

A Door-to-Door Needs Assessment to Guide a Community-Campus Health Partnership and Contribute to Community Empowerment

Jerrold Greenberg

Abstract

A community-campus health partnership was formed in 1999. To determine health partnership priorities, it was collaboratively decided that an assessment of the community's health needs and interests was necessary. This article describes a community-based participatory research project: namely, a door-to-door survey to assess community health needs and interests. The survey was developed and approved by the health partnership's board of directors, consisting of a majority of community residents, and university personnel. The survey was based on the National Health and Nutrition Examination Survey, allowing comparison between community residents (97 percent of who were African American) and a national sample of African Americans. Resident interviewers were trained to administer the survey. Data were collected from 301 residents (195 adults and 106 children) from 124 households. A test of binomial proportions was used to compare the study population with a national sample of African Americans. Similarities and differences from that national sample were observed. The data will be used to prioritize health promotion programming, to validate health needs in funding proposals, and to track community health over time. The study's protocol is offered as a community-based participatory research model for communities seeking to acquire health data specific to their jurisdictions.

Using Community-based Participatory Research to Assess Health Needs among Migrant and Seasonal Farmworkers

Eva Doyle, Robin Rager, Denise Bates, and Cheryl Cooper

Abstract

Principles of community-based participatory research (CBPR) were applied among migrant and seasonal farmworkers (MSFWs) in a seven-county region of east Texas. The study purpose was to establish community-based partnerships for CBPR and conduct a preliminary qualitative assessment of perceived health needs and capacities. Key informant interviews and a snowballing technique were used to identify gatekeepers and recruit participants from three stakeholder groups: health care providers, social service providers, and MSFWs. A modified nominal group technique (NGT) was applied in a series of five qualitative group interviews: one group of health care providers (n=9), one group of social service providers (n=11), and three groups of MSFWs (one all male, n=4; one all female, n=8; one gender-balanced, n=8). To enhance response validity, the protocols used in each NGT session were adapted to the communication and problem-solving styles of each stakeholder group. The participants collectively identified behavioral, psychological, environmental, social/economic, and health service access/treatment factors believed to contribute to the health status of the MSFW community. A preliminary comparison of responses across stakeholder groups, known as heterogeneity sampling, revealed differing perspectives related to contributing factors and

potential solutions. A discussion of the CBPR process and results, and specific intervention recommendations are provided.

Lifestyle and Clinical Health Behaviors and PSA Tests

Cynthia Norris and Stephanie McFall

Abstract

This study assessed the association of lifestyle and clinical health behaviors with prostate specific antigen (PSA) tests. The study used cross-sectional data from the 2002 Behavioral Risk Factor Surveillance System (BRFSS). We used Stata 8.0 to take into account the complex sample design in analyses. Both lifestyle and clinical health behaviors were associated with PSA use. Life style behaviors associated with PSA use include not smoking, moderate or no drinking, regular seatbelt use, and leisure physical activity. Clinical health behaviors associated with PSA use were influenza vaccines and colorectal cancer screening. The strongest associations were with colorectal cancer screening and access to care. The strong alignment of PSA testing with positive health behaviors suggests men view PSA tests as protective. This perspective may complicate health education messages to support informed decision making about prostate cancer screening.

Overweight in Children: The Perspectives of 9–13 Year Olds

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Abstract

Children and adolescents in the United States are increasingly overweight at younger ages. Many studies have investigated the issue from the perspective of professionals and other adults. This study assessed early adolescents' perceptions regarding the magnitude of, effects of, causes of, solutions for, and learning preferences related to overweight. Data were obtained from 1,168 students, grades four to eight, who visited nine health education centers. Data were collected anonymously via electronic keypads. Analyses were based on multivariate and nominal logistic regressions. The majority of students believed childhood overweight is a problem (52%), and thought overweight is primarily caused by (55%) and can be addressed through (68%) nutrition and exercise. Most preferred to learn through doing (joining an active group or cooking demos, 43%) instead of listening (school lessons, 8%). Further, most (60%) perceived that overweight children and adolescents have a more difficult time making friends. Girls were more likely to report that they were worried about their weight (AOR=2.9, CI=1.6–3.8; p=0.00), have been spoken to about their weight (AOR=2.0, CI=1.6–2.7; p=0.00), and have tried to lose weight (AOR=1.8x, CI=1.4–2.5; p<0.01). Students who perceived themselves to be about the right weight were more likely than those who described themselves as underweight to say they have tried to lose weight (AOR=2.3, CI=1.6–3.3; p=0.00). Recommendations are given to assist health educators in developing programs that address overweight among early adolescents.

Soft Drink Vending Machines in Schools: A Clear and Present Danger

James Price, Judy Murnan, and Bradene Moore

Abstract

This paper examines the availability of soft drinks in schools (“pouring rights contracts”) and its effects on the growing nutritional problems of American youth. Of special concern is the prevalence of overweight youth, which has been increasing at alarming rates. There has been a direct relationship found between soft drink consumption and overweight in youth. Soft drinks account for as much as 20% to 24% of the calories consumed by youth. Higher rates of soft drink consumption are seen in youth from lower socioeconomic backgrounds. School administrators play a negative role in the health of students when they allow commercialism (advertising and selling of products to students) in their schools. Soft drink companies have been at the forefront of commercialism in schools. These “pouring rights contracts” have helped encourage student addictions to high-calorie soft drinks, while at the same time making school administrators accustomed to the financial gains. Yet, many school administrators do not perceive pouring rights contracts as jeopardizing the health of students. Banning the sale of soft drinks on school campuses must be a higher priority for those concerned about the health of youth.