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Lessons Learned: Methods Used to Recruit Rural Latinos for a Health Awareness Study

Alex Ortiz, PhD

ABSTRACT

The growth of the nation's Latino population in rural areas may provide challenges for investigators seeking to recruit a diverse participant pool for use in survey and focus group research. This paper presents a case study that describes the successful recruitment of rural Latinos as part of a multidisciplinary health awareness project that targeted adolescent Latinos, ages 11-15, and at least one parent or guardian. Logistical considerations when organizing a series of surveys and focus groups in rural areas are presented. Lessons learned from working with participants in the study are also included, such as providing child care services, addressing literacy issues during the consent form process, and strategies for working with local faith-based organizations for improved participant recruitment success.
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BACKGROUND

Research indicates that the nation's growing Latino population has risen significantly in parts of the United States (U.S.), such as in rural and suburban areas (Suddath, 2011; U.S. Census Bureau, 2011). Latinos now represent the fastest-growing demographic group in these communities (Kandel & Cromartie, 2004). For healthcare researchers, these population shifts may present operational challenges when conducting studies with Hispanic participants (Rodriguez, Rodriguez & Davis, 2006).

Despite these obstacles, the need to recruit a representative sample of respondents may be driven by ethical and methodological imperatives (Gul & Ali, 2010), and by requirements from funding agencies that seek participant inclusiveness in human subjects' research (National Institutes of Health, 2011).

To assist researchers during the recruitment process, this case study describes the successful efforts by researchers to recruit rural Latinos in the U.S. Southwest to participate in a multidisciplinary diabetes-awareness and obesity-awareness study. Investigators partnered with stores, religious organizations, and schools to collect more than 700 surveys and conduct four focus groups on topics that helped develop a baseline understanding of respondents' language, diet, media preferences, health literacy, and awareness of factors that could lead to major diseases such as diabetes, which is diagnosed in Hispanics at a rate 1.7 times higher than non-Hispanic Whites, and makes them more likely to die from this

disease (U.S. Department of Health & Human Services, 2013). Data from this study can be used to develop more targeted and meaningful health messages to Hispanics that address these serious health issues.

Literature Review

Rural Americans commonly face serious healthcare challenges that may differ significantly when compared with residents in urban communities. Persons who live in rural settings are more likely to face economic disadvantages, rely on government assistance, lack access to quality healthcare, and struggle with higher rates of negative health indicators such as alcohol and smokeless tobacco use (National Rural Health Association, 2011; Starfield, Shi, & Macinko, 2005). In addition, many rural communities, which may rely on agriculture as an economic base, also are experiencing demographic, social, and cultural changes with the arrival of mostly Latino immigrants who often work in local farming or meat packing operations (El Nasser & Heath, 2007). This population shift can challenge a limited rural health care system further with patient concerns related to language barriers, high mobility, fluctuating household dynamics, lack of education, and confidentiality (O'Hegarty, Pederson, Thorne, Caraballo, Evans, Athey, & McMichael, 2010).

To improve understanding of the healthcare needs of established residents and new arrivals, rural healthcare researchers are diversifying their projects by emphasizing broad-based participant recruitment

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efforts that bring together various stakeholders from academia, public health, policy, and the local community. These attempts may include outreach programs that offer gender, racial, and ethnic balance that better reflects the changing population of local communities. In addition, major federal government health organizations such as the National Institutes of Health (2011) have given priority to the inclusion of women and minorities in public research initiatives to reflect changing patient demographics and improve overall health care outcomes. Other funding agencies are requiring that research studies meet increasingly narrow research goals by requiring participation from respondents who meet a mix of specific demographic, psychographic and behavioral variables (Wellner, 2003).

The need to conduct research that best represents the experiences of rural Latinos is informed by an understanding that this group, and subgroups such as migrant farm workers, often will struggle with serious health inequalities and outcomes compared to non-Latino Whites. Diseases such as Type 2 diabetes mellitus disproportionately strike Latinos (American Diabetes Association, 2007; Valen, Narayan, & Wedeking, 2012). Healthcare research is increasingly addressing these challenges by implementing recruitment efforts that reflect the healthcare needs of this population group, regardless of location.

Strategies to Consider when Recruiting from Underrepresented Groups

Various strategies have been developed to help investigators recruit participants from underrepresented groups. These approaches can include establishing trusting, interpersonal relationships with potential recruits and members of their local community or working with health care providers who can refer potential recruits to researchers (Diaz, 2012; Knobf, Juarez, Lee, et. al., 2007).

Other efforts have focused on the logistical need of providing a convenient research site that is easily accessible by research participants, especially if transportation or financial concerns may prevent them from participating in a study. To improve the draw of respondents from a large geographic area, investigators may decide to use a centralized location that can be reached quickly or offer incentives to compensate participants for their additional driving time and travel expenses. Alternatives may include having researchers travel to rural communities to conduct research, in the process minimizing participants' travel costs and providing a familiar local environment for them. Keim, Swanson, Cann, and Salinas's (1999) focus groups

with low-income respondents were held at various locations that were convenient to respondents, such as migrant labor camps, community centers, neighborhood schools, and local churches.

Other investigators have weighed the issue of gender within a cultural context during the recruitment process. Mann, Hoke, and Williams's (2005) focus groups with Latina mothers included providing accommodations to entertain respondents' children at a nearby location during the study. Simon (1999) suggests that efforts to recruit Latinas can be aided by offering services such as childcare assistance, transportation, or by conducting the research in a nearby home that is familiar to respondents. Vissandjee, Abdool, and Dupere (2002) allowed children in the focus group room during a women's health study in rural India because many mothers did not want to leave their children with the onsite care that was provided.

Investigators may encounter resistance to study participation because the tightly knit familial relationships that exist in some rural areas may not encourage the free exchange of information in a focus group setting. Respondents may fear that comments they make during the study may be disclosed to the outside community by other research participants and could eventually reflect negatively on their family. Bruseberg and McDonagh (2003) suggest avoiding the recruitment of respondents who are related to each other or who know each other socially, particularly if sensitive topics are to be discussed.

Brown, Fouad, Basen-Engquist, and Tortolero-Luna (2000) encouraged the participation of minority subjects in their research by highlighting the beneficial aspects of their participation for the broader community. The researchers successfully recruited rural women in healthcare-related research by emphasizing the importance of the study to herself and others in her community.

Researchers also should weigh the role of interpersonal factors when organizing focus groups. Participant compatibility based on age, gender, and national origin can help minimize differences based on background and lead to more informative research data (Umana-Taylor & Bamaca, 2004). The selection of the focus group moderator also should be examined carefully when working with rural and Latino audiences. Greenbaum (2000) suggests that moderators have the greatest responsibility for the success or failure of a focus group and should be involved in the planning and evaluation phases of the research. Moderators can be used to recruit subjects, develop study objectives, determine study parameters, and interpret data. The most successful moderators should

be skilled at bringing out important details that can lead to new insights, have a genuine interest in the respondents, and must be able to relate well to people who may hold different viewpoints (McDaniel & Gates, 2008).

The present study builds on these recommendations and further discusses the important role of religious institutions, such as the Catholic Church, and local schools as key partners in a successful recruitment effort that sought rural Latinos for a health awareness study that included a series of surveys and focus groups. Additional recommendations for use during study implementation also are provided.

Effective Strategies Used for Survey Recruitment

For this project, research was conducted as part of an interdisciplinary effort that brought together investigators from the mass communications and healthcare fields at a large university in the U.S. Southwest. A grant was secured to develop a baseline understanding of health literacy, diabetes awareness, media use, and language preferences among Latinos residing in rural West Texas. Two groups of individuals were targeted for evaluation: adolescents from 11-15 years old and at least one of their parents or guardians. Investigators selected the younger group to improve understanding of the types of health messages they received from parents or guardians and the media, and how this information influenced their dietary choices; the parental group was interviewed with similar questions to understand their beliefs toward healthy eating, their dietary preferences, and the type of information they passed on to their children.

A multistage study was planned that included an initial series of surveys and focus groups. Surveys were completed over a period of four Saturdays during a two-month period; the focus groups were completed on one Saturday after the surveys were completed. Investigators targeted eight agriculturally based counties that were located about 75 miles from a medium-sized city in the region. This area was selected because many residents in these rural communities struggle with negative health indicators and lack access to quality healthcare. Within some counties in the study area, no local healthcare center or provider is available and residents must travel long distances to receive services.

As a starting point for survey recruitment, a municipality, such as a county seat, was identified in each community to determine whether they had a high-traffic grocery store or discount store where surveys could be distributed. Typically, this analysis was conducted using website information or, in some cases,

phone outreach was made to local chambers of commerce and libraries to help identify the best places in their communities to conduct surveys. This option provided a critical alternative for researchers because some rural counties did not have large supermarkets or discount retailers with substantial foot traffic where surveys could be collected.

Once a site was selected, such as at a local convenience store, investigators reached out to store managers to explain the study and get approval to conduct it. In communities where larger chain grocery or retail stores were available, researchers were advised by store managers to secure initial approval from the regional corporate office, which later sent electronic messages to all store managers in their coverage area to encourage their participation. This critical step helped facilitate the store recruitment process. Store managers were later contacted and study logistics (dates, hours, procedures) were finalized. This step helped streamline the process for everyone involved. Investigators later made bulk purchases of small-value gift cards from each participating store to distribute as incentives to survey respondents.

The initial round of surveys was collected on the first Saturday of the month, which typically draws the highest number of shoppers to stores. All materials used during the survey, including the survey instrument and consent forms, were available in English and Spanish and were written at a sixth-grade level to facilitate comprehension by a broad cross-section of respondents. Pilot testing indicated most respondents would complete the questions within 10 minutes.

Investigators employed two student workers to assist with data collection, at least one of whom was Latino and bilingual. Workers were selected on the basis of their previous experience conducting surveys, ability to speak Spanish, and willingness to work with low-income populations. The students were located near each store's front doors to greet people as they entered and ask for their participation. In some cases, if respondents preferred to complete the survey while they shopped, students would quietly follow and answer or clarify questions. The study's principal investigators visited each store at least once during the day to check on the survey's progress.

With other communities, busy store locations were not available so researchers instead collected data at local Latino-themed festivals that typically drew significant attendance from rural communities, such as Cinco de Mayo celebrations. To help with planning, researchers contacted festival organizers a few days before the event for approval and to secure an attractive location near a high traffic festival entrance.

Event organizers were enthusiastic to assist with the project when the study's goals were explained, further helping the process run smoothly.

Aside from working with stores and festivals, researchers also actively sought out other community partners to supplement the recruitment process. Although high-traffic locations such as supermarkets and festivals provided the collection of large numbers of surveys relatively quickly, researchers decided to broaden their data collection methods by contacting local organizations that frequently work with rural Latinos, such as Catholic churches.

Using information available online, investigators identified Catholic churches in each rural community, taking special note of any Spanish-speaking services that could potentially draw Latino respondents. In instances where multiple Catholic churches were located within the same area, the local diocese website was reviewed to help identify church services, mass starting times, language used, and average attendance figures. These websites helped investigators to pinpoint which services would most likely draw the highest number of Latinos for the survey. Although Spanish-language use at the services was a critical factor when deciding where to collect surveys, many English-language services also drew high numbers of Latino respondents, because many persons in the mostly Mexican-American area were bilingual and had lived in the area for many generations.

Partnering with local churches served as a highly effective recruiting tool. In a few instances, during the pre-approval stage with church leaders, investigators needed to provide assurances to priests in the diocese that no controversial or potentially embarrassing questions would be asked of parishioners as part of the health survey. One priest who was contacted by phone inquired about the nature of the health survey to assure there was nothing objectionable about the questions. In other instances, to build good will with the priests, the survey was sent electronically for review.

Once church approval to conduct the survey was secured, the priests became active boosters by encouraging parishioner participation. As with investigator experiences with grocery stores and festivals, most priests were supportive of the goals behind the awareness study and promised their assistance to the project. This support from priests proved critical because they allowed the surveys to be distributed and they made announcements urging parishioner participation in the study near the end of a service. In some cases, investigators were invited to make a similar appeal from the altar. Once the service was completed, surveys were collected in the church vestibule as parishioners exited, although in some

cases surveys also were completed in an adjoining fellowship hall.

The survey efforts at local stores, festivals, and churches helped investigators collect more than 700 surveys from respondents, giving researchers a large pool from which to draw for the study's second stage, which included a series of focus groups designed to amass further data regarding the Latino community's awareness and knowledge of the factors that lead to onset of diabetes and obesity. To assist with the focus group recruitment effort, the last question of the survey asked respondents for their interest in participating in the focus groups in exchange for a nominal financial incentive. If respondents were willing to participate in the focus groups, they were asked to include their contact information with their completed survey. Responses to this question assisted researchers with an established starting point for their study's second stage recruitment effort.

Effective Strategies Used for Focus Group Recruitment

A total of four focus groups were planned as part of the broad-based study. Two groups were scheduled with youth ages 11-15, and included questions related to their understanding and awareness of diabetes-related and obesity-related issues, including their dietary choices, media consumption habits, and messages received from parents or guardians about nutritional information. Two additional focus groups were scheduled with their parents or guardians to inquire about their knowledge of these medical conditions and the health and nutritional information they passed on to their children.

To assist with participant recruitment, investigators used a combination of snowball sampling and community outreach to local public schools and area employment offices. The initial pool of respondents was drawn from persons who completed the first stage surveys and had indicated a willingness to participate in future research by answering the last question on the survey. A list was compiled of those who agreed and they were later contacted on the phone. While these respondents were contacted, they were also asked if they knew of a relative or friend who would like to participate in the study and these personal contacts were called later as well.

To broaden the pool of potential focus group respondents, researchers reached out to migrant and bilingual education programs at public schools in each community because they were more likely to work with rural Latinos. Investigators called each school's program coordinators for help in identifying parents and children who would be willing to participate in the

study. In addition, contacts within employment offices in agricultural areas were asked for assistance and sent flyers publicizing the outreach effort.

Once an initial list of potential respondents was collected, a bilingual member of the research team made phone contact about 10 days before the study to confirm their participation and provide logistical information for the focus groups, such as directions to the research facility, which was located on a university campus in a mid-sized city. Because many respondents would be driving from long distances to participate, in some cases more than 75 miles away, maps were faxed or emailed to respondents. A reminder call was made a few days before the study and any remaining questions they had about the project were answered.

The focus groups were scheduled for a Saturday during the summer at a university campus, and would run beginning in the early morning until late afternoon. The weekend date was chosen because it was convenient for working families who were not as accessible during weekdays, particularly since so many were traveling from distant rural areas. This also minimized the possibility of traffic interruptions around the campus location compared with the regular workweek. A bilingual moderator, who was of Latino descent, was selected to lead the groups.

To encourage participation, larger financial incentives — generally in the form of cash payments — were offered to account for participants' longer driving distances and fuel costs to the research site. Investigators had considered providing a large van to transport respondents as a group from several rural communities to the focus groups, or to have investigators conduct the focus groups in a rural municipality; however, to conduct research with the broadest possible cross-section of respondents from several rural communities, a decision was made to have respondents drive to the study site. Respondents were asked during their initial contact to allow two hours for participation in their focus group, excluding travel time, which would include filling out consent forms, payment receipts, and providing additional demographic data.

On the day of the focus groups, large bilingual signs were posted outside and inside the focus groups site and contact information was provided in case respondents needed help finding the center or were running late. A small table of light snacks and refreshments were available before and after the focus groups. Data from respondents were successfully collected through the series of focus groups.

RECOMMENDATIONS

Based on investigator experience with the

respondent recruitment process, several suggestions can be made to assist with future subject recruitment in rural communities. Some of these ideas were implemented in this study and proved to be exceptionally helpful; moreover, others became more apparent during the post-study analysis. These recommendations include:

- Addressing potential literacy issues early in the study. Investigators were aware that the rural communities in the study area struggled with low levels of literacy. Although verbal fluency in English or Spanish was sufficient for focus group participation, a limited number of respondents faced difficulty when reading surveys or informed consent forms, despite pre-testing. To help ameliorate this issue, members of the research team provided bilingual assistance throughout the project to help clarify terms and meanings for respondents.
- Providing childcare assistance at the study site. If the research requires the participation of extended family members such as parents, guardians, or children, it will be helpful to provide childcare assistance that can be used while the adults are participating in the study. In the present project, the focus groups took place in a city that served as a weekend shopping destination for many rural respondents. As a result, participants arrived at the focus group site with multiple members of their immediate and extended family and had plans to continue shopping in the city after their service in the groups was completed. To accommodate additional family members, investigators reserved a large waiting area for adolescents and younger children while their parents and guardians completed the focus group in a separate room. The waiting room was chaperoned by a responsible adult and stocked with refreshments, snacks, video games, and other entertainment activities. This idea was particularly effective and kept the children occupied during the segment of the study that focused on adults. Investigators should also consider in advance how to handle potentially disruptive situations, such as if a small child insists on joining their

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adult caregiver during the focus group. The author encountered a similar circumstance a number of years earlier when a young mother asked to bring her toddler into the focus group room during the discussion. The researcher agreed and the focus group continued normally because the toddler quickly fell asleep in his mother's arms. This decision was helpful because the mother provided insightful comments during the focus group.

- Engaging upper-level administrators with the local Catholic Church. After researchers spent some time contacting different Catholic priests for permission to conduct surveys following Sunday services, one made the suggestion that future recruitment efforts could be facilitated by getting initial diocese-level approval from upper-ranking church leaders, such as a bishop, about the project. This leader could write a letter of approval that could be sent out to all parishes in the area and would relieve each parish priest from having to decide, on a case-by-case basis, whether to participate in the study.
- The selection of a bilingual, culturally-knowledgeable moderator. A facilitator who meets these criteria should be able to make respondents feel at ease when discussing sensitive health care topics. This is especially critical when working with rural population groups who may have very limited knowledge about the research process. The moderator in this project was able to easily relate with respondents in their language of preference, while also making culturally-appropriate comments that made respondents feel comfortable throughout the discussion.
- Conducting surveys and focus groups on Saturdays. In this study the Saturday focus groups and surveys gave investigators the strongest response to recruitment efforts because rural participants had more time to participate in the study compared with weekdays. In addition, Saturday is typically the most popular grocery shopping day of the week, which assists with survey data collection.

- Developing customized recruitment efforts that will encourage more participation by males. In this study, participation in the focus groups skewed heavily female. Researchers may wish to find ways to increase the participation of Latino males to help balance focus group representation and to add diversity to discussion topics. Possibilities could include holding Sunday focus groups following church services to bring in males who are unavailable due to work on Saturdays.
- Researchers and project managers should establish ongoing interpersonal relationships with leaders of area churches, service agencies, schools, and organizational groups in rural areas. This networking can help to spread information about additional recruitment opportunities in the area. These relationships should be actively nurtured, particularly if long-term research or future studies will be needed in the local area.
- Selection of an appropriate focus group site. The decision to hold the current series of focus groups on a university campus, where respondents may be unfamiliar with the surroundings, was driven largely by the practical need to draw a broad sample of respondents from a large geographic region for a one-day study. Future research may wish to consider alternative sites such as schools, church or community centers located in agricultural areas.

CONCLUSION

Many residents in rural area struggle with negative healthcare indicators and, for the growing Latino population in these communities, diseases such as Type 2 diabetes can have serious impacts on their quality of life and longevity. As a result, researchers and health organizations are increasingly studying these issues to gain a better understanding of the factors that play a role in their development. The proper recruitment of Latinos for this research is essential to best reflect the needs of the local population.

The use of the multiple recruitment tools discussed in this case study can serve as important pathways when reaching out to underserved groups and may help address many of the serious health issues faced by

residents in these communities. The use of these efforts can set in motion critical public partnerships that can work to improve the health care outcomes of all members of rural communities.

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