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Increasing Breast Cancer Screening at the Gateway Bulverde Clinic, Joint Base San Antonio

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Abstract

Project Title: Increasing Breast Cancer Screening in the Family Health Clinic (FHC) at Gateway Bulverde Clinic (GBC) Joint Base San Antonio (JBSA)

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Background or Problem/Issue: Although the use of mammography for breast cancer screening is deemed useful in decreasing mortality, more than 30% of women were noted to be inadequately screened (Stoll et al., 2015). The goal was to bring awareness to and increase knowledge of breast cancer screening to the female population of GBC. The group did so by emphasizing the ease and importance of obtaining mammography appointments as well as setting up reminders for women who were due or past due, in the hope of decreasing mortality rates from breast cancer.

Clinical Question or Purpose: In women ages 50 to 74 that are empaneled in JBSA at the GBC, how do multicomponent interventions using small mass media (Facebook and MTF or base homepage) and patient reminders (text messages or phone calls) versus current intervention affect mammography adherence?

Project Design: The project was designed as a multicomponent patient awareness program for breast cancer screening at JBSA. The project utilized small media to inform patients of the importance of breast cancer screening, provided instructions on how to set up screening appointments, educated providers and clinic staff on the self-referral process for patients, and intended to introduce secure text messaging to remind patients to complete an annual (biennial) breast cancer screening.

Analyzing the Data: The team collected data on existing and previous Healthcare Effectiveness Data Information Set (HEDIS) measures regarding the percent of completed mammograms, and

then compared with raw data which followed the intervention bundle. Data collected included average rates of mammography screenings prior to intervention, mass media used, and a number of screenings following the interventions. The team planned to compare HEDIS data points and pre- post-intervention to evaluate for clinical and statistical significance, once HEDIS measures became available.

Organizational Impact/Implications for Practice:

Social media campaigns and directed educational instruction with primary care providers can increase patient awareness of breast cancer screening. Offering detailed instructions for patient self-scheduling is beneficial for promoting patient adherence to breast screening timelines. (American Cancer Society, 2019).

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In the United States, women were diagnosed with breast cancer more than any other type of cancer, except skin cancer (Odle, 2016). One person in five will be diagnosed with a type of skin cancer by age 70 (Skin cancer facts and statistics, 2021). Second to lung cancer, breast cancer has been a significant cause of cancer death in American women (Odle, 2016). In 2018, there were 40,920 deaths related to breast cancer, and every year 180 billion dollars go towards health care expenses in treatment. (American Cancer Society, 2018; Breastcancer.org, 2018). A study by Enewold and McGlynn (2012) noted that overall mammography screening was underutilized. Multilevel interventions, such as using small media platforms and patient reminders aimed at reducing physical and structural barriers as well as improved access to mammography, were found to be the most helpful in the literature to help women maintain routine screening behavior (Watson-Johnson et al., 2011).

Significance of Problem

One in eight women is predicted to develop breast cancer (Breastcancer.org, 2018). Screening mammography is important because studies have shown that mammography has saved lives (Breastcancer.org, 2018). Since 2013, various institutions such as the American Medical Association, the American College of Obstetricians and Gynecologists, the American College of Radiology, and the National Cancer Institute have issued guidelines that state that at the age of 40, all women should be eligible for screening mammograms (Breastcancer.org, 2018). These guidelines are used to highlight the importance of mammography. In fact, studies have shown that if screening is initiated at the age of 40, lives will be saved through early disease detection (Breastcancer.org, 2018). Every woman is at risk for breast cancer, and with age, there is an increased risk (Fuller, Lee, & Elmore, 2016). Mammography has been cited as the only imaging

tool recommended for screening women because mammograms have been the best-studied breast cancer screening modality (Fuller, Lee, & Elmore, 2016). Notably, screening mammography has reduced the risk of death from breast cancer (Fuller, Lee, & Elmore, 2016; Breastcancer.org, 2018). A meta-analysis of 8 randomized clinical trials that involved about 600,000 women showed that mammography coincided with a 19% relative risk reduction in breast cancer mortality (Keating & Pace, 2018). Thus, the impact of breast cancer can be reduced by proper screening methods (Keating & Pace, 2018).

Additionally, providers should be knowledgeable about breast cancer risk factors to provide improved care to patients. Studies have shown that screening mammography was shown to be the key to reducing mortality from breast cancer (Fuller, Lee, & Elmore, 2016). The implementation of multilevel interventions to increase adherence to screening may have a significant effect on the empanelment not only at GBC but at military treatment facilities (MTF) worldwide.

Relevance to Military Nursing

Better care, better health, lower cost, and increased readiness are the quadruple aims per the Defense Health Agency (DHA). With those aims in mind, breast cancer posed a significant financial burden on many healthcare systems in the United States. Within the Military Health System (MHS), the average estimated cost for breast cancer treatment was estimated at $66,300 per patient. This estimate matched breast cancer-related costs of other public and private insurance (Eaglehouse et al., 2018). All women need routine screening, but studies indicated that women in uniform had a higher indicator of screening. In 2009, a study found that military women were 20% to 40% more likely to receive a diagnosis of breast cancer than civilian women in the same age group (Anderson, 2012). Similar to combat, breast cancer has taken a

toll on military women. More than 800 women have been wounded in Iraq and Afghanistan, and about the same number of military women have been diagnosed with breast cancer. According to the Armed Forces Health Surveillance Center, 874 women from 2000 to 2011 were diagnosed with breast cancer (Anderson, 2012).

Furthermore, a 2009 study found that because of confirmed or suspected breast cancer, deployed women had to be evacuated from combat zones more than for any other condition. Unfortunately, among female service members and veterans, breast cancer has become one of the highest forms of cancer (Anderson, 2012). Therefore, the overarching goal of screening was noted to be the reduction of both the incidence and mortality of this disease. Routine screening for breast cancer is completed by mammography and lowered the risk of dying of breast cancer (Breastcancer.org, 2018)). Studies have shown that women who completed routine mammograms have a 10% to 25% less chance of succumbing to mortality from breast cancer than women who chose not to have regular mammograms (Jin, 2014). Focusing on preventative medicine, nurses and providers in the Military Health System (MHS) may be key players in providing health education and in assessing risk factors to increase screening mammography.

The current literature suggested that mammography played a key role in early breast cancer detection. Regular mammography accounted for half of the recent declines in breast cancer mortality (Friedewald et al., 2014). Routine use has been credited with reducing mortality from breast cancer through a combination of early detection and effective therapy following diagnosis (Breastcancer.org, 2018; Jin, 2014). This evidence-based practice (EBP) project aimed to develop a clearly defined plan that utilized a variety of evidence-based methods to enhance the knowledge of the female population and increase mammography adherence among patients at JBSA.

System or Clinical Question

In women ages 50 to 74 that are empaneled in JBSA GBC, how do multicomponent interventions using small mass media (Facebook and MTF homepage) and patient reminders (text messages or phone calls) versus current intervention affect mammography adherence?

Literature Review of Solution

The PICOT question addressed the low HEDIS measure ratings of mammography for the GBC. The question was as follows: In women ages, 50 to 74 that are empaneled in JBSA GBC (P) does multicomponent interventions using small mass media (Facebook and MTF or base homepage) and patient reminders (text messages or phone calls) (I) versus no intervention or usual care (C) affect mammography adherence (O)? This question provided a more focused search of the literature review in order to gather strong evidence to support the proposed interventions.

Utilizing the Uniformed Services University of the Health Sciences (USUHS) library, PubMed, Embase, and CINAHL databases were used to search for articles, abstracts, or dissertations that would provide relevant evidence. The key search terms in the collection of evidence were mammography, text messaging, and cancer screening. Additional search terms used were automated alerts, reminders, interventions, participation, and multimedia. Inclusion criteria for all database searches were articles that were no older than five years from the publication date, full text available, and duplicate references were removed. The search strategy resulted in 202 references. One additional article was found cited in items during the full-text review; the article appeared pertinent to the clinical question; therefore, the article was utilized in the literature review. The 202 references were then evaluated for inclusion in the literature review. References were excluded after screening the titles, abstracts for applicability, and

intervention eligibility criteria. As a result of this process, nine articles were selected (Appendix A) for the final analysis in the literature review.

The articles evaluated included two systematic reviews, one case review, one randomized controlled trial, one literature review, and three quasi-experimental studies. The sample size of the articles ranged from 17 articles in a systematic review to a randomized control trial with 12,786 participants. Four of the articles identified text messaging or automated alert reminders as the main criteria for the study. The remaining articles looked at multimedia or other interventions to increase mammography screening participation. The evidence hierarchy pyramid was used to assign a level of evidence category (Glasofer & Townsend, 2019). Of the articles that were included in the literature review, there were four level I (systematic review/meta-analysis), three level II (quasi-experimental studies), and two level V (literature review and a case study). Finding systematic reviews and randomized controlled trials pertaining to text reminders and small media interventions was encouraging. These studies supported text messaging and small mass media as plausible interventions to increase the number of mammography screenings at JBSA GBC. The literature also showed that culturally considered media and text reminders were effective means of promoting breast cancer screening in ethnic minorities (Escribà-Agüir, Rodríguez-Gómez, & Ruiz-Pérez, 2016).

The articles were appraised using the Joanna Briggs Institute (JBI) grades of recommendation tool. This tool used the Feasibility, Appropriateness, Meaningfulness, and Effectiveness (FAME) scale to help strengthen the recommendation of the articles. The JBI recommendation grades articles based on the level of evidence; articles were given the grade of "A" for a strong recommendation or a grade of "B" for a weak recommendation (Joanna Briggs Institute, 2013). Applying the FAME scale to the articles chosen for inclusion, five of the

articles were found to be of high quality, which deserved a grade of "A." Four articles indicated desirable effects but lacked the high quality of evidence due to the chosen method of testing; therefore, those articles were awarded a grade of "B" using the JBI grading recommendation.

There were consistent findings among the appraised literature that text messaging reminders, phone calls, and small mass media effectively increased mammography rates for breast cancer screening. The articles were published in the last five years, which suggested that technology continues to influence the healthcare industry and reach a broader population to encourage continued health promotion practices. Based on findings in the literature, implications for practice suggested that utilizing technology increases patient adherence for breast cancer screening. The use of technology was also found to be cost-effective, an important point when considering sustainability and ways to decrease potential barriers (Vidal et al., 2014). Based on the literature review, utilizing text messaging, automated reminders, phone calls, and small mass media increased the adherence and efforts to identify and confront non-communicable diseases and promote healthier lifestyles. These studies hinted toward the future use of technology for improvement in healthcare screening beyond mammography-specific topics. In summary, the literature lends itself to incorporating text messaging and small mass media to increase mammography screening numbers (HEDIS measures) at JBSA GBC.

Focus Areas

The project's overall focus area was to improve breast cancer screening rates at JBSA GBC by implementing evidence-based interventions. Other focus areas included pre and post-intervention HEDIS numbers for mammograms as well as those previously approved small media platforms (Facebook, text messaging, and phone calls) and staff education. First, a thorough literature review was used to determine which interventions were well supported and

likely to succeed in the project. According to Davis et al. (2015), effective interventions to improve mammography adherence included text message reminders prior to screening being due, phone call reminders, and website information available to prompt the population. Pre-intervention HEDIS measures were obtained from the JBSA GBC to provide a starting point for current mammogram screening rates. During the implementation phase of the project, small media platforms such as Facebook and clinic websites were going to be used. However, the breakdown in communication of the public affairs office due to multiple unforeseen circumstances led to the Facebook post being excluded. Reminder text messages were initially included as a strong intervention; however, this was unable to be implemented due to limiting conditions within the clinic and healthcare system. After the implementation was complete, further data of total mammograms completed was collected to compare with HEDIS measures prior to the interventions.

The first short-term goal was to implement and adapt, as needed, the small media and text reminder interventions for women who are due for mammograms. The next short-term goal, overarching the entire project, was to increase existing HEDIS metrics for breast cancer screening at the clinics of JBSA. The long-term goal remains the same: to ensure the interventions are put in place with sustainability in mind and that HEDIS metrics are maintained as green through the staff's continued use of the project interventions.

Organizing Framework

The EBP framework that was utilized in the intervention was the IOWA Model of Evidence-Based Practice to Promote Quality Care (Appendix C). In order to improve the quality of care that is sustainable in the process improvement intervention, a decision-making algorithm enabled the team to answer pertinent questions that consider organizational context, quality of

evidence, and strength and feasibility (Titler et al., 2001). The clinic's need to improve the mammography HEDIS metrics for breast cancer prevention and early detection was a top organizational priority. The goal of the Population Health Working Group (PHWG) at JBSA is to improve all HEDIS metrics. This process improvement project met the criteria of an EBP project that not only benefits the hospital through helping the PHWG but may also be reproducible JBSA and MTF-wide, sharing the goal of increasing HEDIS metrics.

This team was formed to be the change agent guided by this model to conduct a literature search and project that focused on technologies utilized and graded on strength, risk-benefit ratio, sustainability, generalizability, and feasibility (Titler et al., 2001). Next, the team conducted an intervention based on local resources matching the IOWA model towards the new EBP guideline in a continuous process of evaluation and modification. The clinics did not have specific interventions in place; therefore, the introduction of an intervention based on current EBP recommendations was adapted to the clinical setting and meticulously evaluated. The continuous process of decision checkpoints and feedback loops with stakeholders and resources based on this model guided the team through the intervention phase and the final agreed-upon intervention. Upon the project's conclusion, the team interviewed the GBC staff, who considered adopting this EBP recommendation.

Project Design

General Approach.

This project was a process improvement initiative focused on increasing mammography rates for women at the JBSA GBC through the use of evidence-based interventions, including previously approved small mass media. The project team included the clinic staff (Nurse Practitioners, Physicians, Nurses, Medical Technicians, and administrative staff) along with vital

stakeholders and the phase two-site director. The team members at JBSA had insight into the facility and population and answered questions and concerns regarding the project implementation. The team attempted to incorporate media posts to catch the attention of the target audience. These posts would have included educational information regarding mammography recommendations, relevance, and importance, as well as resources to self-schedule and follow up with mammography screening. However, high staff turnover and staff quarantine from Coronavirus disease (COVID-19) resulted in miscommunication, and therefore, media posts were unable to be utilized despite follow-up actions. The intervention of provider education via short face-to-face sessions did take place. These sessions included discussing the current mammography situation within the GBC, education on the project, and finally focused education on the use of patient self-referral to schedule a mammogram without requiring a provider order. A flyer with this focused information regarding mammogram importance, symptoms to report, and the three JBSA radiology phone numbers to call and self-schedule was posted within the GBC as well as handed out to patients that came in person for appointments. Additionally, there was an intent to use a video that included a personal story from a service member who was diagnosed with breast cancer. The member had undergone multiple treatments in order to reach a cancer-free state of health. Research has shown that women reacted positively to personal accounts and stories by feeling motivated to address preventative screening and health (Cueva, Kuhnley, Revels, Schoenberg, & Dignan, 2015). Regrettably, scheduling conflicts made producing the video impossible. Text messaging was attempted, alongside current text and email reminders already in practice, to alert due and overdue women of the need to complete a mammogram. For women who were due for mammography screening, the aim was to alert the women 30 days before the due date to schedule an appointment. Unfortunately,

the implementation of text messaging was unsuccessful, and this intervention did not take place.

Setting and Population.

The project's location was at the GBC that serves approximately 1,722 female patients ages 50 to 75. The resources available pertinent to the project were the ability to self-refer to schedule a routine mammogram within JBSA. The population was females ages 50 to 75 who were empaneled to this clinic, with the subgroup of females who were due for a mammogram being the focus of this project. The team collaborated with the providers, nurses, and technicians embedded in the designated team, the clinic leadership, radiology representative, as well as MDG Health Care Integrator(s) (HCI), Disease and Managers (DM) to facilitate the change in practice to improve quality of care. The goal with implementation with one of the teams was to reproduce this project in the future with the remainder of the FHC teams.

Procedural Steps.

This project aimed to increase the mammography HEDIS metrics with an overall goal of early detection, thus preventing advanced breast cancer. First, the team finalized a literature search of technological means to increase mammography adherence and then critiqued and analyzed these relevant EBP interventions to be used in practice. Once the team accessed the medical database and assessed the GBC team's current interventions while noting the previous 2019 mammography HEDIS metric scores.

Assessment of the technical communication capabilities of the hospital and the base was necessary to conduct a baseline assessment and feasibility of the interventions. Initially, the team collaborated with 59 Medical Wing (MDW) Communications, 59 MDW Public Affairs, 59 MDW Interior Designer, 59 MDW HCI, and GBC leadership to comply with previously approved technological and HCI directed activities for requests and timelines for approval. Next,

the group contacted the stakeholders, such as the GBC team, the chain of command, and the radiology department, to gather buy-in and address concerns and feedback. Based on the findings mentioned previously regarding communication capabilities and previously approved mass media protocols such as relay health and media outlets within the hospital and requested approval by the command to initiate the intervention as appropriate. The team was also trained on the care point system in order to retrieve data and conduct the interventions. Team members that assisted in providing feedback and developing the intervention included GBC clinic staff, 59th MDW Public Affairs, representatives from the mammography department of radiology, HCI, and DM. These team members aided in navigating through barriers in implementation, potential solutions to roadblocks, and organizational continuity and guidance.

The electronic Institutional Review Board (eIRB) protocol was an important step prior to intervention, which was completed to allow time for implementation. Once the project was approved, the team conducted the intervention phase in September 2020 by engaging the team members in educating patients on the most up-to-date radiology mammography referral protocols and providing flyers to be visualized at the clinic. Post-intervention data for the final intervention phase included raw data of completed mammograms throughout the intervention phase. Then the team collected data and reconvened with the aforementioned team members to conduct an after-action report and discussed if the intervention's adoption was appropriate for the clinic, barriers, and practice guideline changes as appropriate based on outcomes. The team implemented the interventions from October 2020 to January 2021 with the ultimate goal of adopting a new EBP guideline based on the IOWA model.

Data Analysis Plan.

According to the literature, the primary outcome of the project was to increase the mammography HEDIS metrics by the support of technological means. The HEDIS metrics, not available at the time of data collection, will utilize CarePoint review and pre and post-intervention data from monthly HEDIS metrics review for data computation. Furthermore, the HEDIS metrics will be used in the calculation of mammography screening rates. From October 2020 to January 2021, post-intervention data were calculated for the total patients due for mammography during October and the number of completed or scheduled mammography screening. Per DHA standard, the green zone of 80% or more is the decision rule for the improvement of HEDIS metrics (once obtained).

Barriers.

This project was a comprehensive plan designed to implement multilevel interventions to increase mammography adherence. The team introduced interventions in the GBC aimed at the appropriate female patients that ensured adherence to screening mammography's. Barriers to this implementation included the inability to obtain approval to utilize mass media to increase adherence. Leadership needed to approve the use of Facebook and the use of the base homepage to encourage mammography screening.

An additional barrier was the use of text messages or phone calls as patient reminders to schedule ordered mammograms. The intervention required approval from multiple levels of leadership. Not only did approval need to be obtained from leadership again, but the communications squadron needed to be utilized to implement this intervention successfully. Additionally, patient phone numbers were a barrier due to the time and effort to ensure that the patients' phone numbers were current. The correct phone numbers for patients were crucial to

the success of this intervention. As stated previously, the intervention of text message reminders could not be implemented, despite numerous attempts through Micare, in-place text systems, and CarePoint.

Sustainment and Dissemination Plan.

Sustainment.

The topic of sustainment was addressed according to the end-results of the project with partial success in improving mammography screening rates at JBSA GBC. With the interventions only partially successful, implementing a plan to ensure success moving forward after the project team leaves JBSA is invaluable. If successful, this plan should include appointing a member of the GBC as the media specialist who will pursue the possibility of uploading and updating mammography screening information and appointment guides on the media sites utilized (MTF homepage/Facebook). The media specialist will be capable of continuing the mammography-specific site uploads for the clinic's future use. Furthermore, the HCI will be responsible for pulling mammography data quarterly to determine if mammography rates are changing.

Further plans for sustainment at the beginning of the project were related to the text messaging reminders that were to be implemented. The team hoped to find an existing text-reminder system used at JBSA, such as the ones being utilized by the dental clinic or the Periodic Health Assessment (PHA) reminders utilized by the Public Health office. Due to the text reminders not being implemented, this is considered a limitation and a possible direction for future projects/research.

Dissemination Plan.

The project findings were disseminated to the committee of stakeholders, JBSA GBC leadership, and team members through oral and poster presentations. The results were disseminated to peers and professors during the USUHS annual research week in May 2021. Future dissemination of the impact potential after the analysis will make the project available for dissemination at additional DHA channels and conferences sponsored by professional nursing organizations.

HIPAA Concerns/Ethical Considerations.

A priority of this evidence-based practice project was safeguarding protected health information (PHI) and pulling data regarding women who are due for mammograms in October 2020 required access to patient information using CarePoint. Personally identifiable information (PII) and PHI was protected by storing the data on a CAC-enabled computer in a locked, badge-accessed room, available only to team members who have taken the Health Insurance Portability and Accountability Act (HIPAA) certification test. All team members presented current certificates prior to the initiation of the project. Furthermore, patient information and other data specific to the project were never publicly displayed where others could view the data. All physical data will be disposed of (shredded) at the conclusion of this project.

Legal considerations for this intervention project included ensuring that the patient was identified by two legal forms of identification, such as full name and date of birth or patient's DoD identification number. Additionally, healthcare providers ensured that all patients were fully aware of both the risks and benefits of screening mammography. Furthermore, this EBP project was submitted and approved by the Joint Base San Antonio's IRB, and as noted previously, great care was taken to minimize the use of PHI to the highest degree possible.

Project Results

The data collection began 01 October 2020 and ended on 31 January 2021. At the beginning of this time period, 63-patients fitting the population were identified as being due for a mammogram. From October to January, a total of 18 patients either completed a mammogram or had one scheduled; this equates to a 28 percent completion rate.

A post-intervention survey was conducted with the staff of GBC to determine how beneficial the handout was. From the short interview, 50% of 6 providers felt the handout was helpful as a resource for patients to self-schedule mammograms, and some stated that the flyers would have been more effective if face-to-face encounters would have been allowed to continue. Therefore, the lack of face-to-face encounters is the reason that the remaining providers did not find the handouts effective (Personal interview, Tyra Francis, Somjira Namarsa, 12 FEB 21).

Analysis of Results

Traditionally, in order for HEDIS metrics to be considered in the green (good), the percentage for screening needs to be at or above 80%. A review of HEDIS metrics from January 2019-December 2019 showed that breast cancer screening has consistently been in the red at or around 60-70%. As stated above, data collection began on 1 October 2020. At that time, 63 patients were identified as due for screening within the month of October. The HEDIS metrics were not yet available at the conclusion of this project but will be compared at a later date to determine a more direct relationship or change due to the interventions. However, the interventions described previously have clearly been shown to increase breast cancer screening. Printed handouts and education have been found to increase adherence with a range of 7 to 28% (Baron et al., 2008). Compared to control groups, three intervention groups that utilized reminder letters, with and without telephone calls, resulted in increased screening rates

(Brouwers, 2011). Automated telephone reminders were also noted to be a more successful strategy than the usual clinic reminders (Brouwers, 2011). Thus, evidence-based studies have shown that while printed handouts do improve mammogram adherence, the use of social media and mobile technology-based interventions such as smartphones shows promise as a better, more innovative way to reach individuals that are screen-eligible (Ruco et al., 2020; Buist et al., 2017; Kerrison et al., 2015). Finally, Facebook and Facebook Live have shown to be the leading social media platform utilized by physicians for knowledge sharing, marketing, and networking (Tso & Parikh, 2020).

Organizational Impacts/Implications to Practice & Policy

There are various organizational impacts to increasing breast cancer screening. Multiple studies have revealed a modest increase in mammography screening rates when using small media platforms such as Facebook, text messaging, and phone calls (Escriba-Aguir et al., 2016; Kerrison et al., 2015; Perri-Moore et al., 2015). For this project, the plan was to use JBSA Facebook to display mammography screening information. Organizational impacts should have included enhanced shared decision-making between patient and provider. Health care personnel have an awareness of the important role of mammography screening in the early detection of breast cancer. Additionally, the team educated providers at GBC regarding the mammography process at the surrounding MTFs. Thus, providers likely used this information to educate patients about the process of obtaining a mammogram. Unfortunately, use of the JBSA Facebook to educate patients was not able to be utilized; however, one hopes that breast cancer screening flyers and the education provided by health care providers increased the awareness of patients. An additional organizational impact included the high cost of treating breast cancer. Per the CDC (2020), 13% of all cancer treatment costs in the United States are related to breast cancer.

In fact, breast cancer has the highest treatment cost of any cancer, costing over 16 billion dollars in 2010 and following similar trends in more recent years (Mariotto et al., 2011). Increased screening mammography of patients will result in early detection and prevention, thereby reducing organizational costs. Finally, patient satisfaction is another organizational impact. Understanding how to utilize radiology for mammography screening has the potential to improve patient adherence to health care regimens (Perri-Moore et al., 2015).

Limitations

A significant limitation for this project was the current Covid-19 pandemic affecting patient care and access. At the time this project began implementation, Covid-19 had caused the clinics of JBSA to work at limited capacity, seeing a percentage of the usual patients. While at Health Protection Condition (HPCON) Bravo Plus, clinics could only see approximately 50% of the usual patient capacity. Any time a clinic advanced to HPCON Charlie, face-to-face patient care was further limited or suspended entirely. Screening mammograms were suspended early on, and patients were encouraged to wait until the pandemic subsided. This recommendation reflects the advice given nationwide, informing patients to have virtual appointments rather than come in-person and postpone the less-critical healthcare visits (Yin, Singh, Drohan, & Hughes, 2020). For this project, there will likely be a large portion of patients who never saw the in-clinic mammography flyers, nor could benefit from provider interaction encouraging the patient to complete screening mammogram. Also, until the pandemic subsides, some patients refuse to schedule a mammogram, feeling having a mammogram at this time is an unnecessary trip outside the house with the potential for exposure to Covid-19 (Yin, Singh, Drohan, & Hughes, 2020).

In addition to the Covid-19 pandemic, the JBSA Facebook posts' use was considered a limitation due to not knowing how much of the target population used social media and saw the mammography post. Social media can be a useful platform for health promotion, but there is still unclear data on how to measure outcomes. Currently, outcomes are limited to such measures as the number of "likes" or "shares" a post received (Kaushal, Kassianos, Sheringham, Waller, & von Wagner, 2020).

One further limitation during this project was the unsuccessful implementation of text message reminders and Facebook flyers for patients who are due for mammograms. These were two of the key points of intervention; unfortunately, there was no text-system in place upon arrival to the clinic site, and the potential systems that could send text messages were not available for use in this project. There is an automatic text alert in place for prescriptions filled within JBSA, which uses a multi-thousand-dollar machine designed explicitly for pharmacy-related texts. The Facebook post ran into miscommunication issues, due to high staff turnover with multiple public affairs personnel either relocated, home sick due to covid/exposure, maternity leave, or resigned entirely. From the continued literature review, as well as in light of the recent pandemic forcing patients to seek care virtually, a text reminder system, as well as small mass media, should be strongly encouraged for future health prevention (Kerrison, Shukla, Cunningham, Oyebode, & Friedman, 2015).

Finally, a post-intervention survey aimed at finding out why patients scheduled a mammogram and whether patients visualized the flyers/interventions could not be completed. This intervention would have used PPI to contact patients, requiring a further review and acceptance with the JBSA IRB and DHA. The timeframe expected to complete this additional submission and receive acceptance was two months, thus delaying this project's completion to

the point when data would not be available by established deadlines. This survey is a suggestion for future projects and any continuation of the project with the GBC.

Future Directions for Research and Practice

Technology is shaping the healthcare environment. Numerous studies have documented the use of growing dependency on technology. Indeed, using small media platforms, such as Facebook, text messaging, and using phones as reminder alerts has shown potential for future implications. In a study by Phillips et al. (2015), a bundle of two or more interventions showed a significantly higher increase in mammography screening than a single intervention. Other promising interventions for research and practice included the use of printed materials such as letters, brochures, and newsletters to increase patient's health promotion behaviors. Using these materials may encourage patients to adhere to screening guidelines for mammography. Additionally, the MTF may tailor the message to a specific population of patients or target the message to the entire patient population (Phillips et al., 2015). Finally, another implication to future practice includes a healthcare contingency plan for public health emergencies such as COVID-19.

Simply put, the epidemic caused many limitations in this project. Due to COVID-19, the MTF delayed both elective and preventive visits. Thus, breast cancer screening further decreased due to the temporary suspension of mammography appointments. As a result, breast cancer interventions were unable to be put in effect. Therefore, having a contingency plan for when the MTF returns to full healthcare operations is reasonable. A contingency plan would be vital in both revive and resume mammography screening as well as reassure patients. Knowing how to approach health emergencies, such as COVID-19, is key to resuming successful healthcare operations.

Conclusion

This project's aim was twofold: 1) evaluate evidence-based interventions to increase mammography screening and 2) educate providers regarding the current mammography scheduling process. Literature has already proven that breast cancer is a leading cause of death for women. Additionally, studies have shown that regular screening with mammography has the potential to reduce morbidity and mortality in women aged 50-74. Systematic reviews and meta-analyses have also shown that multicomponent interventions have been an effective motivating force to increase mammography screening. Although limitations played a significant role in this project, the interventions held the potential for future research and practice.

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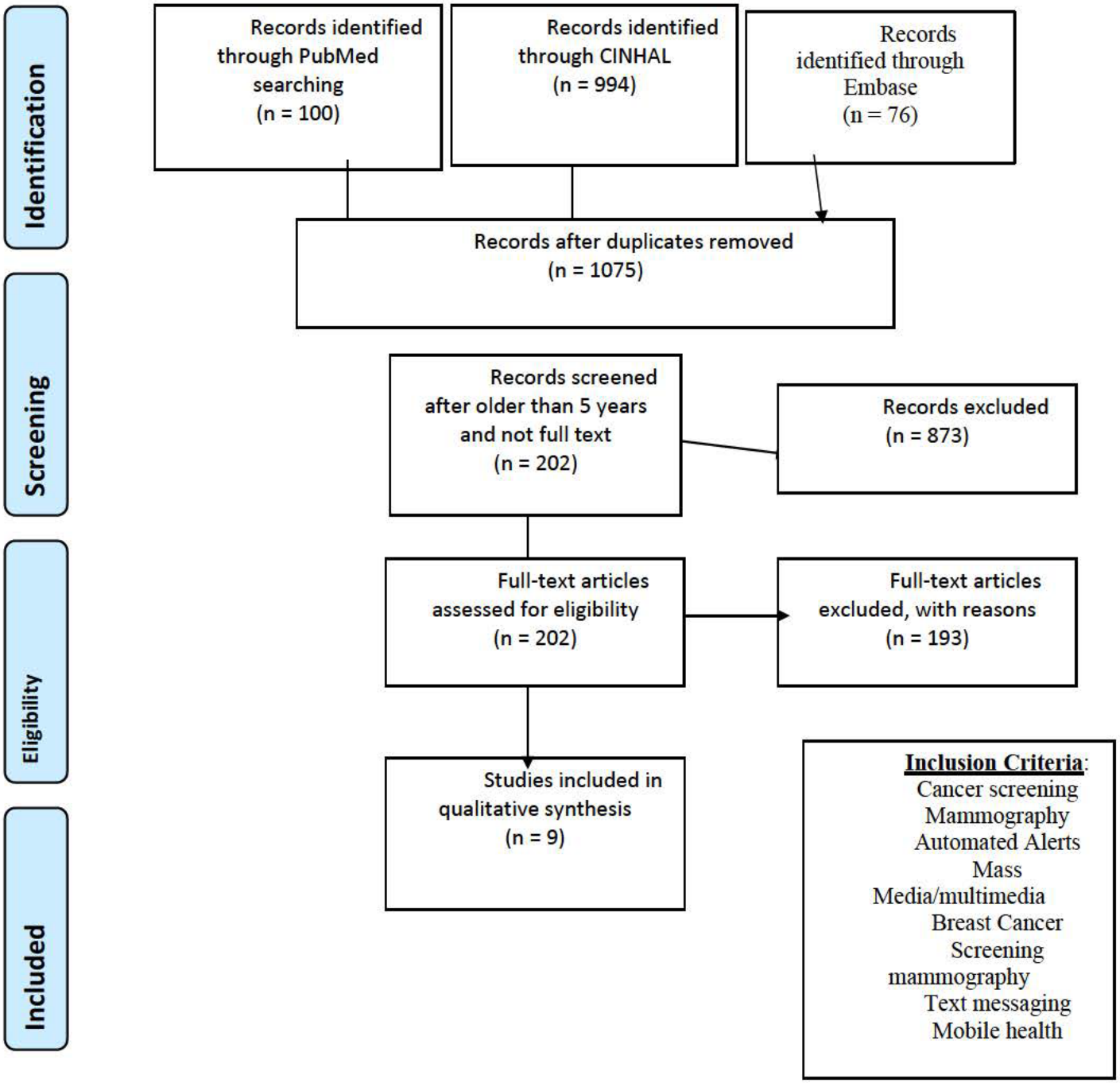
Appendix A

PRISMA Flow Diagram



Appendix B

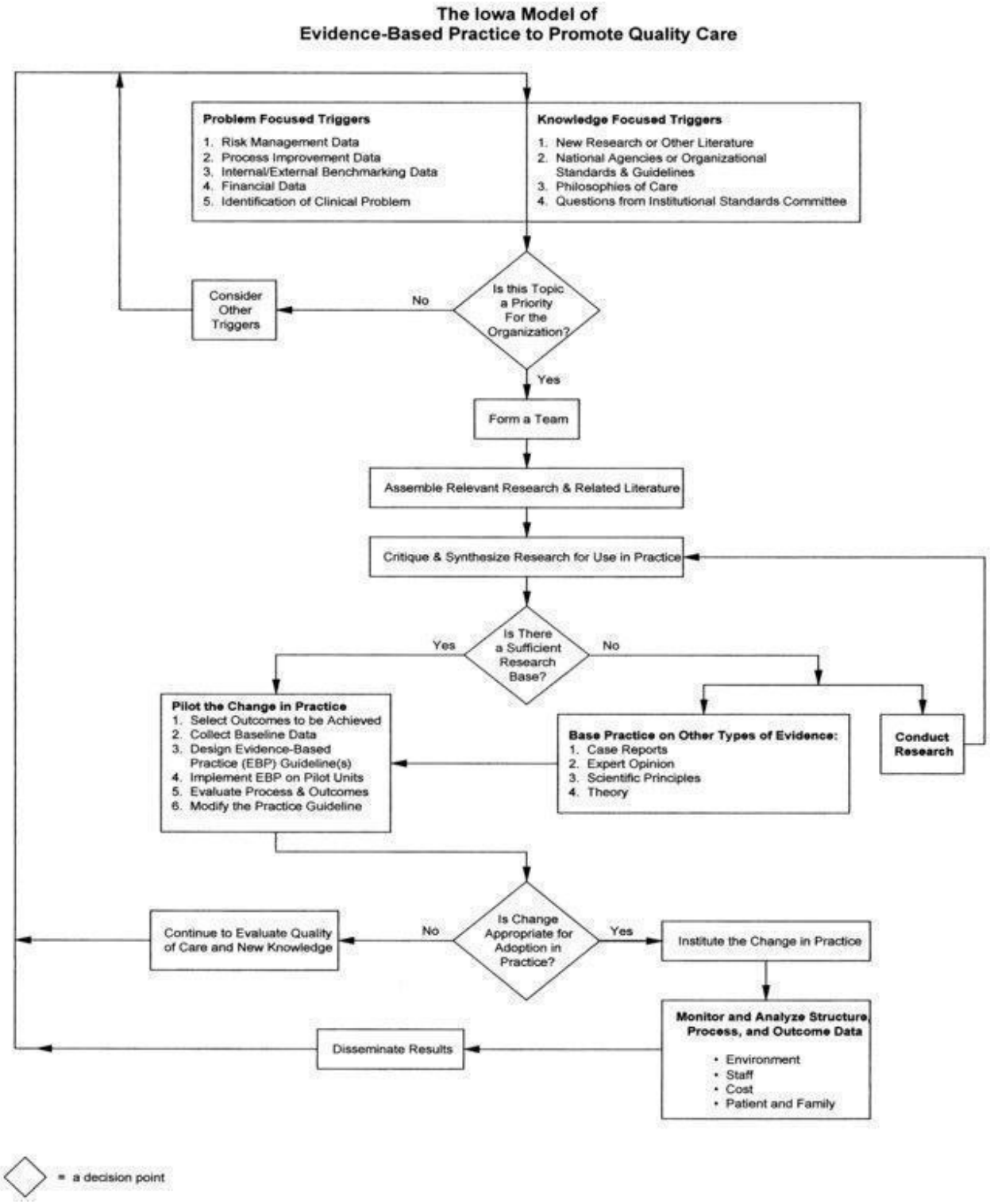
Evidence Table

Author(s), Year	Study Purpose/Aims	Research Questions/Hypotheses	Study Design	Total Sample Size	Sampling Plan	Independent Variables	Dependent Variables	Statistical Analyses	Results	Strengths	Weaknesses
Perri-Moore et al. (2015)	Literature review of automated alerts and reminders directed to patients, the technology used, and their efficacy	1. This review of the literature examined the use of automated alerts and reminders targeted to patients and provides an overview of how these interventions have been used and discusses possible outcomes. 2. This review discussed the use of healthcare IT. Does healthcare IT directly benefit patients?	Electronic literature review of PUBMED Level V	n=51 publications	Electronic literature search of PUBMED no date applied inclusion and exclusion were met	1.Patient alerts and reminders 2. Review of healthcare technology	1. Effects of alerts and reminders on the patients. 2. Feasibility of healthcare technology.	A meta-analysis was conducted for the randomized controlled studies (RTC). Out of the 51 studies, 23 studies were RTCs. Three out of the 23 RTC studies were included in the meta-analysis. Twenty of the RTC studies were omitted from the meta-analysis because they did not provide sufficient statistics to allow calculation of information about relative probability of the event	The pooled odds ratio indicate that with 95% confidence the odds in favor of attendance or screening were between 1.02 and 1.64 times greater in subjects who receive reminders and was statistically significant ($P < 0.05$).	The two raters who evaluated the inclusion/exclusion criteria of each article used a kappa reliability coefficient to determine inter-rater reliability. The inter-rater reliability for whether an article did or did not meet the inclusion criteria was acceptably high between the two raters for both tests [kappa = 0.64, 95% CI (0.46, 0.82); prevalence-adjusted bias-adjusted kappa (PABAK) = 0.81, 95% CI (0.71, 0.91)]. They used the kappa reliability to rule out inter-rater bias.	The study limited the inclusion criteria to only automated technology, this eliminated any studies that used nurse, research assistant, or other clinician manual notifications. Which limited or only provided a partial picture.
Kerrison (2015)	Test whether text-message reminders were effective	The primary aim was to establish whether text-message reminders improved uptake and reduced missed appointments for the prevalent breast screening.	Two-armed single-blind randomised controlled trial Level I	n=2240	Convenience sample of all women between 47-53 y/o who were due their first routine breast screen	1. Normal invitation for initial screening. 2. Normal invitation for initial screening plus an reminder text message 48 hours prior to screening.	Attendance of breast cancer screening	The data was analyzed using the statistical analysis software package: 'IBM SPSS Statistics 22'. Differences in attendance rates between the control and intervention arms and other binary or ordinal data were examined using the w2 test; odds ratios (ORs) and 95% confidence intervals (CIs) were also calculated (Witte and Witte, 2013), with attendance at breast screening as the outcome variable and assigned study group as the exposure	Attendance at first appointment offered was significantly higher among women assigned to the text-message reminder arm of the study than the no-reminder arm 64.35% vs 59.12%; OR 1.26, 95% CI=1.05–1.48, P=0.01; attendance remained significantly higher at follow-up, 60 days after the initial appointment was offered 67.65% vs 62.88%; OR1.23, 95% CI=1.04–1.47, P=-0.02. The number of women cancelling an appointment was also significantly higher in the text-message reminder arm of the trial than the no-reminder arm (5.44% vs 2.77%; OR 2.02, 95% CI=1.30–3.13, P<0.01.	This was a RCT that included a large sample size	Lack of diverse subgroups. As well as, the patients were informed they would be participating in a experimental trial may have swayed their attendance.
Vidal (2014)	To analyze the effect of a cell text message reminder service on participation in a mammogram screening program in Catalonia, Spain.	The study assessed the usefulness of sending an SMS text as an appointment reminder for the breast cancer screening program	quasi-experimental design Level II	n= 12,786	Convenience sample of all women with a scheduled appointment were selected between June 13, 2011, and July 12, 2011.	Regular procedures of the organized cancer screening programs, all women were invited by ordinary postal letter. Women with a cell phone number previously registered in the population-based database from the National Health Service, also received an SMS reminder 3 days before the scheduled appointment (n=3,719; 29.1 %) Women whose cell phone numbers were not available became the	Cancer screening attendance	Logistic regression models were used to analyze whether the SMS reminder was associated with participation in the screening program. Age adjusted odds ratios (OR) and 95 % confidence intervals (CI) were estimated	A total of 74.9 % of the women who received the SMS reminder and 65.0 % of the women who only received the invitation letter attended their appointments (OR=1.63, 95 %CI: 1.49–1.78).	Study had a large sample size	One limitation of the study is stated that those that only received the letter in the mail may not have received the letter do to issues with their postal delivery in rural areas.
Davis (2015)	To address and reduce breast cancer disparities among Hispanic women by providing breast cancer and healthy lifestyles awareness and education, and promoting breast cancer screenings, reminders, and referrals	None clearly stated-Culturally sensitive interventions are more effective in improving screening rates among Hispanic women	Case Report Level V	n=1306	convenience	1. client reminders (phone, email, text, postcard), 2. small media (online videos, TV commercials in Spanish), 3. education materials in multiple languages, 4. one-on-one and group education	behavior intention (intent to have mammogram), knowledge improvement (based on post-tests)	wilcoxon signed rank	83% of women strongly agreed they plan on getting a screening in the next 6 months based on what they learned in the program. 90% strongly agreed they learned something new concerning screenings during the program	Multiple interventions and points of contact with participants. Large sample group. Culturally considered interventions	No control group comparison or data. Limited funding to expansion of program, limited ability to implement with time and financial considerations.

Uy et al. (2017)	To assess the effect of text messaging interventions on increasing patient adherence to screening recommendations for breast, cervical, colorectal, and lung cancers	Text messaging interventions will increase patient adherence to screening recommendations	Systematic Review/RCT Level I	n= 9 studies	PRISMA	text messaging	adherence rates to screening recommendations	Chi square test	Five studies on breast cancer screening, one on cervical cancer, and three on colorectal cancer. Text messages showed increase in absolute screening of breast/cervical cancer from 4.5-15%. increase in colorectal screening from 0.6-3.3%.	Large total sample size with statistical findings. CLearly identifies intervention from multiple studies (one text versus multiple and when). Showed moderate increases in screening rates due to SMS	No data regarding lung cancer screening. Paucity of data, some articles may not have been identified.
Escriba-Aguir (2016)	To identify, characterize and analyze the effectiveness of patient-targeted healthcare interventions to promote cancer screening programmes in ethnic minorities.	Do ethnically centered interventions (church groups, messaging, media) increase cancer screening rates?	Systematic review/RCT Level I	n= 17 articles	PRISMA. A specific search strategy was developed for Medline through Ovid (combining MeSH terms and keywords) and then adapted and implemented in CINAHL and Embase	Various interventions including: primary care education, church/community groups, and phone communication	Cancer screening rates	The methodological quality of the studies was assessed using the Quality Assessment Tool for Quantitative Studies. qualitative analysis by two reviewers with a third to settle disputes	17 articles with 17 interventions were reviewed. 14 RCTs, 3 quasi-experimental. 6 on colorectal CA, 6 on cervical CA, 4 on breast CA, 3 on breast/cervical CA. 3 from breast CA used small media interventions. Overall interventions were effective. Effectiveness of the interventions appears to be associated with the use of small media, one-on-one interactions, and small group education sessions Patient reminders reinforce the interventions.	Strong systematic review with 17 articles. Reinforced interventions as beneficial for cancer screening rates. Included studies with small media interventions	All articles addressed a one-time screening, NOT adherence over time. All articles focused on minority populations. Possible publication bias affecting articles used in review
Davis et al (2015)	Evaluate effectiveness and cost effectiveness of 3 interventions for improving biennial mammography screening	Does (1) enhanced care: usual clinic protocol (2) education intervention (3) nurse support with education & phone support provide cost effective and increase in mammography compliance?	3 Arm Quasi-experimental design Level II	n=624	convenience	(1) enhanced care: in person referral, usual clinic protocol (2) enhanced care w/education (3) nurse support & follow up	mammogram rates and cost effectiveness	multivariate analyses	Nurse support had the most mammogram rates P< 0.0001 but not cost effective $1232 vs $1091	No cost mammography. Ongoing support, telephone outreach, and mammo scheduling by a dedicated RN was the best intervention. Ages 40 & over.	Multiple phone calls to patients & time consuming. Lack of generalizability with 1 race & 1 state. Motivational interviewing was not noted or assessed.
Geol & O'Conor (2015)	Utilize 5 min video screening on mammo referrals & screening completion	Test effect of brief pre-visit video using social cognitive theory on referral and completion of screening mammo	quasi-experimental design Level II	n=97	convenience	5 minute video intervention and also in spanish	mammogram referral and completion rates	chi square stats and t-tests. Wilcoxon rank sum tests. multivariate analyses; stratified unadjusted analyses	Brief video P<0.01 mammo referral & P<0.02 completed mammograms. Women with follow up appts > annual well appts more likely to get a mammo referral.	Providers blinded by the intervention. Patient-centered intervention that increased referrals and completion. Low cost & replicable.	Small sample size, lack generalizability, limited age variability (only in 50s).
Phillips et al (2015)	Low cost intervention comparing effectiveness of personalized letters, automated phone calls, and both on breast cancer screening rates	Combined intervention of low-cost automated telephone and mail interventions is more effective in cancer screening rates in primary care than either alone.	Pragmatic RCT Level III	n=685	randomized	Automatic phone call reminder, letter only, OR both	mammography rates	Pearson x2 test	Combined intervention P<.05 vs either of single intervention groups (letter or call)	Generalizability of pragmatic RCT for overdue patients in FHC setting.	Incentive by civilian clinics to increase rates there is a cost of $1.50-2/patient for these interventions.

Appendix C

Iowa Model



(Titler et al., 2001)

Appendix D

Iowa Model Implementation

Problem Focused & Organizational Priority	Form a Team & Δ Sufficient Research Base	Pilot Change in Practice Δ Adopt Change in Practice	Institute Change & Results
• GBC low HEDIS metrics of mammography screening rates • Unclear mammography screening appointment process • No current standardized process for notifying patients due for mammography screening • Breast cancer treatments drives up MHS cost • MTF, PHWG, & Commander priority for population health process improvement	• JBSA Phase II students & Phase II Site Director • Literature supports small mass media platforms, social media post, automated reminders, phone calls, and printed handouts for patient screening reminders	• Outcome to increase HEDIS metrics more than or equal to 80% and/or increase mammography screening rates • Baseline data collection for patients overdue for mammography screening • EBP guidelines: text, media post, flyers, & staff education • EBP modification feasible to JBSA GBC: flyers & staff education due to technological limitations • eIRB proposal completed • Evaluation & outcomes: staff consider utilization of flyer intervention and self-referral process	• Environment capable of placing flyers for patients scheduled for face-to-face visits • Shared low-cost flyers with GBC staff and amendable to utilize for future reference to notify patients of mammography self-referral process • Disseminate results to GBC staff & stakeholders. Future direction & potential capabilities of mammography text reminders and Facebook posts.

Δ Decision Point

(Titler et al., 2001)

Appendix E

Timeline

TASK	2019											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
SIP Development & Collaboration with Site Director										x		
USUHS VPR Submission and Approval										x		
Literature Review to Evaluate interventions to increasing mammography										x		
Synthesize EBP Data Pertaining to JBSA										x		
Literature Review to Evaluate Interventions										x		
Identify Existing Notifications for Mammography											x	
Generate EBP Mammography Intervention											x	
Generate Intervention Information											x	
Add to Team of Stakeholders and Champions											x	x
Submit IRB Proposal												x
Plan for Contingencies to Possible Barriers												
Leadership Stakeholders oral presentation (PPT)												
Achieve IRB Approval												
Pilot Phase												
Implement Interventions												
Collect Post Intervention Data												
Audit Interventions												
Develop Sustainment Plan												
Prepare Publication Ready Document												

TASK	2020											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
SIP Development & Collaboration with Site Director												
USUHS VPR Submission and Approval												
Literature Review to Evaluate interventions to increasing mammography												
Synthesize EBP Data Pertaining to JBSA												
Literature Review to Evaluate Interventions												
Identify Existing Notifications for Mammography												
Generate EBP Mammography Intervention												
Generate Intervention Information												
Add to Team of Stakeholders and Champions												
Submit IRB Proposal												
Plan for Contingencies to Possible Barriers	x											
Leadership Stakeholders oral presentation (PPT)					x							
Achieve IRB Approval					x							
Pilot Phase						x	x					
Implement Interventions								x	x	x	x	x
Collect Post Intervention Data												
Audit Interventions												
Develop Sustainment Plan												
Prepare Publication Ready Document												

TASK	2021											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
SIP Development & Collaboration with Site Director												
USUHS VPR Submission and Approval												
Literature Review to Evaluate interventions to increasing mammography												
Synthesize EBP Data Pertaining to JBSA												
Literature Review to Evaluate Interventions												
Identify Existing Notifications for Mammography												
Generate EBP Mammography Intervention												
Generate Intervention Information												
Add to Team of Stakeholders and Champions												
Submit IRB Proposal												
Plan for Contingencies to Possible Barriers												
Leadership Stakeholders oral presentation (PPT)												
Achieve IRB Approval												
Pilot Phase												
Implement Interventions	x											
Collect Post Intervention Data		x	x									
Audit Interventions		x	x									
Develop Sustainment Plan		x	x	x								
Prepare Publication Ready Document			x	x	x							

Appendix F

Committee Membership Agreement Form

DOCTOR OF NURSING PRACTICE PROJECT
DNP Project Clinical Question and Team Mentor (Committee Membership) AgreementForm

Graduation Year: 2021

Name(s) of DNP Project Student Team:

1.	Canete, Genevive	Phase II Site:	AGCNS ☐ FNP x PMHNP ☐ RNA ☐ WHNP ☐
2.	Crowell, Katrina	Phase II Site:	AGCNS ☐ FNP x PMHNP ☐ RNA ☐ WHNP ☐
3.	Gadson, Valeria	Phase II Site:	AGCNS ☐ FNP PMHNP ☐ RNA ☐ WHNP X
4.	Hopkins, Suzanna	Phase II Site:	AGCNS ☐ FNP x PMHNP ☐ RNA ☐ WHNP ☐

The tentative title of the DNP Project Proposal for this student group is:
Increasing HEDIS measures for mammography compliance in the family health clinic at JointBase San Antonio

Committee Approved DNP Project Clinical Question:
In women ages 40 to 74 that are empaneled in JBSA family health clinic (P) does multicomponent interventions using small mass media (Facebook and MTF or base homepage)and patient reminders (text messages or phone calls) (I) versus no intervention (C) show an increase in mammography compliance (O)?

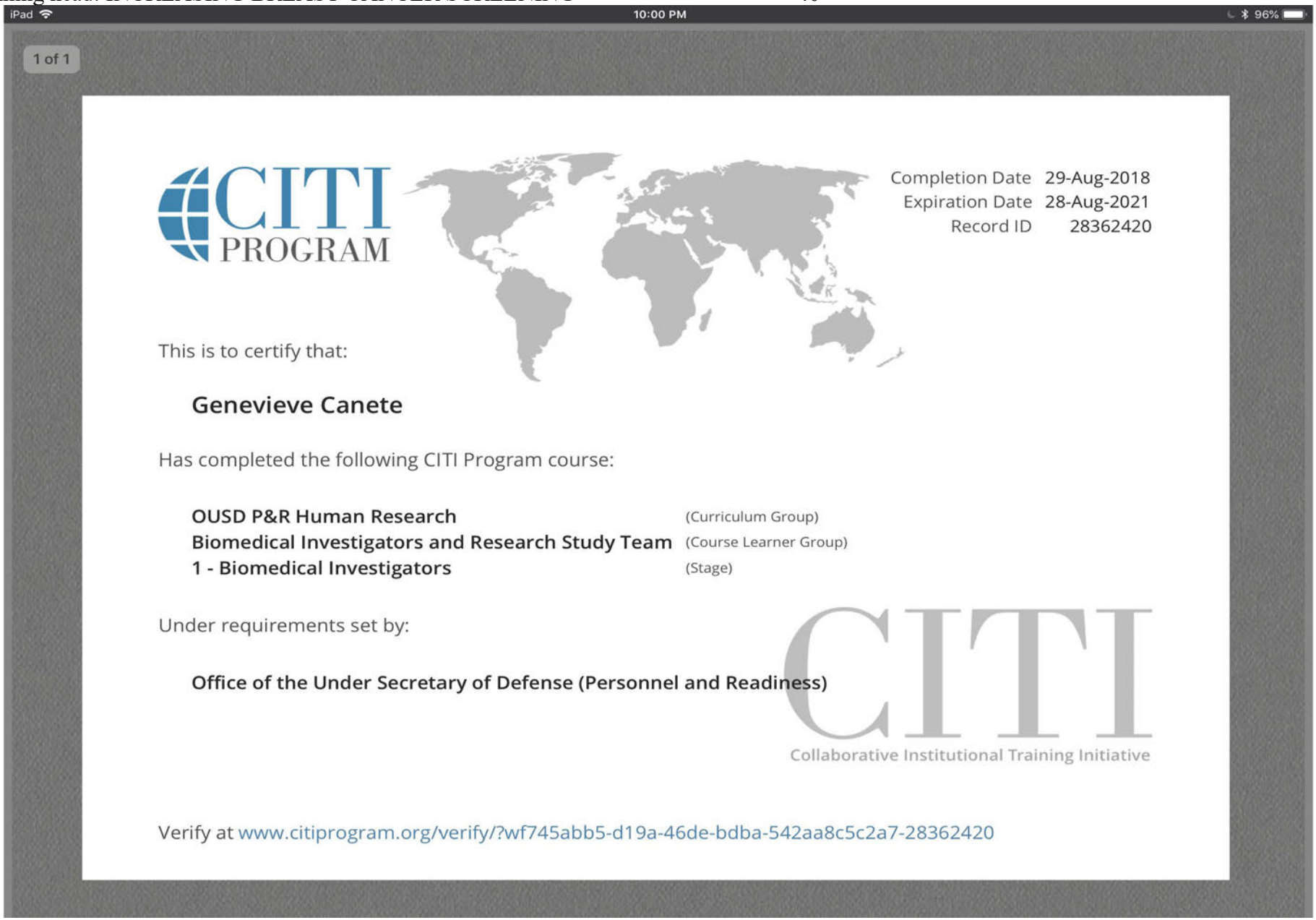
Names of DNP Project Team Mentors

I agree to serve as a member of the DNP Project Team (Team Mentors) for the above DNP Student Project Team. As a Project Team Mentor, I agree to the duties and responsibilities outlined within the DNP Project Manual which include but are not limited to the provision of consultation and guidance supporting the entire DNP project journey and to ensure the DNP project is of sufficient rigor and demonstrates doctoral level scholarship to meet the requirementsfor USUHS GSN graduation.

NOTE: You may have 3-4 DNP Team Mentors [committee members including your DNP Senior Mentor (Chair)]. The Phase II Site Director may also be a member of the group, as well as otherUSUHS faculty or others who may serve as content experts. All non-USUHS faculty selected as aTeam Mentor must be approved by the DNP Project Director.

Senior Mentor (Chair): Maj Reeder Signature: [redacted] Date: 1 APRIL 2020

Team Mentor (Committee): Lt Col Dennard Signature: Date:



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1 of 1

CITI PROGRAM

Completion Date 29-Aug-2018
Expiration Date 28-Aug-2021
Record ID 28362420

This is to certify that:

Genevieve Canete

Has completed the following CITI Program course:

OUSD P&R Human Research (Curriculum Group)
Biomedical Investigators and Research Study Team (Course Learner Group)
1 - Biomedical Investigators (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wf745abb5-d19a-46de-bdba-542aa8c5c2a7-28362420


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1 of 1
CITI PROGRAM
Completion Date 29-Aug-2018
Expiration Date 28-Aug-2021
Record ID 28362421
This is to certify that:
Genevieve Canete
Has completed the following CITI Program course:
Good Clinical Practice (U.S. FDA Focus)
(Curriculum Group)
GCP for Clinical Trials with Investigational Drugs and Medical Devices (U.S. FDA Focus)
(Course Learner Group)
1 - GCP
(Stage)
Under requirements set by:
Office of the Under Secretary of Defense (Personnel and Readiness)
CITI
Collaborative Institutional Training Initiative
Verify at www.citiprogram.org/verify/?wb1c690dd-fc34-4db1-b205-94ca89de75f8-28362421

CITI PROGRAM

Completion Date 27-Aug-2018
Expiration Date 26-Aug-2021
Record ID 28326628

This is to certify that:

Katrina Crowell

Has completed the following CITI Program course:

OUSD P&R Human Research (Curriculum Group)
Biomedical Investigators and Research Study Team (Course Learner Group)
1 - Biomedical Investigators (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w34f127d6-17fa-47fb-8b83-5f22888053c2-28326628

CITI PROGRAM

Completion Date 27-Aug-2018
Expiration Date 26-Aug-2021
Record ID 28326629

This is to certify that:

Katrina Crowell

Has completed the following CITI Program course:

Good Clinical Practice (U.S. FDA Focus) (Curriculum Group)
GCP for Clinical Trials with Investigational Drugs and Medical Devices (U.S. FDA Focus) (Course Learner Group)
1 - GCP (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wdbe7c7ba-0d41-4b4a-bb4b-635f84027311-28326629

CITI PROGRAM

Completion Date 28-Aug-2018
Expiration Date 27-Aug-2021
Record ID 28326630

This is to certify that:

Katrina Crowell

Has completed the following CITI Program course:

Responsible Conduct of Research (RCR) (Curriculum Group)
Responsible Conduct of Research (RCR) (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w1186f8f5-7dc5-4db7-9b7c-838741b0f213-28326630

CITI PROGRAM

Completion Date 28-Aug-2018
Expiration Date 27-Aug-2021
Record ID 28352715

This is to certify that:

valeria GADSON

Has completed the following CITI Program course:

OUSD P&R Human Research (Curriculum Group)
Biomedical Investigators and Research Study Team (Course Learner Group)
1 - Biomedical Investigators (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wbd86aae2-e6d7-4778-9179-2405178174cf-28352715

CITI PROGRAM

Completion Date 29-Aug-2018
Expiration Date 28-Aug-2021
Record ID 28352716

This is to certify that:

valeria GADSON

Has completed the following CITI Program course:

Good Clinical Practice (U.S. FDA Focus) (Curriculum Group)
GCP for Clinical Trials with Investigational Drugs and Medical Devices (U.S. FDA Focus) (Course Learner Group)
1 - GCP (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w0b99d324-0c60-43f4-9bb3-3df631d8d989-28352716

CITI PROGRAM

Completion Date 29-Aug-2018
Expiration Date 28-Aug-2021
Record ID 28352717

This is to certify that:

valeria GADSON

Has completed the following CITI Program course:

Responsible Conduct of Research (RCR) (Curriculum Group)
Responsible Conduct of Research (RCR) (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

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CITI PROGRAM

Completion Date 26-Aug-2018
Expiration Date 25-Aug-2021
Record ID 28316914

This is to certify that:

Suzanna Hopkins

Has completed the following CITI Program course:

OUSD P&R Human Research (Curriculum Group)
Biomedical Investigators and Research Study Team (Course Learner Group)
1 - Biomedical Investigators (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w221d2fc2-d8a7-467c-9326-57f4cdc91dbb-28316914

CITI PROGRAM

Completion Date 26-Aug-2018
Expiration Date 25-Aug-2021
Record ID 28316915

This is to certify that:

Suzanna Hopkins

Has completed the following CITI Program course:

Good Clinical Practice (U.S. FDA Focus) (Curriculum Group)
GCP for Clinical Trials with Investigational Drugs and Medical Devices (U.S. FDA Focus) (Course Learner Group)
1 - GCP (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w2ebc6792-f637-46c7-9269-d8062a3a5205-28316915

CITI PROGRAM

Completion Date 26-Aug-2018
Expiration Date 25-Aug-2021
Record ID 28316916

This is to certify that:

Suzanna Hopkins

Has completed the following CITI Program course:

Responsible Conduct of Research (RCR) (Curriculum Group)
Responsible Conduct of Research (RCR) (Course Learner Group)
1 - Basic Course (Stage)

Under requirements set by:

Office of the Under Secretary of Defense (Personnel and Readiness)

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w60597b53-0548-4f33-bc38-1184206eb3b8-28316916

USU
Uniformed Services University

OFFICE OF RESEARCH
4301 JONES BRIDGE ROAD
BETHESDA, MAYLAND 20814
PHONE: (301) 295-3303; FAX (301) 295-6771

NOTICE OF PROJECT APPROVAL

Change Number: Original

VPR Site Number:	GSN-61-11771
Principal Investigator:	Hopkins, Suzzane
Department:	Graduate School of Nursing
Project Type:	Student
Project Title:	Increasing Breast Cancer Screening in the family Health Clinic (FHC) at Jont Base
Project Period:	3/1/2021 to 3/1/2022

Assurance and Progress Report Information:

Name	Sup	Approval Type	Status	Approved On	Forms Received
Progress Report	0			To be Submitted	N/A

Remarks:
This Notice Of Project Approval has been reviewed and approved. Please remember that you must submit a final Progress Report (Form 3210) upon completion of this project.

Questions regarding this approval should be directed to the following person in the Office of Research:
Sharon McIver, (301) 295-9814.

[redacted]

Mark G. Kortepeter, MD, MPH Date
FACP, FIDSA, FASTMH
COL (R) MC US Army
Vice President for Research
Uniformed Services University of the Health Sciences

cc: File
Laura Taylor

USU
Uniformed Services University

OFFICE OF RESEARCH
4301 JONES BRIDGE ROAD
BETHESDA, MAYLAND 20814
PHONE: (301) 295-3303; FAX (301) 295-6771

NOTICE OF PROJECT APPROVAL

Change Number: Original

USU Project Number:	GSN-61-11771
Principal Investigator:	Hopkins, Suzzane
Department:	Graduate School of Nursing
Project Type:	Student
Project Title:	Increasing Breast Cancer Screening in the family Health Clinic (FHC) at Jont Base
Project Period:	3/1/2021 to 3/1/2022

Type of Action:

Project Approval

Approvals

Specialist Review: _____ **Director Review:** _____

Notes

DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO - LACKLAND
TEXAS

August 25, 2020

FINAL DETERMINATION – NOT RESEARCH

Determination Date: 24 August 2020

Project Lead: Capt Genevieve Canete/USAF - 59th Medical Wing (59 MDW)

Reference Number: FWH20200183N

Project Title: Multicomponent Interventions and Effects of Mammography Adherence

You may begin your project, as you would any other clinical or operational activity, with the approval and sponsorship of your leadership.

Your activity was determined on 24 Aug 20 to be considered **not research** as defined by DoD regulation **32 CFR 219 and FDA regulation 21 CFR 56**. Continued IRB oversight for this activity is not required. The proposed activity is not funded by DHHS/DoD as research; is not a systematic investigation to test a hypothesis and permit conclusions to be drawn; is not designed to develop or contribute to generalizable knowledge; and the purpose is not to investigate the safety or effectiveness of a drug, medical device or biologic.

Since the IRB does not have regulatory oversight for your study, it is the investigator's responsibility to validate the study's scientific merit and research design and to ensure the conduct of the study is upheld by the highest ethical standards, as required by the Wing. Should you require assistance in reviewing the scientific merit and research design of your study, please contact the Protocol Office. Protection of subjects' rights safety and welfare and responsibility for protecting PHI/PII and research data now fall on the investigator and their commander.

In accord with DoDI 6000.08 any intramural funding of this study as research or as a clinical investigation may continue to be received or sought regardless of this IRB determination.

Your study has received a one-time research determination. If the goals and/or activities of the project change during the course of the project, or if new activities are proposed that would constitute human subjects research, re-contact the Protocol Office, so that a regulatory expert may determine whether or not the revised plan involves human subject research activities.

[redacted]

Earl Grant, Jr., PhD
Designated Exempt Reviewer

MAMMOGRAMS AVAILABLE AT JBSA

Call to Schedule Yours at One of Three Locations

Mammograms for the Joint Base San Antonio area are available at BAMC Radiology, Wilford Hall, and Randolph Radiology. You do not need to see your provider first UNLESS you have breast symptoms or concerns. You do not need a referral to schedule, but you need to have seen your provider (for any reason) within the past 1-2 years. Mammograms should start at age 40 and occur once every year

1 in 8 Women will have Breast Cancer in their Lifetime

Breast Cancer is the Most Common Type of Cancer in Women

Warning signs: Breast Pain, Skin Dimpling, Swelling, Reddened Nipple/Breast, Nipple Discharge

Mammogram Every Year Starting at Age 40

CALL To Schedule, No Referral Needed!

BAMC RADIOLOGY
(210) 916-4229
WILFORD HALL
(210) 292-6718
RANDOLPH MEDICAL CENTER
(210) 652-3811

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS
USE ONLY THE MOST CURRENT 59 MDW FORM 3039 AND
FOLLOW 59 MDWI 41-108 [http://static.e-publishing.af.mil/production/1/59mdw/publication/59mdwi41-108/59mdwi41-108.pdf]
BOTH ON AF E-PUBLISHING

1. The author must complete page two of this form. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.] **Note:** There may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, concerning any needed funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing to: usaf.jbsa.59-mdw.mbx.wing-crd-publications-and-presentations@mail.mil. **This should be accomplished no later than 30 days before final clearance is required to publish/present your materials.** If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance. **Note:** Sending any material outside government control/oversight to meet a publication/presentation deadline, without PA clearing the material first, is considered releasing it to the public, which is in direct violation of applicable DoD and AF regulations/instructions.

8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. **Note:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, *Presentation and Publication of Medical and Technical Papers*, for additional information.

11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

    For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

    If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

    If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

    If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

    If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

    If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP :
"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER:
	Crowell, Katrina, Major, 0-4, SGVT	☒ YES ☐ NO	

5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Evidence-Based Practice Project

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Increasing Breast Cancer Screening in the Family Health Clinic at Joint Base San Antonio

7. FUNDING RECEIVED FOR THIS STUDY? ☐ YES ☒ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?

☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE

CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☐ 11b. PUBLISHED ABSTRACT (List intended journal.)

☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

☐ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)

☒ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

USUHS Archive

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?

☐ YES ☒ NO ASSIGNED FILE # DATE

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentetions are required to be placed in the Defense Technical Information Center (DTIC).

DATE
March 15, 2021

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
Crowell, Katrina S. katrina.crowell@usuhs.edu	[redacted]

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author			
Crowell, Katrina, S.	O-4/Major	59 TRS	Uniformed Services Universi
b. Gadson, Valeria, Y.	O-4/Major	59 TRS	Uniformed Services Universi
c. Canete, Genevieve, R.	O-3/Capt	59 TRS	Uniformed Services Universi
d. Thomsen, Suzanna E.	O-3/Capt	59 TRS	Uniformed Services Universi
e.			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? ☐ YES ☒ NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE	19. AUTHOR'S SIGNATURE	20. DATE
Katrina S. Crowell, Major, O-4	[redacted]	February 19, 2021

21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE	22. APPROVING AUTHORITY'S SIGNATURE	23. DATE
Micheal P. Allen, Major, O-4, Phase II Site Director	[redacted]	26 Feb 2021

59 MDW FORM 3039 10 JULY 2018 PREVIOUS EDITIONS ARE OBSOLETE Page 2 of 3 Pages
Prescribed by 59 MDWI 41-108

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED March 17, 2021	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 21139

26. DATE REVIEWED	27. DATE FORWARDED TO 502 ISG/JAC
March 18, 2021	

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☒ NO ☐ YES If yes, give date. ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Paul T. Barnicott, GS-15, Dep Dir, 59 MDW/STC	[redacted]	March 18, 2021

2nd ENDORSEMENT (502 ISG/JAC Use Only)

33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

39. DATE RECEIVED	40. DATE FORWARDED TO 59 MDW/SGVU
18 March 2021	18 March 2021

41. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

The archive is cleared for release.

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE
Amanda Stanford, SSgt, Public Affairs	[redacted]	18 March 2021

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☐ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS
USE ONLY THE MOST CURRENT 59 MDW FORM 3039 AND
FOLLOW 59 MDWI 41-108 [http://static.e-publishing.af.mil/production/1/59mdw/publication/59mdwi41-108/59mdwi41-108.pdf]
BOTH ON AF E-PUBLISHING

1. The author must complete page two of this form. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.] **Note:** There may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, concerning any needed funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing to: usaf.jbsa.59-mdw.mbx.wing-crd-publications-and-presentations@mail.mil. **This should be accomplished no later than 30 days before final clearance is required to publish/present your materials.** If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance. **Note:** Sending any material outside government control/oversight to meet a publication/presentation deadline, without PA clearing the material first, is considered releasing it to the public, which is in direct violation of applicable DoD and AF regulations/instructions.

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10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, *Presentation and Publication of Medical and Technical Papers*, for additional information.

11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

    For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

    If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

    If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

    If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

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    If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP :
"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER:
	Crowell, Katrina, Major, 0-4, SGVT	☒ YES ☐ NO	

5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Evidence-Based Practice Project

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

Increasing Breast Cancer Screening in the Family Health Clinic at Joint Base San Antonio

7. FUNDING RECEIVED FOR THIS STUDY? ☐ YES ☒ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?

☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE

CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☐ 11b. PUBLISHED ABSTRACT (List intended journal.)

☒ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)
USUHS Research Week Presentation. NSA Bethesda. MD. 4 May 21

☐ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)

☐ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?

☐ YES ☒ NO ASSIGNED FILE # DATE

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentetions are required to be placed in the Defense Technical Information Center (DTIC).

DATE
March 15, 2021

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
Crowell, Katrina S. katrina.crowell@usuhs.edu	[redacted]

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author Crowell, Katrina, S.	O-4/Major	59 TRS	Uniformed Services University
b. Gadson, Valeria, Y.	O-4/Major	59 TRS	Uniformed Services University
c. Canete, Genevieve, R.	O-3/Capt	59 TRS	Uniformed Services University
d. Thomsen, Suzanna E.	O-3/Capt	59 TRS	Uniformed Services University
e.			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? ☐ YES ☒ NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE	19. AUTHOR'S SIGNATURE	20. DATE
Katrina S. Crowell, Major, O-4	[redacted]	February 19, 2021
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE		23. DATE
Micheal P. Allen, Major, O-4, Phase II Site Director		26 Feb 2021

59 MDW FORM 3039 10 JULY 2018 PREVIOUS EDITIONS ARE OBSOLETE Page 2 of 3 Pages
Prescribed by 59 MDWI 41-108

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED March 17, 2021	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 21141

26. DATE REVIEWED	27. DATE FORWARDED TO 502 ISG/JAC
March 17, 2021	

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☒ NO ☐ YES If yes, give date. ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Paul T. Barnicott, GS-15, Dep Dir, 59 MDW/STC	[redacted]	March 17, 2021

2nd ENDORSEMENT (502 ISG/JAC Use Only)

33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

39. DATE RECEIVED	40. DATE FORWARDED TO 59 MDW/SGVU
17 March 2021	18 March 2021

41. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

The poster is cleared for release.

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE
Amanda Stanford, SSgt, Public Affairs	[redacted]	18 March 2021

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☐ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS
USE ONLY THE MOST CURRENT 59 MDW FORM 3039 AND
FOLLOW 59 MDWI 41-108 [http://static.e-publishing.af.mil/production/1/59mdw/publication/59mdwi41-108/59mdwi41-108.pdf]
BOTH ON AF E-PUBLISHING

1. The author must complete page two of this form. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.] **Note:** There may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, concerning any needed funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing to: usaf.jbsa.59-mdw.mbx.wing-crd-publications-and-presentations@mail.mil. **This should be accomplished no later than 30 days before final clearance is required to publish/present your materials.** If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance. **Note:** Sending any material outside government control/oversight to meet a publication/presentation deadline, without PA clearing the material first, is considered releasing it to the public, which is in direct violation of applicable DoD and AF regulations/instructions.

8. The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.

9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. **Note:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.

10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, *Presentation and Publication of Medical and Technical Papers*, for additional information.

11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

    For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

    If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

    If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

    If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

    If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

    If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP :
"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol)	3. GME/GHSE STUDENT:	4. PROTOCOL NUMBER:
	Crowell, Katrina, Major, 0-4, SGVT	☒ YES ☐ NO	

5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)
Evidence-Based Practice Project

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:
Increasing Breast Cancer Screening in the Family Health Clinic at Joint Base San Antonio

7. FUNDING RECEIVED FOR THIS STUDY? ☐ YES ☒ NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?
☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE
CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☐ 11b. PUBLISHED ABSTRACT (List intended journal.)

☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

☒ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)
USUHS Graduate School of Nursing DNP Project Presentation NSA Bethesda. MD. 13 May 2121

☐ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?
☐ YES ☒ NO ASSIGNED FILE # DATE

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentetions are required to be placed in the Defense Technical Information Center (DTIC).

DATE	
March 15, 2021	

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
Crowell, Katrina S. katrina.crowell@usuhs.edu	[redacted]

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author Crowell, Katrina, S.	O-4/Major	59 TRS	Uniformed Services Universi
b. Gadson, Valeria, Y.	O-4/Major	59 TRS	Uniformed Services Universi
c. Canete, Genevieve, R.	O-3/Capt	59 TRS	Uniformed Services Universi
d. Thomsen, Suzanna E.	O-3/Capt	59 TRS	Uniformed Services Universi
e.			

17. IS A 502 ISG/JAC ETHICS REVIEW REQUIRED (JER DOD 5500.07-R)? ☐ YES ☒ NO

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

18. AUTHOR'S PRINTED NAME, RANK, GRADE	19. AUTHOR'S SIGNATURE	20. DATE
Katrina S. Crowell, Major, O-4	[redacted]	February 19, 2021
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE		23. DATE
Micheal P. Allen, Major, O-4, Phase II Site Director		26 Feb 2021

59 MDW FORM 3039 10 JULY 2018 PREVIOUS EDITIONS ARE OBSOLETE Page 2 of 3 Pages
Prescribed by 59 MDWI 41-108

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED March 17, 2021	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 21140

26. DATE REVIEWED	27. DATE FORWARDED TO 502 ISG/JAC
March 17, 2021	

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☒ NO ☐ YES If yes, give date. ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Paul T. Barnicott, GS-15, Dep Dir, 59 MDW/STC	[redacted]	March 17, 2021

2nd ENDORSEMENT (502 ISG/JAC Use Only)

33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

39. DATE RECEIVED	40. DATE FORWARDED TO 59 MDW/SGVU
17 March 2021	18 March 2021

41. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

The presentation is cleared for release.

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE
Amanda Stanford, SSgt, Public Affairs	[redacted]	18 March 2021

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☐ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS
USE ONLY THE MOST CURRENT 59 MDW FORM 3039 AND
FOLLOW 59 MDWI 41-108 [http://static.e-publishing.af.mil/production/1/59mdw/publication/59mdwi41-108/59mdwi41-108.pdf]
BOTH ON AF E-PUBLISHING

1. The author must complete page two of this form. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.] **Note:** There may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, concerning any needed funding support.

2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.

3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.

4. Attach a copy of your abstract, paper, poster and other supporting documentation.

5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.

6. On page 2, have either your unit commander, program director or immediate supervisor:
   a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.

7. Submit your completed form and all supporting documentation to the CRD for processing to: usaf.jbsa.59-mdw.mbx.wing-crd-publications-and-presentations@mail.mil. **This should be accomplished no later than 30 days before final clearance is required to publish/present your materials.** If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance. **Note:** Sending any material outside government control/oversight to meet a publication/presentation deadline, without PA clearing the material first, is considered releasing it to the public, which is in direct violation of applicable DoD and AF regulations/instructions.

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NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN 40-401_IP :
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	Crowell, Katrina, Major, 0-4, SGVT	☒ YES ☐ NO	

5. PROTOCOL TITLE: (**NOTE:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)

Evidence-Based Practice Project

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:

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8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: ☐ YES ☒ NO

9. IS THIS MATERIAL CLASSIFIED? ☐ YES ☒ NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.?

☐ YES ☒ NO **NOTE:** If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: ☒ DOMESTIC RELEASE ☐ FOREIGN RELEASE

CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

☐ 11a. PUBLICATION/JOURNAL (List intended publication/journal.)

☒ 11b. PUBLISHED ABSTRACT (List intended journal.)
USUHS Research Week Presentation. NSA Bethesda. MD. 13 May 21

☐ 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)

☐ 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)

☐ 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED?

☐ YES ☒ NO ASSIGNED FILE # DATE

13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentetions are required to be placed in the Defense Technical Information Center (DTIC).

DATE
March 15, 2021

14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)	15. DUTY PHONE/PAGER NUMBER
Crowell, Katrina S. katrina.crowell@usuhs.edu	[redacted]

16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author Crowell, Katrina, S.	O-4/Major	59 TRS	Uniformed Services Universi
b. Gadson, Valeria, Y.	O-4/Major	59 TRS	Uniformed Services Universi
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18. AUTHOR'S PRINTED NAME, RANK, GRADE	[redacted]	20. DATE
Katrina S. Crowell, Major, O-4		February 19, 2021
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE		23. DATE
Micheal P. Allen, Major, O-4, Phase II Site Director		26 Feb 2021

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED March 17, 2021	25. ASSIGNED PROCESSING REQUEST FILE NUMBER 21142

26. DATE REVIEWED	27. DATE FORWARDED TO 502 ISG/JAC
March 18, 2021	March 17, 2021

28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: ☐ NO ☒ YES If yes, give date. ☐ N/A

29. COMMENTS ☒ APPROVED ☐ DISAPPROVED

Returned to author for inclusion of DoD Disclaimer

30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	31. REVIEWER SIGNATURE	32. DATE
Paul T. Barnicott, GS-15, Dep Dir, 59 MDW/STC	[redacted]	March 18, 2021

2nd ENDORSEMENT (502 ISG/JAC Use Only)

33. DATE RECEIVED	34. DATE FORWARDED TO 59 MDW/PA

35. COMMENTS ☐ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE

3rd ENDORSEMENT (59 MDW/PA Use Only)

39. DATE RECEIVED	40. DATE FORWARDED TO 59 MDW/SGVU
16 March 2021	23 March 2021

41. COMMENTS ☒ APPROVED (In compliance with security and policy review directives.) ☐ DISAPPROVED

The abstract is cleared for release.

42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE
Amanda Stanford, SSgt, Public Affairs	[redacted]	23 March 2021

4th ENDORSEMENT (59 MDW/SGVU Use Only)

45. DATE RECEIVED	46. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL ☐ YES ☐ NO ☐ COULD NOT BE REACHED ☐ LEFT MESSAGE

47. COMMENTS ☐ APPROVED ☐ DISAPPROVED

48. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	49. REVIEWER SIGNATURE	50. DATE

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Prescribed by 59 MDWI 41-108

Appendix L

Completion Verification Form

Appendix G: Daniel K. Inouye Graduate School of Nursing
DNP Project Completion Verification Form

DOCTOR OF NURSING PRACTICE PROJECT
Completion Verification Form

The DNP Project titled:

Increasing Breast Cancer Screening at the Gateway Bulverde Clinic, Joint Base San Antonio (JBSA)

was completed at: Bulverde Clinic, Joint Base San Antonio, Texas

by the following student(s):

(type student name)	*(signature)*	*(date)*
Genevieve Canete	[redacted]	03/08/2021
Katrina Crowell		03/08/2021
Valeria Gadson		03/08/2021
Suzanna Thomsen		03/08/2021

The DNP Practice Project Team verifies that the following components of the DNP project, accomplished by the above students, is of sufficient rigor and demonstrates doctoral level scholarship to meet the requirements for USUHS GSN graduation:

- Presentation of DNP project to the leadership/stakeholders at the Phase II Site,
- Abstract/Impact Statement (*Appendix F*), and
- DNP Project written report.

Verified by:

	(type name)	*(signature)*	*(date)*
Senior Mentor:	Micheal Allen, Major	[redacted]	8 Mar 2021
Team Mentor:			
Team Mentor:			
Phase II Site Director:	Micheal Allen, Major	[redacted]	8 Mar 2021

For RNA Students only *- add the following additional signature for final verification of project completion:*

RNA Project Director *(type name)*	*(Signature)*	*(Date)*

Form Version: 26 Aug 2017/30 Mar2020