

Handout #6: Case Study Application

I. Adapting the Video

Before:

The original evidence-based program included a Khmer-language video as part of its intervention.

After:

In our program, we conducted a Web search to find a video in Spanish that could serve as a replacement for the Khmer-language video. A possibility is a video provided by the National Center for Farmworker Health, Inc. It is about 25 minutes long—the same length as the video in Khmer. It talks about breast and cervical cancer, how often women should be screened, and how to overcome barriers for screening procedures. We looked at several videos. We chose the one that had the most complete information even though it talked about both cervical cancer and breast cancer.

If a replacement video is not available, use the data from your needs assessment to develop a new video.

II. Adapting the Clinic Resource Manual

Before:

The clinic resource manual for the **Cambodian Women’s Health Project** has a list of clinics in **Seattle, WA**. It also includes how to reach each clinic by **public transportation**.

After:

The clinic resource manual for the **Mexican American Women’s Health Project** has a list of clinics and health centers in **Cameron County, TX**. It has **driving directions** to each clinic. **We also included ways to reach these health centers by public transportation.**

III. Adapting the Outreach Worker Manual

Before:

The manual was used to teach outreach workers about the health issues that affect Cambodian women in Seattle, WA. It talks about Cambodian culture. It gives data on death rates due to cervical cancer among the women. The manual has a specific focus on the cultural views of reproductive health, Pap tests, and community programs. It writes about beliefs and attitudes of Cambodian women as well.

After:

The manual for Cameron County, TX is specific to the Mexican American/Tejana culture. Certain parts of the manual were changed to reflect cultural attitudes of Tejana women about their health. It includes incidence and death rates due to cervical cancer for Tejana women too.

Ways to adapt each of the sections of the manual are described below:

In the manual, information on the Cambodian Women's Health Project was removed. It was replaced by information on Cameron County, TX. For example:

Before:

Cambodian Women's Health Project

A focus of national research is to increase the regular use of Pap tests by underserved populations. **Southeast Asian immigrants to the U.S. have high rates of cervical cancer. They have a low use of Pap tests compared with other groups. But, there is little known about the control of cancer in these populations.**

Harborview Medical Center and Fred Hutchinson Cancer Research Center are working together on the **Cambodian Women's Health Project**. The overall goal of this project is to increase the use of Pap tests by women from **Cambodia**.

The project promotes community involvement. It uses bilingual, bicultural staff to conduct the program. Components include home visits and small group meetings. Women will be asked to watch a video on Pap testing. They will be encouraged to get screened at a local clinic. They will also be offered an interpreter and help to make appointments.

After:

Mexican American Women's Health Project

A focus of national research is to increase the regular use of Pap tests by underserved populations. **Cervical cancer is one of the most common types of cancer among Mexican American women. This same group under-uses screening tests for female cancers.**

Brownsville Medical Center and Harlingen Medical Center are working together on the **Mexican American Women's Health Project**. The overall goal of this project is to increase the use of Pap testing by **Tejana women from Cameron County**.

The project promotes community involvement. It uses bilingual, bicultural staff to conduct the program. Components include home visits and small group meetings. Women will be asked to watch a video on Pap testing. They will be encouraged to get screened at a local clinic. They will also be offered an interpreter and help to make appointments.

NOTE: The goal and strategies for both programs are nearly the same. The names of the medical centers, project staff, and data about the population have been changed.

The manual includes the sections to make sure outreach workers know the issues about Pap testing such as:

- Knowledge, attitude, beliefs
- Cultural, religious, and spiritual beliefs
- Access to resources
- Competing messages
- Sources of health information
- Influential members of the community.

A. Section 1: Background Information

1. Historical Trends for Cervical Cancer and Its Relationship to the Culture

Some sections of this part of the manual can stay as they are. Others may need to be changed to reflect your audience or updated to reflect the most recent data.

For example, the subsection Key Facts About Cervical Cancer needs some updating.

“Every year, 16,000 American women are found to have invasive cervical cancer.”

We know that the most recent data show that 12,000 American women were found to have cervical cancer last year. Check the facts and figures you want your outreach staff to use. To make sure that they are the most recent, go to your needs assessment. Or you can check with established sources such as the National Cancer Institute at www.cancer.gov.

You may need some numbers about your audience, such as the screening rates or death rates of your population. For example, in the section on Pap testing, one bullet states:

“Cambodian women have lower rates of Pap testing than any other group in the United States.”

To apply to our population, we would change it to say:

“Of the three major ethnic groups in the U.S. (non-Hispanic Whites, non-Hispanic Blacks, and Hispanics), over time Hispanic women are the least likely to use Pap tests.”

Sections about our specific population or region would be changed, such as payment for Pap tests.

2. Qualitative Data Findings and Traditional Cambodian Reproductive Health Model

These parts of the manual use data from interviews with 40 Cambodian women on cervical cancer and Pap testing. They show what the women see as barriers to Pap testing. They describe their cultural beliefs about reproductive health.

In the Mexican American Women's Health Project, this section outlines the barriers and beliefs for Mexican American women in Cameron County, TX.

The data needed to adapt this section may come from many sources:

- Primary data from surveys, focus groups, and town hall meetings can help describe the factors affecting the health of your population. These data will give you your audience's unique viewpoint and/or that of a community leader who works with your audience.
- Secondary data include finding health statistics and doing reviews of the literature.

You may have collected the information you need for this section in your needs assessment. But, you may find you need to supplement your findings and do more research. You might perhaps interview a community leader or a sample of your population again.

3. Frequently Asked Questions (FAQs) and Answers

This section gives questions and answers specific to the culture of the target population. Some of the FAQs from the original program may be able to stay the same. But make sure they truly represent questions your audience might ask. For example, in the original program, questions include:

- Which women are more likely to get cancer?
- If I am a virgin, do I need to worry about cervical cancer?

These questions may seem general. They could possibly apply to all racial and ethnic groups. But be sure they reflect the knowledge gaps of your audience. Based on your needs assessment, interviews, and other comments you collected, think about the specific worries of your population. Think about the kinds of myths and wrong information that should be addressed in this format.

B. Section 2: Protocols

This section details what the outreach workers will do in the program. The content of the tasks will become culturally specific. But the activities, such as mailings, home visits, group meetings, counseling, and presentations will stay the same. The strategies of the evidence-based program will be used in the new program. So only a few changes will be

needed. One change is in the language of the materials. For the adapted program, materials should be written in English and Spanish, not Khmer.

C. Section 3: Problem-Solving Barriers to Pap Testing

This section of the manual is about barriers to Pap testing. Changing this section means that you must review all the barriers you found in your needs assessment and interviews. Guidelines for counseling visits need to focus on those barriers. Once again, the content of this section is fitted to our target audience, while the strategies stay the same.

D. Section 4: Form Summary

The forms in the manual are generic. They do not need to be changed for the new program. They are to be used by each outreach worker to record women's responses to each of the strategies. The forms are an excellent way to track the progress of the program and record data that could be used for evaluation.

E. Section 5: Visual Aids

This section of the program model has photos of Cambodian women in clinical settings. It has graphs and charts for the rate of cervical cancer and Pap testing for these women. Also, there is a glossary of terms about cervical cancer in English and Khmer. You should change this section by using photos of Mexican American women and graphs, charts, and glossary terms about the issues for Tejana women. The glossary should be in English and Spanish.

F. Section 6: Appendices

The appendices have:

- A biological model for cervical neoplasia and Pap testing
- A brief text box on which women get Pap testing, what makes it easy to have Pap testing, and barriers to Pap testing.
- A flow chart of the possible course of cervical cancer from testing to diagnosis.

The other appendices of the manual are not culturally specific. They do not need to be changed.