

TRIP REPORT

by

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May 16 - August 28, 1983ITINERARY

The first two weeks of this period were spent at a S.C.B. meeting at U.C. Berkeley (May 16 - 25). On May 25 I flew to Los Angeles to visit Gerald Gardner and Charlotte Neumann at UCLA. May 26 to August 28 was spent in Mexico, with the exception of a one week visit to the U.S. from June 19 - 28, and a second 5-day visit for the International Congress of Nutrition in Miami. The time in Mexico was spent in the field site (Solis) and at INN in Mexico City.

DISCUSSIONS

1. See Berkeley report of the SCB meeting, May 16 - 25.
2. May 25 at UCLA the discussion with Dr. Gerald Gardner was intended to explain to him why activity and work capacity measurements are not part of the core design for Year I. We agreed on a preliminary plan to pilot test more of the necessary methodology for work capacity measurements. Also discussed were the type of ergometer, and metabolic measurement cart, to be ordered.
3. The first part of the summer in Mexico was spent reorganizing the field research team. The basic decision was to create six "chiefs of areas" (Jefes de Areas") namely for Food Intake; Cognition; Activity; BMR and Work Performance; Socioeconomic Status and Productivity; Health Status and Morbidity; and Data Management. These area chiefs are to be in charge of the day-to-day data gathering activities; selection, training and management of personnel in each of the teams; data quality, and verification; and transfer of data to Mexico City. These persons are responsible to Dr. Alfonso Mata, who remains the Field Director, and to Dr. Adolfo Chavez.
4. This restructuring of personnel responsibilities has several important advantages:
 - i) Dr. Mata has more time to be involved in important design, logistical and data quality control issues.
 - ii) The "Jefes" now feel a much greater responsibility for their activities, and are more involved in and enthusiastic about, their subject areas.
 - iii) The "Jefes" can now make the decision to hire and fire field personnel in their team. This is usually done after discussions with other Jefes and Dr. Mata, but basically the responsibility now lies with those who work most closely with the field personnel.

- iv) Two of the Jefes were recruited during the summer, namely a Mexican Psychologist and a Food Intake Specialist.
5. On the basis of these personnel changes, we defined closely the composition and responsibilities of each research team. Additional field personnel could then be (and were) recruited, and trained.
6. The budget for the first year of Phase I was calculated in detail, and remaining equipment and supply needs identified. We were relieved to find that our calculation of projected costs was very close to those estimated earlier this year.
7. A structure which was originally a brick-built hen house was converted into laboratory and office space.
8. A decision was made that Dr. Chavez will visit Solis every Thursday for discussions with the Jefes and Dr. Mata. In this way, weekly progress reports are made, and problems identified and resolved in a reasonably speedy manner.
9. A very important phase of the project planning was initiated in July. Each area chief studied the section(s) relevant to them in the June Berkeley report, and presented it to the whole group, including the U.S. Principal Investigators. In this way, the project is now well understood by all personnel, including the hypotheses to be tested, and the reason why each piece of data is being collected. Then, each Jefe worked with us on the questionnaires for their part of the study -- in some cases modifying existing questionnaires which had been pilot tested, and in others, developing new ones. Most of these have now been pilot-tested at least once. Pesaj Goldfeder, our data manager at INN, worked with the Jefes on the design and coding of each questionnaire. A list of comments of the June Berkeley report was submitted to the Management Entity. The experience of the Jefes in our communities was responsible for many of the questions we raised.
10. "Responsables" (Community-elected individuals) have now been trained in primary health care for each of our communities. They will be responsible for the weekly visits to households for morbidity questioning, provide a service to the communities, and will spend some hours a week in the Casa de Salud of each community. These Casas are now either ready or under construction in all of our communities -- our role in this has been in negotiations with community delegates and assistance in arranging fund-raising events.
11. In June, it was decided to work harder to improve relations with communities. Among the steps taken were:
 - i) a social worker paid by the project now lives in each of 4 communities. This person has been visiting and getting to know each of the families which may be included in the final study. Notes are routinely kept on family structure, reverification of aspects of the census data, major activities, family problems, migration and work, etc. Since the social workers live with and among families in the actual communities, the type and quality of this information has improved, and much has been learned. In the future, these personnel will be responsible for arranging the schedule of visits to the

households, and reporting any problems which arise as a result of these visits. Data collection personnel will report to the social workers before household visits to be advised of any special problems or events which have occurred within the families. In general, it is our firm conviction that the project will be more acceptable to the families if we have personnel living in the communities, as opposed to all of us living in a separate community (Solis) and making visits out to their homes. So far, almost all families contacted have agreed to participate in the study (over 95%).

- ii) Project personnel performed a series of plays in the communities to explain the purpose of the project. The area chiefs acted out interviews, to try to show what type of questions would be asked. In this way, the community is now acquainted with many of the project personnel. Plays also addressed some of the major health and sanitation issues in the Valley.
 - iii) We are investigating the possibility of some type of short-wave radio communication between the communities (probably the social workers) and Solis. This will add enormously our facility to communicate with personnel, reduce transportation costs, and improve use of personnel time. Equally important for the communities is that we will be able to send emergency medical assistance when needed -- a type of assistance seen as a high priority by the communities. The complete lack of telephones and great difficulty in obtaining transportation between the communities and the Solis health center makes emergency care almost impossible at the moment.
 - iv) Community leaders were taken on a visit to INN in Mexico City, where they met Institute personnel and lunched with administrators.
 - v) We have participated in a number of community meetings.
12. A recensus of the communities was made in June, to update census data obtained in May of 1982.
 13. An additional community has been identified for possible involvement in Phase II, if needed to ensure sufficient sample size. This community is Calderas, which borders on one of the other communities already identified for study.
 14. Pilot studies have continued in: cognitive testing, productivity and SES, observations of usual activities, and food intake measurement.

The morbidity questionnaire needs more testing, and BMR measurements have not been attempted due to lack of equipment. Observations of school children are planned for September, when school reopens.

15. Dr. Gordon Finley visited Solis to check on the child and adult cognitive tests. Pilot studies were conducted and the data reviewed.
16. Dr. Tiffany Field spent a week in Solis, reviewing data from Brazelton Exams, supervising mother-infant interaction tests, and working with the cognition team on the design of all of the infant testing instruments. She will return in the Fall to supervise the observations on school children.
17. Dr. Ranjit Chandra met with Drs. Allen, Pelto, Mata and Martinez at the WINC in Miami. Dr. Chandra had some suggestions about Berkeley's last protocol, most of which were adopted during meetings of the P.I.'s present in Miami with Drs. Calloway and Beaton. Plans for immunology testing in the Mexico Project were further defined, but where the samples will finally be analyzed has yet to be resolved for some tests. The Department of Immunology at INN has expressed interest, and we are presently checking their procedures and capabilities.
18. Peter Guarnaccia, a Graduate Student Anthropologist from the University of Connecticut, completed his 6 month stay in the field at the end of July. Many discussions were held with him about ethnographic data, and pilot studies on SES and productivity which he was in charge of planning and implementing.
19. We have an Apple II Computer in Solis (on loan from INN) which we have programmed for data capture. However, it is anticipated that the data will be entered in the future at INN. A contract has been negotiated with IBM in Mexico City, and we developed a list for them of all variables to be measured, frequency of measurement, and estimated number of columns required. Hopefully, IBM will continue to assist us in data analysis, free of charge, except for supplies. We are attempting to convince them to buy an updated SAS package.
20. Meetings were held with Dr. Javier Barba of INN, an expert in the measurement of alcohol intake and alcohol-related problems. The advice of Dr. Barba is expected to help us to deal with the potential problem of pulque consumption in our families.
21. Other visitors to Solis this summer included Dr. Ricardo Castillo of U.C. Berkeley, Dr. Michael Whiteford of Iowa State University, and Bruce Bernstein, our Project Administrator at Connecticut.
22. Approval was obtained from the Mexican government for importation of the equipment. The first (of two) shipments will occur in late September.

PEOPLE CONTACTED

The most important persons are mentioned above. (The total number runs to many hundreds).

ACCOMPLISHMENTS AND RESULTING SUGGESTIONS

Most of the major accomplishments have been described in detail above. To summarize:

- 1) The field team has been organized to promote better understanding of the project, to generate more interest and responsibility, and to enable manpower requirements to be identified and met.
- 2) The questionnaires for most purposes have been developed, and will be submitted to the ME for approval some time in September, after translation at the University of Connecticut has been completed.
- 3) Major steps have been taken to increase community acceptance of the project.
- 4) Most questionnaires have been pilot-tested.
- 5) The census has been updated.
- 6) Most families contacted have agreed to participate.
- 7) A laboratory has been constructed. Equipment will start to arrive in September.

COMMENT

We are somewhat concerned about the fact that the questionnaires we are sending to Berkeley for approval are in a more "final" form than the ME is anticipating. The reason for this is basically that we cannot expect the Mexican team to accept questionnaires which they have not been involved in designing. We found that the only way to generate interest in responsibility for, and belief in, the project was to lead the teams to develop the protocols themselves -- based on the Berkeley report, and guided by the P.I.'s. We feel that many aspects of the questionnaires, most importantly, the type of questions which can be asked and the way of asking the questions, must be tailored to the Mexican culture and environment. In addition, in order to start Phase II in October, the questionnaires had to be designed and tested many months (in some cases, as much as a year) prior to this time.

We hope that the ME understands the process we have been through, and appreciates the extraordinary labor of our colleagues in Mexico. Any suggestions for changes in the protocol we made in the last few months, or may make prior to Phase II, are based on our experience in the project. We trust that the reasons for these comments will be respected, and that they will be regarded as helpful

rather than as some kind of revolutionary reaction to the June design. Surely the history and complex nature of this project justify the process we have been through, and the continual identification of problems in data collection.

As a final comment, the Mexican team is now highly motivated, organized and trained. We feel that the project is now very feasible, and that we are ready to start as soon as the questionnaires have been approved by the M.E. The situation in Mexico was aptly described by one of our area chiefs: "the project now has feet, as well as heads."

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