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RESEARCH CENTER

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THE WITNESS PROJECT

MISSION STATEMENT:

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

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

STATEMENT OF NEED:

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

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

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

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PRELIMINARY WORK:

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

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

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

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

CURRENT ACTIVITIES:

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

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

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

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

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

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FUTURE PLANS:

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

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

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

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

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

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VOLUNTEER & PROFESSIONAL STAFF:

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

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

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

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

ADDITIONAL INFORMATION:

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

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

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

DEVELOPMENT OF AN AFRICAN-AMERICAN ROLE MODEL INTERVENTION TO INCREASE BREAST SELF-EXAMINATION AND MAMMOGRAPHY

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

INTRODUCTION

Mammography is an early detection method that reduces cancer mortality, particularly for women 50 years of age and older.^{1,2} Among African-American women in the United States over age 40, national studies report as many as 83% have heard of mammography and 59% have had a mammogram.³ Regional special-population studies, however, show mammogram rates that are half as high as the national rates.^{4,5} Also, of the African-American women who have had a mammogram, the majority have had only one.³ Often, these one-time mammograms may be for diagnostic purposes and are not part of a routine

screening procedure. During the period 1950-1967, significant variations were found in cancer incidence and survival between Caucasians and African-Americans.⁶ The five-year survival rate for cancer of the breast is 75% for caucasian Americans, and 63% for African Americans.^{7,8} Although the difference in mortality rates (from cancer and from other causes) is large, there are no widely accepted explanations.^{9,10}

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

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

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

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

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

representatives act as health educators or informants.²⁸

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

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

METHODOLOGY

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

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

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

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

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

Briefly, Type 1 learners perceive by sensing/feeling, and they process by watching/reflecting. Type 1 learners emphasize personal meaning, and their preferred method of learning

uses discussion and interaction. Their favorite question is "Why?" The first step, right mode, is to connect past experience with the new, thereby imposing personal meaning on what is learned. The second step, left mode, is to examine the connection (ie, personal experiences and discussion within witness session).

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

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

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

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

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

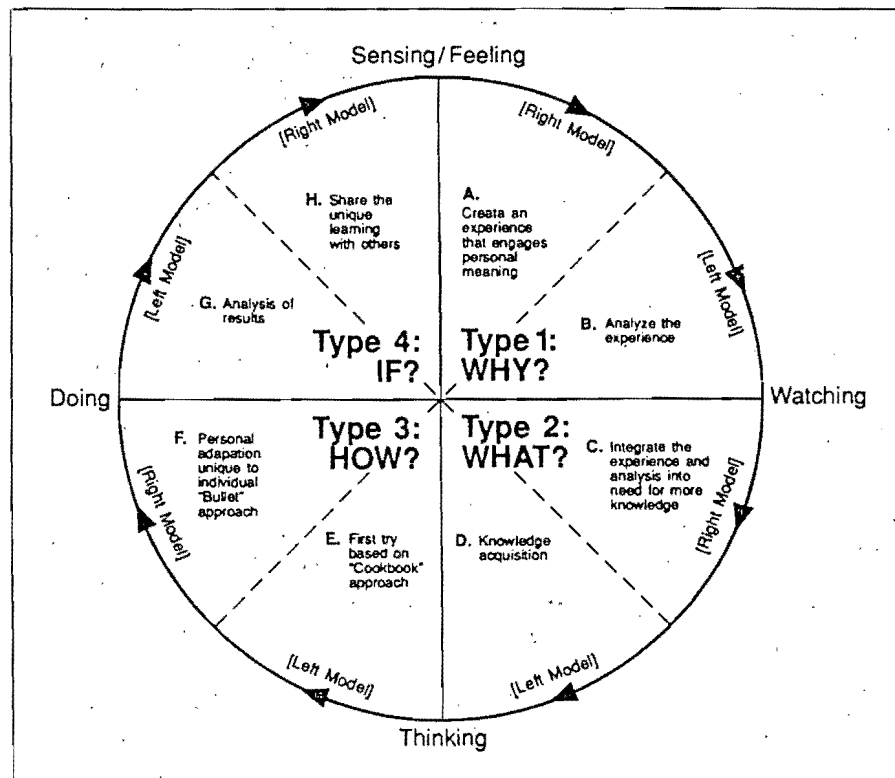


Figure 1. The 4MAT® system model. From *The 4MAT® System: Teaching to Learning Styles with Right/Left Mode Techniques* by Bernice McCarthy. ©1980, 1987 by Excel, Inc. Used by special permission. Not to be further reproduced without the express written permission of Excel, Inc. Those desiring a copy of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

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

With guidance, these women planned publicity and methods of contact with the African-American populations and churches, and they provided advice on overcoming specific cultural barriers. In the beginning, these women were paid approximately \$10 per session. Later, they volunteered their time as witnesses and role models for the program. The women

received some training about the clinical features of breast cancer and specifics of BSE and mammography.

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

tional literature regarding breast cancer and cervical cancer was available.

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

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

RESULTS

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

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

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

Table 1. Sociodemographic characteristics of participants by site

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

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

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

To evaluate the effectiveness of the witness program to increase the practice of BSE and screening mammography among African-American women, a comparison was made of responses given at baseline with those at follow-up. Table 2 presents the change from baseline to follow-up in the reported frequency and confidence of BSE. A significant increase in both frequency and confidence in practice of BSE was noted. Between baseline and follow-up, there was a large decrease in the number of respondents who reported that they did not practice BSE at all and a large increase in the number of women who reported practicing BSE more than monthly. In terms of reported confidence in practice of BSE, the women appeared to change slowly from not performing BSE at all to performing BSE

without confidence to performing BSE somewhat confidently.

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

DISCUSSION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

REFERENCES

1. Seidman A, Gelb SK, Silverberg E, et al: Survival experience in the breast cancer detection demonstration project. *Cancer* 37:258-290, 1987.
2. Shapiro S, Venet W, Strax P, et al: Ten to fourteen year effect of screening on breast cancer mortality. *J Natl Cancer Inst* 69:349-355, 1982.
3. Marchant DJ, Sutton SM: Use of mammography—United States. *MMWR* 39:629-630, 1990.
4. Richardson J, Marks G, Solis JM, et al: Frequency and adequacy of breast cancer screening among elderly Hispanic women. *Prev Med* 16:761-774, 1987.
5. Bloom JR, Hayes WA, Saunders F, Flatt S: Cancer awareness and early cancer detection practices of Black Americans. *Fam Community Health* 10:19-30, 1987.
6. Henschke UK, Lefall LD Jr, Mason CH, et al: Alarming increase of the cancer mortality in the US black population (1950-1967). *Cancer* 31:763-768, 1973.
7. Freeman HP: Cancer in the socioeconomically disadvantaged. *CA* 39:266-288, 1989.
8. Cancer Facts and Figures for Minority Americans 1991. Atlanta, Georgia: American Cancer Society, 1991.
9. Otten MW Jr, Teutsch SM, Williamson DF, Marks JS: The effect of known risk factors on the excess mortality of black adults in the United States. *JAMA* 263:845-850, 1990.
10. Boring CC, Squires TS, Health CW: Cancer statistics for African-Americans. *CA* 42:7-17, 1992.
11. Baquet CR, Hoim JW, Gibbs T, Greenwald P: Socioeconomic factors and cancer incidence among blacks and whites. *J Natl Cancer Inst* 83:551-557, 1991.
12. Short P, Monheit A, Beauregard K: A profile of uninsured Americans. National Medical Expenditure Survey Research Findings I, National Center for Health Services Research and Health Care Technology Assessment. DHHS Publication No. (PHS) 89-3443. Washington, DC: Department of Health and Human Services, September 1989.
13. Burack RC, Liang J: The acceptance and completion of mammography by older black women. *Am J Public Health* 79:721-726, 1989.
14. Denniston R: Cancer knowledge, attitudes and practices among black Americans. In, Mettlin C, Murphy GP (eds): *Cancer among black populations*. New York: Alan R. Liss, 1981, pp 225-235.
15. Michielutte R, Diseker R: Racial differences in knowledge of cancer. *Soc Sci Med* 16:245-252, 1982.
16. Saunders LD: Differences in the timeliness of diagnosis, breast and cervical cancer. *Am J Public Health* 79:69-70, 1989.
17. Freeman HP, Wasfie TJ: Cancer of the breast in poor black women. *Cancer* 63:2562-2569, 1989.
18. Cancer and the poor: A report to the nation. Findings of regional hearings conducted by American Cancer Society. Atlanta, GA: American Cancer Society, 1989.
19. Hatch J: Reducing barriers to utilization of health services by racial and ethnic minorities. In, Watkins E, Johnson A (eds): *Removing Cultural Barriers to Health Care*. Washington, DC: National Center for Education in Maternal and Child Health, 1981, pp 96-101.
20. Jenkins, CD: Overview: Behavioral perspectives on health risks among the disadvantaged. In, Parron DL,

- Solomon F, Jenkins CD (eds): Behavior Health Risks and Social Disadvantage. Washington, DC: National Academy Press, 1982.
21. Haywood RA, Shapiro MF, Freeman HP, et al: Who gets screened for cervical and breast cancer? *Arch Intern Med* 148:1177-1181, 1988.
 22. Montano DE, Taplin SH: A test of an expanded theory of reasoned action to predict mammography participation. *Soc Sci Med* 32:733-741, 1991.
 23. Pezza, PE: Value concept and value change theory in health education: A conceptual, empirical, methodological review. *Health Values* 15:3-28, 1991.
 24. Seeman M, Seeman TE: Health behavior and personal autonomy: A longitudinal study of the sense of control of illness. *J Health Soc Behav* 24:144-160, 1983.
 25. Bloom JR, Grazier K, Hodge F, Hayes WA: Factors affecting the use of screening mammography among African-American women. *Cancer Epidemiology Biomarkers and Prevention* 1:75-82, 1991.
 26. Levy DR: White doctors and black patients: Influence of race on the doctor-patient relationship. *Pediatrics* 75:639-643, 1985.
 27. Kochman T: *Black and white styles in conflict*. Chicago: University of Chicago Press, 1981.
 28. Airhihenbuwa CO: Health education for African-Americans: A neglected task. *Health Education* 20:9-14, 1989.
 29. Arkansas Statistical Abstract-1991. Publication No. 91-05. Little Rock, AR: Arkansas State Data Center, Arkansas Institute for Economic Advancement, University of Arkansas at Little Rock, 1991.
 30. Jones G: Failing health: Crisis in rural Arkansas. *Arkansas Gazette* 13 Jan 1991:9A.
 31. Erwin DO, Coleman EA, Spatz T, et al: Why traditional methods to encourage breast cancer screening are not effective with minority and low income populations. Unpublished manuscript.
 32. Doyle E, Smith CA, Hosokawa MC: A process evaluation of a community-based health promotion program for a minority target population. *Health Ed* 20:61-64, 1989.
 33. Spatz TS: "Improving BSE training by using the 4Mat instructional model". *J Ca Ed*, 6:179-183, 1991.
 34. Morris S, McCarthy B, Eds: 4MAT in action II: Creative lesson plans for teaching to learning styles with right/left mode techniques, Barrington, Illinois, *Excel*, 1990.
 35. McCarthy B: The 4MAT System: Teaching to Learning Styles with Right/Left Mode Techniques, Barrington, Illinois, *Excel*, 1987.

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2

THE WHITE HOUSE
WASHINGTON

June 27, 1994

Susan Blumenthal, M.D., MPA
Director of Women's Health
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Room 730B - Humphrey Building
Washington, DC 20201

Dear Susan:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

I know that I certainly have a dozen ideas racing through my head as follow up steps.. pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

My sincere thanks for your presence and personal involvement in the meeting.

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram



ARKANSAS CANCER RESEARCH CENTER

4301 West Markham, Slot 623 • Little Rock, Arkansas 72205 • 501-686-6000 • (FAX) 501-686-8165

① cc to Christine & Roy
② event file
film

JUN 23 REC'D

June 20, 1994

Carol Rasco
Assistant to the President for Domestic Policy
The White House
West Wing/2FL
Washington, DC 20500

Dear Carol:

On behalf of the witnesses, we want to thank you for the splendid job you did securing the participants for the June 16th presentation of the Delta Witness Project. The day was an outstanding success in every way, and we thoroughly enjoyed our visit and the opportunity to share the witness concept.

Your interest and support in this endeavor is greatly appreciated.

Sincerely,

Deborah O. Erwin, Ph.D.
Associate Director for Education
Arkansas Cancer Research Center

Thea Spatz, Ed.D.
Department of Biology
University of Arkansas at Little Rock

DOE/TS:mb

THE WHITE HOUSE
WASHINGTON

June 27, 1994

Dr. Joycelyn Elders
Surgeon General of the United States
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Joycelyn:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

As always, you were inspiring. I was so proud of all the Arkansans present. My sincere thanks to you for your special effort in attending and my thanks as well to Carol for coming.

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Sincerely,

Carol

Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

*Hamp was in town
briefly this weekend
and asked to be
remembered to
you!*

THE WHITE HOUSE
WASHINGTON

June 27, 1994

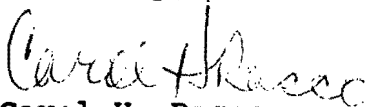
Betsy Myers, Assistant Administrator
Women's Business Ownership Office
Small Business Administration
409 3rd Street, S.W.
Washington, DC 20416

Dear Betsy:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE
WASHINGTON

June 27, 1994

Nancy W. Connell, President
The Susan G. Komen Breast Cancer Foundation
Occidental Tower
5005 LBJ Fwy - Suite 370, LB 74
Dallas, TX 75244

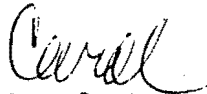
Dear Nancy:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

I am delighted that I had the opportunity to meet you. I am so in awe of the work of the Komen Foundation and am very pleased that Betsey has introduced me to the organization!

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE

WASHINGTON

June 27, 1994

Charlie Stavton

P6/b(6)

Dear Charlie:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

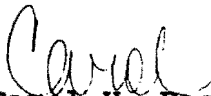
You are a marvelous witness...please keep telling people to take charge of their own lives and bodies. You say it so effectively!

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Charlie Stayton
July 27, 1994
Page 2

The President was so pleased when I shared with him the very special "Witnessing in the Delta" framed photograph. What a wonderful picture of commitment and caring it portrays!

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE
WASHINGTON

June 27, 1994

Ollie M. Jennings

P6/b(6)

Dear Ollie:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

What fun to see you again...it is always so wonderful to have Arkansans here with whom to visit. Please keep up the wonderful work you are doing.

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Ollie M. Jennings
July 16, 1994
Page 2

The President was so pleased when I shared with him the very special "Witnessing in the Delta" framed photograph. What a wonderful picture of commitment and caring it portrays!

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE
WASHINGTON

June 27, 1994

Ethel Davis

P6/b(6)

Dear Ethel:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

I am so pleased that I got to meet you and I applaud your courage in being a witness. As I shared with you, I will have both you and your daughter in my prayers.

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Ethel Davis
July 27, 1994
Page 2

The President was so pleased when I shared with him the very special "Witnessing in the Delta" framed photograph. What a wonderful picture of commitment and caring it portrays!

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE

WASHINGTON

June 27, 1994

Elizabeth Hart
Chairman of the Board
The Susan G. Komen Breast Cancer Foundation
Occidental Tower
5005 LBJ Fwy - Suite 370, LB 74
Dallas, TX 75244

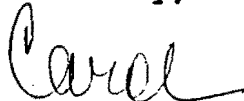
Dear Elizabeth:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

How lucky I am that Betsey brought you to my office that day. I look forward to more visits and work with you and the Foundation.

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

THE WHITE HOUSE

WASHINGTON

June 27, 1994

Deborah Erwin, Ph.D.
UAMS ACRC
4301 W. Markham, Slot 623-1
Little Rock, AR 72205

Dear Deborah:

Thank you for being a part of the meeting on Thursday, June 16. I was quite moved by the energy in the room and each person's presence added to this special time.

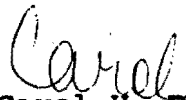
I am delighted that I finally got to meet you. Please keep me posted on the program and certainly if you are going to be in DC let me know in advance. As I tell others from Arkansas, it may be once in every three visits that we work out to see one another, but do try. My sincere congratulations on such an exciting and REAL program.

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Deborah Erwin, Ph.D.
July 27, 1994
Page 2

The President was so pleased when I shared with him the very special "Witnessing in the Delta" framed photograph. What a wonderful picture of commitment and caring it portrays!

Sincerely,



Carol H. Rasco
Assistant to the President for
Domestic Policy

CHR:ram

X Elders: (no sep. letter to Roddy needed)

As always you were inspiring. I was so proud of all the Arkansans present. My sincere thanks to you for your special effort in attending and my thanks as well to Carol for coming as well!

Blumenthal: (in this particular case please insert this paragraph after the first two form paragraphs)

My sincere thanks for your presence and personal involvement in the meeting. Further, I am determined to call an initial gathering of women in the administration to talk about a structure we might put together. I'd like to keep an initial meeting to about 12 individuals. I hope you'll jot down some ideas and send them to me in the next week.

Myers:

Use as last paragraph after two form ones the second, third and fourth sentences of Blumenthal inserted paragraph...just leave word "Further" off the second sentence.

Connell:

I am delighted I had the opportunity to meet you. I am so in awe of the work of the Komen Foundation and am very pleased that Betsey has introduced me to the organization!

Hart:

How lucky I am that Betsey brought you to my office that day. I look forward to more visits and work with you and the Foundation.

Erwin:

I am delighted I finally got to meet you. Please keep me posted on the program and certainly if you are going to be in DC let me know in advance. As I tell others from Arkansas, it may be once in every three visits we work out to see one another but do try. My sincere congratulations on such an exciting and REAL program.

Ethel Davis:

I am so pleased I got to meet you and I applaud your courage in being a witness. As I shared with you, I will have both you and your daughter in my prayers.

Ollie:

What fun to see you again....it is always so wonderful to have Arkansans here with whom to visit. Please keep up the wonderful work you are doing.

Charlie:

You are a marvelous witness....please keep telling people to take charge of their own lives and bodies. You say it so effectively!

I'm doing handwritten notes to Betsey, Michelle and Thea. & Roddy
We can use straight form to everyone else outside the White House.

(see next page for a picture thank you line)

Roz

Would like to sign at least
the highlighted ones
today.

edit, small stationery, see next page for beginning of insertions

Dear :

Thank you for being a part of the meeting on Thursday. I was quite moved by the energy in the room and each person's presence added to this special time.

(insert any special paragraph)

I know that I certainly have a dozen ideas racing through my head as follow up steps...I pledge continued effort on this critical issue of racing toward a cure for breast cancer as well as health education in general for all citizens.

Sincerely,

CHR

I'll let you decide where to put this sentence in the Erwin and witness letters:

The President will be so pleased when I take the very special "Witnessing in the Delta" framed photograph into him next week. What a wonderful picture of commitment and caring it portrays!

THE WEXLER GROUP

1817 F Street, N.W.
Suite 600
Washington D.C. 20004
202-638-2121
202-638-7045 Telecopy

FAX COVER SHEET

TO: Roslyn Miller

Carl Rasco's Office

FROM: Michele Woodward

PAGES: 2
(INCLUDING COVER)

DATE: 6/23/94

ANY PROBLEMS PLEASE CONTACT: Erly

MESSAGE:

CONFIDENTIALITY NOTE:

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Rural Women's Health Briefing - Breast Cancer Screening Project
June 16, 1994
Indian Treaty Room

Participants

Deborah Erwin, Ph.D.
UAMS ACRC
4301 W. Markham, Slot 623-1
Little Rock, AR 72205

Thea Spatz, Ed.D.
UALR Department of Biology
2801 S. University
Little Rock, AR 72204

Charlie Stayton

[Redacted]
P6/b(6)

Ollie M. Jennings

[Redacted]
P6/b(6)

Ethel Davis

[Redacted]
P6/b(6)



The Susan G. Komen
Breast Cancer Foundation
National Headquarters

Elizabeth Hart
Chairman of the Board

Occidental Tower
5005 LBJ Freeway
Suite 370, LB 74
Dallas, Texas 75244

(214) 450-1777
FAX (214) 450-1710



The Susan G. Komen
Breast Cancer Foundation
National Headquarters

Nancy W. Connell
President

Occidental Tower
5005 LBJ Freeway
Suite 370, LB 74
Dallas, Texas 75244

(214) 450-1777
FAX (214) 450-1710
Direct (214) 450-1731

SIGN IN SHEET

"WITNESSING IN THE DELTA"

<u>NAME</u>	<u>AGENCY/ORGANIZATION</u>	<u>PHONE</u>
C.H. Rasco	White House	456-2214
Jennifer Klein	White House	456-2599
Carol Roddy	DHHS/OSG	690-6467
Joyce Miller	Dept of Labor	219-7050
Amy Millman	Natl. Womens Business Council	205-3850
BETSY MYERS	OFFICE Womens Business Ownership @ Small Business Admin.	205-6673
ANDREA C. LOVE	DEPT. OF VETERANS AFFAIRS WOMEN VETERANS HEALTH PROGRAMS OFFICE (16C)	(202) 535-7182
Charlie Stayton	Witness for the Witness Project	501-572-7202
Olivia Jennings	Witness of the Delta	501-572-3284
Ethel Davis	Witness	501-375-4414
Deborah O Erwin	ACRC	501-686-8801
Jean S. Speitz	LEADR	501-569-3508
Dr. Josephine Collins	HHS	301-443-4000
Joyce J. Gosper	Pres, Susan G. Komen Foundation	(314) 450-1731 or 450-1747
Elizabeth Hart	Chair of Bd Susan G. Komen Breast Cancer Fdn	214-450-1791 or 450-1777
Juan Blumenthal	HHS	202 690-7650
Donald J. Bray	HHS	202-690-7650
Michele Woodward	Wexler Group / Komen Fdn.	662-3737
Michelle Gottlieb	HHS - OWH	202-690-7650
margery miller	HHS - OWH	202-690-7650
Karen Leavitt	HHS - OWH	202-690-7650
Betsy Wright	Wexler Group	202/638-2121
Jaylan Turkian	NIH	301 496-1736
Zan & Veroni	OWH-HHS	202-690-7650

THE WHITE HOUSE

Carol H. Rasco

Betsy -

Thank you, Thank

you for bringing

Elizabeth to my

office where we

switched today's

meeting - very

special!

Carol
16 June 1994

THE WHITE HOUSE

Michele,

Thank you for your help in putting the meeting together today - it was very special and above all, motivational!

Sincerely,

Carol H. Rasco

16 June 1994

THE WHITE HOUSE

16 June 1994

Shea -

How very special to see you today - wow, I am so impressed with the "Witnessing" project.

I love the photograph - thanks a million. Stay in touch - when remains what we can do. I am in the land

THE WHITE HOUSE

WASHINGTON

Dr. Susan Blumenthal
Deputy Secretary for Women's Health

THE WHITE HOUSE
WASHINGTON

X you's to all participants

Empowerment

Networking

Elders
Betsey
Ihea

Ollie

THE WEXLER GROUP

1317 F Street, N.W.
Suite 600
Washington, D.C. 20004
202-638-2121
202-638-7045 Telecopy

Michele Woodward
Senior Vice President

June 7, 1994

MEMORANDUM TO ROZ MILLER

FROM: Michele Woodward

(703) 276-6795
(202) 662-3737

RE: Komen Foundation Event

It was a pleasure to speak with you today about the Komen Foundation's Witnessing in the Delta program. We greatly appreciate Ms. Rasco's kind invitation to host an event in the White House on at 1:30pm on Thursday, June 16th to raise awareness of the Witnessing program within the Administration. As I promised, here is a list of some people you may wish to consider inviting:

The White House
Doris Matsui, Office of Public Liaison
Skila Harris, Mrs. Gore's office

Health and Human Services:
✓ Secretary Donna Shalala
Assistant Secretary Phil Lee
Dr. Joycelen Elders, Surgeon General
Dr. Susan Blumenthal (690-7172 fax)

Agriculture Department:
Secretary Mike Espy
Deputy Secretary Bob Nash

There has been some interest in expanding this program overseas in less developed countries. With that in mind, we would suggest the following people:

Agency for International Development:
Administrator Brian Atwood

Peace Corps:
Director Carol Bellamy

Ruth Harkin, President, Overseas Private Investment Corp. (OPIC)

Lottie Shackelford, OPIC Board

Jan Piercy, World Bank

Page 2

We had planned to discuss Komen's workplace screening activities, research support and the various Race for the Cure events with various people in the Administration. If you think it would be appropriate to accomplish this goal at this particular event, we would add the following individuals:

Veteran's Affairs:

Secretary Jesse Brown

Labor Department:

Secretary Robert Reich
Karen Nussbaum, Women's Bureau

Small Business Administration:

Betsy Myers, Women's Business Ownership

Additionally, these Komen Foundation Representatives:

Elizabeth Hart, Chairman of the Board
Nancy Connell, President
Dr. Deborah Irwin, Witnessing in the Delta Director
Two Witnessing volunteers
Betsey Wright

*Willie
Betsy
dwyer*

In addition, Betsey and Ms. Rasco discussed the importance of identifying the appropriate program people within the above agencies and the Department of Education (Health Education), who might have an interest in the Witnessing program. Betsey thinks Ms. Rasco has a good idea of who those people are.

Please call me at your convenience to discuss this list in greater detail. Many, many thanks.

cc: Betsey Wright

*C. Deenan
J. Klein*

*ED
Madelene Kurin*

DRAFT

DRAFT AGENDA
"Witnessing in the Delta" Briefing

Indian Treaty Room
June 16, 1994

1:30-3:30 pm

*Overview of Admin's Efforts
to Combat Breast Cancer*

Program

- 1:30 pm — Introduction - Carol Rasco
- 1:35 pm — " " " " Dr. Susan Blumenthal
- ~~1:55 pm~~ 1:55 — "Witnessing in the Delta" Program Overview -
Dr. Deborah Irwin and Arkansas program
participants (TBD)
- 2:10pm — Komen Foundation Overview - Elizabeth Hart
- 2:20pm — Questions and Answers
- 2:30pm — Conclusion

THE WEXLER GROUP

1317 F Street, N.W.
Suite 600
Washington D.C. 20004
202-638-2121
202-638-7045 Telecopy

FAX COVER SHEET

TO: Roz

FROM: Michelle

PAGES: 3
(INCLUDING COVER)

DATE: 6-10-94

ANY PROBLEMS PLEASE CONTACT: _____

MESSAGE: Pls call me at 662-3737

CONFIDENTIALITY NOTE:

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ATTENDEES

Rural Women's Health Briefing - Breast Cancer Screening Project
Thursday, June 16, 1994
Indian Treaty Room
1:30 - 3:30 p.m.

White House

~~Skila Harris~~
~~Doris Matsui~~
~~Ann Cahill~~
~~Megan Prunty~~
~~Dana Hyde~~
Lynn Margherio
Christine Heenan
Rosalyn Miller
Jennifer Klein

HHS

Carol Roddy
Agnes Donahue
Susan Blumenthal

Labor

Joyce Miller

SBA

Betsy Myers
Amy Millman

Komen Foundation

Nancy Connell
Elizabeth Hart
Deborah Erwin
— Ethel Davis
— Ollie Jennings
Betsey Wright
Michele Woodward
— Charlie Stayton
Thea Spatz

THE WHITE HOUSE

WASHINGTON

June 10, 1994

MEMORANDUM FOR DISTRIBUTION

FROM: Carol H. Rasco, Assistant to the President for Domestic Policy

SUBJECT: Rural Women's Health Briefing - Breast Cancer Screening Project

I would like to invite you and/or a guest from your agency or department to an important small-group briefing on an innovative breast cancer screening program for rural and low-income women which is being funded by the Komen Foundation. The briefing will take place at 1:30p.m. in the Indian Treaty Room on Thursday, June 16th (agenda and background information attached).

"Witnessing in the Delta" is a tremendous private sector initiative where low income rural women in the Arkansas Delta are trained in breast self-examination and access to mammography. In turn, these women become trainers and "witness" to other women throughout their communities. As you know, these women have a significantly greater risk for breast cancer, but their knowledge of self-examination and mammography is limited. "Witnessing in the Delta" is the best way I know of to address these problems at the grassroots level.

This effective model has importance for all of our nation's poor and rural communities, as well as implications for overseas development.

I hope you can join me to learn more about this important project. Please call Rosalyn Miller at 456-2216 to RSVP.

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Betsy Myers, Women's Business Ownership

AGENDA

"Witnessing in the Delta" Briefing

**Indian Treaty Room
June 16, 1994
1:30-3:30 p.m.**

Program

Introduction

Carol H. Rasco

**"Overview of Administration's
Efforts to Combat Breast Cancer"**

Dr. Susan Blumenthal ~~(Invited)~~

**"Witnessing in the Delta"
Program Overview**

**Dr. Deborah Irwin &
Arkansas Program Participants**

Komen Foundation Overview

**Elizabeth Hart,
Chairman of the Board**

Dr. Elders
Questions & Answers

Conclusion



THE SUSAN G. KOMEN BREAST CANCER FOUNDATION

- The Susan G. Komen Breast Cancer Foundation, Inc., (a Texas non profit corporation) (Foundation) was formed in 1982.
- The stated mission of the Foundation is to eradicate breast cancer as a life threatening disease by advancing research, education, screening and treatment.
- The Foundation is a 501(c)3 organization as determined by the Internal Revenue Service.
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University of Texas Health Science Center, San Antonio, Texas (2)
University of Illinois at Urbana-Champaign, Urbana, Illinois
Georgetown University, Washington, DC (3)
Arizona Cancer Center, Tucson, Arizona
The Johns Hopkins Medical Center, Baltimore, Maryland
California Pacific Medical Center Research Institute, San Francisco, California
Whitehead Institute for Biomedical Research, Cambridge, Massachusetts
Baylor University Medical Center, Dallas, Texas
University of Texas Southwestern Medical Center, Dallas, Texas (2)
University of California, San Francisco, California

Breast cancer national projects selected for funding in 1993:

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The Bridge Breast Center, Dallas, Texas
Selma Medical Center, Birmingham, Alabama
University of Texas Health Science Center, San Antonio, Texas
University of Texas Southwestern Medical Center, Dallas, Texas
1-800-IM-AWARE National Helpline

- Administrative costs in 1992 were 11%¹.
- Since its origination in Dallas in 1983, the Race for the Cure® series has grown from one local race to a national series of 46 races with more than 150,000 participants expected in 1994. In 1992, the races (24) contributed over \$500,000 to the National Grants Fund.

¹ According to current audited financial statements.

THE WHITE HOUSE
WASHINGTON

50 people
Wilson Room
Jackson Place
Light snacks

Komen → Race for the Cure

Elizabeth Hart - Chairman of Bd.

Agenda (Michele Woodyard) 1 hr. Q+A Mingle
Welcome → CNA(?)

Invitees:

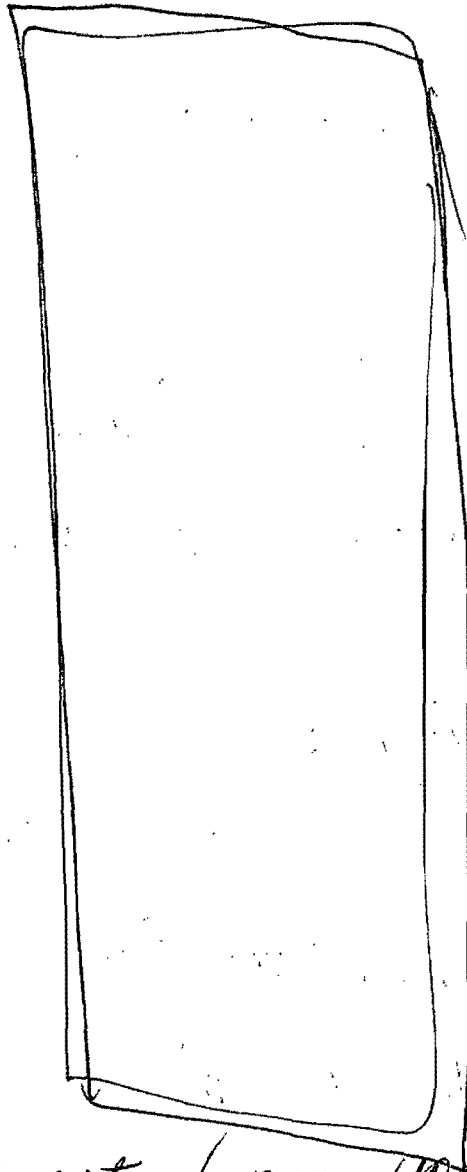
Christine Benner - AJLI

Heads of Agencies

~~Interest Groups (Heenan)?~~

Mrs. Gore(?)

HRC (Patti Solis)?



You and a guest from your
agency/dept.

DRAFT

June 10, 1994

MEMORANDUM FOR *Distribution*

FROM: Carol Rasco

RE: Rural Women's Health Briefing - Breast Cancer Screening Project

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Rosalyn



The Susan G. Komen
Breast Cancer Foundation
National Headquarters

Elizabeth Hart
Chairman of the Board

Occidental Tower
5005 LBJ Freeway
Suite 370, LB 74
Dallas, Texas 75244

(214) 450-1777
FAX (214) 450-1710



The Susan G. Komen
Breast Cancer Foundation
National Headquarters

Nancy W. Connell
President

Occidental Tower
5005 LBJ Freeway
Suite 370, LB 74
Dallas, Texas 75244

(214) 450-1777
FAX (214) 450-1710
Direct (214) 450-1711

thank you!

On behalf of those we serve,



The Susan G. Komen Breast Cancer Foundation
P. O. Box 97100
Dallas, Texas 75397



*Enclosed is my tax deductible gift to
The Susan G. Komen Breast Cancer Foundation
to help find a cure for breast cancer.*

Donor: Name _____

Organization _____

(if organization gift)

Address: _____ Phone (____) _____

City, State, Zip: _____

Anonymous

Check enclosed (payable to The Komen Foundation)

I pledge the above amount to be paid _____ (date) or in payments of \$ _____
_____ annually, _____ semi-annually, _____ quarterly, _____ monthly

Please send reminder

Matching gift from employer (form enclosed).

This gift is in _____ memory of, in _____ honor of _____

Please send acknowledgement to:

Name _____

Address _____

City, State, Zip _____

FUNDACION SUSAN G. KOMEN PARA CANCER DE LOS SENOS

La prevención del cáncer mamario requiere que la mujer efectúe un examen manual de los senos mensualmente para detectar masas o secreciones. Este se complementa con un examen médico anual de los senos y con radiografías conocidas como mamogramas que debe de recomendarle su médico.



Autoexamen de los senos

EN LA DUCHA

Levante un brazo y con los dedos planos de la otra mano pálpese en forma circular el seno y la axila. Procure detectar cualquier masa o secreción. Repita esta maniobra para examinar el otro seno.



FRENTE AL ESPEJO

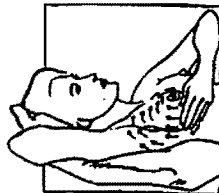
Busque algún cambio en la forma y contorno de sus senos, como lo son inflamación; retracción o cambio de la piel o en el pezón. Primero examínese con los brazos sueltos a lo largo del cuerpo y después con los brazos alzados.

Posteriormente apoye sus manos sobre las caderas y haga presión hacia abajo para flexionar los músculos del pecho. Generalmente el seno derecho y el izquierdo no son exactamente iguales.



ACOSTADA BOCA ARRIBA

Coloque una almohada debajo del hombro derecho y el brazo detrás de la cabeza. Usando los dedos de la mano izquierda, haga movimientos circulares para examinar el seno derecho con presión leve y en seguida con presión más firme. El examen debe comprender la axila y el pecho (desde la clavícula hasta debajo del seno). Oprima suavemente el pezón y note cualquier secreción. Repita con el seno izquierdo.



1-800-I'M AWARE

(Línea de Ayuda Komen 1-800-462-9273)

THE SUSAN G. KOMEN BREAST CANCER FOUNDATION



Once each month at same time,
check for lump, hard knot,
thickening or discharge.

Once a year, see your
doctor for a breast exam.
Ask your doctor about a
mammogram.

Report any changes to a
physician.

BREAST SELF-EXAM



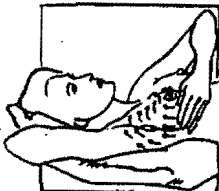
IN THE SHOWER

Raise arm as shown. Fingers flat,
move over breast in pattern
shown, including armpit area. Use
left hand for right breast, right
hand for left breast.



BEFORE A MIRROR

Look for any changes in shape or
contour of breast. Note any swell-
ing, dimpling of skin, or changes in
the skin or nipple. First, inspect
breasts with arms at your sides.
Next, raise arms high overhead.
Then rest palms on hips and press
down firmly to flex chest muscles.
Left and right breast will not match
exactly — few women's breasts do.



LYING DOWN

Put a pillow under right shoulder
and arm behind head as shown.
Fingers flat, use left hand to press
gently in circular motion. Include
armpit and chest area from collar-
bone to below breast. Repeat using
firmer pressure. Gently squeeze
nipple to check for discharge.
Repeat for left breast.



1-800-I'M AWARE

(KOMEN HELPLINE 1-800-462-9273)



The Susan G. Komen Breast Cancer Foundation FACTS ABOUT BREAST CANCER

In 1994, it is estimated that 182,000 women will be diagnosed with breast cancer (one every 3 minutes); during this same time, 46,000 will die (1 every 11 minutes.) In addition, about 1000 men will develop breast cancer and 300 will die.

Breast cancer is the leading cause of death, from all causes, of women between the ages of 35 and 54.

75% of all breast cancers occur in women with **no known risk factors**. All women are at risk; and one's risk increases with advancing age.

Mammography is the best known method of early detection. Monthly breast self-examination and regular clinical breast examinations by a health care professional are also important components of a breast health program. The mammography screening guidelines recommended by the American Cancer Society and The Susan G. Komen Breast Cancer Foundation are as follows:

- **Beginning by age 40**
- **Ages 40 - 49** **Screening mammogram every 1 to 2 years**
- **Ages 50 and over** **Screening mammogram every year**

Over 75% of the breast cancers occur in women 50 years and older. However, only 35% of the women in this age group follow the screening guidelines. The mortality rate would decrease by 30% if every woman over 50 was informed and followed the guidelines.

There is no known cure for advanced breast cancer. Detection of breast cancer at an early stage provides a greater chance of cure and more treatment options. When the disease is confined to the breast, the 5-year survival rate is 94%.

More white women than black women develop breast cancer. However, more black women die of breast cancer because the disease is not diagnosed at an early stage.

More than 1.7 million American women with a history of breast cancer are alive today.

Early detection is the key to survival and a greater quality of life.

**The Susan G. Komen Breast Cancer Foundation
Official National Charity of
The Ladies Professional Golf Association**

In April 1992, The Ladies Professional Golf Association (LPGA) named The Komen Foundation as its Official National Charity.

As a women's organization with strong family priorities, the LPGA unfortunately has been affected first-hand by breast cancer and knows only too well the devastating results of the disease on the patient, family and friends. In a matter of three years, LPGA players Heather Farr, Kathy Ahern and Shelley Hamlin, and LPGA Director of Tournament Operations, Suzanne Jackson all were diagnosed with breast cancer. The LPGA is happy to report that each of them is a survivor of the disease.

"Breast cancer not only affects women, but also their families and friends," said LPGA Commissioner Charles S. Mechem, Jr. "We, unfortunately discovered first-hand how very real that impact is when four of our own LPGA family were diagnosed with breast cancer. We all were touched and inspired by the courageous and positive attitude shown by Heather, Kathy, Shelly and Suzanne. At the same time, we became keenly conscious of the need for greater research and broader education of breast cancer, and hence learned of the tremendous strides made in those areas by The Susan G. Komen Breast Cancer Foundation. The LPGA is extremely proud to officially align itself with the Foundation," continued Mechem. "It is our hope that this affiliation will provide the Foundation with another vehicle with which to fulfill its mission of eradicating breast cancer as a life threatening disease."

In recognition of the alliance between the LPGA and The Komen Foundation, Tiffany & Company, in conjunction with the LPGA, will annually present an award to a person or organization in the golf industry who sets an outstanding example by contributing to the ongoing efforts to generate interest in and support for finding a cure for breast cancer. The recipient will be announced at the Annual LPGA Awards Luncheon.

Shelley Hamlin received the Standard Register Ping tournament's "1993 Samaritan Award" for her commitment to The Komen Foundation. The award annually honors the outstanding humanitarian efforts of a Tournament Division member of the LPGA who best exemplifies the qualities of a "good samaritan" by helping to improve human health or alleviate physical suffering. Shelley Hamlin has taken a very private and personal subject and gone public for the good of her fellow athletes and women in general. Her message has reached thousands upon thousands of women as she travels across the country speaking about breast cancer.

Board member, Dianne Adleta, represents The Komen Foundation as liaison to the



The Susan G. Komen Breast Cancer Foundation
Volunteer & Education Center/1-800-I'M-AWARE Helpline

The primary focus of the Komen Foundation's 1-800-I'M-AWARE information helpline is the promotion of public education concerning breast health care and the provision of assistance to those whose lives have been touched by breast cancer. Callers reach out to contact a trained, caring individual who provides helpful information and immediate feedback to their questions, and who offers short-term moral support. Volunteers provide callers with a listing of accredited mammography facilities and comprehensive cancer centers. Volunteers instruct callers on how to speak with their doctors and suggest questions which should be asked. Many callers are also provided with informational materials and/or community resources.

The objectives of the 1-800-I'M-AWARE Helpline are:

- * To provide timely and accurate information to callers about breast health, and breast cancer diagnosis and treatment.
- * To provide that information in a way that conveys compassion and concern.
- * To use facts about disease and treatment to counsel the caller in a way that motivates thoughtful, confident action.
- * To provide the caller with information about community resources and support groups.

The Volunteers of the Susan G. Komen Breast Cancer Foundation are not medical personnel and do not provide medical advice, make referrals to physicians, or evaluate physicians, medical facilities or services.

**Susan G. Komen Foundation and National Cancer Institute
Regional Education Summits**

**Nationally Sponsored by
General Mills Foundation**

◆ Program ◆

The Susan G. Komen Breast Cancer Foundation and the National Cancer Institute will co-sponsor a 1993-94 series of breast cancer summits. The series will be underwritten by The General Mills Foundation. The concept for the 1993-94 series of summits is a two-level approach. Level I Summits will be patterned after the current year and will include NCI designated community cancer centers as well as NCI designated comprehensive cancer centers in geographic areas not covered in the 1992 series. It is anticipated that there will be seven of this type. Level II Summits will be follow-up mini summits open to those centers who have conducted a Level I Summit or its equivalent, and are now ready to do more specific and detailed outreach. Eight Level II Summits are planned.

The National Cancer Institute will conduct the Grant Review and selection phase, and will jointly announce with the Komen Foundation the grant recipients.

◆ Background ◆

Early detection of breast cancer through breast screening mammography, following established guidelines, breast self-examination and a yearly exam by a physician, are vital to the health of women. Carrying this life saving message across the country has been a major thrust of the Breast Cancer Summits.

In 1989 and 1991, The Komen Foundation, in partnership with the National Cancer Institute and with corporate sponsorship from The General Mills Foundation, sponsored two national breast cancer summits. The first targeted leaders in women's organizations and community groups, educating them about the importance of early detection. The second targeted leaders of corporations, health care providers, leaders of minority organizations, and underserved populations, urging them to provide screening and follow-up, breast health education, and support services. The response was tremendous, generating increased awareness and activities among the leaders of corporations, organizations, and unions, participating.

The national effort was so successful that the principals again sponsored a series of regional summits in 1992 - carrying the important messages on breast cancer detection and early treatment into the local community. Eight regional summits were held throughout the country in 1992, at NCI designated comprehensive cancer centers in Buffalo, NY; Detroit, MI; Greensboro, NC; Houston, TX; Miami, FL; New York, NY; Philadelphia, PA; and Tucson, AZ. Again, these summits were very successful.

Extending this successful series in 1993-94 to the community level as well as instituting mini follow-up summits, will further advance this important outreach.



The Susan G. Komen
Breast Cancer Foundation

The Susan G. Komen Breast Cancer Foundation
RACE FOR THE CURE™

Nationally Sponsored by

**AMERICAN AIRLINES o JOGBRA SPORTS BRAS o NEW BALANCE
PIER 1 IMPORTS o REGIS HAIRSTYLISTS**

NATIONAL HONORARY CHAIR
FRANCIE LARRIEU SMITH

NATIONAL SPONSORS:
AMERICAN AIRLINES
JOGBRA SPORTS BRAS
NEW BALANCE
PIER 1 IMPORTS
REGIS HAIRSTYLISTS

The Komen Race for the Cure™ is a unique event, conceived, designed and implemented by The Susan G. Komen Breast Cancer Foundation to promote positive awareness, education and early detection of breast cancer.

The first Race for the Cure™ was held in Dallas, Texas, in 1983. Today the Dallas race is the largest all women's 5K in the country. Over the past ten years, other races have been added to the series and in 1993, 35 such events are scheduled to take place nationwide. It is expected the 1993 Race for the Cure™ series will draw over 125,000 participants. The 1993 sites include: Palm Beach, FL; El Paso, TX; Austin, TX; Wichita, KS; Detroit, MI; Indianapolis, IN; Fort Worth, TX; Des Moines, IA; Peoria, IL; Philadelphia, PA; Pittsburgh, PA; Minneapolis, MN; Plano, TX; Davenport, IA; Washington, DC; Decatur, IL; Aspen, CO; Manchester, VT; Boston, MA; Scranton, PA; New York, NY; Columbus, OH; Orange County, CA; Houston, TX; Baltimore, MD; Birmingham, AL; Amarillo, TX; Memphis, TN; Portland, OR; Denver, CO; Phoenix, AZ; Dallas, TX; Atlanta, GA; Nashville, TN; San Francisco, CA.

In addition to being a road race for serious runners, Race for the Cure™ is an emotionally charged event which attracts many first timers and recreational runners. Over the past ten years, it has proved to be an enormously effective way to reach many women with the message that breast cancer is not necessarily fatal if mammography and breast self-exam become routine.

The Race for the Cure™ series has been nationally recognized as a premier sporting event by TAC/The Athletics Congress, *Runner's World*, *Running Times*, *Good Housekeeping*, *People*, *Harper's Bazaar* and *Mirabella* magazines. The most significant contribution it makes is to fund education, screening and/or treatment projects for the medically underserved in each Race community. 75% of the money raised remains in the local community to fund a breast cancer project. The remaining 25% of money raised from the Races is used to fund national research grants.

Francie Larrieu Smith, five time Olympian, is National Honorary Chairman of the Race For The Cure™ Series.

NATIONAL HEADQUARTERS:
OCCIDENTAL TOWER
5005 LBJ FREEWAY
SUITE 370
DALLAS, TEXAS 75244
214) 450-1777
FAX (214) 450-1710



The Susan G. Komen
Breast Cancer Foundation

NATIONAL HONORARY CHAIR
FRANCIE LARRIEU SMITH

NATIONAL SPONSORS
AMERICAN AIRLINES
JOGBRA SPORTS BRAS
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214/450-1777
FAX 214/450-1710

TENTATIVE SCHEDULE

1994 RACE FOR THE CURE®

DATE

SITE

January 29	West Palm Beach, FL
February 12	El Paso, TX
March 27	Austin, TX
April 9	Wichita, KS
April 9	Detroit, MI
April 16	Indianapolis, IN
April 16	Fort Worth, TX
May 7	Des Moines, IA
May 7	Peoria, IL
May 7	New Britain, CT
May 8	Philadelphia, PA
May 8	Pittsburgh, PA
May 8	Minneapolis, MN
June 4	Plano, TX
June 4	Oklahoma City, OK
June 12	Davenport, IA
June 18	Washington D.C.
June 18	Toledo, OH
June 25	Decatur, IL
June 26	Seattle, WA
July 30	Aspen, CO
July 31	Manchester, VT
September 10	Boston, MA
September 11	New York, NY
September 18	Columbus, OH
September 18	Cleveland, OH
September 25	Orange County, CA
October 1	Houston, TX
October 1	Birmingham, AL
October 1	Baltimore, MD
October 1	Sacramento, CA
October 2	Omaha, NE
October 2	Princeton, NJ
October 8	Memphis, TN
October 8	Amarillo, TX
October 9	Portland, OR
October 9	Denver, CO
October 15	Little Rock, AR

TENTATIVE SCHEDULE - 1994 RACE FOR THE CURE®, continued

October 16	Phoenix, AZ
October 16	Kansas City, Mo
October 22	Dallas, TX
October 22	San Francisco, CA
October 22	Charleston, SC
October 29	Atlanta, GA

Dates Not Yet Determined

September	Scranton, PA
October	Nashville, TN

A listing in bold type indicates a new event for 1994.

11/3/93

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RUNNERS

Sharing The Road

In every community, at every level, women runners inspire each other. Here, two neighbors offer fitness and friendship. There, five thousand women join forces to race against breast cancer. Even Joan Samuelson, that rarest of runners—in Olympic champ—admits she couldn't have done it alone.

CONTENTS

To Dream, To Dare, To Create..., p. 46

By Joan Samuelson

Race For The Cure, p. 52

By Chae Kowalchuk

For Women Only, p. 64

(A Race Calendar)



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University of Illinois at Urbana-Champaign, Urbana, Illinois
Georgetown University, Washington, DC (3)
Arizona Cancer Center, Tucson, Arizona
The Johns Hopkins Medical Center, Baltimore, Maryland
California Pacific Medical Center Research Institute, San Francisco, California
Whitehead Institute for Biomedical Research, Cambridge, Massachusetts
Baylor University Medical Center, Dallas, Texas
University of Texas Southwestern Medical Center, Dallas, Texas (2)
University of California, San Francisco, California

Breast cancer national projects selected for funding in 1993:

University of Arkansas for Medical Sciences, Arkansas Cancer Research Center, Little Rock, Arkansas
The Bridge Breast Center, Dallas, Texas
Selma Medical Center, Birmingham, Alabama
University of Texas Health Science Center, San Antonio, Texas
University of Texas Southwestern Medical Center, Dallas, Texas
1-800-IM-AWARE National Helpline

- Administrative costs in 1992 were 11%¹.
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¹ According to current audited financial statements.



**We're Fighting Breast Cancer
The Best Way We Know How.**

Together

I would like to help fight and defeat breast cancer by supporting the Komen Foundation's research, education, screening and treatment efforts.

This gift is given: in memory of in honor of

(Please print)

Please send an acknowledgment to:

Name _____

Address _____

City _____ **State** _____ **Zip** _____

This gift is made by:

Enclosed is my employer's matching gift form.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (hm) _____ **(wk)** _____

Enclosed is my contribution in the amount of \$ _____

Please charge my contribution to: Visa MasterCard

(If charging, you can make your donation by calling (214) 450-1777)

Acct # _____ **Exp. Date** _____

Signature _____

Federal employees: Please remember to designate The Komen Foundation as your charity of choice in the CFC Campaign

**The Susan G. Komen Breast Cancer Foundation
National Headquarters
5005 LBJ Freeway, Suite 370
Dallas, Texas 75244
(214) 450-1777, fax (214) 450-1710**

Race For The Cure® Series **Key to the Foundation's phenomenal growth in recent years is its Race Series for the Cure® Series of 5K and 1 mile runs/fitness walks. The Race for the Cure® has become the largest series of 5K runs in the nation, held in 47 cities across the country with over 150,000 participants expected in 1994.**

Proceeds from each race fund education programs and mammography screening for medically underserved women in each race community, as well as support the Komen Foundation's National Research Grant Program.

National Presenting Sponsor of the 1994 Race for the Cure® Series is JCPenney. National sponsors are Jenny Craig, Inc., New Balance, Pier 1 Imports, Regis Hairstylists, and Tiffany & Co. In addition to supporting the series financially, these corporate sponsors implement vital programs throughout the country, such as providing American College of Radiology-accredited mammography vans, in-store promotions, and national advertising campaigns, further illustrating their commitment to the Komen Foundation and the fight against breast cancer.

Cities participating in the 1994 Race for the Cure® series are:

**January
W. Palm Beach, FL**

**February
El Paso, TX**

**March
Austin, TX**

**April
Detroit, MI
Fort Worth, TX
Indianapolis, IN
Wichita, KS**

**May
Des Moines, IA
Minneapolis, MN
New Britain, CT
Peoria, IL
Philadelphia, PA
Pittsburgh, PA**

**June
Columbus, OH
Davenport, IA
Decatur, IL
Oklahoma City, OK
Plano, TX
Seattle, WA
Toledo, OH
Washington, DC**

**July
Aspen, CO
Kansas City, MO
Manchester, VT**

**September
Boston, MA
Cleveland, OH
Monroe, LA
New York, NY
Orange County, CA
Portland, OR
Sacramento, CA
Scranton, PA**

**October
Amarillo, TX
Atlanta, GA
Baltimore, MD
Birmingham, AL
Charleston, SC
Dallas, TX
Denver, CO
Houston, TX
Little Rock, AR
Memphis, TN
Nashville, TN
Omaha, NE
Phoenix, AZ
Princeton, NJ
San Francisco, CA**

A Special thanks to our generous contributors:
Laurie Anderson Design, Glenda Huff Photography and The Campbell Modeling Agency

Komen National Research Grant Program **The Komen Foundation has become the nation's largest private funder of research dedicated solely to breast cancer. The Foundation awards grants and fellowships on an annual basis in both basic and clinical breast cancer research. To date, research funded by the Foundation has significantly impacted diagnostic accuracy, treatment effectiveness, the role that genes play in the onset and development of breast cancer, and how and why this disease continues to develop. The Foundation's peer review process, used to select its grant recipients, is recognized by the National Cancer Institute (NCI).**

Education Is The Key To Early Detection **Currently, early detection is the best defense against breast cancer. The following breast health practices are important methods for early detection:**

- **Monthly breast self-exams, starting by age 20**
- **Regular breast exam by a health professional**
- **Screening mammogram according to the following guidelines, beginning by age 40:**

Age 40-49 Screening mammogram every one to two years

Age 50 and over Screening mammogram annually

Early detection and breast health education are two primary goals. The Foundation has taken a leading role in organizing breast health seminars throughout the country, and in providing educational material to thousands of women from coast to coast.

Komen Helpline **The Komen Foundation also funds a national toll-free helpline that is answered by trained, caring volunteers who provide helpful information and resources to individuals with breast health or breast cancer concerns. For immediate feedback to questions or moral support call the helpline at 1-800-462-9273.**

**1-800-PM AWARE
(9 am - 4:30 pm Central Standard Time)**



The Susan G. Komen Breast Cancer Foundation

We must not, for a moment, underestimate what we're up against. Today, breast cancer is the leading cause of death for women ages 35-54, and more than 75% of all breast cancer deaths occur in women 55 years of age and over. In 1994, it is estimated that 182,000 women and 1,000 men will develop breast cancer, and 46,000 women and 300 men will die of this disease.

Most women who are diagnosed reveal no known risk factors to explain their disease; they just share, with all women, the strongest and most unavoidable of all risk factors that predict breast cancer: being female and growing older.

We're Fighting Breast Cancer The Best Way We Know How Together

The Susan G. Komen Breast Cancer Foundation was established in 1982 by Nancy Brinker to honor the memory of her sister, Susan G. Komen, who died from breast cancer at the age of 36. The Foundation is a national organization with a network of volunteers working through local Chapters and Race for the Cure® events in 51 cities throughout 30 states and the District of Columbia.

The Foundation's mission is to eradicate breast cancer as a life-threatening disease by advancing research, education, screening and treatment.

Thanks to volunteers and supporters like you, The Komen Foundation has raised over \$23.5 million to become the nation's largest private funder of research dedicated solely to breast cancer. Further, hundreds of thousands of women each year receive the life-saving message of early detection through Komen outreach efforts.

The Susan G. Komen Breast Cancer Foundation was established in 1982 by Nancy Brinker to honor the memory of her sister, Susan G. Komen, who died from breast cancer at the age of 36. The Foundation is a national organization with a network of volunteers working through local Chapters and Race for the Cure® events in 51 cities throughout 30 states and the District of Columbia.

Komen's National Chapter Network

The Komen Foundation, through its Chapter Network, is working in local communities across the nation to address breast health needs. Chapters are organized by volunteers committed to establishing needed community breast health services and enhancing existing services. The funds raised by chapters provide vital screening and treatment opportunities for thousands of women. Chapter members also work tirelessly to educate the public about the importance of early detection in the fight against breast cancer. The Foundation currently has chapters in the following areas:

- | | |
|-----------------------|---------------------------|
| Arkansas | New Orleans, LA |
| Orange County, CA | Central New York |
| Sacramento Valley, CA | Oklahoma City, OK |
| San Francisco, CA | Greater Portland, OR |
| Aspen, CO | Northeastern Pennsylvania |
| Denver, CO | Tarrant County, TX |
| Palm Beach, FL | Houston, TX |
| Greater Atlanta, GA | South Plains, TX |
| Chicago/Land Area | Plano, TX |
| Peoria, IL | Puget Sound, WA |
| Mid-Kansas | |

The Dallas Morning News

Saturday, October 17, 1992

BURL OSBORNE, *Publisher and Editor*JEREMY L. HALBREICH, *President and General Manager*RALPH LANGER, *Senior Vice President Executive Editor*WILLIAM W. EVANS, *Executive Managing Editor*ROBERT W. MONG JR., *Managing Editor*RENA PEDERSON, *Vice President, Editorial Page Editor**Senior Vice Presidents*HARRY M. STANLEY JR., *Sales and Marketing*J. WILLIAM COX, *Administration and Finance*FRANK MCKNIGHT, *Circulation**Vice Presidents*RICHARD STARKS, *Advertising*HAROLD F. GAAR JR., *Marketing*BARRY PECKHAM, *Circulation*GROVER D. LIVINGSTON, *Information Management*DEAN BLYTHE, *Special Projects*JAMES M. CORREU, *Production***EDITORIALS****BREAST CANCER****Komen Foundation earns praise for its work**

Nancy Brinker recalls that in "the old days," 10 to 20 years ago, some people would blush at the mention of breast cancer; it was not something that was discussed in public. Thankfully, that is far less true today. Over the past decade, considerable progress has been made in demystifying the disease and softening its stigma. A major force behind the public's greater understanding has been the Susan G. Komen Breast Cancer Foundation, which Mrs. Brinker founded in loving memory of her sister who died of the disease at age 36.

The foundation is marking its 10th anniversary this weekend, with an international scientific symposium, its annual Race for a Cure and an awards banquet. It has been a decade of great change. Better and more humane treatments have been developed, resulting in longer-term survival rates for women. And more women than ever are being screened by mammography. That progress didn't just happen. A good part of it can be traced to the Komen Foundation's funding of research and its efforts in the legislative arena.

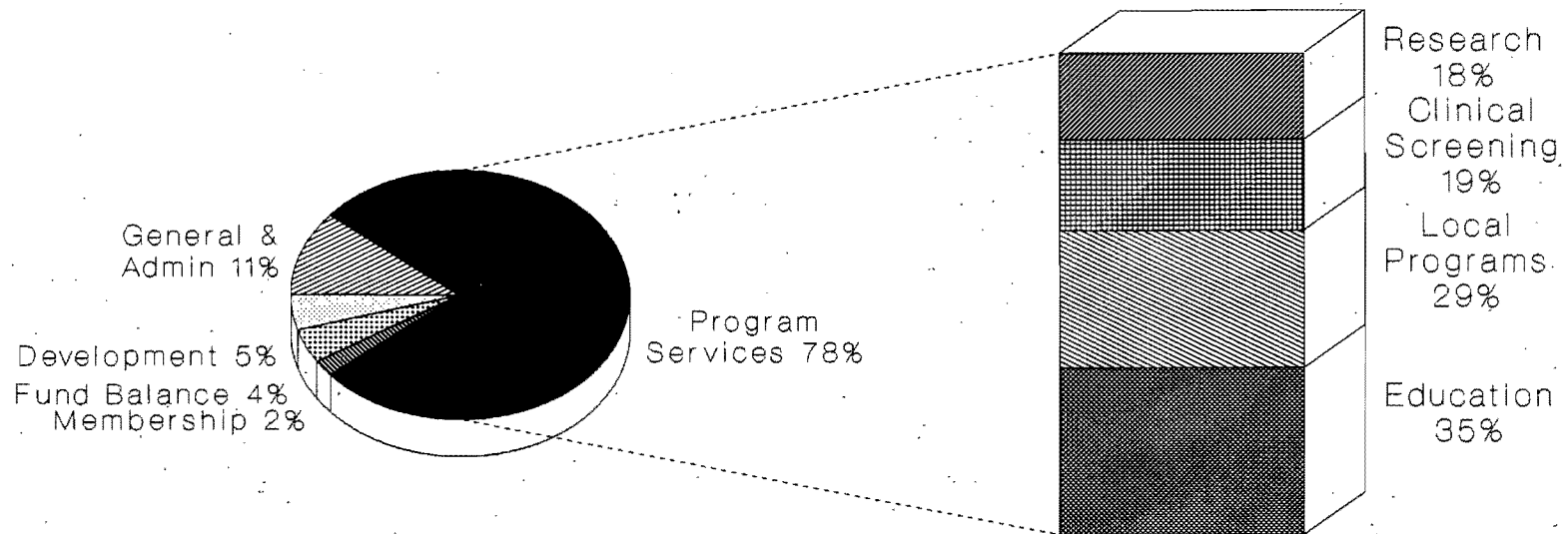
As impressive as those accomplishments have been, Mrs. Brinker doesn't underestimate the challenges. The incidence of breast cancer continues to increase: In the early 1980s, 109,000 women were diagnosed with the disease every year; today, that number

has grown to 180,000. Ten years ago, 36,000 women died each year. In 1992, 46,000 are expected to lose their lives. And, lest anyone should forget, breast cancer affects not only women; it touches the lives of their families and friends, too. It is a menace to us all.

The threat demands an even larger commitment from society. If we are to win the fight against this leading killer, there must be: (1) a greater effort in helping women to overcome the unfounded fears of having regular mammograms, (2) better insurance coverage for such examinations, and (3) additional research into the still mysterious causes of breast cancer. More than half of American women older than 40 still don't have regular mammograms, although such screening remains the most effective weapon against the disease.

Because the Komen Foundation was founded here, many people have tended to regard it as mostly a local organization, forgetting that its reach now extends across the country. Its activities in dozens of cities have made a real difference in the battle to save and extend lives. On its 10th anniversary, the organization merits not only our congratulations but our support as well. Whether or not we are participating in today's Race for a Cure, we all need to be rushing toward the same goal: to end the suffering, and the weeping.

1992 Distribution of Funds



Source: Audited financial statements
KPMG April 9, 1993

The Susan G. Komen Breast Cancer Foundation National Chapter Network

The Komen Foundation, through its Chapter Network, is working in local communities across the nation to address breast health needs. Chapters are organized by volunteers committed to establishing needed community breast health services and enhancing existing services. The funds raised by chapters provide screening and treatment opportunities for thousands of women. Chapter members work to educate the public about the importance of early detection in the fight against breast cancer through health fairs and educational programs for local organizations, corporations and schools.

The Foundation currently has chapters in:

Little Rock, Arkansas
Orange County, California
Sacramento, California
San Francisco, California
Aspen, Colorado
Palm Beach Gardens, Florida
Atlanta, Georgia
Peoria, Illinois
Wichita, Kansas
New Orleans, Louisiana
Syracuse, New York
Oklahoma City, Oklahoma
Portland, Oregon
Scranton, Pennsylvania
Ft. Worth, Texas
Houston, Texas
Lubbock, Texas
Plano, Texas
Seattle, Washington

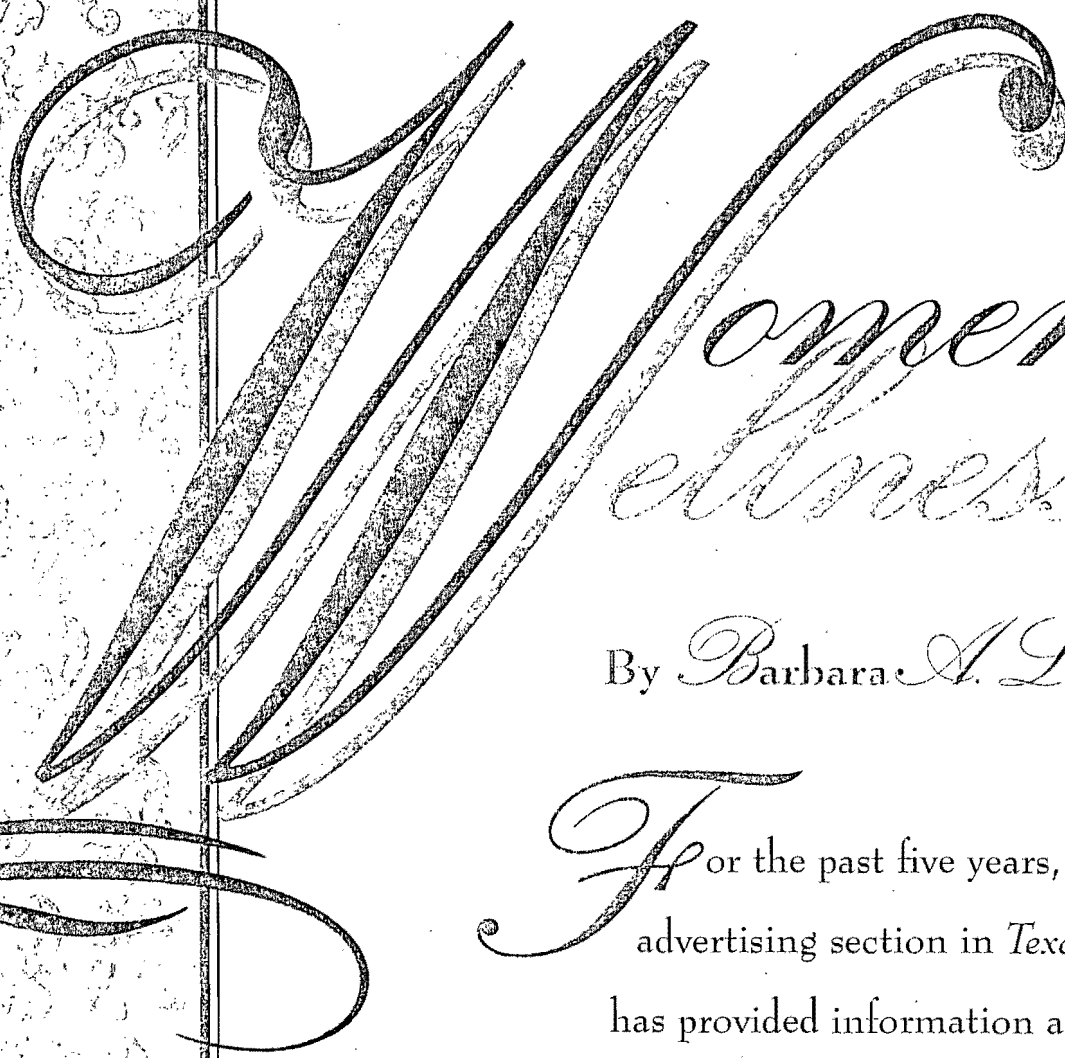

For more information concerning chapters and how to start a chapter in your area, please call Nancy Macgregor, Director of Chapter Development, 214/450-1783.

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Women's etress

By *Barbara A. Langham*

*F*or the past five years, this special advertising section in *Texas Monthly* has provided information about breast cancer and the efforts of the Susan G. Komen Breast Cancer Foundation to educate women about detecting and coping with the disease. This year, while retaining an emphasis on breast cancer, we have decided to expand the section to include information about two other health issues important to women approaching midlife, namely, cancer of the reproductive organs and menopause.

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This marker identifies the place of a publication.

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As seen in the October 1992 issue of *TexasMonthly*

The Susan G. Komen Breast Cancer Foundation

Memories, Milestones, and Miracles

by Ann S. Sentilles

THE TEN-YEAR HISTORY of The Komen Foundation is the story of a unique organization founded by a talented, committed, and strong-willed woman who inspired thousands of other talented, committed, strong-willed women and men to join the fight against breast cancer. The Komen Foundation has written the history of its first decade with memories, milestones, and miracles—the theme of its tenth anniversary celebration.

10

YEARS
OF FIGHTING
the war against
BREAST CANCER



PHOTOGRAPH DONATED BY VICTOR FLEINMAN

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

02-Jun-1994 10:35pm

TO: Rosalyn A. Miller

FROM: Carol H. Rasco
 Economic and Domestic Policy

SUBJECT: RE: June
 ~~July 16~~

More on this date as I think about it:

You should before entirely giving up 450 ask Betsey's office if they were thinking more in terms of an audience of 15 to 20 in a small conference room or trying for a much larger group in the auditorium of OEOB...you should find out how many that auditorium seats and tell them that number. I don't mind at all trying to put that size crowd together but want them to tell us what they are comfortable with...also, there may be a room at Jackson Place between the 211 and 450 sizes if they want to have it over there in lieu of in the White House complex.

- Call Heenan to make sure she's involved
- Need to get w/ Heenan, CUK, Roz on Logistics

Scheduling Request

Betsey Wright's office called to set up the luncheon (Witnessing in the Delta/Breast Cancer) that you discussed in your recent meeting. The proposed date is June 16. I have explained to Betsey's office that you currently have a meeting during the lunch hour (DPC Staff) and that I would look into the possibility of moving that meeting and get back with them. It was also suggested as an option to do this in the afternoon (maybe tea and cookies). The schedule at this point is open with the exception of the staff at noon and the Kaiser/South African Dinner that evening.

June 16
1:30-3:00

Room: ~~Indian Treaty?~~
EOB 450 — available
~~Roosevelt~~

5 → Coleman Foundation
(includes Betsey)

Contact: Michele Woodyard
662-3737

? → WH/Admin.

15-20 people → list from

5 → Coleman Foundation

2 → CNK's

THE WEXLER GROUP

1317 F Street, N.W.
Suite 600
Washington, D.C. 20004
202-638-2121
202-638-7045 Telecopy

June 7, 1994

Michele Woodward
Senior Vice President

MEMORANDUM TO ROZ MILLER

FROM: Michele Woodward
RE: Komen Foundation Event

It was a pleasure to speak with you today about the Komen Foundation's Witnessing in the Delta program. We greatly appreciate Ms. Rasco's kind invitation to host an event in the White House on at 1:30pm on Thursday, June 16th to raise awareness of the Witnessing program within the Administration. As I promised, here is a list of some people you may wish to consider inviting:

The White House
Doris Matsui, Office of Public Liaison
Skila Harris, Mrs. Gore's office

Health and Human Services:
Secretary Donna Shalala
Assistant Secretary Phil Lee
Dr. Joycelen Elders, Surgeon General
Dr. Susan Blumenthal

Agriculture Department:
Secretary Mike Espy
Deputy Secretary Bob Nash

There has been some interest in expanding this program overseas in less developed countries. With that in mind, we would suggest the following people:

Agency for International Development:
Administrator Brian Atwood

Peace Corps:
Director Carol Bellamy

Ruth Harkin, President, Overseas Private Investment Corp. (OPIC)

Lottie Shackelford, OPIC Board

Jan Piercy, World Bank

Page 2

We had planned to discuss Komen's workplace screening activities, research support and the various Race for the Cure events with various people in the Administration. If you think it would be appropriate to accomplish this goal at this particular event, we would add the following individuals:

Veteran's Affairs:

Secretary Jesse Brown

Labor Department:

Secretary Robert Reich
Karen Nussbaum, Women's Bureau

Small Business Administration:

Betsy Myers, Women's Business Ownership

Additionally, these Komen Foundation Representatives:

Elizabeth Hart, Chairman of the Board
Nancy Connell, President
Dr. Deborah Irwin, Witnessing in the Delta Director
Two Witnessing volunteers
Betsey Wright

In addition, Betsey and Ms. Rasco discussed the importance of identifying the appropriate program people within the above agencies and the Department of Education (Health Education), who might have an interest in the Witnessing program. Betsey thinks Ms. Rasco has a good idea of who those people are.

Please call me at your convenience to discuss this list in greater detail. Many, many thanks.

cc: Betsey Wright

THE WEXLER GROUP

1317 F Street, N.W.
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202-638-2121
202-638-7045 Telecopy

FAX COVER SHEET

TO: Bob Miller

FROM: Michele Woodward

PAGES: 3
(INCLUDING COVER)

DATE: 6/7/94

ANY PROBLEMS PLEASE CONTACT: Everett

MESSAGE:

CONFIDENTIALITY NOTE:

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SUSAN J. BLUMENTHAL, M.D., M.P.A.

Deputy Assistant Secretary for Health (Women's Health)
Assistant Surgeon General

Department of Health and Human Services

Clinical Professor of Psychiatry
Georgetown School of Medicine

Phone: (202) 690-7650 200 Independence Ave., S.W., Room 718E
Fax: (202) 690-7172 Washington, D.C. 20201

WITNESS SUCCESS

The Witness Project is a program that can save lives. If you want to know what you can do—or if you want to have this program in your church or organization, please let us hear from you:

338-9100
(regional office)

1-686-6000
(Little Rock)

The Witness Project is supported by these organizations:

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

THE WITNESS PROJECT.
IT'S GOOD FOR BOTH BODY AND SOUL.

WITNESSES



**IN CHURCH,
PEOPLE WITNESS
TO SAVE SOULS.**

**AT THE
WITNESS PROJECT,
THEY WITNESS
TO SAVE LIVES.**

WITNESSES FOR LIFE

The Witness Project is a health program aimed at African American women in churches and community centers across Arkansas. It features a panel of African



American women who each "witness" about their triumph over breast or cervical cancer. Together, they preach the good news that cancer doesn't have to be an automatic death sentence. The key is to catch it early and get it treated.

BODY AND SOUL

The project offers more than just hope, though. It also teaches women some simple things they can do in their own lives to protect themselves against breast and cervical cancer. Things like breast self-examination.

Trained health instructors at each program use special models of breasts to show the audience how they can check themselves for signs of breast cancer. The audience members then get a chance to practice what they've learned by searching for lumps in the models.

In addition, the instructors answer questions about things like Pap tests (a test to find cervical cancer) and mammograms (a special kind of x-ray to look for breast cancer). Women will have a chance to make appointments or find out where in their community they can have these tests done at low (or even in some cases *no*) cost.