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TRIP REPORT OF LINDSAY H. ALLEN

PLACE: MEXICO CITY AND SOLIS

DATES: NOVEMBER 3-16, 1983

PURPOSE: To check on progress in the Nutrition CRSP with Mexico and to attend to numerous administrative details.

The following is a summary of progress in the field in general, with comments on specific areas of the research.

GENERAL COMMENTS ON THE FIELD SITE AND THE RESEARCH CENTER (SOLIS).

We now have about 45 trained supervisors and interviewers based in Solis. The work hours are 6 a.m. to 6 p.m. daily, so that the supervisors rise at 5 a.m. A dining area has been constructed in part of a building which was originally used as a school room in the hacienda grounds, where project personnel eat the meals which we prepare there. Offices are almost completed in the adjacent room. The laboratory area is also under construction in an existing building, and will be completed in early January, 1984.

COMMUNITY WORK.

We are still devoting considerable effort to ensuring that our relations with the communities are good. The Social Workers installed in each community have an excellent relationship with the study families, and provide us with ongoing information about how the project is being received and problems which exist in the community. INN sent a letter to all selected households explaining the purpose of the study and the interviews which would be held, and asking for the assistance of the family. The Social Workers delivered these letters, which were well received by the families. Only about 2% of the families refused to cooperate with us, saying that they did not have time.

The project now has a location in each community in which interviewers can be based during the day. We plan to give participating families an alarm clock and a calendar for Christmas and the new year; this is in part a gift to the families, and in part a means of helping us to schedule visits to the households.

The parents of newborn infants will be given a card on which is a photo of the infant and anthropometric data. The Social Workers are also making efforts to lend assistance in community projects such as sewing classes, the development of a kindergarten, fiestas etc. To date, community acceptance of the project is excellent.

CENSUS.

All households identified as participants to date have been censused, assigned a project number which has been painted on the houses, been identified on new maps made of each community, and approached for agreement to participate in the study. The households number 216. The census showed that we may have insufficient 18-30 month old children and pregnant women, so that an additional community is in the process of being included (Calderas) and approaches are being made to a fifth (San Jose) with plans to include these families starting in January 1984. We have an excess of 7 to 9 year old children, so that some of these will be used only for testing of interview materials.

SOCIOECONOMIC STATUS, MIGRATION AND SOCIOCULTURAL.

The socioeconomic status questionnaire has been applied to all households, the migration questionnaire is in progress, and the sociocultural questionnaire will be completed in early December. No problems have been found in these questionnaires - they have been extensively piloted. From these interviews it is clear that migration (commuting) to Mexico City is still a frequent occurrence due to the inadequate supply of work in the Solis Valley. The harvest this year (which started in early November) appears to be exceptionally poor, and the people are very concerned about their food supply for 1984.

COGNITION.

Extensive discussions were held with Todd Walker and Eulalia Martinez about the cognitive section of the study. They have trained 9 local personnel to conduct the interviews, and data are now being collected in homes and in schools. The

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school teachers have so far been amenable to our conducting tests and observations in the schools. Most tests are ready to be applied and data have already been collected on 40 adults, and many 7 to 9 year olds. The infant tests are proving to be the most problematic. The infants are not used to strangers, and the unfamiliarity of the interviewers definitely affects the infants interaction with their caretakers and behavior during toy play. Strategies were discussed to improve this situation, and it was agreed that our infant cognition consultant (Dr. Tiffany Field) would visit the project in January. A summary of progress in this area was written during my visit and sent to Dr. Field. In the tests which involve observations of behavior, we are testing several ways of recording the information (e.g., for 30 second observations, recording every 5 seconds, during the final 3 seconds, and overall , etc). Several interviewers are doing these tests simultaneously, so that we can see which method gives the most accurate and consistent results.

FOOD INTAKE.

This area of the study has slowed down temporarily due to the resignation of 4 nutritionists due to personal reasons. We are planning to replace them with others from INN or the University of Veracruz. The nutritionists in the field at present have developed the protocols for getting both individual and family food intake data. The two questionnaires are delivered simultaneously, which takes about 1 hour, 15 minutes to complete. In January, I will work with the new nutritionists to try to reduce the length of the interview to about 45 minutes. The use of food models and standard containers are likely approaches, but we need to check the validity of these approaches by actual observations. Meanwhile, we have food intake data being collected from 34 families, and food price information being collected monthly. It is not possible to return to the same stores each month to check on prices, as was originally planned, as this aroused the suspicion of the shopkeepers that we were tax inspectors. An alternative plan is now to rotate the stores in the interview schedule and to get some information from the

households themselves.

HEALTH AND MORBIDITY.

We now have functioning "casas de salud" in the 4 main communities, and 2 trained auxiliaries ready to do morbidity surveillance in each community (a total of 8 auxiliaries). The health history interview has been administered to all of the project families. The first clinical examination, and the morbidity recall and substudies, are scheduled to be started on December 10. Lengthy discussions were held with our clinic director, Dr. Homero Martinez, about the TAG meeting on Morbidity which he attended in Tucson and Los Angeles in October.

REPRODUCTION.

Rather than to enlist families who have mothers who might become pregnant during the next year, we have decided to do Pregnancy Testing of all married women who are not known to be pregnant or who do not have an infant less than 6 months of age. The cost will be approximately 60c/test. The pregnancy screening will start in January of 1984.

ACTIVITY.

We are still awaiting arrival of the Beckman Metabolic Cart in Connecticut. It is scheduled to arrive mid-January. We therefore have not started the RMR tests. There are no oxygen analyzers available in Mexico City that we can borrow in the field. Use of the available equipment (a Metabolor) will not serve either to train personnel, test the feasibility of the study, produce acceptable data on variation, etc. We therefore have to postpone this section of the study until late January. A person has been trained at UAM in Mexico City in Work Capacity tests. We are still awaiting approval from the Management Entity for the purchase of a bicycle ergometer.

We are in the process of comparing data from several actometers. The decision has been made to use these on 18, 24, and 30 month old children, and on 7 to 9 year olds. At 3 months of age the infants are still heavily swaddled, and at 6 months they are carried by the mother and it is her movements which are recorded.

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A pilot study to test the ability of subjects to recall activities performed during the last 24 and 48 hours was planned - this ability will be checked by direct observations.

PERSONNEL.

Almost all permanent and temporary personnel are employed. We are searching for 6 new nutritionists. Our original data manager, Pesaj Goldfedder, is on leave until January, and his position is being filled by Ramon Lira who has been working with us since the start of the project. It is planned to hire a half-time professor of statistics from the Polytechnica in Mexico City. Two new trainee physicians from Costa Rica have started at Solis. A secretary for the project is now employed at INN.

DATA MANAGEMENT.

One entire day was spent with Ramon Lira at IBM, reviewing the Data Management system and the data files which we have already. So far there are no serious problems with our ability to handle data, and in fact the system appears to be excellent. Data continue to be captured using personnel at Salud Publica. Almost all variables have been defined and assigned to files, of which there are 66 at present. Dr. Bill Dressler, a consultant for PAHO from the University of Alabama and an ex-student of the University of Connecticut, also spent some hours with me at IBM reviewing the data from the PRECAVAS project recently completed by Chavez's group at INN, since the data management system for that project is the same as we shall be using in the CRSP.

ADMINISTRATIVE MATTERS.

The system for sending receipts to Connecticut is now excellent. I carried with me to Connecticut the receipts up to the end of November, and these were very easy to interpret once they arrived at Connecticut. As far as Human Use requirements are concerned, Dr. Chavez agreed to submit a description of Phase II work to the Human Use Committee at INN, so that a new review can be made.

The first shipment of equipment sent by air from Connecticut is in the Customs in Mexico. We are awaiting a decision from the Mexican government about how much the importation taxes will be. Prior permission was received from the government to import all items of equipment.

Plans were made with Drs Chavez and Mata, and the Area Chiefs for the visit of the Management Entity to Mexico in early December. This visit was announced during my stay in Mexico.

GENERAL COMMENTS.

Almost all areas of the study have been started, or are ready to begin. The exceptions are RMR measurements, and sanitation and child care practices. The latter questionnaires were designed and shown to experts on these topics in Mexico (School of Tropical Medicine) and Costa Rica (Dr. Leonardo Mata). These experts seemed very doubtful that the variables listed in the May SCB meeting would prove to be useful. We therefore are revising these questionnaires after making necessary ethnographic surveys in the households. They will be ready in January. We are awaiting the final approval from the Management Entity to start all of the measurements in Phase II; the ME is currently inspecting our final version of the questionnaires in all areas except Morbidity, which should be forthcoming within a month - this section was delayed because of the October TAG meeting on this topic.

We feel that the only major potential barrier to the completion of this project is its acceptance by the study families. The only way to test this is to start Phase II, which we are anxious and able to do. A system is in place to monitor the refusals which will occur, and to document who refused and why. We hope that our work to date in the community will encourage families to accept our presence for the next 2 years.