

## **SECTION VI COMMUNITY OUTREACH AND MARKETING**

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All delegate agencies receiving Title X funds must implement an annual plan to provide community education to inform the public of its purpose and services, to disseminate reproductive health information, enlist community support, and attract potential clients.

### **COMMUNITY PARTICIPATION**

Delegate agencies must provide an opportunity for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population served and by persons in the community knowledgeable about the community's needs for family planning services [59.5(b)(10)].

The Information & Education (I&E) committee may serve the community participation function (Advisory Committee) if it meets these requirements. This committee must meet at least annually or more often as appropriate. In addition, agencies may utilize results of community needs assessments to educate members of the committee about community need for family planning services.

### **COMMUNITY EDUCATION**

Delegate agencies must provide for community education programs [59.5(b)(3)]. This should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. Evaluation may consist of summary reports of evaluation questionnaires administered to participants after education programs. These evaluations should be kept on file.

Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial.

### **PROJECT PROMOTION**

To facilitate community awareness of and access to family planning services, projects must establish and implement planned activities to make their services known to the community [59.5(b)(3)]. Projects should review a range of strategies and assess the availability of existing resources and materials. Promotion activities should be reviewed annually and be responsive to the changing needs of the community.

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### DELEGATE AGENCY ANNUAL WORKPLAN

All agencies must submit an annual plan and progress reports for providing community education and project promotion. The work plan goals and objectives are based on the Goals and Objectives from the Colorado Department of Public Health and Environment's Title X Grant Application. Work plan activities describe how each agency will attain a desired outcome objective while taking into consideration specific community's needs. It is suggested that each agency use the results of their Family Planning Reproductive Health Needs Assessment to tailor the suggested activities so they will target the identified needs of your community.

Progress reports are due to the WHS in June and December of each year.

The work plan should be available to all staff upon request.

### ACKNOWLEDGEMENT OF FEDERAL SUPPORT

Federal grant support must be acknowledged in any publication funded either by purchase or development by Title X funds. This involves placing a brief sentence on the back of any brochures, educational materials or flyers produced by the agency's FPP that acknowledges federal support. The word "publication" is defined to include computer software.

An appropriate sentence acknowledging support is:

*"This brochure was made possible with funds from a Title X grant to the Colorado Department of Public Health and Environment from the Department of Health and Human Services, Office of Population Affairs. The insert name of agency family planning program is supported Z% by non-governmental sources."*

The WHS recommends the following to comply with this requirement:

- 1) Obtain family planning program revenue information for one year, either a fiscal or calendar year.
- 2) Calculate what percentage of that revenue was from Federal sources, State sources, County sources and other sources.
- 3) The next time program brochures and other items listed above are reprinted or created, add a statement below the Federal grant support acknowledgement that states: "The XYZ County Family Planning Program is supported Z% by non-governmental sources."
- 4) Place this information in a file for reference and update it annually. Whenever new materials are created or existing materials are reprinted, make sure the most recent non-governmental revenue information is stated.

Any copyrighted materials funded by Title X funds shall be subject to a royalty-free, non-exclusive, and irrevocable license or right of the government to reproduce, translate, publish, use, disseminate, and dispose of such materials and to authorize others to do so.

Publications developed under Title X may not contain information that is contrary to program requirements or acceptable clinical practice.

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### REVIEW AND APPROVAL OF INFORMATIONAL AND EDUCATIONAL MATERIALS

Pursuant to Title X regulations, the Colorado Department of Public Health and Environment's Women's Health Section has made the decision to delegate all Information and Education (I&E) Committee activities to delegate agencies. Therefore, family planning delegate agencies are required to have an I&E Committee (formerly called the Literature Review Committee). The purpose of this committee is to review and approve all informational and educational materials that are given to your family planning clients. You may also use your Family Planning Advisory Committee for these purposes.

Your I&E Committee **must** adhere to the following characteristics:

- You must have no less than 5 and no more than 9 committee members.
- Your committee must be broadly representative of the community in which the family planning program is implemented.
- The committee must consider the educational and cultural backgrounds, and the standards of the family planning program clients it serves.
- Meet at least annually, preferably quarterly in large communities.
- Review all informational and educational materials that are given to clients, including educational materials sent to your program from CDPHE. Your committee must review materials for:
  - Educational value
  - Literacy level/understandability
  - Cultural competence
  - Moral standards as appropriate to the community
- Establish a written record of determinations made by the committee
- Record minutes of meetings

Some helpful suggestions for getting started:

- ❑ Identify members of your community that may be willing to assist. They may be family planning clients, Advisory Committee Members, local students, parents, Board of Health members, local church members, teachers, etc.
- ❑ Send letters to these potential members (there is a sample below) requesting their assistance, and explaining what your expectations are.
- ❑ Once you have at least 5 members, arrange a meeting. If members have difficulty coordinating a common date and time, you may handle your approval process by mail.
  - Simply send a packet of materials to be approved to each individual, and include an evaluation form and a deadline. Be sure to include a self-addressed, stamped envelope if you'd like your materials returned.
  - Be sure to write a summary of the findings to serve as a replacement of minutes. Keep this summary on file as long as you would keep minutes.
- ❑ Send an agenda to each member prior to each meeting, and minutes after each meeting.

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Sample Recruitment Letter

Date

Julie Jones  
123 Main Street  
Denver, CO 80205

Dear Ms. Jones,

The County Health Department needs your assistance in assuring that members of our community receive the proper Family Planning informational and educational materials. The Family Planning Program Information Education (I&E) Committee meets every quarter for 90 minutes to review materials distributed in our community. The purpose of this review is to assure that materials have educational value and cultural competence, are understandable, and adhere to the moral standards of our community.

You have been identified as an important and active member of our community, and we are requesting your assistance with our program. Your perspective of the educational needs of the community is vital to the success of promoting the Family Planning Program in our area.

Your assistance would require that you volunteer your time for only four meetings per year and evaluate educational materials before they are used in the community. Some of the benefits of volunteering your time are: you will be involved in improving the reproductive health of our community; it looks impressive on job applications, resumes and college applications; and you are rewarded with the knowledge that members in your community are receiving factual, appropriate and educational information about family planning. We would greatly appreciate your participation in our committee.

Please expect a phone call from me one evening next week so that we may discuss this matter further and so I may answer your questions. You may reach me at (303) 555-1234. Thank you for considering this important opportunity.

Sincerely,

Your name and credentials  
Your title  
Your organization's name

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Sample Agenda

Family Planning Informational and Educational Committee  
Your County Health Department or Nursing Service

Location of Meeting  
Wednesday, September 21, 2005  
5:00 pm to 6:30 pm

**AGENDA**

- |           |  |
|-----------|--|
| 5:00-5:05 | Introductions  |
| 5:05-5:10 | Approval of Minutes  |
| 5:10-5:20 | Chairperson's Report<br>For example, an update on the Family Planning Community Outreach and Education Plan  |
| 5:20-5:30 | Old Business<br>Brief Summary<br>For example, inform members of what materials were approved as a result of the last meeting. Tie up any loose ends from the last meeting. |
| 5:30-6:25 | New Business<br>Brief Summary<br>For example, discuss what is to be reviewed at this meeting and use this time to allow members to review and evaluate materials.          |
| 6:25-6:30 | Other<br>Brief Summary   |
| 6:30      | Adjourn  |

Place your Mission Statement here.

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### **Mission statements:**

Reflect the purpose of the committee and help align the purpose  
Are usually no longer than one sentence  
Frequently incorporate the word “we”

### **Some Examples:**

The (insert name of your agency) Family Planning Program Advisory Board promotes the goals of the Family Planning Program and supports the Reproductive Health Staff and Volunteers by providing technical assistance, collaboration with colleagues, advocacy to the Board of Health, participation in community educational activities and involvement as a community liaison under the direction and guidance of the agency director.

This committee is a volunteer program set up to oversee that the materials handed out to the community of the (insert name of your community) by (insert name of your agency) are culturally acceptable, factually correct, and suitable to this community. This committee will review issues and material related to Family Planning, Sexually Transmitted Diseases, and Nutrition, etc. This committee is a requirement for all agencies that receive federal funding, specifically “Title X” monies.

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Sample Meeting Minutes

Family Planning Information and Education Committee  
Your County Public Health or Nursing Department  
Meeting Minutes  
Date

The meeting was called to order at 5:00 PM.

Board members present were: list names. Staff members present were: list names and titles/credentials/affiliations. Guests present were: list names and affiliations.

**I. Approval of Minutes**

The minutes of the previous meeting were approved as read.

**II. Introductions**

Any new member or guest introductions should go here.

**III. Chairperson's Report**

Any programmatic updates should go here, staffing information, grant availability/changes, new member application reviews, etc. Be brief.

**IV. Old Business**

Any follow-up of information from the last meeting should go here. Be brief.

**V. New Business**

Any new literature review, review of literature currently used, any other presentations of data, reports, and other issues. Be brief.

**VI. Other**

Agenda for the next meeting, meeting time and place if not already scheduled.

The meeting was adjourned at 6:30 PM.

Submitted by: Jane Smith, NP

## INFORMATIONAL AND EDUCATIONAL MATERIALS EVALUATION



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### FAMILY PLANNING COMMUNITY NEEDS ASSESSMENT

Instructions and a tool for performing a family planning needs assessment in your community are included in the following pages. Pursuant to Title X guidelines, family planning agencies and advisory boards are required to be knowledgeable about family planning needs in their communities to tailor educational programs appropriately. The attached tool was developed by Advanced Educational Services, Inc. under contract by the WHS to assist you with this requirement. In addition to use in your I&E Committees, the results of your family planning needs assessment can be used in development in educational and promotional plans, family planning program strategic planning, and outreach campaigns.

At the WHS, we strongly suggest that you perform a needs assessment in your community every two years. Surveys should be administered to an assortment of family planning clients, advisory board, Information & Education Committee and board of health members, and community members/stakeholders. A needs assessment should be performed in each community where your agency has a clinic.

In order to have a representative sample, we suggest that:

- ❑ Very small clinics that see less than 25 clients per year distribute 5 surveys
- ❑ Small clinics that see between 25 and 249 clients per year should distribute 20 surveys
- ❑ Moderately sized clinics that see 250-750 clients should distribute 30 surveys
- ❑ Large clinics that see 751 or more clients per year should distribute 40 surveys

We strongly suggest that when you distribute surveys by mail, you include a self-addressed, **stamped** envelope marked “confidential” to increase your response rate. In addition, be sure to attach a sticker with your agency name and mailing address to the last page of the survey where it says “(agency stamp with Attn: \_\_\_here)”. You should allow your respondents at least one week to complete and return the survey. Sometimes a reminder letter, email or phone call helps for people who haven’t returned the survey. We also recommend that you have family planning clients fill out the survey while waiting for services. This way, they won’t have to drop it in the mail. Please contact the WHS (303.692.2480) if you would like an electronic copy of this tool.

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**REPRODUCTIVE HEALTH INFORMATION AND OUTREACH NEEDS ASSESSMENT  
STRATEGY FOR COLORADO**

The following plan provides a number of strategies to define Title X reproductive health information and outreach needs for Colorado. The needs assessment options allow flexibility for delegate agencies to implement one or a combination of the following to adequately determine the information and outreach needs for their community.

**Needs Assessment Tools:**

**I. Survey**

Included in this section is a questionnaire designed to seek community feedback regarding reproductive health information needs. These needs may then clarify the priorities for reproductive health outreach.

The survey includes questions regarding information needs for specific reproductive health topics, the importance or impact these needs have on the respondent's life and health, the types of information each seeks (factual, review, in-depth, clinical, research, administrative, other), the frequency of need (once, daily, monthly, annually, other), where the information is usually sought (healthy department library, hospital library, public library, other library, internet, peer contact, family member, professional update periodicals, consultation with colleagues, not found, etc.) and demographic information of the respondent.

The survey instructions, questions, and sequence were structured to be concise, reliable, and valid. The survey was tested among a diverse population living in Colorado and revised based on the testing evaluation; however, each delegate agency may need to adjust some details for community specificity.

This survey is in English and has been translated into Spanish.

**II. Focus Groups, Key Informants, and Interviews**

Interviews may be formal or informal. Using focus groups is a formal way to interview potential users of reproductive health information to ask a series of questions to determine if currently accessible information meets their needs and if there are areas needing improvement.

Appropriate representation from the community, sponsoring agency, and any allied agency is vital to assure that goals, resources, and barriers are considered. Several four-to-six person reasonably homogeneous groups could be organized as follows:

- Physicians, Nurse Practitioners, and Nursing staff who specialize in reproductive health care
- Clients who seek Reproductive Health Services
- Social Workers, Pharmacists, Allied Health Professionals
- Advisory Boards associated with reproductive health issues
- Community Representatives (including representation of gender, cultural, sexual orientation, political, health care, faith community, teens, family, worksite, educators, and other cross-section of community perspective)

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\* A focus group must be carefully planned to obtain perceptions that define the need for reproductive health information and outreach. A skilled facilitator should conduct the session as a moderator without adding his/her influence. The atmosphere should allow a relaxed, non-threatening discussion.

\*Focus group questions should be open-ended. A sample questioning-route is as follows:

- What is the most important thing you need to know about preventing a pregnancy, family planning, sexually transmitted disease/infection (STD/STI) or other reproductive health topic?
- What are other reproductive health, family planning, pregnancy, or STD prevention topics you would like to know more about?
- Who needs the information (pre-teens, teens, those in their 20's, 30's, 40's, etc., men, women, other population)?
- Where *and* how do you like to get new information (from a medical professional, a friend, the internet, a pamphlet, book, attending a class or group session, the library, other)?
- How often do you want/need the information (once, daily, monthly, annually, other)?

A key informant is a resource person who has specialized insight to current trends and needs for a topic. Periodic interviews with key informants focusing on perceived gaps in reproductive health information will add data to the spectrum of community needs assessment. Key informants can be an accessible representative of a target group [i.e. a client who seeks emergency contraception (EC) more than once might be interviewed for insights to missing EC education], program directors or educators in direct contact with potential users of reproductive health information or services (i.e. teen parent program leaders), outreach workers, home visitation health specialists, or any other person who shares common links to the target group.

Informal interviews can be done among professionals and the public who request reproductive health information. Agency staff can routinely follow up with individuals who request reproductive health information, who complete a health department library search, or who checkout materials from an agency resource library. Delegate agency personnel informally ask if the requester found what was needed, make note of topics not found and any action taken in response. This informal opportunity takes little time, but requires a consistent inquiry and documentation effort.

### **III. Title X Standards**

Title X provides delegate agencies with standards of services and reproductive health information. Delegate agency personnel can assess themselves against these standards to uncover needs. Reproductive health information and outreach needs can be cross checked using the CDPHE-WHS standards, policies, procedures and recommendations for *sections "V. Health Care Services"; "X. Pregnancy Testing and Counseling"; "XI. Adolescent Services"; and "XIV. HIV/AIDS Education/ Risk Reduction Procedures and Policy Recommendations."*

### **IV. Analysis of Statistics and Records**

Epidemiological data, demographic data, and quality of life indicators such as education, literacy, employment status, income, public assistance, frequency and use of community resources can be used to identify appropriate interventions. Utilizing existing public health planning documents through

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government departments (such as *Healthy People 2010*) also adds to the identification of interventions and helps set priorities for programming.

\*Another option is to conduct a chart audit of patient/population demographics, economic identifiers, and services sought, services provided, and especially services that are repeated to analyze “what groups” need “what information.”

### **V. Suggestion box**

A suggestion box is a very basic but productive tool for needs assessment. A variation of this is to use a “comment notebook” placed in a waiting room. Users of reproductive health service in Larimer County evaluated the “comment notebook” tool in 1998 and the evaluation showed it to be a non-threatening, comfortable way to communicate needs. The “comment notebook” can be labeled with one or two topics for input much like those suggested for focus groups including:

- ◆ What is the most important thing you need to know about preventing a pregnancy, family planning, sexually transmitted disease/infection (STD/STI) or other reproductive health topic?”
- ◆ What are other reproductive health, family planning, pregnancy, or STD prevention topics you would like to know more about?
- ◆ Who needs the information (pre-teens, teens, those in their 20’s, 30’s, 40’s, etc, men, women, other population?)?
- ◆ “Where *and how* do you like to get new, accurate information (from a medical professional, a friend, the internet, a pamphlet, book, attending a class or group session, the library, other)”??
- ◆ How often do you want/need the information (once daily, monthly, annually, other?)

### **VI. Meetings, Reports, and Newsletters**

Attending meetings for reproductive health departments, hospitals, or other reproductive clinical service agencies and reading their newsletters are useful ways to discover new programs, services, and new directions in health care service. These can define the needs for building information resources.

### **Completing the Needs Assessment Process:**

With each and all of the above needs assessment tools, it is important to document the following:

- ◆ How the need for reproductive health information was measured
- ◆ The development of goals, objectives, and the plan of action to respond to the identified need
- ◆ Methods of program implementation

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REPRODUCTIVE HEALTH INFORMATION AND  
OUTREACH NEEDS ASSESSMENT SURVEY

**Why should I do this survey and what will you do with the information?**

This survey helps to determine community needs for information about reproductive health. Reproductive health includes topics about birth control, pregnancy issues, sexually transmitted disease/infections, family planning, and related information. It has been developed so you can tell us what information you need. The information that you give will be used to better provide accurate, up-to-date information to meet the need and to prioritize outreach to the community.

**Is the information I give kept confidential?**

Yes! Please **DO NOT** write your name on this survey. The answers you give will be kept private. No one will know who you are. The questions about your background will **only** be used to describe the type of people who completed the survey.

**How much time does it take to complete the survey?**

Most average about 10-15 minutes, but please take the time you need to complete the survey.

**What do I do when I'm done taking the survey?**

Answer the questions as completely as possible then put the completed survey into the large envelope that is labeled "CONFIDENTIAL." For those who are responding by mail, return the completed survey in the prepaid envelop ***within the next 7 days.***

**Instructions for completing the survey:**

1. Answer the questions as completely as possible. If you are not sure how to answer a question, write your comment next to the question.
2. When finished with the survey, place it in the "CONFIDENTIAL" envelope or for those returning this by mail, use the prepaid envelop and mail ***within the next 7 days.***

*Thank You Very Much For Your Input!*

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These questions ask about the need that you or your partner(s) may have for reproductive health information and how important the information is to your life and health.

- I. Thinking about the **past 12 months, did you or your partner(s)** have a *need for information* regarding the following reproductive health topics? **Circle “Yes or No.”**  
Also, how much difference would the information have made on your life or health? **Circle one number** to describe the impact the information would have had on your life or health.

Reproductive Health Topic	Have you or your partner needed more information?	If “YES”, how important would this information have been to your life or health? (1 = not important/just curious to 5 = major impact on one's life or health)	Any Comments
Birth control pills	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Depo-Provera injections	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Ortho-Evra (“patch”)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Natural Family Planning/Fertility Awareness Method	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Condoms for men	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Condoms for women	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Diaphragm	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Spermicides (contraceptive creams/jelly)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Birth Control Sponge	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Emergency Contraception	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Intrauterine Device (IUDs)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Vasectomy (Male sterilization)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Female Sterilization	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Contraceptive failure	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Breastfeeding and Contraception	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Breastfeeding as a contraceptive method	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Menstrual Cycle issues	Yes or No	1 2 3 4 5 No impact Some impact Major impact	

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Reproductive Health Topic	Have you or your partner needed more information?	If "YES", how important would this information have been to your life or health? (1 = not important/just curious to 5 = major impact on one's life or health)	Any Comments
Sexual Dysfunction & Viagra information	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Teen Sexual Issues	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Sexually Transmitted Disease/Infections ( <i>circle which ones in the comment section</i> )	Yes or No	1 2 3 4 5 No impact Some impact Major impact	<b>Which ones?</b> <b>Chlamydia</b> <b>Syphilis</b> Gonorrhea      Herpes Chancroid      HIV/AIDS Urethritis      Cervicitis Genital Warts (HPV) Pelvic Inflammatory Disease (PID) OTHER: _____
Treatment of Sexually Transmitted Diseases/Infections	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Adoption	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Pregnancy Termination/Abortion	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Criteria for starting contraceptive use (who can use what method)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
<b>OTHER:</b>	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
<b>OTHER:</b>	Yes or No	1 2 3 4 5 No impact Some impact Major impact	

II. What is the most important thing you need to know about preventing a pregnancy, family planning, sexually transmitted disease or infection (STD/STI), or other related reproductive health topic?"

III. What are other reproductive health, family planning, pregnancy, or STD/STI topics you would like to know more about?

IV. How do you describe the **type** of reproductive health information that you seek?

Circle all that apply:

<b>Only Facts</b>	<b>Only a Review</b>	<b>In-depth Information</b>	<b>Research</b>	<b>Clinical Information</b>	<b>Administrative</b>	<b>Other:</b>
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V. Where *and how* do you like to get new, accurate information (*from a medical professional, a friend, the internet, a pamphlet, books, attending a class or group session, the library, hospital, health department, colleagues, professional update periodical, other*)?

VI. How often do you want or need the information (*once, daily, monthly, annually, other*)?

**These questions allow a general description of those who completed the survey.**

1. How old are you? \_\_\_\_\_ (Write the number of years old)

2. Are you: Male \_\_\_\_\_ or Female \_\_\_\_\_

3. What is the highest grade you have completed in school?

1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16 17+
Grade school	High School	Vocational/Tech/College/Grad School

4. How would you describe yourself?

American Indian or Alaska Native	Asian	Black or African-American
Hispanic or Latino origin/descent	Native Hawaiian or Pacific Islander	White or Caucasian
Other (please describe)		

5. Which best describes your marital status?

Married	Widowed	Divorced/Separated	Single, never married	Partner of unmarried couple
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6. How many people live in your household, *including yourself* and any children?

1	2	3	4	5	6	7	8	9	10	11 or more
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7. How would you describe your current employment status? Check all that apply

Employed full-time for wages		College Student	
Employed part-time for wages		High School Student	
Self-employed		Jr. High Student	
Laid off or unemployed		Current Grade:	
Retired		Other:	
Full-time homemaker			



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**7. What was your household's total income before taxes last year? Include all sources for you and those living in your household?**

**Check one box:**

Less than \$8,590		\$29,731 to \$33,999	
\$8,591 to \$11,610		\$34,000 to \$39,999	
\$11,611 to \$14, 630		\$40,000 to \$49,999	
\$14,631 to \$17,650		\$50,000 to \$59,999	
\$17,651 to \$20,670		\$60,000 to \$69,999	
\$20,671 to \$23,690		\$70,000 to \$79,999	
\$23,691 to \$26,710		\$80,000 to \$99,999	
\$26,711 to \$29,730		More than \$100,000	

**Comments:**

What can *reproductive* health clinics, departments, or agencies in Colorado do to have a greater impact on the community's health? (Please write your answer in the space below)

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Do you have any comments about this questionnaire or about your reproductive health? We welcome your comments in general or about specific questions, especially any that were unclear or confusing to you.

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Thank you for completing this questionnaire.

Please return this in the envelope labeled "CONFIDENTIAL" or for those who are responding by mail, return the completed survey in the prepaid envelop ***within the next 7 days addressed to:***

**(agency stamp with Attn: \_\_\_\_\_ here)**

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**ENCUESTA PARA EVALUAR EL ALCANCE DE LAS NECESIDADES DE INFORMACIÓN  
SOBRE LA SALUD REPRODUCTIVA**

**¿Por qué tengo que contestar esta encuesta y que harán con la información?**

Esta encuesta ayudará a determinar las necesidades de información que existen en la comunidad relacionadas con la salud reproductiva. La salud reproductiva incluye temas relacionados con el control de la natalidad, aspectos del embarazo, infecciones / enfermedades de transmisión sexual (venéreas), planificación familiar, e información relacionada con estos temas. La encuesta se ha diseñado para que usted pueda decirnos el tipo de información que necesita. La información que nos proporcione se usará para poder brindarle una información correcta, mejor y más al día, que satisfaga las necesidades y que sirva para establecer prioridades en nuestro esfuerzo por satisfacer las necesidades de la comunidad.

**¿Será confidencial la información que yo les dé?**

¡Sí! Por favor **NO** escriba su nombre en esta encuesta. Las respuestas que nos dé se mantendrán privadas. Nadie podrá saber quién es usted. Las preguntas sobre sus datos generales serán usadas únicamente para identificar el tipo de persona que contestó la encuesta.

**¿Cuánto tiempo llevará contestarla?**

De 10 a 15 minutos en promedio, pero por favor tómese el tiempo necesario para contestar la encuesta.

**¿Qué tengo que hacer cuando esté contestando la encuesta?**

Conteste las preguntas tan completamente como sea posible, después ponga la encuesta ya contestada dentro del sobre largo marcado como "CONFIDENCIAL." Para aquellas personas que la recibieron por correo, ponga el cuestionario contestado dentro del sobre pre-pagado regresándolo por correo **dentro de los 7 días siguientes.**

**Instrucciones para responder a la encuesta:**

1. Conteste las preguntas lo más completo posible. Si no está segura / tiene duda de cómo contestar una pregunta, escriba su comentario al lado de la pregunta.
2. Cuando termine de contestarla, colóquela dentro del sobre que dice "CONFIDENCIAL" o, para aquellas personas que lo regresen por correo, use el sobre pre-pagado y deposítelo en el buzón **dentro de los 7 días siguientes.**

*Muchas gracias por sus observaciones!*

## SECTION VI COMMUNITY OUTREACH AND MARKETING

Estas preguntas son sobre las necesidades de información que usted o su pareja(s) pudieran tener acerca de la salud reproductiva y la importancia que dicha información tiene para su vida y su salud.

I. Pensando en los **últimos 12 meses, ¿su pareja(s) o usted** tuvieron necesidad de información relacionada con alguno de los siguientes temas de salud reproductiva? **Haga un círculo indicando “Sí o No.”**

Además, ¿qué diferencia ha tenido esta información para su vida o su salud? **Haga un círculo en número** que describe el impacto que tuvo la información en su vida o en su salud.

<b>Temas de salud reproductiva</b>	<b>¿Su pareja(s) o usted necesitan más información?</b>	<b>Si respondió “Sí”, ¿qué importancia tuvo esta información para su vida o su salud? (1 = sin importancia/sólo curiosidad hasta 5 = gran impacto en la vida o salud de la persona)</b>	<b>Algún comentario(s)</b>
Pastillas para el control natal	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Inyecciones de Depo-Provera	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Ortho-Evra (“patch”)	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Método de Planificación Familiar Natural/ Conocimiento de la Fertilidad	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Condomes/preservativos para el hombre	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Condomes para mujeres	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Diafragma	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Espermaticidas (cremas/ jaleas contraceptivas)	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Esponja para control natal	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Anticoncepción de emergencia	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Dispositivo intrauterino (DIU o “aparato”)	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Vasectomía (Esterilización masculina)	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Esterilización femenina	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Falla /fracaso anticonceptivo	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
El amamantar y la anticoncepción	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	

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<b>Temas de salud reproductiva</b>	<b>¿Su pareja(s) o usted necesitan más información?</b>	<b>Si respondió "Sí", ¿qué importancia tuvo esta información para su vida o su salud? (1 = sin importancia/sólo curiosidad hasta 5 = gran impacto en la vida o salud de la persona)</b>	<b>Algún comentario(s)</b>
El amamantar como un método anticonceptivo	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Hechos sobre el ciclo menstrual	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Información sobre las disfunciones sexuales y Viagra	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Hechos sobre la sexualidad de los adolescentes y jóvenes	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Enfermedades venéreas /Infecciones de transmisión sexual <b>(círcule cuáles en la sección de comentarios)</b>	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	<b>¿Cuáles?</b> <b>Clamidia</b> Gonorrea Chancroides Uretritis Verrugas genitales (Virus del papiloma humano) Inflamación Pélvica (PID por sus siglas <b>en inglés</b> ) <b>Sífilis</b> Herpes VIH/SIDA Cervicitis OTRO: _____
Tratamiento de enfermedades/infecciones de transmisión sexual	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Adopción	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Terminación del embarazo /aborto	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
Criterios para iniciar el uso de métodos anticonceptivos (quién puede usar cuál método)	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
<b>OTRO:</b>	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	
<b>OTRO:</b>	Sí o No	1 2 3 4 5 No impacto Algún impacto Gran impacto	

- II. ¿Qué es lo más importante que usted necesita conocer para prevenir un embarazo, planear su familia, una enfermedad o infección de transmisión sexual (STD/STI por sus siglas en inglés), o algún otro tema relacionado con la salud reproductiva?
- III. ¿Cuáles son otros temas sobre la salud reproductiva, planificación familiar, embarazo o STD/STI que le gustaría conocer o saber más?

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IV. ¿Cómo describe usted el **tipo** de información sobre la salud reproductiva que está buscando?

*Circule todo lo que se relacione:*

<b>Sólo hechos</b>	<b>Sólo una revisión</b>	<b>Información a fondo</b>	<b>Investigación</b>	<b>Información clínica</b>	<b>Administrativa</b>	<b>Otro:</b>
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V. ¿Dónde y por qué medio le gustaría obtener la información actualizada y precisa (*de un profesional de la medicina, un amigo, vía internet, un folleto, libros, asistiendo a una clase o sesión de grupo, la biblioteca, el hospital, el departamento de salud, los colegas, periódico de actualización profesional, otro*)?

VI. ¿Con qué frecuencia usted desea o necesita la información (*una sola vez, diariamente, cada mes, anualmente, otro*)?

**Estas preguntas permiten una descripción general de quienes contestaron la encuesta.**

1. ¿Cuántos años tiene usted? \_\_\_\_\_ (Escriba la edad en número que tiene usted)

2. ¿Pertenece usted al género: Masculino? \_\_\_\_\_ o Femenino? \_\_\_\_\_

3. ¿Cuál es el último grado/año que terminó en la escuela?

1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16 17+
Escuela elemental/ Secundaria	Preparatoria	Vocacional/Tecnológico/Escuela de graduados

4. ¿Cómo se describe a sí mismo?

Indio americano o nativo de Alaska	Asiático	Negro o Afro-americano
Hispano, descendiente u originario de un país latino	Nativo de Hawaii o de las islas del Pacífico	Blanco o caucásico
Otro (por favor, explique)		

5. ¿Qué describe mejor su estado civil?

Casado(a)	Viudo (a)	Divorciado/Separado	Soltero, nunca se ha casado	Pareja en una relación entre solteros
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6. ¿Cuántas personas viven en su domicilio, *incluyéndola a usted y a cualquier niño*?

1	2	3	4	5	6	7	8	9	10	11 o más
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7. ¿Cómo describe usted su situación de trabajo actual? Marque todas las que apliquen

Empleado de tiempo completo con sueldo		Estudiante de Universidad / College	
Empleado de tiempo parcial con sueldo		Estudiante de la escuela Preparatoria	
Trabajador independiente		Estudiante de Secundaria (Jr. High en inglés)	
Despedido o sin trabajo		Calificación actual:	
Retirado / pensionado		Otro:	
Ama de casa a tiempo completo			

8. El año pasado, ¿cuál fue el ingreso total de su familia antes de los impuestos? Incluya todas las fuentes de ingreso que recibieron usted y otras personas que viven en su domicilio.

**Marque un recuadro:**

Menos de \$8,590		\$29,731 hasta \$33,999	
\$8,591 hasta \$11,610		\$34,000 hasta \$39,999	
\$11,611 hasta \$14,630		\$40,000 hasta \$49,999	
\$14,631 hasta \$17,650		\$50,000 hasta \$59,999	
\$17,651 hasta \$20,670		\$60,000 hasta \$69,999	
\$20,671 hasta \$23,690		\$70,000 hasta \$79,999	
\$23,691 hasta \$26,710		\$80,000 hasta \$99,999	
\$26,711 hasta \$29,730		Más de \$100,000	

**Comentarios:**

¿Qué pueden hacer las clínicas de salud reproductiva, los departamentos u organismos públicos de Colorado para alcanzar tener un mayor impacto en la salud de la comunidad? (Por favor escriba su respuesta en el siguiente espacio)

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**SECTION VI**  
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¿Tiene usted algunos comentarios sobre esta encuesta o sobre su salud reproductiva? Le estamos muy agradecidos por sus opiniones generales o sobre aspectos específicos, especialmente cuando algo no le queda claro o la ha confundido.

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Le agradecemos que haya contestado esta encuesta.

Por favor regrese la encuesta dentro del sobre marcado "CONFIDENCIAL" o, para aquellas personas que deseen contestarla por correo, envíenlo dentro del sobre pre-pagado *en los próximos 7 días a la atención de:*

**(ponga aquí el sello del organismo público con Attn:\_\_\_\_\_)**

**SECTION VI**  
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**CONSENT FORMS AND EDUCATIONAL MATERIALS**

The Family Planning Program provides consent forms and some educational materials to delegate agencies free of charge. Many of these are available in Spanish. If you would like any of these materials, please fill out the following form and fax to the WHS at 303.691.7900



**SECTION VI  
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**FAMILY PLANNING PROGRAM FORMS REQUEST**

**Please print your name and address clearly.**

**Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_

CO Dept of Public Health & Environment  
7500 / HPDPD-WHS-A5  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

**OR FAX YOUR ORDER TO: 303-691-7900**  
**ATTN: CHRISTAL GARCIA**

Quantity	Form
_____ <u>N/A</u>	Cervical Cap Consent (NCR)
_____ _____	Client Registration
_____ _____	Delayed Pelvic Exam (NCR)
_____ _____	Depo-Provera Consent/Client Information (NCR)
_____ <u>N/A</u>	Diaphragm Consent (NCR)
_____ <u>Eng.&amp;Sp.</u>	Did You Know You Can Get Family Planning While on Medicaid?
_____ _____	Emergency Contraception Consent (NCR)
_____ _____	Family Planning Program Booklet
_____ _____	Family Planning Program Consent (NCR)
_____ <u>N/A</u>	Folic Acid Fact Sheet
_____ _____	"He Made Me Do It..." - What to do when your partner says <b>YES</b> and you want to say <b>NO</b>
_____ _____	Healthy Weight...Healthy You!
_____ _____	HIV & Sex: Safe, Safer, Safest
_____ <u>N/A</u>	HPV Brochure
_____ _____	Hormonal Method Consent (OCP, Evra, Nuvaring) (NCR)
_____ _____	Initial History, Part 1
_____ <u>Eng.&amp;Sp.</u>	Initial History, Part 2
_____ _____	"My Mom Would Kill Me..." - Talking with your parents about sexual decision making
_____ _____	Norplant Removal Consent (NCR)
_____ _____	Nutrition and Family Planning
_____ <u>N/A</u>	Referral Form (NCR)
_____ <u>N/A</u>	Request for CDPHE Family Planning Forms
_____ _____	Request for Pregnancy Test (NCR)
_____ <u>N/A</u>	Smoking Cessation Stickers (Sheets of 30 stickers)
_____ _____	What is Right For You? Choosing a birth control method

**N/A = not available**

Eng.&Sp. = both English & Spanish versions are on one form or brochure.