

Creation of the Quebrada Arriba Community and Academic Partnership: An Effective Coalition for Addressing Health Disparities in Older Puerto Ricans

Elsa M. Orellano-Colón, PhD, MSc, OTR/L, ATP*; Yolanda González-Laboy, MS†; Amarelis De Jesús-Rosario, MS‡

Objective: The objective of this project was to develop a community-academic coalition partnership to conduct community-based participatory research (CBPR) to address health disparities in older adults with chronic conditions living in the Quebrada Arriba community.

Methods: We used the 'Developing and Sustaining CPPR Partnerships: A Skill-Building Curriculum', to create the Quebrada Arriba Community-Academic Partnership (QACAP). We assessed the meetings effectiveness and the CBPR experiences of the coalition members in the community-academic partnership.

Results: The stepwise process resulted in: the development of The Coalition for the Health and Wellbeing of Older People of Quebrada Arriba; the partnership's mission and vision; the operating procedures; the formulation of the research question, and; the action plan for obtaining funding resources. The mean levels of satisfaction for each of the items of the Meeting Effectiveness Evaluation tool were 100%. The mean agreement rating scores on variables related to having a positive experience with the coalition, members' representativeness of community interest, respectful contacts between members, the coalition's vision and mission, the participation of the members in establishing the prioritized community problem, and sharing of resources between the members was 100%.

Conclusion: The steps used to build the QACAP provided an effective structure to create the coalition and captured the results of coalition activities. Partners' time to build trust and developing a sufficient understanding of local issues, high interest of the community members, flexibility of the partners, capitalization on the partners' strengths, and the shared decision building process were key contributors of this coalition's success. [*P R Health Sci J* 2017;36:107-114]

Key words: Coalition, Community-academic partnership, Health disparities

In recent years, community-academic coalitions have become an accepted vehicle for addressing health problems and inequalities (1,2). A coalition is defined as a union of people and organizations whose members commit to an agreed upon purpose and shared decision making to influence outcomes on a specific problem (3,4). Guided by principles of community based participatory research (CBPR), academic-community coalitions allows to pool expertise, resources, and perspectives of diverse stakeholders to achieve more widespread reach within a community to positively affect community health (2). Coalitions have been used successfully in the United States and elsewhere to tackle a number of complex health problems (2,5,6). Moreover, the literature is replete with information on how to build coalitions, why it is important, and who should be a part of a coalition (7-9). Still, little, if any information is available on the development of community-academic partnership coalitions using a CBPR approach to address older Hispanics health issues in Puerto Rico.

CBPR is a partnership approach to research that equitably involves community members and researchers in all aspects of the research process (10). CBPR is a key tool for exploring health issues in understudied populations (11-12). Since CBPR is characterized by participation, education, and social action, which are essential elements in building coalitions, we used CBPR to develop the Quebrada Arriba Community and Academic Partnership (QACAP)

*Associate Professor, Occupational Therapy Program, School of Health Professions, University of Puerto Rico Medical Sciences Campus, San Juan, Puerto Rico; †Director, Centros Sor Isolina Ferré, Guayama, Puerto Rico; ‡Coordinator, Office of Interscory and Community Psychosocial Services, Centros Sor Isolina Ferré, Guayama, Puerto Rico

The authors have no conflict of interest to disclose.

Address correspondence to: Elsa M. Orellano-Colón, PhD, University of Puerto Rico Medical Sciences Campus, School of Health Professions, Graduate Programs, Occupational Therapy, PO Box 365067, San Juan, PR 00936-5067. Email: elsa.orellano@upr.edu

to address health disparities in older adults with chronic conditions living in the Quebrada Arriba community. The QACAP grew out of the Medical Sciences Campus and Centros Sor Isolina Ferré, Inc. (CSIF) concerns about the increasing prevalence of the older adult population in Puerto Rico who live in poverty and with chronic health conditions. Specifically, we joined efforts in response to a 2014 Request for Support (RFS) from the Puerto Rico Clinical and Translational Research Consortium (PRCTRC) to address health disparities in Puerto Rico. We targeted this RFS to address the health needs of older adults living in Quebrada Arriba, a rural community in Patillas, a municipality located in the southern region of Puerto Rico.

Data from the US Census of 2010 revealed a population of 843 individuals living in 292 housing units in Barrio Quebrada Arriba. From this population, 44% were adults 50 years and older. It is located in the northwest area of Patillas with a territorial extension of 3.65 square miles. In 2013, the CSIF conducted a needs assessment of the Quebrada Arriba community through individual interviews with 55 community members in their homes (13). Data from this assessment revealed that 71% (N=39) from the interviewed participants were adults 50 years and older. From this sample, 62% (N=24) were women. All the participants lived below poverty levels and reported having one or more chronic conditions. The data also revealed that this community lacked local access to government, health care, and transportation services. Given the current gap in the availability of health care services coupled with the high prevalence of older people and chronic conditions in Quebrada Arriba, we selected this community to formalize the Medical Sciences Campus (MSC)-Centros Sor Isolina Ferré partnership. This partnership used principles of CBPR to develop a relevant research question for a future project aimed at addressing health disparities among older adults with chronic conditions living in Patillas.

Materials and Methods

Design

The Institutional Review Board of the University of Puerto Rico, Medical Sciences Campus approved the protocol (A4120215) of the project that emerged from the community-academic coalition. The development of this coalition used the CBPR conceptual and practical framework for guiding its creation (14-16). A core principle of CBPR is the need to identify and enhance community capacity by building on strengths, resources, and relationships that exist within communities to address their communal health concerns.

Core partners

Our academic partner was the School of Health Professions (SHP) within the Medical Sciences Campus, established in 1976. Its mission is the training of health professionals with the needed knowledge, attitudes, and skills necessary for the

performance of their respective roles. The SHP is committed to serving the Puerto Rican community through programs of clinical services, continuing education, and scientific research in the field of health. In accordance with this mission, the first author had successfully conducted mixed methods research studies in the areas of activity adaptation and health of older adults, productive aging, and development of community-based health promotion interventions (17-22). Her research expertise was shared with community partners to build capacity in CBPR.

Our community partner was Centros Sor Isolina Ferré (CSIF), founded in 1969 by Sister Isolina Ferré. Its mission is to promote the integral development of the person with fairness, dignity, respect, and love, recognizing that we are children of God and brothers and sisters to each other. CSIF serves a generational range with multiple social, educational, health, economic, and spiritual needs to transform lives and revitalize communities through educational and technological training, intercession, advocacy, and community self-management and institutional strategies. The CSIF, has implemented and successfully tested over forty prevention and remediation programs using a multidisciplinary team of professionals. CSIF of Guayama serves families with social and economical disadvantages of the municipalities of Guayama, Salinas, Arroyo, Coamo and Patillas. The CSIF served as the “fiscal agent” for this academic and community coalition partnership development.

Partnership process

We used the ‘Developing and Sustaining CBPR Partnerships: A Skill-Building Curriculum’, a stepwise evidenced-based curriculum process developed by the Community-Campus Partnership for Health to create the QACAP (23). These steps are described below.

Identification and recruitment of the coalition partners

The authors met twice to identify key community leaders and health and social services organizations who might be interested in addressing the health needs of older people in the selected community. A list of people and organizations was generated and the first author made telephone contacts with them to explore their interest in being part of this coalition.

Interviews with key informants and potential partners

We recruited three community members and one, non-profit organization providing health and social services for individuals living in Patillas, Los Buenos de Patillas, Inc. Both partners conducted face-to-face interviews with key informants and potential coalition members to help brainstorm appropriate potential partners, explore possibilities for CBPR partnership, and explore their perceptions about the main problems faced by older people living in the community (see the Interview Guide in Appendix 1).

Developing the CBPR partnership

We organized three monthly group meetings held in the elementary school of the community with the coalition members. Meetings agendas and coalition meetings were jointly developed and facilitated by the two partners. During these meetings, we: built capacity on the principles and methods of CBPR; explored their experience and perceived benefits of the coalition; obtained participants commitment; explored and prioritized the main health issues; determined the name, mission, vision, operational objectives and guidelines of the coalition; and assessed the meetings effectiveness. Coalition member's capacity was also developed to scientifically formulate the research question and developed a shared action plan for a research agenda and funding options. To maintain communication between meetings, documented minutes, meeting exercises, and future meeting agendas were circulated among the group through email or phone updates.

Data collection instruments

The following measures were developed by the authors of this project:

Contact list of potential coalition members

This measure included a list of potential coalition members, type of organization or agency, and contact information including address, phone numbers and emails.

Meeting attendance record

This measure included a list of the participants that attended each meeting, the organization represented by the participant, and the participant's contact information including address, phone numbers, and emails.

Meeting satisfaction evaluation tool

This measure included the level of the coalition members' satisfaction with the meetings topics and objectives, members' participation, decision-making process, time management, and meeting outcomes. It employed a five-level scale ranging from very satisfied to very unsatisfied.

CBPR Experiences in the Community-Academic Partnership Questionnaire

This measure included the level of the coalition members' agreements in the following: having a positive experience with the coalition, members representativeness of community interest, respectful contact between members, the coalition vision and mission, the participation of the members in establishing the prioritized community problem, and sharing of resources between the members. It employed a five-level scale ranging from strongly agree to strongly disagree.

Data analysis

Qualitative data obtained from the interviews were analyzed using content analysis (24). Quantitative data obtained

from the data collection instruments were analyzed using descriptive statistics.

Results

Identification and recruitment of the coalition partners

We identified 19 potential coalition members from Patillas with interest in older peoples' health, including Patilla's community-based organizations, Patilla's municipality local hospital, social services organizations, Department of Recreation and Sport, and Office of Citizenship Assistance, Office of Federal Programs, and Quebrada Arriba community members. We recruited 15 members who provided written commitment to be part of the coalition. Two community members of Quebrada Arriba refused to participate due to conflicts between the responsibilities required by the coalition and their work schedule. Two others community organizations could not be reached within the one-month period that we established to recruit participants.

Interviews with key informants and potential partners

Four community leaders were interviewed. Three of them were residents of Quebrada Arriba and the other was the founder of a non-for profit community-based foundation with a cultural, educational, and service-oriented approach for Patillas' citizens. The latter expressed her experience with building community capacity through cultural and educational activities for Patillas' citizens as well as public health initiatives with people of Quebrada Arriba. Community leaders were engaged in community activities such as being the contact person with the Patillas municipality and governmental services, being in charge of the community facility in times of emergency management, and coordination of community enhancement activities. However, during the past year their community engagement have been limited because of interpersonal relationships challenges as evidenced by the following voice: "I haven't done anything during this year because I have been having problems with two community members."

Lack of community resources and participation of older people in meaningful community activities were common concerns among community leaders as expressed by the following voices: "Right now, the older people are not doing anything" and "the older adults are discouraged because there is nothing done. They are without stores, schools, and supermarkets". Similarly, the founder of community organization for Patillas' citizens shared her perspectives about the emotional environment of Quebrada Arriba community: "I'm worried about the collective sadness. Quebrada Arriba is sad and shut down.". Lack of sustainability of previous community activities was also a common concern: "There is nothing that has been done here that has been continued. It's only done once."

The community leaders expressed eagerness to engage older people in community activities that promote active participation, as evidenced by the following voice: “The older adults want something dynamic.” They wanted to see older people “more positive” and “active” as well as the community more “involved and working for the community.” In sum, these leaders envision an active community working towards engaging older people in meaningful activities.

All community leaders express their interest and availability to be part of the coalition to develop a research project for addressing health issues faced by older people of Quebrada Arriba. Enhancing the Quebrada Arriba community life was a common reason for being part of this coalition, as evidenced by the following voice: “I want to awaken the interest and motivation of life of the people of Quebrada Arriba.”

All community leaders wanted to contribute to the creation and success of the coalition with their “ideas and knowledge” and with concrete coalition tasks, such as helping in the recruitment process as expressed by this leader: “I’m a doer, just send me to put notices on the doors, look for people, I’ll do it.” They also were willing to coordinate workshops and activities for the older people and share their contacts with the coalition members about the different governmental and community organizations. Similarly, the founder of the non-for profit community organization was willing to share her extensive “experience, knowledge, and motivation in supporting the wellbeing of the communities.”

These leaders also identified six additional potential partners. They also identified the Quebrada Arriba faith organizations and community neighbors as important providers of social support and emotional support for sick people in their home and transportation for medical appointments and doing errands.

Development of the CBPR partnership

Fifteen coalition members participated in the first meeting, 26 in the second meeting, and 12 in the third meeting. In the first meeting, the coalition members identified 18 health and social issues faced by the Quebrada Arriba community. In the second meeting, the Mission and Vision as well as the operating procedures of the coalition was created (see Appendix B). They agreed upon the following coalition name: Coalition for the Health and Wellbeing of Older People of Quebrada Arriba. The main health issues prioritized by the coalition members were the experiences of loneliness, social isolation, inactivity, and depression among older people living in Quebrada Arriba resulting in a negative impact in this population health, quality of life, and wellbeing. The available resource to address this main issue was the evidenced-based lifestyle intervention for community-living older Hispanics titled ‘Activate Program’ (25). The research question developed by the coalition members was: Is the Activate Program feasible for older adults living in Quebrada Arriba? The action plan included the identification of three funding

resources to implement an evidenced-based intervention for older people living in the Quebrada Arriba community, contacts with older people of this community to explore their interest in participating in a group-based health promotion program, and the development of two activities to promote this community social participation and global health.

Meeting satisfaction evaluation tool

The mean levels of satisfaction ratings (in the joint categories of very satisfied and satisfied) with the meetings topics and objectives, members’ participation, decision-making process, time management, and meeting outcomes were 100% in the three meetings.

CBPR experiences

Twelve participants completed the CBPR Experiences in the Community-academic Partnership Questionnaire. The data revealed a mean agreement rating scores (in the joint categories of strongly agree and agree) of 100% in each item of the questionnaire item. Specifically, 100% of the participants strongly agreed that: 1) their experiences in the coalition was good, 2) the coalition members were respectful with each other, and 3) the coalition members were in agreement with the coalition vision and mission. Ninety-two percent strongly agreed that: 1) the coalition members represented the community’s interests, 2) the coalition members had the opportunities to express their opinions, 3) the members establish the needs that were considered priorities for the community, and 4) the members shared their resources. Participants’ answers to the open-ended question were congruent with the questionnaire participants’ ratings and demonstrated gains in capacity building as expressed by the following member: “the experience (with the coalition) has been pleasant and helped us to understand the community needs.”

Discussion

The stepwise process used to create the QACAP was effective to formalize the Medical Sciences Campus (MSC)-Centros Sor Isolina Ferré partnership using principles of CBPR. As seen in previous research, planning, establishing, and maintaining the partnership is a time-consuming process requiring high levels of flexibility, negotiation, patience of each partner, and appreciation of each other’s views (26).

The face-to-face interviews were helpful to build understanding of local issues and common goals; building initial community interest, trust, and support; and identifying key community leaders and available resources (27). It was evident from the participants’ responses that the interest and endorsement by community leaders in the coalition project was high.

Building community capacity and leadership was achieved by jointly developing all aspects of the coalition

as recommended by published evidence-based indicators of coalition success (4). Capacity to build the QACAP coalition was facilitated by several means. First, opportunities for coalition members to articulate what they wanted was important in enhancing trust and satisfaction with participation in a coalition. Second, there were critical community members' capacities for coalition success, including the willingness of coalition members to commit time and experiences to the coalition actions, share talents and resources, and work toward a common goal. Moreover, capacity building was enabled by the partners shared capacity to do this project. For example, the academic partner shared her experience in research and the aging population and the CSIF partners shared their expertise in building community leadership, ability to implement organizational and programmatic functions, and knowledge of the community culture.

A powerful outcome from this partnership was the resulting empowerment of the MSC and the CSIF to work collaboratively. Both organizations have increased their ability to jointly identify the main community health issues and needs, conduct joint research and coalition planning and evaluation, and collaborate to identify community and grant resources for addressing research question developed by the coalition members. In addition, the academic faculty is now a better communicator, is more culturally sensitive, and has an increased focus on addressing health disparities through research in partnership with the community. The CSIF partners as well have gained knowledge and skills in CBPR for the development and assessment of an academic-community partnership.

The process we used to create the QACAP had several limitations. First, the use of a convenience sample and relatively small sample size limit the generalizability of our results. Another limitation was the lack of psychometric properties of the data collection instruments developed for this study, which constitute a threat to the validity of this project's findings. Finally, extreme responses bias could have occurred when the respondents were drive to answer the data collection tools with "very satisfied" and "strongly agree" responses (28).

In conclusion, the steps used to build the QACAP provided and effective structure to create and assess the coalition activities. Key contributors of this coalition success included: partners' time to building trust and developing a sufficient understanding of local issues, high interest of the community members, the partners' flexibility, the capitalization on partners' strengths, and the shared decision building process. The development of research questions for future prevention projects will be more successfully accepted, having greater potential for impact, when they are both community and data driven. Effective community-academic partnerships are critical to this end.

Resumen

Objetivo: El objetivo de este proyecto fue la creación de una coalición académica-comunitaria para desarrollar una investigación participativa basada en la comunidad (CBPR por sus siglas en Inglés) para abordar las disparidades en la salud en adultos mayores con enfermedades crónicas que viven en la comunidad de Quebrada Arriba. **Métodos:** Para crear la colaboración, utilizamos el currículo 'Desarrollando y Mantenimiento de Colaboraciones de CBPR: Un Currículo de Desarrollo de Destrezas.' Se evaluó la efectividad de las reuniones y las experiencias de CBPR de los miembros de la coalición. **Resultados:** El proceso resultó en el desarrollo de la Coalición para la Salud y el Bienestar de los Adultos Mayores de Quebrada Arriba; su misión y la visión; los procedimientos operacionales; desarrollo de la pregunta de investigación, y; el plan de acción para la obtención de recursos financieros. Los participantes reportaron una puntuación media de satisfacción de 100% con las reuniones de la coalición una experiencia positiva con la coalición, una representación de los miembros de los intereses de la comunidad, y una participación activa de los miembros. **Conclusión:** Los pasos utilizados para desarrollar la coalición proveyeron una estructura efectiva para su creación y capturar sus resultados. El éxito de esta coalición se atribuyó al tiempo de los colaboradores para el desarrollo de confianza y entendimiento de los problemas locales, el alto interés de los miembros de la comunidad, la flexibilidad de los colaboradores, la capitalización en las fortalezas de los colaboradores, y el proceso de toma de decisiones compartidas.

Acknowledgments

We thank our community and academic partners for their collaboration and selfless contributions in building community partnerships. Without their wisdom and support, our work together would not be possible. We also thank Ana L. Colón-Arce for her contributions in the translation of the manuscript. The Quebrada Arriba Community-Academic Partnership and this publication was supported by the Office of Community Research and Engagement of the Puerto Rico Clinical and Translational Research Consortium (National Institute on Minority Health and Health Disparities 2U54MD007587). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of NIH.

References

1. VanDevanter N, Kwon S, Sim SC, Chun K, B Free CEED Coalition, Chau Trinh-Shevrin C. Evaluation of community-academic partnership functioning: Center for the Elimination of Hepatitis B Health Disparities. *Prog Community Health Partnersh* 2011;5:223-233.
2. Aguilar DE, Abesamis-Mendoza N, Ursua R, Divino LA, Cadag K, Gavin NP. Lessons learned and challenges in building a Filipino health coalition. *Health Promot Pract* 2010;11:428-36.

3. Cohen L, Baer N, Satterwhite P. Developing effective coalitions: An eight step guide. In: Wurzbach ME, ed. *Community Health Education & Promotion: A Guide to Program Design and Evaluation*. 2nd ed. Gaithersburg, Md: Aspen Publishers Inc; 2002:144-161.
4. Raynor J, TCC Group. 2011 What makes an effective coalition: Evidence-based indicators of success. Available at: [Url: http://www.tccgrp.com/pdfs/What_Makes_an_Effective_Coalition.pdf](http://www.tccgrp.com/pdfs/What_Makes_an_Effective_Coalition.pdf). Accessed November 23, 2015.
5. Khare MM, Núñez AE, James BF. Coalition for a Healthier Community: Lessons learned and implications for future work. *Eval Program Plann*. 2015;51:85-8.
6. Community Health Innovations. How to start a community coalition. Available at: [Url: http://chsolutions.typepad.com/elevation/2010/04/how-to-start-a-community-coalition.html](http://chsolutions.typepad.com/elevation/2010/04/how-to-start-a-community-coalition.html). Accessed March 2, 2017.
7. Community Toolbox. 2014. Available at: <http://www.ctb.ku.edu/en/table-of-contents>. Accessed November 18, 2016.
8. Prevention Institute. Developing effective coalitions: An eight step guide. 2009. Available at: [Url: http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=104&Itemid=104](http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=104&Itemid=104). Accessed March 2, 2017.
9. Western Organization of Resource Councils. 2010. How to work in coalitions. Available at: [Url: http://www.worc.org/media/Work_in_Coalitions.pdf](http://www.worc.org/media/Work_in_Coalitions.pdf). Accessed March 2, 2017.
10. Holkup PA, Tripp-Reimer T, Salois EM, Weinert C. Community-based participatory research: An approach to intervention research with a Native American community. *ANS Adv Nurs Sci*. 2004; 27(3):162-75.
11. Javier JR, Chamberlain LJ, Rivera KK, Gonzalez SE, Mendoza FS, Huffman LC. Lessons learned from a community-academic partnership addressing adolescent pregnancy prevention in Filipino American families. *Prog Community Health Partnersh* 2010;4:305-13.
12. Butterfoss FD. Process evaluation for community participation. *Annu Rev Public Health* 2006;27:323-40.
13. Oficina de Servicios Psicosociales Comunitario e Intercosoria de los Centros Sor Isolina Ferré. Estudio de Necesidad: Patillas. 2014. Unpublished raw data.
14. Israel B, Schulz A, Parker E, Becker A. Review of community-based research: Assessing partnership approaches to improve public health. *Annu Rev Public Health* 1998;19:173-202.
15. Minkler M, Wallerstein N. Tracing federal support for participatory research in public health; Community based research for health; San Francisco; Jossey-Bass, 2003;410-418.
16. Minkler M, Wallerstein N. Critical issues in developing and following community based participatory research principles; Community based participatory research for health San Francisco; Jossey-Bass, 2003;53-76.
17. Orellano E, Colón W. Effect of occupation and activity-based interventions on the performance of IADL for community-dwelling older adults: A systematic review. *Am J Occup Ther* 2012;66:292-300.
18. Orellano E, Jutai J. Cross-cultural adaptation of the Psychosocial Impact of Assistive Device Scale (PIADS) for Puerto Rican assistive technology users. *Assistive Technology* 2013;25:194-203.
19. Orellano E, Mountain G, Varas N, Labault N. Occupational competence strategies in old age: A mixed method comparison between Hispanic women with different levels of daily activity participation. *OTJR* 2014;34:32-40.
20. Orellano EM, Varas N, Mountain GA, Bernal G. Achieving ecological validity of occupation-based interventions for healthy aging. *Phys Occup Ther Geriat* 2014;32:368-380.
21. Orellano E, Mountain G, Rosario M, Colón Z, Acevedo S, Tirado J. Environmental restrictors to occupational participation in old age: Exploring differences across gender in Puerto Rico. *Int J Environ Res Publ Health* 2015;12:11288-11303.
22. Orellano E, Mann WC, Rivero M, Torres M, Jutai J, Santiago A, Varas-Díaz N. Hispanic Older adult's perceptions of personal, contextual and technology related barriers for using assistive technology devices. *J Racial Ethn Health Disparities* 2015;1-11.
23. Community-Campus Partnerships for Health. 2006 Developing and Sustaining Community-Based Participatory Research Partnerships: A Skill-Building Curriculum. Available at: [Url: https://ccph.memberclicks.net/cbprcurriculum](https://ccph.memberclicks.net/cbprcurriculum). Accessed June 18, 2015.
24. Patton, Michael Q, and Michael Q. Patton. *Qualitative Research and Evaluation Methods*. Thousand Oaks, Calif: Sage Publications, 2002. Print.
25. Orellano EM, Varas N, Mountain GA, Bernal G. Achieving ecological validity of occupation-based interventions for healthy aging. *Phys Occup Ther Geriat* 2014;32:368-380.
26. Baquet CR, Bromwell JL, Hall MB, Frego JF. Rural Community-Academic Partnership Model for Community Engagement and Partnered Research. *Prog Community Health Partnersh* 2013;7:281-290.
27. Adams A, Miller-Korth N, Brown D. Learning to work together: developing academic and community research partnerships. *WMJ* 2004;103:15-9.
28. Meisenberg G, Williams A. Are acquiescent and extreme response styles related to low intelligence and education? *Pers Individ Dif* 2008;44:1539-1550.

Appendix 1

Interview Guiding Questions

Code number: _____

Interviewer: _____

Date: _____

Duration of the interview: _____

Interview context description: _____

Participants characteristics: _____

Preamble: I want to know more about you or your organization and about your interest to be part of a partnership to improve the health of the people who live in the Quebrada Arriba community in Patillas.

1. General background: Tell me about your work with the community. What changes would you like to see in relation to older people living in Quebrada Arriba?
2. Interest in proposed partnership: Would you like to be part of this coalition to develop a research project for addressing health issues faced by older people of Quebrada Arriba? Why?
3. Capacity/appropriate of fit: Do you or your organization have the time to be part of this coalition? Your participation would include monthly meetings for building trust among partners, developing our mission, vision and action plan, identify the main problem of older people of Quebrada Arriba, develop a research question, and identifying funding for a future health intervention?
4. Resources: What resources do you or your organization has that might be useful to support the creation of this partnership?
5. Key community members or organizations: Who looks after the needs of older people who live in Quebrada Arriba? What agencies or organizations provide services to older people of Quebrada Arriba? What type of services do they provide?
6. Referrals: Can you refer to us to other people who might be interested in being part of this partnership?



Coalición Para la Salud y Bienestar de los Adultos Mayores de Quebrada Arriba



Guías y Procedimientos de Operación

Procedimientos Operacionales de la Coalición para la Salud y Bienestar de los Adultos Mayores de Quebrada Arriba.

Nombre de la Coalición

Coalición para la Salud y Bienestar de los Adultos Mayores de Quebrada Arriba.

Visión

La Visión de la Coalición para la Salud y Bienestar de los Adultos Mayores de Quebrada Arriba es mantener un grupo unido y activo para promover la calidad de vida y bienestar de los adultos mayores de Quebrada Arriba.

Misión

La misión de la Coalición de para la Salud y el Bienestar de los Adultos Mayores de Quebrada Arriba es promover la calidad de vida y el bienestar de los adultos mayores de Quebrada Arriba a través de talleres, programas basados en evidencia y acción comunitaria dirigida a una vida activa y saludable.

Localización

Cancha bajo techo y Centro Comunal del Sector Fondo del Saco

Membrecía

Abierta (para todo el que quiera asistir a las reuniones)

Frecuencia de las reuniones

1 vez al mes

Día de las reuniones

Miércoles

Tiempo de duración de las reuniones

1 ½ hora

Horario – 5:00pm / 6:00pm

Expectativa de duración de la Coalición

1 año

Estructura de la agenda de las reuniones

- Repaso de puntos discutidos en la última reunión
- Introducción de nuevos participantes
- Asunto de interés
- Evaluación de la reunión
- Asuntos para la próxima reunión