



Original article

Building Capacity to Address Women's Health Issues in the Mixtec and Zapotec Community



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Article history: Received 25 August 2014; Received in revised form 12 February 2015; Accepted 18 March 2015

A B S T R A C T

Introduction: Mixtecs and Zapotecs are indigenous populations from Mexico. Many are unable to read and write, and speak only their native nonwritten languages, Mixteco and Zapoteco. About one-half of California's indigenous farm worker population is estimated to be Mixteco-speaking (82,000–125,000), and about 20,000 Mixtecs and a smaller number of Zapotecs live in Ventura County.

Objectives: A community-academic partnership conducted mixed-methods research with the aims of 1) collecting preliminary data on women's health needs, 2) training *promotoras* to assist with this effort, and 3) engaging community members and obtaining their input through community dialogues.

Methods: *Promotoras* who were bilingual in Spanish and either Mixteco or Zapoteco were trained to conduct surveys that included questions on breast feeding and receipt of breast and cervical cancer screening examinations. Barriers to and facilitators of women obtaining these cancer screening tests were discussed in small groups.

Results: In 2013, 813 Mixtec and Zapotec women completed surveys. Although most women reported breast feeding (94%), and receipt of a pelvic examination (85%) and a breast examination (72%), only 44% of women 40 years and older had ever heard of and 33% had ever had a mammogram. Community members recommended offering free mammograms on the weekend by female providers, having women accompanied by *promotoras* who can translate, conducting door-to-door outreach, advertising cancer screening on the radio and providing small incentives to women.

Discussion: Trained bilingual *promotoras* can assist in increasing the capacity of indigenous communities to conduct collaborative research by engaging community members and collecting local data.

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Many racial and ethnic groups in the United States experience health disparities that are well-documented and result in increased mortality and low survival rates after disease onset (Institute of Medicine 2012). Health disparities research has become a priority for many funders and studies often utilize a community-partnered research approach that builds on partners' strengths and assets, focuses on locally relevant problems, incorporates local capacity building, facilitates co-learning and

power sharing, and balances research and action (Israel et al., 1998, 2001). We established a community-academic partnership to work with the Mixtec and Zapotec community in the greater Oxnard area, Ventura County, California. Mixtec and Zapotec are indigenous populations from western Oaxaca, Guerrero, and Puebla, some of the poorest populations of Mexico, with high rates of infant mortality and illiteracy. Some villages lack potable water and basic services such as schools and roads. Entire communities have migrated in search of work and Mixtecs have become one of the largest indigenous groups of workers in California (Anguiano, 1993; Palacio-Mejia, Lazcano-Ponce, Allen-Leigh, & Hernandez-Avila, 2009). The Indigenous Farmworker Study estimates that one-half of California's indigenous farmworker population is Mixteco speaking (82,000–125,000), and that one-third of indigenous farm workers are

Conflict of Interest Statement: No conflicts of interest were reported by the authors of this paper.

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located in the Central Coast (Oxnard and Santa Maria; <http://www.indigenousfarmworkers.org/>).

An estimated 20,000 Mixtecos and a smaller number of Zapotecs live in Ventura County. These populations are culturally and linguistically isolated. Many are unable to read and write even at a basic level in any language, and speak neither Spanish nor English, but only their native nonwritten languages, Mixteco and Zapoteco. Because of the challenges of surveying a population without any written language, few hard data exist on the demographics of this community in California. Therefore, their presence is often overlooked.

The Mixteco/Indígena Community Organizing Project (MICOP) serves as community partner for this collaboration. MICOP was founded in 2001 and provides referrals to health and social services, case management, food and other basic necessities of life, trainings and educational workshops, and language interpretation services, along with cultural pride and awareness events. MICOP contracts with Ventura County agencies to provide direct services to more than 5,000 individuals annually and collaborates with numerous local organizations including school districts, migrant educational programs, Ventura County Health Care Agency, Interface Children and Family Services, Food Share, and the Ventura County Partnership for Safe Families & Communities. MICOP has provided training on a number of health topics, including breast and cervical cancer screening to more than 25 *promotoras*, bilingual in Spanish and Mixteco (and several with English fluency as well), who have helped families access medical care, enroll their children in school, and engaged in other activities that promote health and self-sufficiency (<http://www.mixteco.org/>, accessed 7/10/2014). The majority of the *promotores* are female.

In partnership with the University of California at Los Angeles (UCLA), MICOP obtained funding for a collaborative research study that aimed to develop the capacity of this community to address women's health issues. We conducted mixed-methods research to 1) collect preliminary data with respect to women's health needs, 2) train *promotoras* to assist with this effort, and 3) engage community members and obtain their input through community dialogues. This article reports findings of these efforts.

Methods

Development of Structured Questionnaire in English, Spanish, and Two Indigenous Languages

MICOP, UCLA, and a Mixtec Advisory Board worked together to develop a community needs assessment questionnaire that included questions on women's health issues (breast feeding, breast and cervical cancer screening) and demographic information. Questions were developed in English and Spanish. Eight *promotoras* discussed and made revisions to the Spanish-language survey to ensure that the questions were understood by the local population. Subsequently, one of the *promotoras* who came from the same town and municipality in Oaxaca (San Martin Peras) as the majority of the Mixtec population in the Oxnard area was chosen to translate the survey into Mixteco. Her version was discussed by all eight *promotoras*, edited by consensus of the entire group, and audiorecorded with copies given to all *promotoras* so they could practice administration of the survey in Mixteco. This was not done for the Zapoteco version, because a single *promotora* administered all Zapoteco surveys.

Training of Promotoras

MICOP identified eight Mixteco/Spanish and one Zapoteco/Spanish speaking *promotoras*, who attended a 6-hour training session in Spanish. The training agenda included purpose of the study, informed consent for *promotoras* who completed pretests and posttests, and principles of research including voluntary participation and confidentiality, recruitment of participants and determining eligibility, how to obtain informed consent, the interviewing process, what-if scenarios, interview role playing, and forms to be used.

A Spanish language pretest and posttest for *promotoras* assessed demographic information (age, year of immigration, language skills) and six knowledge questions regarding the protection of human subjects in research that were adapted from prior research (Hatcher & Schoenberg, 2007). The knowledge questions tested *promotoras'* understanding of the voluntary nature of participation and the right of participants to withdraw from the study at any time (2 questions) and the need to keep the names of participants and their responses to survey questions confidential (4 questions). Two 2-hour follow-up trainings/debriefings were conducted to review the survey process and to answer questions and allow *promotoras* to exchange their experiences and share how they handled various situations in the community. *Promotoras* received a stipend for attending the training and for conducting interviews.

Survey of Mixtec and Zapotec Community Members

Between May and September 2013, *promotoras* recruited community members who self-identified as Mixteco or Zapoteco in the greater Oxnard area, which includes Oxnard, Port Huemene, and El Rio. *Promotoras* explained that this survey was done to learn about health needs in the Mixtec and Zapotec community, administered a short screening survey to assess eligibility, and obtained oral consent prior to administering a face-to-face survey using a structured questionnaire. They conducted the majority of surveys going door to door (37%), at parks (53%), and at a school (5%) and noted responses on the Spanish-language surveys. Each *promotora* conducted between 115 and 136 surveys during the week (total of 850 surveys, 86%) and on Saturdays and Sundays (total of 139 surveys, 14%). Surveys were conducted anonymously on the advice of the Mixtec Advisory Board, which feared that many community members would not participate if they had to give their name. Community members who completed the survey received a plastic folder for document storage as a token of appreciation.

Survey Content

Promotoras asked all women if they had ever had a breast examination and a pelvic examination. They asked women 40 years and older if they had ever heard of a mammogram, ever had a mammogram, when they had their last mammogram, if they thought they needed a mammogram, if a doctor ever recommended to get a mammogram, and if they knew where to obtain a no-cost mammogram. When asking about medical procedures (breast examination, pelvic examination, mammogram), *promotoras* had to use Spanish terms because there are no words in the indigenous languages for these procedures. For clarification, *promotoras* showed pictures of a woman undergoing the procedure and explained the procedures using an agreed upon script. MICOP staff recommended to ask about receipt of a

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