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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Sandee Katz to Jennifer Klein re requested information [personally identifiable information] [partial] (1 page)	04/04/1995	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Jennifer Klein
OA/Box Number: 13530

FOLDER TITLE:
Mammogram Event/WHCOA [White House Conference on Aging]

2014-0536-S
kc1560

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(1) National security classified information [(b)(1) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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FIRST LADY HILLARY RODHAM CLINTON
WHITE HOUSE CONFERENCE ON AGING
MAMMOGRAPHY SESSION
MAY 4, 1995

[Acknowledgements: Senator David Pryor, Chair of WH Conference on Aging; Donna Shalala, Secretary of HHS; Fernando Torres-Gil, Assistant Secretary for Aging, HHS; Bob Blancato, Executive Director, WH Conference on Aging; University of Maryland "Reach Out for Health" Service; panel participants]

- Thank you, Senator Pryor, for that kind introduction. We are going to miss your generous spirit and wisdom in the Senate when you retire.

- I would like to thank everyone for coming here this week for this conference. Your participation is critical if we are to find answers to the wide range of issues confronting so many older Americans today.

- Medicare and Medicaid -- and the cuts to these programs being considered in Congress -- are some of the most important issues that you are addressing at this conference. We're here today to talk about just one of the important benefits provided by Medicare. But I want to take a minute to put this issue in context. As the President said yesterday when he spoke to you, Medicare and Medicaid are examples of government that works. These programs have lifted millions of older Americans out of poverty and have helped millions more manage to pay for needed health care services, like long-term care.

  As the President also said, we need to address the growth in federal health care costs, but there is a right way and a wrong way to do it. The wrong way is to cut these programs to pay for tax cuts for only the most well-off Americans. The right way is in the context of health care reform. And as we have said all along, we must measure any health care proposal, including any changes in Medicare and Medicaid, by four principles -- coverage, choice, quality and affordability. Does the proposal go backward and increase the number of uninsured, or does it move us forward? Does it force older Americans into managed care, or does it give people options and incentives? Does it make these programs more efficient without threatening quality of care? And will the proposal increase costs for beneficiaries so much as to make quality medical care unaffordable for older Americans?

We need to think about changes that make sense. But we also need to think about some of the things that government is doing right -- and I think the Medicare mammography benefit is a perfect example.

- As many of you know, a serious threat to the health of America's older women is breast cancer. One out of eight women in America will contract breast cancer in her lifetime. Eighty percent of new breast cancers occur in women aged 50 and older, and half of all new cases occur in women 65 and older. The threat of breast cancer touches every American. We all know someone -- a grandmother, a mother, a sister, an aunt, a daughter, a friend, or in my case, a mother-in-law, who has suffered or is suffering from this disease.

- In 1991, thanks to the hard work and commitment of many of you here today, mammography was added as a Medicare benefit.

- That is why I was so concerned to learn that less than 40% of women aged 65 and older on Medicare have used the Medicare mammography benefit.

- Over the past few months, I have had the opportunity to meet with older women, health care professionals, and breast cancer survivors. Through these meetings -- which we called "listening sessions" -- we were able to gain a better understanding of how we could increase the use of mammography among older women.

- I learned a great deal from the doctors, nurses, and older women who took part in the sessions, as did the experts from the Health Care Financing Administration and the Public Health Service's Office on Women's Health.

- Earlier this week, I was delighted to kick-off the Clinton Administration's campaign to increase awareness of the importance of mammography among our nation's older women. In honor of Mother's Day, we are calling the first phase the "Mama-gram" campaign. The campaign will include public service announcements and store displays, bill inserts and grocery store bags carrying information about mammography and Medicare. In addition, "mama-grams" -- pre-printed mammography reminders -- will be available at greeting card shops and FTD florists to be slipped into a Mother's Day card or bouquet. The campaign will continue as a year-long Medicare and mammography initiative.

- In about ten days it will be Mother's Day, and I know I can count on everyone in this room to use it as an opportunity to show your love by encouraging your mother, sister, aunt, daughter, or friend, to get a mammogram to help them live longer, healthier lives.

- Because those of you here for the White House Conference on Aging are leaders and role models in your communities, you have a unique opportunity to carry this message back to your friends, colleagues, and neighbors and adapt it so that it will get results in your community.

###

E X E C U T I V E O F F I C E O F T H E P R E S I D E

02-May-1995 01:51pm

TO: Jennifer L. Klein
TO: Barbara D. Woolley

FROM: Karen R. Guss
Office of the First Lady

SUBJECT: Bullet points re: WHCoA panel discussion

SUGGESTED ORDER OF DISCUSSION
AND ISSUES TO BE DISCUSSED WITH THE PANELISTS

[Opening remarks]

[Panel members introduce themselves -- they will know not to begin their stories at this time.]

Dr. Smits

? description of post-Mother's Day mammography awareness campaign

? how the mammography benefit provided by Medicare works

Dr. Blumenthal

? elaborate on risk of breast cancer among older women, including why breast cancer risk increases with age

? why mammography is such a good tool for early detection in older women

? what Federal government is doing

? other steps older women should take to protect breast health (e.g., clinical breast exam)

Dr. ? Dava Gerard (breast surgeon)

? description of mammography procedure

? what are the next steps if the mammogram comes back positive

? experiences demonstrating value of early detection

Dr. Gleeson

? experiences with older women and mammography, including barriers to mammography

? ways to talk to older patients about mammography

? reasons some doctors do not talk to older women about mammography

? level of awareness among physicians about the Medicare mammography benefit

? point out that older women are more likely to see specialists than primary care physicians and that even doctors whose specialties are not associated with breast health should talk about mammograms

? ways to convince health care professionals to talk to their older women patients about mammography

five senior women

? frequency of mammograms

? reason for having mammograms, including whether doctor recommends mammograms

? awareness of Medicare benefit

? concerns about mammography (embarrassment, fear, expense, belief that not at risk, etc.) and how these concerns were overcome

? benefits of mammography (early detection, peace of mind)

? experiences with friends who do not have mammograms

? how to persuade older women to use the Medicare benefit

Dr. Blumenthal

? summarize other barriers that have come up in the literature or previous listening sessions

? racial, cultural, and other disparities in mammography use rate and possible explanations

senior expert

? best ways to reach out to senior women and their families

? how we can work with area agencies on aging and other local resources to spread the word about the Medicare mammography benefit and the importance of mammography for older women

Modern Maturity writer

? how the media can help reach out to senior women

? what the private sector is doing to encourage mammography in older women and how the Administration can work most effectively with the private sector on the mammography awareness campaign

Delta Project rep

? special barriers to mammography screening in the African American rural community

? how the Delta Project reaches out to older women

? what the Delta Project shows us about adapting breast cancer education to be most effective in a given community

? how government can work with local initiatives like the Delta Project

April 30, 1995

MAMMOGRAPHY AWARENESS CAMPAIGN KICK-OFF

DATE:	**Monday, May 1**
TIME:	**11:45 a.m.**
LOCATION:	**East Room, White House**
FROM:	**Karen Guss, Liz Bowyer**

I. PURPOSE

To launch the Medicare mammography awareness campaign and highlight its first phase, the "Mama-gram" campaign.

II. BACKGROUND

This event will serve as the formal kick-off of the Administration's mammography awareness campaign. At the event, the mammography awareness and "Mama-gram" initiatives will be announced and the video news release and public service announcements that will be used during the campaign will be unveiled. Program speakers will include you, Secretary Shalala, and two senior women (profiles attached). During your remarks, you will unveil the video news release and the PSAs. At the end of the program, you will give a Mother's Day bouquet to Clara Morrell, a 78-year old breast cancer survivor who attended the listening session in Des Moines (profile attached). She will not be expecting the bouquet or to play any part in the program.

The audience of approximately 180 will be comprised of participants from the listening sessions, corporate sponsors of the "Mama-gram" campaign, public relations professionals involved in the campaign, officials from HHS and representatives of various seniors groups, breast cancer advocacy groups, and health professional organizations (see attached list of corporate sponsors, public relations firms and organizations sponsoring the mammography awareness initiative and/or "Mama-gram" campaign).

Before the formal program begins, you will take official photos with the corporate sponsors of the "Mama-gram" campaign and the public relations professionals who worked on the campaign (see attached list). The sponsors who have contributed the most to the campaign are the PSA sponsors (Zeneca Pharmaceuticals, Avon, Inc., Bristol-Myers, PCS (a subsidiary of Eli Lilly)) and FTD, American Greetings, the Food Marketing Institute, and the National Association of Chain Drug Stores (see attached list of each sponsor's and each public relations firm's contribution). You will receive a copy of a brochure about breast cancer from Avon, a plaque of the "Mama-gram" point-of-purchase display from American Greetings and the Food Marketing Institute, and a bouquet of flowers from FTD.

After you meet with the sponsors, you will take official photos with the "Expedition Inspiration" Climbing Team (see attached list). The Expedition Inspiration Climbing Team is

a group of breast cancer survivors who climbed Mount Aconcagua in the Andes, the highest mountain outside the Himalayas. Three members of the team reached the 23,000 foot summit, and the others attained their goals of from 15,500 to 21,500 feet. The team members, ranging in age from 22 to 61 and including two grandmothers, carried 170 Tibetan prayer flags inscribed with the names of over 400 women who have had breast cancer. The Climbing Team is just one part of Expedition Inspiration, a two-year campaign launched in early 1994 by the Breast Cancer Fund in San Francisco, California, to raise awareness about breast cancer and money for breast cancer research, education, and support services. Andrea Martin, the founder of the Breast Cancer Fund, and Laura Evans, the founder of Expedition Inspiration, will present you with a certificate of the prayer flag tribute to the memory of Virginia Kelley (the actual flag was carried to the mountain and will become part of the Breast Cancer Fund's permanent prayer flag exhibit) and a framed prayer flag dedicated to you.

Mama-gram Campaign

The "Mama-gram" campaign will feature a number of promotional efforts centering around Mother's Day, including greeting and floral card inserts, store displays, department store and drug store billing inserts, grocery store bags, and public service announcements. In addition, the Health Care Financing Administration will distribute "mammography kits" with information on Medicare and the mammography benefit to various advocacy and professional organizations, Medicare carriers, and HMOs and other providers (see sample kit). These kits will continue to be distributed throughout the year.

A series of PSAs have been developed, two of which will be unveiled at this event. One spot, featuring your voice-over, highlights mammogram "success stories" -- including breast cancer survivors who discovered their cancer through mammography and are leading active lives today and a woman who talks about how her clean mammograms give her peace of mind. In the second PSA, the President talks about his mother's struggle with breast cancer and the importance of mammography in a voice-over, as still pictures of his mother appear on the screen. Both PSAs include the slogan, "Get a mammogram. It's a picture that can save your life." Although the PSAs are being unveiled during the "Mama-gram" campaign, they will continue to be used after Mother's Day.

The video news release which will be shown at the "Mama-gram" kickoff is also suitable for use after Mother's Day. It is drawn from the listening sessions in Hollywood, Florida and San Diego.

Mammography Awareness Campaign

After the "Mama-gram" campaign in May, the awareness campaign will continue throughout the year with additional PSAs and outreach efforts through Medicare carriers and intermediaries, state health departments, local aging agencies, and advocacy and professional groups. In addition to Mother's Day, the campaign may also be integrated into activities

surrounding Grandparents Day in September and Breast Cancer Awareness Month in October.

New England Journal of Medicine Article

In an article appearing in the New England Journal of Medicine on Thursday, April 27, 1995, Dr. Jan Blustein of Columbia University describes a study he conducted of Medicare claims data for 1991and 1992. The study found that only 14 percent of women without Medigap or other supplemental insurance obtained a mammogram during those years. (Only about 11 percent of women on Medicare aged 65 and older have Medicare only.) The study also looked at women with supplemental health insurance through their employers, women who paid for their own supplemental insurance, and women covered by Medicaid. It found that 45% of the first group, 40% of the second group and 24% of the third group had had mammograms.

The study's author noted that cost is not the only factor in women's decisions about mammograms; he found that less than half of the women for whom expense was not a factor obtained mammograms. He was quoted by Reuters as saying that his findings "underscore the opportunity to encourage and educate older women about mammography" and Medicare coverage for mammograms.

Attached are articles about the study as well as the New England Journal of Medicine article itself.

III. PARTICIPANTS

Program Participants
HRC
Secretary Shalala
Zennie Cummings
Lou Glasse
Clara Morrell (receives bouquet only)

IV. SEQUENCE OF EVENTS

See scenario.

V. PRESS

Open press.

VI. REMARKS

Prepared by Karen Guss and Lissa Muscatine.

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Release Embargoed until 6 P.M., April 26, 1995

For Further Information:
Mary Lou Russell (212) 606-3842
Peg Byron (212) 606-3841

NEWS RELEASE

MEDICARE COVERAGE FOR MAMMOGRAPHY INADEQUATE

New York, New York, Thursday, April 27, 1995--In the first two years of Medicare coverage for screening mammograms, more than 60 percent of eligible women were not tested for early signs of breast cancer, reports a new study sponsored by The Commonwealth Fund and published in today's issue of the *New England Journal of Medicine*. This figure climbed to more than 85 percent for women who did not have supplemental coverage and faced additional costs in order to use the Medicare benefit. The study is the first to demonstrate that inability to pay a share of the costs for mammograms limited the extent to which women took advantage of Medicare's coverage of the screening tests for breast cancer.

"The numbers are alarming, particularly for those older women who can't afford supplemental coverage," said Karen Davis, Commonwealth Fund president. "The study finds that women with private insurance are three times as likely, and those with Medicaid are twice as likely, to have a mammogram than are those Medicare beneficiaries who must pay out-of-pocket a portion of the mammogram cost. The end result is a system that forces women without full coverage who are most at risk to choose between being screened for early breast cancer or buying prescription drugs and other essential items."

The study conducted by Jan Blustein, M.D., Ph.D., of Columbia University's Department of Medicine, College of Physicians & Surgeons, examined the outpatient hospital and physician billing files of 4,110 Medicare beneficiaries in 50 states, who were 65 or older, had no history of breast cancer, and who were not hospitalized or living in a nursing home. Five hundred of these women were covered only by Medicare, 476 had Medicare and Medicaid, and 3,134 had private supplemental health insurance.

-more-

Commenting on the study, Dr. Harold Sox, chairman of the U.S. Preventive Services Task Force and chairman of the Department of Medicine at Dartmouth-Hitchcock Medical Center, said, "This study raises many questions. The low mammography rates could be due to poor access to a primary care physician, physicians who do not recommend mammography for older women, or inability to pay for a mammogram. The author's analysis shows that inability to pay is clearly a factor."

"Requiring co-payments for preventive services is an obstacle to the effective mass screening of older women for breast cancer," said Blustein. "Breast cancer is the most common cancer in women, and the likelihood of the disease increases with age. Early detection can be life saving."

In the past two decades, key organizations, including the National Cancer Institute and the American Cancer Society, have endorsed annual mammographic screening in women older than 50 years, while other experts recommend less frequent regular screenings. On January 1, 1991, Medicare instituted reimbursement for screening mammography once every two years. However, Blustein shows that women's use of Medicare's benefit fell substantially below recommended levels during the period studied.

In order to take advantage of Medicare's screening benefit, the report said, a woman without supplemental insurance must pay the annual Medicare deductible of $100, provide the 20 percent co-payment for mammography ($11.96 in 1994), and possibly pay another 15 percent ($8.94 in 1994) if the provider does not accept the Medicare rate of $59.63. The study also noted that some, but not all, supplemental policies cover preventive care services.

Blustein's study showed that a total of 36.9 percent of older U.S. women obtained mammograms during the first two years of Medicare's coverage for the service, with use highly associated with whether they had supplemental insurance. Women with private supplemental insurance were three times as likely as women without that coverage to get mammograms (44.7% of women with employer-sponsored supplemental insurance and 40.1% of women with self-purchased supplemental insurance). Of women with supplemental coverage through Medicaid, 23.9 percent obtained mammograms, nearly twice as many as those with only Medicare coverage. Only 14.4 percent of women without supplemental insurance received mammograms.

Her study also showed that minority women and women of low income and education levels made up a disproportionate number of those who did not receive mammograms. These groups also were less likely to have supplemental insurance. The median annual income in the overall study group was $12,000, which, the study notes, can mean a woman is not poor enough to qualify for Medicaid but cannot afford supplemental insurance which can cost about $850 annually.

Even among women with private supplemental insurance, fewer than half received the service, the study notes, indicating the significance of knowledge, attitudes and beliefs, along with physician behavior, to the mammography decision. Studies have repeatedly shown that a patient's perception that her physician did not recommend a mammogram is a significant reason for not seeking the service.

"The study underscores the need for clinicians to encourage and educate older women about mammography and the new Medicare benefit," said Davis. "It also poses the question to policy makers of why cost-sharing for preventive services more often falls on those most vulnerable to preventable disease and death, but least able to share the costs."

The Commonwealth Fund is a national philanthropy engaged in health and social policy research. Established by Anna M. Harkness in 1918, the New York City-based Fund focuses on improving health care services, bettering the health of minority populations, advancing the well-being of elderly people, and developing the capacities of children and young people. In 1993, the Fund established a Commission on Women's Health to focus public attention on undervalued and underexamined issues in women's health.

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Date: 04/26/95 Time: 14:39

Cost a Factor in Mammograms Despite Medicare Coverage

BOSTON (AP) Even though mammograms are largely paid for by Medicare, some women still apparently avoid having the test for breast cancer because of the cost.

A study suggests that women are unlikely to get the screening X-rays if they are covered by Medicare but do not have any supplemental insurance known as Medigap policies.

While Medicare covers most of the cost of routine mammograms for elderly women, they are still expected to pay 20 percent of the bill, or about $12, as well as meet a $100 annual deductible.

The study found that in 1991 and 1992, the first two years Medicare covered mammograms, only 14 percent of those with basic Medicare got the X-rays. By contrast, about 40 percent of women with Medigap policies got mammograms.

Most elderly women have Medigap policies, which cover the deductible as well as the 20 percent copayment. Only about 11 percent have Medicare only.

The study, based on a review of 4,110 women, was conducted by Dr. Jan Blustein of Columbia University. It was published in Thursday's New England Journal of Medicine.

The study noted that cost is not the only factor in women's decisions about mammograms and other kinds of preventive care. Even among those for whom expense was not a factor, less than half got mammograms.

APNP-04-26-95 1439EDT

Not most recent draft.

Dear :

Today I had the pleasure of announcing the Clinton Administration's yearlong national mammography initiative to increase awareness about Medicare coverage of mammograms and their lifesaving potential for women aged 65 and older. We launched our efforts by kicking off a "Mama-gram" campaign in honor of Mother's Day. The campaign includes public service announcements, a posting on my home page on the Internet, and store displays, bill inserts and grocery store bags carrying information about mammography and Medicare. In addition, free "mama-grams" -- mammography reminders -- will be available at greeting card shops and FTD florists to be slipped into a Mother's Day card or bouquet.

We all know someone -- a grandmother, mother, sister, aunt, daughter, friend, or in my case, a mother-in-law -- who has suffered or is suffering from breast cancer. One of eight women born in the United States will develop this terrible disease, and the risk increases with age. That's why it is so important for older women to get regular mammograms, along with clinical and self breast exams.

Medicare covers mammograms for each woman beneficiary aged 65 and older every other year even if there is no reason to believe that there is a problem with the health of the woman's breasts. If a woman on Medicare has symptoms or if other circumstances suggest that she may have breast disease, Medicare will cover more frequent mammograms when they are ordered by a doctor.

Unfortunately, Medicare data shows that fewer than 40 percent of women aged 65 and older who are on Medicare use the mammography benefit. The Administration's goal is to provide women aged 65 and older with the information, outreach and support they need to motivate them to get regular mammograms -- and live longer, healthier lives.

The Health Care Financing Administration is pleased to make available to members of Congress analyses of recent Medicare claims data on a state-by-state basis, county data, and the "mammography kit" developed for the awareness campaign. You can obtain this material by calling . We hope that you find it helpful.

Sincerely yours,

Hillary Rodham Clinton

Panel Questions

- Questions for Senior Women
  - Have you had screening mammograms?
  - Why not?
    - Have you discussed mammography with your physician? Did your doctor recommend that you get screening mammograms?
    - Did you know that Medicare covers screening mammography?
    - What concerns and fears do you have about mammography? Pain? Embarassment? Fear of finding breast cancer?
- Questions for Senior Expert/Writer
  - Are older women less likely to get mammograms than younger women? Are minorities less likely than white women?
  - What are your views about why women don't get screening mammograms? What are the cultural barriers?
  - What can we do to encourage women to get screenings mammograms? What can we do to encourage physicians to talk to their older patients about the importance of screening mammography?
- Questions for Physicians
  - For those who may never of had a mammogram, can you talk about the procedure? What do you do? What are you looking for? What do you do if you find something?
  - What are the risks of breast cancer in older women? Why does the risk increase with age?
  - How often should women get screening mammograms? Can you describe the recommendations for women of different ages?
- Questions for Dr. Blumenthal/Dr. Smits
  - Can you describe the mammography benefit provided by Medicare?
  - What can women do to get more information about this (and other) Medicare benefits?

- Can you describe the "Mama-gram" campaign in more detail? What will HCFA be doing throughout the year to increase awareness and encourage women to get regular mammograms?

- How can women be sure that they are getting a high quality mammogram?

THE HEALTH CARE FINANCING ADMINISTRATION's CONSUMER INFORMATION STRATEGY

OVERVIEW

- *The Health Care Financing Administration's (HCFA) Consumer Information Strategy (CIS) will help Medicare and Medicaid beneficiaries stay healthy. Using information from a variety of sources, the new initiative encourages greater use of health care services and assists beneficiaries in making informed choices about health care.*

- *Medicare and Medicaid data on the use of services and patterns of care is the primary source of information for the initiative. Medicare alone pays more than 700 million claims a year for services to beneficiaries. Data on patterns of care provide useful information on treatment options. Analysis of claims data also identifies underserved localities to which special outreach efforts may be targeted.*

- *HCFA plans to use its network of communications with consumers and physicians to promote use of important existing Medicare benefits and to help consumers choose wisely among alternative treatments. The first full scale campaign in 1994 promoted use of covered flu shots.*

- *Screening mammography is the second campaign. Later campaigns will help beneficiaries choose among treatment options for localized prostate cancer and early stage breast cancer. All campaigns make use of HCFA's claims data to highlight current practice and to monitor effectiveness.*

HCFA's 1995 SCREENING MAMMOGRAPHY CAMPAIGN

- *Among American women, breast cancer is the most commonly diagnosed cancer and the second leading cause of death. The incidence of breast cancer is highest in the over-65 population served by the Medicare program. Although Medicare covers screening mammograms for the early detection of breast cancer, Medicare data indicate that more than 60 percent of elderly women do not take advantage of this benefit.*

- *In Healthy People 2000, the Department of Health and Human Services (DHHS) set a goal that 60 percent of women in the Medicare age group should have a mammogram every two years. The current level is 37 percent. Reasons for the gap include lack of knowledge of the benefit, lack of physician support for mammograms in this age group, fear of pain or harm from the mammogram, fear of detecting an untreatable disease, modesty, and a general sense that it is possible to be "too old" to need screening.*

MAMMOGRAPHY CAMPAIGN MATERIALS

- *Materials for the campaign are developed in HCFA's central office with the collaboration of other DHHS components. HCFA has worked closely with the National Cancer Institute, the Office of Women's Health, the Centers for Disease Control and the Agency for Health Care Policy and Research on material content; with the Food and Drug Administration (FDA) on issues of safety and effectiveness of the screening; and with the Administration on Aging on the best ways to reach the elderly.*

- *Campaign materials include an analysis of recent claims data on a state-by-state basis; availability of county data to interested parties; brochures in English and Spanish that encourage screening mammography and educate Medicare beneficiaires on the benefit; a mammography kit with newsletter articles, posters, and magazine and newspaper "slicks".*

DISSEMINATION

Dissemination for the screening mammography campaign is handled through HCFA's ten regional offices. The basic elements of communication and outreach include:

- *Medicare carriers and intermediaries, working through their medical advisory committees and newsletters, to reach the medical community and beneficiaries.*

- *Peer Review Organizations in each State, working directly with physicians and beneficiaries. Four PROs have already undertaken mammography promotion campaigns and will take the lead in replicating their experiences.*

- *Health Insurance Information, Counseling and Assistance programs funded in each state by grants from HCFA, which use volunteers to inform beneficiaries about Medicare.*

- *Coordination with Area Agencies on Aging and State Health Departments.*

COLLABORATION WITH OUTSIDE GROUPS

The success of this project is dependent on the support and enthusiasm of outside groups. Collaboration is extensive, involving both consumer-oriented and professional groups. Interaction takes place at many levels. For example, HCFA is working nationally with senior groups, cancer organizations, and many provider groups. Our regional offices and State agents are developing collaborative relationships with beneficiary, provider, and cancer organizations throughout their own local areas.

THE WHITE HOUSE

WASHINGTON

April 20, 1995

Ms. Ruth L. Ehrenhalt
3355 Somerset Trace
Marietta, Georgia 30067

Dear Ms. Ehrenhalt:

Thank you for writing about your difficulty obtaining payment from Medicare for the mammogram you received last March.

As you point out, Medicare pays for what are called "screening" mammograms every other year. However, Medicare places no limit on the number of "diagnostic" mammograms. Because you were treated for breast cancer last year, the six-month follow up mammograms your doctor prescribed are diagnostic, and they will be covered by Medicare.

Many people agree that older women should receive mammograms every year and, therefore, that Medicare should cover annual mammograms for women aged 65 and older. However, many other well-respected scientists and physicians believe that mammograms performed every other year are just as effective as annual mammograms. This issue continues to be studied. I have brought your letter to the attention of Dr. Helen Smits, the Deputy Administrator of the Health Care Financing Administration, which runs the Medicare program.

Although it is clear that you are careful to take care of yourself and your health, you may be surprised to know how few of the women on Medicare obtain mammograms. Fewer than 40 percent of older women on Medicare have submitted a claim for a mammogram in the past two years. I have met with older women around the country to talk about mammography and Medicare, and during the next few months, I intend to continue to do what I can to help spread the word about the importance of mammograms and to urge older women to take advantage of this crucial Medicare benefit. I encourage you to remind friends and family who are 65 and older to obtain a mammogram at least every other year.

Thank you again for writing. You have my very best wishes for your continued good health.

Sincerely yours,

Hillary Rodham Clinton

cc: The Honorable Cynthia McKinney

THE WHITE HOUSE

WASHINGTON

April 20, 1995

Richard E. Burney, M.D.
President
American Medical Peer Review Association
1140 Connecticut Avenue N.W.
Suite 1050
Washington, D.C. 20036

Dear Dr. Burney:

Thank you for writing about the programs launched by several of your member organizations to increase mammography use among Medicare beneficiaries and for the invitation to your upcoming health policy institute. Although my schedule will not permit me to attend, I do want to commend you for your members' tremendous efforts on behalf of our nation's older women.

As you may know, the Administration will be announcing a national campaign to publicize the Medicare mammography benefit and educate older women and their health care professionals about its lifesaving potential. We will launch this effort with a "Mamagram" campaign in honor of Mother's Day that will include public service announcements, special events, informational brochures, and other outreach efforts.

Thank you again for writing. I have forwarded your letter to Dr. Helen Smits of the Health Care Financing Administration (HCFA) and have asked her to call you to discuss ways for HCFA to work with AMPRA members on the mammography campaign.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

cc: Dr. Helen Smits

Remarks for Mamm. kick off

- what you've been doing
- campaign
  - goal
  - who's involved
- gov't | private partnership

Is Pres. going to do PSA?

LISTENING SESSION ON MAMMOGRAMS

WHO: First Lady
100-150 delegates (to be identified)
14 panelists
press (to be identified)

WHAT: Donahue-style session about mammograms

WHERE: West end of the International Ballroom (Hilton)

WHEN: Thursday, May 4 ~~10 a.m. - 11 a.m.~~ 8.30 - 9.30.

HOW: Move the IRD session originally scheduled for that section, into the center section, which would then be divided with pipe & drape into three IRDS rather than two.

Large platform in "front" of the room (against the air wall) for the 14-member panel, set up with comfortable wing chairs and sofas in a U-shaped fashion with coffee tables and plants in the background.

First Lady will serve as the moderator for the session, remaining on stage, with staff going into the audience for their participation.

Plan for microphones for the panel and the audience.

Audience will sit theater-style.

Press will sit on two-tiered risers at the back.

Lori D'Alessio advises we contract with Freeman Decorating for furniture.

The First Lady will require security measures comparable to the President's (metal detectors, separate entrance, holding room, etc.). We should expect security activities to begin at least two hours prior to the First Lady's arrival.

Videotaping (professional portable unit) by USA Speakout Video, a subsidiary of National Association for Home Care (proposed).

Many of the specific details regarding scheduling, set-up, press, etc. will not be available until one week prior to the event, when the advance team will contact Emily Ross.

The First Lady has held several similar sessions and will base this event on prior sessions.

3/14/95

HRC
Dr. Smith
Dr. Blumenthal
Steve Gleason
Breast Surgeon
Women from Senior Groups - Church Women United, Older Women's League, Natl C. on Negro Women, AARP, Hispanic Elderly
Older Woman writer
Senior expert - Lou Glass
Admin on Aging

March 16, 1995

MEMORANDUM TO MELANNE VERVEER

FROM: BARBARA WOOLLEY

RE: UPDATE ON MAMMOGRAPHY CAMPAIGN

At the March 15, Mammogram Campaign meeting, the creative advisors discussed both the Mother's Day Campaign and the general campaign. The following is a summary of the discussion.

Creative Displays

Avis LaVelle has the creative team meeting every Wednesday to work on the specifics. By Friday, March 17, American Greetings will have the camera ready copy available for the groups working with cards, button, and displays. Two to three weeks later, all material will be ready to ship to stores. Also, the chain drug stores will have the HHS video of the First Lady at the listening sessions available for showing at a selected group of stores. Attached is a copy of display design.

PSAs

Five PSA scripts with boards will be presented to for your review. We also need to reserve a block of time for taping on the First Lady's schedule when you get back. This will also include scheduling an hour of the President's time should the decision be made for a PSA about his mother.

Tagline

The creative advisors presented numerous taglines for considertion. Six taglines were voted to go before focus groups to test their acceptance.

* "What You'll Find Is Peace Of Mind."

* "A Picture That Can Save Your Life. Get A Mammogram. Medicare Covers It."

* "Breast Cancer Never Retires. At 65, Get a Mammogram. Medicare Covers It."

* "You're Living Longer, Live Better. Get A Mammogram. Medicare Covers It."

* "You Always Take Care of Others, Now Take Care Of Yourself. Get A Mammogram. Medicare Covers It."

* "Do It For The Ones Who Love You."

Corporate Sponsors

Attached is a list of corporate sponsors participating in the campaign and their commitment.

Senior and Provider Sponsors

Attached is a list of senior and provider organizations sponsoring the medicare mammogram initiative. This week, HCFA has invited a number of HMO organizations and GHAA to the White House to talk about the campaign. We also need to bring back in the provider and senior groups to discuss the upcoming Kickoff event at the White House.

MEDICARE MAMMOGRAPHY INITIATIVE
SPONSORSHIP ORGANIZATIONS

March 2, 1995

CORPORATE SPONSORS	SENIOR ORGANIZATIONS	PROVIDER ORGANIZATIONS
Avon Products, Inc.	Church Women United	American Hospital Association
Glamour/Hanes Hand in Hand	Older Women's League	American College of Ob-Gyn
American Greetings	AARP/Media Relations	American Society of Internal Medicine
CTFA Foundation	National Council of Negro Women	American College of Physicians
Hanes Hosiery Division of Sara Lee Corporation	AARP(Programs Division)	American Medical Women's Association
Estee Lauder Companies	National Hispanic* Council on Aging	American College of Radiology
Estee Lauder Companies	National Committee to Preserve Social Security and Medicare*	American Nurses Association
J.C. Penny Company, Inc.	The National Council on the Aging, Inc.*	American Association of Family Physicians
Flack and Associates	American Bar Association, Commission on Legal Problems of the Elderly*	American Cancer Society
Food Marketing Institute	Catholic Charities, USA*	National Medical Association
Shaw's Supermarkets Food Marketing Institute	National Association of Area Agencies on Aging*	National Breast Cancer Coalition
N.A.R.D.	National Association of State Units on Aging*	Komen Breast Cancer Foundation

CORPORATE SPONSORS	SENIOR ORGANIZATIONS	PROVIDER ORGANIZATIONS
DeBor and Associates, Inc.	People's Medical Society*	American Medical Association
Maidenform, Inc.	Families USA Foundation*	American Academy of Opthamology
NACDS	United Seniors Health Cooperative*	American Academy of Orthopedic Surgeons
YWCA Women's Health Initiatives	National Senior Citizens Law Center*	
ZENECA Pharmaceuticals	The National Caucus and Center on Black Aged, Inc.*	
Kmart Corporations	Medicare Beneficiaries Defense Fund*	
Revlon	National Association of Protection and Advocacy Systems, Inc.*	
The Warnaco Group*	Summit '93 Health Coalition*	
	National Medical Association/Managed Care Project*	
	Center for Disability and Health*	
	National Council of Senior Citizens*	

* Pending formal commitment

Prepared by: HCFA/AACRC/3-2-95

3/15/95

MEDICARE MAMMOGRAPHY INITIATIVE

CORPORATE SPONSORS

*White House Conference On Aging 3,000 Delegates *Buttons*

ORGANIZATION	CONTACT PERSON	TELEPHONE FAX #'s	BUY-IN	COMMITMENT
FTD Inc.	Luke Hasse	(810)355-6289	Y	Care Cards *Buttons - 23,000
1-800-Flowers 1-800-800-SEND 616 Azalea Lane Vero Beach, Florida 32963	Andrew Williams President	(407)234-4144 FX:(407)234-4044	?	Interested -- we need to get back to them
Society of American Florists 1601 Duke Street Alexandria, VA 22314	Peter Moran Diana Carmen Mary Ann Hansan	(703)836-8700 FX:(703)836-8705	Y	
Avon Products, Inc. Avon's Breast Cancer Awareness Crusade 9 West 57th St NY, NY 10019-2683	Joanne Lynn Mazurki	(212) 546-7607 FX:(212) 456-6218	Y	letter
Glamour/Hanes Hand in Hand 140 East 81st Street, 7G New York, New York 10028	Linda Gordon, Editorial Director	(212) 447-1011 FX:(212) 447-5664		Want to know what our needs are -- they already have a program in place.

ORGANIZATION	CONTACT PERSON	TELEPHONE FAX #'s	BUY-IN	COMMITMENT
American Greetings One American Road Cleveland, OH 44144	Maureen Stratton, Director Marketing/ Public Relations	(216) 252-4942 FX:(216) 252-6979	Y	Developing point of purchase display. "Mama"-gram slogan. *Buttons - 30,100 Camera ready
Shaw's Supermarkets Food Marketing Institute 800 Connecticut Ave, NW Washington, DC 20006-2701	Margaret McEwan Vice President, Consumer Affairs Dagmar Torres Farr Vice President, Consumer Affairs	(202) 429-8239 FX:(202) 429-8282	Y	Dagmar requested a letter from the First Lady - Debbi referred to White House. Grocery store bag message Cards in floral shops
CTFA Foundation 1101 17th St., NW Suite 300 Washington, DC 20036-4702	Carolyn Deaver, Vice President	(202) 331-1770 FX:(202) 331-1969	Y	Letter
Hanes Hosiery Division of Sara Lee Corporation 1675 Broadway New York, NY 10019	Leila Meresman, Director Public Relations	(212) 582-3025 FX:(212) 582-4343	Y	Want to know what our needs are -- they already have a program in place.

ORGANIZATION	CONTACT PERSON	TELEPHONE FAX #'s	BUY-IN	COMMITMENT
Estee Lauder Companies 767 Fifth Avenue New York, NY 10153	Deborah Krulewitch, Asst to the President/Vice President for Corporate Administration Rebecca McGreevy, Senior Vice President of Public Relations	(212) 572-4430 FX:(212) 572-4272	Y	Going with reminding daughers to have their mother's get a mammogram.
J.C. Penny Company, Inc. 1156 15th Street, NW Washington, DC 20005	Carol Edwards, Liaison for the Susan G. Women Foundation	(202) 862-4820 FX:(202) 862-4829	Y	
Flack and Associates 110 Connecticut Ave, NW Washington, D.C. 20036	Susan Flack	(202) 659-26[illegible]8 FX:(202) 293-1702	Y	
National Association of Retail Druggists (N.A.R.D.) 205 Daingerfield Road Alexandria, VA 22314	Kathryn Frances Kuhn, Vice President of Professional and Industry Relations Amy Carter	(703) 683-8200 FX:(703) 683-3619 (703)838-2653	Y	Letter
DeBor and Associates, Inc. 5004 Earlston Drive Bethesda, MD 20816	Marydale DeBor, President	(301) 320-2549 FX:(301) 320-0086	Y	

ORGANIZATION	CONTACT PERSON	TELEPHONE FAX #'s	BUY-IN	COMMITMENT
Maidenform, Inc. 90 Park Ave New York, NY 10016	Susan Malinowski, Vice President	(212) 953-1400 FX:(212) 686-2087	Y	Requested sponsorship guidelines for participation 2/20 100 Retail stores will distribute our pamphlets
National Association of Chain Drug Stores (NACDS) Post Office Box 1417-D49 Alexandria, VA 22313	Phil Schneider, Director of Public Affairs Jordana Zubkoff *Button distribution process questions: 1. Who pays? 2. Who sends them out? 3. Who pays for mailing?	(703) 549-3001 FX:(703) 549-0771	Y	Letter? 1. Will distribute information pamphlet. 2. Computer Prompts -- to draw attention to patients in the age and sex categories. 3. Some of their Drug Store Chains will use our slogan in their own advertizing initiatives.
YWCA Women's Health Initiatives 624 9th Street, NW Washington, DC 20001	Myrna J. Candreia, Senior Program Director	(202) 628-3636	Y	letter
ZENECA Pharmaceuticals 1800 Concord Pike Post Office Box 15437 Wilmington, DE 19850-5437	Lolita Thawley, Coordinator Communications and Association Relations Karen Miller	(302)886-5135 FX:(302) (302)886-7713	Y	letter Has a tax exempt organization to do educational projects.
Revlon Medical Services 625 Madison Ave New York, Ny 10022	Dr. Robert C.J. Krasner, Senior Vice President	(212) 527-5501	?	met with Faye market to younger not part. in short term

ORGANIZATION	CONTACT PERSON	TELEPHONE FAX #'s	BUY-IN	COMMITMENT
The Warnaco Group 1456 Pennsylvania Avenue, N.W. Washington, D.C. 20004	Phyllis Bonanno Staff Vice President, International Trade Development (Olga, Warners, Calvin Klein)	(202)737-3800 FX:(202)393-1004	?	Requested sponsorship guidelines for participation. Want to know how to be involved in our campaign if they are not targeting Medicare aged women.
Kmart Corporations 3100 West Big Beaver Rd Troy, Michigan 48084	Shawn Kale Vice President, Corporate and International Affairs	(810)637-1120 FX:(810)643-5513	Y	Very interested! Wants a list of all corporate sponsors participating in our campaign to coordinate their efforts.

→ What products ~~were~~ older women buy

→ Trade show in Chicago May 7-9

→ Using Depts of Aging

→ Witnessing in the Delta -- include testimony -- people "use" them

(PSAs) – PSA of older man telling wife

March 2, 1995

→ Soap Opera | Talk shows → woman w/ doctor from city

Medicare Mammography Campaign (MMC) Update:

→ Chase's 1995 Cal. of Events -- Imp. dates

→ Satellite – local woman w/ HRC

Project goals defined:

HHS staff (Asst. Secretary of Public Affairs, HCFA, Nat'l Cancer Institute, PHS Office of Women's Health) met to outline both short-term and long-term goals for Medicare Mammography Campaign. Initial goal was to determine if one tagline could be developed that could be used for both Mother's Day Launch and long-term campaign. It was not possible to agree upon an all-purpose tagline so MMC has become a two-pronged effort:

*Mama-gram" campaign for Mother's Day

*Long-term campaign with universal tagline(to be determined)

Mother's Day

We suggest the MMC campaign be launched with a WH press conference pegged to the start of the WHCOA on or before May 3rd. Event will be opportunity to unveil "Mamagram" concept for Mother's Day and outline goals of a long-term campaign.

We decided that mock "mamagrams", card inserts and a small supply of buttons and point-of-sale displays would be the most feasible strategies for the short-term blitz. The supply of buttons could be distributed to point-of-sale personnel/vendors and in registration kits for participants at the White House Conference on Aging with display cards at WHCOA registration booths and in stores and florist shops.

HCFA has made contact with most of the targeted distributors for the Mother's Day materials -- the greeting card, chain drug store, and food marketing groups. Efforts are also being made to follow up with the fourth target, the florists.

The American Greeting Card people like the idea of small card inserts and will print and distribute them pro bono if we deliver camera-ready art-work by April 1. We agreed that the "mama-gram" component of the MMC should have a broader appeal to women of all ages while the supporting copy can highlight the increasing risk of cancer for older women.

The drug and food groups are also interested in participating in other ways, including shopping bag messages and messages on drug inserts as pharmacy orders are filled.

Beyond Mother's Day

Creative Team Takes Shape:

***Leslie Rose/Frank Mankiewicz, Team Leaders, Hill and Knowlton,** Wash. D.C.

*Sheila Raviv, Burston-Marsteller, Washington, D.C.

*Tamar Small, Biologix/HealthCare Marketing Communications, Philadelphia, Pa.

*Vicki Thomas, Mature Marketing Specialists, Westport, Conn.

*Melinda Schnare, Walcoff and Associates, Fairfax, Va.

*Helen Harris, Helen Harris Associates (senior marketing consultants), Westport, Conn.

Hill and Knowlton has agreed to lead the creative team that will develop the theme and PR materials for long-term campaign. Together with HHS team, creative team will explore avenues for participation for all the non-governmental and corporate partners who have agreed to participate in MMC beyond Mother's Day kickoff activities.

Follow-up meeting will involve HHS staff and creative team to give them a substantive overview of the mammogram issue and share research that will form basis of theme/copy.

First task is to develop tagline that will be universal to all brochures, posters, psa's, wallet cards and collateral materials such as bumper stickers, book marks, buttons, pens, refrigerator magnets, etc.

Long-term campaign will capitalize on various calendar holidays such as Grandparent's Day, and Breast Cancer Awareness Month(October) as well as various conventions, meetings and gatherings of older Americans such as Senior Olympics (May 17th-29th in San Antonio,TX) and its local games throughout the country. (partial calendar attached)

Governmental Support for Campaign

HS/ASPA office is co-ordinating interagency support through HCFA, National Cancer Institute and the Office of Women's Health. Regional outreach plans have been developed and NCI will expand its current breast cancer awareness campaign (targeted to age 50 and over) to focus on the over 65 population as a special target audience as it does for minority and underserved women.)

1995
Grandparents' Year

January

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May

1 OLDER AMERICANS' MONTH
2 White House Conference on Aging
3 White Houe Conference on Aging
4 White House Conference on Aging
5 White House Conference on Aging
17 Senior Olympics
18 Senior Olympics
19 Senior Olympics
20 Senior Olympics
21 Senior Olympics
22 Senior Olympics
23 Senior Olympics
24 Senior Olympics

June

18 Group Health Association of America Conference
American Medical Association Conference
19 Group Health Association of America Conference
American Medical Association Conference
20 Group Health Association of America
American Medical Association Conference
21 Group Health Association of America Conference
American Medical Association Conference
22 American Medical Association Conference
23 American Medical Women's Association Conference
24 American Medical Women's Association Conference
25 American Medical Women's Association Conference
26 American Medical Women's Association Conference

July

20 National Association of Area Agencies on Aging
21 National Association of Area Agencies on Aging
22 National Association of Area Agencies on Aging
23 National Association of Area Agencies on Aging
24 National Association of Area Agencies on Aging
25 National Association of Area Agencies on Aging
26 National Association of Area Agencies on Aging
27 National Association of Area Agencies on Aging
29 National Medical Association Conference

July

30 National Medical Association Conference
31 National Medical Association Conference

August

1 National Medical Association Conference
2 National Medical Association Conference
3 National Medical Association Conference
21 American Hospital Association Conference
22 American Hospital Association Conference
23 American Hospital Association Conference

September

10 GRANDPARENTS' DAY
21 American Academy of Family Physicians Conference
22 American Academy of Family Physicians Conference
23 American Academy of Family Physicians Conference
24 American Academy of Family Physicians Conference

October

1 BREAST CANCER AWARENESS MONTH
22 American College of Surgeons Conference
23 American College of Surgeons Conference
24 American College of Surgeons Conference
25 American College of Surgeons Conference
26 American College of Surgeons Conference
27 American College of Surgeons Conference

July

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31						

3/2/1995

THE WITNESS PROJECT

MISSION STATEMENT:

The ***Witness Project*** is a culturally-sensitive community-based cancer education program through which cancer survivors and lay health educators increase awareness, knowledge, screening, and early detection behaviors in the rural and lower income African-American population in an effort to reduce the mortality and morbidity from cancer.

In church, people witness to save souls.
At the *Witness Project*, they witness to save lives!

STATEMENT OF NEED:

Because of Arkansas's extreme rural nature, low per capita income, high percentage of citizens over age 65, and high regional concentration of African-Americans in the Delta, cancer education and screening is a significant state need. Arkansas is one of three states identified by the Lower Mississippi Delta Development Commission as being among the poorest and most economically depressed in the nation. These counties average 30% African-American females and have 21% of families living below poverty and 12% of adults with less than a ninth grade education. These counties have limited numbers of primary care and preventive health services and high age-adjusted mortality rates for breast cancer.

African-Americans have the highest overall age-adjusted rates of cancer incidence and mortality of any United States population group. Despite a somewhat lower incidence rate, the five-year survival rate for African-American women with all stages of breast cancer is notably lower than the rate for white women. Surveys consistently find that African-Americans are less knowledgeable than whites about most cancer-related issues. They often delay seeking health care, so their cancers are often diagnosed at later stages. Although screening mammography rates continue to rise in the general population, minority and low-income women have increasingly lower utilization rates.

To be effective, cancer education messages must meet the needs of individuals at all literacy levels. Low-income and low-literate populations have not been adequately reached with communication strategies by health educators and cancer control providers. Although a large number of Americans, particularly low socioeconomic and African-American populations are functionally illiterate, typical printed cancer education materials are written at the 10th or 11th grade reading level.

PRELIMINARY WORK:

The ***Witness Project*** is a health education program designed to meet the specific cultural, educational, knowledge, and learning style levels of rural, underserved African-American women. Rural and lower income African-American women who have had early stage breast and cervical cancer educate other women about the importance of early detection by "witnessing," or talking about their cancer experiences, stressing the importance of screening practices and answering questions about their personal experiences, fears, and concerns.

Developed in 1990 by Dr. Deborah Erwin of the Arkansas Cancer Research Center and Dr. Thea Spatz of the University of Arkansas at Little Rock, the ***Witness Project*** is presented in cooperation with the American Cancer Society, Arkansas Department of Health, and numerous local churches and community groups. Originally funded by a Title XX grant from the Arkansas Department of Health in 1991, the ***Witness Project*** was the first program in Arkansas to target socioeconomically disadvantaged women through African-American churches. Data from the pilot project was published in 1992.

From 1992 through 1994, research on the ***Witness Project*** has been supported by the Susan G. Komen Breast Cancer Foundation. This research validated that the program is culturally-sensitive and is accepted and supported by African-American church groups and communities. It is effective in drawing low income, less educated, rural African-American women to participate. Some 45% of the program participants have less than a 12th grade education; 52% reported annual incomes under $10,000. A striking example of the need for increasing education and awareness within this population is the fact that when asked, *"Have you ever talked with other women about breast cancer?"*, the majority (54%) reported *"No"*. Fifty-five (55%) percent of the women have never had a mammogram, and only 30% reported that their doctor had ever recommended one. Thirty percent (30%) of the women reported they never had a breast examination by a physician.

The ***Witness Project*** received the National Honor Citation from the American Cancer Society in 1991. Locally, the program received the Wilowe Institute Achievement Award in 1993.

CURRENT ACTIVITIES:

Programs: ***Witness Project*** programs are presented to groups of women in churches and community centers across Arkansas. Rural and lower income African-American women, who have had early stage breast or cervical cancer, tell about their experiences to encourage and educate other women about the importance of early detection. The program is designed to empower women to prioritize their own health care needs and to counter the fear and fatalism so often found among minority and lower income populations. **As of April 1994, almost 400 women have attended witness programs in Arkansas.**

During a program session, the role models "witness" by talking about their experiences with cancer, stressing the importance of cancer screening, and answering any questions about their personal experiences, fears and concerns. Witnessing is done by a minimum of two and a maximum of five survivors to small audiences of up to 25 participants. At least two witnesses participate in each session to avoid the appearance of a "token" survivor. The content addresses the fears and beliefs many women hold about cancer, demonstrates that the diagnosis of cancer is neither a death sentence nor a punishment, and provides participants with accurate, personal information about cancer, early detection and treatment methods. Breast self-examination, using ethnic breast models, is taught at each session.

Mammograms: Through the ***Witness Project***, the Susan G. Komen Foundation provides free mammograms for women who may not be able to afford them. When an abnormal mammogram result is obtained, the woman is notified of the need to see a physician. If she wants to see a local physician but can not afford one, she is referred to the Arkansas Health Care Access Foundation, Inc. which provides a toll-free telephone number and referral to a volunteer primary care physician in her area. If she does not have a local physician and she wants to see a surgical oncologist, she is referred to the Arkansas Cancer Research Center at the University of Arkansas for Medical Sciences, which provides care regardless of race, religion or ability to pay. If she is hesitant to return for follow-up or frightened by the "abnormal results", the role models act as a support group and encourage her to seek care. As of April 1994, 77 vouchers have been distributed to women directly; 35 have been used. Another 63 have been distributed to local physicians; 18 have been used. Of these 53 mammograms, 11 (21%) were abnormal and 1 breast cancer was diagnosed.

Exhibits: A series of 12 black and white photographs of ***Witness Project*** role models, together and individually, were produced by local photographer/artist Andrew Kilgore with the support of the Komen Foundation and American Cancer Society. These framed photographs and a description of the ***Witness Project*** have been exhibited twice, and both exhibits have generated interest in the program. One exhibit was at the Arkansas Leadership Summit in October 1993, the first of 26 NCI-sponsored regional breast cancer education summits. These photographs are used as recruitment exhibits at various community and church sites to stimulate cancer survivors and other local women to become involved in this outreach program.

Video: A brief (8-12 minute) professionally produced descriptive video is being developed this year. This video will present the ***Witness Project*** as a cancer education outreach program for African-American women, featuring the women who serve as role models and lay health educators and describing the goals of the program. The video will be available to "speak" at outreach education programs when witness faculty members are not available. The development of the video has a process evaluation component incorporated through the focus groups, review by potential viewers, and evaluation by the adult education staff at the University of Arkansas at Little Rock. It will also be used to recruit and train additional role models. The ***Witness Project*** brochure will accompany this video (see attached copy).

FUTURE PLANS:

Witness Instructional Training Program: A Training Program will be established to develop and implement an effective cancer education curriculum, recruit and train more role models and lay health educators, and make this training program available by developing videos and a training manual for use by cancer centers, community groups, the American Cancer Society, Cancer Information Service, churches and other organizations.

Instructional Curriculum: A training curriculum will be compiled in a program manual and packaged with one or more videos, and the package will be offered to other cancer centers, health departments, or organizations who desire to implement similar early detection and educational programs in their regions. Through training the current role models and lay health educators, Drs. Spatz and Erwin have begun development of a curriculum which addresses the adult education needs of lower income and less educated African-American women. This training is an interactive process, with minimal reading and academic requirements. The program manual will include recruitment methods, instructions for setting up an outreach training program, a curriculum outline for each training session (including educational objectives, slides and text for a training program leader), suggested supplemental materials for adult learners with minimal reading skills, evaluation tools, references, and a resource list.

Recruitment & Training: Although the successful ***Witness Project*** enjoys excellent support and cooperation from the women and churches in the participating Delta counties, the time and labor intensity of the program, as well as requests from other states and facilities, have created the need for an educational training component. By training more witnesses in a systematic manner, the ***Witness Project*** can be extended to women in additional underserved counties.

Like the ***Witness Project*** educational activities, recruitment and training will be conducted through African-American churches. Specific criteria and application forms will provide a basis for selection of trainees. Recruitment will be accomplished through ongoing witness education sessions, personal contacts, the photographic exhibit, and some local advertising.

Training sessions will be scheduled by consensus of each group and will be held locally in each of the counties. Two different types of training - role model and lay health educator - will provide the directors with substantive experience to develop the instructional curriculum package. The training program for the role models is based upon the theory that having lower income, African-American women who have had breast cancer provides leadership from individuals with cultural patterns, values, experiences, and problems similar to the audience they are trying to reach. These women provide unequivocal, positive examples of the effectiveness of early screening and diagnosis. Likewise, lay health educators of the same race and cultural background as the desired audience can encourage and empower women by addressing attitudes, norms and values regarding breast self-examination, pap tests, and mammography. The 12-hour training program is designed to enhance these qualities.

VOLUNTEER & PROFESSIONAL STAFF:

To date, 10 African-American women who have survived breast or cervical cancer have been trained as role models and lay health educators. Five women are from urban Pulaski County and five are from the Arkansas Delta. These experienced women conduct the program sessions and serve as the Steering Committee for the ***Witness Project***.

As project directors, Drs. Deborah Erwin and Thea Spatz are responsible for all scientific and administrative aspects. Other members of the professional staff include:

Ms. Tricia Butler, Project Coordinator
Ms. Jody Brennan, Video Development Coordinator
Dr. Craig Stotts, Evaluation Coordinator
Ms. Dianne Colley, Outreach Coordinator
Ms. Linda Deloney, Educational Development Specialist

Dr. Wilma Diner, a Diplomate of the American Board of Radiology, and Dr. Suzanne Klimberg, a surgical oncologist who specializes in breast cancer, provide clinical expertise to the project. As African-Americans, Ms. Colley and Ms. Butler provide minority representation for the research team.

ADDITIONAL INFORMATION:

The ***Witness Project*** is supported by the following organizations:

Susan G. Komen Breast Cancer Foundation
Arkansas Cancer Research Center at the University of Arkansas for Medical Sciences
Delta Health Education Center
University of Arkansas at Little Rock
American Cancer Society
Arkansas Department of Health
National Black Leadership Initiative on Cancer

For more information on the ***Witness Project***, contact the Cancer Education Department at the Arkansas Cancer Research Center by calling 501-686-8801.

Name	Organization	Phone
Debbi Oxenreider	HCFA	(202) 260-8851 FX (202) 401-7438
Myrna Candreia	YWCA of the U.S.A.	(202) 628-3636
Kerrie Wilson	American Cancer Society	202-546-4011
Joyce Agunbiade	National Council of Negro Women	202-628-0015
Scott Frey	North Shore Consultants/SpeakOUT! USA	202-338-9380
[illegible]	[illegible] League	202) 783-[illegible]
[illegible]	HCFA	410-966-4709
Sam Shekan	HCFA	(202) 690-5727
Jennifer Klein	Office of the First Lady	(202) 456 2577
ROSEMARY A. LOCKE	Y-ME	(703) 241-8628 O (703) 536-4592 F
Moya Benoit Thompson	DHHS/AoA	202 401 4541 4017741 fax
Ann Delorey	Church & United	2/544-8747
Joe Ewin	National Council of Senior Citizens	624-9534 (fax) 624-9595
Helen Smith	[illegible]	[illegible]

(over)

Name	ORG	Phone
Anne Marie Hummel	HCFA	202-690-6113
Barbara Dwyer	NCOA	202-479-6605
Ted Bobrow	AARP Communications Division	202-434-2560 fax 434-2588
Lisa Rubenstein	AARP Programs Division	202 434-2240
Isela Castillo on behalf of Carmela G. Lacayo/CEO	Natl. Assoc. For Hisp. Elderly	(213) 487-1922
Ginger Pope	Holman-Page for: Susan G. Komen Breast Cancer Foundation	202/293-9360

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[001]

University of Maryland Medical Center

UNIVERSITY OF MARYLAND
CANCER CENTER

REACH OUT FOR HEALTH PROGRAM
Mammography Screening Service

401 West Redwood Street, Suite 206
Baltimore, Maryland 21201-1703
1 800 787-0506

TO: JENNIFER KLEIN
Office of the First Lady
Fax # 202-456-2878

FR: SANDEE L. KOLODNY KATZ
REACH OUT FOR HEALTH PROGRAM

DA: April 4, 1995

Dear Jennifer,

As you have requested, here is the information:

Sandee L. Kolodny Katz, R.N.
Program Director
12 Stonehenge Circle, #10
Baltimore, Maryland 21208
(Home)- 410-602-0082 (Office)- 410-328-5395/ 800-787-0506

(b)(6)

See you in May.

Sandee

Dear Friends:

On May 1, in honor of Mother's Day, May 14, and Older Americans Month, the Clinton Administration will launch a nationwide "Mamagram" campaign. Our goal is to increase awareness about Medicare coverage of mammograms and their life-saving potential for women over the age of 65. Mammograms can detect breast cancer early -- in time for successful treatment -- yet only 37 percent of women over 65 take advantage of the mammography benefit offered by Medicare.

During the past several months, I have travelled around the country listening to older women share their experiences, feelings and fears about mammography and breast cancer. I have learned that, with information, outreach, and support, women over 65 *will* get mammograms to help them live longer, healthier lives.

I want to thank you all for your participation in our efforts so far, and I look forward to continuing our productive partnership throughout the "Mamagram" campaign. The Administration will work with local aging agencies, state health departments, and private organizations to spread the word about mammography. Public service announcements, special events, informational brochures, and other outreach efforts will also be a part of the campaign. Together, we can succeed in increasing the use of the powerful weapon of mammography in the fight against breast cancer among our nation's older women.

Sincerely yours,

Hillary Rodham Clinton

Dear FMI Member:

On May 1, in honor of Mother's Day, May 14, and Older Americans Month, the Clinton Administration will launch a long-term nationwide "Mamagram" campaign. Our goal is to increase awareness about Medicare coverage of mammograms and their life-saving potential for women over the age of 65. Mammograms can detect breast cancer early -- in time for successful treatment -- yet only 37 percent of women over 65 take advantage of the mammography benefit offered by Medicare.

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I hope you will join us in our campaign. The Administration will work with state and local governments and private organizations to spread the word about mammography. Public service announcements, special events, informational brochures, and other outreach efforts will also be part of the campaign. By using the enclosed materials on your advertisements, flyers, grocery bags and in-store promotions, you can provide vital information and help send this life-saving message to your customers.

Sincerely yours,

Hillary Rodham Clinton

Dear FMI Member:

~~Two weeks before Mother's Day,~~ On May 1, ~~1995,~~ the Clinton Administration will launch a nationwide "Mamagram" campaign. Our goal is to increase awareness about Medicare coverage of mammograms and their life-saving potential for women over the age of 65. Mammograms can detect breast cancer early -- in time for successful treatment -- yet only 37 percent of women over 65 take advantage of the mammography benefit offered by Medicare.

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Same changes + additional as marked

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Sincerely yours,

Hillary Rodham Clinton

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The Mammographic Imaging Services of

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Stephen A. Feig, M.D.
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DEVELOPMENT OF AN AFRICAN-AMERICAN ROLE MODEL INTERVENTION TO INCREASE BREAST SELF-EXAMINATION AND MAMMOGRAPHY

DEBORAH O. ERWIN, PhD*; THEA S. SPATZ, EdD, CHES†; and CAROLYN LAZARO TURTURRO, PhD, CHES‡

Abstract—Minorities and indigent populations have low participation rates in breast cancer education and screening programs, and suffer from higher morbidity and mortality. Attitudes, norms, and values of such populations are best addressed by breast cancer patients of the same race and cultural background who serve as role models. This article describes the development and pilot study of an intervention program using role models as part of a "Witness" presentation. Programs were held in participants' local African-American churches and community centers. The organization of the program was based on an educational model (4MAT) that identified learning styles and brain hemisphere dominance. Preliminary results with 78 African-American women indicate that the program design is effective in reaching low-income, less-educated African-American women who did not believe themselves to be at high risk for breast cancer. Three-month follow-up demonstrated a significant increase in the practice of BSE and 19% had a mammogram.

INTRODUCTION

Mammography is an early detection method that reduces cancer mortality, particularly for women 50 years of age and older.[1,2] Among African-American women in the United States over age 40, national studies report as many as 83% have heard of mammography and 59% have had a mammogram.[3] Regional special-population studies, however, show mammogram rates that are half as high as the national rates.[4,5] Also, of the African-American women who have had a mammogram, the majority have had only one.[3] Often, these one-time mammograms may be for diagnostic purposes and are not part of a routine screening procedure. During the period 1950–1967, significant variations were found in cancer incidence and survival between Caucasians and African-Americans.[6] The five-year survival rate for cancer of the breast is 75% for caucasian Americans, and 63% for African Americans.[7,8] Although the difference in mortality rates (from cancer and from other causes) is large, there are no widely accepted explanations.[9,10]

A partial explanation for the difference in cancer survival rates of African Americans and caucasian Americans may be socioeconomic status rather than ethnicity.[7,10,11] Socioeconomic factors affect access to medical care, both for early diagnosis and treatment. Lower income and the lack of health insurance may act as barriers to the use of screening programs like mammography.

Unfortunately, the number and proportion of Americans below the poverty level is increasing. Currently 16% of Americans (39 million) live below the poverty level ($11,200 yearly for a family of four).[7,12] The proportion of Americans without adequate health insurance has grown as well, with the largest percentages among African-Americans and Hispanics.[12] African-Americans are less likely

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to recognize cancer risks and the need for early screening.[13-15] These women are also at greater risk for late diagnosis of breast cancer.[16,17] Programs that specifically address African-American and lower-income women, who have low participation levels in cancer education and cancer screening programs, have been lacking.[18-21] Better, more specific programs are needed. The role model intervention program described in this paper is a culturally sensitive methodology which addresses the specific health beliefs and attitudes, as well as issues of locus of control, and the value placed on health by African-American women.

Attitudes, social norms and values were all found to be significant direct predictors of intentions and participation in mammography screening, in a study of 946 women aged 40 and above.[22] Health, attitudes, and behaviors are also influenced by the value that an individual places upon health.[23] In one locus-of-control investigation, respondents who thought that health was not a matter of luck reported preventive health actions both prospectively and retrospectively.[24] Although there was no direct relationship between sense of control and breast self-examination (BSE), the perceived efficacy of breast cancer treatment was associated with health locus-of-control measures. Although Bloom demonstrated that income was not a predictor of mammography utilization in her research sample, the data did indicate that the African-American women who perform regular breast self-examination (BSE) are more likely to obtain mammograms.[25] Therefore, introducing BSE and the effectiveness of early diagnosis should lead to a subsequent increase in mammography screening among African-American women.

When people share similar cultural patterns, values, experiences, and problems, they are likely to feel more comfortable and understand each other better.[26] Secondly, race is a relevant factor to consider when determining health care utilization even when socioeconomic class is not.[27] Unfortunately, there are few African Americans in the medical profession and allied health fields. One solution to this problem may be to have African-American representatives act as health educators or informants.[28]

It is hypothesized that breast cancer survivors of the same race and cultural background can encourage and empower other women to practice methods of breast cancer detection by addressing existing attitudes, norms, and values regarding BSE and mammography. The role models serve as living proof of the efficacy of breast cancer treatment; they are people with whom other women can identify.

This role model intervention targets African-American women in Arkansas. The Arkansas 1990 census was 2,350,725 (82.6% caucasian; 16.3% African-American).[29] With the Arkansas average per capita income of $12,216 in 1988, only residents of Mississippi and West Virginia make less money.[30] Rural Arkansans, with an average income of $11,324, earned even less and many of these people do not have health insurance. Many areas of Arkansas are sparsely populated, and there are few physicians and health-care facilities. The proportion of African Americans in the lower Mississippi River Delta counties ranges from 43% to 58%.[29]

METHODOLOGY

The authors, middle-class caucasians, recognize a limited credibility with the target population. Previous efforts with this special population were not effective.[31] Information gathered from key informant interviews, participant observation, and focus groups of rural and urban African-American women led to the development of a role model intervention program called "Witnessing." The term *Witnessing* is familiar to many southern African-American women and is derived from behaviors noted within the church. Witnessing occurs in fundamentalist Christian churches, especially in the south, when an individual shares with the congregation a personal religious experience. A person witnesses (testifies) by explaining how his/her life has changed through a particular experience. A witness might describe how he/she overcame some major hardship or how he/she is able to live

with some continuing hardship. The intended effect of witnessing is to help others within the congregation who are struggling with serious problems of life and to encourage behavior that supports the religious doctrine of that church.

Witnessing in the role model intervention program focuses on a woman's recognition and discovery of a breast lump, the treatment process, her personal philosophy regarding survival, and the benefits of early detection. The intended effect is to empower others to take responsibility for their health and to practice early detection behaviors. Specifically, the role models challenge the excuses women use for not performing BSE or having mammograms. Direct educational methods are the most effective means of communication in an ethnic minority community, particularly when the person making the contact is culturally and socioeconomically similar.[32]

An essential element of the witness role model intervention program design is to appeal to all individual learning styles. With lower-income, less-educated audiences who do not traditionally respond to orthodox, didactic instruction, it is essential to involve more right-brain activity. The organization of the witnessing element of the program is based on a theoretical educational model, the 4MAT® System, which has been effective in another breast health education program[33,34] and in other educational settings.[35]

The 4MAT® System is an educational process presented as a sequential cycle of learning that is based on learning style and brain dominance. Each of four learning styles is addressed in the cycle with right and left hemisphere mode techniques applied within each of the four learning styles, creating eight steps. Figure 1 illustrates the 4MAT System. Each learning style has a distinct combination of perceiving and processing information, a preferred method of learning, and a favorite question.

Briefly, Type 1 learners perceive by sensing/feeling, and they process by watching/reflecting. Type 1 learners emphasize personal meaning, and their preferred method of learning uses discussion and interaction. Their favorite question is "Why?" The first step, right mode, is to connect past experience with the new, thereby imposing personal meaning on what is learned. The second step, left mode, is to examine the connection (ie, personal experiences and discussion within witness session).

Type 2 learners perceive by thinking/reasoning, and they process by watching/reflecting. Type 2 learners emphasize knowledge and prefer the informational method of learning. Their favorite question is "What?" Step three, right mode, is to imagine the concept. Step four, left mode, is to define the concept with facts and information (ie, BSE/mammography literature).

Type 3 learners perceive by thinking/reasoning and they process by doing/trying. Type 3 learners emphasize application and prefer using the coaching method of learning. Their favorite question is "How does it work?" The fifth step, left mode, the learner tests concept implications. The sixth step, right mode, is used to elaborate and reconstruct the defined concepts (ie, practice with breast models).

Type 4 learners perceive by sensing/feeling and they process by doing/trying. Type 4 learners emphasize personal adaptation and prefer using the self-discovery method of learning. Their favorite question begins with "If?" The last two steps, left mode then right, are used to evaluate and modify the concepts in order to integrate new connections (ie, sharing with significant others).

For example, positive, dramatic, real-life stories, presented by individual role models is a right-brain, quadrant-one activity in the 4MAT® System. Both the witnessing session and the BSE instructional sessions address the eight steps. This assures better attention to the educational material and provides for better recall of factual information.[33]

Five African-American women who have survived breast cancer were invited to join the authors as an advisory group and act as role models after being interviewed in their homes. The women were all Stage I breast cancer patients, who either had a modified

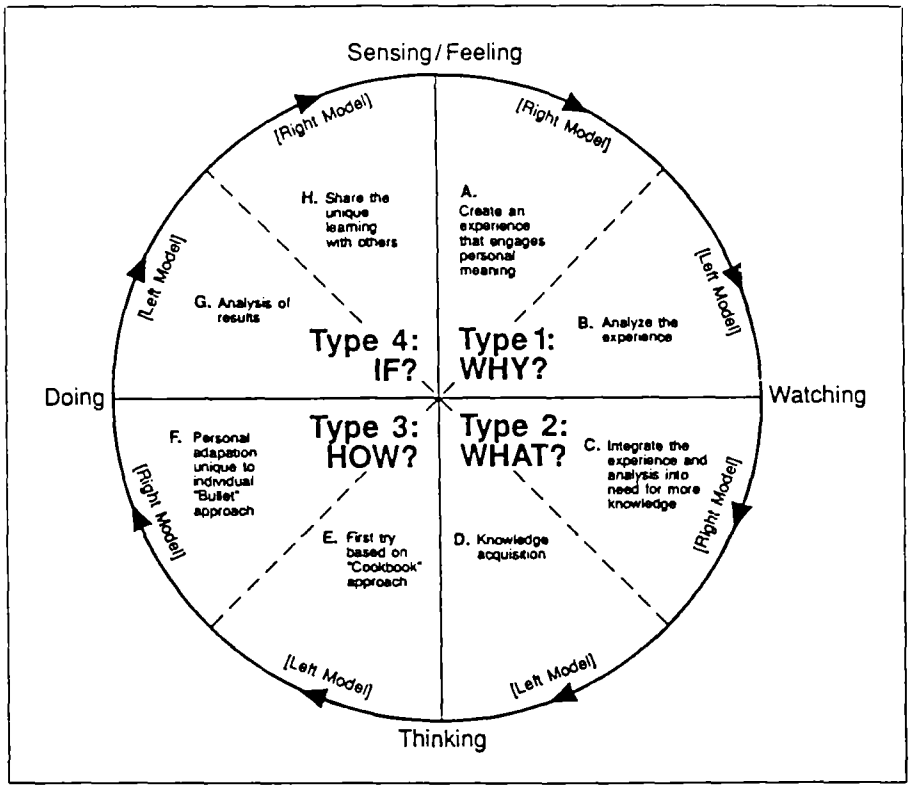

Figure 1. The 4MAT® system model. From *The 4MAT® System: Teaching to Learning Styles with Right/Left Mode Techniques* by Bernice McCarthy. © 1980, 1987 by Excel, Inc. Used by special permission. Not to be further reproduced without the express written permission of Excel, Inc. Those desiring a copy of the complete work for further reading may acquire it from the publisher. Excel, Inc., 200 West Station St., Barrington, IL 60010, (708) 382-7272.

radical mastectomy, or a partial mastectomy (lumpectomy). All women are currently free of disease and are being seen regularly by a physician. Two women had radiation therapy, and two were taking tamoxifen. All live on fixed incomes and their socioeconomic status ranges from below the poverty level to lower middle class. They had no public speaking experience, as this was their first experience with a service organization.

With guidance, these women planned publicity and methods of contact with the African-American populations and churches, and they provided advice on overcoming specific cultural barriers. In the beginning, these women were paid approximately $10 per session. Later, they volunteered their time as witnesses and role models for the program. The women received some training about the clinical features of breast cancer and specifics of BSE and mammography.

The witnessing presentations were based upon the personal experience and story of each woman. They were original and varied somewhat from program to program, depending upon the nature of the audience and the setting. The witnessing program lasted from 20–40 minutes. Following the witnessing, participants asked questions and discussed concerns with the role models. Next, BSE was taught by trained instructors who use ethnic models and simple written materials. Each participant had an opportunity to practice lump detection with various models. Plenty of practice time was allowed with various Health Edco and Mammacare breast models. Addi-

tional literature regarding breast cancer and cervical cancer was available.

The role model intervention program was conducted during spring and fall 1991, at church and community sites in urban and rural areas. One program was held at the King Solomon Baptist Church in a neighborhood where 67.2% were African American and 57.8% were below the poverty level. The second site was a church in a small rural community of 21,147, people of whom only 34.9% were African Americans and below the poverty level. The third site was a Mississippi River Delta community in east Arkansas of 7,361 people of whom 63.9% were African American and 65.8% of the population was below the poverty level.

Program participants first were asked to complete a questionnaire that asked for demographic information, health attitudes and beliefs, and current BSE and mammography practices. Three months after the witnessing presentation, a follow-up questionnaire was mailed to all participants with a self-addressed, stamped envelope for return mail. After three weeks, a direct telephone interview was used until an 80% response rate was reached. These interviews were conducted by one of the African-American role models.

RESULTS

Because of the previously observed low participation rates among African-American women in breast cancer awareness programs, the first goal was to increase attendance. The witness program was pilot-tested in three communities in Arkansas, using the congregations of area churches. A total of 78 women participated.

Table 1 presents a breakdown of the sociodemographic characteristics of the participants by community. Most of the women who attended the witness program were African-American, but several caucasians also attended the program. About two-thirds of the women participants were 35 years of age or older, the age at which screening mammograms were initially recommended. Most of the participants were married. Several sets of mothers and daughters attended the program together. Although almost half of the participants had a high school education, only 42% had a family income of over $15,000 per year. Almost a quarter of the participants were not covered by health insurance.

Of the initial 78 participants in the witnessing program, 63 women (82% of the sample) responded to the follow-up questionnaire at

Table 1. Sociodemographic characteristics of participants by site

	Helena ($N = 50$) n (%)	King Solomon ($N = 18$) n (%)	Russellville ($N = 10$) n (%)	Chi-square
Age 35 years or older	32 (64.0)	13 (76.5)	6 (60.0)	n.s.
African-American	39 (88.6)	18 (100.0)	10 (100.0)	n.s.
Married	16 (36.4)	11 (64.7)	6 (75.0)	6.62*, 2 *d.f.*
Family income >$15,000	12 (31.6)	7 (50.0)	6 (75.0)	n.s.
Education > High School	21 (51.2)	5 (31.3)	5 (62.5)	n.s.
Health insurance coverage	30 (69.8)	11 (91.7)	7 (87.5)	n.s.

*$p < .05$; n.s., not significant. Percentages are based on valid responses to individual questions and may reflect missing values.

three months. A portion of the nonrespondence was due to inadequate name, address, and telephone information. Comparison of the respondents to the follow-up survey with the nonrespondents found no differences between the groups in the characteristics of race, age, education, income, or health insurance coverage. In the follow-up survey respondents and nonrespondents did not differ in their baseline reports of perceived risk of breast cancer, history of mammograms, frequency of practice of BSE, or confidence in the practice of BSE.

To evaluate the effectiveness of the witness program to increase the practice of BSE and screening mammography among African-American women, a comparison was made of responses given at baseline with those at follow-up. Table 2 presents the change from baseline to follow-up in the reported frequency and confidence of BSE. A significant increase in both frequency and confidence in practice of BSE was noted. Between baseline and follow-up, there was a large decrease in the number of respondents who reported that they did not practice BSE at all and a large increase in the number of women who reported practicing BSE more than monthly. In terms of reported confidence in practice of BSE, the women appeared to change slowly from not performing BSE at all to performing BSE without confidence to performing BSE somewhat confidently.

Among the 63 respondents to the follow-up questionnaire, 12 women reported that they obtained a mammogram following the witness program. The women who obtained mammograms ranged in age from under 35 years to over 65 years. Two women under age 35 reported having mammograms; both of these women had reported risk factors for breast cancer (eg, family history of breast cancer, history of benign breast lumps). Four of the 12 women who reported mammograms reported that they had never had a mammogram before. Two of these four women were the young women under 35 years of age.

DISCUSSION

Several caveats must be considered prior to discussion of the findings. First, the sample lacked a control group. Therefore, we cannot ascertain the extent to which the changes observed from baseline to follow-up may be attributed to the witnessing program. Second, the data presented were based on self-report. There may be some bias in responses towards more socially acceptable answers.

The data reported were a result of a preliminary investigation of the feasibility of an African-American role model intervention to

Table 2. Breast self-examination (BSE) at baseline and follow-up

	Baseline (%)	Follow-up (%)	Chi-square
BSE frequency			
Do not perform BSE	18 (30.0)	2 (3.2)	–
1 or 2 times per year	9 (15.0)	8 (12.9)	–
3 or 4 times per year	3 (5.0)	6 (9.7)	–
5 to 8 times per year	2 (3.3)	2 (3.2)	–
Monthly	22 (36.7)	11 (17.7)	–
More than monthly	6 (10.0)	33 (53.2)	36.19***, 5 *d.f.*
BSE confidence			
Do not perform BSE	13 (22.4)	2 (3.3)	
Not confident	15 (25.9)	19 (31.1)	
Somewhat confident	18 (31.0)	28 (45.9)	
Confident	9 (15.5)	9 (14.8)	
Very confident	3 (5.2)	3 (4.9)	10.64*, 4 *d.f.*

*$p < .05$; ***$p < .001$.

increase BSE and mammography. The results of this initial intervention program suggest that the use of role models, witnessing design, and the use of the 4MAT® method is effective in recruiting participants and holds potential for motivating African-American women to learn BSE and to have screening mammograms. The authors continue to develop the program and plan to launch a full-scale evaluation of the program using control communities and multiple measures of assessment.

The advisory group lent their credibility and provided the bridge to allow the authors to establish credibility of their own with the target population.The target population (ie, those women from the African-American population who are not routinely practicing BSE and mammography and who are from relatively low-income and low educational level populations) responded.

The task of educating women who are not from the typical health conscious population to participate in health screening activities, appears to be addressed with the 4MAT® method. The authors suggest that this target audience requires a culturally sensitive, more right brain-oriented focus than the standard approach commonly used in health education.

One of the most effective means of directing the information to the target audience is through the local churches. The individuals within the churches take a personal interest in the program and thereby increase participation levels by personally inviting members of the congregation, friends, neighbors, and relatives. This, in turn, reaches more of the population who would not necessarily attend a health education program, but would attend a social event sponsored through the church by a close friend or acquaintance.

Once individuals arrived at the location, the effectiveness of the role model program was evident through participant responsiveness. As an educational program, the witnessing and role model intervention provided a natural and comfortable method for reaching less-educated, lower income African-American women. Also, it is well suited for application for other health issues.

In trying to counteract fatalism, negativism, and low knowledge levels within the African-American community with regard to cancer, the witnessing process and role models provided positive experiences in contrast to the many negative experiences these people may have had in the past with cancer in their family and friends. A feature of the role model program that traditionally has not been found in health education programs is the advocacy and empowerment that is encouraged from the participants by the role models. This may be a key issue in the initial behavioral change process.

Designing an innovative health education program for special populations is a time- and labor-intensive process, which requires process evaluation as well as some end-results evaluation. The program is not cheap. At least 345 man-hours had been spent by the time the first program was completed. This included time spent by paid staff, volunteers, American Cancer Society staff, and the patient role models.

Follow-up of survey data has proved to be difficult. People move frequently even within the small rural towns, and many participants are without telephones. The necessity to accommodate for low reading levels and lack of successful test-taking experience (ie, completing questionnaires) presented particular restraints. The low education and reading level of the participants often preclude completing health surveys and questionnaires for research purposes without help from staff or other volunteers. Likewise, reliability of data from these health survey questionnaires can be somewhat questionable as the population is not comfortable or trained to complete this type of pen-and-paper survey. Evaluation of the pre- and posttest surveys determined that individual interview methods are more effective and accurate for obtaining truthful data from the target population than the pen-and-paper, mail-in methods originally designed.

The role model intervention, including the training program for BSE and discussion of mammography itself, did not require any writing or reading, and everything was done with low-reading-level brochures available. All of

the educational process included spoken, face-to-face directives. However, the evaluation did require some kind of written or oral survey. There is a need to develop a more sensitive assessment of BSE knowledge and practice for this population. Women reported BSE practice, but indications were that the participants were inadequate in their BSE proficiency. The authors are concerned that women are under the false assumption that they are performing BSE correctly, and, therefore, believe they would detect symptoms of breast cancer.

Although these results are preliminary and evaluation is continuing, the role model intervention demonstrates potential as a successful method to reach a portion of the African-American community of women who have not been reached through traditional methods. As was stated earlier, this is a starting point for changing the behavior of African-American women with regard to BSE and mammograms. The first step is awareness and prioritization within the community of African-American women to address the issues and risk of breast cancer. The program in Arkansas is now developing a critical mass of individuals who have experienced the program. This, in turn, is part of a statewide process in providing entry and access for more African-American women. In addition, it is recognized that one-time exposure to a cancer education program is not enough to effectively change behavior. Therefore, the continuing interest and exposure within the community will be one of the most effective measures for changing attitudes and subjective norms and therefore providing positive patterns for cancer screening, not only for breast cancer but in other types of cancer and disease.

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FIRST LADY HILLARY RODHAM CLINTON
MAMMOGRAM ROUNDTABLE
KIMBALL SENIOR CENTER
NATIONAL CITY, FLORIDA
JANUARY 26, 1995

TALKING POINTS

INTRODUCTION

* Nearly every family in America is touched at one time or another by breast cancer. We all know someone -- a grandmother, mother, sister, aunt, daughter, niece or, in my case, a mother-in-law -- who has suffered or is suffering from the disease.

* The numbers are shocking: about 1 in 8 women in this country will contract breast cancer during her lifetime. The rates are getting higher every year. And older women are the most vulnerable because the chances of getting breast cancer increase with age.

* While these numbers are distressing, it is equally distressing that many older women who are eligible for breast cancer screenings don't take advantage of them.

* Medicare covers regular screenings for women over 65 and diagnostic screenings whenever a doctor thinks it is medically appropriate. Yet nearly two-thirds of women eligible under Medicare don't get mammograms. Many women don't get mammograms because they think they are safe until a problem arises. In other cases, women don't get screened because their doctors never recommend it. Some women are afraid of mammograms, or embarrassed at the idea of having a breast screening. In fact, mammograms are safe and those administering them are trained professionals.

* Over the past 2 years, many older women have conveyed their concerns about breast cancer to me. Their anxieties and problems in dealing with the disease prompted me to learn more about programs that might help. Through officials at the Department of Health and Human Services, I learned that too few older women were taking advantage of the Medicare mammography benefit. I hope that my visit to Beth Israel today will help raise awareness about

this issue.

THE MEDICARE BENEFIT FOR BREAST SCREENINGS IS AN EXAMPLE OF GOVERNMENT WORKING FOR YOU

* The whole point of government is to make it work for people. Medicare coverage for breast screenings is one of a number of ways the federal government is involved in the fight against breast cancer. Along with research at NIH and other agencies, this program offers a direct benefit to a segment of the population at high risk for a deadly disease.

WE HAVE A PROGRAM IN PLACE THAT CAN SAVE LIVES

* We have a program in place. We have a program that can save lives. Now we have to make sure that patients, doctors, and all health care providers are aware of the importance of regular mammograms, particularly for older women.

THIS PROGRAM IS AN EXAMPLE OF HOW PREVENTIVE CARE WORKS

* Over the last two years, we talked a lot about preventive care as part of health care reform. This is a perfect example of how a small investment today can pay off down the road. A mammogram is much less costly -- in dollars and emotions -- than surgery or serious illness. By taking advantage of this Medicare benefit, thousands of older women cannot only be given the hope of life, they can be given a higher quality of life. It's a win-win-win situation -- for patients, providers, and for all of us collectively who prosper from living in a healthier society.

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DEAR PMI MEMBER AND OR POTENTIAL CORPORATE SPONSOR:

THE WHITE HOUSE IS PLEASED TO ANNOUNCE THE NATIONWIDE LAUNCH OF A CAMPAIGN FOCUSING ON OLDER WOMEN'S HEALTH. THE "MAMA-GRAM" CAMPAIGN FORMALLY KICKS OFF MAY FIRST AT THE WHITE HOUSE...TO COINCIDE WITH MOTHER'S DAY MAY FOURTEENTH. THE AIM IS TO INCREASE AWARENESS IN WOMEN OVER 65 ABOUT THE NEED FOR MAMMOGRAMS...A BENEFIT COVERED BY MEDICARE. BREAST CANCER AFFECTS ONE IN EIGHT AMERICAN WOMEN AND SIXTY PERCENT ARE OVER 65 YEARS OLD.

DURING THE PAST SEVERAL MONTHS I HAVE CRISSCROSSED THE COUNTRY LISTENING TO OLDER WOMEN SHARE THEIR STORIES AND FEARS ABOUT MAMMOGRAMS AND BREAST CANCER. I HAVE LEARNED THAT WITH THE RIGHT INFORMATION AND OUTREACH, WOMEN OVER 65 WANT TO DO WHAT THEY CAN TO LIVE LONGER AND HEALTHIER LIVES.

THE MAMMOGRAPHY CAMPAIGN WILL RUN FROM MOTHER'S DAY TO MOTHER'S DAY OF 1996. DURING THE YEAR THERE WILL BE SPECIAL EVENTS, PUBLIC SERVICE ANNOUNCEMENTS AND VARIOUS MATERIALS PLANNED TO EXPAND THE AWARENESS.

I INVITE YOU TO JOIN US IN THIS IMPORTANT OUTREACH CAMPAIGN. (LINE HERE NAMING CREATIVE TEAMS FOR THEIR SPECIFIC LETTERS.) YOU CAN HELP PROVIDE VITAL INFORMATION TO THOSE WHO NEED THIS LIFE SAVING MESSAGE.

SINCERELY YOURS,

HILLARY RODHAM CLINTON

U.S. Department of Health and Human Services

JACKIE NEDELL
Communications Director

Room - 634-E
Hubert H. Humphrey Building
200 Independence Ave. S.W.
Washington, DC 20201

(202) 690-5897
FAX (202) 690-7318

Our goal is

The campaign will run from Mothers Day, May 14 to Mothers Day 1996

Dear FMI Member:

On ~~Mother's Day~~, May ~~14~~, 1995, the Clinton Administration will launch a nationwide "Mamagram" campaign to increase awareness about the life-saving potential of mammograms for women over the age of 65 and about Medicare coverage ~~for~~ of mammograms. Screening mammograms can detect breast cancer early -- in time for successful treatment and cure -- yet only 37 percent of women over 65 take advantage of the mammography benefit offered by Medicare.

During the past several months [of course, depends on when letter ~~goes out -- first event was~~ Jan 17], I have travelled around the country listening to older women share their ~~stories, their feelings(?) [insights?]~~ experiences, feelings and their fears about mammography and breast cancer. I have ~~learned that~~, with information and outreach, women over 65 will get mammograms to help them live longer, healthier lives.

I hope you will join us in this outreach campaign. ~~Throughout the coming year~~, the Health Care Financing Administration, which runs the Medicare program, will work with local agencies on aging, state health departments, and private organizations to spread the word about Medicare and mammography to older women and their health care providers. By using the enclosed materials on advertisements, flyers, grocery bags and in-store promotions, you can provide vital information and help send this life-saving message to your customers.

Sincerely yours,

Hillary Rodham Clinton

special events, public service announcements

From this mothers day until —

Dear Friends:

On Mother's Day, May 14, 1995, the Clinton Administration will launch a nationwide "Mamagram" campaign to increase awareness about the life-saving potential of mammograms for women over the age of 65 and about Medicare coverage for mammograms. As you know, screening mammograms can detect breast cancer early -- in time for successful treatment and cure -- yet only 37 percent of women over 65 take advantage of the mammography benefit offered by Medicare.

During the past two and a half months I have travelled around the country listening to older women share their stories, their feelings(?) [insights?] and their fears about mammography and breast cancer. I have learned that, with information and outreach, women over 65 will get mammograms to help them live longer, healthier lives.

I want to thank you all for your participation in our efforts to date, and I look forward to continuing our productive partnership throughout the Administration's outreach campaign. Throughout the coming year, the Health Care Financing Administration, which runs the Medicare program, will work with local agencies on aging, state health departments, and private organizations to spread the word about Medicare and mammography to older women and their health care providers. Together, we can succeed in increasing the usage of this powerful weapon in the fight against breast cancer among our nation's older women.

Sincerely yours,

usc

Hillary Rodham Clinton

Mamm

May 4 – 8:30 - 9:30 a.m.

* Name - by end of next week - Call Susan B.
* Mobile Unit → 1 or 2 people to invite
  → Display FDA certification
  → Do it after her speech
* First Lady's Comments
* ~~Letter~~ Invitation / Announcement

Get event memo to Jeremy

May 1 - a.m. - East Room

* First Lady's Speech
  Fact sheet - HCFA to do
✓* Quote for program
* Letter to Food Marketing Institute
* Letter from First Lady talking about campaign -- HCFA to fax to me
* For Senior newsletter -- early next week

Same letter?

Call Jeremy

? Letter from President on WH Conf. on Aging
  → stick something in about 1st Lady's session

»»þ

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

30-Mar-1995 11:32am

TO: Marilyn Yager
TO: Barbara D. Woolley

FROM: Karen R. Guss
Office of the First Lady

CC: Jennifer L. Klein

SUBJECT: HRC kickoff program quote

I added those key words we all know and love to the suggested mammography quote and ran it by Jen. How does this strike you:

"[Medicare coverage of mammography] is about saving lives and enhancing the quality of life for older women. We have a program in place. We have a program that works. Now we have to make sure that older women and their doctors and all health care providers know about it."

-- HRC quoted by Tom Oliphant in the Boston Globe