

Evaluation Report

Barriers to Accessing Health Education Workshops: Client and Provider Perceptions

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Executive Summary

The Pregnancy Aid Center (PAC) in College Park, Maryland provides a free health education program to its patients with diabetes, hypercholesterol, and hypertension. As part of the program, PAC has offered a two-hour nutrition and exercise workshop, which only two out of 150 patients have attended. Through ethnographic methods, including surveys and interviews, this evaluation has elicited client perceptions about barriers to accessing the health education workshops, as well as provider perceptions about what prevents clients from attending the workshops. This evaluation provides evidence supporting the continuation of the health education workshops, as well as several recommendations for removing barriers to accessing the workshops.

Barriers to Accessing Health Education Workshops: Client and Provider Perceptions

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I. Introduction

A. Purpose

This evaluation will identify barriers to accessing health education workshops at the Pregnancy Aid Center (PAC), a community-based health clinic in College Park, Maryland. By analyzing client and staff interviews, this evaluation will elicit their perceptions of barriers to accessing the workshops, including probable challenges with communication, transportation, work schedules, family support, finances, safety, and nutritional literacy. This evaluation of the health education program will benefit the PAC executive director, health educator, and providers, its clients, potential funders, and other community health clinics that have similar client demographics and help create a sustainable and culturally-appropriate health education program. And, tentatively, the results of this evaluation will be presented at the Society for Applied Anthropology conference in March 2008.

B. Background

The Pregnancy Aid Center's health education program began as a pilot test in June 2007. Initially a nine-week internship project, the program has expanded its focus from providing prevention and treatment education to Latinas with gestational diabetes to providing prevention and treatment education to all clients with diabetes and cardiovascular health risks. The program has now been underway for four months and it is PAC's expectation that the program will continue with funding from local foundations.

As this is a new program, PAC does not have any background documents on health education. However, the clinicians were providing consultation on nutrition and exercise for clients who presented with diabetes and/or cardiovascular health risks. At least one nurse practitioner provided clients with a diet and exercise spreadsheet for clients to complete daily so that clients would feel accountable for controlling their health. However, the providers have complained that they do not have time or resources to provide quality counseling and have requested that the health education program continue.

Over the past few months, the health educator has observed several significant barriers to health education. These include communication issues; lack of provider, family, and social support; confusion about clients' and providers' explanatory models; transportation; finances; time; and nutritional and physical activity literacy.

II. Description of the Evaluand

Input. The goal of PAC's health education program is to contribute to improving clients' health through two objectives: learning how clients diagnosed with diabetes (Gestational Diabetes Mellitus or Diabetes Type 2) and/or hypercholesterol and/or hypertension view their condition and how that affects their health care and treatment, and developing a culturally relevant intervention that builds awareness about preventing diabetes and cardiovascular disease.

Program Activities. The health education workshops were held every Friday in July 2007 from 2 to 4 PM at PAC. The health education intern facilitated the workshop, while native Spanish-speaking staff member served as interpreter. The first workshop, which a Guatemalan woman attended, included the following activities:

- Interviewed the client on her perceptions of causal factors, symptoms, and treatment of hypercholesterol,
- Provided a short overview of how high cholesterol adversely impacts the cardiovascular system,
- Discussed how to cook the food the client typically eats in a healthier way (e.g. use canola oil instead of corn oil) and discussed a portions guide,
- Taste tested vanilla yogurt with blueberries and low-fat granola and discussed the benefits of calcium, antioxidants, oats, and low fat foods as part of a heart healthy diet,
- Discussed nutrition labels using the info from the yogurt container and granola box, and discussed buying these store brand foods on a low income salary,
- Showed a Spanish-language music video and performed cardio exercises with the client that she can do at home with a family member, and
- Discussed the benefits of exercise as part of a heart healthy lifestyle.

To announce the Friday afternoon workshops in July, the health education intern created bilingual flyers (see Appendix A) and posted them in several prominent locations in PAC, including the waiting room and on the front and inside doors, as well as along the hallways on the first and second floors. In late June, she mailed the diabetes and cardiovascular health class flyers to 75 current clients with diabetes and high cholesterol and/or hypertension. In mid July,

she mailed the diabetes class flyers and a diabetes prevention information sheet tailored to 75 pre- and post-natal clients diagnosed with GDM over the past year. According to the PAC receptionists, several clients (exact number unknown) expressed interest in attending. For the last two weeks in July, the receptionists kept a clipboard with a sign up sheet for clients to commit to attending a workshop.

Clients were expected to attend at least one workshop. Despite the health education intern's perceived best efforts at marketing the workshops, no one signed up for a workshop and only three people attended the workshops. The clients who attended had received the flyer in the mail; one client with hypercholesterol attended the first workshop, and one client with diabetes and her mother who has prediabetes and hypercholesterol participated in another workshop.

Output. The health education intern anticipated that at least 45 clients (30 percent) of 150 targeted clients attend the workshops. However, only two clients (1 percent) and one client's family member attended, and no clients signed up for the workshop despite several clients expressing an interest attending. On the other hand, the health education intern did provide individual nutrition and exercise counseling sessions to 29 clients (19 percent) in nine weeks, which were scheduled according to the clients' availability.

Outcome. The health education intern wants to develop a culturally-appropriate health education program that caters to nearly all PAC clients and informs clients how to prevent, care for, and treat diabetes and hypercholesterol.

Impact. PAC will have fewer clients diagnosed with diabetes, hypercholesterol, or hypertension.

III. Methodology

In order to provide a comprehensive analysis of evaluation data, the Evaluation Question has been broken down into sub-questions, as show in Table 1.

Table 1. Evaluation Question and Sub-Questions

Evaluation Question. What are barriers to accessing the health education workshops offered by the Pregnancy Aid Center?
<ul style="list-style-type: none"> • What are the clients' perceptions of these barriers?
<ul style="list-style-type: none"> • What are the providers' perceptions of these barriers?

The Methodology section comprises the steps the evaluator took in order to address the aforementioned evaluation questions described in Table 1, including the data collection and the data analysis processes. The data collection timetable is shown in Table 2.

Table 2. Schedule of Project Activities

Date	Activity
Oct. 30, 2007	Develop evaluation data collection instruments
Nov. 9-30, 2007	Data collection period: <ul style="list-style-type: none"> • client surveys • client interviews • provider interviews
Nov. 20 - Dec. 1, 2007	Data analysis
Dec. 1-4, 2007	Conclusion development
Dec. 4, 2007	Presentation of results to ANTH616 Evaluation class

A. Data Collection

In order to answer the evaluation questions mentioned above, the evaluator collected client data, including surveys and interviews, during site visits to PAC. All client interviews were conducted in person at PAC. The evaluator took detailed notes during each interview, removing client identifiers from all notes. In order to ensure accuracy, a bilingual PAC staff member assisted the evaluator in translating client interviews and surveys from Spanish to English.

The evaluator had received prior approval from the University of Maryland Institutional Review Board for this project, as the evaluation is a component of a project investigation entitled “How Latinas View Their Gestational Diabetic Care and Treatment” under the guidance of project faculty advisor Dr. Judith Freidenberg, Department of Anthropology, University of Maryland.

The specific kinds of data collection for this evaluation are described in Table 3.

Table 3. Data Collection Plan

Data Source	Description	Collected by:	Instrument
Client surveys	Surveys passed out to clients in the reception area waiting to see a provider. The evaluator attempted to elicit 35 responses and received 12 responses (34 percent response rate).	Evaluator. No identifiers will be collected.	Client Survey Instrument
Client interviews	Ten interviews attempted and seven 20- to 30-minute individual interviews conducted (70 percent response rate). <ul style="list-style-type: none"> • Two Interviews attempted and conducted with two clients (100 percent) who attended a July 2007 health education workshop at PAC. • Attempted 5 interviews with clients who attended at least one counseling session conducted from June to Nov. 2007; conducted 2 	Evaluator randomly selected interviewees from counseling sessions. No identifiers were collected.	Client Interview Instrument

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interviews (40 percent response rate).			
<ul style="list-style-type: none"> • Attempted and conducted one interview with a new client who had not received a flyer (100 percent response rate). 			
Provider interviews	Informal interviews with 5 staff members.	Evaluator.	None

Client Data

Client Surveys. Surveys were handed to clients waiting in the PAC reception area to see their provider. These surveys (see Appendix C for client survey instrument) address clients’ barriers to attending a PAC-sponsored one- to two-hour workshop that offers nutrition education and exercise tips. The evaluator asked the clients if they would want to fill out a survey and left blank surveys next to the sign up sheet while she conducted other business. The receptionists reported that no patients wanted to complete the surveys, and the evaluator again asked patients to complete the survey forms. The evaluator expected to receive at least 30 survey responses from clients; she actually received 12 (34 percent response rate).

Client Interviews. The evaluator conducted client interviews at PAC to address perceived barriers to accessing health education workshops. The semi-structured interview (see Appendix B for the client interview instrument) lasted approximately 20 to 30 minutes and was open-ended. Interviews were completed with the two clients (100 percent) who attended the workshops, and the evaluator attempted to conduct interviews with a sample of six clients out of 30 (20 percent) who attended an individual health education counseling session from June to Nov. 2007. The evaluator randomly selected the six clients to interview by picking the name of every fifth client who attended at least one diabetes or cardiovascular health education counseling session. When the client was not home at the time that evaluator called to schedule an interview, the evaluator chose another client to contact. The evaluator conducted three interviews (40 percent response rate), including one with a new client who had not received a health

educator flyer.

Provider Interviews. The evaluator attempted and conducted informal interviews with five providers (100 percent response rate), including two nurse practitioners, one medical assistant, one administrative staff person/interpreter, and the executive director.

B. Data Analysis

Data collection yielded two types of data from PAC: quantitative data from client surveys, and qualitative data from interviews with clients and providers. The survey responses were typed into a word processing document, and the quantitative data was then written into SPSS data sets for statistical analyses using a data dictionary that specifies variable names, values, formats and labels for all variables. Qualitative data was typed into a Word document and then hand coded for themes. The data analysis required writing data into SPSS data sets (for quantitative data) and coding the data into text analysis software (for qualitative data). The specific kinds of data analysis used for this evaluation are described in Table 4.

Table 4. Data Analysis Plan

	Data to be used	Sets of variables included
Descriptive and Exploratory Analyses		
Frequencies	Client surveys	<ul style="list-style-type: none"> • Client demographics • Number of responses
Cross Tabs	Client surveys	<ul style="list-style-type: none"> • Client demographics • Barriers to access
Narratives	Interview data	<ul style="list-style-type: none"> • Client characteristics • Provider characteristics • Barriers to access

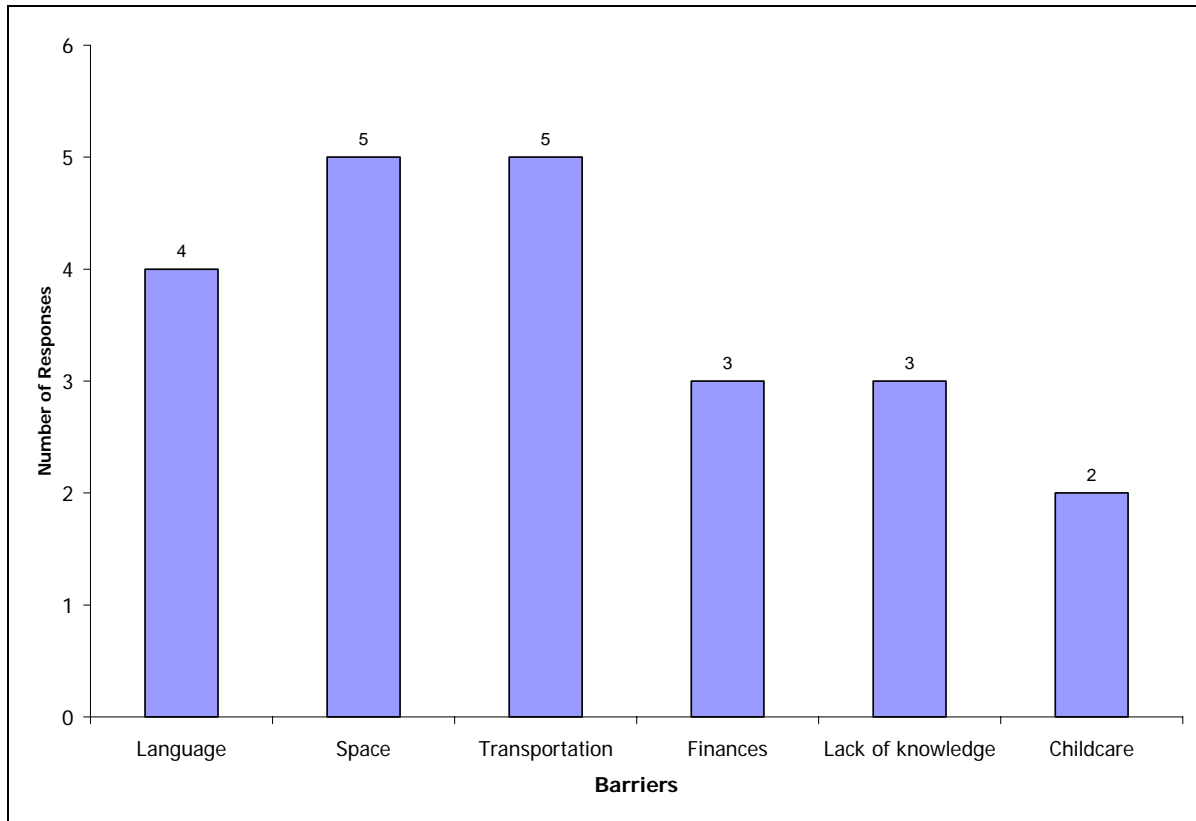
IV. Findings

The finding significantly varied between provider and client perceptions of barriers to accessing health education workshops. The majority of clients perceived child care (68 percent) to be the biggest barrier in attending the workshops; two of the clients interviewed who did not come to the workshop in July 2007 explained that their children were home for the summer and could not want to bring their children to the workshop because they were too young.

Other barriers included transportation (21 percent) and work schedules (21 percent). However, a quarter (26 percent) of the respondents did not perceive that any barriers would prevent them from attending a workshop. Also, the respondents agreed that family support and language were not barriers. Although one client interviewed had discussed problems in July with her husband lack of support in helping to lower her cholesterol and lose weight, she did not state explicitly in this interview that lack of social support was a barrier for her in attending the workshop. In regards to the response rate about language, the evaluator is not positive this is entirely reliable. The evaluator asked each client whether language was a barrier, and they all answered no. Six of the seven interviewees were Spanish speakers, and the evaluator had an interpreter providing translation of the interview questions and responses. One interviewee blushed and put her head down when the evaluator asked this question, and the evaluator assumes that the interviewee was embarrassed by the question, although the reason is not clear.

See Figure 1 for a snapshot of the responses.

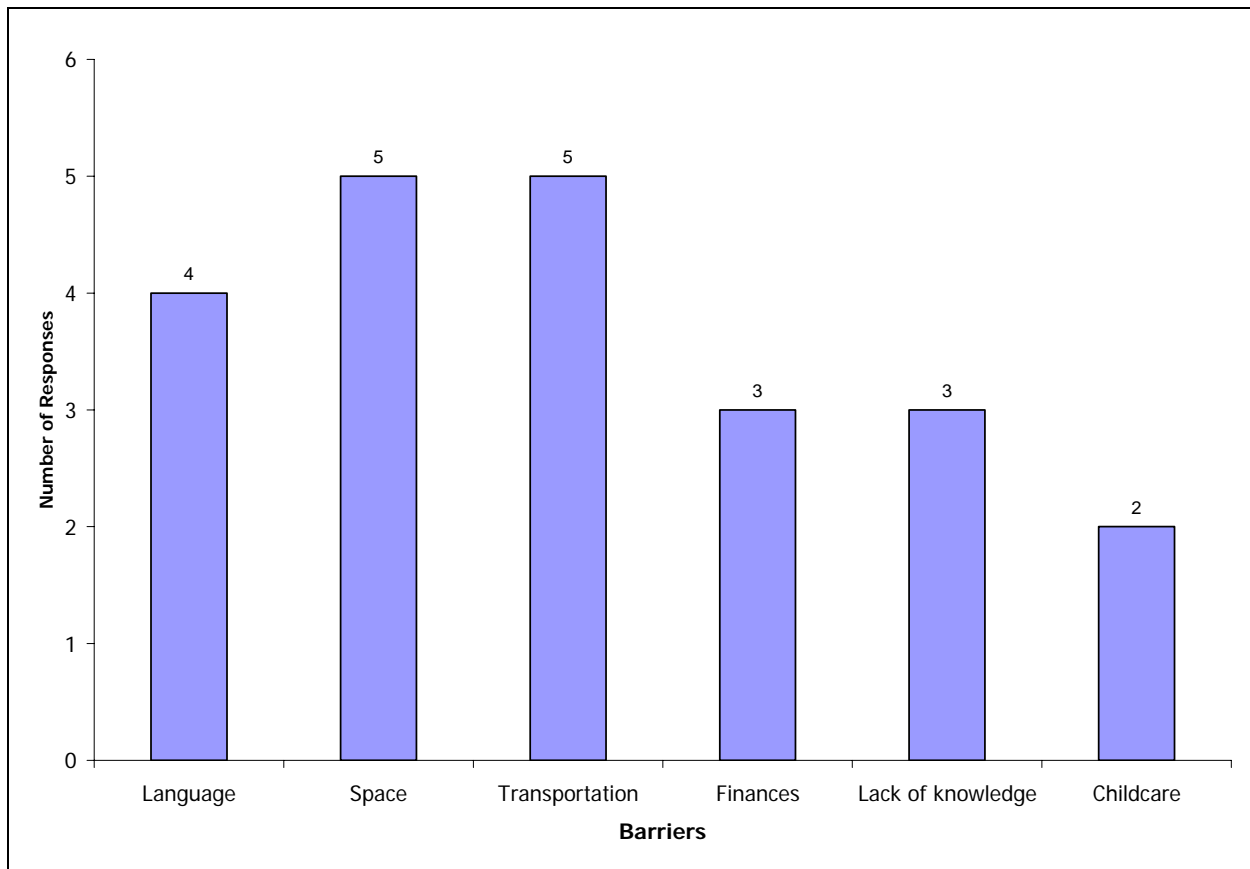
Figure 1. Client Barriers to Attending a Health Education Workshop



NOTE: Percentages add up to more than 100%, as respondents could chose one or more answers

Nearly half of the respondents (46 percent) agreed that Saturday was the best days to hold a health education workshop, with Friday (38 percent) as second best and Sunday (23 percent) as third best. Nearly a third (64 percent) of the respondents agreed that 9 to 11 AM was the best time slot to hold the workshop, while over a third (36 percent) of the respondents perceived 11 AM to 1 PM as a good time. Only seven percent of the respondents agreed that an afternoon or evening session would work best. See Figure 2 for a breakdown of the responses.

Figure 2. Best Days and Times for Clients to Attend a Health Education Workshop

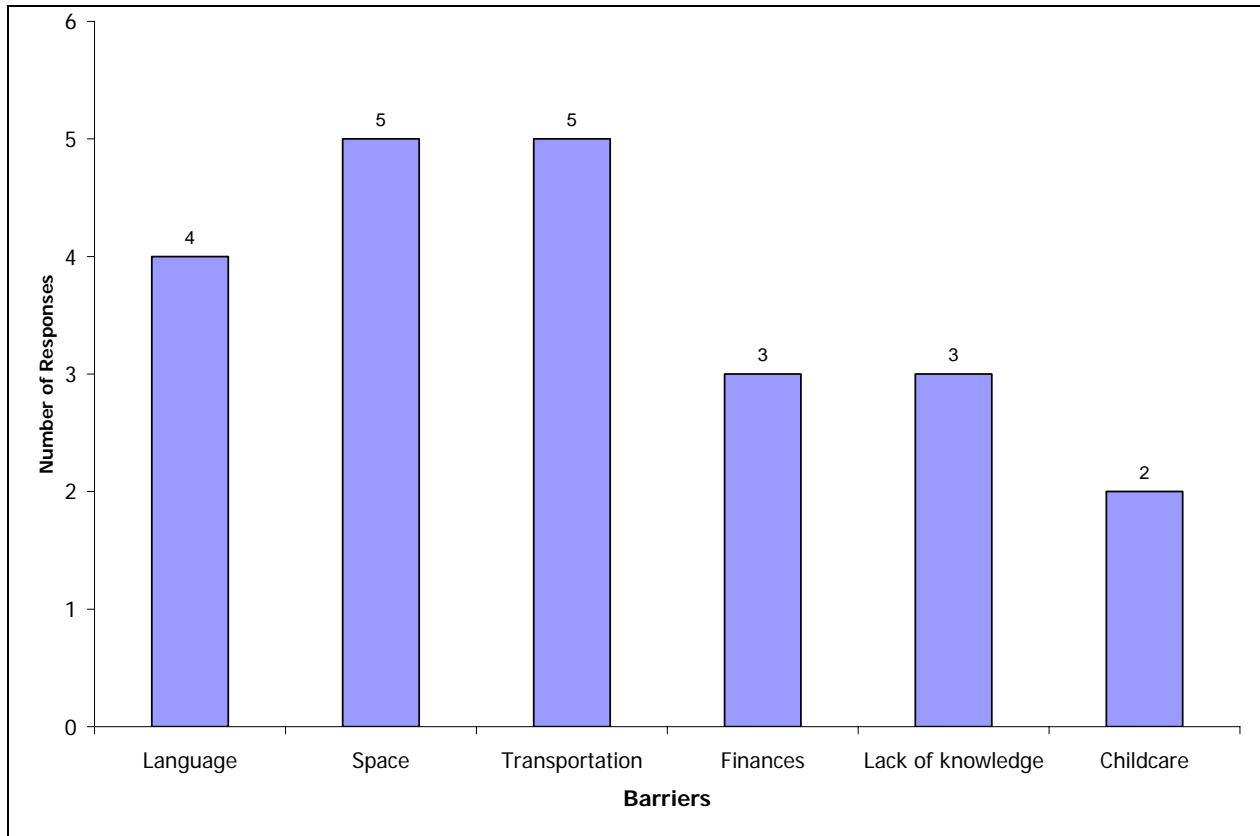


NOTE: Percentages add up to more than 100%, as respondents could chose one or more answers

Of the 19 survey and interview respondents, 18 (95 percent) said they would be interested in attending a workshop, regardless of whether or not they had been diagnosed with diabetes, hypercholesterol, or hypertension. The one respondent who was not interested in attending a health education workshop wrote on her survey that she was a health educator herself. (On a side note, this was an interesting response, as the respondent also indicated on her survey that she has gestational diabetes, so even health educators are susceptible to illness despite their own level of knowledge.)

Nearly 90 percent of the respondents agreed that they would prefer attending a health education workshop at PAC; two respondents felt that a church or library would be better. And all but one respondent (95 percent) stated they would be willing to pay for a workshop. Over a third (41 percent) stated the cost of the workshop should be \$5, exactly a third (33 percent) said it should be \$10, and 17 percent said \$15. See Figure 3 for a breakdown of these results.

Figure 3. Clients' Preferred Cost of Health Education Workshop



NOTE: Percentages add up to more than 100%, as respondents could chose one or more answers

The providers had very different responses from the clients when asked about what barriers they perceive clients to have in accessing health education workshops. All five providers interviewed felt that lack of space and privacy at PAC, as well as transportation, were barriers for clients in attending the workshops. The evaluator has observed that the providers have verbalized their concerns with the lack of space at PAC at least once a week, if not more. PAC is a two-floor Victorian house, and the providers, on average day, see 50 to 80 patients a day, not including the clients who come in for pregnancy tests or are newly pregnant and need to open a pre-natal medical chart in order to start their care. The providers often express concern about not having enough room at PAC to conduct private conversations, including risk assessments, with clients. The providers feel that lack of space and privacy gives the patient a bad impression of the quality of care that PAC provides.

The providers have observed a pattern regarding transportation. When it rains or snows, most of their patients do not make their scheduled appointments. The providers think this is

because clients have difficulty in walking to the bus stop or getting a ride from a family member or friend.

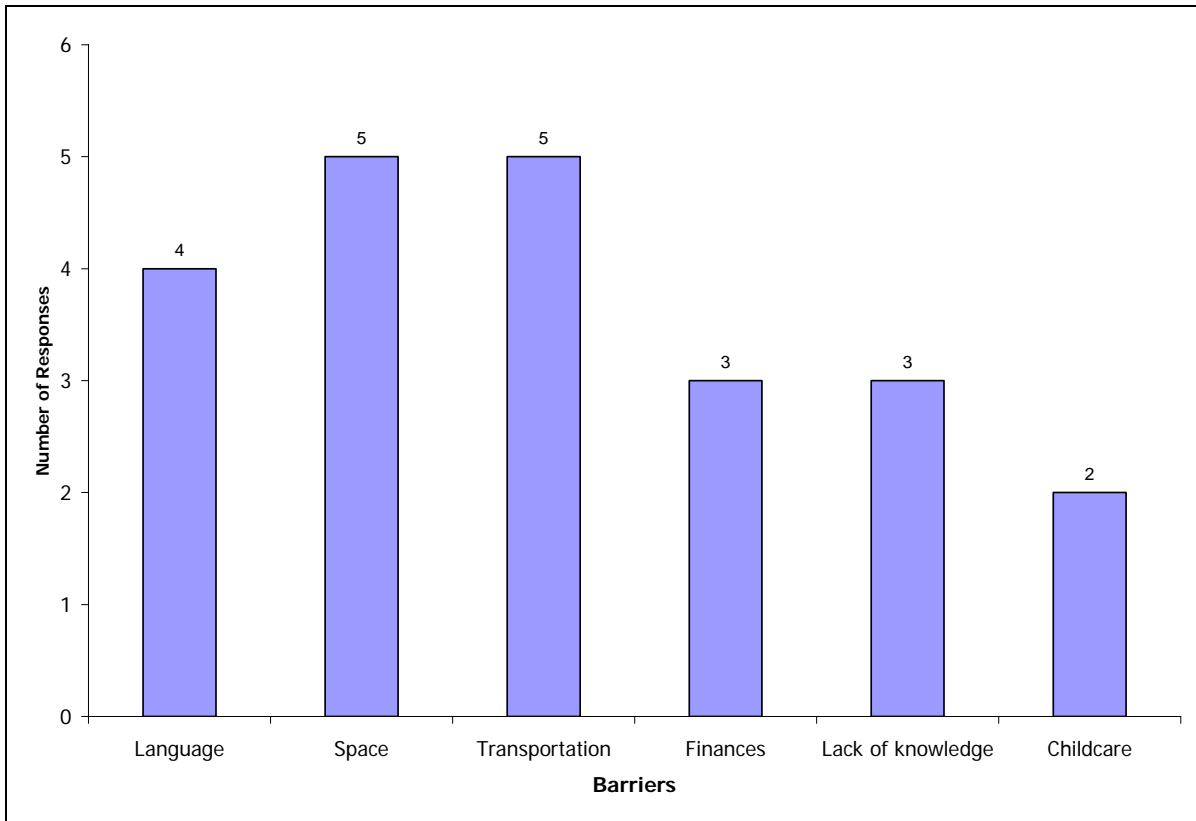
Except for one provider who is a medical assistant fluent in English and Spanish and serves as one of two interpreters at PAC, four of the five providers (95 percent) interviewed expressed concern that their staff or client provided interpreter was not translating exactly what the provider was saying to the client or what the client was saying to the patient. Out of the four respondents, three are English speakers and use either a lay or professional interpreter when talking with non-English speaking patients. The fourth respondent is a staff person who serves as interpreter for the health educator, and her concern was that her English fluency was not at a level to express exactly what the client says.

The majority of the providers (60 percent) were concerned about the clients' finances. They felt that if the clients had to pay for the workshop, they wouldn't attend. Also, 60 percent of the providers felt that despite their best efforts in providing education during the consultation, the clients lacked knowledge about their condition, e.g. hypercholesterol, hypertension, and/or diabetes, to perceive that it was important to attend a health education workshop.

Only two of the providers (40 percent) attributed barriers to childcare, which were linked to transportation issues as mentioned previously. Both of these respondents had young children at home. In addition, all the providers (100 percent) thought Fridays from 2 to 4 PM would work best for both the providers and the clients.

See Figure 4 for the results of the providers' perceptions of clients' barriers in attending the workshop.

Figure 4. Providers' Perceptions of Clients' Barriers to Accessing Health Education Workshops



NOTE: Percentages add up to more than 100%, as respondents could chose one or more answers

V. Conclusions

The providers and clients at PAC clearly lack consensus in assessing barriers to accessing health education workshops. For the client, structural barriers were the biggest obstacle in attending the workshops. Yet, providers do not see the same structural barriers as concerns. From what the evaluator has observed, providers feel that if they recommend a treatment, including attending a health education workshop, clients should understand that this is only beneficial to their health and should make the treatment a priority. Providers perceive communication, including language and lack of knowledge, as the two most prevalent barriers.

Clients mentioned structural barriers, such as childcare, transportation, and work schedules, as their biggest barriers to attending workshops. But, providers do not agree, as the majority of providers did not see the same structural barriers, except transportation, when interviewed. For the providers, language and lack of knowledge about health issues were perceived to be the most prevalent barriers.

Another discrepancy involved the costs of the workshops. The providers perceived that clients would not attend if they had to pay for the workshop, yet clients disagreed. Most of the clients who responded felt that paying \$5 to \$10 for a workshop was reasonable and would not prevent them from attending a workshop. Also, providers thought that holding the workshop at PAC would prevent clients from attending the workshop because of lack of space and privacy. Despite the providers' concerns about these issues, it does not appear to be a concern on the clients' part.

Other structural barriers to attending the workshops including work schedules and transportation issues. Half of the patients I interviewed had a job outside the home and had difficulty in changing their schedule.

Linked to structural barriers are the clients' preferred days and times (Saturdays or Fridays from 9 to 11 AM or 11 AM to 1 PM) to attend a health education workshop. Many of the clients have children and either work at home or have part time jobs allowing them to be home to provide childcare when their children come home from school in the afternoon. Conversely, for the providers, Friday afternoons are usually less crowded and offer a time for their high risk

clients to attend the workshops. PAC is not open on Saturdays, allowing all the staff to have a weekend break, although clients have schedules that allow them more time to attend a workshop on the weekend.

VI. Recommendations

The evaluator is also the health educator, and this dual role offers a direct way to implement most of the recommendations.

Day and Time. First of all, the health educator can talk with her fellow providers and inform them that clients would prefer to move the workshop to Friday morning instead of Friday afternoon. The health educator does not perceive this to be a problem, as PAC sees very few clients Friday mornings. (In fact, the health educator has observed at least two Fridays when staff did not have any patients and used their free time to clean the clinic.) Also, the health educator could ask for permission to use the clinic on Saturday mornings to host a workshop, if the executive director allows. Hosting the workshop on a Saturday morning would mean the clinic would be entirely free, allowing more room to host more clients.

Marketing. Since nearly all of the clients surveyed and interviewed responded that they would be interested in attending the workshop whether or not they are diagnosed with one of these problems, the workshop announcement should go out to all clients, not just ones diagnosed with diabetes or a cardiovascular condition.

Childcare. PAC could offer a volunteer or staff member to watch clients' children on one floor while the workshop is taking place on another floor. However, this may create a problem with providers who are concerned with space, especially on Fridays, as PAC only has two rooms in which to place a group of five or more people.

Cost of Workshop. If the health educator is not successful in getting a grant to cover all costs of the workshop, clients have indicated that they would be willing to pay five to ten dollars to attend a workshop. The health educator would have to analyze her budget to confirm that this amount would be enough to cover most costs. Charging for the workshop would help offset costs, particularly if PAC needs to pay a staff person to provide childcare on Saturday, a normal day off.

Space. Although the clients do not see space as an issue, the providers do. I have observed that providers may project their concerns onto their clients, perceiving that clients have concerns about space and privacy, when in fact only the providers do. The executive director and

board of directors are currently looking for a new location that would provide more room for both providers and patients, and the evaluator will recommend that the board consider a location with a large room for workshops.

Transportation. At this time, the health educator is unsure as to how to help with transportation. PAC is located on a bus line, and the majority of clients who the health educator counsels live within a five mile radius of PAC on metro bus lines. Perhaps having the workshop in the morning would be helpful to most of the patients with transportation issues. It would be interesting to compare clients' perceptions about transportation once the workshop is held on a Saturday, as the metro bus does not run as many buses on weekends.

VII. Lessons Learned

The health educator as evaluator has learned several key pieces of information about her health education program. She now has valuable evidence that a health education workshop would be useful to PAC clients, and she can now restart the workshop program. She can also write proposals requesting funding for the workshops. And, in case funding is not approved, she has another way of funding the program through charging attendees for the workshop.

On the other hand, as the instructor Dr. Butler discussed earlier this semester, the person working on the project should not be the one to evaluate it, since that person is too close to the evaluation. I cannot be 100 percent positive that my interview results were not skewed, specifically in regards to the responses to whether or not language is a barrier.

Appendix

A. Cardiovascular and Diabetes Health Education Announcements

1. Diabetes Health Education Announcement in English



Let's talk about
Diabetes!

Learn about the importance of:

- Basics of diabetes
- Nutrition
- Exercise
- Support from family and friends

every Friday in
July from 2 to 4 PM
at the Pregnancy
Aid Center!

Family and friends welcome—
let's live healthy together!

For more information, contact Jackie Donaldson
in the Social Work office at 301-441-9150

2. Diabetes Health Education Announcement in Spanish



Hablamos sobre
¡diabetes!

Aprendamos la importancia de:

- Nociones básicas sobre la Diabetes
- Nutrición
- Ejercicio
- Ayuda de la familia y de amigos

¡Todos los viernes de
julio entre las 2 y las
4 de la tarde en el
Pregnancy Aid Center!

Para pacientes y sus familiares y
amigos—¡Compartamos la experiencia
de vivir con salud!

Para más información, llámame a Jackie Donaldson
en la oficina de Social Work a 301-441-9150

3. Cardiovascular Health Education Announcement in English



Let's talk about
heart health!

Learn about the importance of:

- Heart disease and its risk factors
- Nutrition
- Physical activity
- Support from family and friends

every Friday in
July from 2 to 4 PM
at the Pregnancy
Aid Center!

Family and friends welcome—
let's live healthy together!

For more information, contact Jackie Donaldson
in the Social Work office at 301-441-9150

4. Cardiovascular Health Education Announcement in Spanish



Hablamos sobre
¡su corazón!

Aprendamos la importancia de:

- los factores de riesgo para desarrollar las enfermedades del corazón
- Nutrición
- Actividad física
- Ayuda de la familia y de amigos

¡Todos los viernes de
julio entre las 2 y las
4 de la tarde en el
Pregnancy Aid Center!

Para pacientes, sus familiares y
amigos—¡Compartamos la experiencia
de vivir con salud!

Para más información, llame a Jackie Donaldson
en la oficina de Social Work al 301-441-9150

B. Client Interview Instrument in English and Spanish

INTERVIEW FOR CLIENTS WHO HAVE ATTENDED A WORKSHOP OR COUNSELING SESSION

1. Does the Pregnancy Aid Center do a good job helping you deal with diabetes and/or high cholesterol? Why or why not? *¿Pregnancy Aid Center hace un buen trabajo que le ayuda para tratar de diabetes y/o de colesterol alto? ¿Por qué o por qué no?*

2. If the Pregnancy Aid Center offered a 1-½ to 2-hour workshop with a nutrition session, (learn how to cook healthy foods), and an exercise session, would you be interested in attending? If yes, what would prevent you from attending this workshop? (If necessary, prompt: transportation, child care, family support, finances.) *¿Si Pregnancy Aid Center ofreciera un clase de uno al dos horas con la sesión de la nutrición (cómo cocinar los alimentos sanos) y la sesión del ejercicio, usted estaría interesado en atender? (En caso de necesidad, dice: transporte, cuidado de niño, ayuda de la familia, finanzas)*

3. If you would like to attend a workshop, what day(s) and time(s) work best for you? Why is this the best time? *¿Si usted quisiera atender a un taller, qué día(s) y hora(s) trabajan lo más mejor posible para usted? ¿Por qué?*

4. Where would the best location be for you to attend a workshop? (If necessary, prompt: PAC, community center, church, fire hall, or other.) Why would this be best? *¿Dónde la mejor localización estaría para que usted atienda a un taller? (En caso de necesidad, dice: Pregnancy Aid Center, un centro de comunidad, un iglesia, una biblioteca, u otro.) ¿Por qué?*

5. If you are not able to attend a workshop, would you like to receive information about diabetes or heart disease prevention, care, and treatment? If yes, in what form would you prefer to receive it? (If necessary, prompt: discussion with provider, individual counseling in person with health educator, counseling over the phone with health educator, read a brochure, self research, or other.) Why? *¿Si usted no puede atender a un taller, usted tiene gusto de recibir la información sobre la prevención, cuida, o tratamiento de la diabetes o enfermedad cardíaca? ¿Si sí, en qué forma usted preferiría recibirla? (En caso de necesidad, dice: la discusión con el abastecedor, asesoramiento individual en persona con el educador de la salud, aconsejando sobre el teléfono con el educador de la salud, leyó un folleto, una investigación del uno mismo, o una otra.) ¿Por qué?*

C. Client Survey Instrument in English and Spanish

**SURVEY ABOUT HEALTH EDUCATION WORKSHOPS
LA ENCUESTA SOBRE CLASES DE LA EDUCACIÓN DE SALUD**

1. How old are you? *¿Cuántos años tiene?*

14-19___ 20-29___ 30-39___ 40-49___ 50-59___ 60-69___ 70+___

2. What is your ethnicity? *¿A qué raza pertenece?*

White___ African American___ African___ Latina___ Asian___ Other___

Blanca___ Afro-americana___ Africana___ Latina___ Asiática___ Otra___

3. Have you been diagnosed by a doctor with the following? (Mark one or more.)

¿Alguna vez le han diagnosticado alguna de las siguientes enfermedades? (Marque todas las que considere oportunas.)

Diabetes (sugar in the blood)___ High Blood Pressure___

*Diabetes (azúcar en la sangre)*___ *Presión Alta* ___

High Cholesterol (fat in the blood)___ None___

*Alto Colesterol (grasa en la sangre)*___ *Ninguna* ___

4. If the Pregnancy Aid Center offered a 1 to 2-hour workshop with a nutrition session, (for example, learn how to cook healthy foods and how to read nutrition labels), and an exercise session, would you be interested in attending?

¿Si el Pregnancy Aid Center ofreciera una clase de una a dos horas referida a de la nutrición (por ejemplo: cómo cocinar las comidas sanamente, cómo leer las etiquetas sobre nutrición) y acerca de ejercicios, usted estaría interesado en concurrir?

Yes ___ No___ Sí ___ No ___

5. What would prevent you from attending this workshop? *¿Qué impediría que usted concurriera a esta clase?*

Transportation___ Family support___ No reason___

*Transporte*___ *Ayuda de su familia*___ *Ninguna razón*___

Child care___ Cost of workshop___

*Cuidado de niños*___ *El costo de la clase*___

Other (please specify)_____

*Otro (por favor, explique)*_____

6. If you would like to attend a workshop, what day(s) work best for you? (Mark one or more.)

¿Si usted quisiera concurrir a un taller, qué día(s) sería mejor para usted? (Marque todas las que considere oportunas.)

Monday___ Tuesday___ Wednesday___ Thursday___

*Lunes*___ *Martes*___ *Miércoles*___ *Jueves*___

Friday___ Saturday___ Sunday___

*Viernes*___ *Sábado*___ *Domingo*___

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7. If you would like to attend a workshop, what time(s) work best for you? (Mark one or more.)

¿Si usted quisiera concurrir a un taller, qué hora(s) sería mejor para usted? (Marque todas las que considere oportunas.)

- 9 to 11 AM___ 11 AM to 1 PM___ 1 to 3 PM___
entre las 9 y las 11 de la mañana___ entre las 11 de la mañana y 1 de la tarde___ entre las 1 y las 3 de la tarde___
- 3 to 5 PM___ 6 to 8 PM___
entre las 3 y las 5 de la tarde___ entre las 6 y las 8 de la tarde___

8. How much would you be willing to pay for the workshop? (Mark one or more.)

¿Cuánto usted estaría dispuesto a pagar la clase?(Marque todas las que considere oportunas.)

- \$5___ \$10___ \$15___ \$20___
 \$25___ \$30___ The workshop needs to be free___ *La clase defiría ser gratuita___*

9. Where would the best location be for you to attend a workshop? (Mark one or more.)

¿Dónde sería la mejor localización para que usted concorra a una clase?(Marque todas las que considere oportunas.)

- Pregnancy Aid Center___ Community Center___ Library___ Church___
Pregnancy Aid Center___ El centro de la comunidad___ La biblioteca___ La iglesia___
- Other (please specify)_____
- Otro (por favor, especifique)_____*

10. If you are not able to attend a workshop, would you like to receive information about preventing and/or treating diabetes (high blood sugar) or heart disease (high cholesterol or high blood pressure)? (Mark one or more.)

¿Si usted no puede concorra a una clase, usted quisiera recibir la información sobre la prevención, cuidado, o tratamiento de la diabetes (azúcar en la sangre) o enfermedad cardíac (como alto colesterol y alta presión)? (Marque todas las que considere oportunas.)

- Yes ___ No___ Sí ___ No ___

11. If yes, in what form would you prefer to receive it? (Mark one or more.)


¿Si sí, en qué forma usted preferiría recibirla? (Marque todas las que considere oportunas.)

- Discussion with your doctor___ One-on-one session with health educator___
Discusión con su doctor___ Una consulta en persona con el educador de la salud___
- Counseling over the phone with health educator___ Read an informational brochure___
Consulta del telefónica con el educador de la salud___ Lea un folleto explicativo___
- Research on your own___ Discussion with your family and/or friends___
Investigar por su propia cuenta___ Discusión con su familia y/o sus amigos___
- Other (please specify) _____
- Otro (por favor, especifique) _____*

For information about diabetes and heart health,
 please contact the health educator Jackie Lopez at 301-441-9150.

*Por información sobre diabetes y enfermedad cardíaca,
 llame a educador de la salud Jackie Lopez a 301-441-9150.*

D. Presentation of Findings to ANTH616 Class



Barriers to Accessing Health Education Workshops: Patient and Staff Perceptions

Jackie Donaldson-Lopez
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ANTH616

Purpose of the Evaluation

- Identify barriers to health education workshops
- Compare patient and staff perceptions

Evaluation Questions

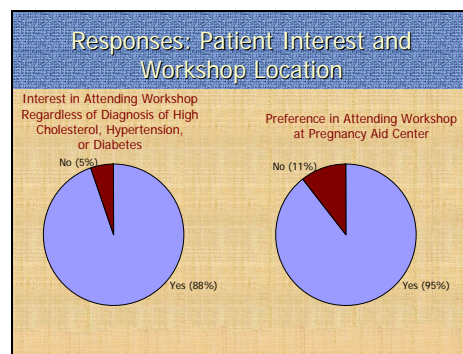
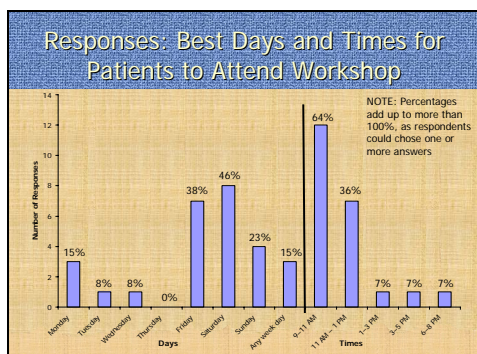
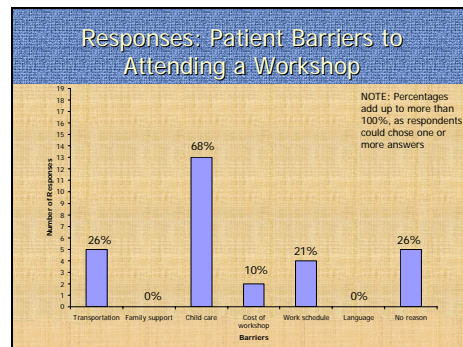
- What prevents a patient from attending a health education workshop?
 - What do patients think are the barriers?
 - What do providers think are the barriers?

Description of Health Education Program

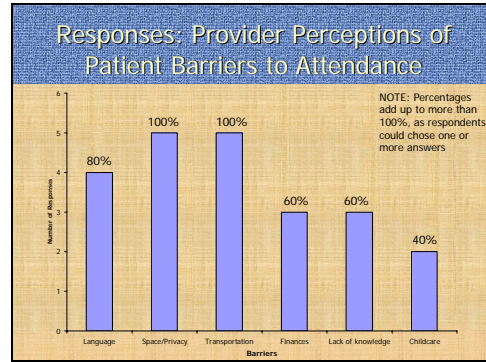
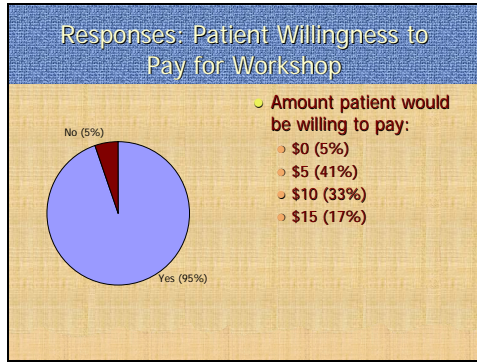
- Held at Pregnancy Aid Center
- Individual nutrition and exercise counseling
 - Monday-Friday from 9 AM to 4 PM
 - 29 patients sought counseling
- Two-hour nutrition and exercise workshop
 - Fridays in July from 2 to 4 PM
 - Three women attended

Methods

- Patient surveys
- Semi-structured interviews with patients
- Informal interviews with staff



Barriers to Accessing Health Education Workshops: Client and Provider Perceptions



- ### Lack of Patient-Provider Consensus
- o Lack of patient-provider consensus
 - o Days and times
 - o Childcare
 - o Language
 - o Finances-Payment
 - o Work schedule
 - o Location-Space/Privacy
 - o Lack of knowledge

- ### Recommendations
- o What PAC can do now
 - o Change time and day of workshop
 - o Offer the workshop to ALL patients
 - o Offer childcare
 - o Future considerations
 - o Charge for workshop
 - o Space
 - o Transportation

- ### Thoughts on Evaluation
- o Pros
 - o Implement changes now
 - o Grant implications
 - o Cons
 - o Health educator as evaluator