Centro Hispano's Role in Community Health:

A Community Organization's Health Workshops as a Source for Health Education and an Undergraduate Student's Process in Participatory Action Research

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Table of Contents

Centro Hispano's Role in Community Health 3
What is Participatory Action Research 4
Partnership with Centro Hispano 5
The Strengths of Centro Hispano within Community Partnerships 6
Participatory Action Research Course at the University of Tennessee 7
The First Phase of My Partnership with Centro Hispano 8
The Second Phase of My Partnership with Centro Hispano 9
Original Research Plan and Original Objective 10
Altered Research Plan and A New Objective 11
Observations and Suggestions for Centro Hispano 13
Reflections on PAR 17
Conclusion 18
Resources for Centro Hispano/Recursos para Centro Hispano 19
References 28

Centro Hispano's Role in Community Health

In the United States, there is a growing population of people in need of quality health care who fall into one or more of the following categories: undocumented, marginally documented, Spanish-dominant/ Spanish mono-lingual, or dominant/ mono-lingual in an indigenous language. At a disproportionate rate, these groups face significant barriers to accessing health services including language barriers, fear of legal consequences, financial restrictions, and medical misunderstandings. One method to resolve this issue is offering more health education services, because improving healthy lifestyles as well as emphasizing preventative measures can alleviate the need for more serious and more expensive medical care later. This paper focuses on how local grassroots organizations can play a role in improving health education and access to preventative care for the populations they already serve. Specifically, I will assess how Centro Hispano de East Tennessee, which serves mostly the Hispanic Immigrant population, has taken an interest in offering health education workshops and promoting access to health care. This was a Participatory Action Research project, which is a research methodology that relies on a community partnership in this vase one with Centro Hispano

Due to the complex and non-straightforward nature of Participatory Action Research, this paper will address a few different topics including the process of Participatory Action Research from an undergraduate student's perspective and suggestions for future researchers. Furthermore, I have conducted an analysis of the role Centro Hispano has for offering health education services for the immigrant population in East Tennessee and resources in English and Spanish that may prove useful to their organization. One hope for this research is that Participatory Action Research will continue in the University of Tennessee Hispanic studies,

sociology, and pre-health professional track departments and that observations from this paper related to not merely the results but also how research plans were impacted and changed will be helpful to future researchers.

What is Participatory Action Research

Participatory Action Research, also known as PAR, is a research methodology that emphasizes democracy, participation from both the researchers and those being researched, and an emphasis on problem-solving. It is found more often in social science research such as sociological research, ethics cases, and public health projects. Research is often seen as cyclical or full of iterations. *Plan, do, study, act* is the basic principle that describes how this research perpetuates itself (Lawson, et. al., 2015).

Plan is a crucial part of any research endeavor, but with PAR this may look like interest meetings with organizations to assess what the partner or community describes as their needs. *Do* could include conducting interviews to be transcribed and coded or sitting in on meetings, workshops, or other procedures. *Study* refers to utilizing academic techniques to analyze data and observations. *Act* is perhaps the most unique aspect to PAR. Traditional research often leaves the action or effects of research up to readers of published papers, other organizations, subsequent researchers, or no one at all. Because PAR is based on an ongoing relationship with an organization and because PAR emphasizes communication and feedback, the research results are put into the hands of those affected. *Act* is the embodiment of the problem-solving nature of PAR. PAR is how researchers and communities come together, each bringing their own strengths to identify a problem, asses the roots and consequences, study the issue, offer actionable suggestions, and document the experience.

Additionally, *reflect* is an important foundation for PAR, because of the long-term nature of PAR and the reliance on partnerships (Lawson, et. al., 2015). It is necessary for the researcher to constantly assess personal bias, unintended consequences, equality within the research relationship, and changes in their perception to how research should function at a local and community level.

Partnership with Centro Hispano

In this research project, the partner organization is Centro Hispano, a community organization located in Knoxville, Tennessee. They describe themselves as "a non-profit organization and welcoming center for the Latino families of Knox county" (Centro Website). Below is their statement of who they are and what they hope for their organization.

"We aspire to be the reference organization for education and social services to improve the quality of life and the successful integration of these families into the community. Our work is driven by our vision of every Latino and Latina culturally, educationally, and economically thriving.

Our mission is to connect, integrate and empower the Latino community through education and engagement; information and referral services; and community strengthening initiatives."

-Centro Hispano on Who We Are

Although Centro's main focus has been educational and social services, there are many reasons that they have a strong foundation to assess community health needs, advocate for attention and resources, and offer health education services. In order for them to successfully begin offering health education services, multiple partnerships will become crucial. Partnering emphasizes the strengths of individual organizations to accomplish a goal that the individuals

could not succeed in alone. According to McKenzie, Neiger, and Thakeray in their 7th edition of *Health Promotion Programming*, the foundations for needing and benefitting from partnerships involve the following list (McKenzie et. al., 2017).

1. Meeting the needs of a priority population which could not be met by the capacities of an individual partner
2. Solving a Problem or achieving a goal that is a priority to several partners
3. Bringing more stakeholders to the "table"
4. Bringing more credibility to the program
5. Creating a greater response to a need because there is strength in numbers

Centro's practices indicate that they already recognize the value of partnerships for success of project initiatives. However, this list may be helpful for specifically forming partnerships related to health programming to contribute to a larger community mission to improve health education resources.

The Strengths of Centro Hispano within Community Partnerships

Although many may look to clinics, health departments, or hospitals to offer health education resources, Centro Hispano has many distinct advantages over clinical organizations or the health care system.

Perhaps the most obvious advantage is Centro's ability to address the language barrier that people with limited English proficiency face when trying to access health education tools, resources, or services. Workshops given with handouts or materials in Spanish are crucial. There continues to be a severe lack of "language accommodation" in many health care settings in the

US today (Steinberg et. al., 2016), due to lack of training of healthcare providers, too few medical interpreters, and a lack of attention on the need for in-language health resources.

Cultural brokering is a less discussed, but equally important aspect to providing quality health education. Beth Lincoln in her book *Further Reflections from Common Ground: Cultural Awareness in Health Care* discusses how important cultural awareness from health care providers is (Lincoln, 2017). However, the level of cultural awareness needed in terms of preventative care may not be possible to find in a doctor's office or hospital. This is why cultural centers may be better-suited.

Centro Hispano also has extensive community connections that enable them to form more partnerships and advertise the workshops. They have a developed volunteer program to draw from if they were to need more volunteers to help with any aspect of ongoing or new workshops. They also have connections to local researchers. They could potentially utilize those connections to have their workshops assessed and evaluated.

It is most important that the call for health education and improved health came from clients. When Centro Hispano first identified the four core areas of research that my PAR course investigated, they used feedback from their clients and the relationships they have built with them to identify those subjects. It is a significant strength that the call for these services originated from the people being served by the workshops. This could be a core component of long-term success of these workshops.

Participatory Action Research Course at the University of Tennessee

Centro Hispano is already familiar with the importance of partnerships within the community and has long had connections with educational facilities, businesses, and other organizations. One such partnership they formed was with Dr. Megan Conley, a sociology

professor at the University of Tennessee, Knoxville. She offered a course on Participatory Action Research in partnership with Centro Hispano with a focus on four areas of research recognized as crucial areas of need by Centro Hispano for students to investigate and make suggestions for future steps within each of these topics. The topics were Education, Enforcement, Law and Health Care. I participated in the health research team, and this is when my research work with Centro Hispano began.

It is important to acknowledge how research and community partnerships form and continue to grow because of how important relationships are to both PAR and health promotion programming (Minkler, 2008; Mackenzie, et. al., 2017). One of the core principles of this style of research is "facilit[ating] collaborative, equitable partnership in all research phases and involv[ing] an empowering and power-sharing process that attends to social inequalities" (Minkler, 2008). Both sides of the partnership must engage with defining the problem, data analysis, and implementing solutions for the focus issue. This is the strength of PAR, but in practice is also one of the most complex factors to carry out. Therefore, describing the origins and evolution of partnerships are essential to the principles of PAR.

The First Phase of My Partnership with Centro Hispano

As stated above, Centro Hispano identified four core areas of investigation that they said would benefit them best. I was a part of the health care research team, and we then identified the common and prominent obstacles that the Hispanic immigrant community and professionals who work with this community are most concerned with. These issues were identified to be transportation to health facilities, language barriers, and health literacy. Throughout the semester, my team conducted interviews and had stake-holder meetings with a variety of community stakeholders including medical interpreters, an ethics specialist from UT medical Center, and a

community outreach church representative. These interviews were transcribed, coded, and analyzed and culminated into a final report that was presented at a public meeting to Centro Hispano.

The final report that was made for Centro Hispano identified a few major issues that were identified by the interviews and community meetings that were held. Some of these issues are lack of preventative and chronic care, language barriers, lower health literacy, and fear of accessing health services (Fairley, et. al., 2019).

These findings support the need for health education services offered from local organizations. Centro Hispano has the ability to utilize their community connections to foster powerful partnerships, host health education services, or offer resources in Spanish or English from a location that could be more trusted or accessible than health care facilities. These strengths are unique to Centro Hispano and potentially other grassroots organizations that serve local Latino populations. This platform should be seen as an untapped source of addressing health disparities for Latino, undocumented, or limited English proficiency populations.

The Second Phase of My Partnership with Centro Hispano

To address the need their clients articulated for health education services, Centro Hispano began offering health workshops focused on health literacy and education in topics such as healthy eating, emotional intelligence, emotional intelligence for men, family planning, and physical fitness.

The course in healthy eating was particularly of interest from a research perspective, because it was a series of four, and it was led by a representative from UT extension. The course was offered in Spanish and was described to be well attended with a specific topic for each class held. The classes were also participatory meaning that the attendees cooked something while in

class. Centro Hispano expressed that the class was going well, but that they wished they had more feedback from the participants on what they like, did not like, found useful, etc. Claudia Caballero, president and CEO of Centro Hispano, expressly mentioned that she would want to know one thing that the participants learned from the class that they think they would use or apply to their life moving forward.

Furthermore, after about six months of offering workshops, René Yanes, community outreach director of Centro Hispano, expressed that he thought the workshops were going well and gaining popularity. He expressed that although the period of the grant was coming to an end, he wanted the program to continue.

Original Research Plan and Original Objective

Based on the promising course set-up of the Healthy Eating course and the internal interest for feedback, I discussed the idea of introducing surveys to the course with Centro Hispano staff. The surveys would be given in the class and would consist of two things. One would be a short test given at the beginning and end of each class about the content of that specific lesson. These surveys would serve to assess the effectiveness of the course given and assess what new concepts participants were learning from the course. These tests could have potentially provided Centro Hispano with two things: direction for changes to make to the course and definitive evidence of course effectiveness which is useful for grant applications. Another round of surveys could be given about the feelings that participants have about the course. Survey questions may have included if participants liked the time, location, and topic of the course and what other topics they may be interested to learn about.

This original research plan encountered multiple obstacles. The main problem was that the nutrition class did not have a written, pre-determined curriculum. Without a curriculum and

specific topics to discuss in each class, a test to assess concepts learned was impossible to make. Furthermore, discussion about the course began to reveal that a significant aspect of the course was social, meaning that much of the class consisted of socializing and forming relationships with other community members. I had originally underestimated how important this was to the course, especially considering the overall mission of Centro Hispano as stated above which is connecting people and strengthening community. Even though offering health care services was a step in a new direction for Centro Hispano, their core purpose was still very applicable and a crucial aspect to their services.

This realization made two things apparent. First, the health workshops program was not as developed yet as I had assumed. I had under-estimated how early in the process Centro Hispano was in offering this program especially considering that their experience and focus as an organization is not health education. Second, I needed to adjust my research project and approach to meet Centro Hispano where they were at in their progress and offer a research perspective that would still be useful for them.

Altered Research Plan and A New Objective

Considering that the health education workshops were still early in their development, it became increasingly important to think about the motivation Centro Hispano had for wanting to offer workshops. Furthermore, I wanted to know what goals and what future directions Centro Hispano wanted for this program. With that, the idea for implementing surveys was completely discarded. We had a conversation about changing the focus of the project and considering the long-term trajectory of health workshops at Centro Hispano. My main questions became 1) What academic resources would be useful to Centro Hispano from a health promotion perspective? 2)

What will be the foundation of their health education workshops? 3) What could be the next steps in terms of research given that PAR is a cyclic and iterative methodology?

With these questions in mind, the focus of this project became focused on the goals and planning process of the workshops. I presented a poster, Figure 1, at Discovery Day, an undergraduate research event at the University of Tennessee, addressing this plan. At the time, I thought conducting interviews may be the best way to do this which is why this is included in the research plan, but this did not come to fruition. However, the literature review and questions on this poster are still relevant.

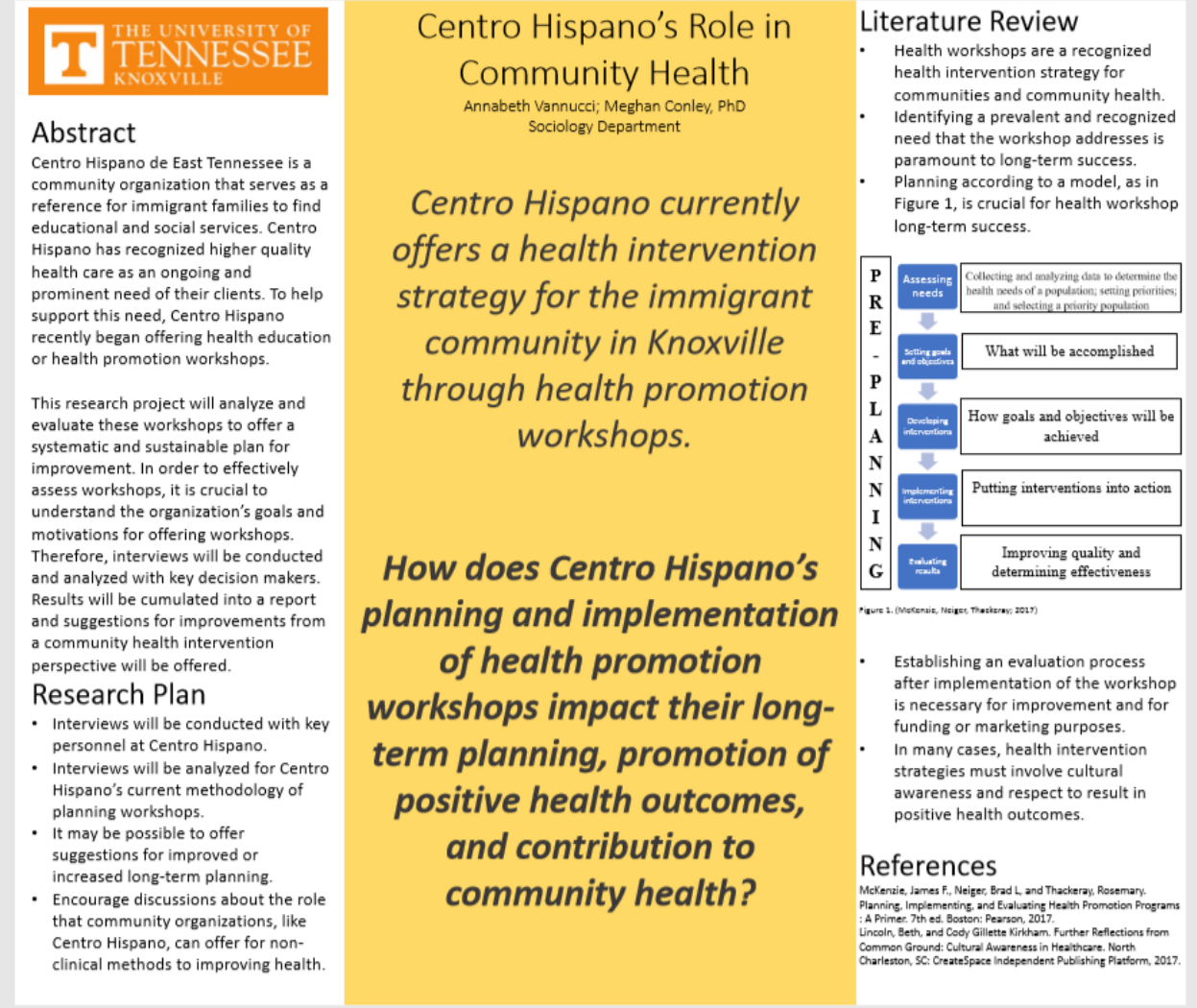


Figure 1. Discovery Day Poster by Annabeth Vannucci

Observations and Suggestions for Centro Hispano

Centro Hispano's interest in offering health workshops to improve health education services offers a plethora of potential benefits to the Latino population in East Tennessee. Health education is a worthwhile investment of time, money, and resources, because of its contribution to health promotion and conservation of resources.

In the PAR course that was previously mentioned, one interview with a health care provider in Knoxville yielded the following quote: "Folks [don't receive] the preventative care they need or ongoing chronic care, [and they] wind up having some awful acute preventable situation that lands them in the hospital. Now they're much sicker" (Fairley, et. al., 2019). Centro Hispano is not able to provide clinical care, but health education is a factor of preventative and chronic care. Health education is largely supported to be central to health promotion as demonstrated in Figure 2 from the 7th edition *Health Promotion Programs* book by McKenzie, Neiger, and Thackeray. Figure 2 suggests that of all the factors that contribute to health promotion, health education is the most central and significant.

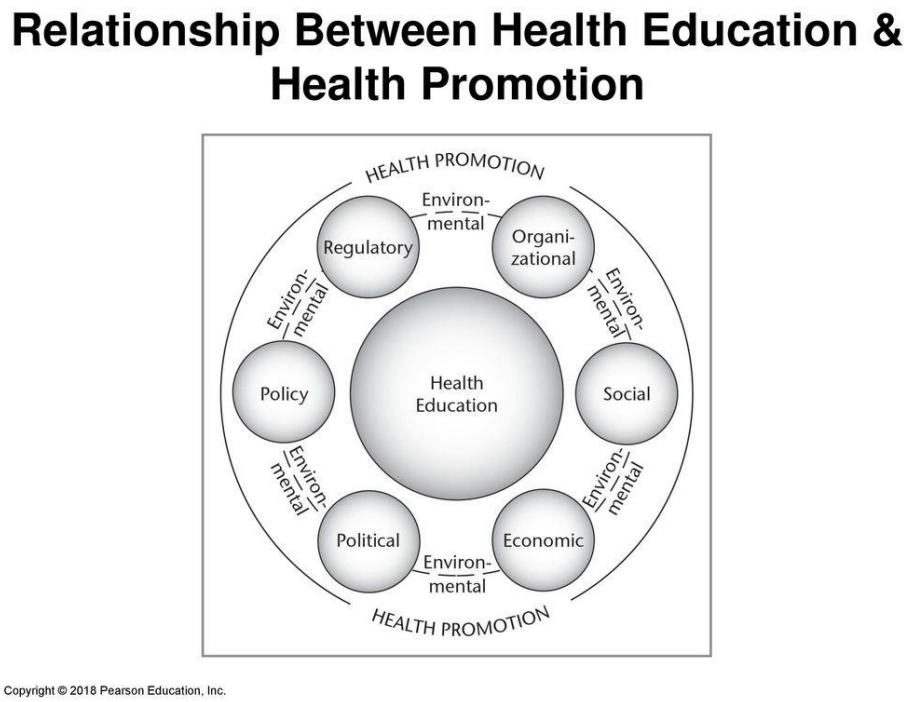


Figure 2. Relationship of Health Education and Health Promotion (McKenzie, et. al., 2017)

In terms of resources, health education is a much less expensive and resource-intensive option than some of the more severe health outcomes that are possible. As the health care provider quote mentions, an "awful acute preventable situation that lands them in the hospital" can be very expensive, involving large hospital bills, lost wages, and many hospital resources utilized. A prime example of how Centro Hispano is working to alleviate some of this stress to Latino families and the health care system is the workshop on healthy eating. Healthy eating has countless health benefits including lower risk of type 2 diabetes and obesity. Obesity, for example, can increase risk for many health complications that would warrant hospital visits and clinical care like coronary heart disease, stroke, osteoarthritis, and many types of cancer (CDC, 2020). If the healthy eating workshop were to be continued over the years, it could be a great source of improving quality of life, conserving health care resources, and avoiding large medical

bills. Ultimately, it could be a factor in increasing positive health outcomes and decreasing negative health outcomes, which is the goal of any health promotion program (Mckenzie, et. al., 2017).

In order for these benefits to come to fruition in East Tennessee, it is recommended that the organization of the workshops adhere to a model or structured system of planning and evaluation. Plan, implement, and evaluate are the necessary steps to successful health promotion programs (McKenzie, et. al., 2017). It is recommended that one of the many models for public health promotion be used to do this. There are many options including the Evidence-Based Planning Framework for Public Health, MAPP, Mobilize, Assess, Plan, Implement, and Track (MAP-IT), Precede-Proceed, Intervention Mapping, and the CHANGE tool are all public health models that are designed to help organizations start and succeed with health promotion programs (McKenzie et. al., 2017).

For Centro Hispano, I recommend the MAPP model which stands for Mobilizing for Action Through Planning and Partnerships. This model was created by the Center for Disease Control and the National Association of County and City Health Officials (NACCHO). The model was made for specifically city and county-level health departments but is applicable for any setting (McKenzie et. al., 2017).

MAPP could be useful, because it is designed for local effectiveness, recognizes the importance of partnerships, and has a wealth of resources available online on NACCHO website. The basic concept of MAPP can be seen in figure 3 below.

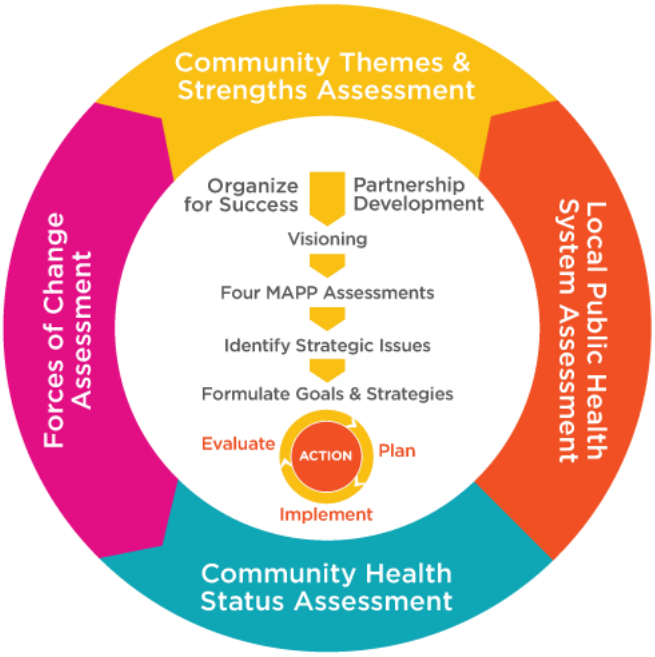


Figure 3. MAPP Graphic (naccho.org).

MAPP emphasizes six major phases of health promotion (NACCHO).

1. Organize for Success and Partnership Development
2. Visioning
3. The Four Assessments
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Action Cycle (Plan, Implement, Evaluate)

Each phase has multiple online resources available at NACCHO's website. MAPP also emphasizes that health education programming is a long-term process with many perspectives to consider. The Community Themes and Strengths Assessment and the Forces of Change assessments could be helpful for articulating the strengths and areas requiring more support for these workshops.

Reflections on PAR

PAR can be a difficult research methodology to utilize for undergraduate students due to the longer time frames and need for flexibility. The aspects of PAR that are most challenging are the need for long-term community relationships and high probability of changing plans. In my project, the professor of the PAR course I took is a long-standing member of the Knoxville community and partner of Centro Hispano. Therefore, she is more able to invest in the lasting relationship with Centro that is foundational to this methodology, but less practical for undergraduate students. Furthermore, the project was interdisciplinary making it easier to include other students, professors, and community members.

The strength of PAR is active participation from researchers and those being researched, which allows for more practical research plans that are addressing current and specific realities. However, these strengths necessitate flexibility in plans or sometimes fundamental shifts that keep the interests of the partner central to the work. This emphasis on the perspective and needs of the community members being potentially affected by the research is also helpful for remembering that PAR is focused on problem-solving. Research projects in PAR break from a more traditional focus of generating knowledge and data for researcher's sake and eventually community's benefits. PAR generates data for specific community populations on a certain issue that is substantiated by a client or community demand. This framework is an important branch for research, especially public health research, to continue in because of its high value on equal partnerships.

Partnerships is part of what makes PAR such a powerful tool for making research contribute to communities faster. In public health research, it could be massively beneficial to make more room for community voices in research especially immigrant, undocumented, or

limited English proficiency populations. These populations continue to face worse health outcomes as well as financial and structural barriers to accessing care. In the interviews conducted in the PAR class, one interviewee said working in Knoxville is like seeing "one barrier after another after another" (Fairley, et. al., 2019). Centro's work is important to addressing these barriers from more than just a clinical source like hospitals or health departments. I think organizations like Centro have great potential for helping alleviate stress on health systems, improve quality of life for communities, and avoid high medical bills for families by playing a role in health education.

Conclusion

In conclusion, PAR is a research methodology that emphasizes partnerships to identify and generate solutions for specific issues often at the local level. Centro Hispano's interest in health education by offering health workshops could be an important service to the community. It is recommended that a health promotion model as well as other health promotion programming resources are utilized to ensure the workshops continue being offered and have a way to document their effectiveness. Perhaps future students or volunteers could form projects around utilizing such models. Last, some resources are provided in English and Spanish to provide insight into what public health experts suggest for success with health education programming.

Resources for Centro Hispano/Recursos para Centro Hispano

Each section is presented first in English then Spanish. Cada sección se presenta primero en inglés y luego en español.

Partnering for Health Promotion Programs:

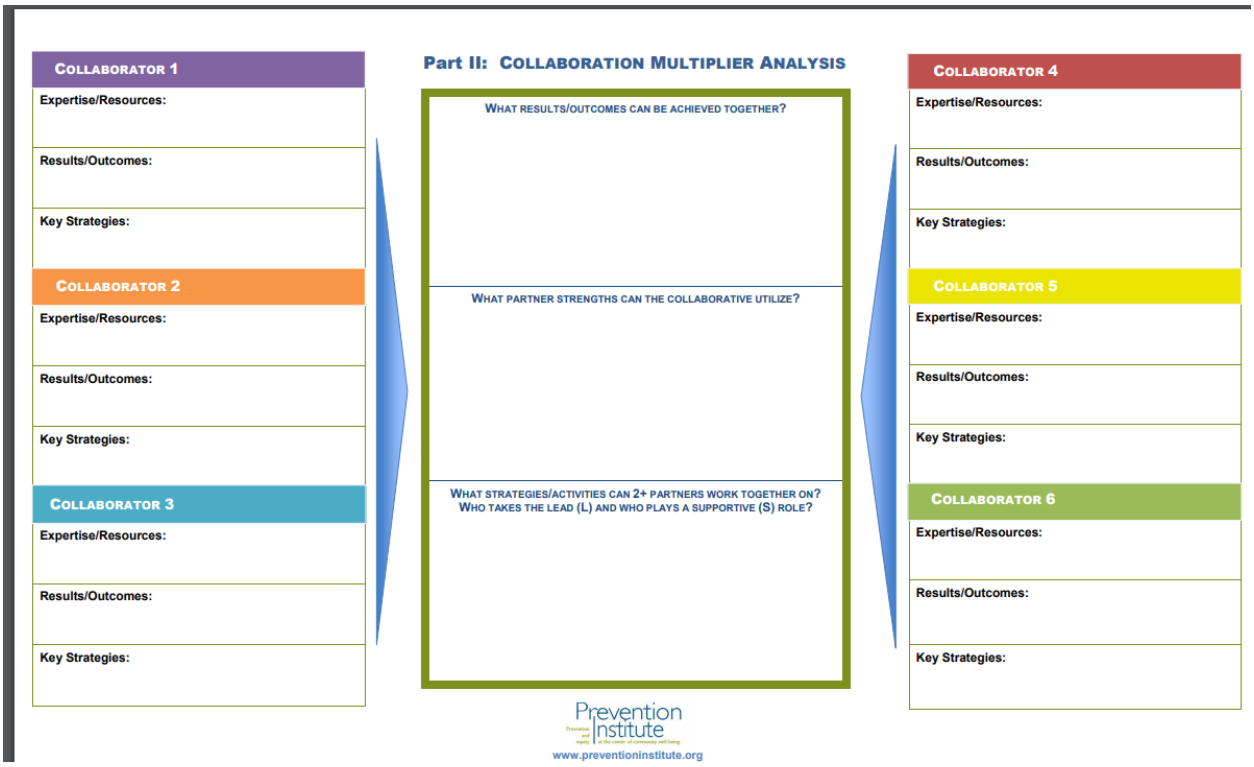
Centro Hispano already excels at starting and maintaining community partnerships. They partner with local schools, universities, businesses, and organizations. As Centro moves forward with health education workshops, partnerships will likely be a crucial foundation for the success of any health promotion program. Partnering is simply "the association of two or more entities (i.e., individuals, groups, agencies, organizations) working together on a project of common interest" (McKenzie, et. al., 2017). The foundations for partnering and useful questions according to the 7th Edition *Health Promotion Programs* textbook include:

1. Meeting the needs of a priority population which could not be met by the capacities of an individual partner
2. Solving a problem or achieving a goal that is a priority to several partners
3. Bringing more stakeholders to the "table"
4. Bringing more credibility to the program
5. Creating a greater response to a need because there is strength in numbers

Questions that may be helpful in selecting partner organizations could include

1. Who is also interested in meeting the needs of the priority population?
2. Who also sees the unmet need of a priority population as a problem?
3. Who has unused resources that could help solve a problem?
4. Who would benefit from being your partner?

Fostering strong partnerships is important to the long-term success of the health workshops or any other health promotion programming that Centro could be interested in doing. Another tool for selecting, fostering, and showcasing partnerships is a tool called the Collaborator Multiplier created by the Prevention Institute and used by organizations like the World Health Organization.

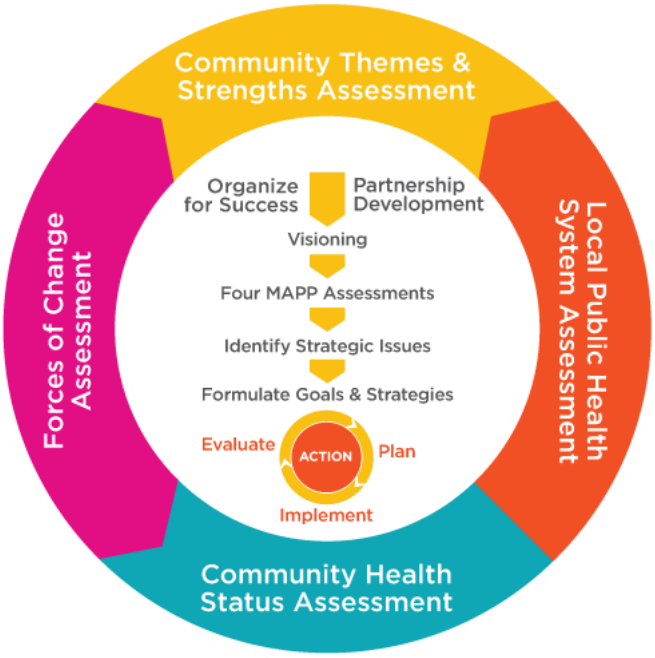


Please visit https://www.preventioninstitute.org/tools/collaboration-multiplier to download.

This tool is designed to "strengthen collaborative efforts across diverse fields" (Prevention Institute). Filling out this form may help solidify the over-all goal that a project has between organizations with various strengths and backgrounds. Furthermore, this may be a helpful way to demonstrate the connection of community on the specific issue.

Using a Model

It is recommendable that a published public health model for health promotion programming be used for organizing health education workshops. One model that was made by the Center for Disease Control (CDC) and the National Association of County and City Health Officials (NACCHO) is MAPP. MAPP stands for Mobilizing for Action Through Planning and Partnership. The figure below demonstrates the basics of MAPP.



This figure was made by NACCHO and CDC: Please visit this website for this graphic or more resources. https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp.

MAPP could be useful because it recognizes the power of community partnerships, is made for the local level, and has many online resources available.

This model could be used by Centro staff or future volunteers or researchers to assess the strengths of the workshops and articulate long-term plans.

Evaluation

Evaluating the effectiveness of the workshops is a recognized step by all major health promotion program models include MAPP. For a researcher to evaluate the health workshops, there are a few key factors that will need to be in place.

1. A pre-determined, written curriculum that the class follows.
2. A class with a consistent amount of workshop participants.

If these factors are present in a workshop or a workshop series, then a future researcher can design pre and post tests to each workshop. This would result in data about the effectiveness and learned concepts of the workshop which would support that Centro is helping improve positive health outcomes in East Tennessee. This would also result in suggestions for improvements to the workshop. A satisfaction survey can also be given with questions asking for feedback and opinions from participants.

Suggestions

I suggest, first and foremost, that Centro Hispano continue in their efforts to offer health education workshops. They have a unique position to improve health education for people who are undocumented and people who have limited English proficiency, which are two populations that face significant barriers to health care access not only in the state, but the nation. Health education is foundational to quality of life and preventing costly and serious negative health outcomes.

I suggest that other students or volunteers be recruited to complete research projects with these health workshops. Specifically, a health promotion program model, like MAPP, should be selected and the steps that Centro has already taken should be documented. Then, the next steps

should be identified. Evaluating the workshops for evidence of quality and effectiveness will be crucial not only for improvements made to the program, but also to demonstrate to the community or other organizations the importance of Centro's health workshops. The book Health Promotion Programs 7th Edition by McKenzie, Neiger, and Thackeray is particularly useful.

Colaborar en la formación de programas para promocionar la salud

El Centro Hispano ya se destaca en empezar y mantener alianzas comunitarias. Forman conexiones con escuelas locales, universidades, negocios y organizaciones. Mientras Centro continúa con talleres de educación para la salud, los nexos serán una fundación crucial para el éxito de cualquier programa de promocionar la salud. Formar alianzas comunitarias simplemente es -la asociación de dos o más entidades (individuos, grupos, agencias, organizaciones) trabajando juntos en un proyecto de interés común. – La fundación de alianzas comunitarias y preguntas útiles según la séptima edición del libro de texto *Programas para promocionar la salud* incluyen:

1. Realizar las necesidades de una población prioritaria que no se pueden realizar con las capacidades de solamente una única entidad
2. Resolver un problema o realizar una meta que es una prioridad para muchas entidades
3. Incluir más interesados en la agrupación
4. Aumentar la credibilidad del programa
5. Crear una respuesta más profunda, porque la unión hace la fuerza

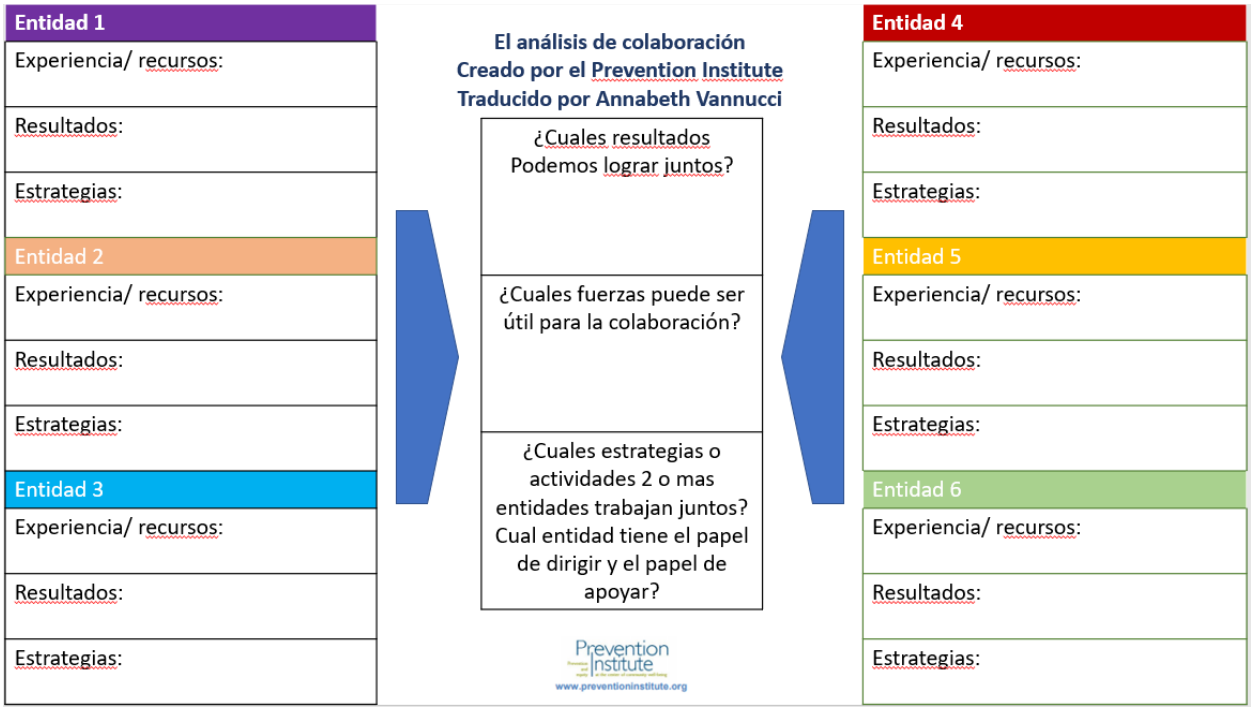
Preguntas que pueden ser útiles cuando se selecciona una organización de alianza comunitaria:

1. ¿Quién más está interesado en colaborar con las necesidades de la población prioritaria?

2. ¿Quién más reconoce la necesidad no atendida de la población prioritaria como problema?
3. ¿Quién tiene recursos no usados que podrían ayudar a resolver el problema?
4. ¿Quién se beneficiaría de ser su alianza comunitaria?

-Las dos listas originalmente están escritas en inglés. Traducido por Annabeth Vannucci. -

Fomentar alianzas fuertes es importante para el éxito a largo plazo de los talleres de salud o cualquier otro programa para promocionar la salud. Otro recurso para seleccionar, fomentar y mostrar las alianzas comunitarias es una hoja de trabajo que se llama el Análisis de la Colaboración (en inglés: Collaboration Multiplier), creado por El Instituto de Prevención (Prevention Institute) y usado por organizaciones como la Organización Mundial de la Salud.

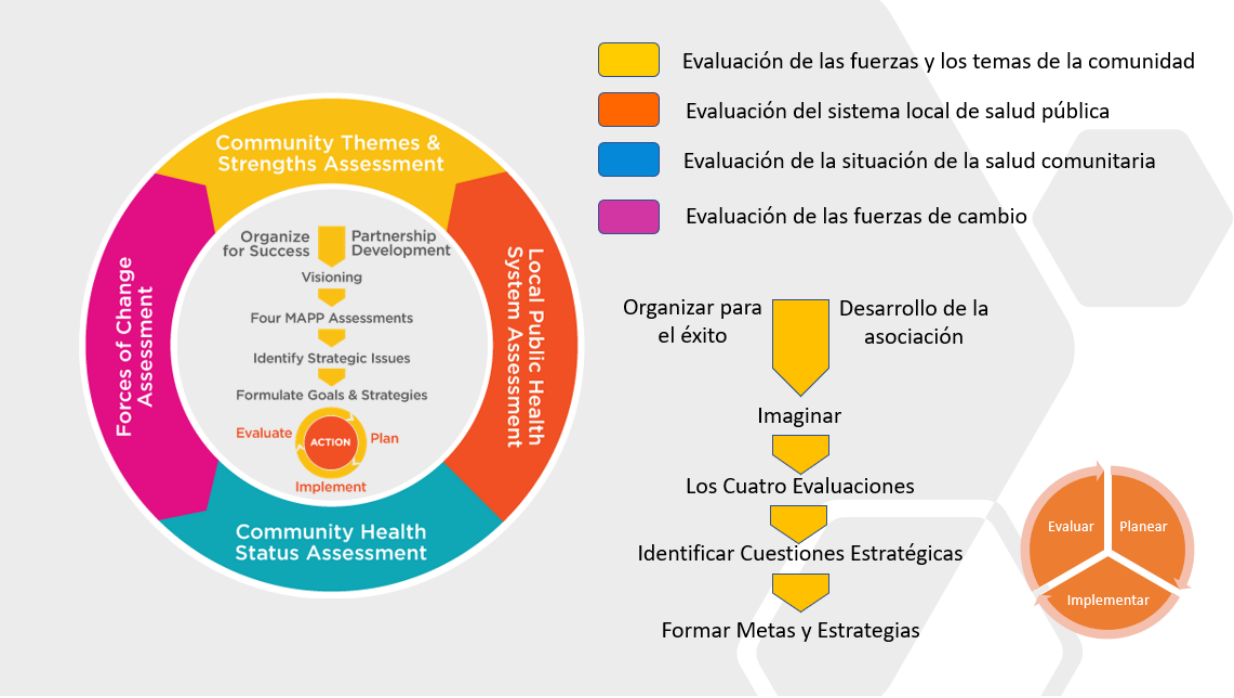


Visite https://www.preventioninstitute.org/tools/collaboration-multiplier para bajar o ver la copia original en inglés.

Este recurso está diseñado para reforzar los esfuerzos colaborativos con campos diversos. Completar este formulario ayudaría a reconocer la meta central que un proyecto tiene entre las organizaciones con fuerzas y experiencias diferentes. Además, ayudaría a demostrar la conexión de la comunidad con el asunto específico.

Usar un Modelo

Es recomendable usar un modelo de salud pública ya publicado cuando se organizan talleres de salud. Un modelo que fue creado por los Centros para el Control y la Prevención de Enfermedades (CDC) y la Asociación Nacional de Funcionarios de la Salud de la Ciudad (en inglés: NACCHO) es MAPP. MAPP significa Movilización para Acciones con Planeación y Asociación. La figura demuestra los conceptos de MAPP.



El gráfico fue creado por el NACCHO. Las traducciones son de Annabeth Vannucci.

MAPP podría ser útil, porque reconoce el poder de agrupación de la comunidad, existe a nivel local y tiene muchos recursos disponibles en línea.

Visite esta página para mas información. https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp.

Los empleados, voluntarios o investigadores que trabajan o colaboran con el Centro pueden usar MAPP para evaluar las ventajas de los talleres y formar planes a largo plazo.

La evaluación

Las evaluaciones son los aspectos más importantes y son reconocidas por todos los modelos para promocionar la salud, incluyendo MAPP. Para que un investigador pueda evaluar los talleres de salud, hay algunos factores que necesitan existir.

1. Un plan de estudios escrito y fijo que la clase sigue.
2. Una clase con una cantidad constante de participantes.

Si estos requisitos existen, un investigador puede escribir dos exámenes, uno antes del taller y uno después. Estos proporcionarían datos sobre los efectos de los talleres y los conceptos aprendidos en ellos. Los datos apoyarían la idea que el Centro ayuda a aumentar los resultados positivos con respecto a la salud en el este de Tennessee y generaría sugerencias para mejorar los talleres. También se puede escribir una encuesta de satisfacción con preguntas sobre las opiniones de los participantes.

Sugerencias

Principalmente, sugiero que el Centro continúe con los talleres de salud, porque está en una posición única para mejorar la educación de la salud de personas indocumentadas y personas con

dominio limitado del inglés, dos poblaciones con barreras significativas para el acceso a servicios de salud no solamente en el estado, sino en la nación también. La educación de la salud es una base esencial para mejorar la calidad de vida y prevenir resultados negativos en la salud que son caros y serios.

Recomiendo que otros estudiantes o voluntarios hagan proyectos de investigación con estos talleres. Específicamente, deben seleccionar un modelo de programas para promocionar la salud, como MAPP, y los próximos pasos deben ser escritos. El modelo puede ayudar a identificar las próximas etapas. Evaluar los talleres para obtener pruebas de calidad y efectos será crucial no solamente para su mejoramiento, sino que demostrar a la comunidad y otras organizaciones la importancia de los talleres de salud.

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