20 licensed cosmetology salons in the county by phone. These “cold calls” were made during business hours and used a written script to present the information succinctly to the salon owners and managers. Most expressed some degree of reluctance to speak about a non-work-related topic and, in some cases, multiple phone calls were necessary to reach the owners and managers at a time convenient for them.

We told these owners and managers that our Salon Project would educate women about breast health. If they agreed to participate in the two-week program, the salon would prominently display handouts, and cosmetologists would wear a “Take Care of the Girls” lapel button designed to catch the attention of customers and prompt questions. Cosmetologists would tell each customer: “We’re helping educate women about breast cancer, and we have a handout for you.” Cosmetologists would then give each customer the information and

The Unique Needs of Rural Patients

The resources available to rural and non-rural populations vary greatly. These populations also face diverse barriers to care. These differences impact all aspects of rural cancer care: prevention, detection, treatment, and survivorship.

The National Cancer Institute (NCI) defines “cancer health disparities” as “differences in the incident, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States.”² Based on data from 2007–2009, 12.38 percent of women born today will be diagnosed with breast cancer at some time during their lifetime.³ Screening mammography, as recommended by the American Cancer Society (ACS), improves the chances of breast cancer diagnosis at an early stage when breast cancer is likely to be smaller and still confined to the breast; factors which improve prognosis.⁴

According to the *Manual of Intervention Strategies to Increase Mammography Rates*, the Center for Disease Control (CDC) identifies characteristics of women less likely to obtain screening mammograms. These socioeconomic factors include education, income factors, and lack of peer support. Knowledge and attitude barriers include not knowing risks or screening guidelines, fear, and mistrust. Access barriers include financial concerns for screening and treatment if disease is found, lack of time, time required away from work, transportation issues, and distance to services.⁵

The interventions we selected for the Salon Project are consistent with evidence-based recommendations by the Task Force on Community Preventative Services and have been shown to increase breast cancer screening by mammography:⁶

1. Small media (print information)
2. One-on-one education.

The primary objective behind our Salon Project was to increase the awareness of and the likelihood of following the mammography recommendations of the ACS for women after age 40. A secondary objective was to build collaborative relationships in the selected county.



encourage completion of the enclosed survey. Owners and managers were responsible for keeping track of the number of handouts distributed and asking for additional handouts if necessary.

We also asked owners and managers if they would commit to sharing a positive message about mammograms, emphasizing that the success of the project relied on customers hearing positive messages—not negative stories.

Fourteen salons in five communities committed to the Salon Project. Once we received verbal commitments by phone, we asked owners and managers to estimate the number of handouts they could distribute in the two-week time period. In total, the salons estimated they could distribute about 900 handouts.

Project Rollout

Once the handouts were printed, the process of hand punching, folding, and stuffing each handout with snack cakes began. This tedious, labor-intensive process required numerous cancer staff members plus a dedicated volunteer over several days.

Two county newspapers ran print ads prior to and during the two-week project. One newspaper ran a feature story on a local woman whose breast cancer was diagnosed via a screening mammogram. The radio station conducted an on-air interview regarding the project and also ran 30-second promotional spots.

During the week prior to kick-off, I

visited the 14 participating salons. Distance to the salons ranged from 49 miles to 98 miles—one way. At each salon, I introduced myself, reiterated the importance of presenting a positive message about mammograms, and delivered the table-top displays, handouts, lapel buttons, a Q&A sheet for the cosmetologists to review, and my contact information.


During the first week of the project, I called each of the 14 salons, asked for updates on handout numbers, answered questions, and delivered a general pep talk. During the second week, I revisited nine salons, but dangerous winter weather necessitated phone calls to the remaining five.

At the conclusion of the two-week Salon Project, cosmetologists had distributed about 850 handouts to salon customers. With more than 400 surveys returned (a 48 percent return rate), our Salon Project met its primary objectives:

- 76 percent indicated increased awareness about yearly mammograms after age 40
- 68 percent indicated they were “very likely” to follow mammogram recommendations throughout their lifetime.

Lessons Learned

Community outreach helps strengthen and/or foster new relationships between businesses, hospitals, non-profits, and local media. In our case, we found that hair salons, specifically, can be an effective venue and partner in a cancer

outreach education program. For community cancer centers looking to develop a similar program, it is critical to clearly communicate expectations to potential partners upfront. We found that businesses in which staff personally knew breast cancer survivors, or were breast cancer survivors themselves, demonstrated the greatest degree of engagement. Looking back, enlisting a breast cancer survivor from each community as a “champion” may have increased the number of salons and the level of interest and enthusiasm in those who participated in our Salon Project. 

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