

QUALITY OF LIFE AS PERCEIVED BY HISPANIC/LATINO
MIGRANT AND SEASONAL WORKERS
IN EAST TEXAS

A DISSERTATION

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BY

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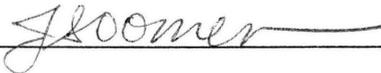
To the Dean of Graduate Studies and Research:

I am submitting herewith a dissertation written by Karen Owers Kincaid entitled "Quality of Life as Perceived by Hispanic/Latino Migrant and Seasonal Workers in East Texas." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Health Studies.



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We have read this dissertation and recommend its acceptance:



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Accepted:



Dean of Graduate Studies and Research

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ABSTRACT

Quality of Life as Perceived by Hispanic/Latino Migrant and Seasonal Workers in East Texas

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August 2002

In the spring of 2002, a qualitative research study was conducted with a Hispanic/Latino migrant and seasonal worker population in a small, rural East Texas community after contacting local healthcare providers who indicated that this population had many needs, few resources, and little was known about them. Four focus groups were conducted using an informal Hispanic community leader as the moderator. The sample population included 15 women and 6 men who lived and worked in the community. In this qualitative study, the following research questions were addressed: (1) What are the positive quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families? (2) What are the negative quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families? (3) What is the relative importance of these positive and negative quality-of-life aspects as perceived by Hispanic/Latino migrant and seasonal workers and their families? An analysis of the data, using the Miles and Huberman framework for qualitative analysis of focus group interview data, revealed seven themes that the sample population identified as important to their quality of life. These themes are rank ordered and include: (1) Healthcare Needs, (2) Concern Undocumented status, and (7) Somebody to Listen. Although the findings are not

generalizable to a larger population, the findings will facilitate future studies being conducted with this population. Replication of this study would assist in validating the findings reported.

TABLE OF CONTENTS

COPYRIGHT.....	iii
ABSTRACT.....	iv
TABLE OF CONTENTS.....	vi
LIST OF TABLES.....	viii
CHAPTERS	
I. INTRODUCTION.....	1
Background and Rationale of the Study.....	1
Purpose of the Study	3
Research Questions.....	4
Definition of Terms.....	4
Limitations	4
Delimitations,.....	5
II. REVIEW OF LITERATURE.....	6
Introduction.....	6
Quality of Life and Health and Well-being.....	7
Migrant and Seasonal Workers: Quality-of-Life Issues.....	12
Empowerment and Information Collection.....	15
Summary.....	19
III. METHODOLOGY.....	20
The Study Sample.....	20
Focus Group Interview Process.....	26
Treatment of the Data.....	37
IV. FINDINGS.....	45
Focus Group Interview Findings.....	45
Summary.....	54

V.	SUMMARY AND RECOMMENDATIONS.....	55
	Summary of the Study.....	55
	Conclusions.....	57
	Implications for Health Education.....	59
	Recommendations for Future Research.....	60
	REFERENCES.....	62
	APPENDIXES.....	67
	APPENDIX A: Recruitment Flyers: Spanish and English.....	67
	APPENDIX B: Research Study Approval Letters.....	70
	APPENDIX C: Informed Consents: Spanish and English.....	73
	APPENDIX D: Focus Group Interview Protocol.....	78

LIST OF TABLES

TABLE

Table 1: Age Range and Gender of the Sample Population.....	25
Table 2: Individual Focus Group Composition by Age Range and Gender..	25
Table 3: Examples of Focus Group Participants’ Verbatim Responses.....	40
Table 4: Example of Participant Responses Grouped by a Common Topic...	42
Table 5: Examples of Coding of Possible Themes.....	42
Table 6: Examples of Grouping of Quality-of-Life Perception Themes.....	44
Table 7: Quality-of-Life Perception Themes, Ranked in order of Importance..	46
Table 8: Sample of Participants’ Responses Related to the Healthcare Needs Theme.....	48
Table 9: Sample of Participants’ Responses Related to the Concern for the Children Theme.....	49
Table 10: Sample of Participants’ Responses Related to the Adult Education Theme.....	50
Table 11: Sample of Participants’ Responses Related to the Community Unity Theme.....	52
Table 12: Sample of Participants’ Responses Related to the Family Unity Theme.....	53
Table 13: Sample of Participants’ Responses Related to the Undocumented Status Theme.....	53

CHAPTER I

INTRODUCTION

Background and Rationale for the Study

Quality of life is a concept that that must be considered as communities are evaluated to determine what makes them more livable, enjoyable, and healthy. Kline (2000) noted that quality of life includes not only material needs, such as housing and health care, but also other issues, such as safety in the neighborhoods, a sense of belonging, and a connection to nature. These indicators assist individuals in communities to measure their comfort and satisfaction levels. When these levels are high, residents in these communities sense a good quality of life that creates a sense of well-being. A sense of well-being promotes health. This phenomenon is universal. Therefore, it is essential to understand what individuals in a community view as their quality of life. This information can guide health educators, health care and social services providers, and community leaders in identifying, designing, and implementing programs and services.

Migrant and seasonal workers from Mexico and other Latin American countries have made yearly treks into the United States, through states such as Texas, to work in field agriculture, nursery/greenhouse and crops grown under cover (plant farms), reforestation, and food processing industries. A recent study funded by the federal Migrant Health Program estimates that Texas has 362,724 migrant and seasonal workers residing within its borders (Larson, 2000). A county-by-county estimation indicates that

the largest numbers of migrant and seasonal workers are located in the southern most counties of the state, such as Hidalgo (70,850), Cameron (15,568), and Willacy (4,058) (Larson, 2000), but that these workers are also located in the majority of counties in the state. It is important to note that the estimates in this study were obtained from secondary data sources and are only as accurate as the databases and knowledgeable individuals providing the statistics. In addition, these figures may not reflect individuals who do not have legal papers that allow them to work and reside in the United States. As a result, all of the estimates are conservative, and therefore, it can be concluded that larger numbers of migrant and seasonal workers and their families are located throughout the state.

Although the largest numbers of migrant and seasonal workers reside in south Texas, a minimum of 10,000 workers and their families live and work in the counties located in east and northeast Texas (Larson, 2000). In East Texas, Cherokee County has an estimated 534 workers (Larson, 2000). According to a local health department representative (J. Beck, personal communication, February 8, 2002), this number is low and does not accurately represent the true numbers of these workers and their families.

A paucity of data exists about the Hispanic/Latino migrant and seasonal worker population in East Texas. Many members of this group live apart from established communities for fear of deportation. These workers and their families become less visible, live in poverty, and can suffer from isolation, rejection, and neglect (Sandhaus, 1998). It is a population for which few, if any, health education and health promotion programs and health care interventions are provided. In order for community agencies

and health service providers to contribute to the health and well being of these workers, the essential issues related to their quality of life should be investigated.

According to Ruta (1996), issues related to health and well-being are subjective and related specifically to an individual's perspective; therefore, the only way to understand a person's quality of life is to walk in his/her shoes. He proposed that one of the best methods for measuring overall quality of life is the qualitative approach. An effective method for collecting qualitative data is the focus group interview, an interactive group discussion led by a skilled moderator to gain insight into the perceptions, beliefs, and opinions of a representative population sample about specific issues, programs, or services (Goldman & Schmalz, 2001). The use of this qualitative methodology would provide the "invisible" population of migrant and seasonal workers in East Texas an opportunity for expression of their quality-of-life concerns.

Purpose of the Study

The purpose of this qualitative study was to identify quality-of-life concerns of Hispanic/Latino migrant and seasonal workers in East Texas. Using focus group interviews, issues related to the quality of life they desire for themselves and their families, including the positive and negative aspects of living and working in their community and the rank order of the importance of these issues, were explored.

Research Questions

In this qualitative study, the following research questions were addressed:

1. What are the positive quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families?
2. What are the negative quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families?
3. What is the relative importance of these positive and negative quality-of-life aspects as perceived by Hispanic/Latino migrant and seasonal workers and their families?

Definition of Terms

1. Seasonal worker - “An individual whose principal employment (51% of time) is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months” (Larson, 2000, p. 2).
2. Migrant worker - An individual who meets the same definition as a seasonal worker but “establishes for the purposes of employment a temporary abode” (Larson, 2000, p. 2).
3. Quality of life - An individual’s perception of what is his/her best state of being when examining his/her own sense of well-being, belonging, place, self-worth, safety, connection with nature, and health status and how that perception fits within the community.

Limitations

The limitations of this study included the following:

1. Most of the study participants were Spanish-speaking.
2. A convenience sample of participants was used in this study.

Delimitations

The delimitations of this study included the following:

1. The study participants were limited to those identified as Hispanic/Latino migrant and seasonal workers employed in East Texas.
2. The study participants were adults who were 18 years of age or older.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Globally, communities are rediscovering that quality of life, as an indicator for evaluating health and well-being, must be embraced when assessing the needs, wants, and desires of their constituents, including residents from all racial and ethnic backgrounds and socioeconomic status. Quality-of-life concerns or issues are pervasive throughout communities and in individuals who comprise those communities, both nationally and internationally. In recent years, this concept has received more positive attention at all levels of government, especially with local entities. The Hispanic/Latino populations residing in the United States are important ethnic groups to include in this assessment process.

This chapter will present the importance of quality of life as one of several indicators that should be used to measure how populations, including Hispanic/Latino subgroups, view their own health and well-being. Several important aspects to be discussed include (a) an examination of the definitions and elements that comprise quality of life; (b) the importance of employing quality-of-life indicators when evaluating the health and well-being of a community and its constituents; (c) the significance of empowering and engaging individuals within communities to become an integral part of all phases of community assessment, including quality-of-life measures; (d) the lack of

inclusion of hard-to-reach vulnerable populations, including the Hispanic/Latino migrant and seasonal worker; and (e) suggestions for employing methods of inquiry to engage vulnerable populations.

Quality of Life and Health and Well-Being

Health educators play a significant role in addressing the health promotion, prevention, and education needs of today's society. Typically, these needs are identified in populations by conducting needs assessment surveys. As health educators, it is crucial to examine specific health problems; however, it is also imperative to approach assessment from a broad and sometimes more abstract perspective. One such perspective is the examination of the quality of life of individuals who comprise a community and how the health and well-being of those individuals are impacted.

Jenkins (2001), in her article that discussed community care as it relates to ethics and economics, suggested that quality of life is a concept that must be included in an examination of the elements that make life and survival a positive experience for both individuals and their communities. Although she admitted that quality of life can be difficult to describe, she presented several sources' attempts at a definition. She reported that Mendola and Pelligrini in 1979 defined quality of life as "the individual's achievement of a satisfactory social situation within the limits of perceived physical capacity" (Jenkins, 2001, p. 89). She also reported that Shin and Johnson in 1978 suggested that quality of life consists of three elements: (a) having resources that satisfy the individual's needs, wants, and desires; (b) having the ability to engage in activities

that lead to self actualization and personal development; and (c) feeling satisfied when comparing oneself to others.

In 1975, Patterson indicated that quality of life is a phenomenon that includes “reasonable health, performance ability, comfort, emotional stability, and economic independence” (Jenkins, 2001, p. 6). Sen in 1987 suggested that it is one’s ability to get from one place to another, to provide self-care, and to make a living. In the 1990’s, Browne, Good, and Schumaker suggested that quality of life is whatever a person decides or however it is defined by that person (Jenkins, 2001).

Kline (2000) suggested that quality of life is one of four essential indicators that should be used in measuring a community’s sustainability. She indicated that quality of life is “more than an accounting for materials needs such as, housing and health care. It extends into qualitative values, such as, having a sense of belonging, feeling safe enough to play outdoors, and having a close connection to nature” (Kline, 2000, p. 6). The author also noted that “it helps people measure how comfortable, how satisfied, and how special they feel in their community” (Kline, 2000, p. 6). She also suggested that a good quality of life includes a sense of place, self-worth, and safety.

In reviewing quality of life as described by a number of authors, it is evident that it is a multilayered and multidimensional concept that encompasses all of the suggested definitions and descriptions. For the purposes of this study, quality of life is defined as an individual’s perception of what is his/her best state of being when examining his/her own sense of well-being, belonging, place, self-worth, safety, connection with nature, and health status and how that perception fits within the community.

Wisner (1999) proposed three key assumptions when examining a community's sustainability and individual health and well-being as it relates to quality of life:

1. Local government's role is significant as it evaluates its community's quality of life.
2. A community's quality of life impacts the individual's health and well-being.
3. The general population's health will be at an optimum level when social and economic development benefits are more equitably distributed.

Wisner also noted that measuring quality-of-life indicators should be the approach of choice when conducting community-based evaluation or needs assessments. However, she concluded that challenges to this process occur in rural communities due a paucity of statistics for those areas and limited resources, including funding to hire staff persons and support the assessment process.

Belseme and Mullin (1997) reported that California's Office of Planning and Research identified elements of a community profile that included data on housing, crime, health, education, income, employment, and other areas. This profile became a part of the healthy communities' movement that has attempted to broaden the perspectives of the health and well-being of communities and their individual constituents. The Healthy Cities/Healthy Communities Movement was initiated in 1986 by the World Health Organization (Wisner, 1999).

Belseme and Muller (1997) noted that this movement has expanded to encompass public health. They indicated that it has been evident in recent years that public health has moved from an individual and tertiary level of intervention to a more comprehensive

approach that is population-based. These writers have also suggested that the healthy communities movement's single overall goal is to "use a collaborative problem-solving approach that allows for a broad spectrum of community members to create a common vision of health..." (Belseme & Mullin, 1997, p. 3). This approach to improving the public health of communities has created a need for new indicators to measure the health and well-being of those communities. These authors conducted a survey to identify the primary indicators being used to measure a community's health and well-being. Three indicators were identified: (a) sustainability of communities, (b) quality of life, and (c) performance evaluation of services offered.

From this discussion of communities and the health and well-being of its citizens, it is evident that quality of life is an essential element to consider when assessing a community. Franke (2000) suggested that the issues related to quality of life and sustainability of communities arise, not from what local officials say, but from what the constituents are saying.

Kline (2000) indicated that an essential element in community sustainability is offering empowerment with responsibility to its constituents. She suggested that quality of life and other indicators must be measured and changes made that reflect the needs of the community residents, businesses, and visitors. Community members must feel empowered to take responsibility for making decisions that affect them and other within the community.

From the discussion of quality of life as an indicator to use when measuring the health and well-being of communities, a closer examination of how individuals within a

community can impact changes is the next consideration. The literature review revealed that for a community to survive, it is essential that its citizens play an integral role in the decision-making process in redefining and restructuring community development. Kline (2000) suggested that empowerment with responsibility is a critical element to consider when evaluating a community's sustainability.

One method for empowering and engaging individuals within a community is to design assessments and evaluation plans using community-based research methodology. Koch, Selim, and Kralik (2002, p. 2) described this methodology as “a disciplined inquiry that seeks a focused effort to create the knowledge that is necessary for people to take action to improve the quality of their lives.” They suggested this form of inquiry has several advantages in that it (a) allows for participation of all people, (b) acknowledges the individual's equity, (c) offers freedom from oppressive conditions, and (d) encourages freedom of expression.

Rapley and Hopgood (1997) stated that quality of life assessment is important as well as inclusion of individuals' subjective opinions as to what quality of life means to them. In this article, Cummins and Felce and Perry addressed the need for inclusion by individuals in a community or subgroup by proposing a model consisting of the following three components: (1) an individual's life situations, (2) an individual's personal perspective of his values, and (3) the individual's personal satisfaction concerning his/her life situations as viewed through the value system. As an outcome of this work, Cummins and other collaborators developed a Comprehensive Quality of Life Questionnaire to evaluate the individual's perspective on quality of life.

Migrant and Seasonal Workers and Quality-of-Life Issues

This review has not yet addressed the concern that not all community members are represented in these endeavors. Hard-to-reach and vulnerable populations, such as Hispanic/Latino migrant and seasonal workers, are many times omitted from the process. The migrant and seasonal worker population presents challenges to researchers who want to engage its members in the process of inquiry. Although the agriculture industry in the United States depends heavily on the migrant and seasonal worker, this group has not been afforded many rights and privileges. Sandhaus (1998) identified the plight of this population, primarily comprised of Hispanic/Latino, African, and Asian racial and ethnic groups, as existing in a culture of migrancy. She reported that these workers usually live apart from established local communities. They make themselves less visible due to a fear of deportation resulting in an increased vulnerability to isolation, neglect, poverty, and lack of education.

Bechtel, Davidhizar, and Spurlock (2000) and Sandhaus (1998) reported that annually between 3 and 5 million people leave their homes to plant, harvest, and process food in the United States. Within this population, 70% of migrant and seasonal workers are foreign born. The largest ethnic groups are Hispanic/Latino individuals, including those individuals from Mexico and Central and South America. The National Council of La Raza (NCLR) (2001) reported that Hispanics are fast becoming the largest minority group in the United States. According to the 2000 census, 35.3 million or 13% of the population is comprised of Hispanic individuals. This figure represents a population

increase of 60% during the last decade. U.S. census projections indicate that it will be the largest minority by the year 2005. These tremendous growth rates have been attributed to two factors, increased birth rates and immigration.

In addition, the NCLR (2001) reported on the educational, work, and economic factors of the Hispanic/Latino population. In all three areas, this ethnic group lags behind the White population. In 2000, 57% of Hispanics over the age of 25 had graduated from high school and 10.6% had graduated from college. The majority of Hispanics are employed in blue-collar jobs. Hispanic median annual incomes are approximately \$22,000 behind White median incomes.

The NCLR (2001) reported that poverty rates among the Hispanic population are much higher than other groups. In 1999, 22.8% of Hispanic families lived in poverty compared to 7.7% of White families. Migrant and seasonal workers with an annual income of approximately \$7,500 fall within this category.

Texas demographic facts for 1999 revealed that 28.6% of the population was Hispanic compared to 57.3% Anglo (TDH, 2001). In Cherokee County, the site of this research study, the population estimate for 2000 was 46,659. Persons of Hispanic/Latino origins numbered 6178 or 13.2% of the population (U.S. Census Bureau, 2002). In 2000, Larson conducted an enumeration study of migrant and seasonal farmworkers in several states, including Texas, as part of a grant from Health Resources and Services Administration (HRSA, 2000). Her findings indicated that 534 migrant and seasonal farmworkers and nonfarmworkers are located in Cherokee County. As indicated earlier, sources within the county indicated that this figure is much higher.

According to McCauley, Beltran, Phillips, Lasarev, and Sticker (2001), the proportion of migrant and seasonal workers who do not speak Spanish as their primary language, but have their own indigenous language, is increasing as populations from South and Central America are recruited to meet labor shortages. Language barriers, migratory status, fear of discovery, and shifting community locations are factors that impact the participatory process in community assessment and research.

From this discussion, it is evident that the Hispanic/Latino populations in the United States, especially the migrant and seasonal workers, are increasing in numbers. Yet, there is a paucity of research to address their quality of life or health and well-being issues, such as access to health care, socioeconomic status, community inclusion, and housing conditions. The federal government is now making attempts to correct this problem. For example, the Agency for Healthcare Quality and Research (AHRQ) has been directed by the Healthcare Research and Quality Act to “conduct and support research and evaluations, and to support demonstration projects, with respect to the delivery of health care in inner-city and rural areas (including frontier areas); and health care for priority populations, which include low income groups; minority groups...” (AQHR, 2002, pp. 1-2). Part of AHRQ’s mission is to establish broad-based research to promote improvements in health care practices, including disease prevention and prevention of other health conditions. An initial step for this agency is to develop a policy related to this directive. The directive of the proposed policy, Inclusion of Priority Populations in Research, makes a profound statement about who has been historically excluded from the research. Therefore, this research study is important in the overall

scheme of bringing excluded groups, such as, the Hispanic/Latino migrant and seasonal worker into the research arena.

Empowerment and Information Collection: Using the Focus Group Interview

Hildebrandt (1999) discussed the lack of representation of vulnerable and hard-to-reach groups, such as the Hispanic/Latino migrant and seasonal worker. Her definition of vulnerable people “referred to persons disadvantaged because of poor education, poverty, language barriers, ill health, living in high-risk environments, or social bias related to race, age, or gender” (Hildebrandt, 1999, pp.1-2). She suggested the use of focus group interviews as a method to balance the inequities and injustices of representation and input. Her contention was that this method of inquiry affords individuals an opportunity to share their feelings and opinions about health issues, and to identify the strength and weaknesses of their community.

The use of focus group interviews can be a stimulus to involve hard-to-reach, vulnerable populations in community assessment, program development, implementation, and evaluation. She indicated that involving this population and creating an opportunity for participation should be based on three basic assumptions that individuals who participate in identifying the problem tend to:

(1) contribute to the solution, (2) support the outcomes, and (3) become more competent and effective consumers. She also noted that focus group interviews yield qualitative data that shed light on what participants might be willing to do to achieve positive health outcomes.

Henderson (1995) noted that empowerment and dialogue are processes that are finding their way into research. She asserted that dialogue between the researcher and the participant must replace traditional research methods, and the research process must benefit those involved. The use of focus group interviews was the method of choice for the research study conducted with the Hispanic/Latino migrant and seasonal workers in East Texas because this method of inquiry allowed for dialogue between the researcher and researched. In addition, this method is participatory in nature and implies empowerment of those participating.

Niemann, Romero, Arredondo, and Rodriguez (1999) conducted a qualitative study, using focus group interviews, of first- and second-generation and minimally-aculturated U.S. Mexicans and Mexican-Americans to discover some of the issues of being Hispanic or Latino in the United States. The participants identified several issues of being “Mexican” in the United States: (1) discrimination while shopping, (2) police discrimination, (3) low group status that includes workplace inequities, and (4) struggle for justice. One of the conclusions reached by these researchers is that the participants in the study were eager to share their views and seemed to be grateful that someone was asking their opinion. Therefore, focus groups can have a dual purpose of collecting data and empowering and encouraging their participants.

According to Ruta (1996), issues related to health and well being are subjective and related specifically to an individual’s perspective. He further stated that the only way to understand a person’s quality of life is to walk in his/her shoes. He also proposed that one of the best methods for measuring overall quality of life is the qualitative approach.

The focus group interview is an excellent method for collecting qualitative data.

According to Goldman and Schmalz (2001, p. 2), the focus group interview method is

an interactive strategy to gain insight into the perceptions, beliefs, and opinions of 8 to 12 representatives of an intended audience about specific issues, programs, or services through a 60- to 90-minute guided and taped discussion led by a skilled moderator.

Krueger (1994, pp. 10-11) stated that:

The focus group interview...taps into human tendencies. Attitudes and perceptions relating to concepts, products, services, or programs are developed in part by interaction with other people. We are a product of our environment and are influenced by people around us.

The strengths of using focus group interviews are that they:

1. encourage participants to discuss their feelings and opinions without fear of reprisal (Goldman & Schmalz, 2001);
2. offer the potential to reveal information that may not be expressed by other data collection methods (Goldman & Schmalz, 2001);
3. can encourage consensus among the participants (Goldman & Schmalz, 2001);
4. are expedient in seeing several individuals at a single session (Roberts, 1997);
5. create a snowball effect that may trigger responses from other participants in the group (Roberts, 1997); and
6. do not discriminate against those individuals who cannot read or write (Owen, 2001).

The weaknesses or limitations in using the focus group interview method are:

1. the representativeness of the sample group cannot be assured (Reed, Payton, & Valerie, 1997);
2. reliance on the moderator's ability to conduct a session without creating bias or restricting conversation (Maynard-Tucker, 2000);
3. the observer could miss significant nonverbal cues that would be essential when analyzing the data (Maynard-Tucker, 2000); and
4. the inability to yield generalizable results (Goldman & Schmalz, 2001)

It is evident from this discussion that focus groups can be most beneficial and effective in identifying the felt needs and desires of a community. Sim (1998) noted that the focus group process is a data collection method that requires the researcher to collect data on what the participants say as well as to observe how they interact with each other. She also suggested that accuracy in noting who said what and not allowing the recording of the data to interfere with the group process are essential considerations when using the focus group process.

Tipping (1998) proposed a definition of focus group that summarizes what many sources referenced in this paper have discussed. She identified a focus group as “a carefully planned interview designed to obtain perceptions on a defined area of interest in a non-threatening environment” (p. 62). Although Tipping did not refer to groups or numbers of individuals participating as a part of the definition, the next sentence of her article indicated that the group should be comprised of seven to ten participants. She further noted that the data collected in this process captures perceptions, feelings, and subjective thought that will lead the researcher to greater insight as to the reasons why the

participants responded and reacted as they did in the session. The researcher for the current study concluded that this discussion of focus groups supports her own view of the process.

Summary

This chapter presented a review of the literature that described the importance of quality of life as an indicator for the health and well-being of communities and their constituents. In addition, this review included a discussion of the significance of individual participation in the assessment process. Lack of inclusion by some populations was identified as a concern, and methods of correcting the inequity were suggested. In addition, important demographics about this population were discussed.

This review of the literature also supported the use of focus group interview to examine quality-of-life issues such as those being investigate in this study. This qualitative methodology provides an excellent mechanism for obtaining insights and allowing individuals and groups an opportunity for expression. As a result, interested parties can begin to understand the issues and concerns of the population and partner with them to address those identified areas.

CHAPTER III

METHODOLOGY

In this chapter, the methodology of this qualitative study is discussed, including the study sample, the data collection procedures, and the treatment of the data.

The Study Sample

Recruitment of the Sample

Participants used for the sample of the population studied in this research were obtained from a community in an East Texas region where concentrations of Hispanic/Latino migrant and seasonal workers lived. A convenience sampling of individuals who were representative of Hispanic/Latino migrant and seasonal workers (MSW) residing in Cherokee County, Texas, were recruited for the four focus groups used in the study. Two of the focus groups were to be comprised of women-only, and the other two focus groups were to be comprised of men-only, to allow for more effective focus group interaction and increased responses. This use of same-gender focus groups was based on the findings of a focus group study conducted in 1998, in which the researchers noted that in women-only and men-only focus groups, issues surfaced (such as prostitution and domestic violence) that were never mentioned in mixed groups in the same study (Perilla, Wilson, Wold, & Spencer, 1998). In addition, only migrant and seasonal workers who were 18 years of age or older were recruited, since this was the adult age group of interest in the study.

The recruitment of these participants was conducted through a Hispanic church that served some of the migrant and seasonal worker population in the Cherokee County area and through a Hispanic informal leader within the community. Written permission was obtained from the pastor of the local church utilized in the study. Recruitment flyers written in both English and Spanish were distributed along with the church bulletins during one of the weekly church meetings (Appendix A).

The researcher attended the church service on Sunday morning, April 7, 2002. The pastor offered to have a member of his congregation, a college student, provide translation services to assist the researcher in communicating with the predominantly Spanish-speaking congregation. At the end of the service, the pastor introduced the researcher who, through the translator, provided a brief overview of the study and discussed the recruitment of participants. Individuals interested in participating in the study were requested to meet at the back of the church sanctuary to receive further information and to confirm their willingness to participate in the study activities. After the service, several men and women signed up to attend one of the four focus groups. Those prospective participants decided on the dates, times, and locations of each session.

Informed Consent Procedures

Approval of the prospectus for the research study was obtained from the Graduate School of Texas Woman's University (TWU), and approval for the use of human participants in the study was obtained from the TWU Institutional Review Board (Appendix B). Using a consent form that was available in both English and Spanish versions, informed consent was obtained from each participant prior to his or her

participation in a focus group session (Appendix C). In each focus group session, the moderator offered to read the consent form in both Spanish and English. All participants requested the Spanish version of the consent form and that it be read in Spanish. All participants received two Spanish-version consent forms. Once the consent form was read word-for-word in Spanish by the moderator to address the issues of literacy and the participants agreed to sign the form, they were asked to initial the first page and sign and date the second page of both forms. The researcher then signed and dated both forms for each participant. One form was returned to the participant, and the researcher retained the second form. The signed and dated consent forms will be submitted to the TWU Institutional Review Board for their files, once the research study is completed.

A verbal explanation of the study was provided by the moderator to the participants prior to their involvement in the focus group interview, and any questions they had were addressed. In addition, an explanation of the study was provided in the informed consent form (Spanish and English versions). The researcher, through the moderator as an interpreter, emphasized that participation was voluntary, and that an individual could refuse to participate at any time without penalty. As a participation incentive, individuals who volunteered to participate in a focus group received a \$10 gift certificate for Walmart stores. They were informed that since participation was voluntary, they could choose to discontinue their involvement in the study at any time and still receive the gift certificate.

Confidentiality and anonymity were maintained throughout the research study. The informed consent form contained an explanation that the participants could not be identified due to the procedures that were in place within the study. None of the

participants' names was used. Instead, each participant was given a letter designation (Mr. A, Ms. B, Mrs. C, etc.). The informed consent form also contained a section about audiotaping the sessions. Participants were informed that only the researcher, research advisor, and research team will have access to the audiotapes and transcriptions.

All written notes, audiotapes, and transcribed audiotape notes obtained by the researcher will be stored in a locked file cabinet in the researcher's home until the data analysis is complete. The audiotapes will be destroyed at the completion of the dissertation. Because this study is anticipated to be part of a longitudinal study, the transcribed data and researcher notes will be stored for an indefinite period of time. Upon completion of the dissertation, these data will be given to the research advisor to be placed in a locked file cabinet in his office at Texas Woman's University. Access to these data sources will be limited to the research advisor and the study research team. The researcher and moderator answered participants' questions during the study. In addition, the names, telephone numbers, and email addresses of the researcher and the researcher's advisor were provided in the informed consent form for participants to contact them if they had any questions. Each participant was provided with a copy of his/her signed consent form containing this information.

Participants could request a copy of an abstract of the aggregate results of the study by providing their mailing address at the end of the informed consent form. No participants made such a request; however, during each of the focus group sessions, the researcher indicated that a summary report would be provided to the moderator who could convey the information to them.

The participants in the first focus group were hesitant to sign the consent form and to allow the researcher to audiotape the sessions. After a lengthy question-and-answer session about the purpose of the study, how the information would be used, and the anonymity of the study, the participants agreed to sign the consent forms and allow audiotaping of the session. The focus group participants in the three other groups seemed comfortable with the explanation in the informed consent form. They readily signed the forms and allowed audiotaping of the session. Prior to turning on the audiotape recorder at each session, the researcher, through the moderator as interpreter, again asked the participants if they would allow audiotaping. Before the audiotape was turned on at each session, each participant had verbally and in writing agreed to audiotaping of the session.

Characteristics of the Sample

A total of 21 individuals, 15 women and 6 men, participated in the research study during the months of April and May 2002 (see Table 1). Participants who were in the 30- to 39-year-old age range comprised 86% of the sample in this research study. According to Del Pinal and Singer (1997), 59% of the Hispanic population living in the United States falls within the working age group category. As noted in this study, the majority of the focus group participants were young to middle age adults which reflect the trend of these national statistics.

The research study was designed to include four focus groups. Table 2 shows the composition of each of the focus groups conducted. Groups one and three were comprised of females-only. Group two was a male-only group, and group four included two females and one male. The original research study was designed for two female-only

Table 1

Age Range and Gender of the Sample

Age Range	Female	Male	Totals
20- to 29-years old	2		2
30- to 39-years old	10	3	13
40- to 49-years old	2	3	5
50-years old or older	1		1
Totals	15	6	21

Table 2

Individual Focus Group Composition by Age Range and Gender

Age Range (in Years)	20 to 29	30 to 39	40 to 49	50+	Totals
Group One – All Female (F)		4		1	5
Group Two – All Male (M)		3	2		5
Group Three – All Female	2		6		8
Group Four - F/M	0	2 (F)	1 (M)		3
Totals	2	9	9	1	21

and two male-only groups to encourage discussion among the participants. The last focus group was comprised of two females and one male due to difficulties in recruiting male participants. In addition, the last three participants were undocumented individuals who had valuable information to share about their status.

Of the 21 focus group participants, 14 (71%) reported that they were laborers, of which five indicated they worked on plant farms and nine were not specific about their laborer occupation. Of the other seven participants, one identified himself as an electrician; three women indicated they were not currently employed; and three indicated that they had previously been employed as migrant and seasonal workers but were now in other job positions. These last three participants, although no longer in the MSW workforce, participated in the focus groups because (a) as previous MSWs, they provided important historical perspectives; and (b) in their current job positions, they were involved on a daily basis with the MSWs and that population's needs and issues.

Focus Group Interview Protocol

To guide the focus group interview process, the researcher used the Focus Group Interview Protocol developed for this study. This protocol is presented in its entirety in Appendix D. This protocol established the procedures to be used for focus group interview scheduling, session preparation, obtaining informed consent, explaining the study to participants, facilitation of the discussion of research and core questions by the focus groups, and treatment of the data.

Scheduling the Focus Group Interviews

The four focus group interview sessions were scheduled for April and May 2002. The first focus group interview session, composed of females-only, was conducted on Saturday, April 13, 2002, at 7:00 p.m., in a small house on the church property. Nine women from the church had signed up to attend this first meeting. The meeting was scheduled to begin at 7:00 p.m. However, by 7:30 p.m. no one had arrived. The pastor of the church made several telephone calls and by 7:45 p.m., five women had arrived for the meeting. He also drove to one of the participants' homes and brought her to the meeting since she did not have transportation. Thus, the first focus group was composed of five women ranging in age from 35 to 73 years of age.

The second focus group session, composed of men-only, was conducted on Saturday, April 20, 2002, at 7:30 p.m. at the same church location. This group included five men ranging in age from 33 to 47 years of age. Seven men had originally signed up to attend a session. However, by 7:30 p.m. the only person who had arrived was the pastor of the church. He again made several contacts by telephone and by 7:45 p.m. four other men arrived.

Since the minister of another local church, who had been approached to recruit participants from his congregation, declined to participate in the recruitment process, the third and fourth focus group sessions were conducted in the home of the local informal community leader who was also the focus group moderator. However, the researcher wanted to focus on the original recruitment efforts with the local churches. When the moderator learned that the second church would not be participating, she again offered her

home as a meeting place for the last two focus groups. She also indicated that she could recruit people within the community who did not belong to the church to come to these meetings.

Consequently, the third focus group was conducted on Saturday, April 30, 2002, at 7:30 p.m. at the moderator's home. The third group was composed of eight women ranging in age from 22 to 38 years of age. The moderator had originally invited 10 women.

The fourth group was conducted on Saturday, May 25, 2002, at 7:30 p.m., again at the home of the moderator. The original plan was to conduct a second men-only focus group. However, when the researcher arrived for the session, the moderator explained that she had difficulty in recruiting men to come to the session. She indicated she had invited six couples. Three of the couples were recontacted by the moderator by telephone on the evening of the focus group and indicated they were coming. By 8:00 p.m., only one couple and one woman had arrived. Even though only three individuals were present, it was decided to continue with the session because the individuals who were present were undocumented migrant workers, and the researcher felt that the data gathered from these individuals would be very valuable to the study. These individuals ranged in age from 38 to 47 years of age.

Prior to the first focus group interview, a bilingual (English/Spanish) focus group moderator was recruited and trained by the researcher. This female moderator, who has been a member of the community for 21 years and worked at a local plant farm, was recruited from the community through a school health meeting held in February 2002 and conducted by the local school nurse. The researcher met with the moderator prior to the

first session to provide her with an in-depth orientation to the focus group process. The moderator received a copy of the Focus Group Interview Protocol to be used for each group, and was given an opportunity to ask questions and clarify her role as moderator of the focus groups. The moderator orientation session lasted approximately two hours.

The Focus Group Interview Protocol included having a trained Spanish/English bilingual observer present at the sessions to take notes and record any nonverbal cues. However, the person recruited for this position decided not to assist in the study. Therefore, the researcher who was present at each session served as the observer for nonverbal communication cues and group dynamics. The focus group interview sessions were conducted once written permission was obtained from each participant. Each of the four focus group sessions was conducted using the Focus Group Interview Protocol and ranged in length from 1½ to 2½ hours. All sessions were audiotaped to assist in the collection of the qualitative data and to decrease errors in notetaking of the interview responses.

For the focus group interviews, none of the participants' names were used. Instead, each participant received a nametag with a letter designation (A, B, C, etc.). During each of the audiotaped sessions, the moderator referred to the participants using a letter designation, such as, Participant A or Participant B.

At all four sessions, the tables in the rooms were arranged to encourage participation and the feeling of inclusion. All participants, the moderator, and the researcher either sat in a square or circular arrangement facing each other. In addition, refreshments were provided to encourage interaction and to create a less formal

environment. Packets containing Spanish and English consent forms (2), a nametag with a pre-assigned letter designation, the Walmart gift certificates, and a writing pen were offered to each participant as they arrived. The participants were requested to sit in alphabetical order for ease of identification. After all participants arrived and received their packets, the moderator initiated the sessions following the Focus Group Interview Protocol.

The first focus group session began an hour later than originally planned for reasons noted earlier. The moderator began the session by asking the participants to open their packets and apply the nametags so that they would be visible to everyone at the table. She explained that the packet also contained consent forms and a \$10 Walmart shopping card.

Once it was decided that the session would be conducted in Spanish and that the participants would be signing the Spanish version of the consent forms, the moderator asked them to read along with her as she read the form verbatim. After she had finished reading the first page and asked them to initial it if they agreed with what was said, one of the participant's laid down her pen and spoke to the moderator in Spanish. The moderator informed this researcher that the group was not comfortable signing the consent form until they had a better understanding of what they were being asked to do. As indicated earlier, a lengthy conversation ensued to clarify the purpose of the session and to reassure them of the anonymity of the study. Once they were comfortable with explanations, the remainder of the consent form was read and all of the participants initialed, signed and dated the forms.

Prior to turning on the audiotape for the interview, the researcher asked if the participants would be comfortable with the session being audiotaped. Another discussion took place about audiotaping and the issues of anonymity and confidentiality. After this discussion, the participants verbally agreed to the sessions being audiotaped and the recorder was turned on. Even though the informed consent contained the information about audiotaping the session, the researcher deemed it essential to also receive a verbal agreement from the group and provide them with another opportunity to express concerns or ask questions.

In the first focus group interview, the moderator asked the questions located in the protocol. The procedure she followed was to ask a question and request a response from each of them by moving in alphabetical order from one participant to another, identifying them as Participant A and so on. During this process, responses from a participant sometimes elicited a response from other participants. The moderator allowed the discussion to proceed for several minutes, and then guided them back to the question or to ask another question. As a result, the remainder of the session moved along smoothly and efficiently.

The second focus group, scheduled to begin at 7:30 p.m., was initiated at 7:45 p.m. by the moderator with five men present. The same procedure was followed with the packets. This group had no questions about the consent forms and the audiotaping. The moderator began the session by asking the questions located in the protocol. As indicated earlier, she had revised some of the questions for clarity. As in the first session, she would ask a question and proceed alphabetically requesting a response from each participant.

Again, one participant's response might initiate a discussion. After several minutes of discussion, the moderator would acknowledge their comments and then move on to another participant repeating the question if requested.

The third and largest focus group, with eight participants, was scheduled to begin at 7:30 p.m.. By 7:40 p.m., everyone had arrived. This group was the most animated with several intense conversations. The same procedure for the packets, consent forms, and name tags was followed with this group. The moderator began the questions, as in previous sessions, moving from one participant to another. However, in this session several lively discussions ensued from some of the participants' comments. For example, several of the participants had repeatedly introduced the issue of lack financial resources. Near the end of the session, another participant appeared to become frustrated with the direction of the conversation and said, "But we are asking for something [a clinic] we really need and people cannot have everything they want." At this point, the moderator attempted to guide the conversation back to answering the question.

The fourth focus group, with three participants, was the smallest of all the groups. However, this group was important, because all of the participants were undocumented migrant workers. This session provided the researcher with an opportunity to better understand their special issues and concerns. Although more participants were expected, the end result was an interesting session that centered around the participants' undocumented status. During this session, the moderator followed the same procedure for the packets, nametags, consent forms, and questions.

After each focus group session was completed, a debriefing session was held

between the moderator and researcher. These debriefings were held either immediately after or within four days of a session. For each of the first three focus group interviews, a separate debriefing meeting was conducted by the researcher with the moderator to translate the tapes into English and to discuss the session. The first three debriefing meetings required several hours of time commitment. For the fourth focus group, the researcher and moderator met immediately after the session since there were only three participants, and it would not require as much time commitment as the previous debriefing meetings.

The focus group session notes were written in English. Originally, the plan was to use a trained Spanish/English bilingual transcriptionist to translate the audiotapes into English. However, the moderator agreed to translate the audiotapes into English while the researcher made handwritten notes. Both the moderator and researcher enhanced the accuracy of the notes from the audiotapes because each remembered the sessions in detail as the audiotapes were reviewed. This procedure was followed for all four focus groups which seemed to be an effective means of performing the translation and writing notes from the interview sessions.

Exploring the Interview Questions

In each focus group session, the research questions and related core questions were presented by the moderator to the focus group participants. The first research question asked of the groups was: “What are the positive quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families?” Two additional core questions which were also asked, to facilitate the exploration of this research question,

were: “What are some of the events happening in your and your family’s life that make you feel good about your life here in East Texas?” and “What do you suggest could be done to make certain those good events are maintained in this community?”

The second research question asked of each group was: “What are the negative quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families?” Two additional core questions which were also asked, to facilitate the exploration of this research question, were: “What are some of the events happening in your and your family’s life that concern or worry you or make you sad about living here in East Texas?” and “What do you suggest could be done to make those areas of worry or concern better for you and your family?”

The participants in each focus group were then to discuss the third research question, which asked: “What is the relative importance of these positive and negative quality-of-life aspects as perceived by Hispanic/Latino migrant and seasonal workers and their families?” No core questions were used with this research question.

Problems Encountered in the Focus Group Interview Process

Several problems were encountered in the focus group interview process and addressed by the researcher. The first problem faced in the process was related to the focus groups’ responding to the established interview questions. The Focus Group Interview Protocol focused on exploring the answers to the three research questions posed in this study, which were related to the Hispanic/Latino migrant and seasonal workers quality of life in the East Texas community in which they resided and worked.

In addition, core questions were developed to assist the researcher and moderator in eliciting responses that would lead to answers for the more abstract research questions.

Once the participants identified both the positive and negative issues in response to the first and second research questions, the moderator was to create two lists: one for the positive issues and one for the negative issues. To answer the first part of the third research question, the moderator was next supposed to ask the participants to spend several minutes discussing the positive issues identified and their order of importance. She was to guide them in a review of the list of positive issues, and as a group, to select the most important issue. The participants would then be asked to select the next issue in order of importance, and so on, until all listed issues were rank ordered.

The moderator was then supposed to move to the list of negative issues and repeat the procedure. After both positive and negative issues had been rank ordered, the moderator was to ask the participants if there were any questions or additional comments about the identified issues and the rank order that had been decided by the group.

These parts of the focus group protocol did not proceed as planned. Not all groups responded to the research and core questions asked. It is unclear if the participants did not understand some of the questions, or if they were just ready for the session to be over. To address this problem, after the first focus group session, the moderator recommended to the researcher that the questions be simplified or re-phrased so that the participants would have a better understanding of what was being asked. Two examples of the revised questions are “What makes you happy to live around here in East Texas?” and “What makes you sad about living around here in East Texas?” During the

remaining sessions, these revised questions seemed to elicit responses with fewer clarification questions from the participants than in the first focus group session.

Another problem surfaced when the focus groups were asked to rank order the identified positive and negative issues. For this task, only two of the four focus groups provided a response. Instead, group two formed a group consensus that the community members needed to work together to bring about improvements in the community.

Group three listed three issues important to them that included: (a) the need for health and dental clinics, (b) concern for the safety of the children, and (c) the need for adult education classes, including English language classes, but did not rank order these issues.

Problems in transcribing the focus group interviews also occurred during the study. Easton (2000), in her article that discusses common problems in transcribing data, suggested that transcription errors can lead to misinterpretation of the data. She indicated that ideally the researcher should be the transcriber. If that is not possible, she noted that the researcher should also listen to the audiotapes and check the notes for accuracy. The researcher in this study did not speak Spanish. Therefore, it was not possible to recheck the notes.

To overcome the problem, the researcher decided on the procedure described above to increase the accuracy of transcribing the audiotapes. Following each focus group, the moderator and researcher discussed the session and made minor adjustments in the focus group interview protocol. For example, the first session was scheduled to begin at 7:00 p.m. However, no one arrived until after 7:30 pm, due to the busy planting season on the local plant farms and the fact that sun did not go down until almost 7:30 p.m., the

participants were having difficulty arriving at 7:00 p.m. It was decided that the time of the remaining sessions should be changed to 7:30 p.m.

Treatment of the Data

The data for this study included researcher's notes, notes of the audiotapes, and limited demographic information. The demographic data collected included age, gender, and occupation. Collection of this data allowed the researcher to have a better understanding of the group composition and facilitated the analysis of the researcher's notes and notes taken from the audiotapes.

Selecting a data analysis framework by which to conduct an in-depth review of the data collected in the focus group sessions was challenging at the outset. An extensive review of the literature revealed that multiple sources could not agree on the types of data analysis methods to use in qualitative research. Frechtling and Sharp (1997) indicated that the lack of standardization inherent in the analysis of qualitative research is what makes it so versatile. They further asserted that although there are no standard ground rules for analysis, good qualitative analysis requires a systematic and disciplined approach.

Frechtling and Sharp (1997) described a qualitative analysis framework developed by Miles and Huberman that best fits the design for this research study and this researcher's philosophy of analysis. This framework contains three elements: (1) data reduction, (2) data display, and (3) conclusion drawing and verification.

Data reduction was described as a process of organizing and reducing or

reconfiguring data that includes “selecting, focusing, simplifying, abstracting, and transforming the data” from the transcribed notes and written observations (Frechtling & Sharp, 1997). In their discussion of Miles and Huberman’s framework for qualitative data analysis, it was indicated that data must not only be managed, but it must be transformed or interpreted to address the research questions of a study. Emphasis was placed on always considering a paramount question: How relevant are these particular data for answering the research questions for this study?

An important point stressed by Frechtling and Sharp (1997) was that qualitative data analysis includes both deductive and inductive reasoning. They suggested that initial categories be defined by the research questions in a study. This particular aspect of Miles and Huberman’s framework was appealing, since this researcher had noted in an extensive review of the literature that many analysts embraced induction as the preferred process for analysis. However, it was evident from this research design, structured around three research questions, that, for the first steps, deductive analysis was a logical approach. The research and core questions formed the framework for the analysis.

To reduce the data to a manageable size, the first step was to organize the notes from the audiotapes and the observer notes. From these sets of notes, a table was created for each focus group to display the following: (a) the research and core questions being examined, (b) verbatim extensive responses of the participants, and (c) a column for notes that could add insight to a participant’s response (see Table 3). This horizontal layout provided the researcher with a visual display of all data collected from each group.

The next step in the data reduction process was to analyze the data displayed in the newly created tables while considering the question: How relevant are these particular data for answering the research questions for this study? From this analysis, a second set of tables was created for each focus group that included only those participants' responses that were relevant to answering each specific research question and accompanying core questions. Table 4 displays an example of the relevant responses noted for Focus Group One for the first research and core questions.

Once this stage of the analysis was completed, a set of tables had been created for each focus group that contained only the responses that were related to the appropriate research and core questions. This data reduction phase of the analysis resulted in a large volume of data, in the form of verbal comments and observations such as those presented above in Table 3, being refined and grouped into an organized, more manageable set of responses, as shown in Table 4, that could then be examined for emerging themes or patterns. As Frechtling and Sharp (1997) indicated, it is essential for the analyst to remain to open to inducing meanings from the data. Therefore, the induction process and the data display stage were initiated as the themes and patterns began to emerge. Data display, the second element of Miles' and Huberman's framework, will be further discussed in Chapter IV.

Table 3

Example of Focus Group Participants' Verbatim Responses and Observer Notes

Focus Group 1		Research Question 1 and Core Question 1
Verbal Responses	Observations	
Participant A – “I cannot say everything here is good because I don’t have my kids living here with me.”	A – unsmiling	
Participant B – “Well, for me, I feel my family is OK, and we are together. We say we need something here in the community but we are very poor because we make little money. We always need something – we need a clinic, we need a park....”		
Participant C – “I give thanks to God because I never think I be in this country, and I give thanks to God because I am here with my family.”	C - Oldest (73)	
Participant D – “[I am] concerned about going to the clinic without having to have a ride. I hope this can be true.”		
Participant E – “ Well, I just say the same thing they said because a lot of people don’t have car.”		

Once the tables were created for participants' responses to each research question and accompanying core question in each focus group, the researcher analyzed the responses of the participants for themes or patterns. Each potential theme or pattern was highlighted and assigned a numerical code. For example, in Focus Group One, the participants' responses were all related to the family being together. This possible theme was highlighted and assigned the numerical code "1.0". As the analysis continued, if a participant response was related to the family being together, a number 1.1, 1.2, 1.3, and so on would be assigned (see Table 5). Once this step was completed for each table and for each potential theme, the quality-of-life perception themes could be consolidated into groupings (see Table 6).

The third and last element of Miles and Huberman's framework (Frechtling & Sharp, 1997) is conclusion drawing and verification. In this phase, the analyst reviews the data displays and considers the meaning of the analyzed data as it relates to the research questions. Conclusions drawn must be verified by revisiting the data multiple times and evaluating whether they are logical, believable, and defensible. Analysts are warned not to go beyond the data or draw conclusions too hastily, while being encouraged to provide credible explanations for variations and reasons behind responses. This last element in the framework will be utilized in Chapter IV to present the findings drawn from the data analysis, including an in-depth discussion of the basic themes identified in the focus group interviews.

Table 4

Example of Participant Responses Grouped by a Common Topic

Focus Group 1 Research Question 1 Core Question 1

Participant B - “Well, for me, I feel my family is OK, and we are together.”

Participant C - “I give thanks to God because I never think I be in this country, and ...I give thanks to God because I am here with my family.”

Table 5

Examples of Coding of Possible Themes Emerging from All Four Focus Groups

Responses Related to Family Togetherness

1.0 Families are together (+).

1.1 Parks-recreation and family togetherness (+)

1.2 “I don’t have my kids here. I feel sad.” (-)

1.3 “Emotionally [good] because we live with our families.” (+)

1.4 “What makes me happy is to be with my husband and kids.” (+)

1.5 “Parent could spend more time with their kids and enjoy them
and have more time as a family.” (-)

Responses Related to Concern for the Children

2.0 Concern for the Children

2.1 “Kids have too much freedom. They don’t respect parents or teachers. There are drugs in the schools.” (-)

2.2 “Sometimes [parents] don’t attend kids because they are at work. Sometimes not just the work, but sometimes in the schools, we cannot be in there and take care of them. (-)

2.3 “Kids, they have too much. If you cannot give them something, they rebel.” (-)

2.4 “In the house is where the kids learn what is good and what is bad. Kids won’t have any temptations, if they know from the house what is good and bad.” (-)

2.5 “We wish to have a place close to send our kids. Something for entertainment; to have more fun, learn music. Sometimes we got off work late, and they need a place to go after school.” (-)

2.6 “Children have bad influences. It comes from the schools and vicious groups. We must pay more attention to the children. Parent and teachers need to get more conscientious.” (-)

Note. Positive responses are noted with a (+) symbol and negative responses are noted with a (-) symbol.

Table 6

Examples of Grouping of Quality-of-Life Perception Themes

Family togetherness. (+)

Parks for recreation

Time to spend with the family

Family together as a unit

Concern for the children (-)

Children with too much freedom.

Unattended children

Lack of recreational facilities

Children who are disrespectful

Exposure to vicious groups

Healthcare needs (-)

Urgent need for a medical clinic

Need a dental clinic

Medical expenses

Note. Positive responses are noted with a (+) symbol and negative responses are noted with a (-) symbol.

CHAPTER IV

FINDINGS

The purpose of this qualitative study was to identify quality-of-life concerns of Hispanic/Latino migrant and seasonal workers in East Texas. Using focus group interviews, issues related to the quality of life these workers desire for themselves and their families, including the positive and negative aspects of living and working in their community and the rank order of the importance of these issues, were explored. In this chapter, the results of an analysis of each of the four focus group interviews, as well as the combined results of all four focus groups, will be presented, and the themes and patterns that emerged from the analysis of each set of research and core questions will be discussed.

Focus Group Interview Findings

As indicated in Chapter III, Miles and Huberman's framework (Frechtling & Sharp, 1997) was the data analysis method used for this qualitative study. Three elements - data reduction, data display, and conclusion drawing and verification - formed the framework for the analysis. An in-depth discussion of the data reduction process was presented in Chapter III. A brief discussion of data display and conclusions and verification was also included. In this section, the data display and conclusion and verification phases of the focus group interview analysis will be presented.

Data Display

Data display, the second element described in Miles and Huberman's framework (Frechtling & Sharp, 1997), is an organized, reduced assembly of the data that allows the analyst to draw conclusions. Induction analysis is essential in this phase, since the analyst extrapolates data to identify patterns and interrelationships from which higher-order themes may emerge. As the researcher examined the data based on their relevance to the research questions, responses with common themes had emerged. At this stage of the analysis, the data were reduced, organized, and extrapolated to reveal themes, patterns, and interrelationships, as shown in Table 7. The last element in the data analysis framework, conclusion drawing and verification, was then performed.

Table 7

Quality-of-Life Perception Themes, Ranked in Order of Importance

1. Healthcare Needs
 2. Concern for the Children
 3. Adult Education
 4. Community Unity
 5. Family Unity
 6. Undocumented Status
 7. Somebody to Listen
-

Conclusion Drawing and Verification

According to Miles and Huberman (Frechtling & Sharp, 1997), in the final phase of their data analysis framework, conclusion drawing and verification, the analyst reviews the data displays and considers the meaning of the analyzed data as it relates to the research questions. Conclusions drawn must be verified by revisiting the data multiple times and evaluating whether they are logical, believable, and defensible. Analysts are warned not to go beyond the data or draw conclusions too hastily, while being encouraged to provide credible explanations for variations and reasons behind responses.

At this point in the data analysis, the researcher had reviewed the data at all levels, including the notes of the audiotapes, observer notes, demographic data and the data reduction and display tables as shown in Chapter III, Tables 3 through 6. Seven themes emerged that were identified by this researcher as significant to participants in the focus groups, and are listed in their order of importance as shown in Table 7. Each theme and corresponding data will be presented and discussed to justify the rationale use for these rank-order decisions.

Quality-of-Life Perception Themes

Based on the data analysis findings, the *Healthcare Needs Theme* was identified as the theme holding most importance for all focus groups. Healthcare issues were discussed at length during each of the four focus group sessions. All participants in Focus Groups One and Two discussed issues related to this theme. Four participants in Focus Group Three and two in Focus Group Four also made comments about the

community's needs for medical and dental care. Of all the themes identified, the need for clinics and healthcare services was discussed most often and with the greatest intensity. Examples of several participants' comments are shown in Table 8.

The third and last element of Miles and Huberman's framework (Frechtling & Sharp, 1997) is conclusion drawing and verification. In this phase, the analyst reviews the data displays and considers the meaning of the analyzed data as it relates to the research questions. Conclusions drawn must be verified by revisiting the data multiple times and evaluating whether they are logical, believable, and defensible. Analysts are warned not to go beyond the data or draw conclusions too hastily, while being encouraged to provide credible explanations for variations and reasons behind responses. This last element in the framework will be utilized in Chapter IV to present the findings drawn from the data analysis, including an in-depth discussion of the basic themes identified in the focus group interviews.

Table 8

Sample of Participants' Responses Related to the Healthcare Needs Theme

"To have a clinic. My people don't have anywhere to go."

"It would be very good to have a clinic. Once I went to the hospital and waited three hours. They charged me \$2,000. We need a clinic with urgency."

"The clinic would be for everybody who needs it."

"We need to have a clinic so we can go and get a pill to stop the pain."

"We are willing to go to the doctor and pay something

The second most important theme identified, *Concern for the Children*, included concerns about the children's exposure to drugs and alcohol, and a lack of parental attention due to long work hours. Discussions related to this theme were evident across all four focus groups, and included: (1) four participants in Focus Group One, one in Focus Group Two, one in Focus Group Three (who mentioned it twice), and one in Focus Group Four. Other participants expressed concern that the children were being exposed to drugs at school, even at a young age. The provision of daycare centers was also mentioned across all four focus groups. In Focus Groups One through Three, one participant each mentioned issues related to this theme, with two participants in Focus Group Four discussing it. Several of the participants spoke at length about issues related to this theme. Examples of their comments are shown in Table 9.

Table 9

Sample of Participants' Responses Related to the Concern for the Children Theme

"Kids have too much freedom. They don't respect their parents."

"Kids need too much to be with their parents; sometimes [parents] don't attend kids because they're at work."

"Children have bad influences in the school; vicious groups. Parents and teachers need to get more conscientious and pay more attention to the children."

"I suggest a daycare center. Parents work through May and June, 16 to 18 hours a day. The kids are without mama and papa most of the day."

This *Concern for the Children Theme* was also identified as significant by the researcher because other issues overlapped it. For example, the themes about alcohol and drug affecting the young people, and parents not attending to children due to long work hours, can be related to a lack of supervision. Sometimes it is best resolved with facilities that can attend to the children. All of these issues were related to the participants' concern for the children in the community.

The third theme, *Adult Education*, was discussed in three of the four focus groups. Focus Group Four participants, three undocumented immigrants, did not mention this issue. They were preoccupied with the absence of legal papers required for them to be in this country and were also concerned about their children who could not attend school because they did not have papers. Two participants in Focus Group One, one in Focus Group Two, and three in Focus Group Three made comments related to the adult education classes. Examples of their comments are included in Table 10.

Table 10

Sample of Participants' Responses Related to the Adult Education Theme

"We need to learn to speak English; live in the U.S.; need to learn English."

"Many people cannot read and write."

"More adult schools so we can learn more English. We are helpless when kids do their homework and we don't know how to pronounce the words."

Although the *Adult Education Theme* seemed important to all four focus groups, the moderator indicated to participants in Focus Group Three that free English classes were offered at the school, but many times no one attended. In response, some of the participants cited long work hours, being a wife and mother, and limited time as reasons for not attending the classes. It would be important to explore the underlying reasons why no one accessed this service even when it was available locally.

The fourth theme, *Community Unity*, was discussed in two of the four focus groups. Focus Group One, composed of women, did not mention any issues related to this theme. This group primarily discussed concerns about their children. Focus Group Two, composed of men, was the most vocal group to discuss the idea of the community being united to solve its problems. One of the participants at the end of the meeting asked for group consensus about the community unity issue, and the other men readily agreed. Six participants in Focus Group Three made comments about the topic. Examples of their comments are included in Table 11. Although this issue was not discussed across all focus groups, the number of participants, the group consensus, and the intensity with which the participants spoke resulted in it being ranked the fourth theme.

The fifth theme, *Family Unity*, was discussed in three of the four focus groups. Three participants in Focus Group Two, two in Focus Group Three, and four in Focus Group Four mentioned issues related to this theme. No one in Focus Group One discussed the topic. This researcher noted that the participants readily connected the topic of parks to family outings and activities. The importance of families being together

was listed among the most important issues, because it was discussed in all groups. Two participants in Focus Groups One and Two, four in Focus Group Three, and one in Focus Group Four mentioned this theme. Examples of their comments are included in Table 12.

The sixth theme, *Undocumented Status*, was also identified as an important theme. Focus Group Four included participants who admitted that they did not have the documents required for them to be in this country legally. They were preoccupied with this undocumented status and how it was affecting their children. These participants expressed an appreciation for what they have in this country, but live in fear of the day they will be discovered, and that all they have worked for will disappear. Examples of their comments are included in Table 13.

Table 11

Sample of Participants' Responses Related to the Community Unity Theme

"Places where we can reunite as Spanish, Anglo, and African Americans." "We need to work together; work as a team."

"A community should be together."

"If the community is united, we could do a lot."

"People should be united. If one person talks by herself, no one will listen."

"[If we] work together, somebody is going to listen to us because we are going to be the majority."

"Reunite first and unite our voices."

Table 12

Sample of Participants' Responses Related to the Family Unity Theme

"Need parks for sports and recreation and fellowship"

"Need more recreational places; time together; be together."

"A place to go, a park, so the kids could go; even for the family, to spend time together"

"My family is OK. We are together."

"I am here with my family, my sons and daughters."

"Emotionally [good] because we live with our families."

"What makes me happy is to be with my husband and kids."

Table 13

Sample of Participants' Responses Related to the Undocumented Status Theme

"I want to live with tranquility. Not hide anymore."

"We don't know what to do or where to go."

"Would be most happy to have papers; for my kids to have them too."

"Feel sad because we do not have papers; afraid immigration will come and take us."

"Don't have papers; feel sad; if immigration comes, could be bad thing and would be ruined."

"Live better here; put our house together; sad if immigration comes."

"We live [here] better economically. Because in Mexico, life is so hard. Our kids don't need much. It is better."

The seventh theme, *Somebody to Listen to Us*, is mentioned because some of the participants very eloquently expressed how they felt about being involved in the research study. Four of the eight participants in Focus Group Three had a poignant discussion that is reflected in the following comments:

“Somebody to listen to us; listen to this [tape] and to all our dreams will come true.”

“I wish somebody can hear our voices. Somebody can hear our dreams. Then everything is possible.”

Summary

In this chapter, the findings from the analysis of the responses elicited from the four focus group interviews were presented, including themes that emerged from the examination of each set of research and core questions. Seven themes were identified and rank ordered. Each theme selected was discussed, including a rationale for the selection of the theme and the inclusion of data to further support the decisions about selection and ranking. Conclusions to be drawn from these findings are presented in Chapter V.

CHAPTER V
SUMMARY,
CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes a summary of the qualitative research conducted for this study, including an overview of the purpose of the study, the review of the literature, the research methodology, and the findings of the study. A discussion of the conclusions to be drawn from the results, implications for the field of health education, and recommendations for future research are also presented.

Summary of the Study

The purpose of this qualitative study was to identify quality-of-life concerns of Hispanic/Latino migrant and seasonal workers in East Texas. Using focus group interviews, issues related to the quality of life they desire for themselves and their families, including the positive and negative aspects of living and working in their community and the relative importance of these issues, were explored. In conducting this study, it was the intent of the researcher to pursue three key objectives:

- (1) to listen carefully to what this hard-to reach, vulnerable population identified as the happy and sad aspects of life;
- (2) to provide a forum for their voices to be heard; and
- (3) to share not only what they said, but how and possibly why they said it.

An extensive review of the literature was conducted to explore the importance of quality of life as an indicator for the health and well-being of communities and their

constituents. An examination of the definitions and elements that comprise quality of life was included. In addition, the importance of employing quality-of-life indicators when evaluating the health and well-being of a community and its constituents was explored. Lack of inclusion in this community assessment process by some populations, such as Hispanic/Latino migrant and seasonal workers, was identified as a concern, and methods of correcting the inequity were suggested. Suggestions for employing methods of inquiry to engage vulnerable populations, including the use of focus group interviews to identify quality-of-life issues, were examined.

The study participants consisted of a convenience sample of 21 Hispanic/Latino migrant and seasonal workers from Cherokee County in rural East Texas who participated in the study during the months of April and May 2002. The 15 women and 6 men who volunteered to participate ranged in age from 20 to 73 years of age. Spanish was the predominant language spoken by this group. The sample population was recruited through a local Hispanic church and a local informal Hispanic community leader. Four focus group interviews were conducted to explore questions about the quality-of-life concerns of this sample of Hispanic/Latino migrant and seasonal workers in East Texas, from both positive and negative perspectives. Two of the meetings were held in a building on the church property, and two were held in the home of the moderator.

The qualitative research methodology adopted for this study was a framework developed by Miles and Huberman (Friehtling & Sharp, 1997). This framework

consisted of three elements: (1) data reduction (deductive), (2) data display (inductive), and (3) conclusion and verification of results.

Using this framework methodology, the researcher developed three research questions to be explored in this study. The data collection process included using core questions to elicit possible answers for the three global research questions. Notes from the audiotaped sessions, researcher notes and diagrams, and notes generated during the debriefing sessions with the moderator, comprised the data. Demographic information, including age, gender, and occupation, was also collected from the participants.

Using Miles' and Huberman's framework, the focus group interview data were reduced to manageable and coherent elements, and multiple themes and patterns were identified and rank ordered, with seven themes emerging in the conclusion phase of the analysis. The seven themes identified included: (1) Healthcare Needs, (2) Concern for the Children, (3) Adult Education, (4) Community Unity, (5) Family Unity, (6) Undocumented Status, and (7) Somebody to Listen.

Conclusions

The three research questions posed in this study were developed to explore this population sample's view of their quality of life in their community. Most population assessments seem to be designed to identify the *needs* of an individual or community. Very few assess, from the perspectives of that population, to what extent their needs are being *met*, and what impact that factor may have on their perceived quality of life and well-being. In order to effectively assess these important issues, both positive and negative views must be explored (i.e., it is equally important to know what is or is not

working for individuals and communities). The research questions explored in this study were an attempt by the researcher to investigate these important perspectives among the Hispanic/Latino migrant and seasonal worker population. Conclusions drawn from the findings for each of the research questions are provided below.

Research Question 1: What are the positive quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families?

This research question was answered, as can be noted in the findings of this study. Several of the participants identified family unity as a positive experience for them in their community. Others mentioned clean air, availability of jobs, and a better way-of-life as positive experiences. Although the list of positive issues was not as lengthy as the list of negative issues, all four focus groups identified positive aspects of living and working in the East Texas community.

Research Question 2: What are the negative quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families?

The participants in all four focus groups had little difficulty in identifying the negatives aspects of living in their community and answering this second research question. The list of issues extended through several pages of notes. However, their response is not unlike other populations. The tendency in populations and even with health educators conducting community assessments is to focus on the needs rather than obtaining a more balanced perspective that includes the positive elements of life. All of the groups eloquently expressed their concerns and made excellent suggestions for improving their status in the community.

Research Question 3: What is the relative importance of these positive and negative quality-of-life issues as perceived by Hispanic/Latino migrant and seasonal workers and their families?

When this question was posed to all of the focus groups, two of the groups clearly had a consensus that community unity was an important element in improving the living conditions for individuals in the community. When asked to rank other issues, they declined. If the researcher replicated study, this third question would be revised to only ask what the groups would select as the single most important issue from a positive perspective and also from a negative perspective. Approaching the question in this manner could allow for more in depth discussion of these issues.

Implications for Health Education and Health Promotion

This research study and the results of the data analysis have many implications for the field of health education and health promotion. The information gained from this experience will provide valuable data to other researchers who plan to conduct both qualitative and quantitative research studies using similar populations. The researcher, who only speaks English, obtained a local bilingual moderator, recruited Spanish-speaking participants, and conducted focus groups in a hard-to-reach community population. This achievement should convey a message to other researchers who do not speak the language of another racial or ethnic group that, with careful planning and community collaboration, such studies can be successfully conducted. The ideal arrangement would be for the researcher and the participants to speak the same language;

however, if it is not possible to resolve this problem, researchers should not avoid conducting important studies with vulnerable populations if language is the only barrier.

Another implication for health education and health promotion is that the findings from this study indicate that the Hispanic/Latino migrant and seasonal worker population wants somebody to listen to its opinions and ideas. The findings also indicate that this group desires to be a part of the community, not apart from it. It is essential that future research studies be designed to bring this group to the table as collaborators and partners along with the researchers, community leaders, and other community members of different racial and ethnic backgrounds.

Recommendations for Future Research

Since this was a qualitative study and does not have the rigor of a quantitative study, the findings from this research study cannot be generalized to a larger population. However, it is important to note that this hard-to-reach vulnerable population of migrant and seasonal workers in East Texas had never participated in a research study. From participants' comments about the study, it was evident that no one had ever asked their opinions about such issues related to their lives. This study allowed the researcher to make inroads into connecting with a population that lacks trust of those outside of its community and does not disclose information to them. In future research studies, focus group facilitators and local interviewers should be recruited from these groups to participate in additional studies in this community. The themes that emerged from the data analysis should be compared to the themes derived from focus groups conducted with healthcare

professionals and community leaders. These results could then be used to design surveys that are appropriate for the population.

This exploratory qualitative study has produced findings that can be used to shape surveys and design other focus groups with this Hispanic/Latino population. It is important that health education researchers expand their knowledge about this population to better determine what health education strategies will be successful in this population. Therefore, it is recommended that additional focus groups be conducted to test the survey questions and recruit individuals willing to assist in the survey process. Due to the small sample size of this study, it is recommended that this study be replicated in other small, rural communities and with Hispanic/Latino individuals.

Other recommendations for future research include the following:

1. Replicate this study with other populations to build a knowledge base about quality-of-life issues and their impact on the health and well-being of individuals and communities.
2. Replicate this study with multiple focus groups in the Hispanic/Latino migrant and seasonal worker populations to gain further insight into issues that effect their health and well-being and to determine what areas need more in-depth study.
3. Conduct other studies with the same population and participants that include in-depth exploration of the identified themes extrapolated from the data to learn more about how these issues can be resolved.

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Appendix A

Recruitment Flyers: Spanish and English

LA ATENCIÓN!

LA ATENCIÓN!

LA ATENCIÓN!

QUE? Un Grupo que se Reúne Para Escuchar lo que USTED tiene que decir

POR QUE? Para Hablar Acerca De Las Cosas Importantes Que Lo tienen Concierno A Usted En SU Vida Y La Vida De Su Familia

DONDE? Iglesia Bautista Del Pueblo

CUANDO? [Sera Determinado En Una Fecha Posterior]

COMO? Domingo, 7 de Abril 2002, Al Final Del Servicio De Las 11:00 De La Mañana
Inscríbese Atras Del Santuario

Reciba un "Regalo De Gracias" Si Usted Participa En Esta Junta.

(Un Certificado De Obsequio de \$10.00 de Walmart)

ATTENTION ATTENTION!!

ATTENTION!!

- | | |
|--------|--|
| WHAT? | A Group Meeting to Listen to What YOU Have to Say |
| WHY? | To Talk About What Concerns Are Important in the Lives of YOU And Your Family |
| WHERE? | Iglesia Bautista Del Pueblo |
| WHEN? | [To be determined] |
| HOW? | Sunday, April 7, 2002
After 11:00am service
Sign up at the back of the Sanctuary |

Receive a "Thank You Gift" if you participate in the Group Meeting.
(A \$10 Gift Certificate to Walmart)

Appendix B
Research Study Approval Letters

TEXAS WOMAN'S
UNIVERSITY
DENTON/DALLAS/HOUSTON

THE GRADUATE SCHOOL
P.O. Box 425649
Denton, TX 76204-5649
Phone: 940/898-3400
Fax: 940/898-3412

April 15, 2002

Ms. Karen Kincaid
22193 Oak Lane
Flint, TX 75762

Dear Ms. Kincaid:

I have received and approved the prospectus entitled "**Quality of Life as Perceived by Hispanic/Latino Migrant and Seasonal Workers in East Texas**" for your *dissertation* research project.

Best wishes to you in the research and writing of your project.

Sincerely yours,



Michael H. Droge
Dean of Graduate Studies and Research

MHD/sts

cc Dr. Susan Ward, Department of Health Studies
Dr. Robin C. Rager, Department of Health Studies

TEXAS WOMAN'S
UNIVERSITY

INSTITUTIONAL REVIEW BOARD
P.O. Box 425619
Denton, TX 76204-5619
Phone: (940) 898-3375
Fax: (940) 898-3416
e-mail: IRB@twu.edu

April 4, 2002

Ms. Karen Kincaid
22193 Oak Lane
Flint, TX 75762

Dear Ms. Kincaid:

Re: Quality of Life Concerns of Hispanic/Latino Migrant and Seasonal Workers in East Texas

The above referenced study has been reviewed by a committee of the Institutional Review Board (IRB) and appears to meet our requirements in regard to protection of individuals' rights.

If applicable, agency approval letters obtained should be submitted to the IRB upon receipt prior to any data collection at that agency. A copy of your newly approved consent form has been stamped as approved by the IRB and is attached, along with a copy of the annual/final report. Please use this consent form which has the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report are to be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from the date of this letter. Furthermore, according to HHS regulations, another review by the IRB is required if your project changes. If you have any questions, please feel free to call the Institutional Review Board at the phone number listed above.

Sincerely,



Dr. Gail Davis, Chair
Institutional Review Board - Denton

enc.

cc Dr. Susan Ward, Department of Health Studies
Dr. Robin Rager, Department of Health Studies
Graduate School

Appendix C

Informed Consents: Spanish and English

TEXAS WOMAN'S UNIVERSITY
EL CONSENTIMIENTO DEL SUJETO DE LA UNIVERSIDAD DE LA MUJER DE TEJAS
PARA TOMAR PARTE EN LA INVESTIGACIÓN

Titulo: La calidad de la Vida y lo qué le Concierno al Hispano/Latino Migrant y Trabajadores Estacionales en el Este de Tejas

Investigadora: Karen O. Kincaid..... (903) 714-0394
Consejero: Robin Rager, Ph.D. (940) 898-2863

¿Qué estamos pidiendo le hacer?

Le pedimos que usted tome parte en este estudio de como usted, siendo un Migrant y/o Trabajador Estacional y/o un Hispano/Latino trabajador estacional, como se siente usted sobre la calidad de la vida para usted y para su familia aqui en el Este de Tejas. Para que nosotros podamos obtener esta información, nosotros queremos que usted forme parte de un grupo de 8 a 10 trabajadores que se reunirá para hablar sobre esto. Una persona de nuestro equipo del estudio le preguntará al grupo unas preguntas con respecto a este tema, y le ayudará al grupo a discutir las preguntas. Esta junta durará acerca de 2 horas.

Usted puede escoger hacer esto, o no hacerlo.

Tomando parte del grupo es voluntario. Usted puede parar contestando las preguntas o puede parar siendo parte del grupo que se reúne en cualquier momento que usted quiera. Es posible que usted pueda llegar a ser aburrido o no se sienta incómodo acerca de algunas de las áreas de la discussion en la junta del grupo. Usted no tiene que discutir ningún tema que usted no desea discutir. Le daremos tiempos de descanso durante la junta.

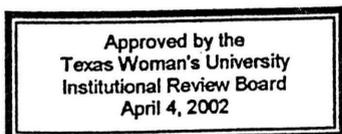
Tenemos un regalo para usted.

Si usted escoge formar parte de este grupo que se va a reunir, nosotros queremos darle un regalo de Gracias. El regalo es un Certificado De Obsequio de \$10.00 de Walmart. Usted puede quedarse con el obsequio aunque usted decida parar participando en el grupo después de que haya comenzado la junta.

¿Está bien grabar con cinta de audiofrecuencia a este grupo que se reúne?

Lo que usted tiene que decir es muy importante para nosotros. Para asegurar que nosotros no perdamos algunos puntos importantes que usted haya mencionado durante la junta, nos gustaria grabar esta junta con cinta de audiofrecuencia. Nos ayudara mejor decir el cuento de sus conciernos y sus asuntos. Sólo los miembros de equipo de estudio oirán las cintas; no serán compartidos con nadie más. Una vez que nosotros hemos escuchado las cintas de la audiofrecuencia para asegurarnos que hemos anotado correctamente los comentarios del grupo, nosotros destruiremos las cintas, quemandolas.

Iniciales de El participante'



Su nombre no aparecerá en nuestras notas escritas ni en nuestras cintas de audiofrecuencia
Durante la junta del grupo, usted no será identificado por su nombre. En lugar, nosotros le daremos la letra del alfabeto de su nombre, para que podamos saber cuales personas diferentes hicieron comentarios. Su nombre no aparecerá en cualquiera de las notas escritas, ni en las cintas grabadas de audiofrecuencia que usaremos para la junta.

La confidencialidad de la información que obtenemos de usted se protegerá hasta el punto que es permitido por la ley.

¿Qué haremos nosotros con sus comentarios de la junta del grupo?

Miraremos sus comentarios, y los comentarios de todas las otras personas del grupo que participaron en la junta, para aprender acerca de lo que es importante con respecto a la calidad de la vida para ustedes mismos y para sus familias. Usaremos esa información para identificar las maneras de mejorar las vidas del migrant y/o trabajadores estacionales y de sus familias.

¿Qué debe hacer usted si usted tiene preguntas acerca del estudio?

Si usted tiene cualquiera pregunta acerca de este estudio, usted debe preguntarles a los investigadores: Sus numeros de telefono están a la cabeza de la forma. Si usted tiene preguntas acerca de sus derechos como participante en esta investigación o la manera que este estudio se ha conducido, usted puede hablar le la Sra. Tracy Lindsay en la Oficina de Investigación & la Administración de Becas en (940) 898-3377 o por correo electrónico al: IRB@TWU.EDU.

¿Firmará usted?

Si usted está dispuesto a ser una parte de este grupo en esta junta, firme, por favor su nombre debajo y anote la fecha de hoy. En firmando esta forma, usted tambien esta diciendo que usted es por lo menos de 18 años de edad. Usted firmara dos copias de esta forma. Le daremos una copia y pondremos la otra copia en una caja cerrada bajo de llave en nuestra oficina para asegurar completa privacidad.

Si usted apreciaría una copia del resumen de la junta del grupo enviado a usted por correo, por favor ponga su nombre y dirección en otra forma separada, y un miembro de equipo de studio se la proporcionará a usted

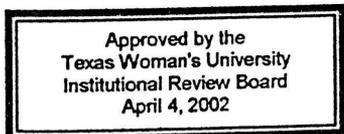
Firma del Participante

Fecha

La forma de consentimiento, previamente mencionado fue leído, discutido, y firmado en mi presencia. En mi opinión, la persona que firma esta forma de consentimiento hizo así libremente y con el conocimiento repleto de su contenido.

Firma del Investigador

Fecha



TEXAS WOMAN'S UNIVERSITY
SUBJECT CONSENT TO PARTICIPATE IN RESEARCH

Title: Quality of Life Concerns of Hispanic/Latino Migrant and Seasonal Workers in East Texas

Investigator: Karen O. Kincaid.....(903) 714-0394
Advisor: Robin Rager, Ph.D.(940) 898-2863

What are we asking you to do?

We are asking you to be part of a study about how you as migrant and/or seasonal Hispanic/Latino workers feel about the quality of life for you and your family here in East Texas. For us to get this information, we would like for you to be part of a group meeting of 8 to 10 other workers to talk about this. A person from our study team will ask the group some questions concerning this topic, and will help the group to discuss the questions. This meeting will last about 2 hours.

You can choose to do this or not.

Being a part of the group is voluntary. You can stop answering questions or stop being part of the group meeting any time you want to. It is possible that you may become bored or not feel comfortable about some of the areas being discussed in the group meeting. You don't need to discuss any topic that you don't want to talk about. We will give you breaks during the meeting.

We have a gift for you.

If you choose to be part of the group meeting, we want to give you a gift to thank you. The gift is a Walmart gift certificate for \$10.00. You can keep the gift even if you decide to stop being a part of the meeting once it has begun.

Is it all right to audio tape this group meeting?

What you have to say is very important to us. To make certain we don't miss any important points you make during the meeting, we would like to record the meeting with an audio tape recorder. It will help us to better tell the story of your concerns and issues. Only the study team members will hear the tapes; they will not be shared with anyone else. Once we have listened to the audio tapes to make sure that we have correctly written down the group's comments, we will destroy the tapes by burning them.

Your name will not appear in our written notes or audio tapes.

During the group meeting, you will not be identified by your name. Instead, we will give you a letter of the alphabet as your name, so that we can know that different people made comments. Your name will not be on any of the written notes or in the audio tapes we use for the meeting. The confidentiality of the information we obtain from you will be protected to the extent that is allowed by law.

What will we do with your comments from the group meeting?

We will look at your comments, and the comments of all the other persons from the group meeting, to learn about what is important concerning the quality of life for yourselves and your families. We will use that information to identify ways to improve the lives of migrant and/or seasonal workers and their families.

What should you do if you have questions about the study ?

If you have any questions about this study, you should ask the researchers: their phone numbers are at the top of the form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact Ms. Tracy Lindsay in the Office of Research & Grants Administration at (940) 898-3377 or e-mail IRB@TWU.EDU.

Will you sign?

If you are willing to be a part of this group meeting, please sign your name below and today's date. By signing this form, you are also saying that you are at least 18 years old. We will have you sign two copies of this form. We will give you one copy and put the other copy in a locked box in our office for privacy.

If you would like a copy of the summary of this group meeting mailed to you, please put your name and address on a separate form that a study team member will provide for you.

Participant's Signature

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge of its contents.

Signature of Investigator

Date

Appendix D
Focus Group Interview Protocol

Focus Group Interview Protocol

For Research Study Conducted by Karen Kincaid

1. Group attendees – Researcher, Spanish/English bilingual facilitator, Spanish/English bilingual observer, and volunteer participants
2. Room arrangements – All participants will be seated in a rectangular pattern so that everyone can see each other.
3. The meeting will begin 10 minutes after the 7pm official start of the meeting. It will allow participants to locate a seat and obtain refreshments.
4. The facilitator who will speak in Spanish will then welcome the participants and introduce the researcher, the observer, and herself/himself. S/he will explain the roles of the facilitator, observer, and the researcher. S/he will thank them for attending the meeting. S/he will ask them if anyone prefers that she speak in English also. If a request is made, she will be prepared to do a Spanish/English bilingual presentation.
5. The researcher and observer will hand out 2 copies of the “Informed Consent Form” to each participant that has Spanish and English versions on the front and back of each copy.
6. The facilitator will read the entire “Informed Consent Form”, word-for-word to the group in Spanish. She will ask if anyone would like to have the consent form read in English. If a request is made, she will read the consent form word-for-word in English. S/he will encourage any clarification questions. If each participant agrees

to participate in the session, s/he will sign and date both forms. The researcher will collect all forms and sign and date that the participants of their own free will signed the consent forms. The researcher will give each participant one of the signed forms to keep. She will retain the second copy and place it in a locked file to assure confidentiality.

7. After the informed consent process has been completed, the facilitator will begin the session.
8. The facilitator will tell the group that the Health Studies Department at Texas Woman's University and local community leaders are very interested in knowing more about the needs of the Hispanic/Latino workers in the East Texas area. When we know what their needs, wants, desires and wishes are for a good quality of life, we can all work together to address some of the areas that they have identified that need improvement.
9. What are the positive quality-of-life perceptions of Hispanic/Latino migrant and seasonal workers and their families?
10. Questions that will be asked to assist in answering the global question are
 - a. What are some of the events happening in you and your family's life that make you feel good about your life here in East Texas?
 - b. What do you suggest could be done to make certain those good events are maintained in your community?
 - c. What are some of the events happening in you and your family's life that concern or worry you or make you sad about living here in East Texas?

- d. What do you suggest could be done to make those areas of worry or concern better for you and your family?
11. Once they have identified and listed both the positive and negative events and concerns or worries, they will take a 5-minute break. When they return to the group, they will discuss the importance of the areas they have identified.
12. The facilitator will say, "Let's now spend a few minutes talking about the order of importance of the areas you have identified. The global question for this section is 'How would you rank the identified positive and negative areas in order of importance beginning with those areas you determine are most important in your lives?' Please look over the list and decide what areas the group thinks are the most important to the least important. Start with the positive areas and then we will move to the negative side." The facilitator will provide an example to help the group understand the instructions.
13. After both sides have been rank ordered, the facilitator will ask if there are any questions or additional comments about the identified issues and the rank order that has been decided by the group.
14. Once all comments and questions have been addressed, the facilitator will thank the group for coming. She will encourage them to pick up their "thank you gift" prior to leaving.
15. After all participants have left the meeting site, the researcher, facilitator, and observer will spend 30 minutes debriefing. Notes will be reviewed and revised as needed. Nonverbal cues will be discussed and noted.

16. After the debriefing session, the researcher will take the flipchart notes, observer's notes, audiotapes, and consent forms and place them in a locked briefcase to transport to her home office and to place in a locked filing cabinet.
17. The meeting room will be returned to its original arrangement.
18. Thank you notes will be sent to the ministers of both churches for allowing the team to visit the church and use the facilities for the focus group meetings.
19. Each of the four focus group sessions will be conducted using the same protocol.