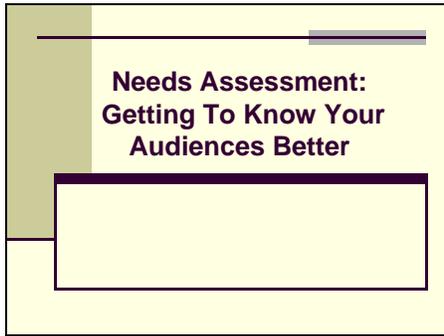
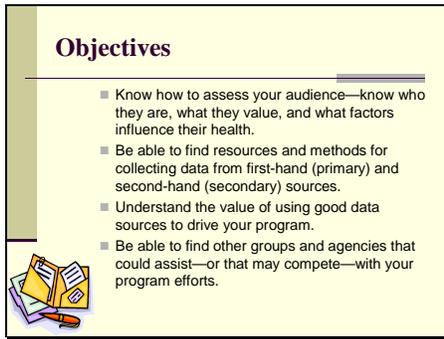


Handout #1: Slides

Slide 1



Slide 2



Slide 3

Handouts



- A brief on focus groups
- Additional qualitative methods
- Quantitative versus qualitative questions activity
- Literature review
- Guide to secondary sources
- Steps for involving partners in the program
- Open-ended question guide for needs assessment
- Needs assessment case study.

Slide 4

Brainstorming Activity

1. List three things that you do not know about your audience but will need to know before developing a health promotion plan.
2. Where might you find this information?



Slide 5

Questions To Answer About Your Audience

- Which audiences have the greatest cancer burden?
- How might you describe your audience? What is their race/ethnicity? Education level(s)? Age ranges? General socioeconomic status?
- Where/how do they spend the majority of their time?
- What are their health beliefs?
- What are their gaps in knowledge or barriers to health information?
- What are their health needs? What do they want with regard to . . . ? (This may or may not be related to what they value.)
- What are the best ways to reach your audience (e.g., looking at community resources)? What is their media access/use?

Slide 6

Information Collection

- Primary sources
 - Quantitative: Surveys/questionnaires
 - Qualitative: Focus groups, public meetings, direct observation
 - Qualitative: In-depth interviews with community leaders, interviews with other program planners.

Slide 7

Activity: Taking a Closer Look at Additional Qualitative Methods

1. Take a moment to look over the qualitative method you are assigned (see Handout #3):
 - In-Depth Interviewing
 - Key Informant or Elite Interviewing
 - Case Studies
 - Historical Analysis.
2. Find at least one pro and one con of the method.
3. Optional: When would you use this method?

Slide 8

Activity: Quantitative Versus Qualitative Questions 

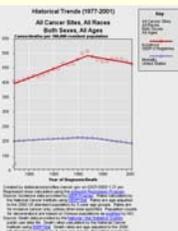
Activity: Review the questions in Handout #4.

- Think about which questions you would use for quantitative vs. qualitative research.
- Mark questions that you would use for a questionnaire or survey (quantitative) with a "★."
- Mark questions that you would use during a focus group or interview (qualitative) with a "✓."

Slide 9

Information Collection

- Secondary sources
 - Health status data: demographics, vital statistics, hospital records, morbidity and mortality reports
 - Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov>)
 - State Cancer Profiles (NCI, CDC)
 - Literature review.



Slide 10

Literature Reviews

- Before you begin, ask yourself:
 - What is the specific problem or question I want to define?
 - What type of literature should I review?
 - What issues should I be looking at more closely?
- Journals versus magazines:
 - Peer review.
- Web sites:
 - .gov, .org, and .edu versus .com
 - Editorial board
 - Links
 - Update
 - Online databases.



Slide 11

Some Useful Web Sites

- U.S. Census Bureau: <http://www.census.gov>
- National Center for Health Statistics: <http://www.cdc.gov/nchs>
- State Cancer Profiles: <http://statecancerprofiles.cancer.gov> (can be accessed through the Cancer Control PLANET Web site, <http://cancercontrolplanet.cancer.gov>)
- American Cancer Society's Facts and Figures: http://www.cancer.org/docroot/STI/sti_0.asp
- See Handout #6: Guide to Secondary Sources.



Slide 12

Your Goal . . .



- You will have a better understanding of factors that affect the health of your audience. These include:
 - Knowledge, attitudes, and beliefs
 - Cultural, religious, and spiritual beliefs
 - Environment
 - Access to resources
 - Competing messages
 - Socioeconomic status.

Slide 13

Establish a Baseline

- What does your audience know about the causes of the disease?
- Do they know the factors that increase or decrease their risk?
- Does your audience get screened for the disease?
- What other health-driven behaviors does your audience do?

Slide 14

Partnerships



Definition:
The goal of a partnership is to create synergy. This is a state in which each partner is a resource. Together they create a stronger unit. Synergy gives each partner a chance to volunteer his or her strengths, experience, skills, and knowledge in order to achieve what the individual could not do alone.

Slide 15

Degrees of Partnership

- Extensive—development through dissemination
- Limited—provide channels of delivery that support one or more of the following:
 - Implementation
 - Evaluation
 - Promotion
 - Dissemination.



Slide 16

Your Experience

- Have you had any successful partnerships with:
 - Organizations with competing messages
 - Nontraditional program partners.
- Did these partners provide useful information about your audience?

Slide 17

Barriers



- Competing health messages
 - Unhealthy lifestyles
 - Other health issues
 - Other health-enhancing activities.
- Basic needs
 - Expenses
 - Care-taking.
- Education
- Fears/misconceptions/stigma.

Slide 18

Case Study Activity 

- Scenario 1: You are a State cancer control planner in Texas and would like to learn about the incidence and mortality of cancer in your State.
 - Where can you look?
- Scenario 2: You have decided to target your cancer control program to Cameron County, TX.
 - What sources of information can you use to learn about the community's health beliefs, practices, and concerns?
 - What sort of terms may be useful for doing an online search?
- Scenario 3: You have decided to interview the leaders in your community.
 - How do you define a community leader?
 - What kinds of questions will you want to ask community leaders in Cameron County, TX?

Slide 19

Objectives

- Know how to assess your audience—who they are, what they value, and what factors influence their health.
- Be able to find resources and methods for collecting data from first-hand (primary) and second-hand (secondary) sources.
- Understand the value of using good data sources to drive your program.
- Be able to find other groups and agencies that could assist—or that may compete with—your program efforts.

Slide 20



Questions?

Handout #2: A Brief on Focus Groups

Focus Groups Versus Interviews

Focus Groups	Interviews
<ul style="list-style-type: none"> • Gather many opinions in a fairly short amount of time. • Information comes from the group rather than one person's experience. 	<ul style="list-style-type: none"> • Gather more in-depth information from individuals; includes one-on-one interviews. • May take more time.
<ul style="list-style-type: none"> • Moderator's role is to guide the participants and conversations that go off track. • The moderator has less control; participants have more control of the discussion. 	<ul style="list-style-type: none"> • Interviewer has more control of the outcome; participant has less control. • Moderator can more easily keep people to the subject of the interview.
<ul style="list-style-type: none"> • Participants may feel inhibited by the group. They may not be comfortable giving information to a group or want to state an opinion that conflicts with what others have said. 	<ul style="list-style-type: none"> • Participants may answer based on what they think the interviewer wants. • Participants may feel the need to defend a response.
<ul style="list-style-type: none"> • Participants may remember something or develop a comment based on another person's response. • Group interaction may be helpful for topics that people do not often think about. 	<ul style="list-style-type: none"> • Participants are not influenced by their peers. They answer questions based on memory of their own experience.
<ul style="list-style-type: none"> • Focus groups are useful when exploring a new topic area. • May lead to a question guide for follow-up in-depth interviews. 	<ul style="list-style-type: none"> • Interviews can give general reactions and thoughts about a fairly new topic. • The information from the interviews can be checked with focus groups to see if there is common ground.

The Participants

A focus group is most often a uniform group of strangers. The fact that it is a uniform group helps you better analyze the results. It also increases trust and the comfort level, which allows the participants to speak more openly. Group dynamics can also be affected by whether participants are strangers or know each other. People most often talk about an experience more thoroughly when talking among strangers. They may be less comfortable doing so among those they know, especially if the topic is a sensitive one.

Be sure to:

- Find out where/how you can recruit participants for your study question
- Recruit similar people from many different sources
- Divide participants into groups based on background, sex, race, age, etc.

The Moderator

The moderator will need to decide his or her level of involvement in the group.

- **High Involvement**—The moderator actively takes part in the discussion. He or she shares experiences and asks several questions during the focus group session.
- **Moderate Involvement**—The moderator asks questions and keeps the conversation on the subject. He or she does not share comments or personal experiences and does not take part very much in the conversation.
- **Low Involvement**—The moderator asks questions and allows participants to converse. He or she does not add comments in the conversation. Occasionally he or she will ask a follow-up question or change the subject if the discussion slows.

Regardless of the extent of involvement, the moderator should:

- Be of similar sex, race, and background as the participants. Keep in mind that this may disqualify you from being the moderator.
- Briefly introduce himself or herself and the topic
- Briefly identify focus group etiquette, e.g., no side conversations, okay to disagree but not okay to criticize
- Begin the conversation with introductions:
 - May start with a discussion question about the topic, e.g., “What do you think is the most important health issue affecting women?”
- Be aware of what participants are (and are not) saying—use this information to phrase follow-up questions
 - “Many of you mentioned . . . Tell me a little bit more about this.”
 - “No one has mentioned . . . Does . . . not matter?”
- Provide a clear conclusion to the focus group: “We are now done.”

The moderator should not indicate the specific information that he or she wants about the topic. This may have an effect on the conversation and create biased findings.

Focus Group Structure

More structured focus groups:

- Commonly used with a clearly defined objective or outcome
- Must have a strict/consistent question guide among all the focus groups conducted for the topic
- Demand high moderator involvement
- Focus on what the researcher wants to hear versus what the participants want to share
- Disadvantage: more limited data.

Moderately structured focus groups (Funnel structure):

- Most ideal structure for focus group
- Begin with broad, less structured questioning
- Move into specific, more structured questioning.

Less structured focus groups:

- More appropriate for research topics that have not been studied before
- Require an open-ended, flexible question guide
- Demand low moderator involvement
- Focus on what the participants want to share versus what the researcher wants to hear
- Disadvantage: hard to make comparisons among the focus groups.

Typically, an ideal size is about 6 to 10 participants for each focus group.

- Large focus groups:
 - Less individual involvement
 - Risk of large group breaking into smaller conversations or more than one person trying to speak at once
 - Require more moderator involvement to keep group together and on task.
- Small focus groups:
 - More influenced by individuals' attitudes and behavior
 - More individual involvement
 - Essential that participants respect each others' input.

Conduct as many focus groups as needed to get clear answers to your study questions. This usually takes three to five focus groups. If you conduct only one or two focus groups, you cannot be sure that the results can be applied to a larger population. Try to strive for at least two groups of similar population segments. For example, it would be better to have two groups of

men, two groups of women, or two groups of both men and women, rather than one group for each segment.

Additional Information

Maintaining flow:

- Do not develop questions for the group that go too far from the research topic. Try to create a flow to your questions instead of grouping them.
- Questions can be more structured (“What is your experience with mammograms?”) or less structured (“We talk a lot about protecting women from cancer. Can you tell me a little bit about what this means to you?”)
- Avoid “why” questions, since they can be seen as accusatory.
- Avoid trying to redirect the group to follow a specific order of questions. If the participants move to a different topic before completing the current topic, you may mention that you will move on in a moment but you would like to talk about the earlier topic a little longer.

Time per focus group: Typically between 1 to 2 hours

Recording: Audiotape and/or videotape your focus group. While you may not need to transcribe the recordings, taping the focus groups means that you don’t have to write copious notes during the session. It allows the moderator to focus on what the participants are saying. Videotaping is useful to see nonverbal cues and to see who is talking.

Informed consent: Participants will need to sign an informed consent. The consent should be:

- Written in plain language,
- Clearly state that they can choose to stop at any time without penalty,
- Clearly state who will have access to the recording tapes, and
- State that their participation is anonymous except for those persons just listed.

It does not need to share research questions or details about the topic. It must state just that the information will be collected and used to look at a particular research topic. Please refer to your institution’s informed consent forms when writing your own informed consent.

Site selection: Choose a location that will be most convenient and comfortable for the participants and one in which you can record the group. Be aware of seating arrangements. Everyone should be seated around the table and have a clear view of the rest of the group.

Analysis:

- Find themes within and among the focus groups.
- Develop a code sheet based on the identified themes.
- Be aware of what participants find important versus what they find interesting.

Debrief: Often in focus groups information that is not accurate is shared to the extent that it is serious enough to need clarification. Therefore, you may want to debrief at the end of the focus groups. Some moderators feel it is ethical to convey correct information before participants leave.

Problem Solving

Participant that dominates the group: Acknowledge what the participant has said since you do not want to discourage him or her from further participation (e.g., “Thank you for sharing your experience” or “That is very interesting”). Then ask if anyone has something to add to what was said or that is different from what was said. If the dominating group member continues to take over the conversation, you may want to say something more direct like “I would like to see if anyone else has something to share.”

A participant that does not talk: Encourage people to share experiences that are different from what others have said. In the introduction you may want to say specifically that you would like to hear whether someone’s thoughts or feelings are different from the group. You do not want to put anyone in an awkward position. However if you notice that a participant is not talking but may look like he or she has something to say, you can make the group aware by commenting, “It looks like you had something to say” or “Maybe we can hear from someone who hasn’t commented yet.”

Tangent: You can appoint a participant to keep the conversation on track. Or if the participants stray off the topic, you could comment that while their conversation is interesting, they have gotten a little off topic.

Disruptive participant: Emphasize the importance of respecting what everyone has to say. If there is a person who threatens the success of the focus group even though he or she has been asked to discontinue the disruptive behavior, you may have to dismiss him or her.

Handout #3: Additional Qualitative Methods

Possible Additional Qualitative Methods

From *Health Education Evaluation and Measurement*, pp. 227–233.

In-Depth Interviewing: This can vary from brief, casual conversation to formal and lengthy interviews. It requires good interview skills, well-phrased questions, or a good knowledge of the subject's culture or frame of reference. Otherwise the interview may result in little data being obtained. One must also assume that those interviewed are truthful in their responses.

Key Informant or Elite Interviewing: These are interviews with certain people who are most often influential, prominent, and well-informed members of a community. The social, political, financial, or management position of these people may give program planners access to information they may not get any other way. The researcher may need a strong sponsor, special references, or other help to make contact with elite individuals.

Case Studies: A case study looks at a social unit. It could be a person, a family, or household, a workplace setting, a community, or any other kind of institution. The investigator may use in-depth interviewing, observation, records, or reports. Information from a single case may not be useful to other settings or times. However it may allow the researcher to understand how the relationships work in the social unit and other factors that will lead to how well a program performs.

Historical Analysis: This is an account of events that occurred in the past. It may include a report on the impact that those events have on current attitudes, values, and practices. Historical data may come from many sources. Some of these are records, reports, newspapers, diaries and memoirs, archives, folklore, fiction, songs, and art.

Handout #4: Quantitative Versus Qualitative Questions Activity

Directions: ★ = Quantitative; √ = Qualitative

1. How much time do you spend watching television each week?
2. What does the community think about the health system?
3. Do you have health insurance?
4. What does “sick” mean?
5. What language(s) do you speak?
6. What media outlets does the community trust?
7. What are qualities of a trusted source for information (general and/or health)?

Quantitative (e.g., questionnaires, surveys):

- One- to two-word answers
- Multiple choice
- Numbered response (how much/many).

Qualitative (e.g., interviews, focus groups):

- Responses require discussion or explanation
- Responses involve opinions.

Handout #5: Literature Review

A literature review is a report of the published research that has been done on a particular topic. It helps you better understand how the topic has been explained and explored by other researchers. Writing a literature review helps you gain skills in scanning research materials, finding the articles you need, and recognizing valid studies.

Before you get started, ask yourself these questions:

- What is the specific problem or question I want to define?
- What type of literature (e.g., journals, books, government documents) should I review?
- What issues (e.g., effectiveness of programs, methodology, policy change) will I be looking at more closely?

Remember, a literature review is not just a list of materials. It is a report that analyzes and evaluates materials. It can show what is known as well as what is not known. It can also help develop the kind of questions that could be the subject of further research.

Sources for Conducting a Literature Review

There are several sources you can use to conduct a literature review, including:

- Web sites
- Journal articles (available in print and online)
- Books
- Magazine articles
- Informational pamphlets.

Selecting Effective Educational Resources

Guidelines for evaluating Web sites:

- Find out who maintains the site. Government, nonprofit, and university sites have more legally responsible information. They are better sources for health and medical information than commercially owned Web sites. Look for Web sites ending in .gov, .org, and .edu. Typically avoid Web sites ending in .com, except in the case of online journals which can end in .com.
- Look for an editorial board. Look at their credentials and see if they can be contacted through e-mail or by phone.
- Look for links to other Web sites with medical/health information. Well-regarded organizations will not claim to be the only source of information on a particular health topic.
- Notice when the site was last updated. The more recent the update, the more likely the information is current. Health sites that have not been updated within the week or month may have expired information.
- While .com Web sites may not have the most reliable information, they can give you a good idea about what is out there on a certain topic and what is missing.

Journal versus magazine articles:

The difference between journal and magazine articles is that journal articles have been reviewed by experts in the field. Good examples of journals are the *New England Journal of Medicine*, *Journal of the American Medical Association*, *Health Education Research*, *Health Promotion Practice*, and *Health Education & Behavior*.

Many magazine articles do not go through this same review. This is not to say that these articles have no relevance. For magazines that are targeted to a specific population, a review of the articles on a certain topic can give you very good information about what the public thinks about specific health topics or concerns. You will also find out what information the public is receiving. Just be mindful that this is not always “evidence.”

Computerized sources of health information:

There are several online databases that you can use to search thousands of journals, books, and magazines. Here are a few popular databases:

- MEDLINE—contains primarily medical journals, although many health education journals are indexed. You can access this database online as PubMed through the National Library of Medicine at <http://www.ncbi.nlm.nih.gov/PubMed>.
- ERIC (Education Resources Information Center)—contains information related to school health, school-aged children, and overall education. This database can be accessed at <http://www.accesseric.org>.

Handout #6: Guide to Secondary Sources

Useful Web Sites:

Government-sponsored Web sites:

- <http://statecancerprofiles.cancer.gov/>
 - **Rate/Trend Comparisons:** Compares State counties' cancer death rates with the overall State or the United States as a whole; click on the data table icon for more detailed data.
 - **Death Rates:** Find the number of people who die from cancer in a particular State, by type of cancer, race, and sex
 - **Incidence Rates:** For all cancers, by State, race, and sex
 - **5-Year Rate Changes:** For all cancers according to area, data type (SEER for incidence; other for mortality), race, sex, and age
 - **Historical Trends:** Multi-line graph, each line based on area, cancer, data type, race, sex, and age
 - **Latest Rates, Percents, and Counts**
 - **Screening and Risk Factors:** Select a screening method qualified by age and medical history and select sex where applicable
 - **Peer Counties:** Identifies counties that are comparable based on State, county, peer basis (race or age), comparison counties, and number of peers

- <http://www.census.gov>
 - State and county QuickFacts (right column of the home page) provides demographic data for States and counties

- <http://www.cdc.gov/nchs>
 - Provides information on health indicators such as mortality/morbidity and birth/death rates
 - Information is categorized according to disease type or by State

Additional Web searches:

- American Cancer Society Facts and Figures (http://www.cancer.org/docroot/STT/stt_0.asp)
 - Current statistics on cancer incidence, including the number of deaths, cases, and survival rates

- Search engines (e.g., <http://www.google.com/>) for:
 - Background information about the county/city
 - Names of community leaders
 - Potential partners, like cooperative extensions, universities, other health-related programs/initiatives.

Remember, try to use .gov, .org, and .edu sites. However, while .org, .edu, and .gov Web sites will have more reliable information, it may be framed in a particular way to promote their views. If you use information provided by a .com, look into the source of information for accuracy and bias. For any information from the Internet, look at when the Web site was last updated. Some of the facts may be outdated.

Non-Web-based searches:

If you cannot interview a community leader or a community group, you may be able to find trusted information about their health beliefs and concerns through your institution or a local library. Some journals to search are: the *Journal of Health Communication*, *Health Education Research*, *Qualitative Health Research*, *Health Education & Behavior*, and *American Journal of Public Health*. You may also find useful information in reports from nonprofit media research or health agencies, like the Kaiser Family Foundation.

Handout #7: Steps for Involving Partners in the Program

From *Making Health Communication Programs Work*, National Cancer Institute, 2002

1. Choose organizations, agencies, or people that can give the resources, expertise, or credibility your program needs.
2. Think about which roles partners might play to best support the program.
3. Involve representatives of these groups as early as appropriate in program planning.
4. Give partners the program rationale, strategies, and messages (in ready-to-use form). Remember that strategic planning, creative messages, and quality production are the most difficult parts of a program to develop. They may be the most valuable product you can offer an organization.
5. Give partners advance notice so that they can build their part of the program into their schedule. Discuss with them what will be expected of them.
6. Let partners personalize and adapt program materials to fit their needs. Give them a feeling of ownership, but do not let them stray from the strategy.
7. Ask partners what they need to conduct their part of the program. Beyond funding, consider other help, training, data, or tools that would help them to function successfully.
8. Give partners new contacts that they will see as being valuable for their work. These could be links to local, State, and national contacts.
9. Give partners an appropriate amount of work. Give them a series of small, concrete, short-term responsibilities as well as a system for giving their feedback to you.
10. Gently remind partners that they are responsible for their activities. Help them complete tasks, but do not complete tasks for them.
11. Assess progress through your feedback system. Help make the changes needed to respond to the organization's needs and keep the program on track.
12. Provide moral support by frequently saying "thank you" and giving other rewards (e.g., letters or certificates of appreciation).
13. Give partners a final report of what was achieved. Meet to discuss follow-up actions and resources that they might find useful. Make sure that they feel that they are a part of the program's success.
14. Share one final, tremendous "Thank you for a job well done."

Handout #8: Open-Ended Question Guide for Needs Assessment

- Where does the community spend most of their time?
- How does the community spend most of their time?
- What is the predominant religion in the community?
- How much time would you say individuals spend in their religious institutions?
 - In religious services?
 - In extracurricular activities?
- What does the community feel about the health system?
- Where does the community get their health information?
- Where does the community get their general news information?
- Where does the community seek medical care?
- What constitutes a medical visit?
- Does the community practice alternatives to traditional medicine? If so, what?
- What does “sick” mean?
- Are there any health regulations/vaccine requirements for the population?
- What is the biggest health concern for the community?
- What would you say is the biggest health issue affecting the community?
- Are there any competitors to a healthy lifestyle within the community? If so, what are they? (Resources, habits, religious beliefs, etc.)
- What is the biggest general concern for the community?
- What would you say is the biggest issue facing the community?
- Is there a leading occupation/job within the community? If so, what?
- How many people are permanent residents of the community? How many are migrant workers? What is the turnover in the community?
- Who are trusted sources of official information/advice in the community?
- What media outlets does the community trust? Use? Specific stations/channels/titles?
- Who are the community leaders? What do they do?
- What/where are the community centers?
- What does the community value?
- What is the general education level of the community?
- What are the perceived gender roles?
- What is the predominant language? Bilingual?
- How would individuals in the community identify themselves? (For example, by their family roles, their cultural heritage, their gender, their occupations, their hobbies)
- Are there any community pastimes? If so, what are they?

Handout #9: Needs Assessment Case Study

Scenario #1

You are a State cancer control planner in Texas and you would like to learn about the incidence and mortality of cancer in your State. Where can you look?

Possible Activities

Check out:

- <http://statecancerprofiles.cancer.gov/>
 - **Rate/Trend Comparisons:** Compares State counties' cancer death rates with the overall State or the United States; click on the data table icon for more detailed data.
 - **Death Rates:** Find the number of people who die from cancer in a particular State, by type of cancer, race, and sex
 - **Incidence Rates:** For all cancers, by State, race, and sex
 - **5-Year Rate Changes:** For all cancers according to area, data type (SEER for incidence; other for mortality), race, sex, and age
 - **Historical Trends:** Multi-line graph, each line based on area, cancer, data type, race, sex, and age
 - **Latest Rates, Percents, and Counts**
 - **Screening and Risk Factors:** Select a screening method qualified by age and medical history and select sex where applicable
 - **Peer Counties:** Identifies counties that are comparable based on State, peer basis (race or age), comparison counties, and number of peers.
- <http://www.census.gov>
 - State and county QuickFacts (right column of the home page) provides demographic data for States and counties.
- <http://www.cdc.gov/nchs>
 - Provides information on health indicators such as mortality/morbidity and birth/death rates
 - Information is categorized according to disease type or by State.

Results

- **State Cancer Profiles**—<http://statecancerprofiles.cancer.gov/>

Death Rate

The death rate from cervical cancer through 2001 for Texas is higher than the U.S. rate. Cameron County has one of the highest annual death rates from cervical cancer.

Screening

Texas and Cameron County have not met the Healthy People 2010 objectives for women aged 18+ who have ever received a Pap test.

Texas is also one of the lowest-ranked States for women aged 18+ receiving a Pap test in the past 3 years.

Historical Trends

From 1977 to 2001, the Hispanic population in Texas has seen a slight decrease in mortality from cervical cancer. The incidence rate has remained the same.

- **Census Data**—<http://www.census.gov/>

Cameron County, 2000

Total population: 335,227

Hispanic or Latino population (of any race): 282,736 (84.98 percent)

Ranked 11th in the United States for counties with the greatest Hispanic population

- **National Center for Health Statistics Data**—<http://www.cdc.gov/nchs>

Texas Profile, 2000–2002

Texas has one of the highest rates of diabetes-related death among women in the United States. The State ranks among those with the highest rates of obesity among women. This is a health risk factor associated with diabetes.

Texas has one of the best records on smoking among women. Low percentages of women smoke. High proportions of mothers do not smoke during pregnancy. The State has one of the worst records across measures of preventive care.

It is one of a few States that have not yet met the Healthy People 2010 target for mammography. It ranks near the bottom in the percentage of women who have received a recent Pap smear.

Texas has the lowest levels of health insurance among non-senior women in the United States. This rate is particularly low among Hispanic women in the State.

Preventive Care (Pap test in the last 3 years)

Non-Hispanic white: 82.5 percent

Hispanic: 77.9 percent

State rank: 46

Health Insurance Coverage (ages 18–64)

Non-Hispanic white: 83.3 percent

Hispanic: 51.5 percent

State rank: 52 (*Note: State rank includes the 50 States, District of Columbia, and Puerto Rico.*)

Scenario #2

You have decided to target your cancer control program to Cameron County.

- What sources of information can you use to learn about the community’s health beliefs, practices, and concerns?
- How can you find out how and where the community spends most of their time?
- What sort of terms may be useful for conducting an online search?

Possible Activities

- Searched Google using the following terms:
 - Cameron County, Texas
 - Religious center Cameron County Texas
 - Religious center Brownsville, Texas.

Results

- **Handbook of Texas Online**—<http://www.tsha.utexas.edu/handbook>

Cameron County is 905 square miles. It is bordered on the north by Willacy County, on the west by Hidalgo County, on the east by the Gulf of Mexico, and on the south by Mexico.

Cameron County ranks high among U.S. counties in the size of its Hispanic population. The actual percentage is probably higher than the Census figure, since the Census often misses migrant farm workers, undocumented workers, and refugees. Many poor Hispanics, particularly new arrivals from Mexico and Central America, live in the country’s numerous colonias, or shantytowns. A sizable number of them have no electricity or running water.

- **Community Resources and Services**

Texas Cooperative Extension is a statewide educational agency. It is a member of the Texas A&M University system. The Extension provides quality, relevant outreach and continuing education programs and services to residents of Cameron County (<http://cameron-tx.tamu.edu>).

- **Higher Education Facilities**—<http://www.collegefortexans.com>

Location	Type	City
Texas State Technical College	Public technical college	Harlingen
The University of Texas at Brownsville	Public university	Brownsville
Texas Southmost College	Public community college	Brownsville
University of Texas Health Science Center— Houston School of Public Health	Public health-related institution	Brownsville
University of Texas Health Science Center— San Antonio Lower Rio Grande Valley Regional Academic Health Center	Public health-related Institution	Harlingen and Brownsville

- **Religious Centers (Search Google for religious centers, Brownsville)**

Name	Location
St. Joseph Church Catechetical Center	Brownsville, TX
Shamma Christian Center	Brownsville, TX
New Life Center United Pentecostal Church	Brownsville, TX
Iglesia Menonita Del Cordero Day Care Center	Brownsville, TX
Central Christian Church	Brownsville, TX
Valley Worship Center	Brownsville, TX
International Seamen’s Center	Brownsville, TX
Spirit of Joy Christian Child Care Center	San Benito, TX
Church of Jesus Christ of Latter-Day Saints: Family History Center	Harlingen, TX
First Christian Church	Harlingen, TX
First Christian Life Center	Harlingen, TX
First Baptist Church of Harlingen: Family Life Center	Harlingen, TX
Way of the Cross Ministries: Missionary Training Center	Harlingen, TX
Central Familiar Cristiana Alpha Y Omega	Harlingen, TX
First Church of the Nazarene: Child Care Center	Harlingen, TX
Queen of Peace CCD Center	Harlingen, TX
Rio Hondo Medicine	Rio Hondo, TX
Templo Cristiano	Brownsville, TX
Universal Church Kingdom of God	Brownsville, TX
Immaculate Conception Cathedral	Brownsville, TX
Holy Bible Church	Brownsville, TX
Templo Alianza Cristiana y Misionera	Brownsville, TX
Jehovah’s Witnesses—English Unit	Brownsville, TX
First Presbyterian Church	Brownsville, TX

- **Other Civic Associations**—<http://www.harlingenjuniorleague.org/volunteerhgn.htm>

- Boy Scouts of America, RGV Council
- Boys & Girls Club of Harlingen
- Chamber of Commerce Events & Cmts
- Dress for Success
- Easter Seals RGV
- Family Crisis Center
- Feast of Sharing
- Food Bank of the Rio Grande Valley
- H.O.S.T.S. in HCISD schools
- Harlingen Proud
- Harlingen Public Library
- HCISD Parental Involvement
- La Leche League
- Literacy Center of Harlingen
- Loaves & Fishes
- Pregnancy Testing Center
- Rio Grande Valley Museum
- RioFest
- Ronald McDonald House
- Salvation Army
- The Literacy Center
- Tip of Texas Girl Scout Council
- VBMC Children’s Center
- VBMC Volunteer Programs
- World Birding Center
- Youth Leadership Harlingen.

- **Media**

- **Print:**

- *The Brownsville Herald*, published daily in Spanish and English
- *The Rio Grande Valley Business*, published bimonthly
- *The Bargain Book*, all-advertising, free shopper publication delivered weekly.

- **Radio:** KBM-FM Radio

- **TV:**

- KGBT-TV4 (CBS)
- KRGV-TV (ABC)
- KVEO-TV23 (NBC)
- KMBH-TV60 (PBS).

- **Nonprofit Groups and Potential Partners**

- Brownsville Community Foundation Inc.
275 Jose Marti Ste B
Brownsville, TX 78526
- Brownsville Community Health Clinic Corporation
2137 E 22nd ST
Brownsville, TX 78521
- Brownsville Foundation for Health and Education
835 E Levee
Brownsville, TX 78520

- Healthy Communities of Brownsville, Inc.
80 Fort Brown St # SPH
Brownsville, TX 78520
- Valley Primary Care Network Inc.
P.O. Box 4587
Brownsville, TX 78523
- Community Oriented Primary Care Association
302 Kings Hwy Ste 101
Brownsville, TX 78521

Scenario #3

You have decided to interview the leaders in your community.

- How do you define community leader?
- What kinds of questions will you want to ask community leaders in Cameron County?

Possible Activities

- Look for community leaders based on needs assessment findings.
- Develop an open-ended question guide for interviews/focus groups.
 - If you are not able to interview a community leader or a selected group, you may be able to find information from journals in your institution or in a local library.
 - *The Journal of Health Communication*
 - *Health Education Research*
 - *Qualitative Health Research*
 - *Health Education & Behavior*
 - *The American Journal of Public Health.*
 - Useful information may also be found in reports from nonprofit media research or health agencies, like the Kaiser Family Foundation.
- See Handout #8 for examples of questions you can ask a community leader.