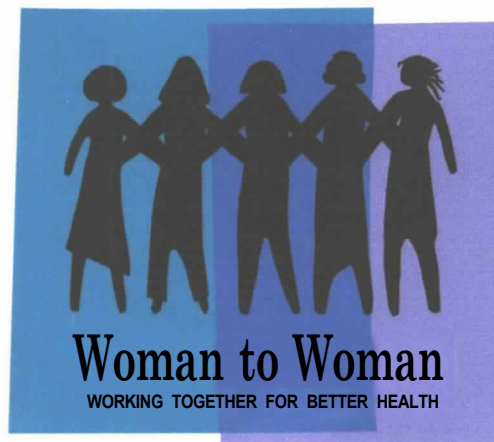


Woman to Woman Program Manual



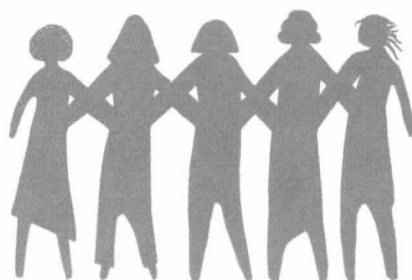


Woman to Woman Program Manual



**A Complete Guide to Implementing
the Woman to Woman Program
in Your Workplace**

The Breast and Cervical Cancer Education Project
The Center for Community-Based Research
Dana-Farber Cancer Institute
Boston, Massachusetts



Woman to Woman
is a joint project of the
Dana-Farber Cancer Institute's
Center for Community-Based Research,
the Service Employees International Union,
and participating worksites. It is funded by the
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The Boston Edison Foundation, and
New England Electric System.



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The Woman to Woman Program Manual

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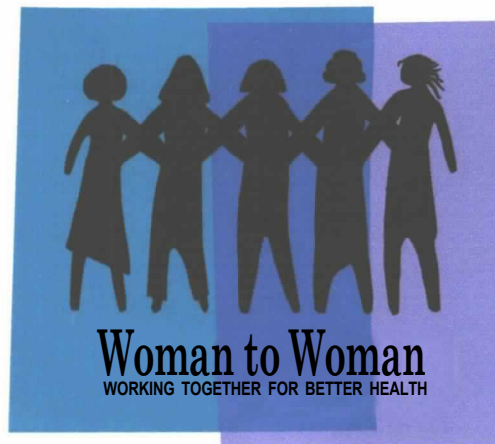
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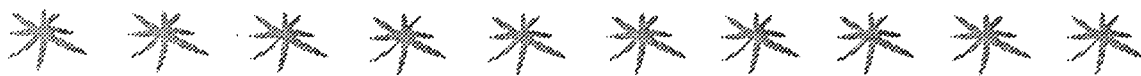
Introduction

The Woman to Woman Program

The Importance of Early Detection

The Importance of Worksite Programs





The Woman to Woman Program

In 1994, the Center for Community-Based Research of Dana-Farber Cancer Institute, in collaboration with the Service Employees International Union, initiated the Breast and Cervical Cancer Education Project. This was a research study designed to evaluate the effectiveness of breast and cervical cancer education programs offered at the workplace.

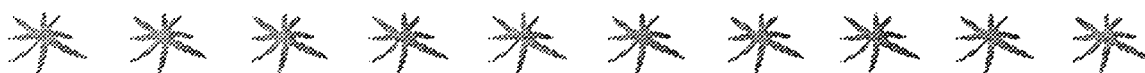
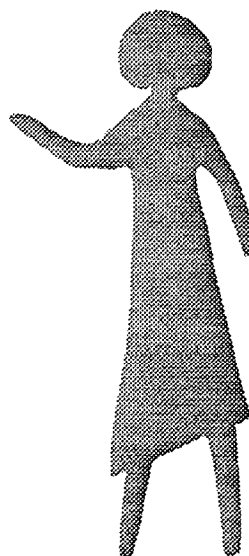
The study involved the participation of 26 Massachusetts worksites. At the beginning of the study, a survey called the Women's Health Habits Questionnaire was conducted at all worksites. After this baseline survey was completed, 13 worksites were assigned at random to a "comparison group." Thirteen were assigned to an "education group" and received a 16-month long program called "Woman to Woman."

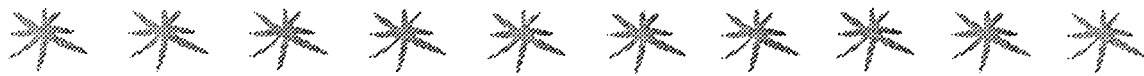
The Woman to Woman Program is an innovative way to help employees learn more about breast and cervical cancer

so that they can take charge of their health. The program offers a variety of educational strategies that each worksite can choose to replicate or modify to fit their needs. Your worksite can benefit from the many long hours, shared experiences, critical evaluation, and suggestions offered during the creation of this program.

The Breast and Cervical Cancer Education Project created this manual to help you implement the Woman to Woman Program at your workplace. The manual is a hands-on guide that will help you plan, implement, and evaluate your program. It will also enable you to develop your own educational activities.

We encourage you to read through this manual, take the suggestions it contains, and complement these with your own ideas to make the Woman to Woman Program a success in your organization. Good luck!





The Importance of Early Detection

Breast cancer is the most common cancer among women, and is the second leading cause of cancer deaths among women, next to lung cancer. In 1998, an estimated 178,700 new cases of breast cancer will be diagnosed, 43,900 women will die from this disease. A lot has been said about breast cancer over the last few years and despite a great deal of controversy, one thing still holds true: Early detection is still our best chance to catch this disease when it can be treated successfully and maybe even cured.

There are three main screening methods for early detection of breast cancer and those are:

Mammography: a low dose x-ray of the breasts

Clinical Breast Exam: when a health care provider examines a woman's breasts for changes

Breast Self-Exam: when a woman examines her own breasts for changes

The screening guidelines for breast cancer, at the time this manual was written, are:

Women age 40-49: Health organizations vary in their recommendations for mammography screening for women in this age group. The American Cancer Society (ACS) recommends that women have their first mammogram beginning at age 40 and then have a mammogram every year. The National

Cancer Institute (NCI) suggests that women in this age group, who are at average risk for breast cancer have a mammogram every one or 2 years. Women who are at higher risk of breast cancer should seek medical advice about whether to begin mammography before age 40 and to determine their mammography schedule for their 40s.

Women age 50 and over: All medical groups agree that having regular mammograms after age 50 is a good health practice. The American Cancer Society recommends that all women have a mammogram every year. The National Cancer Institute suggests that women have a mammogram every one or two years.

Guidelines for Clinical Breast Exams are:

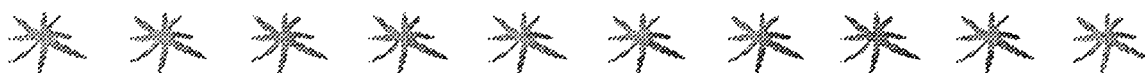
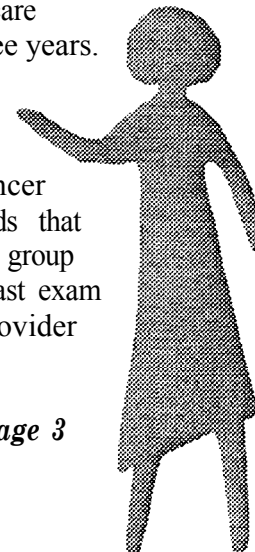
For women age 20-40:

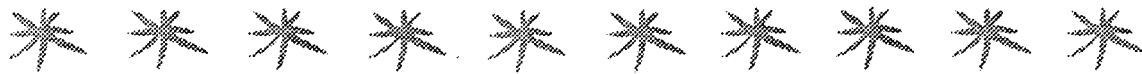
The American Cancer Society recommends that women in this age group have a clinical breast exam by a health care provider every three years.

For women age 40 and over:

The American Cancer Society recommends that women in this age group have a clinical breast exam by a health care provider every year.

continued on page 3





The Importance of Early Detection

continued

The guidelines for Breast Self-Exam are for **all women age 20 and over** to perform breast self-exam once a month.

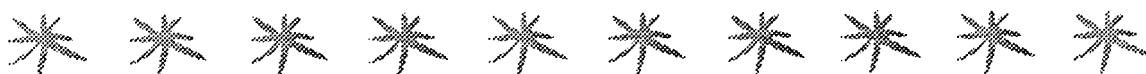
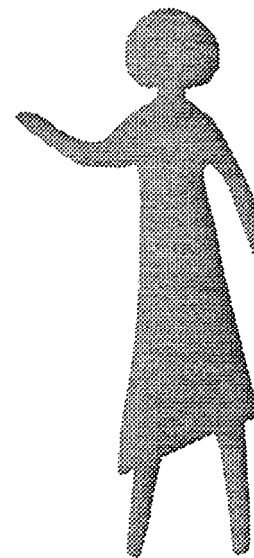
Cervical cancer is also one of the most common forms of cancer among women. Despite a decrease of cervical cancer over the last 50 years, there are still 13,700 new cases of cervical cancer in the United States every year and 4,900 deaths from this disease. There is one main screening method for the early detection of cervical cancer: a pelvic exam with Pap test. During the pelvic exam a health care provider takes a sample of the cells from in and around the cervix. The sample is sent to the lab.

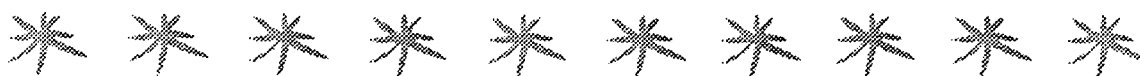
It is important to note that cervical cancer is thought to be largely preventable. The Pap test can detect

changes in the cells even before they become cancerous. Women who have regular Pap tests and pelvic exams can significantly reduce their risk of getting cervical cancer.

The guidelines for Pap test with pelvic exam, at the time this manual was written are:

The American Cancer Society and the National Cancer Institute recommend that **women age 18 and over**, and those **under 18 who are sexually active** receive an annual Pap test and pelvic examination. After three or more annual examinations with normal findings, the Pap test may be performed less frequently at the discretion of the physician. There is no upper age limit for Pap tests: women should continue to receive Pap tests throughout their life.





The Importance of Worksite Programs

In recent years, a variety of initiatives have been launched to improve rates of mammography screening. These have included physician education, public education, community activities, media campaigns, and low-cost screening programs. While many of these efforts have increased women's awareness of mammography and improved rates of one-time screening, it has become clear that new approaches will be needed to increase women's compliance with screening guidelines over a lifetime.

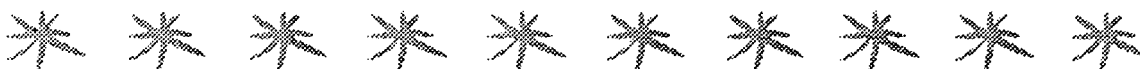
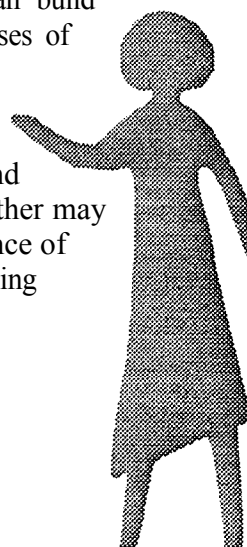
One avenue for such efforts is worksites, an increasingly important focus for cancer control activities. According to the 1992 National Survey of Worksite Health Promotion Activities, nearly a quarter of private worksites with more than 50 employees offer cancer information or education. Twelve percent offer some form of cancer screening, usually mammography.

Worksites represent an ideal setting for women's cancer education activities because they provide access to large numbers of women and a setting in which it is possible to reduce or eliminate several major barriers to screening, such as time, location, and/or cost. Also, educational programs can be offered repeatedly over time, increasing the likelihood of reaching women in various stages of readiness for behavior change.

For many reasons, organized labor can play an important role in the success of

health promotion efforts. First, health programs implemented through organized labor can reach large numbers of workers. In 1991, for example, roughly half of private-sector, non-agricultural employment was located in worksites where a majority of employees were unionized. In addition, unions are likely to represent low-socioeconomic or blue/pink collar workers - groups that are traditionally underserved by health programs. Labor unions can also provide the organizational structure and communication networks necessary for wide-scale dissemination of health programs in worksites.

Women now represent 37% of labor union members, more than at any other point in organized labor's history. Consequently, unions have a vested interest in representing women's interests. In fact, labor unions have a successful track record of organizing around women's health and safety concerns such as reproductive rights, sexual harassment, and family leave. Worksite programs aimed at improving women's health can build on the past successes of organized labor. Furthermore, a program introduced by union and management together may have the best chance of successfully reaching employees.





Dianne Lyng (left) and Debbie Ouellette

A Change of Heart

Innovative study reaches women at work

At her next checkup, Debbie Ouellette, a pharmacy technician at Hale Hospital in Haverhill, is planning to talk with her doctor about having a mammogram. While that's pretty routine for some women, for Ouellette it's a big step. "I've always been frightened of having a mammogram, feared that they might find something," admits Ouellette, whose mother died of cancer.

Ouellette credit her change of heart to Dianne Lyng, a CT scan supervisor at Hale Hospital. Lyng, a breast-cancer survivor, educated Ouellette about the value of early detection. "Dianne really changed my thinking," says Ouellette. "Now I'm pretty comfortable with the idea of having a mammogram."

Those are words Lyng loved to hear. Throughout 1997, she was a volunteer peer health advisor in a study called "Woman to Woman: Working Together for Better Health," a joint project of Dana-Farber's Center for Community-Based Research (CCBR), the Service Employees Employees International Union, and participating employers. Now in its fourth and final year, the study was developed by the CCBR to test a model of educating women about breast and cervical cancer at the workplace. When the study is completed, the results will be disseminated to employers, unions and the public health community so that the program may be replicated in other settings.

Lyng is one of 64 women who have been trained by CCBR staff to provide education, information about resources and support to women with whom they work. Like other peer health advisors, Lyng offers lunchtime seminars and talks with her co-workers one-on-one. Since the program's inception in early 1994, peer health advisors in 13 organizations across Massachusetts have educated thousand of women in all kinds of job about the importance of mammograms, clinical and self-breast exams and Pap tests. They also have provided information about how to access health-care services. as well as encouragement and support.

While the CCBR's study will not be completed until late 1998, Lyng is already convinced of the program's value. "I think it works because it's so convenient for women, who are always busy with jobs and families," she says. "While having lunch at work with their co-workers, they can also learn how to take care of their health."

Ouellette is equally convinced. "I'm no longer afraid to have an exam that could save my life someday," she say.

CANCER FACTS

National Cancer Institute • National Institutes of Health

Screening Mammograms

1. What is a screening mammogram?

A screening mammogram is an x-ray of the breast used to detect breast changes in women who have no signs of breast cancer. It usually involves two x-rays of each breast. Using a mammogram, it is possible to detect a tumor that cannot be felt.

2. What is a diagnostic mammogram?

A diagnostic mammogram is an x-ray of the breast used to diagnose unusual breast changes, such as a lump, pain, nipple thickening or discharge, or a change in breast size or shape. A diagnostic mammogram is also used to evaluate abnormalities detected on a screening mammogram. It is a basic medical tool and is appropriate in the workup of breast changes, regardless of a woman's age.

3. What is the position of the National Cancer Institute (NCI) on screening mammograms?

The National Cancer Institute recommends that women in their forties or older get screening mammograms on a regular basis, every 1 to 2 years.

Women who are at increased risk for breast cancer should seek medical advice about when to begin having mammograms and how often to be screened. (For example, a doctor may recommend that a woman at increased risk begin screening before age 40 or change her screening intervals to every year.)

4. What are the factors that place a woman at increased risk for breast cancer?

Every woman has some risk for developing breast cancer during her lifetime, and that risk increases as she ages. However, the risk of developing breast cancer is not the same for all women. These are the factors known to increase a woman's chance of developing this disease:

- **Personal History:** Women who have had breast cancer are more likely to develop a second breast cancer.

- **Family History:** The risk of getting breast cancer increases for a woman whose mother, sister, or daughter has had the disease; or who has two or more close relatives, such as cousins or aunts, with a history of breast cancer (especially if diagnosed before age 40). About 5 percent of women with breast cancer have a hereditary form of this disease.
- **Genetic Alterations:** Specific alterations in certain genes, such as those in the breast cancer genes BRCA1 or BRCA2, make women more susceptible to breast cancer.
- **Abnormal Biopsy:** Women with certain abnormal breast conditions, such as atypical hyperplasia or LCIS (lobular carcinoma in situ), are at increased risk.
- **Other conditions associated with an increased risk of breast cancer:** Women age 45 or older who have at least 75 percent dense tissue on a mammogram are at elevated risk. (This is not only because tumors in dense breasts are more difficult to “see,” but because, in older women, dense breast tissue itself is related to an increased chance of developing breast cancer.)

Women who received chest irradiation for conditions such as Hodgkin’s disease at age 30 or younger are at higher risk for breast cancer throughout their lives and require regular monitoring for breast cancer.

A woman who has her first child at age 30 or older has an increased risk of breast cancer.

Recent evidence suggests that menopausal women who have long-term exposure (greater than 10 years) to hormone replacement therapy (HRT) may have a slightly increased risk of breast cancer.

5. What are the chances that a woman in the United States might get breast cancer?

Age is the most important factor in the risk for breast cancer. The older a woman is, the greater her chance of getting breast cancer. No woman should consider herself too old to need regular screening mammograms. A woman’s chance. . .

by age 30... 1 out of 2,525
 by age 40... 1 out of 217
 by age 50... 1 out of 50
 by age 60... 1 out of 24
 by age 70... 1 out of 14
 by age 80... 1 out of 10

(Source: NCI’s Surveillance, Epidemiology, and End Results Program & American Cancer Society, 1992)

About 80 percent of breast cancers occur in women over the age of 50; the number of cases is especially high for women over age 60. Breast cancer is uncommon in women under age 40.

6. What is the best method of detecting breast cancer as early as possible?

A high-quality mammogram, with a clinical breast exam (an exam done by a professional health care provider), is the most effective way to detect breast cancer early when it is most treatable. Using a mammogram, it is possible to detect breast cancer that cannot be felt. However, like any test, mammograms have both benefits and limitations.

When a woman examines her own breasts, it is called breast self-exam (BSE). Studies so far have not shown that BSE alone reduces the numbers of deaths from breast cancer. Therefore, it should not be used in place of clinical breast exam and mammography.

7. What are the benefits of screening mammograms?

- **Saved lives:** Several studies have shown that regular screening mammograms can help to decrease the chance of dying from breast cancer. The benefits of regular screening are greater for women over age 50. For women in their forties, there is recent evidence that having mammograms on a regular basis reduces their chances of dying from breast cancer by about 17 percent. For women between the ages of 50 and 69, there is strong evidence that screening with mammography on a regular basis reduces breast cancer deaths by about 30 percent.

Estimates show that if 10,000 women age 40 were screened every year for 10 years, about four lives would be saved. In comparison, regular screening of 10,000 women age 50 would save about 37 lives.

- **More treatment options:** In some cases, finding a breast tumor early may mean that a woman can choose surgery that saves her breast. Also, a woman whose breast tumor is detected in its early stages may not have to undergo chemotherapy.

8. What are some of the limitations of screening mammograms?

- **Detection does not always mean saving lives:** Even though mammography can detect most tumors that are 5 millimeters in size, (5 millimeters is about 1/4 inch) and some as small as 1 millimeter, finding a small tumor does not always mean that a woman's life will be saved. Mammography may not help a woman with a fast-growing or aggressive cancer that has already spread to other parts of her body before being detected.
- **False Negatives:** False negatives occur when mammograms appear normal even though breast cancer is actually present. False negatives are more common in younger women than in older women. The dense breasts of younger women

contain many glands and ligaments, which make breast cancers more difficult to spot in mammograms. As women age, breast tissues become more fatty and breast cancers are more easily “seen” by screening mammograms.

Screening mammograms miss up to 25 percent of breast cancers in women in their forties compared with about 10 percent of cancers for older women.

- **False Positives:** False positives occur when mammograms are read as abnormal, but no cancer is actually present. For women at all ages, between 5 percent and 10 percent of mammograms are abnormal and are followed up with additional testing (a diagnostic mammogram, fine needle aspirate, ultrasound, or biopsy). Most abnormalities will turn out *not* to be cancer.

False positives are more common in younger women than older women. About 97 percent of women ages 40 to 49 who have abnormal mammograms turn out *not* to have cancer, as compared with about 86 percent for women age 50 and older. But all women have to undergo followup procedures when they have an abnormal mammogram.

- **DCIS:** Over the past 30 years, improvements in mammography have resulted in an ability to detect a higher number of small tissue abnormalities called ductal carcinomas *in situ* (DCIS), abnormal cells confined to the milk ducts of the breast. Some of these can eventually go on to become actual cancers, but many do not.

Because it is not possible to predict which ones will progress to invasive cancer, DCIS is commonly removed surgically; some are treated with mastectomy, some with breast-sparing surgery. There is disagreement among experts about the extent of surgery necessary for DCIS.

Younger women have a higher proportion of DCIS than older women. Approximately 45 percent of breast cancers detected by screening mammograms in women ages 40 to 49 are DCIS compared with about 20 to 30 percent of those detected in women age 50 and older.

9. **How much does a mammogram cost?**

Most screening mammograms cost between \$50 and \$150. Most states now have laws requiring health insurance companies to reimburse all or part of the cost of screening mammograms. Details can be provided by insurance companies and health care providers. Currently, Medicare pays for part of the cost of one screening mammogram every 2 years for women who are eligible for Medicare benefits. On January 1, 1998, this coverage will increase to one screening mammogram every year. Information on coverage is available through the Medicare Hotline at 1-800-638-6833.

Some state and local health programs and employers provide mammograms free or at low cost. Information on low-cost or free mammography screening programs is available through the NCI's Cancer Information Service at 1-800-4-CANCER.

10. Where can a woman get a high quality mammogram?

Women can get high quality mammograms in breast clinics, radiology departments of hospitals, mobile vans, private radiology offices, and doctors' offices.

Through the Mammography Quality Standards Act, all mammography facilities are required to display certification by the Food and Drug Administration (FDA). To be certified, facilities must meet standards for the equipment they use, the people who work there, and the records they keep. Women should go to an FDA-certified facility and look for the certificate and expiration date. Women can ask their doctors or staff at the mammography facility about FDA-certification before making an appointment. Information about local FDA-certified mammography facilities is available through NCI's Cancer Information Service at 1-800-4-CANCER.

11. What technologies are under development for breast cancer screening?

The NCI is supporting the development of several new technologies to detect breast tumors. This research ranges from technologies under development in research labs to those that have reached the stage of testing in humans, known as clinical trials.

Efforts to improve conventional mammography include digital mammography, where computers assist in the interpretation of the x-rays. Other studies are aimed at developing teleradiology, sending x-rays electronically, for long-distance clinical consultations. A non-X-ray based technology under development is magnetic resonance imaging (MRI).

In addition to imaging technologies, NCI-supported scientists are exploring methods to detect markers of breast cancer in blood, urine, or nipple aspirates that may serve as early warning signals for breast cancer.

12. What studies is NCI supporting to find better ways to prevent and treat breast cancer?

NCI is supporting many studies that are looking for improved prevention and treatment for breast cancer.

- **Basic Research:** Many studies are taking place to identify the causes of breast cancer, including an analysis of the role that alterations in the BRCA1 and BRCA2 genes play in the development of cancer. Scientists also are looking

- at how these genes interact with other genes and with hormonal, dietary, and environmental factors to determine what influences the development of breast cancer.
- **Prevention:** Researchers are looking for ways to prevent breast cancer in women who are at increased risk. In addition, studies currently under way involving diet, nutrition, and environmental factors could also lead to new prevention strategies.
- **Treatment:** Several studies are aimed at finding treatments for breast cancer that are more effective and less toxic than current methods.

Women who would like more information on cancer prevention, treatment, or screening studies can call NCI's Cancer Information Service at 1-800-4-CANCER.

#

Sources of National Cancer Institute Information

Cancer Information Service

Toll-free: 1-800-4-CANCER (1-800-422-6237)

TTY: 1-800-332-8615

NCI Online CancerNet™

Internet

<http://rex.nci.nih.gov> and <http://cancernet.nci.nih.gov>

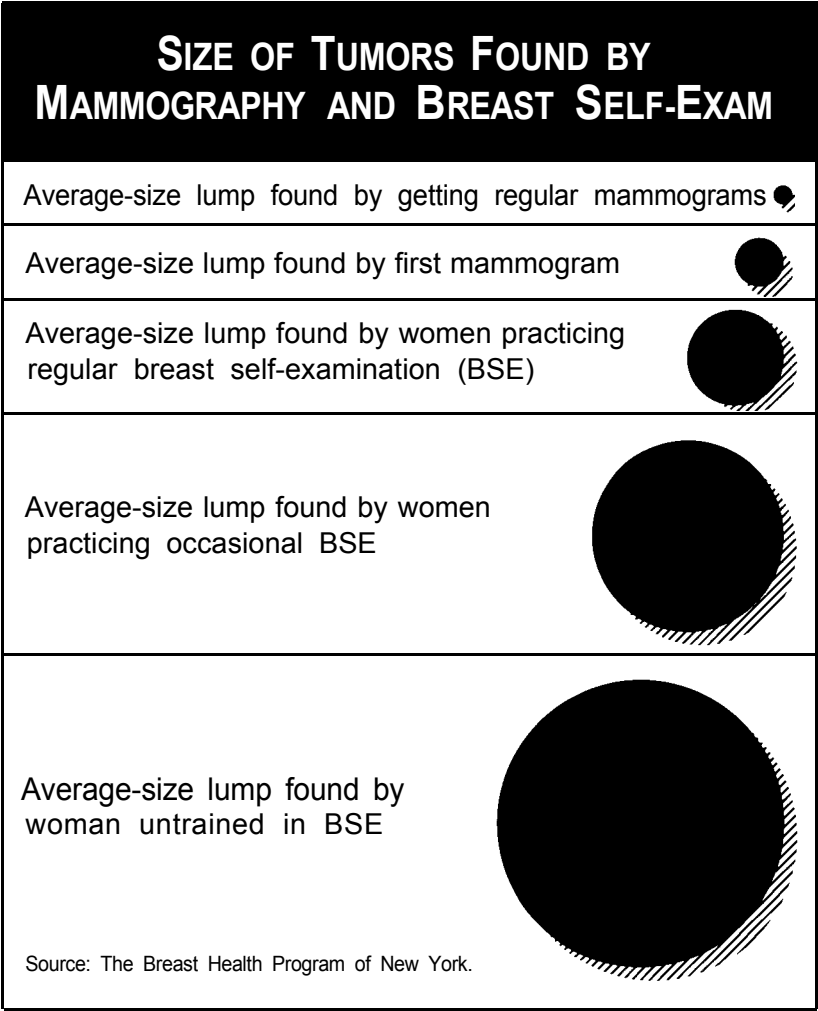
<gopher://gopher.nih.gov>

CancerMail Service

To obtain a contents list, send E-mail to cancernet@icicc.nci.nih.gov with the word "help" in the body of the message.

CancerFax® fax on demand service

Dial 301-402-5874 and listen to recorded instructions.



CANCER FACTS

National Cancer Institute • National Institutes of Health

Questions and Answers About the Pap Test

1. What is a Pap test?

The Pap test (sometimes called a Pap smear) is a way to examine cells collected from the cervix and vagina. This test can show the presence of infection, inflammation, abnormal cells, or cancer.

2. What is a pelvic exam?

In a pelvic exam, the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum are felt to find any abnormality in their shape or size. During a pelvic exam, an instrument called a speculum is used to widen the vagina so that the upper portion of the vagina and the cervix can be seen.

3. Why are a Pap smear and pelvic exam important?

A Pap test and pelvic exam are important parts of a woman's routine health care because they can detect abnormalities that may lead to invasive cancer. These abnormalities can be treated before cancer develops. Most invasive cancers of the cervix can be prevented if women have Pap tests and pelvic exams regularly. Also, as with many types of cancer, cancer of the cervix is more likely to be treated successfully if it is detected early.

4. Who performs a Pap test?

Doctors and other specially trained health care professionals, such as physician assistants, nurse midwives, and nurse practitioners, may perform Pap tests and pelvic exams. These individuals are often called clinicians.

5. How is a Pap test done?

A Pap test is simple, quick, and painless; it can be done in a doctor's office, a clinic, or a hospital. While a woman lies on an exam table, the clinician inserts a speculum into her vagina to open it. To do the test, a sample of cells is taken from in

and around the cervix with a wooden scraper or a small cervical brush or broom. The specimen (or smear) is placed on a glass slide or rinsed in liquid fixative and sent to a laboratory for examination.

6. Who should have Pap tests?

Women who are or have been sexually active, or have reached age 18, should have Pap tests and physical exams regularly. Women may want to discuss with their doctor how often to have the test.

There is no known upper age at which Pap tests cease to be effective. Older women should continue to have regular physical exams, including pelvic exams and Pap tests. Women who have had consistently normal Pap test results may want to ask the doctor how often they need to have a Pap test.

Women who have had a hysterectomy (surgery to remove the uterus, including the cervix) should talk with their doctor about whether to continue to have regular Pap tests. If the hysterectomy was performed for treatment of a precancerous or cancerous condition, the end of the vaginal canal still needs to be sampled for abnormal changes. If the uterus (including the cervix) was removed because of a noncancerous condition such as fibroids, routine Pap tests may not be necessary. However, it is still important for a woman to have regular gynecologic examinations as part of her health care.

7. When should the Pap test be done?

A woman should have this test when she is not menstruating; the best time is between 10 and 20 days after the first day of the menstrual period. For about 2 days before a Pap test, she should avoid douching, or using vaginal medicines or spermicidal foams, creams, or jellies (except as directed by a physician). These may wash away or hide abnormal cells.

8. How are the results of a Pap test reported?

The way of reporting Pap test results has sometimes been confusing. A new reporting method, called the Bethesda System, was developed following a 1988 National Cancer Institute-sponsored workshop. The Bethesda System uses descriptive diagnostic terms rather than class numbers, which were used to report Pap test results in the past. This system of reporting includes an evaluation of specimen adequacy.

9. What do abnormal test results mean?

A physician may simply describe Pap test results to a patient as “abnormal.” Cells on the surface of the cervix sometimes appear abnormal but are not cancerous. It is

important to remember that abnormal conditions do not always become cancerous, and some conditions are more of a threat than others. A woman may want to ask her doctor for specific information about her Pap test result and what the result means.

There are several terms that may be used to describe abnormal results.

- **Dysplasia** is a term used to describe abnormal cells. Dysplasia is not cancer, although it may develop into very early cancer of the cervix. In dysplasia, cervical cells undergo a series of changes in their appearance. The cells look abnormal under the microscope, but they do not invade nearby healthy tissue. There are three degrees of dysplasia, classified as mild, moderate, or severe, depending on how abnormal the cells appear under the microscope.
- **Squamous intraepithelial lesion (SIL)** is another term that is used to describe abnormal changes in the cells on the surface of the cervix. The word squamous describes cells which are thin, flat, and lie on the outer surface of the cervix. The word lesion refers to abnormal tissue. An intraepithelial lesion means that the abnormal cells are present only in the surface layers of the cells. A doctor may describe SIL as being low-grade (early changes in the size, shape, and number of cells) or high-grade (a large number of precancerous cells that look very different from normal cells).
- **Cervical intraepithelial neoplasia (GIN)** is another term that is sometimes used to describe abnormal cells. Neoplasia means a new abnormal growth of cells. Intraepithelial refers to the surface layers of the cells. The term CIN, along with a number (1 to 3), describes how much of the cervix contains abnormal cells.
- **Carcinoma in situ** describes a pre-invasive cancer that involves only the surface cells and has not spread into deeper tissues.

Cervical cancer, or invasive cervical cancer, occurs when abnormal cells spread deeper into the cervix or to other tissues or organs.

10. How do these terms compare?

- Mild dysplasia may also be classified as low-grade SIL or CIN 1.
- Moderate dysplasia may also be classified as high-grade SIL or CIN 2.
- Severe dysplasia may also be classified as high-grade SIL or CIN 3.
- Carcinoma in situ may also be classified as high-grade SIL or CIN 3.

11. What are atypical squamous cells of undetermined significance (ASCUS)?

Abnormalities that do not fulfill the criteria that define SIL, CIN, or dysplasia are termed atypical squamous cells of undetermined significance (ASCUS). Persistent abnormal smears are often further evaluated by a physician.

12. Is the human papillomavirus associated with the development of cervical cancer?

Human papillomaviruses (HPV) are viruses that can cause warts. Some HPVs are sexually transmitted and cause wart-like growths on the genitals. Scientists have identified more than 70 types of HPV; 30 types infect the cervix, and about 15 types are associated with cervical cancer.

HPV is a major risk factor for cervical cancer. In fact, nearly all cervical cancers show evidence of HPV. However, not all cases of HPV develop into cervical cancer. A woman with HPV may want to discuss any concerns with her doctor.

13. Who is at risk for HPV infection?

HPV infection is more common in younger age groups, particularly in women in their late teens and twenties. Because HPV is spread mainly through sexual contact, risk increases with number of sexual partners. Women who become sexually active at a young age, who have multiple sexual partners, and whose sexual partners have other partners are at increased risk. Nonsexual transmission is also possible. The virus often disappears but may remain detectable for years after infection.

14. Does infection with a cancer-associated type of HPV always lead to a precancerous condition or cancer?

No. Most infections appear to go away on their own without causing any kind of abnormality. However, infection with cancer-associated HPV types may increase the risk that mild abnormalities will progress to more severe abnormalities or cervical cancer. With regular follow-up care by trained clinicians, women with precancerous cervical abnormalities should not develop invasive cervical cancer.

15. What are false positive and false negative results?

Unfortunately, there are occasions when Pap test results are not accurate. Although these errors do not occur very often, they can cause anxiety and can affect a woman's health.

A false positive Pap test occurs when a patient is told she has abnormal cells when the cells are actually normal. A false negative Pap test result occurs when a specimen is

called normal, but the woman has a lesion. A variety of factors may contribute to a false negative result. A false negative Pap test may delay the diagnosis and treatment of a precancerous condition. However, regular screening helps to compensate for the false negatives because if abnormal cells are missed at one time, chances are good that the cells will be detected next time.

The Food and Drug Administration has recently approved two computerized systems for rescreening of samples to detect abnormal cells from a Pap test. These systems are beginning to be used in laboratories across the country. Rescreening may also be done manually. It is important for a woman to discuss the results of her Pap test with her physician and to inquire about the quality control measures that are taken in the laboratory in which the tissue sample is evaluated.

16. What if Pap test results are abnormal?

If the Pap test shows an ambiguous or minor abnormality, the physician may repeat the test to ensure accuracy. If the Pap test shows a significant abnormality, the physician may then perform a colposcopy using an instrument much like a microscope (called a colposcope) to examine the vagina and the cervix. The colposcope does not enter the body. A Schiller test may also be performed. For this test, the doctor coats the cervix with an iodine solution. Healthy cells turn brown and abnormal cells turn white or yellow. Both of these procedures can be done in the doctor's office.

The doctor may also remove a small amount of cervical tissue for examination by a pathologist. This procedure is called a biopsy and is the only sure way to know whether the abnormal cells indicate cancer.

#

Information about cancer is available from several sources, including the ones listed below. You may wish to check for additional information at your local library or bookstore and from support groups in your community.

National Cancer Institute Resources

Cancer Information Service

The Cancer Information Service (CIS), a national information and education network, is a free public service of the National Cancer Institute (NCI), the Federal Government's primary agency for cancer research. The CIS meets the information needs of patients, the public, and health professionals. Specially trained staff provide the latest scientific information in understandable language. CIS staff answer questions in English and Spanish and distribute NCI materials.

Toll-free phone number: 1-800-4-CANCER (1-800-422-6237)

TTY: 1-800-332-8615

CancerFax[®]

For NCI information by fax, dial 301-402-5874 from the telephone on a fax machine and listen to recorded instructions.

CancerNet[™]

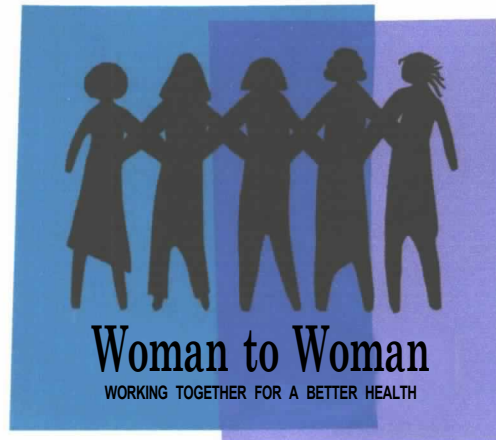
For NCI information by computer:

CancerNet Mail Service (via E-mail)

To obtain a contents list, send E-mail to cancernet@icicc.nci.nih.gov with the word "help" in the body of the message.

Internet

CancerNet is also accessible via the Internet through the World Wide Web (<http://cancernet.nci.nih.gov>) and Gopher (<gopher://gopher.nih.gov>) servers.



Getting Employees Involved

The Volunteer Advisory Board

The Role of the Worksite Coordinator

Conducting Effective Meetings

The Role of the Peer Health Adviser



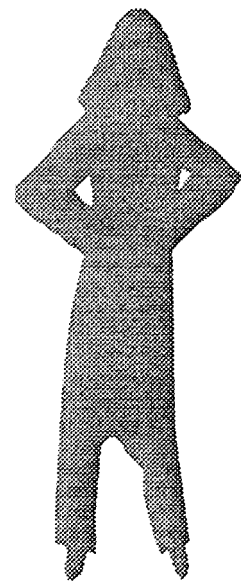


Getting Employees Involved

The Woman to Woman Program is designed to reach all woman employees in the workplace. It achieves this by encouraging participation from women throughout the entire organization - from various job categories, departments, and shifts, as well as unions, social groups, and other formal and informal networks. The greater the representation of different groups within the workplace, the more likely information will reach all woman employees.

The Woman to Woman Program invites employees to assume one or more of three roles, which are described on the following pages.

- Volunteer Advisory Board member
- Worksite Coordinator
- Peer Health Adviser



The Volunteer Advisory Board

The Volunteer Advisory Board is essential to the success of the Woman to Woman Program. The major function of the board is to provide input into planning and implementation of program activities. Volunteer Advisory Board members can help plan program activities and events, distribute promotional and educational materials, and be present at program activities and events. Members can also serve as spokespersons for the Woman to Woman Program in the workplace.

Board Membership

Anyone who is interested in promoting women's health at the worksite can participate in the Volunteer Advisory Board. An employee can become a member of the board simply by offering to join or by referral from a Worksite Coordinator, member of management or a union, or co-workers. Members should represent a broad range of job categories, departments, unions, shifts, and cultural groups within the worksite. While it is preferred that members make a long-term commitment to serve on the board, it is understood that circumstances may not always permit this.

Volunteer Advisory Board members should have the following characteristics:

- An understanding of and respect for worksite norms and culture
- An understanding of and respect for others
- The respect of their peers
- Enthusiasm for the goals of the Woman to Woman Program, and the ability to motivate peers, to

- participate in program events
- The ability to communicate Woman to Woman messages
- Organizational and leadership skills
- The support of supervisors to serve on the board
- The time to participate in board meetings and activities

Board Size

The Woman to Woman Program found that the size of the Volunteer Advisory Board varied across worksites. Boards ranged in size from three to 40 members. When the Volunteer Advisory Board was large, smaller working groups were formed to fulfill specific tasks, such as coordinating promotional activities, handling refreshments, or maintaining the Resource Center. The level of participation can vary within workplaces depending upon interest, individual workload, and other commitments. To offset the potential for a decrease in Volunteer Advisory Board membership due to attrition, more members than needed can be recruited.

Alternatives to a Volunteer Advisory Board

It is important to establish a mechanism for employee input in program planning. However, it may not always be possible to establish a formal Volunteer Advisory Board. If it is not feasible, existing committees (a Health and Safety Committee, for example) may assume the functions of this board. Another alternative is an ad hoc "Planning Team" that can be convened to plan implement specific events.

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The Volunteer Advisory Board

continued

Roles and Responsibilities of Board Members

- Attend meetings of the Volunteer Advisory Board
- Represent employee interests regarding Woman to Woman programming, while maintaining confidentiality of individual employee concerns
- Advise on the most effective methods for promoting and implementing programs and activities
- Work with Worksite Coordinators and Peer Health Advisors to develop and deliver educational activities
- Specifically, board members will be asked to assist with:
 - Promoting program activities and events
 - Distributing and collecting promotional and educational materials
 - Staffing program activities and events
 - Securing a high level of participation in educational activities

Time Commitment

In general, Volunteer Advisory Boards met every month and meetings lasted an average of one to two hours. When planning major events, longer meetings were sometimes needed. Additional time was required when board members assisted at program activities. It is recommended that employees obtain approval from their supervisors for time to serve on the Volunteer Advisory Board.

Maintaining the Volunteer Advisory Board

Generally, the Worksite Coordinator conducts Volunteer Advisory Board meet-

ings. The following strategies are recommended to maintain the interest, motivation, and involvement of board members:

- Conduct well-organized meetings
- Involve members in solving problems and incorporate members' ideas
- Provide and encourage feedback on how program activities are going
- Acknowledge contributions and achievements of board members at meetings and at the worksite level
- Provide opportunities to share information and ideas with management
- Offer refreshments at meetings
- Summarize achievements or decisions that are made at each meeting and send minutes to all members; keep a "to do" list and refer to these items in subsequent meetings
- Delegate tasks, which may help get people involved and alleviate burden on those who are already involved
- Increase the involvement and visible support of upper and middle management and union representatives for the program and board members
- Send personal notes or letters and make phone calls to encourage people to attend meetings and to acknowledge their contributions
- Periodically review the importance of the Woman to Woman Program.



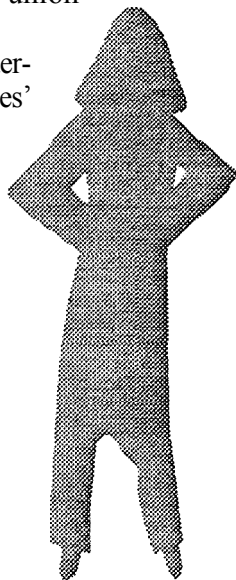
The Role of the Worksite Coordinator

The major role of the Worksite Coordinator is to coordinate program activities and serve as the Woman to Woman project spokesperson in the worksite. Her role is essential in helping determine how to best present and promote the program.

Selection of a Worksite Coordinator

A Worksite Coordinator should possess the following skills:

- Ability to communicate with peers, management representatives, and union leaders
- Commitment to devote the required time to the program
- Organizational and leadership skills
- Ability to learn and carry out project tasks
- Interest in issues related to women's health, particularly breast and cervical cancer
- Familiarity with the union organization
- Knowledge and understanding of employees' health benefits (preferred)



Roles and Responsibilities of a Worksite Coordinator

- Coordinate Volunteer Advisory Board meetings
- Arrange logistics for program activities such as:
 - Space and equipment
 - Coordinate the scheduling of events
 - Arrange for refreshments when necessary
 - Coordinate on-site arrangements for consultants' visits to the worksite
- Help Peer Health Advisers publicize project activities
- Help Peer Health Advisers organize and maintain a Resource Center.

Time Commitment

In this project, our experience showed that the Worksite Coordinator spent an average of 45 minutes per week on project activities. There is additional time when Volunteer Advisory Board meetings are scheduled (approximately every month) and prior to and during scheduled Woman to Woman activities. It is recommended that the Worksite Coordinator be able to make a long-term commitment to this role, if possible.

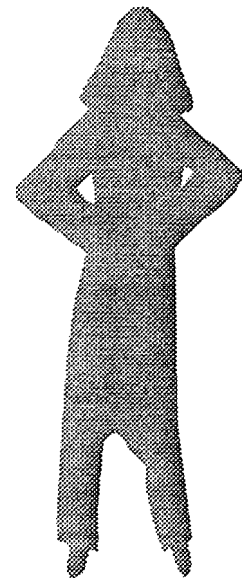
Conducting Effective Meetings

The Worksite Coordinator conducts Volunteer Advisory Board meetings. The following tips may help you conduct effective meetings at your work-site:

- Meet only when the agenda justifies the time/cost of the meeting and only with people who must be there
- Distribute all background information on meeting topics at least one day in advance
- Write agenda items with clear objectives and time allotments
- Keep the discussion focused on desired outcomes
- Some suggestions for brainstorming include:
 - Insist that the first responses to any idea build on it or find something positive in it
 - When you want to discuss the details of implementing a promising idea, identify them as “hurdles,” not “problem”
- Record, distribute, and follow up on all discussions and commitments
- Distribute a “to do” list or working minutes. This can include a brief record of decisions made and actions to be taken by specific individuals
- Keep a calendar and monitor progress and completion of commitments.

How to Be an Effective Meeting Facilitator

- Prepare your meeting introduction
- Start on time
- Acknowledge participants
- Set the tone
- Review the purpose of the meeting and agenda
- Consider using an ice breaker
- Review ground rules (if the group is new)
- Keep track of time
- Clarify discussion when needed
- Review decisions made and actions to be taken
- Plan an ending for the meeting
- Schedule the next meeting.



The Role of the Peer Health Adviser

Peer Health Advisers are trained to lead small group education sessions called "Lunch and Learn," distribute materials, provide basic breast and cervical cancer information and support to co-workers, and help organize various other activities for employees at the worksite. Experience has shown that it is best if more than two Peer Health Advisers are trained in each worksite. When selecting Peer Health Advisers, the goal should be to build a team that represents the different job categories, work shifts, departments, and cultural/language groups within your workplace. In addition, individuals should have complementary skills.

How to Recruit Peer Health Advisers

Peer Health Advisers can be recruited through a variety of methods. One is to have interested individuals nominate themselves or their co-workers. General announcements through newsletters, flyers, e-mail, and inter-office mail may be used to notify employees about this opportunity.

Another method is to have the Volunteer Advisory Board identify and recruit potential candidates. The Woman to Woman Program used this approach to increase the representation of various groups within the workplace. Volunteer Advisory Board members, as well as representatives from unions or the workplace, can submit names of employees who are well-respected by their peers, have successfully participated in similar types of

programs, or have the desired qualifications or characteristics of a Peer Health Adviser. When this method is used, we suggest that the voluntary nature of this position be stressed so that individuals will not feel pressured to accept.

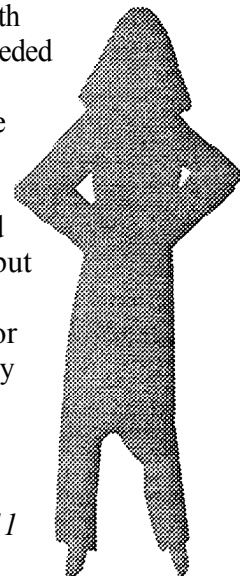
Both methods for identifying and recruiting Peer Health Advisers may be used together.

Selecting Peer Health Advisers

The Worksite Coordinator and/or the Volunteer Advisory Board can oversee the process of selecting Peer Health Advisers. Consider the following when selecting Peer Health Advisers:

How Many Peer Health Advisers?

The Woman to Woman Program recruited one Peer Health Adviser for every 150 female employees. This ratio is a guide; there may be situations in which more or fewer may be preferable. For example, more Peer Health Advisers may be needed if the workforce is spread across a large campus. Or if three Peer Health Advisers are needed based on the ratio, but four appropriate women volunteer for the role, all four may be selected.



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The Role of the Peer Health Adviser

continued

Building a Representative Team

It is important to create a team of Peer Health Advisers that represents the various employee groups within the workplace. For example, if half of the employees at your worksite have clerical or administrative positions, you should try to have roughly half of the Peer Health Advisers from this job category. Your Human Resources department can help provide information about the percentage of employees from various job categories, work shifts, departments, and cultural/language groups to help guide the selection process. Members of the Volunteer Advisory Board may also have additional information about groups in the workplace that may enhance representation on the Peer Health Adviser team.

What to Look for in Peer Health Advisers

The following characteristics are desirable:

- Had at least one mammogram and Pap test
- Willingness to interact with co-workers regarding sensitive subject matter and maintain confidentiality of personal information
- Ability to work independently and on a team
- Commitment and availability to complete training and continuing education sessions

In addition, it is recommended, though not necessary, that Peer Health Advisers have experience making group presentations and are able to speak the primary language of employees within the worksite.

Interview Procedures

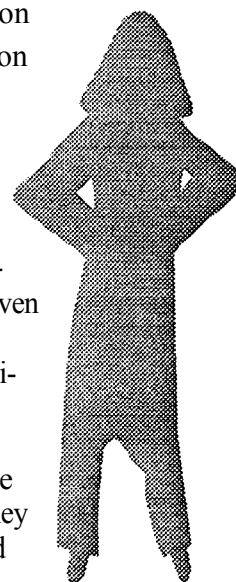
The Woman to Woman Program conducted a standard interview process using identical questions for all potential Peer Health Advisers. Applications and interview forms are included at the end of this section. Steps in the process include the following:

Presentation of the Peer Health Adviser Role

A presentation was made during which the role and responsibilities of a Peer Health Adviser were described to women who had expressed an interest in the position.

Often this presentation was made during a Volunteer Advisory Board meeting, staff meeting, or union meeting.

During this presentation, women were given detailed information about the responsibilities of Peer Health Advisers, as well as information about the selection process. They were also encouraged to ask questions.



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The Role of the Peer Health Adviser

continued

Application Form and Assessment

Following the presentation, Peer Health Adviser candidates completed an application form. On this form, they were asked to provide information about why they wanted to become a Peer Health Adviser and to assess their ability to assume the necessary responsibilities, such as making group presentations and maintaining confidentiality. The form also requested information regarding job category, shift, and primary language. Individuals were also asked if they had ever had a mammogram or Pap test. Each candidate who completed an application form was sent a letter thanking her for her interest, as well as providing information about the selection process and time line. If an interview schedule was already established, individuals were also notified about interview dates and times.

Individual Interviews

A Peer Health Adviser interview committee, comprising members of the Volunteer Advisory Board, may wish to conduct a brief (15 minutes) interview with each candidate. The main purpose of the interview is to eliminate any individual who is clearly inappropriate for the role. The Woman to Woman Program used standardized interview questions to help assess the qualifications required of Peer Health Advisers. A copy of the interview questions is found at the end of this section.

Decisions Regarding Peer Health Adviser Selection

Based on an individual's responses to interview questions, and with an eye toward developing a representative group of Peer Health Advisers with complementary skills, Volunteer Advisory Board members made recommendations as to which candidates should be offered the Peer Health Adviser role. If there was a lack of consensus regarding candidates, the Worksite Coordinator made the final decision. If a candidate is not selected for the position, other opportunities to become involved in the project (such as serving on the Volunteer Advisory Board or becoming a guest speaker or Resource Center coordinator) can be offered. The Worksite Coordinator can notify candidates in person, by letter, or telephone. Individuals who are not available for the position may be invited to attend subsequent Peer Health Adviser training, if offered.

Roles and Responsibilities of Peer Health Advisers

- Attend Peer Health Adviser training workshop
- Collaborate with the Worksite Coordinator and Volunteer Advisory Board in the scheduling, planning, promotion, and implementation of educational activities at the worksite
- Distribute or make



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The Role of the Peer Health Adviser

continued

resource materials available at worksite functions and activities

- Discuss the importance of cancer screening and disseminate accurate information regarding community resources when requested by co-workers
- Offer support to co-workers in their pursuit of health information and age-appropriate screening services
- Refer all medical questions to health-care practitioners
- Maintain confidentiality of information shared by co-workers
- Serve on the Volunteer Advisory Board

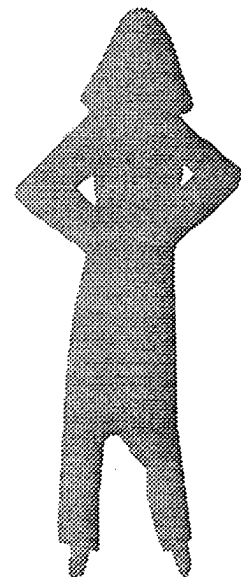
Time Commitment

The number of hours that Peer Health Advisers spend on program-related activities will vary, depending on the activities taking place at the worksite. For example, when planning for a major upcoming event, Peer Health Advisers may spend up to three hours

per week. There may be other times, however, when no events are planned for the immediate future. During these periods, Peer Health Advisers may spend less than one hour per week on project-related activities. Before accepting the position of Peer Health Adviser, each candidate is encouraged to obtain permission from her supervisor to participate.

Training and Continuing Education for Peer Health Advisers

During this study, Dana-Farber Cancer Institute staff conducted the trainings for Peer Health Advisers. This training curriculum is available upon request. We suggest that a qualified trainer, such as a Health Educator, facilitate your training sessions, if you choose to include them as part of your program. Consult with your organization's staff development, training, or employee health departments for resources and assistance.



Woman to Woman
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Peer Health Adviser Interviews

Guidelines for Interviewers

Purpose:

This interview gives the applicant a chance to find out more about the roles and responsibilities of Peer Health Advisers (PHA) before making a commitment. The goal is to try to make a good match between the job and the person.

It's unlikely that everyone will be "perfect" candidates. Instead, it is important to create a team of PHAs that can work together, balancing each others' strengths and weaknesses. For instance, one woman might be excellent at giving presentations, while another is excellent in one-to-one interactions.

It's also important that this team of PHAs is representative of the women at this worksite, in terms of age, job categories, cultural groups, work shifts, etc. While this may be difficult to achieve, VAB (Volunteer Advisory Board) members can also help to provide diverse perspectives when the time comes to promote and implement Woman to Woman activities.

The number of PHAs at a worksite depends on the number of women working there.

Steps for Selecting Peer Health Advisers:

1. The PHA opportunity can be promoted at the worksite in various ways, newsletters, staff meetings, posters, and flyers. Women have the chance to sign up or nominate some one else.
2. A presentation can be made to all interested women, telling them what the PHA job requires.
3. Women who are interested fill out a brief application.
4. The VAB, or a sub-committee, conducts 15-minute interviews with all of the candidates.
5. The interviewers make recommendations to the VAB about which PHA candidates should be offered the position. If there is a problem reaching group consensus on this decision, the Worksite Coordinator will take responsibility for the final decision.
6. Women who are selected will need to attend a 2-day PHA training provided by an experienced facilitator from your worksite.

7. Women who are not selected or who decline the offer may choose to support the project in another capacity, such as joining the VAB or working on special events.

Tips for the interview:

- Ask all of the questions.
- Ask the questions just as they are written, so everyone gets the same exact question.
- Allow for a few minutes between interviews to complete question form.
- After the candidate has answered the questions, ask if she has any questions about the PHA role or the decision process.
- MOST IMPORTANT: Please remember that this is a respectful and confidential process. *Any information that a woman provides in the interview cannot be repeated without her permission.*

Peer Health Adviser Interviews

Interview Questions

Please ask these questions just as they are written. Do not skip any questions.

Applicant: _____

Worksite: _____ Date: _____

1. As a PHA, you would be talking with women about health issues, which may be sensitive or confidential. What issues or challenges do you foresee in discussing breast and cervical health with co-workers? How would you address these?

Rating on: Willingness to interact with co-workers regarding sensitive subject matter, maintaining confidentiality of personal information

Not satisfactory

Excellent

1

2

3

4

Comments:

2. PHAs will be asked to work together as a team to plan and offer educational activities in their workplace. Would you tell me about a time when you have worked on a team with others from different departments, job categories or cultural groups? What in your opinion made the team work well together? How did your group deal with differences of opinion?

Rating on: Ability to work on a team

Not satisfactory

Excellent

1

2

3

4

Comments:

3. As a PHA, you would be asked to make group presentations to small groups of individuals (may be as few as three or as many as 15). As part of this project, PHAs will receive training in methods for making group presentations. Have you ever made group

presentations? How comfortable are you in speaking in front of small groups?

Rating on: Comfortable with public speaking

Not satisfactory

Excellent

1

2

3

4

Comments:

4. As a PHA, you will be asked to serve as a resource to your co-workers, but you will be asked not to provide any information of a medical nature (these questions will be referred to the individual's health care provider). This is true for all PHAs, regardless of their medical background or training. How do you feel about not providing medical advice?

Rating on: Ability to distinguish medical questions and make appropriate referrals instead of responding to questions

Not satisfactory

Excellent

1

2

3

4

Comments:

5. Educational activities will be conducted as part of this project beginning this fall and will continue through the winter of 1997. Are you willing and able to make a commitment to remain involved through that period of time? Are you willing to attend at two-day training session for PHAs?

☐ Able to commit ☐ Not able to commit Comments:

☐ Willing to attend training ☐ Unable to attend training sessions

Comments:

6. Do you have any questions?

7. Thank you for your time.

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Yes! I want to apply for the position of Peer Health Adviser...

Worksite: _____ Today's date: _____

Name: _____

Job title / description: _____

Department: _____ Location (building) _____

What shift do you usually work? ☐ 7-3 ☐ 3-11 ☐ 11-7 ☐ 9-5

What is your native language? _____

What other languages do you speak? _____

Have you had a mammogram? ☐ yes ☐ no

Have you had a Pap test? ☐ yes ☐ no

Have you had experience in public speaking? ☐ yes ☐ no

Would you be comfortable leading a small group discussion? ☐ yes ☐ no

Can you maintain confidentiality about personal health issues that co-workers might share with you?

☐ I am confident I can always maintain confidentiality

☐ I may have a problem at times maintaining confidentiality

What are 3 reasons you decided to apply for this position?

1. _____

2. _____

3. _____

Please notify your supervisor if you are interested in applying for this position.

Thank you for your time.

***Would you like to join the
Volunteer Advisory Board
for the Woman to Woman project?***

I would like to be a member of the Woman to Woman Volunteer Advisory Board at my worksite.

My name is _____.

I can be reached at ext. _____.

My worksite is _____.

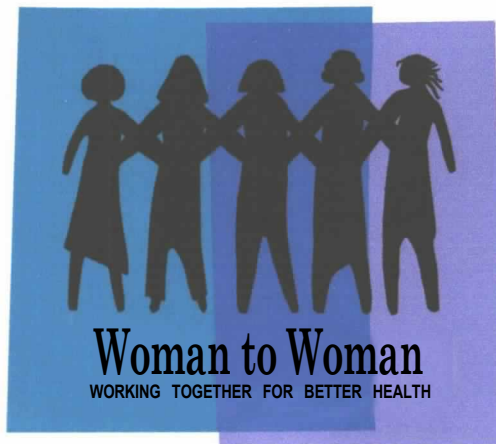
My department is _____.

I usually work from __:__ am/pm to __:__ am/pm.

Today's date: _____.

Please return this form to: _____

Thank you!



The Woman to Woman Program

The Program Philosophy

Woman to Woman Programs

Campaigns

Sample Woman to Woman Campaigns

Lunch and Learn Sessions

One-to-One Outreach

Resource Center

Guest Speakers

Videos



The Woman to Woman Program Philosophy

The programs offered through the Woman to Woman Program were guided by theories and practical strategies that are known to promote changes in health behaviors. Using a unique approach to providing breast and cervical education in the workplace, the Woman to Woman Program was based on the following principles:

Principle #1: Individuals are more likely to become involved with and benefit from programs in which they play a role.

Principles of community organization state that employees' involvement in planning and implementing a program helps give it legitimacy, increases their participation, and improves the chances of the program's success.

Recognizing this important principle, the Woman to Woman Program provided many opportunities for employee involvement. For example, Volunteer Advisory Boards were established in each of the worksites. Composed of employees from various departments, job categories, work shifts, and cultural groups, this board provides a way to gather input from all levels of the organization about the activities being offered. Specifically, Volunteer Advisory Boards provide information about the types of programs that had worked in the past, make suggestions about what programs might work best in the future, and offer ideas to

increase employee participation.

In addition, female employees were recruited and trained to serve as Peer Health Advisers. The role of the Peer Health Advisers is to conduct small group education sessions, provide individual consultation to co-workers, and distribute educational materials. Both the Volunteer Advisory Boards and Peer Health Advisers were instrumental in creating successful programs that addressed the needs and concerns of the individuals in their workplace.

Principle #2: Individuals are not all at the same stage of readiness for behavior change.

One theory about how individuals change their health behaviors is called the Transtheoretical Stages of Change Model. This states that people have different levels of motivation to make behavior changes. Effective program strategies must, therefore, be tailored to individuals in each of the following levels of motivation, or stages of change:

- Precontemplation: no interest in changing
- Contemplation: thinking about the need to change
- Preparation: considering change
- Action: taking steps to change
- Maintenance: new health behaviors are well-established

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The Woman to Woman Program Philosophy

continued

The Woman to Woman Program recognized that women have different backgrounds, life experiences, and priorities for their health. Consequently, they do not have the same level of motivation to make a behavior change.

Educational activities were offered in a variety of formats, including group sessions, 'personal contacts with Peer Health Advisers, a Resource Center with printed materials and videos, and worksite-wide campaigns. This allowed women to choose the amount of information they wanted and participate in activities that best suited their individual learning style.

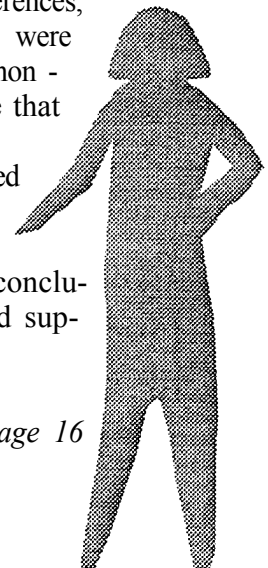
Principle #3: Support from and influence by family members, friends, and co-workers is important in motivating women to adopt healthy behaviors.

Another theory about behavior change is called the Social Learning Theory. This theory, supported by many studies, emphasizes that social interactions can have a major impact on individuals' health behaviors. Social interactions can operate in several ways. For example, friends and family members can serve as role models for healthful behaviors and provide positive reinforcement for behavior change. They can also provide support to help individuals overcome obstacles to changing their behaviors. Finally, individuals can learn effective methods for making behavior changes by observing the experiences of friends and family members.

Building support for healthy behaviors at the workplace, therefore, was an important goal of Woman to Woman Program activities. Throughout the program, Peer Health Advisers offered employees support for behavior change by providing information, assistance, and emotional support. The program also offered opportunities for employees to share their concerns and experiences by linking co-workers and creating support systems within the workplace. Peer Health Advisers established contact with employees in several ways, including holding coffee hours and handing out business cards. In addition, they served as role models by getting regular screening exams and discussing their experiences.

Based on these principles, the Woman to Woman Program activities were designed to have the following qualities:

- A climate of respect and acceptance
A high value was placed on individuals' experiences, preferences, and opinions. Activities were presented in a positive, non-threatening atmosphere that fostered participation. Women were encouraged to share their experiences and concerns, and reach their own conclusions within a safe and supportive environment.

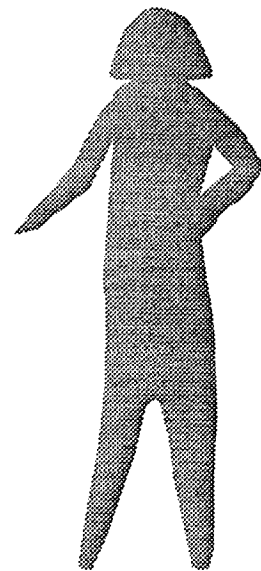


continued on page 16

The Woman to Woman Program Philosophy

continued

- *Participatory learning*
Adults learn best through active participation. The Woman to Woman Program encouraged active involvement from participants through activities that included group problem-solving exercises, self-assessments, and quizzes.
- *Fun*
A positive, engaging atmosphere encourages learning. The Woman to Woman Program created an environment of discovery and collaboration in which learning would be enjoyable. Activities included humor, games, and contests to spark interest and participation.
- *A focus on practical solutions*
Adults are interested in how what they learn will affect their everyday lives. By focusing on participants' experiences, women were able to develop skills and new approaches that were relevant to their needs and interests.



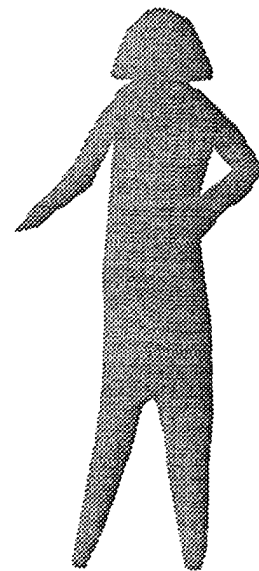


Woman to Woman Programs

Following are descriptions of some of the most popular activities and events that were conducted as part of the Woman to Woman Study, including:

- Campaigns
- A Resource Center
- Lunch & Learn Sessions
- One-to-One Outreach
- Guest Speakers and Videos

The Woman to Woman Program



Campaigns

A campaign is a series of organized, planned activities that take place over a specified period of time and are organized around a particular theme.

Why Plan a Campaign?

A campaign can:

- Reach large numbers of employees
- Require a small amount of employee time
- Raise awareness about a program or a health issue
- Motivate workers to participate or volunteer for program events
- Encourage workers to incorporate breast and/or cervical cancer screening as part of their general health maintenance
- Provide workers with information on ways to overcome barriers and develop the skills they need to have appropriate screenings
- Provide motivation and reinforcement for workers to maintain new healthy behaviors
- Mark a special observance, such as Employee Health Awareness Month, with a splashy event with food, fun, and games

Planning a Campaign

To plan a campaign, consider the following steps:

- *Develop a theme.*

A campaign theme can be developed around a specific topic, calendar observance, or special worksite event. It is helpful to weave the theme into each campaign activity to support campaign efforts. For instance, our “Spring into Action”

campaign had a spring theme, using images such as flowers on displays and posters. Other themes that can be incorporated into a Woman to Woman campaign include Cancer Awareness Month and Employee Recognition Month.

- *Identify activities for the campaign. These may include:*

- Distributing educational materials, such as brochures
- Creating an informative display board to exhibit in an area where employees gather
- Developing a quiz or puzzle that allows people to assess their health behavior
- Creating opportunities for employees to obtain information about breast and cervical health from a Peer Health Adviser at events such as coffee hours

- *Promote campaign activities at least two weeks prior to the scheduled activity.*

Promotional methods may include:

- Posters
- Paycheck stuffers (announcements in the form of a memo or a flyer included with the employee’s paycheck)
- Flyers
- Personalized invitations
- E-mail or voice-mail announcements
- Word of mouth
- Announcements at meetings

The two campaigns on the following pages were part of the Woman to Woman Program.

Woman to Woman Campaigns: Sample 1

Campaign Title

"Spring into Action! Take care of your health and watch it grow."

Campaign Description

Activities and events focused on increasing breast and cervical cancer screening rates at the worksite.

Target Date

Spring

Theme/Message(s)

Spring is a time for renewal and with it comes the chance to reevaluate one's health and whether one is on schedule with health screenings.

Audience

All employees, but especially women over 40.

Promotional/Communication

Strategies

Flyers, paycheck stuffers, posters, e-mail announcements, and word-of-mouth.

Possible Activities

Informational activities that educate employees about breast and cervical cancer:

Flyer

"Spring into Action." The purpose of this flyer was to promote upcoming campaign activities and provide employees with information about breast and cervical cancer screening. The flyer contained general

information about the Woman to Woman Program and upcoming campaign activities. It also contained a puzzle with questions related to breast and cervical health. Employees who submitted a completed puzzle were entered in a prize drawing.

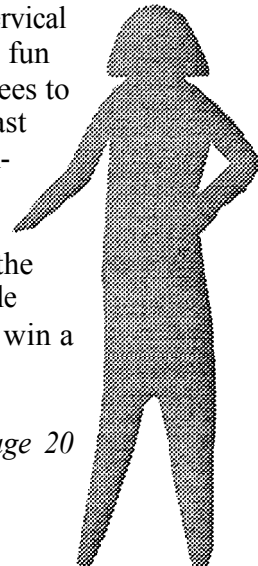
Display

"Spring into Action." The purpose of this display was to motivate employees to get breast and cervical cancer screenings. The display contained information on the percentages of employees who received breast and cervical cancer screenings. In addition, the display contained motivational messages from employees that encouraged their co-workers to undergo screening.

Puzzle

The puzzle challenged employees to answer questions related to breast and cervical health. It was a fun way for employees to learn about breast and cervical cancer screening. Employees who submitted the completed puzzle were entered to win a prize

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Woman to Woman Campaigns: Sample 1

continued

Interactive activities that involve employee participation:

Meet Your Peer Health

Advisers Coffee

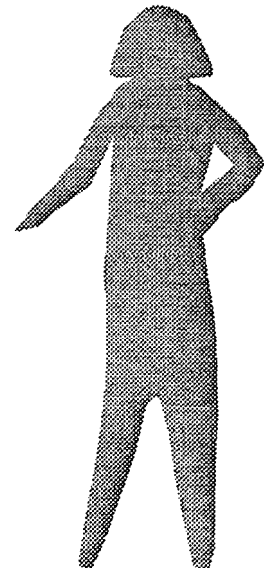
Employees were invited to an informal get-together to meet the Peer Health Advisers, receive information, talk one-on-one about breast and cervical cancer screening, and interact with (and become motivated by) co-workers who were getting regular screenings.

Contest

Employees were invited to complete a word puzzle distributed in a promotional flyer. Every complete puzzle was entered to win a prize.

Incentives

Refreshments and small gifts, such as a plant, were used to motivate employees to participate in campaign activities.



Woman to Woman Campaigns: Sample 2

Campaign Title

"Woman to Woman Week"

Campaign Description

Activities and events focused on raising awareness of early detection of breast and cervical cancer, and raise awareness about and support for the Woman to Woman Program.

Target Date

Fall

Theme/Message(s)

Woman to Woman Week was an opportunity to reflect on program accomplishments. For employees and workplace representatives, it was a time to share messages of encouragement, to support one another and build toward the future.

Audience

All employees, but especially women.

Promotional/Communication Strategies

Flyer, paycheck stuffers, posters, e-mail announcements, word-of-mouth, and buttons.

Possible Activities

Informational activities that educate employees about breast and cervical cancer:

Flyer

"Woman to Woman Week Comes to Your Worksite." The purpose of this flyer was twofold: to promote upcoming campaign activities and to provide employees with informa-

tion about breast and cervical cancer screening. The flyer contained general information about the Woman to Woman Program, upcoming campaign activities, and details about how to contact Peer Health Advisers.

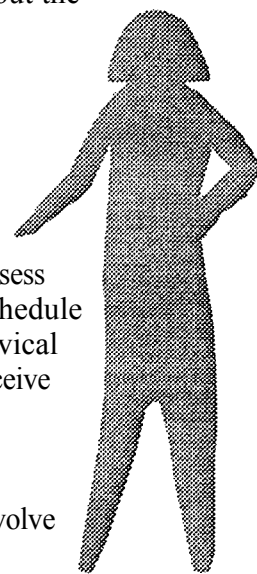
Display

"Woman to Woman: Sharing Our Messages." The purpose of the display was to enhance positive social norms that existed among employees at the workplace with regard to breast and cervical cancer screening. The display achieved this in two ways. Employees contributed messages for the display encouraging co-workers to participate in Woman to Woman Program activities. Employees were also encouraged to include messages about what they had learned from the Woman to Woman Program. Employees were invited to read the messages at Woman to Woman Program events throughout the campaign period.

Self-assessment

A maze was included in the campaign flyer. Individuals who completed the maze could assess whether they were on schedule with their breast and cervical cancer screening and receive tips on how they could improve their health.

Interactive activities that involve
continued on page 22



Woman to Woman Campaigns: Sample 2

continued

employee participation:

Buttons

To promote awareness and support of the program, "Woman to Woman" buttons were given to all management and union representatives, as well as employees who participated in program activities.

Peer Health Adviser

Business Cards

Employees were instructed to seek out a Peer Health Adviser and request a "call me" card. "Call me" cards allowed Peer Health Advisers to provide their name and work number to employees who wanted to contact the Peer Health Advisor for more information about breast and cervical cancer or the Woman to Woman Program.

Meet Your Peer Health

Advisors Coffee

This activity involved inviting employees to an informal get-together to meet the Peer Health Advisers, receive information and talk one-on-one about breast and cervical cancer screening, and interact with and become motivated by co-workers who were getting regular screenings.

Display

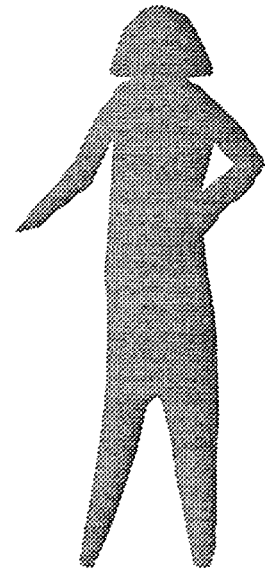
Employees were encouraged to read and contribute to the "Woman to Woman: Sharing Our Messages" board at the Peer Health Advisers Coffee.

Prize Drawing

Employees who brought a Peer Health Adviser "call me" card to the coffee were entered to win a prize.

Incentives

Refreshments, and small gifts such as coffee mugs, T-shirts, and canvas bags were used to motivate employees to participate in campaign activities.



Lunch and Learn Sessions

Lunch and Learn sessions are small, 20-30 minute education sessions on breast and cervical health. Conducted by Peer Health Advisers or experienced facilitators, these sessions are scheduled at various times and shifts to accommodate employees' schedules.

Why Plan Lunch and Learn Sessions?

Lunch and Learn sessions provide opportunities for employees to obtain information about breast and cervical health, and to practice skills needed to access health screening services. These sessions not only provide employees with an opportunity to discuss various topics relating to breast and cervical health, but also to review their own health behaviors. At the end of each discussion, employees are encouraged to assess their own health practices and set health-related goals.

Lunch and Learn sessions also provide opportunities for employees to develop informal social groups within the worksite, in which they can share common concerns about breast and cervical health and even find sources of support.

Planning a Lunch and Learn Session

To prepare for a Lunch and Learn session you will need to do the following:

1. Select a Peer Health Adviser (or a facilitator)

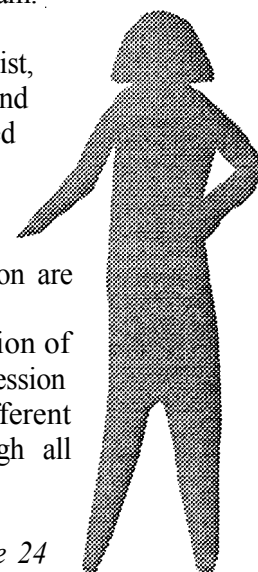
Select a Peer Health Adviser who is willing to conduct the

session. Sessions can be co-facilitated by two or more Peer Health Advisers, if preferred. It is important that Peer Health Advisers work closely with the Worksite Coordinator, the Volunteer Advisory Board or Employee Team when planning a Lunch and Learn session. If Peer Health Advisers are not available, the Volunteer Advisory Board can consider another facilitator. The facilitator has to be qualified to discuss information about breast and cervical health and have experience facilitating sessions. This individual can be from the worksite, such as a physician, nurse, or health educator, or from another organization.

2. Plan the program

Six Lunch & Learn kits have been prepared for the Woman to Woman Program.

These contain a Planning Checklist, Session Guide, and Commonly Asked Questions. The materials and supplies needed for each session are listed in the "Materials" section of each kit. Each session has a slightly different emphasis, although all focus on raising



continued on page 24

Lunch and Learn Sessions

continued

awareness of the importance of breast and cervical cancer screening. Lunch and Learn sessions address the following topics:

Session # 1: The Basics of Screening for Breast and Cervical Health

Session # 2: The Pap test: It Could Save Your Life

Session # 3: Ready, Set, GOAL! Setting Goals for Success

Session # 4: Building a Partnership with Your Health Care Provider

Session # 5: A Guide to Good Breast Health

Session # 6: The Importance of Pap Tests

3. Define who will be involved in the session

Identify individuals in the worksite who can be given a role or specific tasks in planning and conducting the Lunch & Learn sessions. Define the audience you want to reach with this session. You may want to reach all employees or a specific group within the organization.

4. Choose a date and time

When choosing a date, be sure to allow plenty of time to make the arrangements, publicize the program, and tend to all the details. We suggest that planning begin three to four weeks prior to the date of the session.

Choose a time that will be convenient for most of the people you want to attend. Despite its name, Lunch and Learn isn't just for lunch. You may prefer to offer a session during a morning break or after work. Or you may decide to have a session after staff meetings or some evening at dinner time. Each session is designed to take approximately 20-30 minutes.

5. Select a location and reserve a room

Select an appropriate place for your program. This will require that you estimate the size of the group that will attend the session. It is best to choose a room where everyone can be comfortably seated and see the Peer Health Adviser. If you plan to show a video, make sure that everyone can see the television screen from where they are seated.

Since breast and cervical cancer are sensitive topics for many

continued on page 25

Lunch and Learn Sessions

continued

women, you may want to select a room where there is privacy. Choose a room where there is a door that can be closed, or an area in which people do not circulate.

6. Arrange for refreshments (optional)

Work with the Volunteer Advisory Board and other Peer Health Advisers to make arrangements for food and refreshments. Refreshments should be delivered 10-20 minutes prior to the session so that they can be properly arranged.

7. Publicize your program

It is very important that you let women in your worksite know about the session in advance. We suggest that you start to publicize the program at least three weeks before it is held. Speak with the Peer Health Advisers and the Volunteer Advisory Board members to determine the best way to publicize the program. Options include informing co-workers by word of mouth, placing notices in worksite or union newsletters or bulletins, or making announcements at staff meetings. Please see the section on "Event Planning" in this manual.

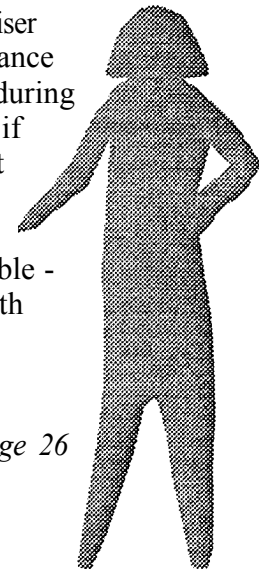
8. Practice giving the presentation

The Peer Health Adviser (or facilitator) needs to plan the topics to be presented and make sure that he or she knows the material. The Session Guide provides Peer Health Advisers with a script they can use.

Presenters may want to practice in front of a co-worker or another Peer Health Adviser the day before the session.

The Peer Health Adviser needs to anticipate questions that people may ask during the presentation. For example, when discussing mammograms, women may ask why they are not routinely recommended to women less than 40 years of age. To help prepare for these questions, refer to the "Commonly Asked Questions" section of the kit. Suggest that the Peer Health Adviser read these in advance or refer to them during her presentation if questions arise. It is perfectly acceptable - and even preferable - for the Peer Health Adviser to tell participants that

continued on page 26



Lunch and Learn Sessions

continued

she does not know the answer to a question and offer to get back with an answer later.

Remind the Peer Health Adviser that any medical question must be referred to a health care provider.

9. Set up the room

Set up the room as early as possible on the day of the session. This will give you time to check on supplies and equipment, and will allow the Peer Health Adviser to practice a few times before the presentation. Make certain that there are enough chairs for everyone. You can put handouts on each chair, or you can set handouts on a table near the door so participants can take their own. If you plan to have participants sign in, make sure to put the sign-in sheet in an accessible place so that participants can sign in as they come into the room.

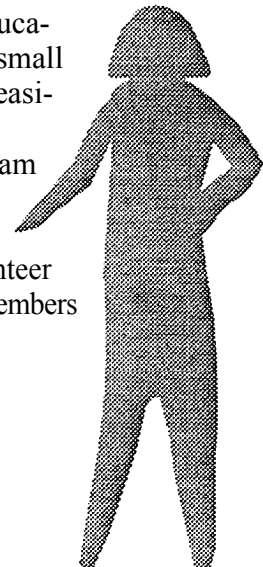
10. Plan for the evaluation of the session (optional)

Discuss plans for evaluating Lunch and Learn sessions with the Worksite Coordinator,

Volunteer Advisory Board members or Planning Team. In Woman to Woman, after each presentation, Peer Health Advisers asked participants to fill out a Participants' Satisfaction Form. Participants' Satisfaction Forms provide an opportunity for the participants to give Peer Health Advisers or facilitators feedback about the session. This information is very important; it helps determine ways to improve the educational sessions, learn more about topics of interest at the worksite, and ways to direct you promotional efforts at the worksite.

11. Distribute incentives (optional)

Offering incentives for program participation may increase the chances of having a good turnout at the session. There are different types of incentives: food, fun, educational materials or small gifts. Discuss the feasibility of distributing incentives to program participants with the Worksite Coordinator, Volunteer Advisory Board members or Employee Team.



Sign-In Sheet

Worksite: _____

Lunch & Learn	
(Number)	(Topic)

Date: _____

Facilitators: _____

PLEASE PRINT

First Name	Last Name	Department
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Conducting One-to-One Outreach

The purpose of one-to-one outreach is to reach a large number of women in the workplace and provide the necessary information and resources to enable women to protect their breast and cervical health.

We recognize that women have different levels of knowledge and interest in this subject. Some women will need factual information, such as the screening guidelines for mammography. Others will need support, such as a friend to talk to about their fears or concerns. Still others may not wish to discuss their health at work. Therefore, we need to tailor our approach so that it meets individual needs and is respectful of each woman.

The Woman to Woman Program has developed materials for training women to conduct outreach activities, including tips on talking with women about breast and cervical health, and strategies for handling difficult questions that may arise. These materials are available on request. Other resources include:

- The Woman to Woman Resource Center, located at your workplace
- Toll-free hot-lines supported by the American Cancer Society (800-ACS-2345) and the Cancer Information Service (800-4-CANCER) can provide information about breast and cervical cancer and available community services

What is Outreach?

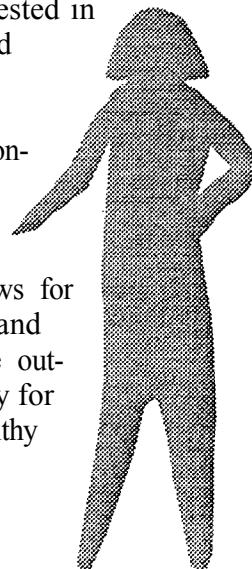
Outreach is a general term defined as “the extending of services or assistance beyond current or usual limits.” In the context of the Woman to Woman Program, outreach means reaching out to co-workers and offering information or support for maintaining breast and cervical health.

Who Conducts Outreach?

Individuals who conduct outreach need appropriate training. Peer Health Advisers from the Woman to Woman Program were trained to initiate one-to-one outreach. If your worksite plans to conduct a Peer Health Adviser Training, one-to-one outreach training materials are available on request. If your organization is not planning a Peer Health Adviser training, consider other qualified personnel who may be available (see “Resources in Your Organization”).

Why is Outreach Important?

Not every woman is interested in or able to attend Lunch and Learn sessions. Not every woman is comfortable discussing her questions or concerns in a group setting. Outreach provides the opportunity for a one-to-one discussion, which allows for more individual attention and greater privacy. One-to-one outreach is a powerful strategy for helping women adopt healthy



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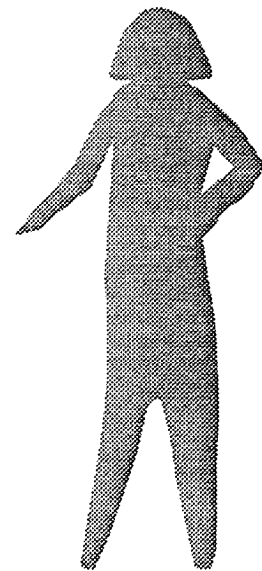
Conducting One-to-One Outreach

continued

behavior changes, such as getting regular screening exams.

Conducting Outreach

Outreach can be anything from introducing the program to a co-worker and offering a brochure, to talking with a friend over lunch about the importance of screening. Outreach may be an informal activity, such as talking with women at the water-cooler, or a more formal process, such as distributing materials at a meeting. Regardless of how or where the outreach is conducted, we strongly recommend that training be provided by a qualified facilitator. For more details about strategies for outreach, please request the materials from the Woman to Woman program.



Woman to Woman Resource Center

The Woman to Woman Resource Center is a collection of materials on breast and cervical health, including brochures, pamphlets, helpful telephone numbers, books, and videos. The Resource Center should be located in a worksite 'area such as a library or break room, where employees from all shifts and departments have easy access to the information available. An employee or volunteer can be assigned to stock materials and monitor the loaning of books and videos.

Why establish a Resource Center?

A Resource Center can:

- Provide employees with easy access to information about breast and cervical health and other women's health-related issues in a variety of formats
- Provide workers with information about community resources that assist women in overcoming barriers to breast and cervical cancer screening

How to Establish a Resource Center

- Find a good location. The Resource Center will need to be located in a worksite area that is accessible to workers on all shifts and departments, such as a library or break room.

- Select materials for the Resource Center based on employees' expressed interests.
- Materials can include:
 - Pamphlets, brochures, and fact sheets from the American Cancer Society or the National Cancer Institute
 - Books from various sources on breast, cervical, or women's health
 - Videos from various organizations (please refer to Video section)
- Order materials. Materials can be obtained from:
 - The American Cancer Society: 1-800-ACS-2345
 - The National Cancer Institute: 1-800-4-CANCER (See order forms included with this manual)
 - Local bookstores
 - Organizations that represent women's health interests
- Monitor the Resource Center periodically to assess whether materials need to be restocked.
- Periodically, update materials with new information about breast and cervical health. Remove outdated materials.



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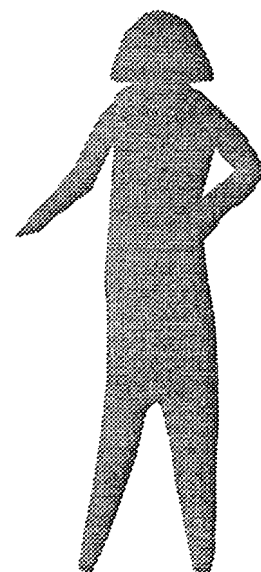


Woman to Woman Resource Center

continued

Tips for a Successful Resource Center

- Put resource materials on a cart to create a Woman to Woman Resource Center on wheels. This allows employees who would not normally visit the Resource Center to review the materials within their work location.
- Promote the Resource Center in conjunction with campaign events, to remind employees of the materials available to them.



Guest Speakers

A guest speaker (from either within the organization or another organization) can be invited to provide a session to employees on breast and/or cervical health issues. A speaker can provide an opportunity for participants to get in-depth information from an individual with expertise in a particular content area, and can direct participants to appropriate resources for additional information.

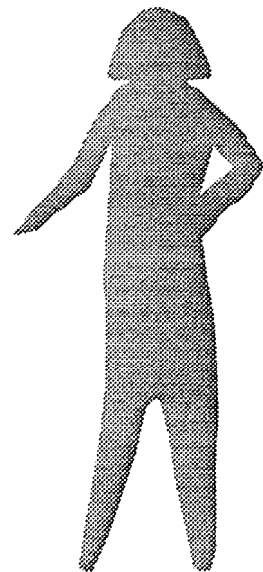
Planning for a Guest Speaker

In preparing for a guest speaker you will need to:

- Decide the content area of the session based on employee interests
- Contact appropriate individuals or a reputable organization that can direct you to an individual who has expertise on the topic and experience facilitating large groups
- Contact the potential speaker to determine whether he or she would be willing to conduct a session. Discuss the individual's experience with conducting educational sessions
- Inform speaker of the date, time, length, and location of the session
- Discuss the specifics of payment or an honorarium
- Once you have decided on the speaker, start promoting the session

approximately two weeks prior to the session date

- Promote the session in a variety of ways including: invitations as pay-check stuffers, flyers, posters, e-mail announcements, voice-mail announcements, and word-of-mouth. Any of these strategies can be used alone or in combination depending on what is effective at your worksite
- To get a count of possible participants, ask employees to pre-register (optional)
- Determine whether to provide refreshments or give aways, and mention them in the promotional materials
- Prepare evaluation forms for participants to fill out (optional).



Videos

Educational videos on breast and cervical health can be made available to employees through the Woman to Woman Resource Center.

Why the Videos?

Videos can be:

- An effective tool in educating individuals about health issues
- Included as part of an organized activity such as a Lunch and Learn or shown during a health fair
- Viewed at work or taken home to be viewed in private

How to Set Up a Video Library

- Check to see whether there is a TV and VCR that employees can use at work to view videos
- Provide a quiet and private room for viewing
- Obtain videos on breast and cervical health. These can be obtained from several organizations:

American Cancer Society
1-800-ACS-2345

Millner Fenwick, Inc.
1-800-432-8433

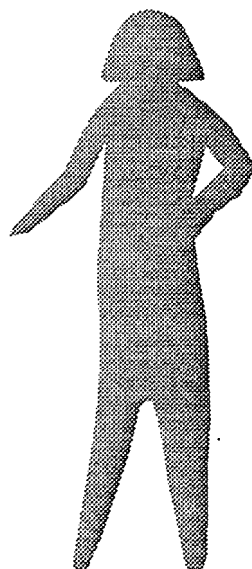
HealthImpressions of WRS Group
1-800-299-3366

UCLA Division of Cancer
Prevention & Control Research

1100 Glendale Avenue #711
Lost Angeles, CA 90024
(310) 825-3181

HealthWood
40 Rich Valley Road
Wayland, MA 01778-2428
(508) 358-0121.

Susan G. Komen Foundation
5005 LBJ Freeway
Suite 270
Dallas, TX 75244
(214) 450-1777



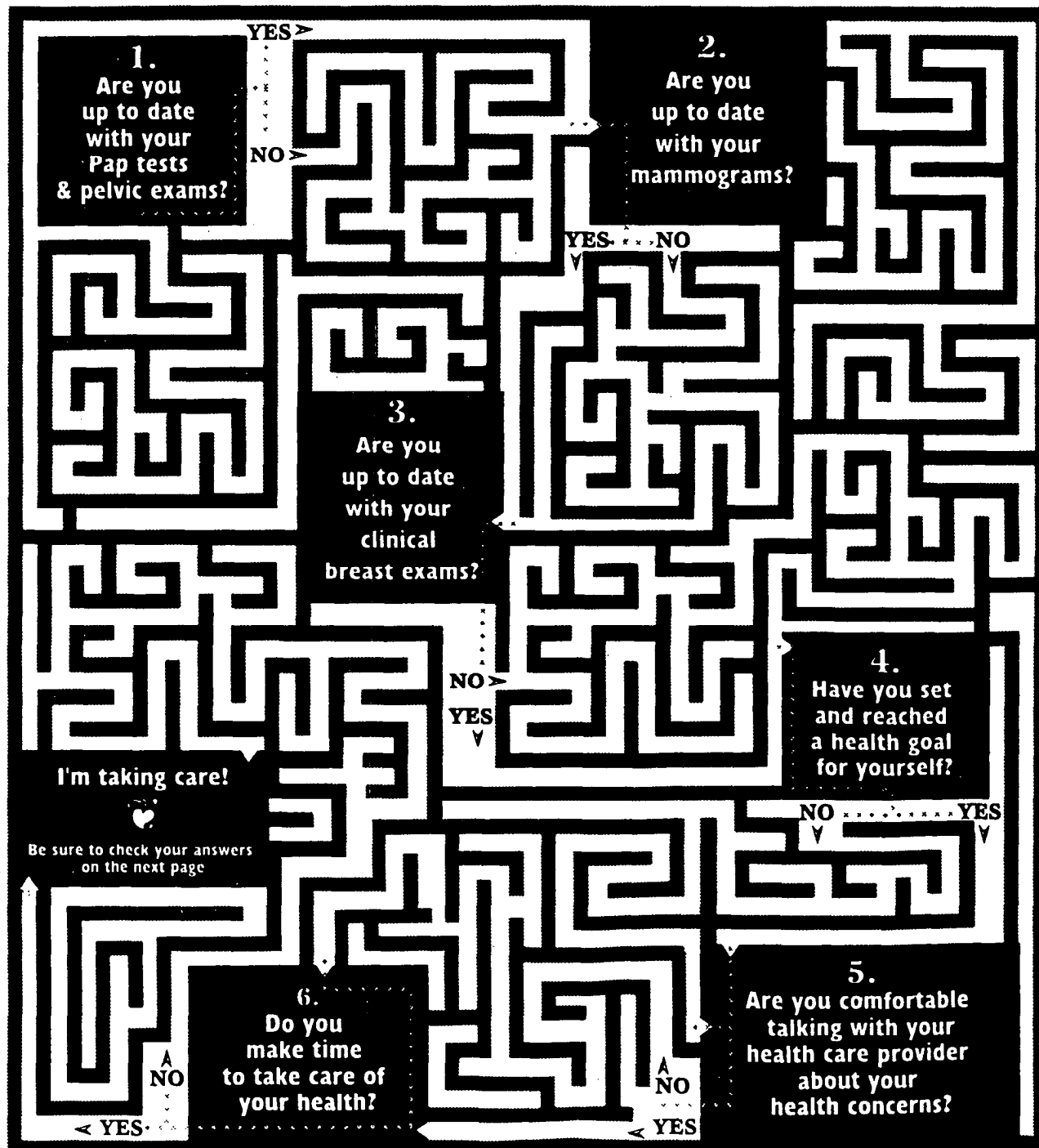
Work your way through the women's health maze!

Instructions:

Begin at the top of the maze and travel the route that applies most closely to you. Your responses will send you on a course through

the maze until you reach the place of "Taking Care." Hopefully this trip will be a short one, but if it's not, the guide on the next page can advise you on ways to shorten the route.

BEGIN HERE



Guide for Taking Care of Your Health

1. “Are you up to date with your Pap tests and pelvic exams?”

Yes: That’s terrific! The Pap test can find changes in the cervix before they become cancerous. You should have a pelvic exam with a Pap Test annually. After 3 consecutive normal exams, you can talk with your health care provider about whether you can get these screenings less often.

No: A pelvic exam with Pap Test is an exam for all women age 18 and older, or who are sexually active. Call your health care provider to discuss when you had your last screening and make an appointment for another. If you have had a hysterectomy, ask your health care provider whether you need this exam.

2. “Are you up to date with your mammograms?”

Yes: That’s great! Did you know that the guidelines have changed? Experts recommend that women age 40 and older have a mammogram every one to two years. After you turn 50, a yearly mammogram is recommended. Remember, once is not enough! You need to get screened regularly.

No: Talk with your health care provider about the importance of screening for breast cancer. A mammogram is one way to take care of yourself. Major medical organizations recommend that women age 40 and older have a mammogram every year (American Cancer Society) or every one to two years (National Cancer Institute). After you turn 50, they recommend that you get a mammogram every year. Women who are at *higher risk* for developing breast cancer should get expert medical advice about whether to begin mammography before age 40.

3. “Are you up to date with your clinical breast exam?”

Yes: Keep up the good work! Mammograms in combination with clinical breast exams are the most effective way to find breast cancer. The American Cancer Society recommends that women between the ages of 20 and 40 receive a clinical breast exam (CBE) every 3 years. Women over age 40 need a CBE every year.

No: A clinical breast exam (CBE) is a manual exam performed by your health care provider. The American Cancer Society recommends that women between the ages of 20 and 40 receive a CBE every 3 years. Women over age 40 need a CBE every year. Talk to your health care provider about including a CBE in your physical exam.

4. “Have you set and reached a health goal for yourself?”

Yes: You’re doing a great job maintaining good health practices.

No: It’s never too late to set a health goal for yourself. Think of your goal in small steps that are reachable, rather than large steps that may be unrealistic. Your Peer Health Adviser can help you set a goal for yourself and show you how to reach your goal.

5. “Are you comfortable talking with your health care provider about your health concerns?”

Yes: Good communication with your health care provider is necessary for making the most of your health care visits.

No: You are important and so is your health! You can improve your communication with your health care provider. To make the most of your health care visits, ask your Peer Health Adviser for some helpful communication tips.

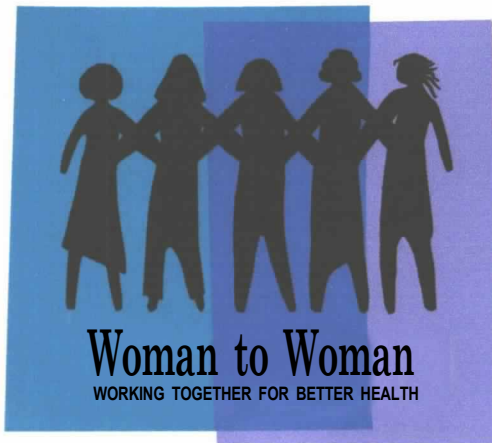
6. “Do you make time to take care of your health?”

Yes: At times, it can be difficult to make time for your health, but you are making it a priority.

No: Finding time to take care of your health can be difficult when you lead a busy life. Remember, you are important and it is OK to think of your health needs as a priority.

For more information ask your woman to Woman Peer Health Adviser or check out your Resource Center!

**Talk to your doctor about the known risk factors for breast cancer.*



Event Planning & Information

Steps of Event Planning

Event Planning Worksheet

Incorporating Woman to Woman into Worksite Events

Promotions and Incentives

Maintaining Woman to Woman Programs

Incorporating Woman to Woman into Worksite Events

Maintaining a High-Quality Program



Steps of Event Planning

A successful event does not just happen. It requires forethought and planning. To help plan a successful event at your worksite, you should address these questions, which will help you meet your goal.

What

What objectives do you hope to achieve?

Example: to raise awareness about early detection of breast or cervical cancer

What kind of event will best meet your objectives?

Examples: Lunch and Learn session, campaign, guest speaker

What kind of activities will be included in the event?

Examples: class session, information booth.

What content will be included in the activities?

Examples: general information about breast and/or cervical cancer, detailed information about screening methods, screening guidelines

What materials or supplies will be needed for the activities?

Examples: flip charts, handouts, videos

What will motivate people to attend this event?

Examples: food, fun, small gifts, door prizes, etc.

Who

Who are you trying to reach within your organization?

Examples: all employees, or a specific group

Who do you need to involve to plan and implement this event?

Identify individuals in the workplace that can be given a role or specific tasks in planning or conducting the event

When & Where

When would you like to hold the event?

Consider the best date, day of week, and time for maximum participation

Where would you like to hold the event?

Consider what kind of event you are planning to hold, whether you need a location that has a lot of traffic or a more private location, and how many people you expect to attend

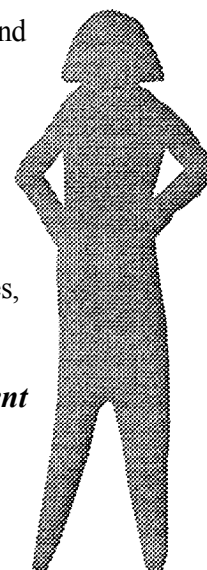
How

How will you present the information?

Examples: discussion, brochures, videos

How can you promote this event at your worksite?

Examples: flyers, paycheck stuffers, newsletter articles, e-mail announcements, word-of-mouth, etc.



Event Planning Worksheet

After you have gone through the planning questions, you should have a good idea of what you're doing and what you'll need. You can use this planning worksheet to outline your decisions.

Why: _____

Kind of event: _____

Activities: _____

Content: _____

Materials: _____

Who you want to reach: _____

Who will be involved: _____

Date/day of week/time: _____

Where: _____

How: _____

Promotion: _____

Incentives: _____

Incorporating Woman to Woman Programs into Worksite Events

Woman to Woman educational activities can be conducted in conjunction with special worksite events.

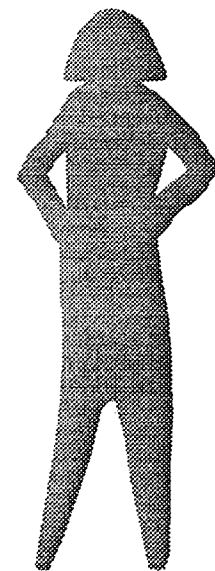
Why consider including Woman to Woman activities at special events can:

- Reach large number of employees
- Increase program exposure

Including a Woman to Woman activity at a special event can be as simple as distributing pamphlets or showing a video, or it can be more elaborate such as building a display.

The following are some ways that participating worksites integrated Woman to Woman activities into existing special events:

- Give a 5- to 10-minute presentation on the Woman to Woman Program during Black History Month
- Set up a booth from which handouts, pamphlets, and Woman to Woman Program information can be distributed during health fairs, a company open-house, or picnic
- Distribute Woman to Woman Program information and educational handouts during Employee Recognition Week or during Breast Cancer Awareness Month, in October



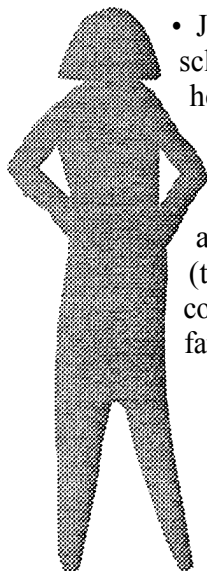
Promotions and Incentives

Generating employee interest in your health education activities is critical to the success of your program. You can encourage employee participation through promotions and incentives described below.

Identify your Audience

To design programs that best meet employee needs and interests, it is important to clearly identify the individuals you wish to reach and learn about the values, customs, and priorities of this group. The Woman to Woman Program asked Volunteer Advisory Boards about the needs and interests of their fellow workers, and used that feedback to implement activities and develop promotions that would motivate employees to participate.

Keep in mind that many factors affect participation, such as:



- Job categories, work schedules, personal health concerns and priorities
 - Program setting, time, place, and social supports (the involvement of co-workers, spouses, family, and friends)

Tips for Effective Promotion

Effective promotion can boost participation. The following tips may help you plan your promotions:

- Learn the interests of employees and tailor the promotion accordingly. Your Volunteer Advisory Board can help you identify employee interests and appropriate promotional strategies.
- Capture employee attention with direct messages. Give your audience a reason to participate and promote that reason.
- Design written communication (posters, memos, etc.) that are simple and colorful, featuring eye-catching graphics or a program logo. When designing materials, use lots of “white space” and as few words as possible.
- At least two weeks before any program, launch promotional activities designed to create awareness and stimulate curiosity.
- Send all publicity material to upper-level managers, supervisors and union leadership; personally invite or write notes to managers and union contacts, and announce events at supervisor, manager, and union meetings.

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Promotions and Incentives

In addition to common channels of communication, consider some unusual ones, being sure to reinforce the program identity by using its name and logo. The following are examples of vehicles used to promote the Woman to Woman Program:

- Internal mailings and invitations
- Payroll stuffers
- Memos, e-mail, and voice-mail messages
- Organization and union newsletter articles
- Bulletin board postings
- Table tents
- Posters
- Flyers
- Announcements at organization and union meetings
- Buttons
- Intercom announcements
- Word-of-mouth

Incentives

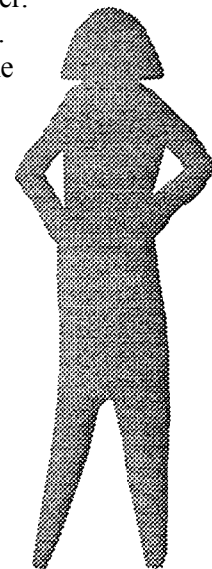
Incentives can enhance program success by increasing employee participation and interest. The Woman to Woman Project used incentives to reward employees for participating in

activities. Incentives can take a variety of forms: monetary, such as cash prizes or discount coupons; material prizes, such as T-shirts; or special incentives or rewards, including special recognition, time off from work, or special parking privileges.

Some common incentives used by the Woman to Woman Project included:

- Mugs
- Magnets
- Key chains
- Flower seeds
- Gift packets with a selection of incentives
- Coupons for free mammograms
- T-shirts
- Lunch bags
- Canvas bags
- Snacks and beverages
- Gift certificates
- Luncheons
- Special acknowledgements

When there are not enough incentives for all participants, consider having door prizes instead. When feasible, promote the incentives in announcements about the event.

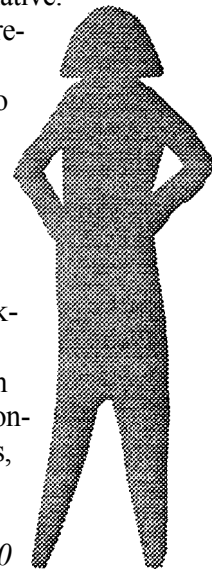


Maintaining Woman to Woman Programs

The Breast and Cervical Cancer Education Project recognizes that maintaining the Woman to Woman Program over time requires planning and organizational commitment. The following suggestions may help you to sustain the program at your worksite:

- Assess whether the Woman to Woman Program is compatible with your worksite mission statement and other human resources policies, and adjust it accordingly. For example, if a worksite policy does not permit employees to attend a lecture series during work time, the activity could be offered at lunchtime or after work.
- Integrate the Woman to Woman program into a permanent worksite structure, such as in an employee health-related committee or department. As appropriate, have the Woman to Woman Program piggy-back on to existing programs (see "Incorporating Woman to Woman Programs into Worksite Events"). In many worksites that participated in the Woman to Woman Program, the Employee Health Department guided and coordinated its activities. In some instances, Woman to Woman activities were incorporated into annual worksite health fairs.
- Obtain upper and middle management support for the program by recruiting someone at the management level to advocate for the Woman to Woman Program.
- Designate an individual at your workplace (the "Worksite Coordinator") to coordinate Woman to Woman Program or health-promotion activities and consider including any relevant duties in his or her job description.
- Make it possible for employees to provide input about the program's ongoing activities. An advisory board can raise employee awareness and increase support and participation in activity planning and implementation. Other methods to include employees in program planning is to use a suggestion box or employee evaluation forms.
- Ensure that your organization establishes relationships with community resources and agencies such as the American Cancer Society, the National Cancer Institute, and the Massachusetts Department of Public Health's Breast and Cervical Cancer Screening Initiative. You can identify a representative in your area and set up a meeting to discuss available resources and opportunities for collaboration.
- Request that your workplace allocate funds in the budget for program items, such as educational materials, incentives, etc.

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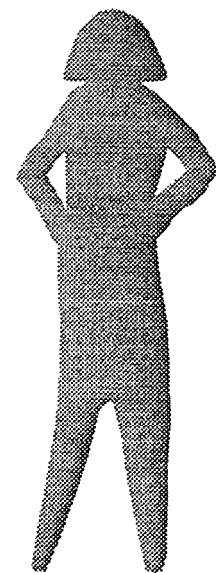


Maintaining Woman to Woman Programs

continued

Health-education programs that you conduct at your worksite may include components of the Woman to Woman Program. Employee committees or a Volunteer Advisory Board can continue to provide input into program planning. As you develop and implement your programs, you can choose from the following range of Woman to Woman activities:

- Lunch and Learn sessions
- One-to-One contacts
- Informational coffee hours
- Resource Center
- Distribution of informational brochures and self-help materials
- Posting of information
- Use of videos
- Guest speakers
- Campaigns
- Contests
- Incentives for participation or behavior change



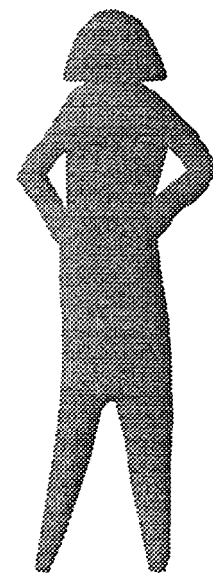
Maintaining a High-Quality Program

The fast pace of breast and cervical cancer research means that information about screening may quickly become outdated. To maintain a high-quality program, it is critical that a number of steps be taken to ensure that information being disseminated is up-to-date and accurate. These steps include:

- Consult with the National Cancer Institute (1-800-422-6237) and the American Cancer Society (1-800-ACS-2345) to find out whether brochures and other educational materials are still up-to-date, and to request new materials, as needed.
- Check the references of each guest speaker and ask someone who is knowledgeable about the speaker's topic to attend the presentation and assess whether the information presented is both accurate and appropriate.

If Peer Health Advisers are trained to part of your program:

- Hold regular meetings for them to ensure that the information they are providing is accurate and consistent and that their responses to inquiries and requests are appropriate.
- Offer continuing education sessions, (a sample is included in the Woman to Woman Peer Health Advisor Curriculum). These will introduce Peer Health Advisors to new information and reinforce information that has already been reviewed.
- Attend sessions and/or activities conducted by Peer Health Advisors to observe whether information is current and appropriately presented



Woman to Woman Project



Lunch and Learn Session

Monday, June 30, 1997 at 10:00 a.m.
in Conference Room 4301.

Discussion Topic:

The Pap Test: It Could Save Your Life!

READY, SET, GOAL!

Please come and learn about "Setting Goals for Success" on Tuesday, May 20th from 10:00 - 11:00 a.m. in Conference Room 4301 (located next to the copy room on the 4th floor). This session is being offered through the *WOMAN TO WOMAN: Working Together for Better Health* program sponsored by Dana-Farber.

Please call Wendy Nelson (x5977) or Rochelle Brunson (x8432) to sign up to participate.

Light refreshments will be served.

PLEASE COME!

Mark Your Calendar for Upcoming Women to Women Events!

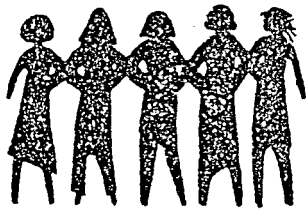
Join us for **Lunch and Learn** about
“Building a Partnership with Your Health Care Provider”
Wednesday, September 24th

Two Sessions:

12:30 - 1:00

1:15 - 1:45

2nd floor conference room



Come have **Lunch and Learn** with
“A Guide to Good Breast Health”

Video and discussion

Wednesday, October 22nd

3 sessions offered:

11:45 - 12:30

12:30 - 1:15

1:15 - 2:00

2nd floor conference room



Woman to Woman Week

Varied activities to be announced

November 10th - 14th

RSVP

Diane Jones @ ext 6081

Denise Marchese @ ext 5201

Donna Zacchini @ ext 5205

Refreshments will be served and free gifts to all who attend!



Woman to Woman
Lunch & Learn Session

topic:

Cervical Health

Tuesday, June 24th
12:00 noon sharp - 12:45
in the Library.

Limited space so please call a Peer
Health Advisor to save your spot:

Kellie Hurley-Nichols x599

Patty Roberts x650

Marge Goodwin x370

Paula McDonald x389

Bring your lunch!

Dessert will be provided.

Agenda

Jordan Hospital's Bi-Weekly
Newsletter to Staff
October 30, 1997

Woman to Woman Week Comes to Jordan November 3 - 7

Woman to Woman is an educational program that has been happening here at Jordan Hospital for the past year and a half. It has been brought to you by Jordan Hospital in collaboration with the Dana-Farber Cancer institute and the Service Employees International Union. The goal of this program is to educate employees about the importance of early detection for breast and cervical cancer.

Woman to Woman invites you to join us in a week-long celebration, "Woman to Woman Week" recognizing the accomplishments you have made for better health. The Woman to Woman volunteer Advisory Board has been busy organizing many activities that will be happening here next week, **November 3 - 7**. There are many ways you can participate in this exciting event.

During the Woman to Woman Week, you can join your co-workers and show your support for women's health and the Woman to Woman prom by wearing a "We are Working Together for Better Health" Button. These buttons are being distributed now and during Woman to Woman Week.

Dana-Farber Cancer Institute has trained **Maryanne Lunney, Elly Sheeley, Lori Spiers, Denise Shaughnessy, Cheryl Twomey and Mary Jane Paasche** to be Peer Health Advisers for the Woman to Woman program. They can assist you with finding answers to your questions about breast and cervical health. They will be introducing themselves around your worksite and offering assistance. If they offer you one of their "Call Me" business, hold on to it. That card can help you locate your Peer Health Advisor if you have any questions or concerns in the future. The "Call Me" card can also be your ticket for a prize!

On Thursday, **November 6**, come have some coffee and take a break with your peer health advisors. "Coffees" will be held in the Bailey corridor from 7:00 am - 8:00 am and from 2:00 pm - 3:00 pm. In addition, a "Coffee" will be held on the second floor bridge from 8:00 pm - 9:00 pm for the evening staff. This will give you a chance to meet over coffee and talk with the women from your worksite who have been trained by Dana-Farber. The Sharing Our Messages display will be available for you to add your message about making health a priority. Your message might inspire others! And a show of the "Call Me" card may win you a prize. Prizes are limited.

You can also visit The Woman to Woman Resource Center located in the Employee Health Office. It has information about women's health, including breast and cervical health, in books, brochures and videos.

We hope that you will join the Woman to Woman Week activities and show your support for women's health.

For more information, contact **Elly Sheeley** (Occupational Health), ext. 2261 or **Shirley Grey** (Fiscal), ext. 2019.

CHRISTMAS BASKET PROJECT UPDATE

The wicker baskets with your recipient's information will be given out on Monday, **November 3** from 1:00 pm - 2:00 pm in the Funkhouser A conference room. Please have someone pick up the basket for your department at that time.

Wear a Costume to Work on Halloween!!!

Costume contest for employees and volunteers, **October 31** at 11:45 am in the Old East Lobby. Funniest = 2 movie passes; Most original = 2 movie passes; Best group of 3 or more = pizza and soda for the department.

After the judging there will be a parade through selected patient units. Wear your costume all day as appropriate for your work area from a safety and patient perspective.

On the evening shift, judges will walk about the hospital and choose the best costume for 2 movie passes.

Special Halloween candy for the night shift.

Welcome to Jordan Hospital

All employees and volunteers are invited to a reception to welcome our new physicians to the Jordan. The reception will be held outside the Funkhouser Conference room on Monday, November 3 from 4:00 pm to 6:00 pm.

Maryanne Bombaugh, MD, OB/GYN
Paula Marella, DPM, Podiatry
Kevin Mullins, MD, Neurosurgery
Fred Northrop, MD, Internal Medicine
Grace Pien, MD, Day House Physician
Patricia Sullivan, MD, Emergency Med.
Maureen Banting, CNM, Court St. Midwifery

Shattuck News

LEMUEL SHATTUCK HOSPITAL 170 MORTON STREET, JAMAICA PLAIN, MA 02130 617-522-8110 JUNE, 1997

New Public Health Commissioner named

Governor William F. Weld recently appointed **Dr. Howard Kyongju Koh** to be his next public health commissioner. Dr. Koh replaces retiring commissioner David Mulligan who has held the post for the past decade.

Dr. Koh is currently director of cancer prevention and control at Boston Medical Center and chairman of Massachusetts coalition for a Healthy Future.

"Dr. Koh's work on cancer prevention and tobacco control puts him on the forefront of today's most pressing public health issues," said Weld.

Koh, 45, of Andover, is a professor at Boston University's schools of medicine and public health.

Woman to Woman Project

Do you have questions about menopause? Do you want the latest information available on the topics of women's health? The Woman to Woman Resource Center located in the Medical Library is available for employees who are interested in learning more about important women's health issues. Please take a minute to stop



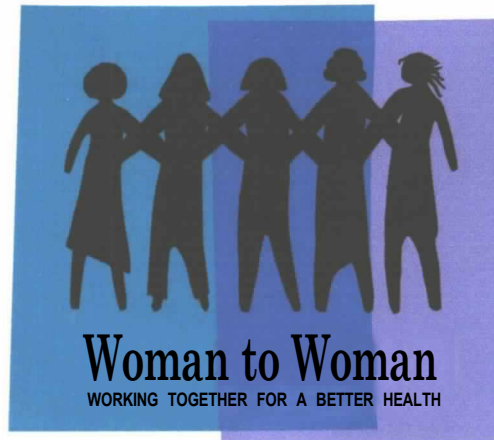
Woman to Woman

WORKING TOGETHER FOR BETTER HEALTH

by; there are books and videos you can borrow and brochures you may take. Be sure to look for the following two new books: "Menopause; A Guide for Women and Those Who Love Them" by Winnifred B. Cutler, Ph. D. and Celso-Ramon Garcia, M.D. and "The Harvard Guide to Women's Health" by Karen J. Carlson M.D., Stephanie A. Eisenstat M.D., Tera Zipory, Ph.D.

Lemuel Shattuck is pleased to welcome 3 new Peer Health Advisers, Jeanette Barton, Magalie Bernier and Deborah Proia who recently completed a training at the Dana-Farber Cancer Institute. They will join Peer Health advisers Marjorie Goodwin, Paula MacDonald, Kelly Nichols and Patricia Roberts in educating employees about early detection of breast and cervical cancer. Please join us in welcoming them.

Stay tuned for more Woman to Woman Project activities coming your way this summer and fall. We hope you will join us in working together for better health. If you have any questions about the Woman to Woman Project or would like to join our Volunteer Advisory Board, please contact Nellie Castillo at ext. 611.



Common Questions & Concerns

About Breast Cancer Screening

About Cervical Cancer Screening



Common Questions and Concerns about Breast Cancer Screening

"I'm nervous about having a mammogram."

For some women, thinking about having a mammogram reminds them about the possibility that they could get breast cancer someday. And that is very upsetting - so upsetting, in fact, that it makes it difficult for them to do what they need to do to stop worrying: have the mammogram.

Some women feel calmer and more in control after having a mammogram. They feel that if that can't control getting breast cancer, they could try to "beat it" if it occurred. And the best way to beat it is by having regular mammograms.

Some women find it makes them feel less anxious if they take a friend to their appointment or talk with their doctor about mammography. What do you think might help you feel less anxious about having a mammogram?

"My doctor has not recommended having a mammogram. What should I do?"

It might have slipped your doctor's mind to advise you to have a mammogram, or perhaps he or she was seeing you for a specific problem and not for your routine checkup. Regardless, it is important to speak with your doctor about the advisability of breast cancer screening.

"I don't like going to the doctor."

You're not alone in feeling that way. I have talked with other women who also don't like going to the doctor.

Since you don't like to go to doctors, taking good care of yourself and finding little problems before they become big problems is particularly important. If you don't find problems when they are small, they will need more time and attention from doctors later.

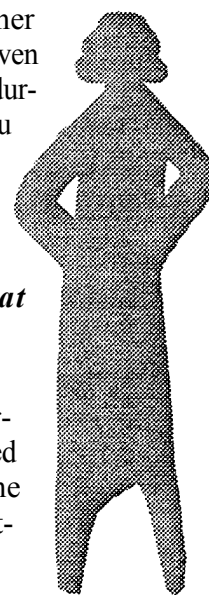
"I'm too embarrassed."

I understand that you would feel a little uncomfortable. The technologists are generally sensitive to women's concerns about having a mammogram. You could speak with your doctor about going to a facility where female technologists perform the mammogram. This may help you feel more comfortable.

One more thing that may help you to feel more comfortable is to know that you only need to remove the clothing above your waist during the mammogram. Therefore, you might find it more comfortable or convenient to wear pants or a skirt rather than a dress. You will be given a cover-up to wear except during the mammogram, so you will have privacy.

"I've heard that having a mammogram hurts. Is that true?"

It is true that you feel some pressure on your breast during the X-ray. This is needed for an accurate picture of the breast. It may be uncomfortable, but it only lasts for a few seconds.



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Common Questions and Concerns about Breast Cancer Screening *continued*

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 be sensitive to your concerns about this issue.

If you are still menstruating, you should plan to have a mammogram seven to 10 days after the start of your period, when your breasts may be less tender or sensitive.

You also might want to limit the amount of caffeine you drink for a couple of weeks before the mammogram to help reduce any breast tenderness or sensitivity.

"I am so busy! How can I find the time to have a mammogram?"

You can call now for an appointment for your mammogram, but schedule it when it is convenient for you. Sometimes these things take some planning and you may need to juggle your schedule, but the benefit of having your mammogram outweighs the scheduling hassles. And the entire appointment usually takes less than 30 minutes.

"I don't want to look for trouble." "If I have it, I don't want to know."

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

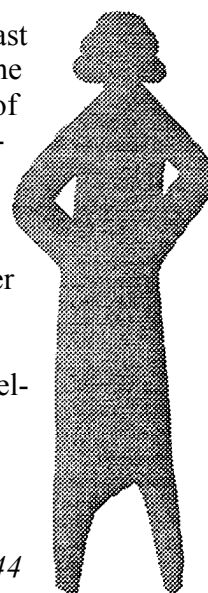
However, with breast cancer, unless you have a mammogram, you don't know if you have a problem until you

start having symptoms such as a lump, discharge, or dimpling of the breast. At this point, the cancer is much more difficult to control and cure. It is better to find out before there are any symptoms. In fact, when breast cancer is found by a mammogram, you sometimes have as much as a year and a-half to two years' head start on treating it. And early breast cancer is a curable disease.

"I hear radiation from a mammogram can give you breast cancer. Is that true?"

Equipment and techniques have improved so much in the past few years that the risk from radiation has been greatly reduced. The machines are set so that the smallest amount of radiation is used, and they are checked regularly. Getting a mammogram this way is very safe.

The benefits of finding breast cancer early far outweigh the risks of this small amount of radiation exposure. A mammogram can detect breast cancer a year and a-half to two years before it can be felt. This is when the cancer is in its early stage, when women have more choices about treatment and an excellent chance of being cured.



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Common Questions and Concerns about Breast Cancer Screening *continued*

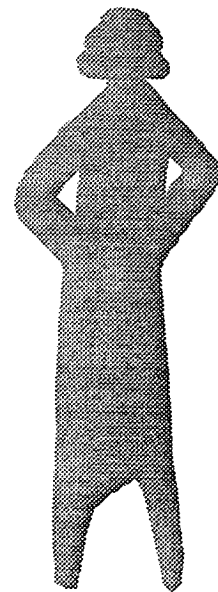
“I can’t afford a mammogram. Is there anywhere I can go for a free or low-cost mammogram?”

There are 13 locations in the Boston area that, through funding from the Massachusetts Department of Public Health, provide free mammograms to women age 40 years or older who are uninsured or underinsured (including the alternate year when Medicare does not pay). They also provide free mammograms to women under 40 who have a personal or family history of breast cancer (a mother, daughter, or sister who has had the disease).

“If anything is wrong, I don’t have a doctor to go to. What should I do?”

Many of the free health services sites can refer you to an appropriate doctor. Or you could call the Mayor’s Health Line for a referral to a doctor. The telephone number is 1-800-534-5050 or 1-800-847-0710. If you would like further assistance, I can refer you to staff of the Woman to Woman Program.

This material has been adapted from The National Cancer Institute’s *Picture of Health* and the American Cancer Society’s *Tell A Friend Program Kit*.



Common Questions and Concerns about Cervical Cancer Screening

“What is a pelvic exam?”

A pelvic exam is when a doctor or nurse examines the vagina, uterus, fallopian tubes, bladder, ovaries, and rectum to feel for any abnormality in shape or size. During the pelvic exam, an instrument called a speculum is used to widen the opening of the vagina and observe any irregularities.

“What is a Pap test?”

A Pap test (or Pap smear) is one of the most effective ways to detect changes in the cells of the cervix (the opening of the uterus). The Pap test can show the presence of infection, inflammation, abnormal cells, or cancer in the cervix. Pap tests can detect cancer in the cells, and the earlier these cells are found, the better the chances for a cure. Cervical cancer is almost always curable when detected and treated early.”

“I’m too embarrassed to have my doctor give me a pelvic exam and Pap test.”

Doctors and nurses are aware that some women may feel embarrassed, especially if this is their first Pap test or pelvic exam. Women can request that a female doctor or nurse perform both exams. It only takes a few minutes to have a pelvic exam and Pap test.

“How frequently should I get a pelvic exam and Pap test?”

The American Cancer Society and the National Cancer Institute recommend having pelvic exams with Pap tests

every year starting at age 18, or younger, if you are sexually active. Pelvic exams and Pap tests can be performed during routine gynecological exams.

After three or more annual examinations with normal findings, you need to talk with your doctor about the frequency of screening. Women who have a higher risk of developing cervical cancer or who have been treated for cervical cancer in the past should be examined more often than those who do not have certain risk factors. Discuss screening frequency with your doctor.

“Does it hurt to have a Pap test?”

The Pap test may cause discomfort, but it is painless. If you have had a painful Pap test in the past, you might mention this to the doctor or nurse so she or he is aware of your experience. During the Pap test, the doctor or nurse uses a speculum to examine the cervix and vagina. Then with a small brush or cotton swab, the doctor takes a few cells from the surface of the cervix. The cells are then smeared on a glass slide and then sent to a lab for examination under a microscope. Results of the Pap test are generally provided between five to seven days after the test.



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Common Questions and Concerns about Cervical Cancer Screening *continued*

“What if the results of the Pap test are abnormal?”

Once an abnormality is detected in the cervix, follow-up care is extremely important. Most abnormal conditions detected by the Pap test are easily treatable and curable.

When the results are abnormal, it may be due to inflammation caused by a vaginal infection. The doctor may recommend taking medicine or having treatment for the infection. In a few months, another Pap test will be necessary to make sure the infection has cleared up.

Abnormal results can also mean that the cells need to be further investigated with a biopsy. A biopsy is when the doctor removes a sample of tissue to determine the extent of the abnormal change. Many of these changes are caused by Human Papilloma virus or by abnormal cell growth. Although these are not cancerous, over time they may progress to cancer.

If changes in the cervix are cancerous, prompt treatment is required to prevent the cancer from spreading to other parts of the body. Remember, the earlier the diagnosis and treatment of any abnormality, the better the chances for cure.

“I’m not planning on having more children. Do I need a Pap test?”

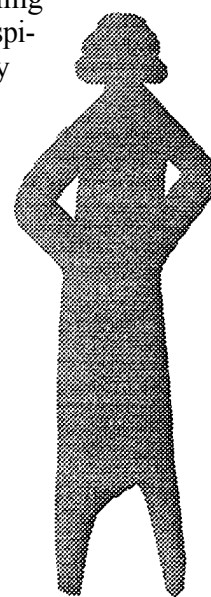
There is no upper age limit for Pap tests. Older women should continue to have regular pelvic exams with Pap tests - even if they are beginning or have gone through menopause. Older women need to discuss the frequency of screening with their doctor or nurse.

“I had a hysterectomy. Do I still need a Pap test?”

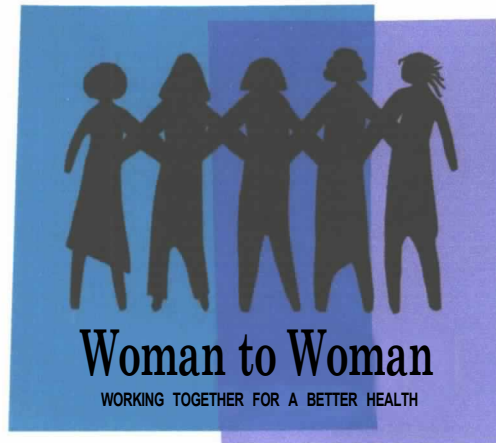
A woman who has had an operation to remove the uterus and cervix (hysterectomy) should discuss having Pap tests with her doctor.

“Where can I get a pelvic exam with Pap test?”

Women can get pelvic exams with Pap tests in a doctor’s office. These tests are also offered at low cost at Planned Parenthood or family planning clinics; health clinics at hospitals, health centers, and city health programs; and local health departments.



This material has been adapted from the National Cancer Institute’s *What You Need to Know About Cancer of the Cervix and The Pap Test: It Can Save Your Life.*



Evaluation & Measuring Success

How Do You Measure Success?



The Importance of Evaluation

How do you measure Success?

Evaluation is used to assess the effectiveness of an activity or a program, what worked and what didn't work, how can things be changed, what concerns need to be addressed. Evaluation is a useful tool to help define future goals or to adapt the program to fit the needs of your workplace.

The purpose for collecting information from a research perspective is to evaluate the goals set by the study as well as the effectiveness of the program in changing health practices. Researchers often stress the importance of the numbers of participants in the program in order to validate the findings of the study. Success is often measured by quantitative measures, the numbers of participants in an activity, the response rate of a survey, or whether goals have been met.

However, success can be measured in other ways as well, for example, through Observation: Have you seen a change in behavior or attitude about screening? Are more people discussing the topic of breast cancer more openly or readily? Are new people coming to events?

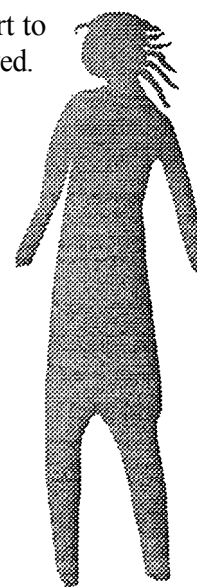
Verbal Response: What comments are being made about the program and the activities? Have you seen a change in behavior or attitude about screening? Are more people discussing the topic of breast cancer more openly or readily? Are new people coming to events? These questions all address the issue of success.

Various forms of collecting information were used throughout the Woman to Woman Program. These methods were:

Satisfaction Forms: these offered us information as to whether participants understood the information presented and if they recommended any changes in the presentation, location and time for the event.

Facilitator Satisfaction Forms: these allowed the facilitators to evaluate their performance and indicate if they thought some change should be made in the activity.

Sign-In Sheets: which lists the names and departments, shifts of job titles of the participants. It is useful in knowing not only who attends the activities but also who has not. Using the sign-in sheet can be helpful in making a greater effort to get new people involved.



Woman to Woman

Event Evaluation Form

(to be completed by session participants)

We Want to Hear from You!

We would like to know your opinion of this event. Your thoughts, comments and suggestions will help us to make improvements on the next session.

Please return this form at the end of the session.

Thank You for helping us to improve the Woman to Woman Project!

What Did You Think?

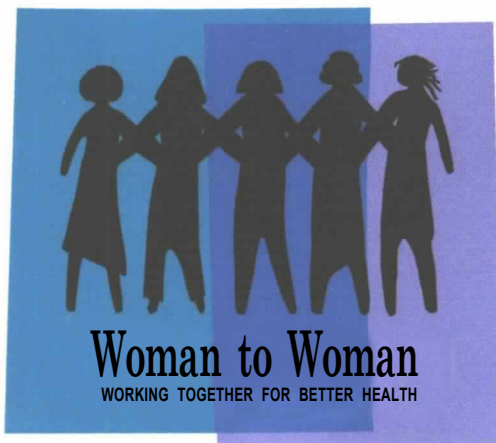
What did you **like** about this event?

How could the event be **improved**?

Overall, **how satisfied** were you with this event?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

Thank you!



Resources

Resources Within Your Organization

Community Resources Directory





Resources Within Your Organization

In addition to community resources, you may find resources within your company.

Following are some potential resources:

Human Resources/Benefits Office

This office can help you understand what health insurance programs are available and/or what benefits these programs offer with regard to screenings.

Guest Speakers

Hospital worksites have a unique opportunity to involve oncology physicians and nurses, radiologists, and radiologic technologists as guest speakers. Offering free screenings for employees if you have a mammography facility is another opportunity.

Cancer Survivors

There may be a breast or cervical cancer survivor within your company who is willing to share his or her experiences with co-workers. Others may be motivated by hearing about this individual's experiences.

Employee Health/ Occupational Health Nurses

These professionals can offer information about setting health goals and making healthy lifestyle choices. They may also have information about and be able to arrange for on-site mammography screening.

Human Resources/Benefits Office Staff

Someone from this office can discuss the various health insurance programs

that are available and/or what benefits the programs offer with regard to screenings.

Support

Transportation

Your company may have a van that can transport employees to local screening facilities during lunchtime or after hours. Co-workers may be willing to offer transportation or escort a co-worker to a screening.

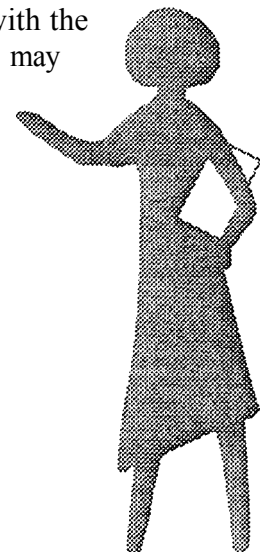
Incentives and Refreshments

Food Services/Catering Office

The director of catering or your work-site cafeteria may be able to arrange for refreshments for activities and/or meetings. They might also offer free meals as prizes or incentives.

Human Resources, Public Relations, or Development Office

Through their contacts with the community at large, they may have access to free prizes or gifts to be used as incentives





Resource Directory

This directory has been compiled to help direct you to organizations that can provide up-to-date and accurate information, materials, support services and advocacy groups. This listing includes some of the national organizations that offer these services as well as some that are located in the Greater Boston area. It is not intended to be a comprehensive listing of all organizations that offer these services, nor does inclusion of any particular organization imply endorsement by the Dana-Farber cancer Institute, the National Cancer Institute, and Service employees International Union (SEIU). It does not include the many local groups that offer valuable assistance to patients and their families in individual locales. This listing was reviewed on April 30, 1998

Organization: National Cancer Institute's Cancer Information Service
Toll-Free Telephone: 1-800-422-6237

NCI Online Internet

NCI's main Website at
HYPERLINK <http://www.nci.nih.gov>
or NCI's Website for patients, public, and the mass media at
HYPERLINK <http://rex.nci.nih.gov>

Cancer Mail Service

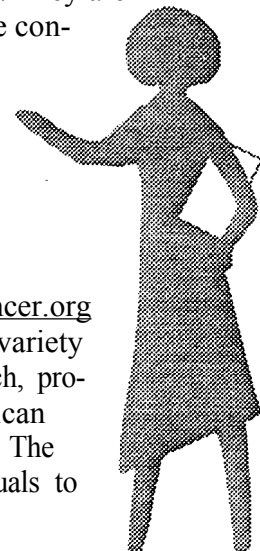
To obtain a content list, send HYPERLINK mail to:
cancermail@icicc.nci.nih.gov with the word "help" in the body of the message.

CancerFax[®] fax on demand service
Dial 301-402-5874 and listen to recorded instructions.

The National Cancer Institute's Cancer Information Services (CIS) provides information about various forms of cancer including breast and cervical cancer. They are the leading providers of accurate and current information and should be contacted to verify new information.

Organization: The American Cancer Society (ACS)
1599 Clifton Road NE.
Atlanta, GA 30329
404-320-3333
Toll-free Telephone: 1-800-ACS-2345
Internet Website: HYPERLINK <http://www.cancer.org>

The American Cancer Society is a voluntary organization that offers a variety of services to patients and their families. The ACS also supports research, provides printed materials and conducts educational programs. The American Cancer Society is the clearinghouse for information on support groups. The following American Cancer Society Regional Offices will assist individuals to contact their local support groups:



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Resource Directory

continued

American Cancer Society
Greater Boston Regional Office
654 Beacon Street, 6th floor
Boston, MA 02115
Tel: (617) 437-1900

American Cancer Society
Framingham Regional Office
30 Speen Street
Framingham, MA 01701
Tel: 1-800-952-7430

American Cancer Society
Northeast Regional Office
Wilmington
Tel: (508) 988-3600

American Cancer Society
Southeast Regional Office
Brockton
Tel: (508) 584-9600

American Cancer Society
Central Massachusetts Regional Office
Worcester
Tel: (508) 752-0666

American Cancer Society
Western Massachusetts Regional Office
West Springfield
Tel: (413) 734-6000

American Cancer Society Support Services

The American Cancer Society offers programs for women diagnosed with breast cancer to help them while they are undergoing treatment. These programs are:

I Can Cope

I Can Cope is a patient education program that is designed to help patients, families and friends cope with the day-to-day issues of living with cancer.

Reach To Recovery

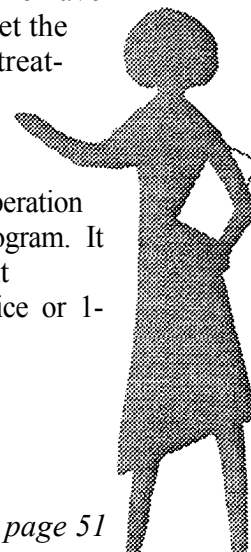
The reach to recovery Program is a rehabilitation program for women who have or have had breast cancer. The program helps breast cancer patients meet the physical, emotional, and cosmetic needs related to their disease and its treatment.

Look Good...Feel Better

The Cosmetic, Toiletry, and Fragrance Association Foundation in cooperation with ACS and the National Cosmetology Association developed this program. It focuses on techniques that can help people undergoing cancer treatment improve their appearance. For more information contact a local ACS office or 1-800-395-LOOK (1-800-395-5665).

Tangvik Fund

This program helps women obtain wigs at no or little cost.



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Resource Directory

continued

Organization: **Susan G. Komen Foundation**
5005 LBJ Freeway
Suite 370
Dallas, TX 75244
972-855-1600
Toll-free Telephone: 1-800-462-9273

The Susan Komen Foundation provides educational videos and materials about breast cancer; offers a hotline number for accessing information; raises public awareness and sponsors research for breast cancer. The foundation organizes many annual fund-raising road races, called iRace for the Cure[®]. For more information about the Boston race, contact Joyce Minkoff at 617-783-4000, extension 2862.

Organization: **Cancer Care, Inc.**
1180 Avenue of the Americas
2nd floor
New York, NY 10036
212-302-2400
Toll-free Telephone: 1-800-813-HOPE (1-800-813-4673)
HYPERLINK mail to:
cancercare@aol.com
Internet Website: HYPEKLINK
<http://www.cancercareinc.org>

Cancer Care, Inc. offers counseling, support groups, and financial assistance for non-medical expenses, home visits by trained volunteers, and referrals to services such as housekeeping, nursing care, and health aids.

Organization: **Dana-Farber Cancer Institute, Speaker's Bureau**
Community Benefits Office
44 Binney Street
Boston, MA 02115
617-632-3462

The Dana-Farber Cancer Institute provides Speaker's Bureau of physicians and nurses who are willing to speak to people in the community about topics relating to breast and cervical cancer.

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Resource Directory

continued

Organization: **ENCORE**
YWCA Encore Program
YWCA of the USA
Encore Plus Program
Office of Women's Health Initiative
624 Ninth Street NW
Washington, DC 20001
202-628-3636
Toll-free Telephone: 1-800-95E-PLUS (1-800-953-7587)
HYPERLINK mail to: HN2205mhandsnet.org
Internet Website: HYPERLINK <http://www.ywca.org>

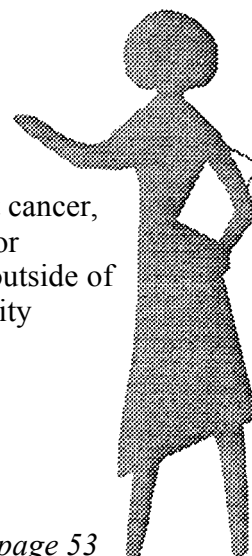
ENCORE is the YWCA's discussion and exercise program for women who have had breast cancer surgery. It is designed to help restore physical strength and emotional well being. The Boston branch is located at 140 Clarendon Street, Boston, MA 02116. The Contact person is Lula Christopher and her telephone number is 617-351-7650

Organization: **Hospice Link**
Hospice Education Institute
Suite 3-B
190 West Brook Road
Essex, CT 0642601510
Toll-free Telephone: 1-800-331-1620

Hospice Link offers information about hospice care and can refer cancer patients and their families to local hospice programs.

Organization: **Latino Health Institute**
85 Berkeley Street, Boston, MA 02116
Contact: Juanita Sosa, (617) 350-6900 ext. 103

The Latino Health Institute provides educational programs about breast cancer, interpretation and escort services to screening services and treatment for Spanish-speaking women in the Greater Boston area. Those who live outside of Boston may contact this organization for information on local community resources.



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Resource Directory

continued

Organization: **Massachusetts Breast Cancer Coalition**
24 Crescent Street
Suite 305
Waltham, MA 02154
Telephone: 781-891-0180
Toll-free Telephone: 1-800-649-6222
Executive Director: Amy Bett

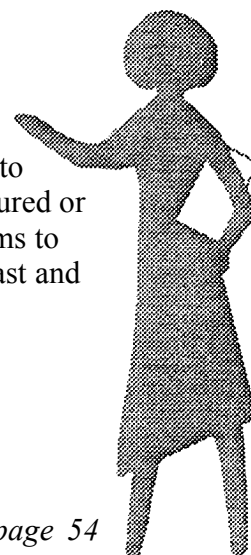
The Massachusetts Breast Cancer Coalition is a member of the Board of the National Breast Cancer Coalition an advocacy group working toward improving access for all women to screening, diagnosis and treatment; raising public awareness and providing educational resources and programs emphasizing the politics of breast cancer; broadening the financial base for research on the causes; treatment and cure for breast cancer; and influencing public policy, research priorities and legislation.

Organization: **Massachusetts Department of Public Health**
250 Washington Street
Boston, MA 02108
Toll-free Telephone: 1-800-ACS-2345.

The Massachusetts Department of Public Health's Breast and Cervical Cancer Initiative offers low-income women who are medically underserved free or low-cost screening for breast and cervical cancer. There are 37 BCCI sites that offer these services. By calling the toll-free number you can access information about the nearest location. Free transportation to screenings or reimbursement for transportation expenses is provided through this program.

Organization: **Mayor's Health Line**
Toll-free telephone: 1-800-847-0710

The Mayor's Health Line provides information and health care referral to low-income people throughout Massachusetts who are medically uninsured or under-insured. They provide information about all state-funded programs to help women get appropriate screening, diagnosis and treatment for breast and cervical cancer.



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Resource Directory

continued

Organization: **Medical Foundation**
Toll-Free Telephone: 1-800-952-6637
Internet Website: <http://www.maclearinghouse.com>

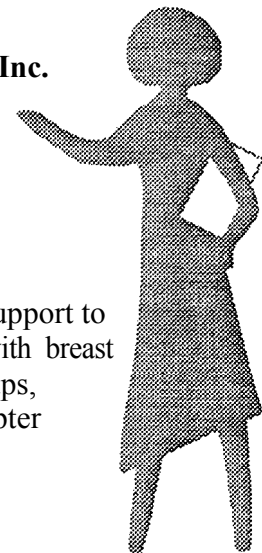
The Medical Foundation announces the newly formed Massachusetts Health Promotion Clearinghouse, a statewide resource funded by the Massachusetts Department of Public Health. The Clearinghouse develops and distributes effective, culturally-sensitive health education materials on breast and cervical cancer as well as other health concerns. These materials are free of charge. Orders can be placed through the Clearinghouse Website or by calling the toll-free telephone number.

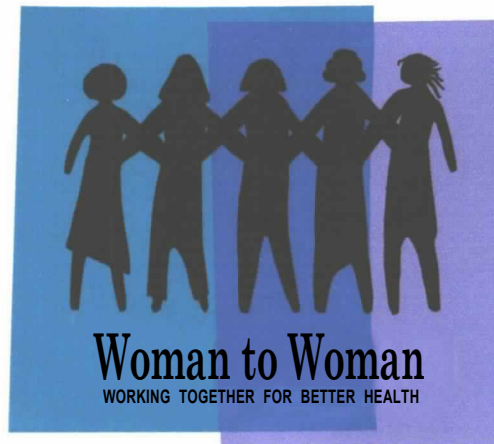
Organization: **National Alliance of Breast Cancer Organizations (NABCO)**
Suite 1600
785 Market Street
San Francisco, CA 94103
212-719-0154
Toll-free Telephone: 1-800-719-9154
E-mail: HYPERLINK mail to: nabcoinfo@aol.com
Internet Website: [HYPERLINK http://www.nabco.org](http://www.nabco.org)

NABCO is a nonprofit organization that provides information about breast cancer and acts as an advocate for the legislative concerns of breast cancer patients and survivors. NABCO provides phone numbers for approximately 350 cancer support groups nationwide. Information on support groups by state can be accessed at [HYPERLINK http://www.nabco.org/index.html](http://www.nabco.org/index.html) <http://www.nabco.org/index.html> on NABCO's Website.

Organization: **Y-Me National Breast Cancer Organization, Inc.**
212 West Van Buren Street
Chicago, IL 60607-3908
Toll-free Telephone: 1-800-221-2141
HYPERLINK mail to: info@y-me.org
Internet Website: <http://www.y-me.org>

Y-ME National Breast cancer Organization provides information and support to anyone who has been touched by breast cancer. Y-ME serves women with breast cancer and their families through their national hotline, open-door groups, early detection workshops, and support programs. Numerous local chapter offices are located throughout the United States.





Acknowledgements

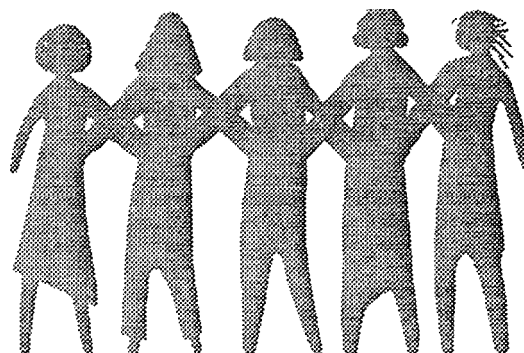


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The staff of the Breast and Cervical Cancer Education Project, known as the Woman to Woman Program, extend their sincere appreciation to the worksites in Massachusetts that participated in this study. Their time, talent, and support made it possible to find new and creative ways to educate women in the workplace about breast and cervical cancer. All the worksites listed below played a role in designing this health-promotion program, which will contribute to improving the health of workers throughout the United States.

American Red Cross
Boston Public Schools
The Cambridge Public Health Commission
Edith Nourse Rogers Memorial Veterans Hospital
Falmouth Hospital
Hale Hospital
HealthAlliance Hospitals, Inc.
Jordan Hospital
Jewish Memorial Hospital and Rehabilitation Center
Lemuel Shattuck Hospital
Massachusetts Department of Environmental Protection, Boston office
Massachusetts Department of Revenue: MITC-Chelsea
Massachusetts Division of Medical Assistance
Massachusetts Division of Transitional Assistance
Massachusetts Disability Determination Services
Medfield State Hospital
Massachusetts Soldiers' Home in Chelsea
Tewksbury State Hospital
UMass Health System - Clinton Hospital
University of Massachusetts, Boston
University of Massachusetts, Lowell
Wareham Site of Southcoast Hospitals Group
Walter E. Fernald Center
Westborough State Hospital
West Roxbury Veterans Administration Medical Center
Wrentham Developmental Center

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Investigators

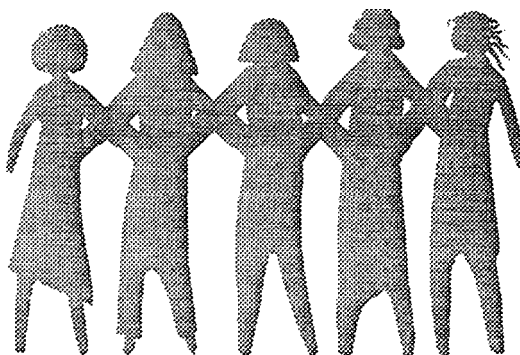
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Jennifer Dacey Allen, Sc.D., M.P.H.	Co-Investigator	DFCI, CCBR
Anne Stoddard, Sc.D., M.P.H.	Co-Investigator	University of Massachusetts/ Amherst, School of Public Health
Judy Garber, M.D., M.P.H.	Co-Investigator	DFCI Department of Adult Oncology
Jeb Mays	Co-Investigator	Service Employees International Union
Jane Weeks, M.D.	Co-Investigator	DFCI, Division of Cancer Epidemiology and Control

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