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## **Tell a Friend : a program designed to help women get mammograms**

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## Tell A Friend

A program designed to help women get mammograms

Abstract: Tell A Friend is a program designed to help increase breast cancer screening and early detection through regular mammograms by having trained volunteer callers contact five friends or acquaintances to encourage them to get a mammogram.

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## Introduction

Tell A Friend is a nation-wide program by the American Cancer Society (ACS) designed to help women aged 40 and over get mammograms. The American Cancer Society (ACS) is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. The Central Coast ACS office provides services through programs such as Reach to Recovery, Look Good Feel Better, and transportation services. They hold Relay for Life events which produce funds for these programs; and have education programs on tobacco, nutrition, and cancer prevention.

The Tell A Friend program is designed to help increase breast cancer screening and early detection through regular mammograms by having trained, female volunteer callers contact five friends or acquaintances to encourage them to get a mammogram. This project consists of planning, implementing, and evaluating ACS's Tell A Friend program on the Central Coast of California.

The purpose of this study is to show the effects of the Tell A Friend program. Did a large number of women become educated about breast cancer early detection? And what number of these women received a mammogram due to this program's peer counseling strategy. This study is important because it adds to an existing body of knowledge about why the peer counseling strategy is effective in influencing behavior.

Researchers at The University of Texas M.D. Anderson Cancer Center "support the belief that peer counseling is an effective way to empower" women about breast cancer because "they

are more likely to discuss...issues with trusted family members or friends, one-on-one, rather than in a group or with their physician” (Women’s Health Weekly, Oct. 2003, pg. 38).

The American Cancer Society provided a program for woman that will encourage them to become open with their friends, family, and co-workers, who are age 40+ about the importance of getting regular mammograms. This special effort by someone she knows may convince a woman to get a mammogram, or it may bring her closer to making that decision in the future. This strategy is called "peer counseling" because the volunteers are contacting other women much like themselves.

## Literature Review

### Breast Cancer Early Detection

Breast cancer, a malignant tumor that develops from cells in the breast, is the second leading cancer-related death among women in the United States (after lung cancer) and the most frequently diagnosed non-skin cancer among U.S. women. Finding breast cancer early is currently the best way to control it, and a mammogram can find cancer several years before a woman or her health care provider might discover it through other screening methods. Many women age 40 or older have never had a mammogram, and many more do not get them every year, as recommended by the American Cancer Society. These women need encouragement and support to get screened. Tell A Friend programs provide this kind of support. (ACS, 2003)

Breast cancer early detection is extremely important because there is currently no proven ways to prevent the disease; and according to the American Cancer Society (2003), “breast cancer is the most common cancer among women in California, regardless of race/ethnicity.” There were an expected 1,520 new cancer cases in Monterey County in 2003, of these 295 of the cases were due to breast cancer (ACS, 2003). One out of every eight women will be diagnosed with breast cancer, while one in thirty will die from the disease (McTiernan, Grawlow, Talbott, 2000). Between 1988 and 1999 trends in female breast cancer incidence have continued to rise in California (figure 1). However, trends in female breast cancer mortality have begun to decrease over the same time span (ACS, 2003; figure 2). The main factor in this trend is that more women are following cancer screening guidelines and being tested regularly which allows the cancer to be caught early. According to the American Cancer Society, “survival is excellent when diagnosed early. If confined to the breast when discovered, five-year survival is over 95 percent” (2003), which is up from 72% in the 1940s.

## Mammography

The American Cancer Society, as well as many other health organizations such as the National Cancer Institute recommend that women use a combination of three methods for the early detection of breast cancer. The three methods include a breast-self exam (BSE), clinical breast exam (CBE), and mammography. Mammography is a specific type of imaging that uses a low dose x-ray system for examination of the breasts. This type of screening “has been shown to reduce breast cancer mortality by detecting small, nonpalpable, early-stage breast cancers” (Whitman, MD, 1999). Mammograms can detect a cancerous tumors up to two years before it is big enough to be felt with a hand (McTiernan, Grawlow, Talbott, 2000). Women who receive a mammogram every one to two years “have a 30 to 40 percent lower chance of dying from breast cancer compared with women who do not get regular mammograms” (McTiernan, Grawlow, Talbott, 2000). According to the American Cancer Society, U.S. Department of Health and Human Services, the American Medical Association, and the American College of Radiology, women should get a mammogram every year starting at age forty (Radiology Info, 2004).

While conducting a large-scale study, the Breast Cancer Detection Demonstration Project (BCDDP) researches found that 42% “of cancers detected through BCDDP were detected through mammography alone” (Clapp, 1993). In another study by Clapp his results showed that “older women, 50 years and above, experience[ing] a 40% reduction in breast cancer mortality” (1993). Whitman, MD, found that in “randomized clinical trials, mammographic screening of women aged 40 years and older has resulted in reducing cancer deaths by 29% to 49%” (1999). The number of breast cancer cases continues to grow globally, yet mammography usage continues to decline with advancing age (Whitman, MD, 1999). These women need to be

informed about the importance of mammography screening at their age and that it may save their life. Another group of women that do not follow screening guidelines are those who are low-income, minority, and inter-city women (Whitman, MD, 1999). These women need to be educated on the different programs and organizations who can help them receive mammograms and other screenings cost free.

Although mammography is still highly underutilized, the number of women being screened annually is increasing. According to a study done by ACS in 2000, “63 percent of women of screening age reported that they had a mammogram in the past year, compared to only 39 percent in 1987” (ACS, 2003). Recent research studies have shown that if all women followed breast screening guidelines that the death rate from breast cancer could decrease by 30%, therefore saving more than 12,000 lives each year (McTiernan, Gralow, Talbott, 2000).

## Peer Counseling

According to Jewel Cox, peer counseling is the process by which an individual gives nonjudgmental, nondirective support to a peer. Peer counseling involves creating a nonthreatening, nurturing environment in which the person being counseled feels comfortable expressing his or her concerns (1999, pg. 4). Peter Salovey considers peer counseling to be “both a method and a philosophy” (1996, pg. 3). Salovey feels that the basic premise of peer counseling “is that people are capable of solving most of their own problems if given the chance” (Salovey, 1996, pg. 3). The peer counselor is not there to diagnose or solve people’s problems, but rather to help them find their own solutions (Salovey, 1996, pg. 3). The peer counselor’s role is to supply a person with knowledge and support so they can make a well informed decision on what step to take in order to better the situation at hand.

Since peer counselors lack extended professional training in counseling they fall under the general rubric of paraprofessionals (Frenza, 1985). Peer counselors are usually selected from the group they will be serving and then are trained and sent out to perform the given task. Counselors are chosen from the population to be served because those are their peers and they will be able to generalize, communicate, and feel at ease with one another. According to Family Health International, “people relate well to people similar to them in age, background, and interests” (2003). A large number of “people prefer to receive...health information from their peers” (Family Health International, 2003). Another important aspect to having peer counselors is “the opportunity to gain special insight into the needs and problems of the group being served; and a bridge for the gap between professionals and the diverse groups they serve” (Frenza, 1985). Family Health International states that “the cultural similarity of peer promoters helps ensure that the language and messages used are relevant and appropriate” (2003). It is important

that programs are culturally sensitive when trying to reach people in the community. If the targeted audience does not trust the person(s) or understand what they are trying to inform them about they will not participate and therefore will be uneducated on the matter at hand.

Benefits from using peer counselors also include “expanded services and reduced costs because professionals are freed for other duties” (Frenza, 1985). Frenza also states that “nonprofessionals with limited training can be as effective as professionals, in some areas, in bringing about positive client change” (1985). This is largely in part because the peer counselor acts more as an understanding and trustworthy friend than a counselor or physician. People feel as if they can confide in a peer counselor and feel at ease with him or her. According to Family Health International, “peer-led programs can be implemented economically and can change social and community norms to support risk-reducing behavior” (2003).

## Methods

As Program Coordinator of Tell A Friend for the Central Coast Counties ACS office, the first step I took in the process was to set up training dates and meeting locations, and have invitations made for the Tell A Friend events. Once this was done the invitations were mailed to local business leaders and cancer survivors who I felt would be interested in becoming Tell A Friend leaders. There were four dates with fifteen spots available in each; all four trainings were held at the Salinas Valley Memorial Healthcare Cancer Resource Center. During the Tell A Friend Tea trainings, representatives from ACS were on hand to talk about breast cancer and the importance of getting regular mammograms, and a certified representative from the Breast Cancer Early Detection Center taught the women how to become Tell A Friend Leaders.

In addition to the four Tell A Friend Tea Parties, an informational program about different types of cancer and the Tell A Friend program was held at Salinas Valley Memorial Hospital. Myself, ACS staff, and Dana Calhoon from the Cancer Resource Center held three Women's Health Day events. During these events female workers at the hospital were able to stop by, have a free meal, and listen to an informative presentation on different types of cancer. The women were also informed about the Tell A Friend program and were invited to become leaders of the program. They were asked to fill out an information card if they were interested in the program. At the end of the 3 events a training was held for all of the women who were interested in becoming Tell A Friend leaders.

Tell A Friend leaders are asked to contact five women age 40+ and convince them to get a mammogram. The leaders were given a tracking form to keep track of the women they have contacted (appendix 1). These forms were then turned in to the Salinas chapter of ACS. I used

this secondary data to evaluate the number of women who were contacted and whether or not they received a mammogram.

The Tell A Friend Tea parties were held on four consecutive days at the Cancer Resource Center. The dates were October 21-24, 2003. The three Women's Health Day events at SVMH were held on October 16, 2003 and November 4, 2003.

## Results and Findings

From the four Tell A Friend training sessions a total of 98 women were contacted and asked to get a mammogram if they had not already received one within the year. Using SPSS to analyze the Tell A Friend tracking forms, results in Table 5 show that 50% of women reported to have already received a mammogram while 43% reported that they had not received one within the year. Table 3 categorizes by ethnicity the number of women who reported that they had or had not received a mammogram. All ethnicity groups had a similar distribution with about half of the women reporting that they had received a mammogram.

Table 2 shows that one-third of the Hispanic respondents and almost one-half of the White respondents did not receive a mammogram. A number of these women however did not receive a mammogram, because they had already received one earlier in the year (refer back to Table 3).

Table # 1 Was a Mammogram Obtained?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	47	48.0	48.0	48.0
no	50	51.0	51.0	99.0
3	1	1.0	1.0	100.0
Total	98	100.0	100.0	

Table # 1 shows the number of women who reported that they did or did not receive a mammogram due to the Tell A Friend program. Approximately one half of the respondents (51%) reported that they did not get a mammogram due to the Tell A Friend program.

Table # 2 Women Who Did or Did Not Receive a Mammogram By Race

Count

		Mammogram obtained?			Total
		yes	no	3	
ethnicity	Asian/Pacific Islander	2	2	0	4
	Black	3	3	0	6
	Hispanic	11	21	0	32
	Native American	3	3	1	7
	Other	0	1	0	1
	White	24	18	0	42
Total		43	48	1	92

Table # 2 shows the number of women by race who reported that they received or did not receive a mammogram because of the Tell A Friend program. The data is distributed by ethnicity and shows that only 11 out of 32 Hispanics that responded reported to have had a mammogram due to the program while 24 out of 42 Whites reported to have received a mammogram.

Table # 3 Did She Already Receive a Mammogram? Categorized by Ethnicity

Count

		Did she already have one this year?			Total
		yes	no	3	
ethnicity	Asian/Pacific Islander	1	3	0	4
	Black	3	3	0	6
	Hispanic	17	12	0	29
	Native American	4	3	0	7
	Other	0	1	0	1
	White	22	18	1	41
Total		47	40	1	88

Table # 3 shows whether the women, broken down by their ethnicity, reported that they had or had not already received a mammogram this year. Almost half of every population reported to have received a mammogram earlier in the year.

Table # 4 Number of Women Who Responded By Age and Ethnicity

Count

		ethnicity					Total	
		Asian/Pacific Islander	Black	Hispanic	Native American	Other		White
Age	40-49	3	2	23	2	1	16	47
	50-59	1	2	6	4	0	19	32
	60+	0	2	2	1	0	7	12
Total		4	6	31	7	1	42	91

Table # 4 shows the number of women in each age group under their ethnicity. The largest number of respondents were in the 40-49 age group and were White. Over two-thirds (23 out of 31) of the Hispanics that responded were in the 40-49 age bracket.

Table # 5 Did She Already Receive a Mammogram This Year?

**Did she already have a mammogram this year?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	50	51.0	53.2	53.2
	no	43	43.9	45.7	98.9
	3	1	1.0	1.1	100.0
	Total	94	95.9	100.0	
Missing	System	4	4.1		
Total		98	100.0		

Table # 5 shows the number of women who reported that they did or did not already have a mammogram this year. 51% of the respondents reported that they did receive a mammogram earlier in the year while 43.9% reported that they did not receive one.

## Conclusions/Recommendations

Although the number of women who reported that they had a mammogram was lower than expected, the Tell A Friend program was still considered a success. We concluded that the number of women who viewed the televised advertisement about the program, along with the number of women whom were contacted through the program made up well over a hundred women that were informed about breast cancer early detection and the importance of mammography. There were also a number of women who participated at the Tell A Friend Tea Parties who later asked the American Cancer Society to host a Tell A Friend training at their workplace, because they felt it was such an important program.

If another training session were to take place the American Cancer Society should invited a greater number of Hispanic women. After analyzing the data one can see that the largest number of women who have never received a mammogram and who also did not get one after they were contacted by a Tell A Friend Trainer were Hispanic women. Tell A Friend programs need to be offered to the Hispanic population and ran by a Spanish speaking facilitator. The more Hispanic women that are trained in breast cancer statistics and methods of early detection, a greater number of Hispanic women will be informed on the subject and hopefully will understand the importance of getting a mammogram once a year.

Through the Tell A Friend program a number of women learned about breast cancer and the importance of educating women of all ages and ethnicities about the importance of regular breast cancer screenings.

## MLO's and Vision Statement

The Major Learning Outcomes (MLOs) that were fulfilled in this capstone project consist of Leadership, Statistics and Research Methods, Collaboration, and Knowledge of Health and Human Services. The Leadership MLO was fulfilled when I, as the program coordinator, interviewed employer groups in the Salinas Valley, and worked with community groups to implement health education programs for female employees, and implemented educational programs at employer work sites. The Statistics and Research Methods MLO was fulfilled when I helped to increase the number of women educated through ACS Tell A Friend Program. I then gathered and consolidated all of the Tell A Friend tracking forms and entered the data into SPSS which is a statistical data program so that I could run graphical reports at the end of the training programs, and provide feedback reports to employer groups post education. The Collaboration MLO was fulfilled when I worked collaboratively with the Cancer Detection program (state program), SVMH (hospital), ACS (nonprofit), Natividad Hospital, and employer groups to implement Tell A Friend. I also assessed local employer's female employee education and resource needs for obtaining mammograms and worked with the provider to deliver services.

The CSUMB vision statement was incorporated and well represented in this project through the MLOs that were addressed. Creating a collaborative community with partnerships between different health care facilities and businesses in the Tri-County area through the MLOs fulfills parts of the CSUMB vision statement. The Tell A Friend Program also followed the vision statement by educating the community and therefore helping to create a better quality of life for women who are informed about the importance of breast cancer screening. The evidence that will be provided for the capstone project consists of the Tell A Friend tracking forms and news footage from KSBW television on the Tell A Friend Tea Parties.

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