Community Health Nursing:
NURS 409 in South Park

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South Park community Participants:

University of Washington School of Nursing
Fall 2006
Table of Contents

Abstract........................................................................................................................................3
Introduction...................................................................................................................................4
Theories and Methods......................................................................................................................8
  Assessment.................................................................................................................................13
  Planning/Implementation..........................................................................................................17
  Evaluation..................................................................................................................................18
Case Studies..................................................................................................................................20
  Sea Mar Community Health Clinic..........................................................................................21
  Park Neighborhood Information Center..................................................................................27
  Concord Elementary School.......................................................................................................33
  South Park Seniors.....................................................................................................................44
  South Park Community Center................................................................................................59
Recommendations for the Future .................................................................................................63
References......................................................................................................................................66
Appendix A......................................................................................................................................69
Appendix B......................................................................................................................................70
Appendix C......................................................................................................................................71
Appendix D......................................................................................................................................79
Appendix E......................................................................................................................................87
Appendix F.....................................................................................................................................120
Abstract

Ten senior nursing students from the University of Washington spent their fall quarter of 2006 completing their community clinical in the unfamiliar neighborhood of South Park. Based upon personal preferences and strengths, the group divided into partners and chose their site of location. The potential goal for the quarter was to have the students work on five distinct projects at five different community agencies. With the setback of one groups’ project at Sea Mar Community Health Center, only four were carried out during the quarter. The agencies included: the South Park Community Center, Concord Elementary School, South Park Senior Center, and the South Park Neighborhood Information Center. The primary purpose of the student projects was to collaborate with the partners of the community to identify the felt needs of the people who reside within the South Park population. In addition, the students were able to experience the flexibility that is needed and the possibility of uncertainty that is brought forth when working within the community. Descriptions of the nursing students’ community health nursing process and individual South Park projects are illustrated throughout this paper.
An Introduction to South Park

To most Seattleites, the name “South Park” typically brings to mind a crude adult cartoon, when in reality, South Park is a lot closer to home. A small and frequently overlooked neighborhood in south Seattle, South Park is a community snuggled amongst the industrial area of the city. It was in this neighborhood that our community health clinical took place. We applied the theory of community health as described by Anderson and McFarlane in which the nurses’ efforts are directed to “the achievement of social justice and equity for all” (2004). Our role in South Park was to work with the community organizations and leaders to identify and address some of their needs. By working with the community leaders to achieve their goals, the community would benefit as a whole.

Throughout the quarter, we learned about methods and theories of community health nursing in lecture and from our readings. We were challenged to apply the methods we learned in class and form lasting relationships with the community leaders, together promoting the overall health of South Park. As we worked in South Park, we learned more about the community’s history, culture, and overall identity. By combining our new understanding of the neighborhood with our knowledge from class, we were able to develop tangible efforts that would contribute to the community’s overall well being.

South Park is located in urban Seattle, on the West Bank of the Duwamish River [See Appendix A for map]. When you arrive at South Park from HWY 99, you are on a quaint street in a seemingly peaceful neighborhood. You immediately come across a community center with a well manicured lawn, a soccer field, and a brand new library. The streets are wide and lined with trees. Houses range from those freshly painted with colorful window boxes to those whose shutters are hanging by one hinge, whose porches are full of old appliances, and whose
dogs bark at you loudly from behind the chain-link fence. If you continue to travel this street for about 10 blocks, you will abruptly end at 14th street in the middle of town. The houses and trees are gone and semi-trucks are barreling down the main avenue at speeds that literally rock the local restaurants. There are a few small grocery stores, each of which offers a very limited selection of fresh fruits and vegetables. There is no bank, no post office, and no police station. You can find, however, a couple Spanish speaking payday-loan stores and planes constantly flying overhead.

Although South Park’s geographical location and industrial surroundings makes one initially believe that its sense of community has been lost in the smog seen drifting above, quite the opposite is true. One aspect of South Park that gave us a sense of community was the recently reclaimed Marra Farm. Originally owned and tended by the Marra family in the early 1900’s, the 4 acre plot is one of the last two remaining pieces of agricultural land in Seattle. Restoration efforts of the land were first launched in 1997 by a handful of South Park neighborhood residents. The next year, a group of various non-profit organizations, government programs and individuals joined together to tend to the valuable agricultural space. Since then, the success of Marra Farm has grown exponentially. In 2003, over 10,000 pounds of organic produce was grown on the farm, much of which was donated to local food banks, Concord Elementary School students, Mien community members, WIC clients, and many local residents (2006, Fremont Public). A variety of people tend to the land, all with a similar goal to provide “opportunities for people to garden together, learn from each other, develop a sense of neighborhood, and create a more livable urban environment” (2006, P-Patch Trust).

South Park is one of Seattle’s smallest neighborhoods whose population is only 3,717, according to the 2000 U.S. Census. With the number of undocumented immigrants in the
community, this is most likely an underestimate. Hispanics makes up almost a third of South Park’s residents, while the city wide average is 5.3\% (South Park Action Agenda, 2006). We should mention, however, that several ethnic minorities are present in the neighborhood.

English is spoken as the primary language in over half the households, while 26\% speak Spanish, and 13\% speak an Asian or Pacific Island language. Thirty-four percent of South Park’s residents were born outside of the United States, 40\% of which came to the country within the last five years. South Parks is a fairly young community, with 35\% of the population being under the age of 20 (US Census Bureau, 2003).

Compared to the rest of the Seattle area, the socioeconomic status of South Park is fairly low. Among those over the age of 25, only 61\% of South Park residents have at least a high school degree, while the city average is almost 90\%. Twelve and a half percent of South Park residents live below the poverty level. The per capita income in South Park is $15,826, just a little over half that of King County which is $29,521 (US Census Bureau, 2003).

As one can see from these numbers, South Park is a community of ethnically and linguistically diverse residents. On average, they are relatively poor compared to the rest of Seattle. Due in part to the large number of young residents and recent immigrants living in South Park, the community is continually changing. These are just a few of the aspects that make community health nursing challenging in this neighborhood.

A perfect example of how Seattle has put South Park on the back burner in the past is the story of the South Park Public Library. In 1908, the residents of South Park first put in a request to the city of Seattle for a neighborhood library. It took the city ninety-eight years, until the summer of 2006, to complete the library. Efforts by community members to improve the neighborhood are constantly in the works. In fact, in a document released to Mayor Greg
Nichols in October 2006, entitled South Park Action Agenda, community leaders combined the needs and future goals they envision for the neighborhood. They identified five issues which needed work in South Park; public safety, youth development, business and transportation, community engagement, and environmental and physical improvements. Each was developed by a committee which included Co-chairs, Community Members, and City Staff with a Team Lead. The students went to the neighborhood meeting where the Action Agenda was presented to the Mayor and saw first hand the requests. They included a new South Park Bridge, safe and attractive alternatives to driving, increasing the number of full-time police officers, and hiring bi-lingual and bi-cultural staff to work the new library just to name a few. This was living proof for us that with teamwork and drive, community leaders and members can collaborate to organize and accomplish many great things.

As community health nursing students, our focus for the quarter was to improve the overall health of the South Park community through collaboration and empowerment. Information about the community’s overall health and needs came from our professor, a meeting with community leaders, and our observations from the first few weeks of the quarter. We identified the needs to address low WASL scores at the elementary school, child after-school health education, local and culturally competent senior services, youth character building classes, and organized and accurate information services.

Following individual meetings with community leaders, we identified five separate projects that we would work on throughout the quarter. Each was unique and challenging in its own way. They are described in-depth in the subsequent case studies.
Theories and Methods

Our main focus of community health nursing work at South Park this quarter was on disease prevention and health promotion. Health promotion is defined as “process of enabling people to increase control over and to improve their own health” (Clark, 2003, p. 224). Disease prevention implies “inhibiting the development of disease before it occurs,” which take place on three levels – primary, secondary, and tertiary (Anderson & McFarlane, 2004, p. 30). Primary prevention addresses “generally healthy population and precedes disease or dysfunction” (Anderson & McFarlane, 2004, p. 30). Secondary prevention is “the early detection and treatment of adverse health conditions;” there as, tertiary prevention aims to “minimize disability and restore or preserve function” (Anderson & McFarlane, 2004, p. 31; Chrisman, 2006, 09/27). In our community health work we were on all three level of disease prevention, focusing for the most part on primary and secondary levels.

In order to attain these two goals, we employed several models to guide our nursing process: the PRECEDE-PROCEED Model, The Community Partnership Interlocking Dynamics Model, Community-Based Participatory research (CBPR), and Community Partnership Model. In some projects that we were doing at South Park we were not able to utilize any model. In one case it led to creation of a new model called Frustration model which is a modification of CBPR.

The PRECEDE-PROCEED Model provides a detailed, comprehensive framework for guiding the processes of assessment, planning, implementation, and evaluation with the overall goal of improving the quality of life within the community. The first five phases (social diagnosis, epidemiological diagnosis, behavioral and environmental diagnosis, educational and organizational diagnosis, and administrative and policy diagnosis) represent the assessment phase of the model, and the last four phases incorporate implementation and three phases of
evaluation (Anderson & McFarlane, 2004). Each phase analyzes certain health determinants and provides a basis for the next phase; thus identifying health problems and their origins. This step-by-step process creates a highly effective tool for community health planning. According to Green and Kreuter (1991): “It is a theoretically ‘robust’ model that addresses a major acknowledged need in health promotion and health education: comprehensive planning” (as cited in Hecker, 2000). A comprehensive planning model is important in community health nursing because it allows for the formation of the appropriate nursing interventions that address the needs of the community, resulting in positive outcomes. This model was useful in planning the different projects that we organized in the South Park Community.

The Community Partnership model was very useful in one of our projects whose goal was to increase capacity within the programs already established in the community-based organization. Community Partnership model allows implementing research based on assessment and evaluation. Presented as a puzzle, each piece signifies an important part of creating an impact in a community (Chrisman, 2006, 10/11). The first corner piece is called “Felt Needs.” The model emphasizes the importance of a starting point within a community. When people conduct work in response to the most prominent needs, it guarantees more successful outcomes. The second puzzle piece is participation. This is the active part of the community partnership. The aim is to mobilize the population into some form of participatory learning. The cornerstone of the model is the harmony between community felt needs and the way that health care workers design their work within the community. This harmony makes participants feel success and empowers them to continue this type of work into the future. Empowerment, or enabling, of the people involved happens as a result of a recognized accomplishment. It is specifically realized through the act of participation. Community competence names the final puzzle piece.
A competent community is one possessing skill, knowledge and the capacity to be sufficient. Sustainable work increases community competence and capacity.

The Community Partnership Interlocking Dynamics Model was another method we used to apply the community health nursing process in South Park. “The model is based on the four long-standing concepts around the edges (felt needs, participation, empowerment, and community competence) and based on research: assessment and evaluation” (Chrisman, 10/2/2006). The model uses a diagram (See Figure 2) to illustrate the process of achieving competence and sustainability in a community. By working with the community to create mobilization toward change and encourage joint participation of community members and community health nurses, the community will thus become empowered to sustain its own improvements. In addition, the processes of assessment and evaluation are used in each step of the process and are based on qualitative and quantitative data (Chrisman, 10/2/2006). Surveys and secondary data analyses can be used to assess the community and to evaluate the effects of the interventions used for improvement. The use of research provides a directed and evidence-based rationale for planning, implementation, and improvement in the community. This model was used to guide our interventions for elementary school-aged children at the South Park Community Center.

CBPR is an approach that “involves a collaborative partnership in a cyclical, iterative process in which communities of identity play a lead role in: identifying community strengths and resources; selecting priority issues to address; collecting, interpreting, and translating research finding in ways that will benefit the community; and emphasizing the reciprocal transfer of knowledge, skills, capacity and power” (Israel, 2000, p. 9). This approach is very different
from other models because it “equitably involves community members, organizational representatives, and researchers in all aspects of the research process” (Israel, 2000, p.4).

Community members are essential participants in the process identifying those unmet needs. Because they are the experts of their own kind who gained their privileged knowledge through membership in the community which has its unique “sense of identification and emotional connection to other member, common symbol systems, shared values and norms, mutual influence, common interests, and commitment to meeting shared needs” (Israel, 2000, p. 5). They also have first-hand knowledge about experience of living in the certain geographic location and being influenced by the biomedical, physical, socio-cultural, historical and politico-economical factors of their environment (Anderson & McFarlane, 2004; Israel et al, 2000). Outside experts on the other side, “can raise questions and seed new understanding about the ways people live that a community’s insiders would be unlikely to recognize without outsider assistance” (Eng at el, 2005, p. 78).

However, if community members did not identify certain issues as problems in their community and do not want to work on them, no matter how hard outsiders will try change will not be implemented because community members were not ready to address those issues yet. McKnight and Kretzmann (1997) phrased it this way: “the hard truth is that development must start within the community” (p. 159). Therefore, active engagement of community in the research leads to mutual contribution and commitment to address identified problems and needs (Eng at el, 2005).

Israel et al (2000) identified nine key principles that characterized CBPR model:

1. Recognizes community as a unit of identity;
2. Builds on strengths and resources within the community;
3. Facilitates collaborative, equitable involvement of all partners in all phases of the research
4. Integrate knowledge and action for mutual benefit of all partners;
5. Promotes a co-learning and empowering process that attends to social inequalities;
6. Involves a cyclical and iterative process;
7. Addresses health from both positive and ecological perspectives (where positive perspective implies “physical, mental, and social well-being” and ecological view considers “biomedical, social, economic, cultural, historical, and political factors as determinants of health and disease”);
8. Disseminates findings and knowledge gained to all partners;
9. Involves a long-term commitment by all partners (pp. 5-9).

CBPR model values more a process of “relation building and community organizing” rather than final product (Eng et al, 2005, p. 84). For that reason, CBPR approach requires long-time commitment – at least 6 or 9 months. Even though as a class we do not spent that amount of time on community health work due to the time constraint determined by quarter assignment, but we have benefit of building on other nursing student’s work from previous years in view of the fact that University of Washington School of Nursing has partnership with South Park community for many years.

The newly created Frustration model was developed by one group of nursing students who began using the CBPR model at the beginning of the quarter. However, as time passed they experienced many “road blocks” and frustrations that prevented their program from being implemented. From this they developed a new model of community health called the Frustration Model. The Frustration Model is based on the CBPR model, but the places where
most would find continuation on to the next step the model explains reasons that might not happen. At the “Community assessment” step in the CPBR Model, one can actually find themselves “Unwelcome by the community.” This can be due to language and cultural barriers as well as finding a general disinterest of the community members in having the aid of the community health nurses. At the step where the health workers are to “Involve the community and set priorities,” there can actually be a “Differing in priorities.” The community’s priorities can be different than the outsider’s, they can have a lack of time for the health worker’s desired program, or there can be a cultural difference in the perception of time which can prevent the program from being implemented. At the “Implement program” step, one can find a “Lack of resources” road block. The “Sustainability” step can become frustrating when the community health workers experience “Loss.” They can lose funding, personnel, the community’s interest, or a variety of other resources. Finally, at the step for “Evaluation and Feedback,” one can find that their “Evaluation toll is underappreciated” by the community members and that they may not take the tool seriously, thus skewing the results. Although all these steps are “road blocks” and can be very frustrating, they are a reality that happens all the time. Community health nurses should keep them in mind and be prepared to adapt and find ways of working through the problems if they in fact do arise. Models we used not only have given us a theoretical background for our work; they also provided us with “a framework for making decisions” at every step of the nursing process (Anderson & McFarlane, 2004, p. 156).

Assessment

Assessment of a community is an ongoing process where discovering the needs and resources of a community continues throughout the practitioners’ involvement in the community. In the article, A Nursing Model of Community Organization for Change there are four parts to

13
assessing a community. They are: 1) gathering historical and current information about the community 2) defining the community 3) increasing community involvement and 4) forming a community advisory group to assess the community’s needs and assets (Anderson, Guthrie, & Schirle, 2002). This assessment process can be applied to a neighborhood or a geographic location as well as a group or organization. In the context of the fall 2006 South Park group a community implies, “a group of people with a common background or with shared interests in society” (Encarta Dictionary). For example, as nursing students the group assessed the South Park neighborhood as a whole and then we broke off into teams of two and assessed a group or organization. This is considered a community within a community (Anderson & McFarlane, 2004).

The first part of assessing a community is, “gathering historical and current information about the community” (Anderson, Guthrie, & Schirle, 2002). This follows the community assessment wheel which is the assessment part of community-as-partner model (Anderson & McFarlane, 2004). The community assessment wheel suggests that the three main sources where a Community Health Nurse (CHN) should gather information are from the community core, the subsystems and through perceptions. The community core which is at the center of the assessment wheel includes understanding the history, demographics, ethnicity and values and beliefs of a community. The spokes of the assessment wheel are where a CHN gathers data from the subsystems. This requires evaluating the physical environment, health and social services, economy, transportation and safety, politics and government, communication, education and recreation. Finally, getting to know the perceptions of the people in the community as well as the nurse’s perceptions helps ascertain the strengths and weaknesses of a community (Anderson & McFarlane, 2004).
The fall 2006 South Park group collected this information through windshield surveys, informal interviews and correspondence with community members and organizers in addition to reviewing census data. These details were carefully recorded, reviewed and discussed in weekly journals and with their cohorts and instructor. Collection of this information allows the CHN to, “define” the community which is the second part to assessing a community. 

*Mapping Community Capacity* describes this part of the assessment process as making an inventory (McKnight et al., 1997). Defining the community is simply mapping out the resources and contact information which enables the CHN to, “determine where the community members are and how to reach them” (Anderson, Guthrie, & Schirle, 2002). Each group developed their own contact lists throughout the quarter. This information was invaluable when it came time to plan, implement and evaluate a project.

The next step in the process of assessing a community requires the CHN’s to immerse themselves in the community by, “increasing community involvement” (Anderson, Guthrie, & Schirle, 2002). By being present at community meetings and events and participating in community activities the CHN is able to network and gain the trust of community members. For example, the fall 2006 South Park nursing students attended a meeting at the South Park Community Center where community partners presented their proposed, “Action Agenda” for South Park. Although this meeting did not directly relate to each group’s individual projects the nursing students were able to learn about what the community members had decided were priorities for their neighborhood as well as make contacts with community members and organizers. In the article, *A Model for Building Collective Capacity in Community Based Programs* the authors describe four stages of building collective capacity. In the first stage, “identifying common ground” the CHN establishes contacts for a project idea. Included in this
stage is where the nurse, “gathers valuable information about how the health issue is being dealt with in the community.” (Moyer et al. 1999) Even though certain events and activities may seem irrelevant to a CHN’s individual project it is important to be a participant in the community as a whole. It will likely be pertinent to the assessment process in ways that may be unforeseen at the time.

The CHN should not be alone in the assessment of a community. It is important to include the members of a community when becoming familiar with an area or organization within a community. Establishing a relationship with community members is important because they are able to provide invaluable insider information to the nurse and it promotes positive relationships. It also empowers community members to lead projects so that the programs that were developed are sustained. The last step in the assessment process is, “forming a community advisory group to assess the community’s needs and assets.” (Anderson, Guthrie, & Schirle, 2002) The fall 2006 South Park group applied this step at the beginning of the quarter when they held a meeting with leaders in various community organizations. At this meeting the leaders of the community discussed the needs and assets of their organizations and shared ideas on how the nursing students could help. According to the Anderson, Guthrie, & Schirle, article this is the, “first step in establishing community ownership of the program.” (2002) Even though this is the last step in the assessment model it is certainly not meant to be performed in chronological order. Assessment of a community is an organic process that continues throughout the planning, implementation and evaluation phases of community involvement.
Planning and Implementation

Planning goals and objectives in community health work results from an extensive assessment process and ends in the design of nursing interventions. “Planning is the process of setting goals and objectives and then designing the interventions necessary to meet the objectives and reach the goals” (Anderson et. al, 2002). These goals and objectives are based on the nursing diagnoses of the community and must be formed in partnership with the community.

Goals and objectives must also be based on the felt needs of the community. “Goals are formed when the ideas and proposals of each agency are transformed into concrete intentions of action” (Anderson & McFarlane, 2004). These voiced concerns of the community should form broad and general statements that will serve as umbrella terms by which other agencies in the community will have their own, more specific goals. On the other hand, objectives must be measurable and describe the precise changes that must take place in order to achieve the goal. “They must detail the focus of intervention (individual behavior, group norms or larger systems and structures) and identify exactly who, when and how much change is expected to be implemented” (Strickland, 2005, 10/12). The formation of objectives involves setting up a time frame for the objective to be carried out, deciding who (members of the community, community health nurses, etc.) will carry it out, and evaluating the magnitude of the impact it will have.

Before a particular plan can be implemented, strategies must be employed in preparation for the implementation process. “Implementation involves preparing a timeline for completion of each program objective, obtaining the necessary funding, and actually putting into action the interventions designed during the planning phase” (Anderson et. al, 2002). We demonstrated some of these strategies by writing lesson plans before our health promotion classes at the South
Park Community Center, gathering information to prepare for the Senior Center Party, and for resources used at the Information Center.

In conclusion, one of the most important aspects of the planning process is on-going assessment of barriers, assets, and resources with the involvement of the community. “There must be joint planning in the mobilization of assets and resources” (Chrisman, 10/2). The assets and resources of a community will change repeatedly over time and therefore must be continually reassessed for the successful planning of the appropriate interventions. Community members will serve as the greatest resource for continual assessment because they will have valuable insight into their own community’s felt needs. Secondly, it is also important for community members to be involved in continual reassessment of the community in order to overcome barriers in the planning and implementation processes. Community members will have the most knowledge and insight into their community’s problems and therefore offer valuable guidance to overcoming community barriers.

Evaluation

Evaluation is a key part of the community health nursing process. According to Dr. Chrisman, it is defined as “a research process to assess and monitor the degree to which stated goals are reached” (2006, 10/11). In other words, evaluation identifies both successful and unsuccessful aspects of the community health project. “Without evidence of the effectiveness of interventions, their impact on the health status of populations or communities cannot be determined” (Hecker, 2000, p. 247).

As the final step of the process, evaluation is incorporated in assessment and planning. Starting with assessment of factors “contributing to identified health problems within a community” (Aspen Reference Group in Hecker, p. 248), the researchers develop goals and
objectives of the project based on those factors. Evaluation aims to determine whether those goals were reached and whether those objectives were met.

The PRECED-PROCEED model we used for our evaluation recognizes three types of it: process, impact, and outcome evaluation. The process evaluation identifies what works and what does not work during the process of implementation and helps to make “any necessary revisions” (Antonidis & Lubker, 1997, p. 279). The impact evaluation “addresses the immediate effect of a program on target behaviors” (Green & Kreuter in Hecker, p. 253) while the outcome evaluation determines “how health status has changed overall” (Antonidis & Lubker, p. 279) as a result of the project activities. The outcome type of evaluation was hard to address due to restricted time during which our projects at South Park had occurred; nevertheless, some projects allowed planning for the outcome evaluation. The first two types of evaluation helped us not only to correct our work and identify immediate impact of one on the community but also to develop several recommendations for the future cohorts of the nursing students working at South Park.
Introduction to Case Studies

Our goal in South Park was to learn about the felt needs of the community and to build a relationship that can be sustained by its members on a long-term basis. A felt need is defined as what community members strongly believe needs improvement (Chrisman, 10/4/2006). We learned about felt needs through speaking with community leaders and listening to some of their concerns. We also surveyed South Park by driving through South Park’s residential areas, visiting Marra Farm (the community farm), and attending a town meeting where community members voiced their concerns to Seattle city leaders. Throughout the quarter and through our organization, participation, and volunteering in community events we strengthened our relationship with the South Park community and learned more about it in order to address its felt needs.

First, we met with community leaders in order to begin establishing a relationship with the community. There were partners from different community organizations present: Concord Elementary, South Park Community Center, Seamar Community Health Center, and South Park Manor. After meeting with the community partners and listening to them voice their concerns, our clinical group divided into small groups to work each sector. In our experience, we learned that “collaboration with the community, patience, flexibility, cultural sensitivity, and embracing uncertainty” (Atwood et al., 2004) are essential traits in community health nursing. Additionally, focusing on the process along with the end result is an important part of community health nursing. We will explain each organization in depth, how it supplied community needs, and what we did throughout the quarter.
Case Study:  Sea Mar Community Health Clinic

Throughout the initial meeting with the community leaders, we heard over and over about the need for services for youth in South Park. That is one of the many reasons we were so excited when our instructor, Noel Chrisman, told us about the potential to work with the Life Skills program through the Sea Mar Community Health Clinic. Noel told us briefly that Life Skills was a program that taught kids about alcohol and drug abstinence, violence in the media, being assertive, and a variety of other character building skills. The program had been very successful in South Park in the past, but had lost funding about a year ago.

Irma Farsh, the community service director at Sea Mar, coordinated the original launch of the Life Skills program in South Park. After Noel gave us her contact information, we emailed Irma asking for a time we could sit down and talk about Life Skills. However, Irma’s job is very demanding, so initially she was not going to be able to meet with us for two or three weeks. Since we knew that was too long to get our project started, we took the initiative to just “stop in” and meet Irma. At this particular time, she was able to spare a half hour and talk with us about Life. From this experience we learned a couple important lessons about community health. First, you must be “sneaky.” Dropping in on somebody, although a bit nerve racking, is a good way to make face to face contact, whereas setting up appointments via email is much less personal. We also learned that just “being there” in the community is a good way to get seen and build trust.

Sea Mar is a community health center located in South Park. It provides primary health services as well as outreach programs to the underserved all throughout western Washington. One of their outreach programs, Life Skills, was picked up a few years ago to provide after school drug, alcohol, and character building education to students in South Park. It lasts either
six or ten weeks for kids ranging age six to fifteen. With 12.9% of South Park’s residents living under the poverty line and 89% of Concord Elementary students being eligible for free or reduced fare lunches, the youth of the community are high risk and in need of a program like Life Skill to give them the tools to be healthy and successful in life. Sea Mar struggled for nine months to find the funding to reinstate the program. Finally, this fall they received that grant money. They already have all the booklets and learning materials to teach the course, they just need to hire a coordinator to get the program off and running.

That is where we were to come in. We brainstormed with Irma the different ways we could be involved. We thought that we could help with the process of finding and hiring a program coordinator. We were also planning on being a part of the process to recruit the students, find prizes and initiatives for them to come to the class, and to set up a method of turnover so there would always be a steady stream of volunteer teachers available. Using the Community Based Participatory Research model as a guide, we were to work in collaboration with Irma, Sea Mar, and the community members to make Life Skills as successful as possible.

As we thought about our project and brainstormed what our involvement would entail, we were filled with the feeling of excitement. This previously successful and incredibly important project was for sure to leave us and the community with a great product. But as the days passed, the communication with Irma began to dwindle. We were soon hit with the worrisome reality that we would not be able to help get the project off the ground. Efforts were continually made to communicate with Irma, but unfortunately, the demands of her job and personal life prevented her from having the time to return our emails, let alone help in the project’s progression. After running into this first roadblock, we attempted to contact others who could get Life Skills going, such as Sarah Grandey, the previous Life Skills coordinator, and
Valarie Baldisserotto, the REACH coordinator at Sea Mar. Unfortunately, their lives and busy schedules also prevented them from responding to our emails. Here is where we learned another important lesson about community health. Although our jobs and missions to improve the well-being of communities are very important, so are our personal lives. As the old saying goes, we must take care of ourselves before we can take care of others. Our families, friends, and own well-being are of the utmost importance as well.

Still, this was a class that we were getting credit for and at this point in time, we had no project. This is where we looked at each other with the “what do we do now” look. Frustration seemed to be the only thing on our minds. The two of us are very “product” focused people, but so far all we had experienced was “process.” Realizing it takes a community of people collaborating together to make a project like Life Skills come alive, we recognized that no further work could be done on our part.

This is the point where we began developing the Frustration Model [See Appendix X]. We found the models we used in class were very helpful to guide us in the preparation to do the process of community health. However, community health rarely goes as smoothly as imagined. There are a lot of potentials for roadblocks during the process of community health and we wanted to be able to convey that. The Frustration Model is to be used as a tool to warn those entering community health about the difficulties they might encounter. We should emphasize the fact that community health workers should not stop at the “road blocks.” Instead, it is imperative to adapt, progress, and find alternative ways of working in collaboration with the community. Frustration is merely a motivator to make even bigger and better things happen.

When we realized we had hit a roadblock, we actually laughed a bit at the irony of the situation. It was the two of us on the first day of class who introduced ourselves as “product”
people. We like to see results and admitted that the “process” of health is a hard for us to handle. It was a definitely a struggle for us to know that we would might walk away from this class without a final product. However, we learned that in community health, the “product” is not the most important aspect. As Noel frequently reminded us, a huge part of community health is building relationships, collaborating with community members, and involving yourself in the community as much as possible. To an extent this is what we were able to accomplish. Our direct involvement was there even though it was short lived. The period of time that we were in communication with Irma, we showed our interest in being a part of South Park and the bettering of the neighborhood. We believe that because of our show of persistent interest in the Life Skills program that Irma will keep community health nursing students in mind for when the project is able to get up and running in the future.

We had spent every week driving the half hour to South Park, walking around the community, seeing the poverty and environmental pollutants, and we desperately wanted to be able to do something about it, but we were at a stand still. On the other hand, each of our class mates were immersed and participating in hands-on projects that directly affected the community. All we had was the experience of the “frustration” of community health, a big gas bill, and a few video clips of South Park we had taken with Nancy’s camera. We figured one day we might compile the images to show the rest of the class what South Park was really like. Then we realized, why not now?

By creating a short documentary we could show the rest of our class the importance of community health in a neighborhood like South Park. The neighborhood was used as an example over and over in our lectures. This was a way for us to portray exactly why. Just as it was easier for Irma to make time for us when we met face-to-face, it is easier for students to
become empowered and excited about a topic, like community health in South Park, when seeing the subject first hand. Well, we cannot all take a field trip to South Park, so a video might just be the next best thing.

We began simply by getting video clips of each of the places where our classmates’ projects were taking place. This was a great opportunity for us to see what everyone was doing first hand and to really understand what everyone was trying to accomplish. It also gave us a much better sense of the resources available in the neighborhood and how they are all connected. We interviewed each of our classmates about their first impressions of South Park and had each of them explain their project in their own words. We also filmed lots of clips of the area from the main street, to houses, to the Duwamish, to the industrial areas that surround South Park. This was a really interesting experience. You seem to notice much more detail of the community including evidence of poverty when you are not just passing through, but you take the time to circle the same block over and over. We believe that because of this experience we now have a much better idea what it must be like to be an actual member of the South Park community.

The editing portion of the video has, again, been frustrating. Neither of us have any background in movie making. Nor did we know how to use an editing program. So, we taught ourselves. We sat down in front of the computers, uploaded our footage, and realized how much work we had ahead of us. Some of our interviews were drowned out by street noise. Some of the clips of the industrial areas were too shaky to make out. And then there was the fact that we did not have a clear idea of what we wanted to portray in our video. What was our point? Just a bunch of random shots of South Park? Then we remembered the story of the South Park Public Library. The neighborhood originally asked the city of Seattle for a library
in 1908, but the doors of the library did not open until summer of this year, almost one hundred years later. We think this is a perfect example of community work. The process may take a long time; much longer than ten weeks. And there are frustrations, road blocks, and obstacles to overcome. But by collaborating with community members and by being persistent great things can be accomplished. Our video may not be Oscar worthy, but hopefully by having this theme it will motivate others to adapt and persist onward.

We envision our video as being an introduction to community health for students in the future. And although it was not what we had originally intended on accomplishing this quarter, we feel it will be a very valuable tool. Also we should point out that we have not given up on Life Skills. We do believe that the program will be up and running shortly. First of all, we know that Sea Mar is enthusiastic for the program because they fought and worked so hard to get it funded again. Also, we know they are still thinking and excited about the program because just a few weeks ago Sara Grandey contacted Noel about getting nursing students involved in the program. We look forward to hearing about their involvement.

Participating in community health nursing can be a long and frustrating experience. Unlike hospital nursing where you can see results every hour, community health nursing takes time and the empowerment and involvement of the community members in order to get anything accomplished. As we learned in this case study, one must be prepared to face challenges, to come to road blocks, to fail, and to adapt and start over with enthusiasm.
South Park Neighborhood Center

Two students chose to work with Mayra Ayala, the assistant director of South Park Neighborhood Information Center (NIC), to assist with the development and improvement of the information center. Located in the heart of South Park’s commercial district, the NIC is a multi-lingual resource center for the people who live and work in the neighborhood looking for services they need for self-enhancement or recreational purposes.

The information center was launched by the Environmental Coalition of South Seattle (ECOSS) in June 2006. They launched the center with the intentions of being the information hub of the community by providing valuable resources for the community. These include multi-lingual information, referrals for government agencies, social services, classes in English as a Second Language (ESL), a calendar of community events and much more. The center arranges classes for children and adults that not only provide them with new skills but help in community building. They also designed the center as an opportunity for neighbors to meet with local agencies and public officials.

Because it is newly opened, The University of Washington School of Nursing has not worked at the information center before, so there were no previous data or guidance with which to work. Our assessment began with a windshield tour of the whole community, before meeting any of the residents. Our planning for this particular project began when we met with Mayra in order to find out what her priorities were in working with the information center. Her main goals were to increase the number of resources they had to offer (and to make sure the existing ones were current), to market the NIC so the community knew it existed and to create a client-based system that allowed volunteers at the NIC to follow up with each person and ensure the resources were helpful. Mayra also expressed interest in having an electronic database to
track each client that visited the center. One of Mayra’s long term goals is to have the
information center be the pivotal point of the community where different organizations can
report the various local events of their establishments, and the center can in turn, distribute a
monthly community calendar.

Our first opportunity to meet the leaders of the South Park was at the afore mentioned
community meeting called the “Action Agenda” in which the Mayor of Seattle was scheduled to
be the guest of honor. To everyone’s disappointment, the Mayor was unable to attend and
appointed one of his staff members to acknowledge the community. Several of the local residents
spoke during this meeting, and you could feel a powerful sense of community in the room
whenever an individual stood up behind the podium to address the crowd. The topics discussed
by the community were delivered with such passion that it became evident to our group just how
important this community is to its residents. Mayra was there and introduced us to Charlie
Cunniff, the director of ECOSS. Charlie and Mayra both expressed gratitude for the work we
agreed to do with them and entrusted us with the keys to the information center. Again, the
feeling of community was palpable. This night served as a great opportunity to assess the
families, community members, community leaders, and the coming together of various people of
different status that desire transformation of the South Park Community.

On our first day working at the information center we started out by assessing where
everything was in the store front. The information center looked quaint and completely
functional with a wall full of brochures, four computers set up and notices of future events
posted all over the windows facing towards the main street through town. While it was nice to
have our own set of keys and the autonomy to work when we chose to, that also meant that we
didn’t have guidance on some of the more simple aspects of the office. For example, we spent a
couple of hours the first day trying to get the internet connection to work. We also spent an equal amount of time (although less successfully) trying to get the printer to work. We had a lot of tasks to start working on right away from our meeting with Mayra, so we began our planning by dividing up her goals between the two of us. One of us worked on gathering resources, and verifying the existing ones, while the other focused on setting up workshops, making flyers and making connections between the information center and the community (See Appendix C).

Two of our colleagues working at Concord Elementary were setting up a health fair this quarter. Mayra had mentioned to us in our first meeting that one of the grants that they had received for the information center was contingent upon them providing two informational fairs to the community. I suggested to Mayra that she could be a part of the health fair and in turn use it as one of her informational events that she needed for this grant. She liked this idea a lot. It served the purpose of developing a relationship with Concord Elementary as well as getting the word out to the public that the information center was open. Our original idea was for the information center to have a small booth at the fair and provide medical and dental resources. Mayra agreed to discuss with our colleagues possibly financing the ‘grab bags’ for the kids. Unfortunately by the time the health fair came around, the NIC still hadn’t received their grant money and were unable to participate in the health fair at all.

Upon locating the Public Health: Seattle and King County website, several medical and dental options were listed that provided care with minimum fees or reduced fees adjusted according to household size and income. These clinics also accepted health insurance, Medicaid coupons, Basic Health, and Medicare (Angie’s Appendix 1). The next step was to contact the facilities to determine whether they provided interpretation for those who speak limited English.
Interpretation services played a vital role in the development in alliances between the community and the clinics in which they sought health or dental care from, because without this assistance, nothing would be able to be accomplished.

The majority of the clinics that would be of use to the South Park community, for convenience of location and for economic reasons, failed to have Spanish brochures available. We designed resource information flyers that listed the services provided by individual clinic, what age range the clinics accommodate, and location information, such as an address and phone numbers. (See Appendix C) This task gave rise to a small challenge since we both have varying Spanish fluency levels. However, neither of us was able to translate to a standard of professionalism. As a result we used an online language translation database. This helped us somewhat, but we still lacked the proper grammar to make flyers bilingual. We asked a friend of ours who works as a Spanish interpreter what he would charge us to translate these documents. He was familiar with South Park and had spent time there with his own family. He expressed such gratitude toward the cause of the information center, and our community building efforts that he agreed to do it without charge.

Another resource in which Mayra expressed interest was bilingual information on financial literacy and/or first time home buying. She said that a lot of people in the community have asked her for information ranging from home buying to balancing a check book. While searching for this information in Spanish and English, we came across a “First time Homebuyers Seminar” hosted by El Centro de la Raza, a Latino Community Center in another neighborhood of Seattle. We contacted the housing director at El Centro de la Raza, Arturo Gonzalez who graciously agreed to help us set up a similar seminar in South Park. We set up a meeting with Mayra, Arturo and ourselves to discuss various possibilities. The meeting was postponed the first week because
Arturo was sick, and the second week Mayra couldn’t make it. She asked us to have the meeting without her. Once again with the trust from Mayra and autonomy, the meeting was a great community building learning experience. Arturo brought his flyers from his own seminar for us to use as a template (See Appendix C). We both agreed that it was best to promote the seminar first, assess interest within the community, and then set the date for the workshop. Arturo seemed extremely interested in collaborating with the NIC, as their aims toward the Latino community are similar. I was sorry that he and Mayra did not meet that day, but we hoped to forge a relationship by proxy. We agreed with Arturo that the best time for the home buying seminar would be in January after the holidays. We committed to help as much as we could until the quarter was over, at which time hopefully we could pass the project on to a UW Master’s student or the next group of UW nursing students that will be in South Park in January.

Paramount to starting a full campaign to promote the information center is organizing the coordination of volunteers that will work there. Mayra was hesitant to start marketing the NIC, and open the doors for regular hours prior to having a staff that knew what to do. Mayra had someone in charge of volunteer coordination at the information center. However, neither she nor Mayra has had any prior experience working with volunteers. We researched locally and found them a sample volunteer application and a few hiring tips from a volunteer office at Children’s hospital.

The Information Center is a new creation and still in its developmental stages. For this reason we used formative evaluations for this particular project. Without a doubt the goal of resource building is much farther along and more organized than before. Resource building will be an ongoing process that will be a result of the volunteer coordination efforts to come. The relationships between the NIC and the rest of the community are also an ongoing development.
In these beginning stages the connection is still upheld through groups of nursing students who are designated to various parts of the community each quarter. In evaluating this, we know we need to solidify these relationships between the establishments and the NIC in the future so that they are sustainable without us. We were unsuccessful in finding Mayra an electronic database with which to store client information. We attempted to get ideas from the School of Information at University of Washington. We also searched extensively online as well as talked to various database specialists. However, no results were achieved. This will be something that we will pass on to our next class. I don’t think anything we did or didn’t do in the process of finding a database was at fault for our lack of success, but rather a lack of more time to put more effort into the search.

The most important lesson learned working with the information center is the concept of progress not perfection. We went into the project thinking that we would complete a lot of our goals and we learned that completion is not always the end result, but rather the progress that has been made toward the goal.
Concord Elementary School

Introduction

Our community work was in Concord Elementary School. Serving as a Seattle Historical landmark, it was built in January 1914, completed by the Seattle School District, and named Concord School. It is designed in the Colonial Revival style and built out of brick (Wilma, 2001, ¶ 2-4). It was remodeled, and a wing was added in 2000. It is the only school serving children of ages 5-11 in South Park.

According to the Seattle Public Schools Summary of enrollment for the year 2005, the total student body was 288. The majority is ethnically Latino and is equal 59% of the school population. The second largest ethnic group is Asian and makes up 17%, followed by 11% White, 8% African American, and 5% Native American.

We were introduced to Carmen Maymi-O’Reilly, the family support worker, and Barbara Cooper, the school’s volunteer coordinator, at a “welcome-to-South Park” meeting before our partnered projects were chosen. During this meeting, we were able to learn what issues were in need of attention by listening to the members discussing each of their specific areas of interest. It was easy to recognize that they all shared the common drive to improve the health of South Park as a whole. Passion resounded as each one shared about their personal investment in the improvement of certain aspects of life in the community. Doing ongoing assessment, we realized that Concord elementary as a part of the community reflected like a small mirror the problems encountered by South Park as a whole.
Assessment

As a theoretical framework for our project at Concord elementary we used two models: Community as Partner model and PRECEDE-PROCEED model. Community as Partner model motivated us to work hard on implementation of successful project, positive results of which would empower people in a community to repeat this work in the future. Adherence to PRECEDE-PROCEED model allowed us to make several types of diagnoses and analyze every phase of our project. Active listening was the major mode by which we made our assessment. We also used observation and searched for statistical and epidemiological data. In our journals we kept track of our actions, evaluating and re-assessing our implementation weekly.

According to Community as Partner model that represents a puzzle (see Appendix F), we started our work from assessment of felt needs. We addressed our questions to the two who knew best about needs at Concord: Carmen and Barbara. They immediately became our reference as we continued working to piece the puzzle together. There were many felt needs at Concord Elementary. Carmen’s primary concern was the low WASL scores among Concord elementary children. In 2005, the percentage of students who have met national standards was as follows: 48% in reading, 40% in writing, 30% in math, and only 12% - in science (Concord Elementary School, 2005, p. 2). Carmen believed that the reason of academic failure was low level of satisfaction of basic needs. We had to agree recalling Maslow’s hierarchy of needs in which cognitive and aesthetic needs followed after physiological needs, safety and security, and love and belonging (Maslow in Hewitt, 2004, ¶ 2-4).

Carmen and Barbara listed the major areas of their concern regarding Concord students’ health and behavior: improper nutrition and obesity; high prevalence of diabetes and asthma; lack of first aid skills and understanding of health risks; ignorance of street safety accessories
like helmets and pads; bullying and lack of respect towards adults and each others; and the like. Our observations during school hours confirmed concerns regarding obesity and bullying behaviors. To complete the picture we checked with statistics on the King County Public Health website. We could not find the local data on obesity but we learned that “over the last 20 years the percentage of U.S. children age 6-11 who are overweight has nearly doubled (Overweight and Obesity in King County, 2002, p. 5). We also found that Southeast Seattle where South Park is located has one of the highest rates of asthma in King County (Asthma in King County, 2005, p.2).

We looked at other areas that our partners at Concord did not mention, for instance, at dental health. We found that “eighty percent of dental caries identified in permanent teeth of children aged 5--17 years in the United States occur in 25% of children. Lower-income, Mexican-American, and African-American children and adults have more untreated decayed teeth than their higher-income or non-Hispanic white counterparts. Among low income children, approximately one third have untreated caries in primary teeth that could be associated with pain, difficulty in eating, and underweight” (Truman et al, 2006, ¶ 3).

After our assessment of felt needs and discussion with Carmen who showed her desire to have large event we decided to organize the Concord Elementary Health Fair. The main purpose of the health fair would be to raise awareness of major health risks among the Concord students and their parents. The structure of a fair would work to provide interactive education, to distribute information on health services in the community, and to identify future health promotion ideas based on received feedback. Factors to be considered for the planning portion of the project included those of major influence on the lifestyles within the community. These included: environmental pollution; low income; bad eating habits; lack of physical activities;
inadequate provision of health care services; low educational level; and low English proficiency percentage in the area.

**Planning and Intervention**

“The goals and objectives of a health fair are based on the general concepts of health promotion, as well as on the identified needs of the community” (Hecker, 2000, p.249). The levels of prevention to be included were primary and secondary. Health promotion and disease prevention was the biggest focus for primary while detection and early treatment of disease was secondary. Four goals we placed in aim for the health fair are listed:

1. To enhance community awareness of the role of behavior in the prevention of disease
2. To provide screenings for and education concerning hypertension and diabetes.
3. To provide developmentally appropriate health education and health promotion materials to community members.
4. To identify areas of concern in order to assist in the development of future health promotion programs.

Based on our goals and our available resources, we developed the following objectives which will function as a framework for a summative evaluation.

1. At least 70 community members will participate in the activities at the health fair.
2. Each table will be attended by at least 50 community members.
3. At least 50% of health fair attendees will fill out the evaluation form.
4. At least 30 children will fill out the passport with a sticker from each table, in order to receive their prize.
Developing a theme for our fair seemed easy after listening to Barbara and Carmen bounce ideas off each other during our first meeting at Concord. We decided the best fit would be: “How our bodies are affected by our behavior.” This theme easily incorporates many different areas of health, including the improvement of a child’s comprehension of education. Based on the hierarchy of needs, when their physical health is improving, so is their ability to think and learn.

All planning activities were done according to the timeline listed below.

- Week 1: Develop objectives for our project and set up a rough timeline.
- Week 2: Set the date for the fair.
- Weeks 2-6: Make contacts and plan booths.
- Week 4: Create and post flyers to advertise.
- Week 6: Confirm presenters.
- Week 7: Confirm all volunteers.
- Week 8: Complete passports.
  - Pick up all necessary equipment and supplies.
- Week 9: Send thank-you letters to all presenters.

Our timeline was altered and rearranged several times, and we learned the importance of flexibility in planning. The ability to adjust the plan throughout the planning period was absolutely necessary to avoid unneeded stress and frustration.

Setting the Date

The first and most immediately pressing task, was to set and confirm the date and time of the fair. Initially, we had written 5:30 pm, December 1st on the “Master Calendar” at Concord Elementary. The impression after seeing it in writing on that big wall-sized planner was that it was “carved in stone”. So we began spreading to word to our classmates and potential partners at
Sea Mar within a day. To our surprise, we learned the next week that plans were not actually confirmed and the date would be changed to Saturday, December 2\textsuperscript{nd}. This sudden change was mostly related to the lack of an available budget to provide a healthy meal to the participants as an evening event. It ended up being placed in conjunction with the Holiday Bazaar early in the day, from 11am till 1pm.

\textit{Finding Volunteers}

The second item of focus was determining which specific topics to present at the fair. At first, our long list of ideas made the decision difficult, but in time it fell into place as we met the right people with the appropriate resources. Using the report by BSN students in the spring of 2005 as a reference, our potential list included: nutrition, exercise, asthma, park safety, diabetes, mental health, and screening for blood pressure. We chose not to implement vision screenings due to the fact that volunteers were already present at Concord to ensure each child had the opportunity to be tested.

Week two began our search for the partners who could help to reach our goals. Our focus was to find people already working in South Park. The ideal partner would meet the following criteria: share the same feelings about the local health care needs; be an expert in their area of health education; be skilled in educating the specific population with cultural competence. We considered each criterion to be very important for successful implementation of the project. Sea Mar Community Health clinic seemed to be the most obvious starting point. One advantage was that Marissa recognized several people working there from previous volunteer experience as a clinic aide. The familiar faces of a few medical assistants helped locate the specific contacts within Sea Mar.
We soon discovered in our attempt to recruit volunteers, that though many people were in favor of the fair, few were ready to commit their time by saying “yes, I’ll be there”. We felt this was an excellent opportunity for those already at work in this community to influence people to better their health. So we pressed on, emailing and meeting with health care providers in person to involve them in our fair. Slowly, yet surely, we met and confirmed a group of willing workers, who quickly became excited about the event. Finally, our partners in implementation of health fair became:

- Sea Mar physicians, nurses, health educators, and dental professionals;
- City Year volunteers;
- King County Public Health representatives;
- University of Washington nursing students.

We realized the risk taken in planning this intervention, since the outcome remains unknown until far after it is complete. But because of the desires of the volunteers to see a change for the better in their own community the chance for a positive outcome overwhelms the risk of failure, and the entire group is encouraged.

*Health Fair Topics*

Resulting from relationships built in the process of our work in South Park, we were able to add two more topics, which were not presented in the previous health fair, to the list. These included good hygiene and dental health. Good hygiene and immunizations were an area of interest to the Sea Mar clinic head nurse, who responded quickly to our proposal for involvement. We recognized that by modifying our topics to match the passions of the presenters we would increase in the inherent excitement and thus the likelihood of success.
Another area of adjustment was in our set-up of topics and how they would be presented. For example, we had a hard time finding a nutrition and diabetes educator. In case we could not find anybody we asked our classmates if they could present these topics at the health fair. Fortunately, a professional educator was found two days prior to the event. This situation required flexibility as stated in Hecker’s (2000) article: “The importance of flexibility emerged as fundamental in program planning and allowed for systematic change” (p. 252).

In order to create incentive for the children to continue through each of the learning stations, we provided passports. The passports were designed off a template used previously for the Math night at Concord. The modified form was translated into Spanish as well (see Appendix D1). The rewards for a completed passport would include healthy snacks and their choice of two small prizes. The lack of supporting finances placed the burden of providing snacks and prizes on our shoulders. However, this was lessened by the support of our awesome community health team.

Publicizing

The most practical way to publicize the fair was through fliers, posters and personal invitations. Since the fair would take place at the same time and place as the school’s annual bazaar, we were able to “piggy-back” on some of their advertisement posters. If we had more time available, we could have also contacted the South Park Radio with an announcement, however it was already week 5 when we learned of this opportunity and we weren’t able to prepare a script in time. Carmen Maymi-O’Reilly was a key contact to spread the word to each of the 40 families in her after school program.

The fliers were a modified version of the one created by previous BSN students in 2005. The main changes included not only the time and date, but the substitution of “Vision Screening”
with the two new additions: dental health and good hygiene (see Appendix D2). Since the majority of students enrolled are Hispanic, we translated the fliers into Spanish.

**Evaluation**

*Process*

Among three types of evaluation described in PRECEDE-PROCEED model (Anderson & McFarlane, 2004, p.158), the process and impact evaluations were inside the scope of our project. By weekly and, at times, daily tracking in our journals of our actions we were able to assess how our project progressed. Frequently we asked the questions: are we following our timeline? What is done and what is left to do? How do we divide our tasks? What works and what does not work? This ongoing process evaluation helped us to revise our actions and to make necessary corrections.

*Impact*

To assess the outputs of the health fair we used three methods. First, we collected and counted passports. Unfortunately, we missed a few passports because we forgot to instruct our colleagues to collect them in the beginning of the health fair. Some children also chose not to submit their passports wishing to keep them as keepsakes. Photographing children with a Polaroid camera at the street safety station served as the second method to estimate the number of children who participated in the health fair. The first purpose of this activity was to popularize helmets and other safety accessories for biking and skate boarding, but we also applied it to our evaluation process.

The third and most structured method used for impact evaluation was the questionnaire (see Appendix D3). The questionnaires were created to document each of the following: the age and sex of the population; quality of the specific activities; opinions of the health fair as a whole;
subjects to be addressed in future health fairs. The set goal was that 50% of the participants would fill out the evaluation. Due to the fast pace of the fair and the concurrent timing of the holiday bazaar, it was a challenge to have the participants fill out the form. It was also difficult for children to fill in the forms independently, so we began asking the questions verbally and writing down the answers for them. We had to paraphrase some questions as kids could not distinguish between “the most educational” and “the most interesting” stations. Our youngest participants often could not tell what else they would like to learn in future health fairs, and we left that question blank.

In our review of the completed questionnaires, we noted the least interest toward the mental health and nutrition stations. We realized this was likely due to two things. First, the activities at these stations were only adult-oriented. The volunteers used only conversation and did not present an interactive activity for the children’s learning. Second, their primary goal was promotion of their services, followed by health education. One way to improve this situation in the future is to write out our specific goals in a letter to each provider and to provide examples of what we have in mind instead of expecting the individual presenters to come up with a structured lesson on their own.

Despite the limitations, by reviewing the forms we learned recommendations for improvement. Two parents expressed their wish to have health fairs more often in the area; and they would like their children to be taught more specifics on safety behaviors. Examples were: not talking with strangers and what to do in case of emergency. Some children liked the exercise station so much that they wanted to have more sports activities in future health fairs. One nine year old boy said he was interested to learn how his “heart works.” A recommendation by
Carmen was to have anatomical posters, x-rays, and skeletons. The summary of our evaluation you can see in Appendix D4.

Goals reached

Our participating volunteers designed activities that were interesting for young kids. The most interactive stations had real success. The children were amazed to see how the lungs of a smoker differ from the lungs of a non-smoker. At the hygiene station, they were able to see under the special light how many “germs” stayed on their hands if they did not wash them properly. We believe that the impressions from these kinds of activities enhanced the children’s “awareness of the role of behavior in the prevention of disease” which was our first goal.

Our second goal was to provide screenings and education concerning hypertension and diabetes. This goal was met with a blood pressure station and a diabetes educator, however the lesson on nutrition was most child-oriented and so had the most success. The third goal of providing developmentally appropriate health education and health promotion materials to community members was met in the form of posters and handouts provided by individual presenters. The fourth and final goal was to identify areas of concern in order to assist in the development of future health promotion programs, and this was reached through the completed questionnaires and personal suggestions.

Due to our project time constraints we were not able to evaluate long-term outcomes of our project, but we believe that regularly conducted health fairs could bring significant improvement into the health of the community. Thus, we appeal to the future groups of the nursing students coming to Concord for their community class, to make health fairs the annual tradition at this school. Our specific recommendations can be found in the last section of this paper.
South Park Seniors

Based on the U.S. Census in 2000, elders (65 years and older) represent 8 percent of South Park Community population (“Characteristics of Age”, 2005). The elder population in general faces numerous hardships and has many modifiable risk factors. Types of challenges that seniors face include, but are not limited to, chronic illnesses, fixed incomes, poor health insurance coverage, poverty, decreased mobility, social isolation, mental health issues, and lack of access to nutritious meals (Anderson & McFarlane, 2004). In addition to medical and social problems many elders that live in South Park face cultural barriers as well. The U.S. Census Bureau estimated that 77 percent of South Park seniors are English-speaking only (“Characteristics of Age”, 2005). Other languages spoken are Spanish, Cambodian, Vietnamese, Tagalog, Laotian, Japanese, Korean, Philippines, Hindi, Italian, French, and German (“Characteristics of Language”, 2005). Among the senior residents of South Park who were not born in the United States about 9 percent speak English “not well” or “not at all” (“Characteristics of Language”, 2005). These statistics show that South Park seniors are a diverse group of people that require many different types of services.

At the present time, South Park Community has four distinct clusters of elders. These groups seem to know very little about each other. One of these groups is South Park Senior Center (SPSC) located at South Park Neighborhood Center (SPNC) and is sponsored by the South Park Area Redevelopment Committee (SPARC). The SPNC is under the umbrella of SPARC as well. The building that is home to this conglomeration of organizations was formerly a fire station which was rebuilt on the South Park seniors’ resources. In addition to providing place for seniors to gather, SPNC houses ECOSS, Regina House Food and Clothing Bank, and serves other community needs such as providing a place for churches and other
organizations to have lunches, parties and potlucks. SPSC provides nutritional meals for seniors and disabled South Park residents. It also offers other activities such as bingo, ceramics, walking groups, and card games.

Another senior organization that provides services for seniors in South Park is the SEA MAR Community Health Center (SMCHC). SMCHC has 25 sites across the western part of Washington State and is a private, non-profit community health organization providing “comprehensive, affordable, and culturally sensitive health and human services to the Latino, low income, the disadvantaged, migrant and seasonal farm worker population. As local community needs were recognized, the same mission was expanded to include ALL populations, ethnicities and incomes” (“Sea Mar”, ¶ 3). The main center for SMCHC is located right in the heart of South Park.

An affiliate of SMCHC is Sea Mar Community Care Center, “a long-term rehabilitation facility providing culturally sensitive services primarily to “Hispanic, low income and elderly persons” (“Sea Mar”, ¶ 1). It is a 100-bed center, with a secure 19-bed unit for Alzheimer’s residents. SMCCC residents receive services from physical, occupational, speech, and recreational therapists, dietitian, social and financial services, as well as pastoral care. In addition to that, they have “regular visits by consulting physicians, dentists, and podiatrists” (“Sea Mar”, ¶ 1). They also have many activities available for residents and other people outside of SMCCC who might want to come. One unique characteristic of SMCCC is an intergenerational program, which “emphasizes interaction between generations – giving elders and children daily opportunities to share language, traditions and friendship” (“Sea Mar”, ¶ 5).

As part of educational and nutritional services, SMCHC at South Park has 7 Senior Advocates who go to senior centers around King County, helping Latino immigrants who come for
lunches with any problems or questions they may have, such as transportation, social security or health insurance issues. They also give presentations on topics covering different aspects of health relevant to elders. Some of the topics are Heart Disease and High Blood Pressure, Communication with Your Doctor, Physical Activity and Nutrition, Diabetes, Dental Health, Bones and Joints and Depression.

The last group of seniors is located at South Park Manor (SPM). SPM is a low-income residential building for seniors and people with disabilities. It has 27-apartments and is located on the intersection of Cloverdale Street and 5th Avenue. Residents who live in SPM represent the cultural and ethnic diversity of South Park Community itself. Our hope at the beginning of our project was to work with these four groups of seniors in an effort to form connections between the organizations.

Assessment

The first step in our assessment process was a meeting with the South Park community leaders. Unfortunately there wasn’t anyone there to represent South Park seniors. Our next step was to conduct a windshield survey. As we explored South Park on foot and while driving a car, we took notice of South Park Manor, and walked into SEA MAR Community Health Clinic and Care Center. With guidance from our instructor and with the information about South Park Seniors presented in the paper written by MEPN students in 2005, we were able to find the South Park Neighborhood Center as well as a possible contact person. From that time on, our primary assessment methods were interacting with and observing seniors and informal interviews with key informants who gave us an insider as well as an outsider view of the community resources and needs.
One of the key elements of the CBPR model that was used in our project is building “on strengths and resources within the community” (Israel, 2000, p. 6). For the purpose of finding out assets of South Park Community as well as exploring “felt needs” we contacted Bea Johnson, Senior Coordinator at South Park Senior Center. She was the only person we initially had in our contact list. We hoped that she could lead us to other contacts.

Our first attempt to meet with Bea was unsuccessful but we were able to turn it into an opportunity. We did this by wandering around the South Park Neighborhood Center (where our meeting with Bea would have taken place), looking at the schedule of activities, and talking to people who were there at the time. Those people were Lora Suggs, development coordinator at ECOSS; Frana Milan, fundraiser; Paige Collins, manager of Regina House Food and Clothing Bank; and Joseph Smith, SPARC treasurer. That was the beginning of our “cyclical, iterative process that includes partnership development and maintenance, community assessment, problem definition, development of research methodology, data collection and analysis, interpretation of data, determination of action and policy implications, disseminations of results, action taking, specification of learning, and establishment of mechanisms for sustainability” (Israel, 2000, p. 8). From those people we learned that Bea Johnson, besides being Senior Coordinator, is also a board member of SPARC and a cook for luncheons and dinners sponsored by SPARC.

Later when we talked with Bea we learned that at the present time usually about 5-6 seniors actually come to the luncheons at SPSC. About 15 other people want to come but do not have transportation. However, a couple of decades ago South Park Senior Center used to be a thriving organization with its own bus. Since then many seniors from that group have died so less people attend senior lunches, dinners and other activities. At the most 18 seniors come for
Friday’s dinner, and only 2 people attend Ceramics class. One of the reasons why SPSC is not filling up again is because as South Park residents enter the senior stage of their lives they are not aware of resources available for them. That suggested a need to distribute the brochure for SPSC to inform the SP population about the services and activities provided at SPSC. There are other organizations that rent the SPSC space as well and provide meals for seniors. These organizations include the Polynesian American Empowerment Program and Tongan Community of Washington. We discovered SPSC is primarily represented by Non-Hispanic/White English-speaking seniors. Recognizing the need to expand SPSC’s services to the Latino population, SPARC intends to organize Latino fare lunches in the near future.

Another interview we had was with Brigette Gaines, South Park Manor manager. She stated that SPM residents do not leave their apartments very often or participate in community activities. She tried to organize a coffee hour on Thursdays but nobody would come. The only activity that SPM residents are more or less likely to be involved in is Birthday celebrations held every three months in the community room of the SPM building. Besides that, people stay in their apartments, watch TV, go shopping sometimes, and have some visitors. They are not informed about SPSC and the activities it offers. In order to learn more about SPM residents we rang each seniors’ apartment asking the residents who were willing to talk to us what they like to do, what they do when they leave their apartments, what they would wish to have available in their community, and if they know about SPSC. We were able to personally talk to twelve residents assessing their strengths and needs. Many residents have their children visiting them or they visit their children. Several residents attend churches on Sundays and sometimes on the weekdays. From our conversations we also learned that only couple of them had heard about SPSC. Many of them became interested in what SPSC had to offer especially Bingo night.
SPM has many real Bingo lovers! The major concern for most of the residents was transportation. It was very rewarding visiting with these seniors and we were pleasantly surprised to be invited into many of their homes.

We also stopped at SMCCC and learned from the building administrator, Spencer Comstock, about services provided there for senior residents. He gave us a tour that enabled us to see and personally experience the SMCCC atmosphere. We saw a schedule of activities available for SMCCC residents. For more information about contacting seniors in South Park who are more mobile in the community we were directed to Irma Farsch, Community Services Director for SMCCC. As we were looking for her we met with three other people who played an important role in our project: Ninfa Quiroz, Home Care Coordinator, and Senior Advocates for Latinos – Yanin Gaytan and Bianca Rivera. Through talking with these key informants we were introduced to the educational and health services provided at senior centers in areas around King County. We learned that South Park residents often go to senior centers that are long distances from the community in which they live because they don’t know about the senior center at South Park and/or because SPSC does not have a Latino representative who could translate for them and help them as Senior Advocates from the SMCHC do.

In order to assess how other senior centers are organized and what role Senior Advocates play, we went to Bellevue Senior Center with Yanin Gaytan and to Burien Community Center with Bianca Rivera. On the days we went the majority of attendees were Latinos who do not speak English at all. This indicated a need for Latino Advocates to represent that part of the elder population and to address their needs. In addition to providing lunches every day (on certain days of the week Latino food is cooked by a Latino chef), these senior centers offer exercise, sports, and other wellness classes as well as computer classes. Each center has visiting nurse hours for
foot care. In addition to that, Bellevue Senior Center has a senior choir and offers English classes for the Spanish population led by a volunteer. Even though visiting senior centers in other locations was not directly related to our project, it helped us to build relationships with the Senior Advocates and seniors as well as to get an idea how other senior centers are organized.

Our assessment process was very integrated with members of the community, representatives from community-based organizations, and an academic institution (University of Washington). As we were interviewing our key informants we were also planning, implementing and evaluating. The assessment process continued throughout the project but we knew that it was important to also incorporate setting goals and objectives as well as design and implement interventions.

Planning and Implementation

Before consulting the community our umbrella goal was to enhance the overall health and well-being of seniors living in South Park. Using the CBPR model made it imperative that we plan a project which, “builds on strengths and resources within the community and facilitates collaborative, equitable involvement of all partners in all phases of the research” (Israel et al, 2000). The initial assessment process allowed us to identify the South Park community leaders for seniors that are committed to promoting senior wellness. Finding these leaders in the community enabled us to begin the planning and implementation phase using the community as our guiding force. Our aim was to implement interventions that were based on the felt needs of the community members. We hoped that this would empower the community members to sustain the momentum initiated by us (Israel et al, 2000).

To best describe our planning process the fourth stage of Reinkemeyer’s Stages of Planned Change will be used (Anderson & McFarlane, 2004). The fourth stage is called,
“Examination of Alternative Routes and Tentative Goals and Intentions of Action” and has five parts which are 1) community health goal, 2) program activities, 3) learning objectives, 4) collaboration, and 5) resources, constraints and revised plans. The first part, “community health goal” refers to taking the stated needs of the community and setting a goal for a plan of action (Anderson & McFarlane, 2004). Bea Johnson from South Park Senior Center (SPSC) identified the goal to create a brochure for the SPSC. This goal coincided with her desire to encourage more seniors, especially Latino seniors, to attend the SPSC’s meal program and activities. Getting the brochure designed, translated into Spanish, printed and distributed was seen as an effective strategy in encouraging seniors to come to SPSC. In addition, we suggested having a party to promote the SPSC. This idea was well received by Bea Johnson. So the goals had been set 1) design, translate into Spanish, print, and distribute SPSC brochure and 2) plan a party to promote SPSC.

The second part in the planning phase involves mapping out, “the actions necessary to deliver the program” and is termed, “program activities” (Anderson & McFarlane, 2004, p. 267). Making a list of what needed to be done enabled us to distribute tasks and organize the sequence of tasks. It is also recommended that a date is established for each task to be completed (Anderson & McFarlane, 2004) Program activities for the “brochure project” included:

1. Nursing students obtain correct information to put into brochure and design brochure
2. Bea Johnson finds ways to fund printing brochure and gets brochures printed
3. Nursing students find someone to translate brochure into Spanish
4. Nursing students establish contacts and find places to distribute the brochure

Program activities for the “party project” included:

1. Bea and nursing students agree on a date for the party
2. Bea agrees to cook and provide food and welcome gifts for the party

3. Nursing students connect with community leaders to help find seniors to invite to the party and recruit other nursing students to help with the party

4. Nursing students plan the party which includes making flyers, designing health booths, decorating, and providing games, prizes and music

Following “program activities” is defining “learning objectives.” It is important not to get too caught up in the details of planning the project before the point of the project is clearly stated. “Learning objectives specify what changes in knowledge, behaviors or attitudes are expected as a result of program activities.” (Anderson & McFarlane, 2004, p. 267) We decided along with Bea Johnson that upon completion of the “brochure project” and the “party project” seniors in South Park would know that there was a place to have a hot nutritious meal, as well as a place to do activities such as ceramics, bingo and exercise. The seniors would also know the mission statement and the correct dates, times, and locations of the meals and activities at SPSC. In addition, after the “party project” the seniors would feel welcome at SPSC and by making them feel welcome they would feel motivated to attend the luncheons as well as the activity sessions. This would promote socialization and good nutrition for the seniors in South Park. Finally, upon completion of the two projects South Park community leaders for seniors would make contact and learn new ways in which they can work together to promote the well-being of South Park seniors.

This leads us to “collaboration” which is the fourth step in planning. We, as nursing students decided that this was the most important and often most ignored step. A major part of our planning process was to find seniors to invite to the party and to give brochures to. The two important contacts that we made that led us to seniors in the community were the apartment
manager of South Park Manor Brigitte Gaines and the SEA MAR Senior Advocates Yanin Gaytan and Bianca Rivera.

The idea of collaboration goes along with the CBPR model that we used. “CBPR integrates knowledge and action for mutual benefit of all partners” (Israel, 2000). Brigitte Gaines expressed concern that her residents didn’t seem to get out much. She seemed happy to help us promote senior socialization by posting flyers for the “party project” inside South Park Manor and by encouraging us to ring the senior apartments to talk with them. If we hadn’t connected with Brigitte we might not have had the confidence to talk with the South Park Manor seniors to invite them to the party and give them SPSC brochures. Even though their senior centers weren’t in South Park we recognized that establishing a good relationship with the SEA MAR Senior Advocates was important because they had the same goal as SPSC which is to promote the overall well-being of seniors with a focus on Latino seniors. In CBPR, “Communities of identity contain many individual and organizational resources, but may also benefit from skills and resources available from outside the immediate community identity” (Israel, 2000). At the planning phase we could only hope that the community leaders Bea Johnson, Brigitte Gaines and the SEA MAR Senior Advocates might soon meet.

The final step in planning is, “resources, constraints and revised plans” (Anderson & McFarlane, 2004). This is an integral part that leads to the implementation phase. It is similar to the “program activities step” but more in depth. Once the goals have been established, writing out the resources needed as well as the resources available and the constraints to meeting these goals helps in determining what steps need to be taken next. Once this is done a revised plan can be made. The following are examples of this step in our planning process:
Goal #1:  To design, translate into Spanish, print, and distribute SPSC brochure.

Resources Needed
1. Brochure template and updated information on SPSC
2. Money to print the brochures
3. Someone to translate brochure into Spanish
4. Seniors to distribute the brochures to

Resources Available
1. Brochure templates available on the internet; a printed copy of an old brochure; digital photograph taken by us of the current schedule at SPSC and Bea Johnson’s contact information
2. Funding from “Senior Services” to print the brochures
3. Other South Park Nursing Students knew a professional translator that was willing to donate his services by translating the brochure; SEA MAR Senior Advocates willing to proof-read brochure
4. Contacts with seniors at South Park Manor; contacts with Spanish-speaking seniors through the SEA MAR Senior Advocates

Constraints
1. Outdated information on the old brochure; difficulty reading the information on the digital photograph; difficulty getting in touch with Bea Johnson
2. Finding out that we needed to find three competitive estimates from printing companies before we could get the money to print the brochures which made it difficult to determine when the money to print the brochures would be available
3. We as Non-Spanish speakers transcribed Spanish version of the brochure and many mistakes were found when proof-read by SEA MAR Senior Advocates
4. Many SPM seniors would not answer when we rang their apartments; difficulty determining which Spanish-speaking seniors lived in South Park when we visited other Senior Centers because we spoke very little Spanish

Revised Plan
1. Make first draft of brochure and show up at the SPSC without an appointment to get Bea Johnson’s approval of the brochure (this is before we had her cell phone number)
2. Use instructor Noel Chrisman’s printing resources at the University of Washington to print brochures while we continue to get estimates for the professional printing of the brochure
3. SEA MAR Senior Advocate generously offered to revise Spanish translation of the brochure
4. Ring SPM resident’s apartments weekly and hopefully reach new seniors each time; in order to establish a connection with the Spanish-speaking seniors at other senior centers we used broken Spanish as well as other communication techniques; the SEA MAR Senior Advocates also helped translate for us

Goal #2:  To plan a party to promote SPSC.

Resources Needed
1. Food for the party
2. Ideas for health booths, equipment for health booths, health education materials for health booths and volunteers to help run the booths
3. Seniors to attend the party
4. Bingo Equipment and someone to run the game; prizes, decorations, music and CD player; printing resource for printing flyers for party and for printing health education materials

Resources Available
1. Extra food from SPSC Food Bank and money from SPARC for extra groceries
2. Internet resources for ideas and educational materials for health booths; Ian Maki the Program Manager for SPARX (Student Providers Aspiring to Rural and underserved eXperiences) has health fair materials;
University of Washington’s Learning Lab to loan blood pressure cuffs; nursing students to run health booths
3. Flyers made by us to distribute to seniors at SPM and at SMCHC sponsored senior centers
4. Bingo machine and senior to run it available at SPSC; instructor Noel Chrisman’s printing resources at the University of Washington to print flyers and education materials; salsa CD’s from other nursing student; prizes and decorations from dollar store donated by us

Constraints
1. No constraints for having food at the party
2. Internet resources for educational materials are limited and often require money; ideas were limited for health booths because of liability issues and referral constraints; Ian Maki is out sick and his health fair materials were not available in both English and Spanish
3. Unable to determine how many seniors would attend party; seniors have difficulty finding transportation to the party
4. Unsure if SPSC is willing to loan Bingo machine and to run the game; difficulty finding a CD player

Revised Plan
1. No constraints for having food at the party
2. Network with community health undergraduate and graduate students and other community health instructors for ideas on health booths; look for places in the community to refer seniors if health issues are identified at health booths
3. Estimate how many seniors will be at party from SPM; get a count of how many SMCHC from “Senior Advocates; have SEA MAR Senior Advocates help arrange transportation for the seniors
4. Continue networking to find a CD player and find other possible ways to have a bingo game

During the planning phase the implementation phase has already begun to take place.

According to Anderson and McFarlane (2004), “Once goals and objectives have been agreed upon and recorded during the planning stage, all that remains for implementation is to actually carry out the activities to meet those objectives” (p. 275). As one can see in the last step of the planning phase we were dependent on many people to implement our plans. This dependence allowed us to remain in the context of the CBPR model where we not only utilized SPSC resources but we also utilized resources outside of SPSC. Within our project we considered SPSC a “community of identity.” Israel (2000) states in his article that, “CBPR efforts often involve individuals and groups who are not members of the community of identity, including representatives from health and human service organizations, academia, community-based organizations and the community-at-large.” Working very hard each week to make the “brochure project” and the “party project” a success, we were continuously implementing our plans.
Evaluation

Andersen and McFarlane (2004) state that, “Evaluation is determining the worth (or value) of something” (p. 290). Determining the worth of our projects was difficult to ascertain due to the short duration of our time in South Park. So the method of evaluating our two projects was based on short-term changes. These short-term changes were determined by whether or not we met our goals and if the community leaders and seniors were satisfied with the results of our projects.

The “brochure project” was a success in that Galina and I designed the brochure with the updated information at SPSC. Bea Johnson seemed very pleased with the results and had the brochure (see appendix) approved by other members of the SPNC. With the help of a Spanish Translator that other nursing students knew and the Sea Mar Senior Advocates, specifically Yanin Gaytan, we were able to get the brochure translated into Spanish (see appendix). During this process we were able, “integrate knowledge and action for the mutual benefit for all partners” (Israel, 2000).

Getting funding for professional printing of the brochures is a work in progress but we were able to print enough brochures to distribute them to many seniors at SPM before the party. We downloaded the brochures onto a CD and found 3 competitive estimates for the printing of the brochure and gave it to Bea Johnson. Now it is up to the community leaders at SPNC to get the funding from “Senior Services” to have them professionally printed. According to the CBPR model this follows two steps which are to, “disseminate findings and knowledge gained to all partners and to involve a long-term commitment by all partners” (Israel, 2000).

The “party project” went very well. There were 46 people that signed in at the party. Bea Johnson said there hadn’t been that many seniors there since the 1980’s.
approximately 10 seniors that were regulars at the SPSC, 3 seniors from SPM, approximately 20 Latino seniors from other senior centers, (mostly the Burien Senior Center), 3 SEA MAR Senior Advocates, and 10 nursing students.

Laura, the ceramics instructor at SPSC welcomed the seniors and had them sign in when they first came into the party. She also gave out the brochures and party gifts which consisted of a travel bag with socks, a toothbrush and other toiletry items. Some of the Latino seniors came to the party about an hour early due to having little control over the times that their transportation source could drop them off. Fortunately, we had the health booths set up already.

The most popular health booth was the blood pressure screening booth. At that booth we had two nursing students doing blood pressure screenings and passing out health education materials in both Spanish and English, (see appendix E). We also had a booth with a Geriatric Depression Scale in both Spanish and English (see appendix E). If referrals were needed we had brochures available from SEA MAR Behavioral Health Services (see appendix E) located at 10001 17th Pl. S. Seattle, WA. 98168. Our final booth was a nutrition booth where we had a scale, tape measure and Body Mass Index chart, (see appendix E) but we couldn’t find the BMI chart in Spanish. In addition to this information we collected nutrition information online in both Spanish and English from “My.Pyramid.gov” (see appendix E). In general the elders seemed to enjoy the health booths. We didn’t plan a way to evaluate the effectiveness of the health booths. In retrospect we would have liked to. It is our theory that the depression booth and the nutrition booth were not as popular because there wasn’t someone at these booths at all times and the subject matters were more difficult to talk and/or think about in a somewhat loud, party atmosphere.
The most successful part of the party was the food. There were at least 2 turkeys and 3 hams, salads, bread and brownies. The food was delicious and we really appreciated Bea’s hard work. The bingo game was also a hit at the party. The SPSC seniors let us use their bingo equipment and ran the game as well. Yanin Gaytan translated the numbers that were called out into Spanish and we bought 12 calendars that we were able to give to the seniors as prizes. When we later talked with Bea Johnson and the SEA MAR Senior Advocates they all said that they and their seniors enjoyed the party and would like to do something like it again.

There are some things that we, as nursing students, would have done differently, one of which was to go to the luncheons at SPSC, (the luncheons were scheduled on days that we had class and clinical rotations) so we could get to know the regular attendees. We also wished that we had formally introduced Bea Johnson and the SEA MAR Senior Advocates at the party. Despite these things we felt like we followed the CBPR model by, “addressing the concept of health from a positive model that emphasizes physical, mental and social well-being” (Israel, 2000). This was truly a rewarding experience for us. We were continuously impressed with the dedication and hard work that the South Park community leaders for seniors had. We learned a lot about the services available for seniors in South Park. We also learned that collaboration between community leaders is crucial in promoting the health and well being of seniors.
South Park Community Center

South Park Community Center is a facility that provides a safe environment for community members and offers various services to youths and families. It offers services such as tutoring, a computer skills lab, athletic programs, and women’s support groups. One of its essential programs is the after-school childcare program for elementary school aged children. It offers homework-help, tutoring, arts-and-crafts, gym activities, and healthy snacks after school. The program also provides transportation from Concord Elementary to the Community Center. Each day, four or five counselors are available to help the children with their homework and provide supervision until the program ends at six in the evening. The community center provides a safe and stimulating place for the children to stay until their parents can pick them up after work.

We assessed the felt needs of the community center by meeting with Isabel Mireles, the childcare director of the Community Center, at the beginning of the quarter. In our first meeting with Isabel, her primary concern was to provide more education to the children on issues of health and safety. She discussed some deficiencies in parent and child knowledge of basic first aid, hand-washing, and basic nutrition. Although a class for parents would have been beneficial, their busy work schedules did not allow them the time, so the emphasis was placed on teaching the children about these issues. After our initial meeting with Isabel, we planned to go to the Community Center each week to teach health-related issues to the children in the after-school program, including first aid, nutrition, hygiene, and stranger and fire safety.

To assess the Community Center we used the Community Partnership Interlocking Dynamics model. “The model is based on the four long-standing concepts around the edges (felt needs, participation, empowerment, and community competence) and based on research:
assessments and evaluation” (Chrisman, N.J., 2006). The model describes the steps necessary for a community to achieve competence and sustainability. We applied this model at the community center by first meeting with Isabel to discuss felt needs, and then participating with the children and counselors each week to help empower them through knowledge. Due to time constraints, we were unable to use research in our assessment of the community. We were also unable to fully evaluate the community using research since teaching the children continues to be an ongoing process. However, this model was essential to how we worked with the community because participation and empowerment through education was the method we used to learn about and help the South Park Community.

We participated in the community by being involved with the childcare program and teaching a class of ten to twelve students between the ages of six and ten. Each week we brainstormed activities, performed research, and tailored a lesson plan prior to each class (see appendix) and had a similar routine: assessing the children’s prior knowledge, reinforcing what they already knew to be correct, teaching them what they didn’t know, and evaluating how much they learned that day. Our method of teaching has been discussion and active participation in planned activities. We learned this method from suggestions from Isabel. Through learning and participation in these activities, we wanted the students to gain more knowledge and become empowered to make better decisions and become more competent individuals.

One concern in South Park that has been addressed by the community center is that of violence in the neighborhoods. In an interview with Isabel Mireles, she states, “at night, South Park is not safe. There is a lot of crime here, especially in this area (by the community center).” We also learned that South Park does not have a police station, and in the past year there has been one attempted child abduction across the street from the Community Center. Furthermore,
we found that there are forty registered sex offenders living in the South Park Community (King County Sheriff’s Office, 2006). The Community Center addresses these issues by providing transportation for the kids from Concord Elementary School to the after-school program at the Community Center. The after-school program itself is an asset for the community because it provides a safe and conducive place where the children of the community can go after school while their parents are at work.

Secondly, issues of poor nutrition and obesity exist that are also addressed by the community center. Throughout our classes this quarter, we noticed several children who were overweight or obese. As a way to combat this problem, counselors gave the children in the after school program healthy snacks during their break time, including yogurt, carrots, grapes, and nutri-grain bars. We also learned that healthy foods are somewhat difficult to access in South Park since there are no large chain grocery stores, but only a few mexi-marts on the main street. In order to buy fresh fruits and vegetables for the children, the counselors had to drive several miles to a Red Apple near the freeway. Obstacles to encouraging healthy foods at the community center are the vending machines in the front lobby that sell ice cream, candy, and soda pop. A recommendation that would strengthen the nutrition teaching of the community center is to replace the unhealthy snacks of the vending machines with healthier ones.

A final concern the Community Center faces is social development among some of the children and teens. Taking into account age and environment, some of the children have problematic behaviors such as hitting and kicking, outright disobedience to adults, and poor manners, which resulted in distraction and disruption of the classroom setting. The South Park Community Center attempted to address this issue by hiring caring, patient counselors that set firm and consistent rules with these students.
In evaluating our impact on the Community Center, we divided our evaluation into how well the class was received after each lesson. In covering the topics of first-aid, we discussed how cuts should be washed, what should be done with bloody noses, insect stings, and objects in each eye with the objective of having the children repeat these things back to us at the end of the lesson. When we assessed the students’ prior knowledge, we found that many were already familiar with the proper way to wash cuts. We managed to keep the children engaged for about one half hour until they became restless and distracted. However, they were good at demonstrating to us what we taught them.

In our hygiene lesson, the students were also familiar with the importance of when and why to wash their hands. We used a black light to demonstrate to the children the importance of spending the time to wash thoroughly, with the objective of having them try it a few times and becoming better hand-washers. In the end, we followed up with “Germ-busters” coloring sheets at so the children would not become bored. This was our most interactive lesson all quarter, and it turned out to be the most successful.

However, the topics of good nutrition and the food groups were new to some students. Nonetheless, much of the information we taught them had been discussed before either in school classes or by the counselors at the Community Center. What we did with students was reinforce their knowledge and use interactive lessons to help them remember what was taught (see appendix). On this particular day, the students were the most distracted, so it was difficult to say how much they truly learned.

Lessons learned during the quarter have been: to use the counselors as the greatest resource because they know the students best, and that topics need to be taught in a very interactive manner in order to retain the children’s’ attention.
Recommendations for the Future

We have put together some recommendations for the future in South Park that we think would benefit the community. These suggestions are based on each student’s assessments in the area with which they worked this quarter. We hope that these recommendations will provide useful feedback to the community members as well as insight for the UW nursing students who will be working in South Park in the future.

In our 10 weeks working in South Park, we noticed a common need at all the different locations where we worked for a better exchange of information. Information to teach children, or to update or assist parents, or to inform the seniors of up and coming events will help keep the community together. The common thread is a need for good communication and team work throughout the community.

At the community center our recommendations focus on getting information to the children and their families. We think the counselors at the center are an excellent resource and should be used more since they are experienced with the children and know them best. It is important for these kids to be knowledgeable about health and fitness and how it affects their lives. We recommend incorporating teaching modules and games about health education in the computer lab as part of lesson plans to enhance computer technology skills while teaching the children healthy behaviors. To emphasize these lessons learned we suggest selling healthy foods in the vending machines at the community center instead of candy and soda to encourage healthy eating habits.

For the younger children, we have learned that interactive environments for learning reap the best results. Children lose interest easily, and need to be involved in their lessons. The teens could benefit from more outreach programs, as there are currently few available. And the
parents would benefit most from additional information about parenting child nutrition and support groups. With community organization the community center could provide assistance to all age groups.

The Neighborhood Information Center in South Park is the perfect place to be the hub of information to disseminate through the community. However, they need to forge more relationships with the community in order to streamline the flow of information. We recommend installing a large sign with changeable magnetic lettering above the front door of the information center that can list current events in the community. They are located on the main street and are visible to most members of the community at on a regular basis. They could post events taking place at the center, such as ESL classes, or parties that may be taking place at the senior center.

We also recommend keeping the resources at the center up to date. This can be the job of the volunteer staff. This will help them to stay current with what is available to the community, so that they can better assist each client.

In working at Concord elementary we learned a lot putting on a health fair. One key recommendation for nursing students in the future is to that free food and/or prizes are essential for attraction of participants for events that are not mandatory. Start looking for sources of funding early. We find that it is also important to match location and type of event with the goals. For example, a classroom would suit a more in-depth lesson with higher structure. A health fair or a bazaar would provide a more general health awareness and opportunity to distribute information and introduce services available within the community. When working with children, we recommend interactive teaching is essential. The hit of our health fair was the hand-washing station where children could see stubborn “germs” that stayed on their hands even
after washing ones. A good idea for the future is to have a station where kids can put together mini-first aid kits. Remember that whatever you are doing, flexibility is a key to carry-out a successful event in a community. Reassessing the timeline, goals, and objectives and making constant adjustments in the plans is necessary.

Our final recommendation would hopefully reduced confusion for UW nursing students who work in South Park in the future, and provide continuity of projects between quarters. We have created an information retrieval system of all the work students have done in the past. It is a file that contains all the previously written papers, as well as contact information for each local source, and details of any projects that were left unfinished. The new class should spend time going through this file and reading the papers written before they meet with the community member. This would allow the new class to pick up where the previous class left off and to be more productive in our community health nursing work. Most importantly it will put less of a burden on our sources in South Park so they don’t have to explain everything to the students each quarter.
References


Chrisman, N. J. (2006, 10/11). *Participatory assessment, planning, and evaluation in community health*. Lecture presented in NCLIN 409 Partnership for Community Health, University of Washington School of Nursing, Seattle, WA.


Appendix A – South Park Geographical Location

Map from South Park Neighborhood Website
Appendix B - Sea Mar Community Center

Frustration Model
Appendix C - South Park Neighborhood Center

C1. Examples of Resource Flyers
## South Park Neighborhood Information Center

<table>
<thead>
<tr>
<th>Community Resource Agencies</th>
<th>Phone Number AND Hours</th>
<th>Website</th>
<th>Mission/Services</th>
</tr>
</thead>
</table>
| Downtown Public Health Center | (206) 296-4755  
Monday- Friday 8:00AM to 5:00PM | [http://www.metrokc.gov/](http://www.metrokc.gov/) | To achieve and sustain healthy people and healthy communities throughout King County by providing public health services which promote health and prevent disease. |
| White Center Public Health Center | (206) 296-4646  
Monday 7:00 am-7:00pm  
Tuesday 7:00 am-6:00 pm  
Wednesday- Friday 7:00 am-5:00 pm | [http://www.metrokc.gov/health/locations/whitecenter.htm](http://www.metrokc.gov/health/locations/whitecenter.htm) | General health care information, services, and referral are given to patients. |
| Pike Market Medical Clinic | (206) 728-4143  
Monday- Friday  
Please call for exact hours | [http://www.pikemed.org/](http://www.pikemed.org/) | Provides a range of primary care medical and enabling services for men and women over age 18. Care will be given when you are sick and support will be given to help you stay healthy with regular check-ups and health education services. |
| Georgetown Dental Clinic | (206) 461-6943  
Monday- Friday  
Please call for exact hours. | [http://www.psnhc.org/index.php?page=Clinic_Detail&clinicID=16](http://www.psnhc.org/index.php?page=Clinic_Detail&clinicID=16) | Treatment is given to patients of all ages who are King County residents. Out of King County residents may be treated for emergency care. |
| Harborview Pioneer Square Clinic | (206) 521-1750  
Monday 7:00 am-5:00pm, Tuesday 7:00 am-5:00pm, Wednesday 8:00 am- 5:00pm, Thursday 7:00 am-5:00pm, Friday 7:00am- 5:00pm | [http://www.uwmedicine.org/PatientCare/MedicalSpecialties/PrimaryCare/Harborview/PioneerSquare/](http://www.uwmedicine.org/PatientCare/MedicalSpecialties/PrimaryCare/Harborview/PioneerSquare/) | Provides primary health care and treats acute problems for adult patients residing in the downtown Seattle area. |
| Midwifery & Women’s Health | (206) 324-1449  
Monday – Friday  
Please call for exact hours. | [http://www.psnhc.org/index.php?page=Clinic_Detail&clinicID=6](http://www.psnhc.org/index.php?page=Clinic_Detail&clinicID=6) | Women are encouraged to actively plan their care and their birth experience and to include their family whenever they choose. |
<p>| Carolyn Downs Family Medical | (206) 299-1900 | <a href="http://www.cdehc.org/clinics/cdfmc.php">www.cdehc.org/clinics/cdfmc.php</a> | Provides health care that addresses the needs of people regardless of |</p>
<table>
<thead>
<tr>
<th>Center</th>
<th>Odessa Brown Children’s Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, Tuesday, Thursday &amp; Friday 9:00am- 12:30 pm- 1:30pm- 5:00pm  Wednesday 10:00am-12:30pm-1:30pm-5:00pm-5:30pm- 8:30pm  Saturday 9:00am-12:00pm</td>
<td>(206) 329-7870  Monday-Friday 8:30am- 5:00pm  Saturday 9:00am-12:00pm</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.seattlechildrens.org/our_services/regional_services/odessa_brown/">http://www.seattlechildrens.org/our_services/regional_services/odessa_brown/</a></td>
</tr>
<tr>
<td></td>
<td>Provides medical, dental, and mental health services to families in central and Southeast Seattle for more than 30 years regardless of their ability to pay.</td>
</tr>
</tbody>
</table>
Odessa Brown Children’s Clinic
2102 East Yesler Way
Seattle, WA 98122
(206) 329-7870

La clínica de los niño marrones de Odessa proporciona el cuidado primario pediátrico para los recién nacidos y los niños a 21 años.

La asistencia médica primaria incluye chequeos y cuidado rutinario, tratamiento complejo de la enfermedad y gerencia del comportamiento del niño.

Los Servicios Médicos Incluyen:

- Exámenes del cuidado del bebé y de niño
- Gerencia crónica del diesase
- Abuso de niño y prevención de la negligencia
- Servicios de ayuda de la nutrición de las mujeres, de los infantes, y de los niños y de la maternidad
El centro médico de la familia de las llanuras de Carolyn proporciona el cuidado médico que trata las necesidades de la gente sin importar su capacidad a la paga.

Muchos del personal en el centro médico de la familia de las llanuras de Carolyn son bilingües (English/Spanish)

Los servicios médicos incluyen:
1. Servicios Adolescentes
2. Servicios Del Adulto
3. Servicios infantiles y del niño
4. Farmacia
5. Cuidado Del Embarazo
6. Cuidado Mayor
● Se anima a las mujeres que planeen su cuidado y su experiencia del nacimiento e incluyen activamente a su familia siempre que elijan.

● Durante el embarazo, una de nuestras parteras le verá la publicación mensual hasta 28 semanas, cada 2 semanas hasta 36 semanas y entonces semanal hasta que usted entrega a su niño.
Have you ever thought about owning your own home?

If you need information regarding:

- How to qualify for a LOAN
- How to build CREDIT
- Down Payment ASSISTANCE Programs
- Meet Lender and Real Estate Agents

Call today to save a spot
206-767-7445

Workshops will be held @

Neighborhood Information Center/ Centro de Información Hispano
8525 14th Ave S

In Spanish: Every First Saturday of the month
In English: Every second Saturday of the month

No Cost or commitment needed
SEMINARIOS PARA COMPRADORES DE CASA POR PRIMERA VEZ

Starting in January 2007

¿HA PENSADO ALGUNA VEZ EN COMPRAR SU PROPIA CASA?

Necesita Ayuda Con:

- Pre-Calificación para préstamos
- Cómo establecer CREDITO
- Prestamistas
- Agentes de Bienes Raices
- Programas de Asistencia para el pago de ENGANCHE

Llama a Centro de Información Hispano
206-767-7445

Las Presentaciones son en:

Neighborhood Information Center/ Centro de Información Hispano
8525 14th Ave S

En Español: Primer Sabado de cada mes.
En Ingles: Cada segundo Sabado del mes

Pregunte, inscríbase, no se quede con la duda!
# Appendix D- Concord Elementary School

## South Park Contact List

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone #</th>
<th>Email</th>
<th>Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carmen Maymi O'Reilly</td>
<td>Family Support Worker</td>
<td>206-252-8100</td>
<td><a href="mailto:cmoreilly@seattleschools.org">cmoreilly@seattleschools.org</a></td>
<td>Children’s well being</td>
</tr>
<tr>
<td>Barbara Cooper</td>
<td>Volunteer Coordinator</td>
<td>206-252-8100</td>
<td><a href="mailto:bjcooper@seattleschools.org">bjcooper@seattleschools.org</a></td>
<td>Children’s well being</td>
</tr>
<tr>
<td>Katy Payne</td>
<td>Health Analyst</td>
<td>206-252-0968</td>
<td><a href="mailto:kapayne@seattleschools.org">kapayne@seattleschools.org</a></td>
<td>Health Screening</td>
</tr>
<tr>
<td>Gabrielle O'Sullivan</td>
<td>Family Practice M.D.</td>
<td>206-762-3730</td>
<td>g <a href="mailto:Gabrielleosullivan@seamarchc.org">Gabrielleosullivan@seamarchc.org</a></td>
<td>X-rays? Anatomy?</td>
</tr>
<tr>
<td>Julio Jimenez</td>
<td>Family Practice M.D.</td>
<td>206-762-3730</td>
<td><a href="mailto:juliojimenez@seamarchc.org">juliojimenez@seamarchc.org</a></td>
<td>Ultrasounds</td>
</tr>
<tr>
<td>Philip Reilly</td>
<td>Family Practice M.D.</td>
<td>206-762-3730</td>
<td><a href="mailto:philipreilly@seamarchc.org">philipreilly@seamarchc.org</a></td>
<td>Health Education</td>
</tr>
<tr>
<td></td>
<td>Clinical Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valerie Baldisserotto</td>
<td>Nutritionist</td>
<td>206-762-0876</td>
<td></td>
<td>Diabetes/Nutrition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ext: 40705</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackie Vasquez</td>
<td>Diabetes Educator</td>
<td>206-762-0876</td>
<td></td>
<td>Diabetes/Nutrition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ext: 40086</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renacer Clinic</td>
<td>Mental Health Clinic</td>
<td>206-766-6976</td>
<td><a href="mailto:sarahhouston@seamarchc.org">sarahhouston@seamarchc.org</a></td>
<td>Emotional Health</td>
</tr>
<tr>
<td>Sarah Houston</td>
<td>Health Education</td>
<td>206-764-4700</td>
<td><a href="mailto:sarahhouston@seamarchc.org">sarahhouston@seamarchc.org</a></td>
<td>Chronic disease</td>
</tr>
<tr>
<td>Isamary Herrera</td>
<td>Dentist</td>
<td>206-384-0188 /cell</td>
<td></td>
<td>Dental Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>206-762-3263 /work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabeth Gruenfeld</td>
<td>Americorp Volunteer Coordinator</td>
<td></td>
<td><a href="mailto:elizabethgruenfeld@seamarchc.org">elizabethgruenfeld@seamarchc.org</a></td>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>(Jen &amp; Sarah)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ian Maki</td>
<td>UW volunteer coordinator</td>
<td></td>
<td><a href="mailto:ianmaki@u.washington.edu">ianmaki@u.washington.edu</a></td>
<td>Health Screening</td>
</tr>
<tr>
<td>Kristine</td>
<td>PE teacher</td>
<td></td>
<td><a href="mailto:kwmcgee@seattleschools.org">kwmcgee@seattleschools.org</a></td>
<td>Exercise</td>
</tr>
<tr>
<td>Robert Galindo</td>
<td>Mental Health Therapist</td>
<td>206-461-4880</td>
<td><a href="mailto:Robert@consejo-wa.org">Robert@consejo-wa.org</a></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ext: 344</td>
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<tr>
<td>Name of Volunteer</td>
<td>Position</td>
<td>Phone #</td>
<td>Email</td>
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<td>-------------------</td>
</tr>
<tr>
<td>Edgar Lopez</td>
<td>Diabetes Educator</td>
<td>206-762-0876</td>
<td></td>
<td>Diabetes/Nutrition</td>
</tr>
<tr>
<td>Rosario Archer</td>
<td>Mental Health Therapist</td>
<td>206-766-6981</td>
<td><a href="mailto:RosarioArcher@seamarchc.org">RosarioArcher@seamarchc.org</a></td>
<td>Mental Health</td>
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<tr>
<td>Patricia Lucinetti</td>
<td>Mental Health Therapist</td>
<td></td>
<td><a href="mailto:PatriciaLucinetti@seamarchc.org">PatriciaLucinetti@seamarchc.org</a></td>
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<tr>
<td>Jennsie Ballesteros</td>
<td>Dental Health Assistant</td>
<td>206-763-5963</td>
<td>jennsiese@yahoocom</td>
<td>Dental Health</td>
</tr>
<tr>
<td>Dan Benedetti</td>
<td>City Year Leader</td>
<td>206-306-5743</td>
<td><a href="mailto:dbenedetti06@cityyear.org">dbenedetti06@cityyear.org</a></td>
<td>Street Safety</td>
</tr>
<tr>
<td>Richard Counsil</td>
<td>City Year Volunteer</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Anna Tutt</td>
<td>City Year Volunteer</td>
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<td>Street Safety</td>
</tr>
<tr>
<td>Virginia Ramos, RN</td>
<td>Nurse Manager Infection Control Director</td>
<td>206-764-0513</td>
<td><a href="mailto:virginiaramos@seamarchc.org">virginiaramos@seamarchc.org</a></td>
<td>Hygiene</td>
</tr>
<tr>
<td>Pam Brown</td>
<td>Medical Assistant</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Joyce Gidigbi</td>
<td>Medical Assistant</td>
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</tr>
<tr>
<td>Cornelius Van Niel</td>
<td>Pediatrician</td>
<td>206-762 3730</td>
<td></td>
<td>Asthma</td>
</tr>
<tr>
<td>Alix Dassler</td>
<td>School of Nursing BSN Senior</td>
<td></td>
<td><a href="mailto:dassler@u.washington.edu">dassler@u.washington.edu</a></td>
<td>Exercise</td>
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<tr>
<td>Victoria Gasparyan</td>
<td>School of Nursing BSN Senior</td>
<td></td>
<td><a href="mailto:victog@u.washington.edu">victog@u.washington.edu</a></td>
<td>Coordinator</td>
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<tr>
<td>Marissa Griffith</td>
<td>School of Nursing BSN Senior</td>
<td></td>
<td><a href="mailto:marissag@u.washington.edu">marissag@u.washington.edu</a></td>
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<tr>
<td>Ellen Kilcourse</td>
<td>School of Nursing BSN Senior</td>
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<td><a href="mailto:ellenk2@u.washington.edu">ellenk2@u.washington.edu</a></td>
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<td>Charlene Truong</td>
<td>School of Nursing BSN Senior</td>
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<td><a href="mailto:ct6886@u.washington.edu">ct6886@u.washington.edu</a></td>
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<td>Nancy Salamonsen</td>
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<tr>
<td>Jackie O'Leary</td>
<td>School of Nursing BSN Senior</td>
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<td><a href="mailto:joleary@u.washington.edu">joleary@u.washington.edu</a></td>
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<td>Julie Hendricks</td>
<td>School of Nursing BSN Senior</td>
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<td><a href="mailto:hendri@u.washington.edu">hendri@u.washington.edu</a></td>
<td>Entry/Passports</td>
</tr>
<tr>
<td>Angie Gilmore</td>
<td>School of Nursing BSN Senior</td>
<td></td>
<td><a href="mailto:ae1877@u.washington.edu">ae1877@u.washington.edu</a></td>
<td>Healthy Snacks</td>
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<tr>
<td>Noel Carroll</td>
<td>School of Nursing BSN Senior</td>
<td></td>
<td><a href="mailto:carrolln@u.washington.edu">carrolln@u.washington.edu</a></td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Penny Lara</td>
<td>KC Public Health Representative</td>
<td>206-205-3068</td>
<td></td>
<td>Health Insurance</td>
</tr>
<tr>
<td>Daphne Pie</td>
<td>KC Public Health Representative</td>
<td></td>
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<td>Health Insurance</td>
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</table>
Pasaporte de la Feria de la Salud
Hay muchas estaciones que puedes mirar. Participando y prestando atención en las lecciones de salud, podrás ganar estampitas en tu pasaporte. Una vez que tu pasaporte esté lleno, retórnalo y recibirás un premio! Diviértete!
Nombre _________________________________

Pasaporte de la Feria de la Salud
There are many stations for you to see. By paying attention and participating in the lessons about health, you will earn stamps in your passport. Once your passport is full, turn this in to receive a prize! Have fun!

Name _________________________________
Concord Elementary Health Fair

Saturday, December 2nd
11:00am – 1:00pm

Come Learn More About:

- Nutrition & Healthy Snacks
- Good hygiene
- Physical Fitness
- Park Safety
- Diabetes
- Asthma
- Mental Health
- Dental Health
- Screening for Blood Pressure
- Respect

KC Public Health will be here to assist with application for medical coupons

Holiday Bazaar will also be open December 2nd at Concord

Hey Kids & Families!
Hey Niños y Familia!

Vienen aprender más de:

- Nutrición y meriendas saludables
- Buena higiene
- Buen estado físico
- Seguridad en los parques de recreo
- Diabetes
- Asma
- Salud Mental
- Salud Dental
- Pruebas de presión sanguínea
- Respeto

Salud pública de Ki con aplicaciones por cupones médicos.

El bazar del día de fiesta también está abierto el 2 de diciembre en Concord.
Summary of impact evaluation

Passports collected – 45; Polaroid pictures taken – 50; Questionnaires completed – 22 (18 by children, 4 by adults).

Age presentation: 7-9 year olds – 10; 10-13 year olds – 8; adults of ages 25, 39, 40, and 65.


By observation, at least 30 adults were present at the health fair.

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<th>HOW DID YOU LEARN ABOUT HEALTH FAIR?</th>
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<td>FRIENDS</td>
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<td>WHAT DO YOUR TEETH LIKE?</td>
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<tr>
<td>HEALTHY NUTRITION/DIABETES</td>
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<tr>
<td>EXERCISE</td>
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<td>STREET SAFETY</td>
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<td>HEALTHY LUNGS/ASTHMA</td>
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<tr>
<td>GOOD HYGIENE/HAND-WASHING</td>
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<table>
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<th>WHICH TOPICS/ACTIVITIES DID YOU FIND THE MOST INTERESTING?</th>
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<tr>
<td>MENTAL HEALTH</td>
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<tr>
<td>HEALTHY NUTRITION/DIABETES</td>
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<tr>
<td>HEALTHY LUNGS/ASTHMA</td>
<td>3</td>
</tr>
<tr>
<td>GOOD HYGIENE/HAND-WASHING</td>
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<th>WHAT IS YOUR OVERALL OPINION OF THE HEALTH FAIR?</th>
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<td>GOOD</td>
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<tr>
<td>BAD</td>
<td>0</td>
</tr>
<tr>
<td>VERY BAD</td>
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</table>
CONCORD ELEMENTARY HEALTH FAIR QUESTIONNAIRE

1. AGE

2. SEX  F  M

3. HOW DID YOU LEARN ABOUT HEALTH FAIR? (CIRCLE)
   - POSTERS
   - FRIENDS
   - RADIO
   - SCHOOL TEACHERS/PERSONNEL
   - OTHER

4. WHICH TABLES WERE THE MOST EDUCATIONAL?
   - WHAT DO YOUR TEETH LIKE?
   - MENTAL HEALTH/RESPECT
   - HEALTHY NUTRITION/DIABETES
   - BLOOD PRESSURE SCREENING/EXERCISE
   - STREET SAFETY
   - HEALTHY LUNGS/ASTHMA
   - GOOD HYGIENE/IMMUNIZATION/HAND-WASHING

5. WHICH TOPICS/ACTIVITIES DID YOU FIND THE MOST INTERESTING?

6. WHAT WOULD YOU LIKE TO SEE IN FUTURE HEALTH FAIRS?

7. WHAT IS YOUR OVERALL OPINION OF THE HEALTH FAIR? (CIRCLE)
   EXCELLENT  VERY GOOD  GOOD  BAD  VERY BAD
Feria de Salud Cuestionario

1. Edad

2. (Circula): Hembra       Varón

3. ¿Cómo aprendiste de la feria de salud? (Circula)
   - POSTERS
   - AMIGOS
   - EL RADIO
   - UN MAESTRO/A
   - OTRA

4. ¿Cuáles estaciones fueron más educativas? (Circula)
   - SALUD DENTAL
   - SALUD MENTAL / RESPETO
   - NUTRICIÓN BUENA / DIABETES
   - CONTROL DE LA PRESIÓN SANGUÍNEA
   - EJERCICIO
   - SEGURIDAD EN LAS CALLES
   - ASMA / PULMONES SANOS
   - BUENA HIGIENE / INMUNIZACIÓN / LAVAR LAS MANOS

5. ¿Cuáles temas y actividades fueron más interesantes?

6. ¿Qué sugiere para las ferias futuras? ¿Otros temas?

7. ¿Qué es su opinión en general de la feria? (Circula)
   - EXCELENTE
   - MUY BUENO
   - BUENO
   - MAL
   - MUY MAL
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<tr>
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</thead>
<tbody>
<tr>
<td>Bea Johnson</td>
<td>Coordinator, Board Member</td>
<td><a href="mailto:mariek@comcast.net">mariek@comcast.net</a></td>
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<td>Treasurer</td>
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<td>Joseph Smith</td>
<td>Senior Latino Advocate</td>
<td><a href="mailto:vanaramirez@seamarchesea.com">vanaramirez@seamarchesea.com</a></td>
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<td>Community Services Director</td>
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<td><a href="mailto:spencer@seamarchesea.com">spencer@seamarchesea.com</a></td>
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<tr>
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<tr>
<td>Paige K. Collins</td>
<td>Latino Cook</td>
<td><a href="mailto:francisco@seamarchesea.com">francisco@seamarchesea.com</a></td>
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<tr>
<td>Brigitte Garcia</td>
<td>South Park Manor</td>
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<tr>
<td>Lori Sagas</td>
<td>ECDS</td>
<td></td>
</tr>
<tr>
<td>Francisco</td>
<td>Senior Centers</td>
<td></td>
</tr>
</tbody>
</table>
OTHER ACTIVITIES AND MEETINGS

- South Park Seniors Board (call 206-767-3650 extension #3 for meeting times)

- South Park Neighborhood Council (7pm second Tuesday of every month)

- Seattle Youth Garden Works at Marr Farm in South Park. Visit www.sygw.org or contact Eli at 206-766-9865

- Environmental Coalition of South Seattle (ECOSS) www.ecoss.org

COMING SOON!

- Lunch on Tuesdays and Thursdays featuring Latino fare.

- Visiting nurse program for blood pressure screening and foot care.

Do you have any great ideas for other activities? If so, please let us know!
ABOUT US

South Park Seniors Inc. is a non-profit organization. The focus is on providing healthy meals for seniors and disabled South Park residents, but all are welcome. It is a nice way to get out of the house and have a nutritional meal with friends and neighbors. We also offer other activities such as bingo, ceramics, walking groups, pinochle and more!

Let us know if you are joining us for a meal by calling and leaving a message at 206-767-3650

TRANSPORTATION

Bus Route: #60, #131 and #134 Cloverdale & 14th; Southern & 8th

*Let us know if transportation is keeping you from coming by calling 206-767-3650

**Volunteers needed for Senior Shuttle Drivers, call (206) 727-6262 or 1-800-282-5815; visit website http://www.senioservices.org/vts/shuttle.htm

SCHEDULE

Monday
10am: Exercise and Ceramics
12pm: Lunch

Tuesday
10am-12pm: Ceramics

Wednesday
11am: Exercise
12pm: Lunch
7pm: Alcoholics Anonymous “Gone Sane” Meeting

Thursday
10am-12pm: Ceramics

Friday
11am: Exercise
11:30am: Senior Food Bank
12pm: Lunch
4pm: Center is open
6pm: Dinner
7pm: Cards and Bingo

Saturday
10am-12pm: Food Bank and Clothing Bank
7pm: Cards and Pinochle, (every 4th Saturday of the month)

Sunday
12:15-2:15pm: South Park Baptist Church Potluck

Donations for meals are greatly appreciated.

SPONSORS

South Park Area Redevelopment Committee (SPARC): Monday lunch and Friday dinner, ceramics, exercise

Polynesian American Empowerment Program (PAEF): Wednesday and Friday lunch, exercise

The Rebekah Glendale Lodge: Saturday cards and Pinochle

Regina House: Food Bank and Clothing Bank
Centro de Adultos Mayores De South Park
(South Park Senior Inc.)

Dedicado a proveer actividades sociales, nutricionales y recreativas y apoyo a los residentes de South Park

Localizado en el Centro del Vecindario de South Park

Centro del Vecindario de South Park
1201 10th Avenue South Seattle, WA 98108
206-767-3650 #3

Otras Actividades y Reuniones

- Junta de Vecindario en South Park (Llamar al TEL. 206-767-3650 extension #3 para el horario de las reuniones)
- Coordinado por el vecindario de South Park (7 PM, el Segundo Martes de cada mes)
- Jornadas de cuidado en los Jardines de Maria Farm en South Park (Aviso al TEL. 206-767-3650)
- Coalición Ambiental de South Seattle (ECOSS) www.eco-ss.org

PRÓXIMAMENTE!

- Almuerzo los martes y jueves ofreciendo un área latino.
- Programa de Visitas de Enfermeras para chequeos de presión de sangre y de cuidado de los pies.

¿Tiene alguna idea para otras actividades? Favor de darme una conocer.
**RESPECTO A NOSOTROS**

South Park Seniors Inc. Es una organización no lucrativa. Enfocada en proveer comidas saludables a adultos mayores y deshabilitados de South Park, pero todos son bienvenidos. Es una bonita forma de salir de la casa y comer una comida saludable con los amigos y vecinos. También ofrecemos otras actividades tales como bingo, lotería, cerámicas, caminatas en grupo, juegos de mesa y más!

*Para confirmar su almuerzo llame al teléfono: 206-767-3650 deje mensaje.*

**TRANSPORTE**

Rutas de Autobuses: #60, #131 y #134; Cloverdale & 14th, Southern & 8th

*Avisenos si tiene problemas de transporte que le impiden venir llamándonos al tel. 206-767-3650*

*Se solicitan voluntarios para conducir una van para Senior Shuttle Drivers llamar al tel 206-727-6262 o al 1-800-282-5815; visite la página de internet http://www.seniorservices.org/vts/shuttle.htm*

**HORARIO**

**Lunes**
10am: Ejercicios y Cerámicas
12pm: Almuerzo

**Martes**
10am-12pm: Cerámicas

**Miércoles**
11am: Ejercicios
12pm: Almuerzo
7pm: Reunión de alcohólicos Anónimos "Volverse Sano"

**Jueves**
10am-12pm: Cerámicas

**Viernes**
11am: Ejercicios
11:30am: Banco de comida para Adultos Mayores
12pm: Almuerzo
4pm: se re-abre el Centro
6pm: Cena
7pm: Lotería (Bingo) y Juegos de Cartas

**Sábado**
10am-12pm: Banco de Comida y Banco de Ropa
7pm: Cartas y juegos de mesa.
(Cada cuarto sábado del mes)

**Domingo**
12:15-2:15pm: "Potluck"
Iglesia Bautista de South Park

**Donaciones sugeridas, para las comidas son de gran aprecio.**

**PATROCINADORES**

South Park Area Redevelopment Committee (SPARC): Almuerzo de los Lunes y Cena de los Viernes, cerámicas y ejercicios.

Polynesian American Empowerment Program (PAEP): Almuerzo de los Miércoles y Viernes, Ejercicios.

The Rebekah Glendale Lodge: Cartas y Pinochle de los Sábados

Regina House: Banco de Comida y Banco de Ropa
South Park Senior Center Party!
(Hosted By University of Washington Nursing Students)

Come join us for food, music, bingo, health screenings and more!

Date: Thursday, November 16, 2006

Time: 11:30 am-2:30 pm
(lunch will be served at noon)

Address: 8201 10th Ave South, Seattle, WA. 98108
(bus route #60, #131 or #134)

Questions: 206-767-3650 (leave message and contact info. after pressing ‘2’ for senior services)
Fiesta en South Park Senior Center!
(Amenizado por los estudiantes de medicina de la Universidad de Washington)

Ven a disfrutar de comida, música, bingo, chequeos de salud y más!

Fecha: Jueves, Noviembre 16, 2006
Horario: 11:30 am-2:30 pm
(Almuerzo se servirá a las 12:00 pm)

Dirección: 8201 10th Ave South, Seattle, WA. 98108
(Ruta del autobús #60, #131 o #134)

Para preguntas: 206-767-3650 (deje mensaje y su información para regresarle su llamada. Después de presionar el ‘2’ para servicios a los seniors)
WELCOME

SENIORS!
BENVENIDA
MAYORES!
Blood Pressure
(Prensión Arterial)
High Blood Pressure

Blood pressure is the force put on the walls of the blood vessels with each heartbeat. Blood pressure helps move blood through your body.

Taking Your Blood Pressure
Blood pressure is often checked by putting a wide band called a cuff around your upper arm. Air is pumped into the cuff. Your blood pressure is measured as the air is let out of the cuff.

Blood pressure is one number over a second number.
- The top number is higher and is called the systolic reading. It is the pressure in the blood vessels when the heart pumps.
- The bottom number is lower and is called the diastolic reading. It is the pressure in the blood vessels when the heart rests between beats.

Normal Blood Pressure
Normal blood pressure is 120 over 80 or less. Blood pressure varies from person to person. Each person’s blood pressure changes from hour to hour and from day to day.

High Blood Pressure
High blood pressure is also called hypertension. High blood pressure is 140 over 90 or higher. A diagnosis of high blood pressure is not made until your blood pressure is checked several times and it stays high.

The harder it is for blood to flow through your blood vessels, the higher your blood pressure numbers. With high blood pressure, your heart is working harder than normal. High blood pressure can lead to heart attack, stroke, kidney failure, and hardening of the blood vessels.

Signs of High Blood Pressure
The only way to know if you have high blood pressure is to have it checked. Most people do not have any signs. Some people may have a headache or blurred vision.
Your Care
Blood pressure control is very important. If you have high blood pressure you should:

- Check your blood pressure often. Call your doctor if your blood pressure stays high.
- See your doctor as scheduled.
- Take your blood pressure medicine as ordered by your doctor.
- Take your medicine even if you feel well or your blood pressure is normal.
- Lose weight if you are overweight.
- Limit salt in your food and drinks.
- Avoid alcohol.
- Stop smoking or tobacco use.
- Exercise most every day.
- Reduce stress.
- Practice relaxation daily.

Call 911 right away if you have:

- A severe headache
- Vision changes
- Chest pain, pressure or tightness that is not better with nitroglycerin
- Have a hard time breathing or get short of breath
- Sudden numbness, tingling or weakness in the face, arm or leg
- Sudden confusion, trouble understanding or trouble speaking
- Trouble swallowing

6/2005. Developed through a partnership of The Ohio State University Medical Center, Mount Carmel Health and OhioHealth, Columbus, Ohio. Available for use as a public service without copyright restrictions at www.healthinfotranslations.com.
Presión arterial alta

La presión arterial es la fuerza que se ejerce sobre las paredes de los vasos sanguíneos con cada latido. La presión arterial ayuda a que la sangre circule por el cuerpo.

Medición de la presión arterial
Con frecuencia, la presión arterial se mide colocando una banda ancha llamada brazalete alrededor de la parte superior del brazo, dentro de la cual luego se bombea aire. La presión arterial se mide a medida que se libera el aire del brazalete.

La presión arterial es un número sobre un segundo número.
- El número de arriba es el mayor y se llama lectura sistólica, que representa la presión en los vasos sanguíneos cuando bombear el corazón.
- El número de abajo es el menor y se llama lectura diástólica, que representa la presión en los vasos sanguíneos cuando el corazón descansa entre un latido y otro.

Presión arterial normal
La presión arterial normal es de 120 sobre 80 o menos. La presión arterial varía según la persona, y también según la hora y el día.

Presión arterial alta
La presión arterial alta también se conoce como hipertensión. La presión arterial alta es de 140 sobre 90 o más. Un diagnóstico de presión arterial alta no se pronuncia hasta que se haya medido la presión varias veces y ésta siga alta.

Mientras más difícil sea que la sangre circule por los vasos sanguíneos, más alta será la presión arterial de la sangre. Con presión arterial alta, el corazón trabaja más de lo normal. La presión arterial alta puede provocar un ataque cardíaco, un derrame cerebral, insuficiencia renal y un endurecimiento de los vasos sanguíneos.

Señales de presión arterial alta
La única forma de saber si tiene presión arterial alta es midiéndosela. La mayoría de las personas no presenta ninguna señal. Algunas personas pueden presentar dolor de cabeza o visión borrosa.

High Blood Pressure: Spanish.
Cuidados
El control de la presión arterial es muy importante. Si tiene presión arterial alta:
- Controle su presión arterial con frecuencia. Llame a su médico si la presión arterial permanece alta.
- Visite a su médico según lo programado.
- Tome sus medicamentos para la presión arterial de acuerdo con las instrucciones de su médico.
- Tome los medicamentos aunque se sienta bien o la presión arterial esté normal.
- Baje de peso si está con sobrepeso.
- Restrija la sal en los alimentos y las bebidas.
- Evite el alcohol.
- Deje de fumar o usar tabaco.
- Haga ejercicio casi todos los días.
- Reduzca el estrés.
- Practique ejercicios de relajación diariamente.

Llame de inmediato al 911 si tiene:
- un fuerte dolor de cabeza;
- cambios en la visión;
- dolor, presión o tirantez en el pecho que no se alivia con nitroglicerina;
- dificultad para respirar o falta de aire;
- adormecimiento, hormigueo o debilidad repentinos en la cara, en un brazo o una pierna;
- confusión, dificultad para entender o para hablar que se presente repentinamente;
- problemas para tragar.
Presión sanguínea alta: cosas que usted puede hacer para ayudar a bajar la suya

¿Qué es la presión sanguínea alta?

Imagínese que sus arterias son tuberías que transportan sangre desde su corazón hacia el resto de su cuerpo. La presión sanguínea elevada —también llamada hipertensión— ocurre cuando su sangre se mueve a través de sus arterias a una presión mayor que la normal.

¿Qué problemas causa la presión sanguínea alta?

La presión sanguínea alta daña sus vasos sanguíneos. Esto a su vez aumenta su riesgo de tener un derrame, una falla renal, enfermedad del corazón y un ataque al corazón.

¿Qué significan los números?

La presión sanguínea en realidad son dos medidas separadas por un guión cuando se escribe así: 120/80. Usted también puede oír a alguna persona decir que la presión sanguínea es "120 sobre 80".

El primer número es la presión sanguínea sistólica. Este es el valor más alto de la presión sanguínea cuando su corazón está bombeando la sangre hacia afuera. El segundo número es la presión sanguínea diastólica. Esta es la presión cuando su corazón se está llenando de sangre relajándose entre latidos.

Una presión sanguínea normal es menor que 130/85. La presión sanguínea alta es mayor que 140/90. Si su presión sanguínea está entre 120/80 y 140/90 usted tiene algo que se llama "pre-hipertensión".

¿Necesito dejar de beber alcohol del todo?

En algunas personas, el alcohol hace que la presión sanguínea suba bastante. En otras personas no lo hace. Si usted bebe alcohol, limite su uso a no más de 1 o 2 bebidas alcohólicas al día. Una bebida alcohólica es una lata de cerveza, una copa de vino o 1 copa para medir licores. Si su presión sanguínea se le sube con el alcohol es mejor que no tome nada de alcohol.

¿Y el estrés afecta mi presión sanguínea?

El estrés puede afectar la presión sanguínea. Para ayudar a combatir los efectos del estrés ensaye a hacer técnicas de relajamiento o de bioreestructuración, conocidas como "biofeedback". Este tipo de cosas funcionan mejor cuando se usan por lo menos una vez al día. Pídele consejo a su médico de familia.

¿Y qué hay acerca de perder peso y hacer ejercicio?

Perder peso —si usted está pasando de peso— ayuda a la mayoría de las personas a bajar la presión sanguínea. Hacer ejercicio regularmente es una buena forma de perder peso. Además, parece ser que baja la presión sanguínea por sí solo.

Cambios en el estilo de vida
- No fume cigarrillos ni use ningún producto derivado del tabaco.
- PIERDE PESO SI ESTÁ PASANDO DE PESO.
- Haga ejercicio regularmente.
- Coma comida saludable que incluya muchas frutas y verduras, y que sea baja en grasa.
- Limita la cantidad de sodio, alcohol y cafeína que ingiere.
- Ensaye técnicas de relajamiento o de bioreestructuración ("biofeedback").
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</thead>
<tbody>
<tr>
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<td>97 102 107 112 117 122 127 132 137 142 147</td>
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<td>152 157 162 167 172 177 182 187 192 197 202</td>
</tr>
<tr>
<td>76</td>
<td>156 161 166 171 176 181 186 187 192 197 202</td>
</tr>
</tbody>
</table>

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

**Eating Healthfully**

<table>
<thead>
<tr>
<th>Carbohydrates</th>
<th>Vegetables</th>
<th>Fruits</th>
<th>Milk</th>
<th>Meat &amp; Beans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat 6 oz. every day</td>
<td>Eat 2 1/2 cups every day</td>
<td>Eat 2 cups every day</td>
<td>Get 3 cups every day, for kids aged 2 to 8, 1 1/2</td>
<td>Eat 5 1/2 oz. every day</td>
</tr>
</tbody>
</table>

**Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens.**
**Eat more orange vegetables like carrots and sweet potatoes.**
**Eat more dry beans and peas like pinto beans, kidney beans, and lentils.**
**Eat a variety of fruit.**
**Choose fresh, frozen, canned, or dried fruit.**
**Go easy on fruit juices.**
**Go low-fat or fat-free when you choose milk, yogurt, and other milk products.**
**If you don't or can't consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages.**
**Choose low-fat or lean meats and poultry.**
**Bake it, broil it, or grill it.**
**Vary your protein routine—choose more fish, beans, peas, nuts, and seeds.**

**Find Your Balance Between Food and Physical Activity**

Be sure to stay within your daily calorie needs.
Be physically active for at least 30 minutes most days of the week.
About 60 minutes a day of physical activity may be needed to prevent weight gain.
For maintaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
Children and teenagers should be physically active for 60 minutes every day, or most days.

**Know the Limits on Fats, Sugars, and Salt (Sodium)**

Make most of your fat sources from fish, nuts, and vegetable oils.
Limit solid fats like butter, stick margarine, shortening, and lard, as well as foods that contain these.
Check the Nutrition Facts label to keep saturated fats, trans fats, and sodium low.
Choose food and beverages low in added sugars. Added sugars contribute calories with low, if any, nutrients.
Based on the information you provided, this is your daily recommended amount from each food group:

- **Grains**: Make half your grains whole
  - Aim for at least 3 ounces of whole grains a day

- **Vegetables**: Vary your veggies
  - Aim for these amounts each week:
    - Dark green veggies: 3 cups
    - Orange veggies: 2 cups
    - Dry beans & peas: 3 cups
    - Starchy veggies: 3 cups
    - Other veggies: 6-1/2 cups

- **Fruits**: Focus on fruits
  - Eat a variety of fruit
  - Go easy on fruit juices

- **Milk**: Get your calcium-rich foods
  - Go low fat or fat-free when you choose milk, yogurt, or cheese

- **Meat & Beans**: Go lean with protein
  - Choose low-fat or lean meats and poultry
  - Vary your protein routine—choose more fish, beans, peas, nuts, and seeds

---

**Find your balance between food and physical activity**

Be physically active for at least **30 minutes** most days of the week.

**Know your limits on fats, sugars, and sodium**

Your allowance for oils is **6 teaspoons** a day.

Limit extras—solid fats and sugars—to **265 calories** a day.

**Your results are based on a 2000 calorie pattern.**

This calorie level is only an estimate of your needs. Monitor your body weight to see if you need to adjust your calorie intake.

**Name:**
# MyPyramid Worksheet

Check how you did today and set a goal to aim for tomorrow.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Tip</th>
<th>Goal</th>
<th>List each food choice in its food group</th>
<th>Estimate Your Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAINS</td>
<td>Make at least half your grains whole grains</td>
<td>6 ounce equivalents</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 ounce equivalent is</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>about 1 slice bread, 1</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>cup dry cereal, or ½ cup</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>cooked rice, pasta, or cereal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEGETABLES</td>
<td>Try to have vegetables from several subgroups each</td>
<td>2 ½ cups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>day</td>
<td>Subgroups: Dark Green,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orange, Starchy, Dry Beans</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and Fruits, Other Veggies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRUITS</td>
<td>Make most choices fruit, not juice</td>
<td>2 cups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MILK</td>
<td>Choose fat free or low fat most often</td>
<td>3 cups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3 ½ ounces cheese =</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 cup milk)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEAT &amp; BEANS</td>
<td>Choose lean meat and poultry. Vary your choices—more</td>
<td>5 ½ ounce-equivalents (1 ounce</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>fish, beans, peas, nuts, and seeds</td>
<td>equivalent is 1 ounce meat,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>poultry, or fish, 1 egg, 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T peanut butter, ½ ounce nuts,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>or ½ cup dry beans)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICAL ACTIVITY</td>
<td>Build more physical activity into your daily routine</td>
<td>At least 30 minutes of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>moderate to vigorous activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>a day, 10 minutes or more at a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How did you do today?  □ Great      □ So-So      □ Not so Great

My food goal for tomorrow is:

My activity goal for tomorrow is:
<table>
<thead>
<tr>
<th>GRANOS:</th>
<th>VERDURAS</th>
<th>FRUTAS</th>
<th>PRODUCTOS LACTEOS</th>
<th>CARNES Y FRUJOLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consuma al menos 3 onzas de cereales, panes, galletas, arroz o pasta provenientes de granos integrales todos los días. Una onza es, aproximadamente, 1 rebanada de pan, 1 taza de cereales para el desayuno o 1/2 taza de arcilla, cereal o pasta cocidos.</td>
<td>Consuma mayor cantidad de verduras de color verde oscuro como el brócoli, la espinaca y otras verduras de color verde oscuro. Consuma mayor cantidad de verduras de color naranja como zanahorias y batatas. Consuma mayor cantidad de fríolos y guisantes secos como frijoles pinto, colorados y lentejas.</td>
<td>Consuma una variedad de frutas. Elija frutas frescas, congeladas, enlatadas o secas. No tome mucha cantidad de jugo de frutas.</td>
<td>Al elegir leche, opte por leche, yogurt y otros productos lácteos descremados o bajos en contenido graso. En caso de que no consuma o no pueda consumir leche, elija productos sin lactosa u otra fuente de calcio como alimentos y bebidas fortalecidos.</td>
<td>Elija carnes y aves de bajo contenido graso o magros. Cocinillas al horno, a la parrilla o a la plancha. Varie la rutina de proteínas que consume – consuma mayor cantidad de pescado, fríolos, guisantes, nueces y semillas.</td>
</tr>
</tbody>
</table>

En una dieta de 2.000 calorías, necesita consumir las siguientes cantidades de cada grupo de alimentos. Para consultar las cantidades correctas para usted, visite MyPyramid.gov.

Coma 6 onzas cada día Coma 2 1/2 tazas cada día Coma 2 tazas cada día Coma 3 tazas cada día; para niños edades 2-8, 2 tazas. Coma 5 1/2 onzas cada día

**Encuentre el equilibrio entre lo que come y su actividad física**
Asegúrese de mantenerse dentro de sus necesidades calóricas diarias. Manténgase físicamente activo por lo menos durante 30 minutos la mayoría de los días de la semana. Es posible que necesite alrededor de 60 minutos diarios de actividad física para evitar subir de peso. Para mantener la pérdida de peso, se necesitan al menos entre 60 y 90 minutos diarios de actividad física. Los niños y adolescentes deberían estar físicamente activos durante 60 minutos todos los días o la mayoría de los días.

**Conozca los límites de las grasas, los azúcares y la sal (sodio)**
Taste que la mayor parte de su fuente de grasas provenga del pescado, los nueces y los aceites vegetales. Limite las grasas añadidas como la mantequilla, la margarina, la mantequilla vegetal y el manteca de cerdo, así como los alimentos que las contengan. Verifique las etiquetas de Dieta Nutricional para mantener bajo el nivel de grasas saturadas, grasas monos y sodio. Elija alimentos y bebidas con un nivel bajo de azúcares agregados. Los azúcares agregados aportan calorías con pocas o ningún nutriente.
<table>
<thead>
<tr>
<th>Granos y cereales</th>
<th>Verduras</th>
<th>Frutas</th>
<th>Productos Lácteos</th>
<th>Carnes y Frijoles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consuma la mitad en granos integrales</strong></td>
<td><strong>Varie las verduras</strong></td>
<td><strong>Enfoque en las frutas</strong></td>
<td><strong>Coma alimentos ricos en calcio</strong></td>
<td><strong>Escoja proteínas bajas en grasas</strong></td>
</tr>
<tr>
<td>Trate de consumir por lo menos 3 onzas y medio de granos integrales cada día</td>
<td>Térte de alcanzar estas cantidades cada semana.</td>
<td>Consuma frutas variadas.</td>
<td>Elige leche, yogur o queso, opta por productos descremados o bajos en contenido graso.</td>
<td>Elija carnes y aves de bajo contenido grasa o sin grasa.</td>
</tr>
<tr>
<td><strong>Verduras verde oscuro</strong> = 3 taza</td>
<td><strong>Verduras naranja</strong> = 2 taza</td>
<td><strong>No tome mucha cantidad de jugo de frutas.</strong></td>
<td></td>
<td><strong>Varie su ración de proteínas:</strong> salga más pechado, frijoles, guisantes, nueces y semillas.</td>
</tr>
<tr>
<td><strong>Frijoles y guisantes secos</strong> = 3 taza</td>
<td><strong>Verduras con Almidón</strong> = 3 taza</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Otras verduras</strong> = 6 taza</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Encuentre un equilibrio entre la alimentación y la actividad física

Manténgase físicamente activo por lo menos durante **30 minutos** la mayoría de los días de la semana.

**Conozca los límites de las grasas, los azúcares y el sodio**

Su dosis de aceites es **6 cucharas de té por día**.

Límite los adicionales - grasas sólidas y azúcares - a **265 calorías por día**.

**Nombre:**

Este nivel de calorias es sólo un estimativo de sus necesidades. Realice un seguimiento de su peso corporal para ver si necesita ajustar la dosis de calorías. Sobre la base de la información que ha consignado, esta es su cantidad recomendada diaria para cada grupo de alimentos.
### Hoja de trabajo MiPirámide

Vertíquelo cómo estuvo el día de hoy y fíjese un objetivo para mañana.

<table>
<thead>
<tr>
<th>Escriba sus opciones para hoy</th>
<th>Food Group</th>
<th>Sugerencias</th>
<th>Objetivo Sobre un patrón de 2000 calorías</th>
<th>Enumera lo que comió dentro de cada grupo de alimentos</th>
<th>Calcule su total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Granos</td>
<td>Asegúrese de que por lo menos la mitad de los granos consumidos sean granos integrales.</td>
<td>equivalente a 6 onzas del equivalente a 1 onza es aproximadamente 1 rebanada de pan, 1 taza de cereal será 1/3 taza de arroz cocido, pastel o cereal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verduras</td>
<td>Trate de consumir verduras de los distintos subgrupos todos los días.</td>
<td>2 tazas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frutas</td>
<td>Haga que la mayoría de las opciones sean frutas en lugar de jugos.</td>
<td>2 tazas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Productos Líquidos</td>
<td>Elija productos descremados o de bajo contenido graso con mayor frecuencia.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carnes y Mariscos</td>
<td>Elija carnes y aves magras. Varíe sus opciones con más pescado, frutos secos y semillas.</td>
<td>3 tazas</td>
<td>Equivale a 1/3 cachapa de carne o pollo en leche</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Actividad Física</td>
<td>Incorpore más actividad física en su rutina diaria en el hogar y en el trabajo.</td>
<td></td>
<td>Equivalentes a 5 1/2 onzas del equivalente a 1 onza es 1 taza de carne, pollo o pescado; 1 taza de frutos secos, 1 cachapa de manteca de mani, 1 cachapa de leche</td>
<td></td>
</tr>
</tbody>
</table>

¿Cómo estuvo el día de hoy? □ Muy bien □ Más o menos □ No tan bien

Mi objetivo alimenticio para mañana es: ________________________

Mi objetivo de actividad para mañana es: ________________________

*Algunos alimentos no entran dentro de ninguno de los grupos. Estos, "adicionales" pueden ser principalmente grasas y azúcares, limite la cantidad de ellos que consume.*
Depression
(Depression)
The Geriatric Depression Scale (GDS)

By: Lenore Karlowicz, PhD, RN, CS

WHY: Depression is common in late life, affecting nearly five million of the 31 million Americans aged 65 and older. Both major and minor depression are reported in 13% of community dwelling older adults, 24% of older medical outpatients and 43% of both acute care and nursing home dwelling older adults. Contrary to popular belief, depression is not a natural part of aging. Depression is often reversible with prompt and appropriate treatment. However, if left untreated, depression may result in the onset of physical, cognitive and social impairment as well as delayed recovery from medical illness and surgery, increased health care utilization and suicide.

BEST TOOL: While there are many instruments available to measure depression, the Geriatric Depression Scale (GDS), first created by Yesavage et al., has been tested and used extensively with the older population. It is a brief questionnaire in which participants are asked to respond to the 30 questions by answering yes or no in reference to how they felt on the day of administration. Scores of 0 - 9 are considered normal, 10 - 19 indicate mild depression and 20 - 30 indicate severe depression.

TARGET POPULATION: The GDS can be used with healthy, medically ill and mild to moderately cognitively impaired older adults. It has been extensively used in community, acute and long-term care settings.

VALIDITY/RELIABILITY: The GDS was found to have a 92% sensitivity and a 89% specificity when evaluated against diagnostic criteria. The validity and reliability of the tool have been supported through both clinical practice and research.

STRENGTHS AND LIMITATIONS: The GDS is not a substitute for a diagnostic interview by mental health professionals. It is a useful screening tool in the clinical setting to facilitate assessment of depression in older adults especially when baseline measurements are compared to subsequent scores.

MORE ON THE TOPIC:

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# Geriatric Depression Scale

**Patient** | **Examiner** | **Date**
---|---|---

**Directions to Patient:** Please choose the best answer for how you have felt over the past week.

**Directions to Examiner:** Present questions VERBALLY. Circle answer given by patient. Do not show to patient.

1. Are you basically satisfied with your life?  .......................................................... yes  no (1)
2. Have you dropped many of your activities and interests?  ................................ yes (1)  no
3. Do you feel that your life is empty?  .......................................................... yes (1)  no
4. Do you often get bored?  .......................................................... yes (1)  no
5. Are you hopeful about the future?  .......................................................... yes (1)  no
6. Are you bothered by thoughts you can’t get out of your head?  ................................ yes (1)  no
7. Are you in good spirits most of the time?  .......................................................... yes (1)  no
8. Are you afraid that something bad is going to happen to you?  ................................ yes (1)  no
9. Do you feel happy most of the time?  .......................................................... yes (1)  no
10. Do you often feel helpless?  .......................................................... yes (1)  no
11. Do you often get restless and fidgety?  .......................................................... yes (1)  no
12. Do you prefer to stay at home rather than go out and do things?  ................................ yes (1)  no
13. Do you frequently worry about the future?  .......................................................... yes (1)  no
14. Do you feel you have more problems with memory than most?  ................................ yes (1)  no
15. Do you think it is wonderful to be alive now?  .......................................................... yes (1)  no
16. Do you feel downhearted and blue?  .......................................................... yes (1)  no
17. Do you feel pretty worthless the way you are now?  .......................................................... yes (1)  no
18. Do you worry a lot about the past?  .......................................................... yes (1)  no
19. Do you find life very exciting?  .......................................................... yes (1)  no
20. Is it hard for you to get started on new projects?  .......................................................... yes (1)  no
21. Do you feel full of energy?  .......................................................... yes (1)  no
22. Do you feel that your situation is hopeless?  .......................................................... yes (1)  no
23. Do you think that most people are better off than you are?  .......................................................... yes (1)  no
24. Do you frequently get upset over little things?  .......................................................... yes (1)  no
25. Do you frequently feel like crying?  .......................................................... yes (1)  no
26. Do you have trouble concentrating?  .......................................................... yes (1)  no
27. Do you enjoy getting up in the morning?  .......................................................... yes (1)  no
28. Do you prefer to avoid social occasions?  .......................................................... yes (1)  no
29. Is it easy for you to make decisions?  .......................................................... yes (1)  no
30. Is your mind as clear as it used to be?  .......................................................... yes (1)  no

**TOTAL:** Please sum all bolded answers (worth one point) for a total score.

Scores: 0 - 9 Normal  10 - 19 Mild Depressive  20 - 30 Severe Depressive

Source: [www.stanford.edu/~yesavage](http://www.stanford.edu/~yesavage)

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[try this](http://www.hartfordign.org) - A series provided by The Hartford Institute for Geriatric Nursing

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114
GERIATRIC DEPRESSION SCALE (GDS, YESAVAGE, J.
PSYCH RESEARCH, 1983; 17:37-49)

Elija la respuesta de acuerdo a como se ha sentido durante los últimos semanas.

1- En el fondo estás satisfecho con tu vida ?

2- Ha abandonado muchas de sus actividades y pasatiempos ?

3- Siente que su vida está vacía ?

4- Se aburre con frecuencia ?

5- Tiene esperanza en el futuro ?

6- Lo preocupa ideas que no pueda quitar de la cabeza ?

7- Se encuentra de buen ánimo la mayor parte del tiempo ?

8- Teme que algo malo pueda sucederle ?

9- Se siente feliz la mayor parte del tiempo ?

10- Se siente desamparado con frecuencia ?

11- Con frecuencia se siente desvelado y nervioso ?

12- Prefiere quedarse en casa a salir y realizar cosas nuevas ?

13- Se preocupa con frecuencia por el futuro ?

14- Piensa que tiene más problemas de memoria que las demás personas ?

15- Piensa que es bueno estar vivo hoy ?

16- Se siente triste y desanimado con frecuencia ?

17- Se siente inútil en su estado actual ?

18- Se preocupa mucho por el pasado ?

19- Le parece que la vida es algo apasionante ?

20- Le cuesta mucho emprender nuevos proyectos ?
21- Se siente con energías?
22- Piensa que su situación no tiene arreglo?
23- Piensa que la mayor parte de la gente está mejor que usted?
24- Se disgusta con frecuencia por cosas sin importancia?
25- Siente ganas de llorar frecuentemente?
26- Tiene dificultad para concentrarse?
27- Disfruta al levantarse de mañana?
28- Prefiere evitar las reuniones sociales?
29- Le resulta fácil tomar decisiones?
30- Siente su mente tan despejada como antes?

PUNTAJE: Número de respuestas inapropiadas Y TOTAL: ________

Normales: 5 + 4
Deprimidos leves: 15 + 6
Deprimidos Severos: 23 + 5
SERVICIOS

Servicios de Salud Mental:
Para niños, adolescentes, adultos, parejas, familias, individual y en grupo.

Psiquiatría:
Evaluaciones Psiquiátricas, Manejo de Medicamentos Psiquiátricos y, Evaluaciones para DSHS.

Abuso de Alcohol/Drogas:
Evaluaciones, Evaluaciones de DUI, UAs y, Tratamiento Intensivo individual y en grupo.

HASAP:
Hepatitis, SIDA y Programa de Abuso de Substancias Químicas.

Violencia Doméstica:
Grupos de Apoyo para Víctimas en Inglés y Español.

Abogacía y Referidos:
A agencias comunitarias, escuelas locales y, Sea Mar Asilo de Ancianos & Clínica Médica.

Para Más Información Sobre Nuestros Servicios Por Favor Comuníquese Con:

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SEA MAR
SALUD MENTAL
10001 - 17th PL. S.

Teléfono: (206) 766-6987
FAX: (206) 766-6993
Sea Mar Community Health Centers – BEHAVIORAL HEALTH PRESENTS

WHO DO YOU TELL YOUR PROBLEMS TO?
THE LADY NEXT DOOR? THE OLD WOMAN DOWN THE STREET?
YOUR FAMILY? YOUR FRIENDS?
A GOSSIPING CO-WORKER?

DO YOU WANT PROFESSIONAL, COMPASSIONATE, CONFIDENTIAL COUNSELING SERVICES?

SEA MAR MENTAL HEALTH SERVICES CAN HELP!

ARE YOU EXPERIENCING?
* Depression
* Anxiety
* Problems with alcohol & drugs
* Family Conflicts
* Out Of Control Children

WE ARE HERE TO HELP YOU!

Please call us at # (206) 766-6976
F1. Interlocking Model

Appendix F-South Park Community Center

Felt Needs - Community Competence
Participation - Empowerment
Community Assessment and Evaluation

mobilization -> capacity building
success
2006 South Park Community Center Lesson Plans and Activities

October 12, 2006-First Aid

Topics covered: cuts, insect bites, bee stings

Lesson Plan

We introduced the topic of the day by assessing the children’s knowledge of basic first aid. We let them talk about what they had been taught by parents, teachers, and siblings, and allowed them to ask us questions. Then, we discussed the correct ways to treat cuts, insect bites, and bee stings. We quizzed the children on each lesson by choosing volunteers to role-play in simulated situations where first aid would be required.

Resources


October 19, 2006-Handwashing & Hygiene

Topics covered: Handwashing, sneezing and coughing hygiene
Materials: black light, fluorescent gel, germbusters coloring sheets

Lesson Plan

Before class, we checked out a black light and fluorescent gel from the UWSON learning lab. At the beginning of class, we assessed the children’s knowledge of proper hand washing by letting them speak about what they had been previously taught and then ask questions. Then, we discussed the handwashing process and the proper way to sneeze and cough in detail.

After the lesson, we had the children form a line to put the gel on their hands and then wash them in the bathroom. We had them form another line to view how well they washed their hands under the black light.

We concluded this activity by providing “Germ-busters” coloring sheets for the children and having them tell us what they learned.

Resources

UWSON Learning lab: llab@u.washington.edu
For coloring sheets: http://www.wsha.org/page.cfm?id=bookstore&categoryID=5
October 26, 2006-Nutrition

Topics covered: The food guide pyramid, The food groups
Materials: One food item from each food group (1 loaf of bread, 1 banana, bag of carrots, 1 piece of candy, 1 carton of milk, 1 egg, plastic food items, six small paper bags, 1 pen, 1 food guide pyramid diagram

Lesson Plan

We began the lesson by introducing the topic and taking questions from the kids. We then explained what the food guide pyramid was, its purpose, and each food group in detail. We discussed how much should be consumed from each food group per day, and then allowed the kids to ask questions. Then, we spoke for five minutes about food allergies, potential reactions, and what to do if some one has an allergic reaction.

We finished the lesson with a matching game and a coloring activity.

Nutrition Matching Game

Take out six paper bags and set them up along the side of a wall, labeling each one with a different food group (breads and whole grains, vegetables, fruits, etc). Use several different plastic foods and place them in a box in front of the line of children. Have the children take one item out of the box and place it in the appropriate bag according to its food group. After all the foods have been placed in bags, empty each bag and search for any mistakes. If a food was placed in the wrong bag, place it in the correct bag and explain why it belongs there.

Coloring Activity

After the matching game, we provided food guide diagrams for all the kids to color as well as personalized grocery lists for the kids to write all of their favorite healthy foods.

Resources

For information on teaching children about the food groups, nutrition activities and shopping lists: http://www.nutritionexplorations.org
For information on food allergies: http://www.kidshealth.org
For the new food guide pyramid for kids:
http://www.feltsource.com/New-Food-Pyramid-Large.jpg
November 2, 2006-Fire Safety

Topics covered: Fire prevention, “stop, drop, and roll!” what to do if there is a fire in your house
Materials: escape route maps, hazard maps

Lesson Plan

We introduced the topic by first discussing fire prevention methods in the home and the importance of calling 911. After allowing the children to ask questions, we taught them how to “stop, drop, and roll” if their clothing or body parts caught fire, and then had a discussion about creating escape routes in their houses or apartments. At the end of the lesson, we broke them up into two separate groups to practice “stop, drop, and roll” on either side of the classroom.

Drawing Activity

At the end of our lesson, we handed out house maps, so the children could draw pictures of their houses and form their own escape routes in case of a fire. We provided other maps that allowed the children to identify doors and windows in their houses for potential escape routes.

Resources

For escape route drawing sheets: http://www.firesafety.gov

November 9, 2006-Exercise

Topics: effects of exercise on the heart, skeletal muscles, and the lifespan, what are endorphins?

Lesson Plan

We opened the discussion by allowing the children to talk about their favorite forms of exercise and involvement in sports. Afterwards, we gave a ten-minute talk on the importance of exercise and what it does for various parts of our bodies. We spent most of the hour stretching, exercising, and teaching the children to take their pulse before and after exercising. We mixed around each set of exercises so the kids would not grow tired of doing the same thing repeatedly. At the end of the lesson, we played one round of “Simon Says” and “Red Light Green Light.”

Stretching Techniques

1. Swing arms forward at the shoulder socket for twenty seconds, then backwards for twenty seconds
2. Place each arm behind the head and bend at the elbow for about twenty seconds
3. Lift each calf and hold the foot behind your back for twenty seconds each
4. Sit on the ground, keep legs straight in front, and try to touch your toes.
Exercise Techniques

Jumping jacks- 2 sets of twenty jumping jacks
Running in place- 2 sets of running in place for one minute
Push-ups-20 push-ups
Sit-ups- 2 sets of 40 sit-ups

Simon Says-requires at least six players, ages 5 and above

Gather a group of people and elect one person to be “Simon.” The object of the game is to stay in it long enough to become Simon. The person elected to be Simon must tell the others what to do. For example, Simon will say “Simon says, touch your toes!” So the other players must touch their toes. It is important to listen to what “Simon Says,” or else you will be “out” and have to sit down. For instance, if the person elected to be Simon only says “touch your toes!” and they did not say “Simon says” before their command, then anyone who does what they say in this case will have to sit down and be out of the game.

Red Light Green Light-requires at least eight players ages 5 and above and a LARGE space

Elect one person to be “it.” This person will stand at one end of the room and the rest of the players will stand at the other end. The person who is “it” will have to face the wall with his/her back to the rest of the players. The object of the game is to tag the person who is “it” at the opposite side of the room first. The person who is “it” will yell “Green light!” and the players at the other end will run as fast as they can towards the person who is “it.” When the person says “Red light!” all the players running toward him/her must stop and freeze. The person will turn around to look at the other players and if any of them have moved they will be out of the game at the discretion of the person who is “it.” When the person who is “it” turns around and yells “Green light!” The players are free to move and run toward the person who is “it” again.

Resources

For information on kid-friendly discussions about exercise: http://www.kidshealth.org
November 16, 2006- Stranger Safety & Street Safety

Topics for Stranger Safety: safety tips on the street, communication with parents, deciding who a stranger is, what to do if approached by a stranger, calling 911

Materials: magazine cut-outs of different people of all ages

Topics for Street Safety: Looking both ways before crossing the street and using crosswalks

Lesson Plan - Stranger Safety

We began the lesson by discussing safety tips, such as taking a buddy to play outside and walk down the street. We emphasized the importance of telling parents where they would be and what they would be doing before actually doing it. Afterwards, we discussed the topic of strangers: who they were, why they could be dangerous, and what to do if approached by a stranger. Afterwards, we took out some magazine cut-outs of various people and put them on a table for kids to see. We asked them who they thought was a stranger and who appeared to be the most dangerous, and allowed them to ask questions. We explained to them that all of these people were strangers regardless of their sex, race, and facial expressions.

Lesson Plan - Street Safety

We had a ten-minute discussion with the children about the importance of looking both ways before crossing the street and using crosswalks. Afterwards, allowed the children to ask questions and provided them with a coloring activity.

Coloring Activity

We provided the children with different diagrams that illustrated children saying no to strangers, using the buddy system, and communicating with their parents.

Resources

For lesson ideas: http://www.chp.edu/besafe/kids/01raod_rules.php

For coloring sheets: http://www.mcgruff.org/