

Employee Mammography Inreach Resource Kit

September 2002

RESOURCE KIT

HANYS BREAST CANCER DEMONSTRATION PROJECT™

Healthcare Association of New York State

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(518) 431-7661 ♦ www.hanys.org

Employee Mammography Inreach Resource Kit

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This resource kit consists of the following sample components that hospitals can adapt and modify. Each element is numbered for easy reference. To download any of these items, go to www.hanys.org/quality_index/Breast_Cancer_Project/emiresourcekit.htm.

1. INTRODUCTION

Provides an overview of the Employee Mammography Inreach Resource Kit.

2. IMPLEMENTING AN EMPLOYEE MAMMOGRAPHY INREACH PROGRAM

A step-by-step program implementation chart.

3. EMPLOYEE MAMMOGRAPHY INREACH PROGRAM PRESENTATION

This Microsoft® PowerPoint presentation helps you educate hospital management on the importance of conducting an employee mammography inreach program. You can make transparencies using the enclosed hard copy, or download the presentation from HANYS' Web site.

4. EMPLOYEE MAMMOGRAPHY NEEDS ASSESSMENT SURVEY

This survey will help you identify how many female employees over age 40 have not had a mammogram in the last year and provides information on insurance coverage, screening preferences, and demographics. This survey helps you determine if your facility needs an employee mammography inreach program.

5. CONDUCTING AN EMPLOYEE MAMMOGRAPHY INREACH PROGRAM

Provides a listing of issues to consider as you plan your inreach program.

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Sample responsibilities for this key position in the program.

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This brochure explains the program to your employees. It can be customized with your organization's logo and information.

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This flyer announces the program to your employees. It can be customized with your organization's logo and information.

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A data collection tool to evaluate the program.

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16. EMPLOYEE REMINDER LETTER

This sample letter is intended for employees who did not respond to the first letter. The Employee Mammography Inreach Response Form and Employee Mammography Inreach Program Tri-Fold Brochure should be sent with this letter.

17. EMPLOYEE MAMMOGRAPHY INREACH RESPONSE FORM

Your employees use this brief form to let you know if they will participate in the program.

18. ADDITIONAL RESOURCES YOU MAY WISH TO PROVIDE TO YOUR ORGANIZATION'S EMPLOYEES

American Cancer Society materials you can obtain free of charge.

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This describes software programs that help you track employee response to the program. Sample worksheets are included.

Employee Mammography Inreach Resource Kit

INTRODUCTION

Breast cancer is the second leading cause of cancer death for all women and the leading overall cause of cancer death in women between the ages of 40 and 59. The American Cancer Society estimates that in 2002 alone, 203,500 women will be diagnosed with invasive breast cancer. Nearly 54,300 cases of female pre-invasive breast cancer will be diagnosed in 2002. One out of every eight women is expected to get breast cancer in her lifetime.¹ New York State has the second highest incidence of breast cancer in the nation.²

Routine screening mammography is the single most effective method to detect breast changes that may be cancer, long before physical symptoms can be seen or felt.

The Board of Sponsors of National Breast Cancer Awareness Month conducted a national survey in 1999 to collect information on workplace practices related to breast cancer and concluded that the nation's employers offer an excellent forum for promoting breast cancer awareness. In 2001, New York State hospitals employed 406,000 employees and nearly 75 percent of all hospital employees were female.³

The purpose of an employee mammography inreach program is to create an avenue for identifying undetected cancers among women in the workforce through mammography screening while educating and increasing their awareness of breast cancer screening guidelines. As an added benefit, the program offers potential for enhancing employee satisfaction and improving interpersonal relationships.

The Health Care Association of New York State (HANYS) Breast Cancer Demonstration Project™ (BCDP™) developed the *Employee Mammography Inreach Resource Kit* in response to requests and suggestions from HANYS' member hospitals. It includes several items that can be customized to allow for individualized program design.

This *Resource Kit* provides comprehensive templates to help you implement an employee mammography inreach program within your facility. It is designed to help you create a program that suits your hospital's needs. The *Resource Kit* includes samples and prototypes of documents that you can download from HANYS' Web site and customize.

This *Resource Kit* was made possible by grants from the New York State Assembly and the federal Centers for Disease Control and Prevention (grant number U57/CCU220149-01). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of New York State Assembly or the Centers for Disease Control and Prevention.

The Healthcare Association of New York State (HANYS) represents more than 550 non-profit and public hospitals, nursing homes, home care agencies, and other health care organizations throughout New York State. HANYS Breast Cancer Demonstration Project™ is a partnership that has been in existence since 1998, with 14 participating hospitals and health care systems throughout New York State who are building best practice strategies that deliver both exemplary care and enhanced quality of life for breast cancer patients. The Project's goal is to assist health care providers in developing effective strategies that decrease barriers to care and increase access for patients.

¹ *Cancer Facts and Figures*, American Cancer Society, 2002.

² *Cancer Surveillance Improvement Initiative, Cancer Incidence by ZIP Code*, New York State Department of Health, 1999-2002.

³ *Employment in Nonagricultural Establishments, by Place of Work, 2001*, New York State Department of Labor and U.S. Department of Labor.

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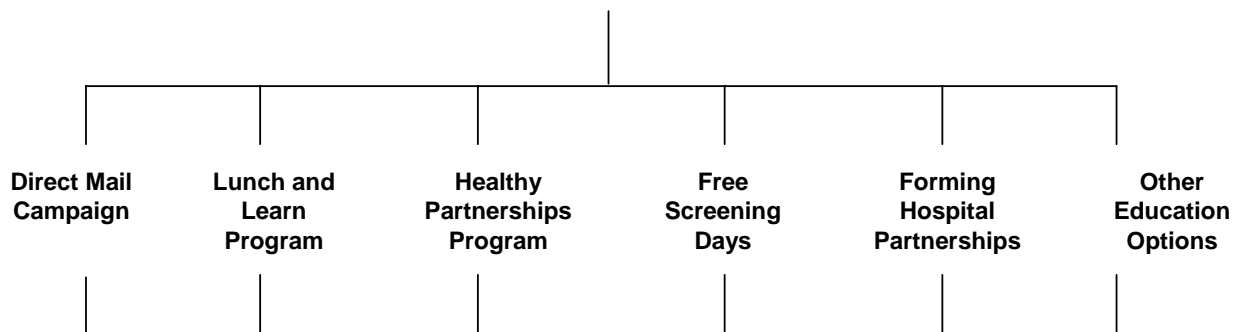
New York State Department of Health
Bradley Hutton, Director, Breast and Cervical Cancer Screening

New York State Public Health Association
Mary McCarthy

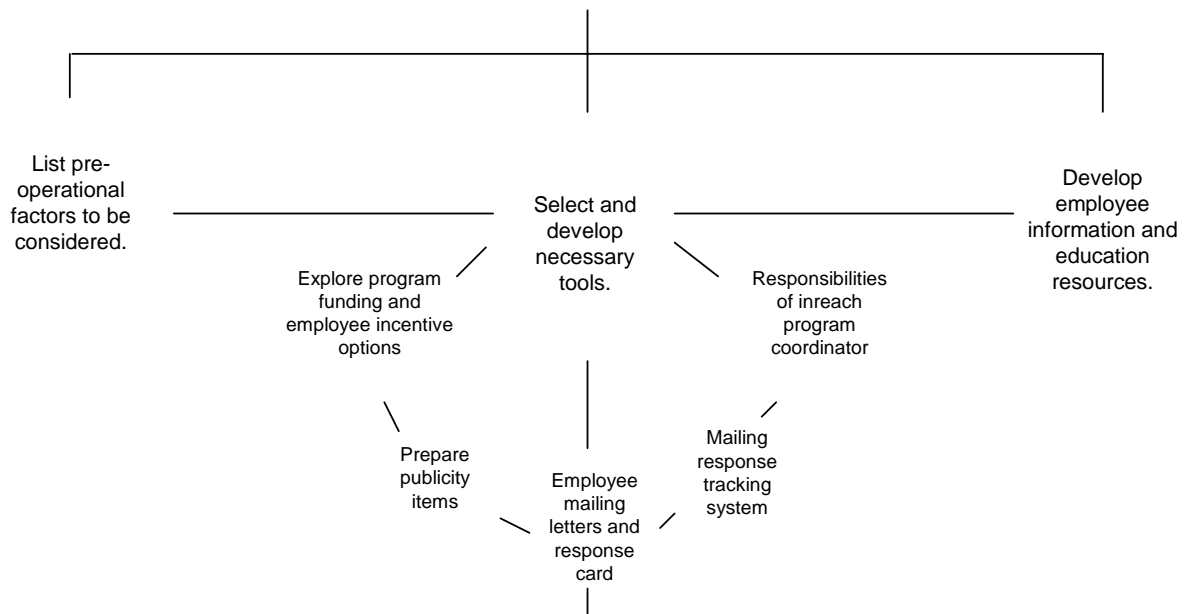
Implementing an Employee Mammography Inreach Program

Step 1: Assess employees' needs for breast cancer screening.

Step 2: Enlist organizational support for an employee mammography inreach program and identify your health care organization's preferred approach to the program.



Step 3: Implement program by preferred approach.



Step 4: Assess employee satisfaction with the program.

EMPLOYEE MAMMOGRAPHY INREACH PROGRAM PRESENTATION

This section contains hard copies of a Microsoft® PowerPoint 2000 presentation that you can use to make transparencies. Feel free to add your facility's name, logo, or data to the pages before copying them.

You also can download the PowerPoint file from the on-line version of the Employee Mammography Inreach Resource Kit at http://www.hanys.org/quality_index/Breast_Cancer_Project/emire-sourcekit.htm by following the directions below and on the screen:

- If using **INTERNET EXPLORER**, right click on the "Download Presentation" link and choose "Save Target As" from the pop-up menu, then browse to the location on your computer that you would like to store the file. Make sure the file name has the "pps" extension at the end of its name (*Example: inreach.pps*).
- If using **NETSCAPE NAVIGATOR**, right click on the "Download Presentation" link and choose "Save Link As" from the pop-up menu, then browse to the location you would like to store the file. Make sure the file name has the "pps" extension at the end of its name (*Example: inreach.pps*).

To customize the PowerPoint file, open the stored file and edit it for your own use by adding, deleting, and/or moving text and graphics. When you are ready to save your edited presentation, click "File" and "Save As." Save the file with whatever name you choose; include the file extension "ppt" at the end of the name (*Example: inreach.ppt*).

If you are unable to save or edit these files, please contact HANYS via e-mail at info@hanys.org.

Sample

EMPLOYEE MAMMOGRAPHY NEEDS ASSESSMENT SURVEY

< FACILITY NAME >

Employee Mammography Needs Assessment Survey

Dear Employee:

The American Cancer Society estimates that in 2002 alone, 203,500 women will be diagnosed with breast cancer. One out of eight women is expected to get breast cancer in her lifetime, making it the leading cause of premature death in American women. New York State has the second highest incidence of breast cancer in the nation.

Screening mammography (an x-ray of the breast) is the single most effective method to detect breast changes that may be cancer long before physical symptoms can be seen or felt. Early detection of breast cancer is an important prerequisite for cure. The American Cancer Society recommends an annual mammogram for all women age 40 and over.

You are a valued employee of <Facility Name>, and your health is important to us. This is why we have developed the enclosed confidential survey for all our female employees. If we better understand the need for mammography screening in our organization, we can take necessary measures to bridge any gaps in your breast health screening requirements.

ALL INDIVIDUAL EMPLOYEE INFORMATION WILL BE KEPT CONFIDENTIAL.

Results will be reported in aggregate form only.

Please complete and return the enclosed survey by _____, 200__ to:

< NAME >

< DEPARTMENT >

< FACILITY NAME >

< ADDRESS >

< TELEPHONE/FAX/E-MAIL >

Your response will be greatly appreciated.

Sincerely,

< FACILITY AUTHOR'S NAME >

< TITLE >

Enclosure

EMPLOYEE MAMMOGRAPHY NEEDS ASSESSMENT SURVEY

IDENTIFICATION SECTION		
NAME:		
EMPLOYEE NUMBER:		
Current Job Category (check one):		
<input type="checkbox"/> Salaried exempt	<input type="checkbox"/> Salaried non-exempt	<input type="checkbox"/> Hourly

1. What is your age? (check one)
 - < 40 40-45
 - 46-55 56-65 > 65

2. When was your last mammogram?
 - NEVER HAD ONE
 - WITHIN LAST 6-10 YEARS
 - WITHIN LAST 2-5 YEARS
 - WITHIN PAST YEAR

3. How often do you perform a breast self-examination?
 - MONTHLY
 - ANNUALLY
 - OCCASIONALLY
 - NEVER

4. How often do you have a physical examination of your breasts by a doctor or nurse?
 - ANNUALLY
 - EVERY TWO YEARS
 - OCCASIONALLY
 - NEVER

5. Do you have health insurance?
 - YES NO

6. If yes, indicate insurance type.
 - HMO
 - BLUE CROSS/BLUE SHIELD
 - COMMERCIAL INSURANCE
 - OTHER

7. Would you be more likely to participate in a breast cancer screening test if it is offered on-site to employees on a confidential basis?
 - YES NO

8. If you do not have health insurance, but answered, "Yes" to question 7, would you be willing to share costs with the company for the screening?
 - NOT INTERESTED IN SCREENING
 - INTERESTED, BUT UNABLE TO CONTRIBUTE TO COST
 - INTERESTED, AND WILLING TO CONTRIBUTE A REASONABLE AMOUNT

9. If you answered, "Yes" to question 7, what time of the day would be most convenient for you to take a screening test?
 - BEFORE WORK
 - LUNCH HOUR
 - AFTER WORK
 - OTHER

If "Other," please describe: _____

10. There are many other ways to get breast health preventive and diagnostic information at the workplace. Which of the following ways would you prefer? (Check all that apply.)
 - PAMPHLETS AND OTHER WRITTEN MATERIALS
 - FILMS AND VIDEOS
 - TALKS BY EXPERTS (SEMINARS)
 - DISCUSSION GROUPS
 - CLASSES AND COURSES

CONDUCTING AN EMPLOYEE MAMMOGRAPHY INREACH PROGRAM

Pre-Implementation Factors to Consider

ESTIMATE NEED FOR A PROGRAM IN YOUR ORGANIZATION—i.e., the number of women age 40 and over in your facility who have not had an annual mammogram. Options for needs assessment may include:

- **PRE-EXISTING DATA SOURCES**
- **EMPLOYEE MAMMOGRAPHY NEEDS ASSESSMENT SURVEY**

DEFINE PROGRAM GOAL—e.g., provide access to mammogram to all female employees over age 40 who have not screened for breast cancer over the past year.¹

DEFINE PROGRAM STEPS—e.g., complete first mailing to all female employees within two months of program implementation.

ESTIMATE EXPENDITURES

1. Identify staff support needed for program management and direction.

- Estimate:
 - Hiring/training costs (if any)
 - Salary and benefits (additional, if any)
 - Cost of supplies, materials, and equipment required (e.g., computer, postage, printing)
- If necessary, identify:
 - Physical location of staff/place of work (i.e., away from facility or on-site)
 - Activities/responsibilities of staff
 - Required skills of staff
 - Expected outcomes

2. Estimate program timeframe (based on employee population and needs assessment).

¹ American Cancer Society's 2002 screening guidelines for women over age 40 include having an annual mammogram.

3. Decide how to handle mammogram cost coverage (and estimate costs accordingly).

- Options for mammogram cost coverage may include:
 - Employee's insurance
 - Spouse's insurance or other insurance source
 - Cost shared by employee and facility
 - Cost borne entirely by facility

4. Decide whether to distribute patient educational/informational materials.

- Printing/ordering/purchasing costs (if any)

5. Decide on tools required for program implementation. Examples include:

- Preparing employee mailings and program publicity items
- Cost of printing and mailing
- Employee response tracking system/follow-up log
- Post-implementation evaluation tools

6. Obtain organizational support for the program.

- Obtain support of all other departments involved in program (e.g., radiology, radiation oncology, patient billing, nursing, etc.).

7. Identify potential constraints/bottlenecks and provide corresponding solutions. Examples include:

- Involve appropriate departments in program planning.
- Develop relationships to ensure coordination between inreach coordinator and appropriate departments.
- Decide on physical location of the inreach coordinator. If offsite, inter-departmental coordination and communication issues need to be resolved.
- Decide on the types of information that departments need to share with the inreach coordinator (e.g., the radiology department will report only aggregate test results for all completed appointments and no individual test results will be shared).
- Discuss mammogram scheduling hours with the radiology department.
- Decide how staff will schedule mammograms.

8. Obtain financial support.

- Identify external funding sources (public and private options)
- Form partnerships
- Register for memberships
- Prepare proposals for application

Sample

EMPLOYEE MAMMOGRAPHY INREACH PROGRAM COORDINATOR RESPONSIBILITIES

POSITION RESPONSIBILITIES

Employee Mammography Inreach Program Coordinator

The following position description describes the type of work that employee mammography inreach program coordinators do. Please customize to suit your organization's needs.

< YOUR FACILITY NAME >

POSITION TITLE: Employee Mammography Inreach Program Coordinator

REPORTS TO: Director, Breast Health Services

MAIN RESPONSIBILITIES: The inreach program coordinator position's primary functions are assisting in the planning, design, development, and implementation of the employee mammography inreach program and services. Other responsibilities include researching, compiling, editing, and validating information collected from various sources, and assisting in preparing reports and written communications.

EMPLOYEE MAMMOGRAPHY INREACH PROGRAM ACTIVITIES INCLUDE:

- Design and order mailing materials and posters.
- Make arrangements with the radiology department for making mammogram appointments for employees.
- Obtain employee database and contact departments to verify accuracy of employee lists.
- Post flyers and posters.
- Conduct mailings and reminder mailings and track responses.
- Track completed appointments made by employees.

BASIC KNOWLEDGE:

The ideal candidate should:

- have experience, background, and familiarity with personal computers;
- possess the ability to communicate effectively, orally, and in writing;
- work effectively in a team environment and have excellent interpersonal skills; and
- having knowledge of hospital processes is a plus.

Employee Mammography Inreach Program

MATERIALS ORDER FORM

Brochure and Flyer

You can download the text of the program brochure and flyer in black and white from HANYS' Web site at no cost, customize them, and make your own copies.

Alternatively, you may choose to have HANYS customize the flyer and brochure and send you color copies. These will include your facility's name, logo, and contact telephone number. To order copies of the customized Employee Mammography Inreach brochure and/or flyer, please complete the information below.

YES, I want HANYS to customize my program materials:

Flyer (see pricing below) Quantity: _____

Tri-fold brochure (see pricing below) Quantity: _____

Your name: _____ Facility: _____

Title: _____ Telephone: _____

E-mail: _____

Your organization's name as you want it to appear on the materials:

Your employee mammography inreach program coordinator contact telephone # as you want it to appear on the materials:

Contact Name: _____ Telephone: _____

PRICING <i>(please indicate numbers of colors and quantities for each)</i>

8½" X 11" FLYER (printed on plain white stock)

- 2-COLOR** (black plus one other color ink)
 - 250 copies: \$275 500 copies: \$325
- 4-COLOR PROCESS**
 - 250 copies: \$375 500 copies: \$425

TRI-FOLD BROCHURE (printed on plain white stock)

- 2-color** (black plus one other color ink)
 - 250 copies: \$350 500 copies: \$400
- 4-COLOR PROCESS**
 - 250 copies: \$450 500 copies: \$500

PLEASE E-MAIL YOUR COMPANY LOGO
 (in .TIF, .EPS, or .JPG format for PC)
TO: Melanie Dobiel
 Manager, Communications and Operations
 mdobiel@hanys.org

Please mail this order form with payment to:
 Melanie Dobiel
 Manager, Corporate Communications and Operations
 Healthcare Association of New York State
 One Empire Drive, Rensselaer, NY 12144

FOR QUESTIONS, please call (518) 431-7742.

Please allow four to six weeks for delivery.

EXAMPLES OF SUCCESSFUL WORKPLACE BREAST HEALTH PROMOTION STRATEGIES

Briefly described below are examples of successful approaches to on-site breast health promotion.

1. DIRECT MAIL PROGRAM

The North Shore-Long Island Jewish Health System (NS-LIJ) employee mammography inreach program, funded through a grant from the Joyce and Irving Goldman Family Foundation, targeted all female employees of NS-LIJ. The program was conducted via mailings to employees' homes with breast cancer screening guidelines and a return mail postcard response in a secure postage-paid envelope. Reminder mailings were sent four to eight weeks after the initial mailing. Gift bags containing an Estee Lauder cosmetic product were offered to employees who had mammograms. Coordinators made pre-operational presentations to hospital administrative leadership and placed posters and flyers publicizing the program in the lobby and other work areas. The program was extremely successful in reaching NS-LIJ's female population, which is currently 75% of its workforce. At the completion of the one-year program, nine cases of breast cancer among female employees were detected. Through the efforts of this program, 622 (43% of) women over age 40 who were overdue for a mammogram were provided access to a mammogram.

For more information about this program, please contact Joanne Robinson, Director of Community Health and Public Policy, NS-LIJ, at (516) 465-8368 or at robinson@nshs.edu.

2. LUNCH AND LEARN PROGRAM

The Lunch and Learn program at Sound Shore Medical Center of Westchester started by sending flyers out to female employees inviting them to an open house at the Breast Center. Departmental leaders facilitated employee attendance by enabling employees to go to the Breast Center during their lunch hour. This was followed by telephone calls to female employees inviting them to a "Lunch & Learn" at the Breast Center.

The Lunch & Learn program had excellent participation. Out of the 100 women invited, 85 participated in the Lunch & Learn session. Out of the 85 participants, 65 made appointments for mammograms. Sound Shore Medical Center of Westchester intends to continue the Lunch & Learn program on a larger scale.

For more information, please contact Marie De Riso, Administrator, Cancer Program and Trauma Services, Sound Shore Medical Center of Westchester, at (914) 632-5000, ext. 3754.

3. HEALTHY PARTNERSHIPS PROGRAM

This program at F.F. Thompson Hospital has had a variety of names and sponsors, all with the same objective: to help women form partnerships with one another to remind and support each other in the fight against breast cancer and other women's health topics. In the program, professionals have the opportunity to educate women on issues pertaining to women's health. Women are encouraged to form an agreement with their partner to remind each other to attend to the appropriate health practices, such as doing monthly breast self-exams. This is an innovative and empowering strategy to assist women to take care of themselves and the health of their partner.

For more information about the program, please contact Lorie Henley, Community Health Coordinator, F.F. Thompson Hospital, at lhenley@rochester.rr.com.

4. FREE SCREENING DAYS DURING BREAST CANCER AWARENESS MONTH

New York Community Hospital in Brooklyn offers free mammograms to staff during Breast Cancer Awareness Month and at other times upon request. The service has also been made available to staff's family members without cost if they are unable to pay. Free mammograms have also been offered as part of the hospital's outreach effort at church-sponsored health fairs, where mammograms are raffled to participants.

For more information, please contact Eileen Bartha, Senior Vice President, New York Community Hospital, Brooklyn at (718) 692-5344.

5. FORMING HOSPITAL PARTNERSHIPS (AN EXAMPLE OF A NON-HEALTH CARE PROVIDER PROGRAM)

Based on recommendations from the American Cancer Society to look for innovative ways to improve employees' access and convenience in obtaining mammograms, Prudential Financial in Newark, New Jersey is moving forward with a partnership with St. Michael's Hospital in Newark. This partnership involves priority appointments to Prudential employees for breast cancer screening. Prudential conducted an interest survey of its employees for this service and received more than 400 positive responses. Prudential used its van service to transport employees back and forth from their appointments.

For more information, please contact Michelle Tropper, American Cancer Society, at michelle.tropper@cancer.org.

6. OTHER ON-SITE BREAST HEALTH INFORMATION/EDUCATION OPTIONS

- a) Pamphlets and other written materials
- b) CDs and videos
- c) Talks by experts
- d) Discussion groups
- e) Classes and courses

BREAST CANCER FREQUENTLY ASKED QUESTIONS

CAN BREAST CANCER BE FOUND EARLY?

Following the American Cancer Society's guidelines for the early detection of breast cancer improves the chances that breast cancer can be diagnosed at an early stage and treated successfully.

1. Between the ages of 20 and 39, women should have a clinical breast examination by a health professional every three years.
2. After age 40, women should have a breast exam by a health professional every year.
3. Women aged 20 or older should perform breast self-examination every month. By doing the exam regularly, women get to know how their breasts normally feel and they can more readily detect any change. If a change occurs, such as a development of a lump or swelling in the breast or underarm area, skin irritation or dimpling, nipple pain or retraction (turning inward), redness or scaliness of the nipple or breast skin, or a discharge other than breast milk, you should see your health care provider as soon as possible for evaluation. However, remember that most of the time, these breast changes are not cancer.

WHAT IS A MAMMOGRAM?

A mammogram is an x-ray of the breast. It is used to look for breast disease in women who appear to have no breast problems.

Eight Things to Expect when You Get a Mammogram:

1. Medicare, Medicaid, and most private health plans cover mammogram costs, or a percentage of them. Low-cost mammograms are available in most communities. Call the American Cancer Society at (800) 227-2345 for information about facilities in your area.
2. The procedure requires that you undress above the waist. The facility will provide you with a wrap to wear.
3. A technologist will be present to position your breasts for the mammogram. Most technologists are women. You and the technologist are the only ones present during the mammogram.
4. The procedure takes about 20 minutes. The actual breast compression only lasts a few seconds.
5. You may feel some discomfort when your breasts are compressed, but you should not feel pain. To help lessen discomfort, do not have a mammogram just before or during your menstrual period. If you experience pain during the mammogram, tell the technologist.
6. All mammography facilities are now required to send your results to you within 30 days. You will be contacted within five working days if there is a problem with the mammogram.

7. Only one or two mammograms out of every 1,000 lead to a diagnosis of cancer. Approximately 10% of women will require additional mammography. Do not be alarmed if this happens to you. Only 8% to 10% of those women will need a biopsy, and 80% of those biopsies will not be cancer.
8. If you are a woman age 40 or over, you should get a mammogram every year. You can schedule the next one while you are at the facility and/or request a reminder.

WHAT IS A CLINICAL BREAST EXAMINATION?

A clinical breast examination involves a health professional, such as a physician, nurse practitioner, nurse, or physician assistant examining your breasts. For this examination, you undress from the waist up. The health professional will check your breasts for changes in size or shape. Then, the examiner will gently palpate (feel) your breasts to detect any irregularities in the texture of the breasts, location of any lumps, and determination of whether such lumps are attached to the skin, or to deeper tissues. The health professional will also examine the areas under both arms. The clinical breast examination is a good time for health professionals to teach breast self-examination to women who do not already know how to do self-examination. Ask your doctor or nurse to teach you and ensure that your technique is correct.

HOW DO YOU PERFORM A BREAST SELF-EXAMINATION?

By regularly examining her own breasts, a woman is likely to notice any changes that occur. The best time for breast self-examination is about a week after your menstrual period ends, when your breasts are not tender or swollen. If you are not having regular periods, do breast self-examination on the same day every month.

1. Lie down with a pillow under your right shoulder and place your right arm behind your head.
2. Use the finger pads of the three middle fingers on your left hand to feel for lumps in the right breast.
3. Press firmly enough to know how your breast feels. A firm ridge in the lower curve of each breast is normal. If you are not sure how hard to press, talk with your doctor or nurse.
4. Move around the breast in a circular, up and down line, or wedge pattern. Be sure to do it the same way every time, check the entire breast area, and remember how your breast feels from month to month.
5. Repeat the exam on your left breast, using the finger pads of the right hand. (Move the pillow to under your left shoulder.)
6. If you find any changes, see your doctor right away.
7. Repeat the examination of both breasts while standing, with one arm behind your head. The upright position makes it easier to check the upper and outer part of the breasts (toward your armpit). This is where about half of breast cancers are found. You may want to do the standing part of the breast self-examination while you are in the shower. Some breast changes can be felt more easily when your skin is wet and soapy.
8. For added safety, you can check your breasts for any dimpling of the skin, changes in the nipple, redness, or swelling while standing in front of a mirror right after your breast self-examination each month.

CAN A BUMP OR BRUISE CAUSE BREAST CANCER?

No, that is a myth. No one knows for sure why breast cancer or any cancer starts. We do know that a cancer cell reproduces at an abnormally fast rate and destroys healthy cells. Eventually, the cancerous cells form a large mass or lump. If undetected, cancer cells can spread to other parts of the body, traveling through the lymph systems.

IF MY MOTHER HAD BREAST CANCER, WILL MY CHILDREN OR I HAVE IT?

If a mother, an aunt, or a sister has a history of breast cancer, that is a risk factor, but it does not mean you will get breast cancer. However, your doctor may suggest more frequent medical examinations.

WHAT ARE OTHER RISK FACTORS?

Lump or nipple discharge, a personal history of breast cancer, over 35 years old and especially over 50, never had children or had children past 30, are considered risk factors relating to breast cancer.

IS MAMMOGRAPHY DANGEROUS?

Mammography is a low-dose x-ray. The amount of radiation has been reduced over the years so that now the procedure is as safe as possible. Talk with your doctor about mammography as it applies to you. As a diagnostic tool, mammography has demonstrated excellent benefits.

WILL I LOSE MY BREAST?

If further examination of your breast detects cancer and surgery is required, possibly only the lump and a small surrounding part of the breast will be removed. Perhaps variations of the surgical procedure called mastectomy (removal of all the breast, the breast and lymph nodes, or the breast, lymph nodes, and breast muscle) may occur. The surgeon will discuss the options in your particular case. Perhaps chemotherapy and radiation will be part of the overall treatment. Improvements in cosmetic surgery have made breast reconstruction a more desirable option.

WHAT IF I FIND A LUMP DURING BREAST SELF-EXAMINATION?

Two things: (1) see your doctor and (2) try not to worry. Most lumps, if they really are lumps, are not cancerous and are probably not serious. However, it is critical to see your health care provider as soon as possible if you discover a lump. Only your doctor can determine the nature of the lump.

IF I HAVE HAD BREAST CANCER, WILL IT OCCUR IN MY OTHER BREAST?

It is possible. A history of breast cancer is one of the high risk factors, and means your doctor will want to monitor your situation.

ARE LARGE BREASTS A RISK FACTOR?

Cancer does not occur more frequently in large breasts. Large breasts have more fatty tissue which makes breast self exam more difficult. Often a woman believes she has discovered a lump that is, in reality, only a fat deposit. However, consult your doctor if you find anything. Only a doctor's diagnosis can determine whether what you have found is cancerous. Remember: most lumps are not cancer.

BREAST CANCER RESOURCES

BREAST CANCER DIAGNOSIS

HANYS BCDP™ *Breast Health Consumer Guide*©

HANYS BCDPä developed this resource to outline the rights of breast health patients in New York State. The *Guide* is written from a woman's perspective and includes practical information and problem solving support on the mammography experience, insurance rights, and consumer options and protections. A pilot study conducted at the 14 BCDPä hospital sites found that it was well received by both patients and providers because of its high quality content, user-friendly format, and size. The *Guide* is also available in Spanish.

HANYS BCDP™ Advisory Board-Recommended Books, CD-ROMs, and Videotapes **www.hanys.org/quality_index/Breast_Cancer_Project/book_list.htm**

A product of HANYS BCDP™, this is an educational tool designed to assist patients in sorting through information every step of the way along the breast health continuum. It contains a comprehensive set of resources for newly diagnosed patients, resources for breast cancer survivors, and support for patients and families.

Building Systems of Breast Cancer Care: A Comprehensive Review of Literature and Web Resources **www.hanys.org/quality_index/Breast_Cancer_Project/brst-rev.pdf**

This tool, published in May 1999, provides health care facilities a comprehensive, organized review of literature on breast cancer services. The *Review* is available in hard copy, on CD-ROM, and can be downloaded from the previously mentioned Web page.

Mammography Specialists Medical Group **<http://mammo.net/am1f1.htm>**

A comprehensive set of Web site links for patients. These include information, resources, publications, and organizations related to breast disease.

National Alliance of Breast Cancer Organization (NABCO) **www.nabco.org**

Founded in 1986, NABCO is the leading non-profit information and education resource on breast cancer in the United States.

American Cancer Society's Patient and Family Services **www.cancer.org**

■ **National Call Information Center (NCIC)**

- Begun in 1997, the NCIC helps provide the most current information on all types of cancer.
- Callers are provided with information related to their needs and interests.
- "Service tickets" for additional services are sent to regional offices that follow-up with callers.
- Available 24 hours a day, seven days a week (800) 227-2345.

■ Publications

- *Informed Decisions*, the complete book of cancer diagnosis, treatment, and recovery (1997).
- *American Cancer Society's Guide to Complementary and Alternative Cancer Methods* (2000).

■ Reach to Recovery

- An American Cancer Society program since 1969.
- Volunteers who are breast cancer survivors provide emotional support and information to those with personal concern about breast cancer.
- Volunteers serve as role models of people who have been treated successfully.
- The program includes:
 - early support (before surgery);
 - time of surgery visit (hospital, home, alternate site or telephone visit);
 - support across the continuum of a person's breast cancer experience; and
 - information on breast cancer and resource lists.

BREAST CANCER TREATMENT

The NCCS Cancer Survival Toolbox

An audio resource program consisting of a set of six audio CD-ROMs produced by the National Coalition for Cancer Survivorship (NCCS) in collaboration with the Oncology Nursing Society, the Association of Oncology Social Work, and Genentech, Inc. The CDs cover basic skills that help people with cancer meet the challenges of their illness and contain programs on topics of special interest. This is provided as a free service and can be ordered from www.canceradvocacy.org or by calling (877) 866-5748.

American Cancer Society Resources for Coping with Treatment

Call the American Cancer Society at (800) 227-2345 to access any of these programs.

- ***I Can Cope***: An educational program for cancer survivors and their families, offered in different formats, addressing:
 - understanding cancer and its treatment;
 - managing stress;
 - fatigue;
 - legal issues;
 - relieving cancer pain;
 - taking charge of money matters; and
 - nutrition.

■ Look Good, Feel Better

- This free, one-session program teaches women undergoing treatment for cancer ways to use makeup to manage treatment-related side effects such as skin changes and hair loss.
- Participants receive a complimentary makeup kit.
- Volunteers are trained and licensed cosmetologists.
- Co-sponsored by the American Cancer Society, National Cosmetology Association, and the Cosmetic Toiletry and Fragrance Association.

■ “Luzca Bien . . . Sientase Mejor” is the Spanish language counterpart of the Look Good Feel Better program.**■ TLC**

- This self-funded magazine includes a catalog containing products of interest to women undergoing treatment and offers information to survivors on cancer-related topics.

■ Road to Recovery (transportation services)

- A multi-faceted program to assist patients in keeping their treatment appointments.
- Volunteer drivers transport cancer patients to medical appointments and treatment.

■ Limited Financial Assistance

- For parking, tolls, and/or public transportation for treatment appointments.
- To assist with the costs for caring for a dependent (older or disabled adult or child) so a patient can get treatment.

■ Partnership with *AirLifeLine* (nationwide network) provides patients free air transportation in private craft. Patients must be ambulatory and the flying distance cannot be more than 1,000 miles.**■ Referral to other Community Transportation Services****■ Cancer Survivor Network (CSN)**

- A free, 24-hour telephone or Internet-based information/support system at (800) 333-4673.
- Topics of interest are pre-recorded in a radio talk show format.

■ Support Groups

- Regional offices offer a wide variety of support groups facilitated by health care professionals who volunteer their time.
- All group services are free.

■ Hope Lodges

- These are home-away-from-home facilities that are owned and maintained by ACS.
- The facilities enable patients/family members to reside close to their treatment center while undergoing treatment.

- Nationwide, there are 15 ACS Hope Lodges.
 - Eastern Division owns and operates two lodges: Roswell Park (Buffalo) and Rochester.
- **Navigation**
- Trained volunteers help survivors understand and navigate the health care system and identify resources.
 - Focus on diversity and community outreach.

POST-IMPLEMENTATION EMPLOYEE SATISFACTION SURVEY

Dear Employee:

Thank you for participating in our employee mammography inreach program. Please take a moment to share your comments with us. Your comments are important to us and will be utilized to evaluate and improve the program. Please complete and return this survey in the postage-paid envelope that is provided. Your individual responses will be kept confidential. Only aggregate information may be shared.

Please answer the following by checking the appropriate choice.

	DEFINITELY NOT	PROBABLY NOT	PROBABLY	DEFINITELY	
1. Did you value the opportunity to obtain a mammogram on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Would you have had the mammogram without the gifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Would you have had a mammogram this year even without our program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Will you obtain regular follow-up screenings in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Please rate the quality of these items with respect to their role in your decision to schedule a mammogram appointment.					
	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
a. Mailing letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reminder letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Posters/flyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Educational brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tips/breast cancer fact sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Prepaid response card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please rate the following aspects of your visit.

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
a. Waiting time to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ease of making a phone appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Convenience of the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Waiting time at the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Technicians' technical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Technician's communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Overall visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate the personal manner of the following staff (in terms of courtesy, respect, sensitivity, and friendliness).

	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
a. Inreach coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reception staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Radiology technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have any suggestions for improving this service?

9. We welcome your comments; if you would like to discuss further please include your name and contact information:

*Thank you
for your input.*

ABOUT YOU	
What is your age?	<input type="checkbox"/> <40 <input type="checkbox"/> 40-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> >65
Were you familiar with the recommended American Cancer Society screening guidelines before this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you have your last mammogram (before the program)?	<input type="checkbox"/> Never had one <input type="checkbox"/> Within last 6-10 years <input type="checkbox"/> Within last 2-5 years <input type="checkbox"/> Within past year

Sample

PRESS RELEASE

FOR IMMEDIATE RELEASE

< DATE >

FOR MORE INFORMATION

< CONTACT NAME >

< CONTACT NUMBER >

< YOUR FACILITY > ANNOUNCES THE NEW
EMPLOYEE MAMMOGRAPHY INREACH PROGRAM

< YOUR TOWN >, NY—< YOUR FACILITY > is pleased to announce the commencement of its Employee Mammography Inreach program. Through this program, < YOUR FACILITY > hopes to identify undetected cancers among its female employees through mammography screening while educating and increasing their awareness of breast cancer screening guidelines.

Breast cancer is the leading cause of premature death among American women. The American Cancer Society estimates that in 2002 alone, 203,500 women will be diagnosed with breast cancer. One out of every eight women is expected to get breast cancer in her lifetime. New York State has the second highest incidence of breast cancer in the nation. Routine mammography screening is the single most effective method to detect breast changes that may be cancer, long before physical symptoms can be seen or felt.

< QUOTE FROM YOUR FACILITY CHIEF EXECUTIVE >

The < YOUR FACILITY > Employee Mammography Inreach program strives to ensure that female employees at < YOUR FACILITY > get the breast health screening they need.

-30-

PROGRAM FUNDING OPTIONS

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION

The Dallas-based Susan G. Komen Breast Cancer Foundation contributes funding each year to a variety of projects. Its national grant program funds innovative research into the causes, prevention, and treatment of breast cancer, and funds projects in the area of breast health education and breast cancer screening and treatment.

Many of the Foundation's affiliates provide grant funding for local education, screening, and treatment programs. A list of the cities in which this funding is available can be found on the Foundation's Web site at www.komen.org/grants.

AVON

In 1993, the Avon Breast Health Access Fund, part of Avon's Breast Cancer Awareness Crusade, launched a program to support community organizations nationwide through the National Alliance of Breast Cancer Organizations. Grants are awarded twice a year. During the past five years, Avon's Breast Health Access Fund has supported more than 285 community-based programs in 49 states. For more information, go to www.avoncompany.com/women/avonfoundation.

GRANT POSSIBILITIES VIA THE INTERNET

Government Sites

National Institutes of Health Grants and Funding Opportunities
www.nih.gov/grants

National Institutes of Health Guide for Grants and Contracts
www.grants.nih.gov

FedWorld Information Network
www.fedworld.gov

GrantsNet
www.hhs.gov/grantsnet

Foundations

The Robert Wood Johnson Foundation
www.rwjf.org

The Henry J. Kaiser Family Foundation
www.kff.org

Locating Individuals/Companies on the Net

Searchable Directory
www.switchboard.com

Other Grant-Related Sites

American Medical Association
www.ama-assn.org

The Council on Foundations
www.cof.org

The Foundation Center
www.fdncenter.org

Medical and Healthcare Resources, Bernard Becker Medical Library
<http://becker.wustl.edu>

Society of Research Administrators
www.srainternational.org/cws/sra.sra.htm

Sample EMPLOYEE LETTER

< DATE >

Dear Employee:

The American Cancer Society estimates that in 2002, 203,500 women will be diagnosed with breast cancer. One out of eight women is expected to get breast cancer in her lifetime, making it the leading cause of premature death in American women. New York State has the second highest incidence of breast cancer in the nation.

Screening mammography (an x-ray of the breast) is the single most effective method to detect breast changes that may be cancer long before physical symptoms can be seen or felt. Early detection of breast cancer is an important prerequisite for cure. The American Cancer Society recommends an annual mammogram for all women age 40 and over.

You are a valued employee of < FACILITY NAME >, and your health is important to us. That is why we at < FACILITY NAME > have developed the Employee Mammography Inreach program. Through this program, we hope to provide all female employees over age 40 with access to a mammogram and to make other women aware of recommended breast cancer screening guidelines.

Please fill out the enclosed response form and return it at your earliest convenience in the enclosed postage-paid envelope. If you decide to participate in the program and have insurance coverage, < FACILITY NAME > will seek reimbursement for your mammogram from your health insurance carrier. All individual test results will be kept confidential. Only aggregate results will be reported. Please call your insurance company before the screening if you have any questions regarding insurance coverage.

Sincerely,

< PROJECT COORDINATOR'S NAME >

Project Coordinator

Employee Mammography Inreach Program

Enclosures (3): Response Form
Postage-paid Envelope
Brochure

Sample

EMPLOYEE REMINDER LETTER

< DATE >

Dear Employee:

We recently contacted you and asked you to fill out the enclosed response card so that you can take part in our Employee Mammography Inreach program, which is designed to provide all female employees over the age of 40 with access to a mammogram. We have not yet heard from you.

Screening mammography (an x-ray of the breast) is the single most effective method to detect breast changes that may be cancer long before physical symptoms can be seen or felt. Early detection of breast cancer is an important pre-requisite for cure. The American Cancer Society recommends an annual mammogram for all women age 40 and over.

Please fill out the enclosed response form and return it at your earliest convenience, using the enclosed postage-paid envelope. If you decide to participate and have insurance coverage, <Your facility name> will submit the charges for your mammogram to your health insurance carrier. All individual test results will be kept confidential. Only aggregate results will be reported. Please call your insurance company before the screening if you have any questions regarding insurance coverage.

Sincerely,

< PROJECT COORDINATOR'S NAME >

Project Coordinator

Employee Mammography Inreach Program

Enclosures (3): Response Form
Postage-paid Envelope
Brochure

Employee Mammography Inreach RESPONSE FORM

EMPLOYEE MAMMOGRAPHY INREACH PROGRAM
RESPONSE FORM

(Please use the postage-paid envelope to return your response.)

Name: _____ Employee Identification Number _____

Telephone: _____ E-mail: _____

Health Insurance Carrier: _____

Age: <40 40-45 46-55 Last mammogram: Never had one Within last 6-10 years
 56-65 >65 Within last 2-5 years Within past year

I am over 40 years of age and have not had a mammogram within the last 12 months.
 I would like to participate in this important program:

I will call the employee mammography inreach coordinator personally to arrange my appointment at
 < ENTER TELEPHONE NUMBER HERE > .

Please contact me to arrange for an appointment. I can be reached at: _____

I am currently **not** eligible for this program for the following reason:

I am over 40 years of age and **have already had a mammogram** within the last 12 months,
 on or around the following date: _____

I am under 40 years of age.

Other (please specify): _____

I have reviewed the nationally recommended screening guidelines, but do not wish to participate
 for the following reason:

I have another mammography provider.

I do not wish to participate in this program for other reasons.

ADDITIONAL RESOURCES YOU MAY WISH TO PROVIDE TO YOUR ORGANIZATION'S EMPLOYEES

These American Cancer Society resources can be obtained free of charge from www.cancer.org or by calling (800) 227-2345.

- *The ABC's of Breast Health: A Personal Plan of Action*
(BROCHURE)
- *Recommendations for the Early Detection of Breast Cancer*
(18"X 11" POSTER)
- *American Cancer Society Guidelines for the Early Detection of Breast Cancer*
(9"X 5" SHOWER HANGER)
- *The Older You Get The More You Need a Mammogram*
(BOOKLET)

DESCRIPTION OF TRACKING TOOLS

This Employee Mammography Inreach Program Resource Kit offers two software programs for tracking mailings. You can access them at:

www.hanys.org/quality_index/Breast_Cancer_Project/emiresourcekit.htm.

Both programs accomplish the tracking function; however, they offer different user interfaces.

If you wish to use either of these programs, please consult your facility's information technology personnel for assistance.

Tracking Tool (Microsoft® Excel File)

This automated response program is designed for tracking responses in a direct mail employee mammography inreach program where a first mailing is followed by a reminder second mailing. The automated response tracker automatically updates the status of a record with respect to whether a second mailing is required for a specific employee.

The Excel file is divided into two worksheets: “Main Data” and “Analysis.”

MAIN DATA WORKSHEET

The Main Data worksheet requires the user to incorporate the preliminary data required for the direct mailing program and the data that results from the mailing. It contains fields/column headings that ask for the following information:

1. Record Number	9. Date Sent	17. Response Received
2. Employee Identification Number	10. Response Received	18. Willing to Participate
3. Name	11. Willing to Participate	19. Made Appointment
4. Address	12. Made Appointment	20. Kept Appointment
5. Telephone	13. Kept Appointment	21. Age Group
6. E-mail	14. Requires Second Mailing (<i>automatically updated</i>)	22. Insurance Coverage
7. Status (<i>automatically updated</i>)	15. Second Mailing Sent	23. Insurance Type
8. First Mailing Sent	16. Date Sent	24. Mammogram History: Year of Last Mammogram

Each column heading cell contains a comment that will pop up once the cursor is taken to that cell. The pop-up box shows the categories that correspond to that field/variable (e.g., the “Response Received” field has in the comment box “Enter Y: Yes and N: No”).

The user can complete the preliminary employee information (fields one through six) before beginning the mailings. Once the program starts with the first mailing, the user needs to complete fields eight through 13 on an ongoing basis and when responses to the mailing are received. Once these fields are complete, field seven (Status) and field 14 (Requires Second Mailing) will automatically be updated.

The status of the mailing contains the following categories, each of which has a numerical code.

- 0: Nothing Sent Yet
- 10: First Mailing Sent, No Response
- 11: First Mailing Sent, Made Appointment
- 12: First Mailing Sent, Kept Appointment
- 20: Second Mailing Sent, No Response
- 21: Second Mailing Sent, Made Appointment
- 22: Second Mailing Sent, Kept Appointment

Based on the information provided in fields eight through 12, this status field shows one of the above eight values. Field 14 (Requires Second Mailing) is the field that helps determine if a specific record requires a second mailing or not. This field is automatically updated. Based on this, a user will know every employee that requires a second mailing. Accordingly, the user can fill out fields 15-20 after the second mailing has begun. The user also needs to fill in the remaining information on demographics, insurance coverage, etc.

ANALYSIS WORKSHEET

The Analysis work sheet automatically updates (at the press of the “Update” button on the worksheet) all the aggregate descriptive information that results from the program. Shown below is a portion of this worksheet.

Descriptive Analysis						
	Total	By Age Group				
		<40	40-<45	45-<55	55-<65	>65
# of Employees	6	1	2	0	1	2
# of Mailings	4	1	2	0	0	1
# of Responses	4	1	2	0	0	1
# of Completed Appointments	3	1	1	0	0	1

Tracking Tool (Microsoft® Access File)

This Access database provides for form-based data entry and queries to produce final descriptive analysis.

In the main menu go to “Forms.” Choose “FrmEmployees.” This main data entry form (see below) has the following fields:

Last Name	Date of First Mailing	Date of First Response
First Name	Date of Second Mailing	Date of Second Response
Department Number	Date of Third Mailing	Date of Third Response
Birth Date		
Employee Number	Current Age	Phone Number
Company	40+ Had Mammogram	Date Phone Call Made
Address (City, State, Zip)	40+ No Mammogram	Date Phone Call Received
Hours	Please Contact Me	Date Appointment Made
Shift	I Will Call You	Appointment Kept
Position Type	Different Mammography Center	Gift Box Given
Title	Will not Participate	
Department Name	Under 40 Ineligible	
Medical Insurance		

The form also contains a “Notes” section and a button that computes responses by department by age group. This form is linked to the “TblEmployees” table. If you go to “Tables” in the main menu and open “TblEmployees,” you will see that it contains a table with the same information that was entered in the form. To obtain final descriptive analyses, from the main menu, go to “Queries.” This will provide a listing of all queries that have been constructed from the tables, to produce the final analyses.

The screenshot shows the 'Employee Mammography Inreach Program' form. It includes fields for: last name, first name, dept #, birth date, emp no, company, sex, address, address ext, city, state, zip, hours, shift, pos type, title, fax, fax code, dept name, med ins, date of 1st mailing, date of 2nd mailing, date of 3rd mailing, 40+ Had Mammogram, 40+ No Mammogram, Please Contact Me, I Will Call You, Different Mammography Center, Will not Participate, Under 40 Ineligible, date of 1st response, date of 2nd response, date of 3rd response, phone number, date phone call made, date phone call rec'd, date appt made, appt kept, and gift box given. A summary table at the bottom shows: < 40: 0, 40+: 0, No DOB: 1, Total: 1. A button labeled 'Responses By Dept By Age Group' is also visible.