Mar 25th, 8:00 AM

Socio-cultural and Linguistic Adaptation of CDC CHANGE Action Guide to Conduct a Community Health Assessment in the Dominican Republic: A Multi-disciplinary and Mixed Methods Approach

Chloe Schockling
Clemson University, cschock@g.clemson.edu

Katherine Brown
Clemson University

Michelle Fuentes
Clemson University

See next page for additional authors

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Presenter Information
Chloe Schockling, Katherine Brown, Michelle Fuentes, and Arelis Moore de Peralta

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Socio-cultural and linguistic adaptation of CDC CHANGE Action Guide to conduct a Community Health Assessment in the Dominican Republic: A multi-disciplinary and mixed methods approach.

**BACKGROUND**
- Third world communities like Las Malvinas, located in the Dominican Republic (DR), often face public health challenges.
- Instituting healthier communities requires:
  - a) conducting CBPR to identify community priorities and assets, and
  - b) collaborative designing and implementing sustainable strategies.
- CDC’s CHANGE tool addresses community health.
- Need to adapt it to other contexts.
- Clemson University (CU) students partnered with Dominican University (UNIBE) students and the Las Malvinas community leadership to culturally and linguistically adapt CDC’s CHANGE guide to conduct a Community Health Assessment (CHA) and to develop a Community Health Improvement Plan (CHIP) in Las Malvinas.

**RESULTS**
- Previous community health assessments conducted by local students and public health reports were used to identify 5 local community health priorities: sanitation, education, chronic disease management, vaccine preventable diseases, and unwanted pregnancies.
- In accordance to the socio-ecological framework, research questions were organized in five CHANGE sectors: community at large, school, healthcare, community organizations/institution, and work sectors.
- CU students travelled to Las Malvinas in spring break 2016 to, in collaboration with Dominican students, collect data via focus groups, interviews with key informants, and a household survey that incorporates GIS technology.
- Data to be analyzed include questions based on the study’s five public health priorities that deal with individual and community assets, selected community risk factors, and history of disease within the household.
- Data will be used to develop a CHA and a CHIP.
- CHA and CHIP will be shared with UNIBE coalition to orient further efforts for Las Malvinas health improvement; as well as within CU to foster academic-community partnerships.
- These efforts pursue further research and practice to contribute with improvement of Las Malvinas’ health and well-being.

**METHODS**
The team’s ACTION steps include:
- a. Assembling a community team
- b. To identify evidence-based approach (CDC CHANGE)
- c. To develop team strategy
- d. To culturally and linguistically adapt CHANGE tool to Las Malvinas
  - a. Identifying 5 public health priorities
  - b. To develop new instruments for focus groups, interviews and GIS household survey
- e. To establish bi-national teams (Clemson and UNIBE universities’ students)
- f. To conduct research at Las Malvinas (data collection)
- g. To analyze qualitative and quantitative data through triangulation
- h. To collaboratively develop CHA and CHIP

**CHANGE FRAMEWORK**

**SECTORS**
- Community at Large
  - Community Institution/organization
  - Health Care
  - School
  - Work

**MODULES**
- Public Health Priorities
  - Sanitation
  - Education
  - Chronic Disease Management
  - Vaccine Preventable Diseases
  - Unwanted Pregnancies

**METHODS**
- Focus Groups
- Community at Large
- Interviews
  - 1. Neighborhood Association
  - 2. Las Malvinas School
  - 3. Health Area Director
  - 4. Industrial Park
  - 5. National Police
- GIS Household Survey
  - 1. Individual and Community assets
  - 2. Risk Factors
  - 3. Disease history

“**CONCLUSIONS**
- Adapting and translating evidence-based practices across cultures possesses both opportunities and challenges.
- CU research team designed this project by relying on expertise and collaboration with a local university and neighborhood organization.
- Challenges included: (a) working from abroad, (b) language barriers, (c) bi-national IRB approval, (d) adapting CHANGE tool, and (e) limited community organizations.
- Despite challenges, this project showed the value of cross-cultural collaboration and cultural and linguistic adaptation of evidence-based public health assessment tools to reach communities worldwide.

**References**