

AD \_\_\_\_\_

**AWARD NUMBER DAMD17-97-1-7189**

**TITLE: Using Breast Cancer Survivors to Increase Mammography Use**

**PRINCIPAL INVESTIGATOR: Susan Robinson, M.D., M.P.H.**

**CONTRACTING ORGANIZATION: Drew University  
Los Angeles, California 90059**

**REPORT DATE: August 1999**

**TYPE OF REPORT: Annual**

**PREPARED FOR: Commander  
U.S. Army Medical Research and Materiel Command  
Fort Detrick, Maryland 21702-5012**

**DISTRIBUTION STATEMENT: Approved for public release; distribution unlimited**

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

# REPORT DOCUMENTATION PAGE

*Form Approved*  
DAB No. 0704-0180

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0180), Washington, DC 20503.

1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE <b>August 1999</b>	3. REPORT TYPE AND DATES COVERED <b>Annual (1 Aug 98 - 31 Jul 99)</b>	
4. TITLE AND SUBTITLE <b>Using Breast Cancer Survivors to Increase Mammography Use</b>		5. FUNDING NUMBERS <b>DAMD17-97-1-7189</b>	
6. AUTHOR(S) <b>Susan Robinson, M.D., M.P.H.</b>		8. PERFORMING ORGANIZATION REPORT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) <b>Drew University Los Angeles, California 90059</b>		10. SPONSORING / MONITORING AGENCY REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) <b>U.S. Army Medical Research And Materiel Command ATTN: MCMR-RMI-S 504 Scott Street Fort Detrick, Maryland 21702-5012</b>		11. SUPPLEMENTARY NOTES	
12a. DISTRIBUTION / AVAILABILITY STATEMENT <b>Approved for public release; distribution unlimited</b>		12b. DISTRIBUTION CODE	
13. ABSTRACT ( <i>Maximum 200 words</i> ) <p>The primary objectives for year two were to: recruit and train 6 breast cancer survivors and 6 community women without breast cancer for a program to train women to become breast health educators and to implement breast health education programs (Breast Health Symposia) in community churches. The goal of the program is to encourage participation in mammography among women, ages 40 and older, who have not had a mammogram within 12 months.</p> <p>A total of 8 breast cancer survivors and 9 women without the disease successfully completed a training program that was designed to enable them to effectively conduct breast health symposiums among churches located in South Central Los Angeles. The educators are similar in age, race and education. All trainees received a standardized training program that was led by the research team.</p> <p>Twenty churches were randomly assigned to one of two intervention groups. Group A, the control group, received breast health education from community educators. Group B received breast health education from breast cancer survivors. To date, seven programs have been conducted. A total of 47 women attended the program and 23 were eligible to participate in a follow-up study designed to determine whether breast cancer survivors are 20 % more effective in encouraging women to obtain a mammogram within a six month period.</p>			
14. SUBJECT TERMS <b>Breast Cancer , Outreach Program, Education</b>			15. NUMBER OF PAGES <b>23</b>
17. SECURITY CLASSIFICATION OF REPORT <b>Unclassified</b>			16. PRICE CODE
18. SECURITY CLASSIFICATION OF THIS PAGE <b>Unclassified</b>	19. SECURITY CLASSIFICATION OF ABSTRACT <b>Unclassified</b>	20. LIMITATION OF ABSTRACT <b>Unlimited</b>	

## FOREWORD

Opinions, interpretations, conclusions and recommendations are those of the author and are not necessarily endorsed by the U.S. Army.

\_\_\_\_\_ Where copyrighted material is quoted, permission has been obtained to use such material.

\_\_\_\_\_ Where material from documents designated for limited distribution is quoted, permission has been obtained to use the material.

\_\_\_\_\_ Citations of commercial organizations and trade names in this report do not constitute an official Department of Army endorsement or approval of the products or services of these organizations.

\_\_\_\_\_ In conducting research using animals, the investigator(s) adhered to the "Guide for the Care and Use of Laboratory Animals," prepared by the Committee on Care and use of Laboratory Animals of the Institute of Laboratory Resources, national Research Council (NIH Publication No. 86-23, Revised 1985).

*W* For the protection of human subjects, the investigator(s) adhered to policies of applicable Federal Law 45 CFR 46.

\_\_\_\_\_ In conducting research utilizing recombinant DNA technology, the investigator(s) adhered to current guidelines promulgated by the National Institutes of Health.

\_\_\_\_\_ In the conduct of research utilizing recombinant DNA, the investigator(s) adhered to the NIH Guidelines for Research Involving Recombinant DNA Molecules.

\_\_\_\_\_ In the conduct of research involving hazardous organisms, the investigator(s) adhered to the CDC-NIH Guide for Biosafety in Microbiological and Biomedical Laboratories.

*Susan Robson* 1/30/99  
PI - Signature Date

TABLE OF CONTENTS

<b>Subject</b>	<b>Page</b>
<b>Front Cover</b>	<b>1</b>
<b>Report Documentation Page</b>	<b>2</b>
<b>Foreword</b>	<b>3</b>
<b>Table of Contents</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>Body</b>	<b>5</b>
<b>Key Research Accomplishments</b>	<b>11</b>
<b>Reportable Outcomes</b>	<b>11</b>
<b>Conclusions</b>	<b>11</b>
<b>Appendices</b>	
<b>A. Participant Statistics</b>	
<b>B. Application for Copyright</b>	
<b>C. Copy of Abstract</b>	
<b>D. Preliminary Follow up Survey</b>	

## A. INTRODUCTION

Mortality rates from breast cancer are higher in African-American women than other racial or ethnic groups. The excessive mortality is partially explained by a lower rate of participation in routine breast cancer screening. The purpose of this three-year research study is to increase utilization of mammography in minority women. The study is designed to test the hypothesis that breast cancer survivors will be 20% more effective than non-breast cancer survivors in encouraging mammography usage among women who have not had a mammogram within 12 months. In stage one, African-American breast cancer survivors and community women will be recruited and trained to serve as breast health educators. In stage two, breast education programs will be implemented among churches in South-Central Los Angeles, California. These programs are known as Breast Health Symposia. Twenty churches were randomly assigned to one of two intervention groups: Group A, control group, received breast health education from community educators. Group B received breast health education from breast cancer survivors. In stage three, the project will assess and compare screening rates among both groups.

Primary tasks to be accomplished within the second year of the project are to:

- Recruit breast cancer survivors and community women (extended from year one)
- Initiate training programs during months eleven through thirteen
- Select church coordinators during months six through sixteen
- Train church coordinators during months eleven through eighteen
- Develop schedule to conduct breast cancer programs in months twelve to twenty

Other activities to be conducted within the first twenty-four months of the project:

- Educators attend targeted churches prior to breast education project
- Educators to conduct community outreach programs (Breast Health Symposia)
- Collect follow-up data regarding mammography use

Descriptions of the progress of the project from August 1, 1998 to July 31, 1999 are summarized below.

## B. BODY

### B1. Recruit Cancer Survivors and Community Women

African-American women willing to assist in conducting church-based breast health programs participated in this study. Women with breast cancer and women without the disease were recruited from communities with large numbers of minorities in South-Central Los Angeles.

Breast cancer survivors were recruited from three African American breast cancer survivor groups. Dr. Robinson contacted each group and made presentations about the program

during regular meetings or to their key leaders (Presidents, Vice-presidents). In addition, announcements about the program were distributed to organizations that serve minority populations. The announcements provided information about the selection criteria and instructions on how to enroll in the program. The eligibility requirements are to be: (1) between the ages of 40 to 70, (2) at least 6 months post chemotherapy and/or radiation therapy, (3) physically and emotionally able to assume the task of educating, (4) a current resident of Los Angeles County and (5) of African-American descent.

A comparison group composed of women similar in race, age and education were selected to participate. They were identified by word of mouth and by distributing announcements describing the project to community-based agencies. Eligibility criteria are: (1) being between the ages of 40 and 70, (2) never having been diagnosed or treated for breast cancer, (3) no family history of breast cancer in biological mother, sister or daughter, (4) physically and emotionally able to assume the task of educating and (5) residency in Los Angeles County.

All interested participants were instructed to call the office of the principal investigator, Dr. Robinson, in order to enroll. Demographic information was obtained during the initial contact. Women who met the selection criteria were given an overview of the responsibilities, time commitments, reimbursement rate of \$15.00 per hour and transportation requirements. Each eligible and interested woman was asked to participate and an informed consent was obtained. An information packet regarding the training session (application form, directions and date of next training session) was sent to each candidate.

Ten (10) participants were recruited for each training program with the anticipation that attrition would reduce the number to 6 to 8. The participants were assigned to a specific category. Group one was designated for women without breast cancer and Group two was for women with a history of breast cancer.

A total of 30 women contacted the office regarding the training program. Three women did not meet the eligibility requirements and six women failed to attend the training program. A total of 21 women (n=12 breast cancer and n=9 women without breast cancer) attended the training program. Four educators who were breast cancer survivors were excluded from the study because their training was conducted with the input of an instructor who died from breast cancer. The remaining seventeen educators received the same training program (n=8 breast cancer survivors and n=9 non-breast cancer survivors).

## **B2. Initiate Training Session**

Dr. Robinson and the curriculum specialist, Susan Henry, conducted the training programs at King/Drew Medical Center. All of the sessions followed the same format and covered the same topic using a training curriculum designed by Dr. Robinson and S. Henry. The training program was conducted in two 5-hour segments on different days. There was a thirty-minute orientation to the course and introduction of class members

during day one. All trainees were required to complete a sixty item pre-test. The program provided information that enables trainees to function effectively as breast health educators. Instructional methodology included lectures, group discussions, quizzes, take home materials and an annotated slide and videotape presentation with oral explanations. Day two offered trainees an opportunity to practice presentation skills, demonstrate their knowledge of breast health and to practice conducting the church based educational intervention, referred to as the Breast Health Symposium. To successfully complete the training program, each participant was required to attend all lectures, pass the posttest (85% correct) and conduct a mock evaluation of a symposium presentation. At the end of the training program, evaluations were done to assess the quality of the training program. Participants who passed the program received a certificate of completion. The certificate, hereafter, enables participants to serve as certified breast health educators.

Quantitative data regarding demographic information and pre and post tests were entered into a computer program using SPSS-PC and tabulated to summarize information about the participants' demographics and level of knowledge. Unique code numbers were assigned to all data collection materials. The composition of the identifier included use of initials for breast cancer survivors (BCS) and for the comparison group (CG). Chi-square and t-tests analyses of variance were used to test for differences between breast cancer survivors and non-breast cancer survivors. The final and more detailed analyses will occur during months 24-34 of the project

All seventeen participants, who attended the training program, successfully passed. Their mean age was 49, with a range of 40 to 60 years. All of the women had completed high school and some had obtained a Bachelor's degree. No significant differences in terms of age and education were found between the two groups. A higher percentage of women without breast cancer than those with breast cancer were married. Comparisons of baseline and post-training assessments revealed significant increases in knowledge about breast cancer prevention and control among both groups. Differences in knowledge between the two groups were greater at pretest compared to posttest. The mean pretest score was 54 for non-breast cancer survivors and 72 for breast cancer survivors. The mean post training score was 88 for non-cancer survivors and 92 for cancer survivors.

Susan Henry will evaluate all presentations by the breast health educators using the evaluative tool identical to the mock presentation evaluation. This feedback will identify strengths and weakness of evaluators and will be used to identify potential deficits of the training program that need to be addressed in the proposed refresher course. A two to three hour refresher course will be designed and implemented in the third year of the project. All educators will be required to attend.

Dr. Robinson has applied for copyright of the training program (See Appendix-B).

**B3. Selection of Church Coordinator**

The purpose of church coordinators is to assist in the organization of the symposium at the churches and to assist in recruiting women for the symposium. During the initial contacts with churches, Dr. Robinson asked the pastor or the designated contact person to identify at least one female who would be responsible for organizing the program. Dr. Robinson asked that they select a female whom others in the congregation usually turned to for advice or who would be most helpful in organizing an education program. To date, each church that agreed to participate in the study has identified a church coordinator and all of them accepted their appointed role. Dr. Robinson contacted each coordinator and congratulated her for having been selected.

**B4. Church Coordinator Training Session**

All church coordinators met with Dr. Robinson for 45-60 minutes. The purpose of the meeting was to acquaint them with the problem of breast cancer, describe their roles and responsibilities and inform them of the resources which they will need (tables for sign-in and consenting process) in order to conduct the outreach program. To reduce bias in the outcome variable, they were advised to avoid encouraging women to obtain a mammogram. The coordinator was also instructed to place announcements about the program in the church bulletin 3 to 4 weeks prior to the breast health symposium in order to provide information regarding the time and date of the program. In addition, they were asked to assist in arranging for Dr. Robinson and two educators to present a 5-minute overview of the study to the congregation. All church coordinators have selected a date for the conduct of a Breast health symposium.

**B5 Develop schedule to conduct breast cancer program**

Each church coordinator was responsible for scheduling a breast health symposium at their church. It was recommended that the symposium be scheduled after a Sunday Service or a normally scheduled event such as women's group meetings or usher board meetings. A total of twenty symposia were scheduled beginning in month 16 of the project. Based on the current schedule, a Breast Health Symposium will occur every three to four weeks from months 18 through 30 of the project. To date, seven Breast Health Symposia have been completed successfully.

**B6. Other activities conducted within the first 24 months of the study*****B6a. Educators attendance at church prior to education project***

One week prior to the program, two educators, along with Dr. Robinson made a 5-minute presentation about the project to the congregation. Information about the duration and content of the program was provided and all women were invited to attend the Breast Health Symposium. A total of 7 presentations have been made. It is anticipated that the remaining presentations will occur as scheduled through month 30 of the project.

***B6b. Conduct outreach programs***

The educational intervention is implemented as a Breast Health Symposium. The educational intervention is conducted in community churches located in Los Angeles, California. Churches randomly assigned to group A received breast health presentations from community women. Churches assigned to group B received the same information, along with testimony from breast cancer survivors about their cancer experiences. All women who attended received a Breast Health Symposium Packet. Each participant was asked to complete a brief survey to assess their breast cancer screening behaviors and demographics. Attendees, aged 40 and older, who have not had a mammogram in twelve months and are without a personal history of breast cancer, will be asked to participate in a follow-up interview. Those who agreed to participate in the study were required to provide an informed consent and will be contacted in 6 months to determine if they obtained a mammogram.

A panel of four breast health educators jointly conducted each Breast Health Symposium. To standardize the delivery and content of all symposia, a Breast Health Symposium Slide Presentation Guide was developed by Dr. Robinson and S. Henry. Information about the anatomy and function of breasts, breast cancer statistics, breast cancer risk factors, the importance of detecting breast cancer early and routine participation in mammography are discussed. In addition, a demonstration of breast self-examinations and information on local and national breast cancer resources was provided. The information was presented in four sections. Each educator presented for 10 to 15 minutes. Presentations were followed by a question and answer period. At the conclusion of the symposium, evaluations were done to assess the delivery and quality of the program. Dr. Robinson was present at all symposia and assisted in the consenting process, conduct introductions and program evaluations. Data management and evaluation procedures are discussed in section B6d and B6e.

Dr. Robinson presented results from pilot testing the Breast Health Symposium to the National Medical Association. Subsequently, she submitted an abstract for presentation to the National Medical Association 1999 Annual Convention and Scientific Assembly on August 9, 1999 in Las Vegas, Nevada. The abstract was accepted for publication and presentation (See Appendix C).

***B6c. Collect follow-up data regarding mammography use***

Six-months after intervention, five attempts will be made to contact the subject. The first attempt will be a telephone call to the person's home or to a contact person if there is no home phone. A home visit will be made if necessary. The subject will be asked if she obtained a screening mammography and where. She will then be asked if she received the mammography results. Women with abnormal results will be asked if they need further assistance. Women with abnormal results will have access to social and medical support. The project will utilize breast cancer support group members to serve as navigators. They will be available to assist with a wide variety of psychosocial issues. In addition, Dr. Robinson will utilize other physicians from King/Drew Medical Center to facilitate

medical care. An interviewer who is unaware of the intervention groups will record follow-up data. It is anticipated that the follow-up assessments will begin during month 26 until month 35 of the project. Data collection instruments and plans to track women with abnormal results will be finalized during month 25 of the project (See Appendix D- Preliminary Six- month follow-up instruments).

#### *B6d. Data Processing*

Unique code numbers will be assigned to all data collection instruments, including the six-month follow-up survey. The composition of the identifier will include initials depending on the intervention group, date of symposium, initials of the church, and a code number that will be generated by the computer. The unique identifier will resemble the format: IC7299AMC325. Data will be monitored at several points throughout the study period.

Data collection instruments at each symposium are reviewed for validity and completeness. Dr. Robinson will resolve any omissions or questionable data at the time. The research assistant will contact participants via telephone in order to obtain missing information, if needed. Data will then be directed to Dr. Robinson who, again, will monitor the information obtained from data collection instruments for completeness and appropriateness. She will explore and resolve reports of data that are questionable or absent. Completed data collection instruments will be cleaned, edited and coded by the Epi-Stat Unit at King/Drew Hospital. An automated editing program to detect out-of-field observations will be designed by the Epi-Stat Unit. Data will be transferred to the Epi-Stat Unit for analysis. All copies and originals of data will be kept in a locked cabinet in the office of Dr. Robinson.

#### *B6e. Interim analyses*

Process evaluation will include documentation of the number of all women who attended the Breast Health Symposia and of all women who have not had a mammogram within 12 months. A total of fifty-five women were excluded from the baseline sample because they attended a symposium that was used for pilot testing or was conducted by a breast health educator who was later excluded from the study. To date, 47 women have attended the programs and 23 are eligible to participate in the study. The quality of the program was well received by the target population based on results obtained from the evaluation forms. More detailed analyses will occur during months 24-34 of the project.

The outcome variable represents the number of women who obtain a mammogram within six months following attendance at the symposium. This will occur during months 24 through 34 of the project. Analyses of the outcome variables will begin during months 26 of the project. This will occur with input from the Epi-Stat Unit at King Drew University.

Descriptive statistics will be used to describe inadequately screened women in terms of demographics and screening behaviors and to compare intervention groups in terms of demographics. The statistics will be means for continuous data and proportions for categorical variables. The T-test and Chi-Square test will be used to assess significance of differences. Stratification and multivariate analysis will be used in subsequent analyses to

adjust for any significant baseline differences among the intervention group during months 24-34 of the project.

**C. KEY ACCOMPLISHMENTS**

- ◆ Pilot testing of the Breast Health Education Curriculum and Training Manual
- ◆ Pilot testing of a Computerized Breast Health Slide Presentation
- ◆ Continuing Recruitment and Training of Breast Health Educators
- ◆ On-going Implementation of Educational Intervention (Breast Health Symposia)

**D. REPORTABLE OUTCOMES**

1. Applied for copyright for training program and breast health slide presentation
2. Presentation of preliminary results at a national conference
3. Abstract accepted for publication

**E. CONCLUSIONS**

Progress has been made toward accomplishing the goals and objectives of the project. Training community women and implementing breast health programs in several community churches has resulted in increased awareness about advances in breast cancer prevention and control. Because of the need to contact large numbers of women, the research study has targeted churches with large numbers of active members. Not enough time is available to establish a sustainable infrastructure for health promotion among churches with small congregations. Future church based interventions may be required to target smaller churches so as to capture older and more underserved populations.

# **APPENDICES**

# **APPENDIX- A**

## PARTICIPANT STATISTICS

**Figure One. Descriptions (Means) of Age, Pretest and Posttest among both groups of Breast Health Educators**

<b>GROUP</b>	<b>AGE</b>	<b>PRETEST</b>	<b>POSTTEST</b>
<b>NON BREAST CANCER SURVIVORS N=9</b>	<b>49.1</b>	<b>53.7</b>	<b>88.3</b>
<b>STD. Deviation</b>	<b>6.5</b>	<b>10.5</b>	<b>2.8</b>
<b>BREAST CANCER SURVIVORS N=8</b>	<b>49.4</b>	<b>72.8</b>	<b>92.9</b>
<b>STD. Deviation</b>	<b>6.8</b>	<b>11.2</b>	<b>4.2</b>
<b>TOTAL</b>	<b>49.2</b>	<b>62.6</b>	<b>90.5</b>
<b>STD. Deviation</b>	<b>6.5</b>	<b>14.4</b>	<b>4.1</b>

**Figure Two. T-Test Comparison of Pretest and Posttest among all Educators**

	<b>MEAN</b>	<b>Number</b>	<b>Standard Deviation</b>	<b>Significance</b>
<b>Pretest</b>	<b>62.6</b>	<b>17</b>	<b>14.4</b>	
<b>Posttest</b>	<b>90.5</b>	<b>17</b>	<b>4.1</b>	<b>.000</b>

# **APPENDIX- B**

**FEE CHANGES**

Fees are effective through June 30, 2002. After that date, check the Copyright Office Website at [www.loc.gov/copyright](http://www.loc.gov/copyright) or call (202) 707-3000 for current fee information.

**FORM TX**

For a Nondramatic Literary Work  
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TX	TXU
EFFECTIVE DATE OF REGISTRATION	
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

**1** **TITLE OF THIS WORK** ▼  
 A Training Program for Breast Health Educators and for Presentations of Breast Health Symposia; A Manual and Slide Presentation

**PREVIOUS OR ALTERNATIVE TITLES** ▼  
None

**PUBLICATION AS A CONTRIBUTION** If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. **Title of Collective Work** ▼

If published in a periodical or serial give: **Volume** ▼ **Number** ▼ **Issue Date** ▼ **On Pages** ▼

**2** **a** **NAME OF AUTHOR** ▼ Susan Bradshaw Robinson, MD, MPH  
**DATES OF BIRTH AND DEATH**  
 Year Born ▼ 1962 Year Died ▼  
**Was this contribution to the work a "work made for hire"?**  Yes  No  
**AUTHOR'S NATIONALITY OR DOMICILE**  
 Name of Country OR Citizen of United States  
 Domiciled in:

**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No  
If the answer to either of these questions is "Yes," see detailed instructions.

**NOTE**

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼  
Designed and created training manual and slide presentations

**b** **NAME OF AUTHOR** ▼ Susan Henry  
**DATES OF BIRTH AND DEATH**  
 Year Born ▼ 1934 Year Died ▼  
**Was this contribution to the work a "work made for hire"?**  Yes  No  
**AUTHOR'S NATIONALITY OR DOMICILE**  
 Name of Country OR Citizen of United States  
 Domiciled in:

**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No  
If the answer to either of these questions is "Yes," see detailed instructions.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼  
Developed tests and curriculum format

**c** **NAME OF AUTHOR** ▼  
**DATES OF BIRTH AND DEATH**  
 Year Born ▼ Year Died ▼  
**Was this contribution to the work a "work made for hire"?**  Yes  No  
**AUTHOR'S NATIONALITY OR DOMICILE**  
 Name of Country OR Citizen of   
 Domiciled in:

**WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK**  
 Anonymous?  Yes  No  
 Pseudonymous?  Yes  No  
If the answer to either of these questions is "Yes," see detailed instructions.

**NATURE OF AUTHORSHIP** Briefly describe nature of material created by this author in which copyright is claimed. ▼

**3** **a** **YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED** This information must be given in all cases. 1999  
**b** **DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK** Complete this information ONLY if the work has been published. Month  Day  Year

**4** **COPYRIGHT CLAIMANT(S)** Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Susan Bradshaw Robinson  
5331 Glasgow Court  
Los Angeles, California 90045

**TRANSFER** If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

DO NOT WRITE HERE  
OFFICE USE ONLY

**MORE ON BACK** ▶ • Complete all applicable spaces (numbers 5-8) on the reverse side of this page.  
• See detailed instructions. • Sign the form at line 8.

EXAMINED BY

FORM TX

CHECKED BY

CORRESPONDENCE  
Yes

FOR  
COPYRIGHT  
OFFICE  
USE  
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

Yes  No. If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▽

a.  This is the first published edition of a work previously registered in unpublished form.

b.  This is the first application submitted by this author as copyright claimant.

c.  This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▶

Year of Registration ▶

5

DERIVATIVE WORK OR COMPILATION

Founding Material Identify any preceding work or works that this work is based on or incorporates. ▽

a 6

See instructions before completing this space.

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▽

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.  
Name ▽ Account Number ▽

a 7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt./City/State/ZIP ▽

Susan Bradshaw Robinson  
5331 GLASCOW Court  
Los Angeles, California 90045

b

Area code and daytime telephone number ▶

Fax number ▶

Call ▶ (310) 670-0676

(310) 670-0676

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▶

- author
- other copyright claimant
- owner of exclusive right(s)
- authorized agent of \_\_\_\_\_

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

Typed or printed name and date ▽ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Susan Bradshaw Robinson

Date: \_\_\_\_\_

Handwritten signature (X) ▽

X *Susan Bradshaw Robinson*

Certificates will be mailed in window envelope to this address:

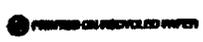
Name ▽	Susan Bradshaw Robinson
Number/Street/Apt. ▽	5331 Glasgow Court
City/State/ZIP ▽	Los Angeles, California 90045

Complete all necessary spaces - Sign your application in space 6

1. Application form
  2. Non-refundable filing fee in check or money order payable to Register of Copyrights
  3. Deposit material
- U.S. Copyright Office  
101 Independence Avenue, S.E.  
Washington, D.C. 20540-8000

9

\*17 U.S.C. § 504: Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 408, or in any written statement filed in connection with the application, shall be fined not more than \$2,000.



# **APPENDIX- C**

## **A Computerized Outreach Program for Educating Women about Breast Cancer Prevention and Screening**

**Susan B. Robinson, MD, MPH  
S. Henry RN, MSN**

Health programs delivered by community volunteers (health educators) are an effective and commonly used channel for disseminating cancer information to minority populations. Unfortunately, educating individuals with accurate and up-to-date information about cancer prevention and control can be a difficult task. Moreover, few outreach tools are available to assist breast health educators servicing African-American women. The purpose of this project was to determine if a computer-generated slide presentation is an effective method for communicating information about breast cancer.

A pretest-posttest study design was used to pilot test the intervention among African-American women residing in Los Angeles, California. Sixty women between the ages of 40 and 70 years were recruited from two churches. Participants attended a one-hour breast health symposium. The presentations were led by an African-American female and provided information about the anatomy of the breast, the importance of screening, breast cancer statistics and self-examination techniques. To assess the impact of the intervention on breast cancer knowledge, a 20-item questionnaire was administered prior to and after each symposium. To rate the programs' appropriateness and content, qualitative and quantitative data was obtained.

Chi-square analysis of pre and posttests indicated significant improvements in short-term knowledge of breast cancer and screening guidelines. Results from the survey suggested that the intervention is well accepted by African-Americans. In conclusion, computer-generated slide presentations may be a useful adjunct to outreach interventions targeting minority populations.

This activity was supported by grant #DAMD17-97-7189 from the U.S. Army Medical Research and Material Command.

## **APPENDIX- D**

ID Number: \_\_\_\_\_

---

**CHARLES R. DREW UNIVERSITY OF SCIENCE & MEDICINE  
BREAST HEALTH SYMPOSIUM**

**Sixth-Month Follow Up Survey  
Telephone Documentation**

**Participant Data Sheet**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
County: \_\_\_\_\_  
Location of Symposium: \_\_\_\_\_  
Date of Symposium: \_\_\_/\_\_\_/\_\_\_  
Interviewer: \_\_\_\_\_ Date of Call: \_\_\_/\_\_\_/\_\_\_

**Telephone Log**

<b>Date</b>					
<b>Day</b>					
<b>Hour</b>					
<b>Left Message</b>					
<b>Interviewer Initials</b>					

Unable to complete due to:

- Disconnected
  - No longer at this number
  - Did not remember program
  - Refused
  - Other Reason (Please specify)
- \_\_\_\_\_

---

**CHARLES R. DREW UNIVERSITY OF SCIENCE & MEDICINE  
BREAST HEALTH SYMPOSIUM**

**SIX MONTH FOLLOW-UP  
INTERVIEW**

Directions to interviewer: Record responses by placing a check (✓) in the corresponding boxes.

Introduction: Hello my name is \_\_\_\_\_ and I am calling on behalf of the Breast Health Education Project, a program that you attended on \_\_\_\_\_ at \_\_\_\_\_. You gave us permission to call you. Do you remember the program? I am doing a short survey to see how you have been since the program. All of your responses will be kept confidential. Only group responses will be reported. No information about individuals or their responses will be reported. I will read a series of questions to you. Please listen to all the choices before answering. There will be only one answer for each question.

1. Have you examined your own breasts since you attended the Breast Health Project and, if so, how often?

- <sup>1</sup>Yes, every month
- <sup>2</sup>Yes, but not every month
- <sup>3</sup>No

2. Have you had a breast examination by a doctor or nurse since you attended the Breast Health Project Program?

- <sup>1</sup>Yes
- <sup>2</sup>No

3. Have you had a mammogram or x-ray of the breast since you attended the Breast Health Symposium?

<sup>1</sup>Yes

<sup>2</sup>No (Go to question 5)

If yes, can you tell me when you had the mammogram? \_\_\_/\_\_\_/\_\_\_

4. Were your mammogram results abnormal?

<sup>1</sup>Yes

<sup>2</sup>No (Go to question 7)

If yes, was breast cancer diagnosed?

<sup>1</sup>Yes, Please explain \_\_\_\_\_

<sup>2</sup>No (Go to question 7)

5. Do you currently have an appointment for a mammogram?

<sup>1</sup>Yes

<sup>2</sup>No

If yes, when is your appointment? Month \_\_\_\_\_ 19 \_\_\_\_.

(Go to question 7)

6. Do you intend to have a mammogram this year?

<sup>1</sup>Yes

<sup>2</sup>No, if no why? \_\_\_\_\_

7. Do you want more information about breast health or cancer?

<sup>1</sup>Yes

<sup>2</sup>No

***Thank you for participating in the project. If you have any questions or concerns, please call us at 323-357-3498.***