

**MAXIMIZING MAMMOGRAPHY PARTICIPATION
TRAINING MANUAL**

In a grant funded by the National Cancer Institute, researchers at Group Health Cooperative's Center for Health Studies evaluated whether telephone counseling would improve the rate of scheduling for mammograms, compared to a postcard reminder, or a telephone call with a simple offer to schedule the appointment. The counseling call was done by trained motivational interviewers who could also schedule appointments for the mammograms while they had the women on the telephone. The researchers found that either kind of telephone call was better than the reminder postcard, but neither call was better than the other.

The materials presented here include a survey used to gather information for the study, but that information was not available to the interviewers at the time of the call. The study protocol, the survey used in the study, the training manual for the interviewers, examples of pamphlets about mammography that were included with mailed invitations to schedule an appointment, and published results of the studies are all on this site.

The work is part of the record of public domain research that Group Health Cooperative and the National Cancer Institute are proud to support but the materials, findings, and descriptions are those of the investigators. This study was conducted to be consistent with the screening program implemented in 1985, but procedures and materials from that program continue to evolve.

Testing Reminder and Motivational Telephone Calls to Increase Screening Mammography: A Randomized Study

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MAMMOGRAPHY PARTICIPATION PHONE INTERVENTION

I. INTRODUCTION TO THE STUDY

WHO WILL BE CALLED?

All of the women in this study have been invited to schedule a free mammogram through Group Health's Breast Cancer Screening Program (BCSP). A random sample of those women who do not schedule a mammogram within two months of receiving their invitation letter will receive a fifteen minute personalized telephone call addressing their concerns about mammography. Some of the women will have just received their first invitations to the BCSP, some will have been invited before and have participated, and many will have been invited before and have declined to participate. The goal of the phone call is to promote participation, or the **scheduling and keeping of a mammogram appointment**.

The women who will be called are all "non-volunteers," between 50 and 79 years old. They will not have requested a phone counseling appointment, but all will have agreed to participate in this part of the study. They were informed that they might be called, and gave permission for the call. Some women may have already completed a telephone survey. (A copy of the survey is in Part II: Readings of this manual. Information from the survey will not be available to you since it is unlikely such data could be available as part of a routine intervention. Hopefully you'll get the information you need through the intervention process).

RESEARCH OBJECTIVES

At Group Health, only **65%** of all women invited for mammograms receive them (participate in the BCSP) within a year of receiving the invitation letter. Participation rates are lower among women being invited for the first time. Mammographic screening for breast cancer, among women ages 50 and above, reduces breast cancer mortality by 40% when **85%** of a population obtains examinations regularly. Participation needs to increase in order to achieve this full potential for saving lives.

One of the primary objectives of this study is to test whether a personalized phone call to women who do not schedule appointments in response to the invitation letter increases participation. A random sample of the women will receive this phone call intervention, and their

participation rates will be compared to samples of women receiving only a simple two-minute reminder phone call, or a reminder postcard.

PURPOSE OF THE PHONE CALL

The goal of the phone call is to promote participation, or the **scheduling and keeping of a mammogram appointment**. In addition to reminding women of their invitation to the BCSP, and giving women an opportunity to schedule an appointment conveniently, the call will allow women to ask questions and to discuss their concerns about mammography with a supportive and knowledgeable staff member. For some women, the phone call will merely serve as an easy opportunity to schedule an appointment, but for many who are ambivalent or reluctant to obtain a mammogram, the call will provide encouragement and information that helps enable them to make a decision to schedule a mammogram. The phone calls will provide the opportunity for women to discuss any or all of a variety of concerns that women may have about mammography, ranging from concerns about the procedure, to concerns about their breast cancer risk, to concerns about where to park for their appointment.

INTERVENTION MODELS

We have drawn from three main theories in designing this phone counseling protocol: the **Theory Of Reasoned Action**, the **Stages Of Change** (or **Transtheoretical Model**), and strategies of **Motivational Interviewing**.

Although we cannot predict precisely what the concerns of *each* woman called will be, research conducted here at Group Health Cooperative and other places around the country has shown that there are several important factors that influence a woman's willingness to get a mammogram. These factors are described in the expanded **Theory of Reasoned Action**, which provides a "menu" of topics that can be discussed in each phone call. The factors include: **attitude**, or beliefs about mammography, **affect**, or feelings about getting a mammogram, **social normative influences**, or what others think about the person's getting a mammogram, **facilitating conditions**, or practical considerations regarding the logistics of getting the test, and **perceived susceptibility**, or beliefs about the risk of breast cancer.

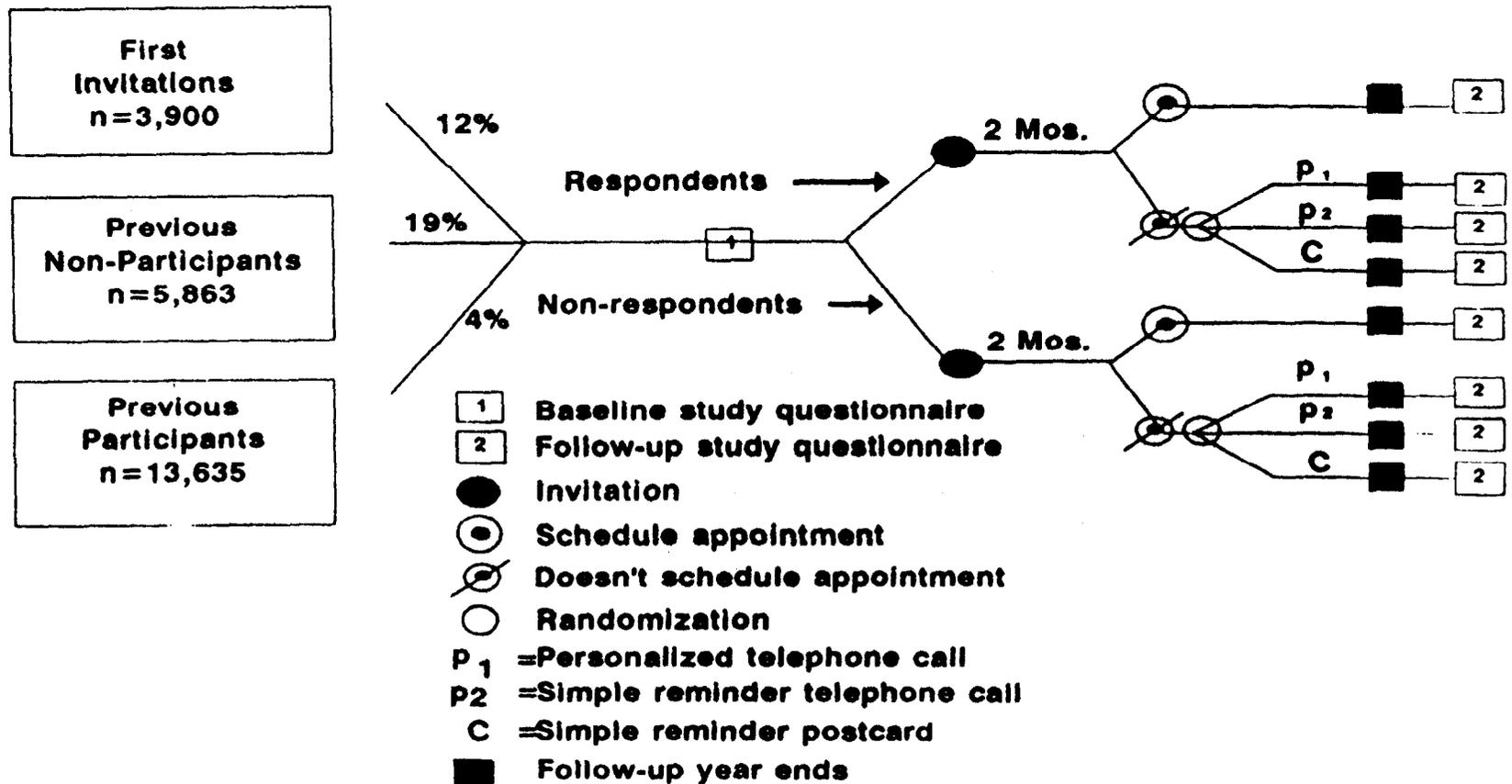
Any or all of these factors which influence a woman's decision to get a mammogram may be addressed in the intervention phone call, though different factors will be more or less important to a woman according to *where* she is on a continuum of willingness, or **stage of readiness** to obtain a mammogram, e.g., from not thinking about or intending to get a mammogram (precontemplation) to taking action to schedule one (action). For example, a woman who has no intention of obtaining a mammogram may have more emotional concerns (e.g., fear, anxiety) that need to be addressed but a woman who is closer to deciding to schedule a mammogram may have more logistical concerns, such as the location of parking at the screening center.

Knowing each woman's stage of willingness will also help you determine the best counseling strategies for opening and continuing a productive discussion of the issues important to her. This is where **Motivational Interviewing** comes in. Motivational Interviewing is a directive, client-centered counseling style that can enhance motivation by helping women clarify and resolve their ambivalence about getting a mammogram. A key element of the approach is using a style of interviewing which encourages the interviewee to express her own unique concerns. A motivational approach addresses "where a woman is" in her decision-making process, and assists her movement toward obtaining a mammogram, by discussing beliefs, feelings, logistics, etc., in a non-confrontational, empathic way. For example, a phone counselor working with a woman who is ambivalent about getting a mammogram would not rush a woman into making an appointment, but instead acknowledge her ambivalence, and discuss the perceived pros and cons of getting a mammogram as part of the discussion. The intervention goals presented in Chapter IV of this handbook represent some critical components of a motivational approach. They will assist you in identifying each woman's stage of willingness to get a mammogram, and her salient concerns, as well as give you strategies for addressing each concern. You will find examples of this approach for each factor in the Theory of Reasoned Action.

Maximizing Mammography Participation: A Randomized Trial Study Design

Eligibility

Women ages >50 and <80 who have been continuously enrolled at GHC for at least 6 months, have completed a risk factor questionnaire, do not have a record of a mammogram in their scheduled interval, and don't have a history of breast cancer.



April

Dear (Name)

The Center for Health Studies at Group Health Cooperative, with support from the National Institutes of Health, is conducting a study to understand women's decisions regarding breast cancer screening. The information gained from this study will improve how mammography services are offered to women, even those who choose not to use them.

Within the next few weeks, one of our female research interviewers will be calling you. We are not asking you to schedule a mammogram, only to talk with us for a few minutes about your health, health practices, and your thoughts and feelings about getting mammograms. Even if you have no plans to schedule a mammogram, we are interested in talking with you.

If you agree to participate, you will be asked to complete a 15 - 20 minute telephone survey, and another 10 minute telephone survey in about a year. In addition, you may receive a short telephone call in the future from a health educator.

If the interviewer calls at an inconvenient time, she will be happy to make arrangements to call back at a better time. Your participation in this study is voluntary and your decision whether or not to participate will not affect your care at Group Health. If you participate, all information gathered will be kept confidential as provided by law, and you can skip any questions you do not want to answer. Your answers will not be included in your medical record.

We would greatly appreciate your participation in this research effort. If you have any questions or prefer not to be surveyed, please call the Project Coordinator, Dee Meyer, at 287-2454. Thank you for your consideration.

Sincerely yours,

Stephen Taplin, MD, MPH
Principal Investigator
Associate Director, Preventive Care Research
Group Health Cooperative of Puget Sound

Susan J. Curry, PhD
Co-Investigator
Group Health Cooperative of Puget
Sound

Breast Cancer Screening

at Group Health



MANY WOMEN TODAY ARE TAKING AN active role in maintaining their health. Women recognize that in addition to regular exercise and well-balanced meals, routine breast cancer screening is an essential part of good health.



Breast cancer strikes one in nine women over a lifetime. We still don't know how to prevent it, but we do know that screening and early detection of breast cancer may save lives.

Group Health Cooperative recognizes the importance of screening, and developed breast screening recommendations in 1985. The recommendations were updated in 1988, and again in 1993. At Group Health, we strongly encourage women over 35 years of age to:

- Learn and perform monthly breast self-examination (BSE).
- Have a yearly breast examination by a primary care physician or healthcare provider.
- Participate in our Breast Cancer Screening Program once they turn 40.

Breast self-examination

How can I learn to do breast self-examination (BSE)?

Croup Health encourages you to learn breast self-examination so you can become familiar with the usual appearance and feel of your own breasts. The more familiar you become, the easier it is to identify a change. That's the main idea behind BSE.

BSE is easy to learn and will take only 10 minutes a month. The Cooperative offers several ways to learn the procedure. Some options are:

Schedule personal instruction through your primary care physician's or other healthcare provider's office. Individual instruction is one of the best ways to learn BSE.

- Watch the Croup Health breast self-exam video at your area medical center. Call the center to schedule a time to view the video.
- Follow the breast self-exam instructions on page 12 of this brochure.

Breast examination

How often should I have a health professional examine my breasts?

All women 35 years and older are encouraged to have yearly breast examinations by a primary care physician or other healthcare provider. These healthcare professionals are familiar with the difference between normal and abnormal breast tissue, and sometimes can detect breast cancers that would not be visible on a mammogram.

During this yearly exam, your provider will feel the tissue in your breast and underarms. Your breasts will be examined for changes in the appearance of the skin. The nipples may be gently squeezed to check for discharge.

Mammography

The likelihood of developing breast cancer increases as women age. But just as importantly, so does the effectiveness of one of the techniques used for early detection—mammography (an X-ray of the breast). Breast cancer is very unusual in women under 40. In 1989, a statement made jointly by 11 major national organizations, including the American Medical Association, recommended that screening for breast cancer begin at age 40.

The Breast Cancer Screening Program at Group Health, established specifically for women 40 and older (or any woman with a history of breast cancer), has been designed to coordinate mammography with yearly breast exams and monthly breast self-exams. Our goal is to identify the woman in nine who will get breast cancer, while minimizing the risk for the eight who won't. The coordination of these three screening methods is the heart of the Breast Cancer Screening Program, and the key to achieving our goal.

The Group Health Breast Cancer Screening Program:

- Sends you a questionnaire to evaluate personal history and other information that might relate to the increased risk of developing breast cancer.



- Provides you with a summary of personal risk factors and recommendations for mammography based on the information given in the questionnaire. If the information you provide about the risk factors changes, please contact the Breast Cancer Screening Information Line at (206) 287-4324 or toll-free at 1-800-562-6300.
- Provides a summary of the risk factor information for your medical chart.
- Sends you a letter of reminder when it is time for an appointment. The letter is an invitation to come to a special Breast Cancer Screening Center for a comprehensive appointment that generally includes a mammogram, breast exam, and breast self-exam instruction.

The Breast Cancer Screening Program recommends mammography every one to two years for all women age 50 and above, and for women 40 to 49 who have risk factors. Recommendations made by other organizations are based on age alone. Our recommendations include the consideration of age and other risk factors like family history, age when menstruation began, and whether a woman has had children. A woman's mammography schedule is based on an evaluation of her personal risk factors. The following chart shows how personal risk factors determine the frequency of mammography.

Major risk factors

- A previous diagnosis of breast cancer
- A breast biopsy that revealed specific kinds of abnormal (atypical) breast tissue that was not cancer
- Mother, daughter, or sister with history of breast cancer

Minor risk factors

- Aunt or grandmother with history of breast cancer
- First menstruation before age 11 or reaching menopause after age 54
- Birth of first child age 30 or later, or having had no births
- A previous negative breast biopsy

Mammography recommendations

Risk factors	Group Health's schedule of recommended mammograms
---------------------	--

Age 40-49

- | | |
|--|---------------|
| <ul style="list-style-type: none"> • Previous breast cancer • Abnormal (atypical) tissue on breast biopsy • Two or more immediate relatives (mother, daughter, sister) with breast cancer | Yearly |
|--|---------------|

- | | |
|--|------------------------|
| <ul style="list-style-type: none"> • Mother, daughter of sister with breast cancer • At least one minor risk factor (see page 6) | Every two years |
|--|------------------------|

- | | |
|---|------------------------|
| <ul style="list-style-type: none"> • No risk factors | Not recommended |
|---|------------------------|

Age 50 and over

- | | |
|--|---------------|
| <ul style="list-style-type: none"> • Previous breast cancer • Abnormal (atypical) tissue on breast biopsy • Two or more immediate relatives (mother, daughter, sister) with breast cancer | Yearly |
|--|---------------|

- | | |
|--|------------------------|
| <ul style="list-style-type: none"> • Mother, daughter or sister with breast cancer • At least two minor risk factors (see page 6) • All other women | Every two years |
|--|------------------------|

Questions about mammography

What happens during a mammogram?

At Group Health your mammogram (an X-ray of the breast) is performed by specially trained female technologists. For each X-ray, the breast is pressed briefly so that its thickness is uniform. This allows for a picture that is as sharp and detailed as possible. The technique of compression may cause discomfort for some women, but it may make the difference between finding an abnormality and missing it. Compression also helps reduce the amount of radiation absorbed by the breast.

Although mammography has limitations, a mammogram may detect a lump that is too small to feel during a breast examination by you or your healthcare provider. Similarly, a breast physical examination can find cancers that are difficult for a mammogram to capture.

Is there a risk involved in having a mammogram?

At Group Health, mammography facilities are accredited by the American College of Radiology (ACR). Like other X-rays, mammograms use small, measured doses of radiation. At Group Health, the average radiation dose is well below the maximum level (1.0 rad) recommended by the ACR. With modern techniques, the benefits of mammography clearly outweigh the risks.

Since radiation is used, mammograms are not advised for pregnant women. Women who are breast-feeding have denser breasts, which results in a less sensitive mammogram. If mammography is recommended, it should occur after breast-feeding has stopped.

Is breast cancer screening a covered benefit?

Breast cancer screening services described in this brochure are covered benefits for most enrollees, including those covered by Medicare. Some enrollees may be required to pay a small office visit copayment. To determine if your coverage requires the copayment, call your medical center's Medical Coverage Office.

While screening does not prevent breast cancer, regular screening will detect most breast cancers at an early stage. Remember, the most important person in your screening program is you. Group Health strongly encourages you to:

- Learn and perform breast self-examinations.
- Schedule your yearly breast exam appointment with your primary care physician or healthcare provider.
- Schedule your comprehensive visit at the Breast Cancer Screening Center, when it is recommended in your letter of invitation.

More information

For more information about your breast cancer risk questionnaire, risk factors, or Group Health screening recommendations:

Breast Cancer Screening

Information Line(206) 287-4324

Toll-free number1-800-562-6300

TTY Service for Hearing Impaired:

East Region (206) 883-5781

Central Region(206) 326-3193

South Region(206) 596-3305

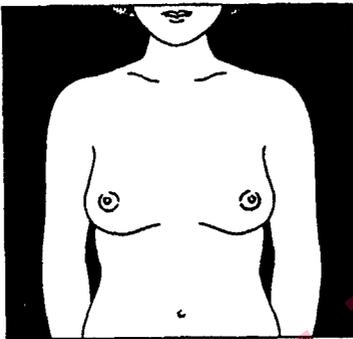
Breast Self-Examination (BSE)

To become familiar with the usual appearance and feel of your breasts, you should perform breast self-examination (BSE) once a month. Early discovery of a change from what is “normal” is the main idea behind BSE.

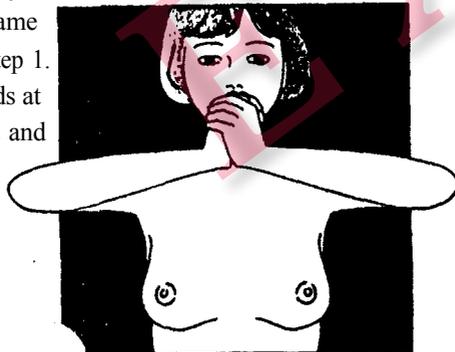
Remember to check approximately the same day each month. If you still menstruate, check your breasts the last day of your period, when your breasts are less tender and swollen. If you are pregnant or no longer menstruate, pick a day, such as the first day of the month, to remind yourself it is time to do BSE.

The first three steps focus on visual changes in shape or contour of your breasts.

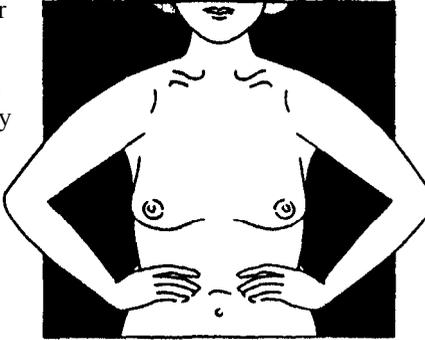
Step 1: Inspect breast with arms at your sides in front of a mirror. Look for anything unusual on the skin such as puckering, dimpling, scaling of the skin, swelling, or changes in moles. Check your nipples for discharge and changes in appearance or position. Turn from side to side to get a good look at all areas of your breasts, including the skin and any changes in shape.



Step 2: Raise your arms overhead and look in the mirror for the same changes as in Step 1. Clasp your hands at shoulder height and press hands together, looking for the same changes.

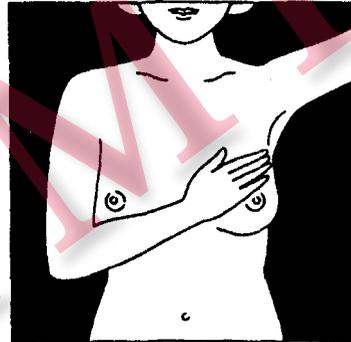


Step 3: Press hands firmly on your hips and observe your breasts. Bow slightly toward the mirror as you pull your shoulders and elbows forward, watching for any dimpling or pulling of skin.



The final two steps focus on any changes you may feel in your breasts.

Step 4: In shower or tub. (Fingers slide over soapy skin making it easy to concentrate on the texture underneath.) Raise left arm, place left hand behind head, use right hand to examine left breast. With fingers flat, beginning at outer edge, firmly press the flat part of your fingers in small circles, moving the circles slowly around the breast, making smaller and smaller circles until you reach the nipple. Gently squeeze the nipple and examine it for discharge. Pay attention to the area between the breast and armpit, including the armpit itself. Be sure to examine every part of your breast. Reverse the procedure, using the left hand for the right breast.



Step 5: Lie flat on your back, left arm over your head, with a pillow or folded towel under your left shoulder. Use the right hand to examine the left breast. Reverse the procedure, using the left hand for the right breast. Repeat the same steps as in the shower. Use the same circular motion described earlier.



By performing BSE regularly, you will become familiar with the normal texture and appearance of your breasts. You will learn what is normal for you and gain confidence in your examination.

Most breast changes are normal, and do not result from cancer. If you notice any changes or experience any of the following symptoms, contact your physician immediately.

- A lump in the breast or chest wall
- Bloody discharge from the nipple
- New indentation, dimpling, or other skin changes
- Persistent redness of skin
- Persistent pain and tenderness in one place
- Persistent swelling under the arm
- Persistent skin nodules or rash

CONCEPTUAL BASIS OF THE STUDY

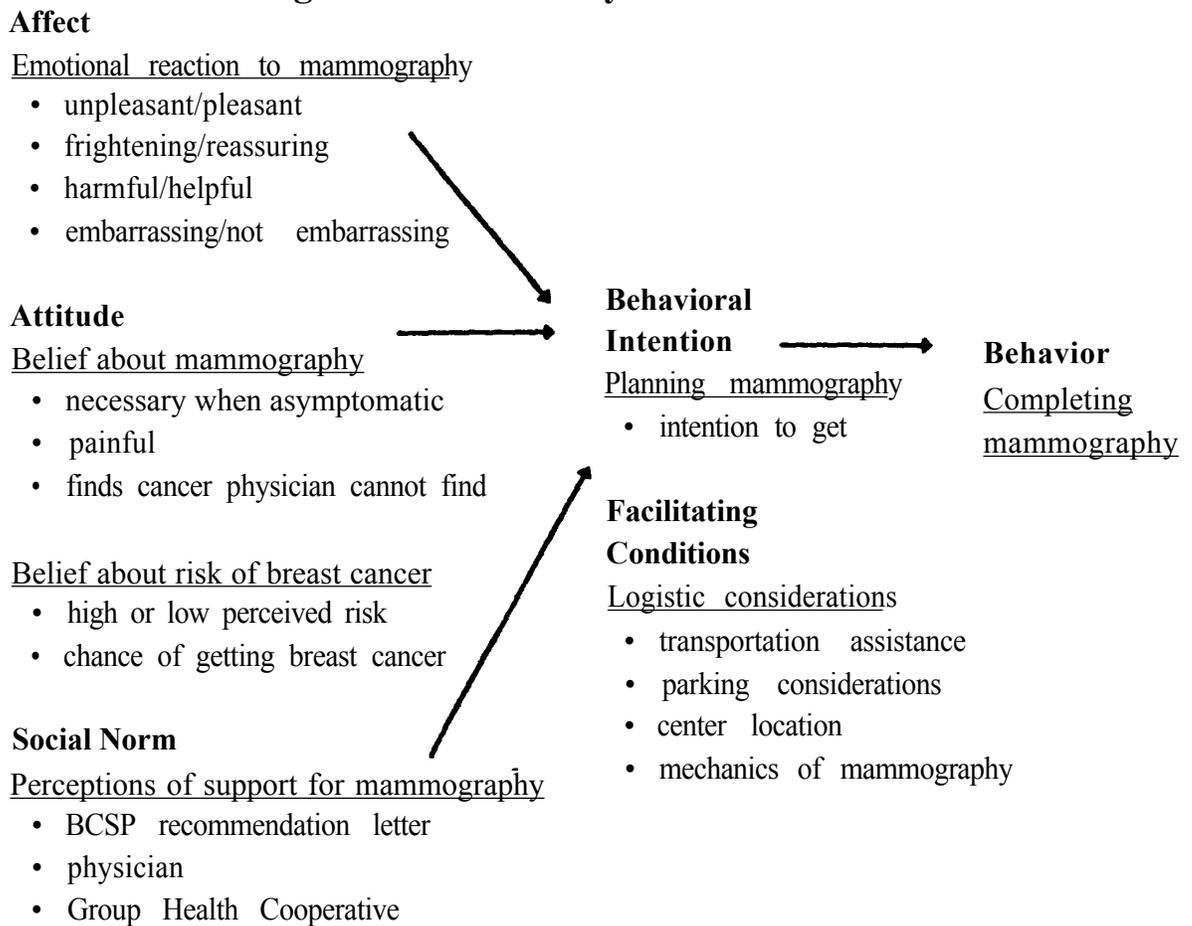
There are many ways to think about behavior. In this intervention we are using an expanded model of the theory of reasoned action that is described in this section. Subsequently we will work with you to develop your ability to address the various issues raised by this model of how people make decisions.

We use a heuristic conceptual framework based in cognitive theory, social learning theory, prior work, and just plain practical thinking.

Reference List

- (1) Montano DE, Taplin SH. A test of an expanded theory of reasoned action to predict mammography participation. *Soc Sci Med* 1991; 32:733-741.
- (2) Ajzen I, Fishbein M. Determinants of behavioral intentions. *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs NJ: Prentice-Hall, Inc, 1980: 53-60.
- (3) Green LW, Kreuter MW. Health promotion planning: an educational and environmental approach. *Health Promotion Today and a Framework for Planning*. Mountain View CA: Mayfield Publishing Company, 1991: 24.
- (4) Bandura A. Self-efficacy: Toward a unifying theory of behavioral change. *Psychol Rev* 1977; 84(2):191-215.

Figure 2. The Theory of Reasoned Action



THE EXPANDED THEORY OF REASONED ACTION

Behavioral intention is the intention or plan to Perform a behavior, in this case, to get a mammogram. Women who say they intend to get a mammogram are most likely to schedule and complete an appointment.

Attitude is determined by an individual's beliefs about the consequences of a behavior, and by how much they value those consequences. For example, a woman might believe that mammography screening may lead to early detection of cancer and that early detection is beneficial.

Social normative influences are determined by an individual's perceptions of what significant others in their environment want them to do, and how much they value the opinion of those significant others. For example, a woman might believe that her family thinks mammography is dangerous and she might also highly value her family's opinion.

Affect is the emotional reaction to the thought of the behavior being considered, such as anxiety, reassurance, embarrassment, or fear at the thought of getting a mammogram.

Facilitating conditions are factors which make it easier or harder to perform the behavior. Facilitating conditions include: logistic considerations about making or getting to the appointment, cost, transportation convenience, and distance to a screening center.

Perceived susceptibility is the perceived risk of getting breast cancer. For example, a 70 year old woman might falsely believe she is not at increased risk because none of her relatives had breast cancer, even though age itself is a risk factor.

Perceived control is how much one believes that performing the behavior is under one's own control. A woman might fully intend to get a mammogram but might also believe that other things might get in the way of actually completing the appointment

Other factors we will be asking about include:

Habit, or whether, and how often, a woman has gotten a mammogram in the past, and **preventive orientation**, or whether, and how often, a woman performs other "healthy" behaviors like getting a regular pap test.

We are also asking about **demographic characteristics**, such as education, race and religion, because past research has found that these factors too, help predict who will participate in a breast cancer screening program.

**MAMMOGRAPHY PARTICIPATION STUDY
TELEPHONE CONTACT SCRIPT**

- 1) “Hello, this is (Name) from the Center for Health Studies at Group Health Cooperative. I’m calling for _____.

If not available: Ask for a good time to call her back. Record time on facesheet.

If available: “Hello Ms. _____, I’m calling to follow up on a letter we recently sent you describing a study we are conducting among women who are enrolled at Group Health. Did you receive the letter describing the study?”

IF NO: “Can I verify that your address is _____? **GO TO 2**

IF YES: GO TO 2

- 2) “As the letter said, the purpose of this study is to better understand factors that affect a woman’s decision to get a mammogram. We are **not** calling to schedule an appointment for a mammogram; we would simply like to talk to you about your health, health practices and your thoughts and feelings about getting mammograms. Your participation is important to us whether you want to get a mammogram or not.”

“Before we continue, can I confirm that you are currently enrolled in Group Health?”

- **IF NO:** “I am sorry to have bothered you, but it turns out that you are not eligible since our study is for women who are currently enrolled in Group Health. Thank you for your time.” **Terminate contact and record as “Not currently enrolled in GHC” on the face sheet.**

→ **IF YES:** “If you have a few minutes, I would like to tell you more about the study. Is this a good time?”

(RESCHEDULE THE CALL IF NECESSARY; OTHERWISE CONTINUE WITH SCRIPT)

- 3) “At this time, we’d like your participation in a 20 minute telephone interview and we can do that now or at another time that may be more convenient for you. During this interview we will ask questions about your general health, beliefs about getting mammograms, and health practices. You are free to skip any questions you find too sensitive or would prefer not to answer. As you might remember from the letter, we will also contact you for a 10 minute interview in about one year and you may receive a call from a health counselor.

Your participation in this study is voluntary, and whether or not you participate, your care at GHC will not be affected. All information gathered will be kept confidential as provided by law.”

“Would you be willing to participate in this study?”

IF YES: Great! **Sign consent form. Go to #4.**
IF NO: **Note refusal on consent form. Go to #5.**

- 4) “Before we continue, let me ask you one quick screening question: have you had a mammogram within the last year, or have you scheduled one recently?”

IF YES: “Thank you very much for your time and willingness to participate, but it appears that you are not eligible for this study. Good bye.”

IF NO: “You are eligible for our study. Is this a convenient time to for you to do the interview?”

IF YES: “Great, do you have any questions before we get started?” **BEGIN INTERVIEW**

IF NO: “When would be a more convenient time for you?”
“Thank you very much for your time and willingness to participate. Good bye.”
RECORD TIME ON FACESHEET.

- 5) “Whether or not you participate is voluntary, but it would help us for future studies to know your reasons for not participating.” *pause for R to give reason*

TYPE IN THE REFUSAL REASON AND CONTINUE

“Could I ask you just three quick questions to help us improve future studies?”

IF NO: “Thank you very much for your time. Good Bye”

IF YES: Go to Refusal Questions

MAMMOGRAPHY PARTICIPATION BASELINE SURVEY

STUDY ID # _____

DATE _____

START TIME _____

[DO NOT READ "DON'T KNOW" AND "REFUSE" OPTIONS]

A mammogram is an x-ray picture of your breast. I'd like to start by asking you about your current plans to schedule a mammogram. For each question I will read a statement. You will be asked to choose one of two possible responses. Once you have given a response I will then ask you to modify it.

For example: Would you say the rain in Seattle is good or bad? [CIRCLE RESPONSE GIVEN]

Would you say it is somewhat _____ or very_____?

- very good
- somewhat good
- neither good nor bad
- somewhat bad
- very bad
- refuses to answer

1) Would you say it is likely or unlikely that you will have a mammogram done in the next twelve months? [CIRCLE RESPONSE GIVEN] Would you say it is somewhat _____ or very_____?

- very likely
- somewhat likely
- neither likely nor unlikely (don't know)
- somewhat unlikely
- very unlikely
- refuse

In this next section of the interview I will ask about your thoughts and feelings about having a mammogram. Please tell me which answer best represents how YOU feel in response to these statements.

- 2) **Do you feel that having a mammogram done this year would be: frightening or reassuring? [CIRCLE RESPONSE GIVEN]**
Somewhat_____ or very_____?

- very frightening
- somewhat frightening
- neither frightening nor reassuring (don't know)
- somewhat reassuring
- very reassuring
- refuse

- 3) **Do you feel that having a mammogram done this year would be: beneficial or harmful? [CIRCLE RESPONSE GIVEN]**
Somewhat_____ or very_____?

- very beneficial
- somewhat beneficial
- neither beneficial nor harmful (don't know)
- somewhat harmful
- very harmful
- refuse

- 4) **Sometimes a mammogram can find breast cancer early before your doctor or you could find it through a physical exam. Do you feel that finding breast cancer early would be: beneficial or harmful? [CIRCLE RESPONSE GIVEN]**
Somewhat_____ or very_____?

- very beneficial
- somewhat beneficial
- neither beneficial nor harmful (don't know)
- somewhat harmful
- very harmful
- refuse

- 5) Is the inconvenience of getting a mammogram acceptable or unacceptable? [CIRCLE RESPONSE GIVEN]

Somewhat _____ or very _____?

- very acceptable
 somewhat acceptable
 neither acceptable nor unacceptable (don't know)
 somewhat unacceptable
 very unacceptable
 refuse

- 6) Once it is recommended that you schedule a mammogram, how much control do you have over getting it done? Would you say it is under your control or not under your control? [CIRCLE RESPONSE GIVEN]

Is it _____ or _____? {READ APPROPRIATE CHOICES}

- completely under your control
 somewhat under your control
 neither under your control nor not under your control (don't know)
 a little under your control
 not at all under your control
 refuse

In this next series of questions I am going to read some statements describing how you might feel about having a mammogram. Please tell me how much you agree or disagree with the following statements.

- 7) When you think about having a mammogram, you feel relaxed. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
 somewhat agree

- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

8) When you think about the physical discomfort involved, you feel anxious. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

9) When you think about waiting for the results, you feel anxious. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

10) When you think about the radiation associated with mammograms, you feel concerned. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

- 11) It is important that you have a mammogram this year even if you do not have any signs of breast cancer. Do you agree or disagree?
[CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

- 12) If you have a mammogram this year it might detect a cancer that you cannot find yourself using breast self-examination. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

- 13) If you have a mammogram this year it might detect breast cancer that your doctor or nurse cannot detect in a physical exam. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

- 14) Having a mammogram this year would be inconvenient for you. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

- 15) Your having a mammogram done this year would be unnecessary at your age. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

I realize that you may or may not discuss your health care decisions with your family and friends. But I am interested in what you think your health care provider, relatives, and friends would want you to do. Please tell me if you agree or disagree with the following statements.

- 16) When it comes to taking care of your health, you want to do what people important to you think you should do. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)

- somewhat disagree
- strongly disagree
- refuse

- 17) Your regular health care provider feels you should have a mammogram this year. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

- 18) Your family feels you should have a mammogram this year. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

- 19) Your women friends feel you should have a mammogram this year. Do you agree or disagree? [CIRCLE RESPONSE GIVEN]

Do you somewhat _____ or strongly _____?

- strongly agree
- somewhat agree
- neither agree nor disagree (don't know)
- somewhat disagree
- strongly disagree
- refuse

In this next series of questions I'm going to describe some of the thoughts and feelings that other women have expressed about having a screening mammogram, and I'd like for you to tell me if you see yourself as being like these women or unlike them.

- 20) One woman said she didn't want a mammogram because if she did have breast cancer she did not want to know. Would you say this woman is.. [READ ALL CHOICES]**

- just like you
- somewhat like you
- neither like you nor unlike you (don't know)
- only a little like you
- not at all like you
- refuse

- 21) Another woman said she didn't want a mammogram because she had too many other health problems to worry about breast cancer. Would you say this woman is.. [READ ALL CHOICES]**

- just like you
- somewhat like you
- neither like you nor unlike you (don't know)
- only a little like you
- not at all like you
- refuse

- 22) Another woman said she didn't want a mammogram because she felt too confused about the contradictory recommendations she had read or heard about having a mammogram. Would you say this woman is.. [READ ALL CHOICES]**

- just like you
- somewhat like you
- neither like you nor unlike you (don't know)
- only a little like you
- not at all like you
- refuse

23) Another said she would be too embarrassed to have a mammogram. Would you say this woman is.. [READ ALL CHOICES]

- just like you
- somewhat like you
- neither like you nor unlike you (don't know)
- only a little like you
- not at all like you
- refuse

There are often factors that make it easy or difficult to obtain health care. The following questions are about the ease of getting a mammogram and about your mammogram history.

24) Do you know where to go in order to obtain a mammogram at Group Health Cooperative?

- yes
- no
- refuse

25) How much time in hours and minutes do you think you would have to set aside to get a mammogram, that is, the time from when you left your home or office until the time you returned to your home or office?

[IF RESPONDENT SAYS DON'T KNOW, THEN ASK 'Please tell us your best guess.']

_____hrs

_____mins

don't know

refuse

25a) If you had an appointment for a mammogram would it be easy or difficult to arrange your transportation? [CIRCLE RESPONSE GIVEN]

Would it be somewhat _____ or very _____?

- very easy
 somewhat easy
 neither easy nor difficult (don't know)
 somewhat difficult
 very difficult
 refuse

25b) What method of transportation would you use to get there? [DO NOT READ CHOICES UNLESS NECESSARY, CHECK ALL THAT APPLY]

- a car driven by yourself
 a car driven by someone else
 walk
 Group Health shuttle bus
 a bus
 a taxi
 other _____
 don't know
 refuse

[IF THEY WOULD DRIVE THEMSELVES OR BE DRIVEN BY SOMEONE ELSE ASK 25c OTHERWISE SKIP TO 26]

25c) If you drove to get a mammogram, would it be easy or difficult to find parking? [CIRCLE RESPONSE GIVEN]

Would you say it would be somewhat _____ or very _____?

- very easy
 somewhat easy
 neither easy nor difficult (don't know)

- somewhat difficult
- very difficult
- refuse

26) Some people find that certain times of the year are worse than others for making health-related appointments because of vacations, holidays, weather conditions, etc. How convenient is this time of year? [READ ALL CHOICES]

- very convenient
- somewhat convenient
- neither convenient nor inconvenient (don't know)
- somewhat inconvenient
- not at all convenient
- refuse

27) How many days is it acceptable to wait for your mammogram results? [READ ALL CHOICES]

- within 24 hours
- 1-2 days
- 3-4 days
- 5-6 days
- one week
- doesn't matter
- other _____
- don't know
- refuse

28a) You may have already mentioned this but let me ask you specifically:
Have you had a mammogram at GHC before?

- yes
- no
- don't know
- refuse

[IF YES: GO TO 29]

[IF NO:] 28b) Have you ever tried to schedule a mammogram appointment at GHC before?

- yes
- no
- don't know
- refuse

29) Do you think the number of telephone calls you have to make to schedule a mammogram appointment is important or unimportant? [CIRCLE RESPONSE GIVEN]

Somewhat ____ or very ____?

- very important
- somewhat important
- neither important nor unimportant (don't know)
- somewhat unimportant
- not at all important
- refuse

30) Do you think that the courtesy of the staff on the telephone is important or unimportant? [CIRCLE RESPONSE GIVEN]

Somewhat ____ or very ____?

- very important
- somewhat important
- neither important nor unimportant (don't know)
- somewhat unimportant
- very unimportant
- refuse

31) How many mammograms have you had all together in the last 5 years, that is since [month, 19__1 ?

_____

don't know

[IF NONE SKIP TO #34.]

32) How long has it been since your last mammogram? [DON'T READ CHOICES UNLESS NECESSARY]

- Within the past year (1 to 12 months ago)
 Within the past 2 years (13 to 24 months ago)
 Within the past 3 years (25 to 36 months ago)
 Within the past 5 years (37 to 60 months ago)
 More than 5 years ago (61+ months) [SKIP TO #35]
 Don't know/not sure
- refuse

33a) Now I'm going to ask you some questions about the reasons for the mammograms you obtained in the last five years.

33b) How many were for a routine check-up? [IF NONE SKIP TO 33e]

don't know

33c) How many of those were at Group Health?

don't know

33d) What were the approximate months and years of the mammograms you had in the last five years that were for a routine check-up? [MARK MONTH AND YEARS]

don't know

[IF # OF MAMMOGRAMS IN Q31 = # IN 33b, SKIP TO Q34]

33e) How many were because you had a problem with your breast?
_____ [IF NONE SKIP TO 33h]

don't know

33f) How many of those were at Group Health

don't know

33g) What were the approximate dates of the mammograms taken in the last five years because you had a problem with your breast? [MARK MONTH AND YEARS]

don't know

[IF # OF MAMMOGRAMS IN Q31 = # IN 33 b & e, SKIP TO Q34]

33h) How many were because of a mammogram you had before that was not normal? [IF NONE SKIP TO NEXT SECTION]

don't know

33i) How many of those were at Group Health?

don't know

33j) What were the approximate dates of the mammograms taken in the last five years because you had a mammogram before that was not normal? [MARK MONTH AND YEARS]

don't know

In this next series of questions I would like to ask you about your beliefs regarding the risk of developing breast cancer.

34) How likely is it that women will get breast cancer some time in their lives? Would you say it is: [READ ALL CHOICES]

- 1 in 3
- 1 in 5
- 1 in 7
- 1 in 9
- 1 in 11
- 1 in 15
- less than 1 in 15
- don't know
- refuse

35) How would you rate your OWN RISK of getting breast cancer in the next five years, compared to other women? is it [READ ALL CHOICES]

- much lower
- somewhat lower
- about the same
- somewhat higher
- much higher
- don't know
- refuse

36) How much has this survey changed your opinion about your need for a mammogram? [READ ALL CHOICES]

- very much
- somewhat
- a little
- not at all

- don't know
 refuse

In this last series of questions I'd like to ask you some general questions about yourself and about some specific health practices.

37a) During the past four years, have you had a pap smear?

- yes
 no
 don't know
 refuse

[IF YES:] 37b) How many times in the last four years have you had a pap smear?

- # _____
 don't know
 refuse

38) Would you say that in general your health is... [READ ALL CHOICES]

- excellent
 very good
 good
 fair
 poor
 don't know
 refuse

39a) In the last year, have you performed a breast self-examination?

- yes
 no
 don't know
 refuse

[IF YES:] 39b) How many times in the past year have you performed a breast self-examination?

- # _____
 don't know
 refuse

40a) Have you ever smoked cigarettes regularly (that is, more than 100 cigarettes in your lifetime?)

- yes
 no [SKIP TO 41]

[IF YES:] 40b) Do you currently smoke cigarettes?

- yes
 no

41) What is your working status at present? [DON'T READ ANY CHOICES, CHECK ALL THAT APPLY]

- | | |
|---|---|
| <input type="checkbox"/> employed for wages | <input type="checkbox"/> homemaker |
| <input type="checkbox"/> self-employed | <input type="checkbox"/> student |
| <input type="checkbox"/> out of work for more than 1 year | <input type="checkbox"/> retired |
| <input type="checkbox"/> out of work for less than 1 year | <input type="checkbox"/> unable to work |
| <input type="checkbox"/> other _____ | |

42a) What do you consider to be your racial or ethnic group? [DON'T READ CHOICES UNLESS NECESSARY]

- White, European-American, Caucasian
 American Indian, Native American or Alaskan Native
 Black, African-American
 Asian or Pacific Islander

Other _____

42b) Are you of Spanish/Hispanic origin?

Yes

No

43) What is the highest year of school you have completed? [DON'T READ CHOICES UNLESS NECESSARY]

8 years or less

9-11 years (some high school)

12 years (high school graduate or GED)

13-15 years (some college or technical school, AA. degree)

16 years (college graduate)

17 or more (graduate school)

refuse

44) Which of these income categories comes closest to the total yearly income for your household from all sources? Under \$30,000 or over \$30,000? [CIRCLE RESPONSE GIVEN, THEN READ APPROPRIATE COLUMN OF CHOICES]

Under \$10,000

\$10,000-\$14,999

\$15,000-\$19,999

\$20,000-\$24,999

\$25,000-\$29,999

don't know

refuse

\$30,000-\$34,000

\$35,000-\$39,999

\$40,000-\$44,999

\$45,000-\$49,999

\$50,000-74,999

\$75,000 or over

45a) Do you have a religious preference?

- yes
 no
 don't know
 refuse

IF NO, SKIP TO 46

45b) What is your religious preference? [DON'T READ CHOICES]

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Protestant | <input type="checkbox"/> None |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> refuse |

46) What best describes your present marital status? [DON'T READ CHOICES UNLESS NECESSARY]

- | | |
|--|--|
| <input type="checkbox"/> Never married | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Member of an unmarried couple |

47) What best describes your present living situation? [READ ALL CHOICES]

- Living alone
 Single parent
 Living with spouse or partner
 Living with spouse or partner and children
 Living with relatives
 Sharing space with others not related
 refuse

[END INTERVIEW]: We have now completed the interview. Thank you so much for taking the time to answer all my questions today.

IF YOU HAVEN'T ALREADY DONE SO, PLEASE VERIFY MAILING ADDRESS AT THIS TIME.

STOP TIME: _____

MAMMOGRAPHY PARTICIPATION 12 MONTH FOLLOW-UP SURVEY

I'd like to start by asking you about your thoughts and feelings about having a mammogram, which is an x-ray picture of your breast. Please tell me which answer best represents how you feel in response to each statement.

For example:

Do you feel that finding breast cancer early would be beneficial or harmful?
[CIRCLE RESPONSE GIVEN]

Thank you. Now I would like more specific information about your last answer.

Would you say it is somewhat _____ or very _____?

- VERY BENEFICIAL
- SOMEWHAT BENEFICIAL
- NEITHER BENEFICIAL NOR HARMFUL (DON'T KNOW)
- SOMEWHAT HARMFUL
- VERY HARMFUL
- REFUSED

Many of the questions in the survey will be in the same format as the one I just read. I will ask for an answer and then for more information about that answer.

Let's continue:

- 1) Within the next two years, is it likely or unlikely that you will get a screening mammogram when it is recommended? **[CIRCLE RESPONSE GIVEN]**

Would you say it is somewhat _____ or very _____?

- VERY LIKELY
- SOMEWHAT LIKELY
- NEITHER LIKELY NOR UNLIKELY (DON'T KNOW)
- SOMEWHAT UNLIKELY
- VERY UNLIKELY
- REFUSED

2) It is important that you have a mammogram regularly. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

3) Having a mammogram regularly would be inconvenient for you. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

4) Having a mammogram done regularly would be unnecessary at your age. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

- 5) When you think about having a mammogram, you feel relaxed. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

- 6) When you think about the physical discomfort involved, you feel anxious. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

- 7) When you think about waiting for the results, you feel anxious. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

8) When you think about the radiation associated with mammograms, you feel concerned. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

I realize that you may or may not discuss all healthcare decisions with your healthcare provider, but I am interested in what you think he or she would want you to do. Please tell me if you agree or disagree with the following statements.

9) When it comes to taking care of your health, you want to do what your health care provider thinks you should do. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

10) Your regular health care provider feels you should have a mammogram regularly. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly_____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

11) One woman we spoke to said she didn't want a mammogram because she felt too confused about the contradictory recommendations she had read or heard about having a mammogram. Would you say this woman is:

- just like you
- somewhat like you
- neither like you nor unlike you (DON'T KNOW)
- only a little like you
- not at all like you
- REFUSED

12) If you drove to get a mammogram, would it be easy or difficult to find parking?

[CIRCLE RESPONSE GIVEN]

Would you say it would be somewhat _____ or very _____?

- VERY EASY
- SOMEWHAT EASY
- NEITHER EASY NOR DIFFICULT (DON'T KNOW)
- SOMEWHAT DIFFICULT
- WOULD NOT REQUIRE PARKING
- VERY DIFFICULT
- REFUSED

13) Do you think the number of telephone calls you have to make to schedule a mammogram appointment is important or unimportant? **[CIRCLE**

RESPONSE GIVEN]

Somewhat _____ or very _____ ?

- VERY IMPORTANT
- SOMEWHAT IMPORTANT
- NEITHER IMPORTANT NOR UNIMPORTANT (DON'T KNOW)
- SOMEWHAT UNIMPORTANT
- NOT AT ALL IMPORTANT
- REFUSED

In the next couple of questions I will be asking you about your beliefs regarding the risk of developing breast cancer.

14) How likely is it that women will get breast cancer sometime in their lives? Would you say it is:

- 1 in 3
- 1 in 5
- 1 in 7
- 1 in 9
- 1 in 11
- 1 in 15
- less than 1 in 15
- DON'T KNOW
- REFUSED

15) How would you rate your own risk of getting breast cancer in the next five years' compared to other women? Is it:

- much lower
- somewhat lower
- about the same
- somewhat higher
- much higher
- DON'T KNOW
- REFUSED

This next series of questions asks about your mammography history.

16) Have you had a mammogram in the last year?

- YES - GO TO Q17
- NO - SKIP TO Q18
- DON'T KNOW - SKIP TO Q18
- REFUSED - SKIP TO Q18

17) Did you have this mammogram at Group Health?

- YES - SKIP TO Q19
- NO - GO TO Q18
- DON'T KNOW - GO TO Q18
- REFUSED - GO TO Q18

18) Have you ever had a mammogram at Group Health?

- YES - GO TO Q19
- NO - SKIP TO Q27
- DON'T KNOW - SKIP TO Q27
- REFUSED - SKIP TO Q27

Please rate each of the following aspects of your most recent visit for a mammogram as either excellent, very good, good, fair, or poor.

RATING SCALE:	Excel lent	Very Good	Good	Fair	Poor	DK	Re- fused
	1	2	3	4	5	8	9

How would you rate:

19) The ease with which you were able to contact the breast cancer screening center to make an appointment:	1	2	3	4	5	8	9
---	----------	----------	----------	----------	----------	----------	----------

20) The location of the screening center:	1	2	3	4	5	8	9
---	----------	----------	----------	----------	----------	----------	----------

21) The amount of waiting time during your visit:	1	2	3	4	5	8	9
---	----------	----------	----------	----------	----------	----------	----------

22) The way you were treated by the person who assisted your mammogram:	1	2	3	4	5	8	9
---	----------	----------	----------	----------	----------	----------	----------

23) The physical condition and the comfort of the screening center:	1	2	3	4	5	8	9
---	----------	----------	----------	----------	----------	----------	----------

24) The amount of time it took to get your mammogram results:	1	2	3	4	5	8	9
---	----------	----------	----------	----------	----------	----------	----------

For each of the following statements, please tell me how much you agree or disagree with each statement.

- 25) I am very satisfied with Group Health's breast cancer screening services.
Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly _____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

- 26) If I had the option, I would choose to go to Group Health for breast cancer screening again. Do you agree or disagree? **[CIRCLE RESPONSE GIVEN]**

Do you somewhat _____ or strongly _____ ?

- STRONGLY AGREE
- SOMEWHAT AGREE
- NEITHER AGREE NOR DISAGREE (DON'T KNOW)
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE
- REFUSED

- 27) What is your understanding of how often the breast cancer screening program recommends that you have a mammogram?

- never
- every 5 years
- every 4 years
- every 3 years
- every 2 years
- every year
- DON'T KNOW
- REFUSED

28) Do you feel that this is the right amount of mammographic screening, or do you feel that you should have mammograms more or less often?

- ABOUT RIGHT
- MORE OFTEN
- LESS OFTEN
- DON'T KNOW
- REFUSED

29) In the past year, have you received any calls from someone at Group Health about scheduling a mammogram?

- YES - GO TO Q30
- NO - SKIP TO Q36
- DON'T KNOW - SKIP TO Q36
- REFUSE - SKIP TO Q36

30) Was the call from:

- your physician
- your physician's nurse
- someone from the breast cancer screening program
- someone else at Group Health
- DON'T KNOW
- REFUSED

31) How much did the most recent call encourage you to schedule a mammogram?

- not at all
- slightly
- somewhat
- very much
- DON'T KNOW
- REFUSED

32) How helpful was the person who called about scheduling a mammogram?

- not at all helpful
- neither helpful nor unhelpful
- somewhat helpful
- very helpful
- DON'T KNOW
- REFUSED

33) Did the person who called offer to schedule a mammogram for you?

- YES - GO TO Q34
- NO - SKIP TO Q35
- DON'T KNOW - SKIP TO Q35
- REFUSED - SKIP TO Q35

34) How helpful was the opportunity to schedule your mammogram during this phone call ?

- not at all helpful
- neither helpful nor unhelpful
- somewhat helpful
- very helpful
- DON'T KNOW
- REFUSED

SKIP TO Q36

35) How helpful would it have been if you were given the opportunity to schedule your mammogram during this phone call

- not at all helpful
- neither helpful nor unhelpful
- somewhat helpful
- very helpful
- DON'T KNOW
- REFUSED

SKIP TO Q38

36) In the past year, have you received a postcard reminder to schedule a mammogram from the breast cancer screening program?

- YES - GO TO Q37
- NO - SKIP TO Q38
- DON'T KNOW - SKIP TO Q38
- REFUSED - SKIP TO Q38

37) How much did receiving the postcard encourage you to schedule a mammogram?

- not at all
- slightly
- somewhat
- very much
- DON'T KNOW
- REFUSED

38) Is there anything else you would like to tell us about breast cancer screening at Group Health that we haven't already asked you? Do you have comments about the study?

That completes our questionnaire. Thank you very much for your time and willingness to answer our questions. Goodbye.

<p style="text-align: center;">MAMMOGRAPHY PARTICIPATION PHONE INTERVENTION</p> <p style="text-align: center;">III. COUNSELOR FORMS: CASE NOTES AND CALL SUMMARY SHEETS</p>

Case notes and call summary sheets are to be filled out for every phone call.

CASE NOTES

The purpose of the **case notes** form is to cue the counselor to key points to be covered, and to provide a summary of the call that will be helpful for completing call summary sheets. It is designed for easy notetaking during a call.

CALL SUMMARY SHEET

The purpose of the call **summary sheets** is to document the interaction between counselor and enrollee, and to document whether the enrollee scheduled a mammogram. The call summary sheets provide important data for the study; they are the only means by which we will know what parts of the intervention were employed and what parts were useful for women.

We have tried to design the form to be comprehensive in order to cover the whole range of *possible* topics that could be covered. We do not expect counselors to cover all the items on the summary sheet! Only those items that were naturally raised or discussed in the conversation should be recorded.

Please complete the form immediately following a call.

MAMMOGRAPHY PARTICIPATION INTERVENTION CALL SUMMARY SHEET

Subject ID #: _____

Counselor: _____

Date of call: ____/____/____

<p>Start time of phone call: ____:____ End time of phone call: ____:____</p> <p>Length of call in minutes: _____</p>
--

call was:

- Refused**
- Ended early**
- Completed**
- Unable to reach: _____ # of attempts**

Stage at start of call:

- Precontemplation (wasn't planning on scheduling)**
- Contemplation ("thinking about it")**
- Preparation (was planning on scheduling within the next month)**
- Action (had already made appointment for mammogram in the last two months)**
- Maintenance (completed a mammogram in the last two months)**

Stage at end of call:

- Precontemplation (wasn't planning on scheduling)**
- Contemplation ("thinking about it")**
- Preparation (was planning on scheduling within the next month)**
- Action (already made appt in the last two months or scheduled during the call)**
- Maintenance (completed a mammogram in the last two months)**

Has participant had a mammogram at GHC in the past?

- Yes**
- No**

Did participant schedule a mammogram during the phone call?

- Yes**
- No**

ISSUES DISCUSSED:

AFFECT:

- concern about radiation
- embarrassment about the procedure
- anxiety re: waiting for results
- fear of physical pain or discomfort
- anxiety re: not wanting to know if has breast cancer
- reassurance in finding no breast cancer

FACILITATING CONDITIONS:

- inconvenient time of year
- concerns re: transportation to center
- concerns re: center location
- difficulty scheduling an appointment
- difficulty making time
- courtesy of BCSP staff
- concerns re: parking
- other obstacles: _____

ATTITUDE:

- risk factors for breast cancer
- unnecessary at my age
- importance in absence of symptoms
- importance of early detection

SOCIAL NORMATIVE INFLUENCE:

- partner/spouse's opinion
- friends' opinions
- other family members' opinions
- health care provider's opinion
- confusion about contradictory recommendations

Other _____

Tone of call:

- Receptive/open
- Somewhat receptive
- Neither receptive nor resistant
- Somewhat resistant
- Resistant/Guarded

MAMMOGRAPHY PARTICIPATION PHONE INTERVENTION

IV. INTERVENTION GOALS

When speaking with study participants on the telephone, it is helpful to have some specific intervention goals in mind. This can focus your conversation and keep the discussion moving. As indicated in the accompanying figure, most calls are going to start by **establishing rapport** with the woman and **“staging”** her to see where she is in the process of deciding to get a mammogram. The focus of the rest of the call will vary, depending on which stage in the process she is in, and what her salient concerns about getting a mammogram are.

OVERALL MOTIVATIONAL APPROACH

Your overall goals when talking with these women are to have them feel listened to and respected. It is important to try to understand and accept the full range of their circumstances, experiences, thoughts, and feelings. You may have feelings of disapproval, impatience, frustration, etc., but it is important to put them aside and maintain a neutral tone.

It is helpful to try to elicit from women their own **“self-motivational statements,”** or reasons for, and benefits of, obtaining a mammogram. Reflecting these with emphasis, and offering further encouragement is crucial. It may take time establishing rapport, trust and accurate understanding before these self-motivational statements are heard. Patience, listening skills, and timing are key!!! (Review the chapters from Motivational Interviewing included in this handbook).

The following pages describe 6 intervention goals. The descriptions include a brief rationale for the goal as well as the clinical approach and sample statements. Together with the resources provided at the end of the handbook, these goals should provide guidance and ideas for talking with these women and helping them decide to get a mammogram.

ESTABLISHING RAPPOR

RATIONALE

This is a natural, yet crucial part of every phone counseling call. It is important to establish trust and openness. Rapport building can occur throughout the call but is a critical precondition to attaining further goals. Unconditional acceptance of the woman's current status is an element of establishing rapport that will also support working towards the other goals (with the ultimate aim of scheduling a mammogram).

CLINICAL APPROACH

1) Let the woman know who you are, your role as a counselor and that you are there to answer questions, discuss concerns, and offer encouragement.

“My name is Jane Doe, I'm a nurse (*or health educator*) here at Group Health. I'm calling women who, like yourself, have been invited for a mammogram by our breast cancer screening program. I'd be happy to answer any questions or talk about any concerns you might have about getting a mammogram. Do you have a few minutes to talk?”

2) Listen and respond, if appropriate, to nonverbal information (e.g., sighs, hesitation, voice tone). Pay attention to what might be going on in the background.

“Things sound pretty hectic in the background; did I reach you at a bad time?”

ESTABLISHING RAPPORT

3) Express acceptance of positive and negative information.

“It sounds like you feel two ways about scheduling a mammogram. Many women have some hesitation their first time.”

OR

“It sounds like you’re hesitant. Once women have had a mammogram, they sometimes develop second thoughts about the next one...”

4) Ask the woman about herself generally, and share information about yourself when appropriate. Let her know that you have something in common.

“It really is a hectic time around the holidays. I know that when I haven’t finished my shopping it’s hard to think about scheduling routine medical appointments...”

5) Show genuine interest in the woman’s well being and life circumstances.

“I’m sorry that things are stressful at work for you. Let’s spend a minute brainstorming ways you might be able to get a couple of hours break..”

6) Be cautious and try not to overstep the woman’s comfort level with privacy or self-disclosure.

“I understand you have been dealing with some serious medical problems; please don’t feel you have to tell me about them in detail. I’m glad you’ve given some thought to breast cancer screening given what you’ve been going through.”

STAGING

RATIONALE

Near the beginning of each phone call it is important to find out the woman's "stage" in deciding to have a mammogram (e.g., not planning /considering, considering /ambivalent, or planning). This will allow you to strategize the approach of the rest of the conversation, address the appropriate issues and provide relevant information. The figure on the next page illustrates how to conceptualize the correct stage of each woman in the decision-making process.

CLINICAL APPROACH

1) Ask staging questions in a straightforward, conversational manner.

"I'd like to start by asking you where you are in your thinking about getting a mammogram. Are you planning on scheduling a mammogram this year? (*if yes*) Do you think you you'll be scheduling in the next 6 months? (30 days?)"

"It would be helpful for me to know where you are in thinking about getting a mammogram. Let me ask you a few questions..." (*if adamant no*) "You feel pretty strongly about this. Sounds like I might not be the first person to ask you about getting a mammogram."

2) It is not unusual for a woman to move between stages during the course of a call, e.g., from precontemplation to contemplation, or from contemplation to preparation. Explore this explicitly during the call.

"Well it sounds like scheduling a mammogram soon might be a possibility..."
(*precontemplation to contemplation*)

STAGING

“Am I right in sensing that you may be interested in scheduling an appointment for a mammogram soon (or now)?” (*contemplation to preparation*)

3) If you are unsure which stage a woman is in, be conservative; continue on as though she is at an earlier stage in order to minimize possible resistance. For example, if a woman falls between contemplation and preparation, plan the call as though she is a contemplator and explore relevant concerns.

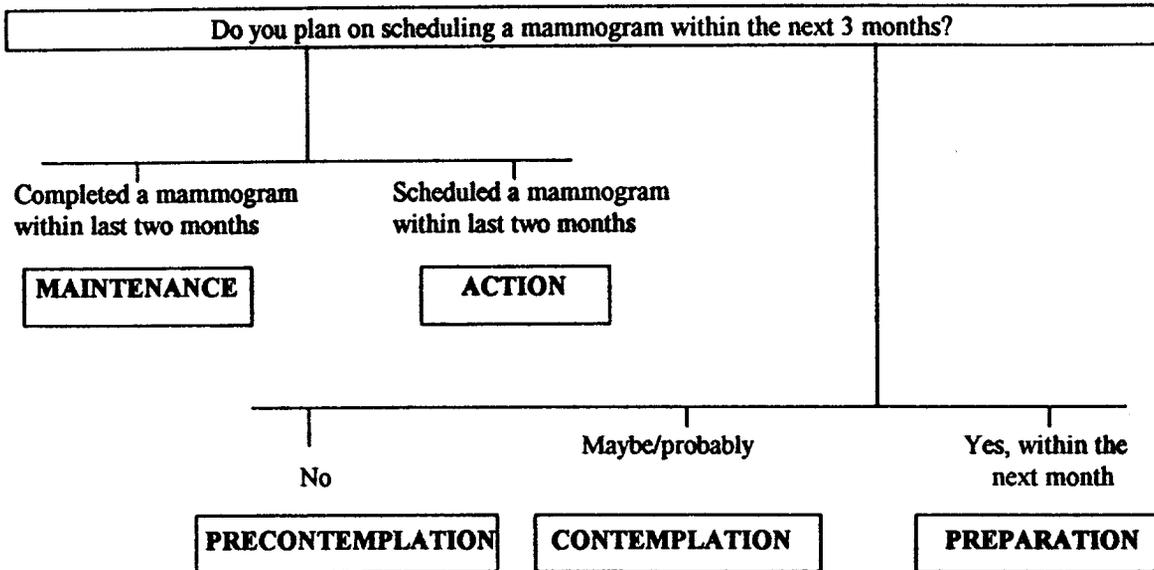
4) It may also be useful at this point to find out if the woman has had a mammogram before (at Group Health). Exploring this can be a natural lead-in to your next goal: Identifying salient concerns and anticipating obstacles. For example, knowing that a precontemplator has had a mammogram at Group Health suggests that the experience may have been negative for her. You can then explore this with an open-ended question.

“It sounds like you haven’t been planning on making an appointment this year. Have you been to Group Health for a mammogram before? What was your experience like?”

5) Some women may believe that you have access to their breast cancer screening records since you are calling from Group Health. You may be asked: “*Don’t you know I’ve had a mammogram before?*” Let the woman know that you have not been given access to her records

“I haven’t been given information about your past experience with breast cancer screening, but I really am interested in what it was like for you...”

STAGING TREE FOR MAMMOGRAPHY PARTICIPATION PHONE COUNSELING



<p style="text-align: center;">IDENTIFYING SALIENT CONCERNS AND ANTICIPATING OBSTACLES</p>

RATIONALE

The purpose of this important goal is to understand the kinds of thoughts, feelings and experiences each woman has that may be influencing her decision to get a mammogram. Without understanding her areas of concern, as well as her level of knowledge about breast cancer and mammography, it will be impossible to provide effective feedback, support, and relevant information. Identifying each woman's concerns will allow you to plan which topics to pursue in the rest of the conversation.

CLINICAL APPROACH

1) Begin with an inviting open-ended question or a “modeling” statement that lets the woman know that no question or concern is too trivial irrational or silly.

“Since you aren't planning on scheduling a mammogram, I wonder if there are any questions or concerns about getting a mammogram I could address for you?”

“Many women do not schedule mammograms. I wonder what thoughts you have about getting a mammogram...”

“Women have a variety of thoughts and feelings about getting a mammogram. Some feel frightened, or embarrassed. Some think it's not really that important to have a mammogram if they don't have any symptoms. Some worry about how to get to the center or where to park. Does this sound like you? *or* Do any of these type of concerns feel familiar to you? *or* Can you identify with, or relate to, any of these concerns?”

**IDENTIFYING SALIENT CONCERNS AND
ANTICIPATING OBSTACLES**

“There has been a lot in the news about mammography lately. What do you think about mammograms?”

“Have any of your friends or family members ever had a mammogram? What did they have to say about it?”

If a woman has already scheduled an appointment:

“I see. You’ve scheduled a mammogram already. Are there any questions I can answer for you about getting to the screening center or about the mammography process?”

2) Sensitively exploring these concerns may be like peeling layers of an onion. Discussion of one concern may lead to a more sensitive underlying concern. Use reflective listening skills, and let the woman lead you to what her issues are. Check out the relative importance of each of her concerns, and give sufficient time to addressing each.

“It sounds like you’re worried your boss won’t give you the time off for the mammogram appointment, but maybe you’re even *more* worried about getting undressed in front of a male technician...”

3) If you think you have fully discussed a woman’s concern, check it out with her in order to determine if indeed she feels ready to move on.

“How do you feel about what I’ve said?”

“Is there anything I’ve failed to address that you’ve asked me about?”

“Do you feel we have discussed this concern sufficiently?”

Intervention Goals

**IDENTIFYING SALIENT CONCERNS AND
ANTICIPATING OBSTACLES**

4) After you perceive you have “reached closure” on a particular topic of interest or concern, always probe for other issues.

“What other questions/concerns do you have about mammograms?”

Intervention Goals

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESS CONCERNS</p> <p style="text-align: center;">EMOTIONAL ISSUES</p>

RATIONALE

Many women have strong emotional reactions to the thought of getting a mammogram that are not necessarily “rational,” yet may have great power in their decision making process. These feelings may range from extreme embarrassment to great fear and anxiety. Your task is to diplomatically uncover and explore these feelings, reflect them in an empathic and nonjudgmental manner, and clarify misconceptions and/or reassuringly address the underlying concerns.

CLINICAL APPROACH

1) The first task is to uncover and explore the woman’s feelings. You can ask directly, or use other women as an example.

“Do you think there is anything in particular keeping you from getting a mammogram?”

“What are some of the things that make you feel [anxious/worried/nervous/nervous] about having a mammogram?”

“Can you talk about your feelings?”

“Some of the women that I’ve talked with have told me they were worried about [the procedure itself, finding something abnormal, possibly finding breast cancer]. Is this something that you’re worried about too?”

“Some women feel apathetic; so much has been said about mammograms. Do you feel like it’s no longer important?”

Intervention Goals

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: EMOTIONAL ISSUES</p>

2) Sometimes a woman will not be able to identify a particular concern, but will be anxious in general. Reflect her difficulty identifying the source, and explore further.

“Sometimes it is hard to know why you feel [worried or upset].

“What do you think might help you feel less anxious about having a mammogram?”

3) If the woman can identify the source of her feelings, address each concern in *turn* (see *list of concerns below*). If she cannot (or will not) identify the source of her worry or concern, you might try the following suggested “shots in the dark:”

“For some women, thinking about having a mammogram reminds them about the possibility that they could have breast cancer. And they get so worried about breast cancer that it is hard for them to do what they need to do to stop worrying -- have the mammogram. Do you feel this way?”

“It might help you feel less [scared/worried /anxious] if you talked to your doctor more about mammography, or if you take a friend with you to your mammogram appointment. Do you think this might help you feel less anxious about having a mammogram?”

“One woman said she felt calmer and more in control after having a mammogram. She said she couldn’t decide never to get breast cancer, but, she could try to “beat it” if it occurred. And the best way to “beat it” is by having yearly mammograms.”

Intervention Goals

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: EMOTIONAL ISSUES</p>

4) The most crucial component of the goal of providing information (not only for emotional issues) will be to reinforce the need for and importance of mammography:

- Risk increases with age; women who are 50+ are at greatest risk
- Mammograms can detect breast cancer 1-1/2 to 2 years before it can be felt when there are no symptoms
- Finding breast cancer in the early stages allows women to have more choices about treatment and have an excellent chance of being cured**
- 9 out of 10 women with early breast cancer will be cured
- 1 in 9 women will be diagnosed with breast cancer at some time during their lives

* * Early treatment means women have more CHOICE about their treatment, e.g.,:

Treatment by removing the cancer through a small incision, so there is almost no noticeable change in the breast.

Mastectomy without radiation therapy so a woman doesn't have to keep coming back to the doctor.

Early treatment might mean avoiding chemotherapy.

SEE TREATMENT OPTIONS IN RESOURCE SECTION OF THIS HANDBOOK.

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: EMOTIONAL ISSUES</p>

SPECIFIC CONCERNS

A. EMBARRASSMENT

1) Explore: “What do you think would make you feel embarrassed?”

“What do you think will happen at the screening center?”

2) Reflect and respond empathically:

“I understand that you would feel a little uncomfortable...”

“Would it help if I told you about the setting at the screening center?”

“It might help you feel more comfortable knowing that all the mammography technicians are women and are very sensitive to women’s concerns about protecting their modesty.”

“There is a private dressing room and you will wear a robe in the center.”

“Since it is only necessary to remove the clothing above your waist during the mammogram, you might prefer to wear pants or a skirt instead of a dress.”

3) Check out how your responses are being received:

“Would this help you feel less embarrassed about having a mammogram?”

“Is there anything else that could help you feel less embarrassed?”

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: EMOTIONAL ISSUES</p>

SPECIFIC CONCERNS

B. CONCERNED ABOUT PAIN

1) Explore: “What have you heard or experienced about mammograms?”

2) If they actually have had a painful mammogram:

“If you have had a painful mammogram in the past, you might mention this to the technologist so she is aware of your experience and can take extra precautions to be sensitive to your concerns.”

“Some women find the mammogram to be uncomfortable because the breast has to be flattened as much as possible. Spreading the tissue will make any abnormal details easier to spot, and allows the technician to use the least amount of radiation. It is important to remember that this discomfort only lasts a short time and that this is an important exam for your health.”

3) If they have heard mammograms are painful:

“About 10% of women find the mammogram to be very uncomfortable because the breast has to be compressed or squeezed to get the most accurate picture using the least amount of x-ray. More women think it’s a little uncomfortable, but most women say they did not have *any* pain when they had the mammogram.”

“Women have said they feel pressure on the breast that was somewhat uncomfortable, but it only lasts a few minutes.”

Intervention Goals

**PROVIDING INFORMATION AND ADDRESSING CONCERNS:
EMOTIONAL ISSUES**

4) For all women:

“Are you still menstruating? **IF YES:** we recommend that you schedule your appointment after your period, when your breasts are not as tender or sensitive.”

“The mammogram technician will work with you on what degree of pressure is **OK** with you.”

5) Check out how your responses are being received:

“Does this help you feel less concerned about having a mammogram?”

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS EMOTIONAL ISSUES</p>
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SPECIFIC CONCERNS

C. CONCERNED ABOUT RADIATION

1) Explore: “What have you heard about the radiation risks of mammograms?”

2) Responses:

“Mammography equipment and techniques have improved so much in the past few years that the dose of radiation is now very low.”

“Radiation comes from many sources, including the sun. The amount of radiation in a mammogram is about the same as you would get walking on the beach for about 10 minutes.”

OR

“You get as much radiation to your breasts when you fly from Seattle to New York.”

“Experts agree that the benefits of getting mammograms far outweigh the risks of radiation from the mammogram.”

3) Check out how your responses are being received:

“Does this help you feel less concerned about having a mammogram?”

**PROVIDING INFORMATION AND ADDRESSING CONCERNS:
EMOTIONAL ISSUES**

SPECIFIC CONCERNS

D. WORRIED ABOUT ABNORMAL RESULTS

1) Explore:

“Are there any particular reasons you’re worried that you might have an abnormal result?”

“What kind of symptom(s) are you having? Has anyone checked this out?”

2) If the woman does not mention any symptoms or problems:

“Most of the time, abnormal results on a mammogram do not mean breast cancer. Most of the time abnormal findings on mammograms are due to things like cysts, or benign tumors or changes in the structure of the breast ”

“If the abnormalities do indicate breast cancer, it is best to find it as early as possible. When it comes to cancer, the earlier it is treated, the better one’s chances for survival.”

3) If the woman reports having symptoms or problems:

“The fact that you are having/have had _____ does not mean you have cancer. If you have symptoms, you should have them checked by a doctor, Most often, they are not cancer, but only medical attention will give you a diagnosis or help rule it out.”

Intervention Goals

PROVIDING INFORMATION AND ADDRESSING CONCERNS
EMOTIONAL ISSUES

“Some common symptoms are:

- a lump or thickening in or near the breast or underarm area
- a change in the size or shape of the breast
- a discharge from the nipple
- a change in the color or feel of the skin of the breast, areola, or nipple (dimpled, puckered or scaly)

“I’d like to suggest that you call your doctor’s office today, explain your symptoms, and make an appointment. How do you feel about doing that?”

4) IF YES: Praise and reinforce.

IF NO, explore:

“What concerns you about doing that?”

“What do you think you should do about _____?”

“Would you like the telephone number for the Cancer Information Service for Group Health’s Breast Cancer Screening Program? They talk with many women, like yourself, who are having _____.”

GIVE #: “1-800-4-CANCER”

BCSP information #:287-4324

**PROVIDING INFORMATION AND ADDRESSING CONCERNS:
EMOTIONAL ISSUES**

SPECIFIC CONCERNS

**E. “WHAT I DON’T KNOW WON’T HURT ME” / I’D RATHER NOT KNOW IF I
HAVE CANCER/FATALISM REGARDING DIAGNOSIS**

1) Acknowledge the feelings of the woman, and try to identify what she is really worried about. (e.g., *What if I really find cancer? Does that mean I’ll have to have a mastectomy? Has someone in the family died of breast cancer?*)

“Could you tell me a little more about what you mean by that?”

2) Respond to the underlying concern and/or reflect the woman’s concern and point out that not all women diagnosed with breast cancer die from it.

“Thinking about the possibility of having breast cancer is very upsetting. Sometimes it may seem easier not to do anything at all than think about it.”

“Many people equate breast cancer with death or losing a breast. This is not necessarily true. Early detection increases your chance of a cure. With early detection and treatment, you may not have to suffer any obvious change in your appearance.”

“Feeling that what you don’t know won’t hurt you may be true for a lot of things in life; however, in this case experience has shown that women who don’t have mammograms may have more problems if they develop a cancer in the late stages of growth.

Intervention Goals

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: EMOTIONAL ISSUES</p>

“With cancer, it's better to know sooner than later because the earlier doctors begin treating the cancer, the better your chances. In fact, more than 90% of women with cancer in early stages will live disease free.”

“Women diagnosed with breast cancer have different treatment options, depending on the stage of their disease. There have even been advances in surgical techniques so that not all women with breast cancer necessarily lose their breast.” SEE TREATMENT OPTIONS IN RESOURCE SECTION OF THIS HANDBOOK.

3) Ask:

“How does hearing all this make you feel about having a mammogram?”

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: EMOTIONAL ISSUES</p>

SPECIFIC CONCERNS

F. WORRIED ABOUT CANCER TREATMENT

1) Explore : “What have you heard about cancer treatment that worries you?”

2) Identify the particular concerns and address using the responses and information below as appropriate.

“Women now have more choices about treatment than ever before. Not all women must have their breasts removed or go through extensive treatments.”

“There are many different ways of treating breast cancer, depending on how early it is found. Great advancements have been made in cancer treatment in the last 10 years. Many people today can work and carry on with their daily activities while taking chemotherapy or radiation therapy.”

“The advantage to having a mammogram is that breast cancer can be found early, way before it can be felt. This is when it would be in the early stages when women have more choices about treatment and have an excellent chance of being cured.”

“Methods of treating breast cancer fall into 4 major categories. Most women get a combination of these treatment methods. SEE TREATMENT OPTIONS IN RESOURCE SECTION OF THIS HANDBOOK.”

Intervention Goals

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: EMOTIONAL ISSUES</p>

“When a woman is diagnosed with breast cancer, she and her doctor can discuss in detail all the options. Along with the doctor, the woman can then decide on the option she would like to choose.”

3) Ask:

“How does hearing all this make you feel about having a mammogram?”

**PROVIDING INFORMATION AND ADDRESSING CONCERNS:
RISK FACTORS**

RATIONALE

Most women in our culture have been bombarded with confusing and often contradictory information regarding breast cancer risk factors, and the need for regular mammograms. Many women incorrectly believe that they are only at risk if a first-degree relative (sister or mother) had breast cancer, and fail to realize they are at increased risk by virtue of their increased age. (See PART V: RESOURCES OF THIS HANDBOOK FOR LIST OF RISK FACTORS). Your task is to help “hit home” the need for, and importance of, mammography. You will diplomatically uncover and explore beliefs about risk factors and perceived susceptibility, reflect them in an empathic and nonjudgmental manner, and clarify misconceptions and/or reassuringly address the underlying concerns.

CLINICAL APPROACH

1) Tactfully probe each woman’s belief and reflect what you’ve heard.

“What have you heard about breast cancer that leads you to believe you’re not at risk?”

“Some women think it’s not necessary because _____ (no symptoms; feel pretty healthy, etc.)”

“Can you tell me why you feel it’s unnecessary to have a mammogram?”

“So, because no one in your family has had breast cancer, you don’t feel that you need a mammogram?”

**PROVIDING INFORMATION AND ADDRESSING CONCERNS:
RISK FACTORS**

2) Expand and clarify misconceptions as appropriate.

“It’s true that a family history of breast cancer increases a woman’s chances of developing breast cancer. But 3 out of 4 women who develop breast cancer do not have a family history of breast cancer. Age is the most important factor in developing breast cancer. That’s why I’m calling women 50 and older who have been invited by the BCSP to obtain a mammogram.”

“All women are at risk for developing breast cancer, and, as women get older, their chance of developing breast cancer increases.”

“While not having a family history of breast cancer may be reassuring, unfortunately, it is no guarantee that you won’t get breast cancer.”

“You are not necessarily at higher risk for breast cancer because there have been other kinds of cancer in your family.”

“Smoking is not a risk factor for developing breast cancer, although it is a risk factor for many other types of cancer. But age is an important factor....”

3) Sometimes a woman will not want to have a mammogram because she does have a family history of breast cancer and her fear is great. In that case you will want to acknowledge her concern, and encourage her to “stay on top of things.” This may be very sensitive for the woman, and fatalism may be an emotional issue that needs to be addressed.

Intervention Goals

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: RISK-FACTORS</p>

“I can understand your concern about getting breast cancer. It is true that if other women in your family have had breast cancer your chances of getting it may be somewhat greater. However, it does not mean that you will automatically develop breast cancer. Women with a family history, though, do need to be especially careful.”

“The three most important things you can do are to a) have a mammogram every 1-2 years; b) have your health care provider perform a yearly clinical breast examination; c) examine your own breasts every month.”

4) Some women will not want to have a mammogram because a previous mammogram turned out to be nothing. Follow the same steps: explore, reflect, then praise the woman for having the previous mammogram and/or for following up on an abnormal finding.

“Why did you have a mammogram initially?”

“How did your doctor determine that the results were nothing to be concerned about? Was a biopsy done?”

“I am glad that your last mammogram did not indicate that you have breast cancer. However, getting a regular mammogram every 1-2 years is the best way to find out whether everything remains okay.”

“Around 80% of breast lump biopsies turn out to be nothing. However, 20% do turn out to be cancer. Having a mammogram is a way for your doctor to see whether you have anything that needs to be taken care of.”

Intervention Goals

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS</p> <p style="text-align: center;">RISK FACTORS</p>
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5) Be sure to reinforce for all women:

“A mammogram can find breast cancer very early, 2 to 3 years before it can be felt. A mammogram can find breast cancer when it is as small as a pencil tip. This is when it would be in the early stages when women have more choices about treatment and a better chance of being cured...”

**PROVIDING INFORMATION AND ADDRESSING CONCERNS:
OTHER ATTITUDES AND BELIEFS**

RATIONALE

Many women will express other attitudes and beliefs that are influential in their decision making process regarding mammography. Some will believe they are too old for a mammograms, some will think other medical problems override the need for a mammogram. Once again, your task is to emphasize the need for, and importance of, mammography. You will diplomatically **uncover** and explore beliefs about age and perceived susceptibility, **reflect** them in an empathic and nonjudgmental manner, and **clarify misconceptions** and/or reassuringly address the underlying concerns.

CLINICAL APPROACH

1) Explore the woman's thoughts and beliefs. For a woman who has overriding health concerns, reflect her difficulties with other health problems and be careful not to diminish her concerns.

“I can understand, with your other health problems, that preventive measures may not be a high priority right now.”

“Have you talked with your doctor about having regular mammograms?”

2) For a woman who believes herself to be too old:

“I understand that you feel that having a mammogram isn't as important as when you were younger.”

Intervention Goals

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: OTHER ATTITUDES AND BELIEFS</p>
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3) Provide the necessary information and make appropriate suggestions, (e.g., she could discuss this with her doctor):

“Perhaps when your current health problems are under control, you can talk with your doctor about having regular mammograms.”

“For all women, the risk of developing breast cancer increases with age. Just because a woman is ____ (age) does not mean she shouldn’t get the same level of health care as a younger woman.”

“There has been no upper age limit established for mammograms. You may want to consult with your doctor about your having a mammogram.”

“Perhaps you can combine having a mammogram with a medical visit rather than adding a visit only for a mammogram.”

4) Gauge her response to your suggestion(s).

“How do you feel about doing that?”

PROVIDING INFORMATION AND ADDRESSING-CONCERNS:

LOGISTICS

RATIONALE

Some women will not want to schedule a mammogram because of logistic considerations (or “facilitating conditions” in the Theory Of Reasoned Action terminology). They might not have the time, know where to go for a mammogram, or know how they would get to the breast cancer screening center. These considerations may seem trivial to you or I, but may be critical in the decision making process for many.

CLINICAL APPROACH

1) Investigate the concerns: For example:

“What makes it too much trouble or inconvenient?”

“Are you busier now then you normally are?”

“When do you think things will slow down a little?”

“Do you need information about where the center is located?”

“Will transportation to the breast cancer screening center be difficult for you?”

“Are you concerned about finding parking?”

“Are you wondering how you’ll find the screening center at the hospital?”

2) Explore if they can articulate a solution:

“Can you think of a day and time when it would be possible for you to get your mammogram?”

“Can you think of some ways to work out (state problem) ?”

<p style="text-align: center;">PROVIDING INFORMATION AND ADDRESSING CONCERNS: LOGISTICS</p>
--

3) If the solution requires some quick and dirty information (e.g., directions, where to park, etc.) offer to provide it. See Chapter V. Resources for specific information.

4) Ask the woman if she would like to hear some ideas of “what other women with the same concerns” have done.

“Would you like to hear what another woman in your situation thought of doing?”

5) Discuss some of these options. It is always best to have at least 2 so the woman feels she has a choice.

“The entire mammogram usually takes less than an hour. You can make an appointment now for your mammogram, but schedule it (*state time when its convenient*). And then if it turns out not to be convenient you can call and reschedule it.”

“Sometimes getting a mammogram takes some planning and juggling of your schedule. Can I help you brainstorm some ideas for how to fit an appointment into your schedule?”

“I have a list here of some free and low-cost transportation options to get you to a mammogram appointment. Would you like me to read you some?” (See COMMUNITY TRANSPORTATION RESOURCE GUIDE in section V of this manual).

“Some women ask for rides from their friends or family. What do you think of asking _____ for a ride? When they understand the importance of your having a mammogram, I am sure they would be glad to help you out.”

**PROVIDING INFORMATION AND ADDRESSING CONCERNS:
LOGISTICS**

6) Give parking description, location of center and instructions about how to get there as needed. (See Resources at end of manual for map).

“Sometimes it is confusing and embarrassing to find the center when you get to the hospital
Let me explain where to go.”

“A map with instructions should have been sent. If it wasn’t, we could send it to you.”

7) Check out how you are being received:

“What do you think of these options? Will any work for you?”

8) Brainstorm further as needed:

“It sounds like finding someone to watch your elderly mother might still be a problem. Is there some one else we haven’t talked about who might be able to take over for a couple of hours?”

**PROVIDING INFORMATION AND ADDRESSING CONCERNS:
INFLUENCES OF SIGNIFICANT OTHERS**

RATIONALE

Sometimes women will be influenced by the attitudes and beliefs of other significant people in their environments. These significant others (e.g., family and friends) could be quite influential in the decision making process regarding mammography. Your task is to find out which people and what beliefs are influential for your client. Similar to clarifying misconceptions in beliefs about perceived risk of breast cancer, you will be diplomatically challenging the (mis)advice given by the significant others(s).

CLINICAL APPROACH

1) Investigate the “who’s and what’s:”

“Who recommended against having a mammogram? What did they say? What were the circumstances?”

“What have you heard about mammograms? Who told you about that?”

“Why do you think she/he feels that way about mammograms? Is there a particular reason she/he is worried about your having a mammogram?”

2) Identify the reasons and respond appropriately. Try to provide support and factual information addressing each concern brought up. For example, address fear of finding breast cancer, or worry about radiation.

“It is scary thinking about breast cancer. But like a lot of diseases, the earlier you find it, the better your chances of recovering from it.”

**PROVIDING INFORMATION AND ADDRESSING CONCERNS
INFLUENCES OF SIGNIFICANT OTHERS**

“Nowadays, having breast cancer does not automatically mean that you will need to have a mastectomy. Small lumps can often be treated with lumpectomy, lymph node removal, and radiation.”

“Maybe you could try to explain to _____ that getting a mammogram is like getting a physical exam. You are getting a check-up to see if anything needs to be taken care of....”

3) Check out how you are being received.

“What do you think of what I've told you so far about breast cancer and having a mammogram?”

“What do you think she/he would say if you told her/him that many studies have shown that having a mammogram every 1-2 years can save the lives of many woman who otherwise would have died from breast cancer.”

REINFORCING/DEVELOPING MOTIVATION
--

RATIONALE

As stated in the beginning of this chapter, it is best if a woman can state her own reasons for, and benefits of, obtaining a mammogram. You can then reinforce those reasons in your call. If however, a woman is a precontemplator or ambivalent about getting a mammogram, you will most likely be providing some of those reasons yourself. Reiterating the reasons for getting a mammogram will help the both of you maintain a positive balance between the pluses and minuses when you discuss concerns.

CLINICAL APPROACH

1) Ask women directly what they see as the benefits of mammography and “underline” or “fill out” their responses:

“It sounds like you know that mammograms can find breast cancer early.” *Supplement with:* “In fact mammograms can find breast cancer as small as a pencil tip, as much as 2 years before it can be felt.”

“It sounds like taking care of your health is important to you. Having regular mammograms along with clinical breast exams, as well as monthly breast self-examination are the best ways to check for breast cancer. And as you know, with cancer, the earlier you detect it, the better.”

Intervention Goals

REINFORCING/DEVELOPING MOTIVATION
--

2) You may need to provide “motivation” or reasons for mammograms. You may choose to state any or all of the following are messages as appropriate:

- 1 in 9 women will be diagnosed with breast **cancer at** some time during their lives
- **Risk** increases with age; women who are 50+ are at greatest risk
- Mammograms can detect breast cancer 2 to 3 years before it can be felt when there are no Symptoms
- Finding breast cancer in the early stages allows women to have more choices about treatment and have an excellent chance of being cured
- 9 out of 10 women with early breast cancer will be cured

3) You may need to provide a connection between these facts and something “closer to home” for some women. You might help her to realize that others (e.g., her family) value her health. You might need to help her recognize that valuing herself, and taking care of her health by getting a mammogram, will feel empowering. It is important to instill a feeling in each woman that getting a mammogram is a step in successfully taking care of herself.

“You’ve mentioned how important your time with your kids is to you. I’m sure that you would like to remain healthy and spend many more years enjoying their company. Getting a mammogram will provide you with reassurance ...”

“Well it sure sounds like you take good care of yourself; you eat a low fat diet and exercise regularly. Getting regular mammograms takes just a short while and is another way to ensure continuing good health....”

REINFORCING/DEVELOPING MOTIVATION
--

3) Help keep motivators separate from concerns and obstacles. Some women will counter counselor statements of motivation with perceived or real barriers. Avoid arguing.

“Let’s hold off talking about difficulties finding the time for a mammogram for a minute. We can work on that a little later in the call.”

4) Identify other positive health behaviors that she has successfully completed

“I can understand that when you’re busy and not having health problems, its easy to put things like this off. Sometimes it’s helpful to think of other things you’ve accomplished that you’ve felt good about taking care of...like getting your teeth cleaned. Does anything else come to mind?”

SCHEDULING THE MAMMOGRAM APPOINTMENT

RATIONALE

This is the final common pathway or ultimate goal of all your phone calls. If we have succeeded in all the goals up to now, it should be fairly easy to “close the deal!” You are offering women the opportunity to make their appointment with minimal hassle. Some women will be ready at the beginning of the call to take advantage of this opportunity, some women will only be ready after lengthy discussion of their concerns.

CLINICAL APPROACH

1) When you suspect a woman is ready to schedule, probe for readiness.

“It sounds like you are more seriously considering scheduling a mammogram in the next several weeks. If you’d like, I could go ahead now and make you an appointment so you wouldn’t have to call back tomorrow...How does that sound?”

2) If she still doesn’t want to commit, remind her that she can always change the appointment at a later date if it isn’t going to work out.

3) Finally, offer her the opportunity to ask any last nagging questions. Remind her that whatever she chooses to do is entirely up to her. If she still isn’t ready, make sure she has the phone numbers of the screening centers and encourage her to discuss mammography with her doctor. Let her know she can call the screening center at any time. Thank her for her time and for the opportunity to talk.

4) When the woman is clearly ready to make an appointment follow the procedures described in your ARPA training.

MAMMOGRAPHY PARTICIPATION PHONE INTERVENTION
V. RESOURCES

CURRENT GHC MAMMOGRAPHY RECOMMENDATIONS FOR WOMEN AGE 50 AND OVER:

<ul style="list-style-type: none"> • Previous breast cancer • Abnormal (atypical) tissue on breast biopsy • Two or more immediate relatives (mother, daughter, sister) with breast cancer 	<p>Yearly</p>
<ul style="list-style-type: none"> • Mother, daughter or sister with breast cancer • At least two minor risk factors (see below) • All other women 	<p>Every two years</p>

MAJOR RISK FACTORS:

- A previous diagnosis of breast cancer
- A breast biopsy that revealed specific kinds of abnormal (atypical) breast tissue that was not cancer
- Mother, daughter, or sister with history of breast cancer

MINOR RISK FACTORS:

- Aunt or grandmother with history of breast cancer
- First menstruation before age 11 or reaching menopause after age 54
- Birth of first child age 30 or later, or having had no births
- A previous negative breast biopsy

OTHER EXAMS A DOCTOR MIGHT USE FOR DIAGNOSIS

Palpation: the doctor can tell a lot about a lump- its size, texture, and whether it moves easily-by palpation, carefully feeling the lump and the tissue around it. Non cancerous lumps often feel different from cancerous ones.

Ultrasound: can often show whether a lump is solid or filled with fluid. This exam uses high frequency sound waves which cannot be heard by humans. The sound waves enter the breast and bounce back. The picture of their echoes is called a sonogram, which is displayed on a screen.

Diagnostic mammograms: sometimes the doctor may order more mammographic views in order to get more information about the lump.

Aspiration or needle biopsy: the doctor uses a needle to remove fluid or a small amount of tissue from a breast lump. This procedure may show whether the lump is a fluid-filled cyst (not cancer) or a solid mass (which may or may not be cancer). The material removed in a needle biopsy goes to a lab to be checked for cancer cells.

Surgical biopsy: the doctor cuts out part or all of a lump or suspicious area. A pathologist examines the tissue under a microscope to check for cancer cells. This is often done on an outpatient basis, often under local anesthesia.

Ultrasound Guided Core Needle Biopsy: Is a needle biopsy of the breast performed under ultrasound guidance. It can be used to biopsy non-palpable lesions in a relatively non-invasive manner.

Based on these exams, the doctor may decide that no further tests are needed and no treatment is necessary. Often, however, the doctor must do further tests to make a diagnosis:

BREAST CANCER TREATMENT OPTIONS

Methods of treatment for breast cancer fall into 4 major categories. Most women get a combination of these treatment methods:

SURGERY: This is the most common treatment for breast cancer. Several types of surgery are used to treat breast cancer, depending on the stage and prognosis of the disease. The doctor can explain these types of surgery and can tell the patient how each will affect her appearance. There are two basic types of surgery: removal of the lump (lumpectomy) or removal of the breast (mastectomy).

RADIATION THERAPY: High-energy rays are used to damage cancer cells and stop them from growing. Radiation may come from a machine outside the body (external radiation); rarely, radioactive materials placed directly in the breast in thin plastic tubes (internal radiation). Rapid cell growth in tumors makes them more susceptible to radiation than normally dividing cells. Radiation therapy for breast cancer usually involves 10-15 visits to the radiation oncologist.

CHEMOTHERAPY: The use of drugs given in cycles to kill cancer cells throughout the body. In most cases, breast cancer is treated with a combination of drugs.

HORMONE THERAPY: Is used to keep cancer cells from getting the hormones they need to grow. This treatment may include the use of drugs that change the way hormones work or surgery to remove the ovaries, which make hormones.

FOR MORE INFORMATION ON BREAST CANCER AND MAMMOGRAPHY:

Group Health Cooperative Breast Cancer Screening

Information Line (206) 287-XXXX

Toll-free number..... 1-800-562-XXXX

TTY Service for Hearing Impaired:

East Region (206) 883-XXXX

Central Region..... (206) 326-XXXX

South Region(206) 596-XXXX

Cancer Information Service (a service of the National Cancer Institute)..... 1-800-4-XXXXXX

American Cancer Society 1-800-227-XXXX

Food and Drug Administration (FDA)

MQSA Consumer Inquiries

1350 Piccard

(HFZ-240)

Rockville, MD 20850

For copies of the booklet: Things to Know About Quality Mammograms, or Clinical Practice Guideline, Quality Determinants of Mammography:

Agency for Health Care Policy and Research

Publications Clearinghouse

P.O. Box 8547

Silver Spring, MD 20907 1-800-358-XXXX

Dr. Susan Love's Breast Book by Susan M. Love, MD, Addison-Wesley Publishers, 1993, (fifth printing)

IMPORTANT STUDY PHONE NUMBERS:

Breast Cancer Screening Program office = 287-XXXX

Central BCSP scheduling = 326-XXXX

Eastside BCSP scheduling = 883-XXXX



Breast Cancer Screening Program
1730 Minor Ave Ste 1520
Seattle, Washington 98101-1404

JULY 23, 1993

CONSUMER NO. ** REMIND

EAST REGION REMINDER LETTERS PAR FOR 07/03/93

Dear Ms.:

It's time once again for you to schedule a comprehensive visit to the Breast Cancer Screening Center. Your appointment will include a mammogram, a breast examination by a specially trained nurse, instruction in breast self-exam and an updating of your personal and family history. The appointment will take about an hour, and may occur several months from now depending on appointment availability.

Please call the Breast Cancer Screening Center at the, to schedule an appointment. Have your Group Health medical history number or consumer number available. Please provide the information requested in the enclosed brochure and bring it with you to the screening center on the day of your appointment.

Group Health recommends that you schedule a comprehensive visit to the screening center every year(s). This recommendation is based on the answers you provided on the Breast Cancer Screening Survey. From your responses, we were able to determine that your personal screening schedule is affected by your age.

Breast cancer screening is especially important to you because of your age as well as your medical and family history. A mammogram can detect a cancer when it's too small to be felt. Early detection can save your life. Please don't hesitate. Call now to schedule your appointment.

Sincerely,

East Region Clinical Coordinator
Breast Cancer Screening Program



Breast Cancer Screening Program
1730 Minor Ave Ste 1520
Seattle, Washington 98101-1404

SEPTEMBER 30, 1994

CONSUMER NO. **

INTREMIDEAST REGION INTERVAL REMIND LETTERS FOR 09/17/94

Dear Ms.:

Our records show that a year or more ago you were invited to the Breast Cancer Screening Center. The breast cancer screening service was designed for women who are not experiencing symptoms, because lives can be saved when breast cancer is detected early. Three early detection techniques are included in your comprehensive visit: a mammogram, a breast examination by a specially trained nurse examiner and Instruction in breast self-exam.

Please call the Breast Cancer Screening Center at the,, to schedule an appointment for your comprehensive visit. The appointment will take about an hour. Have your Group Health medical history number or consumer number available. The enclosed brochure includes important information about your visit. Please provide the information requested in the brochure and bring it with you to the screening center on the day of your appointment. If you have had a mammogram outside of Group Health, please notify the BCSP Administrative Office at 2874324 or toll-free 1-800-562-6300 so your records can be brought up to date.

Breast cancer screening should be especially important to you because of your age Group Health recommends that you schedule a comprehensive visit to the screening center every year(s). This recommendation is based on the answers you provided on the Breast Screening Questionnaire.

You are the most important person in your screening program. Please do not hesitate; call now to schedule your appointment.

Sincerely,

East Region Clinical Coordinator
Breast Cancer Screening Program



Breast Cancer Screening Program
1730 Minor Ave Ste 1520
Seattle, Washington 98101-1404

JULY 23, 1993

CONSUMER NO: ** FIRSTVST

EAST REGION REMINDER LETTERS 1ST INVIT FOR 07/03/93

Dear Ms:

It's time for you to visit the Breast Cancer Screening Center for your first comprehensive visit, which will include a mammogram. A mammogram can detect a cancer when it's too small to be felt. Early detection can save your life.

Please call the Breast Cancer Screening Center at the,, to schedule an appointment. Have your Group Health medical history number or consumer number available. Please provide the information requested in the enclosed brochure and bring it with you to the screening center the day of your appointment.

The recommendation that you schedule a comprehensive visit now is based on the answers you provided on the Breast Cancer Screening Survey. From your responses, we were able to determine that your personal screening schedule is affected by your age. As a result, we recommend a comprehensive visit for you every year(s).

During your visit you will have a mammogram a specially trained nurse will examine your breasts; you will be instructed in breast self-exam and your personal and family history will be updated. The appointment will take about an hour.

The brochure includes helpful information about your visit, including maps showing the locations of Group Health's Breast Cancer Screening Centers. Please call now to schedule your appointment.

Sincerely,

East Region Clinical Coordinator
Breast Cancer Screening Program



Breast Cancer Screening Program
1730 Minor Ave Ste 1520
Seattle, Washington 98101-1404

JULY 23, 1993
REGION REPEAT LETTERS FOR

CONSUMER NO. **REPEAT EAST
07/03/93

Dear Ms.:

When you were seen at the Breast Cancer Screening Center, we recommended that you have another mammogram. This is a reminder that it is time for you to schedule your mammogram.

PLEASE CALL THE AT WITHIN TWO WEEKS FOR AN APPOINTMENT.

Inform the receptionist that you have been requested by the Breast Cancer Screening Center to have a follow-up mammogram.

Please complete the enclosed mammography information sheet and bring it with you. The mammogram report will be available two weeks from the day of appointment. You will be notified by the Nurse Examiner regarding your mammogram results. If, however, you have not been contacted you may call the Breast Cancer Screening Center, for results.

The Breast Cancer Screening Program will notify your doctor regarding this mammogram.

Sincerely,

East Region Clinical Coordinator
Breast Cancer Screening Program



Breast Cancer Screening Program
1730 Minor Ave Ste 1520
Seattle, Washington 98101-1404

JULY 23, 1993

CONSUMER NO. ** REMINDNO

EAST REGION REMINDER LETTERS NON-PAR FOR 07/03/93

Dear Ms.:

Our records indicate you were invited to schedule an appointment with the Breast Cancer Screening Center. We are concerned that you have not yet made an appointment at the screening center. Please call the Breast Cancer Screening Center at the, to schedule an appointment for your comprehensive visit. The appointment will take about an hour. Have your Group Health medical history number or consumer number available.

The enclosed brochure includes important information about your visit. Please provide the information requested in the brochure and bring it with you to the screening center the day of your appointment. If you have had a mammogram outside of Group Health, please notify the BCSP Administrative Office at 287-4324 or toll-free 1-800-562-6300 so your records can be brought up to date.

The breast cancer screening service was designed for women who are not experiencing symptoms, because lives can be saved when breast cancer is detected early. Breast cancer screening should be especially important to you because of your age. Based on the answers you provided on the Breast Cancer Screening Questionnaire, Group Health recommends that you schedule a comprehensive visit to the Screening Center every year(s). Three early detection techniques are included in your comprehensive visit: a mammogram, a breast examination by a specially trained nurse examiner and instruction in breast self-exam.

You are the most important person in your screening program. Please do not hesitate to call; call now to schedule your appointment.

Sincerely,

East Region Clinical Coordinator
Breast Cancer Screening Program



Breast Cancer Screening Program
1730 Minor Ave Ste 1520
Seattle, Washington 98101-1404

JANUARY 28, 1994
REGION - CANCER RESPONSE FOR

CONSUMER NO. ** RESPONSE SOUTH
01/21/94

Dear Ms.:

Thank you for investing the time in your health to fill out and return the Breast Cancer Screening questionnaire. From your responses we are able to develop a personal screening program for you, keep track of your visits and, if necessary, remind you to make your appointment.

In your case, MS., the components of your screening plan are affected by your age and the following risk factors:

Your screening program includes:

Because of your previous health history, we think it is very important that you maintain your yearly exam schedule. At Group Health, you have several options to do so. You may schedule your appointment with your personal physician. Or, you may choose to receive your care at one of Group Health's Breast Cancer Screening Centers. When our records indicate that you have not had a yearly exam, we will send you a letter reminding you to schedule with your physician or at the Breast Cancer Screening Center.

We have enclosed a brochure explaining Group Health's Breast Cancer Screening Program. If you have additional questions about breast cancer screening services, please call the Breast Cancer Screening Program Information Line at 287-4324 or toll free at 1-800-562-6300.

Sincerely,

South Region Clinical Coordinator
Breast Cancer Screening Program

Facts About Mammography



A consumer-governed health care organization.

Group Health Cooperative of Puget Sound does not discriminate on the basis of race, color, creed, national origin, religion, sex, age, marital status, or the presence of physical or mental handicap in admission or access to its program, activities, or treatment, or in its recruitment or employment.

Center for Health Promotion
Pamphlet Service
16-02274; OM-1114; ©1987 (1-92) GS-7237



MAMMOGRAPHY is an important part of breast cancer screening at Group Health—and breast cancer screening is a vital part of every woman's health care.

Mammography is a widely used technique for the early detection of breast cancer, and many women have questions about it. The most commonly asked questions about mammograms are answered in this brochure.

■ What is a mammogram?

A mammogram is a low-radiation X-ray of the breast. These X-rays are taken by female radiology technologists who have received advanced training on the special equipment used only for mammograms.

■ What does a mammogram show?

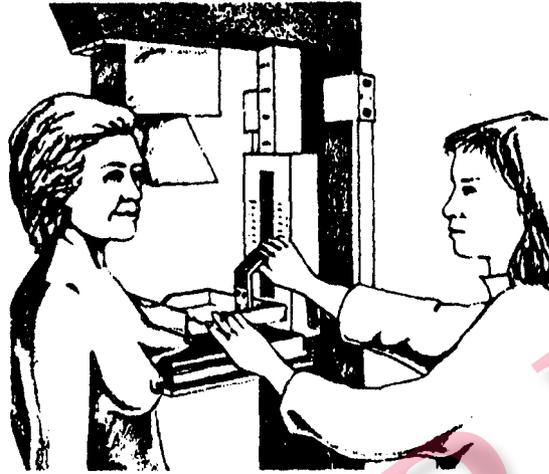
Mammograms show details of breast tissue. Many changes of the breast, such as cysts and benign masses, may not be felt but may be seen on a mammogram. Mammograms can also show slight changes which may be indications of an early cancer.

■ Why is a mammogram important?

A mammogram is important because it can help detect breast cancer early—and breast cancer can be cured if it is discovered and treated before it has spread to other parts of the body.

■ What happens when I have a mammogram?

The technologist will ask you to undress from the waist up. She will take two or more X-rays of each breast. For each X-ray, the breast is pressed briefly so that its thickness is uniform. This allows for a picture that is as sharp and detailed as possible. The technique of compression may produce discomfort in



some women, but it may make the difference between finding or missing an abnormality. Compression also helps reduce the amount of radiation absorbed by the breast. Women are asked, therefore, to schedule their mammograms during a time of the month when their breasts are least tender.

■ Are there risks from the radiation?

Thanks to recent technological advances mammograms use small, measured doses of radiation. At Group Health, the average radiation dose is well below the maximum level (1.0 RAD) recommended by the American College of Radiology. With modern techniques, the benefits of mammography clearly outweigh the risks. Since radiation is used, mammograms are not advised for pregnant women or women who are breastfeeding.

■ I'm not having any problems. Why should I have a mammogram?

In the past, mammograms were used primarily to help identify causes of known breast problems. Today a common use of

mammograms is to screen women who are not having noticeable breast problems. The "screening" mammogram can help to identify some very small changes in the breast before they can be felt.

■ Who should have a screening mammogram?

Because there is a small risk associated with any amount of radiation, Group Health physicians have given careful consideration to this question. Group Health recommends mammography as part of the screening program for women *over age 40 who are at increased risk of developing breast cancer*. Long term studies have proven the benefit of using mammography together with regular breast exams for these women.

■ Who is at increased risk of developing breast cancer?

The major factors which are believed to increase a woman's risk of developing breast cancer include:

- Age: risk increases with age, especially after age 50
- Previous breast cancer
- Mother, sister, or daughter with breast cancer

Other factors which may contribute to a woman's increased risk include:

- Aunt or grandmother with breast cancer
- Previous breast biopsy
- Menstruation at age 10 or younger
- Menopause at age 55 or over
- No pregnancy or first pregnancy at age 30 or older

■ **How do I get a screening mammogram at Group Health?**

The Group Health Breast Cancer Screening Program automatically contacts all female enrollees who are at least 40 years of age or have had breast cancer. These women are asked to fill out a questionnaire about their risk factors. Each woman is then given an individual summary of her risk and a recommended schedule for breast screening, including mammography.

■ **About early detection of breast cancer . . .**

Breast cancer is the most commonly diagnosed cancer at Group Health Cooperative. It *can be cured* if discovered and treated before it has spread to other parts of the body. Because we know that *no single step* (including a mammogram) can detect all breast cancer, Group Health strongly encourages women over 35 to:

- Learn and perform monthly breast self examination
- Schedule a breast exam every year with a health care professional

■ **For More Information**

Group Health Cooperative
Breast Cancer
Screening Information Line (206) 287-4324
Toll-free number: 1-800-562-6300

Group Health Resource Line (206) 448-6448
Toll free number: 1-800-992-2279*
*(outside the Seattle dialing area)

A consumer-governed health care organization.
Group Health Cooperative of Puget Sound does not discriminate on the basis of race, color, creed, national origin, religion, sex, age, marital status, of the presence of physical or mental handicap in admission or access to its program, activities, or treatment, or a in its recruitment or employment.

Things To Know About Quality Mammograms



U.S. Department of Health and Human Services
Public Health service
Agency for Health Care Policy and Research
Executive Office Center, Suite 501
2101 East Jefferson Street
Rockville, MD 20852

AHCPR Publication No. 95-0634
October 1994

Quality Mammography



Consumer Version
Clinical Practice Guideline
Number 13

What is a Mammogram?

A mammogram is a safe, low-dose x-ray picture of the breast.

Mammograms are taken during a mammography exam. There are two kinds of mammography exams—screening and diagnostic.

A screening mammogram is a quick, easy way to detect breast cancer early, when treatment is more effective and survival is high. Usually two x-ray pictures are taken of each breast. A physician trained to read x-ray pictures—a radiologist—examines them later.

It is generally agreed that screening mammography decreases deaths from breast cancer in women 50 and over. There is a range of opinion about the value of screening mammography for women under 50.

Have a screening mammogram as often as your doctor or other health care provider suggests. A screening mammogram often can show breast changes like lumps long before they can be felt.

A diagnostic mammogram is used if there may be a problem. It is also used if it is hard to get a good picture because of special circumstances (for instance, in women with breast implants). Diagnostic mammography takes a little longer than screening mammography because more x-ray pictures usually are taken. A radiologist may check the x-ray pictures while you wait.

This publication was produced by the Agency for Health Care Policy and Research with the cooperation of the Food and Drug Administration.

Things to Know About Quality Mammograms

A Woman's Guide

Purpose of This Booklet

This booklet can help you learn more about getting the best possible mammogram. Being informed will help you work with members of your health care team before, during, and after your mammogram to get quality, reliable results.

Many types of health care providers can help you with your breast care. Doctors, nurses, nurse practitioners, and physician assistants can examine your breasts, refer you for mammography when appropriate, and help you get more exams if they are needed. In this booklet, the word “doctor” is used for easier reading, but any of these health care providers can provide good care.

At the mammography facility, the person who takes the x-ray pictures (the radiologic technologist), the radiologist, and the people who keep the equipment in top working order have all had special training in mammography. They work as a team to make sure you get the best mammogram possible.

After your mammogram, your doctor receives your mammography results. Make sure you get your results from either your doctor or the mammography facility.

Make sure you understand the results and any recommendations for followup. And never be afraid to ask questions.

Following the seven steps in this booklet can help you maintain your breast health. Stay on top of things every step of the way.

Seven Steps to Breast Health

1. Get regular exams.

This is the most important way you can protect your breast health.

- Get a breast exam from your doctor when you get your regular physical exam.
- Get a mammogram as often as your doctor recommends. Ask your doctor when to schedule your next mammogram.
- Check your breasts each month. Your doctor can show you how.

These three exams can help you and your doctor learn what is normal for your breasts and what may be signs of problems.

Call your doctor if you notice:

- A lump or thickening of the breast.
- A discharge from the nipple that stains your bra or bedclothes.
- Skin changes in the breast.

These changes may be normal, but you should always have them checked as soon as possible.

2. Choose a quality facility.

Many hospitals, clinics, and imaging or x-ray centers perform mammography. Mobile units (often vans) offer screening at shopping malls, community centers, and offices. All of these facilities must meet the same quality standards.

Your doctor may refer you to a mammography facility. Or you may select the one that is most convenient for you.

Make sure the mammography facility you choose is certified by the Food and Drug Administration (FDA) unless it is a Veterans Health Administration (VHA) facility.

A new law, called the Mammography Quality Standards Act, requires all mammography facilities except those of VHA to be FDA certified beginning October 1, 1994. To be certified, facilities must meet standards for the equipment they use, the people who work there, and the records they keep. VHA has its own high-quality mammography program, similar to FDA's.

If the facility is not FDA certified, get your mammogram in a facility that is certified.

To find a certified mammography facility, ask your doctor call the national Cancer Institute's Cancer Information Service toll free at 800-4-CANCER.

When you go to the mammography facility, look for a certificate as proof that the facility is certified by FDA. It should be displayed some place where it is easy to see and read.



3. Schedule the mammogram for when your breasts will be least tender.

During mammography, the breast is pressed between two clear plastic plates for a few seconds. This gives a clear picture of the breast with the least amount of x-rays. But it may be uncomfortable, and a few women complain of some pain.

If you have sensitive breasts, try having your mammogram at a time of month when your breasts will be least tender. Try to avoid the week right before your period. This will help to lessen discomfort.

4. Give and get important information when you schedule the mammogram.

When you call for an appointment, be ready to provide information the mammography facility needs to know. The facility may wait until your appointment to ask some questions, so it's a good idea also to take the information with you when you have your mammogram. The information requested may include:

- Your name, address, and phone number.
- Your age.



- Name, address, and phone number of any facility where you have had a mammogram.
- Any breast disease in your family.
- Any current problems with your breasts, and how long you have had the problems.
- Past problems with your breasts, breast biopsies, or breast surgeries.
- Whether you have breast implants.
- Other personal information:
 - Whether you are pregnant or nursing.
 - The timing of your menstrual cycle or when menopause began.
 - Anything that might make it harder to do a mammogram (unusually large breasts or inability to stand, for example).
- Name, address, and phone number of your doctor.

Here are some questions for you to ask before your appointment:

- How and when you will find out the results of the exam.
- What you need to do to prepare for the exam. (See page 8 of this booklet for more information.)

If you have any other questions before your mammogram be sure to call your doctor or the mammography facility.

5. Know what to expect.

Understanding what happens during a mammogram will help reduce any anxious feelings you might have. It is important to know that only a small amount of radiation is used in mammography.

When you have a mammogram, you stand in front of a special x-ray machine. The radiologic technologist lifts each breast and places it on a platform that holds the

x-ray film. The platform can be raised or lowered to match your height.

The breast is then gradually pressed against the platform by a specially designed clear plastic plate. Some pressure is needed for a few seconds to make sure the x-rays show as much of the breast as possible.

This pressure is not harmful to your breast. In fact, flattening the breast lowers the x-ray dose needed.

Studies show that most women do not find a mammogram painful for the short time needed to take the picture. Try to relax. If the pressure becomes painful, you can tell the radiologic technologist to stop.

If there is an area of your breast that appears to have a problem, the radiologist or radiologic technologist may examine the breast.



6. Come prepared.

- Wear a two-piece outfit so you will have to remove only your top.
- Don't use deodorant, talcum powder, or lotion under your arms or near the breasts that day. These products can show up on the x-ray picture.
- Bring the name, address, and phone number of your doctor or other health care provider.
- Bring a list of the places and dates of mammograms, biopsies, or other breast treatment you have had before.
- Ask the facilities where you had mammograms before to release them to you, and bring them with you if possible. Your new mammogram can be compared with the earlier ones to see if there have been any changes.

It also may be helpful to:

- Bring a list of any questions you may have about mammography and your mammograms.
- If you think you may have trouble hearing or understanding the instructions, consider bringing a friend or family member to help you.
- If you are worried about discomfort, you may want to take a mild over-the-counter pain reliever about an hour before your mammogram. This will not affect the mammogram.

If there is something you do not understand, ask. And keep asking until all your questions are answered.

7. Follow up on your results.

Learning the results of your mammogram is very important.

Chances are your mammogram will be normal. *But do **not** assume that your mammogram is normal just because you*

have not received the results. If you have not received your screening results within 10 days, ask your doctor or call the mammography facility.

If your screening mammogram shows anything unusual, talk to your doctor as soon as possible about what you should do next. Your doctor may schedule a diagnostic mammogram, or you can schedule it yourself—but have it done soon. Discuss the results with your doctor.



When a diagnostic mammogram shows something abnormal, the radiologist may recommend another type of exam. A biopsy is a way to obtain a small piece of breast tissue for study under a microscope. Sometimes a biopsy is needed because of something your doctor found in checking

your breast even though the mammogram appears normal.

Whenever a mammogram uncovers a problem or a need to check something further:

- Make sure you understand what you need to do next.
- Always get results of any test that you have.
- Ask questions about your results if something is hard to understand.

If you do not have a doctor or other health care provider, you will need to find one if you have an abnormal mammogram. Ask the mammography facility to help you find a doctor. Then make an appointment right away so you can discuss your results and what should be done next.

Mammography is very effective, but it does not detect all breast problems. If you find something unusual in your breast, see your doctor.

You're in charge of your breast health:

- Schedule screening mammograms as often as your doctor recommends.
- Always find out the results of your mammogram.
- Follow your doctor's recommendations for follow-up and schedule diagnostic mammography, if needed, as soon as possible.
- Have your doctor check your breasts as part of your regular physical exam, and check your breasts yourself each month.
- If you have a breast lump or change at any time, even if your last mammogram was normal, see a doctor as soon as possible.

How Can I Learn More About mammography?

Most mammography facilities have printed information and videotaped instructions on breast care. You can read or watch them when you go for a mammogram.

For general information on breast cancer and mammography, contact:

Cancer Information Service
(a service of the National
Cancer Institute) 800-4-CANCER

Food and Drug Administration (FDA)
MQSA Consumer Inquiries
1350 Piccard
(HFZ-240)
Rockville, MD 20850

American Cancer Society . . 800-227-2345

Use this page to keep a record of every time you go for a mammogram—the date, the name and address of the facility, and its telephone number.

Doctor or other health care provider:

Date of mammogram: _____

Facility: _____

Address: _____

Phone: _____

Date of mammogram: _____

Facility: _____

Address: _____

Phone: _____

Date of mammogram: _____

Facility: _____

Address: _____

Phone: _____

Date of mammogram: _____

Facility: _____

Address: _____

Phone: _____

For Further Information

The information in this booklet is based on the *Clinical Practice Guideline, Quality Determinants of Mammography*. The *Guideline* was developed by a non-Federal panel of experts sponsored by the Agency for Health care Policy and Research. Other guidelines on health issues are available, and more are being developed.

For more information about guidelines or to receive more copies of this booklet, call toll free:

800-358-9295

or write to:

**Agency for Health Care Policy
and Research**
Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907

1994

Community Transportation
Resource Guide



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EXAMPLE

To reorder, please call the ACC Copy Center at (206) 448-5613 (8-320-5613). Item # DA-1113

Group Health Cooperative of Puget Sound recognizes that there are times when it will be difficult for you to get yourself to and from medical services. We realize that, despite the best planning, you may find yourself without transportation.

To assist you in your planning, Group Health has compiled this guide of community transportation resources. You will find various agencies grouped together by the counties they serve. These services are available to all qualified community members on a first come, first served basis. The services are limited in volume, can change from year to year, and may not always be available when you call. Most of the services are free of charge, and we encourage donations whenever possible to help support the programs.

We encourage you to ask family or friends first whenever possible.

What Does Group Health Cooperative Cover?

Group Health Cooperative of Puget Sound provides coverage for ambulance transportation when your condition at the time of transport meets the medical necessity criteria. Group Health pays for medically necessary transportation up to \$1,000 when authorized in advance. Any expense beyond \$1,000 is the consumer's responsibility to pay. Ambulance transportation is not covered merely as a convenience.

In life-threatening emergencies, you do not need to call us for authorization to use an ambulance. You should call 911 (or the emergency number for your area). In situations which are not life-threatening emergencies, Group Health Medical Coverage must review the request to determine if ambulance transportation meets the established medical necessity criteria. If your condition at that time meets our coverage guidelines, Group Health will authorize coverage for the transport.

What Is Not Covered?

Although emergency transportation to an emergency department may be covered, your return trip home or to a nursing home may not be. Only medically necessary transportation is covered by Group Health Cooperative.

Public Transportation:**Metro****Bus Information**

Phone No.: (206) 553-3000 or 1-800-542-7876
TDD: (206) 684-1739. 24 hours a day.

Note: If 65+ or disabled, Regional Reduced Fare Permit reduces fare to 25 cents anytime, any zone. Permit cost—\$1. With permit, riders can also obtain monthly pass for \$3.75 or annual pass for \$45. These passes entitle riders to unlimited rides. Any questions, call (206) 553-3060 M-F, 8 a.m. - 5 p.m.

Metro DART (Dial-A-Ride Transit)

Area Served: Kent, Auburn, Federal Way. Call for brochure which shows service area and driving hours. From home to anywhere within service area, including bus stops.

Eligibility: All ages.

Vehicle Used: Wheelchair-accessible vans.

Notice Required: Kent, Auburn: 24 hours.
Federal Way two hours before pickup.
Two weeks maximum advance notice.

Cost: Same as Metro bus fare.

Phone No.: (206) 838-2333
M-F, 5 a.m. - 10:30 p.m.
Sat., 8:30 a.m. - 11 p.m.
Sun., 8:30 a.m. - 7 p.m.

Notes: This is a curb-to-curb service, not door to door. Vans have two scheduled stops in addition to the reserved rides: van leaves the Federal Way Park & Ride on 323th St. at 45 minutes after the hour and goes directly to Sea-Tac Mall where it leaves the movie theater at 48 minutes after the hour. Metro contracts with South King County Multi-Service Center to provide service. **Federal Way clinic is within service area.**

Metro Special Transportation Service Program

Criteria for

King County: 65+ or disabled.

Eligibility: Income limits 1994: Single less than \$1,347 per month, couple less than \$1,761 per month. 3 person household \$2,176 monthly, 4 person household \$2,590 monthly.

Registration with Metro qualifies rider for both Taxi Scrip and Advanced Reservation Van Service. See following.

There are two programs associated with the **Special Transportation Service Program** They are:

1. Metro Taxi Scrip:

Purpose of Ride: All Purposes.

Vehicle Used: Taxi. Most major task companies accept scrip for fare payment.

Notice Required: No notice required.

Cost: Rider may purchase up to four books of scrip per month. Books cost \$5 and contain \$10 in scrip.

Phone: 689-3113

Notes: Saves up to 50 percent on taxi fares Most taxi companies allow riders to take one other person in the taxi at no additional charge.

2. Advanced Reservation Van Service:

Purpose:	All purposes. Door-to-door service.
Vehicle Used:	Vans with wheelchair lift available. Driving hours: M-F, 7:30 a.m. - 5:30 p.m. Best to schedule appointments between 9 a.m. - 2 p.m. (more vans available then for doctors appointments).
Notice Required:	Minimum of 7 days advance notice required. Best to call at 9 a.m.; first-come, first-served basis
Cost:	Eligible riders pay 25 cents each way.
Phone No.:	(206) 689-3113 for registration. M-F, 9 a.m. - 3 p.m.
Notes:	Six different providers cover different parts of the county. Riders who are over income limits, may be able to pay provider directly for service. Noneligible riders may receive rides for approximately \$7-15 each way.

The Advanced Reservation Van Service is divided by geographic location.

The following services exist:

a) Neighborhood House

Area Served:	West, Central, and South Seattle from South Seattle city limits to ship anal (no Renton service).
Phone No.:	(206) 461-6994, M-F, 9 a.m. - 3 p.m. for reservations. Service available 6:30 a.m. - 8 p.m.
Notes:	Riders without Reduced Fare Permit can receive rides for \$10 each way. Drivers are trained in special access techniques.

b) North/East King County Multi-Service Center Van-Go

Area Served: North of Seattle city limits to Snohomish County line, and East King County south to Renton city limits.

Phone No.: 1-800-201-8888, M-F, 9 a.m. - 3 p.m.
TDD: 1-800-246-1646

Notes: Limited service into Seattle; South King County Tues. and Thurs., North King County Tues. and Fri. One week advance notice recommended.

c) Seattle Personal Transit

Area served: North and Central Seattle from North 145th to South Dearborn.

Phone No.: (206) 860-8000, M-F, 9 a.m. - 3 p.m. Reservation service available 6 a.m. - 8 p.m.
This service is on a first-come, first-serve basis. Riders are advised to call early to ensure service.

Note: Donations are accepted. Rider must be registered with Metro ADA.

d) South King County Multi-service Center Van-Go

Area Served: South of Seattle city limits to Pierce County line, including Renton.

Phone No.: (206) 874-6718
Enumclaw: (206) 825-1279
TDD (206) 661-7827
Maple Valley/Black Diamond/Hobart
1-800-442-1384, M-F, 9 a.m. - 3 p.m.

Note: Transport to Senior Centers only. For transportation to medical appointments contact the North/East King County Van-Go at 1-800-201-8888.

e) Transia

Area Served: University Hospital south to Rainier Beach. Also serves West Seattle and Ballard.

Phone No.: (206) 624-3426, M-F, 9 a.m. - 3 p.m. for reservations. Service available M-F, 6 a.m. - 6 p.m.

Metro ADA ParaTransit Services

Metro's new ADA (Americans with Disabilities Act) ParaTransit Services will make it easier for people with disabilities to use public transportation, no matter what their income.

If a person has a disability which prevents him/her from using Metro's regular bus service, he/she may be eligible for the new ADA ParaTransit services. The service features specially-equipped vans that transport persons to and from any location in King County. Other counties also are responding to the new legislation. Most service expansion will occur late in 1994. However for ADA ParaTransit eligible riders new weekend service will be available throughout most of King County beginning March 19, 1994.

Eligibility is based on the following criteria:

- A. Any person who cannot get to or from a bus stop because of a disability.
- B. Any person who, because of a disability, cannot independently board, ride or disembark from a lift-equipped bus.
- C. Any person with a disability who is able to use a lift-equipped bus, but the route they want to ride is not operated by a lift-equipped bus.

The screening will be based upon ability, not diagnosis. There are three levels of eligibility:

- A. Regular—if a disability prevents person from using the bus at all times
- B. Conditional—if a disability prevents person from using the bus only under certain conditions, such as snow.
- C. Temporary—if a disability prevents person from using the bus for a limited period of time.

The application to determine eligibility is available by calling Metro at (206) 689-3113. Please call for an application.

The application requires professional verification and must be signed by a Physician, Psychologist Physical Therapist, occupational Therapist speech Pathologist Registered Nurse, Mental Health Counselor, Social Worker, Vocational Rehabilitation Counselor, Nurse Practitioner, Chiropractor, Physician's Assistant, Respiratory Therapist or Recreation Therapist employed by a medical facility.

DSHS/Medicaid Transportation:

- Area Served: King County.
- Eligibility: Must have current DSHS Medical Identification card. To find out more about eligibility requirements, call Senior Information and Assistance at (206) 448-3110.
- Purpose of Ride: Transportation: Only for Medicaid-covered services.
- Vehicle Used: Bus, taxi, van wheelchair transport etc. Last expensive alternative. Assigned by Medicaid broker.
- Notice Required: Same day if urgent. Transport to nearest medical facility. Otherwise, 24 hours. Call in by 4 p.m. preceding day. Up to four weeks notice accepted.
- Cost: None.
- Phone No.: 1-800-767-6794 M-F, 8 a.m. - 4 p.m.
- Notes: If you are unsure whether you are registered for Medicaid, call in for confirmation. Guaranteed service for all Medicaid-eligible clients. Calls for emergency rides, not requiring on ambulance are accepted after 4 p.m.

Nonprofit Organizations/Volunteer Programs:**American Cancer Society**

Area served: King/South Snohomish counties.

Eligibility: Cancer patients who are able to get to and in/out of car with minimal assistance.

Purpose of Ride: Primarily to chemotherapy and radiation treatment; also to oncology or related doctor appointments.

Vehicle Used: Volunteer's car.

Notice Required: 48 hours notice. Best to call at least one week in advance.

Cost: None. Donations accepted.

Phone No: (206) 869-5588 or 1-800-729-5588 (ask for transportation)
M-F, 8:30 a.m. - 5 p.m.
Contact person: Carol Hesseltine.

Notes: Availability varies depending on location. Volunteers are assigned to drive on specific days throughout treatment For example, Mrs. Q will drive client every Monday during five weeks of radiation treatment

Chicken Soup Brigade

Area Served King County.

Eligibility People living with HIV/AIDS. Must be able to get in/out of car with minimal assistance.

Purpose of Ride: To medical or social service appointments.

Vehicle Used Volunteer's car.

Notice Required: At least two business days notice.

Cost: None. Donations accepted.

Phone No.: (206) 328-8979, M-F, 9 a.m. - 5 p.m.
Contact person: Susan Mallaghan.

Notes: Volunteers take requests and schedule rides.

Group Health Special Transportation

Area Served: Primarily King County.

Eligibility: Must be a Group Health member 60+. Not a covered service.

Purpose of Ride: To medical appointments covered by Group Health.

Vehicle Used: Volunteer's car.

Notice Required: As much notice as possible.

Cost: None. Donations accepted.

Phone No.: Requests taken by Group Health Resource Line volunteers.
(206) 448-6448 or 1-800-992-2279, M-F, 9 a.m. - 4 p.m.

Notes: Limited number of rides, available on first-come, first-served basis.

Magnolia Helpline

Area Served: Magnolia

Eligibility: Rider must have a 98199 ZIP code.

Purpose of Ride: Medial and other necessary appointments-last resort for urgent situations.

Vehicle Used: Volunteer's car. Taxi voucher or taxi scrip.

Notice Required: Primarily short notice. Attempt to provide next day service.

Cost: None.

Phone No.: (206) 284-5631, T and Th, 10 a.m.- 1 p.m.
Monitors answering machine daily.

Notes: Very limited service. Short-term assistance only.

Queen Anne Helpline

Area Served: Queen Anne.

Eligibility: Rider must have 98119 or 98109 ZIP code. Disabled, seniors, and recently hospitalized are eligible.

Purpose of Ride: Medical and other necessary appointments. Last resort for urgent situations.

Vehicle Used: Volunteer's car.

Notice Required: 7 day notice required.

Cost: None.

Phone No.: (206) 282-1540, M-F, 9 a.m. - 3 p.m.
24 hours answering service.

Notes: Very limited service. Short-term assistance only.

Volunteer Chore Ministry

Area Served: King County.

Eligibility: 60+ or disabled; must be low-income with no other transportation options. No one under the age of 18. No nursing home patients.

Purpose of Ride: To medical and other necessary appointments, also grocery shopping.

Vehicle Used: Volunteer's car.

Notice Required: A week to 10 days notice.

Cost: None. Donations accepted.

Phone No.: (206) 3244834 or 1-800-585-5247

Notes: No short-notice transport. Assigns a specific volunteer to each rider.
Best able to provide regular trips such as dialysis, chemotherapy, and radiation or therapy appointments.

Volunteer Transportation for Seniors

Area Served: King County.

Eligibility: King County residents over 60. Must be able to get to and in/out of car with minimal assistance. No nursing home patients.

Purpose of Ride: To medical and other necessary appointments.

Vehicle Used: Volunteer's car.

Notice Required By Wednesday prior week of appointment

Cost: None. Donations accepted.

Phone No.: (206) 448-5740 or 1-800-282-5815, M-F, 8 a.m. - 5 p.m. TDD: 448-5025
Highline: (206) 244-3686
Snoqualmie, Fall City, North Bend: (206) 888-3434 or (206) 888-3800
Carnation, Duvall (206) 333-4152

Notes: Limited number of volunteers available. Works closely with Group Health Special Transportation. Priority given to low-income, minority, disabled, and persons needing assistance.

Public Transportation:

Kitsap ParaTransit

Area Served: Kitsap County.

Eligibility: Riders must be disabled or 65+ years of age and be unable to use public transportation; 80+ years automatically eligible. An application may be obtained by calling ParaTransit.

Purpose of Ride: All purposes.

Vehicle Used: Wheelchair-accessible minibuses.

Notice Required: One-day notice required—no same-day service. Riders may all up to one week in advance to reserve a ride.

Cost: Same as public transportation.
Peak hours (5-8 a.m. and 4-7 p.m.): 75 cents
Non-peak hours: 50 cents

Phone No.: (206) 479-7272

Notes: Riders may bring an escort at the same fare rate.

DSHS/Medical Transportation:

ParaTransit

Area Served: Clallum, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, and Thurston counties. If the patient has a doctor’s referral, ParaTransit will provide transport to and from any of these areas.

Eligibility: Medicaid medical coupon recipients only.

Purpose of Ride: Rider must be going to a dental, medical or mental health appointment.

Vehicle Used: Minibuses, wheelchair transport, taxis-vehicle depends on rider’s need.

Notice Required: In general., riders must call 24 hours in advance. Riders may try to call first thing in the morning for a same-day ride. Maximum one week notice accepted.

Cost: Paid for with medical coupon.

Phone No.: 1-800-756-5438

Notes: Service provided 24 hours a day, seven days per week-however, off-hour ride-share on an emergency basis only.

Nonprofit Organizations/Volunteer Programs:

Volunteer Chore

Area Served: Kitsap and Jefferson counties.

Eligibility: Low-income and disabled eligible for service. Eligibility is determined on an individual basis, depending on circumstances.

Purpose of Ride: All purposes.

Vehicle Used: Volunteer drivers' vehicles.

Notice Required: 24 hours minimum-no maximum.
Ride reservations: M-F, 8 a.m. - 4:30 p.m.
Some evening rides can be accommodated.

Cost: No cost. Donations are accepted.

Phone No.: (206) 479-6631 or 1-800-642-8019

Notes: Wheelchair riders must be able to self-transfer and have lightweight wheelchairs.

EXAMPLE

DSHS/Medicaid Transportation

ParaTrassit

- Area Served: Clallum, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, and Thurston counties. If the patient has a doctor’s referral, ParaTransit will provide transport to and from any of these areas.
- Eligibility: Medicaid medical coupon recipients only.
- Purpose of Ride: Rider must be going to a dental, medical, or mental health appointment.
- Vehicle Used: Minibuses, wheelchair transport, taxi-vehicle depends on rider’s need.
- Notice Required: In general, riders must call 24 hours in advance. Riders may try to call first thing in the morning for a same-day ride. Maximum one week notice accepted.
- Cost: Paid for with medical coupon.
- Phone No.: 1-800-925-5438
- Notes: Service provided 24 hours a day, seven days per week—however, off-hour ride-share on an emergency basis only. Guaranteed service to Medicaid-eligible clients.

EXAMPLE

Public Transportation

Pierce Transit Shuttle

Area Served: Tacoma, Puyallup, Federal Way (only to 323rd St. Park & Ride), Sumner, and Gig Harbor.

Eligibility: Wheelchair or walker required. Otherwise, preauthorization by physician is necessary.

Purpose of Ride: All purposes.

Vehicle Used: Wheelchair-accessible shuttle vans.

Notice Required: 24 hours advance notice minimum; 5 days maximum.

Cost: 35 cents each way.

Phone No.: (206) 581-8100

Notes: This is a door-to-door service with assistance in and out of residence. Rider can bring up to three extra people (at 35 cents each person).

DSHS/Medicaid Transportation:

ParaTransit

Area Served: Clallum, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, and Thurston counties. If the patient has a doctor's referral, ParaTransit will provide transport to and from any of these areas.

Eligibility: Medicaid medical coupon recipients only. To find out more about eligibility requirements, call Senior Information and Assistance at (206) 591-7236.

Purpose of Ride: Rider must be going to a dental, medical, or mental health appointment.

Vehicle Used: Minibuses, wheelchair transport, taxis-vehicle depends on rider's need.

Notice Required: Riders generally must call 24 hours in advance. Riders may try first thing in the morning for a same-day ride. Maximum one week notice accepted.

Cost: Paid for with medical coupon.

Phone No.: 1-800-925-5438

Notes: Service provided 24 hours a day, seven days per week—however, off-hour ride-share on an emergency basis only. Guaranteed service for Medicaid-eligible clients.

Nonprofit Organizations/Volunteer Programs:

Volunteer Chore (Tacoma)

Area Served: Pierce County (depends on availability of drivers).

Eligibility: Disabled and/or elderly. Must be able to get in/out of car with minimal assistance.

Purpose of Ride: Essential transportation only. Rides not given for recreational purposes.

Vehicle Used: Volunteer's vehicles.

Notice Required: Two-three days notice required No same-day service.

Cost: None. Donations accepted.

Phone No.: (206) 383-3697

EXAMPLE

DSHS/Medicaid Transportation:

Area served: Skagit, San Juan, Island counties.

Eligibility: Must have current DSHS Medical Identification card.

Purpose of Ride: Transportation: Only for Medicaid-covered medical and dental services.

Vehicle Used: Bus, taxi, van, wheelchair transport and cabulance. Least expensive alternative. Assigned by Medicaid broker.

Notice Required: Same day if urgent; 24 hours transport to nearest medical facility.

Cost: None.

Phone No.: Skagit County on Aging: (206)757-4433 or 1-800-274-3952. TDD: 757-1938

Notes: If you are unsure whether you are registered for Medicaid, call in for confirmation. Guaranteed service for Medicaid-eligible clients.

Nonprofit Organizations/Volunteer Programs

Skagit County on Aging

Area Served: Skagit County.

Eligibility: 60+ and disabled (by physician's determination). Some mentally impaired and DSHS recipients eligible too.

Purpose of Ride: All purposes.

Vehicle Used: Wheelchair-accessible minivans.

Notice Required: 24 hours minimum—one week maximum.

Cost: For Sedro Woolley suggested donation of \$1 each way. No donation accepted in other areas.

Phone No.: (206) 757-4433
Burlington and Mt. Vernon - 7 days/week, 6 a.m. - 9 p.m., Sedro Woolley: M-F, 8 a.m. - 4 p.m.

Notes: This is a door-to-door service.

Public Transportation:

(DART) Dial-a-Ride

Area Served: Snohomish County.
Eligibility: Elderly and/or disabled or individuals unable to ride public transportation in Snohomish County.
Purpose of Ride: All purposes.
Vehicle Used: Minibuses wheelchair-accessible.
Notice Required: 24-48 hours minimum, one week maximum.
Cost: 40 cents each way-monthly passes are available for \$10.70.
Phone No.: (206) 347-5912 or 1-800-562-1381
Notes: Must be a registered customer with the program. Service available Mon.-Sun. Hours depend on your location.

Everett ParaTransit

Area Served: Area within Everett city limits.
Eligibility: Disabled, elderly, or unable to ride public transportation.
Purpose of Rick: All purposes.
Vehicle Used: Wheelchair-accessible vans.
Notice Required: Riders must call three weekdays in advance (e.g. Tuesday rides need to be requested on or before the previous Thursday).
Cost: Fee scale currently being developed. Will be comparable to public transportation fees (40 cents/ride). Donations are encouraged
Phone No.: (206) 259-8801
Notes: Reservations taken between 9 a.m. - 3 p.m.
Cancellation calls received 7:30 a.m. - 5 p.m.

Rides provided from approximately 7:30 a.m. (limited service) until evening. Sat. and Sun. as requested.

DSHS/Medicaid Transportation:

Area Served: Snohomish County.

Eligibility: Must have current DSHS Medial Identification card. For more information, call Senior Information and Assistance at (206) 259-7113.

Purpose of Ride: Transportation: only for Medicaid-covered services. (Medical appointments.)

Vehicle Used: Bus, taxi, van, wheelchair transport, etc. Least expensive alternative. Authorized by Medicaid broker.

Notice Required: Same day if urgent. Transport to nearest medical facility. Otherwise, 24 hours. Call in by 4 p.m. preceding day. Up to one week notice accepted.

Cost: None.

Phone No.: (206) 3887267, M-F, 8 a.m. - 5 p.m.
1-800-794-8818
TDD: 388-7333

Notes: If you are unsure whether you are registered for Medicaid, call in for confirmation. Guaranteed service for all Medicaid-eligible clients.

EXAMPLE

Nonprofit Organizations/Volunteer Programs:

Catholic Community Services Helpers of People With AIDS

Area Served: Snohomish County only.
 Eligibility: Anyone HIV-positive.
 Purpose of Ride: All purposes.
 Vehicle Used: Volunteers' vehicles.
 Notice Required: 48 hours minimum.
 Cost: No cost to riders. Donations accepted.
 Phone No.: (206) 388-0236, M-F, 8 a.m. - 5 p.m. to reserve rides.

Volunteer Escort

Area served: Snohomish County pick up with destinations outside county.
 Eligibility: Riders must live in Snohomish County 65+ or disabled adults.
 Purpose of Ride: Rides given for medial or dental appointments only.
 Vehicle Used: Volunteer drivers use their own cars to transport clients. Some wheelchair rides available. Must be able to transfer self. Drivers will do no lifting.
 Notice Required: Two weeks advance notice. (if urgent may be able to give rides earlier.)
 Volunteer Escort cannot guarantee rides.
 Cost: By donation.
 Phone No.: (206) 290-1275
 Notes: Clients must call for themselves. Will transport to Eastside Campus.

Public Transportation:

Dial-a-Lift

Area Served: Thurston County public transportation areas. Call for specific locations.

Eligibility: Must be physically unable to ride the city bus; must meet Americans with Disabilities Act criteria for eligibility. Eligible riders of any age accepted.

Purpose of Ride: All purposes.

Vehicle Used: Wheelchair-accessible minivans.

Notice Required: Same day rides will be accommodated if possible. More time requested. Two weeks maximum advance notice.

Cost: 25 cents each way. Donations are not accepted unless the area is covered by Area Agency on Aging.

Phone No.: (206) 754-9393 or 1-800-244-6846

Notes: This organization is working to comply with Americans with Disabilities Act regulations. It is linked with the Area Agency on Aging, which pays to assist senior riders with Dial-a-lift costs outside the regular service area. Reservations: M-F,; 7 a.m. - 5 p.m. Sat., 8 a.m. - 5 p.m., Sun., 7:30 a.m.- 7 p.m. (same day service only).

Inner City Transit—Custom Bus

Area Served: Same as Thurston Country public transportation service areas. Provides rides in areas not busy enough to warrant a bus route.

Eligibility: Anyone in the designated area is eligible.

Purpose of Ride: All purposes.

Vehicle Used: Minibuses—some are wheelchair-accessible. Drivers cannot assist you to or from your door.

Notice Required: Riders should call as early as possible on the day they need a ride.

Cost: Same as regular public transportation—50 cents for youth and adults, 25 cents for seniors. Monthly and annual passes available.

Phone No.: (206) 943-7777

Notes: Custom bus provides service when public transportation does not run (such as evenings and Sundays). Reservations: Mon.-Sat., 6:30 p.m. - 9:30 p.m. and Sun., 8:30 a.m. - 5 p.m. Service times: Mon.-Sat., 7 p.m. - 10:15 p.m. and Sun., 9 a.m. - 5:45 p.m.

DSHS/Medicaid Transportation:

ParaTransit

Area Served: Clallum, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, and Thurston counties. If the patient has a doctor’s referral, ParaTransit will provide transport to and from any of these areas.

Eligibility: Medicaid medical coupon recipients only. For more information call Senior Information and Assistance at (206) 943-6188.

Purpose of Ride: Rider must be going to a dental, medical or mental health appointment.

Vehicle Used: Minibuses, wheelchair transport, taxis—vehicle depends on riders need.

Notice Required: In general riders must call 24 hours in advance. Riders may try to call first thing in the morning for a same-day ride. Maximum one week notice accepted.

Cost: Paid for with medical coupon.

Phone No.: 1-800-846-5438

Notes: Service provided 24 hours a day, seven days per week—however, off-hour ride-share on an emergency basis only. Guaranteed service for Medicaid eligible clients.

Nonprofit Organizations/Volunteer Programs:

Yelm Senior Center

Area Served: Thurston County.

Eligibility: Riders must be 60+ years of age; low-income riders given preference.

Purpose of Ride: Medical appointments; limited services for grocery shopping and post Office.

Vehicle Used: Volunteers’ vehicles.

Notice Required: 24 hours minimum, 1 week maximum.

Cost: Free to low-income riders.

Phone No.: (206) 458-7733, M-F, 9:30 a.m. - 3:50 p.m.

Notes: This service can take riders out of Thurston County for medical appointments.

Public Transportation:

Specialized Transportation Service

Area Served: Most of Whatcom County.
Eligibility: Must be 60 or over or physically or developmentally disabled.
Purpose of Ride: All purposes.
Vehicle Used: Wheelchair-accessible vans.
Notice Required: 24 hours advance notice required.
Cost: New charges to be set in 1994.
Phone No.: (206) 733-1144
Outside Bellingham: (206) 354-3633
M-F, 7 a.m. - 7 p.m. and Sat., 9 a.m. - 6 p.m.
Notes: This is a curb-to-curb service—not door-to-door.

DSHS/Medicaid Transportation

Area Served: Whatcom county.
Eligibility: Must have current DSHS Medical identification card. To find out more about eligibility requirements, call DSHS at (206) 647-3000 Bellingham, 354-4183 toll free from county phones.
Purpose of Ride: Transportation: Only for Medicaid covered services.
Vehicle Used: Bus, taxi, van, wheelchair transport, etc. Least expensive alternative. Assigned by Medicaid broker.
Notice Required: 24 hour notice; same day if urgent. Transport to nearest medical facility. Call in by 4:30 p.m. preceding day. Up to three weeks notice accepted.
Cost: None.
Phone No.: (206) 738-4554 or 1-585-6749. Ask for Irene Lagerway.
Notes: If you are unsure whether you are registered for Medicaid, call in for confirmation.

Nonprofit Organizations/Volunteer Programs:

Retired Senior Volunteer Program (RSVP)

Area Served: Whatcom County.

Eligibility: Transportation requires referrals from Senior Information and Assistance, DSHS, Special Transportation Service, or other nonprofit organization. client cannot call directly.

Purpose of Ride: All purposes.

Vehicle Used: Volunteer cars.

Notice Required: Prefer five days advance notice.

Cost: No cost.

Phone No.: (206) 734-3055, M-F, 8 a.m. - 5 p.m.

Notes: This is a volunteer agency which other nonprofits call to arrange ride assistance. Transportation to Seattle for medial needs can sometimes be arranged.

EXAMPLE

Cabulance Providers**American Med-Tech**

Area served: Primarily King County but also limited Pierce and Snohomish Counties.

Notice Required: Prefer 24 hours notice; limited same day service.

Capabilities: Will move patient in wheelchair up and down stairs.
Will transport with patient's own portable oxygen.
Wheelchair available.

Cost: \$30 pickup fee+ \$3/mile each way.

Phone No.: 206-649-6900

Notes: Not approved for DSHS transportation.
State licensed.
Will wait 10-15 minutes.

Caseado Cabulance

—Future All State Transit Corporation

—Farwest Cabulance

Area Served: Greater Seattle area, Bellevue, Tacoma, South Snohomish

Notice Required: Prefer 24 hours notice; same day service with 1 hr. notice.

Capabilities: Will move patient in wheelchair up and down stairs.
Will transport with patient's own portable oxygen.
Wheelchair available.

Cost: \$15 pickup fee+ \$2/mile each way.

Phone No.: 206-767-1717

Notes: DSHS approved; must call DSHS for authorization prior to transport.
State licensed.
Will wait 30 minutes or less.

Pierce-King Cabulance

Area Served: King and Pierce Counties.

Notice Required: 24 hours preferred; same day service okay.

Capabilities: Will move patient in wheelchair up and down 3 stairs.
Will transport with patient's own portable oxygen.
Wheelchair available.

Cost: \$16.88 drop/pick-up charge+ \$2.18/mile.
Flat rate for hospital discharge in Tacoma is \$24 within city limits+
\$2/mile beyond city limit.

Phone No.: 838-3522 (King Co.); 4737444 (Pierce Co.).

Notes: DSHS approved; must call DSHS for authorization prior to transport.
State licensed.
Waiting charge: \$45/hour.

Plaza Cabulance

Area Served: King, Pierce, Snohomish Counties.

Notice Required: Prefer 24 hours notice; no same day service.

Capabilities: Will move patient in wheelchair up and down stairs (with notice).
Will transport with patient's own portable oxygen.
Wheelchair available.

Cost: \$12 Pickup/Drop Fee+ \$1.75/mile each way.

Phone No.: 206-745-6642

Notes: DSHS approved; must call DSHS for authorization prior to transport.
State licensed.
Will wait 15-20 minutes.

A Quality Cabulance Company

Area Served: Greater Seattle area, Tacoma, Everett.
Notice Required: Prefer 24 hours notice; limited same day service.
Capabilities: Will move patient in wheelchair up and down stairs.
Will transport with patient's own portable oxygen.
Wheelchair available.
Cost: For Group Health enrollees: \$15 pickup fee+ \$2/mile each way.
Regular Charges: \$40 one way, \$75 roundtrip with no mileage charge.
Phone No.: 206-972-1976
Notes: DSHS approved; must call DSHS for authorization prior to transport.
State licensed.
Will wait no more than 30 minutes.

Shepard LifeFleet Cabulance

Area Served: Seattle, Tacoma, Everett.
Notice Required: Prefer 24 hours notice; immediate service if unit available.
Capabilities: Will move patient in wheelchair up and down stairs.
Will transport with patient's own portable oxygen.
Wheelchair available.
Cost: Covered Group Health enrollees only \$28 pickup+ \$2.50/mile each way.
Regular charges: \$36 pickup+ \$3.25/mile each way.
Phone No.: 206-322-0330
Notes: DSHS approved; must call DSHS for authorization prior to transport.
State licensed.
Will wait 15-20 minutes.

TLC Cabulance (Also contracted by American Medtech)

Area Served: King and Snohomish Counties.

Notice Required: Prefer 24 hours notice; same day service sometimes.

Capabilities: Will move patient in wheelchair up and down stairs (need to know ahead of time).
Will transport with patient's own portable oxygen.
Wheelchair available.

Cost: Cash: \$16 pickup+ \$2/mile each way.

Billed: \$22 pickup+ \$2.25/mile each way.

Phone No.: 206-233-9259 or 206-820-2983

Notes: DSHS approved; must call DSHS for authorization prior to transport.
State licensed.
will wait up to 30 minutes.

Request for Changes to the Transportation Resource Guide

Date _____

Name of requestor _____

Group Health location _____ County of identified service _____

The following services are no longer operating or have been changed Please review for deletion or modification in the booklet:

The following services are new to the county identified above. Please review for inclusion in this booklet. The contact telephone number is included below:

Other comments for improvements to this booklet:

Please forward your comments and suggestions to Sue Dinauer at Center for Health Promotion Resource Center and Senior Programs (SEN). Thank you

EASTSIDE SPECIALTY CENTER

2700 152th Avenue NE
 REDMOND, WA 98052-5560
 Main Switchboard: 883-5151
 Mail Code: EMB-C

Clinic Hours: Mon.-Fri. 8:30 a.m. - 5:30 p.m.

MAP & DIRECTIONS

On I-5 Southbound or Northbound:

1. Take Exit #168 520 East - Evergreen Point Bridge.
2. Take 148th Ave. NE South Exit and stay in the left lane.
3. Turn south/right on 148th Ave. NE.
4. Take the first east/left onto NE 24th St
5. Take the north/left at second light at 152nd Ave. NE.
6. Take the first right into GHC drive, just after the Metro Park & Ride; follow signs.

On I-405 Southbound or Northbound:

1. Take Exit #14 Highway 520 - Redmond East.
2. Travel 2.2 miles and take the 148th Ave. NE South Exit and stay in the left lane
3. Turn south/right on 148th Ave. NE.
4. Take the first east/left onto NE 24th St
5. Take the north/left at second light at 152nd Ave. NE.
6. Take the first right into GHC drive. just after the Metro Park & Ride; follow signs.

From Bellevue Northbound:

1. Go north to NE 24th St. on either 140th Ave. NE or 148th Ave. NE.
2. Follow NE 24th St. to 152nd Ave. NE.
3. Go north on 152nd Ave. NE about 1 Mock (after the Metro Park & Ride).
4. Take the first right into GHC drive, just after the Metro Park & Ride; follow signs.

From Olympia or Federal Way:

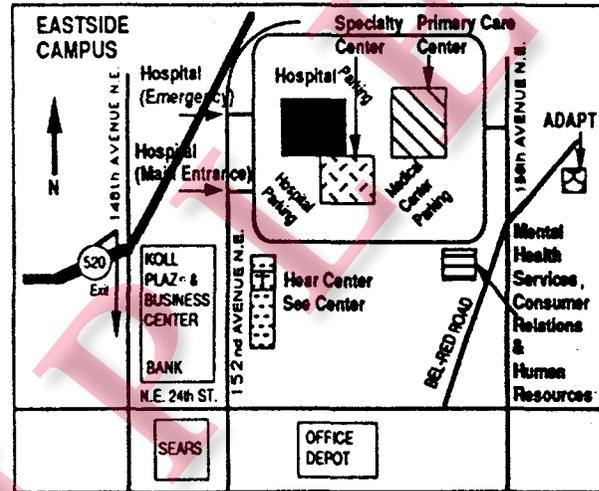
1. Go north on I-5. Take I-405 exit at Southcenter.

From Redmond and Northeast:

1. Follow 148th Ave. NE South to NE 24th St.
2. Turn left at NE 24th St.
3. Take second left at 152nd Ave. NE (opposite Sears).
4. Take the first right to GHC drive. just after the Metro Park & Ride; follow signs.

If you need further help. call 883-5151.

For bus Information call Metro Transit at 447-4800.



Hear Center & See Center
 (see page 1-15 for details)

FACILITIES

	DIALING SERVICE	PUBLIC NUMBER
Assoc. Administrator, Diagnostic & Therapeutic Svcs.	8+550-5728	883-5728
Assoc. Administrator, Surgical Svcs.	8+550-5730	883-5730
Assoc. Administrator, Women/Children's Svcs.	8+550-5185	883-5185

Function	Dialing Service	Public Number	Function	Dialing Service	Public Number
In-house Emergencies	8+550-5911	883-5911	ADAPT		
ADAPT Administration			Suite 100, 2661 Bel-Red Road NE, Bellevue (EAD/ADAPT)		
Suite 310, 15446 Bel-Red Road NE, Redmond (EMH/ADAPT)			Manager	8+550-5579	883-5579
Director	8+550-5608	883-5608	Office Supervisor	8+550-5975	883-5975
Associate Director	8+550-5605	883-5605	Appointments	9+1+206-885-9492	885-9492
Program Assistant III/ADAPT RMS..	8+550-5609	883-5609	Fax	9+1+206-882-2665	882-2665
Research Assistant	8+550-5109	883-5109	Audiology Appointment	8+550-5361	883-5361
Secretary	8+550-5607	883-5607	Breast Cancer Screening		
Fax	8+550-5692	883-5692	Appointment	8+550-5723	883-5723
			Nurse Manager	8+550-5720	883-5720

CENTRAL HOSPITAL
 201 16th Avenue East
 SEATTLE, WA 98112-5260
 Main Switchboard: 326-3000
 Mail code: CMB

Clinic Hours: Mon.-Fri. 6:30 a.m.- 5:30 p.m. (some departments vary)

MAP & DIRECTIONS

By bus from Downtown:

1. At 4th & Pike (on the waiting platform on Pike St. outside Payless Drug) take #10 or #43 bus.
2. Get off approximately 13 minutes later at 15th Ave. E. & E. John St. in front of Group Health Hospital.

On I-5 Northbound:

1. Leave I-5 at Olive Way/Denny Way Exit 166.
2. Take E. Olive Way up the hill.
3. E. Olive Way curves to the right and becomes E. John St. at Broadway E.
4. Continue on E. John St. to 15th Ave. E.

On I-5 Southbound:

1. Leave I-5 at Stewart St./Denny Way Exit 166
2. Turn left/east at second light (Denny Way).
3. Take Denny Way up the hill and make a left onto E. Olive Way.
4. E. Olive Way curves to the right and becomes E. John St at Broadway E. Continue on E. John St. to 15th Ave. E.

On I-5 Southbound:

1. Leave I-5 at Roanoke Exit.
2. Turn left/east at light. Go over I-5 overpass.
3. Turn right/south at the second light at 10th Ave. E.
4. Turn left/east at E. Boston St. Follow E. Boston St., which winds around and becomes 15th Ave. E. Take 15th Ave. E. to E. John St.

By car from Mercer Island:

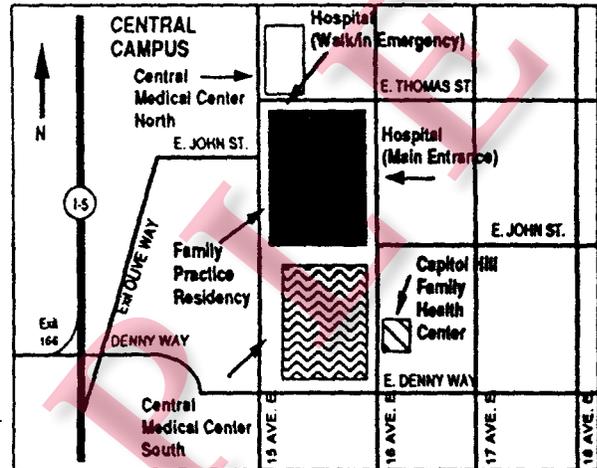
1. On Mercer Island Floating Bridge stay in righthand lane.
2. Take the first Rainier Ave. S. Northbound Exit.
3. Turn right/north-northwest on Rainier Ave. S. Continue on Rainier Ave. S. as Rainier Ave. S. changes to go due north as 12th Ave. S.
4. Continue on 12th Ave. S. past Seattle University on your left for approximately 2 miles until you reach E. John St
5. Turn right on E. John St. Travel 3 blocks to 15th Ave. E. Group Health Hospital faces you.

By Car from Eastside across Evergreen Point Floating Bridge:

1. Take Evergreen Point Floating Bridge and exit to the right at Lake Washington Blvd. (first exit after the bridge).
2. Follow off ramp to blinking light and stop sign. and take a right.
3. Follow road to stoplight.
4. Take a left onto Montlake Blvd. and follow arterial (which becomes E. Thomas St.) all the way up Capitol Hill to E. John St.
5. Turn tight to 16th Ave. E. Group Health Hospital is on the left/south.

Or

1. Take the 3rd Exit Vancouver B.C. after Evergreen Point Floating Bridge.
2. Almost immediately take the first right Roanoke St. Exit.
3. Take Roanoke St. east. Go east over overpass across I-5 to 10th Ave. E.
4. Turn right/south at 10th Ave. E. Travel southerly on 10th Ave. E. to E. Boston St.
5. Turn left/east at E. Boston St., and follow road which winds around and becomes 15th Ave. E.
6. Take 15th Ave. E. to E. John St. Group Health Hospital is on the left/south.



Hear Center, See Center & Take Care Store
 (See page 1-15 for details)

DIALING SERVICE PUBLIC NUMBER LOCATION

Regional Vice President.....	8+330-3435	326-3435	CMB-D640
Assoc. Administrator/Chief Nursing Executive ...	8+330-3239	326-3329	CMB-D635
Hospital Administrator	8+330-2171	326-2171	CMB-D635
Chief of Staff	8+330-3400	326-3400	CMB-D635
Assoc. Administrator, Medical Svcs.	8+330-3239	326-3239	CMB-D635
Assoc. Administrator. Support Svcs.	8+330-3331	326-3331	CMB-D635
Specialty Svcs. Administrator.....	8+330-3328	326-3328	CMB-D640
Primary Care Administrator	8+330-3435	326-3435	CMB-D640



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