

Tepeyac Project: Focus Group Findings

Final Project Report for
**The Colorado Foundation for Medical Care
(CFMC)**

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Study Overview

Purpose of Project

The principal purpose of this study was to gain a better understanding of how Church-based interventions to promote breast cancer screening are perceived by Hispanic women in Colorado. There was a particular interest on learning more about how effective women think it is to deliver information about breast cancer (BC) prevention activities through announcements in the church bulletin or pulpit, as well as through more conventional means such as brochures and fliers. In addition, the perceived effectiveness of using “promotoras” to deliver breast health information to women at a more personal level was also evaluated.

Research Questions

The study’s overall research questions were:

1. What are the perceived cultural barriers to participating in early-detection interventions (e.g., mammograms)?
2. What is the perceived role of the Catholic Church as a source of health information in general and breast cancer screening in particular?
3. Is the Catholic Church perceived as a catalyzing agent for promoting breast cancer screening? Or, do women believe that they are more likely to act on health information (e.g., screen for BC) if they received information at Church?
4. Of the breast health information that women receive at the church, which information source is perceived by women as more effective in motivating change in their behavior (e.g., promotoras, educational materials, pulpit announcements, newspaper adds, bulletin messages)?

Methodology

Procedures: Eight focus group interviews were conducted at the following Catholic churches/parishes in Colorado:

1. Annunciation Parish – Denver
2. St. Cajetan Parish – Denver
3. St. Dominic Parish – Denver
4. Our Lady of Guadalupe Church – Denver
5. Holy Family Church – Fort Collins
6. Holy Family Parish – Pueblo
7. St. Mary’s Parish – Colorado Springs
8. Sangre de Cristo Parish – San Luis

Most of the focus groups were conducted in Spanish, with the exception of the groups in Pueblo and Colorado Springs. The eight groups were held at the churches’ facilities (e.g., social activities’ room) and all the participants were church attendees. On average, each

group lasted approximately 90 minutes, with 30 of those minutes spent on social introductions and snacks.

The interview consisted of the following open-ended questions and probes that sought to answer this study's research questions:

1. Have you heard of any breast cancer education activities advertised through your church (give name of the church _____)?

(Probe: What types of BC prevention services are you aware exist in your community? Probe specifically for mammography)

(Probe: How else have you seen information delivered to you through the church or church-affiliated institutions and clinics (e.g. brochures, bulletin announcements, Clinica Tepeyac, promotoras)?

2. Would you be more open to information on breast cancer and prevention activities if this information came from the church? Or if it supported the delivery of such information in the church setting?

(Probe: Would you feel more confident about the credibility of the information? Would you be more willing to follow health recommendations if you felt that the church approved of activities such as mammograms, where you have to have your breast exposed?)

(Probe: What if the church went as far as supporting the participation of women in breast cancer activities? Do you think the church would do that?)

3. How can the information be best delivered to you about breast cancer prevention activities that will encourage you to participate?

(Probe: Is the church one of the best community places to have health information delivered to Hispanic/Latina women? Why?

(Probe: Any suggestions on how the information can be effectively delivered to you and other women in your community?

(Probe: What things would make it easier for you to participate? What things at the personal and family level as well as at the community level would make it easier?)

(Probe: Would you encourage another women to participate in such studies?)

Additional probes were utilized depending on the nature of each group's discussion or the need to clarify the information provided by the participants.

Participants: All of the participants recruited for this study were over 40 years of age and of Hispanic origin. The focus group sample included 56 women living in the cities of Colorado Springs, Denver, Fort Collins, Greeley, Pueblo, and San Luis, Colorado. The participating women had an average age of 64 years (range 40-84). There was considerable variation in levels of education (range 0-18 years); although 38 (68%) women did not have a high school education, 18 (32%) reported a high school education or higher college degrees. The women's personal annual incomes ranged from less than \$5,000 to more than \$40,000. The average annual income was approximately \$12,000, with 33 (60%) of the participants living below the 200 percent of the Federal poverty guidelines. As measured by the Acculturation Rating Scale for Mexican Americans (ARSMA; Cuellar, Harris, & Jasso, 1980), acculturation was positively correlated with education ($r = .78, p < .01$) and income ($r = .57, p < .01$). That is, more acculturated women were likely to have higher levels of education and income, and vice versa.

Of the 34 women interviewed, 40 (71%) women reported obtaining a mammogram within the past year, while 5 (9%) reported never having had a mammogram. However, compliance with breast self-exam (BSE) was much lower. Only 9 (17%) women reported doing BSE twelve times a year, while 13 (25%) reported that they had not performed BSE at least once during the past year. Women reported these low rates of breast cancer screening even though 47 (84%) of them said a physician or nurse had taught them how to perform BSE. More consistently with the mammography screening rates reported, 44 (80%) women had a physician recommend a mammogram to them.

Data Analysis: All the interviews were transcribed and the ones that were in Spanish were translated to English. Content analysis was conducted with the data obtained from all eight groups. HyperResearch (Hesse-Biber, Kinder, Dupuis, Dupuis, & Tornabene, 1994) software was utilized for initial coding and ordering of categorical themes. Grounded theory methods (Strauss & Corbin, 1990) were further used to select the themes that systematically answered the study's research questions.

Results

1. "What are the perceived cultural barriers to participating in early-detection interventions (e.g., mammograms)?"

The perceived cultural barriers to participate in early-detection activities reported by women in this study are consistent with those found in the literature regarding participation in this type of activities (Borrayo & Jenkins, 2001a, 2001b, in press; Borrayo & Reyes, 2002). First, women indicated that language is a detrimental barrier for women who only speak Spanish because most of the information on early-detection procedures (e.g., mammography) is in English. A group of women from Annunciation church explained the importance of having health-related information in Spanish:¹

¹ "T" is for "Interviewer" and "P" for "Participant." Depending on whether it is the same or a different participant, the "P" will be followed by a number (e.g., Participant 1 will be P1, Participant 2 will be P2).

- I: How would you like to receive the information? For example where to go for the check ups. How to do it? . . .
- P1: Well in a letter. Written in Spanish.
- P2: In Spanish and in the church!
- I: In what way?
- P2: Well, talking!
- I: Okay. To be announced for example in the pulpit?
- P2: In the church
- I: In what other way?
- P1: Here with the nurse or the young lady, they also speak Spanish to tell us.

For some women, it is particularly important that the information be delivered not only by a person that speaks Spanish but that will also elicit “trust” from these women (e.g., another Latina). To this end, a person needs to be personable (value know as “personalismo”) but also understand the special needs of a segment of the Hispanic population that is also concerned about how participation in prevention activities might endanger their immigration status. Women from St. Mary’s Parish explained:

- I: How receptive do you think they would be, [to] a stranger coming up, a woman Latina coming up?...
- P1: Spanish, now its got to be Hispanic...
- P2: ...Now see that’s the thing, is that she’s gotta, number one, I think the prerequisite has to be able/you have to be able to speak Spanish.
- P1: Because these women don’t understand you in English they’re not gonna want to talk to you because they’re very embarrassed...
- P1: So they [health educator] have to be Spanish speaking...
- P2: So you know, [they] have to be able to go to them and talk to them in Spanish and say "I that I’m here to do this and the reason that we’re doing it’s because we want to make sure that you are aware that these are the services [e.g., mammography] that are free.”
- P3: I would just like to say [that] any undocumented woman will not participate. . . because she is not going to put her name, or formation [information] on any piece of paper...that the immigration authorities could get a hold of that information and take her and her family...
- I: Away?
- P3: To Mexico.
- I: So you guys think that that’s a major worry?
[Many speaking at the same time and acknowledge by saying ooh! Yes! Absolutely!]
- P2: You’re right!
- P1: Good point!

Women from this group further explained that there are other “cultural issues” not solely related to ethnicity (i.e., Hispanic) but that are also typical barriers for people of lower socio-economic status (e.g., the “working poor”) that need to be considered. One barrier

is certainly the actual or perceived costs associated with health care. For those with limited resources, other issues besides health care seem to have higher priority:

- I: What other things do you think that are cultural barriers or inherent in them being immigrants or what? What other things do you think inhibit people?
- P4: They are afraid to go forward and have anything done to them cause then their name goes on...
- I: So they don't do any preventative or maintenance or any kind of health care?
- P4: Well I just think even [for] health issue [they do not attend].
- P1: ...Except for colds and little ailments are not even a priority for them I mean/I mean they're just trying to get by...
- P4: ...They just want to make sure they got food and shelter. You know?

Thus, the lack of financial resources is a barrier for obtaining health care among Latinas of lower socioeconomic status. Moreover, many of these women also tend to lack health insurance or other public means of support (e.g., Medicaid) to access prevention services given their illegal status in the United States.

2. “What is the perceived role of the Catholic Church as a source of health information in general and breast cancer-screening services in particular?”

Women throughout the 8 focus groups agreed that having health information at the church would be an appropriate vehicle to disseminate this information. One of the primary reasons why having BC prevention and control information at the church is preferred over other locations is because church is a very convenient and accessible community institution. For the most part, women expressed that the church is a place that they attend regularly. Thus, it would be easier for them to obtain prevention health information at a place that they are likely to go anyway. A woman from Holy Family Parish in Pueblo illustrates this point:

- P: You know, I don't work in a large company where they would come in and give this information to you. Umm, and then because of my schedule in the evenings I don't do a lot of getting to watch the news and what's being out there. About the only thing I read is maybe a magazine once in a while. So it would be beneficial for me to have it here at church and I'm wondering how many other women that are in my situation.

Most groups verified the benefits of having prevention health information at the church. The women from Annunciation Parish in Denver advocated for church-based interventions almost unanimously:

- I: "Ok, would you be more willing to participate in breast cancer prevention activities if they were partly offered by the church?"
- P: "Yes."

- P2: "Yes."
 P3: "Yes."
 I: "Why yes?"
 P3: "Because it's the best way to know anything and to help oneself more and help others in knowing all the illnesses there are. Through the...like this all of us are reunited. One goes announcing that one [mammogram van] is coming to the mass and listens."
 I: "Ok so it's an effective way to give information to various people?"
 P: "Yes, overall because there's unity! Because all of us are in the church. People simply, their brothers, their friends, look at you."

Women at Saint Dominic Church indicated that having church-based interventions is also convenient because it overcomes other barriers to accessing both information and services for breast cancer control and prevention:

- I: What you are saying is that perhaps for the other women...
 P1: For the majority of the people here it would be more comfortable I think, to come to the church because they are used to coming to mass.
 P2: Because something familiar. Because of transportation. Because of that, because how near it is...
 I: What do you think P3?
 P3: Yes. What would be the difference for other women?
 I: Anybody think that perhaps it doesn't make a difference?
 P2: Yes, it does.
 I: You do think it does. For other women it does make a difference?
 P2: Over here because it's more convenient
 P3: If it's for...it's not that much. If you promise they won't come because our people have fear and are tired of hearing countries [Latin American countries] giving promises.
 I: Promises?
 P3: That we are going to give you this... Not that! But if you say, "I'll assure you that the doctors will be there and the apparatus will be there, they're going to be here for you all to come" probably they will come. But if it's a promise they won't come!
 I: Instead, if they are told you're going to be here this day, at this time?
 P3: Then yes, perhaps it can be. You go and inform yourself, get in line and ask and probably it can be your turn and they'll consult with you. Perhaps forget it, in other words, I'm not going to lose one hour for something, perhaps. But if there is a security that even that I'm there four hours they are going to attend me, then I'll go."

Aside from convenience of having information at the church, women also expressed that they have more trust in the legitimacy of the information that they receive if it comes from people at this institution. That is, women believe that those who work for or with the church genuinely care for people in the community. When we probed if the information was more acceptable because of the credibility of the institution, women said

that the church is not more credible when it comes to health information. However, the people that deliver it are more credible in terms of their concern and efforts to encourage a healthy community. The women from Holy Family Parish in Pueblo elaborate on this issue of credibility in church people rather than the institution per se:

- I: Why, some people say trust, any other reason why because the church is supporting it you feel more motivated?
- P1: I would think so because it's a community/it's a family within a family.
- I: Okay. So it's basically...
- P1: Our families come together as one large family...
- I: So you feel that...
- P1: And they give each other support.
- I: Aha. So this would be another way of providing support.
- P2: Right, right.
- I: Okay. Um...let me see. Would you feel more confident about the credibility of the information if it came through the church? Would you feel its more credible or it wouldn't make a difference?
- P1: I don't think so. (*Many respond at the same time*)
- P2: No.
- P3: No difference.

3. “Is the Catholic Church perceived as a catalyzing agent for promoting breast cancer screening?” Or “Do women believe that they are more likely to act on health information (e.g., screen for breast cancer) if they received at Church?”

Many women expressed their desire to see the church supporting more breast health and BC activities, rather than providing information alone. However, the reasons for their desire to have health information in general and BC screening in particular differed from the reasons that were initially expected. It was anticipated that most women would like to receive preventive health care services at the church not only because it was more convenient but also because it was more affordable. Instead, women in almost all the groups explained that preventive services offered through the church are not necessarily more desired or more affordable. They clarified that this is the case only for women who are of lower socioeconomic status and without a reliable and affordable source of care. Thus, women who can afford services and have access to health care go elsewhere for preventive services. Women from Saint Cajetan Parish elaborated on this issue:

- I: Returning to the subject, what type of activities do you know that are taking place in your community for the prevention of breast cancer.
- P1: Just the signs that that they put there and the help that they put...
- I: Where?
- P1: In San Cayetano
- I: In the church?
- P1: Yes in the church and the places that indicate which places can help.
- I: Okay. What do they put in the church...?

- P1: That sign, that type of sign that refers to...mammogram and about other check ups.
- I: Offering them?
- P1: Free. Yes, free.
- I: And what does the sign say? Does it give a telephone number, an address and...
- P1: Yes. Some Sundays at certain dates they announce that there will be a service for the people...
- P2: Of low income. Free.
- I: And is it only for low income folks or can anybody attend?
- P2: No, I think that if I go they will charge me.
- P1: I think it depends on what kind of insurance do you have.
- P2: Because we that have insurance don't go but they say that for 50 and over it's very important.
- I: Then you think that women that have insurance, may it be private insurance or medicare, they do not go?
- P2: No!
- I: No, why... why not?
- P2: You do not go because you have other/other resources to...take care of your health or because you think you will not be attended because you already have other insurance.
- P2: No, I don't go because if I go they will charge me. And if I go with my doctor, what's the point of going again.
- P1: If it were free I would go each time wherever they opened. Ha, ha, ha.
- P2: Well that is true.

Some women from higher socioeconomic status would like to have church-based services offered to all women, particularly when they are in need of immediate services. A woman from Our Lady of Guadalupe church described her situation in this regard:

- P: Well, you know, I'm going to tell you now that we are thinking about that. On one occasion I was sick with, I had a great deal of pain here around this part [chest]. Strong pain and I could not stand the pain and then I said, ay, I got cancer/now I have cancer. But I examined myself and well nothing came of it, but here I could not stand the pain, to the point that I couldn't breathe. And I felt so badly that coming out of mass I heard that they were having the mammograms and I went. And they tell me, and the first thing that she says to me, do you have insurance? Well I couldn't tell lies, right? So I told her, well yes but, I am very sick. I feel that I am dying. "Well I am very sorry. You are going to have to go to your doctor and your insurance." And they rejected me and I left so sad, thinking if I die tonight...

Women also relayed that they would feel more motivated to obtain prevention services at the church, such as breast cancer screening, because it is more convenient due to accessibility (a similar belief to why they would like to receive health information at the

church). At a rural community in the San Luis Valley, Sangre de Cristo church members discussed the following:

- I Before, I asked would you be more likely to follow the information you think came from the church. The question now is a little different. What if, even if the information or the services came from outside but were provided in the setting... like here. Like mammograms being given here. Would you be more likely to attend if it was at the church?
- P1: I would.
- I: Why is that?
- P2: Because it was closer to us.
- I Okay. So the church is like a close way.
- P1: Yeah...for mammograms and stuff.
- P2: This will be closer and easier for us.
- I: Okay. Would it be different if it was here at the church or may be some clinic in the community?
- P1: No, I don't think it would matter.
- I: Okay, so as long as it's here and it's not Pueblo or Alamosa or anything like that. Right?
- P2: Yes.

The Catholic Church is also perceived as a catalyzing agent for promoting breast cancer screening because in general it is a well-respected institution in the Hispanic community. And thus, women believe that they are more likely to act on health information (e.g., screen for breast cancer) if they received it at church. Saint Mary's Parish members illustrate how strongly women would respect and follow any recommendations given by the church:

- I Okay. Can we, keeping on the idea on receiving information in the church, how open do you think the Latinas here would be to getting mammograms through the church? Things like that, getting breast exams and knowing that they can come to the church for that service.
- P1: Free?
- I: Most likely.
- P1: Yeah, I think that they would because I think if you go down to Mexico, a lot of the things, see the church is intrinsically part of the Hispanic's lifestyle and this is/this is our center. You know, anything that happens to us, you know, if/if I was going to say typically in Mexico, it is a community center church. It's not just a place we meet on Sunday.
- P2: Yeah.
- P1: And things that happen to us if it comes through our church, it's going to happen.
- I: Okay. And do you think most Latinas and even Latinos would be receptive to having, especially the breast health at the church?
- P1: I would think so because I think they would feel like they trust their church better than a clinic across the street or down the corner, it would be ah...

One reason why women would not feel more motivated to obtain prevention services at the church is that many would prefer treatment from physicians and other health care providers at facilities designated for medical services (e.g., hospitals, community clinics). Some women from Saint Dominic church gave a good illustration of this position:

- I: What would happen if the information and the prevention services were given in the church? Would you be more motivated if the services were given here?
- P1: Not for me. In other words it wouldn't be an important fact to motivate me.
- I: To motivate you?
- P1: No!
- P2: It wouldn't be a principal factor if it were here in the church.
- P1: For me I think the same because either way I will come.
- P2: Either way you would come to the church.
- I: The same you would go to do the exams.... It doesn't matter if it is here in the church? If the prevention services were here in the church, would you feel more motivated if it was in another clinic?
- P3: What type of services?
- I: If they brought for example the mammogram machines, the doctors, the nurses come here to the church...
- P3: Why would they come if I know it's better in a hospital because there are more ways, more things...

4. Of the breast health information that women receive at the church, which information source is perceived by women as more effective in motivating change in their behavior (e.g., promotoras, educational materials, pulpit announcements, newspaper adds, bulletin messages)?

Overall, there does not appear to be one source of information that is clearly preferred by women over other sources. There is, however, a trend to be more receptive to receiving information that is more personal, direct, and repetitive, regardless of the delivery means. What follows is a discussion on each of the main sources of information discussed by women.

Health “Promotoras” (health promoters). Women in most groups were not aware of what a “health promotora” was, although they clearly like the concept of having information delivered to them by such a person. The women that did know about the “health promotoras” were more likely to work for the church (e.g., secretary, parish nurse) or to have a leadership position in disseminating information to church members. For example, a woman who worked at Our Lady of Guadalupe church shared the following information with the group:

- I: What other type of cancer prevention or early detection services do you know that exist in your community? Here in Denver. Here in your community. Another type other than what we talked about already.

- P1: That we already talked about, or that there are mammograms or...
- P2 (employee of the church): Oh, yes, in our clinic, the clinic of the parish.
- I: Which is the clinic of the parish?
- P2: The Tepeyac clinic.
- I: What happens in the Tepeyac clinic?
- P2: The clinic promoters, um, they give a lot of health education and they have some people that they call “promotoras.” So, these women go door to door, and they go announcing when the clinic has mammograms. They are completely free.
- I: And you know that because you work there in the church. Or do the rest also know of that? Who else knew aside from P2?
- I: Who else had heard of the promotoras?
- P?: I did.
- I: You? Who? Berta, you had heard?
- P3: No, I haven't.
- P4: No.
- P5: I have heard through other people.
- I: You have. At what church?
- P3: San Gayetan.
- I: San Gayetan. And you haven't heard here? That there are promotoras or..?
- P3: No. There are announcements concerning the mammograms and all that.

At Saint Dominc church most women also had not heard or had not been visited by a “health promotora:”

- I: Have you had/has anybody received a visit in your home [from a “health promotora”]?
- P1: No.
- P2: No.
- I: No?
- P3: No. I'm talking to make appointments.
- I: And you P3? Before you mentioned promoters. Who else has heard of the health promoters, aside from you P3?
- P4: The church, when somebody comes.
- I: But have you heard of the promoters?
- P4: No.
- I: Have you received a personal visit from somebody who has come to your home to give you information? Have you heard of somebody who has received a visit from a promoter?
- P5: Neither. The first time that I heard those discussions. I have never heard any talk about...in another place. No, it's the first time.
- I: Have they visited you at home?
- P4: No!
- I: No. You've only heard through the... Have you heard of somebody or do you know somebody who has been visited by a promoter?
- P4: No.

I: And you P6?
 P6: No. Neither.

Women from Annunciation in Denver had not heard either about this campaign (“health promotoras”) in their community:

I: "Have you heard of promotoras?"
 P: "In Mexico I have heard."
 I: "No. Here in the church you have not heard of promotoras?"
 P: "No."

Nor had women from Saint Cayetan Parish, Holy Family Parish, Holy Family Church, Saint Mary’s Parish, or Sangre de Cristo church reported hearing or having been visited by a “health promotora.” As several women from Saint Cayetan said:

I Do you know anybody that has been visited by a promoter?
 - NO! (Many people say)
 P1: They will tell you but they never show up!
 - Ha, ha! (Laughter).

Although most women did not report knowing who were the “health promotoras,” they expressed acceptance of such approach to disseminate BC prevention information in their community. The aspect of this intervention that they found most appealing was that it felt personable and trustworthy to be approached by such a person. Women from Saint Mary’s Parish described this position:

I: How do you think we can encourage or even get the word out that these services are available?
 P1: Well if you got a very ah...a certain individual that these/those people would trust and they had all the literature to pass on to these people and explain without having to translate, then you would have these people come. But just to have anybody come in and just throw...
 P2: Well than that's where the sister/the sister was talking about is the Hispanic leaders in this community willing to take that on?
 P1: Yeah.
 P2: I really believe that if there was ah, ah...Hispanic woman, a Latina woman who was a nurse and she stood up in front of the congregation said I need to see the women for five minutes after mass...
 I: Women would do it?
 P2: And say, you know there’s going to be this...[yes]

Bulletin’s Publication of Prevention Activities. The church bulletin is considered to be an effective vehicle for transmitting information. However, several women had low awareness that their churches were publishing BC prevention activities in the bulletin. Women’s lack of awareness might reflect that either churches do not frequently publish BC information in the bulletin or that the bulletin is not as effective in disseminating health-related information. Although some women were aware that their church has

publicized BC prevention activities in the bulletin, the majority said that they have not seen this type of activities announced in the bulletin. In addition, women expressed the concern that if they did not attend church on the day the information was published, they also had no access to this BC prevention information. Responses from women at Saint Mary's Parish demonstrated a mix of response about reading information in the church bulletin:

- I: Have anyone read something from the church bulletin board or have you read it somewhere else? Who said no? P1?
- P1: Read about what?
- I: In the church's bulletin that they are giving mammograms in the clinic. No? P2...
- P2: No. Not on the bulletin.
- I: And you P3? Have you read the bulletin?
- P3: Yes. Well, I have read it.
- I: And you P4?
- P4: Yes, I have also read all this information. Yes!
- I: In the church bulletin.
- P3: From here in the church.
- I: And you P5?
- P5: Not me if it's through the church but is...
- I: Then where have you found out about Tepeyac Clinic? How did you find out?
- P5: Through communications
- I: What communications?
- P5: Through television

Women recommended that if the church bulletin is used as a vehicle to inform people about health related activities, it needs to publish the information for a sustained period of time. For example, women from Holy Family Church in Pueblo made the following point:

- P1: A lot of them don't come to church every Sunday and don't get the bulletin so they'll miss it and (*unclear word*) she would have probably put it (*coughs*) a full month, excuse me.
- I: A whole month for some people to get it?
- P1: I would say because...
- P2: Yeah, I would.
- I: Okay. (*Some responding at the same time*)
- P1: Something as important as that.
- P2: ...Some days you don't come to mass sometimes.
- I: Right.
- P1: Or you take, even if you do, you don't read the bulletin.
- I: Right. (*Some participants speaking at the same time*) Okay. So some of your saying probably that the church might work if you have it advertised over a month or something so that you make sure that it reaches people

(*someone speaks in background "I don't think"*). Some don't read the bulletin your saying so would there be any other way to do it through the church that may not be just the bulletin?

Postings at Church. Utilization of flyers posted in the church has had its effect. Some women had received BC information from their church by means of fliers posted in the bulletin board or other strategic places in the church, as one woman from St. Cajetan church noted:

I: "Ok, what do they put in the church?"

P: "That sign, that type of sign that refers to mammograms and other checkups."

However, on woman from Colorado Springs noted that she received information from a church, however it was not her own.

P: "I mean the only way I would have ever known (about breast cancer activities) is if I went over to Guadalupe and looked on their bulletin board to see if anybody had hung a poster."

Pulpit Announcements: Women from most groups indicated that an effective way to announce health-related activities has been through messages delivered at their churches' pulpit. What appears to be most effective is if the priest encourages women to attend to BC activities being offered. Several women at Saint Cajetan Parish recalled hearing their priest deliver such message:

I Have you heard, for example, in the church that there is this sign? What other way have you heard through the church?

P1: The father have announced it.

P2: Yes, well we are talking about the church

I: The father. What have the father announced?

P1: When there is an activity, to go, to go a...

P2: To go to... to go to...

P1: To go. That the nurses are coming such day. To come for a check up. That the women ...

P2: It is announced what day the nurses will be there.

Educational Materials: Similarly to announcements in the church's bulletin, most women reported that few of them read the BC prevention educational materials that they have received at the church. Nonetheless, there were some who reported attending to this information and passing it on when they receive it from a health clinic, as is the case for a women who belongs to Saint Dominic Church but attends La Clinica Tepeyac:

I Where do you go for your check ups?

P1: There at Tepeyac

I: And what type of information have you received?

- P1: Well including everything she is saying. All that they have done or they have done it to...They also...
- I: But have you read the information or have they taught it to you there in the clinic?
- P1: I have read. And it is the same they tell me.
- P2: I have also read the brochures about how many years like Elena says, to have a test yearly after 48 years.
- I: And this was the information that they gave you here or the one that you received from the Tepeyac Clinic?
- P2: The one I also read in the brochures. The one the doctor said and the one I ...the one we mostly talk about always in the brochures and I grabbed both and I pass them [educational materials] to my friends. I always grab them or I talk to someone and I tell them, "here is the information." I take the information from here the stands because here we have all the information. Papers, brochures and everything. Then, always for us to be informed, the Father always tells us " here is one information and this other." Here are the papers and the ones who are interested...

Summary

Hispanic women living in both urban and rural cities in Colorado reported similar barriers to accessing breast health information and participating in early-detection activities as women in other states (e.g., Texas, Borrayo & Jenkins, 2001a). These barriers included lack of information and services delivered in Spanish, lack of financial resources, and concerns about dangers associated with illegal immigration status (e.g., deportation). Thus, women were asked about receiving information and services through a community institution that Hispanic women often tend to attend: the Catholic Church.

Overall, Hispanic women in this study agreed that the Catholic Church can be an effective mean to deliver breast health information and services to them. There was a consensus that the church is an ideal source for obtaining health information in general and BC screening information and services in particular, due to two main reasons: 1) the church is one of the most accessible institutions to women, and 2) people who work for or with the church are perceived as genuinely caring about community members. However, although the Catholic Church is well respected and trusted, women said that they do not view it as more credible in health matters (e.g., BC prevention activities). Hence, women are more motivated to act on health information received at the church not due to its credibility but mostly due to its accessibility. Lastly, there does not appear to be one source of breast health information that is clearly preferred by women over other sources. There is, however, a trend to be more receptive to receiving information that is more personal, direct, and repetitive, regardless of the delivery means. For example, women were supportive and enthused about the idea of having a "health promotora" deliver information to them at their home, although many reported never having been visited by one. Women also like the idea of having messages delivered through bulletin messages or pulpit announcements; however, they also expressed a desire to see them more often delivered at the church.

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