Developing Community-Academic Partnerships to Enhance Breast Health Among Rural and Hispanic Migrant and Seasonal Farmworker Women

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Purpose/Objectives: To examine effective strategies for building community-academic partnerships for the promotion of breast cancer education and outreach among rural and Hispanic migrant and seasonal farmworker women, mostly from Mexican descent.

Data Sources: Published research and education articles and books, community-education models, personal experiences, and community key informant feedback.

Data Synthesis: Effective community partnerships for enhanced education and outreach include a framework based on a network of partners with common goals, communication processes based on trust, and bilingual/bicultural and culturally competent staff.

Conclusions: A sustainable community partnership can be achieved through systematic but flexible approaches to community planning. Involvement of community members in the development and implementation of education and screening activities helps ensure that community needs are met. Relationships based on mutual respect are key.

Implications for Nursing Practice: Nurses can act as catalysts through community capacity building to create community-academic partnerships to reach medically underserved populations with cancer screening, outreach, and education through the delivery of strategies that are based on common goals.

Key Points . . .

- Hispanic migrant and seasonal farmworkers represent a particular subgroup of women (poor and minority) who face a number of barriers to mammography, including lack of insurance, limited access to health care, low education and literacy levels, cultural and linguistic differences, and immigrant status.
- Effective community partnerships can help identify gaps in the continuum of responsibility of care and services for vulnerable populations and collectively identify ways to bridge these gaps.
- Open and ongoing communication is key to the foundation of a strong community-academic cancer center collaboration.
- Increasing the network of partners continually infuses new ideas, energy, and strength into a partnership.

Significant advances in cancer prevention, early detection, and treatment are occurring, yet disparities continue in the burden of cancer among ethnic minority and medically underserved populations (Haynes & Smedley, 1999). Although certain segments of the population realize and benefit from the gains in scientific inquiries, others do not. Reducing health disparities among minorities is a key objective as recorded in *Healthy People 2010* (U.S. Department of Health and Human Services [USDHHS], 1998).

The state of Florida has a large population of approximately 600,000 migrant and seasonal farmworkers, mostly of Mexican origin, making it the fourth largest population of migrant and seasonal farmworkers as well as their dependents in the United States (Arrieta, Walker, & Mason, 1998). However, the exact number remains uncertain because of the high mobility and the constant fluctuation of this population. South and east Hillsborough County are rural areas of Florida in the surrounding Tampa region where agriculture is represented strongly, thus attracting many farmworkers. In many cases, farmworkers do not seek preventive health care, including routine cancer screenings, because of complex factors such as chronic poverty, cultural norms, lack of transportation and health insurance, fear, lack of understanding about cancer symptoms and importance of cancer screening, nomadic lifestyles, and limited English and

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literacy skills (American Cancer Society [ACS], 2000; Arrieta et al.; Lantz, Dupuis, Reding, Krauska, & Lappe, 1994; McAlister et al., 1995; Ramirez et al., 1995). A strong need exists for the development of culturally relevant education and outreach strategies to enhance health and reduce health disparities in the farmworker population.

Hispanic farmworker women have a lower incidence of cancer, but a higher mortality rate. Low rates of early detection cause treatment delays and poor prognoses in women, especially for those with breast cancer (Elder et al., 1991; Frank-Stromborg, Wassner, & Chilton, 1998; Greene, Smith, Hullet, Kratt, & Kennard, 1999). Limited resources and distances to healthcare services often further compromise the provision of such services in rural areas. The development of a community-academic partnership can greatly facilitate the delivery of services to rural communities by sharing limited resources, enhancing rather than duplicating resources, and advancing the health of the community through focused and relevant cancer control efforts (Greene et al.; Maurana & Goldenberg, 1996; McIntosh, Sykes, Segura, & Alston, 1999).

The purpose of this article is to describe the components and processes used to develop a community-academic partnership that provides effective and relevant breast cancer education, outreach, and screening services for farmworkers, mainly of Mexican descent, and rural women in south and east Hillsborough County. Critical elements of an education and outreach framework are explored and highlights are provided about elements that have contributed successfully to a partnership between the farmworker community and H. Lee Moffitt Cancer Center in Tampa, FL, an academic cancer center and the only National Cancer Institute-designated comprehensive cancer center in the state. Theoretical underpinnings and practical strategies are outlined throughout the article to provide nurses with usable, acceptable, and conceptually driven approaches for designing an effective cancer education and screening program for medically underserved populations.

Literature Review

Collaborative Partnerships for Health

Collaborative or community partnerships are alliances that are used to improve the health of a community (Berkowitz & Wolff, 2000; Fawcett et al., 1998). The goal of a healthcare partnership is to create a delivery system that meets the community's needs and prepares institutions to deliver viable and useful healthcare services (Edwards, Kaplan, Barnett, & Logan, 1998). Typically, partnerships are associations that are formed between two or more sectors to achieve a common goal that could not otherwise be accomplished separately. Collaborative partnerships emphasize the unique healthcare resource contributions from each sector to strengthen the partnership and aim to create a seamless system of relevant healthcare services for the community (Mosley, 1998). Gaps in the continuum of responsibility for care and services for vulnerable populations can be identified through community partnerships and collective efforts. Building and sustaining community partnerships takes time and thoughtful exploration of the issues and concerns to develop mutual trust and relevant outcomes (Burhansstipanov, Dignan, Wound, Tenney, & Vigil, 2000; Kagawa-Singer, 1997; LaMarca, Wiese, Pete, & Carbone, 1996; Lough, 1999; Magnan, Solberg, & Kottke, 1998; Poole & Van Hook, 1997).

Across the United States, partnerships are forming to develop community infrastructure for assessment, planning, and evaluation of community health needs and to integrate health and human services into collaborative service networks (Fergusen, Makin, Walker, & Dublon, 1998; Mosley, 1998). Community health partnerships have been effective for healthcare screening among homeless adolescents (Busen & Beech, 1997), introduced specialized care to rural hospitals (Cerne, 1993), added AIDS prevention information (Schensul, 1999), designed community health fairs (Dillon & Sternas, 1997), increased overall comprehensive community health (Nelson, Rashid, Galvin, Essien, & Levine, 1999), promoted family violence prevention programs (Baker, Homan, Schonhoff, & Kreuter, 1999), started community-based academic education (Nash, 1998) and cancer prevention instruction in schools (Smith, Zhang, & Colwell, 1998), and promoted breast cancer control efforts (Abbott, Barber, Taylor, & Pendel, 1999; Earp, Altpeter, Viadro, & O'Malley, 1995; Erwin, Spatz, Stotts, & Hollenberg, 1999; Tobin & Ashbury, 1997). Increasing the capacity of community-academic based programs requires a concerted commitment to develop culturally, linguistically, developmentally, and contextually appropriate prevention strategies driven by community feedback and input (Busen & Beech; Meade, 2001; Schensul).

Community-Academic Partnerships: Education, Outreach, and Research Benefits

Community-academic partnerships have the opportunity to benefit and enhance the health status of communities; provide strong interdisciplinary practice and research on community and minority health, preventive care, health promotion, and care of the sick; and facilitate healthcare services research and health policy analysis (Levine et al., 1994). Fostering the health of a community can be a unifying mission for both partners through relevant education and service (Kaufman et al., 1996; Seifer, 1998). Additionally, community partnerships provide the opportunity to create research linkages that can enhance the nursing knowledge base (Baker et al., 1999; Lane, 1999; Liang, Capper, & Baker, 1999; Scrimshaw & Rosenfield, 1999). Such linkages can translate commonly shared visions into visible outcomes that are grounded scientifically (McWilliam, Desai, & Greig, 1997). However, the development of a research agenda needs to be finely woven into the education, outreach, and screening services that work side-by-side with community members (Meade, 2001).

The stability of academic outreach efforts often suffer because education, service, and research outcomes generally do not meet the needs of the community. Community members raise concerns that while proposed interventions are beneficial, the transient nature of the programs and services do little to empower the community over time (Cohall, 1999). Thus, an academic cancer center should bring social commitment, voluntarism, financial and resource commitment, and interdisciplinary community practice and sustainability into the partnership (Kaufman et al., 1996; Smego & Costante, 1996). The partnership needs to emphasize local relevance, community benefit and community capacity-building, community collaboration, respect, community-oriented dissemination, and adherence to standards for protection of human rights (Riley & Kaplan, 1999). The incorporation of education and outreach initiatives into ongoing successful community programs

can serve to institutionalize those programs (Maurana & Goldenberg, 1996).

The value of community partnerships is irrefutable. Combining the expertise of a community and an academic cancer center can generate new knowledge to better meet the healthcare needs of community members. Partnerships provide opportunities for cancer program development and cancer message dissemination (Kickbusch & Quick, 1998; Mosley, 1998; Seifer, 1998). Nonetheless, despite the visible benefits from collaborative relationships, a paucity of literature provides practical guidelines for establishing strong and sustained collaborative partnerships (McWilliam et al., 1997; Nelson et al., 1999; Schensul, 1999).

The Community and the Nurse

The goal of community-based cancer education and outreach is to understand health behavior and translate knowledge into relevant interventions and strategies across the continuum of cancer care for enhanced community health. The term community, commonly defined as a group of people who shares experiences or interests within a particular social structure with certain norms, values, and social institutions, can be a town, neighborhood, or city or sometimes even a state or country (Baker et al., 1994; Berkowitz & Wolff, 2000; Fawcett et al., 1998; St. John, 1998). The community setting provides nurses with diverse opportunities within neighborhoods to emphasize population-focused practice, health promotion, and disease prevention (Lough, 1999).

Nurses bring an array of unique skills and experiences to the community setting that help to develop effective, robust, and sustainable relationships for health enhancement and disease prevention. They are well positioned to affect cancer healthcare behaviors and practices of people through a variety of nursing activities and roles at the community level (Boyle, 2000; Flynn, 1997; Glanz, Lewis, & Rimer, 1997; Lough, 1999; Pender, 1996; Timms et al., 1997). Roles, such as health promoter, educator, advocate, researcher, facilitator, and information broker, are congruent with national health promotion and disease prevention priorities as set forth by the *Healthy People 2010* health objectives for the nation (USDHHS, 1998).

Forming a Partnership: Community-Academic Cancer Center

Staff from the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida in Tampa became aware of a need to reach the rural and farmworker community in nearby rural south and east Hillsborough County. This occurred when a Moffitt physician visited nearby Suncoast Community Health Center, a federally qualified healthcare center that serves migrant rural populations in Ruskin, FL. Suncoast delivers health care to farmworkers in communities in southeast Hillsborough County at clinics in Dover, Plant City, and Ruskin. The Suncoast director of nursing and the physician discussed the high occurrence of different types of cancer in the migrant and rural population in addition to the lack of screening services and adequate treatment. For example, female farmworkers would visit the clinics exhibiting symptomatic breast cancer (exact data is not known). The formation of a partnership was planned to reach farmworkers with relevant cancer control programs based on mutual interests and a common mission of providing breast education and screening. Hence, since 1994, Moffitt and Suncoast formed an ongoing collaboration to reach the farmworker and rural community by pooling resources and offering mammography services through Moffitt's Lifetime Cancer Screening Center's mobile mammography unit (Meade, 2001).

In the beginning, the program reached approximately 200 women per year. After expanding to its current screening goal, the program reaches 800 women per year. In 2000, a total of 126 abnormalities were detected through mammography and clinical breast examinations. Three cases of breast cancer were found. The increase in the number of women reached is reflective of the depth and breadth of the partnership that slowly has evolved over the years. Additionally, the goals of the partnership have been fueled significantly by grants received through the efforts of a nurse investigator, and various education, screening, and related cancer-control endeavors also have been supported. An original framework was followed for outreach and education based on building community partnerships, as well as principles of collaboration, community advocacy, and community empowerment (see Figure 1). These principles are driven by the desire to collaborate with community members on cancer-control issues and advocate for healthcare access and availability for this priority population. The outcomes of the framework are cancer control awareness, screening, and follow-up services (e.g., importance of breast health, assistance navigating the healthcare system, behavior change-seeking screening services).

Theoretical Tenets for Community-Academic Cancer Center Partnership Framework

Development of a sustained community partnership takes time, patience, and persistence. This partnership is based on certain concepts: encouraging open and ongoing communication, mutual trust, respect, availability, assistance with issue resolution, resource availability, commitment, and involvement of community members (Baker et al., 1999; Maurana & Goldenberg, 1996; Schell & Tarbell, 1998). The partnership builds on Minkler and Wallerstein's (1997) community organization principles: (a) empowerment (guiding individuals, families, and groups through problem solving and dialog), (b) community competence (helping community members through collaboration to achieve desired goals, such as being able to provide for one's family), (c) relevancy (beginning where the people are), (d) participation (learning by getting involved), (e) issue selection (identifying community problems that are felt by the community as specific and meaningful), and (f) the creation of critical consciousness (highlighting a relationship of mutual goals). See Table 1 for examples and an application of principles in community planning.

Educational materials and media (e.g., Spanish-language brochures, videotapes, flipcharts) that have been developed as part of the partnership are based on the principles of empowerment, social marketing, and the National Cancer Institute's Health Communications Process. These materials have been developed with community input using focus groups, pretesting, and learner verification methods to ensure that they are culturally and educationally relevant (approximately grade five) (Andreassen, 1995; Doak, Doak, Friedell, & Meade, 1998; Freire, 1973; USDHHS, 1992). For information on the development of low literacy educational tools, see *Teaching Patients With Low Literacy Skills* (Doak, Doak, & Root, 1996).

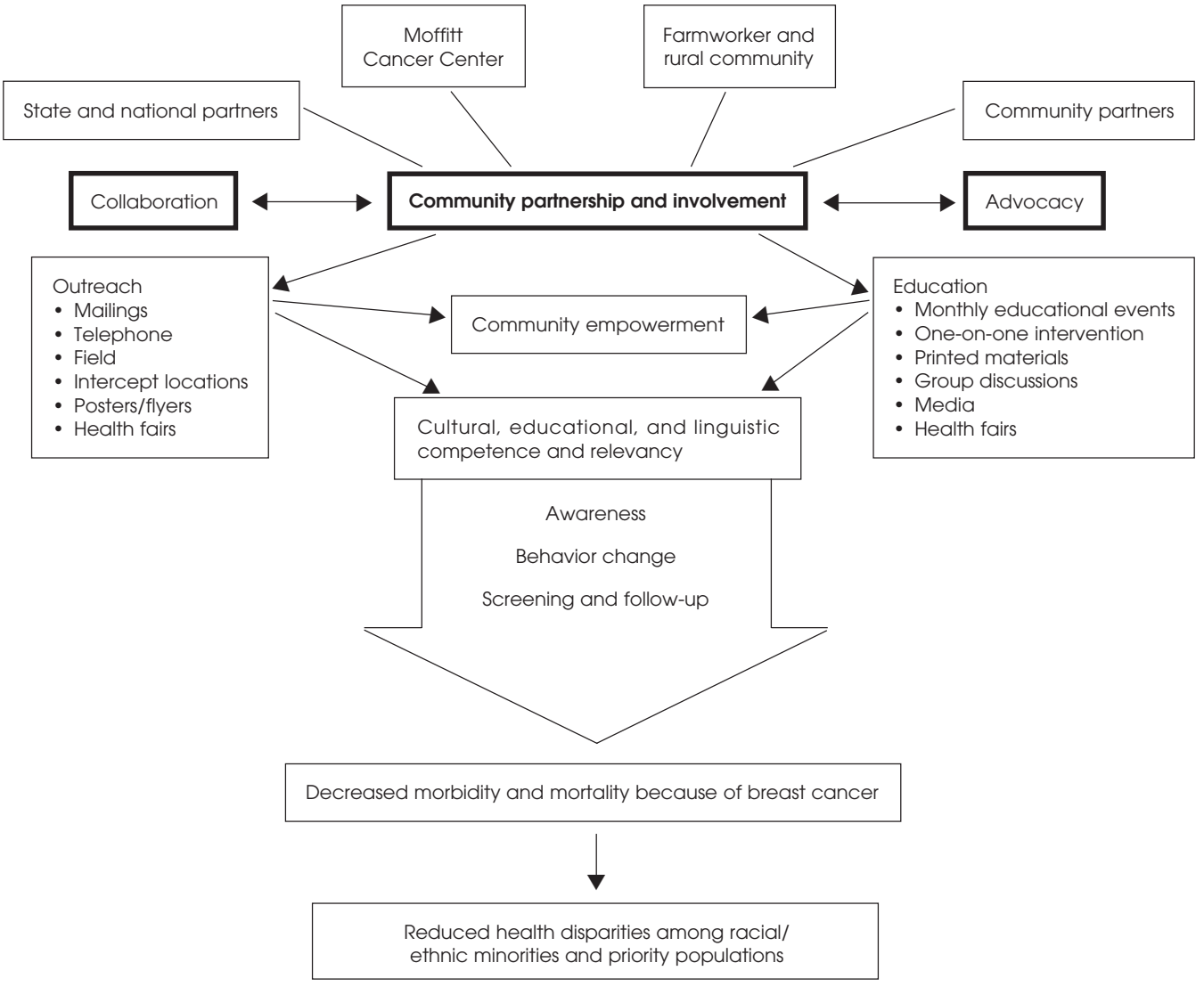


Figure 1. Community Outreach and Education Through Partnership

Evolution of Partnership

This partnership has shifted from a two-agency relationship (Suncoast/farmworker community and Moffitt) into a web of grass roots community, local, state, and federal agencies that work together to deliver breast education and screening services to the Hispanic farmworker and rural community (see Figure 2). Other partners are added continuously to the efforts, and an increase in the number of positive evaluations from staff and community members, number of participants, and requests for health education and screening programs have been observed. Clearly, relationships formed with numerous agencies and community members have been an important outcome of the partnership. Plans for future programs, expansion to other counties, and other innovative funding support are under way, with collaboration among the partners. The health of the community, in this case the farmworker population in rural Hillsborough County, always remains the focal point of the partnership.

Overview of Partnership Accomplishments

Achievements on education and outreach activities consist of the development of strong and sustainable community partnerships aimed at an ethnically, culturally, and socioeconomically diverse population (i.e., rural and Hispanic female migrant and seasonal farmworkers). Ongoing bimonthly breast cancer screenings using Moffitt's Lifetime Cancer Screening Center mobile unit have taken place since 1994 and follow appropriate screening guidelines for women aged 40 and older (ACS, 2000). In addition to the screening service, outreach, and treatment navigation, educational interventions are provided to the farmworker community. Mainly at other central, rural locations—such as church missions, migrant housing camps, or community agencies—monthly educational small group sessions take place and are coordinated and delivered by a bilingual/bicultural outreach worker or health educator. Furthermore, large biannual health fairs occur at central locations during the spring and fall, when migrant farmworkers

Table 1. Application of Community Organization Partnership Concepts to the Provision of Breast Education, Outreach, and Screening Services for Rural and Hispanic Migrant and Seasonal Farmworker Women

Concept	Application
Empowerment	Collaborate with community-based clinics, missions, and community members to identify key issues of need and concern (e.g., host discussions with community-based health providers and community members at locations within their neighborhood).
Community competence	Get to know key community leaders, grass roots agencies, and networks to achieve mutual goals (e.g., plan health fairs together in conjunction with community-based health organizations). Train community members to facilitate breast health classes.
Relevancy	Obtain and use feedback from key informants and farmworkers (e.g., focus groups to develop culturally and linguistically relevant educational materials, media, and interventions). For example, incorporate the concept of *familia* or family in *telenovela* (novella) style videotapes on breast/cervical cancer.
Participation	Involve community members and agencies in health planning and service delivery. Emphasize team versus individual efforts to achieve health goals. Ask for their assistance. Be prepared to offer remuneration for their contributions. Include them in grant-planning processes.
Issue selection	Establish mechanisms of communication for sharing ideas from many perspectives (e.g., plan informal lunches/visits, host continuing-education activities, invite community members to cancer center events).
Creation of critical consciousness	Create opportunities to understand mutual needs of partners. Be visible in the community and show ongoing commitment by listening to concerns. Acknowledge diverse viewpoints and consider them in planning. Ask for critiques about programs and ideas and obtain ongoing feedback for improvement. Be there on a consistent basis and deliver what is promised.

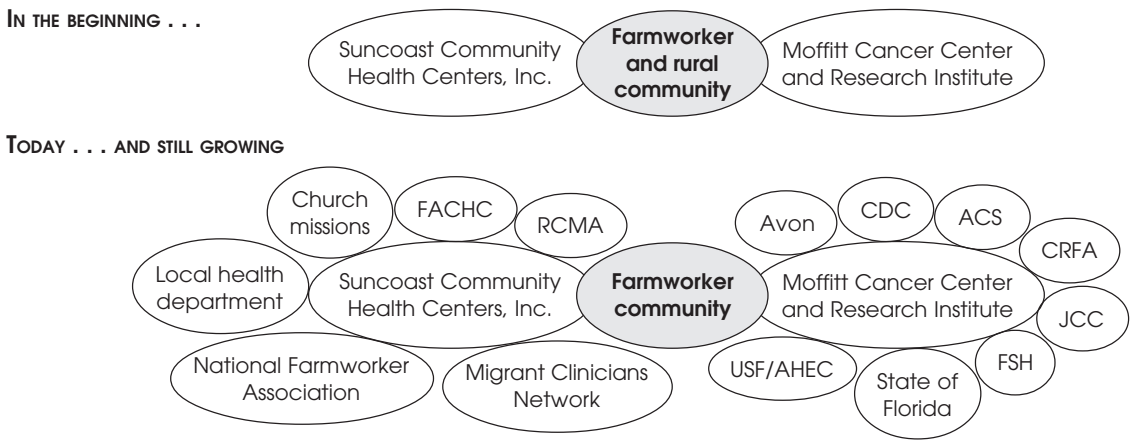
return to Hillsborough County for harvest. Recruitment of women for screening by Moffitt's and Suncoast's outreach workers occurs during these events. In these health fairs, the community partners also offer other types of important screening services for this population (e.g., pregnancy, HIV/AIDS, cholesterol, and glucose tests). In this manner, the entire family can be included in the process, a key concept to remember when trying to reach Hispanic populations.

Originally, the mobile unit only was taken to the Suncoast clinics in rural areas where the women could be found (i.e., central locations); however, this was not sufficient. Not all of the women were being reached and few showed up for screenings. One reason cited in communications with the community partner was the need for culturally, linguistically, and literacy-appropriate educational and promotional materials. Thus, *Por Su Salud*, funded by an Avon Breast Health Access grant, allowed for the dissemination of appropriate Spanish materials. The number of women reached through mobile mammography outreach services increased after the addition of promotional materials about the availability and location of the screening service, but not sufficiently. Through discussions with Suncoast staff and community members, the absence of a bilingual staff member during mobile screenings was cited as a significant barrier. Two additional grants from the Avon Breast Health Access Fund assisted in funding a bilingual/bicultural outreach worker and further enhanced the availability of screening mammograms to 823 migrant and seasonal farmworkers and low-income elderly rural women in southeastern Hillsborough County. The outreach worker commonly is seen at the local missions, grocery stores, beauty shops, clinics, social agencies, and women's homes and is a key asset to this partnership. The involvement of lay outreach workers is an effective technique for making contact with and recruiting women into the program. Lay outreach workers and advisors have been effective in reaching out to other racially and ethnically underserved groups to promote breast health (e.g., Native Americans—Native American Women's Wellness through Awareness Project, African Americans Witness Project) (Burhansstipanov et al., 2000; Erwin, Spatz, Stotts, & Hollenberg, 1999). The community outreach worker and nursing program coordinator conduct the follow-up with women who have abnormal findings, assist in the navigation of the healthcare system, and promote the program. All women with abnormal findings receive follow-up care and treatment provided by Moffitt or another community partner.

The added partnership with the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program greatly enhanced the full circle of care that the women receive and further promotes cancer control efforts (e.g., mammography, clinical breast examinations, Pap tests). Most recently, Avon's Breast Care Fund awarded Moffitt with funding to continue breast education, outreach, and screening initiatives for an additional three years (1999–2001) based on its history of successfully reaching the farmworker community. Two thousand two hundred women were estimated to be screened between 1999 and 2001, and many more will be reached with education and outreach efforts. This program continues to be supported by the Avon Breast Care Fund and recently was recognized as one of their model programs.

Educational Projects: Outcomes of Partnership

The network of community partners fueled several educational projects concentrating on the importance of early detection of cancer through screening. One such project is *Platiquemos Acerca Su Salud!/Let's Talk About Your Health!*, funded by the Cancer Research Foundation of America. This innovative project consists of the development and evaluation



ACS—American Cancer Society; **AHEC**—Area Health Education Center; **Avon**—Avon Breast Care Fund; **CDC**—Centers for Disease Control and Prevention; **CRFA**—Cancer Research Foundation of America, Inc.; **Church Missions**—Beth-El, San Jose, Good Samaritan; **FACHC**—Florida Association of Community Health Centers, Inc.; **FSH**—Farmworker Self Help; **State of Florida**—State of Florida Department of Health; **JCC**—Judeo-Christian Clinic; **RCMA**—Redlands Christian Migrant Association; **USF**—University of South Florida

Figure 2. Partnership Evolution

of a Spanish-language, breast and cervical cancer, educational, family-oriented *telenovela* (novella) style videotape and a facilitator's guide. Building on this educational effort, funding from the state of Florida (1999–2000) allowed for the development of toolkits (*Project Toolbox*) containing educational materials (videotape, flipchart, brochure, teaching sheets) to further reach the community with packaged information for lay or professional facilitators to promote breast health.

Community involvement and participation have been evident throughout the planning, development, implementation, and evaluation phases of these projects. On a regular basis, the program's workers conduct "reality checks" with its partners and community members to ensure that their goals are on track. For example, partners ask questions, such as (a) Are there better ways to reach the women in the community? (b) In what ways can cancer messages be incorporated into existing community programs? (c) What new health initiatives can be helpful? The aim is to create a win-win situation to promote the health of community members. As Maurana and Goldenberg (1996) noted, this requires *doing with* rather than *doing for* or *doing to*. Simply put, this means that health objectives can be accomplished by working closely with, being informed by, and involving community members and others to use knowledge in meaningful, helpful, and relevant ways.

The partnership that has evolved over the past seven years (since 1994) has provided opportunities to examine relevant research questions, such as (a) What are the health beliefs of migrant and seasonal farmworkers? (b) What are their learning preferences? (c) What factors impede learning? (d) What factors are barriers in seeking health care? (e) In 2002, the program aims to better understand the health- and nutrition-related needs of the female farmworker population using exploratory approaches and to investigate the feasibility of multimedia interactive tools to communicate cancer information among rural populations. Such questions are important to help reduce health disparities in the burden of illness and death among racial and ethnic minority populations and are consistent with the five-year National Institutes of Health's (NIH's) *Strategic Research Plan to Reduce and Ultimately Eliminate Health Disparities* (see the NIH Web page for each institute's draft plans at http://healthdisparities.nih.gov/working/institutes.html). Thus, what began as a narrowly focused screening service has evolved into an expanded cancer control education, outreach, and research program emphasizing flexibility and communication. As new initiatives come about and the depth of the networks increase, the strength of the partnership web for the delivery of relevant cancer education, outreach, and health services will increase to enhance community-based health care.

Conclusions and Implications for Nursing Practice

The process of developing sustainable community partnerships involves a strong sense of mutual commitment and a shared goal among partners, such as the promotion of breast cancer education and outreach among rural women and migrant and seasonal farmworkers in southeast Florida. Unique opportunities for nurses are present to develop appropriate outreach initiatives and culturally relevant health-education tools and screening interventions, improve health outcomes, and advance the nation's health promotion and research agenda among medically underserved populations. Effective communication, respect, strong community networks, involvement of community members, innovative program planning, and support are critical components to making this vision a reality. A strong emphasis on integrating community leader involvement is central to promoting breast health. Further, a strong need exists to create programs and materials in ways that address cultural beliefs and literacy levels of the intended community members. Inclusion of bilingual/bicultural lay outreach workers as well as nursing coordination and health-education staff is important to effectively reach, make contact, and sustain follow-up with female farmworkers. Nurses can play a pivotal role in ensuring that the voices of community members are heard and that their input forms an integral part of community-based cancer outreach programs. Attention to the collective rather than the individual efforts of a partnership is paramount to creating a strong and seamless

system of relevant cancer education and health promotion that can truly make a difference in people's lives.

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References

Abbott, R., Barber, K.R., Taylor, D.K., & Pendel, D. (1999). Utilization of early detection services: A recruitment and screening program for African American women. *Journal of Health Care for the Poor and Underserved, 10,* 269–279.

American Cancer Society. (2000). *Cancer facts and figures 2000.* Atlanta: Author.

Andreassen, A. (1995). *Marketing social change: Changing behavior to promote health, social development, and the environment*. San Francisco: Jossey-Bass.

Arrieta, M., Walker, F., & Mason, T. (1998). *A profile of demographic occupational and health-related characteristics of the migrant and seasonal hired farm-worker population of Florida.* Tampa, FL: College of Public Health, University of South Florida.

Baker, E.A., Homan, S., Schonhoff, R., & Kreuter, M. (1999). Principles of practice for academic/practice/community research partnerships. *American Journal of Preventive Medicine, 16*(Suppl. 3), 86–93.

Baker, E.L., Melton, R.J., Stange, P.V., Fields, M.L., Koplan, J.P., Guerra, F.A., & Satcher, D. (1994). Health reform and the health of the public: Forging community health partnerships. *JAMA, 272,* 1276–1282.

Berkowitz, B., & Wolff, T. (2000). *The spirit of the coalition*. Washington, DC: American Public Health Association.

Boyle, J.S. (2000). Transcultural nursing: Where do we go from here*? Journal of Transcultural Nursing, 11*(1), 10–11.

Burhansstipanov, L., Dignan, M.B., Wound, D.B., Tenney, M., & Vigil, G. (2000). Native American recruitment into breast cancer screening: The NAWWA project. *Journal of Cancer Education, 15,* 28–32.

Busen, N.H., & Beech, B. (1997). A collaborative model for community-based healthcare screening of homeless adolescents. *Journal of Professional Nursing, 13,* 316–324.

Cerne, F. (1993). Hospital seeks partnerships to develop regional health network. *Hospitals and Health Networks, 67*(19), 54–57.

Cohall, A. (1999). Applied prevention research—Challenges of working with urban communities. *American Journal of Preventive Medicine, 16*(Suppl. 3), 16–17.

Dillon, D.L., & Sternas, K. (1997). Designing a successful health fair to provide individual, family, and community health. *Journal of Community Health Nursing, 14*(1), 1–14.

Doak, L.G., Doak, C.C., Friedell, G., & Meade, C.D. (1998). Improving comprehension for cancer patients with low literacy skills: Strategies for clinicians. *Cancer Journal for Clinicians, 48,* 151–162.

Doak, L.G., Doak, C.C., & Root, J. (1996). *Teaching patients with low literacy skills* (2nd ed.). Philadelphia: Lippincott-Raven.

Earp, J.L., Altpeter, M., Viadro, C.I., & O'Malley, M.S. (1995). The North Carolina breast cancer screening program: Foundations and design of a model for reaching older, minority, rural women. *Breast Cancer Research Treatment, 35*(1), 7–22.

Edwards, J.B., Kaplan, A., Barnett, J.T., & Logan, C.L. (1998). Nurse-managed primary care in a rural community. Outcomes of ten years of practice. *Nursing Health Care Perspectives, 19*(1), 20–25.

Elder, J.P., Castro, F.G., de Moor, C., Mayer, J., Candelaria, J.I., Campbell, N., Talavera, G., & Ware, L.M. (1991). Differences in cancer risk-related behaviors in Latino and Anglo adults. *Preventive Medicine, 20,* 751–763.

Erwin, D.O., Spatz, T.S., Stotts, R.C., & Hollenberg, J.A. (1999). Increasing mammography practice by African American women. *Cancer Practice, 7*(2), 78–85.

Fawcett, S.B., Francisco, V.T., Hydra, D.S., Paine-Andrews, A., Schultz, J.A., Russos, S., Fisher, J.L., & Evensen, P. (1998). Our model: Building capacity for community and systems change. Retrieved September 20, 2001 from the Community Toolbox on the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1002.htm

Fergusen, A., Makin, W., Walker, G.P., & Dublon, G. (1998). Regional implementation of a national cancer policy: Taking forward multiprofessional, collaborative cancer care. *European Journal of Cancer Care, 7,* 162–167.

Flynn, B.C. (1997). Partnerships in healthy cities and communities: A social commitment for advanced practice nurses. *Advanced Practice Nursing Quarterly, 2*(2), 1–6.

Frank-Stromborg, M., Wassner, L.J., & Chilton, B. (1998). A study of rural Latino women seeking cancer-detection examinations. *Journal of Cancer Education, 13,* 231–241.

Freire, P. (1973). *Education for critical consciousness.* New York: Seabury Press.

Glanz, K., Lewis, F.M., & Rimer, B.K. (Eds.). (1997). *Health behavior and health education: Theory, research, and practice* (2nd ed.). San Francisco: Jossey-Bass.

Greene, P.G., Smith, D.E., Hullet, S., Kratt, P.P., & Kennard, P. (1999). Cancer prevention in rural primary care—An academic-practice partnership. *American Journal of Preventive Medicine, 16*(Suppl. 3), 58–62.

Haynes, M.A., & Smedley, B.D. (1999). *The unequal burden of cancer*. Washington, DC: National Academy Press.

Kagawa-Singer, M. (1997). Addressing issues for early detection and screening in ethnic populations. *Oncology Nursing Forum, 24,* 1705–1714.

Kaufman, A., Galbraith, P., Alfero, C., Urbina, C., Derksen, D., Wiese, W., Contreras, R., & Kalishman, N. (1996). Fostering the health of communities: A unifying mission for the University of New Mexico Health Sciences Center. *Academic Medicine, 71,* 433–440.

Kickbusch, I., & Quick, J. (1998). Partnerships for health in the 21st century. *World Health Statistics Quarterly, 51*(1), 68–74.

LaMarca, K., Wiese, K.R., Pete, J.E., & Carbone, P.P. (1996). A progress report of cancer centers and tribal communities. Building a partnership based on trust. *Cancer, 78,* 1633–1640.

Lane, D.S. (1999). Research linkages between academia and public health practice—Building a prevention research agenda. *American Journal of Preventive Medicine, 16*(Suppl. 3), 7–9.

Lantz, P.M., Dupuis, L., Reding, D., Krauska, M., & Lappe, K. (1994). Peer discussions of cancer among Hispanic migrant farm workers. *Public Health Reports, 109,* 512–520.

Levine, D.M., Becker, D.M., Bone, L.R., Hill, M.N., Tuggle, M.B., & Zeger, S.L. (1994). Community-academic health center partnerships for underserved minority populations. *JAMA, 272,* 309–311.

Liang, A.P., Capper, S.A., & Baker, E.L. (1999). Using case research to enhance linkages between academia and public health practice. *American Journal of Preventive Medicine, 16*(Suppl. 3), 12–13.

Lough, M. (1999). An academic-community partnership: A model of service and education. *Journal of Community Health Nursing, 16,* 137–149.

Magnan, S., Solberg, D., & Kottke, T.E. (1998). Collaboration among competing clinics can enhance adult preventive care. *Joint Commission Journal of Quality Improvement, 24,* 566–578.

Maurana, C.A., & Goldenberg, K. (1996). A successful academic-community partnership to improve the public's health. *Academic Medicine, 71,* 425–431.

McAlister, A.L., Vernandex-Esquer, M.E., Ramirez, A., Trevino, F., Gallion, K., Villarreal, R., Pulley, L.V., Hu, S., Torres, I., & Zhang, Q. (1995). Community level cancer control in a Texas barrio: Part II baseline and preliminary outcome findings. *Journal of the National Cancer Institute Monographs, 18,* 123–126.

McIntosh, W.A., Sykes, D., Segura, C.B., & Alston, L.T. (1999). Rural hospital survival: A case study of the shaping effects of community perceptions. In J.J. Kronenfeld (Ed.), *Research in the sociology of health care* (16th ed.) (pp. 34–56). Greenwich, CT: JAI Press.

McWilliam, C.L., Desai, K., & Greig, B. (1997). Bridging town and gown: Building research partnerships between community-based professional

providers and academia. *Journal of Professional Nursing, 13,* 307–315.
Meade, C.D. (2001). Community health education. In M. Nies & J. McEwen (Eds.), *Community health nursing* (3rd ed.) (pp. 129–169). Philadelphia: Saunders.
Minkler, M., & Wallerstein, N. (1997). Improving health through community organization and community building. In K. Glanz, K. Lewis, & B.K. Rimer (Eds.), *Health behavior and education: Theory, research, and practice* (2nd ed.) (pp. 241–269). San Francisco: Jossey-Bass.
Mosley, A.M. (1998). Community partnerships in neighborhood-based health care: A response to diminishing resources. *Health and Social Work, 23,* 231–236.
Nash, D.B. (1998). Emerging opportunities for educational partnerships between managed care organizations and academic health centers [Abstract]. *JAMA, 280,* 764.
Nelson, J.C., Rashid, H., Galvin, V.G., Essien, J.D., & Levine, L.M. (1999). Public/private partners: Key factors in creating a strategic alliance for community health. *American Journal of Preventive Medicine, 16*(Suppl. 3), 94–102.
Pender, N.J. (1996). *Health promotion in nursing practice* (3rd ed.). Stamford, CT: Appleton and Lange.
Poole, D.L., & Van Hook, M. (1997). Retooling for community health partnerships in primary care and prevention. *Health and Social Work, 22*(1), 2–4.
Ramirez, A., McAlister, A., Gallion, K., Ramirez, V., Garza, I., Stamm, K., de la Torre, J., & Chalela, P. (1995). Community level cancer control in a Texas barrio: Part I—Theoretical basis, implementation, and process evaluation. *Journal of the National Cancer Institute Monographs, 18,* 117–122.
Riley, P.L., & Kaplan, J.P. (1999). Prevention research centers—The academic and community partnership. *American Journal of Preventive Medicine, 16*(Suppl. 3), 5–6.
Schell, L.M., & Tarbell, A.M. (1998). A partnership study of PCBs and the health of Mohawk youth: Lessons from our past and guidelines for the future. *Environmental Health Perspective, 106*(Suppl. 3), 833–840.
Schensul, J.J. (1999). Organizing community research partnerships in the struggle against AIDS. *Health Education and Behavior, 26,* 266–283.
Scrimshaw, S., & Rosenfield, A. (1999). Research linkages between academia and public health practice. *American Journal of Preventive Medicine, 16*(Suppl. 3), 10–11.
Seifer, S.D. (1998). Service-learning: Community-campus partnerships for health professions education. *Academic Medicine, 73,* 273–277.
Smego, R.A., Jr., & Costante, J. (1996). An academic health center-community partnership: The Morgantown Health Right free clinic. *Academic Medicine, 71,* 613–621.
Smith, D.W., Zhang, J.J., & Colwell, B. (1998). Roles of community organizations in improving cancer prevention instruction in schools. *Journal of Community Health, 23*(1), 45–57.
St. John, W. (1998). Just what do we mean by community? Conceptualizations from the field. *Health and Social Care in the Community, 6*(2), 63–70.
Timms, J., Abercombie, B., Saccogna, J., Natvig, D., Douglas, M.S., Mayo, K., & Walton, C. (1997). Enhancing student learning and employee health through university-community partnerships. *The South Carolina Nurse, 4*(October, November, December), 20–23.
Tobin, S., & Ashbury, F.D. (1997). Laying the groundwork for broadly based partnerships: The perceived influence of the National Forum on breast cancer. *Cancer Prevention and Control, 1,* 141–143.
U.S. Department of Health Human Services. (1992). *Making health communication programs work*. Bethesda, MD: Office of Cancer Communications, National Cancer Institute.
U.S. Department of Health and Human Services. (1998*). Healthy people 2010: Draft for public comments*. Washington, DC: Author.

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- The Journal of Rural Health: Knowledge, Attitudes, and Patterns of Cancer Screening
  www.nrharural.org/search/abs/2.html
- HRSA Women's Health Fact Sheet
  www.hrsa.gov/WomensHealth/wh_fact.htm
- Latina Breast and Cervical Cancer Program
  www.nachc.com/Programs/Latina.htm

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