

Friend to Friend

Training Manual



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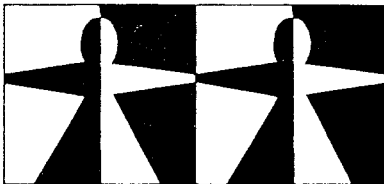
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WELCOME TO THE FRIEND TO FRIEND PROGRAM!

THANK YOU FOR VOLUNTEERING YOUR TIME AND ENERGY
TO THIS PROJECT! THE PURPOSE OF THIS PROGRAM IS TO
ENCOURAGE WOMEN TO GET REGULAR MAMMOGRAMS FOR
THE EARLY DETECTION OF BREAST CANCER WHEN IT IS
MOST CURABLE.

The program includes three major components:

- 1) A Friend to Friend Party at which ACS volunteers, including a health professional, deliver the mammography message.
- 2) A small-group discussion about breast cancer, mammography, and barriers to receiving care.
- 3) A mammogram sign-up.

This manual has been developed to familiarize you with the Friend to Friend program and to provide you with guidelines for planning and conducting the Friend to Friend Party.

AMERICAN CANCER SOCIETY MISSION STATEMENT

The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives from cancer, and diminishing suffering from cancer through research, education, and service.

The American Cancer Society (ACS) is a volunteer, non-profit organization dedicated to research, education and service to cancer patients. National headquarters are in Atlanta, Georgia and there are 58 Divisions in the United States. The Minnesota Division headquarters is located in Minneapolis. There are 104 unit (county) boards of directors throughout Minnesota.

The Society's long range goal is to eliminate cancer entirely as a human disease. The immediate goal is to save more lives and to diminish suffering from cancer to the fullest extent possible. Research helps us achieve our short and long-range goals. Both the University of Minnesota and the Mayo Clinic carry on ACS funded research within Minnesota.

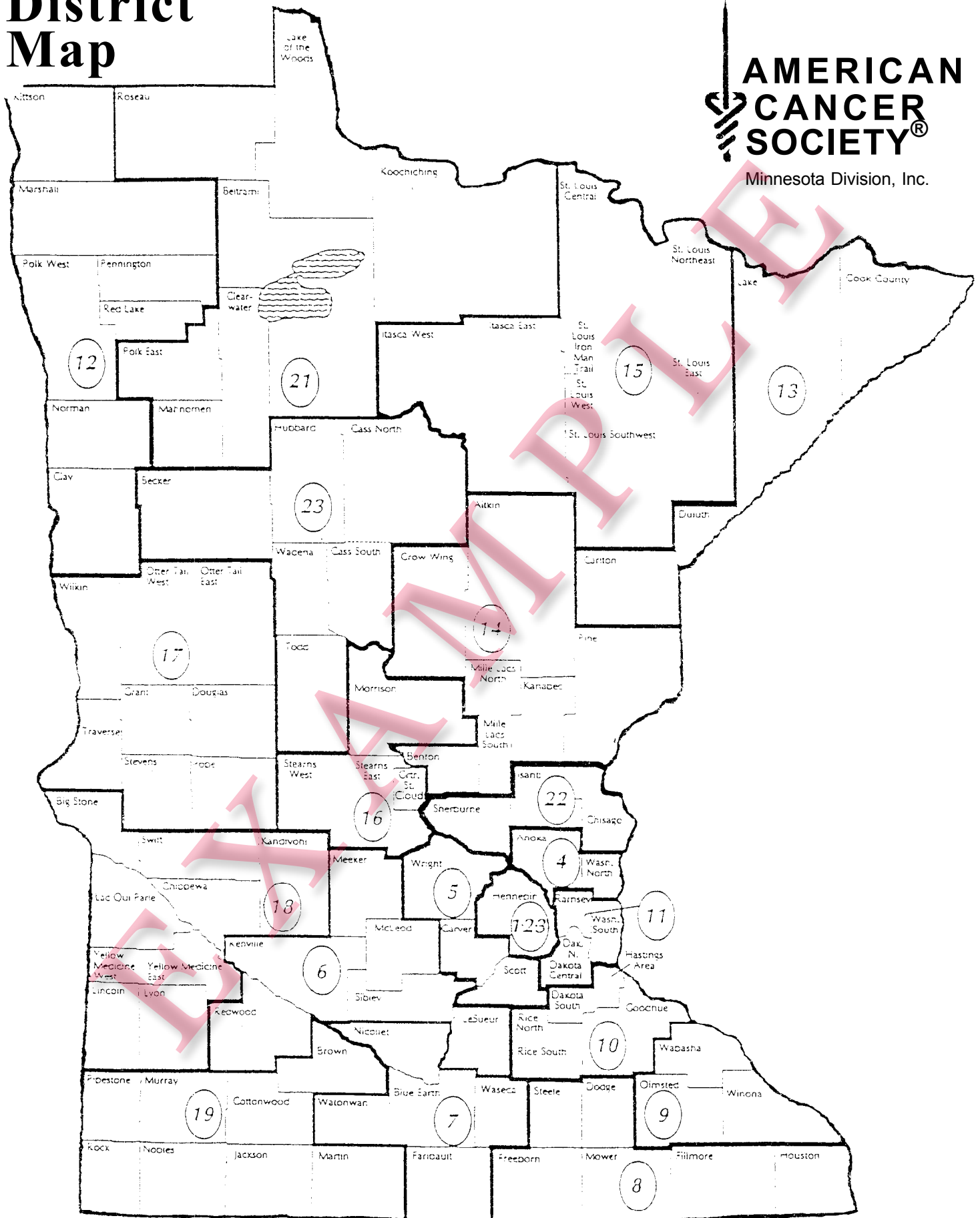
Education and service help us accomplish our immediate goal. This is done largely through a network of grassroots volunteers. Many of these volunteers educate the public as well as health care professionals about cancer prevention and early detection. Some also provide direct services such as items for loan, dressings and transportation for cancer patients and their families. Rehabilitation programs such as Reach to Recovery, CanSurmount and I Can Cope groups are also offered.

You are joining millions of other volunteers nationwide who make up the largest voluntary health organization in the world. Welcome to our team!!!!

District Map

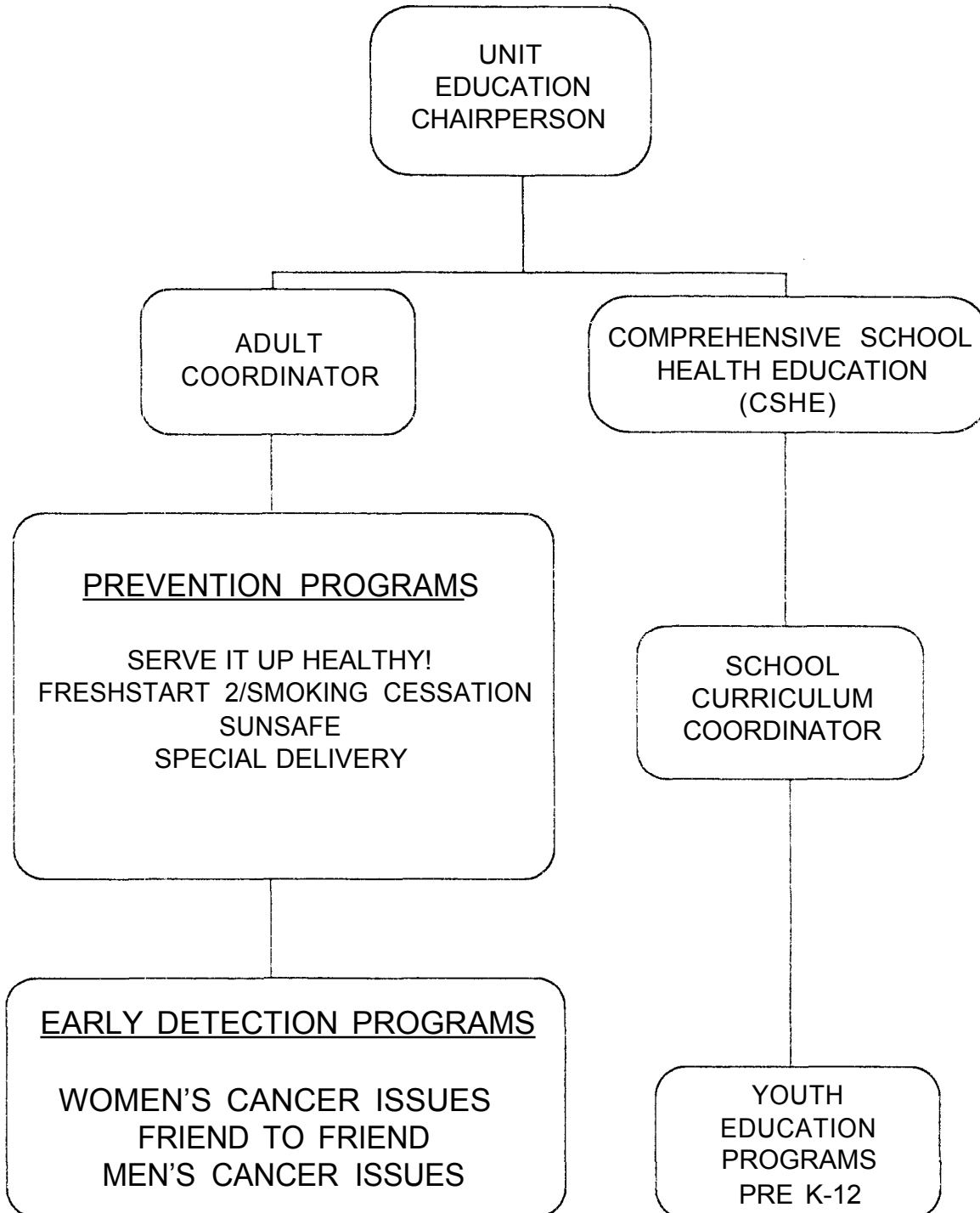


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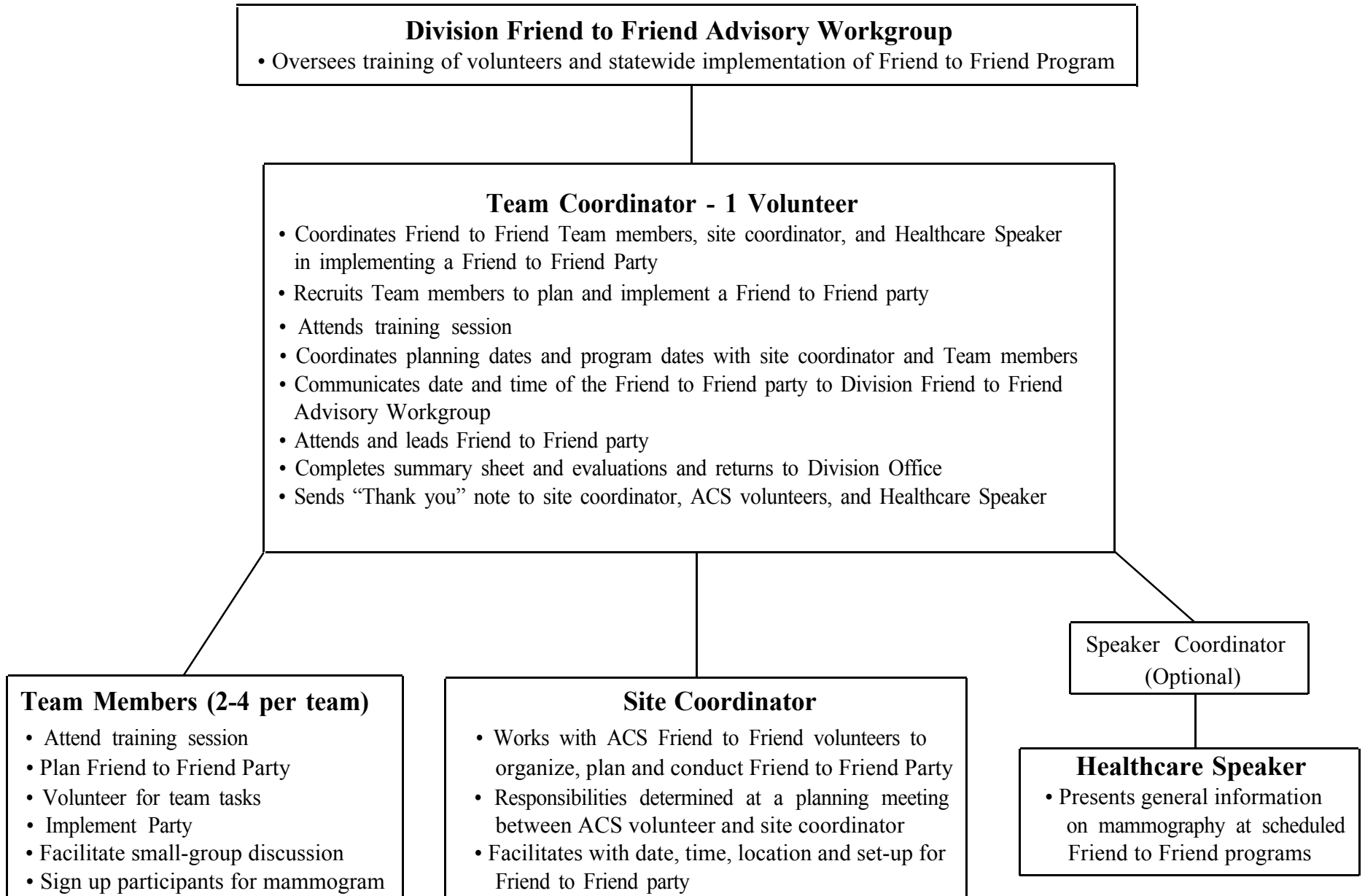
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UNIT EDUCATION STRUCTURE



Friend to Friend

Unit Structure/Job Description



Speaker Coordinator* Job Description **(Optional)**

Major Function: To coordinate the date and time of Friend to Friend Party with a Healthcare Speaker.

Responsibilities:

1. Identify a speaker for the pre-determined date and time provided by Team Coordinator.
2. Provide Team Coordinator with name and telephone number of speaker.
3. Act as a resource and liaison for Team Coordinator and speaker.
4. Communicate with ACS staff person.

** This position is recommended if there are many sites, but a limited number of Healthcare Speakers available.*

IDENTIFYING YOUR AUDIENCE AND LOCAL RESOURCES

Identify your audience

The Friend to Friend program is designed for women age 40 and older. The target audience to consider in your community for the Friend to Friend program would be women:

- not having regular mammograms
- low income
- uninsured and underinsured
- self-employed
- elderly

The target audience for this party will be _____ .

Identifying barriers within the target audience and how to address these before the party

Language -

- Are there non-English speaking participants?
- Are there volunteers available who are multilingual and willing to translate?
- Are there materials available in their language?

Handicaps -

- Is the party location handicap/wheelchair accessible?

Transportation -

- Will some participants need assistance in getting to the party or in setting to their mammogram appointments?
- What types of public transportation are available locally? What is the cost and how is it accessed?
- Consider ACS Road to Recovery volunteers or other volunteers in the community to drive.

Recruit volunteers and local clubs/organizations to assist with planning and party site

(Examples of who to partner with: local MBCCCP contact, churches, AARP, VFW, Women of Today, American Legion)

Suggestions of ways they could help:

- Sponsor party location and meeting room
- Recruit/provide volunteers to help organize party
- Donate refreshments and/or door prizes
- Assist in the promotion of the party

Assess the availability of mammograms in your location

- Check MBCCCP list of providers for places near your locality (see starting page 8-8)
- Check BCDAP list of providers for places near your locality (see page 8-15)
- Check local listings in Yellow Pages for other providers in your area

Contact local mammography providers prior to the party to:

- Inform them of the Friend to Friend party and invite their participation
- Get correct name, address, phone and days/hours of service
- Suggestions of ways they could help
- Provide a healthcare speaker at party
- Provide someone at the party to schedule appointments or have someone available: by phone during the party
- Assist with promotion

PLANNING AND PROMOTING THE PARTY

Identifying volunteers, a party date and site

- _____ Identify and confirm a coordinator and team of volunteers to plan and conduct a Friend to Friend party (see Job Description page 2-1)
- _____ Order Planning, Packet (see page 4 - 3)
- _____ Identify and confirm site and Site Coordinator for the party
- _____ Schedule planning meeting with volunteer team and Site Coordinator

(IF TRAINING WAS NOT OCCURRED, SET TRAINING DATE FOR VOLUNTEERS)

At the meeting between ACS Volunteer and Site Coordinator:

- _____ Choose date and time for Friend to Friend party
Date _____ Time _____ Location _____
- _____ Decide on how the party will be promoted and who will be responsible for each of the following tasks:

Promotion Options: All promotional items can be ordered by completing the Friend to Friend Material Order Form (page 4 - 3)

- _____ Invitations
 - It is up to the volunteers to distribute or mail the invitations. Also need to designate a contact person to take registration.
- _____ Posters
 - Post at party site, community restaurants, businesses and churches
- _____ Newsletter Insert
 - Place promotional paragraph in church bulletins and clubs/organization newsletters
- _____ Press Release
 - Work with Unit Communication Chair or District Manager to submit press release to local newspapers

Go over planning checklist for Site Coordinator

- _____ Go over list of duties on checklist and give a copy to the Site Coordinator

Planning Checklist for the Site Coordinator
<p><u>Prior to the Friend to Friend party:</u> Reserve room/table and chairs for the Friend to Friend party Date _____ Time _____</p> <p>Assist with promotion for the Friend to Friend party: _____ Put up posters at and around party site (Poster will go up by _____) (date)</p> <p>_____ Assist with the distribution of party invitations _____ Put notice in site's newsletter (if available)</p> <p><u>The Day of the Party:</u> _____ Assist with program set-up _____ Assist with clean-up _____ Take down posters after the party</p>

Begin completion of Summary Sheet (See page 4 - 7)

TEAM MEMBER DUTIES AFTER PLANNING MEETING

3-4 weeks before the party:

- Contact Site Coordinator to see that room has been reserved, area to prepare coffee and serve refreshments, etc.
- Arrange for Health Care Professional Speaker (request from local provider or work with Speaker Coordinator if available in larger units)
- Order party materials (brochures, promotion items) by completing Material Order Form (see page 4 - 3)
- Submit press release and newsletter articles to appropriate channels
- Arrange for donated refreshments
- Arrange for donated door prize (optional)

1-2 weeks before the party:

- Begin distribution of invitations and/or putting up posters
- Begin ongoing contact with designated contact person for number of RSVPs
- Confirm donated refreshments and supplies
- Confirm Health Care Professional Speaker and supply speaker with script

Day of the party:

- Call Site Coordinator and make arrangements to be let in the building
- Pick up refreshments and supplies (plates, cups, etc.)
- Set up for Program
 - Make sure coffee has been made or provided
 - Put out refreshments and cups, plates, etc.
 - Arrange tables and chairs for groups
 - Put nametags at tables

After The Party:

- Clean up
- Take down all posters

TEAM COORDINATOR:

- Return in self-addressed envelope completed:
 - Summary Sheet
 - Friend to Friend Evaluations and consent cards
 - Healthcare Provider forms
- Send Thank You Notes to Site Coordinator, Health Professional Speaker, and ACS volunteers

Friend to Friend Material Order Form

Please order materials 4-6 weeks before party date to ensure time for printing, promotion, and shipping.

Party

Invitations

Indicate:

Name _____ Phone (____) _____

Posters

Planning Packet

- 3 planning checklists
- 1 Site Coordinator checklist
- 1 Summary Sheet
- 1 Healthcare Speaker script
- 6 Thank You notes
- 1 Self-addressed envelope
- 1 Material Order Form

_____ Party Packet - Indicate: # of participants _____ Indicate: _____ Metro _____ Non-Metro

Includes:

- Summary Sheet - 1
- Healthcare Provider forms - 5
- Pens - 10

All participants receive:

- Magnets
- Mammogram Pledge card
- Mammogram Options flyer
- MBCCCP brochures (free facility listing)
- BCDAP brochures (low-cost facility listing)
- Friend to Friend information brochure
- Evaluation and consent card
- Name tags

Send to: _____

Address: _____

City: _____ Zip _____

Phone (____) _____

Return Order Form to: American Cancer Society, MN Div.
Attn. Barb Dewey
3316 W. 66th St.
Minneapolis, MN 55435
FAX: 612-925-6333

You're invited to a



*Friend to Friend
Party*

- *Health Professional Guest Speaker*
- *Information on Free and Low-cost Mammograms*
- *Refreshments*

Dear Friend,

I would like to invite you to a very important event that can make a difference in your health and life. We're calling it a party, because there will be refreshments. But it's more than a party. You will also learn some very interesting facts about breast cancer that every woman should know.

A Health Professional will be available at the party to answer your questions about breast cancer and mammograms. And if you're 40 or older, you can schedule a mammogram (breast x-ray) that we can provide to you at low cost, or free if you meet the program requirements.

Please come and enjoy the party — even if you already get regular mammograms, and no matter what your age. Please register by calling _____ at _____ by _____.

Sincerely,

Your local ACS Volunteers

*The Friend to Friend program is sponsored by
the Minnesota Department of Health and the American Cancer Society.*

Announcement for Newsletter or Press Release

The _____ (name of organization) _____ is proud to be a local sponsor of the Friend to Friend Mammography Screening Program. This program was created by the American Cancer Society, MN Division, and the MN Dept. of Health, with the purpose of encouraging women to get regular mammograms for the early detection of breast cancer, when the disease is most curable. For every woman 40 and over...a mammogram is a must! The Friend to Friend Program makes it easy for you by providing up-to-date information on breast cancer and mammograms from a health professional. It answers your questions and concerns about breast cancer and mammograms, and helps you get a free or low-cost mammogram if you meet eligibility requirements.

The _____ (sponsor) _____ invites you to join them at the Friend to Friend Party being held on _____ (date) _____ at _____ (time) _____ at _____ (location) _____. Please register by calling _____ (name) _____ at _____ (phone #) _____.

Planning Checklist for the Site Coordinator

Thank you for agreeing to be the Site Coordinator for the Friend to Friend Program in your community.



The Friend to Friend Team Coordinator in this Program is:

_____ Phone _____

Please maintain communication with the Friend to Friend Team Coordinator and call her with questions or concerns.

Prior to the Friend to Friend party

_____ Reserve room/table and chairs for the Friend to Friend party

Date _____ Time _____

Assist with promotion for the Friend to Friend party:

_____ Put up posters at and around party site (Poster will go up by _____)
(date)

_____ Assist with the distribution of party invitations

_____ Put notice in site's newsletter (if available)

The Day of the Party:

_____ Assist with program set-up

_____ Assist with clean-up

_____ Take down posters after the party



Friend to Friend SUMMARY SHEET

(To be completed by the Team Coordinator.)

Friend to Friend Party

Date _____

Time _____

Location _____ Address _____

City _____ Zip _____

Volunteer Information

UNIT _____

Team Coordinator _____ Phone _____

Team Members _____ Phone _____

_____ Phone _____

_____ Phone _____

Site Coordinator _____ Phone _____

Other Volunteers _____ Phone _____

_____ Phone _____

_____ Phone _____

Post-Party Information

Total number of women who attended _____

Total number of women who signed Pledge Card _____

Total number of women who filled out a Healthcare Provider Request Form _____

Total number of women who completed Evaluation _____

Total number of women who completed Consent Card for followup _____

Did any local Providers schedule mammograms at the party? _____ If Yes, please list _____

Please comment on how the program went, e.g., population served (language, ethnicity), characteristics of audience (rural, Metro, etc.), things that went well, things you would do differently, suggestions for change, etc.:

Mail To: American Cancer Society, MN Div.
Breast Cancer Detection Specialist
3316 W. 66th St.
Edina, MN 55435

Or FAX: Breast Cancer Cancer Detection Specialist
(612) 925-6333

CONDUCTING THE FRIEND TO FRIEND PARTY

When participants arrive:

- Greet participants and give magnet with beads.
- Direct women to sit in groups of 5-10 at a table.
- Assign at least one ACS volunteer to each table to facilitate the small-group discussion. (If you have more than one volunteer available for each group, designate a Discussion Leader.)
- **Group Discussion Leader:** initiate group introduction of the ACS volunteers in each group and ask “ice-breaker” questions, 5 minutes.
- Ask group members to pick up their beads and feel both the big one and the small one. Ask for guesses as to what these beads mean. Make it a game, but don’t give away the answer. Arouse their curiosity, make them laugh, get them involved! Tell them to listen carefully and they’ll find out what the beads are all about later. (If someone makes a correct guess, congratulate her and add that they will learn more about the beads later.)
- Become acquainted with group members and start to build trust and rapport.

Conducting the Program:

PROGRAM AGENDA

- I. Introduction by ACS volunteer (see page 5 - 2)
- II. Health Professional Speaker
- III. Small-Group Discussion
- IV. Sign-up
- V. Wrap-up (refreshments and evaluations)

Friend to Friend Party: Introduction by ACS Volunteer

Welcome! Thanks for coming today.

Before I say any more, I'd like to be sure that everyone can hear me. Does anyone want to move up to the front to hear better? (Be encouraging so women feel comfortable saying yes, then give them time to move up.)

My name is _____ and I'm an American Cancer Society volunteer. I'm here as part of the Friend to Friend Program, which is a mammogram screening project developed by the American Cancer Society and the Minnesota Department of Health.

The purpose of Friend to Friend is to encourage women to have regular mammograms (or breast x-rays) -- because the earlier breast cancer is found, the better. Our goal is to reach as many women as possible. We hope to get every woman here today to make a personal pledge to get a mammogram. We will also provide you with information on low-cost and free mammogram screening programs in your community.

We know that some women find it easy to get out and go to the doctor. Some of you are probably already getting regular mammograms. But there are other women who don't see a doctor regularly and don't get regular mammograms. These women might be willing to get a mammogram if they had someone to encourage them, remind them, and maybe go with them. So think about those friends or neighbors you know who you can help in this way. That's why we call it **Friend to Friend**.

Now, before I introduce our speaker, I would like to briefly let you know what we have planned, for our Friend to Friend party today. After we've heard our speaker, there will be a question and answer period, giving you the opportunity to ask our speaker questions about mammography and breast cancer. This will be followed by small group discussions. Next, we will have the sign-up for the mammograms. We will end our party with refreshments and socializing. Finally, please let me remind you to be sure to pick up the informational ACS materials that we have brought for you today.

Well, I'd like to introduce _____ who is a (nurse, doctor, etc.)
(Please get the introductory information from the speaker before your talk.)

A Word About the Health Professional Presentation

In order to better accommodate individual speaking styles, there are three versions of the Health Professional Presentation: the actual script and two outline formats. Speakers are urged to use whichever best suits them - some speakers may prefer having the entire script in front of them, others may prefer to read over the script several times and then use an outline for their presentation. The purpose and key points of the script follow (this is not the outline for presentation).

Purpose of the talk

- To establish medical credibility for the Friend to Friend Program and its educational message.
- To directly address the reasons some doctors may not be suggesting that their patients get mammograms and the appropriateness of patients requesting mammograms from their physicians
- To debunk the most common myths about breast cancer and mammography.

Key Points

- Mammograms detect tumors smaller than any other method, including breast self-exam and breast exam by your doctor. (Lumps can be as small as two pinheads and can be seen in a mammogram two years before they can be felt.)
- The nation's health experts and major health organizations recommend mammograms for women over 40. The American Cancer society guidelines are
 - All women 40 and older should have a mammogram every one to two years.
 - All women 50 and older should have a mammogram every year.
- Doctors don't always suggest a mammogram - what a woman could do or say if her doctor doesn't suggest one.
- Four out of five women who get breast cancer had no family history of it.
- Breast cancer occurs in women of all ages, but it occurs much more frequently in older women.
- A mammogram creates a sensation of pressure or momentary discomfort, but usually is not painful.

FRIEND TO FRIEND

HEALTH PROFESSIONAL PRESENTATION

(Script)

INTRODUCTION

(You will be introduced by one of the group leaders. before beginning your talk, please add any other relevant information about your background and experience with women's health, breast cancer, and mammography.)

MAMMOGRAM

If someone told you that simply having your picture taken could save your life, would you do it?....I expect most of you would.....right?

Well.....that's exactly what a mammogram can do. It's a picture - an x-ray of your breasts, and it can save your life because it can detect breast cancer in its earliest, most treatable stages.

A mammogram is safe and easy to get. It's a low-dose x-ray. For those of you who haven't had a mammogram, I'll describe what it's like.....A technologist, who is almost always a woman, puts each breast between two plates and flattens the breast to get a good picture. You'll feel pressure on your breast.....It takes just a few minutes.

BEADS

You all received a string with two beads on it when you came in *(today/ tonight)*..... Does anybody have an idea what these beads represent?
(PAUSE FOR RESPONSES)

Feel the larger bead between your fingers.....This larger bead is the size of a breast lump or tumor that you or your doctor would be able to feel by touch. In other words, if your doctor does a physical exam of your breasts. or if you do breast self-exams regularly, a lump would have to be a little over one-half inch in size before it could be felt.

(CONTINUED)

Now roll the smaller bead between your fingers.....Pretty small, isn't it? It's only about 1/12th of an inch across---about the size of two pinheads. This is the size of the lump that a mammogram can find!

Why is this so important?.....Feel the bigger bead again.....it's seven times larger! If you or your doctor find a lump in your breast the size of this bigger bead, it has been in your body two years longer than it would be if you found it with a mammogram.....The earlier you find a breast cancer, the better.....because breast cancer, like all cancer, can spread. And catching it early, when the lump is very tiny, means a woman has a very good chance of complete recovery.....So a mammogram really IS a picture that can save your life.

GUIDELINES

That's why all the experts....and at least 12 major health organizations.... including the American Cancer Society, strongly recommend that every woman age 40 and over get regular mammograms:

- If you are between the ages of 40 and 50, you should get a mammogram every one to two years;
- If you are 50 or older, you should get a mammogram EVERY YEAR....

Having a mammogram every now and then JUST ISN'T ENOUGH.

DOCTOR

I know that some of you already follow the recommended guidelines and get mammograms regularly through your doctor...But some of you don't get mammograms regularly because your doctor hasn't suggested it.....Am I right?

So some of you may be wondering, "If mammograms are so important, why hasn't my doctor recommended one?"

(CONTINUED)

There are several reasons why your doctor may not have encouraged you to get one:

First,. as you all know, doctors are very busy. (*PERSONAL COMMENT HERE IF APPROPRIATE.*) And your doctor usually has a lot to talk with you about.....often having to do with a health problem you have. So mammograms aren't necessarily a priority.

Also., the doctor you see regularly may be a specialist----a diabetes or arthritis specialist, for example, This doctor may assume that you have another doctor who gives you regular check-ups and mammograms. Specialists often don't see it as their job to recommend such tests as mammograms----even though they think they're very important.

Now if there's ONE THING you remember from my talk...I hope it's this:

- If your doctor hasn't suggested that you get a mammogram, THERE IS NO REASON YOU CAN'T ASK TO HAVE ONE YOURSELF....Doctors appreciate a patient interested in her own health...It's okay to ask your doctor questions and make suggestions. So don't hesitate to ask.

AGE

Some women say, "I'm too old to bother with getting a mammogram."

- Well, you're NEVER too old for a mammogram... As you get older. your chances of having breast cancer increase. That means if you are 75, 85, or even 95, you should be getting a mammogram every year!

FAMILY HISTORY OF BREAST CANCER

How many of you have no breast cancer in your family? (ALLOW TIME FOR THEM TO RAISE THEIR HANDS)

I know a lot of women say to themselves, "I don't need to get a mammogram because there's no breast cancer in my family."

The truth is this: If your mother or sister have had breast cancer. your risk is higher than average. BUT....FOUR OUT OF FIVE WOMEN WHO GET BREAST CANCER HAD NO FAMILY HISTORY OF IT.....Isn't that surprising?....Four out of five women who get breast cancer had no family history of breast cancer.

(CONTINUED)

FEAR OF PAIN

I know some women put off having a mammogram because they're afraid it's going to be painful.... The Friend to Friend Program has talked to a lot of women about this issue----while some women say it pinches or is uncomfortable, MOST say IT ISN'T PAINFUL. Younger women sometimes have tender breasts near or during their period, so if you're younger, make your mammogram appointment for a week to two weeks after your period. If any of you find a mammogram to be painful, feel free to ask a technician to use less pressure.

FEAR OF RADIATION, INJURY

I know that a few women have questions about the amount of radiation in a mammogram. As I said before, the radiation is a very low dose. And the pressure from a mammogram does not cause any injury to the breast.

RECOMMEND

The American Cancer Society and I strongly recommend that EVERY WOMAN IN THIS ROOM who's 40 years and older should have mammograms regularly---every one to two years if you're between 40 and 50, and EVERY SINGLE YEAR if you're 50 or older.

QUESTIONS?

I'll be happy to answer any questions now, if you have some.

(END)

Friend to Friend Health Professional Presentation (Outline Version: #1).

1. *(Add relevant information about yourself following introduction)*
2. **Mammogram**
 - Picture could save your life
 - X-ray that can detect breast cancer early when it is treatable
 - Safe; amount of radiation is very low
 - (Describe procedure), usually woman technician
3. **Beads (*hold up beads*)**
 - Feel larger bead
 - Found on exam
 - One-half inch
 - Feel smaller bead
 - Found on mammogram
 - 1/12th of an inch or 2 pinheads
 - Compare sizes, time in body
 - Larger bead = two years in body
 - Find breast cancer early
 - Smaller and good chance of recovery
4. **Guidelines**
 - 12 health organizations, ACS
 - Women 40 and older get regular mammograms
 - **40-49** years - every one to two years
 - 50 and older - every year
5. **Doctor**
 - Some women get mammograms, some don't because doctor doesn't suggest it
 - Why not? Doctor busy; woman has other health problems; Specialist
 - OK to ask doctor for one

(CONTINUED)

6. **Age**
 - Never too old for a mammogram
 - Older you get, chances of breast cancer increase
 - Need a mammogram every year (50 and older)

7. **Family history of breast cancer**
 - (*Ask women: how many have no breast cancer in family*)
 - Mother or sister with breast cancer increases your risk BUT
 - Four out of five women with breast cancer have no family history

8. **Fear of Pain**
 - Afraid mammograms are painful
 - Pinches or is uncomfortable, most say it is not painful
 - Younger women near their period, may be painful, schedule them
 - If painful, tell technician, ask to use less pressure

9. **Fear of Radiation, Injury**
 - Radiation amount is a very low dose
 - Pressure does not cause injury to the breast

10. **Recommend**
 - ACS and I
 - Regular mammograms
 - Guidelines for 40-49: 1-2 years
 - Guidelines for 50 and older: every year

11. (*Invite and answer any questions*)

(END)

Friend to Friend Health Professional Presentation (Outline Version: #2)

- Picture for life
- Safety of mammogram: like dental X-Ray
- Description of mammogram
- Beads: small is mammogram; large is touch (clinical or self breast exam)
- Large bead has been in breast two years longer
- Guidelines - ACS and 12 other health organizations.
 - 40 to 50: every one to two years
 - 50 or older: every year.
- Why doesn't MD recommend mammogram?
 - Physician may see you for a health problem, mammogram not a priority.
 - Physician may be specialist; may not think mammograms are their job.
- You can ask your physician about a mammogram
- Perception of risk:
 - Never too old for mammograms. Chances of having breast cancer increase with age.
 - Most women who get breast cancer have no family history (4 out of 5).
- Mammograms usually not painful - for younger women breast may be tender during period.
- *Repeat:* amount of radiation very low dose
- *Repeat:* Guidelines
- *Ask for questions.*

How to Lead a Friend to Friend Small-Group Discussion Training for ACS Group Discussion Leaders

THE MESSAGE

Keeping the message clear and simple

The topics for these small-group discussions are BREAST CANCER AND MAMMOGRAMS. We do NOT want to discuss breast self-exam (BSE) at this time. Too many educational messages obscure our real purpose, which is to encourage women to:

- Sign up to get a mammogram and to continue to do so regularly according to ACS guidelines.

Five Key Points

The educational message of the small-group discussions will be limited to five key points, which are designed to encourage women to get regular mammograms as well as address the most common myths and barriers to regular mammography.

- 1) Mammograms detect tumors smaller than does any other method - including breast self-exam and breast exam by your doctor. (These lumps can be as small as two pinheads and can be seen in a mammogram two years before they can be felt.)
- 2) The American Cancer Society guidelines are: All women over age 40 should have a mammogram once every one to two years, and all women over age 50 should have a mammogram every year. (Doctors don't always suggest a mammogram. What to do or say if your doctor doesn't suggest one.)
- 3) Four of five women who get breast cancer had no family history of breast cancer.
- 4) Breast cancer occurs in women of all ages, hut it occurs much more frequently in older women.
- 5) A mammogram creates a sensation of pressure but usually is not painful.

HOW TO LEAD A FRIEND TO FRIEND SMALL-GROUP DISCUSSION

A major goal of the discussions

The small-group discussion questions will help you identify:

- how each woman feels about mammography personally
- whether or not she gets REGULAR mammograms, and if she doesn't--why.

You'll want to assess the personal myths and barriers for each woman, so you can address them either in the group discussion, or during the sign-up period. Since these are tougher, more personal questions, you will ask them later in the discussion, when you have gained their confidence and are beginning to understand how they feel about those topics.

The role of the discussion leader

The leader's job is to create a permissive and comfortable environment that encourages all points of view and allows every group member to have a chance to speak. Her task is to stimulate discussion even on sensitive issues without making participants feel defensive. Your aim will be to create a warm and non-threatening environment in which all the women in the group feel comfortable sharing their views as honestly as possible. You will need to keep participants on the subject, curtail the ramblings of a group dominator, and bring out opinions of the shy members.

The discussion leader remains carefully neutral on the subjects being discussed: asking the questions, then encouraging but not participating in the discussion. In a group discussion, the participants are sensitive to signs of approval and disapproval (nods, smiles, frowns, etc.). Because they often want to please the leader, they may give the answer they think you want to hear. Try to become aware of your own habits--both your verbal and non-verbal feedback--that could affect participants' answers. Remember, you're trying to get at their true feelings! Keep from expressing your personal viewpoints, except where appropriate. You should be neutral where you can be, especially during the first few questions, but you needn't hide the fact that you are an advocate for mammography.

Your goals as a group discussion Leader

- To gain trust and develop rapport with the group participants
- To get to know each participant, especially their attitudes and barriers regarding mammography
- To learn their mammography "history"--have they had, do they have them regularly
- To educate the participants about the importance of mammography
- To encourage all the women to sign up for a mammogram

Characteristics of a successful discussion leader

- Be a good listener.
- Be familiar with your questioning route.
- Control the discussion unobtrusively--try to keep the discussion to the planned topics. When clearly irrelevant topics are brought up, subtly guide the discussion back. Don't be rude, but you may need to be firm.
- Make sure everyone has a chance to speak
 - Watch for shy or quiet participants and make certain they have the chance to talk--especially if other group members dominate.
 - Cut off overly talkative participants.
 - To get more information than a woman initially volunteers, use phrases as "Could you explain?"... "Say more." ... and "Go on."
- Encourage all points of view and honest answers. Use statements such as "We're interested in hearing both the positive and negative things you have to say about..." or if several members have stated similar opinions, say something like, "Does anybody have a differing opinion?" Another way to elicit and give permission for a contrary view is to say "Some people feel..." or "Others have said..." Then, "Do any of you feel that way, too?"

THE GROUP DISCUSSION QUESTIONS

Your job will be easier if you become familiar with the information in this section BEFORE the discussion!

Suggestions when asking questions

You may find some of the following suggestions helpful when asking the questions, but don't worry if you "break the rules."

- Questions must be stated in as NEUTRAL a manner as possible so that they do not suggest, however subtly, what the "correct" answer should be.
- Questions usually go from the GENERAL TO THE SPECIFIC, from the easy to answer to the more difficult.
 - General - might be used early in the discussion:
"Aside from what you've heard here today, what else have you heard or read about breast cancer?"
 - Specific - later in discussion, once you've gained their trust and they feel more comfortable answering:
"What kinds of things get in the way of your keeping a doctor's appointment?"

(Notice that the latter question is worded to avoid eliciting a defensive response. Compare that question with, "Why don't you keep doctors' appointments sometimes?")

- Questions are usually OPEN-ENDED rather than yes or no, because they generate more productive answers and reveal what is on the participants' minds, rather than reflecting what the discussion leader THINKS is on their minds. Yes/no questions are avoided because one-word answers can end the discussion very quickly. (If you realize you've asked a "yes" or "no" question, just add "Explain.", or "Could you say more?")
 - Example of an open-ended question (DO):
"How do you feel about getting a mammogram?"
(With follow-up probes, an open-ended question such as this may generate all kinds of answers you may never have dreamed of.)
 - Example of a clearly "leading" question (DON'T):
"Do you worry about getting a mammogram because you think it might hurt?"

Group Discussion Script

The questions are listed below, followed by suggestions for your responses to particular questions or statements. Also included are some likely responses from participants, based on previous groups.

Note: These responses are suggestions. Don't feel you have to repeat them verbatim. Your own words, said in a conversational tone, will be much more effective than a memorized message. "Questions and Answers" following this section can prepare you for the unexpected question.

Introductions

First let's go around the circle and introduce ourselves. Also tell us a little about yourself--about your family, maybe, where you're from, how long you've lived in this community.

I'll begin. My name is _____, and I'm an American Cancer Society volunteer.

(Keep to a brief, general introduction, such as "I have X children, I've lived here X years..."

Then go around the group. After they've finished, continue.

I'll start the discussion by asking some questions. For this first question. I'll start with you (participant's name) and then I'll go around the circle. But after that, you're welcome, to speak whenever you have something to say.)

Breast Cancer

I'd like to hear your thoughts about what X (the health professional speaker) said here today. Anything that he/she said that you disagree with or found especially interesting? Were there any surprises? What were they?

If they disagree with something the speaker said, ask other members how they stand on that issue, and only after others have spoken, offer your support of the accurate facts. *(Here you should remain neutral again, except for supporting the statements made by the speaker.)*

How concerned are you, personally, about breast cancer?

A common answer to this question is either "I'm concerned, because there's cancer in my family," or "I'm not worried because there's no cancer in my family."
(After everyone has answered this question, ask for comments about breast cancer being inherited. Then repeat the following facts: It's true that your chances of getting breast cancer are greater if your mother, sister, or daughter had breast cancer. But four out of five women who get breast cancer don't have a history of it in their families!)

As you get older, does breast cancer become more of a concern or less? Explain.

(After all the women have had a chance to answer, repeat the fact that the older you get, the greater your chances of having breast cancer, so you're never too old for a mammogram.)

Mammograms

Now let's talk about mammograms for a bit.

Aside from what you've heard today about mammograms, or breast x-rays, what have you heard or read about them?

The most common point of discussion is related to the discomfort or even pain--either that they've heard that mammograms are painful, they've experienced it themselves, or that they disagree that it's painful. Usually, several will say it wasn't bad at all, or that it just pinched a bit. *(If the topic of pain is brought up here, explore it with all the women. Let those who have had mammograms describe how they feel about the experience. The ideal is to have those who have had mammograms give assurance to those who are concerned about pain. If this doesn't happen, you should say that "most women find that it isn't painful--that the worst is a pinching or squeezing feeling for a short time." Give your own experience, if appropriate. Also add that it's more uncomfortable for younger women during their menstrual period. Your final point on the subject of discomfort should be: "If you find it painful, you can tell the technician, and she can let up a bit." It's important for the women to feel they have some control.)*

Despite the value of mammograms, most women do not get regular mammograms. How many of you have had at least one mammogram?

How many of you get mammograms every year--with your annual check-up, for example?

Can we assume that those who didn't raise your hand have never had a mammogram?

With these three questions, you will be able to identify those who will need to be encouraged to get a mammogram from the Friend to Friend Program. Some will be vague about how many mammograms they've had or when, and others may feel they are doing every thing "right" because they had one or two mammograms sometime in the past. (If you want, you can take some quick notes to help you when you're signing individuals up later. You should emphasize that getting *regular* mammograms--either every two years or once a year, depending on age--is important.)

In your opinion, what are the main reasons a woman doesn't get a mammogram?

(Probe for barriers such as: I'm afraid of what I might find out...fear of pain...just haven't had time...can't afford it...don't have transportation.) While this question is stated in a general way to avoid making any woman feel defensive, your goal is to get women who haven't had mammograms to say why. (Here's your chance to identify any barriers the women may have to getting mammograms. Each barrier has a possible response from you--but ask, first for responses from other members of the group. Think about how you could respond to the barriers mentioned above. For example, "I'm afraid of what I might find out" could be countered by, "The earlier breast cancer is found and treated, the better your chances are of a complete recovery." "Can't afford it," and "Transportation problems" are both solved by the Friend to Friend program.)

Talking to your Doctor

X (the health professional speaker) talked about the fact that doctors don't always suggest that you get a mammogram. How many of you have a doctor who never suggested that you get one? Can you think of any reasons he or she might not have suggested a mammogram to you?

What might keep you from asking your doctor to set up a mammogram appointment for you?

Have any of you ever made a suggestion to your doctor regarding your own care? What did you say? Do you feel you were successful? What ideas do any of you have for making suggestions to your doctor regarding your own care?

The Friend to Friend Buddy System

You probably all have friends and neighbors who need encouragement and help to get a mammogram. How many of you know someone like that? What kinds of things could you do to help someone like that? How many of you are willing to contact a friend to encourage them to get a mammogram, bring them program information and offer to go together?

Does anyone have anything more they'd like to add, or questions they'd like to ask about breast cancer or mammograms?

Don't feel you need to have all the answers! Here is a cancer hotline number you can provide to the women for answers to their cancer questions:

American Cancer Society of Minnesota Hotline: 1-800-ACS-2345

THE GROUP DISCUSSION QUESTIONS

Group Discussion Script

Introductions

First let's go around the circle and introduce ourselves. Also tell us a little about yourself - about your family, maybe, where you're from, how long you've lived in this building.

I'll begin. My name is _____ and I'm an American Cancer Society volunteer. (Then go around the group. After they've finished, continue.)

I'll start the discussion by asking some questions. For this first question, I'll start with you (participant's name) and then I'll go around the circle. But after that, you're welcome to speak whenever you have something to say.

Breast Cancer

I'd like to hear your thoughts about what X (the health professional speaker) said here today. Anything that he/she said that you disagree with or found especially interesting? Were there any surprises? What were they?

How concerned are you, personally, about breast cancer?

As you get older, does breast cancer become more of a concern or less? Explain.

Mammograms

Now let's talk about mammograms. Aside from what you've heard today about mammograms, or breast x-rays, what have you heard or read about them?

Despite the value of mammograms, most women do not get regular mammograms. How many of you have had at least one mammogram?

How many of you get mammograms every year - with your annual checkup, for example?

Can we assume that those of you who didn't raise your hand have never had a mammogram?

In your opinion, what are the main reasons a woman doesn't get a mammogram?

Talking to Your Doctor

X (the health professional speaker) talked about the fact that doctors don't always suggest that you get a mammogram. How many of you have a doctor who never suggested that you get one? Can you think of any reasons he or she might not have suggested a mammogram to you?

What might keep you from asking your doctor to set up a mammogram appointment for you?

Have any of you ever made a suggestion to your doctor regarding your own care? Do any of you have ideas for making suggestions to your doctor regarding your own care?

The Friend to Friend Buddy System

You probably all have friends and neighbors who don't get out much and aren't there tonight and need encouragement and help to get a mammogram. How many of you know someone like that? What kinds of things could you do to help someone like that? How many of you are willing to contact a friend to encourage her to get a mammogram and bring her program information?

Does anyone have anything more they'd like to add, or questions they'd like to ask about breast cancer or mammograms?

Sign-up Period

Now is your chance to make a personal commitment to getting a regular mammogram. (Give a Pledge Card to each woman.) It is our goal that every woman at the Party today completes the Pledge Card and shares the information we learned today with a friend. The Pledge Card is for you to keep. If you are interested in a free or reduced-cost mammogram, I will go over an information flyer on two programs that are available.

Wrap-Up

Please take a few moments to fill out the Evaluation and Consent Card. We would like you to provide us with any feedback that will help us improve our program. Thank you!

QUESTIONS AND ANSWERS ABOUT BREAST CANCER AND MAMMOGRAMS

(Compiled from several sources, including the American Cancer Society and the National Cancer Institute.)

What are my chances of surviving if I get breast cancer?

Survival depends primarily on the stage of the disease at the time it is detected. If a lump is found by mammography before it is large enough to be felt, the cure rate is nearly 100 percent.

Is breast cancer related to chemical pollution in the environment?

Chances of developing breast cancer do not seem to be increased by exposure to chemicals found in the environment. There are ongoing studies taking place, but many of the results are inconclusive.

Are women with very large breasts more likely to get breast cancer?

No. The size of the breast is not related to the development of breast cancer.

Am I at risk-for breast cancer if I have breast-cysts?

Only a very small number of women with fibrocystic breasts have a slightly increased risk of developing breast cancer and those women can be identified by a pathologist's examination of the breast tissue.

Does the use of hormones to relieve menopausal symptoms cause breast cancer?

Most researchers agree that the use of hormones for contraception or menopausal symptoms does not increase breast cancer risk. Long-term use of estrogen replacement therapy by postmenopausal women may be related to a modest increase in breast cancer risk, while use of progestins with estrogen, called hormone replacement therapy, does not appear to have adverse effect on risk

If a breast lump is painful, is it more likely to be a cancer?

As a breast cancer is developing in the breasts, it usually does not cause pain. In the early stages of breast cancer, a woman usually is unaware of any symptoms.

Does a blow to the breast or handling the breast during lovemaking, by a doctor, or during mammography cause breast cancer?

Breast cancer is not associated with bumping, bruising, or handling breasts in any way.

Does mammography cause breast cancer?

Recent improvement in mammography equipment and technique have greatly lowered the amount of radiation needed to produce a high-quality image of the breast tissue.

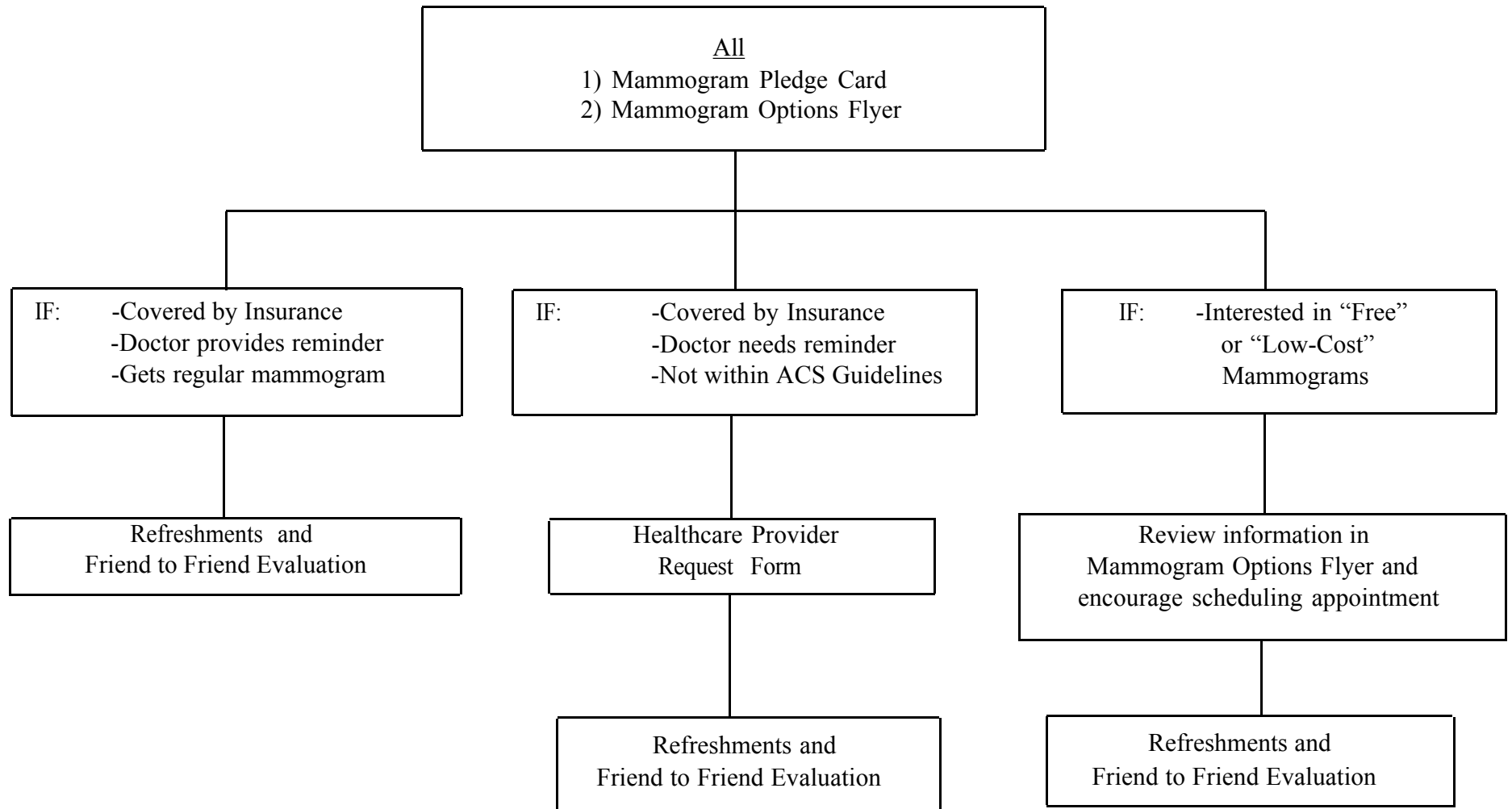
What are calcifications?

Calcifications are small calcium deposits in the breasts that are found only by mammography. Microcalcifications are tiny specks of calcium that may be found in an area of rapidly dividing cells. When many of these are seen in one area, they are referred to as a cluster and may indicate a small cancer. About half of the cancers detected by mammography appear as a cluster of microcalcifications, while the other half appear as lumps. These coarse calcium deposits are found in about half of all women over age 50 and are usually associated with benign conditions.

HOW TO CONDUCT THE SIGN-UP

- Your goal is to encourage every woman to sign up on a pledge card (page 8-4) and then offer to help determine if she is eligible for a free or low-cost mammogram. Don't coerce a woman, however, if she seems very reluctant.
- Suggest that women make a goal to get their overdue mammograms within one to two months when filling in a pledge card.
- Use the knowledge you have gained about each woman during the group discussion to give specific encouragement during the sign-up. For example, if you know that a woman who has never had a mammogram had a sister who died of breast cancer (a true story), say something like. "Because of your sister, you have a special reason for needing a mammogram, don't you?" Convey that you have a personal interest in each woman, and that you *care* about their well-being.
- If you have learned through the group discussion that a woman is fearful of having a mammogram or appears reluctant during the sign-up period, you might spend a little time trying to alleviate some of her concerns.
- Those who have insurance should fill in the Healthcare Provider Request Form (page 8-5) to be sent to their physician for an appointment at the appropriate time. Collect these forms after women have self-addressed the back.
- Those who are interested in a free or low-cost mammogram should receive the Mammogram options flyer (page 8-6) with an explanation of how to determine eligibility for each program.
- If your party is able to have providers' representatives present to schedule appointments, now is the time to encourage women to make their appointment for a mammogram and/or clinical breast exam. Suggest that they "pair up" and go together as friends. This helps to overcome transportation problems, and by being mutually supportive. they will be less likely to cancel or forget their appointments,
- While you are discussing eligibility one on one, have the other participants fill out a Friend to Friend Evaluation (page 9-2). and consent card (page 9-3).

FRIEND TO FRIEND SIGNUP



TIPSHEET FOR SIGN-UP

You're assuming she wants to sign up--instead of asking, "Do you want to sign up for a mammogram?" (It's too easy for her to say "NO!") Explain that each woman should fill out a Mammogram pledge card; this way, she has made a written commitment to having her screening mammogram. Then offer to help determine if she could possibly receive a free or reduced-price mammogram.

When someone says "No," our natural tendency is to give up trying to persuade. However, we are suggesting that you continue to encourage a sign-up until you feel there is truly "no hope"! Of course, you will want to treat each woman with respect and not insult her with strong-arm tactics. Instead, try to convey that you have her best interests at heart, and that you really care about her well-being.

Your own experience, if appropriate, is a powerful persuader. If you, or someone you care about has breast cancer, you may want to share that, if you feel comfortable doing so. For example, *"I'm alive today because my breast cancer was found early. So I know personally how important getting regular mammograms is."* Note: If you (or someone you care about) found a lump through BSE, we ask that you not mention the BSE specifically--for the reasons explained at the training. Instead, emphasize the importance of finding a cancer *early*.

Try to think ahead of time of some reasons a woman might not want a mammogram, and your own response. For example:

Her: "I don't need a mammogram 'cause I already get them."

You: "Then the pledge card is good for you."

Her: "I just don't think I need one."

You: "Every woman--no matter how old--needs one. I know personally how important getting one is...I think it's so important that I would like to encourage you one more time to sign up. Would you consider it? (No.) Would it be easier for you to go if someone went along with you--a friend, perhaps?"

Her: "I don't want to have to worry about whether I have cancer or not."

You: "Think of this as a way to give yourself peace of mind. Only a very, small percentage of mammograms are positive."

Other reasons you may hear: fear of pain...no way to get there...no time...don't get out much...handicapped...too old...don't want to live any longer anyway...my doctor hasn't suggested one so I don't need one. Here are some suggestions for how to encourage a woman one last time--gently, but firmly. Think of some phrases that seem natural to you:

"I feel getting mammograms is so important, I'd like to try to encourage you one more time to consider the free or low-cost mammogram programs."

I pledge to schedule my next Mammogram
for the month of _____
at _____

Signature

I pledge to contact _____
and share Breast Education Materials and
encourage regular Mammogram.

**ACS Mammography
Screening Guidelines**

- Begin Mammography by Age 40
- Age 40-49 Every 1-2 Years
- Age 50 and Older Every Year

Cancer Questions?
1-800-ACS-2345

#MNM2334.00

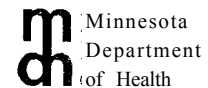
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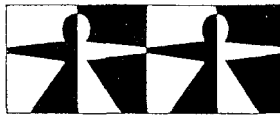
Mammogram Record



Friend to Friend

Mammogram Pledge





FRIEND TO FRIEND

HEALTH CARE PROVIDER REQUEST FORM

Dear _____ (provider's name)

I would like your help in scheduling a mammogram. I am participating in the Friend to Friend Program sponsored by the American Cancer Society (ACS). This special breast cancer education program focuses on the importance of screening mammography. ACS guidelines suggest that women age 40-49 receive a mammogram every one to two years and women age 50 and older receive a mammogram every year. Please have your staff call me or mail back this self-addressed letter to schedule my next mammogram and/or clinical breast exam.

Thank you. _____
(Signature of Patient)

Patient Name (please print) _____ Phone# _____

Patient Address _____

Birthdate _____ Age _____ Date of Last Mammogram _____

Health Insurance Yes No -- If so, please list _____

Scheduling Preference M _____ T _____ W _____ Th _____ F _____ -- A.M. _____ P.M. _____

Provider Clinic Name _____ Phone # _____

Address _____ City, State _____ Zip _____

*******Below this Line is For Clinic Use Only*******

Dear (patient) _____

We have made an appointment for you to have: ___ a mammogram as indicated below.
___ a clinical breast exam and referral for a mammogram as indicated below.

Appointment Date _____ Time _____

Special Instructions/Notes _____

Physician's Signature (if required) _____

NOTE: If unable to keep this appointment, please call promptly to reschedule _____
(Phone# clinic)

Address of mammography facility (if different from clinic) _____

Patient _____

Friend to Friend



Mammogram Options

American Cancer Society MAMMOGRAM GUIDELINES

Women 40 to 49 - mammogram every one to two years
Women 50 and over - mammogram every year

You CAN Get a Mammogram

- You may be eligible for a free or low cost mammogram. Look inside this flyer for eligibility requirements for a **Minnesota Breast & Cervical Cancer Control Program (MBCCCP) free mammogram** or a **Breast Cancer Detection Awareness Project (BCDAP) low-cost mammogram**.
- **MinnesotaCare** and **Medical Assistance** both cover screening costs.
- **Medicare** pays for screening mammograms every other year. MBCCCP may pay for screening in the years not covered by Medicare. Check MBCCCP eligibility inside this flyer.
- If you **have insurance** that covers screening, schedule an appointment with your physician to get a clinical breast exam and a referral for a mammogram.



AMERICAN
CANCER
SOCIETY®
Minnesota Division, Inc.
3316 West 66th Street
Minneapolis, MN 55435
1-800-ACS-2345

The **Friend to Friend Program** was developed through a collaborative effort of the American Cancer Society, Minnesota Division, the Minnesota Department of Health and the University of Minnesota.

**Minnesota Breast & Cervical Cancer
Control Program (MBCCCP)**

Free Mammogram



Women are eligible if they meet these three criteria:

- ✿ Age: 40 or older (under 40 if abnormal breast exam)

- ✿ Insurance: You have no insurance or you have insurance but have unmet deductibles, or have co-payments or it does not cover screening

- ✿ Income at or below these cutoffs:

Gross Income (before taxes)*		
Household size	Monthly	Annual
1	1,556	18,675
2	2,090	25,075
3	2,263	31,475
4	3,156	37,875
5	3,690	44,275
6	4,223	50,675
Add for each additional	533	6,400

**Self employed or farmers: use household net income after deducting business expenses.*



**For more information and a list of
screening sites, see the
separate MBCCCY brochure
or call
1-800-ACS-2345**

**Breast Cancer Detection Awareness Project
(BCDAP)**

Low Cost Mammogram (\$60)



Women are eligible if they:

- ✿ Are 40 or older

- ✿ Do **not** have symptoms (such as lump, nipple bleeding or discharge, puckering, newly inverted nipple)

- ✿ Are **not** pregnant or nursing

- ✿ have not had a mammogram within the past year

There are over 20 sites that provide mammograms for \$60 or less all year. In October during Breast Cancer Awareness Month, over 100 facilities participate in providing low cost mammograms.



**For more information and a list of
screening sites, see the
separate BCDAP brochure
or call
1-800-ACS-2345**



The Minnesota Breast and Cervical Cancer Control Program



Minnesota
Department of
Health

WHAT: A statewide comprehensive breast and cervical cancer control program. The primary objective is to significantly increase the proportion of age-appropriate women who are screened for breast and cervical cancer. The Program reimburses the following services:

- Physical breast exam
- Mammography
- Pap testing and pelvic exam
- Colposcopy and colposcopy-directed biopsy
- Fine needle aspiration of a breast lump

WHO: Women who have financial barriers to regular screening. Eligibility is determined by age, income, and insurance coverage. Emphasis is on reaching women age 50 and over. Generous income guidelines apply.

HOW: **By...**
Paying for breast and cervical cancer screening for eligible women at participating locations.
Assuring appropriate referral and follow-up for women screened.
Educating the public about the importance of screening.
Raising awareness among health professionals.
Promoting quality assurance standards and mobilizing a statewide coalition.
Offering relevant professional education to providers.

WHERE: Over 180 participating health care facilities throughout Minnesota.

WHY: Early detection saves lives. MBCCCP provides screening services to Minnesota women least able to afford the benefits of life-saving early detection.

WHEN: Program established in July 1991. Screening started January 1992.

FUNDING: U.S. Centers for Disease Control and Prevention. Administered by the Minnesota Department of Health.

FOR FURTHER INFORMATION, CONTACT:

Minnesota Breast and Cervical Cancer Control Program
at (612) 623-5500, 717 Southeast Delaware Street, P.O. Box 9441,
Minneapolis, MN 55440-9441
Fax (612) 623-5520

For a referral, please call: 1-800-ACS-2345




No cost cancer screening services for eligible women
Minnesota Breast and Cervical Cancer Control Program

*Screening Locations in Greater Minnesota**
July 1996

*A Twin Cities metro area list is also available

Minnesota Department of Health


Use this list to find a screening location near you. Call  the number listed and ask about the *free* women's cancer screening program. In some cases (as with the County Health Services, for example) referrals are made to participating area clinics. You will be asked some simple questions about your income, health insurance, and age to assure that you are eligible.

If there is not a site near you, or for additional information, call the American Cancer Society at their toll-free number **1-800-ACS-2345**.

Services that are free to eligible women:

- ▶ **Office Visit**
- ▶ **Breast and pelvic exam**
- ▶ **Pap test**
- ▶ **Mammogram** (*You will need to have an office visit at a participating clinic before you can get your mammogram.*)

Please call the number listed. (*If a referral site is indicated--do **not** call that site.*)

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Becker	Detroit Lakes	Dakota Clinic	218-847-3181
	Detroit Lakes	Detroit Lakes Merit Care Clinic Call Otter Tail County Public Health 	218-739-2271 ext. 290. ask for Gloria
	White Earth	White Earth Indian Health Center * American Indian women only.	218-983-3221 (ask for a nurse)

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Beltrami	Red Lake	Red Lake Reservation Health Services * American Indian women only.	218-679-3316 ext. 150
Blue Earth	Mankato	Immanuel-St. Joseph's Hospital -Referral will be made to Mankato Clinic, North Ridge Clinic or Open Door Health Center	507-345-2922 or 1-800-527-2922
		Mankato Planned Parenthood -Family Planning patients only. -Cervical screening (Pap smears) <u>only</u> .	507-387-5581
Brown	Comfrey	Comfrey Clinic	507-877-6300
Carlton	Cloquet	Min-No-Aya-Win Clinic * American Indian women <u>only</u>	218-879-1227
Cass	Cass Lake	Leech Lake reservation health Services * American Indian women only	218-335-8820
	Walker	Cass County Public Health Service -Referral will be made to Dakota Clinic/ Walker or Pine River Family Clinic.	218-547-3300
Chisago	Chisago City	Chisago Health Services	612-257-8499
	North Branch	North Branch Medical Center	612-257-8400, ext. 499
	Wyoming	Chisago Health Services	612-462-1515
Clay	Barnesville	Barnesville Clinic	218-354-2111
	Hawley	Merit Care medical Group	218-483-3564
	Moorhead	Clay County Health Department -Referral will be made to participating area clinics.	218-299-5220
	Moorhead	Dakota Clinic	218-236-1151
	Moorhead	Easten Clinic	218-233-1862
	Moorhead	Family Health Care Center	218-299-7240
Cook	Grand Marias	Cook County community Clinic -Cervical screening (Pap smears) <u>only</u> .	218-387-2330
	Grand Portage	Grand Portage Reservation Health Service * American Indian women <u>only</u>	218-475-2302 or 218-475-2235
Cottonwood	Mountain Lake	Mountain Lake medical Clinic	507-427-3332
Crow Wing	Brainerd	Crow Wing County Health Services -Referral will be made to Brainerd Medical Center, Central Lakes Medical Center, Furda Clinic, Nisswa Health Care Center, Pequot Family Clinic, Pierz Family clinic, or Pine River Family Clinic.	218-828-3973
Dodge	Hayfield	Olmsted Medical Group	507-477-2227
Douglas	Alexandria	Douglas county Public Health Nursing Service -Referral will be made to participating area clinics.	612-763-6018 ask for Melissa Horman
Fillmore	Chatfield	Olmsted Medical Group	507-867-4925

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Fillmore, continued	Harmony	Harmony Clinic	507-886-6544 or 1-800-421-7316
	Lanesboro	Family Medical Clinic -Female practitioner available.	507-467-2186
	Preston	Family Medical Clinic -Female practitioner available by appointment.	507-765-2166
	Preston	Olmsted Medical Group	507-765-5324
	Rushford	Rushford Community Clinic -In cooperation with Community Memorial Hospital of Winona.	507-864-7726
	Spring Valley	Olmsted Medical Group	507-346-7373
Goodhue	Cannon Falls	Cannon Family Health Center	507-263-3951 ask for a nurse
	Pine Island	Olmsted Medical Group	507-356-4929
	Red Wing	Interstate Medical Center	612-385-4204
	Red Wing	Public Health Service of Goodhue County -Referral will be made to participating area clinics.	612-388-0433
	Zumbrota	Glenn C. Faith, MD	507-732-4031
	Zumbrota	Interstate Medical Center	507-732-7331
Grant	Elbow Lake	Grant County Public Health Nursing Service -Referral will be made to participating area clinics.	218-685-5301
Isanti	Cambridge	Isanti County Public Health Services -Referral will be made to Cambridge Medical Center.	612-689-4071
Itasca	Bigfork	Northland Medical Center	218-743-3232
	Grand Rapids	Itasca County Health Department -Referral will be made to Grand Rapids Medical Associates or Itasca Clinic.	218-327-2851
Kanabec	Mora	Mora Medical Center/Outlook Health Services	612-679-1313
Kandyohi	Willmar	Willmar Planned Parenthood -Family Planning patients only. -Cervical screening (Pap smears) only.	612-235-9150
Koochiching	Northome	Northland Medical Clinic	218-897-5222
LeSueur	LeSueur	Minnesota Valley Medical Associates	612-665-3391
Lincoln	Hendricks	Hendricks Community Hospital	507-275-3134 (ask for Sharon Vettrus or Kathy Bungarden)
	Ivanhoe	Ivanhoe Clinic	507-694-1232 or 1-800-520-3718
Lyon	Marshall	Weiner Memorial Medical Center	507-537-9170

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Lyon, continued	Minneota	Canby Medical Center - Minneota Branch	507-223-7221
	Tracy	Tracy Medical Clinic	507-6929-3520
Mahnomen	Mahnomen	Mahnomen County & Village Clinic	218-935-2514
McLeod	Glencoe	Glencoe Medical Clinic -In cooperation with Meeker-McLeod-Sibley community Health Services.	612-864-3116, ext. 12
	Hutchinson	Hutchinson Medical Clinic -In cooperation with Meeker-McLeod-Sibley community Health Services.	612-587-2020 (ask for Marge or Renee)
	Lester Prairie	Lester Prairie Medical Clinic -In cooperation with Meeker-McLeod-Sibley community Health Services.	612-395-2527
	Glencoe	McLeod County Community Health Services -Referral will be made to participating area clinics.	612-864-3185
	Stewart	Stewart Medical Clinic -In cooperation with Meeker-McLeod-Sibley community Health Services.	612-562-2558
	Winsted	Winsted Family Practice Clinic -In cooperation with Meeker-McLeod-Sibley community Health Services.	612-485-4803
	Winsted	Winsted Medical Clinic -In cooperation with Meeker-McLeod-Sibley community Health Services.	612-485-4151
Meeker	Dassel	Dassel Medical Center -Incooperation with Meeker County Community Health Services.	612-275-3358
	Litchfield	Affiliated Medical Center Litchfield -Incooperation with Meeker County Community Health Services. -Female practitioner available.	612-693-3233
	Litchfield	Litchfield Medical Clinic -Incooperation with Meeker County Community Health Services.	612-693-2808
	Litchfield	Meeker county Community Health Services. -Referral will be made to participating area clinics.	320-693-5370
Mille Lacs	Isle	Mille Lacs Family Clinic	612-676-3661
	Milaca	Rum River Medical Associates (Health Wise)	612-672-7272
	Onamia	Mille Lacs Family Clinic	612-532-4101
	Princeton	Rum River Medical Associates	612-672-7272
Morrison	Little Falls	Family Medical Center/St. Gabriel's Hospital	612-632-6611
	Little Falls	Internal Medicine/Nephrology James Fitzsimons, MD	612-632-6641

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Morrison, continued	Little Falls	Little Falls Surgical Clinic George M.A. Fortier, III, MD George M.A. Fortier, IV, MD -Breast screening only.	612-632-3611
	Pierz	Pierz Family Clinic -In cooperation with Crow Wing County Public Health	218-828-3973
	Richardson Corner	Mille Lacs Family Clinic	612-277-3682
Mower	Austin	Austin Medical Center	507-437-6919 (clinic) or 507-437-9770 (Mower County Public Health)
Olmsted	Byron	Olmsted Medical Group	507-775-2128
	Rochester	Olmsted Medical Group	507-288-3443
	Stewartville	Olmsted Medical Group	507-533-4727
Otter Tail	Fergus Falls	Otter Tail County Public Health -Referral made to Fergus Falls Medical Center, Detroit Lakes Merit Care Clinic, Henning Medical, New York Mills Clinic, Parker's Prairie Clinic, Pelican Valley Clinic, or Perham Clinic.	218-739-2271, ext. 290 (ask for Gloria)
Pine	Hinckley	Mora Medical Center/Outlook Health Services	612-679-1313
	Hinckley	Pine Medical Center/Hinckley Clinic	612-384-7094
	Pine City	Mora Medical Center/Outlook Health Services	612-679-1313
	Sandstone	Pine Medical Center/Sandstone Clinic	612-245-5291
Pipestone	Pipestone	Pipestone County Medical Center -Referral will be made to Pipestone Medical Group.	507-825-5811, ext. 168
Polk	Crookston	Polk County Nursing Services -Referral will be made to Dakota Clinic, Fosston Clinic, or Northwestern Clinics in Crookston, Erskine, and Fertile.	218-281-3385 (ask for Becky or Brenda)
Pope	Glenwood	Pope County Public Health Nursing Service -Referral made to participating area clinics.	612-634-5720
Rice	Northfield	Northfield City Hospital -Referral will be made to Northfield City Hospital, Family Physicians of Northfield, or River Valley Clinic or Northfield.	507-645-9301 (intake)
Rock	Luverne	Luverne Medical Center -Breast screening only.	507-283-4476 (ask for Cancer Control Program nurse)
St. Louis	Cook	Cook Area Health Clinic	218-666-5941 (ask for Carlene)
	Duluth	Center for American Indian Resources * American Indian women <u>only</u> .	218-726-1370
	Duluth	Duluth community Health Center	218-722-1497
	Duluth	Duluth Planned Parenthood -Family Planning patients <u>only</u> . -Cervical screening (Pap smears) <u>only</u> .	218-722-0833

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
St. Louis, continued	Duluth	Women's Health Center	218-727-3352
	Virginia	Charles A. Tietz, M.D. FACOG -Women age 40 and over <u>only</u> .	218-749-8326
	Virginia	East Range Clinic -Women age 40 and over <u>only</u> .	218-749-0600 or 1-800-450-9777 (ask for the Virginia Health Dept.)
	Virginia	St. Louis County Health Department -Referrals made to East Range Clinic or Charles A. Tietz, M.D. FACOG.	218-749-0600 or 1-800-450-9777 (ask for the Virginia Health Dept.)
Sherburne	Elk River	Mork Women's Clinic	612-441-3660
	Elk River	Rum River Medical Associates (Health Wise)	612-672-7272
	Zimmerman	Rum River Medical Associates (Health Wise)	612-672-7272
Sibley	Arlington	Arlington Medical Clinic	612-964-2285
	Gaylord	Gaylord Medical Clinic	612-237-5523
	Gaylord	Sibley County Community Health Services -Referral will be made to participating area clinics.	612-237-2962
	Winthrop	Winthrop Medical Medical Clinic	507-647-5318
Stearns	Albany	Albany Area Hospital -Women age 40 and over <u>only</u> .	612-845-2157
	Paynesville	Paynesville Area Hospital	512-243-3767, ext. 131
	St. Cloud	Tri-County Action Program/Family Planning Center	612-252-9504
Stevens	Morris	Stevens County Public Health Nursing Service -Referral will be made to participating area clinics.	612-589-7425
Todd	Bertha	Bertha Medical Clinic -In cooperation with Wadena County Health Department and Tri-County Hospital	218-924-2250
	Browerville	Browerville Clinic -In Cooperation with Wadena County Health Department	612-594-2231
	Clarissa	Clarissa Clinic -In cooperation with Todd County Public Health Services	218-756-2434
	Eagle Bend	Eagle Bend Clinic -In cooperation with Wadena County Health Department	218-738-2804
	Long Prairie	Long Prairie Medical Center, P.A. -In cooperation with Todd County Public Health Services	612-732-2131
Traverse	Wheaton	Traverse County Public Health Nursing Service -Referral will be made to participating area clinics.	612-563-4807
Wabasha	Elgin	Olmsted Medical Group	507-876-2047

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Wabasha, continued	Lake City	Lake City Clinic	612-345-3318
	Plainview	Plainview Clinic/Mayo Health System	507-534-3169
	Wabasha	Public Health Service of Wabasha County -Referral will be made to participating area clinics.	618-565-3335
	Wabasha	Wabasha Clinic/Mayo Health System	612-565-4571
Wadena	Menahga	Menagha Clinic -In cooperation with Wadena County Health Department	218-564-4131
	Sebeka	Sebeka Medical Clinic -In cooperation with Wadena County Health Department and Tri-County Hospital	218-837-5333
	Staples	Lakewood Clinic, P.A. -In cooperation with Wadena County Health Department	218-894-1033 or 1-800-525-1033
	Wadena	Sunnybrook Medical Clinic -In cooperation with Wadena county Health Department	218-631-3919
	Wadena	Wadena Medical Center -In cooperation with Wadena County Health Department	218-631-1100
Watonwan	St. James	Drs. Moulton and Parsons	507-375-3141
	St. James	St. James Family Clinic	507-375-3391
	St. James	William E. Scheidt, M.D., Ltd. -Exams done by Patricia Scheidt, RPA-C	507-375-3417
Wilkin	Breckenridge	St. Francis Medical Center	218-643-7506
Winona	St. Charles	Olmsted Medical Group	507-932-3810
	Winona	Family Medicine of Winona, PA -In cooperation with Community Memorial Hospital	507-454-5050
	Winona	Winona Clinic, LTD -In cooperation with Community Memorial Hospital	507-457-7658 or 507-454-3680
Yellow Medicine	Canby	Canby Medical Center	507-223-7221



No cost cancer screening services for eligible women
Minnesota Breast and Cervical Cancer Control Program

Screening Locations in the Twin Cities Metropolitan Area*
July 3996

* A Greater Minnesota area list is also available.

Minnesota Department of Health

Use this list to find a screening location near you. Call the number listed and ask about the *free* women's cancer screening program. In some cases (as with the County Health Services, for example) referrals are made to participating area clinics. You will be asked some simple questions about your income, health insurance, and age to assure that you are eligible.

There is not a site near you, or for additional information, call the American Cancer Society at their toll-free number **1-800-ACS-2345**.

Services that are free to eligible women:

- ▶ **Office Visit**
- ▶ **Breast and pelvic exam**
- ▶ **Pap test**
- ▶ **Mammogram** (*You will need to have an office visit at a participating clinic before you can get your mammogram.*)

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Anoka	Anoka	Mork Women's Clinic	612-421-3686
	Fridley	Mercy/Unity Cancer Resource Center -Referral will be made to Columbia Park Medical Group.	612-780-6621
Dakota	Burnsville/Bloomington	Oxboro-Fairview Partnership (Healthwise)	612-672-7272
	Hastings	Regina Physicians Services -Female practitioner available. -Evening appointments available.	612-480-4300

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Dakota, continued	Hastings	River Valley Clinic -Spanish interpreter available.	612-438-1636 or 612-438-1829
Hennepin	Bloomington	Bloomington Division of Health 1900 West Old Shakopee Road	612-948-8900 (ask for intake)
	Brooklyn Center	Hennepin County Community Health 6601 Shingle Creek Parkway -Health women under age 45 only. -Hennepin County residents only. -Cervical screening (Pap smears) <u>only</u> .	612-569-2670
	Minneapolis	Ceder Riverside People's Center 200 South Fifth Street	612-332-4973
	Minneapolis	Central Avenue Clinic 2610 Central Avenue Northeast	612-781-6816
	Minneapolis	Family Medical Center 5 West Lake Street -Affiliated with Hennepin County Medical Center. -Exams provided by a female nurse practitioner.	612-827-9880
	Minneapolis	Fremont Community Clinic 3300 Fremont Avenue North	612-588-9411
	Minneapolis	Green Central Community Clinic 324 East 35th Street -Spanish interpreter available.	612-827-7181
	Minneapolis	Hennepin County Medical Center - Women's Cancer Screening Clinic 701 Park Avenue South -Breast screening <u>only</u> . -Exams provided by a female nurse practitioner. -Languages spoken: Hmong, Khmer, Lao, Russian, Somali, Spanish, Vietnamese.	612-347-8701 (ask for Cheryl)
	Minneapolis	Indian Health Board of Minneapolis 1315 East 24th Street	612-721-9898
	Minneapolis	Minneapolis Planned Parenthood 1200 Lagoon Avenue -Cervical screening (Pap smears) and Colposcopy <u>only</u> .	612-823-6300
	Minneapolis	Piper Breast Center 800 East 28th Street -Breast screening <u>only</u> .	612-863-3150
	Minneapolis	St. Mary's Health Clinic/Ascension 1704 Bryant Avenue North -Only clients <u>without</u> health insurance, Medical Assistance, or Medicare.	612-690-7020
	Minneapolis	St. Mary's Health Clinic/Park Avenue Methodist Church 3400 Park Avenue South -Only clients <u>without</u> health insurance, Medical Assistance, or Medicare.	612-690-7020

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Hennepin, continued	Minneapolis	St. Mary's Health Clinic/Calvary 2608 Blaisdell Avenue South -Only clients <u>without</u> health insurance, Medical Assistance, or Medicare.	612-690-7020
	Minneapolis	Sheridan Clinic 342 13th Avenue Northeast	612-362-4111
	Minneapolis	Southside Community Clinic 4730 Chicago Avenue South	612-822-3186
	Spring Lake Park	St. Mary's Health Clinic/Emmanuel Christian Center 7777 University Avenue Northeast -Only clients <u>without</u> health insurance, Medical Assistance, or Medicare.	612-690-7020
Ramsey	St. Paul	Family Tree Clinic 1619 Dayton Avenue	612-645-0478
	St. Paul	Model Cities Abrams Clinic University Avenue	612-227-3639 (ask for Alyce)
	St. Paul	Model Cities Health Center 430 North Dale Street	612-290-9200 (Ask for Martha)
	St. Paul	North End Medical Center 135 Manitoba Avenue -Languages spoken: Hmong	612-489-8021
	St. Paul	Ramsey Family Physicians 860 Arcade Street	612-221-8666
	St. Paul	St. Mary's Health Clinic/St. Bernard's 190 West Rose Avenue -Only clients <u>without</u> health insurance, Medical Assistance, or Medicare.	612-690-7020
	St. Paul	St. Mary's Health Clinic/St. Matthew's 490 Hall Avenue -Only clients <u>without</u> health insurance, Medical Assistance, or Medicare.	612-690-7020
	St. Paul	St. Mary's Health Clinic/Midway 1276 University Avenue West -Only clients <u>without</u> health insurance, Medical Assistance, or Medicare.	612-690-7020
	St. Paul	St. Mary's Health Clinic/Metro State University -Only clients <u>without</u> health insurance, Medical Assistance, or Medicare.	612-690-7020
	St. Paul	St. Paul Public Health - Women's Health Screening Clinic 555 Cedar Street	612-292-7735

COUNTY	CITY/TOWN	PARTICIPATING PROVIDERS	NUMBER TO CALL
Ramsey, continued	St. Paul	St. Paul Ramsey Medical Center 640 Jackson Street	612-221-3560 - Gyn Clinic 612-221-4154 - Ready Care Clinic; or call 612-221-3445
	St. Paul	United Center for Breast Care 333 North Smith -Breast screening <u>only</u> . -Exams provided by female practitioner. -Mammograms done on site, same day.	612-220-8300 (ask for Geri)
	St. Paul	West Side Health Center 153 Concord Street -Languages spoken: Hmong, Spanish.	612-222-1816
Scott	New Prague	Queen of Peace Convenient Care Clinic	612-758-4431 (call between 1-8 pm)
	Shakopee	Shakopee Physicians Services/Mary Burton, M.D. -In cooperation with St. Francis Regional Medical Center.	612-496-3831
Washington	Stillwater	Common Health Clinic 13961 North 60th Street	612-430-1880



1996 Fact Sheet

Breast Cancer Detection Awareness Project

WHAT:

The American Cancer Society renews its commitment to the early detection of breast cancer for the 10th year by:

- Encouraging statewide health care facilities to provide low cost (\$60 or less) mammograms.
- Demonstrating to physicians the importance of recommending that women get a mammogram.
- Referring eligible women to the MN Department of Health's Minnesota Breast and Cervical Cancer Program (MBCCCP) which provides free breast and cervical services throughout Minnesota.

WHERE:

The American Cancer Society, Minnesota Division, Inc. maintains an ongoing list of Minnesota health care facilities participating in the project.

WHEN:

This year, **September 30 thru October 11** serves as the American Cancer Society's BCDAP Phonebank.

- Calls will be taken Monday through Friday from 8:00 a.m. to 5:00 p.m. from women interested in the project.
- Facilities choose their own months to provide low cost and free mammograms, and information about resources is available year round.

HOW:

- 1) Women call the American Cancer Society (1-800-ACS-2345)
- 2) Their eligibility is determined (40 and over, without symptoms).
- 3) Women receive packets which include educational materials and a listing of participating facilities.
- 4) Women make their own appointments with local facilities.
- 5) Results are sent to a woman's choice of physicians.

WHY:

Breast cancer awareness is a significant issue in women's lives and the lives of their families. Through this project we strive to improve the statistics. In the past 9 years, over 85,000 women were screened and 443 cancers were detected. *Early detection can save Lives!*

CONTACT:

American Cancer Society: 1-800-ACS-2345



ACS Mammography Screening Guidelines

- *Begin Mammography
by Age 40*
- *Age 40-49
Every 1-2 Years*
- *Age 50 and Older
Every Year*



A Reminder...

In October,
the RCDAP program has over
100 facilities that provide
Mammograms for \$60 or less.

Call
1-800-ACS-2345
for more information

American Cancer Society
*Breast Cancer Detection
Awareness Project
(BCDAP)*

Year-Round Screening Sites
(Facilities that have agreed to provide
Mammograms for \$60 or less
with a coupon)

January 1996



**For more information on how to qualify
and receive a coupon call:**

1-800-ACS-2345



Minnesota Division, Inc.

EXAMPLE

Facilities Participating Year-Round

BLUE EARTH COUNTY

*Immanuel-St. Joseph's Hospital
Mankato, MN
(507) 345-2653

DAKOTA COUNTY

Park Nicollet Medical Center-Burnsville
Burnsville, MN
(612) 993-8533

*Regina Medical Complex
Hastings, MN
(612) 480-4217

HENNEPIN COUNTY

*Fairview Southdale Hospital
Edina, MN
(612) 924-1450

*Family Medial Center
Minneapolis, MN
(612) 827-9810

*Hennepin Care North
Brooklyn Center, MN
(612) 569-3737

*Hennepin County Medical Center
Minneapolis, MN
(612) 347-4557

*Hennepin Faculty Associates
Minneapolis, MN
(612) 347-4262

Park Nicollet Medical Center-Bloomington
Bloomington, MN
(612) 993-2445

Park Nicollet Medical Center-Carlson
Minnetonka, MN
(612) 993-4520

Park Nicollett Medical Center-Jane Brattain
Breast Center
St. Louis Park, MN
(612) 993-3700

Park Nicollett Medical Center-Minneapolis
Minneapolis, MN
(612) 993-8000

University of Minnesota Hospital & Clinic
Minneapolis, MN
(612) 626-6200

West Health Inc.
Plymouth, MN
(612) 577-7133

PENNINGTON COUNTY

Northwest Medical Center
Thief River Falls, MN
(218) 681-4242, Ext. 477

PINE COUNTY

Pine County Medical Center
Sandstone, MN
(612) 245-2212, Ext. 33

POLK COUNTY

Riverview Healthcare Assoc.
Crookston, MN
(218) 281-4682

RAMSEY COUNTY

Health East - St. Joseph's Hospital
St. Paul, MN
(612) 221-3773

RICE COUNTY

*River Valley Clinic of Northfield
Northfield, MN
(507) 645-2050

ST. LOUIS

East Range Clinics, Ltd.
Virginia, MN
(218) 749-9559

WADENA COUNTY

*Tri-County Hospital
Wadena, MN
(218) 631-7466

WISCONSIN

*Shared Medical Technology Inc. - Mobile Unit
Rice Lake, WI
(800) 352-7254

Please Note:

1. *=Facility offers limited number of free Mammograms to qualifying women. Check your facility regarding their criteria.
2. All facilities listed require a coupon to received the reduced-cost mammogram. Participants must call 1-800-ACS-2345 to receive a coupon.
3. All facilities listed are either accredited by the American College of Radiology or are in the process and have been approved by the MN Dep. of Health.

CONDUCTING THE WRAP-UP

- Distribute the Friend to Friend Evaluation (page 9 - 2) and consent cards (PAGE 9 - 3)
- Distribute information flyer
- Collect all Healthcare Provider Forms and Friend to Friend Evaluation forms and consent cards and give to Team Coordinator
- Complete serving of refreshments, door prize, and sharing of additional materials.

Team Coordinator

- Return in self-addressed envelope completed: Summary Sheet, Evaluations and consent cards and Healthcare Provider Forms.
- Send Thank You notes to Site Coordinator, Healthcare Speaker and ACS Volunteers.

Friend to Friend

EVALUATION

1. How would you rate the following components of the party?

(Circle your response below: 1 = Poor; and 4 = Great)

Poor.....Great

1	2	3	4	Topic: Mammography
1	2	3	4	Overall content of the health professional presentation
1	2	3	4	Small-group discussion
1	2	3	4	Signing up for a mammogram
1	2	3	4	The whole program, overall

2. What is your age?

- 01 ___ Under age 40
- 02 ___ 40-49 years
- 03 ___ 50-64 years
- 04 ___ 65 years or older

3. How many mammograms have you had in the past 5 years?

- 01 ___ 0
- 02 ___ 1
- 03 ___ 2-3
- 04 ___ 4-5
- 05 ___ Don't know

4. When did you have your last mammogram?

- 01 ___ In the last year (or 12 months)
- 02 ___ In the last two years (24 months)
- 03 ___ More than 2 years ago
- 04 ___ Never
- 05 ___ Don't know

5. When do you plan to have your next mammogram?

- 01 ___ Within the next year
- 02 ___ Within the next two years
- 03 ___ Don't know

6. Do you plan to tell a friend about the Friend to Friend Program and the importance of mammography?

- 01 ___ Yes
- 02 ___ No
- 03 ___ Don't know

7. Did you sign the pledge card to have a mammogram?

- 01 ___ Yes
- 02 ___ No

8. What is one new thing you learned about mammography?

9. What is one new thing you learned about breast cancer?

10. How did you hear about the Friend to Friend Program?



Friend to Friend Program

Evaluation

Would you please take a few minutes to answer the enclosed questions so that we can understand how today's Friend to Friend program fit your personal needs? Your answers will be combined with a lot of other people's, so you cannot be identified. Thanks!



Sample Consent Form Card

The Friend to Friend Program occasionally does a very brief phone follow-up of women who have attended the parties. This is done by randomly calling women who have given their permission to do so.

If you are willing to be contacted, please indicate your name and phone number below. *Please be assured your name and phone number will be used only for follow-up regarding the Friend to Friend Program and for **no other purpose**.*

Name: _____

Phone number: (____) _____

Date of Party: _____

Location of Party: _____

Phone follow-up will be conducted by:

QUESTIONS AND ANSWERS ABOUT BREAST CANCER AND MAMMOGRAMS

(Compiled from several sources, including the American Cancer Society and the National Cancer Institute.)

What are my chances of surviving if I get breast cancer?

Survival depends primarily on the stage of the disease at the time it is detected. If a lump is found by mammography before it is large enough to be felt, the cure rate is nearly 100 percent.

Is breast cancer related to chemical pollution in the environment?

Chances of developing breast cancer do not seem to be increased by exposure to chemicals found in the environment. There are ongoing studies taking place, but many of the results are inconclusive.

Are women with very large breasts more likely to get breast cancer?

No. The size of the breast is not related to the development of breast cancer.

Am I at risk for breast cancer if I have breast cysts?

Only a very small number of women with fibrocystic breasts have a slightly increased risk of developing breast cancer and those women can be identified by a pathologist's examination of the breast tissue.

Does the use of hormones to relieve menopausal symptoms cause breast cancer?

Most researchers agree that the use of hormones for contraception or menopausal symptoms does not increase breast cancer risk. Long-term use of estrogen replacement therapy by postmenopausal women may be related to a modest increase in breast cancer risk, while use of progestins with estrogen, called hormone replacement therapy, does not appear to have adverse effect on risk.

If a breast lump is painful, is it more likely to be a cancer?

As a breast cancer is developing in the breasts, it usually does not cause pain. In the early stages of breast cancer, a woman usually is unaware of any symptoms.

Does a blow to the breast or handling the breast during lovemaking, by a doctor, or during mammography cause breast cancer?

Breast cancer is not associated with bumping, bruising, or handling breasts in any way.

Does mammography cause breast cancer?

Recent improvement in mammography equipment and technique have greatly lowered the amount of radiation needed to produce a high-quality image of the breast tissue.

What are calcifications?

Calcifications are small calcium deposits in the breasts that are found only by mammography. Microcalcifications are tiny specks of calcium that may be found in an area of rapidly dividing cells. When many of these are seen in one area, they are referred to as a cluster and may indicate a small cancer. About half of the cancers detected by mammography appear as a cluster of microcalcifications, while the other half appear as lumps. These coarse calcium deposits are found in about half of all women over age 50 and are usually associated with benign conditions.

Thinking About Getting a Mammogram

Questions and Answers

What are the risk factors for developing breast cancer and how can women protect themselves against it?

Simply being a woman and getting older puts you at risk. More than 75% of cases occur in women over age 50. The risk is also increased if you:

- have a history of breast cancer in your family
- never had children
- had your first child after age 30
- began menstruating before age 12
- began menopause after age 50
- or eat a high-fat diet.

Presently, there is no known way to prevent breast cancer. The best protections are early detection and prompt treatment. Early detection includes regular screening mammograms, breast exams by a health professional, and monthly breast self-exams.

What are the chances of developing breast cancer? What are the current statistics on survival?

Breast cancer is the most common form of cancer in American women, and one in eight will develop it in her lifetime. *If detected early*, breast cancer can often be treated effectively with surgery that preserves the breast.

Five-year survival for breast cancer is:

- 96% if the cancer has not spread
- 73% if it has spread to nearby organs
- 18% if it has spread throughout the body.

When detected and treated early, breast cancer need not be life-threatening.

If I do not have a family history of breast cancer, can I still develop it?

Yes. In fact, 80% of women who develop breast cancer have no family history of the disease. While chances of getting breast cancer increase if a family member has also had it, this does not mean that a woman is not at risk if no one in her family has had breast cancer.

What is a mammogram?

A mammogram is an x-ray picture of the breast. Usually two views of each breast are taken - one from the side and one from above. This way, the physician can identify very small lumps or other changes before they can be felt by a woman or her physician.

There are two types of mammograms: screening and diagnostic. A screening mammogram examines women who have no symptoms. It is done to detect a lump or other symptoms before they appear. A mammogram is taken every one to two years from age 40-49, and every year from age 50 on. Diagnostic mammograms are necessary for any woman with symptoms of breast cancer, regardless of her age.

If I don't have a lump, why should I have a mammogram?

The most common warning sign of breast cancer is a lump or thickening of the breast. However, often there aren't any tangible signs of breast cancer until the disease has progressed into its advanced stages.

That's why a mammogram, which can detect breast cancer before it can be seen or felt, is so important. Other warning signs are a change in the size or shape of the breast, discharge from the nipple, or a change in the color or texture of breast or skin around the nipple.

How much does a mammogram cost? If I can't afford it, can I receive financial assistance?

A mammogram costs between \$50 and \$250. More than 30 states have passed laws that require insurers to reimburse part or all of the cost of screening mammograms, or at least offer the benefit to subscribers.

If you are not covered by an insurance plan, there are hospitals and health clinics that offer assistance or free mammograms. Ask your American Cancer Society for more information about low-cost and free mammogram programs.

Do I have to get a mammogram before age 50? Isn't breast cancer a disease of the elderly?

Even though more than 75% of breast cancer cases are in women over age 50, the American Cancer Society still recommends:

- That you get a baseline mammogram by age 40, and a physical examination every three years
- Beginning at age 40, you should have a physical examination and mammography screening every one to two years
- Beginning at age 50, both the physical examination and mammogram should be performed every year
- If you have a family history of breast cancer, you should talk to your physician about getting mammograms more frequently or beginning at an earlier age
- All women perform breast self-examination monthly.

Do I need to prepare for a mammogram?

Yes. Ask your American Cancer Society volunteer for a list of instructions on how to prepare for your mammogram. However, you should still check with the office where you will be having the mammogram for any specific instructions.

I had one mammogram and it was negative. Why do I need another one?

It is quite possible that abnormalities in your breast, which were not yet visible in your last mammogram, will now be identified. You have a much better chance for survival if you can detect breast cancer in its earliest, most treatable stage - before you have any symptoms.

How can I be sure that I am getting a mammogram that is of high quality and safe?

All mammography units are now federally licensed by the FDA, which requires that the machines and persons operating them meet specific quality criteria, and undergo annual inspections.

How is a mammogram taken?

A trained radiologic technologist positions one breast between two plastic plates that compress the breast, spreading it out so that the x-ray can produce as precise an image as possible.

He or she then takes the x-rays from above the breast and from side to side. The procedure is repeated for the other breast and takes only a few minutes. Then, a specially trained physician, called a radiologist, reads the mammogram to determine if any suspicious areas exist.

Will mammograms hurt?

The pressure caused by flattening the breasts may be slightly uncomfortable, but it should not be painful. If it is, however, you should tell the technologist taking the x-rays and he or she will ease the pressure.

What is the procedure if a Lump is found?

In some cases, the physician may order aspiration biopsy (removal of fluid) of a breast lump. In other cases, a tissue biopsy is recommended. This surgical removal and microscopic examination of the lump is the only way to determine whether cancer cells are present. If the biopsy indicates the presence of cancer cells, you and your physician will confer about treatment options. Even if a biopsy is recommended based on results of a mammogram, more than 80% of lumps are benign (not cancer). However, any breast lump must be examined by a physician.

My physician has never suggested that I get a mammogram. Why should I have one?

Although most physicians do recommend a mammogram for women who are 40 and older, not all do. Don't wait. The coordinated effort of each woman and her physician provides the best means for controlling breast cancer. It is important that you select a physician with whom you are comfortable and can discuss your concerns.



AMERICAN CANCER SOCIETY
FRIEND TO FRIEND
TRAINING AGENDA

- I. Welcome

- II. American Cancer Society Overview

- III. Friend to Friend Program Description

- IV. How to Plan and Conduct the Friend to Friend Party

- V. How to Facilitate Small-Group Discussions

- VI. Small-Group Practice

- VII. How to Conduct the Sign-up Session

- VIII. Wrap-up and Evaluation

American Cancer Society
Friend to Friend Facilitator Training Evaluation
(Please help us provide quality trainings by completing this evaluation form.)

1. What is the overall evaluation of the training?

Excellent (4) Good (3) Fair (2) Poor (1)

Comments: _____

2. Was the information clear and understandable?

-Friend. to Friend Overview

Excellent (4) Good (3) Fair (2) Poor (1)

-How To Plan and Conduct the Friend to Friend Party

Excellent (4) Good (3) Fair (2) Poor (1)

-How to Facilitate Small-Group Discussions

Excellent (4) Good (3) Fair (2) Poor (1)

-How to Conduct the Sign-Up

Excellent (4) Good (3) Fair (2) Poor (1)

3. As a result of this training, how prepared are you to conduct a Friend to Friend Party?

Well prepared (3) Adequately prepared (2) Need more information (1)

Comments: _____

4. What part of the training was most helpful? Why?

(OVER)

5. What part of the training was least helpful? Why?

6. Please rate the Friend to Friend training handbook:

Excellent (4) Good (3) Fair (2) Poor (1)

Comments: _____

How can ACS staff assist you further?

Name (optional) _____
Date _____

Return evaluation forms to: **American Cancer Society, MN Division**
Breast Cancer Detection Specialist
3316 W. 66th St.
Minneapolis, MN 55435

DATE _____

American Cancer Society
Minnesota Division, Inc.
3316 West 66th Street
Minneapolis, MN 55435

FRIEND TO FRIEND VOLUNTEER APPLICATION

Name _____
(Please print)

Address _____

City _____ State _____ Zip _____

Home phone (____) _____ Work Phone (____) _____

Job Title _____

What have you volunteered for in the past with the American Cancer Society?

If you are employed, may we contact you at work? ____ Yes ____ No

THANK YOU!



Friend to Friend

Copies: Division (White)

District Manager (Yellow)

The ABC's of Getting a Mammogram

What is a mammogram?

A mammogram is an x-ray of the breast. A technician puts the breast between two plates that press down on the breast, spreading it out for the best possible picture. Two x-rays are taken of each breast.

What is it like to get a mammogram?

"It's not painful. There's pressure but no pain."

"Just a slight pinch is all, but it's worth it to know I don't have breast cancer."

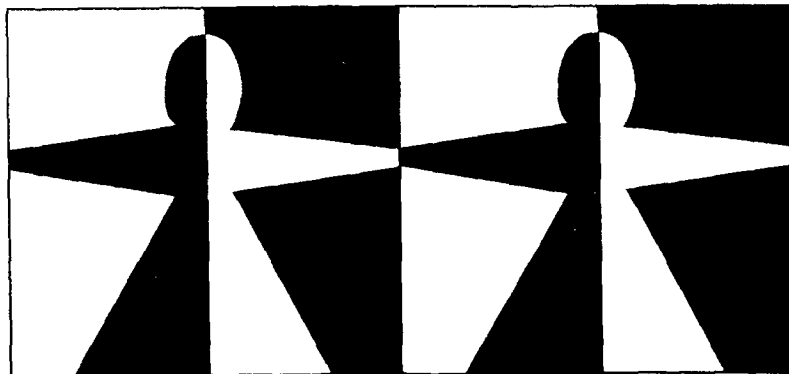
"There's nothing to it and I would do it again"

"I was scared at first, but then I got used to it."

"I was prepared for the worst, because someone said it was painful. But it was quick, easy, and simple, and I'm glad I went."

Who should get a mammogram?

- If you are between ages 40 and 50, you should have a mammogram every one to two years
- If you are 50 years or older, you should have a mammogram every year.



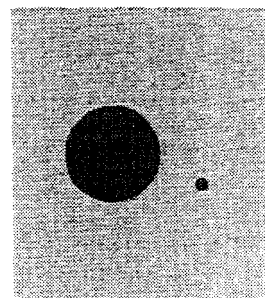
Friend to Friend

Look at the large circle.

This is the size of a breast lump that you or your doctor would be able to find by touch.

Now look at the small circle.

Pretty small, isn't it? This is the size of a lump that a mammogram can find.



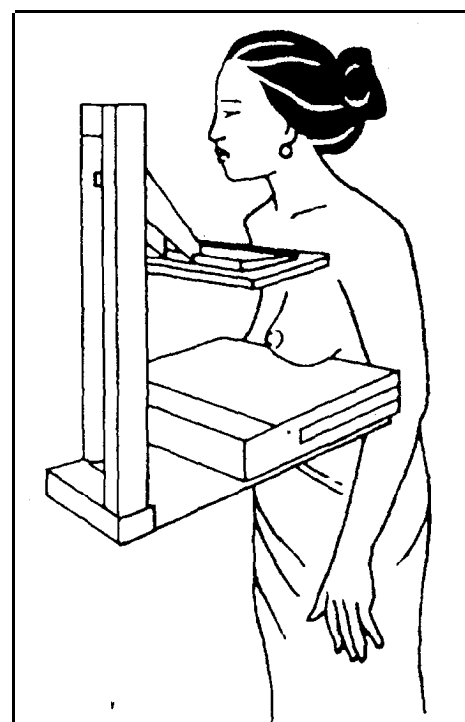
Why is this so important?

If you or your doctor find a lump the size of the larger circle, it's been in your body two years longer than if you found it with a mammogram.

If you find a cancerous lump when it's very tiny, like the smaller circle, you are more likely to recover from breast cancer.

That's why it's so important for you to get a mammogram every year - having one every now and then just isn't enough. The circles show you why.

© Minnesota Department of Health





Questions and Answers About Breast Cancer

Q Am I more likely to have breast cancer if I have breast cycts?

A Only a very small number of women with breast cycts are more likely to get breast cancer.

Q If a breast lump is painful, is it more likely to be a cancer?

A No. In the early stages of breast cancer, a women usually is completely unaware of any problem - no pain, and, at first, no lump. Only a mammogram can find breast cancer when it's too small to be belt by your doctor.

Q Does a blow to the breast or handling of the breast cause breast cancer?

A No. In spite of what is commonly believed, breast cancer is not caused by bumping, bruising, or handling the breast in any way.

THE FACTS OF LIFE

Read these facts about breast cancer and mammograms. You may be surprised!

FACT

Four out of five women who get breast cancer had no breast cancer in their families.



FACT

Women with large breasts do not have any greater chance of getting breast cancer than women with small breasts.



FACT

Breast cancer occurs in women of all ages, but it occurs more frequently in older women.



Do you have more questions? Just call these hotline numbers:

- American Cancer Society, Minnesota Division
1-800-ACS-2345
- National Cancer Institute
1-800-4-CANCER



How to ask your doctor for a mammogram

If your doctor hasn't suggested a mammogram, just ask. Say, "I'd like to have a mammogram." Doctors like to have a patient interested in her ,own health.

Your Doctor and You...

"My doctor didn't tell me to get a mammogram. If he told me, I'd be first to go."

Some women wonder, "If mammograms are so important, why hasn't my doctor recommended one?"

We asked a doctor to tell us why. "Sometimes doctors just forget," said Dr. Karen Margolis, a physician at Hennepin County Medical Center.

"I always try to recommend a mammogram, but I may forget to offer it on time, or I forget when a patient's last mammogram was."

Dr. Margolis said some physicians worry about the cost of mammograms to their patients.

"They don't realize that there are now special programs to help women pay for the test. And costs for a mammogram have gone down in

the last two or three years," said Dr. Margolis. "It's also now required for some insurance to pay for mammograms."

Another reason doctors may forget to suggest a mammogram is that a woman's

health problems may get all the doctor's attention.

"Sometimes I don't suggest a mammogram until a patient's other problems settle down. But sometimes they never settle down."

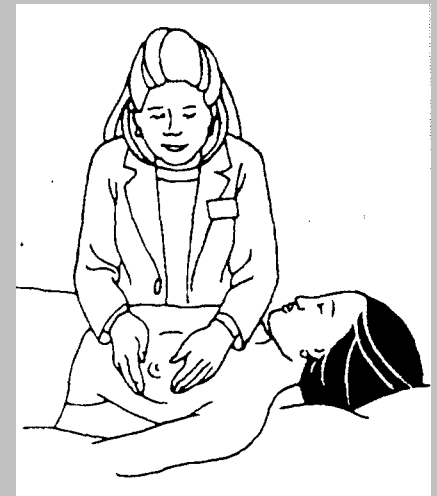
Lumps and Lumpiness: *What's the difference?*

It's important to check your breasts yourself every month so you know what they feel like normally. Then you'll know if a lump is new and should be checked by your doctor.

There is a big difference between normal lumpiness and a breast lump that might be cancer.

Most women's breasts are lumpy. That's normal. If your breasts have many little lumps that are always there, that's normal lumpiness.

When a cancer is tiny, you can't feel it. Only a mammogram can find a tiny cancer. The tumor has to grow to about the size of a marble or grape before you or your doctor can feel it inside your breast.



**ONLY YOUR DOCTOR
KNOW FOR SURE!**

The good news is that four out of five breast lumps are not cancer. But if you're worried about a lump, the best way to know for sure that it's not cancer is to have your doctor check it out. And don't wait! The sooner you act, the better your chances are of a good recovery.



Dr. Karen Margolis encourages women not to wait for a doctor to suggest a mammogram. Her advice: "Just speak up and ask for one yourself"

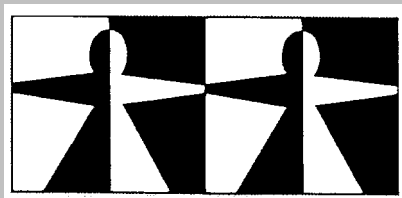
The Friend to Friend program

Making it easier for women to get mammograms

The goal of the Friend to Friend program is to save lives by helping women get mammograms (breast x-rays). Volunteers from the American Cancer Society team up with community volunteers to put on Friend to Friend parties and other activities. Volunteers work hard to make each party both educational and fun.

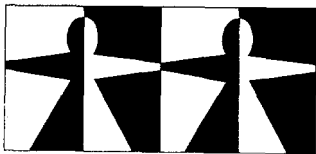
Parties include a presentation on Mammography by a health professional, a group discussion, and information on how to get a mammogram. Options for getting a mammogram - including the American Cancer Society's low-cost mammogram program and the Minnesota Department of Health's free mammograms - are also presented.

For information about getting a mammogram or about sponsoring a Friend to Friend party, call 1-800-ACS-2345.



Friend to Friend

The **Friend to Friend Program** was developed through a collaborative effort of the American Cancer Society, Minnesota Division, the Minnesota Department of Health, and the University of Minnesota.



Friend to Friend

Mammogram Pledge



I pledge to schedule my next Mammogram
for the month of _____
at _____

Signature

I pledge to contact _____
and share Breast Education Materials and
encourage regular Mammograms.

ACS Mammography Screening Guidelines

- Begin Mammography by Age 40
- Age 40-49 Every 1-2 Years
- Age 50 and Older Every Year

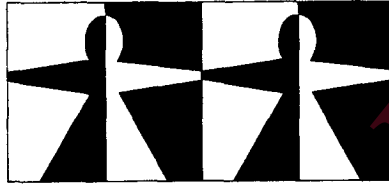
Cancer Questions?
1-800-ACS-2345

Mammogram Record

Date	Place

#MN2334.00

You're invited to a

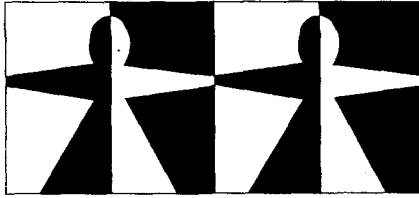


*Friend to Friend
Party*

- ✿ *Health Professional Guest Speaker*
- ✿ *Information on Free and Low-cost Mammograms*
- ✿ *Refreshments*



Friend to Friend



Mammogram Options

American Cancer Society

MAMMOGRAM GUIDELINES

Women 40 to 49 - mammogram every one to two years

Women 50 and over - mammogram every year

You CAN Get a Mammogram

- You may be eligible for for a free or low cost mammogram. Look inside this flyer for eligibility requirements for a **Minnesota Breast & Cervical Cancer Control Program (MBCCCP) free mammogram** or a **Breast Cancer Detection Awareness Project (BCDAP) low-cost mammogram**.
- **Minnesota Care** and **Medical Assistance** both cover screening costs.
- **Medicare** pays for screening mammograms every other year. MBCCCP may pay for screening in the years not covered by Medicare. Check MBCCCP eligibility inside this flyer.
- If you **have insurance** that covers screening, schedule an appointment with your physician to get a clinical breast exam and a referral for a mammogram.

**Minnesota Breast & Cervical Cancer
Control Program (MBCCCP)
Free Mammogram**



Women are eligible if they meet these three criteria:

- Age: 40 or older (under 40 if abnormal breast exam)

- Insurance: You have no insurance or you have insurance but have unmet deductibles, or have co-payments, or it does not cover screening

- Income at or below these cutoffs:

Gross Income (before taxes)*		
Household size	Monthly	Annual
1	1,556	18,675
2	2,090	25,075
3	2,263	31,475
4	3,156	37,875
5	3,690	44,275
6	4,223	50,675
Add for each additional	533	6,400

**Self employed or farmers: use household net income after deducting business expenses.*



**For more information and a list of
screening sites, see the
separate MBCCCP brochure
or call
1-800-ACS-2345**

**Breast Cancer Detection Awareness Project
(BCDAP)
Low Cost Mammogram (\$60)**



Women are eligible if they:

- ✿ Are 40 or older

- ✿ Do **not** have symptoms (such as lump, nipple bleeding or discharge, puckering, newly inverted nipple)

- ✿ Are **not** pregnant or nursing

- ✿ have **not** had a mammogram within the past year

There are over 20 sites that provide mammograms for \$60 or less all year. In October during Breast Cancer Awareness Month, over 100 facilities participate in providing low cost mammograms.



**For more information and a list of
screening sites, see the
separate BCDAP brochure
or call
1-800-ACS-2345**

EXAMPLE

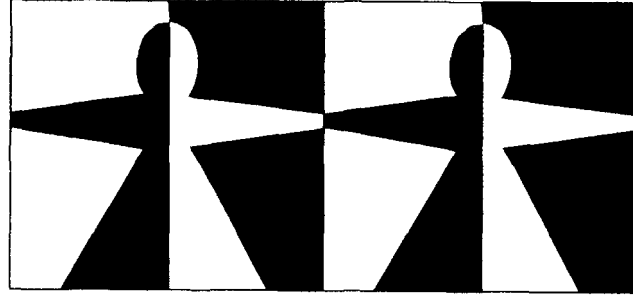


**AMERICAN
CANCER
SOCIETY®**

Minnesota Division, Inc.
33 16 West 66th Street
Minneapolis, MN 55435
1-800-ACS-2345

The *Friend to Friend Program* was developed through a collaborative effort of the American Cancer Society, Minnesota Division, the Minnesota Department of Health, and the University of Minnesota.

You're invited to a



Friend to Friend Party

-  *Health Professional
Guest Speaker*
-  *Information on Free and
Low-cost Mammograms*
-  *Refreshments*

Date _____

Time _____

Place _____

For more information, call: _____



This program is brought to you by your local American Cancer Society volunteers

#MN 2333.00

