

Handout #5: Finding an Evidence-Based Program: Case Study

Scenario 1

You want to adapt an evidence-based program in Cameron County, Texas, a county that borders Mexico. You have selected cervical cancer as your health topic.

What are possible goals and objectives for your program?

Goal:

The goal for the program is based on the following:

- Identified location: Cameron County, TX
- Identified health issue: cervical cancer
- Identified population: Mexican American/Tejana women, ages 18–65.

Draft Goal:

“Reduce cervical cancer mortality among Mexican American women, ages 18 to 65, in Cameron County.”

Objectives:

We decided that we needed a program that would raise awareness about the Pap test—the primary method for detecting cervical cancer. We wanted our audience to know when to first get the Pap test and how often to be retested. We also thought it was important that women should know the link between HPV and cervical cancer.

Draft Objectives:

- **Objective 1:** Increase the number of women who receive Pap test screening by 20 percent during the life of the program
- **Objective 2:** Obtain information about the cervical cancer screening behaviors of Mexican American/Tejana women, ages 18–65, in Cameron County
- **Objective 3:** Increase the number of Mexican American/Tejana women who will be able to associate HPV with cervical cancer by 20 percent.

Scenario 2

You searched for evidence-based programs in the Research-tested Intervention Programs (RTIPs) section of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>). There are several programs related to your chosen health issue.

How might you narrow your search? (Hint: what information could you use from your needs assessment?)

Cancer Control PLANET—<http://cancercontrol.cancer.gov/rtips/>

Step 4 of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>) had a number of evidence-based programs. These were listed by cancer type, such as breast and cervical, or by cancer-related health issues, such as informed decision-making and sun safety. Also, there is an option to refine your search by age, race/ethnicity, and setting.

While there were several breast cancer control programs tailored to Hispanic women, there were no such programs for cervical cancer.

Based on the program summary pages, we were able to narrow our choices to two programs:

- The Forsyth County Cancer Screening Project (FoCaS)
- Cambodian Women’s Health Project.

Group Activity

You want to adapt an evidence-based program in Cameron County, Texas, a county that borders Mexico. You have selected cervical cancer as your health topic. You have found two evidence-based programs.

Program A, the FoCaS project, was focused on African American women, ages 40+, who live in low-income housing. These women distrust doctors and have limited access to medical care because of their financial situation. The program was conducted in churches, community centers, homes, and clinics. The FoCaS project included a church program and educational brochures and training health care providers who work with the target audience.

Program B, the Cambodian Women’s Health Project, targeted Cambodian women, ages 18+, who are refugees and live in a rural farming community. The women have limited English skills and are unfamiliar with Western medicine. The program was conducted in home- and community-based settings. The Cambodian Women’s Health Project included an outreach worker manual with handouts and letters to the target audience, a clinical resource manual with maps to different health centers, and a Khmer-language video.

Summary of Program A versus Program B:

What program would you choose and why? What are the advantages and disadvantages of Program A versus Program B?

Comparison: FoCaS and Cambodian Women’s Health Projects

Program	FoCaS	Cambodian Women’s Health
Target audience	<ul style="list-style-type: none"> • Ages 40+ • African American • Low-income housing communities. 	<ul style="list-style-type: none"> • Ages 18+ • Cambodian women.
Cancer type	<ul style="list-style-type: none"> • Breast and cervical 	<ul style="list-style-type: none"> • Cervical
Setting	<ul style="list-style-type: none"> • Community centers • Individual homes • Community churches • Clinic waiting and exam rooms. 	<ul style="list-style-type: none"> • Home-based • Community-based.
“The need” (reasons why underscreened)	<ul style="list-style-type: none"> • Limited access and referral to preventive and treatment services • Fear and fatalistic views of breast cancer • Distrust of medical community • Doctors may be less likely to recommend screening to older or minority women. 	<ul style="list-style-type: none"> • Refugees, relocated to primarily farming communities, unfamiliar with Western medicine, services, and prevention • Low levels of acculturation and limited English-language skills • Limited access to preventive care.
Program scores	<ul style="list-style-type: none"> • Dissemination capability: 3.0 • Cultural appropriateness: 5.0 • Age appropriateness: 5.0 • Gender appropriateness: 5.0 • Integrity: 3.3 • Utility: 3.3. 	<ul style="list-style-type: none"> • Dissemination capability: 4.0 • Cultural appropriateness: 5.0 • Age appropriateness: 4.5 • Gender appropriateness: 5.0 • Integrity: 2.8 • Utility: 2.5.

Selection

After comparing the two projects, we selected the Cambodian Women’s Health Project, rather than the FoCaS Project, because of the:

- Target age: 18+
- Cancer type: Cervical
- “Need”: Immigrants, low levels of acculturation, limited English, farming community.