



UNIVERSITY HOSPITALS CASE MEDICAL CENTER/
CASE WESTERN RESERVE UNIVERSITY

“Do-it-together Health Education”:
Community-Based Health Interventions for
Mercado Global Artisans

April 16, 2015

Olga Maorales, Training & Credit, Mercado Global
Aurora Matzar, Training & Credit, Mercado Global
Mitsuru Moriyama, Medical student
Yuri Ito, Medical student
Sarah Sweeney, MD, Resident
Hikari Morikawa, MA, MSSA
Mori J Morikawa, MD, MPH, Chief Medical Consultant for MG

I. BACKGROUND

As Pain Away¹ and Power To Change (PTC)² in the “More Skills Less Pills” program have been implemented by the Mercado Global(MG) staff, Olga Morales and Aurora Matzar, the goal of this trip was to refine the Do-It-Together Health Education interactive learning activities for health knowledge and healthy behaviors.

The original MG health education modules were compiled with information from various online medical resources as well as input from previous MG collaborators. However, some of the health messages were inconsistent and others were out of date. When Olga completed the steps of PTC, she asked us to revise the health education modules and sent us a list of specific health topics requested by each community.

While working on the revision, the Cleveland team found it extremely difficult to develop health education modules appropriate for the topics on the list. The description of the topics, such as “family planning” or “cervical cancer” were too broad to understand the specific context of the question. We could have provided textbook material, but it would not have been useful for Olga to use with the artisans.

Health education is not about health information. Rather, education is an interactive process of asking/answering questions and checking/rechecking the meaning and context of the question, eventually leading to a behavioral change. Therefore, we decided to develop health education modules with the MG staff through clarifying the artisans’ questions while we were in Guatemala.

II. COMMUNITY VISITS

We visited Grupo Nuevo Amanecer for our first community visit. Seven artisans attended the session. The program consisted of the magic ball icebreaker and a role playing activity for each health topic and time for questions on each topic. The session ended with the Pain Away activity led by an artisan. The health topics addressed were: 1) Family Planning, 2) Nerves and Anxiety, 3) Urinary Tract Infection and 4) Constipation. The MG/Cleveland Team were the participants in the “Health Care Provider/ Patient” role-playing activities. Many more artisans engaged in the first topic (Family Planning), than the other 3 topics. Forty-five minutes were spent on this topic compared to 10 minutes each for the remaining three. The session was conducted in English and Spanish with translation to Kaqchikel. Most of the women spoke Spanish.

The second community we visited was Grupo Santa Maria. Before this visit, the MG Training Program Coordinators (Olga and Aurora) received a 30 minute education session on pap smears and cervical cancer, the topic of the day. We created 3 key health messages on the topic. Six artisans attended this session. The program consisted of the magic ball icebreaker, a brief introduction to the session by Dr. Morikawa and one role-playing activity with questions

¹ Pain Away: a set of exercises for musculoskeletal pain syndromes

² PTC: a set of activities for group problem-solving skills to build a positive mentality

addressed throughout. The session ended with the Pain Away program led by an artisan. A facilitative style of discussion was used and questions were directed back at the group throughout the activity. At the end three pre-determined health messages were reinforced. The session was conducted in English and Spanish. All of the women spoke Spanish.

III. FINDINGS/ASSESSMENT

1. Delivering simple, clear messages and encouraging group interaction is more important than the quantity of information delivered.
2. Women's Health topics are a high priority for the MG women's groups visited.
3. The health topics that are important to the artisans may actually reflect personal or community issues that are rarely discussed openly (eg. Domestic violence).
4. The list of health topics that are important to the artisans is distinct from the essential health topics determined by the consulting medical team (eg. burn care, first aid).
5. Without a basic list of procedures for each session, important components can be missed.

IV. RECOMMENDATIONS

1. Health messages delivered to the community should be simple, clear, focused, and should be repeated.
2. A physical exam and one-on-one medical interview ("Check-Up") can be used as a tool for ongoing assessment to capture artisans' health concerns.
3. A comprehensive psychosocial assessment must be a part of the "Check-Up".
4. Essential Health Knowledge modules should be developed.
5. A health education procedure manual that includes training of local MG community coordinators should be developed.

V. FUTURE

The Guatemalan government is launching nation-wide cervical cancer screening. At this moment, however, the availability of services is inconsistent and correct knowledge of the screening is far from reaching the community level. MG Cleveland health advisors will continue to engage artisan women to provide them with health education so that they can make better decision and gain control over their lives with increased knowledge and confidence. Long-term sustainability of the health program should be discussed now so that we can develop relationships and collaborate with local resources in the future.

APPENDIX 1: Log of Community Visits By Yuri Ito & Mitsuru Moriyama

~Day1 14/04/15~

- Community: Grupo Nuevo Amanecer
- Health education team: Dr. Morikawa, Hikari, Sarah, Olga, Aurora, Jill, Molly, Mitsuru, Yuri
- Participants: 7 women, a child and 2 babies
- 9:00-9:15
 - The team member's Introduction, Icebreaker(Magic Ball)
 - We did "Magic ball" outside of the house. People looked a bit nervous but they were smiling and well participated in the icebreaking after all.
- 9:15-9:45 Health education on "Family Planning" with Sarah and Aurola
 - Some participants took injections but they didn't know how often and how long they should take injections. No one had pills.
 - The participants asked many questions about injection or pills. They worried about relationship between injections or pills and fat, headache, allergy, infertility. Some women believed that pills got their stomach dirty and caused cancer.
- 9:45-9:55 Health education on "Nerves and Anxiety" with Sarah and Yuri
 - The participants seemed not to be interested in this topic because they don't have any questions.
- 9:55-10:00 light stretch
- 10:00-10:15 Health education on "UTI" with Sarah and Mitsuru
 - One woman showed the medicine she used. It is just fiber but she said it was effective for UTI.
 - The participants asked how to take amoxicillin and how it works on UTI.
- 10:15-10:40 Health education on "Constipation" with Sarah and Dr.Mori
 - We did a skit, but the participants don't have any questions. They didn't know what fiber is.
 - The topic was changed to pap smear. Some women was confused cancer with infection.
- 10:40-10:55 We did Pain Away exercise and took photos.
 - It took less than an hour to get to the community. There were 3 houses, some of them painted in green-blueish color and another small one looked like just a storage. We were welcomed by local people and invited to a house of one of the local people. They spoke "Kaqchilcel", a local language.
 - Local people sat on one side and the skit was done on the other side. The sitting arrangement kept them as an audience. It seemed that it made them recognize themselves as just audience. The artisans looked relaxed in the skit. A child played around in the house during the skit.
 - Some people had many questions but some were silent through out the program.

~Day2 15/04/15~

- Community: Grupo Santa Maria
- Health education team: Dr.Morikawa, Hikari, Sarah, Olga, Aurora, Delia, Amber, Grace, Mitsuru, Yuri
- Participants: 6 women and 3 children
- 9:30-9:45 The team's introduction, The participant's introduction, Icebreaker(Magic Ball)
- 9:45-10:40 Health education on "Pap smear and Cervical Cancer" with Sarah and Olga
 - In the middle of skits, we learned that they have some knowledge about cervical cancer or pap smear. They had many comments and questions. Some are correct such as pap smear is a examination especially for women. Some are incorrect such as they should take pap smear every year after 35 years old.
 - They did not seem to know what the pap smear was for because a woman did not receive the result of the pap smear.
 - They also had questions about injections and pills as the same as the artisans in Day1.
- 10:40-10:45 The artisans reviewed three key messages as a group.
- 10:45-10:55 We did Pain Away exercises, took photos and listened to comments from the participants
 - We counted the number in Spanish during the activity. It kept them more active to participate in the pain away.
- We took a boat and went to Santa Maria by a van. That was a clean and developed town. We found that a cleaning person swept up trash at the park. We did the health education program at the one of the artisans's house. Everyone speaks Spanish.
- Day 2 went better than Day 1 because.
 - The team members and the participants sat intermingled,
 - The skit was played at the center of the circle,
 - The skit was played in Spanish, and
 - Every participant asked and commented. They seemed to be engaged in this session.

APPENDIX 2: Procedures for Community Health Visits

Procedures for Community Health Visits

*These are the essential procedures that should be followed when conducting a community health education session”

1. Prior to the session, conduct a training session for the MG Community Coordinators on the health topic.
2. Identify 3-5 clear, focused, simple messages.
3. Rehearse the health education session with the health education team.
4. Provide adequate language translation services.
5. Arrive on time.
6. Sit in a circle with the artisans. Members of the medical team should not sit together.
7. Introduce health team members and the artisans individually.
8. If possible, conduct the icebreaker outside.
9. Return to the room and explain the session for the day.
10. During the health education session, facilitate questions and create a comfortable environment for everyone to speak.
11. At the end repeat the day’s key health messages
12. Give the artisans an opportunity to express their comments/feedback.
13. Thank the community.
14. Remind the artisans “Knowledge is power and they can make decisions for themselves and their families”.

APPENDIX 3: Report and Progress Review on Power to Change (PTC)

Report and Progress Review on Power to Change (PTC) by Olga Morales

Summarized by Hikari Morikawa

The complete steps of PTC were implemented in 10 communities out of 12. The 2 communities left uncompleted have not had production orders from MG and they will be activated as soon as they receive orders. It took 8 months to completely implement the PTC program in 10 communities.

The most difficult steps for Olga were Steps 7 and 8, in which the artisans were asked to identify a community problem and organize an action plan to tackle the problem by utilizing group problem-solving skills they learned through PTC. The artisans identified multiple problems but had a difficult time prioritizing and agreeing on a problem to work on. However, the 10 communities managed to organize an action plan and complete it.

For example, in La Fe, the experienced artisans provided training sessions on making bags to new artisans. They made a list of people to clarify who needs what skills. MG provided materials for the training. On the most recent order, every artisan could make bags with the same quality. Also, after the training, the communication among the artisans improved.

In San Jorge, where some artisans are not punctual, they created a rule that any person who is late has to pay Q2. The group puts this money in their savings account to use for group activities. Olga reports that PTC has helped the artisans understand each other better and that the communication among them has improved. The artisans have come to understand that they can achieve many things if they work together.

Delia reports that PTC is very practical and direct as the sessions are participatory and activity oriented. She reports that it is one of the best education modules they have.

The Progress Review (empowerment evaluation) was done using a 5 point likert scale evaluation after Step 5 of PTC was completed. A second evaluation was done orally (open-ended questions) when all of the steps were completed. Olga prepared a summary report on these steps.