Hispanic Health Initiative: Creating a Sustainable Health Fair for an Immigrant Community

Chaz Arnold
Western Kentucky University, chaz.arnold304@topper.wku.edu

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HISPANIC HEALTH INITIATIVE: 
CREATING A SUSTAINABLE HEALTH FAIR FOR 
AN IMMIGRANT COMMUNITY

A Capstone Experience/Thesis Project

Presented in Complements to the Requirements for

the Bachelor of Science Degree with

Honors College Graduate Distinction at Western Kentucky University

By

Chaz M. Arnold

*****

Western Kentucky University
2014

CE/T Committee: 

Dr. Sonia Lenk, Advisor
Melba Amador
Melinda Edgerton

Approved by

__________________________

Advisor
Department of Modern Languages
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Previous demographic and social interest research conducted in Bowling Green, Kentucky has prompted concern for access to quality healthcare for immigrant populations, specifically for the Hispanic community. The missions of the preliminary investigation and subsequent implementation of a sustainable health fair for the Spanish-speaking community were to assess the primary health concerns that many Hispanics face and offer long-term solutions to collectively resolve these health issues. Preliminary investigation involved researching population-specific health statistics in order to quantify prevalence of certain conditions which were, in turn, prioritized in terms of necessity to address. Further research reflected personal concern from the target population, thereby qualifying the need for resolutions. Through a year-long, intensive investigation and extensive collaboration with many community health resources, a sustainable health fair for the Bowling Green Hispanic population was held to 1) provide on-site care for current health issues, 2) educate patients on disease prevention and community resources available to them, and 3) assess the primary health concerns of this population. The implemented design is intended to serve as a model for future minority health initiatives in this community and across the nation.

Keywords: Hispanic, healthcare, Bowling Green, KY, barriers, health fair, minorities
Dedicated to all of the parties at WKU and community organizations that collaborated on this project to help it come to fruition. To my parents, Kevin and Karla, for always pushing me to fight for what is right. To my future wife, Blaire, who has portrayed the ideals of selflessness and humility in all her endeavors. Also, to the many ethnic populations represented in Bowling Green, KY for making this such a diverse and prosperous community to live in.

¡Que siempre luchen por la justicia social!
This project would not have been possible without the determination and incessant support of Dr. Sonia Lenk. Her many years of service to the Hispanic communities she has worked in helped in every aspect of this event, including resource acquisition and networking with project partners. To quote Shakespeare, “though she may be but little…” I hold deep respect for her as a community rights activist, global humanitarian, and friend. Gracias por inspirarme, animarme, y ayudarme a desarrollar mis destrezas.

Also, not to be understated are the proactive and ceaseless efforts of my project partner, Hannah Johnson. I cannot think of a better peer to work with, considering her inner strength and willpower to get the job done efficiently. Though a senior nursing student at WKU at the time, she took on additional roles that might have been delegated to an outside party for the sake of accuracy. Her connections in the community proved invaluable.

So many organizations, both on campus and from the Bowling Green community, collaborated on this project. Their selfless dedication to improving the health and dedication of the community is beyond commendable. I would like to recognize all of those organizations and individuals named as partners in the body of my thesis.
Thank you to Spanish Instructor Melba Amador and Chinese Flagship Program Coordinator Melinda Edgerton for their constructive feedback on my thesis and for their support as volunteers at the health fair. I would also like to thank the WKU Department of Modern Language for their academic and financial support, including all student volunteer interpreters, translation reviewers and fotógrafas like Dr. Inma Pertusa, and Department Head Dr. Laura McGee. Other financial contributions were offered thanks to the WKU ALIVE Center for Community Partnerships, which graciously awarded the project a Community Development Grant. Thanks to International Communities Liaison Leyda Becker for networking within the Hispanic community and to St. Joseph Catholic Church, especially Gina Holmes, for hosting our event.
VITA

March 24, 1992 ........................................... Born- Lexington, Kentucky

2009.............................................................. Kentucky Governor’s Scholars Program, Bellarmine University

2010.............................................................. Daviess County High School, Owensboro, Kentucky

2012.............................................................. Peer Academic Tutor, Western Kentucky University

2012.............................................................. KIIS Study Abroad Program, Segovia, Spain

2012-2013 ...................................................... Spanish Club President, Western Kentucky University

2013.............................................................. Hispanic Health Initiative, Western Kentucky University

2013.............................................................. Urgent Care, Owensboro, Kentucky

2013.............................................................. AEΔ PreMed Honor Society Treasurer Western Kentucky University

2014.............................................................. Bachelor of Science Degree, Western Kentucky University

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CHAPTER 1

INTRODUCTION TO PROBLEM

Demographic statistics are a helpful tool for preliminarily quantifying the severity of an issue within a target population. According to the most recent United States Census, 6.46% of the total population of Bowling Green, KY claimed Hispanic heritage (Census, 2010). Similarly, the Bowling Green Daily News published that the Hispanic population of Warren County more than doubled (+109% growth) between the first and second Census of the millennium (Minor, 2011). These statistics prompt urgent response for an assortment of issues faced by the Hispanic community.

Access to quality healthcare in America has become increasingly more difficult, particularly for socially marginalized populations. In 2012, the Hispanic Research Initiative, conducted by Dr. Sonia Lenk, Dr. Holli Drummond, Dr. Courte Voorhees, Dr. Bernard Strenecky and seventeen Western Kentucky University students, brought to focus the issues within the Hispanic community of Bowling Green. WKU Honors College graduate Caitlin Reyes elucidates these concerns through her 2011 Bowling Green Hispanic needs assessment survey distributed through the Hispanic community. The results reveal limited access to quality medical services among the top three preoccupations, alongside the threat of unemployment and the communication barrier with English speakers (Appendix A). Of the 78 survey respondents, 42 individuals (54%) listed medical services as a reason for concern (Reyes, 2012, p. 8). This first-hand
opinion provide insight into the healthcare issue from the perspective of the individuals to which the concern is most eminent.

Upon reviewing this initial, all-encompassing research initiative, it was necessary to further define obstacles to the access of essential health resources, such as consultations and examinations with medical professionals and other available community resources that are not presently readily accessible by the Hispanic community. Assessment of these challenges reflected three general, yet interdependent barriers for the community: language, cultural, and socioeconomic. Exposing these barriers helped to sharpen the focus toward appropriate, long-lasting solutions to be implemented through a community engagement project.

**Linguistic Barrier**

Though considered by many to be an obvious issue faced by the Spanish-speaking community, the language barrier Hispanics face should not be discredited as a key concern. A report published by José Escarce and Kanika Kapur notes that less than a quarter of Hispanics in the United States claim to be proficient in speaking English (Escarce & Kapur, 2006). Also, according to an assessment by the U.S. Health Services and Resources Administration (HSRA) published in Newsweek, the ratio of Hispanic patients to fluent Spanish-speaking medical professionals was 3,000:1 in 2006, nearly nine times that of English-speaking patients to English-speaking physicians (Rodriguez, 2010). Not only does this finding present a startling discrepancy in the availability of healthcare resources to the Hispanic population, but also poses the question of the quality of care that these patients receive if they do seek care at a community clinic or the hospital emergency room. A study published in the *Mt. Sinai Journal of Medicine*
concluded through a bilingual survey distributed in an emergency room setting that the language barrier results in unnecessary medical testing, poor understanding of directives of medical professionals, increased use of emergency services in place of primary care, and lower rates of follow-up visits (David & Rhee, 1998, pp. 393-397).

A clear demonstration of effective Hispanic patient and bilingual physicians is reported in another study conducted by the University of California. This study compared the self-assessed Spanish proficiency of primary care physicians to the quality of care received by monolingual, Spanish-speaking patients through a survey (Fernandez, Schillinger, Grumbach, Rosenthal, Stewart, Wang & Pérez-Stable, 2004, pp. 167-174). Researchers concluded that Hispanic patients purported a 95% confidence rate in the care they received, as well as a sense of empowerment when the physician was functionally fluent in the patient’s native language, whereas non-Spanish-speaking physicians yielded poorer confidence ratings from their patients (Fernandez et al., 2004).

These studies help to verbalize not only the social injustice created by the language barrier, but also the expected positive outcome when physicians are adequately proficient in the patient’s native language. However, the real concern posed by the language barrier is the inefficiencies that result from miscommunication between medical care providers and Hispanic patients. Many patients with limited English proficiency are unable to communicate their concerns to the physician, thereby leading many physicians to “guess” the symptoms experienced by the patient and diagnose with a high level of uncertainty. Public health reformist Dr. Glenn Flores also described the importance of having reliable interpretation services in clinical settings because of their effectiveness in preventing “unnecessary hospitalizations and treatments” (Boyles, 2006). Effective
communication is key in relating the primary complaints of patients to their healthcare providers, thereby ensuring the most appropriate care approach and improving health outcomes.

Cultural Barrier

The United States’ healthcare system is a commonly overlooked contributor to and reflection of its inherent cultural elements. This strong association often causes a rift between patients, who do not fully understand the system, and healthcare providers, who do not take this unfamiliarity into consideration when treating patients from diverse backgrounds. Reyes’s investigation yielded several interesting finds in the area of cultural understanding. Respondents were asked to rate their trust of emergency services such as ambulances and a surprising one-fourth indicated hesitancy to trust their assistance, most likely due to social misunderstanding (Reyes, 2012, p. 21). However, cultural unfamiliarity is not limited to the English-speaking community’s perception of the Hispanic community. One particular item in the survey asked respondents which areas of public resource they would benefit from knowing more about. Unsurprisingly, information about medical services rated the highest (67%), followed by English language courses (57%), and legal services (54%) (Reyes, 2012, p. 40). This finding indicates an earnestness to learn about the United States’ evolving healthcare system, as well as its contribution to culture.

Level of education attained is another cultural component which often affects the accessibility to adequate healthcare resources. According to José Escarce and Kanika Kapur’s article, published by the National Institute of Health in 1998, 56% of Hispanics had a high-school diploma compared to 88% of non-Hispanic whites (Escarce & Kapur,
This inconsistency results in higher rates of employment of Hispanics in health-risk associated industries, such as construction, agriculture, and manufacturing. Ultimately, cultural limitations such as unfamiliarity with the evolving United States healthcare system and lower education attainment rates hamper efforts to extend inclusiveness to Hispanics in the community health resource network.

**Socioeconomic Barrier**

The socioeconomic barrier is possibly the most difficult to address over a long-term period. Without insurance or access to social welfare programs, it becomes increasingly difficult to obtain costly disease treatment options and medical consultations. The National Immigration Law Center notes that despite the supposed increase of coverage for naturalized citizens, lawfully present immigrants, and U.S.-born children of undocumented individuals through the Affordable Care Act, the same privileges will not be extended to individuals of questionable legal status (Affordable Care Act, 2010). This eminent threat continues to concern millions of undocumented immigrants that live and work in the U.S., but live far below the economic poverty line. Also, healthy lifestyle options, like fresh produce, are often more costly than readily available alternatives, such as heavily processed packaged foods. These concerns compound with the strenuous work conditions that many Hispanics labor through, ultimately causing increased health risks, including obesity and high blood pressure. A Center of Disease Control study states that one-third of the U.S. Hispanic population under the age of 65 is medically uninsured, which is nearly double the uninsured rate of other ethnic groups (Cohen & Martinez, 2012, p. 23). This fact is just a specific example of a much larger socioeconomic injustice experienced by the Hispanic population.
The significance of finding resolutions to this growing problem is unimaginable. One step in the right direction is to provide widely applicable health education to Hispanic patients in a convenient and confidential manner in order to prevent health complications. The next step is to establish connections with culturally competent healthcare providers as a source for regular care of patients. By uniting these two approaches, one can better confront the principle challenges faced by the Hispanic community in the realm of healthcare.

**Principle Health Concerns**

Compounding with the challenges that Hispanics face in accessing care are the particular health issues that are most concerning in this community. Among the most prevalent are type II diabetes, metabolic syndrome, sexually transmitted diseases, respiratory complications, and oral health. The National Healthcare Disparities Report cites particular concern for diabetes within the Hispanic population, noting that the morbidity ratio of adult Hispanics to non-Hispanic whites is 1.7 along with a lower check-up ratio of 0.8 for diabetes patients (U.S. Dept. of Health and Human Services, 2010). These two figures point to the finding that the mortality rate for Hispanics with diabetes is 1.4 times that of the non-Hispanic white population (U.S. Dept. of Health and Human Services, 2010). A smaller, yet significant disparity between these two populations is present in metabolic syndrome, with nearly 1.2 Hispanics per non-Hispanic white having the classic signs of the disorder (U.S. Dept. of Health and Human Services, 2010). These symptoms may include increased blood pressure, fasting hyperglycemia, elevated lipidemia levels, and android/abdominal obesity. The same agency reports that Hispanics are also reported to be less likely to engage in physical
activity deemed effective by federal physical exercise guidelines, which contributes greatly to the health status of metabolic processes (U.S. Dept. of Health and Human Services, 2010). The Center for Disease Control also reports a three-fold prevalence of sexually transmitted diseases among the Hispanic population (Center for Disease Control, 2014). Though government reports do not cite oral health as a point for concern among the Hispanic population in the United States, this may be due to lack of publicly funded investigation into the matter. One of few studies conducted by the Hispanic Dental Association concerning Hispanic oral health reported that “more than one-third (36%) of Hispanics say they have experienced oral health problems severe enough to impact their daily activities in the last year” (Hispanic Dental Association, 2011, pp. 1-7). Only 22% of the general population reported similar issues with oral health (Hispanic Dental Association, 2011). Many Hispanics in the Bowling Green community have communicated, through informal evaluation, a great need for accessibility to dental services. All of these conditions voice need for culturally-sensitive prevention education and testing services.

Though there are many other issues that immigrant communities face when accessing community health resources and information on preventative medicine, the above are the most prominent in the Bowling Green community. These specific issues are important to evaluate prior to implementing feasible solutions, thereby preparing reformists for the challenges that lay ahead of them in the quest for social justice.
CHAPTER 2

PLANNING A SUSTAINABLE HEALTH FAIR

A problem as considerable as the healthcare disparity between native English speakers and native Spanish speakers in the Bowling Green community requires a solution of comparable impact. With a majority of Hispanics facing economic hardship, limited English proficiency, and unfamiliarity with the evolving U.S. healthcare system, it was imperative that an outside party take action. For many years, Dr. Sonia Lenk has worked within the Hispanic community to evaluate social injustices and offer feasible solutions to eliminate said inequalities. Knowing that I am both a Biology pre-med and Spanish student, Dr. Lenk approached me with the idea of creating a health fair for the Hispanic population—potentially 4,000 individuals in Bowling Green, alone—that mirrored and improved upon past efforts at fairs in Horse Cave, Kentucky (Census, 2010). Her knowledge about the diverse groups of Hispanics within the Bowling Green area and their attitudes shed light on the importance of both providing much-needed care to Hispanic patients and educating them as part of preventative medicine. I saw this as a perfect opportunity to blend my two passions, thereby electing this as my Honors Capstone Experience project. The project is fundamentally based on the preliminary investigation into the issue of healthcare acquisition trends among the Hispanic population from a nation-wide perspective while keeping in mind the unique microcosm present within our own community. This investigation delved into the need for services
from personal testimonies of those affected by the healthcare disparity, as well as considerable research into the barriers faced by the Hispanic population. The aforementioned problems do not represent every challenge and concern for the Hispanic community, yet serve to increase awareness of the issues at hand so that reasonable solutions may be proposed.

Planning a health fair with multiple care components requires a dedication to time constraint adherence and must be divided into time-sensitive phases in order to address all of the logistic elements. The three-semester undertaking was divided into three separate phases.

**Phase I**

The fall of 2012 was dedicated to logistics planning and resource acquisition, including the numerous partners collaborating on the health fair. As with any event, a principle decision to make is the time and location of the event. My project partner, Hannah Johnson, was a WKU Nursing student that contributed her knowledge of clinical semantics and patient privacy, as well as Spanish language competency, to the coordination of the project. With my prior knowledge of basic health conditions through study of the biological sciences, and my Spanish proficiency and familiarity with working with the Hispanic community, she and I made a list of several locations that may have provided a suitable venue for the health fair. We noted multiple advantages and disadvantages for each location, considering factors such as venue size, conditions for patient privacy, accessibility, and sensitivity to the culture. Weighing each of these factors for deliberation while verbally surveying the Hispanic population in their frequented businesses about the possible venues, Hannah, my project advisor Dr. Sonia
Lenk, and I came to the consensus that St. Joseph Catholic Church’s reception hall was the most viable option. Dr. Lenk has many years of experience working with the Hispanic community, including sponsoring previous health fairs for the population. Considering that a large majority of Hispanics work long hours during the day through the week and attend religious services for most of the day on Sundays, Saturday was selected as the best day of the week to host the event. Saturday, April 6th 2013 from 11:00 a.m.-6:00 p.m. was selected as the best option based on the schedule of working Hispanics, as well as the general schedule of health fairs previously held in Horse Cave.

When establishing a sustainable event, it is important to evaluate the resources presently offered in the community as a means of efficiency. It is ineffective and impractical to tackle a project of this magnitude without utilizing these pre-developed resources which often have already done the major legwork as far as resource acquisition. This multi-faceted approach to health helps center the focus of each partner on their own component, calling upon their respective area of specialty to tackle the areas of greatest health concern for the Hispanic population. We reached out to local physicians and community resources, as well as on-campus dental, nutrition, and nursing instructors and students, alike; these individuals volunteered their professional opinions through consultations and even provided basic medical services, such as blood glucose screenings and dental exams (see Chapter 3 for a detailed description of services offered). Community resource agencies were present to offer information for areas of health often overlooked, such as suitable living environments and proper use of emergency services. The partnerships established have proven invaluable in serving the community not only for this event, but those to be held in the future.
After establishing many of the cornerstone details of the event, acquisition of funds is crucial to afford the resources that are not provided by collaborating partners. Resources for our event included nutritious, culturally influenced refreshments, and supplies for printing medical documents and advertisement propaganda, much of which was funded by outside sources. One of our key partners, WKU’s the ALIVE Center, offers a Community Partnership Fund for projects that foster community development. I applied for the grant and was awarded $1,350 to fund the project in its entirety. Other funding was contributed by WKU’s Department of Modern Languages, through which we were able to supply promotional t-shirts and refreshments for volunteers as a token of appreciation. More information about the project budget and expense report can be found in Appendices C & D, respectively.

**Phase II**

The spring of 2013 was primarily devoted to final details, publicizing, and hosting the event. This stage seemed to progress the quickest of the three considering the time sensitivity. First, it was important to acquired all documents necessary for the event and ensure that an appropriate translation had been made. Many of the formal medical and informational documents were provided by the individual groups present at fair. Some already had Spanish translations for their documents. Those that did not have bilingual literature were offered translations that could be used at the health fair and their future events involving the Hispanic community. Using skills I had learned in my Spanish translation and interpretation course at WKU, I worked diligently to translate documents such as the official brochure for the Bowling Green Housing Authority’s Project EMPOWER and a flyer for South Central AHEC’s car seat safety station at the fair, as
well as a compiled interpreter’s guide to basic medical terminology (Appendix N). These documents were reviewed and edited by Dr. Lenk and Spanish Instructor Melba Amador to ensure the accuracy of the final product. It was important to make sure that the patient was aware of all proceedings and could utilize information they took home with them.

Another vital element for overcoming the language barrier involved transparency between English-speaking medical professionals and Spanish-speaking patients. The number of Spanish-proficient medical professionals in Bowling Green closely mirrors the national trend; therefore, it was important to both secure the participation of a few local Spanish-speaking physicians and to find highly competent Spanish interpreters. Students at all levels of language proficiency were encouraged to participate in this event. Each student was categorized according to the level of Spanish courses they had completed, assigning those with little language competency to more basic roles involving reading to patients and repetitive directions. Those with higher fluency levels were assigned to positions that required a more extensive vocabulary and ability to effectively communicate ideas between patients, medical professionals, and community resource organizations. These volunteers were essential in maintaining a welcoming environment with complete transparency in effort to encourage patient-provider trust.

Advertising was a fundamental component to the success of the event. One must invest considerable time and effort into advertising for an event because its success depends on the number of people that receive quality medical care. Convincing both attendees and key community members of the significance of the event can be a challenge; however, a key consideration for an effective publicity campaign is the
diversity of media outlets employed by the campaign. Knowing that we had to reach a
diverse and widespread audience, Dr. Lenk, Hannah, and I had sought out ways to reach
the Hispanic community, including television, newspaper, Hispanic radio, flyers, and
handouts. Though television broadcasting did not contribute to the publicity campaign
prior to the event, *The Bowling Green Daily News* interviewed us before and after the
health fair. Much of the information disseminated through the articles presented details
about the event, including services offered and logistics, as well as personal testimony as
to the significance of the event on both a personal and community level. These articles
helped to inform Hispanics in need of healthcare about the event while gaining support
and awareness from the non-Hispanic community. Though the newspaper is widely
distributed through Bowling Green, we knew that it was important to have language-
sensitive propaganda resources to reach the intended population. The Hispanic radio
program *La Nuestra* agreed to record a public service announcement and broadcast it
during airtime commercial breaks during their Sunday afternoon segment. I wrote the
PSA and Hannah and I recorded it in the studio in Spanish (Appendix G). Interestingly,
several people told us that they heard the PSA while commuting from communities
nearly an hour away from Bowling Green. The promotional flyer was created by a WKU
graphic design student using the English and translated text in an eye-catching design in
order to effectively convey important information, such as time of the event, location, and
services offered. Pictures from previous health fairs in Horse Cave were added to
establish credibility of the event. All texts were reviewed by Dr. Lenk and Spanish
Professor Dr. Inma Pertusa for accuracy and cultural appropriateness (Appendix E). The
posters were printed at the campus printing center as part of the budget and displayed at
businesses owned and frequented by the Hispanic community. Postcard-size versions of
the posters were also printed and distributed during the week leading up to the event to
patrons in the same businesses and at Hispanic church services. This personal interaction
helped to establish connections with individuals who may benefit from the services
offered at the health fair, as well as to address any questions or concerns they may have
about it.

**Phase III**

Fall of 2013 constituted the reflection and analysis of outcomes, securing of
project sustainability, and exhibition of results phase. Throughout the two previous
semesters, I kept a weekly journal in Spanish, outlining accomplishments, obstacles,
emotions, and internal reflection of the process. The abridged, summated reflection is
found in Chapter 5 and the issue of project sustainability is addressed in Chapter 4.

Exhibition of results was the most integral component of this semester, as it
serves as a model for others to enact similar projects in their communities. Not only is
the project outlined in this work, but has been presented to many different individuals
throughout Kentucky. On Saturday, September 21st, 2013, I attended the Kentucky
World Language Association’s annual convention to present my project to foreign
language educators from across the state. The segment “Rising Stars” was an exposition
of student work that aimed to make an impact in immigrant communities. My
presentation outlined important considerations for creating a sustainable service project,
including the methods taught by the Hundred Dollar Solution™. This opportunity
provided meaningful peer review and constructive criticism in efforts to strengthen the
project for years to come. The opportunity to network with other exhibitors and
educators from across the state also put into perspective the significance of the project, as several were interested in starting a health fair of their own upon returning home.
CHAPTER 3

HOSTING THE EVENT

The Hispanic Health Initiative health fair took place on Saturday, April 6\textsuperscript{th}, 2013, beginning at 11:00 a.m. and ending at 6:00 p.m. When the first volunteers began filing through the doors, the room was in a bit of disarray because Meals on Wheels was finishing their weekly food preparations in the reception hall in which we were hosting the event. Foreseeing this conflict, a plan was devised for the volunteers to follow when setting up the event after their training session.

The event was divided into several stations that were only accessible to patients in a specific sequence in order to facilitate the flow of the process. Prior to opening the doors for patient admission to the fair, volunteers were required to attend an hour-long training presentation given by professional medical interpreters concerning patient privacy, medical interpreting techniques, and the general protocol of each station. This in-service training was led by trained medical interpreter, Patricia Tarquino, and funded by Area Health Education Centers under the supervision of the South Central Director, Lucy Juett. Medical interpreter Eric Hozapfel offered his personal testimony of interpreting services in a clinical setting, highlighting many of the typical situations encountered by interpreters. There, volunteers recruited from WKU Spanish classes were able to ask questions and learn about improving the patient experience. Customized event t-shirts were distributed to volunteers at that moment to indicate to patients who
they could ask for assistance, while student members of the WKU chapter of the American Dietetic Association, under the coordination of their faculty advisor, Dr. Heather Payne-Emerson, began to prepare several culturally inspired refreshments with nutritious benefits. The recipes from these dishes were selected by the students by applying concepts learned in their courses to a real-world setting. Immediately following the training, volunteers had little time to set up tables and chairs according to the devised floor plan for the booths and block out windows in private patient consultation rooms.

Once the doors to the fair were opened, patients were instructed to register for the fair with information including name, address, age, and country of origin. It is important to note that this registration information was in no way tied to the personal health information of the attendee, thus serving as the primary effort for patient confidentiality. Every precaution should be taken to ensure patient privacy, ultimately serving as the main concern for event hosts. Attendees were then handed a folder containing their health information forms and instructed on the general layout of the event, including the specific order in which individuals would see medical professionals and community resource partners. For this reason, the registration table served as a vital component for maintaining patient flow and confidentiality (Appendices J, K, & L).

Immediately after registration was a table for filling out the bilingual health history form, thereby assuring that most event participants could accurately express their health concerns. Seated at the table were volunteer interpreters from advanced Spanish courses who assisted patients with reporting their personal health history, including conditions from which he or she had previously suffered or was suffering at the time, as well as his or her primary complaint to be assessed by a physician. Many of the
additional forms had to be translated by myself or my partner, and checked by Dr. Lenk for accuracy. This information was then expanded upon by volunteer WKU nursing students who took patients’ vitals, including blood pressure, blood glucose readings, and lipid panels under the supervision of WKU Nursing Program Coordinator Dr. Eve Main and nursing instructor Chandra Ellis-Griffith. The combination of this past and current information was essential for the medical professionals to make sound diagnoses and prescribe appropriate treatments.

After the required information was acquired, patients were able to be seen by either a local physician or a dentist, and were called to either station utilizing a raffle ticket based system of sequential admission. If, at the vitals station, a patient showed signs requiring immediate attention or indicated reasons for particular concern on the health history form, he or she was directed to a private consultation room with an awaiting physician. The sheer number of patients attending at a given time made it nearly impossible to ensure a one-on-one consultation for every individual; because of this, Dr. Gloria Marroquin was in charge of holding group health education sessions during which patients with no particular health complaint were given comprehensive health information on topics such as diabetes, high blood pressure, and heart disease. All of these conditions were pinpointed as disparities among the Hispanic population in the investigative phase prior to the event’s inception. This modified clinical atmosphere permitted patients to ask questions about practices that improve their overall health and well-being. If an individual showed symptoms of a particular condition in need of immediate medical attention (i.e. highly elevated blood pressure or blood glucose reading), the patient was escorted to either Dr. Yeisel Barquin or Dr. William Vachon for
a private examination and consultation with the aid of an interpreter, if necessary. In either experience, patients were consulted in rooms sectioned off from the main event by ceiling-high dividers and shaded windows to ensure the utmost confidentiality. Patients were given any pertinent health information, diagnosis, or prescription to place in their charts for safekeeping through the duration of the event. Considering the non-clinical environment of this event, physicians were limited to practices that did not require the use of specialized technology such as x-rays and electrocardiograms.

Patients expressed particular interest in the provision of dental services at the health fair during the public promotional phase, so it was no surprise when these services were inundated with individuals at the opening of the event’s doors. The WKU Institute of Rural Health provided all of the resources required for the dental exams, including professional dental hygienists, dental screening consent forms, and all necessary equipment. Adult patients were given comprehensive dental exams and children were provided exams with the consent of their legal guardians. These services proved invaluable to the patients they assisted considering the limited patient accessibility to them.

With a large number of patients waiting for medical consultations, there was plenty of free time for them to wander around the central hub of the fair in order to meet with community health resource partners and learn more about the services they offer. Many of our partners came from health-specific agencies, including the hospital’s emergency room and CoventryCares of Kentucky, a Medicaid Managed Care Organization. Others provided information on resources associated with personal well-being, such as the Bowling Green Housing Authority and the WKU Hispanic student
organization, HOL@S (see Appendix I for a list of all community resources presenting information). The partners at these booths were not only able to administer pamphlets to attendees, but establish connections with them as a means for future outreach in the areas of human rights, access to education, and affordable health insurance. Student interpreters were assigned to each booth in order to facilitate conversation when a language barrier was present.

Other special programs offered during the waiting period included a safety seat installation service, HIV screenings conducted by Barren River District Health Department, and nutritious refreshments prepared by WKU nutrition students. The South Central Kentucky Area Health Education Center (AHEC) provided at a discounted rate brand new child safety seats and installed them into patients’ vehicles according to the standards set by the National Highway Traffic Safety Administration guidelines by trained professionals. The discounted car seats were further subsidized as part of the WKU ALIVE Center Community Development Grant, making the car seats more affordable for patient purchase, yet at a slight cost so as to ensure that they go to those who need them most. Private HIV screenings were conducted by the Green River District Health Department in an annex to the facility where the event was being hosted; this isolated location provided maximum privacy for individuals who voiced concern for possible infection during their private physician consultations and were encouraged by the physician to get screened. Culturally inspired refreshments, such as homemade black bean salsa and chicken tortilla soup, were prepared by WKU nutrition students who applied the knowledge they had learned in the classroom in a real-world setting. The goal of the refreshment area was not to force fruits and vegetables upon patients, but
rather to demonstrate the ability to incorporate healthy substitutions into familiar ethnic dishes.

The day concluded once all patients were seen and volunteers stayed to clean up their respective areas. All leftover food was donated to the Salvation Army Center of Hope shelter and excess supplies were stored in totes to be used at future health fairs. To ensure patient privacy was upheld, all forms left on the premises were shredded and disposed of properly.
CHAPTER 4

REFLECTION ON PROJECT SUCCESSES & SUGGESTIONS FOR IMPROVEMENT

The Hispanic Health Initiative has demonstrated both the need for and feasibility of providing primary care to patients while educating them about many local community health resources available to them. During the event, over 120 individuals of various ages, nationalities, and of both genders attended and received what they described as invaluable health services and information.

Anxiety stemming from the uncertainty of what was to come after two semesters of meticulous planning and preparation prevailed in the days leading up to the event. As with many first-time events, there was a high uncertainty as to the turnout rate. However, when attendees began to file in the door at opening time, I gathered my thoughts and knew that all was set into motion for the best. Although I quickly ran from station to station and even back through the community to welcome last-minute attendees on the day of the fair, I had the opportunity to see each component of its development from the registration table up to the exit surveys taken by patients and volunteers.

There are not enough words to describe the good will of organizations and the individuals involved in this grand endeavor. Without their participation, our goals would have been unattainable. We successfully surpassed our own expectations for the event, which is a goal in its own right. The most important goal was to provide patients with
quality medical care, health information conducive to improving their personal lifestyles, and connections with health resources for access in the future. We did not intend to simply knock down the barriers for one day but for the rest of their lives.

During my initial investigation, I was able to pinpoint the most common medical conditions faced by members of the Hispanic population in the United States. Among them are hypertension, diabetes, and what is referred to as metabolic syndrome (i.e. obesity and related risks). These findings were paralleled by similar findings among the patients at the fair, according to the testimonies of nursing students and physicians assisting at the fair. It was important to either confirm the initial findings with what was observed at the health fair or adjusted to fit the issues endemic to the Bowling Green Hispanic population. Each problem, although observed more frequently within the Caucasian community, should be addressed in effort to ensure the comprehensive health of the community. I have learned a lot about the symptoms of several diseases and the severity of certain conditions that I had not previously considered to be life-threatening.

I heard from several volunteers that they would contribute their time because of the dire necessity for the services we provided the patients. Many students enrolled in a WKU course in the Spring of 2014, aiming to ensure the sustainability of the event by calling upon both established and new partnerships, alike. This group of students, lead by Dr. Lenk, worked diligently to reach more members of the Hispanic community than we did the first year. Their fair successfully incorporated new health resources into the list of services offered, thereby giving the project momentum for the years to come. Future sustainability efforts are in the works as we prepare for Dr. Lenk’s temporary absence during her sabbatical.
Suggestions for improvement remain heavily concentrated in publicizing the event and continually enhancing the services available to the patients both at the fair and for future care. With nearly 4,000 Hispanic individuals accounted for in the Bowling Green community at the turn of the decade, it should always be a goal to reach more individuals (Census, 2010). Considering the sheer diversity of the Hispanic community, the objective to provide care to individuals is further obscured. The Hispanic population does not have a central meeting place from where information is dispersed; rather, it relies heavily upon the shoulders of contact persons who have developed deeply-rooted trust within the community such as English as a Second Language instructors, public school Spanish teachers, and church pastors. Several possible outlets of advertising the event that were not utilized in my project were the use of television media prior to the event, enhanced communication with members and local Hispanic churches, and collaboration with the Amigos Resource Network to disperse the information. Reaching such a broad audience requires a multitude of outlets.

An extremely challenging aspect to planning the health fair involved key points in decision-making as a project leader. For example, I considered the opinions of my advisor and partner when deciding the location of the event. Although I wanted to have the fair in a clinical setting, the regulations that govern clinics do not permit having a public event on their grounds as a means to protect the private health information of their patients. This limited our options for an environment inviting to Hispanics of all types. On the other hand, some patients may not feel comfortable stepping foot in a venue that may conflict with their moral or religious values. Another issue that arose and required problem-solving was the time and date scheduled for the event. With a bit of
understanding about the Bowling Green Hispanic culture, we knew that many individuals worked daily in restaurants, factories, and agriculture, therefore may be unable to attend an event during the day. Even having the event on a weekend proved challenging because many Hispanics work in positions that deviate from the typically nine-to-five work schedule. The date was even changed from the first official announcement of the event because of a potential conflict with Easter religious services that the community participates in.

Expanding services needed by many in the Hispanic community constitutes another point for improvement. Many of the individuals seeking dental treatment required services beyond the feasible scope of a health fair setting. This includes filling cavities, fixing prosthesis, and providing comprehensive oral cleanings, all of which require longer amounts of time than affordable to each patient’s examination time in addition to the lack of large equipment found in a typical clinical setting. For this, it is important to establish relationships between patients and reputable local healthcare providers in order to facilitate future care of the individual. Not only does establishing this relationship ensure treatment of the issue the patient faces, but also opens the doors to community health resources and developed trust. An example of such successful community outreach was the gracious donation of gratuitous service vouchers to the health fair by local dentist Dr. Michael Howell, which were given to patients in need of dental care beyond the scope of the services offered at the fair. This provision offered many patients insight into the city’s oral health services while initiating a personal relationship between dentist and patient.
Suggested future research in the promotion of healthcare access by the Hispanic population of Bowling Green would best be directed toward the lifestyle choices of this particular demographic. A cornerstone of establishing a health community is the common practice of preventive medicine. Through intensive investigation of the habits of the Hispanic community, public health advocates may have a better understanding of the causes of common medical concerns within the target population and consequently develop effective preventive health measures. Though this focus does not provide a direct answer to the barriers faced by Hispanics, such measures may alleviate the degree of morbidity for the aforementioned health concerns.
CHAPTER 5

CONCLUDING THOUGHTS

This project fulfilled several goals on a personal and professional level.

**Personal Education**

From a personal perspective, what I have learned about the Hispanic community is that it is more open to receiving assistance from the English-speaking community than I had previously imagined. I try to put myself in the shoes of minorities because I know I, too, would feel very uncomfortable if I were attending an event hosted by sponsors with unknown motives. It would be difficult to discern whether these individuals were acting out of pity or sincere concern. Would I trust them? I am not sure. However, judging by the number of attendees at the fair, the Hispanic community demonstrated that it places some trust in our motives, thereby fulfilling our duty to formulate solutions from the outside.

To gain the trust of the Hispanic community, we worked with those who have already labored to establish a sense of mutual understanding, such as Bowling Green’s International Communities Liaison, Leyda Becker, and several Hispanic pastors. Dr. Lenk’s well-established reputation as a Hispanic community rights advocate proved pivotal in initiating the process. Each individual’s reputation helped us to disseminate important information throughout the community and to establish our credibility as
public health advocates. These individuals, along with culturally sensitive advertisement, helped to enhance our transparency regarding the motives behind creating the health fair. Trust and transparency are essential to communication between two distinct entities, each offered by one party or the other.

**Personal & Professional Successes**

The entire planning, enactment, and reflection process has taught me a lot about the disparity of healthcare provision and acquisition among minority communities, in particular the Spanish-speaking community. Before undertaking this project, I would have never imagined the number of hoops that an individual would have to jump through to visit the doctor. For the Hispanic community, these barriers include, but are not limited to, socioeconomic, cultural, and linguistic.

Socioeconomic challenges, such as low income and lack of affordable health insurance plans, do not exclusively affect the Hispanic immigrant population, but are a significant contributor to the impediment of care provision. While admitting this aspect may initially be perceived as shameful, this is not an absolute challenge for all Hispanics, nor does it serve to impart judgment on lower-income earners. Also, there is a lot of grey area in determining socioeconomic disadvantage in relation to healthcare accessibility, so the trend should be widely acknowledged, but selectively applied to individuals.

My own experience with the medical system in Spain during my summer study abroad experience taught me several key lessons about health from a cultural perspective. When I became sick, my unfamiliarity with this new healthcare system led me to rely upon the experience of my professor in order to receive that assistance that I desperately needed. Without her help, it would not have been easy for me navigate the system; I
would not know how nor would have likely gone to the clinic. The environment in the clinic was different from the sterile white walls and floors I was used to, thereby adding more discomfort to the situation. This clinic actually looked like a dance salon with its parquet floors, mirrored walls, and railing along the perimeter of the room. Although I am a Spanish major, the language barrier was evidenced by not only the atypical, region-specific vernacular of the physician, but the high registrar of medical terminology being used. In spite of my proficiency in the language, ability to afford the care received, and connection with a cultural broker who did understand the process, I felt uneasiness during the situation. Though my personal situation, namely the cultural aspect, does not fully translate to that of many Hispanics in Bowling Green, KY, I have a greater sense of compassion for what they experience in their quest for quality medical care. These individuals may not understand or may be frightened by the intimidating process of accessing health resources on a much greater scale. The key to accessibility of healthcare services is education of both minority patients and healthcare providers on navigating the system in an efficient and responsible manner.

The third aforementioned obstacle, and quite possibly the most easily treated, is language. Expanding medical interpretation services or investing in the attraction of more bilingual healthcare providers to the community are appropriate responses to this issue, not forced acculturation to compulsory English proficiency. Personally, I hope my bilingual abilities and compassion combine in my future career as a physician in order to provide a remedy to this situation in my hometown.

Now I have a greater understanding of my strengths and weaknesses. One of my greatest strengths is the ability to see the perspectives of many people. I have an open
mind and evaluate both sides of an argument before making a decision to reach a mutual agreement. Yet, I learned that it is important to consider every detail that could affect the people you will serve, including significant cultural and creed-based factors. These factors are best understood when outside perceptions of a culture are met with the perceptions held by individuals comprising that culture, thereby accurately representing possible challenges to a group’s diversity. Having the ability to see both sides of an issue can also be a challenge because it makes it difficult to decode the resolution. The reality is that one must make a decision; however, for me, it is often difficult because I evaluate all arguments to come to the best conclusion. To do this requires a great deal of time, which is a very valuable commodity and should not be wasted. I should continue to improve my ability to make decisions quickly to ensure that the outcome continues to improve. The ability to see the pros and cons of an argument is a valuable quality; what I need to take into consideration is how much time is sufficient for making a decision.

The ultimate thing that I gained from this experience is that I am capable of becoming a doctor to serve the community that has inspired throughout this project. I appreciate this opportunity to unite the passions of my two academic majors and to use them to promote the wellbeing of others. I improved my personal leadership abilities, including cooperating with other organizations and conflict resolution. Such an example was when I, along with Dr. Lenk, met with WKU’s Rural Health Institute to discuss the fair. During the meeting, they gave us their terms for offering their dental hygiene services and asked us critical questions so that we would think about every possible obstacle we may encounter. This demonstrated that prior experience can help avoid the
most debilitating challenges. These are good characteristics of a successful doctor, and for that reason, I will incorporate them in my future career.
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APPENDIX A

What are some concerns of the Hispanic community in Bowling Green?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Graph</th>
<th>Percentage</th>
<th>Total</th>
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<td>Work</td>
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<td>71%</td>
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<td>Medical Services</td>
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<td>42</td>
</tr>
<tr>
<td>Food</td>
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<td>6%</td>
<td>5</td>
</tr>
<tr>
<td>Discrimination</td>
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<td>54%</td>
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<td>Financial Matters</td>
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<td>31%</td>
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<td>Transportation</td>
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<td>27%</td>
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<tr>
<td>Problems communicating with English speakers</td>
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<td>58%</td>
<td>45</td>
</tr>
<tr>
<td>Childcare</td>
<td></td>
<td>21%</td>
<td>16</td>
</tr>
<tr>
<td>Other, specify</td>
<td></td>
<td>12%</td>
<td>9</td>
</tr>
</tbody>
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Diagram created by C. Reyes in her 2012 Hispanic community assessment survey
PROPOSAL SUBMISSION FORM
Proposals must not exceed 6 pages in length, excluding Budget Summary

General Information

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Hispanic Health Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Contact Name:</td>
<td>Dr. Sonia Lenk</td>
</tr>
<tr>
<td>Department:</td>
<td>Modern Languages</td>
</tr>
<tr>
<td>Campus Address:</td>
<td>251 Ivan Wilson Fine Arts Center, 1906 College Heights Blvd. #31029</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:sonia.lenk@wku.edu">sonia.lenk@wku.edu</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>270-745-5906</td>
</tr>
<tr>
<td>Date Submitted:</td>
<td>October 31, 2012</td>
</tr>
<tr>
<td>Dates of Proposed Activity:</td>
<td>Saturday, March 30, 2013</td>
</tr>
<tr>
<td>Previous Funding This or Similar Project (Provide source and amount)</td>
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Project Description

1. What is the central aim of your project?

_The central aim for this project is to establish an annual health fair for Hispanics in the Bowling Green area, providing simple, cost-effective diagnosis and treatment of conditions, referrals to future care providers, and useful information pertaining to the health and quality of life of each patient._

2. What community need will this project address and how was it determined?

_Currently, there is a great disparity in healthcare provision to the Hispanic community due to language, social, and economic barriers. Through Chaz Arnold’s Capstone Project and Hannah Johnson’s Independent Studies investigation, we concluded that Hispanics ran a higher risk of developing diabetes and hypertension based on lack of_
healthcare. Additionally, Dr. Sonia Lenk’s six years of experience, coordinating the interpretation services at the Free Health for Hispanics in Horse Cave and the one held in 2008 in Glasgow, has made evident the need to address the health issues facing the Hispanic population, especially now that neither the health fair in Glasgow nor the one in Horse Cave will be hosted. Furthermore, many conversations with members of the Hispanic community have reinforced the need to address the health issues of the target population. Establishing an annual health fair will provide a basic checkup for individuals who otherwise would not have the means to assess their own health.

3. Who is your community partner(s)?

WKU School of Nursing, WKU Modern Languages Dept., WKU Allied Health, local physicians and dentists, the Empower Project, Bowling Green Health Dept., St. Joseph Catholic Church.

4. Briefly describe your project plan, including a general timeline.

The initial stage of this project requires investigation of the top health issues affecting the Hispanic population. Once the top health concerns are pinpointed, methods for treating and supplementing information to the patients must be evaluated; these methods include, but are not limited to local doctors, nurses, and interpreters who can provide treatment and vital health information.

Steps undertaken:

Oct. 1st
- Researched Hispanic health issues to address at health fair; met with main partner and advisor to discuss concerns

Oct. 15th
- Discussed research results and made sure those critical health issues are addressed; decided on event location with main partner and advisor

Oct. 29th
- Listed community resources to help with the event; drafted a formal proposal for possible community partners (i.e. physicians, volunteers, etc.)

Steps to be taken:

Nov. 12th
- Follow-up with community partners to confirm partnership; contact alternatives if participation denied

Nov. 26th
- Begin compilation of forms required for fair
**Dec. 10**
- Contact churches so they can let their parishioners know about the Health Fair

**Plan of action for next semester**

**Jan. 7**
- Touch base with community partners

**Jan. 21**
- Continue compilation of forms for fair as well as translating informational health pamphlets
- Follow up with community partners

**Feb. 4**
- Create promotional material

**Feb. 18**
- Disperse advertisements to local businesses, churches and facilities frequented by target population

**Mar. 4**
- Train volunteers about specific roles and cultural sensitivity

**Mar. 30**
- Event date

5. Please describe the roles of both the campus and the community partner(s) in planning, implementation, and assessment/evaluation.

- **WKU School of Nursing**—a nursing student is one of the overall event planners; will provide nursing students to perform blood screenings and provide basic information concerning blood health including diet and exercise; will assess the blood screenings they provide and offer suggestions for possible testing in the future
- **WKU Modern Languages Dept.**—will provide students bilingual in English and Spanish who can interpret for physicians, nurses, or facilitate general conversation between patients and monolingual event partners as well as translated texts for informational pamphlets
- **WKU Allied Health**—will plan and produce informational pamphlets for patients to be translated by WKU Spanish majors and will offer a summary of good oral hygiene practices to patients
- **local physicians**—will offer clinical evaluations and diagnoses, followed by
prescribed treatment or referral to a specialist for follow up

- **Bowling Green Health Dept.**—will provide oral swab HIV testing
- **Project EMPOWER** will set up a table with information regarding the free case management (connection to resources and assistance with getting the things they need) and free therapy services (individual, couples, children, groups) and the transportation that they provide.
- **St. Joseph Catholic Church**—will provide the location for the event and basic event supplies (i.e. tables, chairs, sound equipment, etc.)

6. Is there a role for the individuals being served or an opportunity for the wider community to get involved in the project?

*The greatest assistance the individuals being served can provide is their telling other community members about the event and even providing transportation to and from the event site.*

*We will publicize the event through the Alive Center Volunteer’s Mailing List to be able to attract more volunteers or partners that would be able to offer a needed service for the Hispanic community.*

7. What are the short and long-term project outcomes?

*The short-term outcomes of this event are the results from the various screenings provided to the patient as well as any prescribed treatment a professional may offer to the patient. The long-term outcomes include referral to a physician who will be able to see the patient on a regular basis to monitor their health as well as an established trust with the Hispanic community for which the health fair will continue operation on an annual basis.*

This Health Fair will be launched on March 30, 2013 and will continue as a sustainable project that will take place every year on the last Saturday of March to provide a much-needed service to the Hispanic community. Dr. Lenk’s years of experience coordinating this event in Horse Cave and the partners we have established for this Health Fair in Bowling Green will be maintained and secured for the next following health fair, so this Health Fair can be a sustainable project that the Hispanic population can count on.

8. Describe the impact the project will have, including both the quantitative (potential number of people affected and local/regional reach) and qualitative (potential to improve quality of life) aspects of the impact.

*According to the 2010 U.S. census, approximately 2,263 native Spanish-speakers live in Bowling Green. Noting that the census could not account for all Spanish-speakers in Bowling Green nor accurately display the growing population numbers for two years later, we estimate the potential number of people targeted for this project to be around 2,500 at best. Comparing the resources we have accumulated through partnerships to that of a similar health fair held in Horse Cave for the past couple of years, we can assure that we can provide tell-tale screenings, clinical evaluations, and prescribed treatments in order to inform patients about health concerns that they may have. On the*
first year, we expect to serve at least 100 people and we are certain that this will have a definite impact on their health and their quality of life.

9. Does the proposed project create an investment that will continue to have impact over time? If so, describe how you plan to sustain the project’s benefits beyond the funding period. Note that sustainability can be discussed in terms of relationships established, long-term benefit or impact, consideration of the underlying systemic issues and processes that contribute to the project focus, potential for replicable outcomes (where appropriate), improvement of a community’s capacity towards self-sufficiency, future funding opportunities, etc.

The initial monetary investment is simply the mechanism for which the event can be hosted. Beyond that, we know that providing valuable information about one’s personal health empowers that individual to take that information and use it to their advantage. Not only do we plan to provide vital information to the patient, but also give them the means to treat the health issue(s) in question. Upon seeing a patient and providing an immediate prescribed method of treatment for a particular issue, physicians will refer that patient to a healthcare provider that he or she can see on a regular basis to follow up on the state of the concern. Also, with a newly established sense of trust between patients and partners at the fair, we aim for that trust to translate over to members of the Hispanic population who did not attend the fair in hopes that they attend the fair the next year.

10. What existing resources do both the community and university partners contribute to the collaborative nature of this effort (e.g. existing funding, training, space, personnel, equipment, supplies, research, etc.)?

<table>
<thead>
<tr>
<th>Community Partners</th>
<th>University Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• local physicians—personnel; expertise in diagnosing patients and prescribing treatment</td>
<td>• WKU School of Nursing—nursing students perform blood screenings, blood screening equipment, information about blood health</td>
</tr>
<tr>
<td>• Bowling Green Health Dept.—oral HIV swab test kits, other screening equipment they determine necessary</td>
<td>• WKU Modern Languages Dept.—staff for interpreting, health document translation to Spanish</td>
</tr>
<tr>
<td>• St. Joseph Catholic Church—event space, hospitality supplies (i.e. chairs, tables, sound/lighting equipment)</td>
<td>• WKU Allied Health—dental hygiene students to provide oral health information</td>
</tr>
<tr>
<td></td>
<td>• South Central AHEC Lucy Juett</td>
</tr>
</tbody>
</table>

11. Which identified needs categories does the proposed partnership address and how? See document titled, “Regional Stewardship Priority Areas” at
• Community education: promoting awareness of health concerns that are more prevalent in certain subpopulations than others
• Healthcare research: ranking health issues’ prevalence from those observed during the fair and quantifying the severity of said issue
• Immigration: referring immigrants who have no regular physician to trustworthy caretakers within the Bowling Green community
• Nutrition: providing information about and examples of healthy food options in relation to overall physical wellbeing
• Physical fitness: offering information about the role of exercise in maintaining a healthy lifestyle
• Prescription medication: explaining to patients how to take medicine effectively and responsibly to treat their health conditions
• Preventative healthcare: displaying information about how to make wise lifestyle choices in order to avoid preventable diseases and other health concerns

12. How does the proposed partnership align with the mission, vision and strategic goals of the university and partnering organization(s)?

Each of the partners aims to promote good health as a means of improving quality of life of individuals. The host of the event has a large Hispanic congregation, thus approves of healing mind and body of the community it targets, as well.

13. If applicable, how does the project impact the WKU Service region? See map for list of the 27 counties in the WKU service region at:

http://www.wku.edu/alive/images/regional_map.jpg

A similar health fair for Hispanics was previously held in Horse Cave, KY, but since there was no such event in Bowling Green, many Bowling Green Hispanics drove to Hart County for the annual event. The same can be expected for Hispanics who live in counties surrounding Warren County when the event is held here in Bowling Green, especially now that the Health Fair for Hispanics at Horse Cave has been cancelled.

14. How do you plan to evaluate your success? Note that “success” should be measured both by qualitative and quantitative means. Please attach copies or drafts of evaluation tools if available.

Assessing the level of success of this initiative involves not only the number of Hispanics who hear about and attend the health fair, but also the effectiveness of treatment for the patients. Considering that this may be difficult to assess after weeks of prescribed
treatment, we can evaluate the helpfulness of the fair for patients who attend. Questionnaires will be administered to assess the quality of care provided with a portion dedicated to write-in comments. For those who are unable to complete the questionnaire on their own, interpreters will provide assistance.

15. How will the results of this project be disseminated?

Upon conclusion of this project, the results will be disseminated through a public presentation given by the main event planners. Details concerning the presentation time and location will be sent through thank-you letters to partners involved in the project.

16. If applicable, what are your plans to pursue external support to continue/expand the project?

The sustainability of this project requires the advisor to find future planners to expand the scope of health issues addressed at the fair while maintaining good relationships with the partners involved ensuring future participation. Some of the materials that are made for this Health Fair will be used on future ones (i.e. Manual of Health Terms for Interpreters, nutritional and health informational brochures). Dr. Lenk will be looking for funds for future health fairs.

**Please attach any supporting documents that demonstrate the collaborative nature of the application (i.e. letters of support, memorandums of agreement, etc.**

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<th>Budget Summary</th>
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<tbody>
<tr>
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<td>College:</td>
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<tr>
<td>Division:</td>
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<tr>
<td>Other:</td>
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<td><strong>Total Requested Funds:</strong></td>
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<table>
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<th>Total Cost:</th>
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<tbody>
<tr>
<td>- Printing material</td>
<td>$650</td>
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<td>$650</td>
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<td>(manual of health terms for interpreters, nutritional and health brochures, banners, posters and other advertising material)</td>
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<td></td>
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<td>- Healthy snacks and drinks</td>
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<td>- Transportation for church vans</td>
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<td>- Crash course for interpreters</td>
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<tr>
<td>--------------------------------</td>
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<tr>
<td>- Dr. Lenk’s experience coordinating health fairs and time allocated advising Chaz Arnold and Hannah Johnson as well as Dr. Inma Pertusa’s time supervising Hannah Johnson’s independent studies</td>
<td>*1</td>
<td></td>
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<tr>
<td>- Lunch for interpreters day of the health fair: time to gather and provide last instructions and strengthen collaboration between participants</td>
<td>*2 $ 350</td>
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<tr>
<td></td>
<td>$ 1,350</td>
<td>$ 350</td>
<td>$ 1,350</td>
</tr>
</tbody>
</table>

Describe Cost-Sharing Sources and Commitments:

*1 Time allocated by Dr. Sonia Lenk, Dr. Inma Pertusa and the Department of Modern Languages
*2 PCAL Dean’s office has provided these funds in the past. However, we haven’t applied for those this year since it is too early for doing so.
## Fund Allocation

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Expense</th>
<th>Purchase Total</th>
<th>Date of Purchase</th>
<th>Amount Remaining in Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing material/paper supplies</td>
<td></td>
<td>$650.00 (final balance = $0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy snacks and drinks/supplies</td>
<td></td>
<td>$400.00 (final balance = $3.85)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car seats</td>
<td></td>
<td>$300.00 (final balance = $0.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental food budget</td>
<td></td>
<td>$230.00 (final balance = $60.23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental t-shirt budget</td>
<td></td>
<td>$234.02 (final balance = $0.00)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Ledger of Expenses

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Expense</th>
<th>Purchase Total</th>
<th>Date of Purchase</th>
<th>Amount Remaining in Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing</td>
<td>posters/postcards</td>
<td>-$284.84</td>
<td>3/15/13</td>
<td>$365.15</td>
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<tr>
<td>Printing</td>
<td>design fee</td>
<td>-$100.00</td>
<td>3/15/13</td>
<td>$265.15</td>
</tr>
<tr>
<td>Snacks/Supplies</td>
<td>supplies/some food</td>
<td>-$56.20</td>
<td>3/29/13</td>
<td>$343.80</td>
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<tr>
<td>Snack/Supplies</td>
<td>supplies/some food</td>
<td>-$64.82</td>
<td>4/1/13</td>
<td>$278.98</td>
</tr>
<tr>
<td>Department shirt</td>
<td>31 t-shirts</td>
<td>-$234.02</td>
<td>4/1/13</td>
<td>$0.00</td>
</tr>
<tr>
<td>Printing</td>
<td>SIFE printing (information)</td>
<td>-$145.88</td>
<td>4/4/13</td>
<td>$119.27</td>
</tr>
<tr>
<td>Printing</td>
<td>transfer (Printing → Snacks)</td>
<td>-$119.27</td>
<td>4/4/13</td>
<td>$0.00</td>
</tr>
<tr>
<td>Snack/Supplies</td>
<td>transfer (Printing → Snacks)</td>
<td>+$119.27</td>
<td>4/4/13</td>
<td>$398.25</td>
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<tr>
<td>Departmental food</td>
<td>part of breakfast and lunch</td>
<td>-$39.70</td>
<td>4/5/13</td>
<td>$190.30</td>
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<tr>
<td>Snacks/Supplies</td>
<td>food</td>
<td>-$359.67</td>
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<tr>
<td>Departmental food</td>
<td>breakfast from Panera</td>
<td>-$46.93</td>
<td>4/5/13</td>
<td>$143.37</td>
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<tr>
<td>Departmental food</td>
<td>Little Cesar’s pizzas</td>
<td>-$60.00</td>
<td>4/6/13</td>
<td>$83.37</td>
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<td>Departmental food</td>
<td>breakfast</td>
<td>-$23.14</td>
<td>4/6/13</td>
<td>$60.23</td>
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<tr>
<td>Snacks/Supplies</td>
<td>toilet paper and kleenex</td>
<td>-$6.54</td>
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<td>$32.04</td>
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<tr>
<td>Car seats</td>
<td>car seats</td>
<td>-$150.00</td>
<td>4/10/13</td>
<td>$150.00</td>
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<tr>
<td>Snacks/Supplies</td>
<td>thank-you cards</td>
<td>-$15.98</td>
<td>4/10/13</td>
<td>$16.06</td>
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<tr>
<td>Car seats</td>
<td>transfer (Car seat → supplies)</td>
<td>-$150.00</td>
<td>4/16/13</td>
<td>$0.00</td>
</tr>
<tr>
<td>Snack/Supplies</td>
<td>transfer (Car seat → supplies)</td>
<td>+$150.00</td>
<td>4/16/13</td>
<td>$166.06</td>
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<tr>
<td>Snacks/Supplies</td>
<td>supplies for next fair</td>
<td>-$143.81</td>
<td>4/16/13</td>
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<tr>
<td>Snacks/Supplies</td>
<td>stamps for thank-you cards</td>
<td>-$18.40</td>
<td>4/16/13</td>
<td>$3.85</td>
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</tbody>
</table>
APPENDIX D

Community Partnership Incentive Fund

END-OF-PROJECT REPORT FORM
Reports must not exceed three pages in length and should be submitted within 30 days of the completion of the project.
Failure to submit an end-of-project report will preclude future funding.

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Hispanic Health Initiative</th>
</tr>
</thead>
</table>

| Contact Name:          | Dr. Sonia Lenk              |
| Campus Address:        | Department of Modern Languages |
| Email Address:         | Sonia.lenk@wku.edu           |
| Phone:                 | 270-745-5906                |

<table>
<thead>
<tr>
<th>Date(s) of Project:</th>
<th>Saturday, April 6th, 2013</th>
</tr>
</thead>
</table>

**Brief description of funded activities. What did you do, who did it, how many participated, who was impacted, how were they impacted, and to what extent?**

Funds were used to purchase ingredients for healthy refreshments car seats to replace defective ones, and printing/office supplies (registration, publicity, brochures, medical forms). Patients were assisted in filling out medical history forms that local physicians reviewed after preliminary screenings offered by WKU nursing students. Dental screenings were provided to any patient requesting them, and cleanings were offered to children in attendance. About 120 Latino patients attended the fair, receiving both primary care and consultation, along with information on disease prevention for future reference.

**Brief account of budget expenditures. Provide sufficient detail to be understood by an outsider, and to relate expenditures to the activities proposed and undertaken. A detailed budget report is not required.**

<table>
<thead>
<tr>
<th>Printing material/paper supplies</th>
<th>$650.00 (final balance = $3.85)</th>
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<tbody>
<tr>
<td>- This involved printing of promotional flyers, their design fee, brochures, medical forms, and general office supplies like pens, folders, name tags</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy snacks and drinks/supplies</th>
<th>$400.00 (final balance = $0.00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Homemade salsa, chicken and black bean soup, and fruit bowl for 150</td>
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</table>
Car seats
- 12 car seats to replace defective ones of Hispanic families

$300.00 (final balance = $0.00)

Outcomes and impact. What specific, quantifiable and qualifiable measures of success arose from this project? What are the biggest successes and/or disappointments? In developing your response, focus on indicators that are directly relevant to the intended outcomes identified in your proposal. Provide quantitative and qualitative data whenever possible.

Over 100 Hispanic community members were able to meet with healthcare providers and local organizations to not only assess their current health, but empower them with information that can be used to prevent future disease. These individuals may not have had the opportunity to visit physicians and dentists otherwise. The greatest successes were the amount of support from community organizations and the strong presence of volunteers at the event, along with the number of people that came to the fair. The main disappointment was that we were unable to offer dental services for the last three hours of the fair, thus the number of patients declined dramatically by that point in the day. Our proposed goal was to serve at least 100 people, and we accomplished just that. Partnerships have been established for the next fair, and many resources have already been compiled as a base for the necessary supplies.
Feria de Salud Para Latinos
The WKU Health Fair for Hispanics - Free and Confidential
Gratuita y Confidencial

Día
Day
Sábado, 6 de abril del 2013
Saturday, April 6, 2013

Hora
Time
De 10 AM, a 6 PM
From 10 AM to 6 PM

Lugar
Place
St. Joseph Catholic Church

Dirección
Address
434 Church St
Bowling Green, KY 42104

Los servicios incluirán:
Services offered:
• Consultas médicas con doctores locales
  Medical exams with local physicians
• Chequeos de sangre y colesterol
  Blood sugar and cholesterol testing
• Téntempiés/botanas/bocadillos saludables
  Healthy Refreshments
• Intérpretes gratuitos inglés-español
  Free Interpreters English-Spanish
• Chequeos dentales
  Dental screenings
• Pruebas de detección del SIDA
  HIV Testing
• Información de diferentes servicios disponibles en Bowling Green
  Information about different services available in Bowling Green

Para más información, contacte a: sonia.lerik@wku.edu; Hannah.burney.253@topper.wku.edu o Chaz.arnold304@topper.wku.edu

Sponsored by: The AU/CC Center — Barren River District Health Department — HCFA
Dr. Brenda Vines, M.D., St. Joseph Catholic Church — WKU Department of Health & Wellness
Health — WKU Department of Family & Consumer Sciences — WKU School of Nursing
Global Education Program — Project SIFI BESO — International Communities United Program
## APPENDIX F

### Locations to Post Health Fair Flyer

1. (H) Puerto Vallarta—1632 31W Bypass
2. El Mazatlan—600 31W Bypass
3. Puerto Vallarta—2800 Scottsville Road
4. Puerto Vallarta—741 Campbell Lane
5. Guadalajara—2425 Scottsville Road
6. (H) Cabreras—2225 Russellville Road
7. Garcia’s—1689 Campbell Lane
8. Puerto Vallarta—140 River Place Avenue
9. Taqueria Azteca—306 Old Morgantown Road
10. Tulum—1013 Overboard Court
11. (H) Mercadito Hispano—204 Woodford Ave
12. (H) Taqueria Sanai—1143 Clay Street
13. (H) Tortilleria Provincia—1200 Clay Street
14. (H) Iglesia la Hermosa—821 Old Morgantown Road (270-746-9622)
15. La Luz del Mundo—9 W 12th Street
16. (H) Iglesia Nueva Vida—12000 Old Barren River Road (270-793-9240)
17. (H) El Calvario—1155 N Lee St (270-842-0200)
18. BG Christian Church—1912 Smallhouse Road (270-783-9452)
19. Church of Jesus Christ of Latter Day Saints—1310 Cave Mill Rd (270-842-0985)
20. (H) Misión Hispana—6448 Scottsville Rd (502-842-4160)
21. (H) St. Joseph Catholic Church—434 Church Ave (270-842-2525)
22. Bowling Green Technical College (provide ESL classes to immigrants & refugees)—1845 Loop Drive
23. International Center—806 Kenton Street
APPENDIX G

Anuncio para La Nuestra

Éste es un anuncio para la feria de salud gratuita y confidencial para la comunidad hispana que tendrá lugar el sábado, el 6 de abril desde las 11:00 de la mañana hasta las 6:00 de la tarde en la Iglesia Católica San José. Los servicios incluirán consultas médicas con doctores locales, chequeos de sangre y colesterol, chequeos dentales, demostraciones sobre la salud, y revisiones de seguridad del asiento de vehículo para niños. Estos servicios y más se proporcionan por la Universidad de Western Kentucky en colaboración con varias organizaciones locales por la salud comunitaria. Si usted no ha visitado al médico desde hace mucho tiempo o no tiene los medios de hacerlo, venga a esta clínica gratuita y confidencial el 6 de abril en la Iglesia Católica San José. Intérpretes gratuitos estarán presentes para su conveniencia.
APPENDIX H

Dr. Michael Howell
727 US 31W ByP Suite 106
Bowling Green, KY 42101

November 6, 2012

Dear Dr. Howell:
I am writing to you to request your participation at the Free Health Fair for Hispanics that we will be launching on April 6, 2013, and every subsequent year, at St. Joseph Catholic Church.

Currently, there is a great disparity in healthcare provision for the Hispanic community due to language, social, and economic barriers. My six years of coordination for the interpretation services at the Free Health for Hispanics in Horse Cave and the one held in 2008 in Glasgow, made evident the need to address the health issues facing the Hispanic population, especially now that neither the Glasgow nor the Horse Cave health fair will take place. Through the investigation of two of our students, Chaz Arnold (Spanish and Pre-Med student) and Hannah Johnson (Spanish and Nursing student), we concluded that Hispanics ran a higher risk of developing diabetes and hypertension based on lack of healthcare. They also lack dental prevention care and many times they have chronic teeth problems that have not been addressed. At previous health fairs I saw patients who were dealing with months of severe tooth aches. Furthermore, many conversations with members of the Hispanic community have reinforced the need to address the health issues of the target population. Establishing an annual health fair will provide basic checkups for individuals who would otherwise not have the means to address their healthcare needs.

We have already gotten the following partnerships:

- **WKU School of Nursing**—will provide nursing students to perform blood screenings and provide basic health information including diet and exercise; will assess the blood screenings they collect and offer suggestions for possible future testing; a nursing student is one of the main event planners

- **WKU Modern Languages Dept.**—will provide students bilingual in English and Spanish who can interpret for physicians, nurses, and/or facilitate general conversation between patients and monolingual event partners; as well as translated texts for informational pamphlets

- **WKU Allied Health**—will plan and produce informational pamphlets for patients to be translated by WKU Spanish majors and will offer a summary of good oral hygiene practices to patients
local physicians—will offer clinical evaluations and diagnoses, followed by prescribed treatments or referrals to specialists

• Bowling Green Health Dept.—will provide oral swab HIV testing

• Project EMPOWER— will set up a table with information regarding free case management (connection for needed resources and assistance) and free therapy services (individual, couples, children, groups); will also provide transportation.

• St. Joseph Catholic Church—will provide the infrastructure for the event and basic event supplies (i.e. tables, chairs, sound equipment, etc.)

Your professional help will be much appreciated. We hope to count on your partnership to make this health fair a success and help the Hispanic community meet their health needs. We understand that you have a very busy schedule; therefore, we would like to have a short meeting to discuss your possible collaboration for this Health Fair. We will call you to set a meeting or you can contact us at sonia.lenk@wku.edu or (270) 839-4254, at your earliest convenience.

We appreciate your consideration in collaborating with us for much needed health services.

Sincerely,

Dr. Sonia Lenk
Assistant Professor
Department of Modern Languages
APPENDIX I

PARTNER CONTACT LIST:

Physicians—providing physical exams and prescribing treatment

Dr. Yeisel Barquin (3:00-6:00)
barquiny@ggclinic.com

Dr. Gloria Marroquin (11:00-3:00)
gloriamd23@aol.com

Dr. William Vachon (2:00-6:00)
wvachon@gmail.com

Dentists—observing and making a connection with Hispanic patients

Dr. Tim Donley & Dr. Michael Howell

Other

AHEC (Lucy Juett)—looking for physicians, coordinating partnership efforts
lucy.juett@wku.edu
(270) 745-3325

ALIVE Center (Nadia De Leon)—grant money, general questions
nadia.deleon@wku.edu
(270) 782-0082

Allied Health (Becky Tabor)—supervise students, dental screenings, patient education
becky.tabor@wku.edu
(270) 745-2427

Barren River Area Safe Space (Karla Watts)—domestic violence/sexual assault info
kartrujillo@hotmail.com
(270) 781-9334

Barren River District Health Department (Denise Houchins)—HIV screening
(270) 781-2490

City of Bowling Green, International Liaison (Leyda Becker)—brochures, ad location assistance
leyda.becker@bgky.org
(270) 393-3766
Family & Consumer Sciences (Heather Payne-Emerson)—dietetic student nutrition booth
heather.payne-emerson@wku.edu
(270) 745-6356

Health Programs Specialist/AHEC (Donita Lashley)—child passenger safety (carseats)
donita.lashley@wku.edu
(270) 745-3325

Hope Harbor (Megan Talcott)—domestic abuse/sexual assault info booth
educator2@hopeharbor.net
(270) 782-5014

HOSA (Amy Wininger)—volunteers
amy.wininger@wku.edu
(270) 745-3325

HOPE and HOL@S (Valeria Carlin)—promo info booth on higher education for Hispanics, some brochures, nutrition models, organization of volunteers
valeria.carlin878@topper.wku.edu

Migrant Education Program (Cristiane Bastien)—promo info booth
cristiane.bastien@barren.kyschools.us

Migrant Head Start (Emilia Cordova)—information on early childhood education
(270) 782-3162

Project EMPOWER (Sarah Arnold / Director: Saundra Starks)—promo info booth
sarah.arnoldmsw@gmail.com
(270) 467-7132

St. Joseph Catholic Church (Gina Holmes)—event location sponsor
gina@stjosephbg.org
(270) 842-2525

WKU Communication Disorders Department (Kimberly Green)—hearing screenings
kimberly.green@wku.edu
(270) 745-4303

WKU Institute of Rural Health (Dr. Daniel Carter)—dental space provision
daniel.carter@wku.edu
(270) 745-2633

WKU Nursing (Chandra Ellis-Griffith)—blood screenings, patient education
chandra.ellis-griffith@wku.edu
(270) 745-8815
APPENDIX J

Copy for Registration Tables Available Supplies:

- Kitchen (After 10:15am)
- Approximately 150 chairs
- Approximately 20 tables
- Pens, Name Tags, Visit Tickets
- Folders for approximately 200 attendees

MD Tables (In Exam Room 1 & 2)

Physician Table
Pen and Paper for Provider
1 Translator
1 Sign (to post on Partition)

Stations by Table Number:

1) Entrance table
   - Folders for all participants
   - Folders for volunteers/table station assignments
   - Directions on traffic flow (checklist in each folder)
   - 2-3 Spanish speaking volunteers to manage introductions
   - 2 signs

2) Entrance table
   - Folders for all participants
   - Folders for volunteers/table station assignments
   - Directions on traffic flow (checklist in each folder)
   - 2-3 Spanish speaking volunteers to manage introductions
   - One Spanish Speaking Volunteer to direct traffic to screening table then
     waiting room once screening has been done
   - 2 signs

3) Blood Pressure Screening
   - BSN/KANS nursing students, Dr Audrey Cornell
   - 1 Translator
   - 1 Sign

4) Cholesterol Screening (Chandra Ellis-Griffith, Dr Eve Main) from 11-4pm
   - MSN Nursing Students
   - 1 Translator
   - 1 Sign

5) Blood Pressure Screening
   - BSN/KANS nursing students
   - 1 Translator
5b) Flu Shot Administration (Community Health Clinical Student)
   - BSN Nursing Students
   - 1 Translator
   - Administration Supplies

6) Cholesterol Screening from 11-4pm
   - MSN Nursing Students
   - 1 Translator
   - 1 Sign

7) Diabetic Educator (Melissa Waldron, Barren River Health Department)
   - Health Brochures for diabetes and other information
   - 1 Nursing Student
   - 2 Translators
   - 1 Sign a/b Diabetes, 1 Sign a/b Health Brochures

8) Project EMPOWER, Sarah Arnold, Saundra Starks
   - 1 Sign
   - Translator?

9) Flora Stuart and BG OnStage
   - 2 Signs
   - 1 Translator

10) Migrant Education Table
    - Cristiane Bastien
    - 1 Sign

11) HOPE (Valeria Carlin)
    - 1 Sign

12) Migrant Head Start & Dietetics/Family and Consumer Sciences
    - Emilia Cordova, Migrant Head Start
    - Heather Payne Emerson, Dietetic Nutrition
    - 2 Signs
    - 1 Translator

13) HIV Screening Information
    - Directions to Screening Rooms
    - 1 Translator to direct to HIV Screening
    - 1 Sign

14) Food Station
    - Coolers with Drinks & Cups
    - Plates, Silverware, Napkins

15) Walgreens (Rebekah Sledge) & Exit Surveys
    - Exit Surveys
• One Spanish Speaking Volunteer to request Survey Participation
• 2 Signs
16) Bowling Green Housing Coalition (Molly Kavier) & CHC Emergency Department (Anne Afton)
  • Medical Center at Bowling Green Emergency Department
  • 2 Signs
  • 1 Translator
17) International Liaison for Bowling Green (Leyda Becker)
  • Leyda Becker with International Liaison to the City of Bowling Green
  • 1 Sign
18) Hope Harbor
  • 1 Sign
  • 1 translator
19) HOL@$
  • 1 Sign
20) ALIVE Center (Julia)
  • 1 Sign
  • 1 Translator
21) BRASS
  • 1 Sign
  • 1 Translator
22) Dental Education (Kathy Donnelly) from 11-2, Erin Ruppelt 2-6
  • Information and Directions to Allied Health Dental Mobile unit with Lynn Austin
  • Providing Dental Care
  • 1 Sign
  • This Table will be taken over by Erin Ruppelt from 2-6pm doing hearing screening
APPENDIX K

Checklist

Doctors (2 private exam rooms):
- Dr. Marroquin (11:00 a.m.-3:00 p.m.)
- Dr. Vachon (2:30 p.m.-6:00 p.m.)
- Dr. Barquin (3:00 p.m.-6:00 p.m.)
- Dr. Nash (looking for replacement)

Dentistry (5 dental chairs):
- WKU Institute of Rural Health and Barren River District Health Dept. are providing chairs and equipment for dental screenings (11:00 a.m.-2:00 p.m.)
- Dr. Time Donley’s wife will be present, doing exams throughout the day
  - Dr. Lenk is in charge of vouchers for future dental care

Nursing:
- Hannah reports that all is in line

Organizational Booths:
- each booth is private or being shared by organizations
- each organization is bringing their own material
- one booth will be our random information only (we printed our material and have it ready for this booth)
- interpreters have been assigned or will be assigned the day of the fair for each booth

Food Prep (for attendees):
- Dietetics made a menu of black bean/corn salsa, chicken soup, and fruit bowl
  - I will be buying the ingredients tomorrow (Friday, April 5th)
- HOSA volunteers may help nutrition students at this station with food prep beginning at 10:00 a.m.

Food for volunteers:
- I am going to WalMart tomorrow (Friday, April 5th) with the ProCard in order to buy breakfast (donuts, juice, etc.)
- I will visit el Mercadito Hispano tomorrow to place an order for lunch (pupusas, tamales, something of that nature)

Interpreter Training (9:30 a.m.):
- I will start with the documents from the Institute of Rural Health so that people who are assigned to dental can be familiar with the contents to explain to patients
- Joel Luna, Maria Tarquino, and Eric will present their materials and tips to the volunteers
Budget:
- Funds are being spent appropriately and we should have a better estimate as to what we have spent by tomorrow afternoon (Friday, April 5th).
- Copies have been made of all receipts.

Propaganda:
- Weekly announcement on La Nuestra.
- Article in the Daily News.
- Posters at all locations in the Hispanic community.
- Postcards have been handed out to numerous people, who have distributed them throughout the community.
- HOPE and HOL@S assistance.
- Facebook posts.
- Emails to various campus programs and departments.
APPENDIX L

Feria de Salud: Registro de Asistencia

Health Fair Attendance Record

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Dirección (Calle, Ciudad)</th>
<th>Edad</th>
<th>País de Origen</th>
</tr>
</thead>
<tbody>
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APPENDIX M

Patient Name (Nombre): _________________________________________.
Complaint/Concern (Preocupación física): ____________________________.

Age: _______ Sex: M or F Weight: _______ Language: __________.

**Vital Signs**
Heart Rate: _______ Blood Pressure: _______ Temperature: ___.

Recent health problems: ________________________________________.

**Health History Information**
[Select yes (Y) or no (N) beside the following health problems or conditions.]

- Hypertension/Hipertensión: Y or N
- Heart Disease/Enfermedad del Corazón: Y or N
- Heart Attack/Infarto: Y or N
- Diabetes: Y or N
- Stroke/Derrame Cerebral: Y or N
- If yes, when was the last stroke: _______.
- Asthma/Asma: Y or N
- Pulmonary Disease/Enfermedad Pulmonar: Y or N
- Cancer/Cáncer: Y or N If yes, what type of cancer:
- Mental Disorder/Enfermedad Mental: Y or N
- Depression/Depresión: Y or N
- Family History/Historia Familiar: ________________________________

**Care Provider Notes**
(Apuntes del médico o enfermera avanzada)

Provider Name: ________________________________________________
Notes: _________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________


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APPENDIX N

Frases Médicas para el Interprete Médico
Medical Phrases for the Medical Interpreter
compilado por Chaz Arnold

¿Qué le trae por aquí?  What brings you here?
¿Cuál es el problema?  What is the problem?
¿Tiene algún dolor?  Do you have any pain?
¿Désde cuándo tiene dolor?  ¿Es agudo o crónico?  How long have you had pain?  Is it acute or chronic?
¿Dónde le duele?  Where does it hurt?
¿Cómo es el dolor: pulsátil, continuo, intermitente...?  How is the pain: pulsing, continuous, intermittent...?
¿Has tomado o hecho algo para solucionar este problema?  Have you taken or done something to solve the problema?
¿Hace cuánto tiempo tiene fiebre?  How long have you had fever?
¿Cuántas veces ha vomitado?  How many times have you vomited?
¿Toma alguna medicina?  Do you take any medicine?
¿Tiene algún hábito como: fumar, beber alcohol, o usar drogas?  Do you have a habit like: smoking, drinking alcohol, or using drugs?
¿Tiene alguna alergia?  Do you have any allergies?
¿Tiene algún problema crónico, como asma o diabetes?  Do you have a chronic issue, like asthma or diabetes?
¿Ha tenido problemas en el corazón?  Have you had problems with your heart?
¿Alguna vez, le han hecho cirugía?  Have you ever had surgery?
¿Ha tenido hipertensión arterial? Have you had arterial hypertension?

¿Tuvo algún problema con algún embarazo anterior? Have you had problems with a previous pregnancy?

¿Alguien en la familia tiene cáncer, hipertensión, diabetes, o asma? Does anyone in your family have cancer, hypertension, diabetes, or asthma?

¿Alguna persona en su familia es fumadora? Does anyone in your family smoke?

¿Qué tipo de trabajo hace? What type of work do you do?

¿Trabaja con productos químicos? Do you work with chemical products?

Respire profundamente, y luego bote completamente el aire. Breathe deeply and let out the air completely.

¿Duele si empujo entre las costillas? Does it hurt if I push between the ribs?

Respire profundamente y aguante el aire. Breathe deeply and hold the air.

Tosa, por favor. Cough, please.

Tome una cucharadita dos veces al día por diez días. Take a teaspoon two times a day for ten days.

Tome la píldora con el estómago vacío. Take the pill with an empty stomach.

Agite bien la suspensión antes de tomarla. Stir the medicine well before taking it.

Tome la cápsula en ayunas. Take the pill without food.

Tome el jarabe para la tos una vez al día. Take cough syrup once a day.

Tome los comprimidos con la comida. Take the tablet with food.

Tome una pastilla antes de dormir. Take one pill before bedtime.

Sólo tome la cantidad indicada, y en el horario correcto. Only take the amount indicated, and at the correct time.
No tome dos dosis juntas. Do not take two doses together.

Si olvida una dosis, notifique al doctor. If you forget a dose, notify the doctor.

No combine diferentes medicamentos. Do not combine different medications.

¿Puede sentarse aquí por favor? Can you sit here, please?

Abra la boca lo más grande que pueda y manténgala así. Open your mouth as big as you can and keep it that way.

Voy a usar este instrumento para tocar algunas zonas en sus dientes. I am going to use the instrument to touch several parts of your teeth.

Levante su mano para señalarme si tiene dolor. Raise your hand to let me know if you have pain.

¿Se cepilla los dientes diariamente? Do you brush your teeth daily?

¿Se cepilla los dientes después de comer? Do you brush your teeth after eating?

¿Se cepilla los dientes en la noche antes de dormir? Do you brush your teeth at night before going to bed?

¿Usa hilo dental? Do you use dental floss?

¿Las encías le sangran cuando se cepilla? Do your gums bleed when you brush?

Tiene algunas caries que debemos tratar. You have several cavities that we should treat.

Esta caries es bastante profunda. This cavity is quite deep.

Tendremos que hacerle una corona, después de rellenar el defecto. We have to make you a crown after filling in the defect.

Este diente no se puede reparar. Debemos extraerlo. This tooth cannot be repaired.

We should extract it.
Hay mucha placa dental, lo que mantiene las encías inflamadas; y por eso hay sangrado. There is a lot of dental plaque, which keeps the gums inflamed; and because of that there is bleeding.

La caries es el resultado de un daño irreparable del esmalte de los dientes. A cavity is an irreparable damage to the enamel of teeth.

Por eso duelen con los alimentos fríos y los dulces. Because of this, they hurt when exposed to cold foods and sweets.

Si la caries prograsa, el daño es extremo y puede llevar a la pérdida de los dientes.

If the cavity progresses, the harm is extreme and can lead to teeth loss.

arm — *el brazo*
bear — *la espalda*
backbone — *la columna vertebral*
brain — *el cerebro, el seso*
breast, chest — *el pecho*
buttocks — *las nalgas*
calf — *la pantorrilla*
ear — *el oído, la oreja*
elbow — *el codo*
eye — *el ojo*
finger — *el dedo*
foot — *el pie*
hair — *el pelo*
hand — *la mano*
head — *la cabeza*
heart — *el corazón*
hip — *la cadera*
intestine — *el intestino*
knee — *la rodilla*
leg — *la pierna*
liver — *el hígado*
mouth — *la boca*
muscle — *el músculo*
neck — *el cuello*
nose — *la nariz*
shoulder — *el hombro*
skin — *la piel*
stomach (abdomen) — *el vientre*
stomach (internal organ) — *el estómago*
thigh — *el muslo*
throat — *la garganta*
toe — *el dedo del pie*
tongue — *la lengua*
tooth — *el diente, la muela*

*medical phrases and terms compiled from practingspanish.com*
APPENDIX O
Registro de Tiempo Personal Invertido en la Feria

- Investigar las preocupaciones médicas de la comunidad hispana—el 17 hasta el 28 de septiembre 12.00 horas
- Reunirme con Hannah por primera vez para discutir las metas—el 17 de septiembre 2.00 horas
- Planear los logísticos—el 20 de septiembre 3 horas
- Reunirme con Hannah para finalizar la ubicación del evento y empezar la comunicación con los socios—el 1 de octubre 1.00 hora
- Hablar con Hannah por teléfono sobre el involucramiento del Allied Health—el 15 de octubre 1.00 hora
- Reunirme con la Dra. Lenk sobre la ubicación, la investigación, y cómo abordar los problemas médicos escogidos—el 22 de octubre 1.50 horas
- Reunirme con Hannah y la Dra. Lenk para discutir el presupuesto y las provisiones necesarias, incluyendo a los contactos—el 23 de octubre 1.00 hora
- Escribir la subvención—el 25 de octubre 7.00 horas
- Enviar emails al Mobile Dental Unit y al Public Health Association, hablar con Hannah por teléfono, y reunirme con la Dra. Lenk—el 5 de noviembre 2.5 horas
- Investigar los folletos y enviar emails al Mobile Dental Unit y al Public Health Association por segunda vez—el 12 de noviembre 3.25 horas
- Reunirme con Hannah—el 27 de noviembre 1.50 horas
-Responder a varios emails de Bonny Petty y crear el volante—el 4 de diciembre 1.50 horas
- Reunirnos con Bonny Petty, el Dr. Daniel Carter, Matt Hunt, y Chandra Ellis-Griffith—el 6 de diciembre 1.50 horas
- Enviar emails de agradecimiento a los mencionados posteriormente y responder al email de la Dra. Lenk—el 8 de diciembre 0.75 hora
- Reunirnos en la Taqueria y hacer un tour de las instalaciones de St. Joseph—el 13 de diciembre 3.50 horas

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- Escribir las cartas a los doctores para que confirmen su participación y para informarles sobre el cambio de fecha—el 3 de enero 2.50 horas
- Hablar con Hannah por teléfono sobre el semestre pendiente—el 13 de enero 1.00 hora
- Investigar las ubicaciones para poner la propaganda—el 15 de enero 1.50 horas
-Responder a la Dra. Barquin y enviar un email a la Dra. Lenk y Hannah con la lista de ubicaciones importantes para poner el afiche—el 17 de enero 1.00 hora
- Crear el cronograma y el plan de estudios para la pasantía—el 18 de enero 4.00 horas
- Responder a los emails de la Dra. Barquin y el de la Dra. Lenk, hablar por teléfono con Hannah—el 19 de enero 1.00 hora
- Enviar emails a Lucy Juett y Valeria Carlin sobre la feria y el cambio de fecha—el 24 de enero 0.75 hora
- Llamar a los doctores que no me respondieron—el 24 de enero 1.25 horas
- Traducir el folleto del Empower Project, hacer la revisions, y enviarlo a ella—el 25 de enero 2.50 horas
- Reunirme con Heather Payne-Emerson sobre la feria y enviar un mensaje explicando los detalles de la feria a la Dra. Marroquin—Jan. 28th 0.75 hour
- Reunirme con la Dra. Lenk para hablar sobre el estado de la feria y repasar el plan/contrato—el 28 de enero 1.0 hora
- Traducir el volante para la feria al inglés, comunicar con Valeria Carlin, trabajar en la lista de lugares y socios, y revisar el contrato a pedido de la Dra. McGee—el 29 de enero 2.5 horas
- Enviar un email a Valeria Carlin—el 1 de febrero 0.25 hora
- Enviar un email a Dra. Lenk, conferencia con Hannah por teléfono, y escribir en el diario—el 2 de febrero 1.75 horas
- Enviar un email a Dra. Lenk sobre el preguntar de Hannah al departamento en cuanto a usar el refrigerador para guardar los vacunas, email a Imagewest—el 3 de febrero 0.50 hora
- Reunirme con Lucy Juett para discutir la feria y las sillas infantiles para autos, enviar un email a Valeria, comunicar con la Dra. Lenk en Preston y por FB, enviar un email a Cristiane Bastien para informarle sobre la feria—el 4 de febrero 1.5 horas
- Reunirme con Lucy Juetty para discutir más los aspectos de la feria y responder a sus preguntas/preocupaciones, reunirme con Imagewest para revisar su portafolio y decirles nuestras metas en cuanto al póster, enviar mensajes a varias socias (Cristiane Bastien, Amy Wininger, y Donita Lashley), y crear una guía de socios/progreso—el 6 de febrero 4.75 horas
- Enviar varios emails a socios y borrar la lista de contactos—el 7 de febrero 0.75 hora
- Reunirme con Hannah para ponernos al día, reunirme con Donita Lashley sobre los asientos de seguridad para niños, enviar un mensaje a la Dra. Lenk, y traducir el volante de Donita—el 8 de febrero 2.75 horas
- Enviar email a la Dra. Lenk y escribir en el diario después de leer un artículo—el 9 de febrero 2.0 horas
- Enviar emails a los Drs. Vachon y Sparlin para pedir que ayuden en la feria, enviar email a la Dra. Lenk como respuesta a su email, enviar email a Lucy Juett para ver si los estudiantes en la clase de interpretación médica pueden interpretar en la feria—el 10 de febrero 1.0 hora
- Enviar la traducción del volante a Donita Lashley, responder al email de Lucy Juett—el 11 de febrero 0.50 hora
- Responder a varios emails de nuestros socios—el 12 de febrero 0.50 hora
- Reunirmme con Lucy Juett, reunirme con Donita Lashley, mandar un mensaje a Amy Wininger para describir las responsabilidades de HOSA como voluntarios, mandar la tarea a la Dra. Lenk—el 13 de febrero 2.5 horas
- Enviar mensaje a la Dra. Lenk—el 14 de febrero 0.50 hora
- Escribir en el diario—el 16 de febrero 1.0 hora
- Enviar varios emails a Bret, la Dra. Lenk, Kimberly Green sobre las pruebas de los oídos, y Valeria—el 17 de febrero 1.50 hora
- Contactar a Leyda Becker para los folletos informativos, enviar emails a la Dra. Lenk y Bret, responder al mensaje de Kimberly Green, cita con la Dra. Lenk y Bret, enviar
mensaje a Valeria y su representativa encargada del booth de HOL@S—el 18 de febrero 3.0 horas

- Investigar los folletos informativos—el 19 de febrero de 2013 1.50 hora
- Reunirme con Heather Payne-Emerson para discutir el involucramiento de sus estudiantes, traducir el folleto de Sara Glanz al inglés para que el grupo de la nutrición pueda revisarlo, conversar con Leyda Becker por teléfono, enviar mensaje a Chip, planear la cita con Hannah el viernes—el 20 de febrero 3.50 horas
- Enviar mensajes a la Dra. Barquin, a la Dra. Marroquin, y al Dr. Vachon para averiguar cuándo pueden ayudar en la feria—el 21 de febrero 0.50 hora
- Reunirme con Hannah para una cita larga, enviar mensaje a la Dra. Lenk, responder a los emails de la Dra. Barquin y la Dra. Marroquin, escribir en el diario—el 22 de febrero 3.75 horas
- Recoger y transportar las vacunas de Club MD a Chandra—el 25 de febrero 1.25 hora
- Reunirme con Heather Payne-Emerson y discutir la feria con los miembros del Club de español—el 27 de febrero 1.00 hora
- Crear y enviar la lista de los auspiciadores a Bret, reunirme con la Dra. Lenk—el 28 de febrero 1.50 horas
- Crear una lista de los folletos que tenemos y escribir en el diario—el 2 de marzo 1.50 horas
- Comunicar con Bret y Hannah, leer y responder a varios mensajes—el 4 de marzo 0.50 hora
- Organizar la tarea para enviarla a la Dra. Lenk, crear una lista de preguntas para los del Mobile Dental Unit, crear un ASP para al radio y responder a los mensaje de los socios—el 6 de marzo 2.00 horas
- Grabar el ASP para la feria con Leyda y conversar con Hannah sobre trabajo para el descanso—el 7 de marzo 1.50 horas
- Responder al mensaje de la Dra. Lenk que describe el conflicto con los de Higiene Dental, escribir un mensaje a Becky Tabor—el 8 de marzo 1.25 horas
- Escribir en el diario—el 9 de marzo 0.75 hora
- Escribir varios emails a los socios que me hicieron preguntas y a los emails de la Dra. Lenk, resolver los asuntos detallados en los emails—el 16 de marzo 2.00 horas
- Hablar con Hannah por teléfono sobre nuevos acontecimientos—el 18 de marzo 0.75 hora
- Reunirme con la Dra. Lenk, la Dra. McGee, y Holly para discutir el presupuesto, enviar mensaje al fotógrafo de la universidad para pedir su asistencia, enviar mensaje a Kelly Scott para que sepa del evento, tarea para hoy—el 20 de marzo 3.00 horas
- Reunirme con Hannah en el Mercadito Hispano y distribuir los volantes en los negocios—el 22 de marzo 3.50 horas
- Escribir en el diario, traducir el documento del Housing Authority—el 23 de marzo 4.50 horas
- Repasar y responder a los emails de la Dra. Lenk y nuestro socios, conversar con Hannah por teléfono—el 25 de marzo 1.50 horas
- Ir a Mass Media (dos veces) y esperar a Rachel Ortiz para que ella recoja los pósteres—el 27 de marzo 1.50 horas
• Reunirmme con Hannah y la Dra. Lenk para resolver unos asuntos—el 28 de marzo 1.25 horas
• Ir de compras con Hannah—el 29 de marzo 1.50 horas
• Escribir en el diario—el 30 de marzo 0.50 horas
• Buscar frases médicas para los intérpretes—el 31 de marzo 3.00 horas
• Responder a varios emails, enviar recordatorios a los doctores y WKU Events, ir a la Bowling Green Daily News para tener una entrevista con Katie, hablar con Hannah, crear el forma de revelación y el registro de asistencia—el 1 de abril 4.00 horas
• Enviar varios emails, reservar el equipo del Student Technology Center—el 2 de abril 1.00 hora
• Enviar varios emails, investigar la receta de sopa, hablar con Hannah por teléfono—el 3 de abril 2.25 horas
• Ir al Print Center para imprimir los documentos necesarios, trabajar con el presupuesto, enviar varios emails a los socios, hablar con Hannah por teléfono, analizar los costos de la comida en WalMart—el 4 de abril 4.75 horas
• Recoger el equipo electrónico alquilado para la feria, recoger el ProCard de la Dra. Lenk, ir de compras para los ingredientes (Mercadito, WalMart), enviar varios emails—el 5 de abril 4.50 horas
• Coordinar la feria, hacer los recados—el 6 de abril 11.00 horas
• Entregar el equipo electrónico, enviar mensajes a unos socios, hacer copias de los recibos, trabajar en la reflexión personal, crear una lista para cartas de agradecimiento—el 8 de abril 3.50 horas
• Trabajar en el portafolio final, escribir cartas de agradecimiento, escribir los pasos importantes y las sugerencias para la próxima feria—el 9 de abril 4.00 horas
• Reunirmme con la Dra. Lenk y Hannah en Panera para discutir la feria, trabajar en la presentación final—el 12 de abril 4.00 horas
• Trabajar en la presentación final, hablar con la Dra. Lenk por teléfono, recoger la tarjeta de crédito del Departamento e ir de compras para gastar el resto de la subvención—el 16 de abril 4.00 horas
• terminar la presentación, entregar los recibos a Holly—el 17 de 2013 1.50 horas
• reflexionar en la experiencia—el 25 de abril 4.50 horas

*****180.00 horas en total*****