ES TIEMPO
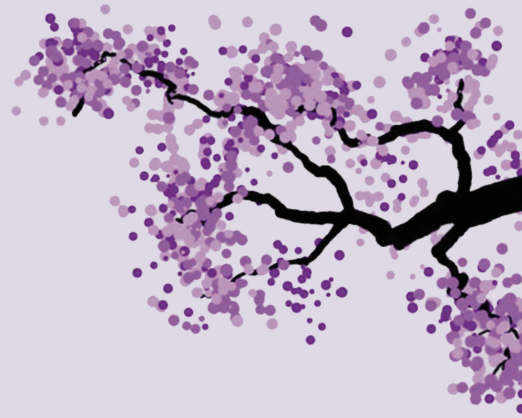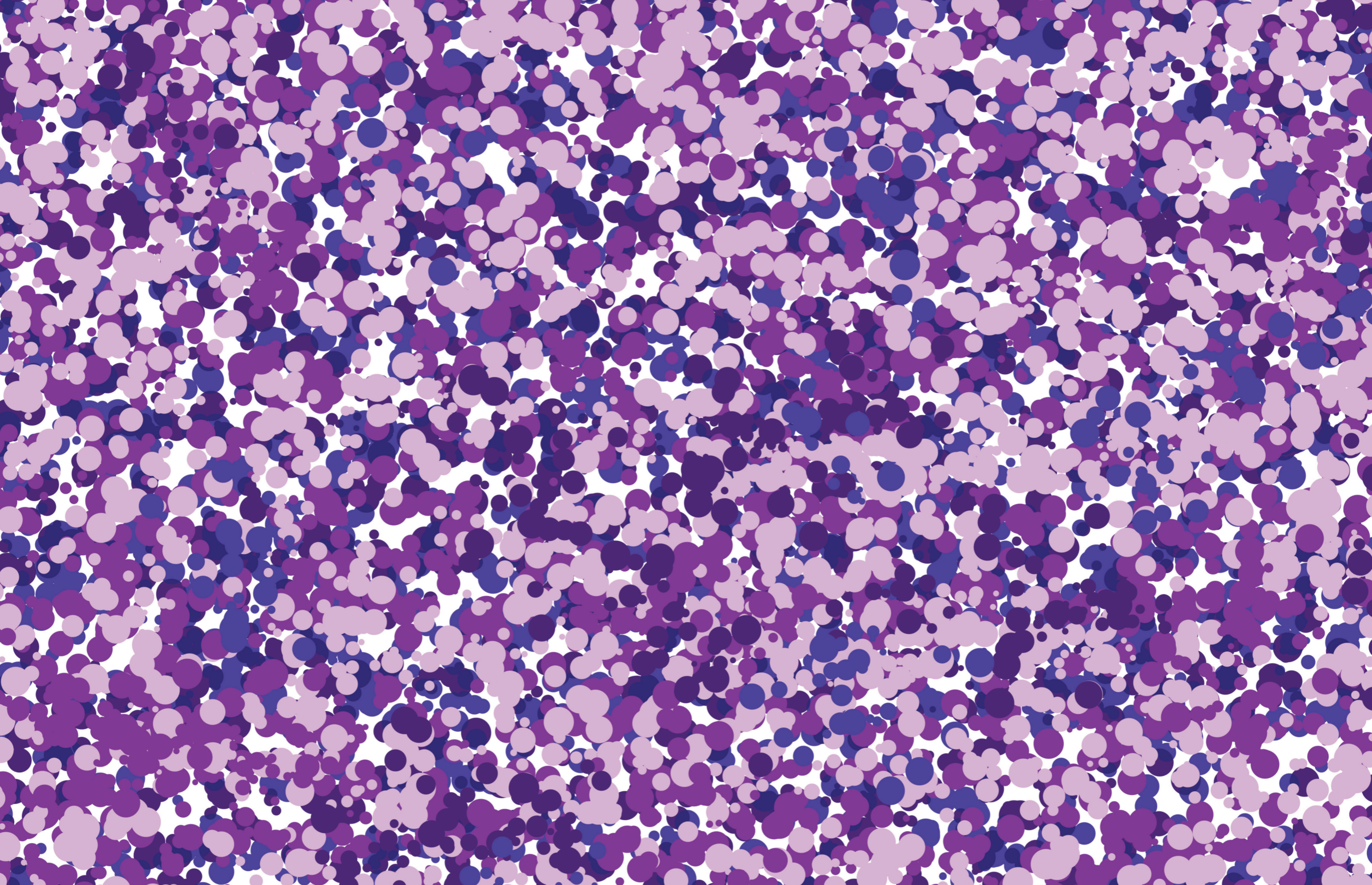
Raising Awareness of Cervical Cancer Prevention
Among Latinas

ES TIEMPO

Raising Awareness of Cervical Cancer Prevention
Among Latinas

designmatters
● Art Center College of Design

www.artcenter.edu/designmatters

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FOREWORD

Mariana Amatullo

Cancer. The word alone can conjure up anxiety and fear. And yet according to the American Cancer Society, cancers that can be prevented or detected early by screening account for at least half of all new cancer cases diagnosed each year in the United States.

Cervical cancer falls into the category of highly preventable and treatable cancers. However, doctors diagnose a disproportionately high rate of the disease at advanced stages—when the possibilities for survival are more limited—in East Los Angeles and amongst the diverse Hispanic population of women living in Southern California.

This publication captures a multitude of research threads, testimonials, facts and figures, as well as the stunning outcomes of a cervical cancer awareness campaign conceived for, and with, Hispanic women who are most at risk for the disease. The *Es Tiempo* campaign is the work of a terrific multidisciplinary team of Art Center students led by Elena Salij and Maria Moon for a Designmatters Department project that started during the Summer 2009 academic term. With a fresh communication premise, *Es Tiempo* demonstrates the potency of art and design educational projects that integrate empathetic and rigorous research combined with creative experimentation and a solid footing in the real world.

The challenges of designing beyond the safe haven of the classroom are always part and parcel of what students at Art Center confront when they participate in a Designmatters social impact project. In this case, our partnership with a highly accomplished body of experts at the University of Southern California Keck School of Medicine/Norris Comprehensive Cancer Center and the Annenberg School for Communication and Journalism provided the students with unwavering encouragement, as well as the invaluable access

and resources to test early concepts with focus groups of Hispanic women. This opportunity, along with other first-hand observational research throughout the 14 weeks of the studio, helped reveal false assumptions and bring attention to potential cultural and practical barriers that had to be overcome in order to develop a campaign that would successfully reach Hispanic women at risk.

When Elena Salij wrote the syllabus for her class, she coined it *"Hable con Ella!"*—which translates into "Talk to Her!" The title establishes an urgent call to action that the students fulfilled with a cervical cancer awareness campaign that celebrates meaningful touch points and connections in women's lives. The campaign delights and surprises by adopting the most unexpected of vehicles to carry its messaging: the ubiquitous jacaranda trees that line our Southland streets. Each spring, jacarandas bloom anew with iridescent purple splendor, and the reminder that *Es Tiempo*.

Mariana Amatullo,
Vice-President and Director, Designmatters Department
Art Center College of Design

Mariana Amatullo founded the College-wide initiative Designmatters at Art Center College of Design, based in Pasadena, California, in 2001 with a task force of faculty, chairs, staff and students. In her capacity as the lead of the program, she develops strategic educational partnerships and oversees a portfolio of research collaborations, communication campaigns, exhibitions and publications that enhance Art Center's commitment to be at the forefront of international design education and contribute solutions to humanitarian issues of critical urgency.

INTRODUCTION

Recognizing the need for an effective intervention program to benefit underserved Hispanic women at high risk of developing advanced cervical cancer, the medical and design communities joined forces to create a campaign aimed at increasing compliance with cervical cancer screening guidelines and clinical follow-up of abnormal Pap test results. Starting with a program implemented at the LAC+USC Medical Center, the outcome of this collaboration will inform an outreach effort designed to expand to other health care facilities in Los Angeles County, and then to other national centers serving a large population of Hispanic women. The ultimate goal is to implement similar programs throughout Latin American countries, starting with Mexico and El Salvador.

AN OPPORTUNITY AND AN OBLIGATION

Robert W. Haile, Ph.D.

The purpose of this collaboration among institutes at the University of Southern California and Art Center College of Design is to create an intervention campaign to better address issues (incidence, screening, clinical management, and mortality) related to cervical cancer among the local Hispanic population. Although the study group is defined by race/ethnicity, there are other important distinctions shared among the Hispanic population at highest risk of cervical cancer. This group is predominantly immigrant (over 50% of cervical cancer patients seen at Los Angeles County (LAC)+USC Medical Center are immigrants, with approximately half from Mexico and half from Central America, mainly El Salvador). It is distinguished by low literacy rates (25% do not read in any language) and low education. It is a group that is largely uninsured and underserved. These are all important considerations in the design of an effective intervention campaign.

Further, we believe it is critical to understand health determinants in this under-studied group, since the Hispanic population is the fastest growing major demographic group in the United States. By the year 2050, the Hispanic population in the U.S. will triple to 132.8 million, up from 46.7 million, and comprise 30% of the population, up from 15%.

We elected this health challenge for three important reasons. First, Hispanics have the highest incidence and mortality rates from cervical cancer of any major racial/ethnic group in the United States. Second, we know there are very effective means of preventing or treating this cancer. Finally, because of the young age structure of the Hispanic population, with a substantial proportion of Hispanic girls moving into the high risk years for cervical lesions in the coming decade or two, rates of cervical cancer will double or triple if we do not intervene now. This is a potential epidemic among a large, underserved population that we can prevent with effective interventions. As such, we perceive this as both an opportunity and an obligation.

DIFFERENTIAL INCIDENCE AND MORTALITY

Cervical cancer is the second most common cancer worldwide, with nearly 500,000 cases diagnosed every year and 275,000 deaths due to the disease. Incidence and mortality rates for cervical cancer in Latin American countries are among the highest in the world. This disease has well-defined stages of disease progression, starting with atypical squamous cells of unknown significance (ASCUS) and moving through cervical intraepithelial neoplasia 1-3 (CIN1-3) before the development of invasive cervical cancer. In the U.S., overall cervical cancer incidence has seen dramatic decreases since the introduction of widespread screening: there are approximately 20,000 cases diagnosed each year and some 5,000 deaths.

Approximate cases of cervical cancer diagnosed each year
Based on data from Globocan (http://www-dep.iarc.fr/)

in the United States & Worldwide

mother, sist
aughter, au
wife, friend
cousin, love
neice, mothe
sister, daughte
aunt, wife, frien
neice, cousin, love
ther, sister, daugh
, wife, friend, co-wo
cousin, lover, neice,

500,000 cases

20,000 cases
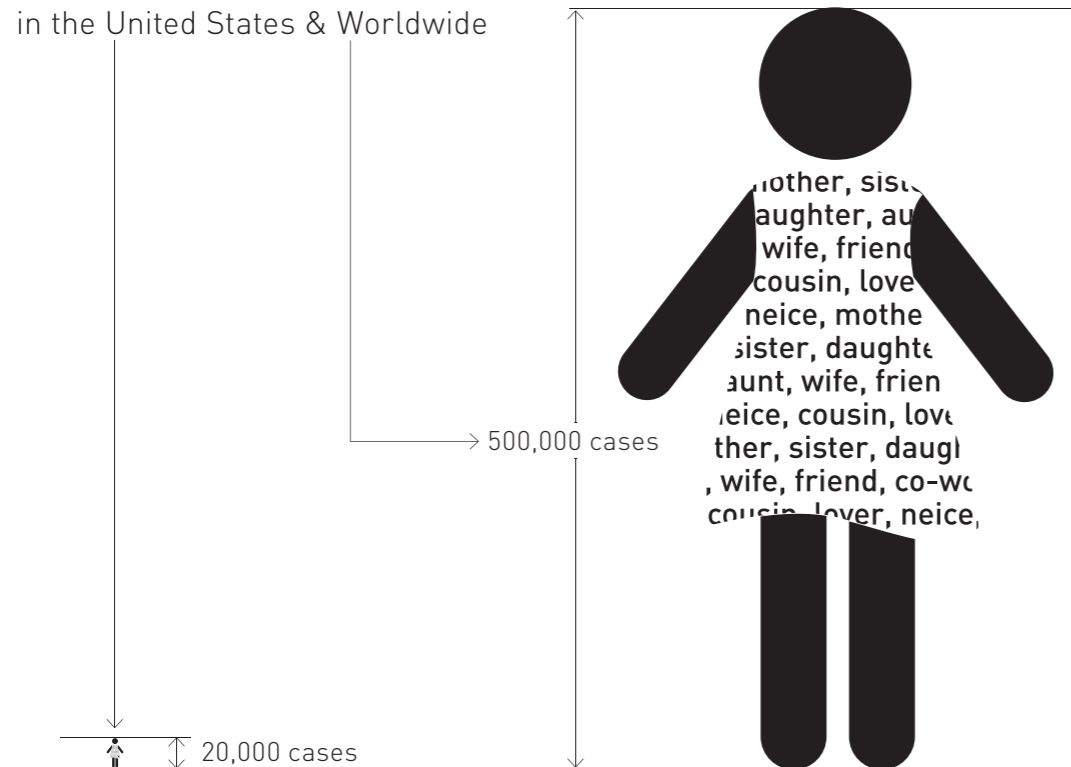
In the United States, approximately 2 out of 10 women diagnosed with cervical cancer will die.

Without intervention, worldwide, close to 6 out of 10 women will continue to die from cervical cancer, a preventable and curable disease.

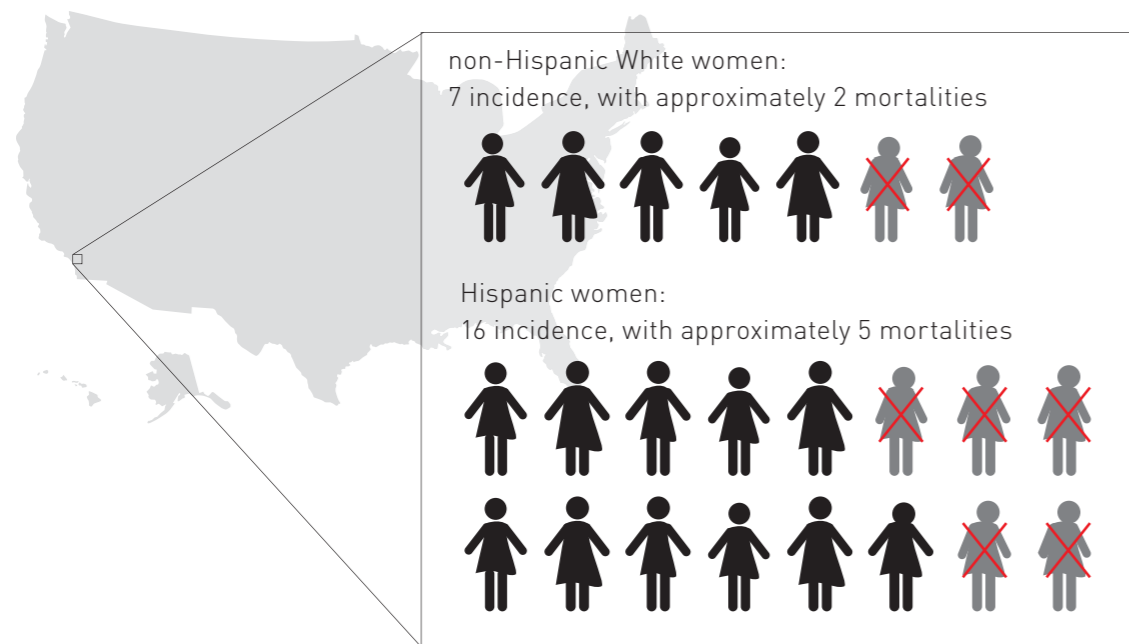Despite the dramatic declines, there remain distinct and concerning disparities in the incidence of cervical cancer in the U.S. based on socio-demographic characteristics including race/ethnicity, immigration/ acculturation, and socioeconomic status. Rates are highest for Hispanic women compared to all other major racial/ethnic groups in Los Angeles County.

The age-adjusted incidence rate for Hispanic women in Los Angeles County for the period 2001-2005 was more than double that for non-Hispanic white women; 16.3 per 100,000 Hispanic women compared to 7.4 per 100,000 non-Hispanic white women. In Los Angeles County, the average annual mortality rate from 2001-2005 was 2.21 per 100,000 in non-Hispanic Whites compared to 4.5 per 100,000 in Hispanics (compiled from SEER, NCI, and CDC data).

Incidence rates of Cervical Cancer for non-Hispanic White and Hispanic Women in Los Angeles County per 100,000 Women during 2001–2005
Based on data from SEER, NCI, and CDC.

non-Hispanic White women:
7 incidence, with approximately 2 mortalities

Hispanic women:
16 incidence, with approximately 5 mortalities

SCREENING, EARLY DETECTION, AND TREATMENT

For poor populations here and in Latin America, clearly the feasible approach will be screening and early detection and treatment of precancerous CIN lesions. Julian Peto and colleagues (2004) have demonstrated the powerful effect screening programs have on decreasing the incidence of cervical cancer. In their seminal paper, they estimated that the number of cervical cancer deaths in Britain would have risen to 3,000 in 2003, reaching 5,500 deaths in the year 2030 without the introduction of the national screening program, which began in 1988. Because of the introduction of this program, the cervical cancer death rate is estimated to have declined by 80%. Similarly, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in the U.S. has shown that regular screening decreases the incidence of invasive cervical cancer.

Cervical Cancer Death Rates in Britain
Based on data from Peto J. Gilham C. Fletcher O. Matthews FE. The cervical cancer epidemic that screening has prevented in the UK. *Lancet* 364(9430):249-56, 2004 Jul 17-23

Deaths had screening program NOT been implemented

Screening program introduced

Annual deaths due to cervical cancer

Annual deaths
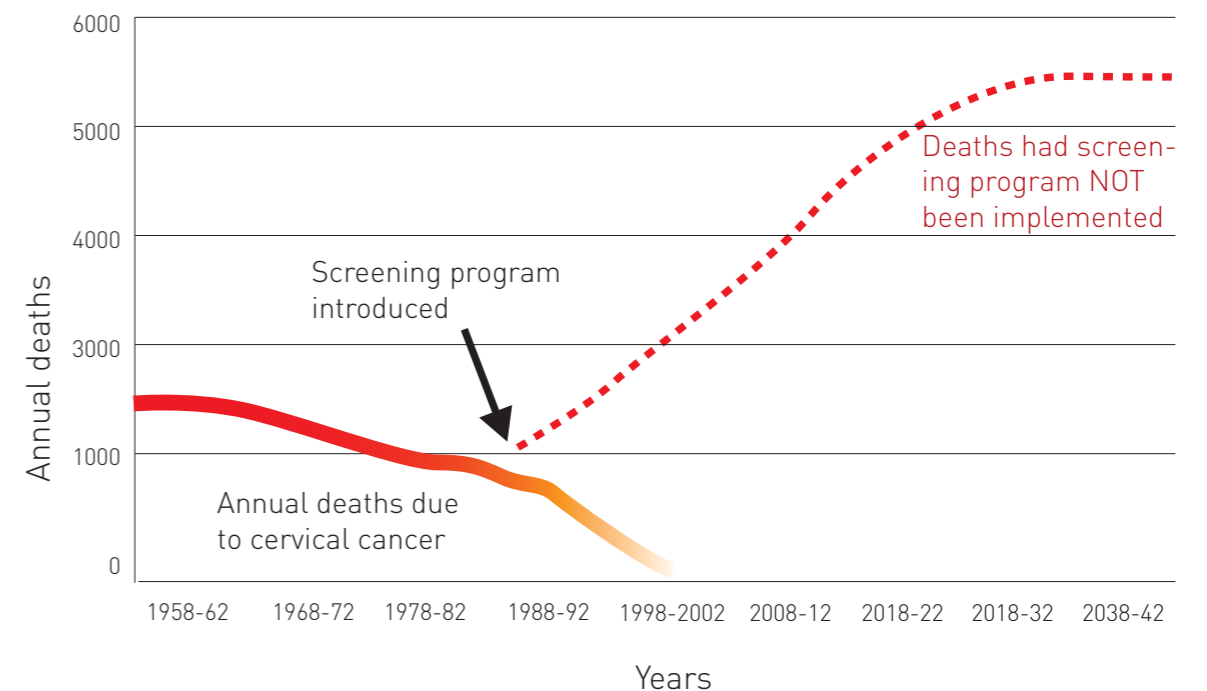
Years

Early Cancer Treatment Survival Rate

Based on data from the Surveillance, Epidemiology and End Results (SEER) program (http://seer.cancer.gov/)

Cancer treatment started early has a direct impact on improving the rate of survival.

Without early treatment, the chances for survival dramatically decrease.

Chance to survive

Years from onset

When women are screened every year, the incidence is reduced by 94%, and when screened every five years by 84%. But when the interval between screenings is increased to 10 years, the reduction in incidence is only 64%. Unfortunately, the compliance with screening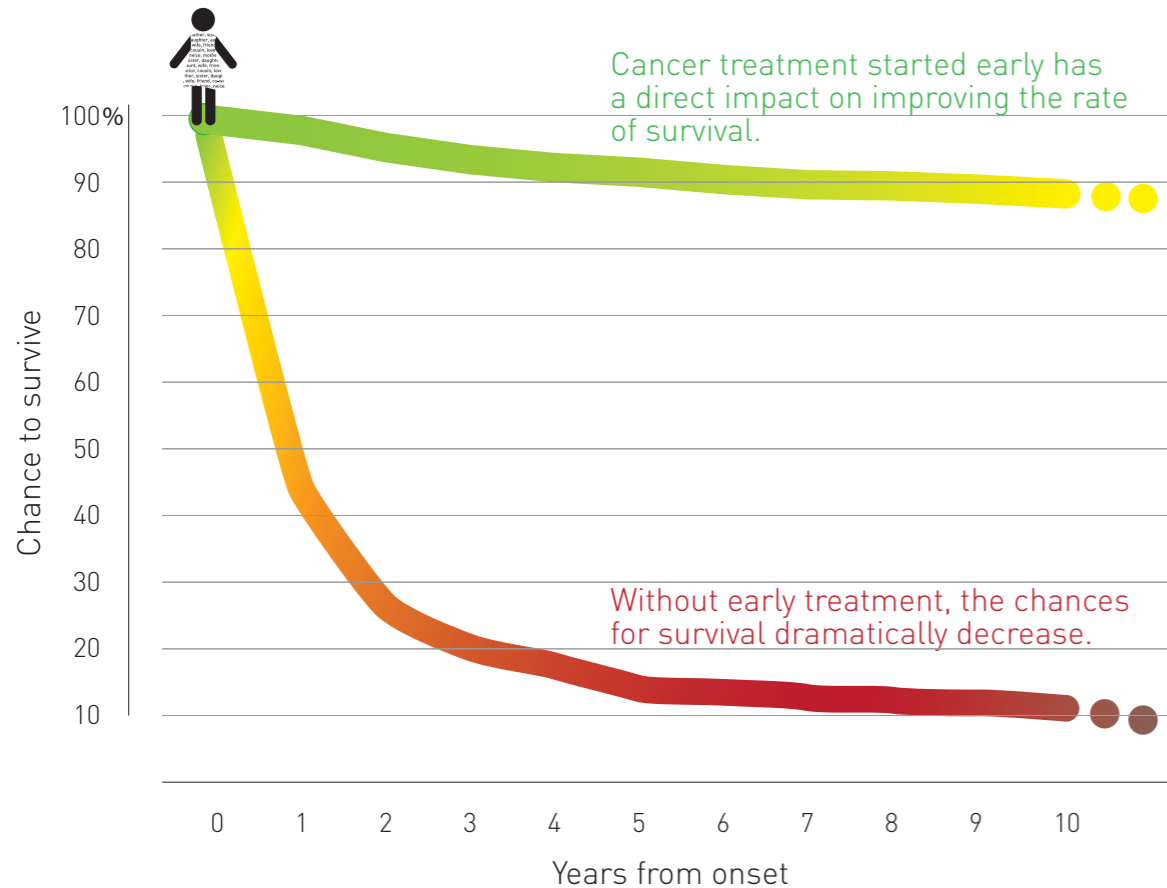 guidelines among Hispanic women is very low (see Curr Probl Cancer, 2007, for a review). Presumably, this lack of compliance stems from multiple factors, including language barriers, low literacy, low health literacy, cultural issues regarding sex, sexual transmission of HPV, being required to submit to a gynecological exam and Pap smear, the lack of health insurance and health care access, and immigration status issues.

Here are the facts:

Latinas in North, Central, and South America are disproportionately vulnerable to cervical cancer.

Cervical cancer can almost always be cured, if detected and treated early. In the underserved neighborhoods of East Los Angeles, incidence of early-detection screening—the routine Pap test— is dramatically lower than elsewhere.

Given current population trends, the incidence of cervical cancer will double or triple in the coming decades in Los Angeles unless effective interventions are instituted immediately.

Robert W. Haile, Ph.D.
Professor and Associate Director
USC Norris Comprehensive Cancer Center

Dr. Haile is a Professor in the Department of Preventive Medicine at USC and is an Associate Director of the USC Norris Comprehensive Cancer Center, where he oversees the cancer causes and cancer control programs. He has 30 years of experience conducting cancer research, having directed many large, international, multi-institutional studies of breast and colorectal cancer. He has expertise in genetic epidemiology, a field of science that considers both genetic and environmental causes of disease and how these two sets of causes may interact with each other.

DESIGN RESEARCH

During the summer 2009 academic term, LAC+USC Medical Center challenged students to create advertising communications to persuade Latinas in underserved communities of Los Angeles to comply with clinical guidelines for cervical cancer screening.

As part of the design process, students focused their research on understanding the Latina audience, their visual landscape in the East Los Angeles area, and relevant campaigns that suggest meaningful and effective design approaches in creating a communications program of this nature. In order to better assess and understand the barriers to compliance, focus groups were conducted by Dr. Sheila Murphy of USC Annenberg School for Communication and Journalism and Dr. Lourdes Baezconde-Garbanati of USC Institute for Health Promotion and Disease Prevention Research. Results were presented to the participating class at Art Center, where students then developed concepts and models for the intervention campaign.

Our studio was small, consisting of seven upper-term students from different majors: graphic design, photography, illustration, and fine art. None of the students had much direct experience either with the target community or with cervical cancer, and none had participated in a project like this before.

Camille   Chris   Haelee   Lucia

Mark   Tracy   Phillip

DESIGN RESEARCH: PROCESS AND OUTCOMES

Elena Salij

As in all Art Center studio classes, the students were encouraged to begin with research—not only with library research, but with primary (survey) research, visual research, and research that's more improvisational and experiential—designed to generate impressions and hypotheses as well as suggest solutions.

The students therefore began their work broadly, and without any specific objective other than immersion: by visiting the USC Norris Cancer Center (and even administering mock Pap tests on training dummies, in order to better understand the particular environment of the exam room), by visiting local clinics, by studying Spanish-language television and radio (and by extension, advertising), and by documenting the visual and material culture of East L.A.

The research and information our designs are based on aren't from books, but from our understanding of the lifestyles of our audience.

Chris Lack, student

<u>pp. 20–35</u>
East Los Angeles

<u>pp. 36–40</u>
Wilshire Boulevard and Alvarado Street

Design Research: Process and Outcomes
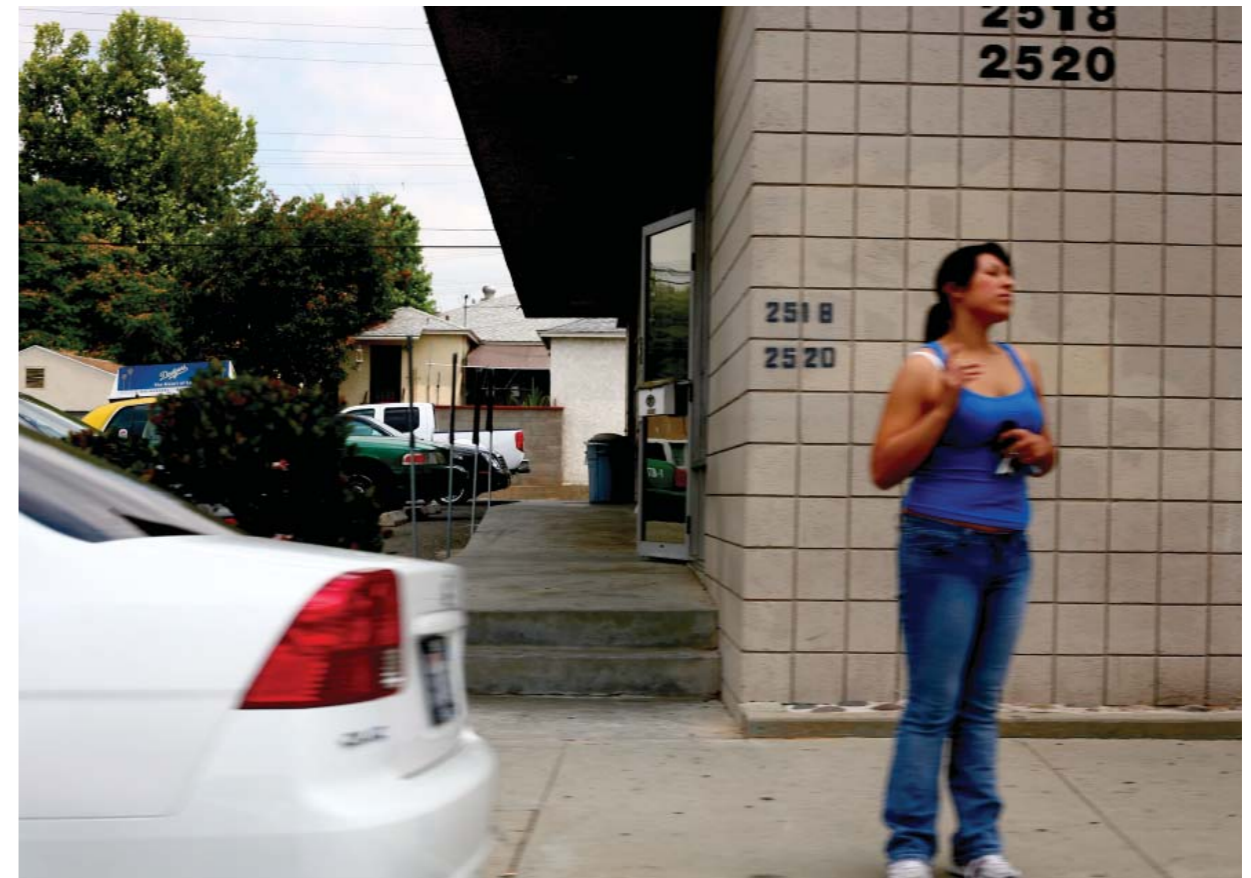
The Hispanic women I encountered in my daily life inspired me, and gave a human face to this project. My personal goal became to try and understand their lives and why they neglected their health. This project was especially meaningful because we were asked to design a solution that had the potential to save lives.

Camille Ontiveros, student

As part of their work, students were required to research examples of promi-
nent public-service advertising campaigns that took on similarly intractable
issues; complex, multi-barrier problems, like ours, that could not simply be
addressed comprehensively by even the most compelling slogan or poster.
These examples provided substantial inspiration, since many stretched the
definition of advertising, and what advertising could hope to accomplish, and
thereby encouraged the students to think more expansively and set a higher
bar for their own work.

The Million, currently in a pilot program in New York City, was proposed
as a response to the perpetual problem of low achievement and high dropout
rates in New York City public schools. Rather than simply produce posters
haranguing students to stay in school—an approach that had demonstrably
failed, decade after decade—the creators leaned into students' love of cell
phones and need for connection. They actually gave students cell phones,
and offered them free minutes as a reward for good attendance and school

performance; as a bonus, teachers could stay connected to their students by
providing tutoring and assignments over the same phones.

LIVEStrong is a fundraising initiative for the Lance Armstrong Founda-
tion, in which donors were rewarded with the now ubiquitous yellow silicone
bracelet—extremely cheap to produce and distribute, but allowing the donor
to make manifest their association with the cause.

UNICEF's Tap Project launched in 2007, is a fundraising project
designed to support UNICEF's efforts to bring clean and accessible water to
millions of children around the world. Rather than merely ask for donations—
the usual dynamic of fundraising—the Tap Project asked upscale restaurants
to ask their patrons to donate $1 or more for the tap water they usually enjoy
for free. This concept was simple but sensible: ask donors for help for the
developing world, while their wallets were already open, and they were enjoy-
ing the taken-for-granted privileges of living in the First World.

Each of these campaigns, and others that were similarly innovative, repre-
sented a sophisticated and integrated communications program designed to
knock down barriers as well as to communicate. These examples were
regularly revisited by students as they grappled with the structure of their
own campaign.

what do you get?
Participating students receive their very own free Million
mobile device, along with information on how they can
earn points and how to use the device.

What's more, there are no bills. The Million arrives pre-
loaded with a number of free points, and students must
continually earn more points by doing well in school.

In the future, the Million will evolve to include custom
educational software, homework supports, school
information and news, exclusive content and internet
access – becoming its own student-centered network.

what is the million?

how does it work?

million™

LIVESTRONG™

TAP PROJECT

On the basis of this early research, the students created "rapid prototypes" of their very preliminary ideas for the project. Rapid prototypes are incomplete, necessarily imperfect sketches, generated under tight time pressure—simple notations of the concept, designed to capture the essence of the idea. But these sketches are valuable in the creative process in that they require the creator to give form to thought. Some of these rapid prototypes were clearly impracticable—say, sending a limo to pick up women from their homes and workplaces to take them to clinics during the day—but the expression of the idea allows the creator and collaborators to interrogate and expand on the thought, often taking a weak or infeasible idea and making it workable.
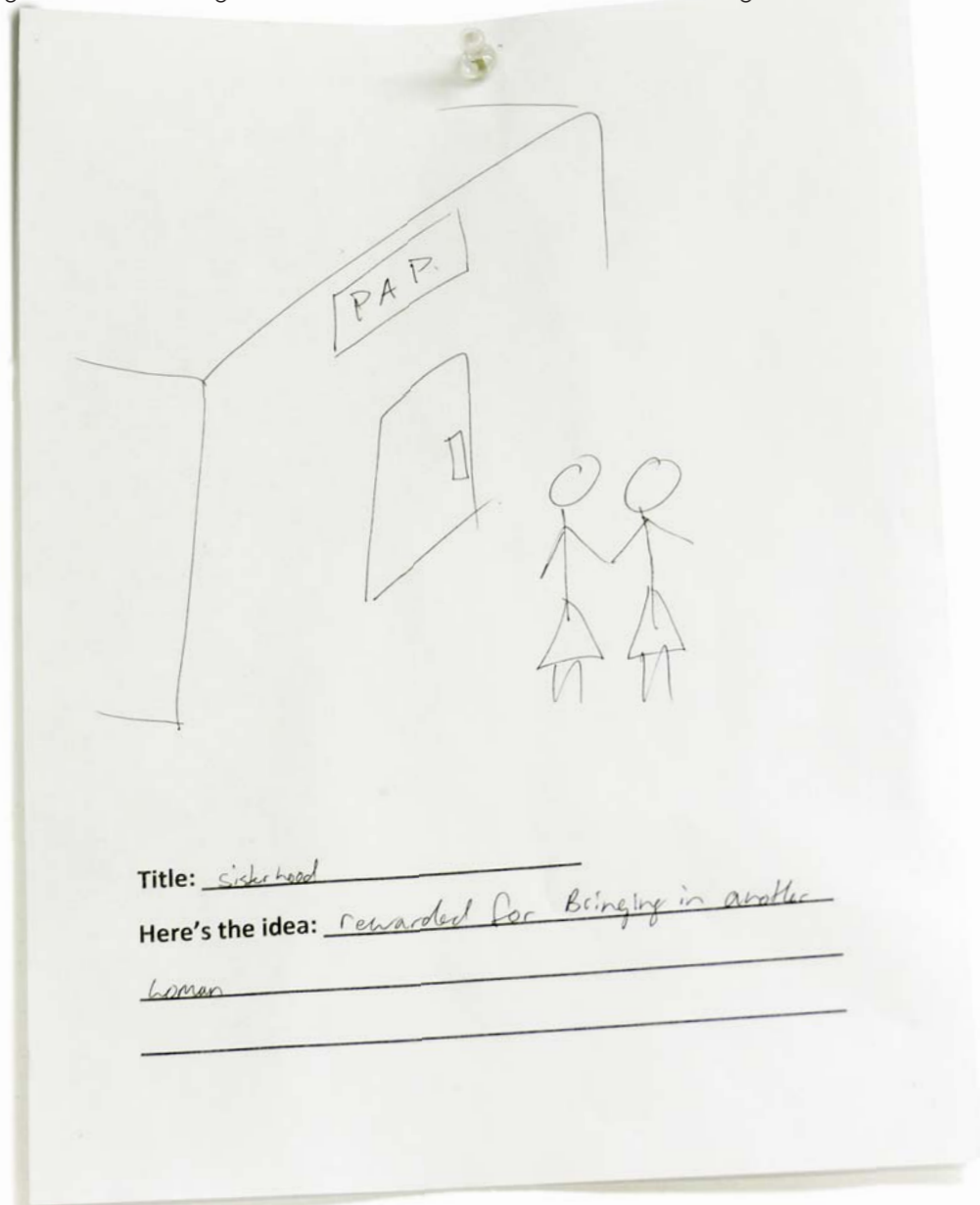
(RAPID PROTOTYPE WALL)
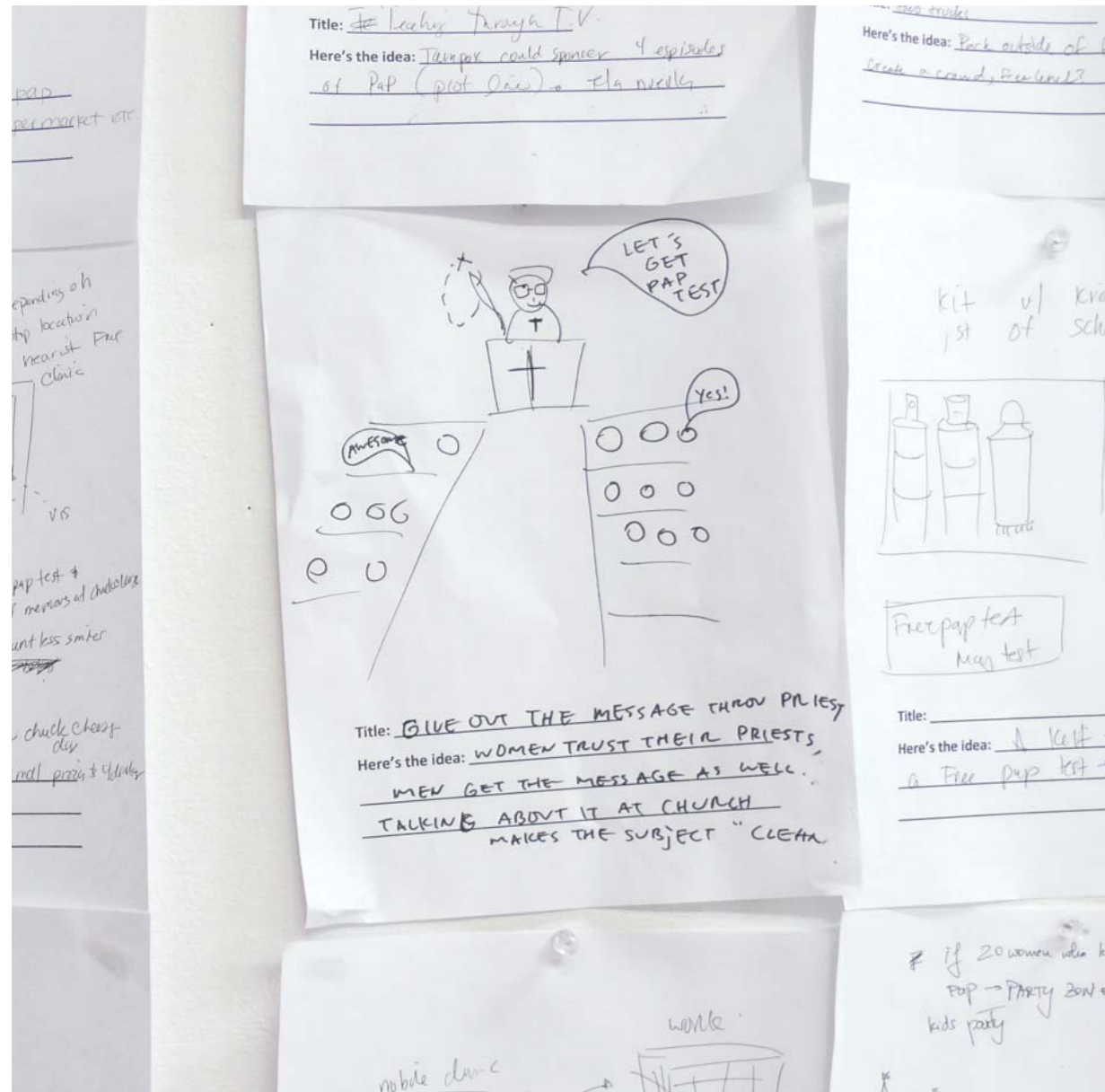
Title: Give out the message through a priest.
Idea: Women trust their priests; men get the message as well. Talk about it at church. Makes the subject clean.
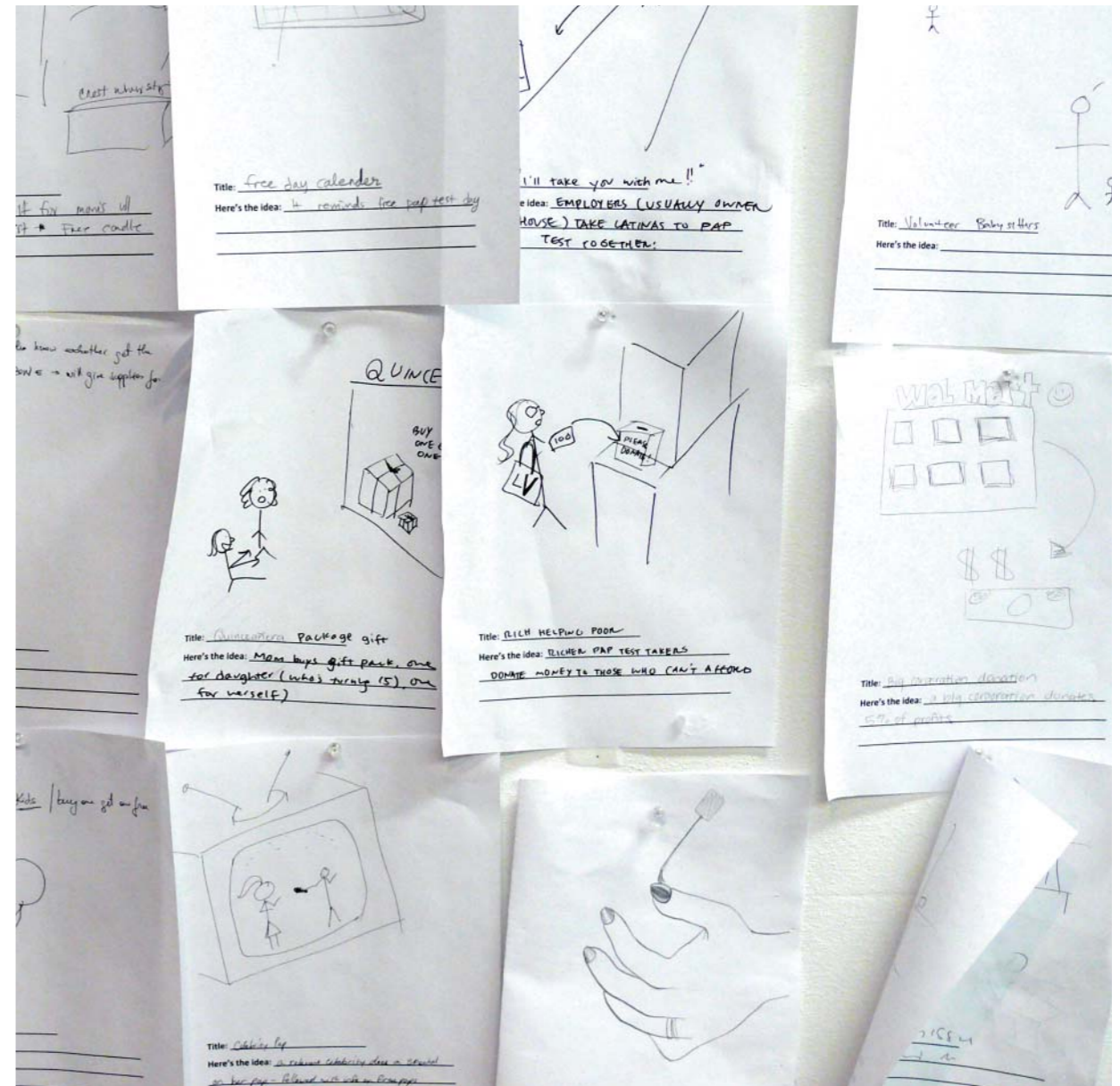
Title: Rich helping poor.
Idea: Richer Pap test takers donate money to those who can't afford Pap.
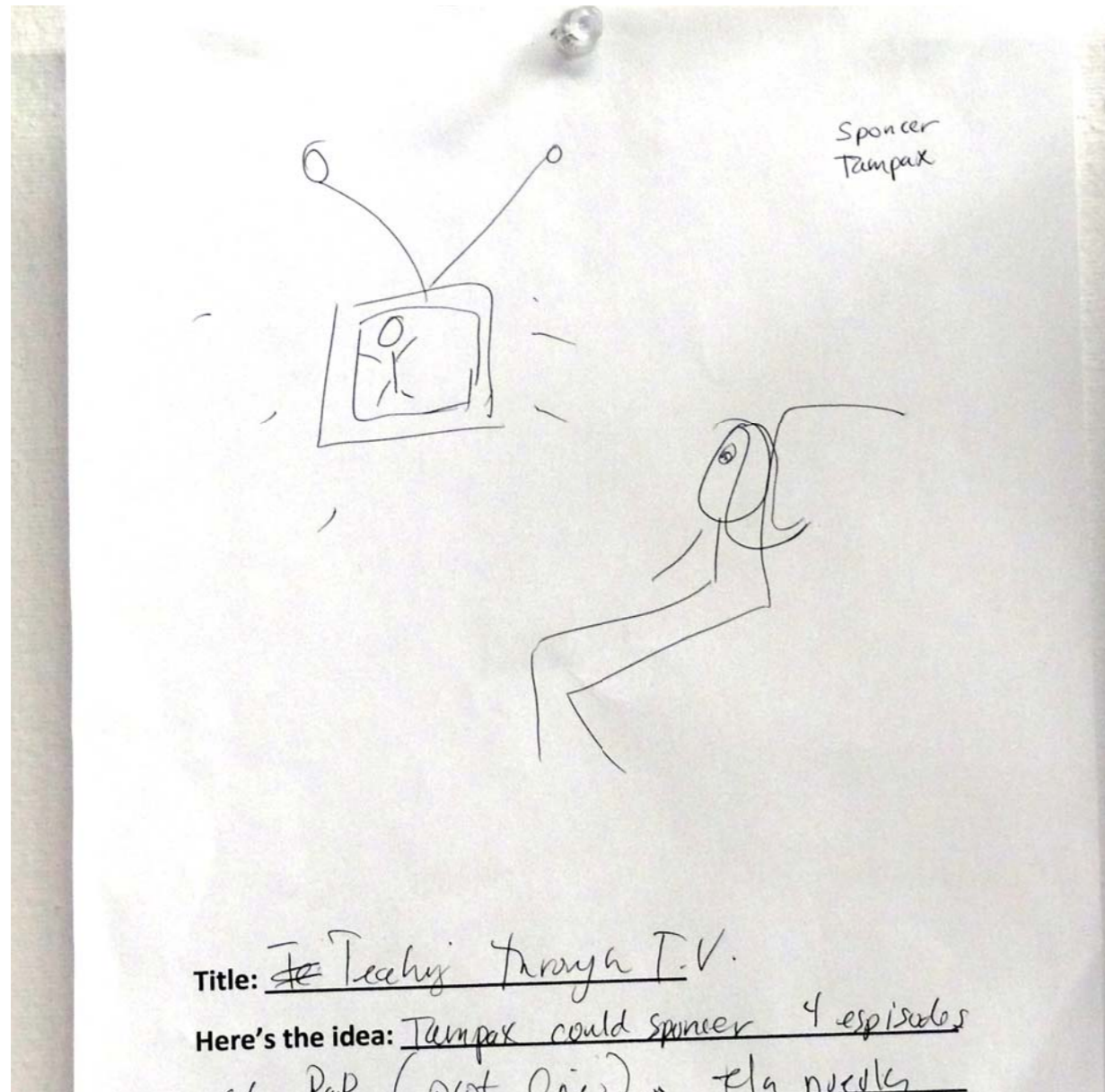
Title: Teach through television.
Idea: Tampax could sponsor four episodes of Pap (plot line) telenovela.
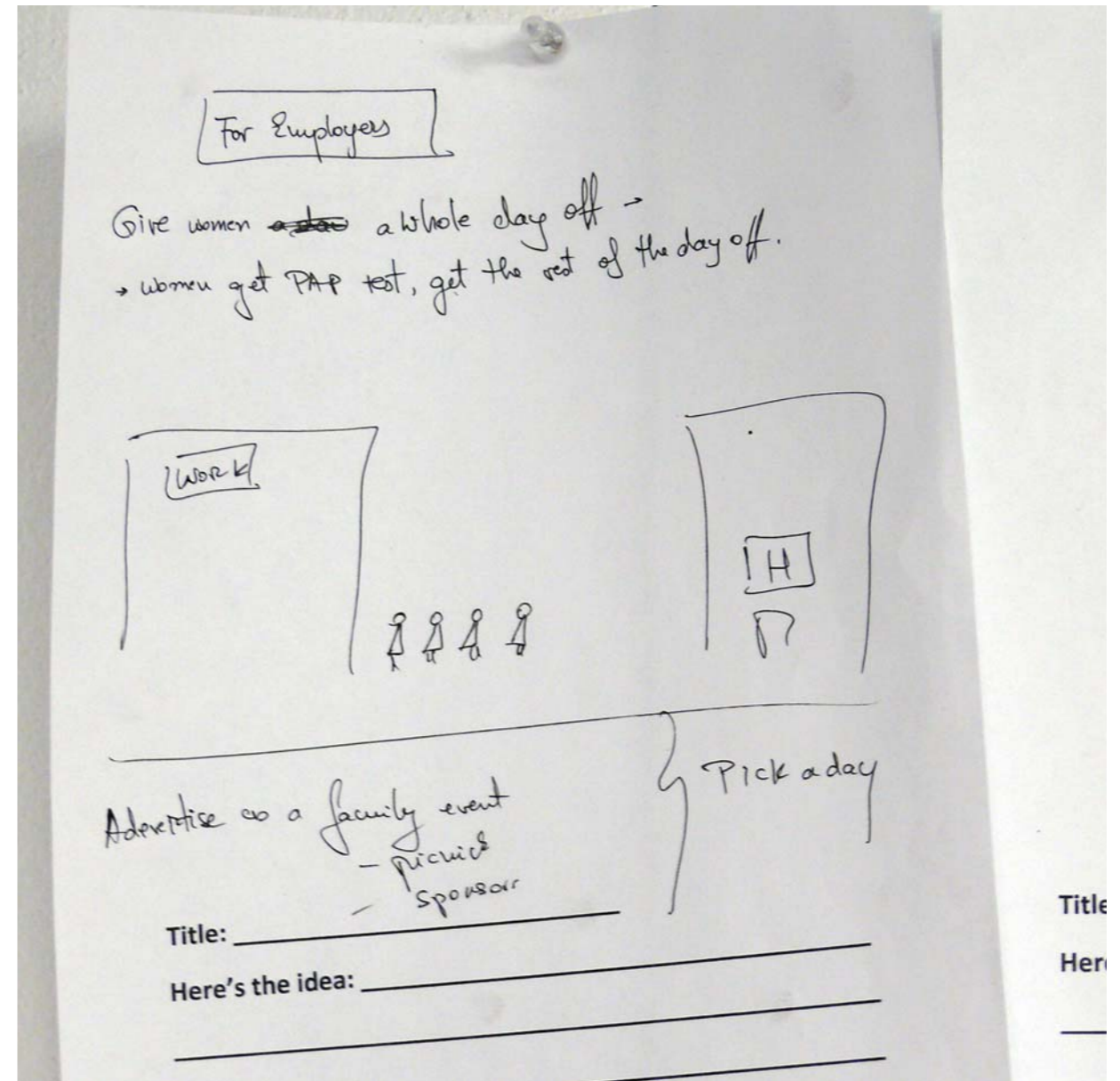
Title: Pick a day.
Idea: Give women a whole day off to get a Pap test, and enjoy the rest of the day off.

paptap

I rode the
Pap Mobile
and I'll do it again in 2yr

> Can we find a way to provide Pap exams as a gift?

> Can motion (TV/Web, etc.) be a viable vehicle?

> Is mobility a solution for convenience?

> How does our message operate at different scales?

> Where can we plug our message?

IT'S TIME

THE PAP MOBILE:

A mobile Pap Unit brings the test to the streets. The Pap Mobile would go into neighborhoods to bring awarness and pap tests to women who could not otherwise get to a clinic to get the test.

IMPROVED BUS STOPS:

We would make beautiful posters, and repaint the bus stops to match in a festive, happy way. Creating a statement like this would generate a PR buzz, helping to spread our message to more people by capatalizing on local news and word-of-mouth.

center way

LA Pap Drive

> What are ways we can partner with sponsors?

> How do our women feel when they see the word "Pap"?

VISUAL IDENTITY:

Logotype should be in both English and Spanish. Graphic symbol aids in illiterate understanding of concept. One apple a day keeps the doctor away. One pap test every two years for reproductive health.

> How do our women respond to "medical" visual language?
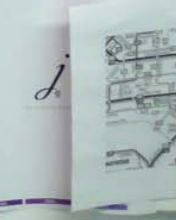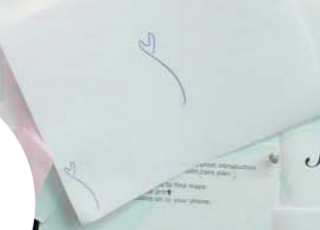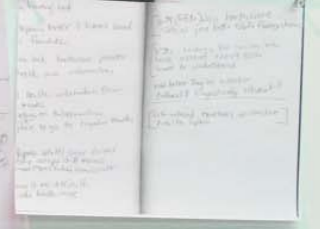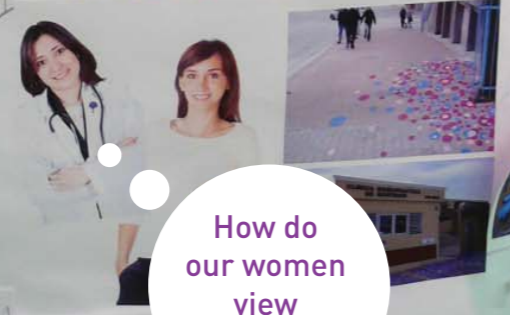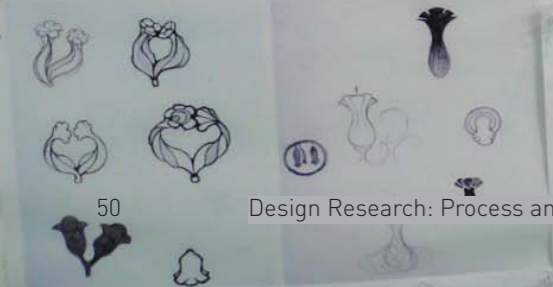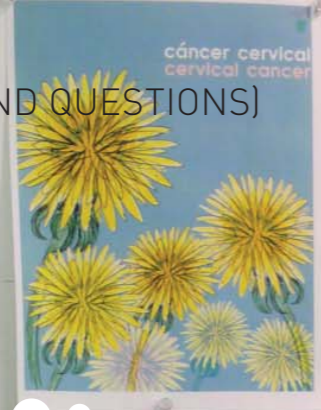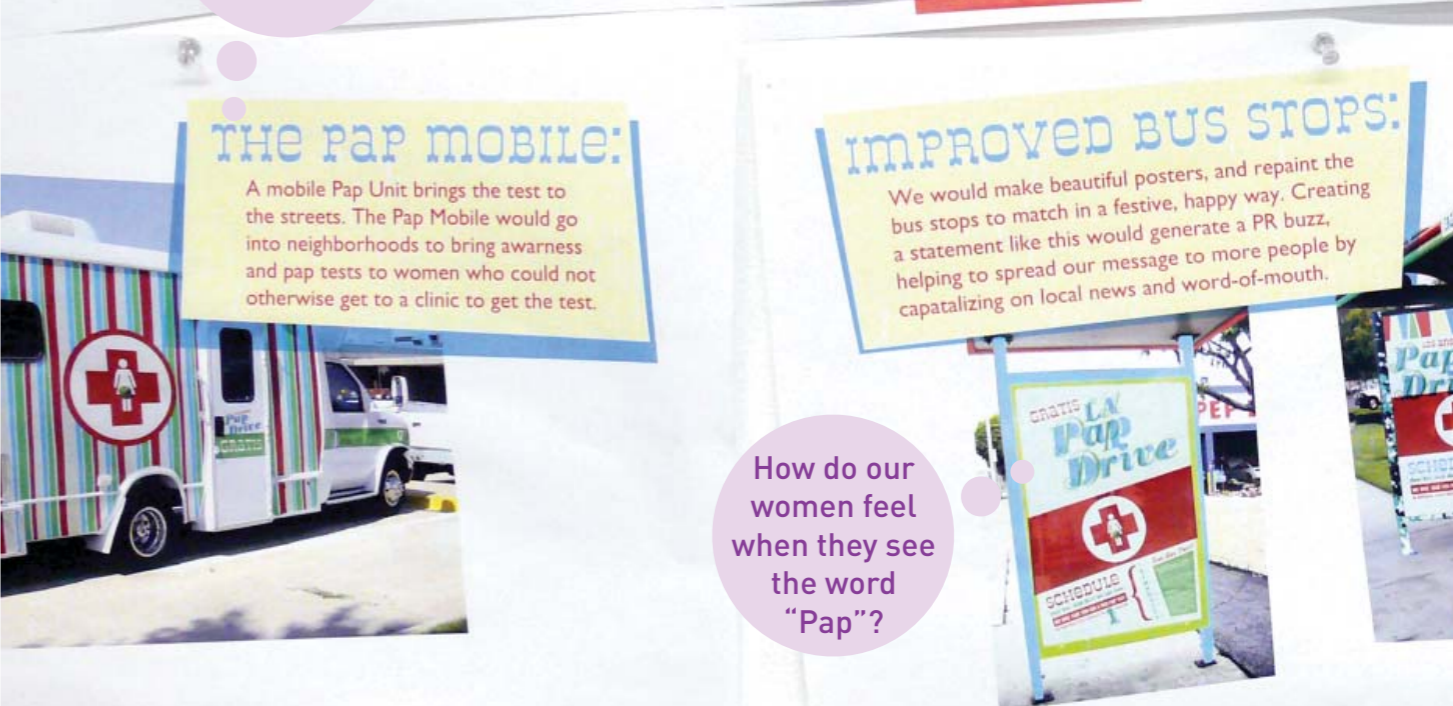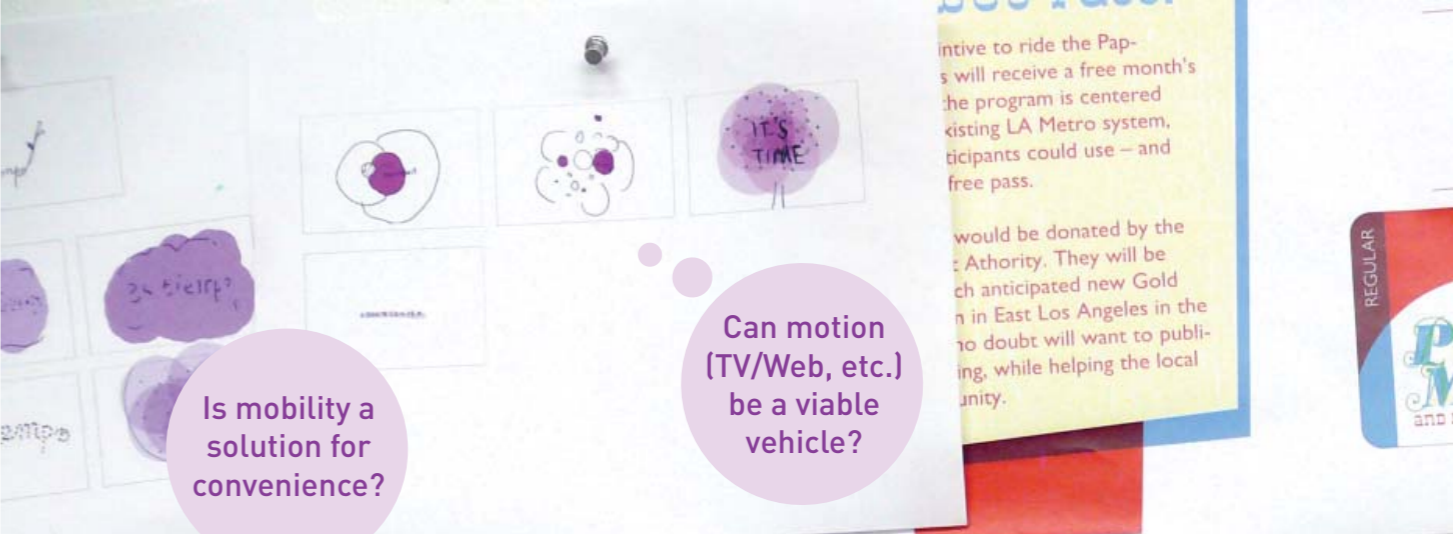
students in studio

Elena Salij, Lead Faculty
Former Chair of the Advertising Department
Art Center College of Design

Elena Salij has led a number of cross-disciplinary studios
in which teams of students address humanitarian or social
causes; her students have created award-winning commu-
nications programs encouraging compliance with cervical
cancer screening guidelines in East Los Angeles, raising
awareness of the scourge of maternal mortality in develop-
ing countries, and discouraging kids from joining gangs
in Northwest Pasadena. She is also the head of her own
consulting firm, advising marketers in the U.S. and Europe.
She has a BA in political science from Swarthmore College,
and a Masters in Architecture from Harvard University's
Graduate School of Design.

FOCUS GROUPS

Researchers at USC Annenberg School of Communication conducted a handful of focus groups with at-risk Latinas. The sessions were dedicated to addressing issues that the students had identified during their preliminary research, including specific lines of inquiry that the students had devised, and soliciting reactions to some of the more promising rapid prototype ideas. Their findings, more than any other piece of the puzzle, brought the challenge into focus.

Hearing directly from our audience in the focus groups was a turning point in the project. Prior to hearing their answers in their voice, we were running on facts, figures, and assumptions. Being as culturally diverse as we are, it was no shock that most of our assumptions were wrong. Having a direct connection to our audience was monumental in shaping the way we looked what problems to solve and how to solve them.

Chris Lack, student

KEY FINDINGS

Elena Salij

The next step of the process was extremely productive — in fact definitive, in terms of this project. The focus groups taught us that our most fundamental assumption — that these women were not aware of the Pap test or its importance — was simply incorrect: virtually all the women in the focus groups knew what a Pap test was, and that they should be screened regularly. However, through the course of discussion, it became clear that there were a range of other barriers — cultural, institutional, and practical — that had to be addressed if we were to succeed.

- First, the women disliked discussing medical matters in general, and had a particular distaste for discussing reproductive health: they usually referred to the reproductive organs as "down there," and shied away from open discussion. This posed an obvious problem for advertising, which almost by definition is public — it brings these matters out into the open. So, we had every reason to believe that women would shut out advertising for Pap testing that was too explicit.

- Those who had experienced a Pap test found it uncomfortable and undignified — and were naturally reluctant to repeat the experience. It was obvious that we would have to provide reassurances that the test was easy — or, at least, not as difficult as they remembered or had heard — and to the extent possible make the experience more palatable.

- Most of the women didn't have any regular relationship with a primary-care physician: in fact, they were far more likely to see their children's pediatrician than see a doctor for themselves. That meant that there was no obvious structure for issuing reminders or follow-ups — the campaign would have to build in that structure.

- Many tended to distrust physicians: indeed, most of these women said they had more confidence in the medical advice given by their mothers,

sisters, and female friends than in the advice they got from doctors. This was a particular problem, since all written materials to date had featured physicians-as-authorities: we began to understand that we would have to drop the doctor, and instead tap into the network of family and friends that these women relied upon.

- Many tended to rely on outside authorities for instruction, however: some noted that the Mexican government routinely issues healthcare reminders and directives, and as a result they didn't keep track of screening schedules on their own. This suggested that the audience would be more passive than we had hoped, requiring more than the usual amount of prodding, delivered in a way that felt authoritative.

- Many were reluctant to provide personal information — even phone numbers — to any authority. As a result, no reliable database of at-risk women could be established for the purposes of issuing reminders or for follow-ups. This meant that we couldn't simply collect names and numbers and email addresses for building a database, as we might in another community, and that we would have to provide more than the usual reassurances of privacy to participants.

- Many didn't know where to go for low- or no-cost Pap tests in their neighborhood. It was obvious that providing basic information and maps, literally, would be important.

- Many couldn't afford to take the day or half-day from work, even to visit a local clinic where a Pap test could be low-cost or even free — obviously, an enormous problem. It became clear that providing financial incentives, offering at least some compensation for time taken from work, would be essential if we were to generate the kind of compliance we were seeking.

Transcript   [Spanish speaking focus group, translated from Spanish into English.]
[group 1]   Moderator: When I say the word Pap smear, tell me the first word that comes to mind.

Participant L: Painful
Participant A: Illnesses
Participant G: Shame/embarrassed but important
Participant R: Embarrassed is what I think of
Participant M: Cancer prevention
Participant C: Embarrassed (or painful)

[group2]   Moderator: When I say the Pap smear exam what comes to your mind?

Participant D: To me, it scares me. Personally when they've done it and I've gone to get the
                   results, I thought *What will it be, what will it be* and tension and stress. We
                   are always pessimists and we think the worst. The fear is what keeps us from
                   doing it.

Participant B: Fear that they will tell you that you have cancer.

Participant E: It's better to deal with your fear so that they can tell you on time if you have
                   something.

Participant A: Nerves. Fear of the results and the exam because it's painful.

Participant F: Embarrassment that they have to see you.

FOCUS GROUP PERSPECTIVES

Sheila Murphy

Focus groups are carefully planned group discussions, typically among six to 12 people of a similar background—in this case Latinas between the ages of 18-45 with little or no history of having Pap smears. Unlike surveys or other quantitative methodologies that require large samples and produce numeric results, focus groups are a qualitative research methodology that attempts to get a sense of what a specific target population feels or thinks about particular issues by having a more in-depth conversation with fewer participants. Also unlike most surveys, where questions are asked in a standardized order and wording, focus groups allow the moderator leeway to probe for the unexpected and to use projective techniques such as word association (e.g. "What word comes to mind when you hear the phrase 'Pap smear'?") to elicit unconscious associations from respondents.

In order to generate viable results, it is crucial that respondents feel comfortable in the focus group setting. We therefore ran separate sessions for relatively new immigrants, in Spanish, and for second generation Latinas, in English. In each case, we also kept together those who had never had a Pap smear, and ran separate groups for those with prior experience with the test. In total, we had four distinct groups.

The key issues to be clarified in the focus groups came from the Design-matters class. First, we narrowed their large list of potential questions to key lines of inquiry that could be probed during a 90-minute discussion. In the end, we included easy-to-answer items (such as a favorite color or type of music) on a waiting-room survey. Then, during the focus group, we sought to identify barriers these women faced in getting screened for cervical cancer and how those might be overcome, as well as testing some preliminary con-cepts (such as the mobile van, making going for a Pap smear an "event," or scheduling exams with a family member or friend).

In my professional capacity, I am often involved at the outset of a cam-paign (in formative research to identify potential pitfalls) or at the very end of the process (in evaluating a campaign's success or failure). The collabora-tion with the Designmatters class at Art Center provided me with a rare

opportunity to have direct input and impact throughout the entire campaign development process. The initial concept of teaming up with Designmatters to produce a campaign to encourage Latinas to get screened for cervical cancer was the brainchild of Robert Haile, who recruited a diverse group of faculty and practitioners to assist the Designmatters students in producing a campaign that was clinically sound, culturally sensitive, and hopefully effective in motivating Latinas to get regular Pap smears. As the "client," USC provided expertise with regard to preventing and detecting cervical cancer and how practices such as Pap smears might clash with the cultural norms of our target audience.

The Designmatters class, in turn, opened up new creative possibilities that went far beyond the typical (and, I might add, typically ineffective) healthcare campaign.

Both the client's and the class' assumptions about the best way to engage our target audience were tested in our focus groups. Many firmly held beliefs—for example, that doctors or mothers would be excellent spokespersons—were overturned by our focus group findings. Initial design concepts—including suggesting that women schedule their cervical exams with friends, and a mobile Pap smear clinic—were rejected outright by our group participants. The focus groups gave our target audience a voice and allowed them to become collaborators in the campaign, and I believe the client, the class, and the final *Es Tiempo* campaign were all enriched as a result.

Sheila Murphy, Ph.D.
Professor, Annenberg School for Communication and Journalism
University of Southern California

Sheila Murphy's research focuses on how people make decisions and the factors that influence them, including emotion, racial and gender stereotypes, cultural norms, and cognitive issues such as how information is framed. She is also a principal investigator of the ongoing monthly Annenberg National Health Communication Survey and has recently been awarded a prestigious Transformative Roadmap grant from the National Institutes of Health on the use of narrative in health communication.

Transcript [group1]

[Spanish speaking focus group, translated from Spanish into English.]

Moderator: *Who you trust when you have questions about your health?*

Participant B: In God.

Participant F: In our parents. The closest people to you. I trust my aunt. And sometimes I ask my grandmother.

Participant G: I would say my mother, but it all depends on what things I want to trust her with. It's not that I don't trust her, but it's due to the embarrassment that you have about asking. If not it would be until I went to the doctor, but generally that takes some time until I decide to go to the doctor.

Participant D: Well, that depends. Since sometimes we don't trust our mother or our parents, the person who we have the most trust in. In my case, it's my sister-in-law because I will not be asking my brother anything intimate because he is a man, and generally men don't care about that and it's like asking another person. My sister-in-law is who is closest to me. She can tell me if it's necessary to go to the doctor or not. If it's something serious she will tell me "Look, this is something serious and it's better to have a doctor see you," and things like that. In my case it's her.

Participant B: Only my sister. We talk but it's between us. She tells me what happens to her and what she feels and then I tell her take this, do that. And the same for her, when I tell her I feel this or have that she supports me since we both don't have insurance. We share what happens, too, and we console each other.

Participant C: Friends and family.

Moderator: *Anyone here trust her doctor?*

All Participants: We don't have one.

Design Solutions

Given the number and complexity of the obstacles, it was obvious that a simple advertising campaign wouldn't be enough: a more elaborate integrated communications program, knocking down as many barriers as possible, was required. In the end, students settled on a three-part program, designed to address the largest elements of the problem:

1. Salience and Wayfinding: raising awareness and giving directions, literally and figuratively.

2. Incentives: compensating women while tapping into their existing social networks.

3. Fundraising: suggesting solutions to fund and promote the incentive program.

I was not sure what to expect when I signed up for the class. I thought we might be designing brochures and posters to raise awareness for cervical cancer. But soon I realized the problem was more complex than I had initially thought, because preventing cervical cancer is not a one-step thing. Our challenge was to find the right media for communicating the message effectively, and make it accessible and persuasive.

Lucia Loiso, student

Es importante,
es fácil.

ES TIEMPO

jacaranda mimosifolia

ES TIEMPO. *IT'S TIME.*

Elena Salij

Students in the studio focused on the need for a visual identity system that was visually distinctive, of course, but explicitly non-medical. For this purpose, the students appropriated the jacaranda tree—the beautiful, beloved, purple-flowered tree that blooms in southern California, and in Central and South America, each spring. In Los Angeles, the sudden blooming of the jacaranda—the flowers seem to appear overnight—is celebrated as a welcome sign of spring.

In the first part of the campaign, the jacaranda tree is linked, as directly as possible, to Pap screening: posters, video, and radio advertising remind women that "when the jacaranda tree blooms, it's time to schedule your Pap test." Maps and environmental graphics, visible at bus shelters and distributed in shops, workplaces, and libraries—again, featuring the jacaranda tree logo—direct women to local clinics where they can obtain low- and no-cost Paps. The purple dots can even be painted on the sides or sidewalks of clinics, reminding women that this is yet another place where you can get tested. All communications are signed with the tagline, *Es Importante, Es Facil, Es Tiempo*: It's Important, It's Easy, It's Time.

The value of the jacaranda in this context is simple: it blooms every year, for free. As long as communications can succeed in linking the jacaranda to the Pap test, the jacaranda acts as free media, reminding to women to get tested, without relying on a database or a doctor to do the work of communication.

The project seemed to grow in importance and magnitude every week. What could have been a small-scale campaign grew into one with many different threads, involving different companies and clinics. Most importantly, it will be out there in the streets and neighborhoods of our target audience.

Lucia Loiso, student

<u>above, right</u>
Large-scale graphics such as murals can be installed at highly visible streets or intersections in East Los Angeles; bi-annual (spring and fall) bloom of jacaranda trees throughout Los Angeles would freely advertise "Es Tiempo."

<u>next page</u>
Billboards, bus boards, and wall murals can be installed throughout the city of Los Angeles to increase salience and visibility.
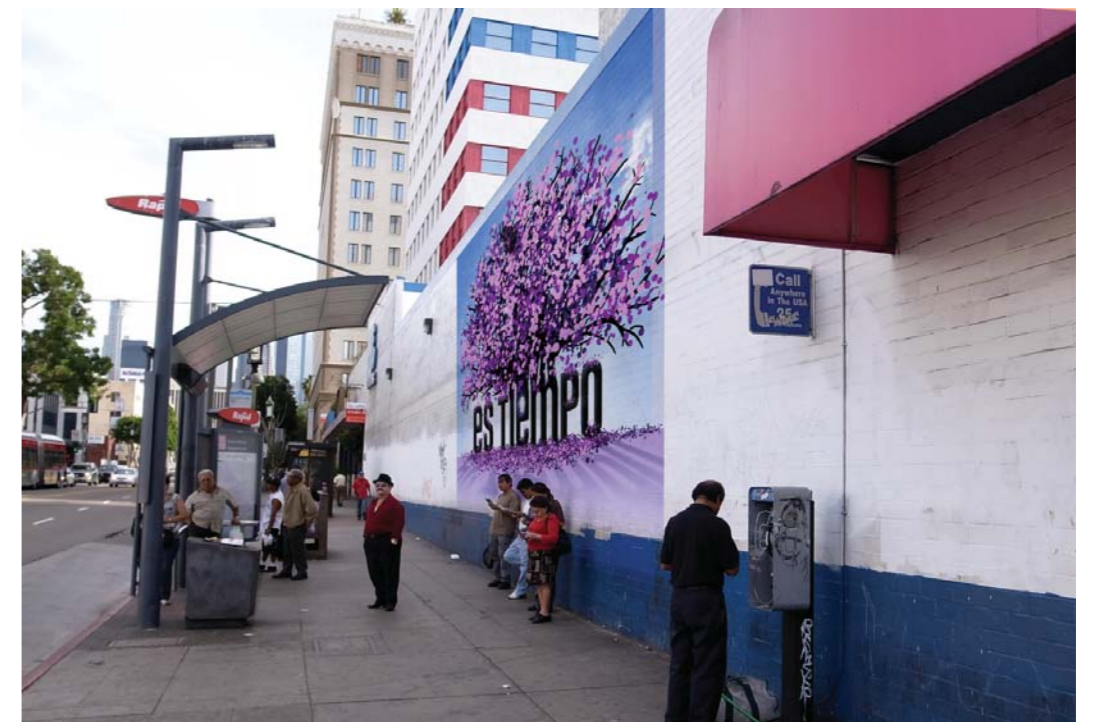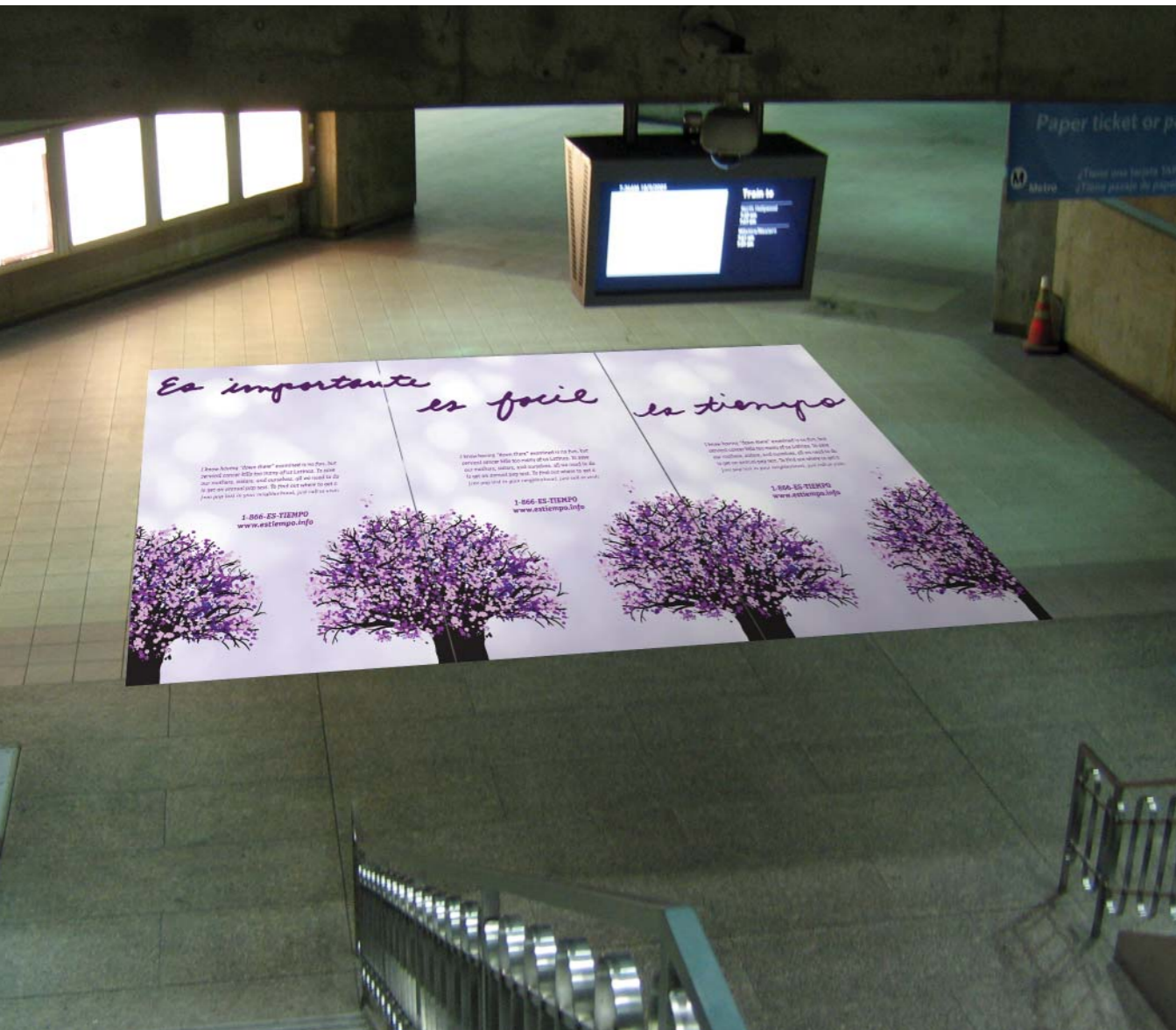
above
Large-scale graphics can be installed in areas of high
foot traffic, such as subway station platforms and
subway cars.

next page
Through focus groups we found that street / pedestrian
visibility was key to consider as women traveled across
the city to work.

Many women reported spending a good amount of time in places where their children needed to be, such as parks, after-school clubs, libraries, and pediatric clinics.

this page
Wild postings at public landmarks, such as the East Los Angeles Civic Center.

right
Site specific posters for pediatric offices.

(BROADCASTING)

Studies have shown that a significant portion of the Latino community receives their information primarily through radio and television. In addition, it has been found that students who are exposed to health education in junior high, high school, or college are more likely to share what they learn with their parents, friends, and family. Therefore, it was important to consider how the *Es Tiempo* campaign could live in the online/broadcasting space. By using a simple and straightforward storyline, the commercial reinforces the message: It's important, It's easy, It's time.

[motion piece storyboard]
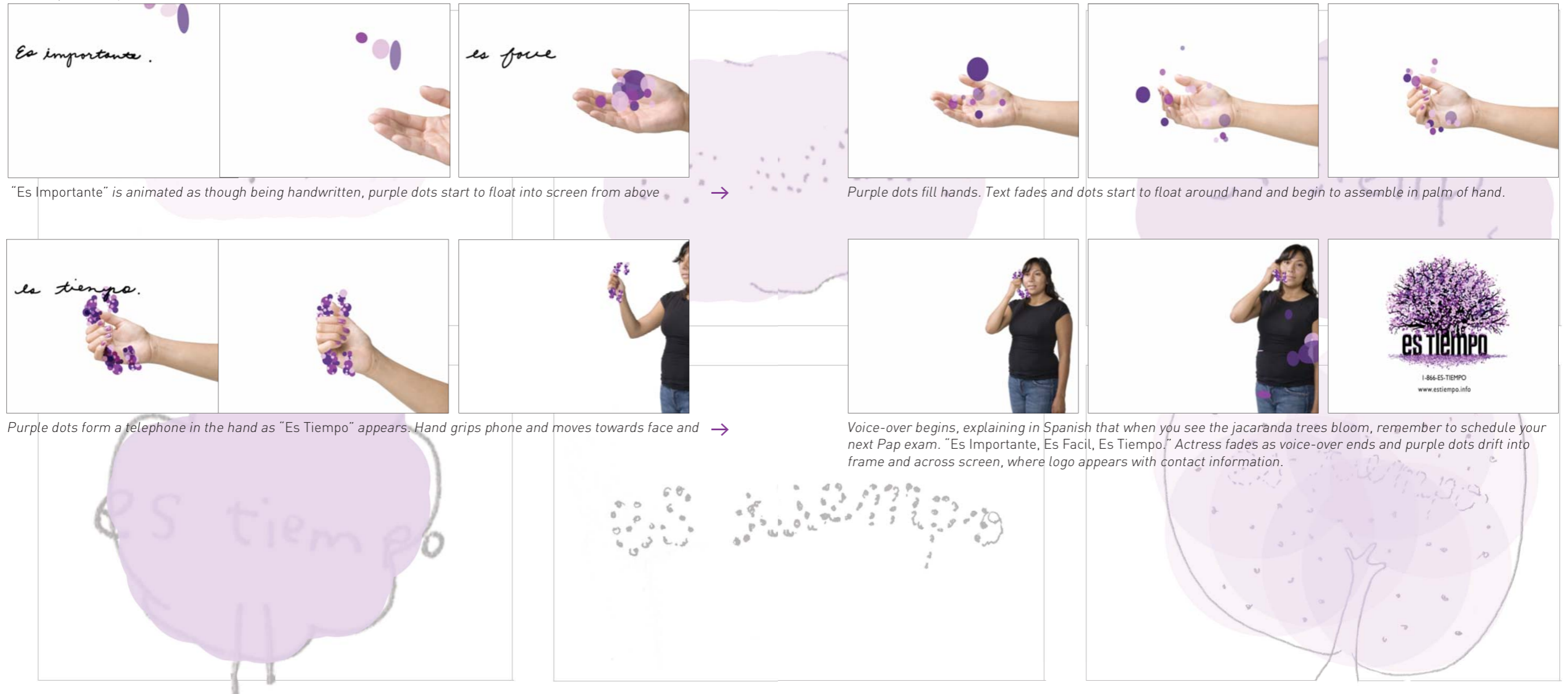
"Es Importante" is animated as though being handwritten, purple dots start to float into screen from above →

Purple dots fill hands. Text fades and dots start to float around hand and begin to assemble in palm of hand.

Purple dots form a telephone in the hand as "Es Tiempo" appears. Hand grips phone and moves towards face and →

Voice-over begins, explaining in Spanish that when you see the jacaranda trees bloom, remember to schedule your next Pap exam. "Es Importante, Es Facil, Es Tiempo." Actress fades as voice-over ends and purple dots drift into frame and across screen, where logo appears with contact information.

CUTTING ACROSS CERVICAL CANCER INEQUITIES

Lourdes Baezconde-Garbanati

Dr. Helen Rodriguez Trias was past president of the American Public Healtlh Association and a tireless advocate on behalf of women in the fight against cancer. She fought against discrimination and systemic barriers that prevented women from obtaining the screening and care they needed for cervical and other cancers. I remember her enthusiastically stating at a meeting of the Latino Coalition for a Healthy California, years ago, that any deaths from cervical cancer were signs of a failure of the medical system in reaching some of the most vulnerable segments of the population.

But the challenge has always been finding a way to reach this underserved group in a timely fashion, and through the jacaranda tree the students at Art Center found just such a way. The jacaranda was Dr. Rodriguez Trias' favorite tree, bathing Los Angeles in that beautiful shade of purple each spring and summer. Now this tree will serve Latinas and other women alike, not just as a reminder of what Dr. Rodriguez Trias stood for, but also as a natural alarm clock—awakening women to do something that could literally save their lives: get a Pap test!

The Designmatters students created a concept and a campaign that is not just beautifully crafted, creatively designed, and culturally appropriate, but also directly responsive to our series of focus groups conducted with Hispanic/Latinas at different levels of acculturation. Both monolingual and English speaking Latinas participated in discussions, providing their opinions regarding what would work best to bring them in for early screening. From the women's color of choice, purple, the *Es Tiempo* campaign began to bloom.

The educational pieces in the campaign show a mastery of the mediums selected, and are an expression of the stated needs of the women. Our focus group participants wanted to hear from other women. They wanted to hear messages of hope and optimism, not admonishments against risky sexual practices. They

knew what a Pap smear was and that they needed to have the exam done regularly, but we found that to help in achieving their goal of getting regular screenings they needed to be *reminded*. The materials of the *Es Tiempo* campaign provide reminders in the most hopeful and beautiful way imaginable—through the wondrous blooming of the jacaranda tree.

The Students at the Art Center utilized a reminder that occurs in nature (the blooming of the jacaranda tree) to associate it with getting a Pap smear. There is no fear mongering or heavy-handed lecturing, just natural inspiration and encouragement to do something important: "When it blooms, it's time to schedule your Pap!"

From reminders in clinics, to bus stops, posters, murals, a gift card, PSAs, and even purple nail polish, women will now receive reminders during the spring bloom to go in for their screening, when the jacarandas in California are in bloom. What a great testament to the legacy of Dr. Helen Rodriguez Trias, a great fighter against cervical cancer. She lost her battle with cancer, but her legacy lives on in this *Es Tiempo* campaign and the jacaranda trees of Los Angeles.

Lourdes Baezconde-Garbanati, Ph.D.
Associate Professor, Preventive Medicine and Sociology;
Director, Global Health Track, MPH Program; Director Community Outreach, Institute for Health Promotion and Disease Prevention Research

Dr. Baezconde-Garbanati at the Keck School of Medicine, University of Southern California (USC) conducts independent research in cancer health disparities. She is a well recognized leader in her field and the recipient of multiple prestigious awards, including the 2006 Community Activism award from the American Legacy Foundation and of a Distinguished Career Award from the American Public Health Association, Latino Caucus.

<u>this page</u>
Local map with participating
Es Tiempo clinics.

<u>next page</u>
Sidewalk stickers to indicate location of
clinics participating in *Es Tiempo.*

To ease the financial burden of missing work in order to get tested, students devised the *Es Tiempo* VISA Gift Card. These cards, holding no initial value, would be distributed for free in shops, workplaces, and libraries. The accompanying materials explain the system: when a woman gets her Pap test, her card is credited with $20; when she calls back to obtain her test results, her card is credited with another $10; if she persuades a friend to get a Pap test, her card is credited with another $5. If any participant receives a positive test result—that is, suspicion of a cancerous or pre-cancerous condition, requiring a follow-up colposcopy (a more invasive and time-consuming procedure)—incentives are escalated as necessary, to ensure compliance. The balance can be spent anywhere VISA is accepted.

VISA card holder for *Es Tiempo* VISA card

How it works for her:

① *Schedule an appointment*
When she gets her Pap test, her card is credited with $20;

② *Get your result*
When she calls back to obtain her test results, her card is credited with another $10;

③ *Get your Sisters involved*
If she persuades a friend to get a Pap test, her card is credited with another $5.

The balance can be spent anywhere VISA is accepted. These gift cards would be distributed at workplaces, shops, and libraries.

Es Tiempo VISA card

Beyond reminding these women and desexualizing cervical cancer, we were faced with the obstacle of actually getting our women into the clinic. This was difficult because they had to take time off work, or needed someone to watch their children. We created a system that met this obstacle head-on by thinking of ways to compensate them for their time, namely through incentives such as the Es Tiempo VISA, or with gifts.

Camille Ontiveros, student

In addition, an easy to use Web site allows the woman to check her test results and card balance online, and offers videos of a friendly young woman explaining what Pap results mean, and encouraging the visitor to follow up. Women who can't or won't go online can call in anonymously, key in their VISA card's code, and obtain their results and check their card balance.

It's critical that in all aspects the messaging is light, friendly, and approachable: there is no fear mongering, no hectoring, no doctors present at all— just a social network of women friends helping and encouraging each other. The VISA card system encourages women to support each other for their mutual benefit.

Web site
Sample pages from site, www.estiempo.info
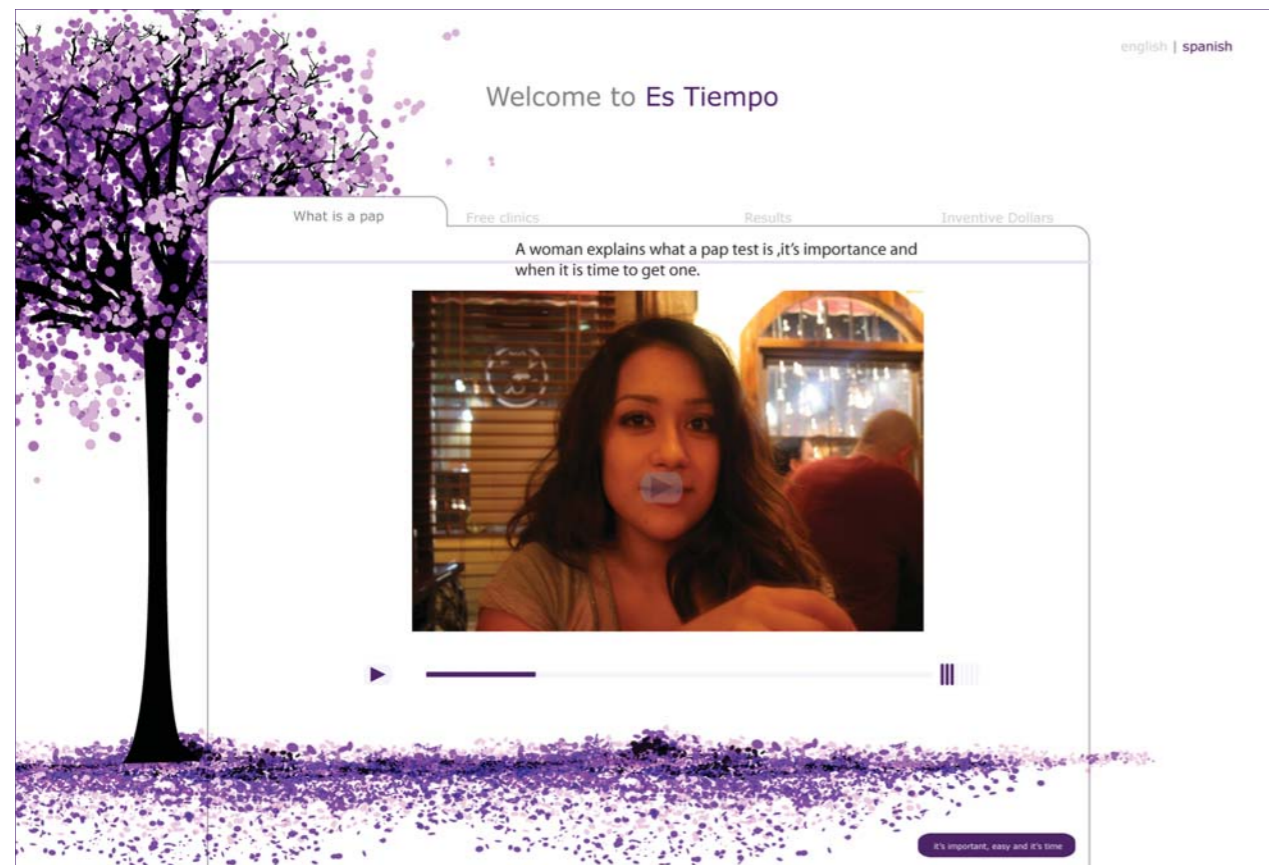
above: Participants will be able to check the balance on their *Es Tiempo* VISA card
below: Current list and maps to participating clinics will be available.

To subsidize *Es Tiempo*, the students proposed a themed fundraising campaign. In it, corporations committed to women's health and well-being (such as OPI and Avon, among others) 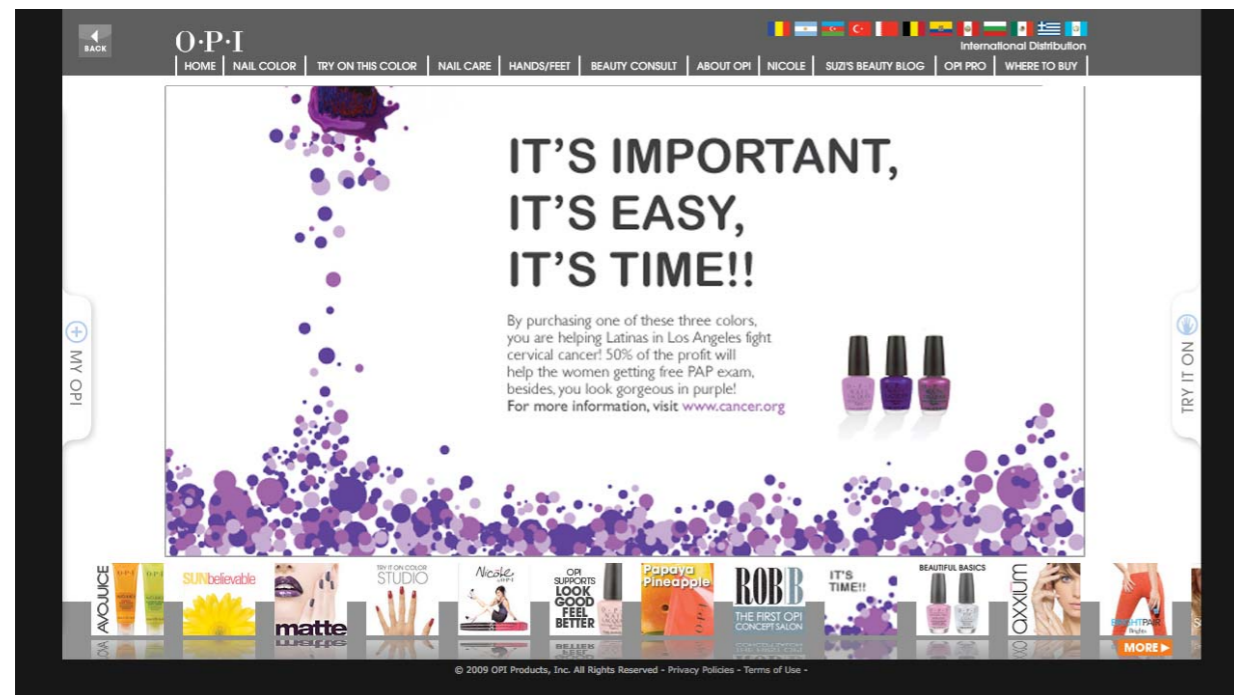would offer *Es Tiempo* jacaranda-themed products (nail polish, perfume, room fragrance) to their customers, with profits from sales supporting the incentive program. By engaging women broadly, the fundraising effort continues and expands the central motive of the *Es Tiempo* campaign: women helping other women.

OPI Web site

OPI is a company that manufactures nail products for salon professionals and the consumer market. OPI actively partners with organizations such as Lung Cancer Foundation of America to raise awareness and funds for early detection, diagnosis, and cure for lung cancer.

How it works:

1

Proceeds of product line go toward fund subsidizing Pap exams for qualifying women.

Es Tiempo **Fund**

2

At participating nail salons, clientele who select *Es Tiempo* colors will be able to have a small donation added to their fees to go toward the *Es Tiempo* Fund.

3

The *Es Tiempo* Fund will go directly toward paying for a Pap exam for women in need.

JACARANDA PURPLE

es Tiempo

BELLIZA VIOLET

MARIPOSA PINK

Women helping women...that's what this is about. Though cervical cancer is almost entirely preventable with a simple pap test, there are women in East LA who, for lack of resources, have never received one or cannot afford to have the test done annually. By using one of our select shades, proceeds from your manicure will go directly towards providing a free pap test for women in need.

It's Important. It's Easy. It's Time.

FOR MORE INFORMATION PLEASE VISIT ESTIEMPO.INFO

(*ES TIEMPO* PRODUCTS)

Finally, a series of ancillary products and services—t-shirts, tote bags, even warm socks for the exam room—perpetuate and amplify the campaign's theme, ensuring that the campaign remains present in the audience's consciousness.

T-shirts with the logo or a message can be distributed as an alternative to cash card incentives or as thank you gifts to donors.

Also as an alternative to cash card incentives, tote bags can be used as a collateral. Every year, a new tote bag design can be created. When women see new tote bag designs, it would also signal a new year.

Local companies, such as American Apparel, can be potential partners in creating *Es Tiempo* apparel.

purple slippers + feet warmers

Implications and Possibilities

The *Es Tiempo* campaign demonstrates the possibilities that are created when designers and artists work in collaboration with partnering organizations to develop a communications program. Working in tandem with experts from the field, students were able to broadly define and impart important facets of a campaign, all essential to an effective communications program for our demographic: the message (*"Es Tiempo"*—when the jacaranda trees are in bloom, schedule your next Pap exam), the medium (murals, posters, trees, etc.), and the method (where to go and, for those in need, how to pay for it).

In addition, *Es Tiempo* offers a closer look at the positive implications of similar projects and what it might mean for students, educators, and collaborating organizations.

TAKING A CLOSER LOOK

Maria Moon

When I was in graduate school, I remember one of my classmates turning to me and lamenting the fact that in the face of humanitarian disasters or crisis, designers were helpless to have an immediate impact. In her view, a doctor could literally saves lives, while a designer could really do, what? Make a few posters about saving lives? Add type here and make it yellow. Enlarge the photograph of a doctor smiling and holding a child—and are the logos big enough?

Like those in many other professions, sometimes designers fall into the trap of limiting the value of the work we do. It's true that the world will likely not come to an end if the poster we create turns out terribly. On the other hand, ill-designed prescription labels can be difficult to read and potentially lead to dangerous misuse of drugs. Poorly designed street sign systems can be confusing, distracting and, again, dangerous to drivers. And if you've ever purchased furniture from IKEA, you know the frustration of having to rely on illustrations and diagrams alone to somehow transform 50 screws, 20 pegs, 10 panels, and four legs into an armoire in six steps. Indeed, the outcome of good design really can make a difference in protecting people and improving our everyday experience.

Every visual encounter with an object—in print or on-screen—at some point passes through the hands of a designer with a specific objective in mind. That design objective is often viewed as mere icing on the cake; an effort to manage visual aesthetics after a message, format, or program has already been formulated. But this typical view overlooks the type of social impact design addressed through Designmatters projects such as *Es Tiempo*.

Opportunities like *Es Tiempo* are unique and compelling because they initiate a circumstance where designers and artists can create a response to an open-ended communications challenge.

In the case of *Es Tiempo*, although experts and local providers in the cervical cancer community had essential, life-saving information to convey, they had yet to determine a way to convey it—or even how to target their message. In other words, it was up to the students to ascertain the scope of the design challenge, and then propose a solution. Although students were told from the outset that whatever they developed should be transferable to other communities, and even countries, students chose to focus on the local community of East Los Angeles in order to avoid making generic gestures. In so doing, they went on to design a specific framework that has the potential to be mirrored in other communities.

There were many important considerations throughout the design process. Chief among them was determining who, within the Latina community, our primary audience was. Focus groups revealed that Latinas who were fluidly moving between both American and Latin American communities and those who were primarily Spanish-speaking had starkly different perspectives on health, the medical system, and their own sense of responsibility. The students responded by choosing to target the audience who had least access, knowledge, or ability to navigate the healthcare system, where design had the potential to make the broadest impact. Another important hurdle the students had to overcome was the prevailing cultural stigma that cervical cancer— and any discussion of the anatomy "down there"—was only about sex, rather than health. Students responded by making it imperative that the message, language, and all visual representations of the campaign decouple this myth. In addition, as the information pertaining to cervical cancer going untreated was extremely disheartening and, frankly, scary, students chose to focus their message on the positive aspects of prevention rather than the likely negative consequences of inattention.

Students brought ideas to the classroom that were life affirming, seeking to provide their audience new ways to think about women's health. These key decisions played an important role in shaping the *Es Tiempo* campaign.

Studio critique with guest critic, James Wojtowicz

With these underlying determinations made, the *Es Tiempo* campaign could have ended simply with the creation of an ad campaign. The students, however, weren't satisfied just with raising the profile of cervical cancer, and tasked themselves to think further. What happens after women decide to seek preventative care? What hurdles, beyond those already visited, might prevent her from getting there and returning regularly? The design team responded to this challenge by creating an incentive and fundraising system to help relieve some of the financial constraints that women in this audience reported as being a major hurdle to getting care.

These broad strokes, although now defined, were the result of an extremely organic design process. Brainstorming, ideation, prototyping, and evaluation (and repeat, repeat, repeat!) helped students to clarify their message, expose weaknesses in an idea and find possible solutions, maintain consistency, and identify opportunities to reinforce communication and experience of their message.

As the message and visual language became defined, students continued in their endeavor, discovering additional opportunities and bringing their findings in to class. One clear example was in answer to the discomfort that women reported in the clinic setting where the Pap test was conducted. In the exam rooms, clothed only in a paper hospital gown that was ill-fitting and often would not stay closed, women reported feeling exposed, humiliated, and vulnerable. Prior to the exam, some women were left in stirrups in uncomfortably embarrassing positions while nurses and doctors would enter and exit the room. From the standpoint of the *Es Tiempo* campaign, it would be a disservice to encourage women to take all the steps to finally get into an exam room if the experience once there was mortifying. The question was raised in class: What could be done about this experience? Was there an opportunity for the *Es Tiempo* campaign to somehow attend to these needs and alleviate

the anxiety of such an experience, thereby extending a presence and offering a sense of comfort?

What the class ended up creating was a Pap exam kit that included removable stickers that one could use to keep hospital gowns closed or in place, slippers for the feet, and a lap blanket to cover one's legs before and after the examination. This kit could be distributed and stocked at participating clinics that were part of the *Es Tiempo* campaign. The Pap exam kit and other projects in the following pages are gestures that are not necessarily at the forefront of the campaign, but are examples of how students took it upon themselves to insert design where it could make a difference and a positive contribution toward the *Es Tiempo* initiative.

As a designer and first-time instructor, it was gratifying for me to see student designers and artists rise to the occasion and respond to a desperate communications challenge on several fronts, from raising public awareness of cervical cancer to guiding women into their neighborhood medical providers. *Es Tiempo* provides a framework and identifies important components to consider in crafting a successful local and global campaign. Equally important, *Es Tiempo* proposes a model for humanitarian and medical organizations to partner with designers in order to make an impact on public consciousness, and essentially change—and even save—lives.

So to my dear friend from graduate school, I just want to say that we're finding ways.

Maria Moon, Adjunct Faculty
Advertising and Graphic Design Department
Art Center College of Design

Maria Moon is a recent graduate of Art Center College of Design, where she completed her Master of Fine Arts in Media Design. She is also the first Art Center Alumni to have participated in a Designmatters studio both when she was a student and, now, as faculty. She is the principle designer of her own design office, with clientele from the healthcare industry and humanitarian aid organizations.

above
Stickers and instruction templates to be applied to exam room gowns

left
Es Tiempo exam room gowns

below
Exam room accessories and Pap kit

City of LA / environment

The City of Los Angeles could create an initiative to plant jacaranda groves in East L.A., which would add to the message.

Additional swag

As an alternative to the incentive program, students suggested partnering with local companies as sponsors to create free giveaways that would be received when women returned to providers to learn the results of their tests.

Celebrity endorsement

Members of the entertainment and fashion industries who are recognized by the community as role models can participate in raising awareness of the *Es Tiempo* campaign.

pictured*
Salma Hayek, actress;
Shakira, singer

Please note: these images are for demonstration purposes only.

Luxury brands

High-end luxury labels can also be approached with the idea of creating products in support of the *Es Tiempo* campaign.

es importante
es fácil
es tiempo

¡ES IMPORTANTE!
¡ES FÁCIL!
¡ES TIEMPO!

es importante
es facile
es tiempo

es importante,
es facil,
es tiempo.

Es importante
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ES IMPORTANTE.
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What drew you toward this class?

What sounded interesting to me was the fact that we would work on an actual campaign with a partner outside of Art Center. That made the project more significant, because it was more than just a design exercise. *Lucia Loiso*

Compared to the other classes that were available—such as designing packaging for canned food or chocolate—it really put things into perspective. *Chris Lack*

I thought this class would give me the chance to design something that, honestly, I was a little scared to design, for an audience whom I had nothing in common with and no knowledge of their background and needs. I couldn't imagine much more of a design challenge than that. *Mark Brinn*

What was personally meaningful about the *Es Tiempo* campaign?

This class was meaningful because it will actually help people. It could actually save people's lives.

That doesn't happen very often in our field, and especially while we're in school. As a student, so many hours are spent preparing projects that live on a classroom wall for only a few short minutes. After critiques, most pieces are taken down and kept in a closet or garage where nobody sees them. This project will not only go out into the "real world" and be seen by people, but it will help them as well. That makes me feel good. *Mark Brinn*

The idea of helping and making a difference in women's lives was meaningful to me. I also liked that our project encourages women to help and talk to each other, rather than just telling them what to do. *Lucio Loiso*

What was the most challenging aspect of this project?

Designing a campaign about cancer, especially cervical cancer, and making it fun and beautiful. Our group emphasized the strengths of women, rather than the threat, thus designing a campaign that appeals to women, rather than trying to frighten them into action. Finding the right tone and the right approach was a challenge, but I think we got it right. *Lucia Loiso*

We had to relate to these women and convince them to make a change in their lives without ever speaking to them directly. *Chris Lack*

The most challenging part of this project was trying to solve many problems at once. That does not happen a lot in the classroom environment, where projects center around one definitive outcome. With such an intimate subject, we really needed to think for our audience. So we digested what we learned from the focus groups, and tried to tackle the problems one by one. *Tracy Hung*

In what ways did you grow as a designer/artist through this project?

At times, I had failed in the past because I was designing what I *thought* people wanted. I see now that is a recipe for disaster. This project taught me to have greater confidence in my design decisions, and I saw the positive results of that gained assurance. *Mark Brinn*

As a fine artist I am self-directed, whereas in this class I was pushed to think about a client's needs. Working on the *Es Tiempo* project, I learned better design skills through watching the design decisions other graphics students made. I also learned that as a fine artist I could lend my way of making art to a design group. I learned that part of design is designing a solution to a problem. *Camille Ontiveros*

I learned that to be a designer I sometimes have to step out of my comfort zone and cater to what the target audience really needs. The final solution of the project wasn't particularly my style of design, but it works for our audience. *Tracy Hung*

Being a sponsored studio, you had access to the sponsors and also a sampling of the target audience. How did this help you to figure out the problem and, in turn, the solution?

I wish I had that type of support for all my classes. USC helped us a lot on the process of research. Also, working with different majors really helped me broaden my horizons. I can now think of a problem not only in a "graphic" way, but also in a "photographic" or "illustrative" way. I really appreciated this opportunity, and had fun working with our group. *Tracy Hung*

Having the sponsors so involved with our design process was great. Through focus groups and our own research, we learned so much about what it would take to design ways to ease women's experience inside the clinics. The information the sponsors provided was invaluable because, with it, we were better able to design a logo, tag line, and system that were tailored for our target audience. *Camille Ontiveros*

Having access to focus groups was immensely valuable. Once we got the answers to our questions, we finally stopped shooting in the dark. It was great to not just guess or approximate what our audience feels about certain issues, or even what their favorite color is, but to actually know. Of course, we had access to a relatively small group of women, but I think we got very valuable information that we then applied to our project. I think it made the campaign more viable and greatly increased its chances for success. *Lucia Loiso*
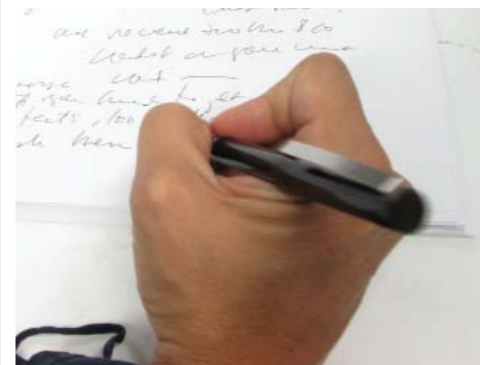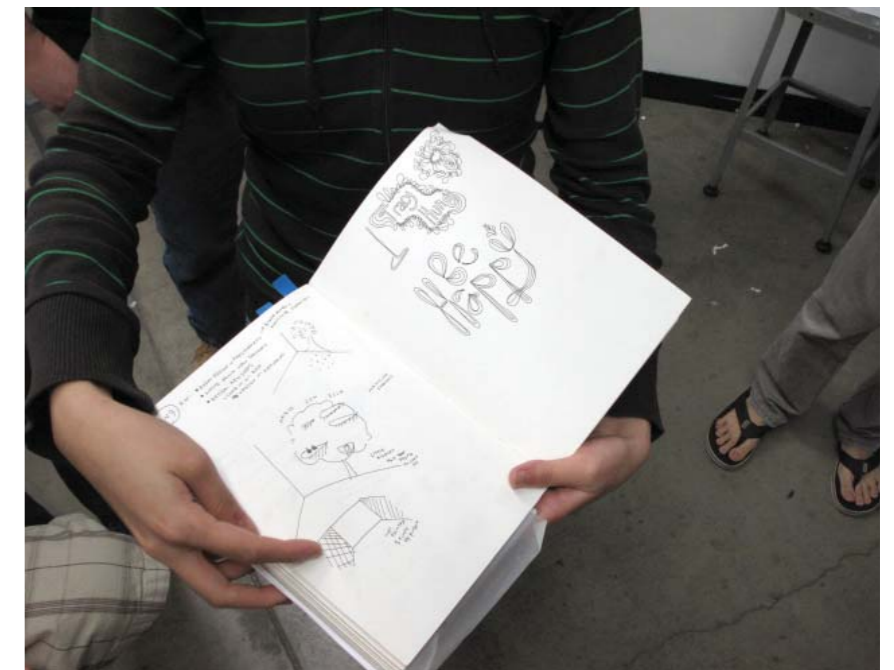
Final presentation at Art Center with USC

Front Row
Chris Lack, Tracy Hung, Lucia Loiso, Elena Salij, and Haelee Kang

Back Row
Phillip An, Mark Brinn, Camille Ontiveros, and Maria Moon

BEYOND THE CLASSROOM

Elisa Ruffino

When the *Es Tiempo* design students finished presenting the final outcomes of their work to their instructors, the Designmatters team, and our colleagues and partners at USC, I was a little startled to see that there were several moist eyes in the room—my own among them.

Why did this campaign draw so much emotion from those of us who witnessed its unveiling? I think it is because when these seven students imparted the breadth of their thoughtful ideas, those of us who had commissioned this complex and challenging project realized that we had put it in precisely the right hands.

One by one, each student presented a piece of the gamut of solutions, and every idea was grounded so beautifully within the idea that came before it that, by the end, what emerged was a cohesive campaign that truly seemed to breathe with the potential to save lives. The rest of us in the room were inspired, and grateful for the rigorous process that had produced the thoughtful results that were quietly blowing us away.

These students came to the project impassioned and dedicated, but—by their own admission—knowing nothing about the women whose lives they were charged to affect through visual designs and messaging. Through the intensive research explained here, and perhaps most importantly the direct line of communication to some of those very women via focus groups, our team was able to convene its creative brain trust to produce a campaign that was not so much talking at Latina women of Los Angeles, but rather seemed to exist in direct solidarity with them.

Our colleagues at USC will lead the distribution of *Es Tiempo*, while all of us at Art Center who have been part of its creation will remain dedicated to its full-scale rollout over the months and years ahead. *Es Tiempo* is a project that goes beyond the classroom in every way—beyond the 14 weeks of the course, beyond the students' final presentations, and into the real-life fertile ground of testing and implementation among the population.

But on that day when the campaign was first revealed, I think all of us in the room—whether or not we were teary-eyed, and whether or not we had a personal experience with cervical cancer—saw that the thoughtfulness of *Es Tiempo* came from a place of respect for mothers, daughters, aunts, and sisters; for the women who are central to so many family structures, including our own. It honors the lives of the Latina women for whom it was created, as well as the important women in each of our lives, none of whom we can afford to needlessly lose to a treatable disease.

Elisa Ruffino
Producer and Senior Associate Director
Designmatters Department
Art Center College of Design

Elisa Ruffino oversees management of Designmatters projects and initiatives—including trademark collaborations with United Nations agencies, international aid organizations, nonprofit businesses, and corporate entities—and is an active liaison among Art Center faculty, students, and Designmatters partners to yield the program's high-impact "real world" outcomes.

Participating Institutions and Programs

This project would not have been possible without the following institutions and programs.

USC Cancer Epidemiology Program. This is a very highly regarded program within the USC Norris Comprehensive Cancer Center, with 27 members, that last year had collectively 213 publications and greater than $15,000,000 in annual direct costs from NIH grants. The Cancer Epidemiology Program consistently receives adjectival scores of "Outstanding" in the Cancer Center Core Grant reviews, and the Department of Preventive Medicine is regarded as one of the top departments of its kind in the world. Members are recognized internationally for their expertise in cancer epidemiology, genetic epidemiology, and statistical genetics, all of which are relevant to this collaborative project.

USC Institute for Health Promotion and Disease Prevention Research. For over 25 years, the Institute for Health Promotion and Disease Prevention Research (IPR) has conducted large-scale, community-based prevention trials focused on the prevention of multiple chronic diseases, including several types of cancer. Overall, this body of research has resulted in multiple comprehensive evidence-based prevention programs that have subsequently been disseminated into practice and adopted as policy for tobacco, alcohol, substance abuse, obesity, and HIV prevention. This research has focused on the development, testing, and dissemination of universal prevention programs that have been used effectively across ethnic and racial lines, as well as on the development of programs that are tailored to address health disparities in underserved populations, including low-income Hispanic youth and families.

IPR-based Community Projects and Partnerships—Community Outreach and Education. The National Cancer Institute's (NCI) Cancer Information Service Partnership Program Office (CIS) coordinates the services of the CIS for Southern California at USC. Since the creation of the National Cancer Act

of 1971, NCI has been mandated to provide the public with information regarding the causes, prevention, detection, and treatment of cancer to address NCI's strategic objective to overcome cancer health disparities. The USC Norris Comprehensive Cancer Center and the IPR have housed The Partnership Program Office for Southern California (PPO) since 1996.

Over 136 agencies have been actively involved in IPR's various training and technical assistance activities. Agencies IPR works with represent medically underserved communities including African-American, Asian, Pacific Islander, American Indian, low-income Caucasians, and a large number of Hispanic/Latino communities. Extensive efforts to cultivate relationships in urban, suburban, and rural areas have been established with organizational partners located in Los Angeles, San Diego, Ventura, Riverside, and San Bernardino Counties.

USC Annenberg School for Communication. USC Annenberg is among the nation's leading academic institutions devoted to the study of journalism and communication. With more than 70 faculty members, over 1900 undergraduate and graduate students, the school offers degrees in communication, journalism, public diplomacy, and public relations with specializations in Health & Social Change Communication, Health Communication Management, and Interpersonal Communication & Health. USC Annenberg also provides professional education and fellowships to mid-career professionals in Health Communication Journalism.

USC Institute for Global Health. Founded at USC in 2009 as a new locus for interdisciplinary collaboration among university students, faculty and global medical professionals and public health leaders, the Institute addresses emerging global health challenges, including impacts of globalization and health, the rising incidence of chronic diseases, the impact of environmental degradation on health, health issues related to inequity and poverty, and the faster spread of emerging diseases. The Institute is dedicated to ensuring that public health evidence collected throughout the world informs decision-making and results in a healthier future.

Art Center College of Design. Located in Pasadena, California, Art Center is among the world's leading institutions for design education. Designmatters is a social-impact design program and educational department at the College that leads an inquiry about the role of design education as a tool for positive change in this time of accelerated global transformation. With an international slate of educational projects that have generated tangible outcomes and received broad dissemination since the initiative's founding in 2001, Designmatters is characterized by design methodologies informed by a constant flow of participatory, human-centered research and cross-sector partnerships, and relevant content that integrate art and design with a wide range of humanitarian subjects pertaining to four broad thematic areas of inquiry: public policy, global healthcare, sustainable development, and social entrepreneurship. The considerable portfolio of work generated by Designmatters includes public service announcements, branding identity systems, documentary films, product prototypes, mobility concepts, and more.

The strategic alliances forged by Designmatters are especially significant. In 2003, the United Nations Department of Public Information designated Art Center a non-governmental organization (NGO) in recognition of Designmatters' service to society. Each year since 2003, Designmatters has made key contributions to the visual identity and communication platforms (Web sites, print collateral, and PSAs) of the annual DPI/NGO Conference held at UN headquarters in New York. Other unique affiliations now include civil organization status with the Organization of American States, and another NGO designation by the United Nations Population Fund. In addition, Designmatters' global health and public policy portfolio includes projects with agencies such as The American Cancer Society, The Red Cross, International Medical Corps, Doctors Without Borders, and a consulting role in collaboration with the Pan American Health Organization.

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