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Needs Assessment for the Development of a Community Clinic: A Tool Kit for Untrained Community Workers in Renacimiento, Mexico

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Needs Assessment for the Development of a Community Clinic:
A Tool Kit for Untrained Community Workers in Renacimiento, Mexico

By

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B.A. Modern Language and Culture: Spanish
Kennesaw State University

A Capstone Project Submitted to the Graduate Faculty
of Georgia State University in Partial Fulfillment
of the
Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA
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APPROVAL PAGE

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Katherine Tatnall-Arias

Approved:

Committee Chair

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ABSTRACT

Background: Renacimiento, Mexico in the state of Nuevo Leon is home to approximately 1,000 families who currently experience a host of social, health, and community challenges that span both rural and urban Mexico. The state has committed to initiate the construction of a community health clinic.

Methodology: In preparing for the clinic, a needs assessment instrument and associated materials were developed for community members and volunteers to administer to residents within Nuevo Leon.

Results: A culturally sensitive survey instrument and associated documents were created with consideration for low-literacy participants and with a wide variety of topics in the areas of individual, women's, children's and community health.

Conclusions: The creation of this needs assessment survey provide insight to stakeholders in Mexico and abroad who stand to benefit from learning what community residents' perceive as their greatest needs. The results from the survey will provide the first ever documentation of this unique community's health status and will demonstrate areas of need within which the community health clinic can focus their efforts.

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CHAPTER I BACKGROUND

According to the World Health Organization, many of the health indicators such as maternal mortality, infant mortality and communicable disease incidence and prevalence are showing improvement in Mexico (“WHO Mexico,” n.d.-a). Mexico’s average life expectancy at birth is 76.6, in 72nd place worldwide out of 221 countries (“CIA”, n.d.). In 2006, Mexico was expected to meet the fourth Millennium Development Goal for its steady decline in under-5 mortality (Sepúlveda et al., 2006). Maternal mortality fell from 89.0 to 65.2 per 100,000 live births between 1990 and 2003. However, other indicators such as noncommunicable/chronic diseases and the affects of risky behaviors are impacting more and more individuals across society (“WHO | Mexico,” n.d.-a). For example, countrywide, the leading cause of death for women and second among men is Diabetes, 73.3% of the mortality rate can be attributed to non communicable diseases, and 60% of health service users admit to experiencing at least one episode of violence (“WHO Mexico,” n.d.-b). The Gross Domestic Product (GDP) Per Capita Per Person (PPP) for Mexico is a third of that of the United States, an estimated \$15,100 in 2011 of which 6.5% is spent on health care (“CIA GDP,” n.d., “WHO Mexico,” n.d.-b).

State of Nuevo Leon

Nuevo Leon is home to Monterrey, the third largest city in the country with nine metropolitan areas within which 88% of the over 4.6 million people reside (“Nuevo León population,” n.d.). An astonishing 62% of Nuevo Leoneans fall between the ages of 15 and 59 and nearly 28% are between the ages of 0 and 14 making for a very young population (“Nuevo León population,” n.d.). The leading cause of death for both men and women is Diabetes (Table 1). The life expectancy of 73.2 years for men and 78.1 years for women in Nuevo Leon is slightly higher than the national life expectancies of 73.1 and 77.8 respectively (“Dinámica. Nuevo León,” n.d.).

Table 1: Top 5 Causes of Death in Nuevo Leon 2009 (*Mexican (SINAIS)*, n.d.)

	Women	Men
1	Diabetes Mellitus (19.4%)	Diabetes Mellitus (12.4%)
2	Lower Respiratory Infections (12.2%)	Lower Respiratory Infections (9%)
3	Hypertensive Diseases (5.3%)	Cirrhosis & other chronic liver diseases (8%)
4	Kidney Disease (5%)	Low Birth weight/Premature (7.3%)
5	Low Birth weight/Premature (4.4%)	Hypertensive Diseases (4.9%)

Some of the health concerns cited by youths in the metropolitan region include anemia in children, intimate partner violence (IPV), drug addiction and unplanned pregnancies in young women due in part to impoverished conditions in certain areas (“Informe Monterrey,” n.d.). Around 90% of adolescents 12 to 19 are aware of at least one method of contraception to avoid unwanted pregnancy and sexually transmitted diseases (STD), higher than the national average of 81% (“ENSANUT,” 2006, p. 52–53). The prevalence of anemia in children 1 to 5 of nearly 20% is lower than the national prevalence however; the prevalence of anemia in rural areas is much higher at 33% (“ENSANUT,” 2006, p. 88).

Some of the specific health campaigns the state emphasizes include addiction, depression, and nutrition awareness and services as well as prevention campaigns for rabies, cholera, tuberculosis and HIV/AIDS (“Salud - Gobierno,” n.d.). Other major

focuses of the state include women's health concerns such as prenatal care, breast cancer and cervical cancer and children's health focusing primarily on vaccinations and respiratory infections ("Salud - Gobierno," n.d.). Cervical cancer detection through a Pap smear/test was realized in just 30% of women over 20 and breast cancer detection through mammography was realized in 18.7% of women over 20 in the year preceding the National Health and Nutrition Survey of 2006 ("ENSANUT," 2006, p. 62). The state of Nuevo Leon published that all children under one year of age received prenatal care, higher than the 94.9% national average ("ENSANUT," 2006, p. 43). Fifteen percent of deaths in children under five can be attributed to respiratory infections and diarrhea and respiratory infections are occurring more frequently in women and girls, and during the winter months ("ENSANUT," 2006, p. 46).

Garcia

Garcia is home to only 1% of Nuevo Leon's population, just over 143,000 people, and is considered to be one of the poorest municipalities of Monterrey ("Dinámica. Nuevo León," n.d.). Within the past year, Garcia's government website has publicized a number of events pertaining to community health including the Zero obesity program (0 obesidad escolar + 0 obesidad familiar = salud acumulada; 0 obesity in schools + 0 obesity in homes = accumulated health) and other programs focused on malnutrition, anemia, obesity, diabetes and marginalization experienced by children. Violence, mothers against risk taking behaviors in children, Dengue and potable water have been other important health topics with associated programming and awareness building opportunities in the past year in and around Garcia ("Garcia N.L.," n.d.-a).

Renacimiento can be found after a short drive outside of Garcia. A few brief visits to Renacimiento painted a grim picture of health and few possibilities amid a surprisingly

happy group of people, mostly women and children. The challenges faced by residents of Renacimiento are based upon observation and speculation from those who work in the community.

Renacimiento

Renacimiento appears to experience a rare amalgamation of rural and urban health concerns as expressed through government news briefs, unofficial interviews with community members, non-governmental organization workers, government employees and two physicians who have treated patients in the community. One example is that residents should have better access to care as would be expected in a metropolitan environment yet recent untimely deaths prove otherwise (“Informe Monterrey,” n.d.). In addition to access to care challenges, there are numerous other issues faced by residents of Renacimiento that inevitably impact the health situation. The lack of appropriate housing for some of their residents leads to “precarious living conditions” especially during the winter months (“Garcia N.L.,” n.d.-b). Un Techo Para Mi País (A roof for my country) along with other extensive social development programs in Renacimiento aim to tackle the poverty, violence, family disintegration, absenteeism from school and unemployment plaguing Renacimiento (“Garcia N.L.,” n.d.-b). Illiteracy rates of youths in García are estimated at 2% while rural areas in Nuevo Leon are expected to be closer to 4% (“Informe Monterrey,” n.d.) and specific rates for Renacimiento are not available. Self-reported illiteracy in adults is closer to 7% for females and 8% for males (“ENSANUT,” 2006).

There have been efforts to bring health services to Renacimiento such as health fairs offering family planning, Human Papilloma Virus (HPV) and cervical cancer screenings, domestic violence counseling, diabetes and hypertension screenings and

dental exams (“Garcia N.L.” n.d.-c) as well as distribution of wheel chairs and free medical services to those demonstrating need during a visit from the governor in February 2011 (“Garcia N.L.,” n.d.-d). The issues that arise with short-lived relief efforts, as described by Timothy H. Holtz, M.D., can include sentiments of “medical tourism’ done more for your own benefit than for the residents” as well as a palpable lack of sustainable development (Holtz, 2009, p. 112). International aid policies and specific disease-control programs deemphasize the importance of primary care and their priorities are often debatable (Unger, 2010). For chronic disease management, consistent medical attention is necessary to improve treatment outcomes and has proven successful among Mexican American families (Yeo, Villalobos, & Robinson, 2011).

In an effort to provide more sustainable care, a medical brigade was created in February of 2011 to serve Renacimiento on a daily basis including geriatric services, diabetes and hypertension management, nutrition counseling, vaccinations, respiratory infection treatment and treatment of pediatric allergies (Yeo et al., 2011). A total of 350 families were enrolled at the time of publication accounting for an estimated 35% of families in Renacimiento.

The purpose of this capstone project is to develop a toolkit for the community of Renacimiento so that an initial baseline assessment of community need can be conducted. The instrument must include pertinent components of a broad sense of health and wellness, such as: access to care, maternal health, preventive care, nutrition, and environmental and community-wide health indicators. The lack of information for both Renacimiento and Garcia meant that statewide data provided the closest data set for comparison since there are drastic differences between states and regions of Mexico.

CHAPTER II REVIEW OF LITERATURE

Poverty as a determinant of health plays an integral role in the current situation faced by residents of Renacimiento. The areas within which poverty exercises its influence include but are not limited to access to care, nutrition and risky employment and their associated health effects.

Access to Care

In terms of access to care, the residents of Renacimiento are isolated from the benefits of being considered part of a metropolitan area. Few can afford transportation, and besides taxis, no public transportation alternatives are provided in the area. There are very few and inconsistent opportunities to procure health services within Renacimiento compounded by fewer opportunities to leave. Whether some individuals will access care is determined by their health insurance coverage and over a third of people from Nuevo Leon have no public health insurance (“ENSANUT,” 2006). In order to receive the benefits of public health insurance through the Instituto Mexicano del Seguro Social (IMSS) you have to demonstrate your citizenship and it appears some children in Renacimiento do not have a birth certificate so they may never be eligible for the benefits.

Maternal Health

Maternal health outcomes can be affected by this lack of access. Reducing maternal mortality is a priority for Mexican health officials and has been for the past few decades (S. Barber, 2006; “ENSANUT,” 2006, p. 67). It is believed that there are very few physician-assisted births in Renacimiento and considering over 20% of deaths occur at home due to gestational hypertensive disorders, hemorrhaging and perinatal complications (S. Barber, 2006) Renacimiento could be at a greater risk for maternal mortality. Nuevo Leon published that every woman with a child under one year saw a doctor at least once during her pregnancy in the National Health and Nutrition Survey of 2006 (2006). Although they may have had some prenatal care, concerns about the quality of the care received in rural Mexico exist (S. Barber, 2006; S. L. Barber, Bertozzi, & Gertler, 2007). One study in 2003 showed that nearly a third of women that participated in the study delivered at home and of those that delivered at home, 22.9% received no prenatal care (S. Barber, 2006).

Preventive Services

In terms of access to other preventive services, cervical cancer and breast cancer outcomes are impacted by access to screening and treatment. Approximately 30% of women over the age of 20 & 44% of women 40-59 had a pap smear to detect cervical cancer (“ENSANUT,” 2006). Only 26% of women 40-59 and 12.8% of women over 60 had a mammogram to detect breast cancer. Mexican women over 50 residing in urban areas have been shown to experience inequalities in access to cancer screening services (Couture, Nguyen, Alvarado, Velasquez & Zunzunegui, 2008). The IMSS, in an attempt to increase the amount of preventive care in 2001 created the PREVENIMSS program and noted improvements in numerous areas yet more would need to be done in the areas

of obesity, diabetes, hypertension in adults, and anemia in children (Gutiérrez et al., 2010).

Nutrition

Some of the available literature has studied phenomena in Mexican Americans yet similar economic hardships experienced in both the United States and Mexico may demonstrate applicability across the border. Obesity affects more than half of Mexican American women ages 41 to 59 and the excess weight means serious consequences for these women such as increased risk for cardiovascular disease, hypertension, diabetes, osteoarthritis and some cancers (Hoke & Timmerman, 2011). In Nuevo Leon, around 70% of adults, 25% of school aged children and 30% of adolescents are either overweight or obese (“ENSANUT,” 2006). The coexistence of obesity and anemia may be occurring in this community, as it is “not uncommon in Asia and Latin America to find obese mothers with undernourished children” (Ornelas, Evangelista Salazar, & Martínez-Salgado, 2011). Over a third of children under five in rural areas are anemic as compared to 18.5% in urban areas (“ENSANUT,” 2006). The prevalence of both anemia and obesity can be seen among people from lower socioeconomic status who consume low-cost, calorie-dense, highly processed foods lacking in essential nutrients (Ornelas et al., 2011).

Employment

Another unique characteristic of Renacimiento is the noticeable absence of working-age males. It is believed they leave to find work because there are very few opportunities in Renacimiento to sustain their families. Migration of fathers was shown to increase children’s odds of being ill by 39% and by 55% for having a diarrheal episode in one study (Schmeer, 2009). Although the exact causes for the difference in children’s

health outcomes are unknown, the authors speculate and other studies have shown that children are breastfed for shorter amounts of time, are less likely to receive all recommended vaccinations, experience decreased emotional support and supervision (Hildebrandt, 2005; Schmeer, 2009). A theoretical framework (Figure 1) describes other factors in the relationship between father absence and child illness (Adapted from Schmeer, 2009).

Figure 1: Theoretical framework for ways father absence may affect child illness.



Drug and Alcohol Use

Other opportunities for work in Renacimiento, such as prostitution and drug dealing, present their own health risks. Whether those dealing drugs are also using drugs is unknown yet there is evidence of drug use among some residents. From 1998 to 2005 an increase in drug use was documented for Monterrey with marijuana and cocaine being the primary substances of choice and more males were using than females (Guiot, Bautista, Velázquez, de Lourdes Gutiérrez López, & Medina-Mora Icaza, 2009). Stressful life events were associated with medical drug and alcohol abuse in elderly residents of Monterrey, and 60% of survey participants felt their primary source of

support was family (Castillo, Marziale, Castillo, Guzmán Facundo, & Gómez Meza, 2008).

Also well documented are the unmet needs for substance abuse services for both drugs and alcohol in major cities of northern Mexico (Borges et al., 2009). Cirrhosis of the liver is the third leading cause of death in males (Table 1) and alcohol consumption is a common cause of cirrhosis. This demonstrates the importance of substance abuse treatment services. Hepatitis C, another common cause of cirrhosis, is more prevalent (2%) in northern Mexico and both drug users and individuals having intercourse without protection with multiple partners are at a higher risk for contracting it (Madrid Marina & Conde González, 2011). Alcohol and drug use/abuse has also been shown to increase risk for suicide in youths (Miller et al., 2011).

Housing

At the community level, Renacimiento can be considered one of the inexpensive housing projects built in the last 15 years to accommodate the population boom in Mexico (Althaus, 2011). They are typically built next to industrial areas, which could potentially be cause for environmental health concerns, and are breeding grounds for numerous threats to safety (Althaus, 2011). Alfonso Iracheta, an urban planner who has served on Mexico's housing council explains, "They are building ghettos, spaces of violence, abandoned places" (Althaus, 2011). Considering the drug and gang activity are so recent to Mexico, the specific health effects have yet to be studied.

The impoverished conditions experienced by residents of Renacimiento are believed to negatively impact numerous areas of their health and overall wellbeing. The need for income generating opportunities leads to migration and dissolution of family units and the proliferation of drugs and prostitution. The lack of resources translates to

fewer individuals accessing care and therefore generally poorer health outcomes for both infectious and chronic diseases. Speculation as to just how serious the interaction of all of these negative outcomes is in the lives of people from Renacimiento will not be sufficient if the goal is to successfully address them.

CHAPTER III TOOL KIT METHODOLOGY

Tool Kit Background

The purpose of this tool kit is to provide the first documentation of the health status of Renacimiento. Current information is based upon a neighboring city, which may or may not be reflective of the situation in Renacimiento. A secondary purpose of this tool kit is to create meaningful results to aid in acquiring additional funding, supplies, or participation from other organizations to ensure the sustainable functioning of the health clinic into the foreseeable future. The survey, promotional material, training manual and data collection recommendations were all created with consideration for a lower literacy audience in both English and Spanish and besides a few specific questions for the population of Renacimiento, could be used in other communities.

A. Survey Instrument

The primary areas of interest for the needs assessment were determined through an interview and a presentation. The presentation of the Samuel Health Clinic given by Ms. Evangelina Zapata to stakeholders illustrated the impetus behind the need for the clinic and continuous medical presence in the community of Renacimiento (Zapata, 2012). Two young women in Renacimiento passed away unexpectedly and unnecessarily due to a lack of transportation to a health care facility after an asthma attack and a car

accident. Many of the other programs focus on children's nutrition, as she is actively involved in feeding children before school and providing meals and fresh fruit to families throughout the week. When speaking directly with her about children's nutrition, she shared many children are so malnourished, they choose not to walk to school because of the lack of energy they have. Her other perceived areas of need were demonstrated through the plans for the clinic, as they are to include vision and dental screening areas.

The interview was conducted with Jesus Santos Guzman M.D. a practicing pediatric physician in the area and professor at the Monterrey Institute of Technology via Skype. Ana Lucia Villanueva was also included in the interview and provided insight into areas of concern for Garcia and the surrounding areas as she is actively involved in fundraising for different organizations serving these communities. In a joint interview, they defined Garcia as an at risk population because of a general lack of resources(Villanueva & Santos-Guzman M.D., 2012). General areas of concern included respiratory problems, environmental challenges while not documented are suspected, diarrhea, malnutrition, lacking prenatal care. Mrs. Villanueva is actively looking for support from various pharmaceutical companies and other organizations for support in the areas of mental health specifically depression and anxiety, behavioral disorders as she suspects there are problems with attention deficit disorder (ADD) and attention deficit and hyperactivity disorder (ADHD), cervical cancer prevention, and nutrition supplements due to poor nutrition in this community (2012).

General community health surveys were reviewed for organization, wording and content. Since the needs assessment survey only aims to provide information about the community and is not being performed to diagnose diseases or disorders, many survey instruments were too detailed and thorough. For example, to address alcohol and drug

abuse, the Alcohol and Drug Abuse Institute Library at the University of Washington provided a thorough listing of instruments (“Instruments Catalog,” n.d.) but many were used as diagnosis tools in a clinical setting. Other surveys with potential to provide concise and validated results for measuring Health Related Quality of Life (HRQOL) including the SF-8™ and SF-36v2® were available for purchase and given the resource availability were not able to be included in the project (“What We Do,” n.d.).

There were a number of surveys that provided helpful information. The first question focuses on pertinent demographic information and includes height and weight estimations to calculate body mass indexes (BMI) for the participating families. It will allow for calculations of family size, age distribution, education attainment, employment status and the relationship to health outcomes. The question referring to distance from Casa Samuel was included to ensure the surveyors were not convenience sampling and that the entire community was being included. Similar demographic questions regarding telephone service, income and length of time living in the community were found in a number of surveys (“Sinai’s,” n.d.) and it will be helpful to know if the clinic can use the telephone as a primary means of communicating with patients about appointments and follow-up. The question regarding ability to pay and preferred appointment times deal directly with service utilization of the clinic.

The individual health section begins with four questions from the Centers for Disease Control and Prevention (CDC) Health-Related Quality of Life Measures (HRQOL) (n.d.). A chart was used to gain a basic understanding of family nutrition and a lengthy version would have attempted to differentiate between adults and children in the household as well as gender. The following question addresses potential barriers to eating healthy foods. The one question referring to vision was taken from the Visual

Functioning Questionnaire (VFQ-25) (“The Health,” n.d.). The surveys that were referenced in the creation of this survey included the Sinai’s Improving Community Health Survey available in both English and Spanish (“Sinai’s,” n.d.), the Person County Community Health Assessment (“Person County,” 2011), the Martin County Health Assessment also available in Spanish (“Martin County Community Health Assessment,” 2010), and the Key Indicators Survey series (“MEASURE DHS,” n.d.).

Though each instrument was helpful in developing the survey to a certain extent, a thorough validation process of the tools besides the CDC’s HRQOL could not be found. For that reason, once the survey tool was complete, an internal survey validation process began with the community organization leadership, church leadership responsible for the funding of the health clinic and Dr. Santos-Guzman (2012). Vocabulary and content were reviewed in order to best represent the community. The recommendations given by Dr. Santos-Guzman after the initial review was to include a series of open-ended questions and to include an identifier for each survey. In keeping with the confidential nature of the survey, a consecutive number identifier was sufficient. The open-ended questions provide an opportunity for the participant to summarize their feelings on the topics and open the door for other areas to be studied in the future or considerations for the health clinic operations.

B. Promotional Flyer

The promotional flyer is intended to raise awareness for the upcoming survey opportunity. The flyer includes information about what the results will do for Renacimiento residents. It also explains that there are no direct benefits (incentives) for participation. The flyer includes information about when the needs assessment will be administered and how individuals who are interested can volunteer.

C. Training Manual

The training manual attempts to address potential concerns that may arise during the survey process. Surveyors play an integral role in the completion of the survey because they will need to read along with the participants to ensure comprehension of the questions' content. Inspiration for the manual comes from the "A Guide to Conducting Household Surveys" document in that it begins with an introduction of its purpose and encourages consideration of safety precautions that should be taken by the surveyor. Other concerns that could potentially arise were included in the introduction letter. For participant recruitment, the Acknowledge, Introduce, Duration, Explanation, and Thank you [AIDET] customer service tool used in patient interaction was modified (n.d.).

The manual also briefly introduces the consent to be used before beginning. The consent is intended to address potential response bias, or the assumption that poorer responses would lead to more or improved clinical services being provided by the health clinic and to remove any responsibility from the surveyors for the health of the individual or their family. A dialogue is presented along with the survey to prepare the participant for transitions within the survey process. A brief conclusion sums up the surveyors work and responsibilities.

D. Data Collection Plan and System

The EPI Info tool available through the Centers for Disease Control and Prevention website was used to calculate sample size based upon 1000 families in Renacimiento ("CDC - Epi Info™," n.d.). A 95% confidence level with 5% confidence limit and a 50% expected frequency would require participation of 278 families. It was recommended to include an additional 10% or 29 more families to account for non-responders. Based upon interactions in the community, it is assumed there is very low

literacy therefore it was recommended the surveyors read the survey aloud to groups of individuals. Instead of going house to house which is time and resource intensive, groups of participants could gather to take the survey together in a central location. If they could seat 30 individuals comfortably, ten sessions on varying dates at different times of the day to accommodate people with different schedules would be sufficient to complete the surveys.

A group of women who are participating in a community leadership program through Casa Samuel seemed to be ideal candidates for surveyors as they already have a presence in the community, they are able to read and write and they have qualities conducive to communicating with large groups. A final recommendation was to do a pilot of the survey to ensure all concepts were understood with about 20 to 30 individuals.

CHAPTER IV TOOL KIT RESULTS

The tool kit is comprised of the survey (English (Appendix A) and Spanish (Appendix B)), training manual (English: Appendix C and Spanish: Appendix D), promotional material (Spanish only: Appendix E) and recommendations for its distribution. The toolkit took approximately one month to create after the initial meetings with stakeholders. At first, the simultaneous creation of the tool kit elements in English and Spanish proved to delay the development of the tool and was subsequently completed in English, then translated to Spanish. The survey is separated into demographic, individual health, maternal health, access to care, and community health. It attempts to cover a breadth of topics without diagnosing individuals' health problems, as clinicians should supervise this.

The initial revision process occurred with the English version in order to determine if the breadth of the survey sufficiently covered the different determinants of health and wellbeing. The secondary review via e-mail occurred in Spanish and minimal revisions to the content were recommended. Once the document was submitted to the surveyors, a group of eight women, discussed the survey amongst them, shared it with their peers and also reviewed it with community members. Though it was relatively informal, this was the most important step in the validation process as they work directly with the survey participants on a daily basis (Camacho Cardiel, 2012).

The third step in the validation process revealed the following concerns that were addressed with slight changes to the survey instrument and/or distribution. First, the question regarding women's use of birth control did not include a selection for whether they had surgery and would not need any other form of contraception thus a fourth option was provided for those who had a surgical procedure and are sterile. Concerns from participants arose with the question regarding whether they were the victims of any form of violence and an additional explanation of their confidentiality, and that disclosure could result in additional support through the health clinic, usually reassured them. Lastly, the majority of survey participants were female therefore the question about receiving prostate exams seemed out of place.

CHAPTER V IMPLICATIONS FOR FUTURE RESEARCH

The data that will be collected from administration and implementation of this tool kit will mark the beginning of many opportunities for future research and will contribute to some of the essential Public Health services. The results will attempt to diagnose potential health hazards in the community that should be investigated further. It will also provide the opportunity to “inform, educate, and empower” the people of Renacimiento about their health issues (“CDC- 10," n.d.). Although the survey results may not clearly define problems previously undiagnosed, it will lead the way in addressing those issues that arise.

Without the results of the tool kit, all activities related to the construction and operation of the health clinic would be based on speculation and considering the limited resource availability from all stakeholders involved, it would be irresponsible. Not only is there a responsibility to ensure the clinic provides the best health services possible but there is also a responsibility to listen to the residents of Renacimiento and the surrounding areas it serves. The residents of Renacimiento value their health and have demonstrated it by their participation in the survey and their gratitude for the opportunity to share their opinions.

The majority of the limitations of the tool kit are directly related to resources. The community organization, Casa Samuel was willing to absorb the cost of printing,

administering the survey and mailing the results. Taking that into consideration, the survey scope was very broad so as to maximize the information gained across topic areas and to minimize the number of pages to be administered. Some of the formatting in the survey takes cost into account and it may not be the best strategy for each type of question. Very often, similar surveys had questions asked in a variety of ways so as to elicit unique responses which may better describe the population, yet space constraints limited the ability to accomplish this. Additionally, since the survey was created here in the United States, opportunities to make the survey less general and more appropriate to the community's language and culture were lacking. Also for that reason, communication between stakeholders and the surveyors were not as frequent as they should have been and this could translate into missed opportunities for improvements to the tool kit. The distance and minimal oversight may obscure any potential biases created by the survey process that may be reflected in the responses.

The results of the tool kit will directly benefit the nearly 1,000 families in Renacimiento and those in the surrounding communities because it will ensure their needs are addressed in the operation of the health clinic. The importance of documenting the needs of individuals and communities extends beyond forming a health clinic because it can help them advocate for any health needs. It can also serve others beyond Renacimiento as the tool kit is designed with a lower literacy and resource limited population in mind, and while some questions pertain specifically to Renacimiento, it can be modified to generate basic health status data for similar communities in northern Mexico.

The people can begin to address the cumulative burden of the social determinants of health that have been placed upon them by unfortunately predictable circumstances.

Residents of Renacimiento can tackle the lack of support from their local and state governments in terms of continuity of care, housing, services and utilities and education, which inevitably influence their health status. The general health status of this entire community has never been documented before and once it is defined, the community can take action on their own behalf, greater amounts of support for their needs can be sought out, and numerous health concerns can be addressed at the community level, the family level and at the individual level.

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APPENDIX A: COMMUNITY HEALTH SURVEY ENGLISH

Participant #: _____

I know that my personal health information collected in this survey completed on this day:

- Is confidential and will not be shared on an individual basis.
- Will be collected community-wide and presented in a report available to any interested person or group.
- Will be reported but will not influence the quality or quantity of care my family or I will receive in the Casa Samuel Health Clinic.

I also know that the interviewer is not responsible for my health or for giving any recommendations regarding my health care. I am solely responsible for taking care of those needs.

Signed:

_____ (Day) of _____ (Month) of 2012

Witnessed by:

_____ (Day) of _____ (Month) of 2012

I know that my personal health information collected in this survey completed on this day:

- Is confidential and will not be shared on an individual basis.
- Will be collected community-wide and presented in a report available to any interested person or group.
- Will be reported but will not influence the quality or quantity of care my family or I will receive in the Casa Samuel Health Clinic.

I also know that the interviewer is not responsible for my health or for giving any recommendations regarding my health care. I am solely responsible for taking care of those needs.

Signed:

_____ (Day) of _____ (Month) of 2012

Witnessed by:

_____ (Day) of _____ (Month) of 2012

Family Member	Sex M= Male F= Female	Age	Relationship to you C= child G = grandchild P = parent S = spouse O = other relative	Education (including grade) K= Pre-K P= primary S=Secondary P=preparatory T= technical U=University	Marital Status M = married X = separated D = divorced S = single W = Widowed R = long-term relationship	Employment F= full time P= part time S= student N= not employed E=self-employed	Height	Weight
1			Self					
2								
3								
4								
5								
6								

1. In what part of Renacimiento do you live?
 - a. 1-2 blocks from Casa Samuel
 - b. 3-4 blocks from Casa Samuel
 - c. 5+ blocks from Casa Samuel
2. How long have you lived there?
 - a. Less than 1 year
 - b. 1-2 years
 - c. 3 or more years
3. Do you have a working cell phone or telephone?
 - a. Yes
 - b. No
4. What is your approximate weekly household income?
 - a. Less than minimum salary
 - b. More than minimum salary
5. How much would you be able to pay for a doctor's visit?
 - a. \$0
 - b. 10-100 pesos (\$1-10)
 - c. 101-200 pesos (\$10-20)
6. What time of the day would be most convenient for you to see the doctor?
 - a. Mornings (8a-12p)
 - b. Afternoons (12:30-4:30)
 - c. Evenings (5-8)

a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago
 33. How would you rate your eyesight now (with glasses on if you wear them) on a scale from zero to ten (0 means the worst possible eyesight, as bad or worse than being blind, and 10 means the best possible eyesight).

0 1 2 3 4 5 6 7 8 9 10

34. When was the last time you had your teeth checked?
 a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

35. When was the last time you were tested for STDs or HIV/AIDS?
 a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

36. Do you know how to do a breast self-exam for women or a testicular self-exam for men?
 a. Yes b. No

37. Women, when was the last time you had a pap smear?
 a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

38. Women, when was the last time you had a mammogram or breast exam performed by a doctor or nurse?
 a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

39. Men, when was the last time you had a prostate exam?
 a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

40. Are you or anyone in your household receiving benefits/coverage from...

	Yes	No, but I am eligible	No, I am not eligible	I don't know if I am eligible
IMSS/ Retiree Coverage				
Seguro Popular/ Government Insurance				
Seguro Medico para una Nueva Generación (SMNG)/ Insurance for a New Generation				
Embarazo Saludable/Healthy Pregnancy				

41. How would you rate your community as a healthy community to be living in?
 a. Very Healthy b. Healthy c. Somewhat Healthy d. Unhealthy e. Very Unhealthy

42. How would you rate the air quality in your community?
 a. Good b. Poor c. Very Poor d. I don't know

43. How would you rate the water quality in your community?
 a. Good b. Poor c. Very Poor d. I don't know

44. The environment is a source of health problems where I live
 a. Strongly agree b. agree c. neutral d. disagree e. strongly disagree

45. I believe my community is becoming a healthier place to live in
 a. Strongly agree b. agree c. neutral d. disagree e. strongly disagree

46. Do you have paved floors in your home?
 a. Yes b. No

47. Does any member of your family smoke inside your home?
 a. Yes b. No

48. Have you or anyone in your home been a victim of physical, verbal or sexual violence?
 a. Yes b. No

49. Have you or anyone in your home experienced discrimination, been prevented from doing something, been hassled, or been made to feel inferior in any of the following situations?

	Never	Rarely	Sometimes	Often
--	-------	--------	-----------	-------

At School				
Getting a job				
At work				
Getting Medical Care				
Shopping in a store				
On the street or in a public setting				
From police or in the courts				

50. What 3 items do you believe are the most important health concerns in your community?

Chronic Diseases (cancer, diabetes, etc.)		Mental Health Issues	
Alcohol and Drug Abuse		Teenage Pregnancy	
Poor Diet/ lack of exercise		Rape/Sexual Assault	
Lack of access to health care		Sexually Transmitted Diseases	
Tobacco use		Infectious Diseases	
Car Accidents		Homicide	
Child Abuse/Neglect		Suicide	
Violence		Environmental Pollution	

51. What 3 items do you believe are most important for a healthy community?

Access to health care & other services		Healthy Behaviors and Lifestyles	
Good jobs and a healthy economy		Good Schools	
Low crime/ safe neighborhood		Clean Environment	
Strong Family Life			

For families with children only

52. How would you rate your children's health?

- a. Excellent b. Very good c. Good d. Fair e. Poor

53. Are any of your children in worse health than the others?

- a. Yes b. No

54. In the last 30 days, have your children missed school because they did not feel well?

- a. Yes, they missed about _____ days b. No

55. Did you breastfeed your children?

- a. Yes, all of them b. No, none of them c. Only some of them

56. Have your children received all of the recommended vaccinations?

- a. Yes b. No c. Unsure

57. Has a medical or education professional had any concerns about any of your children's behavior?

- a. Yes b. No

58. Have you had concerns about any of your children's behavior?

- a. Yes b. No

59. In the last 12 months, how many times has your child been to a doctor or clinic for any reason?

- a. Number of times _____ b. None

60. Is there a particular clinic, doctor's office, or health care facility that you usually go to if your child is sick or you need medical advice?

- a. Yes b. No c. I go somewhere else/see someone else

61. Have your children ever been diagnosed with the following or had the following symptoms recently?	Yes	No
---	-----	----

Asthma		
Diarrhea		
Wheezing		
Difficulty breathing		
Cough		
Diabetes		

62. In the last 12 months, have your children needed any of the following medical services? If so, were they able to get it?

	Didn't need it	Needed it	Unsure if needed	Yes-Got it	No Didn't get it
Doctor's visit					
Hospital visit					
Surgery or consultation for surgery					
Prescription Medication					
Dental Care					
Vision (Eye Glasses)					

63. Do you have any additional thoughts about...

...How the clinic can serve your personal health needs?

...How the clinic can best serve the community's needs?

...How the clinic can best serve your children's needs?

APPENDIX B: COMMUNITY HEALTH SURVEY SPANISH

No. De Participante: _____

Yo sé que la información personal de salud recogida en esta encuesta realizada el día de hoy:

- Es confidencial y no será compartida de manera individual.
- Se recolectará en toda la comunidad y se presentará en un informe disponible para cualquier persona o grupo interesado.
- Será reportada, pero no influirá en la calidad o cantidad de los cuidados de salud que mi familia o yo recibiremos en la Clínica de Salud de Casa Samuel.

También sé que el entrevistador no es responsable por mi salud o para proveer recomendaciones con respecto a mi salud. Yo soy el único responsable por el cuidado de mis necesidades.

Firmado:

_____ (Día) de ____ (mes) de 2012

En presencia de:

_____ (Día) de ____ (mes) de 2012

Yo sé que la información personal de salud recogida en esta encuesta realizada el día de hoy:

- Es confidencial y no será compartida de manera individual.
- Se recolectará en toda la comunidad y se presentará en un informe disponible para cualquier persona o grupo interesado.
- Será reportada, pero no influirá en la calidad o cantidad de los cuidados de salud que mi familia o yo recibiremos en la Clínica de Salud de Casa Samuel.

También sé que el entrevistador no es responsable por mi salud o para proveer recomendaciones con respecto a mi salud. Yo soy el único responsable por el cuidado de mis necesidades.

Firmado:

_____ (Día) de ____ (mes) de 2012

En presencia de:

_____ (Día) de ____ (mes) de 2012

*Favor de incluirse a si mismo en la primera fila

Miembro de la familia	Sexo H=hombre M=mujer	Edad	Relación a tí H = hijo/a N = nieto/a P = papá o mamá E = esposo/a O = otro pariente	Educación (Incluyendo el grado) K=Kinder P=Primaria S=Secundaria P=Preparatoria T=Técnica U=universidad	Estado Civil C= Casado/a X= Separado/a D=Divorciado/a S= Soltero/a V= Viudo/a R= Relación a largo plazo	Estado de empleo T= tiempo completo P= tiempo parcial E= estudiante N= no tiene trabajo	Altura	Peso
1			Si mismo					
2								
3								
4								
5								
6								

1. ¿En qué parte de Renacimiento vive Usted?
 - a. De una o dos cuadras de Casa Samuel
 - b. Entre 3 o 4 cuadras de Casa Samuel
 - c. 5 o más cuadras de Casa Samuel
2. ¿Por cuánto tiempo ha vivido allí?
 - a. Menos de 1 año
 - b. Entre 1 o 2 años
 - c. 3 o más años
3. ¿Tiene usted teléfono fijo o celular que está funcionando en este momento?
 - a. Si
 - b. No
4. ¿Aproximadamente, cuánto está ganando semanalmente?
 - a. Menos del salario mínimo
 - b. Más del salario mínimo
5. ¿Cuánto podría pagar por una visita a la clínica?
 - a. \$0 pesos
 - b. \$10-100 pesos
 - c. \$110-200 pesos
6. ¿A qué horas es más conveniente asistir a una cita médica?
 - a. Por las mañanas (de 8 a 12)
 - b. Por las tardes (de 12:30 a 4:30)
 - c. Por las noches (de 5 a 8)

Su Salud Personal

7. Usted diría que, en general, su salud es:
 a. Excelente b. Muy Buena c. Buena d. Regular e. Mala
8. Ahora piense acerca de su salud física, la cual incluye enfermedades físicas y accidentes: ¿Durante los últimos treinta días, en cuántos no gozó de buena salud física?
 a. Numero de días _____ b. Ninguno
9. Ahora piense acerca de su salud mental, la cual incluye tensión, depresión, y problemas emocionales: ¿Durante últimos treinta días, en cuántos no gozó de buena salud mental?
 a. Numero de días _____ b. Ninguno
10. ¿Durante los últimos treinta días, en cuántos el mal estado de salud mental o física le impidieron realizar sus actividades, tales como cuidado personal, trabajo o recreación?
 a. Numero de días _____ b. Ninguno
11. Aproximadamente cuántas porciones de cada tipo de comida come su familia?

	ninguna	1-2 veces al día	3-4 veces al día	5+ veces al día	1 o 2 por semana
Proteína (carne/pollo/pescado/frijoles/nueces)					
Lácteos (queso/yogur/leche)					
Fruta o jugo de fruta					
Vegetales o ensaladas					
Legumbres (cereales/pastas/tortillas)					
Comida dulce (galletas/dulces/cajeta)					
Comida salada (papas/etc)					

12. ¿Por cuáles de estas razones usted no comería comida saludable?
 a. Usualmente comemos comida saludable
 b. Cuesta demasiado comprarla
 c. No tiene buen sabor
 d. No está disponible en mi barrio
13. ¿Cuántas veces durante los últimos 30 días, usted participó en una actividad física que haya durado 30 minutos o más?
 a. Numero de veces _____ b. Ninguna
14. ¿Durante el mes pasado, le ha molestado a menudo el sentirse deprimido(a), desesperanzado(a) o ansioso (a)? a. Si b. No
15. Cada cuánto ha sufrido de sentimientos negativos como de tristeza, desesperanza, ansiedad o depresión?
 a. Nunca b. A veces c. Frecuentemente d. Muy frecuentemente e. Continuamente
16. Considerando todo tipo de bebidas alcohólicas, ¿Cuántas veces durante los últimos 30 días, usted consumió 5 o más bebidas alcohólicas en una ocasión?
 a. Numero de veces _____ b. Ninguna
17. ¿Usted fuma o usa algún otro tipo de tabaco?
 a. Si b. Nunca c. Ahora no, pero antes si d. estoy tratando de dejar de fumar
18. ¿Ha usado drogas ilegales o los esta usando ahora?
 a. Si, ahora los estoy usando b. Las he usado c. Nunca las he usado
19. ¿Cuántos años tenía cuando tuvo relaciones sexuales por primera vez? Edad _____
20. ¿Ha tenido o tiene alguno de estos problemas médicos? Ingrese una X en las casillas

32. ¿Cuándo fue el último chequeo de su visión?
 a. a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años
33. Entre 0 a diez (0 significa que es ciego(a) o casi ciego(a) y diez significa la mejor visión posible), ¿Como describirá su visión en este momento (con o sin lentes)?
 0 1 2 3 4 5 6 7 8 9 10
34. ¿Cuándo fue su último chequeo dental?
 a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años
35. ¿Cuándo fue su último chequeo para enfermedades de transmisión sexual o VIH/SIDA?
 a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años
36. Conoce usted como hacer un auto examen para tumores de los senos (mujeres) o de los testículos (hombres)? a. Si b. No
37. Mujeres, ¿Cuándo fue su último chequeo de los senos por un medico o una mamografía?
 a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años
38. Hombres, ¿Cuándo fue su último chequeo de la próstata por un medico o una muestra de sangre?
 a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años
39. Está recibiendo usted o alguien en su casa alguno de estos beneficios?

	Si	No , pero cumplimos con los requisitos	No y no cumplimos con los requisitos	No se si podemos recibir estos beneficios
IMSS				
Seguro Popular				
Seguro Medico para una Nueva Generación (SMNG)				
Embarazo Saludable				

40. ¿Cómo calificaría su comunidad como un sitio saludable donde vivir?
 a. Muy saludable b. Saludable c. Poco saludable d. Insaludable e. Muy insaludable
41. ¿Cómo calificaría la calidad del aire donde vive?
 a. Buena b. Mala c. Muy Mala d. No sé
42. ¿Cómo calificaría la calidad del agua donde vive?
 a. Buena b. Mala c. Muy Mala d. No sé
43. El ambiente donde vivo es una fuente de problemas para mi salud.
 a. totalmente de acuerdo
 b. de acuerdo
 c. neutral
 d. no estoy de acuerdo
 e. no estoy de acuerdo totalmente
44. Creo que mi comunidad se está volviendo más saludable
 a. totalmente de acuerdo
 b. de acuerdo
 c. neutral
 d. no estoy de acuerdo
 e. no estoy de acuerdo totalmente
45. ¿Tiene piso en su casa? O no está cubierto aún.

- a. Si b. No
46. ¿Algún miembro de su familia fuma dentro de su casa?
a. Si b. No
47. ¿Usted o algún otro miembro en su hogar ha sido alguna vez víctima de violencia física, verbal o sexual?
a. Si b. No
48. ¿Con que frecuencia usted (o alguien en su hogar) ha sufrido discriminación, le han impedido hacer algo, ha sido hostigado(a), o lo/la han hecho sentirse inferior en cada una de las siguientes situaciones?

	Nunca	De vez en cuando	Algunas veces	Frecuentemente
En el colegio				
Consiguiendo trabajo				
Mientras trabajo				
Recibiendo atención medica				
Yendo de compras				
En la calle o en otro lugar publico				
De la policía o del gobierno				

49. Utilizando la siguiente lista, por favor ponga una X junto a los cinco (5) problemas de mayor importancia en su comunidad. (Problemas que según usted tienen mayor efecto sobre la comunidad en general)

Enfermedades crónicas (diabetes, cáncer)		Problemas de salud mental	
Abuso de alcohol y drogas		Embarazo adolescente	
Dieta insaludable/ falta de ejercicio		Violación o asalto sexual	
Falta de acceso a atención medica		Enfermedades de transmisión sexual	
Uso de tabaco		Enfermedades contagiosas	
Accidente automóvil		Homicidio	
Abuso/negligencia de niños		Suicidio	
Violencia		Polución ambiental	

50. ¿Cuáles son los aspectos más importantes de una comunidad sana?

Acceso a servicios médicos		Estilo de vida saludable	
Buenos trabajos y una buena economía		Escuelas buenas	
Un barrio seguro con poco crimen		Ambiente limpio	
Relaciones buenas dentro de familias			

Salud para el(la) niño(a)

51. Usted diría que, en general, la salud de los niños en su casa es:

a. Excelente b. Muy Buena c. Buena d. Regular e. Mala

52. ¿Esta peor la salud de uno de sus niños comparada con los otros?

a. Si b. No

53. Dentro de los últimos 30 días, ¿han faltado al colegio porque se sentían mal?

a. Si, faltaron aproximadamente _____ días b. No

54. Dentro de los últimos 12 meses, ¿cuántas veces ha asistido a una oficina medica por alguna razón?

- a. Numero de veces _____ b. Ninguna

55. ¿Les dio el pecho (amamanto) a sus hijos cuando estaban recién nacidos?

- a. Si, a todos b. No, ninguno de ellos c. Solo algunos

56. ¿Han recibido las vacunas recomendadas?

- a. Si b. No c. No estoy seguro (a)

57. ¿Ha estado preocupado(a) por el comportamiento de alguno de sus hijos (as) con un medico o un/a maestro(a)?

- a. Si b. No

58. ¿Usted ha estado preocupado(a) por el comportamiento de alguno de sus hijos (as) en general?

- a. Si b. No

59. ¿Hay una clínica, la oficina del doctor u otro sitio medico donde prefiere llevar sus hijos cuando están enfermos(as) o necesitan consejos sobre su salud?

- a. Si b. No

60. En los últimos 12 meses, ¿Necesitaron alguno de estos servicios médicos o tuvieron algún problema para obtener la atención médica que necesitaba?

	No lo necesitaron	Lo necesitan y lo recibieron	No estoy seguro si lo necesitaron	Lo necesitan pero no lo recibieron
Cita con el medico				
Estadía en el hospital				
Cirugía				
Medicamento				
Cuidado dental				
Cuidado visual				
Vacunas				

61. ¿Han estado diagnosticados o han sufrido recientemente de alguno de estos síntomas?

	Si	No
Asma		
Diarrea		
Resuellos asmáticos/silbidos de pecho		
Falta de aire		
Tos		
Diabetes		

62. Tienes alguna otra opinión sobre...

...cómo la clínica le puede servir mejor con sus necesidades de salud personal?

... como la clínica puede servir mejor las necesidades de la comunidad?

...como la clínica puede servir mejor las necesidades de tus hijos?

Training Manual

Casa Samuel Health Clinic

2012

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Please contact Kati Tatnall-Arias with any questions or concerns
404-313-5299 (USA)

Introduction

Hello and thank you in advance for your participation as a surveyor!

This document will guide you through the process of surveying the community members of Renacimiento in hopes of better defining their health needs. This information is very important to encouraging sustainable practices within the health clinic, recruiting more resources and funding and also opens the door for more opportunities to engage the community in their future plans!

Your roles will include:

1. Creating a comfortable environment built upon trust in which the participant will share their information, free of judgment.
2. Gathering the information through the survey process
3. Answering questions that arise during the survey process according to the information provided to you in this manual
4. Discussing any concerns that arise during the survey process with Eva so we can make the necessary changes
5. Removing yourself from any dangerous or unsafe situation because your safety is more important than finishing a survey

This survey will help inform the processes of the clinic yet it does not serve to diagnose disease the participant may feel they have therefore, you are NOT responsible for giving any treatment, diagnoses, or recommendations.

Should a participant express their concern for a health problem they currently have, you can suggest they fill out a request form and we will do our best to pass that information along to the appropriate person.

More specific concerns that can arise will be addressed in the preparation section of this manual.

Many thanks!

Recruiting Participants

Below is an example of how you may want to approach potential participants...

Hello! My name is _____. Do you have a moment? I am visiting you on behalf of the Casa Samuel Health Clinic, which will be built in the next few months to serve our community. I would like to know if you want to participate in a survey. It should take around 30-40 minutes. The survey will give you an opportunity to share some of your health information and opinions about how a health clinic can best serve you. Would you like to participate?

If the answer is yes:

Thank you!

Can I answer any questions for you before we begin?

If the answer is no:

Can I answer any questions for you?

Would there be a better time for me to return to complete the survey if now is not a good time?

Still not interested... Thank you for your time!

You may find that another way to ask is much more comfortable for you and you can certainly use that way, I would just recommend including the following components in the initial discussion:

1. Greet the person with Hello, Good Morning/ Good Afternoon/ Hi etc.
2. Introduce yourself, unless the person you are speaking with already knows you by name (I wouldn't assume they do)
3. Ask them for a few minutes of their time
4. Explain why you are there, a little bit about the survey and how long it will take.
5. Whether their answer is yes or no, make sure to thank them for their time!

Survey Set Up

Before beginning the survey you will need to

1. Make sure you have the following tools
 - a. The survey form with 2 consent forms
 - b. A pen or two
 - c. A hard surface to write on or for the participant to write on
 - d. The confidential envelope where you will put the completed survey
 - e. A request form
2. Get consent from the participant (signed form to be placed in the confidential envelope, it will be destroyed once the data collection is complete)

3. If they want a copy of the consent form they are signing, have them sign two consents, we will take one and they may keep the other
4. Answer any questions the participant has about the consent or survey process

Consent

As the surveyor, you will read through this consent and will witness their signature. If for any reason they are unable to write their name in any form they have two options:

1. Verbal consent: You ask them if they understand what you just read and you will write “verbal consent” on the signature line followed by your signature below it on the witness line
2. They may mark it with an “X”: you will also witness it

I know that my personal health information collected in this survey completed on this day:

- Is confidential and will not be shared on an individual basis.
- Will be collected community-wide and presented in a report available to any interested person or group.
- Will be reported but will not influence the quality or quantity of care my family or I will receive in the Casa Samuel Health Clinic.

I also know that the interviewer is not responsible for my health or for giving any recommendations regarding my health care. I am solely responsible for taking care of those needs.

Signed:

_____ (Day) of _____ (Month) of 2012

Witnessed by:

_____ (Day) of _____ (Month) of 2012

Survey

>>Me: Do you have any questions before we begin?

[Answer any questions they may have]

>>Me: Lets begin! In this first section, I would like you to consider everyone living in your house at this time...

[Allow time for them to fill out each box after you describe it]

In the first row, please write your information starting with your sex (male or female)...then age...your highest level of education you have completed (please write which grade in the same box)... your relationship status...your employment status... your approximate height and weight.

In the next row, write the same information for the next family member

The same goes for the rest of the people living in your house.

[If you notice them struggling with a box, they can either write in a more appropriate answer or write, "I don't know"]

>>Me: Now that we have completed the chart I have a few questions about your home and the clinic...

Please choose only one option for each question

7. 1. In what part of Renacimiento do you live?
 - a. 1-2 blocks from Casa Samuel
 - b. 3-4 blocks from Casa Samuel
 - c. 5+ blocks from Casa Samuel
8. How long have you lived there?
 - a. Less than 1 year
 - b. 1-2 years
 - c. 3 or more years
9. Do you have a working cell phone or telephone?
 - a. Yes
 - b. No
10. What is your approximate weekly household income?
 - a. Less than minimum salary
 - b. More than minimum salary
11. How much would you be able to pay for a doctor's visit?
 - a. \$0
 - b. 10-100 pesos (\$1-10)
 - c. 101-200 pesos (\$10-20)
12. What time of the day would be most convenient for you to see the doctor?
 - a. Mornings (8a-12p)
 - b. Afternoons (12:30-4:30)
 - c. Evenings (5-8)

>> Me: Great work! Now I would like you to think about your health...

11. Would you say that in general your health is:

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

12. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- a. Number of days _____
- b. None

13. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- a. Number of days _____
- b. None

14. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- a. Number of days _____
- b. None

>> Now I would like you to think about your entire family and what they usually eat...

11. About how many servings a day does your family eat of the following items?

	None	1-2	3-4	5+	1 or 2 /week
Protein (Meat/fish/chicken/beans)					
Foods made from milk (cheese/yogurt/ice cream)					
Fruit or fruit juice					
Vegetables or salads					
Grains (Cereal/Pasta/rice/tortillas)					
Sweets (cookies/cakes)					
Salty foods (chips)					

12. Which of the following reasons would keep you from eating healthy foods?

- e. We usually eat healthy foods
- f. It's too expensive to eat healthy foods
- g. Healthy food doesn't taste good
- h. Healthy food isn't available in my neighborhood

>> I would like you to think now, about your activities...

13. During the past 30 days, did you participate in any physical activity for a least 30 minutes?

- a. Yes
- b. No

14. In the past month, have you had trouble completing your normal activities because you felt sad, down, depressed or anxious?

- a. Yes
- b. No

15. How often do you have negative feelings such as blue mood, despair, anxiety or depression?

- a. Never b. seldom c. quite often d. very often e. always

16. In the past 30 days, how many times have you consumed more than 5 alcoholic beverages on one occasion?

- a. Yes b. No

17. Do you smoke cigarettes or use any other form of tobacco?

- a. Yes b. No, not ever c. Not now, but in the past d. I am trying to quit

18. Do you currently or have you ever used any illegal drugs?

- a. Yes, I do now b. I have in the past c. No, I've never used illegal drugs

19. How old were you when you had sexual intercourse for the first time? Age _____

>> Thank you. Also, has a doctor ever diagnosed you with any of the following conditions or Have you ever had or do you have any of the following conditions?

Diabetes		Heart disease/ heart attack/ stroke	
Respiratory Infection		Arthritis	
Cirrhosis or chronic liver disease		Depression	
High blood pressure		Other mental health problems	
Kidney disease		High cholesterol	
Cancer		Physical disability	
Asthma		Weight problems	

FOR WOMEN ONLY

21. Are you currently pregnant or think you may be pregnant?

- a. Yes b. No

22. How many pregnancies have you had?

- a. Number of pregnancies _____ b. None

23. Have you ever given birth to a boy or girl who was alive but later died?

- a. Yes b. No

24. Have you ever miscarried or lost the baby for any unexplained reason?

- a. Yes b. No

25. Do you use any method of contraception to avoid getting pregnant?

- a. Yes, I am currently b. No, but I would like to c. No, I prefer not to

26. When you were pregnant, did you see a doctor or midwife for prenatal care?

- a. Yes b. No c. For some of my pregnancies

27. Where did you give birth?

- a. at a hospital/clinic b. at home c. a combination of the two

>> Now I would like you to think about your visits to the doctor or hospital...

28. In the last 12 months, have you needed any of the following medical services?
If so, were you able to get it?

	Didn't need it	Needed it & got it	Unsure if needed	I needed it but didn't get it
Doctor's visit				
Hospital visit				
Surgery or consultation for surgery				
Prescription Medication				
Dental Care				
Vision (Eye Glasses)				
Vaccines				

29. Is there a particular clinic, doctor's office, or health care facility that you usually go to if you are sick or you need advice about your health?

- a. Yes b. No

30. Is there someone else, other than a medical professional that you go to when you need advice about your health?

- a. Yes b. No

31. When was the last time you went to the doctor/clinic for a routine check-up when you were not ill?

- a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

32. When was the last time you had your vision checked?

- a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

33. How would you rate your eyesight now (with glasses on if you wear them) on a scale from zero to ten (0 means the worst possible eyesight, as bad or worse than being blind, and 10 means the best possible eyesight).

0 1 2 3 4 5 6 7 8 9 10

34. When was the last time you had your teeth checked?

- a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

35. When was the last time you were tested for STDs or HIV/AIDS?

- a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

36. Do you know how to do a breast self-exam for women or a testicular self-exam for men?

- a. Yes b. No

37. Women, when was the last time you had a pap smear?

- a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

38. Women, when was the last time you had a mammogram or breast exam performed by a doctor or nurse?

- a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

39. Men, when was the last time you had a prostate exam?

- a. Never b. Within the last year c. 2-3 years ago d. 4 or more years ago

40. Are you or anyone in your household receiving benefits/coverage from...

	Yes	No , but I am eligible	No, I am not eligible	I don't know if I am eligible
IMSS/ Retiree Coverage				
Seguro Popular/ Government Insurance				
Seguro Medico para una Nueva Generación (SMNG)/ Insurance for a New Generation				
Embarazo Saludable/Healthy Pregnancy				

>> Only two more sections to go! Thanks for your patience!

I would like you to think now about the community you live in and your environment...

41. How would you rate your community as a healthy community to be living in?

- a. Very Healthy b. Healthy c. Somewhat Healthy d. Unhealthy e. Very Unhealthy

42. How would you rate the air quality in your community?

- a. Good b. Poor c. Very Poor d. I don't know

43. How would you rate the water quality in your community?

- a. Good b. Poor c. Very Poor d. I don't know

44. The environment is a source of health problems where I live

- a. Strongly agree b. agree c. neutral d. disagree e. strongly disagree

45. I believe my community is becoming a healthier place to live in

- a. Strongly agree b. agree c. neutral d. disagree e. strongly disagree

46. Do you have paved floors in your home?

- a. Yes b. No

47. Does any member of your family smoke inside your home?

- a. Yes b. No

48. Have you or anyone in your home been a victim of physical, verbal or sexual violence?

- a. Yes b. No

49. Have you or anyone in your home experienced discrimination, been prevented from doing something, been hassled, or been made to feel inferior in any of the following situations?

	Never	Rarely	Sometimes	Often
--	-------	--------	-----------	-------

At School				
Getting a job				
At work				
Getting Medical Care				
Shopping in a store				
On the street or in a public setting				
From police or in the courts				

50. What 3 items do you believe are the most important health concerns in your community?

Chronic Diseases (cancer, diabetes, etc.)		Mental Health Issues	
Alcohol and Drug Abuse		Teenage Pregnancy	
Poor Diet/ lack of exercise		Rape/Sexual Assault	
Lack of access to health care		Sexually Transmitted Diseases	
Tobacco use		Infectious Diseases	
Car Accidents		Homicide	
Child Abuse/Neglect		Suicide	
Violence		Environmental Pollution	

51. What 3 items do you believe are most important for a healthy community?

Access to health care & other services		Healthy Behaviors and Lifestyles	
Good jobs and a healthy economy		Good Schools	
Low crime/ safe neighborhood		Clean Environment	
Strong Family Life			

FOR PEOPLE WITH CHILDREN ONLY

>> Last but not least I would like you to think about your children's health...

52. How would you rate your children's health?

- a. Excellent b. Very good c. Good d. Fair e. Poor

53. Are any of your children in worse health than the others?

- a. Yes b. No

54. In the last 30 days, have your children missed school because they did not feel well?

- a. Yes, they missed about _____ days b. No

55. Did you breastfeed your children?

- a. Yes, all of them b. No, none of them c. Only some of them

56. Have your children received all of the recommended vaccinations?

- a. Yes b. No c. Unsure

57. Has a medical or education professional had any concerns about any of your children's behavior?

- a. Yes b. No

58. Have you had concerns about any of your children's behavior?

- a. Yes b. No

59. In the last 12 months, how many times has your child been to a doctor or clinic for any reason?

- a. Number of times _____ b. None

60. Is there a particular clinic, doctor's office, or health care facility that you usually go to if your child is sick or you need medical advice?

- a. Yes b. No c. I go somewhere else/see someone else

61. Have your children ever been diagnosed with the following or had the following symptoms recently?	Yes	No
Asthma		
Diarrhea		
Wheezing		
Difficulty breathing		
Cough		
Diabetes		

62. In the last 12 months, have your children needed any of the following medical services? If so, were they able to get it?

	Didn't need it	Needed it	Unsure if needed	Yes-Got it	No Didn't get it
Doctor's visit					
Hospital visit					
Surgery or consultation for surgery					
Prescription Medication					
Dental Care					
Vision (Eye Glasses)					

>> For the last series of questions, you have the opportunity to share your opinions as to how the clinic can serve you best...

[If they do want to share anything else, have them write it or you may write it for them if they are unable to]

63. Do you have any additional thoughts about...
 ...How the clinic can serve your personal health needs?
 ...How the clinic can best serve the community's needs?
 ...How the clinic can best serve your children's needs?

>> We have finished the survey! Thank you very much for your help! Just as the consent said, this written information is private as well as the information you told me. I will now place it in this envelope and the data will be summarized and presented at a later date. Once it is complete, you can go to Casa Samuel to view it!

Conclusion

Congratulations and thank you for completing the survey process with each of these community members! Your service is an integral part to the continued support for the Casa Samuel Health Clinic and you should be very proud of your hard work!

Please give all of the collected surveys, the signed consents and any other materials to Eva in the envelopes, which you can now seal.

APPENDIX D: TRAINING MANUAL SPANISH
Manual de Entrenamiento

Clínica Casa Samuel

2012

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Por favor, contacte a Kati Tatnall-Arias si tiene alguna pregunta

ktarias@gmail.com
404-313-5299 (EEUU)

Introducción

Hola y gracias de antemano por su participación como un inspector!

Este documento le guiará a través del proceso de proporcionar las encuestas a los miembros de la comunidad de Renacimiento, con la esperanza de entender mejor las necesidades de salud de la comunidad. Esta información es muy importante para fomentar unas prácticas sostenibles dentro de la clínica de salud, la consecución de más recursos y financiamiento, y también abre la puerta a más oportunidades para involucrar a la comunidad en su planeación al futuro!

Sus funciones serán las siguientes:

1. Crear un ambiente confortable basado en la confianza, en donde el participante compartirá su información, libre de juicio.
2. Recopilar la información a través de las encuestas.
3. Responder las preguntas que surjan durante la encuesta de acuerdo con la información proporcionada en este manual.
4. Compartir las preocupaciones que surjan durante el proceso de la encuesta con la hermana Eva para que podamos hacer los cambios necesarios.
5. Alejarse de cualquier situación peligrosa o insegura porque su seguridad es más importante que terminar una encuesta.

Esta encuesta ayudará a crear el fundamento para los procesos de la clínica, sin embargo, no servirá para diagnosticar la enfermedad que los participantes padecen, por lo tanto, usted NO es la persona responsable para administrar tratamientos, diagnósticos o recomendaciones.

Si un participante expresa su preocupación por un problema de salud que tiene actualmente, usted puede sugerir que llene un formulario de solicitud y haremos nuestro mejor esfuerzo para remitir esa información a una persona que le pueda ayudar.

Muchas gracias!

Katherine Tatnall-Arias

Reclutamiento de Participantes

A continuación encontrará un ejemplo de cómo debería acercarse a los posibles participantes ...

¡Hola! Mi nombre es _____. ¿Tiene usted un momento? Yo estoy de visita en nombre de la Clínica de Salud de Casa Samuel, que se construirá en los próximos meses para servir a nuestra comunidad. Me gustaría saber si usted quiere participar en una encuesta. Solo tomará alrededor de 30-40 minutos de su tiempo. La encuesta le dará la oportunidad de compartir parte de su información de salud y sus opiniones acerca de cómo una clínica de salud le puede servir mejor. ¿Le gustaría participar?

Si la respuesta es SI:

¡Gracias!

¿Tiene alguna pregunta que le pueda responder antes de que empecemos?

Si la respuesta es NO:

¿Tiene alguna pregunta que le pueda responder?

¿Cuándo es un mejor momento para volver y ayudarlo a completar la encuesta?

Aún no le interesa ... Gracias por su tiempo!

Usted puede implementar otra manera más cómoda para acercarse a las personas y tiene la opción utilizar esa manera, lo único que le recomiendo es incluir los siguientes componentes en la discusión inicial:

1. Salude a la persona con Hola, Buenos Días / Buenas Tardes / etc.
2. Preséntese, a menos de que la persona con la que está hablando ya le conoce por su nombre (no asuma que todos le conocen).
3. Pídales unos pocos minutos de su tiempo.
4. Explique por qué usted está allí, un poco acerca de la encuesta y cuánto tiempo tomará.
5. Si la respuesta es SI o NO, asegúrese de darles las gracias por su tiempo!

Encuesta de Configuración

Antes de comenzar la encuesta tendrá que...

1. Asegúrese de que tiene las siguientes herramientas
 - a. El formulario de la encuesta con 2 formularios de consentimiento
 - b. Una o dos plumas disponibles
 - c. Una superficie dura para escribir o para que el participante escriba en ella
 - d. El sobre confidencial donde guardará la encuesta realizada
 - e. Un formulario de solicitud
 - f. Unas tijeras (lo pueden hacer con las manos si tienen cuidado)
2. Obtener el consentimiento del participante (formulario firmado para ser colocado en el sobre confidencial, serán destruidos una vez que la recolección de datos se haya completado).

3. El participante debe firmar los dos consentimientos, corte el consentimiento inferior y entrégueselo al participante, después coloque el consentimiento superior en el sobre confidencial una vez terminada la encuesta.

4. Responda todas las preguntas que el participante tenga sobre el proceso de consentimiento o la encuesta en general.

Consentimiento

Como entrevistador, usted leerá este consentimiento y será testigo de su firma. Si por alguna razón no son capaces de escribir su nombre en la forma, tienen dos opciones:

1. El consentimiento verbal: Se les pregunta si ellos entienden y aceptan lo que usted acaba de leer, usted escribirá "consentimiento verbal" en la línea de su firma, seguida por su firma abajo en la línea de testigo
2. Pueden marcar su firma con una "X", usted también será testigo.

Yo sé que la información personal de salud recogida en esta encuesta realizada el día de hoy:

- Es confidencial y no será compartida de manera individual.
- Se recolectará en toda la comunidad y se presentará en un informe disponible para cualquier persona o grupo interesado.
- Será reportada, pero no influirá en la calidad o cantidad de los cuidados de salud que mi familia o yo recibiremos en la Clínica de Salud de Casa Samuel.

También sé que el entrevistador no es responsable por mi salud o para proveer recomendaciones con respecto a mi salud. Yo soy el único responsable por el cuidado de mis necesidades.

Firmado:

_____ (Día) de ____ (mes) de 2012

En presencia de:

_____ (Día) de ____ (mes) de 2012

La Encuesta

>> Yo: ¿tiene alguna pregunta antes de que empecemos?

[Responder a cualquier pregunta que puedan tener]

>> Yo: Vamos a empezar! En esta primera sección, me gustaría que usted considere todos los que viven en su casa actualmente ...

[Dé tiempo para que respondan cada pregunta después de que usted lo describa]

En la primera fila, por favor escriba su información empezando con su sexo (hombre o mujer) ... después su edad ... su nivel más alto de educación que haya completado (por favor escriba qué grado en la misma sección) ... su estado civil ... su situación laboral ... su altura y peso aproximado.

En la fila siguiente, escriba la misma información para el siguiente miembro de la familia. Lo mismo ocurre con el resto de las personas que viven en su casa.

[Si usted percibe que ellos están luchando con una pregunta, ellos puede escribir una respuesta más adecuada o escribir, "no sé"]

>> Yo: Ahora que hemos terminado con el cuadro, tengo unas cuantas preguntas sobre su hogar y la clínica ...

Por favor, elija una sola opción para cada pregunta

7. ¿En qué parte de Renacimiento vive Usted?
 - a. De una o dos cuadras de Casa Samuel
 - b. Entre 3 o 4 cuadras de Casa Samuel
 - c. 5 o más cuadras de Casa Samuel
8. ¿Por cuánto tiempo ha vivido allí?
 - a. Menos de 1 año
 - b. Entre 1 o 2 años
 - c. 3 o más años
9. ¿Tiene usted teléfono fijo o celular que está funcionando en este momento?
 - a. Si
 - b. No
10. ¿Aproximadamente, cuánto está ganando semanalmente?
 - a. Menos del salario mínimo
 - b. Más del salario mínimo
11. ¿Cuánto podría pagar por una visita a la clínica?
 - a. \$0 pesos
 - b. \$10-100 pesos
 - c. \$110-200 pesos
12. ¿A qué horas es más conveniente asistir a una cita médica?
 - a. Por las mañanas (de 8 a 12)
 - b. Por las tardes (de 12:30 a 4:30)
 - c. Por las noches (de 5 a 8)

>> Yo: ¡Buen trabajo! Ahora me gustaría que usted piense acerca de su salud ...

7. Usted diría que, en general, su salud es:

- a. Excelente b. Muy Buena c. Buena d. Regular e. Mala

8. Ahora piense acerca de su salud física, la cual incluye enfermedades físicas y accidentes: ¿Durante los últimos treinta días, en cuántos no gozó de buena salud física?

- a. Numero de días _____ b. Ninguno

9. Ahora piense acerca de su salud mental, la cual incluye tensión, depresión, y problemas emocionales: ¿Durante últimos treinta días, en cuántos no gozó de buena salud mental?

- a. Numero de días _____ b. Ninguno

10. ¿Durante los últimos treinta días, en cuántos el mal estado de salud mental o física le impidieron realizar sus actividades, tales como cuidado personal, trabajo o recreación?

- a. Numero de días _____ b. Ninguno

>> Ahora me gustaría que usted piense acerca de su familia entera y lo que comen por lo general ...

11. Aproximadamente cuántas porciones de cada tipo de comida come su familia?

	ninguna	1-2 veces al día	3-4 veces al día	5+ veces al día	1 o 2 por semana
Proteína (carne/pollo/pescado/frijoles/nueces)					
Lácteos (queso/yogur/leche)					
Fruta o jugo de fruta					
Vegetales o ensaladas					
Legumbres (cereales/pastas/tortillas)					
Comida dulce (galletas/dulces/cajeta)					
Comida salada (papas/ etc.)					

12. ¿Por cuáles de estas razones usted no comería comida saludable?

- a. Usualmente comemos comida saludable
 b. Cuesta demasiado comprarla
 c. No tiene buen sabor
 d. No está disponible en mi barrio

>> Ahora me gustaría que usted piense acerca de sus actividades ...

13. ¿Cuántas veces durante los últimos 30 días, usted participó en una actividad física que haya durado 30 minutos o más?

- a. Numero de veces _____ b. Ninguna

14. ¿Durante el mes pasado, le ha molestado a menudo el sentirse deprimido(a), desesperanzado(a) o ansioso(a)?

- a. Si b. No

15. Cada cuánto ha sufrido de sentimientos negativos como de tristeza, desesperanza, ansiedad o depresión?
 a. Nunca b. A veces c. Frecuentemente d. Muy frecuentemente e. Continuamente
16. Considerando todo tipo de bebidas alcohólicas, ¿Cuántas veces durante los últimos 30 días, usted consumió 5 o más bebidas alcohólicas en una ocasión?
 a. Numero de veces _____ b. Ninguna
17. ¿Usted fuma o usa algún otro tipo de tabaco?
 a. Si b. Nunca c. Ahora no, pero antes si d. estoy tratando de dejar de fumar
18. ¿Ha usado drogas ilegales o los esta usando ahora?
 a. Si, ahora los estoy usando b. Las he usado c. Nunca las he usado
19. ¿Cuántos años tenía cuando tuvo relaciones sexuales por primera vez?
 Edad _____

>> Gracias. Alguna vez un médico le ha diagnosticado con cualquiera de las siguientes condiciones o ha tenido o tiene alguno de estos problemas médicos? Ingrese una X en las casillas que apliquen.

Diabetes		Enfermedades del corazón	
Infección respiratoria		Artritis	
Cirrosis o enfermedad crónica del hígado		Depresión	
Presión alta		Otros problemas de la salud mental	
Enfermedades de los riñones		Colesterol alta	
Cáncer		Discapacidad física	
Asma		Problemas de peso	

Para Mujeres Solamente

21. ¿Esta embarazada o piensa que puede estar embarazada?
 a. Si b. No
22. ¿Cuántos embarazos ha tenido?
 a. Número de embarazos _____ b. Ninguno
23. ¿Alguna vez ha dado a luz a un niño o una niña que estaba vivo (a) pero se murió después del parto?
 a. Si b. No
24. ¿Ha tenido un aborto espontáneo (sin causa alguna)?
 a. Si b. No
25. ¿Usa un método anticonceptivo para prevenir el embarazo?
 a. En este momento Si b. No, pero me gustaría c. No, prefiero no usar uno
26. Cuando estuvo embarazada, ¿Recibió atención prenatal de un medico o enfermera? a. Si b. No c. Para algunos de mis hijos
27. ¿En dónde le dio a luz?
 a. en un hospital o clínica b. en la casa c. combinación de los dos

>> Ahora me gustaría que usted piense acerca de sus visitas al médico o al hospital ...
 28. En los últimos 12 meses, ¿Necesitaba algún de estos servicios médicos o tuvo algún problema para obtener la atención médica que necesitaba?

	No lo necesité	Lo necesité y lo recibí	No estoy seguro si lo necesité	Lo necesité pero no lo recibí
Cita con el medico				
Estadía en el hospital				
Cirugía				
Medicamento				
Cuidado dental				
Cuidado visual (lentes)				
Vacunas				

29. ¿Hay una clínica, la oficina del doctor u otro sitio medico donde prefiere ir cuando está enfermo(a) o necesita consejos sobre su salud?

a. Si Cómo se llama? _____ b. No

30. ¿Hay otra persona, que no sea profesional medico, que visite cuándo necesita atención medica?

a. Si b. No

31. ¿Cuándo fue su último chequeo en la oficina del medico cuando no estuvo enfermo (a)?

a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años

32. ¿Cuándo fue el último chequeo de su visión?

a. a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años

33. Entre 0 a diez (0 significa que es ciego(a) o casi ciego(a) y diez significa la mejor visión posible), ¿Como describirá su visión en este momento (con o sin lentes)?

0 1 2 3 4 5 6 7 8 9 10

34. ¿Cuándo fue su último chequeo dental?

a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años

35. ¿Cuándo fue su último chequeo para enfermedades de transmisión sexual o VIH/SIDA?

a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años

36. Conoce usted como hacer un auto examen para tumores de los senos (mujeres) o de los testículos (hombres)?

a. Si b. No

37. Mujeres, ¿Cuándo fue su último chequeo de los senos por un medico o una mamografía?

a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años

38. Hombres, ¿Cuándo fue su último chequeo de la próstata por un medico o una muestra de sangre?

a. Nunca b. En los últimos 12 meses c. Hace 2-3 años d. hace 4 o más años

39. Está recibiendo usted o alguien en su casa alguno de estos beneficios?

	Si	No , pero cumplimos con	No y no cumplimos con	No se si podemos recibir
--	----	-------------------------	-----------------------	--------------------------

		los requisitos	los requisitos	estos beneficios
IMSS				
Seguro Popular				
Seguro Medico para una Nueva Generación (SMNG)				
Embarazo Saludable				

>> Sólo dos secciones más! Gracias por su paciencia!

Me gustaría que ahora piense en la comunidad en la que vive y su entorno ...

40. ¿Cómo calificaría su comunidad como un sitio saludable donde vivir?
a. Muy saludable b. Saludable c. Poco saludable d. Insaludable e. Muy insaludable
41. ¿Cómo calificaría la calidad del aire donde vive?
a. Buena b. Mala c. Muy Mala d. No sé
42. ¿Cómo calificaría la calidad del agua donde vive?
a. Buena b. Mala c. Muy Mala d. No sé
43. El ambiente donde vivo es una fuente de problemas para mi salud.
a. totalmente de acuerdo
b. de acuerdo
c. neutral
d. no estoy de acuerdo
e. no estoy de acuerdo totalmente
44. Creo que mi comunidad se está volviendo más saludable
a. totalmente de acuerdo
b. de acuerdo
c. neutral
d. no estoy de acuerdo
e. no estoy de acuerdo totalmente
45. ¿Tiene piso en su casa? O no está cubierto aún.
a. Si b. No
46. ¿Algún miembro de su familia fuma dentro de su casa?
a. Si b. No
47. ¿Usted o algún otro miembro en su hogar ha sido alguna vez victima de violencia física, verbal o sexual?
a. Si b. No
48. ¿Con que frecuencia usted (o alguien en su hogar) ha sufrido discriminación, le han impedido hacer algo, ha sido hostigado(a), o lo/la han hecho sentirse inferior en cada una de las siguientes situaciones?

	Nunca	De vez en cuando	Algunas veces	Frecuentemente
En el colegio				
Consiguiendo trabajo				
Mientras trabajo				
Recibiendo atención medica				
Yendo de compras				
En la calle o en otro lugar				

publico				
De la policía o del gobierno				

49. Utilizando la siguiente lista, por favor ponga una X junto a los cinco (5) problemas de mayor importancia en su comunidad. (Problemas que según usted tienen mayor efecto sobre la comunidad en general)

Enfermedades crónicas (diabetes, cáncer)	Problemas de salud mental	
Abuso de alcohol y drogas	Embarazo adolescente	
Dieta insaludable/ falta de ejercicio	Violación o asalto sexual	
Falta de acceso a atención médica	Enfermedades de transmisión sexual	
Uso de tabaco	Enfermedades contagiosas	
Accidente automovil	Homicidio	
Abuso/negligencia de niños	Suicidio	
Violencia	Polución ambiental	

50. ¿Cuáles son los aspectos más importantes de una comunidad sana?

Acceso a servicios médicos	Estilo de vida saludable	
Buenos trabajos y una buena economía	Escuelas buenas	
Un barrio seguro con poco crimen	Ambiente limpio	
Relaciones buenas dentro de familias		

PARA PERSONAS CON NIÑOS ÚNICAMENTE

>> Por último me gustaría que usted piense acerca de la salud de sus hijos ...

51. Usted diría que, en general, la salud de los niños en su casa es:

- a. Excelente b. Muy Buena c. Buena d. Regular e.

Mala

52. ¿Esta peor la salud de uno de sus niños comparada con los otros?

- a. Si b. No

53. Dentro de los últimos 30 días, ¿han faltado al colegio porque se sentían mal?

- a. Si, faltaron aproximadamente _____ días b. No

54. Dentro de los últimos 12 meses, ¿cuántas veces ha asistido a una oficina médica por alguna razón?

- a. Numero de veces _____ b. Ninguna

55. ¿Les dio el pecho (amamanto) a sus hijos cuando estaban recién nacidos?

- a. Si, a todos b. No, ninguno de ellos c. Solo algunos

56. ¿Han recibido las vacunas recomendadas?

- a. Si b. No c. No estoy seguro (a)

57. ¿Ha estado preocupado(a) por el comportamiento de alguno de sus hijos (as) con un médico o un/a maestro(a)?

- a. Si b. No

58. ¿Usted ha estado preocupado(a) por el comportamiento de alguno de sus hijos (as) en general?

- a. Si b. No

59. ¿Hay una clínica, la oficina del doctor u otro sitio médico donde prefiere llevar sus hijos cuando están enfermos(as) o necesitan consejos sobre su salud?

a. Si Cómo se llama? _____ b. No

60. En los últimos 12 meses, ¿Necesitaron alguno de estos servicios médicos o tuvieron algún problema para obtener la atención médica que necesitaba?

	No lo necesitaron	Lo necesitan y lo recibieron	No estoy seguro si lo necesitaron	Lo necesitan pero no lo recibieron
Cita con el medico				
Estadía en el hospital				
Cirugía				
Medicamento				
Cuidado dental				
Cuidado visual				
Vacunas				

61. ¿Han estado diagnosticados o han sufrido recientemente de alguno de estos síntomas?

	Si	No
Asma		
Diarrea		
Resuellos asmáticos/silbidos de pecho		
Falta de aire		
Tos		
Diabetes		

>>Para la ultima serie de preguntas, usted tiene la oportunidad de compartir su opinión sobre como la clínica le puede servir mejor...

[Si las personas quieren compartir algo adicional, lo pueden escribir o usted lo puede escribir por ellos]

62. Tienes alguna otra opinión sobre...

...cómo la clínica le puede servir mejor con sus necesidades de salud personal?

... como la clínica puede servir mejor las necesidades de la comunidad?

...como la clínica puede servir mejor las necesidades de tus hijos?

>> Hemos terminado la encuesta! Muchas gracias por su ayuda! Como lo dice el consentimiento, toda la información verbal o por escrito es privada. Ahora voy a poner la información en el sobre y los datos se resumirán y presentarán en una fecha posterior. Una vez esté finalizado el reporte, usted puede ir a la Casa Samuel para verlo!

Conclusión

Felicitaciones y gracias por completar el proceso de la encuesta en conjunto con los miembros de la comunidad! Su servicio es una parte integral del apoyo continuo a la

Clínica de Salud de Casa Samuel y usted debe estar muy orgulloso por su apoyo!

Por favor, entregue todo de las encuestas recogidas, los consentimientos firmados y cualquier otro material a Eva en los sobres, que ahora se pueden sellar.



Renacimiento...

¡Su SALUD y sus OPINIONES cuentan!

Sea una parte integral del gran proyecto
Clínica Casa Samuel
y participe en una encuesta sobre su salud y los
servicios que usted quiere y necesita

Asegúrese de que sus opiniones hagan parte de cada
decisión
Contacte a la Hermana Eva Zapata