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PRINCIPAL INVESTIGATOR: Nasar U. Ahmed, Ph.D.

CONTRACTING ORGANIZATION: Meharry Medical College
Nashville, Tennessee 37208

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Nasar U. Ahmed, Ph.D.

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
Meharry Medical College
Nashville, Tennessee 37208

E-Mail: nahmed@mmc.edu

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Breast cancer is the second leading cause of cancer deaths in all women. Breast cancer mortality can be reduced by 50% by mammography screening. Unfortunately, mammography usage is still underutilized by all groups especially low income and minority women. With insurance, the most common objective barrier removed, still, a vast majority of eligible women are not receiving free mammograms. However, 30% of women with comparable backgrounds to the non-compliant group have indeed obtained regular mammograms.

Our purpose is to study these underserved compliant women who could provide clear insight regarding what triggered their behavior change, despite all barriers. *A novel approach* is to focus on what empowers these women to be successful. We believe that this research will *discover those key factors* of the success which should *be replicable* in their non-compliant counterparts.

Results from the focus group discussions captured themes that emerged into three distinct areas of public health care; first, issues related to health care delivery system; second, economic issues and the third, focuses on issues that can be addressed with personal empowerment. The first one (published), revealed the way care is delivered has a dramatic impact on the patient-provider interaction and the outcomes experienced by the patient. The health care system must reexamine its processes and procedures including the role of physicians, health care staff, their level of understanding the needs of patients, and health facility management.

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INTRODUCTION

Breast cancer is the second leading cause of cancer deaths in all women (1). One in every eight women in the United States will develop breast cancer (2). Breast cancer mortality can be reduced by up to 50% through regular screening and early detection by mammography (3). Unfortunately, despite numerous research and intervention efforts, mammography usage is still underutilized by all groups of eligible women (4). Low income, minority and elderly groups underutilized mammography most often. (5). Interventions to improve the rates of mammography have varying degrees of success. Many interventions are unsuccessful because they fail to address the real needs of target groups, especially underserved populations (6). Studies suggest that lack of insurance is the most common objective barrier to mammography screening behavior. Recently, changes in health care insurance options have effectively removed the objective barrier of lack of insurance. Still, a vast majority of women in the recommended age bracket are not seeking or obtaining free mammograms. However, many (30%) women with socio-cultural backgrounds and situations comparable to the non-compliant group have indeed obtained their mammograms. *The purpose* of this research is to study these underserved compliant women who could provide clear insight regarding what triggered their behavior change. Previously, numerous studies (6-9) explored and documented why target groups failed to perform healthy behaviors. Very little attention has been paid to how, despite all barriers, some women are still successful in getting a mammogram. *A novel approach* is to focus on what empowers these women to be successful. Our study would identify the specific driving forces that facilitate compliant women to seek breast cancer screening. We believe that this research will *discover the keys to success* in screening behavior among the underserved women. The *identified key factors* of these successful underserved women should *be replicable* in their non-compliant counterparts.

BODY OF THE REPORT

This section describes the project's statement of work progress. Table 1 summarizes the activities.

1. Months 13-17

1.1 Preparation of the article from focus group discussions

Twenty-five mammography compliant women took part in focus group discussions. The demographic characteristics of the focus group participants suggested that they represent the Low-income Underserved Women Population and the results compiled from the discussions reflect this population's view of important issues. Results from focus group discussions were summarized in several tables. The themes captured in the discussions emerged into three distinct areas of public health care. The first one focuses on issues related to health care delivery system; the second one deals with economic issues and the third one highlights issues that can be addressed with personal empowerment.

The first area of interest addressed multi-dimensions of health care delivery system and is published under the title of "***How the Health Care System Can Improve Mammography-Screening Rates for Underserved Women: A Closer Look at the Health Care Delivery System***". (see Appendix **1**) The second and third areas of interest are combined; a manuscript is in preparation for journal submission.

1.2 Prepare Semi-Structured Guide Questionnaire

The semi-structured questionnaire (Appendix 2) was finalized after its pretesting and refinement phase. The questionnaire was submitted to and approved by Meharry Medical College's Internal Review Board. Once this approval was received then it was sent to DOD Regulatory Compliance and Quality Office for review. The questionnaire is comprised of items from three approved questionnaires. Additional questions were added based upon feedback gathered during the focus group discussions and using the framework of the Precede-Proceed Model (10).

Table 1. Description of the Activities Accomplished According to the Statement of Work

STATEMENT OF WORK (SOW)	SOW TIMELINE	WORK ACCOMPLISHED	ACTUAL TIME PERIOD	OBSTACLES AND ADJUSTMENTS
Preparation of the article from focus group discussions	Month 13-17	One article is published (see Appendix 1) and another is in preparation	Month 13-17	None
Prepare semi-structured guide questionnaire	Month 13-17	Yes (see Appendix 2)	Month 13-17	None
Conduct pilot survey on a random sample of 90	Month 18-21	80% completed	Month 21-25	• DoD IRB Approval delayed • Lack of availability of survey participants • Complexity of Community Health Workers' workload
Analyze data gathered from the semi-structured questionnaire	Month 18-21	In Progress	Month 22--	• Delay in receipt of data • Technical and structural problem of database

2. Months 18-21

2.1 Conduct Pilot Survey on a Random Sample of 90

Eighty-percent (72) of the completed survey questionnaires were received from the field. There are three regions of the State of Tennessee; West, Middle and East. West and Middle Tennessee surveys were completed and a major part of East region is done. The survey was begun with four months delay. It was not completed as in the originally planned time frame for several reasons:

- The delay of approval of the *Human Subject Consent Form* Although Meharry Medical College IRB approved it on time, the approval from the DOD Regulatory Compliance and Quality Office was delayed for many months.

- Lack of availability of participants: the target population is mostly working poor and underserved; mobile population, a wrong or no domicile physical address; availability at home is difficult and when at home a time for interview is not easy within the frame of daily competing priorities. Therefore, it takes several attempts to reach one completed interview.

- Complexity of Community Health Outreach Worker (CHOW) responsibility and workload: CHOWs work with many different projects along with this one. It is not always easy one to locate pre-selected members for this survey.

2.2 Analyze Data Gathered from the Semi-Structured Questionnaire

Data entry is in process although delayed by some structural problem of the database and the above mentioned reasons for receiving completed surveys later than planned.

KEY RESEARCH ACCOMPLISHMENTS

- Focus group discussion analysis has been completed and another manuscript from the focus discussion results is in progress.
- Study design and statistical power are strengthened with Case-Control design and larger sample size selection in statewide sample.
- Development of the sampling frame is completed and sample selection process is identified.
- A semi-structured questionnaire is developed, pretested and finalized for pilot study.
- Pilot survey is near completion, now at 80% level.
- Access database is developed.
- Data entry is in progress.

REPORTABLE OUTCOMES

- A manuscript from the focus group discussion results is published (see Appendix 1)
- An abstract was submitted to American Public Health Association conference for presentation
- A second manuscript from the focus group discussion results is in progress and will be submitted for publication.

OBSTACTLES IN ACCOMPLISHING STATED WORK ON TIME

- Access..MedPlus -- our research partner agency, on October 17, 2001, has lost the contract with the Tennessee State Government TennCare Program (see Appendix 3). The TennCare program intercepted/ enacted to ensure health services for Medicare, Medicaid, uninsured, and uninsurable, working poor and underserved populations. Access..MedPlus had been providing health services to TennCare recipients for last seven years. Our target group is from underserved populations who come from the Access..MedPlus member pool and they are TennCare recipients. Due to loss of the contract with the State, the company is completely out of business and our access to the target population through Access..MedPlus is no longer available. Access..MedPlus had a large number of Community Health Outreach Workers (CHOW) and they were involved in interviewing the selected member who were in their territory of service. Now all CHOWs lost their job. Although, our pilot phase of the research is almost at the end, in the project final phase, we will not be able to utilize this special service. Therefore, we must find alternative plans to complete the final phase of our research.

- We anticipate with this big change will result in delayed administration of the final phase of the project.

POSSIBLE ALTERNATIVE PLANS TO ADDRESS OBSTACTLES IN ACCOMPLISHING STATED WORK

- Modify the study protocol to gather data through telephone survey rather than in person interview.

- Seek assistance from the Nashville Metro-Department of Health to do telephone survey for the final phase. The Metro-Department of Health has on-going survey research such as Behavioral Risk Factors Surveillance Survey (BRFSS), Youth Risk Factors Survey, and REACH 2010 Surveys. Metro has Computer Assisted Telephone Interview (CATI) system setup, and trained and experience interviewers.

- Hire a survey research firm

- Hire interviewers to go door to door for survey through personal interviews.

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How the Health Care System Can Improve Mammography-Screening Rates for Underserved Women: A Closer Look at the Health Care Delivery System

Nasar U. Ahmed, PhD
Jane G. Fort, PhD
Tonya H. Micah, BBA
Yigzaw Belay, MS, PAHM

The way care is delivered has dramatic impact on the patient-provider interaction and the outcomes experienced by the patient. This article explores a deceptively simple but very powerful method for evaluating and improving care delivery. Mammography is a routine screening procedure. However, many factors can influence how frequently women seek and obtain mammograms. Twenty-five low-income women identified empowering factors and barriers they experienced when trying to obtain a mammogram. Key words: *African American, breast cancer, focus group, health care services delivery, insurance, managed care organization, quality of care, role of physicians, screening-compliant mammography, underserved*

BREAST CANCER IS THE second leading cause of cancer death in all women (American Cancer Society, 2001). One in every eight women in the United States will develop breast cancer (Wingo, Tong, & Bolden, 1995). Feig (1988) pointed out that breast cancer mortality could be reduced by up to 50% through regular screening and early detection by mammography. Today, mammography remains the most effective means of detecting cancer of the breast early in its development. Unfortunately, despite numerous research and intervention efforts, mammography is still underutilized by all groups of eligible women (Breast Cancer Screening Consortium, 1990; Burack et al., 1989; Centers for Disease Control and Prevention, 1988; Whitman et al., 1994; Yancey & Walden, 1994). Among the groups whose utilization is lowest are the low-income, minority, and elderly populations (Siegel, Frazier, Mariolis, Brackbill, & Smith, 1993). Recent data (Chevarley & White, 1997) show that the utilization rate could be as low as 21% for underserved populations. Most recently, health promotion and disease prevention objectives for the nation (U.S. Department of Health & Human Services, 2000) include Cancer Objective 3–13: "Increase the proportion of women

Nasar U. Ahmed, PhD, Assistant Professor, Department of Internal Medicine, Meharry Medical College, Nashville, Tennessee

Jane G. Fort, PhD, Assistant Professor, Department of Medical Education, Meharry Medical College, Nashville, Tennessee

Tonya H. Micah, BBA, Program Coordinator, Department of Internal Medicine, Meharry Medical College, Nashville, Tennessee

Yigzaw Belay, MS, PAHM, Director, Health Promotion and Disease Prevention, Tennessee Coordinated Care Network, Nashville, Tennessee

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aged 40 years and older who have received a mammogram within the preceding 2 years." While this objective has nearly been achieved for black and white women, there is much work yet to be done for poor and undereducated women, particularly given the current commitment to eliminate racial and ethnic disparities in cancer screening and management (USDHHS, 1998).

Interventions to improve the rates of mammography have varying degrees of success. Many interventions are unsuccessful because they fail to address the real needs of target groups (Hornik, 1985; Manoff, 1985), especially underserved populations (Sung et al., 1992). Studies suggest that lack of insurance is the most common objective barrier to mammography screening. Recently, changes in health care insurance options have effectively removed this barrier. Still, a vast majority of women in the recommended age bracket are not seeking or obtaining free mammograms. However, many women (30%) with sociocultural backgrounds and situations comparable to their noncompliant counterparts have indeed obtained their mammograms.

The purpose of the "empowering factors" research is to study these underserved compliant women who may provide insights regarding what triggered their desired mammography-screening behavior. Previously, numerous studies (Michielitte et al., 1989; Owen & Long, 1990; Rosenstock, 1974; Sung et al., 1992) have explored and documented why target groups fail to perform healthy behaviors. Very little attention has been paid to how, despite all barriers, some women are still successful in getting regular mammograms.

The study is intended to explore how compliant women are successful in overcoming barriers in getting a mammogram. This novel approach focuses on what empowers these women to be successful. Our study identifies the specific driving forces that facilitate compliant groups to routinely seek breast cancer screening, and it systematically studies the screening-related personal experiences of compliant women. These women, if given the opportunity in comfortable settings to express and explain their decision-making process, may provide a wealth of information about their success in overcoming barriers.

The collection of nonstandardized information will help investigators maximize the discovery of behavioral factors and clues in the process of decision making. The information gathered from these women's stories, comments, and histories will form the basis for inductive analysis. During this type of research, a theoretical framework may evolve to explain the phenomena of their decision-making process. However we did use some constructs from the Precede-Proceed model (Green & Kreuter, 1991) as a general guideline to identify, measure, and classify the factors that empowered women with the understanding, motivations, and actions needed to overcome barriers to mammography screening.

Focus group discussion was used as a part of our planned exploratory research to capture the experiences of mammography screening–compliant underserved women who are members of a managed care organization (MCO). The research explores innovative influencing and facilitating factors that empower people to overcome actual and perceived barriers in real-life situations and offers an opportunity for discussion and clarification. Although ideally every woman should take responsibility for her health care needs, a vast majority of underserved women are not able to meet that responsibility. The added burden of meeting life's daily demands with limited resources and options creates the need among these women for more support from the health care system. The health care system could play a major role in reducing the barriers to improving women's preventive health care–seeking practices (Ansell et al., 1988;

Bloom, Grazier, Hodge, & Hayes, 1991; Caplan, Wells, & Haynes, 1992; Lacey et al., 1989; Vernon et al., 1992). This article identifies the key factors in the health care system that significantly influence mammography-screening behavior. These factors were drawn from the responses provided in the focus group discussions based upon the participants' interaction with the health care system in obtaining a screening mammogram.

METHODS

During one month period in Spring 2000, eight focus groups were conducted with underserved women who received regular screening mammography in Nashville, Tennessee. All group discussions were held in the Training Referral Resource Site at Meharry Medical College, a well-known historically black college. Using lists provided by the Metropolitan Health Department and a statewide MCO (Tennessee Coordinated Care Network-TCCN) licensed to cover the poor and uninsured/underinsured residents in Tennessee, mammography-compliant subjects were identified to participate based upon age and income.

The eligible adults were females, were 40 years of age and older, had no personal history of breast cancer, and had no professional involvement with health care. While health insurance status was not a criterion, the method of recruitment provided a sample of women who all had health insurance through TennCare. Since this study seeks to identify mammography-screening barriers and empowering factors, only women who reported a history of following the recommended guidelines for mammography screening were invited to participate. A total of 25 women participated in the focus group sessions.

All participants were African American, with the exception of one white woman. It is difficult to reach and recruit low-income women for health-related activities such as focus discussion participation. The task is even more challenging when the pool of eligibility has been narrowed to only those who are following the recommended mammography-screening guidelines. Therefore, the focus discussion activity was designed to make participation extremely attractive and convenient and to place as little burden as possible on the participants. The incentives for participation included $20, a free lunch, free transportation, and parting gifts (attractive posters and cookbooks).

An average of three participants in each group met for 1 hour with a professional group moderator. After the giving of informed consent and an introduction, participants discussed personal mammography experiences along with their thoughts, attitudes, and feelings about what is helpful and what makes obtaining a mammogram difficult or discouraging.

Data captured from the participant's responses were then sorted using the framework of the Precede-Proceed model (Green & Kreuter, 1991). The findings reported here include the use of the participant's words to paint a clear picture of the developing themes or factors.

RESULTS

Demographic characteristics of the sample

Twenty-five regular mammography screening–complaint women took part in focus group discussions. The participants ranged in age from 42 to 80, with a mean age of 60 years (SD ± 11). About 28% were in the 40–49 age group and the 50–64 age group and about 44% were in the 65 and older age group. The residences of the participants were in and around the poor and underserved areas of Nashville.

This sample is generally representative (in terms of age distribution and geographical location) of the underserved population enrolled in the MCO study partner. The educational achievement and income of these participants were similar to noncompliant women. About 28% of these participants did not complete high school, 52% completed grade 12, and 20% had above a high school education. The mean year of education was 11.9 years (SD ± 2.4). About three-fourths of the participants had an annual income of less than $10,000, and 17% earned less than $5,000 per year (see Table 1).

Table 1. Focus group discussion participant demographics and family history of cancer

	Percent
Age (in years)	
40–49	28%
50–64	28%
65 & over	44%
Total	100%
Annual income	
Less than $5,000	17%
$5,000–$10,000	57%
$10,001–$15,000	22%
$15,001 and over	4%
Total	100%
Educational level	
Less than 12th grade	28%
12th grade	52%
12th grade+	20%
Total	100%
Reason for first mammogram	
Age	36%
Doctor recommended	32%
Lump in breast	24%
Family history	8%
Total	100%
Family history of breast cancer	
Mother had breast cancer	4%
Sister had breast cancer	8%
Aunt had breast cancer	16%
Grandmother had breast cancer	0%

History of health care utilization behavior

All the participants were regular in health checkups and screening mammography. The reasons for their first mammogram were as follows: 36% mentioned the risk factor age, 32% had the mammogram because of a doctor's recommendation, 24% because of a benign lump, and 8% because of a family history of breast cancer. As for family history breast cancer relationships, 4% said their mother had breast cancer, 4% mentioned sisters, and 16% mentioned aunts.

Health care system factors affecting mammography-screening behavior

The focus group participants experienced numerous difficulties during their regular mammography visits. The following three questions concerning mammography screening were presented to the groups:

1. Why did you have your first mammogram?
2. What helps you get your mammogram?
3. What discourages mammography screening?

Their experiences and perspectives have been arranged under the following topics for ease of presentation, discussion, and making recommendations (see Table 2).

Physicians

Physicians play a major role in people's health and well-being through recommending prevention and curative activities. The physician's referral was mentioned as a strong influence on screening mammography. A good physician-patient relationship and having a woman as primary care physician had a greater influence on getting breast cancer knowledge and a referral for mammography. The following comment reflects a consensus among the focus group participants about the importance of the "physician-patient relationship" in

Table 2. Factors in health care system affecting mammography screening

	Positive
Physician	
1 Physician referral	Yes
2 Good physician-patient relationship	Yes
3 Female physician	Yes
4 Male physician	No
Health care staff	
1 Nice staff at mammogram facility	Yes
2 Good relationship with health care staff at mammogram site	Yes
3 Mammogram staff explains the process	Yes
4 Technician that gets a good x-ray the first time with little discomfort to patient	Yes
5 Female health care provider	Yes
6 Male health care provider	No
7 Poorly trained staff at mammogram facility	No
8 Mammogram staff using big words that are confusing	No
9 Mammogram staff arguing over procedures during the test	No
10 Rude and unprofessional staff at mammogram facility	No
11 Personal information being asked out loud in the presence of others	No
12 Technician not taking time to explain the mammogram process	No
13 Mammogram technician not responsive to complaints of pain	No
14 Technician handling breast in a rough manner	No
15 Fear of multiple compressions due to poor initial x-ray image	No
Patient services	
1 Getting mammogram results back quickly (2 days maximum)	Yes
2 Mammogram being given at the same location yearly	Yes
3 Having the same technician each year	Yes
4 Being seen for the mammogram at or close to the appointed time	Yes
5 Not being kept in the waiting room too long before being seen	Yes
6 Health forms that are easy to complete, non-repetitive and user friendly	Yes
7 Assurance that mammogram records are being properly kept together	Yes
8 Getting feedback about mammogram results before leaving	Yes
9 Having to wait too long (no more than 3 days) for the test results	No
10 Having to sit a long time in the waiting room before being tested	No
Health care facility	
1 Pleasant and attractive mammography facility	Yes
2 Convenient mammography site	Yes
3 Pain experienced from having a mammogram	No
4 Mammogram screening equipment cold	No
5 Mammogram results not always reliable	No

communicating trustworthiness for decision making regarding personal health issues:

I like my doctor because he knows how to talk to people. He don't talk down on me and he don't sugar coat nothing either. He just tells me straight and he listen when I am worried about something. He takes the time to understand exactly what I am trying to say and this makes me feel like listening when he let me know he was serious about me getting mammogram and pap test. We [me and my doctor] have a good understanding of one another.

The gender of their health care providers (physicians, technicians, etc.) was important to a majority women but not all.

The gender of their health care providers (physicians, technicians, etc.) was important to a majority women but not all in the focus groups. The following remark illustrates this view:

> Now me personally, I don't care as long as it is a good doctor but I have many friends who have told me that they thought the doctor might be trying to look at them funny. You know it's so much on television nowadays about bad doctors that it makes women afraid that stuff could happen for real, you know—more afraid of trusting even the doctors at the clinic. For women like that, they probably would be more comfortable with a lady doctor.

Health care facility staff

There are a few steps in the process before women get a referral from their physicians and many more steps before they receive a mammography screening and the test results. The health care facility staff play a major role in the process and can make it smooth or difficult. The impression the staff makes remains in the minds of the clients and influences whether they come for a mammogram or avoid the facility altogether. The focus group discussion on health care staff indicates that the following are viewed as positive: a good manner, a female provider, explanation of the mammography-screening process, step-by-step explanation of the test as it is in progress, and sensitivity toward the discomfort caused by the test. Experienced as negative were the following: rude and unsympathetic behavior, a male provider, repeat mammography due to carelessness and poorly trained technicians, rough handling of the breasts, unresponsiveness to complaints of pain during the testing process, use of technical jargon and other unfamiliar words ("big words") during communication, and inadequate privacy when being asked sensitive personal information. A participant shared this comment regarding the importance of having a nice staff at the health care facility.

> I went to this one place my doctor referred me for my mammogram and as soon as I got there I knew I was going to have a problem. The lady would not look up from her desk when I walked to the counter to sign in so I spoke but she snapped off that I should just sign in and have a seat. I repeated my hello again and made sure that she knew I expected her to speak to me and she finally spoke but this really turned me off and then I felt myself get a little bit of an attitude. I know how to be professional but if you treat me like I am below you I will get you straight and some people with these good jobs don't know how to talk to people. Even if you are really good at what you do you do not have the right to talk down to anybody. I'm not going there anymore. It may not seem like a big deal but I believe it is proper to speak when you are spoken to. It won't hurt you to speak and it might make that person feel better too. Good old fashion manners still go a long way when it comes to dealing with the public. Now I am a strong person but it did bother me that she acted like she didn't want to speak to me. I go to another place [mammogram facility] now and I have not had that problem anymore.

Patient services and facility management

The following issues relating to health care facility management were mentioned by participants:

- complicated and repetitive forms and paperwork
- difficulty in getting an appointment
- too long of a wait in the reception room before seeing a physician or mammography technician
- slow turnaround for mammography test results
- receiving of mammography services from various facilities and different technicians
- keeping of mammography records in different places

The following comment reflects a few of the difficulties that older women encounter when seeking a screening mammogram:

> I get lost easy and it is very stressful for me when I am sent somewhere I have never been before, especially when I can't get my daughter to go with me. This is why being able to go to the same place every year to get my mammogram really helps me to get the test done. It's a lot of places I just don't go because I am not good with directions and I am at an age that being lost can even be dangerous. Another thing, I like [about going to the same place] is they know me and I don't have a lot of surprises. I ask for the same person before I get there and I try to go when she is there. It's like seeing an old friend. She knows me and my breast and I believe I am getting a better test done because of this.

Health care facility

The physical appearance of the facility, the convenience of the location, and user-friendly and reliable equipment were reported as important by the focus group participants, as indicated by this quotation from a focus group participant:

> I go to_____hospital for my mammogram and they got it set up real nice. You have a locker to put your clothes and purse and the lock works. And it smells nice like a place women would want to be. They even made sure that the pictures are not of white women or any particular race but instead just pictures of shadows of women so nobody will feel they are being left out. I really like that even better than seeing just black women on the wall. The pictures they have just reminds you that women are women, that's the way it should be. Another thing I noticed was the magazines were not just a bunch of old magazines from somebody's house, but good magazines that were recent. I enjoyed looking at the pictures in the magazines and just when I started trying to read one of the articles, they called me in to begin the test. But if I had to sit there I could watch T.V. or read something good and not feel I had nothing to do but wait.

DISCUSSION

The health care system must reexamine its processes and procedures and determine whether the successes to date can be sustained and improved in light of the national commitment to eliminate racial and ethnic disparities in cancer screening and management. The lessons learned from this research can be useful for sensitizing the system and improving services to underserved populations. The current project's partnering with an MCO allows the opportunity to examine the experiences of poor and underserved women's interaction with mammography-screening services. The women in the sample were articulate and candid about their personal attitudes and experiences and about what they thought would be the attitudes and experiences of others similar to them.

It is clear from the responses made in the focus groups that there is much the health care system can do to improve its contact with this population of poor and underserved women. The first and foremost issue is the *role of the physician.* Studies continue to emphasize the importance of the physician's recommendation for mammography screening as well as for other procedures. Although physicians are busy and patients are usually being seen for presenting problems rather than for preventive measures, it is important to reconsider the work schedule of the office and the various resources that might be available to assist in the important task of direct referral for preventive services. Patient-chart reminders, for example, were found to be very useful for helping physicians to remember to emphasize the importance of mammography screening, and they also prompt physicians to provide mammography referrals.

Personal characteristics are important, not only for the primary health care provider or physician (Kreuter, Strecher, Harris, Kobrin, & Skinner, 1995), but for the mammography technician and support staff also. While there exists a physician shortage, particularly a shortage of physicians who provide services to underserved populations, the

many avenues being pursued in an attempt to address the shortage may prove insufficient. In any case, it will not always be possible to match the race/ethnicity and gender of the health care providers to those of the service or target population. However, it may be possible to reorganize the *job assignments*, particularly in services that are as personal as mammography, and thereby increase the possibility that women will be served by women. It is also possible for receptionists to provide reminders about the need for mammography screening, and some of the many publications and/or videos on mammography screening that now exist can be provided as waiting room resources. Perhaps simple changes in clinic activity can lead to significant improvements in the provision of services to the target populations.

The results also indicate that the *interpersonal interaction* is an important element in the physician-patient dyad. A good relationship facilitates compliance. The women in the sample pointed out several issues that can be addressed through sensitive and increased staff training. Clearly, mammography technicians must be sensitive to the nature of the procedure and to each woman's individual process; responding in a manner that indicates such sensitivity is not lost on the client. The more important concern is the need for *care and competence* during the procedure. The women in the sample were aware of instances when the technician appeared to be unsure or incompetent or insensitive. It is important for screening staff to take care in explaining the test beforehand and while it is in progress so that the women know what to expect next. If the necessary personal health education cannot be undertaken by the physician, nurse, or health educator at the time of the referral, then it must be undertaken at the site prior to the procedure. *Initial staff training* and periodic refreshers in specific procedures and interactions would diminish the likelihood of discouraging clients because of lack of familiarity with the procedures or of staff insensitivity. It is evident that the usual and assumed professional behavior must be reinforced.

The more important concern is the need for* care and competence *during the procedure.

Management of the complete health care process, including mammography, will assist in establishing the desired prevention behavior and in fostering client compliance with guidelines over time. Consistency strengthens the habit: facilities that provide several procedures and in which technician turnover is low will likely find increases in the number of clients who comply with the referral for mammography screening. Even where there is little or no control over offerings or staff turnover, procedures can be established that would diminish some of the barriers women face.

The length of time between arrival for the procedure and being seen is an issue, as is the time before feedback is received. While emergencies do occasionally interrupt the day's schedule, closer attention to scheduling and arrival time may serve to decrease the average amount of time patients spend in the waiting room. It may also be possible to schedule a mammography period that coincides with the availability of the radiologist so that several readings can be made at the time of the visit, allowing the patient to receive immediate feedback.

The importance of *communication*, written and oral, cannot be overstated. Communication is capable of making or breaking a relationship of any kind. Attention to each step in the process—from scheduling to registration on arrival, taking the health history, giving procedural directions, and reporting—can increase the ease of mind

with which a woman considers her next screening mammogram. Again, reinforcement of desired and acceptable staff behavior may be all that is necessary to make women perceive the procedure as agreeable.

There may be little that can be done about existing facilities other than making cosmetic improvements, but attention can be directed toward seeing where and how the *mammography-screening environment* could be improved. When women notice how pleasant and attractive a facility or clinic appears as well as how convenient its location is to home or usual travel routes, they will be more inclined to decide in favor of further contact. It may be that such features will override the necessarily unpleasant aspects of mammography. Although the results of the test may be open to question (and that should be explained), it is still possible to manipulate the temperature, at least in the dressing room, or provide warmer cover-ups.

It is clear that women, even those whose opportunities are limited by education and economics, are aware of the benefits of screening procedures, including mammography, and may comply with screening guidelines with some moderate changes in health care system procedures. It was possible to mobilize the health care system to increase the screening rates for Pap tests such that the 2000 target was adjusted upward; it will likely be possible to do the same for mammography screening in all populations.

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Empowering Factors in Breast Cancer Screening Underserved Populations. Semi-structured Questionnaire
Meharry Medical College

A. General Information 1

Project Code #: _____ Start Time _____

Location of Interview: _____ Has the participant signed the Informed consent?

Name of Interviewer: _____ ○ Yes ○ No

First, I would like to ask you some general questions

1. When were you born? _____ Mo/Day/Yr
2. How many people are in your fam ily? _____
3. In your family, how many adults are age 18 or older? _____
4. In your family, how many children are under age 18? _____
5. Please check your nationality. . . . . ○ White ○ Black ○ Hispanic ○ Asian ○ American Indian

   Other (Specify here): _____

7. What was the highest grade of school you completed? _____
8. Are you? ○ Married (currently) ○ Single (never married) ○ Divorced ○ Widowed ○ Legally seperated ○ Refused
9. Has your marital status affected your ability to seek health care?

   ○ Yes ○ No If yes please describe: _____

10. What is your gross monthly income? ○ Less than $425 ○ $426--$850 ○ $851--$1300 ○ $1301--$2100 ○ $2100+ ○ Don't Know ○ Refused
11. What is your spouse/partner's gross monthly income? ○ Less than $425 ○ $426--$850 ○ $851--$1300 ○ $1301--$2100 ○ $2100+ ○ Don't Know ○ Refused
12. Are you employed? ○ Yes ○ No (If no, skip to 15)

A. General Information 1

13. What do you do for a living?

14. Are you working: ○ Full Time ○ Part Time

15. If you are not working, what (is) are the reason(s) for not working? (Circle all that apply)

Believes no work available	○ Yes ○ No
Laid off	○ Yes ○ No
Couldn't find any work	○ Yes ○ No
Disability and other handicap . .	○ Yes ○ No
Lacks necessary schooling, etc.	○ Yes ○ No
Lack of transportation	○ Yes ○ No
Can't arrange child care	○ Yes ○ No
In school or training	○ Yes ○ No
Retired	○ Yes ○ No
Family responsibilities	○ Yes ○ No
Currently looking for work	○ Yes ○ No
ILL Health	○ Yes ○ No
Other (specify here)	

16. What kind of insurance do you have? ○ Medicaid ○ Medicare ○ TennCare

If TennCare, which MCO HMO (specify)

Other - specify here (please write the complete name of Insurance coverage

17. Does your insurance pay for most of the cost of a doctor's visit? ○ Yes ○ No

18. How much is your Co-payment? $

19. Do you know your Managed Care Organization's (MCO) Transportation provider ? ○ Yes ○ No ○ N/A

20. Do you currently have a regular medical doctor you usually go to if you are sick or need advice about a medical problem? ○ Yes ○ No

21. Is this doctor the same as your assigned primary care provider? ○ Yes ○ No

22. If no, what type of doctor do you usually see?

A. General Information 1

23. Are you satisfied with all the services your doctor or health care provider gives you? (if no skip to 25) ○ Yes ○ No ○ Not sure

24. If you were satisfied by your doctor's services, what are the main reasons for your satisfaction? (Check all that apply. DO NOT READ ALOUD)

Doctor makes it easy to get an appointment	○ Yes ○ No
Less waiting time	○ Yes ○ No
Doctor gives fast services	○ Yes ○ No
Doctor takes my phone calls	○ Yes ○ No
Doctor seems interested in my health	○ Yes ○ No
Doctor answers my questions about health care	○ Yes ○ No
Doctor always listens my concerns	○ Yes ○ No
Doctor's staff respects me and are friendly	○ Yes ○ No
Other (specify here)	

Go to 26

A. General Information 2

(If yes to 23, skip to 26)
25. If you were NOT satisfied what are the main reasons for your dissatisfaction? (Check All That Apply. DO NOT READ ALOUD).

Difficult to have an early appointment	○ Yes ○ No
Long waiting time	○ Yes ○ No
Long or extended time in the office	○ Yes ○ No
Cannot get help on the phone	○ Yes ○ No
Doctor does not seem interested in my health	○ Yes ○ No
Doctor does not answer my questions about health care	○ Yes ○ No
Doctor does not listen	○ Yes ○ No
Doctor's staff do not respect me	○ Yes ○ No
I am unable to personally speak to the doctor or provider.	○ Yes ○ No
Doctor or healthcare practitioner is too old	○ Yes ○ No
Doctor or healthcare practitioner is too young	○ Yes ○ No
Doctor's race is different from mine	○ Yes ○ No
Other (specify here)	

26. Where do you usually go when you are sick or need advice about your health? **(Do not read choices aloud)**

Nowhere	○ Yes ○ No
Doctor's office or private clinic	○ Yes ○ No
Company or school health clinic	○ Yes ○ No
HMO (health maintenance organization)	○ Yes ○ No
VA hospital or clinic	○ Yes ○ No
Community health clinic	○ Yes ○ No
Hospital outpatient clinic	○ Yes ○ No
Hospital emergency room	○ Yes ○ No
Some other places (describe)	

27. During the past 2 years, have you delayed seeking medical care because of worries over insurance or cost? ○ Yes ○ No

A. General Information 2

28. How worried or concerned are you about

a. Health	○ Very Much	○ Some	○ A Little	○ None	○ N/A
b. Marriage/relationship	○ Very Much	○ Some	○ A Little	○ None	○ N/A
c. Children	○ Very Much	○ Some	○ A Little	○ None	○ N/A
d. Finance/Money	○ Very Much	○ Some	○ A Little	○ None	○ N/A
e. Illness or death in family	○ Very Much	○ Some	○ A Little	○ None	○ N/A
f. Job/Work	○ Very Much	○ Some	○ A Little	○ None	○ N/A
g. Addiction/Substance abuse	○ Very Much	○ Some	○ A Little	○ None	○ N/A
h. Violence	○ Very Much	○ Some	○ A Little	○ None	○ N/A
i. Others (Specify)					

29. Which are the 3 things that worry you most, starting with the most important as number 1?

1. ○ Health ○ Marriage/relationship ○ Children ○ Finance/Money ○ Illness or death in family ○ Job/Work ○ Addiction/Substance abuse ○ Violence ○ Others

2. ○ Health ○ Marriage/relationship ○ Children ○ Finance/Money ○ Illness or death in family ○ Job/Work ○ Addiction/Substance abuse ○ Violence ○ Others

3. ○ Health ○ Marriage/relationship ○ Children ○ Finance/Money ○ Illness or death in family ○ Job/Work ○ Addiction/Substance abuse ○ Violence ○ Others

30. Do you take prescription medication on a regular basis? ○ Yes ○ No

31. During the past 12 months, was there anytime when you needed a prescription medication but could not afford it? ○ Yes ○ No

32. Do you think you need to have regular physical exams? ○ Yes ○ No
    a. If YES, what are the reasons you think you need a physical exam? Specify here:

    b. If NO, what are the reasons you think you don't need a physical exam? Specify here:

A. General Information 3

33. During the past 1 or 2 years, have you done any of the following health prevention activities ? (CHECK ALL THAT APPLY)

Blood pressure checked ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

Blood sugar checked ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

Cholesterol checked ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

Skin cancer screening ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

Pap smear ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

Eye examination ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

A. General Information 3

Hearing test ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested

Complete physical ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested

Dental checkup/cleaning ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

Rectal exam ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

Physician breast exam ○ Yes ○ No

Reason for Test
○ Part of a routine check up ○ Because of a related problem (or risk factors)
○ Because I had this problem ○ Because a family member had this problem
○ My doctors asked me to do so ○ My friends suggested it

34. Do you have any illness, physical disability, or handicap that hampers day to day activities? ○ Yes ○ No

If yes, specify here:

B. Health Risk Factors

1. How interested are you in getting help in each of the following activities ?

a. Losing weight
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○ Already enrolled or participating

b. Exercise
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○ Already enrolled or participating

c. Stop smoking
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○Already enrolled or participating

d. Stop drinking
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○ Already enrolled or participating

e. Healthy eating/Nutrition
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○ Already enrolled or participating

f. Child rearing/parenting
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○ Already enrolled or participating

g. Stress and emotional problems
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○ Already enrolled or participating

h. Career/Job training
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○ Already enrolled or participating

i. Cancer screening
○ Not interested ○ Somewhat interested ○ N/A
○ Very interested ○ Already enrolled or participating

B. Health Risk Factors

2. Has any doctor ever advised/told you about the following:

a. Diet	○ Yes	○ No	○ Refused
b. Exercise	○ Yes	○ No	○ Refused
c. Smoking	○ Yes	○ No	○ Refused
d. Cancer screening .	○ Yes	○ No	○ Refused
e. Eye exam	○ Yes	○ No	○ Refused
f. Heart disease	○ Yes	○ No	○ Refused
g. Stroke	○ Yes	○ No	○ Refused
h. Cholesterol	○ Yes	○ No	○ Refused
i. Diabetes	○ Yes	○ No	○ Refused
j. Stress	○ Yes	○ No	○ Refused

Please answer yes or no to the following questions:

3. Do you think that you are overweight ○ Yes ○ No ○ Refused

4. Do you exercise regularly? ○ Yes ○ No ○ Refused

5. If yes, what activities?

6. If you do exercise, how often do you exercise?

○ Every day ○ 1 to 3 times a week ○ At least once a month
○ Don't know ○ Refuse to answer

7. Do you belong to any clubs, organizations, church or groups? ○ Yes ○ No

If yes, please list here a.

b. c.

8. Have you ever smoked or used tobacco? ○ Yes ○ No
(If no, skip to 18 b)

9. Do you smoke or use tobacco now? ○ Yes ○ No ○ Refusal

B. Health Risk Factors

10. Have you smoked 5 or more packs of cigarettes in your lifetime ○ Yes ○ No ○ Refusal

11. How old were you when you started smoking?

12. What influenced you to start smoking? ○ Movie stars ○ Advertisements ○ Peer pressure ○ Family smoking habit ○ Stress

13. If you've ever smoked, how long ago did you begin smoking cigarettes ○ N/A

14. If you've ever smoked, who introduced you to cigarettes? ○ Spouse/Partner ○ Mother ○ Father ○ Sister ○ Brother ○ Grandmother ○ Grandfather ○ Cousin ○ Friend ○ Other

15. If you no longer smoke, how long ago did you quit? ○ N/A

16a. Who advised or helped you the most to quit smoking? ○ Doctor ○ Church/religious leader ○ Friend ○ Media ○ Spouse/partner ○ Other family member ○ Other

16b. Who advised or helped you next to quit smoking? ○ Doctor ○ Church/religious leader ○ Friend ○ Media ○ Spouse/partner ○ Other family member ○ Other

17. And what was done or said to help you quit smoking?

18. a) Who else in your family smokes or has ever smoked? ○ Spouse/Partner ○ Mother ○ Father ○ Sister ○ Brother ○ Grandmother ○ Grandfather ○ Other O None

18. b) Does anyone in your family smoke tobacco ? ○ Yes ○ No ○ Other

C. Personal Style and Access Utilization

Please tell me whether or not the following statements are true for you.

1. If I am unable to keep an appointment I call ahead and reschedule ..... ○ True ○ False ○ Not sure
2. My family and friends often seek my advice when faced with difficult situations ..... ○ True ○ False ○ Not sure
3. Others consider me a dependable person ..... ○ True ○ False ○ Not sure
4. I seldom miss appointments ..... ○ True ○ False ○ Not sure
5. I keep important information like appointments and personal plans written down ..... ○ True ○ False ○ Not sure
6. I do most things I set out to do ..... ○ True ○ False ○ Not sure
7. I generally arrive at places on time ..... ○ True ○ False ○ Not sure
8. I usually look at my calendar before making plans ..... ○ True ○ False ○ Not sure
9. I believe there is healing power in prayer, meditation and faith in God ..... ○ True ○ False ○ Not sure
10. Who would you trust the most for advice about the following decisions? (ONLY MARK ONE ANSWER FOR EACH)

a. Health / Medical issues (preventive services such as mammogram screening, surgery, taking medication, etc).

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

b. Money and finance (borrowing, investing, etc.

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

c. Marriage / Relationships

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

C. Personal Style and Access Utilization

d. Divorce/separation

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

e. Education/adult learning

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

f. Counseling/therapy

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

g. Smoking/drinking/drugs

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

h. Work/job

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

i. Raising children

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

j. Violence issues

○ Self ○ Father ○ Mother ○ Spouse/partner ○ Children
○ Pastor/Minister ○ Doctor/Nurse ○ Police ○ Hospitals/Clinics
○ Local Gov't ○ Federal Govt ○ Male friend(s) ○ Female friend(s) ○ Other

D. Access Utilization Section

Please indicate whether the following statements are true for you.

1. I can get my clinical breast exam and mammogram at work

○ Yes ○ No ○ No opinion

2. I feel better when my mammogram records are being kept at one location

○ Yes ○ No ○ No opinion

3. I prefer to be seen by physicians/nurses that are of my same race

○ Yes ○ No ○ No opinion

4. The location of my last mammogram was convenient ○ Yes ○ No ○ No opinion

5. I prefer a female physician ○ Yes ○ No ○ No opinion

6. It would be helpful to me if the healthcare facilities were open during late evenings and weekends

○ Yes ○ No ○ No opinion

7. The staff at the mammography facility makes me feel comfortable ○ Yes ○ No ○ No opinion

8. I receive my mammograms at a place that is already familiar to me

○ Yes ○ No ○ No opinion

9. I have a high co-pay which could delay or keep me from seeking medical services

○ Yes ○ No ○ No opinion

10. I have a high deductible which could delay or keep me from seeking medical services

○ Yes ○ No ○ No opinion

11. I refuse to be treated or seen by someone other than my own doctor

○ Yes ○ No ○ No opinion

12. I am afraid to go for health care because the place I have to go is in a dangerous place

○ Yes ○ No ○ No opinion

13. I don't get healthcare because I will lose pay or time at work

○ Yes ○ No ○ No opinion

14. I do not receive the proper treatment from the healthcare system because of my race

○ Yes ○ No ○ No opinion

15. I do not receive the proper treatment from the healthcare system because I do not have a lot of money

○ Yes ○ No ○ No opinion

E. Breast Cancer History Screening Knowledge, Attitudes, Practices

(If no or don't know skip to 3)

1. Is there anyone in your family who has had any type of cancer?

○ Yes ○ No ○ Don't know ○ Refusal

What type? (circle all that apply)

a. Breast	○ Yes ○ No	b. Colon	○ Yes ○ No
c. Prostate	○ Yes ○ No	d. Lung	○ Yes ○ No
e. Cervical	○ Yes ○ No	f. Bladder	○ Yes ○ No
g. Bone	○ Yes ○ No	h. Stomach	○ Yes ○ No
i. Liver	○ Yes ○ No	j. Pancreas	○ Yes ○ No

Fill in other type of cancers here

2. From the following list of relatives, do you have any who are related to you by blood, that have had breast cancer?

a. Mother	○ Yes ○ No ○ Don't know
b. Grandmother(s)	○ Yes ○ No ○ Don't know
c. Aunt(s)	○ Yes ○ No ○ Don't know
d. Sister(s)	○ Yes ○ No ○ Don't know

Please tell me whether or not you have had or been told the following:

3. Have you ever had breast cancer? ○ Yes ○ No ○ Refusal

4. Have you ever been told by a doctor that you have some kind of breast condition, but that it is not breast cancer? ○ Yes ○ No ○ Refusal

F. Breast Cancer History Screening Knowledge, Attitudes Practices

1. In your opinion, how likely is it that you will get breast cancer in your lifetime?

○ Very likely ○ Somewhat likely ○ Somewhat unlikely
○ Very unlikely ○ Don't know ○ Refusal

2. Can you name any examinations that can be done to find breast cancer in its very early stage? (Do not read but circle all mentioned and then ask, "any others?")

○ Breast self examination ○ Doctor or Nurse perform clinical breast examinaion
○ Chest x-ray ○ Mammography ○ Don't know ○ Refusal
○ Other (specify) _____

3. What do you think are some warning signs or symptoms of breast cancer?
Do not read, check all mentioned. After respondents give their answers, ask, "any others?"

a. Lumps in breast ○ Yes ○ No
b. Shortness of breath ○ Yes ○ No
c. Pain, soreness, burning in breast ○ Yes ○ No
d. Nausea ○ Yes ○ No
e. Cloudy or bloody discharge from nipple ○ Yes ○ No
f. Swelling or enlargement of one breast ○ Yes ○ No
g. Change in shape of breast or nipple ○ Yes ○ No
h. Discoloration ○ Yes ○ No
i. Puckering of the skin of the breast ○ Yes ○ No
j. Enlargement of the lymph nodes ○ Yes ○ No
k. Unusual swelling of the upper arm ○ Yes ○ No
l. Don't know ○ Yes ○ No
m. Refusal ○ Yes ○ No
Other (specify here) _____

Please answer the following Breast Self Examination Questions

4. Do you know how to examine your breasts for lumps? (if no go to question 7.)

○ Yes ○ No ○ Refusal

5. How often do you examine your breast for lumps?

○ Whenever she thinks about it ○ Yearly
○ Monthly ○ Weekly ○ Daily ○ Refused

F. Breast Cancer History Screening Knowledge, Attitudes Practices

6. Who taught you how to examine your breasts? (pick one from the list)

- ○ Doctor ○ Nurse
- ○ Other health professional ○ None

- ○ Mother ○ Friend ○ Sister
- ○ Relative ○ None

- ○ Video ○ Read in a book, magazine, etc.
- ○ Learned in class or meeting ○ None

(For subjects who answer no to examining their breast)

7. Women have many reasons for not examining their breasts.

a) What is the most important reason you do not examine your breast

- ○ Doctor or nurse does it ○ Husband or partner does it
- ○ No cancer in the family ○ Afraid of what I might find
- ○ Doctor said it was not necessar ○ I couldn't find anything
- ○ Can't remember to do it ○ Just don't do it
- ○ Don't know how to do it ○ Refusal

b)What is the next important reason you do not examine your breast

- ○ Doctor or nurse does it ○ Husband or partner does it
- ○ No cancer in the family ○ Afraid of what I might find
- ○ Doctor said it was not necessar ○ I couldn't find anything
- ○ Can't remember to do it ○ Just don't do it
- ○ Don't know how to do it ○ Refusal

c)What is the next important reason you do not examine your breast

- ○ Doctor or nurse does it ○ Husband or partner does it
- ○ No cancer in the family ○ Afraid of what I might fin
- ○ Doctor said it was not necessar ○ I couldn't find anything
- ○ Can't remember to do it ○ Just don't do it
- ○ Don't know how to do it ○ Refusal

F. Breast Cancer Screening Knowledge, Attitudes Practices (BSE Continued)

8. Women have many reasons for not examining their breasts. What would you say

a) is the most important reason women do not examine their breasts?

○ Doctor or nurse does it ○ Husband or partner does it
○ No cancer in the family ○ Afraid of what I might find
○ Doctor said it is not necessary ○ I couldn't find anything
○ Can't remember to do it ○ Just don't do it
○ Don't know how to do it ○ Refusal

b) What is the next important reason women do not examine their breasts

○ Doctor or nurse does it ○ Husband or partner does it
○ No cancer in the family ○ Afraid of what I might find
○ Doctor said not necessary ○ I couldn't find anything
○ Can't remember to do it ○ Just don't do it
○ Don't know how to do it ○ Refusal

c) What is the next important reason women do not examine their breasts

○ Doctor or nurse does it ○ Husband or partner does it
○ No cancer in the family ○ Afraid of what I might find
○ Doctor said not necessary ○ I couldn't find anything
○ Can't remember to do it ○ Just don't do it
○ Don't know how to do it ○ Refusal

Please share with me about Clinical Breast Exams

9. How much have you heard about a clinical breast examination, which is when the breast is felt for lumps by a doctor, nurse or medical assistant?

○ Nothing at all ○ Very little
○ Fair amount ○ Great deal

10. About how often should a woman at your age have a clinical breast exam?

○ Weekly ○ Monthly ○ Yearly ○ Less than once a year
○ Only when there is a problem ○ Only when a doctor or nurse recommends it
○ Don't know ○ Refusal

11. When did you have your last clinical breast exam?

○ Within the last year ○ Between 1 and 2 years ago
○ Between 2 and 5 years ago ○ More than 5 years ago ○ Don't know
○ Refusal

12. Have you ever had a clinical breast exam where the results were not normal? (NOT NORMAL meaning a problem found in the breast).

○ Yes ○ No ○ Refusal

13. Did your doctor ask you to have additional tests because your results were not normal?

○ Yes ○ No ○ Refusal

F. Breast Cancer Screening Knowledge, Attitudes Practices (BSE Continued)

14. Did you have any additional tests? ○ Yes ○ No ○ Refusal

15. Did you have any surgery or other treatment? ○ Yes ○ No ○ Refusal

16. Did the breast exam, additional tests, surgery or other treatment indicate that you had breast cancer? ○ Yes ○ No ○ Refusal

17a. If yes, in which year _____ 17b. And in which hospital? (fill here) _____

Mammogram

Please answer the following questions about mammography

18. How much have you heard about a mammogram which is when an X-ray is taken only of the breast by a machine that presses the breast while the picture is taken?
○ Nothing at all ○ Very little ○ Fair Amount
○ Great Deal ○ Refusal

19. About how often should a woman at your age have a mammogram?
○ Weekly ○ Monthly ○ Yearly ○ Less than once a year
○ Only when there is a problem ○ Only when a doctor/ nurse recommends it
○ Don't know ○ Refusal

20. Has a doctor or nurse ever recommended that you have a mammogram? ○ Yes ○ No ○ Refusal

21. When did you have your very first mammogram?
○ Within the last year ○ Between 1 and 2 years ago
○ Between 2 and 5 years ago ○ More than 5 years ago ○ Don't know
○ Refusal

22. Women have many reasons for not having mammogram. What would you say

a) is the most important reason women do not get mammograms?

(Do not read choices aloud

○ Put it off ○ Don't know they shoul
○ Not needed ○ Cost too much
○ No insurance coverage ○ Don't go to the doctor's office
○ Don't have a doctor ○ Not recommended
○ Too embarrassing ○ Haven't had any problem ○ Fear
○ Don't know where to go ○ Haven't thought about it
○ Could not remember to schedule one ○ Don't trust doctors/health system
○ Afraid doctor might find cancer ○ Refusal

F. Breast Cancer Screening Knowledge, Attitudes Practices (BSE Continued)

b) What is the next most important reason women do not get mammograms?

(Do not read choices aloud

- ○ Put it off
- ○ Don't know they should
- ○ Not needed
- ○ Cost too much
- ○ No insurance coverage
- ○ Don't go to the doctor's office
- ○ Don't have a doctor
- ○ Not recommended
- ○ Too embarrassing
- ○ Haven't had any problem
- ○ Fear
- ○ Don't know where to go
- ○ Haven't thought about it
- ○ Could not remember to schedule on
- ○ Don't trust doctors/health system
- ○ Afraid doctor might find cance
- ○ Refusal

c) What is the next most important reason women do not get mammograms?

(Do not read choices aloud)

- ○ Put it off
- ○ Don't know they should
- ○ Not needed
- ○ Cost too much
- ○ No insurance coverage
- ○ Don't go to the doctor's office
- ○ Don't have a doctor
- ○ Not recommended
- ○ Too embarrassing
- ○ Haven't had any problem
- ○ Fear
- ○ Don't know where to go
- ○ Haven't thought about it
- ○ Could not remember to schedule one
- ○ Don't trust doctors/health system
- ○ Afraid doctor might find cancer
- ○ Refusal

F2. Breast Cancer Screening Knowledge, Attitudes (Mammogram Continued)

23. What would you say

a) Is the most important reason that you had a mammogram?

- ○ Because of a breast problem
- ○ Because I already had breast cancer
- ○ I know it can save my life
- ○ My relative(s) (mother, aunt, etc). had breast cancer
- ○ My friends recommended it
- ○ I attended a health fair
- ○ I read about it
- ○ My doctor recommend it or referred me
- ○ My doctor made me understand the benefit
- ○ My insurance covers the service
- ○ Better to find out now than be surprised later
- ○ My church/club arranged it
- ○ Media

b) Is the next most important reason that you had a mammogram?

- ○ Because of a breast problem
- ○ Because I already had breast cancer
- ○ I know it can save my life
- ○ My relative(s) (mother, aunt, etc). had breast cancer
- ○ My friends recommended it
- ○ I attended a health fair
- ○ I read the pamphlet of the NCI (ACS)
- ○ My doctor recommend it or referred me
- ○ My doctor made me understand the benefit
- ○ My insurance covers the service
- ○ Better to find out now than be surprised later
- ○ My church/club arranged it

c) is the third most important reason that you had a ammogram?

- ○ Because of a breast problem
- ○ Because I already had breast cancer
- ○ I know it can save my life
- ○My relative(s) (mother, aunt, etc). had breast cancer
- ○ My friends recommended it
- ○ I attended a health fair
- ○ I read the pamphlet of the NCI (ACS)
- ○ My doctor recommend it or referred me
- ○ My doctor made me understand the benefit
- ○ My insurance covers the service
- ○ Better to find out now than be surprised later
- ○ My church/club arranged it

24. When did you have your last mammogram?

- ○ Within the last year
- ○ Between 1 and 2 years ago
- ○ Between 2 and 5 years ago
- ○ More than 5 years ago
- ○ Don't know
- ○ Refusal

25. Have you ever had a mammogram where the results were not normal? "Not normal" meaning a problem found in the breast.

○ Yes ○ No ○ Refusal

26. Did your doctor ask you to have additional tests because your results were not normal?

○ Yes ○ No ○ Refusal

27. Did you have any additional tests?

○ Yes ○ No ○ Refusal

F2. Breast Cancer Screening Knowledge, Attitudes (Mammogram Continued)

28. Did you have any surgery or other treatment? ○ Yes ○ No ○ Refusal

29. Did the mammogram, additional tests, surgery or other treatment indicate that you had breast cancer ? ○ Yes ○ No ○ Refusal

30. If yes to question 30, in which year? _____

31. If yes, in which hospital? _____

F2. Breast Cancer Screening Knowledge, Attitudes (Knowledge Attitude)

I am going to read a series of statements about breast cancer. Please tell me whether you strongly agree, agree, disagree, strongly disagree or are undecided with each statement.

32. Many women are concerned about the possibility of getting breast cancer.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

33. Women over 50 are more likely to get breast cancer.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

34. Women whose mothers or sisters have had breast cancer are most likely to get breast cancer.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

35. Women under 50 are more likely to get breast cancer.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

36. Any woman is likely to get breast cancer.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

37. If breast cancer is found and treated early it can be cured
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

38. Women who have their first child after age of 30 are more likely to get breast cancer.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

39. If a woman has lump in her breast it is almost always breast cancer.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

40. I worry about getting breast cancer
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

F2. Breast Cancer Screening Knowledge, Attitudes (Mammogram Continued)

41. By doing a breast self-exam (BSE) often, it is possible to find breast cancer in time to cure it.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

42. Women who do not have children are more likely to get breast cancer.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

43. Mammography is not needed if breast cancer does not run in your family.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

44. I believe if I had breast cancer I would be able to look at my breast and know.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

45. How much have you heard about current treatment allowing the doctor to remove only the part of the breast that has the cancer if it is detected very early?

○ Nothing at all ○ Very little
○ Fair amount

F3. Breast Cancer Screening Knowledge, Attitudes

Project Code 0

I am going to read a series of statements about breast cancer. Please tell me whether you strongly agree, disagree, strongly disagree or are undecided with each statement.

46. Getting the disease is a death sentence for most people.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

47. If I had the disease, I would rather not know about it.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

48. There are some things I can do to prevent getting the disease.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

49. Getting tested for the disease is very painful.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

50. It's too late for me to start worrying about the disease now.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

51. What people eat or drink doesn't affect whether they will get the disease.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

52. Having an operation for the disease can expose it to the air and cause it to spread.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

53. Disease treatment costs so much that it would probably be more than I can afford.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

54. Getting treated for the disease is often worse than having it.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

55. If treated for the disease early one will be more likely to return to a normal life.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

56. Getting proper treatment for the disease is easy.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

F3. Breast Cancer Screening Knowledge, Attitudes

57. The disease only strikes older people.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

58. Eating high fiber foods decreases the risks of getting the disease.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

59. Having other family members who had cancer makes it more likely to get the disease

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

G. General Health Knowledge

I am going to read a series of statements about behaviors. Please tell me whether you believe that these behaviors would make it more or less likely to get cancer.

1. Eating lots of fresh fruits and vegetables
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
2. Smoking cigarettes or chewing tobacco
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
3. Getting exercise
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
4. Having radiation treatment or x-rays.
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
5. Having a lot of stress in your life.
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
6. Eating foods high in fat, such as bacon, sausage, cold cuts, oils, margarine and dairy products such as whole milk and butter.
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
7. Being Black.
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
8. Being White.
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
9. Getting a bump or hard hit to the body.
   ○ Make it more likely ○ Won't make any difference
   ○ Make it less likely ○ Not sure ○ Refusal
10. Eating high fiber foods such as whole grain breads and cereals, fruits, vegetables.
    ○ Make it more likely ○ Won't make any difference
    ○ Make it less likely ○ Not sure ○ Refusal
11. Drinking alcohol.
    ○ Make it more likely ○ Won't make any difference
    ○ Make it less likely ○ Not sure ○ Refusal

Now, I am going to ask you some questions about your health knowledge, attitudes and exams.

12. How would you say your health is in general?
    ○ Poor ○ Fair ○ Good ○ Excellent
    ○ No opinion ○ Refusal

G. General Health Knowledge

13. How would you say your health is compared to other women who are close to you in age?
    ○ Poor ○ Fair ○ Good ○ Excellent
    ○ No opinion ○ Refusal

14. How serious do you think breast cancer is as a health problem for women?
    ○ Very serious ○ Serious ○ Somewhat
    ○ Not serious ○ Refusal

15. Have you had your most recent general physical examination?
    Mo/D/Y _____ ○ Refusal

16. I am going to read a list of factors; in your opinion, which are the ones you think would increase a person's chance of getting cancer? (READ EACH CHOICE, a - r, ALOUD)

a. High blood pressure	○ Yes	○ No
b. Diabetes	○ Yes	○ No
c. High cholesterol	○ Yes	○ No
d. Being overweight	○ Yes	○ No
e. Family history	○ Yes	○ No
f. Lack of exercise	○ Yes	○ No
g. Growing older	○ Yes	○ No
h. Too much sugar	○ Yes	○ No
i. Drug use	○ Yes	○ No
j. High fat diet	○ Yes	○ No
k. Too much salt	○ Yes	○ No
l. Caffeine	○ Yes	○ No
m. Sudden weight loss	○ Yes	○ No
n. Unprotected sex	○ Yes	○ No
o. Promiscuous sex (Multiple sexual partners)	○ Yes	○ No
p. Chewing tobacco	○ Yes	○ No
q. Being female	○ Yes	○ No
r. Being male	○ Yes	○ No

H. Barriers to Cancer Screening

For each statement, check the one answer that comes closest to the way you feel

1. Cancer treatment would be worth going through if there was a small chance that it would save my life.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

2. There is very little a person can do to reduce his/her chances of getting cancer.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

3. Having a check-up once a year is worth the time and effort.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

4. I have doubts about some of the things doctors say they can do for you.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

5. I am aware of the health services in my community.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

6. I would have a mammogram (breast X-ray) only if my doctor recommended it.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

7. I would seek more medical services if they were not expensive.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

8. I am usually afraid of what the doctor will find.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

9. Breast exams embarrass me.
   ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

10. Exposure to radiation during a mammogram concerns me.
    ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

11. I appreciate reminders about my medical appointments.
    ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

12. Not having transportation makes it difficult for me to keep medical appointments.
    ○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

H. Barriers to Cancer Screening

13. The cost of medical care keeps me from going to the doctor.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

14. It takes a long time to get an appointment to see a doctor.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

15. Doctors make me feel uncomfortable.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

16. Getting the time off work makes it difficult for me to go to the doctor.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

17. The chance of finding something wrong keeps me from seeking medical advice.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

18. Doctors take their time when explaining medical procedures to me to make sure I understand.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

19. Instead of going to the doctor when I do not feel well, I just take it easy for a while.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

20. Privacy is important to me during my visit to health care facilities.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

21. I am afraid of the pain I may feel when I visit a health care facility.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

22. Receiving proper respect and courtesy during my exam is very important.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

23. Thinking or talking about breast cancer too much could cause me to get it.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

24. I am too healthy to get breast cancer.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

25. I do not believe I will ever get breast cancer because I take such great care of myself.
○ Strongly agree ○ Agree ○ Undecided ○ Disagree ○ Strongly disagree ○ Refusal

H. Barriers to Cancer Screening

26. I am not comfortable with allowing a stranger to touch my breast, even though it is a health professional.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

27. I do not like student doctors being involved with my care or exam without my permission in advance.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

28. I don't like to ask the doctor a lot of questions because (s)he does not have time.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

29. I would only have a mammogram if there were a problem with my breast.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

30. I don't need a mammogram because I perform my monthly self exam.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

31. Some women probably do not have mammograms because they do not like exposing their breast during the exam.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

32. Mammography produces too many negative feelings.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

33. I am not ashamed of my body.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

H. Breast Cancer Screening Continued

34. I believe the size of my breast makes it hard for me to get a good mammogram.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

35. Sometimes the mammogram technician is rude, non-caring, unhelpful or not patient enough.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

36. When having my mammogram, I fear the technician telling me that they need to repress my breast to get a better picture.

○ Strongly agree ○ Agree ○ Undecided
○ Disagree ○ Strongly disagree ○ Refusal

I. Empowering Factors

I am going to read the following statements and you tell me whether or not it applies to you.

1. It is up to me to work with my doctor to protect myself from cancer . . ○ Yes ○ No
2. Having a mammogram reassures me that I have done my part toward protecting my breast health. ○ Yes ○ No
3. Having a mammogram makes me feel better about myself. . . . . ○ Yes ○ No
4. My spouse / partner encourages me to get my mammogram . . . . . ○ Yes ○ No
5. Having regular mammograms is very important to my family . . . . . ○ Yes ○ No
6. Having regular mammograms is very important to my friends . . . . . ○ Yes ○ No
7. I am able to talk about health issues such as breast cancer with my family and friends. . . . . ○ Yes ○ No
8. I personally know someone who has had breast cancer . . . . . ○ Yes ○ No
9. I personally know someone who has died from breast cancer . . . . . ○ Yes ○ No
10. I realize that I am at risk for breast cancer because I know someone who has it or has been previously diagnosed with the disease . . . . . ○ Yes ○ No

I. Empowering Factors Continued

I am going to read you a list of possible sources of information. For each source, please tell me if you

11. In the past 2 years, have you received information from (ITEM):	○ Yes	○ No
a. Cancer Infromation Service phone line (800-4-Cancer)	○ Yes	○ No
b. Organizations such as the American Cancer Society	○ Yes	○ No
c. Access Med...PLUS	○ Yes	○ No
d. Your friends, co-workers, family or relatives	○ Yes	○ No
e. Your doctor, nurse or health care provider	○ Yes	○ No
f. Community groups	○ Yes	○ No
g. Place where you work	○ Yes	○ No
h. Hospitals/Health Clinic	○ Yes	○ No
i. Health fairs	○ Yes	○ No
j. Hair stylist/barber	○ Yes	○ No
k. Church	○ Yes	○ No
l. Posters and bulletin boards	○ Yes	○ No
m. Newspapers	○ Yes	○ No
n. Magazines, books and pamphlets	○ Yes	○ No
o. Radio	○ Yes	○ No
p. Television	○ Yes	○ No
q. Audio or video tape	○ Yes	○ No

12. From the above sources that you received information, which helped you to decide to get a mammogram?

13. Of those, which was most helpful?

J. Final Thoughts Concerning Mammography

1. Please share with me how you first learned about mammography?

2. How old were you?

3. Before your first mammogram, what did you expect the experience to be like?

4. Was there anything about the thought of having the test that made you really hesitate?

J. Final Thoughts Concerning Mammography

5. When you thought about being screened, was there anything in your mind that made you feel like backing out or delaying the test?

6. After your first mammogram appointment was scheduled, did you keep the appointment?

7. If not, what happened?

8. If not, how long did it take you to reschedule the appointment?

9. If you kept the appointment despite some personal worries or concerns, how did you overcome those feelings?

J. Final Thoughts Concerning Mammography (Contd.)

10. If you originally cancelled then re-scheduled and kept your mammogram appointment, did anyone or anything specifically help you to decide to go through with the test?

11. If you could only tell another woman three things to encourage her to have her mammogram done, what would those three things be?

a.

b.

J. Final Thoughts Concerning Mammography (Contd.)

c.

END END TIME

Appendix 3

Tennessee Coordinated Care Network

October 25, 2001

Dr. Nasar U. Ahmed
Principal Investigator
Empowering Factors Among Breast Cancer Screening Compliant Underserved Population
Meharry Medical College
1005 D. B. Todd Blvd.
Nashville, TN 37208

Dear Dr. Ahmed:

This letter is to notify you that the State of Tennessee has decided to terminate Tennessee Managed Care Network's Contractor Risk Agreement effective October 31, 2001. The termination of the Contractor Risk Agreement has forced us to cease the provision of health care services to our members. This action has also resulted in the interruption of all research activities including the "Empowering Factors " study.

Therefore, it saddens me to inform you that Tennessee Coordinated Care Network will no longer play a role in the "Empowering Factors" study.

Sincerely,

Yigzaw Belay, M. S., PAHM

Director of Health Promotion & Disease Prevention

220 Athens Way • Nashville, Tennessee 37228 • (615) 255-2700 or 1 (800) 269-3133