

Master of Public Health
Integrative Learning Experience Report

***PROMOTING HEALTH AND CONFIDENCE: DEVELOPMENT AND
EVALUATION OF A LOTERÍA GAME TO IMPROVE PERCEPTION AND
ACCESS TO SERVICES IN THE HISPANIC/LATINO COMMUNITY OF
JOHNSON COUNTY, KS.***

by

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submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Summary/Abstract

Johnson County Department of Health and Environment (JCDHE) serves a large and growing Hispanic/Latino community that often experiences language and access barriers. To meet this need, I developed and evaluated Health Lotería—a bilingual, culturally familiar game paired with a QR-coded digital resource index—to increase awareness of JCDHE services, strengthen trust, and make it easier for Spanish-preferring residents and their families to navigate and access care.

I used Excel-based descriptive analysis of JCDHE's Patagonia clinical data to contextualize need and guide implementation. Person-level fields reflect the most recent encounter, and service use was stratified by language preference. I complemented this with operational interpreter analytics (Propio) and community implementation observations collected during outreach. Evaluation included a brief, IRB-approved, bilingual survey using an implied-consent statement with no personal identifiers.

Key findings reinforced the case for culturally and linguistically tailored outreach. Of 21,977 unique patients, 4,500 (20.48%) preferred Spanish; among them, 3,319 (73.76%) required an interpreter—evidence of a substantial communication barrier. In the same period, 7,309 patients (33.26%) self-identified as Hispanic/Latino, far exceeding the county's 9.8% share, highlighting JCDHE's critical role for this population. Propio data showed Spanish comprising roughly two-thirds of interpreter calls.

Implementation through four community events demonstrated strong engagement and organic spread (e.g., residents requesting extra cards/business cards to share with parents and grandparents). The bilingual format, familiar imagery, and clear, plain-language resource links were consistently well-received. Continued survey analysis and website click-analytics will quantify changes in awareness, perceived cultural inclusivity, and ease of access to services.

Overall, Health Lotería translated documented needs into an approachable tool that residents actually use. Early outcomes suggest the intervention is acceptable, culturally resonant, and operationally feasible. Finalized survey metrics and digital engagement data will support next-step refinement and scaling across high-demand programs (e.g., Maternal Health, Immunizations, Family Planning), where language supports are most critical.

Subject Keywords: Hispanic/Latino communities; health equity; culturally tailored intervention; language access; community engagement; Health Lotería (Lotería-based)

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Chapter 1 - Literature Review

1.1 Introduction

Hispanic/Latino communities are one of the fastest-growing populations in the United States and continue to experience disproportionate burdens of chronic disease, preventive care gaps, and barriers to timely, high-quality care [1, 2]. These patterns are visible across multiple conditions and services, including routine screenings and infectious disease prevention, and reflect structural and social determinants rather than individual choice alone [2]. Survey data further show that many Hispanic/Latino adults report difficulties communicating with clinicians, navigating the system, and receiving respectful care, underscoring persistent access and quality challenges [1]. Addressing these disparities requires interventions that move beyond translation to engage culture, language, trust, and community conditions as central design features [3,4]. The National Culturally and Linguistically Appropriate Services (CLAS) standards offer a practical framework for this work, emphasizing organizational commitment, language access, and responsive care processes that can be adapted for local implementation [3].

Traditional one-size-fits-all public health messaging has not eliminated these inequities because it often overlooks cultural values, health beliefs, and communication preferences that shape real-world uptake and behavior change [4]. In contrast, culturally and linguistically tailored strategies—delivered by concordant staff and community partners—have demonstrated better engagement, understanding, and follow-through among Hispanic/Latino audiences [1,4]. Trust is a recurring theme: experiences of bias, poor communication, or lack of language services erode confidence and depress utilization, while consistent, respectful care rebuilds it [1]. Together, these considerations motivate the present project's focus on a culturally resonant, bilingual educational tool designed with and for the community, consistent with CLAS principles [3].

1.2 The Landscape of Health Disparities in U.S. Hispanic/Latino Communities

1.2.1 Defining Health Disparities and Health Equity

Health disparities are preventable differences in disease burden and opportunities to achieve optimal health that adversely affect socially disadvantaged groups, including racial/ethnic minorities [1,2]. Health equity is achieved when everyone can attain their full health potential and no one is disadvantaged from achieving this potential due to social position or other socially determined

circumstances [1, 2]. Contemporary public health scholarship and practice emphasize that equity work must extend beyond clinical access to address the broader social, economic, and environmental determinants in which people live, work, learn, and age [6]. For Hispanic/Latino communities, these determinants include language access, immigration-related stressors, discrimination, and differential exposure to enabling resources that cumulatively shape outcomes across the life course [6, 7].

1.2.2 Common Barriers to Healthcare Access

Financial and insurance barriers remain foundational. Hispanic/Latino adults are more likely to be uninsured or underinsured than non-Hispanic/Latino White adults—patterns driven by eligibility rules, employment in sectors with limited benefits, and affordability challenges that deter routine and preventive care [8]. Local data for the Kansas City metropolitan region reveal the magnitude of the gap for Hispanic/Latino immigrants, with uninsured rates as high as 55% in Johnson County, Kansas, and 67% in adjacent Wyandotte County [9]. Even when insurance coverage is present, deductibles, copayments, and lost wages from time off work can still suppress utilization for lower-income families [5].

Language and communication barriers are persistent and consequential. Many Hispanic/Latino adults report difficulty communicating with clinicians, understanding instructions, or finding language-concordant providers, which directly affects care quality and adherence [10]. Limited English proficiency compounds these challenges and can pose as great or greater risk than low general health literacy for navigating care safely and effectively [10]. Inadequate access to qualified interpreters or bilingual staff further increases the risk of errors and undermines patient confidence in care plans [1]. These communication dynamics also interact with stigma and cultural norms, especially in sensitive areas like mental health or sexual health, making culturally responsive dialogue essential [1].

Geography, transportation, culture, and institutional climate add layers to access. For many immigrant households, distance to services, irregular work hours, and limited public transportation reduce the feasibility of routine care, particularly in rural or underserved areas [9]. Lack of familiarity with the U.S. healthcare system, differing health beliefs, and preferences for family-centered decision-making can create friction with clinic workflows if not anticipated and accommodated [6]. Reports of discrimination or bias in healthcare settings are not uncommon and are associated with avoidance, delays, and lower satisfaction with care among Hispanic/Latino patients [1]. Implicit biases and non-accommodating policies can institutionalize these barriers if organizations do not proactively address them [10].

1.2.3 The Critical Role of Health Literacy

Health literacy—the ability to obtain, process, and understand basic health information to make appropriate decisions—is a key mediator between access and outcomes for Hispanic/Latino communities [11]. National assessments show that adults who primarily spoke Spanish before school entry have among the lowest average health literacy scores in the U.S., a gap linked to difficulties with written health information and care navigation [12]. Limited health literacy is associated with lower uptake of preventive services, poorer chronic disease management, medication errors, and higher potentially avoidable utilization [11].

Interventions show promise when they pair clear communication with cultural and linguistic congruity. Systematic reviews of programs for Spanish-speaking adults identify effective models that use *promotoras [de salud]* (community health workers), multimodal education, and teach-back methods to improve comprehension and self-management behaviors [13,14]. Dual-focus approaches that integrate English-language learning with health education can further reduce risks tied specifically to limited English proficiency while strengthening health literacy skills [15]. In cardiometabolic prevention and control, targeted literacy supports have been linked to better adherence and healthier lifestyle behaviors among Hispanic/Latino participants [16].

1.2.4 Distrust as a Systemic Barrier in Healthcare

Medical mistrust—skepticism toward providers and health systems—shapes whether, when, and how people engage in care, and it has been repeatedly documented among Hispanic/Latino communities [17]. This mistrust arises from historical and contemporary experiences, including discrimination, inadequate communication, confidentiality concerns, and perceived unequal treatment, which collectively signal that care may not be safe or responsive [1,18]. Such experiences are not only interpersonal but also structural, reflecting policies and practices that fail to ensure language access, cultural humility, and equitable care environments [17].

The consequences of mistrust are measurable: lower satisfaction, reduced adherence, delayed or foregone care, and underuse of recommended screening and treatment—even after accounting for insurance and socioeconomic status [17]. Strong solutions, therefore, require organizational change, not just individual rapport building. Evidence-informed strategies include implementing CLAS Standards, investing in interpreter services, diversifying and training the workforce in cultural humility, and partnering with *promotoras* to serve as trusted cultural brokers and navigators [3,14]. Over time,

consistent delivery of respectful, linguistically accessible care is central to rebuilding confidence and improving outcomes in Hispanic/Latino communities [3,14].

1.3 The Imperative for Culturally Tailored Interventions

Persistent gaps in access, outcomes, and experience among Hispanic/Latino communities point to the limits of generic public health approaches and the necessity of culturally responsive strategies [19]. Tailored interventions—those designed or adapted for specific cultural and linguistic settings—improve engagement, comprehension, and behavior change because they resonate with community values, beliefs, and everyday constraints that shape health decisions [20]. In many Hispanic/Latino communities, norms such as *familismo* (family-centered decision-making) and *personalismo* (warm, trust-based relationships) influence how information is received and acted upon, which generic materials often fail to address [20]. Programs that explicitly incorporate these norms and address language access, immigration-related stressors, and mistrust consistently show better participation and retention than one-size-fits-all efforts [21]. In short, cultural and linguistic fit is not an aesthetic preference but a core determinant of intervention effectiveness and equity [19,20].

Cultural tailoring reframes intervention design from “translation at the end” to “co-creation from the start,” integrating community priorities, idioms, and delivery channels throughout the program lifecycle [20]. This approach reduces cognitive load, increases message relevance, and makes recommended actions more feasible within real family, work, and transportation constraints [21]. It also enables programs to engage trusted messengers (e.g., *promotoras*, bilingual staff) whose credibility can counteract historical and modern drivers of mistrust [20]. Across prevention, chronic disease management, and mental health, tailoring has produced measurable gains in knowledge, self-efficacy, and clinical outcomes for Hispanic/Latino participants compared with standard materials [19,21]. These findings motivate the present project’s emphasis on a bilingual, culturally resonant tool developed with community partners from inception to implementation [20].

1.3.1 The National CLAS Standards Framework

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) offer a practical blueprint for organizations seeking to institutionalize equity through culture, language, and continuous quality improvement [3]. Updated in 2013, the 15 standards center on a principal commitment to “effective, equitable, understandable, and respectful” services, supported by domains spanning governance/leadership/workforce; communication and language assistance; and engagement,

continuous improvement, and accountability [23]. National CLAS standards emphasize organizational policies (not just individual intentions), qualified language assistance, staff training, and accountability mechanisms that embed culture and language into routine care [3]. Lessons from adopters demonstrate improvements in patient experience, fewer communication-related errors, and stronger community trust when standards are implemented with leadership backing and monitoring [24]. For Hispanic/Latino communities, CLAS-aligned systems have been associated with greater utilization, better adherence, and more appropriate chronic disease management when language access and culturally concordant materials are reliably delivered [3,24,25].

1.3.2 Evidence for the Efficacy of Culturally Adapted Programs

A strong evidence base shows that culturally adapted programs for Hispanic/Latino populations achieve superior outcomes to generic comparators across multiple domains, with effect sizes that are clinically meaningful for both behaviors and biomarkers [26]. In diabetes prevention and management, culturally adapted lifestyle and DPP-derived programs for Latino adults have produced significant weight loss and risk-factor improvement at 6–12 months relative to usual care or non-tailored materials [26]. Interventions that pair clear communication with culturally grounded counseling and family involvement demonstrate higher completion rates and stronger maintenance of gains over time [26]. These findings emphasize that adaptation is not merely translation but systematic conformance of content, delivery, and context with cultural norms and constraints [20,26].

Evidence extends beyond metabolic risk to mental health and family-focused prevention. The Bridges to Better Health and Wellness program—a culturally adapted care-management model for Hispanics/Latinos with serious mental illness—improved patient activation, self-efficacy, rating of care quality, and uptake of preventive services, with high program retention over 12 months [27]. Family-centered models such as *Familias Unidas* [United Families] and women’s health programs like *Salud, Educación, Prevención y Autocuidado* [Health, Education, Prevention, and Self-Care] (SEPA) leverage *familismo* and *respeto* (respectful deference to elders and authority) to reduce risk behaviors and strengthen protective factors among Latino youth and adults [28]. Meta-analytic work consistently finds that tailored programs outperform non-tailored ones when adaptations are theory-driven and address both surface structure (language, imagery) and deep structure (values, beliefs, conditions) [26, 28]. Collectively, these studies justify investing in cultural adaptation as a primary design choice rather than an afterthought [20].

1.3.3 Limitations of “One-Size-Fits-All” Public Health Messaging

Standardized messaging assumes uniform beliefs, motivations, and constraints, which can depress relevance and uptake among culturally diverse audiences, including Hispanic/Latino communities [29]. Such approaches often miss deep-structure factors (e.g., family decision-making, immigration stressors) and rely on literal translation without addressing idioms, literacy, or trust relationships that determine real-world behavior [30]. As a result, generic materials can inadvertently widen inequities by resonating more with majority populations and less with groups facing language and access barriers [31]. Empirical work in risk communication shows that tailored messages improve perceived relevance, comprehension, and intention to act compared with non-tailored versions, particularly in underserved populations [29]. These differences translate into measurable disparities in prevention and treatment adherence when messaging is not adapted to cultural and linguistic needs [30].

The weaknesses of generic approaches were stark during COVID-19, when standardized guidance frequently failed to account for essential-worker exposure, multigenerational housing, or immigration-related fears prevalent in many Hispanic/Latino communities [32]. Non-tailored campaigns struggled to overcome distrust and failed to employ trusted messengers, leading to lower uptake of recommended behaviors in some settings [29]. In contrast, community-specific strategies that engaged *promotoras*, used culturally resonant channels, and addressed concrete barriers achieved higher reach and behavior change [30]. The cumulative lesson is clear: messaging must be co-designed with communities, align with CLAS principles, and flex across settings to avoid reproducing disparities [3,29,32]. Moving forward, tailoring should be treated as a quality standard for equity, not an optional enhancement [22].

1.4 Gamification and Cultural Icons as Public Health Tools

Gamification applies game mechanics—clear goals, feedback, and social reinforcement—to make health education more engaging, memorable, and actionable across diverse audiences [33]. Meta-analytic and scoping evidence indicate small-to-moderate improvements in health behaviors and literacy when game elements are integrated into interventions, with effects that often persist beyond active participation [33,34]. For Hispanic/Latino communities, coupling gamification with culturally familiar symbols can boost relevance, lower cognitive load, and increase trust in the messenger and message [35]. Culturally grounded games invite family participation and collective decision-making, adapting to values that can promote sustained behavior change rather than one-time uptake [35]. As a result,

gamified tools that capitalize on cultural icons are increasingly used to reduce access, comprehension, and motivation gaps in public health outreach [36].

1.4.1 A Brief History and Cultural Significance of Lotería

Lotería—popularly known as “Mexican bingo”—evolved into a 54-card, image-based game that is widely recognized as a symbol of Mexican heritage and everyday life [37]. Beyond entertainment, the imagery and riddles linked to each card transmit cultural knowledge across generations, making the game a natural conduit for shared learning in family and community settings [37]. Contemporary artists and educators have adapted Lotería’s visual vocabulary to connect tradition with modern topics, emphasizing its flexibility as a culturally resonant communication platform [38]. Because it is familiar, social, and low-barrier, Lotería can anchor public health content without feeling foreign or didactic to participants [37,38].

1.4.2 Precedent: The Use of Lotería and Games in Health Outreach

Public agencies and universities have piloted Lotería-based outreach to bridge information gaps and strengthen ties with Hispanic/Latino communities [39]. The Pima County Health Department created a Health Lotería as part of the Racial and Ethnic Approaches to Community Health (REACH) COVID efforts, using the game to surface services and prevention messages in a culturally comfortable format at community events [39,40,41]. Academic partners have incorporated Lotería into worker-health education to support dialogue about hazards, rights, and resources among Spanish-speaking audiences [42]. These precedents illustrate how traditional games can package complex content into accessible, trust-building encounters that outperform standard handouts in engagement and recall [43].

1.4.3 Principles of Gamification in Health Education

Effective gamification targets intrinsic motivation—autonomy, competence, and relatedness—through meaningful choices, progressive challenge, and collaborative play, rather than superficial points or badges alone [34]. Health games that simulate real scenarios and provide immediate feedback improve comprehension and self-efficacy, especially when language, imagery, and examples match the audience’s lived experiences [33]. Sustainability also matters: interventions show the strongest gains during active use, but well-designed programs retain benefits in follow-up, suggesting learning and habit formation rather than novelty effects [34]. Pairing gamification with culturally tailored delivery (e.g., bilingual prompts, family play, promotor engagement) enhances reach and equity while maintaining adaptability and cost-effectiveness for community settings [33,34].

1.5 The Local Context: Johnson County and Community-Centered Design

Johnson County, Kansas—part of the Kansas City metro—has grown more diverse, with Hispanic/Latino residents comprising approximately 9–10% of the population and living across multiple cities rather than in a single enclave [44]. Geographic dispersion and varied work schedules can complicate outreach, making low-barrier, mobile, and family-friendly strategies especially useful for engagement [9]. Insurance gaps remain prominent as well: In Johnson County (2014–2016), 55% of Hispanic/Latino immigrants (foreign-born) were uninsured, compared with 26% of all Hispanic/Latino residents and 6% of the total population countywide [9]. These gaps correspond with eligibility restrictions and job-based coverage limits that reduce access to preventive care [9]. These conditions position culturally resonant, portable tools like Health Lotería to meet people where they are—both literally and culturally—while linking them to county resources [9,44].

1.5.1 Demographics and Health Needs of Johnson County’s Hispanic/Latino

Population

County data platforms and community reports indicate pockets of concentrated need alongside overall prosperity, including higher uninsured rates and language access challenges in specific ZIP codes [9]. Disparities in income and educational attainment within the Hispanic/Latino community have downstream effects on transportation, appointment flexibility, and digital access for health information [46]. While the county’s median income is comparatively high, these internal gaps can translate into underuse of preventive services and delayed care in Spanish-preferring households [45,46]. The distribution of Hispanic/Latino residents across Lenexa, Shawnee, Overland Park, and Olathe suggests multipoint outreach—schools, faith organizations, and community events—rather than a single-site model [44]. Together, these features support a design that is bilingual, visually driven, and easy to deploy across venues and age groups [9,44,45].

1.5.2 The Role of Community-Based Participatory Approaches in Public Health

Community-Based Participatory Research (CBPR) offers a partnership model that complements *personalismo* and *familismo*, inviting residents to co-define priorities, shape messages, and share ownership of outcomes [47]. Studies report higher recruitment, retention, and intervention effects when community stakeholders serve as equal partners across problem definition, design, and evaluation, rather than as passive recipients [47,48]. Furthermore, CBPR also addresses historical mistrust by emphasizing transparency, shared decision-making, and capacity building—principles that

are crucial for sustained engagement in Hispanic/Latino communities [48]. In practice, pairing CBPR with culturally familiar platforms like Lotería can convert outreach into dialogue, surface local barriers early, and accelerate iterations that fit community routines and preferences [49,47]. This approach supports both short-term uptake (event engagement, referrals) and longer-term trust in public health institutions serving Johnson County [49,48].

Chapter 2 - Learning Objectives and Project Description

My Applied Practice Experience at Johnson County Department of Health and Environment's Epidemiology Division lays out a comprehensive structure for applying public health theory to real-world community challenges. The primary objective was to develop, implement, and evaluate a culturally responsive intervention that would strengthen relationships between JCDHE and Johnson County's Hispanic/Latino community while addressing documented barriers to healthcare access. This chapter outlines the specific learning objectives that guided my work and provides a detailed description of the Health Lotería project's development, implementation, and evaluation phases.

Learning Objectives

1. Apply epidemiological methods to characterize population needs and justify intervention design

Through analysis of JCDHE's Patagonia clinical data system and integration of Propio interpreter service analytics, I sought to quantify service utilization patterns by ethnicity and language preference to establish evidence-based justification for culturally tailored programming. This objective required developing proficiency in Excel-based descriptive analysis techniques under the mentorship of Chip Cohlmia, JCDHE Epidemiologist II, and learning to contextualize local data within broader demographic and health equity frameworks.

2. Design and implement a culturally and linguistically appropriate services (CLAS) intervention

Central to this experience was developing practical skills in cultural adaptation and community-based participatory design. Working closely with El Centro and other Hispanic/Latino community partners, I aimed to create an intervention that embodied CLAS principles through authentic cultural resonance and bidirectional community engagement rather than mere translation.

3. Demonstrate proficiency in multi-stakeholder collaboration and project management

The Health Lotería project required coordination across multiple departments within JCDHE, external community partners, and state-level collaborators. This objective focused on developing skills in stakeholder mapping, project timeline management, cross-cultural communication, and maintaining project momentum across competing organizational priorities.

4. Evaluate intervention effectiveness using mixed-methods approaches

I sought to develop competencies in community-based evaluation that balanced scientific validity with cultural sensitivity. This involved designing an IRB-approved evaluation protocol that could capture both quantitative outcomes and qualitative perspectives while minimizing participant burden and protecting privacy concerns prevalent in immigrant communities.

Project Description

The JCDHE Health Lotería emerged from a convergence of community need assessment, successful program models from other jurisdictions, and organizational commitment to health equity advancement. The project timeline spanned six months, involving intensive collaboration with internal JCDHE teams and external community partners.

Phase 1: Concept Development and Initial Partnership Building (May 2025)

Project conceptualization began during my initial meeting with preceptor Dr. Megan Sparks on May 8th, where we discussed potential internship projects and developed my APE (Applied Practice Experience) agreement framework. Having encountered Pima County Health Department's presentation of their Health Lotería at NACCHO 2024, I proposed adapting this culturally resonant approach for Johnson County's demographic profile.

I reached out to Cassandra Greer, Health Communications Lead at Pima County Health Department, resulting in our collaborative meeting on May 27th with Dr. Sparks and Ms. Greer agreed to share all of Pima County's Lotería materials and provided valuable implementation guidance. Files were shared by June 6th, enabling detailed project planning through a detailed Health Lotería Excel workbook that served as the organizational backbone for all subsequent design decisions.

Phase 2: Community Partnership and Cultural Authentication (June 2025)

Recognizing that authentic community engagement was essential for project success, I reached out to El Centro's Vice President Justin Gust on June 9th. The pivotal meeting on June 16th included Justin Gust (Vice President), Julia Reza Valenzuela (Director of Access), Karina Bravo (*Promotora de Salud*), and Wendy Moreno (*Promotora de Salud*). This meeting established the community-based participatory approach that would characterize the entire project.

El Centro agreed to collaborate by suggesting 13 card concepts representing either El Centro services or community resources they regularly help clients navigate. We established a cross-organizational Teams channel to facilitate ongoing communication and collaborative design review, ensuring cultural authenticity and translational accuracy throughout development.

Simultaneously, on June 17th, I met with Chip Cohlmlia to begin epidemiological analysis mentoring that would provide data-driven justification for the intervention, ensuring creative development was grounded in empirical evidence of community needs.

Phase 3: Design Development and Multi-Platform Integration (June-August 2025)

Beginning June 17th, I initiated intensive design using Canva Pro, working from Pima County's foundational materials while adapting content for Johnson County's specific local service environment. This involved creating 15 original image designs—while slightly adapting the remaining 39 cards' using existing image sources—and 54 original bilingual service descriptions, ensuring each of the 54 cards accurately represented available local resources while maintaining traditional Lotería aesthetic appeal.

Digital platform development began June 24th through collaboration with Tim Dodderidge, JCDHE Web Content Coordinator. Our partnership involved multiple design sessions culminating in the completed Digital Health Lotería website by August 14th, which could be accessed by the public via the Health Loteria QR code found within the game or on our promotional business card. The Digital Health Lotería Website contains all 54 card images and descriptions—in the same numerical order they are set within the physical game—and 57 correlating website links directing the public to the associated health and community services/resources. We also established future website engagement and link click tracking through the web-development team's Bitly account to better understand the toolkit's usage over time. This digital component was essential for bridging physical game distribution with ongoing resource access, incorporating QR code functionality and mobile-responsive design.

Also on June 24th, I met with Mel Huddleson (JCDHE Community Health Division Director) and Abby Corrin (JCDHE Community Health Program Manager) to secure organizational support for housing the digital platform under JCDHE's existing health resources website structure while also generating valuable community partnership recommendations. Through their guidance, I was able to establish partnerships beyond El Centro, such as Olathe School District, Johnson County DEI coalition, and Johnson County Parks and Recreation Department.

Phase 4: Production Coordination and Quality Assurance (July-September 2025)

Production planning commenced July 28th through coordination with Jim Stein, JCDHE Print Production Coordinator. This involved detailed budget development, securing approval from Stacie Province (JCDHE Health Services Division Director) and Dennis Kriesel (JCDHE Deputy Director), and finalizing print specifications. Design files were delivered to the print shop on August 19th, with completed materials received September 16th.

Quality assurance was paramount, including August 18th review sessions with JCDHE Spanish Interpreter Brenda Ulloa-Marquez to ensure translational accuracy. The final product included 54 Lotería cards, 11 game boards, bilingual instruction boards, custom envelope packaging, promotional business cards, table runners, and protective storage components. The print shop delivered 102 complete game sets.

Phase 5: Evaluation Design and Regulatory Compliance (August-September 2025)

Beginning August 1st, Dr. Sparks and I collaborated on developing the REDCap-based evaluation survey, completing the instrument by September 15th. Survey development required careful consideration of community sensitivity, particularly regarding immigrant populations' concerns about government data collection.

An IRB-approved implied-consent statement was used to reduce participation barriers. The consent process development and IRB submission (IRB-13243 through Kansas State University Committee on Research Involving Human Subjects) occurred September 18th, with approval received September 25th. We secured a personal identifier exemption to protect participant privacy and encourage participation among community members who might otherwise avoid interaction with government entities. This approach reflected our commitment to meeting communities where they are rather than imposing institutional barriers.

Phase 6: Community Engagement Implementation (August-October 2025)

Community partnership development expanded throughout August with outreach to multiple organizations. Collaboration with Olathe School District began August 1st through connecting with Kathleen Smith (Director of Culture & Belonging), Madeline Janorschke (School Counselor), and Diana Vincent (Spanish Interpreter), who became instrumental in event implementation. Additional partnerships were established with Johnson County Human Resources through Kendra Neal and Johnson County Parks and Recreation through Lindsey Arnold Seevers.

Implementation involved five targeted community events between September 22nd and October 24th: Johnson County DEI Coalition Meet & Greet, Olathe School District Hispanic College Planning Night, Johnson County Parks and Recreation Arts and Heritage Center Hispanic Heritage Month Celebration, Olathe School District Celebration of Hispanic Excellence, and El Centro's Health Fair. Each event required full-scale logistics coordination, including bilingual presentation materials, interpreter services, survey administration protocols, and culturally appropriate engagement strategies. The DEI Coalition Meet & Greet was the only event where the intervention was presented on but surveys were not distributed, as it was not specifically targeted towards the Hispanic/Latino community.

This distribution approach ensured games were available to all community members regardless of survey participation, with special consideration for minors who could not provide research consent. This inclusive approach reflected the project's fundamental commitment to community service over data collection priorities.

Through this systematic approach, the Health Lotería project provided extensive experience in community-based participatory research, cultural adaptation methodologies, multi-stakeholder project management, and culturally responsive evaluation design. The project's complexity demanded integration of epidemiological analysis, creative design, digital platform development, regulatory compliance, community engagement, and evaluation methodology—providing robust preparation for future public health practice in diverse community settings.

Chapter 3 - Results

This chapter presents findings from multiple data sources that collectively demonstrate the need for culturally inclusive health resources in Johnson County and evaluate the initial implementation of the Health Lotería project. Results are organized into three primary categories: data analysis of JCDHE clinical service (Patagonia) and interpreter service (Propio) utilization patterns, community engagement and implementation outcomes, and the Health Lotería survey results analysis. These findings provide evidence-based justification for the intervention while documenting initial community response and engagement patterns.

JCDHE Clinical Service Utilization Analysis

Analysis of JCDHE's Patagonia clinical data system encompassed 52,039 total patient encounters and 21,924 total unique JCDHE patients from March 21, 2023, through September 2, 2025, representing the complete dataset since JCDHE's adoption of the Patagonia software platform to when the raw data was extracted from the Patagonia software platform. All data was analyzed using Microsoft 365 Excel (version 2502). Person-level fields (Preferred Language, Needs Interpreter, Race/Ethnicity, etc.) reflect the most recent encounter per unique patient. Counts of unique patients are person-level, while service utilization counts are encounter-level and are stratified by language preference (Spanish-preferring vs. non-Spanish-preferring). Propio charts and figures, provided by JCDHE Epidemiologist II Chip Cohlma, MPH, summarize interpreter spending/usage from JCDHE's vendor data export reporting; these provide operational background and are not an identical cohort or timeframe match to the Patagonia analysis.

Patient Demographics and Language Preferences

An analysis of the 21,977 unique patients serviced at the Johnson County Department of Health and Environment between 3/21/2023–9/2/2025 shows a significant portion prefer Spanish (See Table 1). While English is the majority language, Spanish is the most common non-English language preferred by patients.

Table 1: Preferred Language Distribution Among Unique Patients (3/21/23–9/2/25)

Preferred Language	Count of Patients	Percentage of total
English	16015	73.05%
Spanish	4482	20.44%
Other	534	2.44%
Unknown	295	1.35%
Portuguese	280	1.28%
Arabic	178	0.81%
French	140	0.64%
Grand Total	21924	100.00%

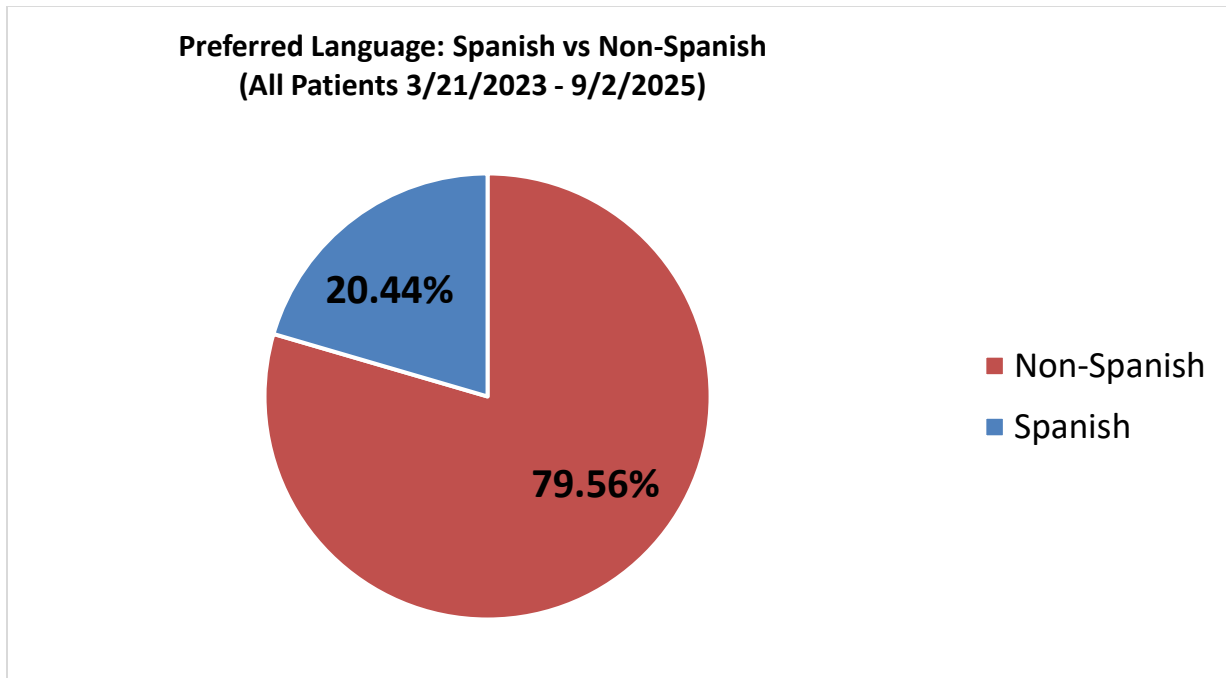


Figure 1. Preferred Language Spanish vs Non-Spanish (*All Patients from 3/21/2025–9/2/2025*). *Spanish-preferring = 20.44%; Non-Spanish = 79.56%.*

Among the 21,924 unique patients served during this period, 4,482 patients (20.44% of total patients) identified Spanish as their preferred language, while 16,015 patients (73.05% of total patients) indicated an English preference (See Figure 1 & Figure 2).

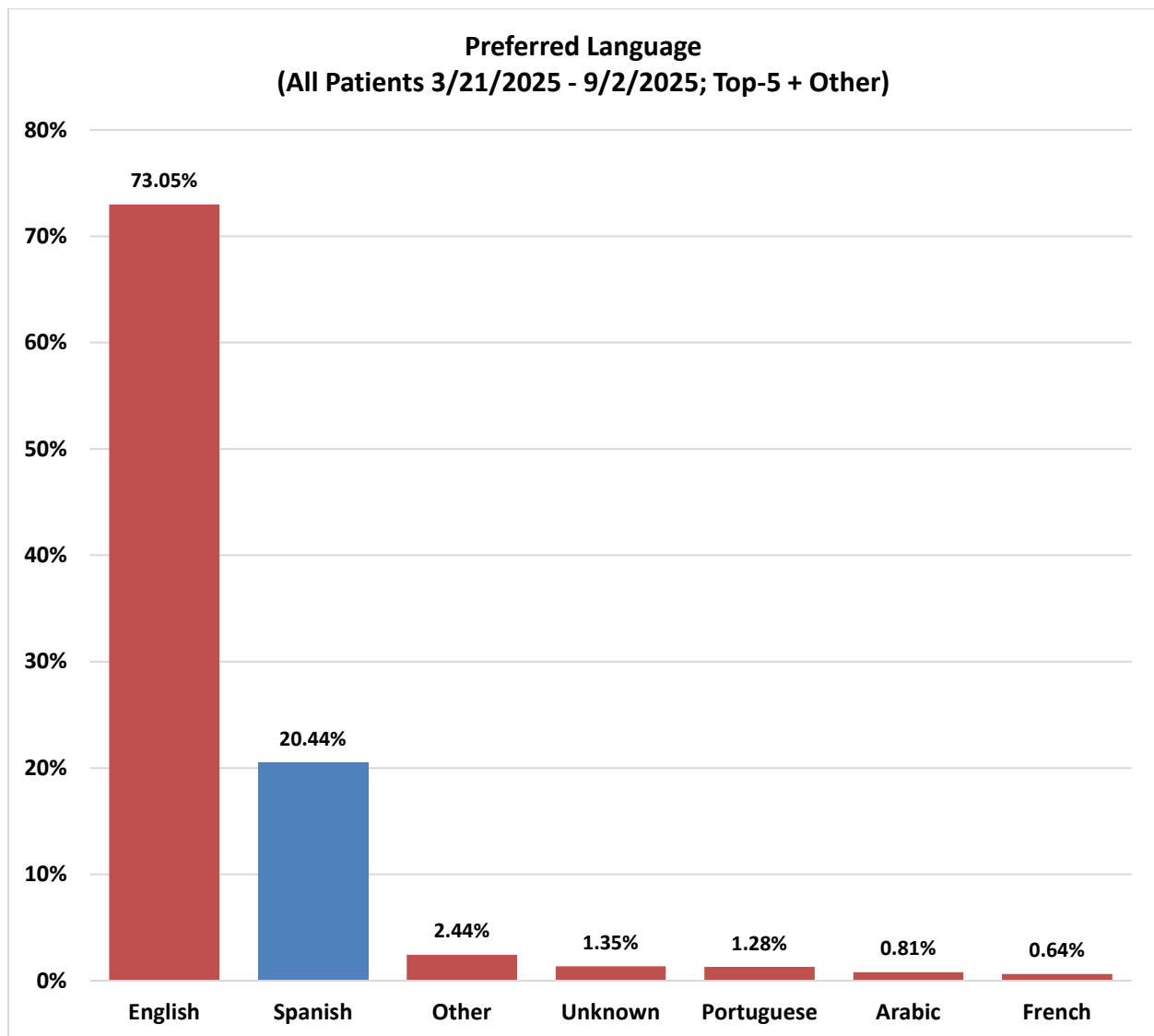


Figure 2. Preferred Language All Patients (All Patients from 3/21/2025–9/2/2025; Top-5 + Other). English 72.99%, Spanish 20.48%, Unknown 1.37%, Portuguese 1.28%, Arabic 0.81%, French 0.64%, Other 2.44%.

Ethnicity data revealed that 7,309 patients (33.26% of total patients) identified as Hispanic or Latino, 13,088 patients (59.55% of total patients) identified as non-Hispanic or Latino, and 1,580 patients (7.19% of total patients) had missing or undetermined ethnicity data (See Figure 3).

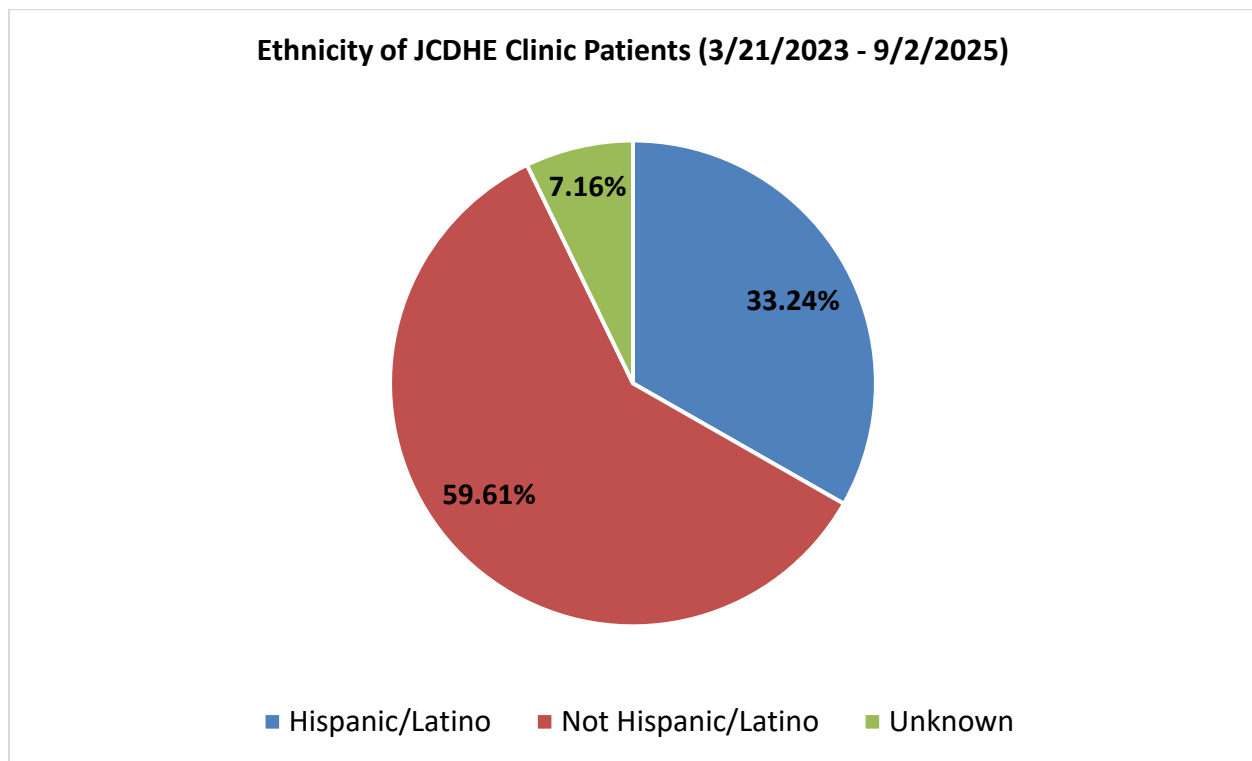


Figure 3. JCDHE Clinic Patients' Ethnicity (All Patients from 3/21/2023–9/2/2025). Ethnicity is self-identified and is not a proxy for language preference.

This represents a significantly higher proportion of Hispanic/Latino patients compared to Johnson County's overall Hispanic/Latino population of 9.8%, indicating that JCDHE serves as a vital health resource for this community [50].

Cross-tabulation of Spanish language preference and interpreter needs revealed important patterns in service access. Among the 4,482 Spanish-preferring patients, 3,308 patients (73.81%) required interpreter services. This finding indicates that approximately two-thirds of JCDHE's preferred-Spanish patient population would benefit from Spanish-language health information and services.

Service Utilization Patterns by Ethnicity and Spanish Preference

An analysis of service utilization shows a strong overlap between Hispanic/Latino (See Table 2 & Figure 4) and Spanish-preferring (See Table 3 & Figure 5) patients. For both groups, clinical encounters were most frequent in essential public health programs like Maternal Health, Immunizations, and Family

Planning. This congruence validates that the highest-demand services for the Hispanic/Latino community are also where the need for language support is most critical.

Table 2. Top 10 JCDHE Programs by Encounters for Hispanic/Latino Patients (3/21/23–9/2/25)

Program Name	Count of Encounters	Percent of Total
Maternal Health	7186	28.83%
Immunizations	6676	26.78%
Family Planning	4617	18.52%
Nurse Family Partnership	1872	7.51%
STI Testing	1185	4.75%
Early Detection Works	925	3.71%
MCH Outreach	785	3.15%
Postpartum	697	2.80%
Mother Baby Outreach	642	2.58%
Targeted Case Management	342	1.37%
Grand Total	24927	100.00%

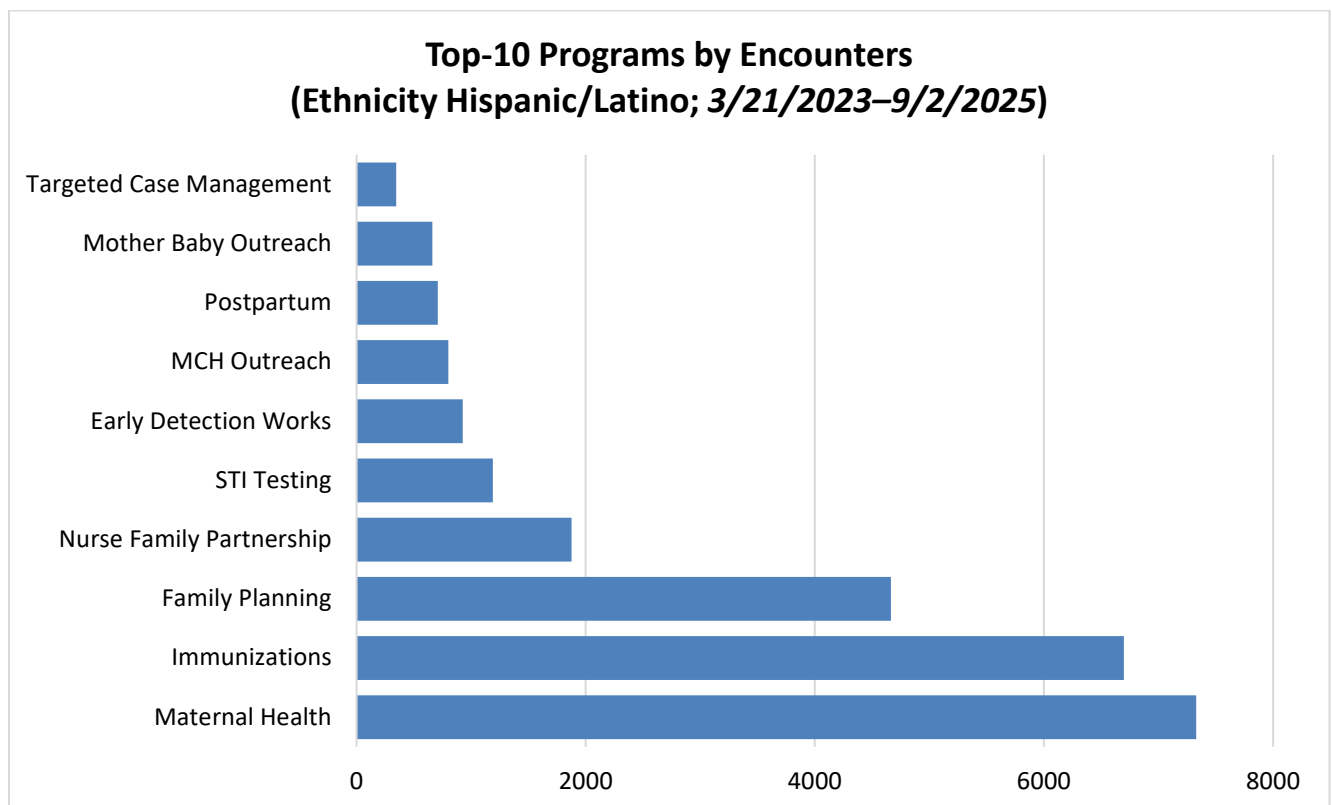


Figure 4. Top-10 Programs by Encounters (Ethnicity Hispanic/Latino; from 3/21/2023–9/2/2025). Top-10 subtotal = 24,927; All Hispanic/Latino encounters = 26,006; “Other/Null” remainder = 1,079 (outside Top-10 or missing program label).

Table 3. Top 10 JCDHE Programs by Encounters for Spanish-Preferring Patients (3/21/23–9/2/25)

Program Name	Count of Encounters	Percentage of Total
Maternal Health	6042	32.25%
Immunizations	4128	22.03%
Family Planning	3712	19.81%
Nurse Family Partnership	1426	7.61%
Early Detection Works	829	4.42%
MCH Outreach	667	3.56%
STI Testing	636	3.39%
Postpartum	599	3.20%
Mother Baby Outreach	514	2.74%
Colposcopy	184	0.98%
Grand Total	18737	100.00%

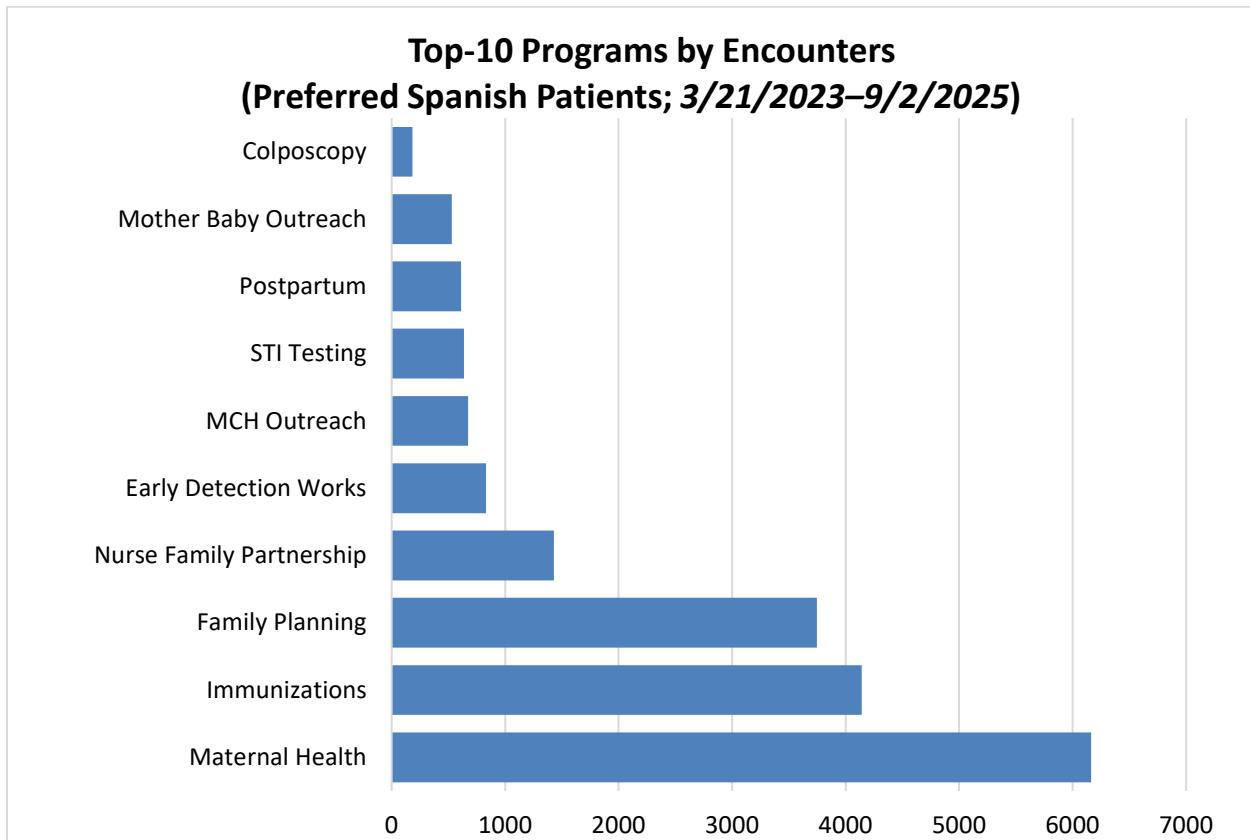


Figure 5. Top-10 Programs by Encounters (Spanish-prefering patients; from 3/21/2023–9/2/2025). Top-10 subtotal = 18,737; All Spanish-patient encounters = 19,358; “Other/Null” remainder = 621 (outside Top-10 or missing program label).

Propio Interpreter Analytics (Supporting Context)

Integration of Chip Cohlma's analysis of operational data from Propio, JCDHE's translation services vendor, provided additional context for language access needs within JCDHE services. Table 4 reports interpretation sessions ("usage") by language and year from 1/1/2021–9/30/2025 (with each language's share of total usage). Figure 6 shows the percentage of interpreter spending by language for the most recent 12 months (Oct 2024–Sep 2025). Propio data excludes on-site interpretation delivered by JCDHE Spanish-English bilingual staff, thus these totals are a minimum; the true volume of Spanish interpretation demand is higher.

Table 4. JCDHE Propio Translation Service Usage Counts Top 15 Languages (1/1/2021 - 9/30/2025)

Year	2021	2022	2023	2024	2025	Percentage
Spanish	2751	3025	2580	3318	2514	66.80%
Portuguese	214	628	536	580	413	11.16%
Arabic	152	208	518	553	392	8.58%
French	147	280	257	231	215	5.32%
Dari	2	133	93	186	199	2.89%
Amharic	75	107	85	85	59	1.94%
Haitian Creole	9	23	21	23	89	0.78%
Russian	11	19	51	39	23	0.67%
Swahili	49	21	11	38	19	0.65%
Mandarin	18	13	16	29	18	0.44%
Vietnamese	5	8	14	14	14	0.26%
Ukrainian	0	3	15	16	12	0.22%
Burmese	6	4	2	3	20	0.16%
Japanese	0	0	0	5	10	0.07%
Hakha-Chin	0	0	0	0	13	0.06%

** Values provide operational context and are not an identical cohort/timeframe match to the Patagonia analysis.*

Across both measures, Spanish dominates activity: 66.80% of all interpretation sessions (See Table 4) and between 48.69% - 58.21% of monthly interpreter spending over the last year (See Figure 6). Together, they show that demand for Spanish translation is consistently and significantly higher than that for any other language, making up two-thirds of Propio-mediated interpretation sessions. This demonstrates that the patient-level language need translates directly into sustained, high-volume operational activity.

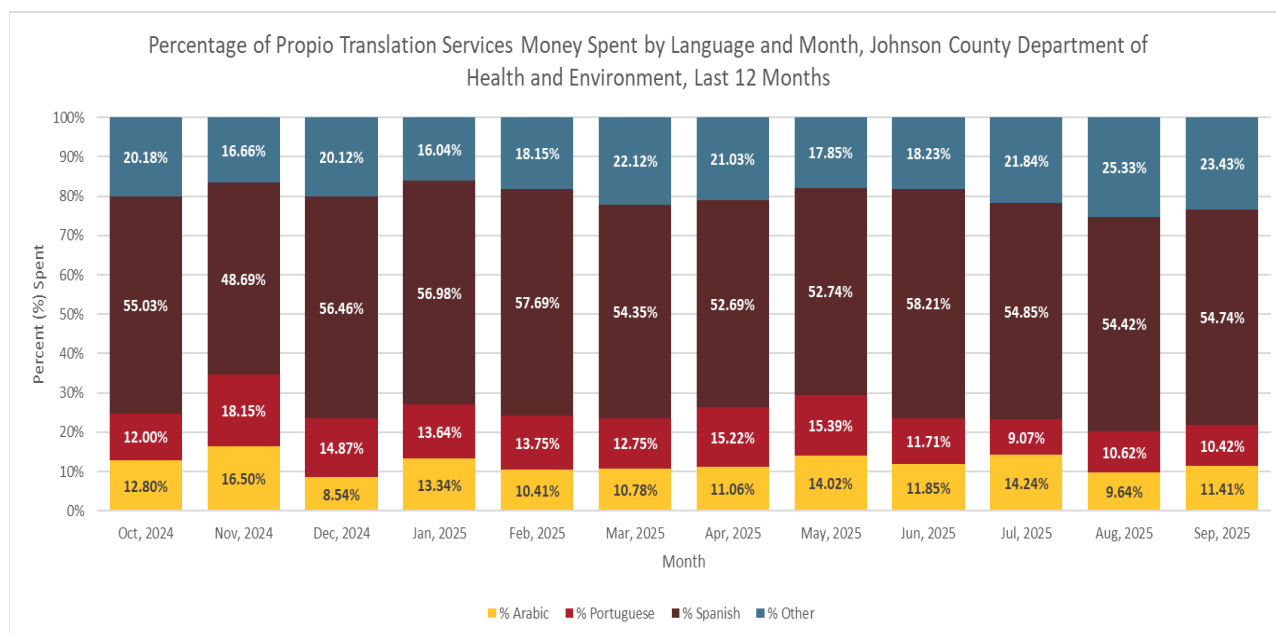


Figure 6. Propio Interpreter Spending by Language (Propio; last 12 months). Spanish is the largest share; values provide operational context and are not an identical cohort/timeframe match to the Patagonia analysis. Propio data exclude on-site interpretation provided by JCDHE bilingual staff; totals reflect vendor-facilitated sessions only.

Community Engagement and Implementation Outcomes

Implementation of the Health Lotería project through five targeted community events provided practical insights into community reception, engagement patterns, and distribution effectiveness. These qualitative findings complement quantitative data sources and inform future intervention refinements.

Event-Specific Distribution and Engagement

The Johnson County Parks and Recreation Hispanic Heritage Month Celebration emerged as the highest-impact distribution event, generating the greatest number of game distributions and survey completions. This event's success likely reflected both the cultural affinity of the celebration with the project's target population and the family-friendly festival atmosphere that encouraged extended engagement with project materials. Furthermore, community reception across all events was consistently positive, with many participants expressing gratitude, via qualitative survey answers and direct communications, for JCDHE's culturally inclusive approach to health information dissemination. Notably, many participants indicated, again via qualitative survey answers and through direct

communications, the intention to share the game with parents, grandparents, children, or students, suggesting potential multigenerational impact extending beyond direct event participants.

Language and Communication Patterns

Observations during community events revealed important patterns in language preference and communication interactions. Despite bilingual materials and interpretation services, the Spanish interpreter was approached more frequently than the English presenter, even by community members who ultimately requested English-language materials. This was identified via visual observations, and by the number of Spanish Surveys received over English Surveys (53 Spanish, 22 English). This pattern suggests that cultural familiarity and representation may be equally important as language accommodation in fostering community trust and engagement.

Survey administration preferences showed clear patterns, with paper-based surveys consistently preferred over digital alternatives even when both options were offered. Several participants required assistance reading survey materials due to vision limitations, stressing the importance of accommodating diverse accessibility needs in community-based evaluation efforts.

Networking and Partnership Development

Community events generated unexpected networking opportunities that extended project impact beyond initial distribution goals. Multiple community members requested stacks of promotional business cards for independent distribution, indicating community willingness to serve as informal health information ambassadors. This organic expansion of distribution networks suggests strong community endorsement of the project approach and materials.

Business community engagement emerged as an unanticipated outcome, with at least one local Hispanic/Latino business owner requesting collaborative promotional materials to further amplify project messaging. These spontaneous partnership opportunities indicate potential for future community-driven expansion and sustainability.

Logistical Learning and Process Improvements

Implementation revealed several practical considerations for future community engagement activities. Physical materials management proved challenging, with 100 game copies representing substantial weight and volume for two-person distribution teams. Events exceeding 200 attendees

would benefit from additional volunteer support to maintain effective engagement and distribution efficiency.

Participant feedback generated specific product enhancement suggestions, including converting promotional business cards to a magnetic format for improved visibility and accessibility. Multiple participants also suggested website updates to provide clearer guidance on obtaining additional game copies, indicating community interest in continued access beyond initial distribution.

Health Lotería Survey Results

The following detailed findings are derived from the 75 completed Health Lotería surveys administered at four community engagement events in Fall 2025. The four events included the Olathe Public Schools Hispanic Family College Planning Night, the Johnson County Arts & Heritage Center Hispanic Heritage Month Celebration, the Olathe Public Schools Celebration of Hispanic Excellence, and the El Centro Health Fair. The analysis includes demographic breakdowns, language preference data, reported barriers, and responses to key survey questions about awareness, inclusivity, material accessibility, intention to use resources, and trust in the Johnson County Department of Health and Environment (JCDHE). Data are reported for all survey respondents, as well as stratified by preferred survey language (English or Spanish).

Survey Respondent Demographics and Language Preferences

Table 5 presents the distribution of survey respondents by county of residence, preferred survey language, reported language barriers, and event attended. The majority of respondents (n = 59, 78.7%) resided in Johnson County. Other represented counties included Clay (n = 1), Jackson (n = 4), Shawnee (n = 1), and Wyandotte (n = 9). Only one respondent declined to indicate their county of residence.

Regarding language preference, the majority of survey respondents (n = 53, 70.7%) chose Spanish as their preferred language, while 22 respondents (29.3%) preferred English. Event participation was fairly distributed, with the most respondents at the Johnson County Arts & Heritage Center Hispanic Heritage Month Celebration (n = 37), followed by the El Centro Health Fair (n = 18), Olathe Schools College Planning Night (n = 16), and the Olathe Schools Celebration of Hispanic Excellence (n = 4).

Over half of all respondents (n = 39, 52.0%) reported experiencing language barriers when attempting to access health and community resources. This challenge was most pronounced among Spanish-preferring respondents, with 42.7% (n = 32 of 75) indicating they had encountered language barriers, compared to only 7 (9.3%) of the 22 English-preferring respondents. Of all those who reported

experiencing language barriers, an overwhelming 82.1% (n = 32 of 39) preferred Spanish language surveys, whereas only 17.9% (n = 7 of 39) preferred English surveys, showing further need for culturally and linguistically appropriate resources throughout county offered services.

Table 5. Survey Respondent County, Preferred Language, Reported Barriers, and Event Participation

County of Residence	Number of Respondents	Percentage
Clay County	1	1.33%
Jackson County	4	5.33%
Johnson County	59	78.67%
Shawnee County	1	1.33%
Wyandotte County	9	12.00%
Prefer Not to Answer	1	1.33%
Total	75	100.00%
Preferred Survey Language		
English	22	29.33%
Spanish	53	70.67%
Total	75	100.00%
Have you ever experienced language barriers when attempting to access health and community resources?		
English-Preference: Yes	7	9.33%
English-Preference: No	15	20.00%
Spanish-Preference: Yes	32	42.67%
Spanish-Preference: No	21	28.00%
Total	75	100.00%
Community Engagement Event		
Olathe Schools College Planning Night	16	21.33%
Arts & Heritage Center Hispanic Heritage Festival	37	49.33%
Olathe Schools Hispanic Excellence Awards	4	5.33%
El Centro Health Fair	18	24.00%
Total	75	100.00%

Figure 7 visually summarizes the prevalence of language barriers among all survey participants and, more specifically, among those with a Spanish language preference. The inner ring depicts responses from all participants, while the outer ring and percentage bar separate that breakdown further by language preference and their reported barrier experience. This graphic stresses the vast impact of language on access—a clear majority among Spanish language respondents reported facing barriers, compared to a little over half among the full sample.

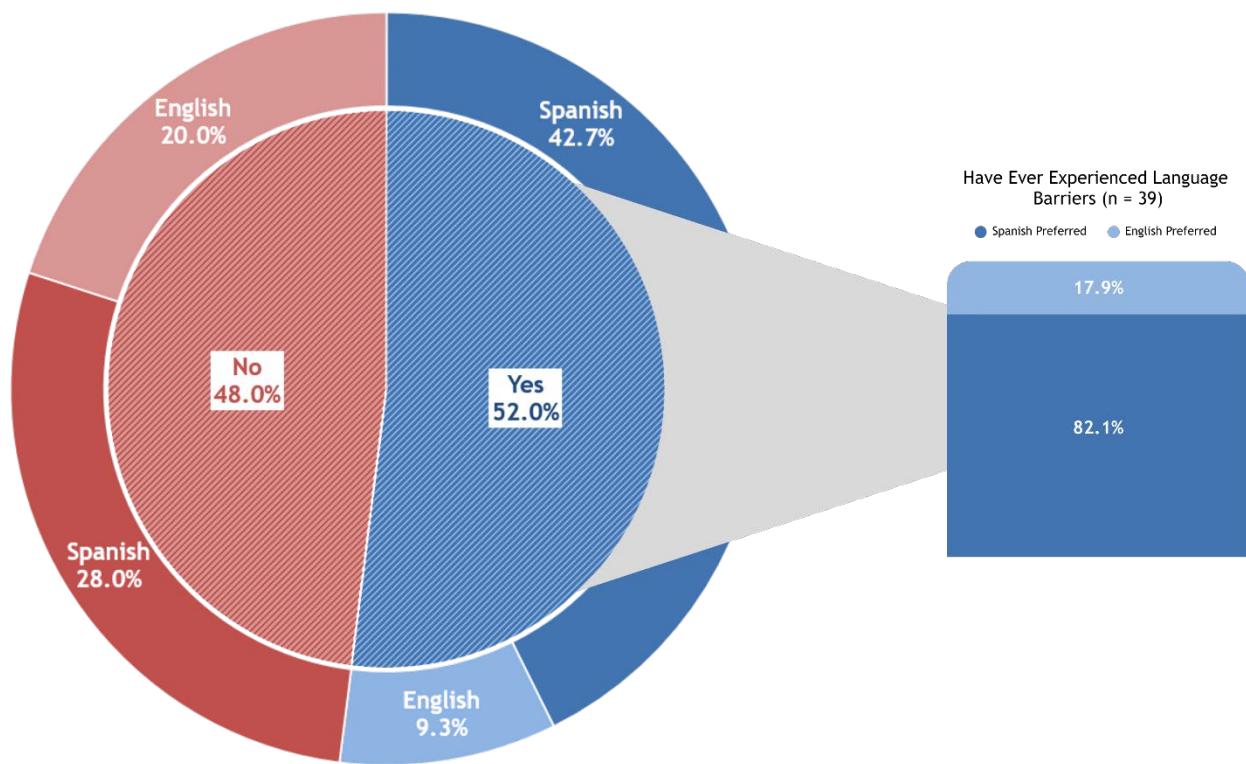


Figure 7. Experience of Language Barriers Accessing Health/Community Resources. The inner pie shows the overall Yes/No for the full sample (n = 75). The outer donut separates results by preferred survey language. The right-side bar shows, among “Yes” respondents (n = 39), the proportion who preferred Spanish versus English surveys.

Likert Scale Survey Responses to Health Lotería and JCDHE Services

Table 6 presents survey responses from all participants on five key statements regarding awareness of JCDHE services, the need for more inclusive materials, ease of understanding Lotería materials, likelihood of future use, and change in trust in JCDHE. Notably, half of the respondents (n = 37; 49.3%) strongly or somewhat disagreed that they were familiar with JCDHE services prior to this engagement. Conversely, 55 respondents (73.4%) strongly or somewhat agreed that Johnson County needs more inclusive health and community resources. A resounding 70 participants (93.3%) found the Lotería information easy to understand, and 72 (96.0%) indicated they would use the provided health

and community resources in the future. Overall, 65 respondents (86.7%) reported increased trust in JCDHE as a result of this experience.

Table 6. Survey Responses for All Respondents Regardless of Preferred Survey Language

Question Text	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
<i>I was familiar with the services offered by JCDHE prior to learning about Health Lotería:</i>	13 (17.3%)	9 (12.0%)	16 (21.3%)	13 (17.3%)	24 (32.0%)
<i>I believe Johnson County needs more inclusive health and community resources:</i>	41 (54.7%)	14 (18.7%)	16 (21.3%)	1 (1.3%)	3 (4.0%)
<i>The information on the Health Lotería cards was easy to understand:</i>	56 (74.7%)	14 (18.7%)	5 (6.7%)	0 (0.0%)	0 (0.0%)
<i>In the future, I will use the Loteria to help me find health and community resources and information:</i>	63 (84.0%)	9 (12.0%)	3 (4.0%)	0 (0.0%)	0 (0.0%)
<i>My overall trust in JCDHE has increased because of my experience today with Health Lotería:</i>	49 (65.3%)	16 (21.3%)	10 (13.3%)	0 (0.0%)	0 (0.0%)

Table 7 summarizes responses from English-preferring participants (n = 22), with corresponding response distributions illustrated in Figure 8. Within this group, a minority (27.2%) agreed they were familiar with JCDHE services beforehand, while nearly a third strongly disagreed. However, 19 respondents (86.4%) agreed that Johnson County needs more inclusive resources, and a similar proportion (90.9%) found the Lotería cards easy to understand. All English-preferring respondents (100%) agreed or strongly agreed they would use provided resources in the future, and 19 (86.4%) reported greater trust in JCDHE following their Lotería experience.

Table 7. Survey Responses for Respondents Indicating "English" for Preferred Survey Language

Question Text	Strongly Agree	Somewh at Agree	Neutral	Somewhat Disagree	Strongly Disagree
<i>I was familiar with the services offered by JCDHE prior to learning about Health Lotería:</i>	5 (22.7%)	1 (4.5%)	5 (22.7%)	4 (18.2%)	7 (31.8%)
<i>I believe Johnson County needs more inclusive health and community resources:</i>	15 (68.2%)	4 (18.2%)	3 (13.6%)	0 (0.0%)	0 (0.0%)
<i>The information on the Health Lotería cards was easy to understand:</i>	16 (72.7%)	4 (18.2%)	2 (9.1%)	0 (0.0%)	0 (0.0%)
<i>In the future, I will use the Loteria to help me find health and community resources and information:</i>	16 (72.7%)	6 (27.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
<i>My overall trust in JCDHE has increased because of my experience today with Health Lotería:</i>	13 (59.1%)	6 (27.3%)	3 (13.6%)	0 (0.0%)	0 (0.0%)

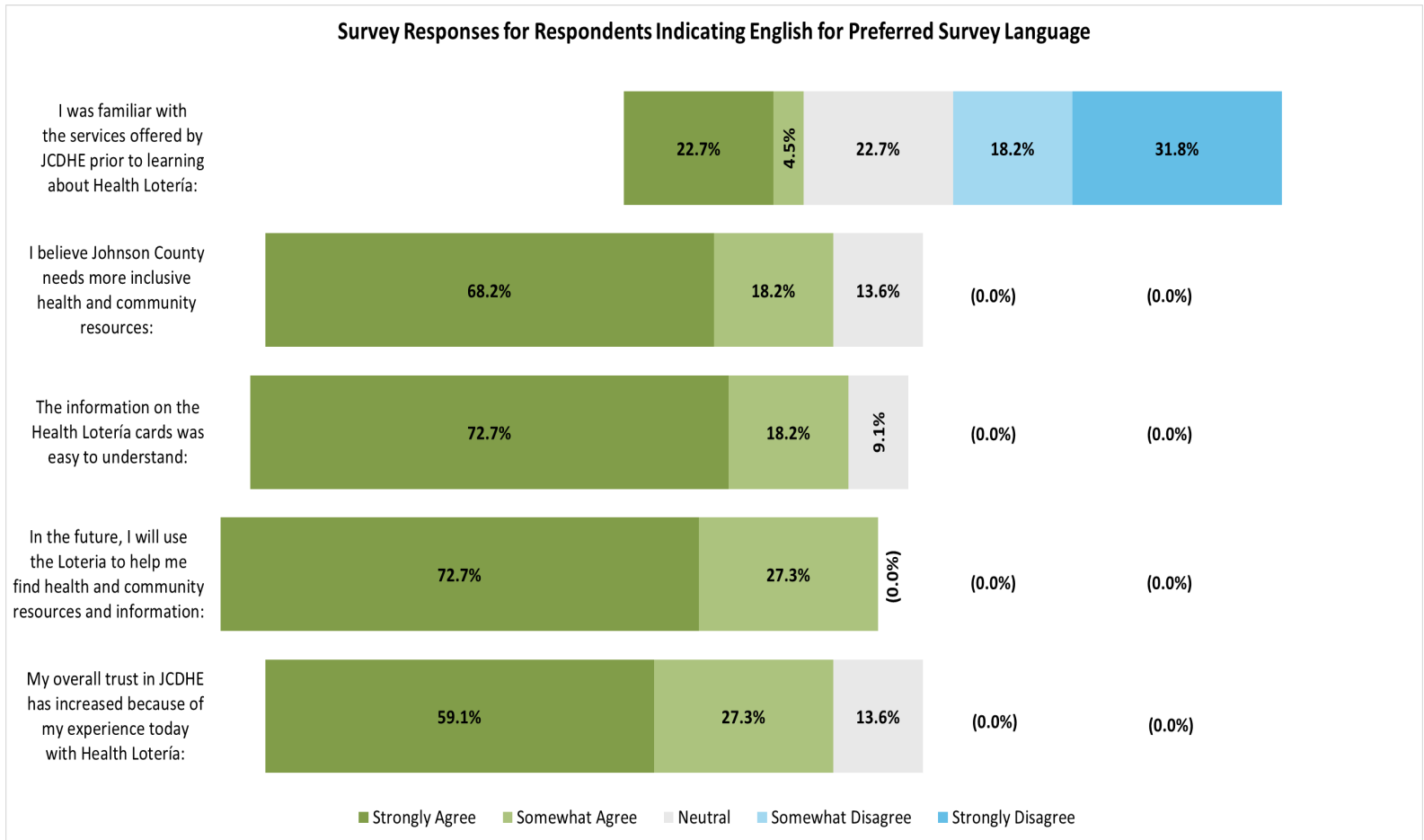


Figure 8. Survey Responses by Likert Item for Respondents Preferring English (n = 22). Shows percentage distribution for five key statements on JCDHE services, inclusivity, material clarity, intended use, and trust following the Lotería intervention.

Table 8 and Figure 9 display analogous findings for Spanish-preferring survey respondents (n = 53). Only 15.1% indicated familiarity with JCDHE services prior to this engagement, while nearly half (49.1%) strongly agreed that Johnson County needed more inclusive health and community resources. A notable 75.5% strongly agreed that Lotería materials were easy to understand, and a striking 88.7% strongly agreed they would use the resources provided. As with English-language respondents, the overwhelming majority (86.8%) reported increased trust in JCDHE.

Table 8. Survey Responses for Respondents Indicating "Spanish" for Preferred Survey Language

Question Text	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
<i>I was familiar with the services offered by JCDHE prior to learning about Health Lotería:</i>	8 (15.1%)	8 (15.1%)	11 (20.8%)	9 (17.0%)	17 (32.1%)
<i>I believe Johnson County needs more inclusive health and community resources:</i>	26 (49.1%)	10 (18.9%)	13 (24.5%)	1 (1.9%)	3 (5.7%)
<i>The information on the Health Lotería cards was easy to understand:</i>	40 (75.5%)	10 (18.9%)	3 (5.7%)	0 (0.0%)	0 (0.0%)
<i>In the future, I will use the Loteria to help me find health and community resources and information:</i>	47 (88.7%)	3 (5.7%)	3 (5.7%)	0 (0.0%)	0 (0.0%)
<i>My overall trust in JCDHE has increased because of my experience today with Health Lotería:</i>	36 (67.9%)	10 (18.9%)	7 (13.2%)	0 (0.0%)	0 (0.0%)

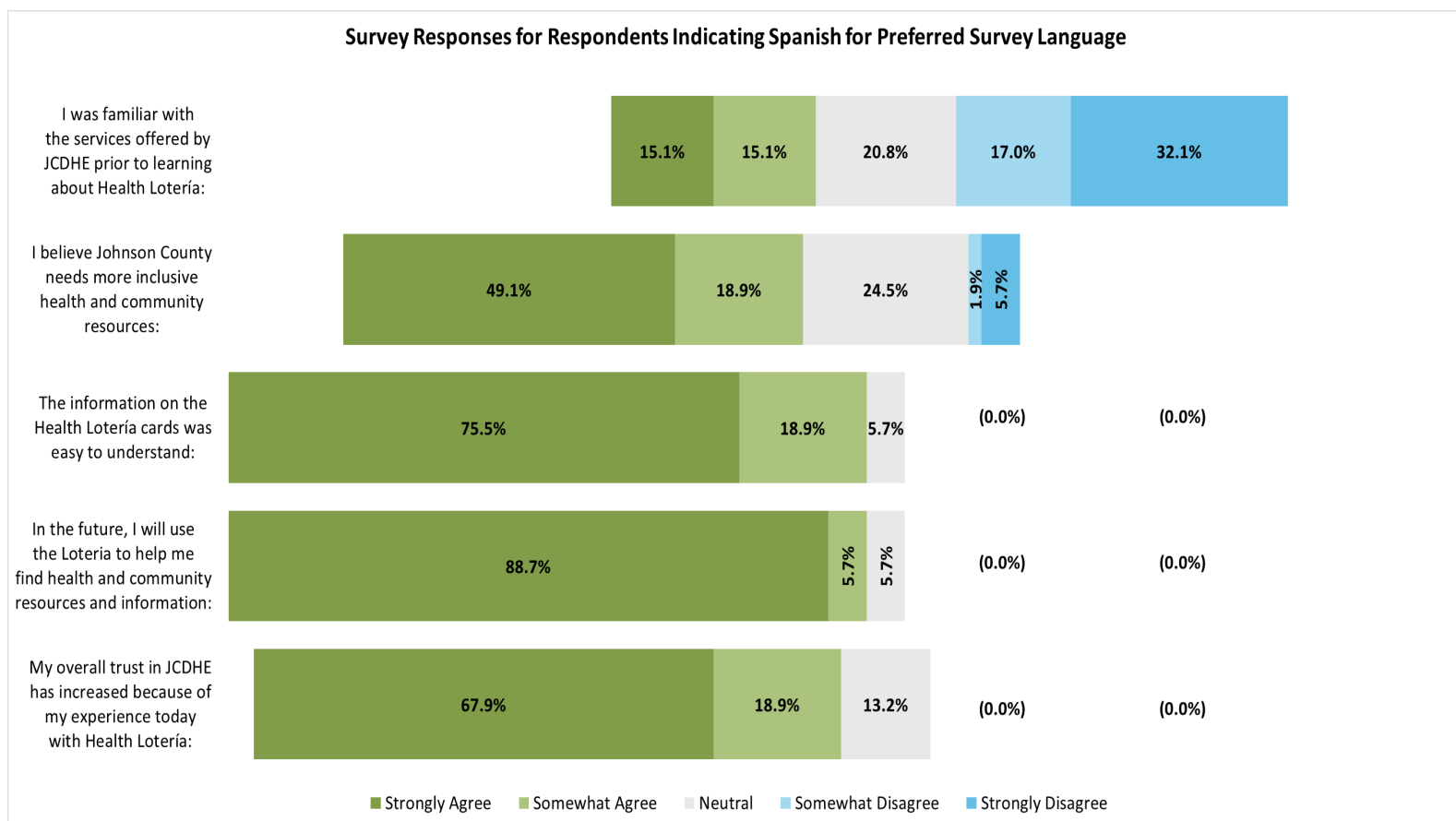


Figure 9. Survey Responses by Likert Item for Respondents Preferring Spanish (n = 53). Shows percentage distribution for five key statements on JCDHE services, inclusivity, material clarity, intended use, and trust following the Lotería intervention.

Free-Text Survey Comments

Anecdotal analysis of the open-ended survey responses to the survey prompt “Please share any additional feedback or comments you have about your experience with the Health Loteria today:” found predominantly positive feedback, though the volume was insufficient for formal thematic analysis. English language respondents offered both encouragement and appreciation, for example: "Great use of cultural connection!!", "I think this is great and helps with inclusivity.", and "Loved it! Definitely will play it with my kid." Spanish language respondents echoed these sentiments, noting, "I think it's always good to have this information so we can understand and to know where to find the necessary help.", "Thank you so much for creating this. It is very creative. As a Spanish teacher, I plan on playing it with my students in class!" and, "I think it's wonderful that you're creating new projects to help and support the Latino community." (For the full table of responses, see Appendix N).

Chapter 4 - Discussion

The JCDHE Health Lotería project represented a holistic approach to addressing documented language and access barriers within Johnson County's Hispanic/Latino community through culturally responsive public health practice. Through the integration of epidemiological analysis, community-based participatory design, multi-stakeholder collaboration, and systematic evaluation, this project demonstrated how traditional cultural symbols can serve as effective vehicles for health communication while building sustainable community partnerships. The findings from this experience illuminate both the potential and the complexities of implementing culturally and linguistically appropriate services within local health department settings.

Synthesis of Key Findings and Project Outcomes

The epidemiological analysis of JCDHE's service utilization data provided compelling evidence for the intervention's necessity and informed targeting strategies. With 33.3% of JCDHE patients identifying as Hispanic or Latino—more than three times the county's overall Hispanic/Latino population of 9.8%—the data clearly established JCDHE as a critical health resource for this community. The finding that 73.8% of Spanish-preferring patients required interpreter services, combined with Propio data showing Spanish accounting for 66.8% of all completed interpreter sessions (usage), demonstrated the magnitude of communication barriers affecting access to care. These patterns were most pronounced in essential public health programs including Maternal Health, Immunizations, and Family Planning, where cultural and linguistic responsiveness is particularly crucial for health outcomes.

The community implementation phase surpassed our expectations in terms of reception, engagement, and organic expansion. The Johnson County Parks and Recreation Hispanic/Latino Heritage Month Celebration emerged as the highest-impact distribution event, reflecting the importance of cultural synchronicity in community engagement activities. The consistent positive feedback across all events, coupled with participants' expressions of gratitude for JCDHE's culturally inclusive approach, suggested strong intervention acceptability. Perhaps most notably, the spontaneous requests for promotional materials for independent distribution indicated community endorsement and willingness to help extend the project's reach beyond the initial distribution goals.

The collaborative design process with El Centro proved instrumental in ensuring cultural authenticity and linguistic accuracy. Their contribution of 13 card concepts representing community services they regularly help clients navigate demonstrated the value of community-based participatory

approaches in intervention development. The ongoing collaboration through the shared Teams channel allowed for ongoing feedback and refinement, ensuring that the final product reflected community priorities and cultural values rather than institutional assumptions about community needs.

Interpreting the Health Lotería Survey Findings

The Fall 2025 Health Lotería survey adds community voice to the quantitative picture. Of the 75 collected surveys, several patterns stand out that illustrate how the toolkit is already effective as well as how the next iteration of the intervention could be improved. About half of all respondents (49.3%) reported they were not familiar with JCDHE services before encountering Health Lotería, confirming the intervention is reaching residents who are not connected through traditional channels (see Tables 6–8). This validates the choice to meet residents in community spaces and confirms that the intervention is reaching people who are unlikely to arrive via traditional channels.

The survey confirmed that language barriers are a significant issue. Over half of all respondents (52.0%, n=39) reported experiencing language barriers when attempting to access resources. This challenge was most pronounced among Spanish-preferring participants (42.7%). As shown in Figure 7, of all those who reported barriers, an overwhelming 82.1% (n=32) were Spanish-preferring respondents, compared to only 17.9% (n=7) who were English-preferring. In parallel, both language groups agreed that Johnson County needs more inclusive health and community materials. These findings directly reflect the Patagonia and Propio data patterns found during the clinical service and interpreter utilization analysis. Furthermore, participants across languages described the cards as clear and easy to use (near-unanimous agreement). The bilingual, visual format appears to reduce literacy load while keeping navigation simple and direct. This is exactly what we designed for—and the results suggest it’s functioning as intended.

Nearly all respondents reported they would use the Lotería resources to find information in the future (100% agreement among English-preferring respondents; very high “strongly agree” among Spanish-preferring respondents). This is solid evidence that the tool doesn’t just inform—it equips. Moreover, most participants reported increased trust in JCDHE after the Lotería experience, with similar patterns across language groups. Trust is a prerequisite for use; seeing it move in a positive direction at first contact matters for downstream service uptake.

Open-ended comments were consistently appreciative and practical (e.g., plans to share with family/students). While the volume isn’t enough for formal thematic analysis, the tone aligns with the quantitative results and with field observations noted in the implementation section (e.g., the

importance of cultural representation at the table, and a preference for paper survey options for some participants). Taken together, the survey results complement the service-utilization and interpreter-demand data: awareness gaps are real; language barriers are common; the Lotería format is straightforward to use; and it appears to nudge trust and future help-seeking in the right direction. In short, the tool is functioning as a bridge between “I don’t know where to start” and “I have a concrete next step,” which is the core design goal we set from the outset.

Lessons Learned and Professional Development

One of the most significant revelations gained through this experience relates to the complexity of trust-building in immigrant communities, particularly during periods of political uncertainty. The decision to waive personal identifiers in the IRB-approved evaluation process, while methodologically challenging, proved essential for encouraging participation among community members who might otherwise avoid interaction with government entities. This approach reflected a core principle of meeting communities where they are rather than imposing institutional barriers that could perpetuate existing disparities.

The project demonstrated the critical importance of authentic community partnership in developing culturally responsive interventions. Working with our community partners taught me that cultural adaptation extends far beyond language translation to encompass deep structural elements including decision-making processes, visual representation, and communication styles. Their feedback on everything from card designs to messaging tone helped ensure that the final product would resonate with community members' lived experiences and cultural values.

From a project management perspective, coordinating across multiple JCDHE departments, external community partners, and regulatory requirements provided valuable experience in stakeholder mapping and timeline management. The need to balance creative development with epidemiological rigor, regulatory compliance, and community feedback cycles demonstrated the challenges of implementing evidence-based interventions in real-world settings. The longer-than-anticipated printing timeline due to staff illnesses reinforced the importance of building buffer time into project schedules, as Dr. Sparks had wisely suggested.

The experience also deepened my understanding of the role of local health departments as bridges between clinical care and community health promotion. JCDHE's position as both a direct service provider and community health leader created unique opportunities for interventions like Health Lotería

that could simultaneously address immediate access needs while building longer-term community relationships and trust.

Challenges and Limitations

Several challenges emerged during implementation that provide important lessons for future similar interventions. The physical logistics of distributing 100 game sets proved more demanding than anticipated, with the weight and volume of materials requiring careful event planning and adequate volunteer support. For events exceeding 200 attendees, additional staffing would be essential to maintain effective engagement while managing survey administration and game distribution.

The evaluation design, while culturally appropriate, created some methodological limitations. The decision to prioritize participant privacy and comfort over exhaustive data collection meant that some potentially valuable demographic and outcome information was not captured. Balancing scientific rigor with community trust-building remains an ongoing challenge in public health research with vulnerable populations, requiring careful consideration of ethical principles and long-term relationship building over immediate data collection goals.

Language and communication patterns observed during events revealed important nuances in community engagement. Despite bilingual materials and interpretation services, the Spanish interpreter was approached more frequently than the English presenter, even by community members who ultimately requested English-language materials. This pattern suggests that cultural familiarity and representation may be equally important as language accommodation in fostering community trust and engagement—a finding with implications for staffing and outreach strategies beyond this specific intervention.

The preference for paper-based surveys over digital alternatives, while accommodated, exposed possible ongoing digital divide issues that could affect the sustainability and outward growth of technology-enhanced health interventions. Multiple participants requiring assistance reading survey materials due to vision limitations also revealed the importance of accommodating diverse accessibility needs in community-based evaluation efforts. Future cycles should include large-print bilingual handouts and a staffed “assisted survey” option to reduce barriers for participants with low vision or limited digital access.

Implications for Public Health Practice

This project contributes to the growing evidence base supporting culturally and linguistically appropriate services as essential components of health equity programming. The success of the gamification approach using a culturally familiar symbol supports literature demonstrating that cultural grounding can improve engagement and message retention compared to generic health education materials. The bidirectional nature of the community partnerships developed through this work is consistent with CLAS principles, emphasizing community input and feedback in service design and delivery.

In the survey, most respondents reported increased trust in JCDHE following the Lotería experience and nearly all said they intend to use the resources in the future (see Tables 6–8). These signals, alongside strong usability ratings, reinforce that cultural adaptation paired with tangible navigation support is a sound path for ongoing investment. Furthermore, the integration of epidemiological analysis with cultural adaptation methodology provides a model for evidence-based intervention development that remains responsive to community needs and preferences. By grounding creative development in empirical evidence of service utilization patterns and language barriers, the project demonstrated how data can inform rather than constrain culturally responsive programming.

The positive community reception and organic expansion suggest potential for broader application across other jurisdictions serving similar populations. The modular design of both the physical game and digital platform enables adaptation to different service environments and community contexts while maintaining the core approach of using cultural symbols to support health communication and resource navigation (e.g. checking eligibility, where to go, and what to bring). Taken together, converging quantitative patterns and community feedback justify continued investment in culturally responsive, Spanish-forward outreach as core health-equity infrastructure.

Sustainability and Future Directions

The development of the digital Health Lotería Resource Index provides a foundation for long-term sustainability beyond the initial distribution of physical game sets. The website's integration with Johnson County's existing health resources platform ensures ongoing maintenance and updates, while the Bitly website link tracking system employed by the web development team enables continuous monitoring of community engagement and resource utilization patterns. Furthermore, this tracking could be used as a possible real-time indicator of community needs; for example, we are interested in seeing if clicks on links involving SNAP benefits and our community garden are engaged with more in November of 2025 if the ongoing federal government shutdown halts funding for SNAP recipients.

Community feedback suggesting conversion of promotional business cards to magnetic format and website updates to clarify how to obtain additional game copies indicates strong community interest in continued access and expansion. The spontaneous business partnership opportunities, including the request from a Mexican restaurant owner for promotional materials, suggest potential for community-driven distribution models that could extend reach while building local economic partnerships.

The success of the interpreter partnership with Olathe School District points toward potential for sustainable collaboration models that utilize existing community relationships and language resources. Diana Vincent's instrumental role in cultural authenticity checking and event interpretation demonstrates the value of building ongoing partnerships with trusted community members who can serve as cultural brokers and linguistic resources.

Grant applications to the Broderick Crawford Community Partnership Award and Kansas Innovation Fund represent important steps toward securing funding for expanded production and distribution. If successful, these funding sources could support production of an additional 900 game copies while providing resources for broader geographic expansion across the Kansas City metropolitan region.

Advancing Health Equity Through Cultural Responsiveness

This project reflects a commitment to health equity by addressing how access to healthcare information and outcomes are shaped by intersecting factors including language, culture, immigration status, and trust in government institutions. The process of developing Health Lotería provided an opportunity to challenge embedded assumptions about how health information should be packaged and delivered while centering the experiences and preferences of historically underserved community members.

The use of a culturally familiar game format, bilingual materials, and community-driven content development supports the concept that effective health communication must reflect the lived realities of intended audiences rather than institutional preferences or convenience. By considering the impact of barriers including limited English proficiency, cultural unfamiliarity with health systems, and immigration-related concerns, the intervention actively worked to improve the relevance and accessibility of health information for community members who have been systematically excluded from many traditional public health approaches.

The emphasis on building bidirectional community relationships rather than one-way information dissemination reflects values of community empowerment and shared decision-making. By positioning community partners as experts in their own experiences and needs, the project helped shift power dynamics from institutional control toward collaborative partnership in addressing health disparities.

Methodological Contributions and Innovation

The integration of multiple evaluation approaches—quantitative service utilization analysis, qualitative community feedback, digital engagement tracking, and observational assessment—provides a robust model for assessing both intervention need and community response. This mixed-methods approach enabled validation of intervention rationale while capturing subtle community experiences that purely quantitative measures might miss.

The application of systems thinking through creating the Causal Loop Diagram helped visualize how the intervention operates within Johnson County's broader public health ecosystem. The identification of reinforcing loops between trust, awareness, and service utilization, along with balancing loops representing persistent communication barriers, provides a framework for understanding how small-scale interventions can influence complex community health systems over time.

The collaborative design process with our community partners represents a practical application of community-based participatory research principles that other health departments could utilize for their own cultural adaptation efforts. The use of shared digital platforms for ongoing feedback and review provides a sustainable model for maintaining community input throughout the project development.

Reflection on Personal and Professional Growth

This experience significantly expanded my understanding of the intersection between public health theory and community-based practice. Working directly with community members, navigating institutional requirements, and managing complex stakeholder relationships provided invaluable experience in translating academic knowledge into real-world intervention implementation. The project challenged me to think critically about power dynamics in public health programming and the importance of centering community voices in intervention design. Learning to balance institutional needs and constraints with community preferences and cultural values required ongoing reflection and adaptation throughout the implementation process.

Developing proficiency in multiple software platforms—from Excel for epidemiological analysis to Canva for design work to REDCap for evaluation—while coordinating printing, web development, and event logistics provided comprehensive experience in project management and technical skill development. The need to communicate effectively with diverse audiences, from epidemiologists to community members to print shop staff, reinforced the importance of adaptive communication skills in public health practice.

Conclusion

The JCDHE Health Lotería project demonstrates the potential for culturally responsive interventions to address health disparities while building sustainable community partnerships. Early survey results echo this, with participants describing the materials as clear, reporting higher trust in JCDHE, and saying they plan to use the resources to find care. By combining epidemiological analysis with community-based participatory design, the project created an evidence-based intervention that resonated with community members while meeting institutional goals for health equity programming.

The positive community reception, evolving opportunities, and ongoing partnership development suggest that this approach has potential for broader application and long-term sustainability. The lessons learned about trust-building, cultural adaptation, and community engagement provide practical examples for other health departments seeking to develop similar interventions for immigrant and linguistic minority populations.

Most importantly, this project reinforced the fundamental principle that effective public health practice requires meeting communities where they are—linguistically, culturally, and geographically. By using culturally familiar symbols and community-driven content development, Health Lotería succeeded in creating connections between community members and health resources while respecting community values and preferences. This approach offers a model for how public health institutions can build trust and improve access while honoring the cultural strengths and assets that communities bring to their own health and well-being.

The work is not yet finished. As we continue to collect evaluation data and explore expansion opportunities, the commitment must remain to community partnership, cultural responsiveness, and evidence-based adaptation. The ultimate measure of success will not be in games distributed or surveys completed, but in whether community members feel more confident navigating health and social services, more trusting of public health institutions, and more empowered to advocate for their own health and the health of their families and communities.

Chapter 5 - Competencies

Synthesis and Integration of MPH Foundational Competencies

Competency 1: Apply epidemiological methods to settings and situations in public health practice.

Throughout my Applied Practice Experience, I chose epidemiological methods to identify and define the need for a culturally and linguistically appropriate public health intervention. Using JCDHE's Patagonia clinical data and Propio interpreter service data, I conducted a descriptive analysis in Excel to characterize service utilization patterns by race, ethnicity, and language preference. These analyses revealed that one in three JCDHE clients identified as Hispanic/Latino, and over 70 percent of Spanish-prefering clients required interpreter support—far exceeding the county's Hispanic/Latino population share of 9.8 percent (Kansas Health Matters, 2025).

By stratifying data and examining program-specific patterns, I was able to determine clear disparities in communication access and service reach. This evidence reinforced the rationale for the Health Lotería intervention and informed refinements and evaluation measures, ensuring that its design was not only innovative and community-based but also grounded in epidemiologic data demonstrating real gaps in access. Using these methods, I established baseline measures for future comparison, laying the groundwork for ongoing evaluation of the project's community impact. I then integrated these baselines into decision-making—prioritizing which events to staff, which card topics to feature, and what survey items to track. I operationalized the Excel tables as a refreshable template the Epidemiology team can update so the analysis continues to inform outreach after my internship.

Across MPH 754 (Introduction to Epidemiology), MPH 701 (Fundamental Methods of Biostatistics), my APE, daily surveillance work at JCDHE, and conference sessions attended—from Kansas Infectious Disease Symposium (KIDS), Council of State and Territorial Epidemiologists (CSTE), National Association of County and City Health Officials (NACCHO), and Kansas Public Health Association (KPHA)—I used counts and rates to set baselines and track change. Those baselines directed our targeted audiences, the amount of outreach provided, and how we tracked progress after Health Lotería implementation.

Competency 3: Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.

I integrated both quantitative and qualitative data analysis methods throughout the Health Lotería project. Quantitatively, I used Excel-based descriptive statistics to calculate population distributions, interpreter utilization, and service reach across JCDHE programs. I then visualized these findings in structured summary tables and framed them within county demographic census measures. I integrated these measures with my outreach goals by defining concrete, trackable criteria (e.g., Spanish-language reach and interpreter-supported engagement) and implemented them into updatable metric formats for ongoing review.

Qualitatively, I developed and administered an IRB-approved REDCap survey that captured participant perspectives on inclusivity, trust, and clarity of information. By integrating closed-ended Likert scale questions with open-ended feedback, I designed a mixed-methods approach that allowed for both measurable outcomes and narrative outlooks. This analysis approach also incorporated ethical considerations—such as waiving signatures and identifiers—to promote trust within a population that may experience fear or hesitancy toward government surveys. Together, these methods provided a multidimensional understanding of the Health Lotería’s early impact and informed adjustments for its future iterations.

Using skills from MPH 754 (Introduction to Epidemiology), MPH 701 (Fundamental Methods of Biostatistics), STAT 726 (Introduction to R Computing), and STAT 725 (Introduction to SAS Computing), I built SAS and R programs, Excel summaries, and a short bilingual survey, then combined statistical results with open-ended feedback to guide real-world adjustments—mirroring the simple, repeatable data-to-decision flow that informs real program decisions.

Competency 8: Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs.

Embedding cultural values was central to every stage of the *Health Lotería* project. Early in the design phase, I collaborated closely with El Centro, a trusted Hispanic/Latino community organization, to ensure the cultural authenticity and linguistic accuracy of the game’s content. We held a virtual meeting on June 16, 2025, to review bilingual translations, imagery, and the selection of health topics represented on the cards, and continued collaboration over a shared Microsoft Teams channel through

the printing process. Their feedback helped refine both visual design and messaging to better resonate with local Hispanic/Latino families.

Additionally, I developed the implied-consent process for the evaluation survey with cultural humility specifically built into the process. Recognizing that formal documentation could deter participation, especially among immigrant populations, I designed an IRB-approved consent statement that excluded personal identifiers and emphasized voluntary participation. These culturally responsive strategies helped build trust, increased participation at community events, and reflected a core principle of equitable program development: meeting people where they are—linguistically, visually, and emotionally. By coupling consent design, imagery, and interpreter presence, I translated CLAS principles into operations that future interventions can adapt to—a synthesis that elevated participation and trust rather than treating “culture” as an add-on.

Drawing on MPH 818 (Social and Behavioral Basis of Public Health), DMP 844 (Global Health), and DMP 710 (Intro to One Health)—and my service on JCDHE’s Health Equity Council and Environmental Justice Committee—I co-designed bilingual materials with community partners so that products’ text information, visuals, and data-collection mechanisms were plain-language, culturally respectful, and beneficial.

Competency 9: Design a population-based policy, program, project, or intervention.

Designing and operationalizing the Health Lotería from concept through production, deployment, and progressive evaluation allowed me to demonstrate full-cycle intervention planning and management. I coordinated a culturally formatted solution rooted in familiar traditions in parallel with ongoing analysis that documented language and access disparities; the analysis provided justification, targeting, and baseline metrics. I developed the card and board designs in Canva, integrated QR codes linking to bilingual digital resources, coordinated printing with Johnson County’s Print Shop, and secured state formula funding to support production. By selecting a single-QR architecture, we integrated the design with a digital index to future-proof updates, reducing reprinting, and enabling link-click analytics.

Beyond development, I managed project implementation by planning and staffing distribution tables at multiple public events, coordinating with interpreters, and ensuring consistent messaging across outreach materials. I also helped design a long-term sustainability plan by working with JCDHE’s web team to publish the digital Health Lotería Resource Index. This process demonstrated my ability to design and operationalize a population-based intervention that aligns with community needs, data-driven justification, and agency capacity—all while ensuring scalability to other Kansas City-area

counties. Together, these choices assemble justification, build, delivery, and sustainment into one workflow JCDHE can scale across interventions.

With MPH 720 (Administration of Health Care Organizations) and DMP 815 (Multidisciplinary Thought and Writing), I planned, built, and managed a program that can be continuously repeated and updated; the APE deliverables (cards, website, print runs) and my JCDHE implementation experience turned the idea into a working tool for Johnson County residents.

Competency 19: Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.

Effective communication was a foundation of this project. I designed all Health Lotería materials—including game cards, instructions, website content, and promotional items—in bilingual English and Spanish formats to ensure accessibility for a wide range of literacy levels. During community events, I used a bilingual presentation script so I or an interpreter could explain the project, survey, and purpose of the game in culturally appropriate language, ensuring inclusivity regardless of language preference or familiarity with JCDHE. Furthermore, throughout my APE with JCDHE, I also instructed four American Heart Association Basic Life Saving courses to JCDHE staff so they could achieve or retain their CPR certification.

In addition to community-facing communication, I developed professional written materials for further diverse audiences. These included the Patagonia and Propio data analysis report for internal epidemiology review, the Health Lotería causal loop diagram and analysis for Kansas State systems thinking requirements, and the final Health Lotería evaluation documentation for academic and departmental reporting. These products demonstrate my ability to tailor public health content to both lay and professional audiences while upholding accuracy, transparency, and cultural respect. I cultivated community and agency communication needs by keeping one core message set and adapting form, tone, and detail for each audience (bilingual script, data report, CLD brief). This ensures the same intervention reads clearly whether at community-engagement tables or within meeting rooms with further interested community partners.

Guided by DMP 815 (Multidisciplinary Thought and Writing)—and sharpened by CPR instruction and conference sessions—I write and present in plain language for families while keeping details precise for staff and partners.

Competency 22: Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative.

To complement my applied work, I incorporated systems thinking to visualize how the *Health Lotería* intervention operates within Johnson County’s broader public health ecosystem. I developed a Causal Loop Diagram (CLD) illustrating the reinforcing relationship between trust, awareness, and service utilization, and how reduced language and cultural barriers can strengthen these feedback loops (See Figure 10). The diagram identifies a balancing loop where persistent communication challenges may dampen progress—helping frame strategies to sustain positive community outcomes over time.

This systems-thinking exercise deepened my understanding of how small-scale, culturally tailored interventions can influence complex public health systems. It also provided a framework for evaluating ripple effects beyond the immediate project—such as improved cross-department collaboration, strengthened community partnerships, and increased health literacy. Applying this tool demonstrated my ability to think critically about systemic influence points and integrate theoretical analysis into practical program design.

The causal-loop diagram pulls MPH 840 (Public Health Practice) coursework theory into practice by showing how language access, trust, and service use reinforce or balance each other—and it gives JCDHE a shared map to place metrics and plan future interventions without losing sight of equity.

Health Lotería Causal Loop Diagram

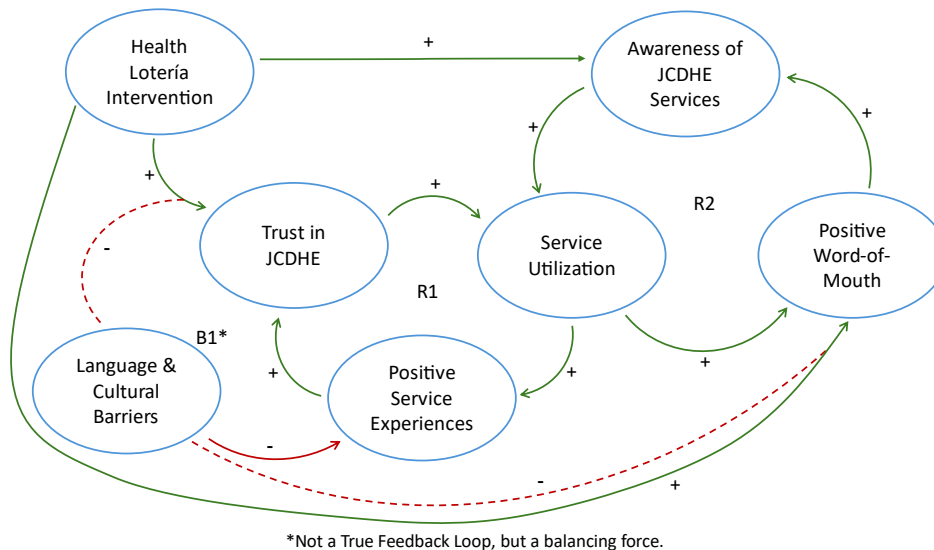


Figure 10. Health Lotería Causal Loop Diagram. A systems thinking tool illustrating relationships among the intervention, awareness of JCDHE services, language and cultural barriers, trust, and service utilization. Created by Michael Gibson.

Table 9. Synthesis and Integration of MPH Foundational Competencies

Number and Competency		Description
1	Apply epidemiological methods to settings and situations in public health practice.	I applied descriptive epidemiology using JCDHE's Patagonia and Propio data to determine language and service disparities. Findings validated the Health Lotería design and justified a culturally responsive intervention addressing access barriers for Hispanic/Latino residents through data-driven decision-making and measurable community impact.
3	Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.	I analyzed Patagonia and Propio datasets in Excel and designed an IRB-approved REDCap survey to capture community perceptions. These quantitative and qualitative data-informed program evaluation and improvement, demonstrating my ability to integrate analysis, ethics, and informatics into public-health practice.

8	Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.	Partnering with El Centro and community interpreters, I developed bilingual, culturally authentic game materials and an implied-consent process that respected participant privacy. These steps ensured trust, accessibility, and cultural resonance throughout the Health Lotería intervention and evaluation activities.
9	Design a population-based policy, program, project, or intervention.	I designed, implemented, and evaluated the Health Lotería intervention using epidemiologic analysis, community input, and sustainability planning to guide program development, distribution, and evaluation.
19	Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.	I communicated public-health content through bilingual cards, instructions, website materials, and event presentations. These products were tailored for both community and professional audiences, ensuring clarity, inclusivity, and accurate representation of JCDHE services and resources.
22	Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative	I created a Causal Loop Diagram to illustrate the dynamic interplay between awareness, trust, and service utilization. The model identifies reinforcing and balancing loops, clarifying leverage points to strengthen equitable engagement with JCDHE programs.

Table 10. MPH Foundational Competencies and Course Taught In

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
Evidence-based Approaches to Public Health					
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	x		x		
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	x	x	x		
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	x	x	x		
4. Interpret results of data analysis for public health research, policy or practice	x		x		
Public Health and Health Care Systems					
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings		x			
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels					x

22 Public Health Foundational Competencies Course Mapping	MPH 701	MPH 720	MPH 754	MPH 802	MPH 818
Planning and Management to Promote Health					
7. Assess population needs, assets and capacities that affect communities' health		x		x	
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs					x
9. Design a population-based policy, program, project or intervention			x		
10. Explain basic principles and tools of budget and resource management		x	x		
11. Select methods to evaluate public health programs	x	x	x		
Policy in Public Health					
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence		x	x	x	
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes		x		x	x
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations		x			x
15. Evaluate policies for their impact on public health and health equity		x		x	
Leadership					
16. Apply leadership and/or management principles to address a relevant issue		x			x
17. Apply negotiation and mediation skills to address organizational or community challenges		x			
Communication					
18. Select communication strategies for different audiences and sectors	DMP 815				
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation	DMP 815				
20. Describe the importance of cultural competence in communicating public health content		x			x
Interprofessional Practice					
21. Integrate perspectives from other sectors and/or professions to promote and advance population health		x			x
Systems Thinking					
22. Apply a systems thinking tool to visually represent a public health issue in a format other than a standard narrative			x	x	

Synthesis and Integration of MPH Emphasis Area Competencies

Through my emphasis in Infectious Disease and Zoonoses in the Master of Public Health (MPH) program, combined with my concurrent full-time role as a Disease Investigator at Johnson County Department of Health and Environment for the entirety of my 2.5-year master's program, I strengthened knowledge in key competency areas including disease transmission, surveillance systems,

vector-borne illnesses, and immunological responses to pathogens. This hands-on epidemiological field experience supported my academic coursework by providing real-world integration of disease investigation protocols, outbreak response, and public health surveillance methods. My practical work in disease investigation, paired with my APE project developing culturally responsive health communication tools, realized the integration of infectious disease principles with community-based public health practice.

Table 11. Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Infectious Disease and Zoonoses		
Number and Competency		Description
1	Pathogen/pathogenic mechanisms	Evaluate modes of disease causation of infectious agents.
2	Host response to pathogens/immunology	Investigate the host immune response to infection.
3	Environmental/ecological influences	Examine the influence of environmental and ecological forces on infectious diseases.
4	Disease surveillance	Analyze disease risk factors and select appropriate surveillance.
5	Disease vectors	Investigate the role of vectors, toxic plants and other toxins in infectious diseases.

Through my emphasis in Infectious Disease and Zoonoses, I completed coursework that supported my understanding of key public health competencies. **Competency 1: Pathogen/Pathogenic Mechanisms** was addressed through **Principles of Animal Disease (ASI 540)** and my full-time work as a Disease Investigator, where I evaluated modes of disease causation through case investigations and outbreak responses. Through the Lotería intervention, I translated pathogen mechanisms into communication design by emphasizing prevention-first cards (e.g., immunizations, testing, hand-washing). My daily fieldwork investigating infectious disease cases provided hands-on experience with pathogenic mechanisms across zoonotic and human pathogens. **Vaccinology (AAI/DMP 852)** further enhanced my understanding of how pathogens cause disease and how immunizations prevent pathogenic processes.

My coursework grounded the lens of how infections happen and how vaccines prevent them, while my disease-investigation caseload and APE design translated that science into clear guidance on testing, prevention, and when/where to seek care—linking theory to community action.

Competency 2: Host Response to Pathogens/Immunology was directly addressed through **Immunology of Domestic Animals (DMP 850)**, where I studied immune system responses to infectious agents in animal populations. This course provided an in-depth foundation for understanding how hosts mount immune responses to pathogens, including cellular and humoral immunity mechanisms. I also used the Lotería to integrate immunology concepts into plain-language explanations (e.g., how vaccines “train” the immune system), elevating health literacy while keeping the materials actionable for families. My disease investigation work also complemented this knowledge by exposing me to real-world examples of varying host immune responses during infectious disease outbreaks and case management.

From MPH courses and a Kansas State University Disease Outbreak Murder Mystery Field Trip to conferences like CSTE and KIDS, I strengthened my immunological knowledge basis to apply to disease containment outbreak work as well as Lotería explanations that “teach” immunity in plain language. I connected these learned concepts to field communication and project feedback about clarity and trust.

Competency 3: Environmental/Ecological Influences was covered through Introduction to **One Health (DMP 710)** and **Environmental Health Sciences (MPH 802)**, emphasizing the interconnectedness of human, animal, and environmental health in infectious disease transmission. **Global Health (DMP 844)** expanded this scope to include environmental factors affecting disease patterns worldwide. My APE project analyzing JCDHE service utilization data and developing culturally appropriate interventions demonstrated practical application of environmental and social determinants affecting infectious disease prevention and health access in diverse populations.

Throughout these courses, I was taught how social and ecological conditions shape risk; I used that lens during my work and APE to focus on Spanish-preferring households facing language barriers and chose community settings that made participation easy—turning perspective into design choices.

Competency 4: Disease Surveillance was reinforced through **Introduction to Epidemiology (MPH 754)**, **Introduction to R Computing (STAT 726)**, **Introduction to SAS Computing (STAT 725)**, and **Fundamental Methods of Biostatistics (MPH 701)**, providing thorough training in surveillance methods and data analysis techniques. My full-time role as a Disease Investigator at JCDHE throughout my entire master's program provided extensive practical experience in disease surveillance systems, from case identification and investigation to data analysis and reporting. The epidemiological analysis I conducted for my APE project, examining service utilization patterns and language barriers, demonstrated my ability to select appropriate surveillance data and analytical methods for public health practice.

My public health coursework supplied the surveillance basis, while my JCDHE work and APE outputs put it to use by selecting beneficial data sources, cleaning, and analyzing them to guide outreach and evaluate change now and into the future.

Competency 5: Disease Vectors was addressed through **Introduction to One Health (DMP 710)**, **Global Health (DMP 884)**, and **Principles of Animal Disease (ASI 540)**, as well as conferences like CSTE and KIDS, which covered vector-borne disease transmission and the role of environmental factors in vector populations. Through the Lotería resources, I generalized vector-prevention principles into community-facing messages and prioritized channels that reach Spanish-speaking households where risk and access intersect. My disease investigation work also included responding to vector-borne disease cases and implementing control measures, providing practical experience with vector surveillance and intervention strategies. The integration of One Health principles in my coursework and fieldwork demonstrated understanding of how vectors, environmental conditions, and host factors interact to influence infectious disease transmission patterns.

The MPH program knowledge, my field work, and the APE informed how I distilled vector risk and prevention into community-facing interactions, materials, and event choices—connecting science, access, and messaging.

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Appendix

Appendix A

Health Lotería Cards



Kansas City's Day of the Dead Weekend is an annual event to deepen your connection to the community and lost loved ones.

El Fin de Semana de Día de Muertos en Kansas City es un evento anual para conectar más con la comunidad y seres queridos perdidos.



JOHNSON COUNTY
KANSAS
Health & Environment



The county offers safe and effective methods of drug disposal to minimize pollution and ensure high-quality water.

JCDHE ofrece métodos seguros y efectivos para desechar medicamentos para minimizar la contaminación y garantizar agua de alta calidad.



JOHNSON COUNTY
KANSAS
Health & Environment

3 La Dama



The Lady

JCDHE offers health services for women of all ages, including breast and cervical cancer screenings.

JCDHE ofrece servicios de salud para mujeres de todas las edades, incluyendo exámenes de detección de cáncer de mama y cervical.



JOHNSON COUNTY
KANSAS
Health & Environment

4 El Diablito



The Devil

Fight unhealthy habits with exercise, good diet, annual doctor check-ups, and a positive attitude!

¡Combate los hábitos poco saludables con ejercicio, buena alimentación, chequeos médicos anuales y una actitud positiva!



JOHNSON COUNTY
KANSAS
Health & Environment



Our mission: To promote and protect the health and environment for all who live, work, and play in our community.

Nuestra misión: Promover y proteger la salud y el ambiente para quienes viven, trabajan y disfrutan en la comunidad.



JOHNSON COUNTY
KANSAS
Health & Environment

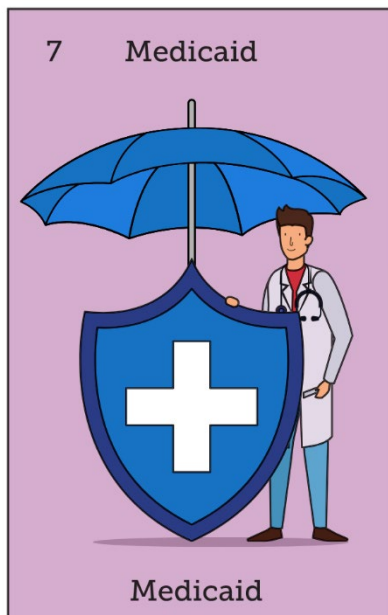


Eating vegetables from our community garden may help prevent disease, and they're free! Come by JCDHE and see what we've harvested.

Comer verduras de nuestro huerto comunitario puede ayudar a prevenir enfermedades, ¡y son gratis! Visita JCDHE y conoce la cosecha.



JOHNSON COUNTY
KANSAS
Health & Environment



El Centro offers bilingual education and support on Medicaid, Medicare, and benefits with health promoters and specialists.

El Centro ofrece educación y apoyo bilingüe sobre Medicaid, Medicare y beneficios con promotoras y especialistas de salud.



JOHNSON COUNTY
KANSAS
Health & Environment



The Supplemental Nutrition Assistance Program (SNAP) helps low-income families access nutritious food and nutrition education.

El Programa de Asistencia Nutricional Suplementaria (SNAP) ayuda a familias de bajos ingresos a obtener comida nutritiva y educación.



JOHNSON COUNTY
KANSAS
Health & Environment

9 La Sandía



The Watermelon

WIC can provide nutritious foods and support for pregnant and postpartum women, infants, and children under age 5.

WIC ayuda con alimentos nutritivos, apoyo a mujeres durante el embarazo y posparto, y a sus bebés y niños menores de 5 años.



JOHNSON COUNTY
KANSAS
Health & Environment

10 Los Documentos Oficiales



The Vital Records

Certificate of Naturalization? Birth Certificate? Passport? Whatever you need, El Centro can help guide you to obtain vital records!

¿Certificado de naturalización? ¿Acta de nacimiento? ¿Pasaporte? El Centro te guía para obtener documentos oficiales.



JOHNSON COUNTY
KANSAS
Health & Environment

11 La Salsa BBQ



The Barbeque

Kansas City is known for its delicious BBQ! However, moderation of unhealthy foods is vital in preventing diabetes.

¡Kansas City es conocida por sus deliciosas salsas BBQ! Pero moderar lo no saludable es clave para prevenir la diabetes.



JOHNSON COUNTY
KANSAS
Health & Environment

12 El Pasante



The Intern

Students who intern with the Health Department work with an interdisciplinary team of public health professionals.

Los estudiantes que hacen su pasantía en el Departamento de Salud trabajan con un equipo de profesionales de la salud pública.



JOHNSON COUNTY
KANSAS
Health & Environment

13 La Tuberculosis



The TB

TB can sleep inside your body without you ever feeling sick, but can cause severe illness later on. Get Tested! Get Treated!

La TB puede vivir en tu cuerpo sin causar síntomas, pero enfermarte después. ¡Hazte la Prueba! ¡Recibe Tratamiento!



JOHNSON COUNTY
KANSAS
Health & Environment

14 La Clinica Medica



The Clinic

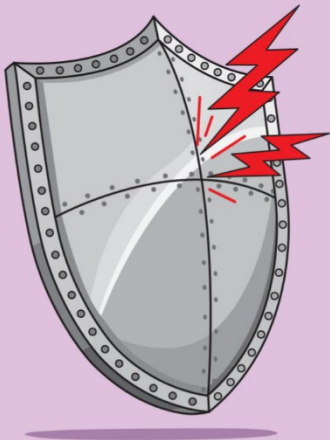
Need to see a doctor but not sure where to go? El Centro is here to help get you connected to affordable care!

¿Necesitas ver a un doctor pero no sabes a dónde ir? ¡El Centro está aquí para ayudarte a conseguir atención accesible!



JOHNSON COUNTY
KANSAS
Health & Environment

15 La Protección



The Protection

JCDHE clinics provide the diagnosis and treatment of STIs and HIV, community outreach and education, and more!

Las Clínicas de Salud brindan diagnóstico y tratamiento de enfermedades de transmisión sexual y VIH.



JOHNSON COUNTY
KANSAS
Health & Environment

16 La Casa



The House

Johnson County provides resources, support, and leadership to create sustainable, accessible, and quality affordable housing.

El Condado Johnson ofrece recursos, apoyo y liderazgo para crear viviendas asequibles, sostenibles y de calidad.



JOHNSON COUNTY
KANSAS
Health & Environment

17 La Oficina
Consular



The Consulate
Office

Consulates offer services to their citizens abroad, process visas, and provide legal and emergency assistance.

Los consulados ofrecen servicios a sus ciudadanos en el extranjero, procesan visas y brindan asistencia legal y de emergencia.



JOHNSON COUNTY
KANSAS
Health & Environment

18 La Factura
Médica



The Medical Bill

AccessKC supports families struggling with unexpected medical expenses, helping them improve their health and well-being.

AccessKC apoya a familias que luchan con gastos médicos inesperados, ayudándoles a mejorar su salud y bienestar.



JOHNSON COUNTY
KANSAS
Health & Environment

19 La Clase de
Finanza



The Finance Class

Empower yourself with
finance and
homeownership classes:
learn to save, budget, and
invest for a better future.

Empodérate con clases de
finanzas y vivienda:
aprende a ahorrar,
presupuestar e invertir
para un mejor futuro.



JOHNSON COUNTY
KANSAS
Health & Environment

20 El Camino



The Path

We promote sustainability!
Go green like Johnson
County—consider biking
or walking instead of
driving.

¡Promovemos la
sustentabilidad! Sé verde
como el Condado de
Johnson: considera
caminar o usar bicicleta en
vez de manejar.



JOHNSON COUNTY
KANSAS
Health & Environment

21 El Fútbol



Soccer

Kansas City hosts the 2026 World Cup! Check out additional sporting opportunities with Parks and Recreation.

Kansas City será sede de la Copa Mundial 2026. Consulta oportunidades deportivas adicionales con Parques y Recreación.



JOHNSON COUNTY
KANSAS
Health & Environment

22 La Bandera



The Flag

Johnson County offers various services to help our community stay safe, resilient, and healthy.

El Condado Johnson ofrece varios servicios para ayudar a nuestra comunidad a mantenerse segura, resiliente y saludable.



JOHNSON COUNTY
KANSAS
Health & Environment

23 El Termómetro



The Thermometer

Fever is a common symptom for many infections, including flu. Monitor your health and visit a provider or clinic when necessary.

La fiebre es un síntoma común de muchas infecciones, incluida la Gripe. Monitorea tu salud y visita a un médico o una clínica cuando necesites.



JOHNSON COUNTY
KANSAS
Health & Environment

24 El Cubrebocas



The Face Mask

Please be kind if you see someone wearing a mask—they could be protecting themselves or YOU.

Se amable si ves a alguien con cubrebocas; se pueden estar protegiendo a si mismos o a Tí de alguna enfermedad.



JOHNSON COUNTY
KANSAS
Health & Environment

25 La Enfermera



The Nurse

Health Department clinics provide a range of services to the public to promote health and wellness.

Para promover la salud y el bienestar, las Clínicas del Departamento de Salud ofrecen una variedad de servicios al público.



JOHNSON COUNTY
KANSAS
Health & Environment

26 El Viejito



Older Adults

Falls can cause serious injuries. Talk with your healthcare provider, stay active, and make your home safer.

Una caída puede causar graves lesiones. Habla con tu médico, mantente activo y haz que tu casa sea más segura.



JOHNSON COUNTY
KANSAS
Health & Environment

27 El Papel del Baño



The Toilet Paper

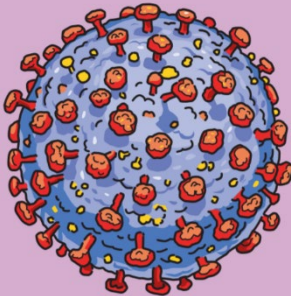
Stomach virus? Infectious outbreak? Our Disease Containment Program offers guidance on dealing with contagious diseases.

¿Virus estomacal?
¿Brote infeccioso? Nuestro Programa de Contención de Enfermedades ofrece guía sobre enfermedades contagiosas.



JOHNSON COUNTY
KANSAS
Health & Environment

28 La Corona



COVID-19

COVID is sticking around. Vaccines are still the best way we can protect ourselves and our family.

El COVID-19 está aquí para quedarse. Las vacunas siguen siendo la mejor manera para protegernos.



JOHNSON COUNTY
KANSAS
Health & Environment

29 La Mano



The Hand

Each spring Johnson County sees an increase of Norovirus outbreaks. Wash your hands for at least 20 seconds with soap!

Cada primavera, el condado ve un aumento en brotes de norovirus. ¡Lávate las manos por al menos 20 segundos con jabón!



JOHNSON COUNTY
KANSAS
Health & Environment

30 Las Trabajadoras Comunitarias de Salud



The Community Health Workers

Community Health Workers build individual and community health knowledge through outreach, education, and advocacy.

Las Promotoras de Salud mejoran el conocimiento individual y comunitario sobre la salud por medio de la educación y apoyo.



JOHNSON COUNTY
KANSAS
Health & Environment

31 Alimentación
Saludable



Healthy Eating

Want to upgrade your diet?
El Centro offers education
on how to choose delicious
foods that will keep you
healthy!

¿Quieres mejorar tu dieta?
El Centro ofrece educación
para elegir alimentos
deliciosos que te
mantendrán saludable.



JOHNSON COUNTY
KANSAS
Health & Environment

32 El Catrín



The Man

Men's mental health is
often overlooked. They are
much more likely to die by
suicide or struggle with
substance abuse.

La salud mental masculina
se ignora. Los hombres
tienen más riesgo de
suicidio o de sufrir
adicciones a sustancias.



JOHNSON COUNTY
KANSAS
Health & Environment

33 El Bebé



The Baby

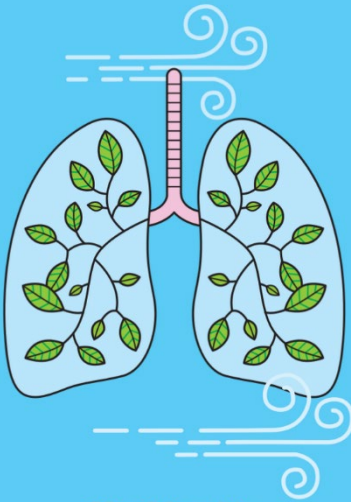
JCDHE offers education and support for new and expecting parents, helping babies get a healthy start.

JCDHE ofrece educación y apoyo a padres nuevos y futuros para que sus bebés tengan un comienzo saludable en la vida.



JOHNSON COUNTY
KANSAS
Health & Environment

34 Aire Saludable



Healthy Air

We strive to protect your health through the air you breathe every day. Check out our daily Ozone Forecast!

Nos esforzamos por cuidar tu salud monitoreando el aire que respiras. Aprende más y revisa el Pronóstico de Ozono.



JOHNSON COUNTY
KANSAS
Health & Environment

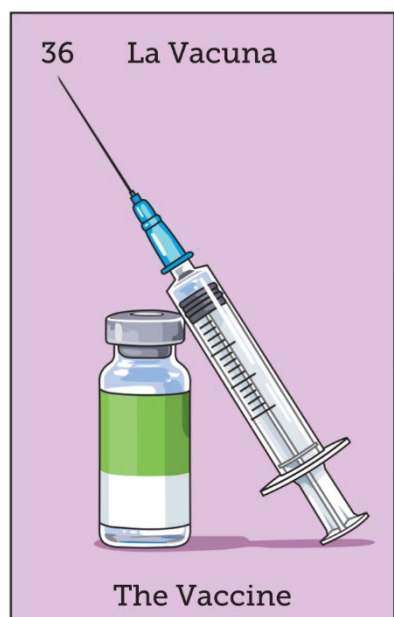


Heat-related illness and death are preventable. Beat the heat to keep yourself and your loved ones safe.

Las enfermedades y muertes relacionadas con el calor se pueden prevenir. Gánale al calor y mantente seguro.



JOHNSON COUNTY
KANSAS
Health & Environment



Immunizations help prevent severe illnesses, are proven to be safe, and work to keep kids in school and adults at work!

Las vacunas ayudan a prevenir enfermedades graves, son seguras y mantienen a niños en la escuela y adultos en el trabajo.



JOHNSON COUNTY
KANSAS
Health & Environment

37 El Cerebro



The Brain

You Are Not Alone. Mental health matters at every stage of life, from childhood and adolescence through adulthood.

No Estás Solo. La salud mental es importante en todas las etapas de la vida, desde la niñez y la adolescencia hasta la edad adulta.



JOHNSON COUNTY
KANSAS
Health & Environment

38 La Familia



The Family

Johnson County clinics offer reproductive health and family planning services for women, men, and teens.

Las clínicas del Condado Johnson ofrecen servicios de salud reproductiva y planificación familiar a mujeres, hombres y adolescentes.



JOHNSON COUNTY
KANSAS
Health & Environment

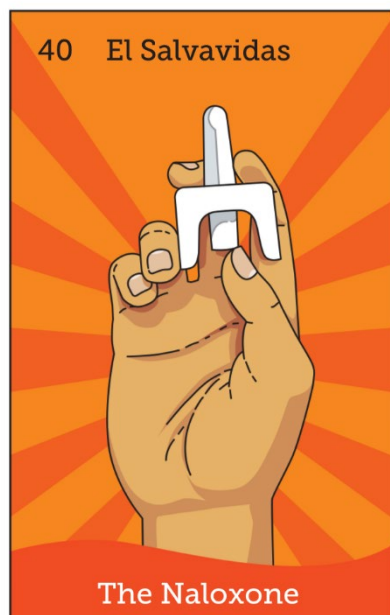


Thinking about opening a food truck or restaurant? Check out the Kansas food safety and licensing requirements to get started!

¿Piensas abrir un camión de comida o restaurante? Consulta los requisitos de seguridad y licencias en Kansas para empezar.



JOHNSON COUNTY
KANSAS
Health & Environment



Naloxone is a life-saving medication that is used to temporarily reverse an opioid overdose. Naloxone saves lives!

La Naloxona es un medicamento que se usa para revertir temporalmente una sobredosis de opioides. ¡La Naloxona salva vidas!



JOHNSON COUNTY
KANSAS
Health & Environment

41 El Cigarro



The Cigarette

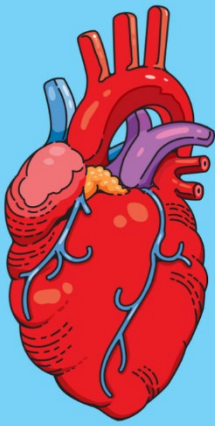
You know you should quit tobacco. We know it's easier said than done. The county offers resources to help you succeed!

Sabes que debes dejar el tabaco. Sabemos que es difícil. El condado ofrece recursos que te pueden ayudar a lograrlo.



JOHNSON COUNTY
KANSAS
Health & Environment

42 El Corazón



The Heart

To reduce your risk of heart disease and stroke:

Control your blood pressure, manage your cholesterol, and don't smoke.

Para reducir tu riesgo de enfermedad cardíaca y derrame cerebral: Controla tu presión arterial, colesterol y no fumes.



JOHNSON COUNTY
KANSAS
Health & Environment

43 Los Abogados



The Lawyers

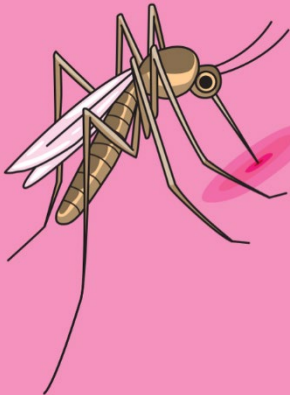
El Centro empowers the Latino community with "Know Your Rights" events to stay informed, safe, and prepared.

El Centro empodera a la comunidad latina con eventos de "Conozca sus Derechos" para estar informados, seguros y preparados.



JOHNSON COUNTY
KANSAS
Health & Environment

44 El Mosquito



The Mosquito

Mosquito bites can spread diseases such as West Nile virus, Dengue, and Chikungunya. Fight the bite, day and night!

Las picadas de mosquitos pueden contagiar de el Virus del Nilo, Dengue y Chikunguña. ¡Lucha contra las picaduras, día y noche!



JOHNSON COUNTY
KANSAS
Health & Environment

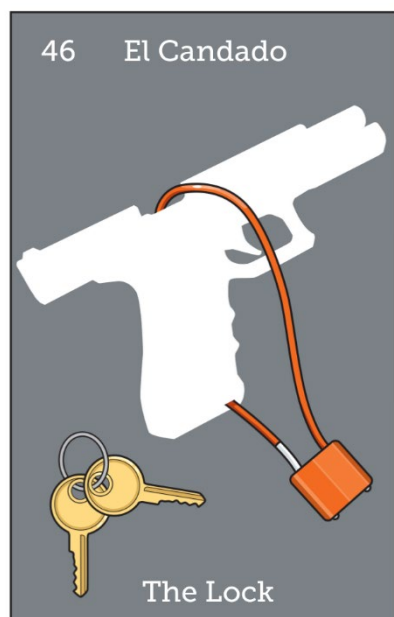


Johnson County is committed to educating our communities about water safety and drowning prevention.

El Condado de Johnson está comprometido a educar a la comunidad sobre la seguridad en el agua y la prevención de ahogamientos.



JOHNSON COUNTY
KANSAS
Health & Environment



To protect children and reduce suicide, Johnson County provides free gun locks at our Mental Health Center.

Para proteger a los niños y reducir suicidios, el Condado de Johnson da candado de armas gratis en el Centro de Salud Mental.



JOHNSON COUNTY
KANSAS
Health & Environment

47 El Cáncer



The Cancer

Don't miss out on life's big moments. Regular cancer screenings can save your life. Talk to your provider.

No te pierdas los momentos importantes de la vida. Las pruebas de detección de Cáncer pueden salvar tu vida. Habla con tu médico.



JOHNSON COUNTY
KANSAS
Health & Environment

48 La Bicicleta



The Bicycle

Biking is a great way to stay active, so be sure to use one of our many trails! Remember, always wear a helmet and follow traffic laws.

Mantente activo usando las ciclovías del condado. Recuerda usar casco y respetar las reglas de tránsito para tu seguridad.



JOHNSON COUNTY
KANSAS
Health & Environment

49 El Murciélago



The Bat

Don't touch bats, dead or alive! Bats are a protected species and can also pass rabies to people, which can cause death.

¡No toques murciélagos; vivos o muertos! Los murciélagos pueden transmitir la rabia a las personas, lo que podría causar la muerte.



JOHNSON COUNTY
KANSAS
Health & Environment

50 La Biblioteca



The Library

Your Johnson County libraries are full of resources, knowledge, and fun—from kids' story time to adult career development!

Las bibliotecas del Condado de Johnson tienen recursos y actividades: desde cuentos para niños hasta apoyo laboral para adultos.



JOHNSON COUNTY
KANSAS
Health & Environment

51 La Tormenta



The Thunderstorm

Thunderstorms and the resulting flooding can be a serious threat. Be aware. Be prepared.

Las tormentas provocan inundaciones que pueden ser un peligro grave para su familia. Esté consciente. Esté preparado.



JOHNSON COUNTY
KANSAS
Health & Environment

52 La Freidora



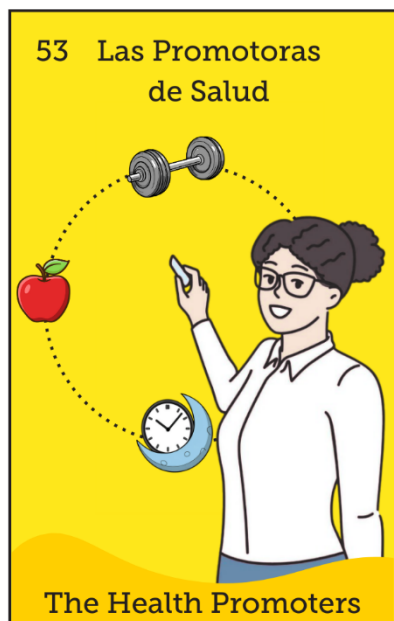
The Fryer

Store It, Don't Pour It!
You can always recycle your grease year-round to help keep the sewer system flowing properly.

¡Guárdala, No La Tires!
Puedes reciclar tu aceite y grasa todo el año para ayudar a mantener el sistema de tuberías funcionando.



JOHNSON COUNTY
KANSAS
Health & Environment

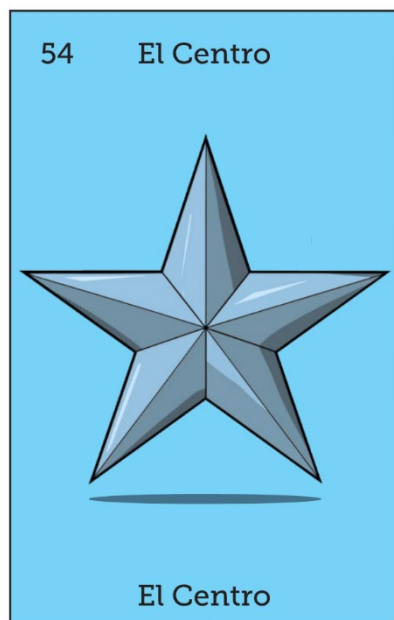


Health Promoters are community leaders who connect the Latino community with medical services and healthy lifestyles.

Las Promotoras de Salud son líderes comunitarias que conectan a la comunidad latina con servicios médicos y estilos de vida saludables.



JOHNSON COUNTY
KANSAS
Health & Environment



Since 1976, El Centro has supported Latino communities in Kansas with education, health, and economic opportunities.

Desde 1976, El Centro apoya a las comunidades latinas de Kansas con educación, salud y oportunidades económicas.



JOHNSON COUNTY
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Appendix B

Health Lotería Game Boards

Health Lotería

Board #1



Health Lotería



JOHNSON COUNTY
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Health Lotería

Board #2



Health Lotería



JOHNSON COUNTY
KANSAS
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Health Lotería

Board #3



Health Lotería



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Health Lotería

Board #4



Health Lotería



JOHNSON COUNTY
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Health Lotería

Board #5



Health Lotería



JOHNSON COUNTY
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Health Lotería

Board #6



Health Lotería



JOHNSON COUNTY
KANSAS
Health & Environment

Health Lotería

Board #7



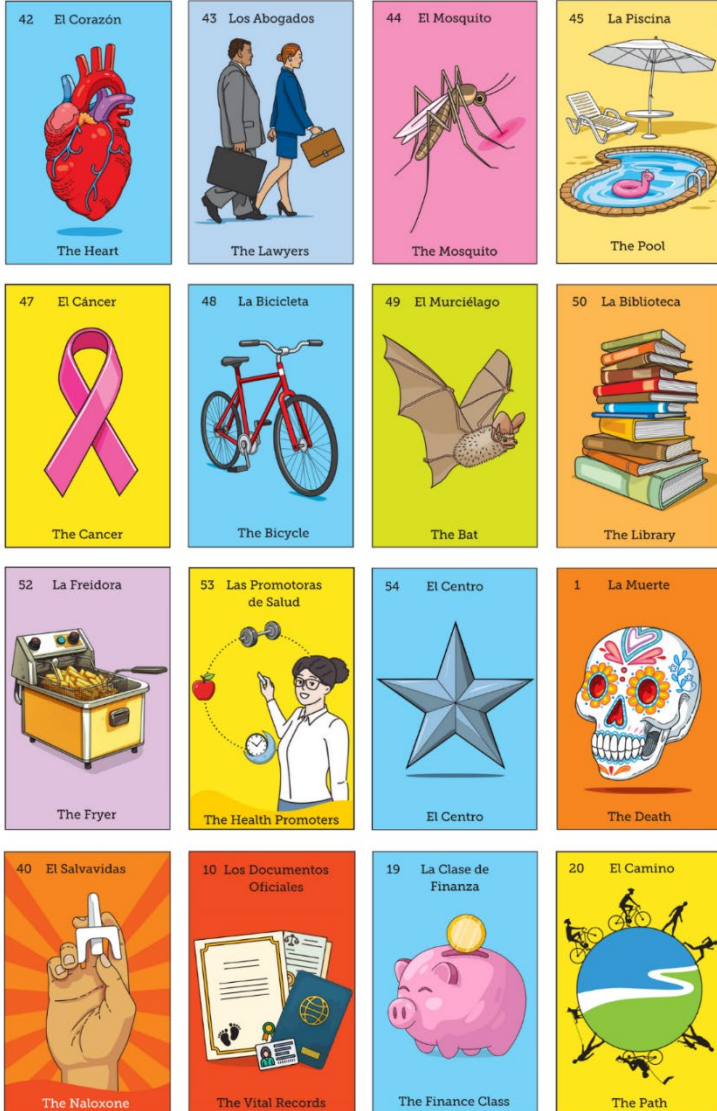
Health Lotería



JOHNSON COUNTY
KANSAS
Health & Environment

Health Lotería

Board #8



Health Lotería



JOHNSON COUNTY
KANSAS
Health & Environment

Health Lotería

Board #9



Health Lotería



JOHNSON COUNTY
KANSAS
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Health Lotería

Board #10



Health Lotería



JOHNSON COUNTY
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Health Lotería

Board #11



Health Lotería



JOHNSON COUNTY
KANSAS
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Appendix C

Health Lotería Bilingual Game Instructions

Johnson County Health Lotería

Gather around with your friends and family to play and have fun.

How to play:

Players (2-11)

Each player gets 1 or more Lotería board(s) and their own markers (frijoles)! Beans (Frijoles) historically have been used as markers for Lotería!

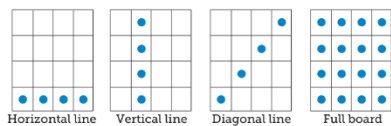
Players mark their board(s) by placing their markers (beans) on the image of the card that is called.

The Caller

Nominate the Lotería "Caller." The Caller shuffles the cards prior to play. They then draw a card from the top of the deck and shout it out to the group.

How to win:

- The first player to fill a line of four (horizontal, vertical, or diagonal) must yell out "LOTERÍA!"
- You can also play to complete the full board.



Horizontal line Vertical line Diagonal line Full board



Lotería de Salud

del Condado Johnson

Invita a tus amigos y familiares para jugar y divertirse.

Cómo jugar:

Jugadores (2-11)

Cada jugador recibe 1 o más tablas de Lotería y sus propias fichas (frijoles). Los frijoles se han utilizado históricamente como fichas para la lotería.

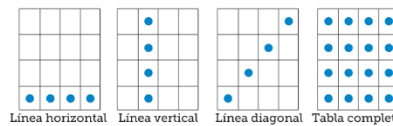
Los jugadores marcan su tabla al poner sus fichas (o frijoles) sobre la imagen de la carta que fue anunciada.

El Jefe

Nomina al "Jefe" de la Lotería. El jefe va a barajar las cartas antes del juego. De ahí, jala carta por carta, diciendo el nombre de la carta que ha jalado para que el grupo la escuche.

Cómo Ganar:

- ¡El primer jugador que llene una línea de cuatro (horizontal, vertical, o diagonal) debe gritar "LOTERÍA!"
- También juega a llenar tu tabla completa.

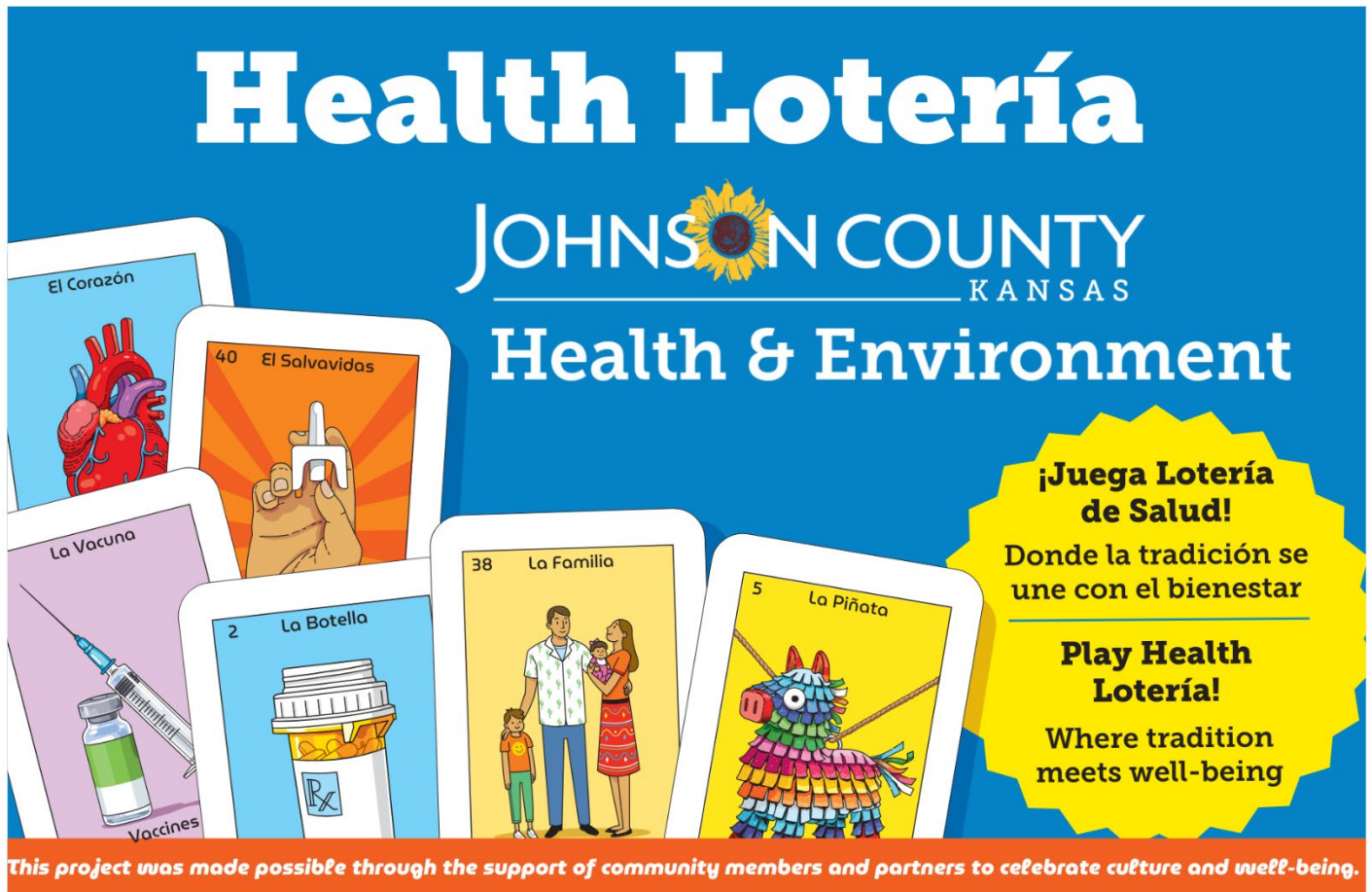


Línea horizontal Línea vertical Línea diagonal Tabla completa



Appendix D

Health Lotería Game Envelope



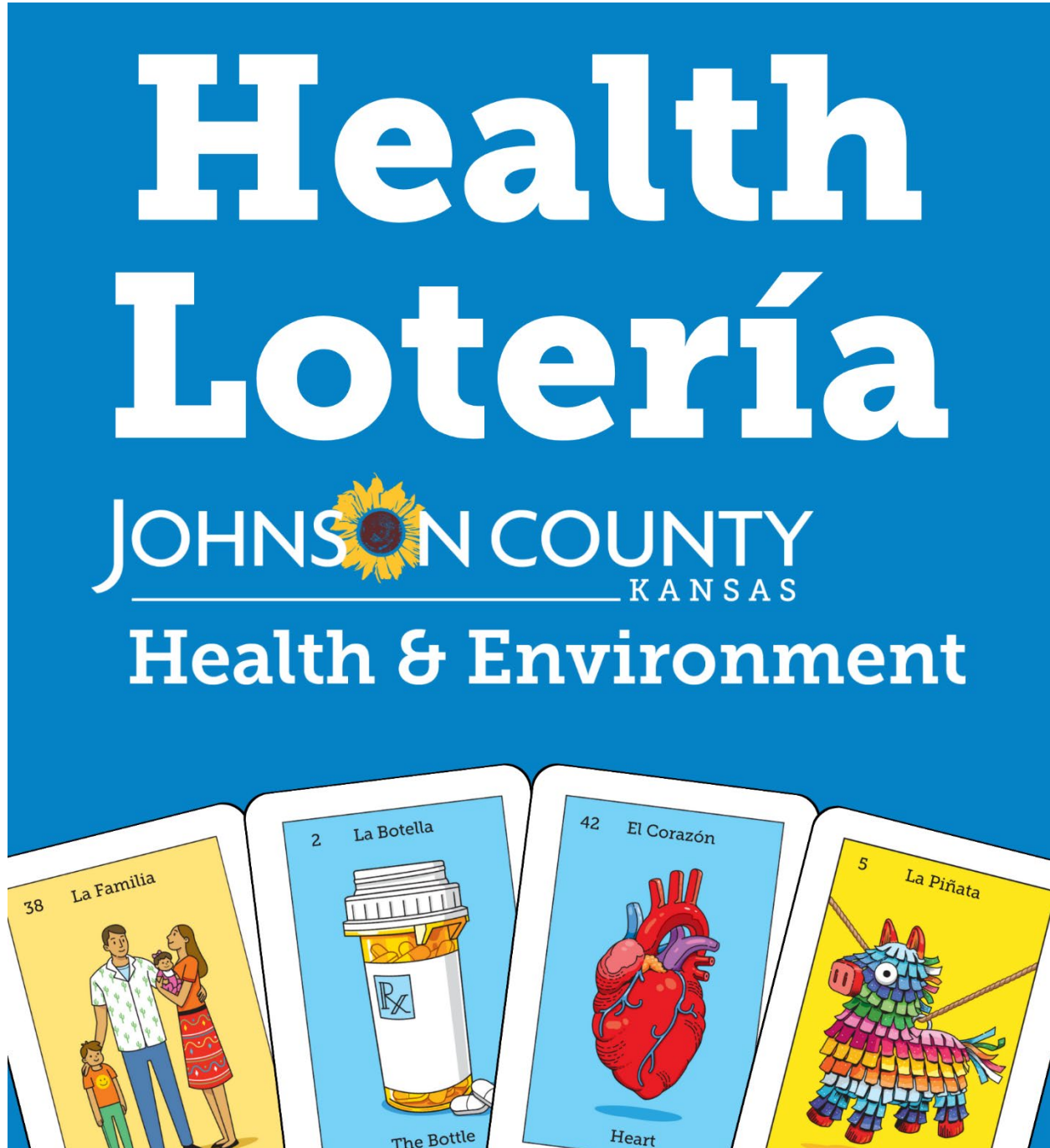
Appendix E

Health Lotería Promotional Business Card



Appendix F

Health Lotería Table Runner Design



Appendix G

Health Lotería Bilingual Consent Forms

Kansas State University Master of Public Health Program Health Lotería Project Consent Form

Study Title: Promoting Health and Confidence: Development and Evaluation of a Lotería Game to Improve Perception and Access to Services in the Hispanic Community of Johnson County, KS.

Principal Investigator: Dr. Ellyn Mulcahy

Introduction:

You are being invited to participate in a research survey conducted by the Master of Public Health program at Kansas State University. This consent form provides information about the study, what your participation will involve, and your rights as a participant. Please read it carefully and feel free to ask any questions before deciding whether to participate.

Purpose of the Study:

The purpose of this study is to gather your feedback on a new community health tool called "Health Lotería." Your opinions will help us understand if this game is a useful and culturally appropriate way to share information about local health and community resources. The goal is to evaluate if this tool can help increase awareness of and access to services for the Hispanic community in Johnson County.

Study Procedures:

If you agree to participate, you will receive a brief presentation explaining the "Health Lotería" game. Afterwards, you will be asked to complete a short, anonymous survey about your thoughts on the game and your experiences with accessing community resources. The survey can be completed on a provided tablet, on your own phone via a QR code, or on paper.

Duration:

The survey is expected to take approximately 2-5 minutes to complete.

Confidentiality:

Your participation in this study will remain confidential. No personal identifiers will be used in any reports or publications resulting from this study. All data will be stored securely and only accessible to the research team. Identifiers will be removed from any identifiable private information, and after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

Risks:

Participating in this study involves minimal risks. The Health Lotería game that is being discussed contains cards related to sensitive health topics such as mental health, STIs, and substance use. You may see or hear about these topics during the interaction. The survey also asks for your opinions and may include questions about your experiences accessing community services, which could be a sensitive topic for some individuals. We assure you that all responses will be completely anonymous. If at any point you feel uncomfortable, you are free to withdraw from the study altogether without penalty.

Benefits:

While there are no direct health benefits to you from participating in this study, your input is instrumental in helping the Johnson County Department of Health and Environment and its community partners improve how they share information. As a thank you for your time and feedback, you will receive a new "Health Lotería" game to take home.

Voluntary Participation:

Your participation in this study is entirely voluntary. You are free to decline to participate or to withdraw at any point without any penalty or loss of benefits to which you are otherwise entitled.

Contact Information:

If you have any questions about the study, contact Michael Gibson at mikegibby11@ksu.edu or the Principal Investigator, Dr. Ellyn Mulcahy at emulcahy@vet.k-state.edu. If you have any questions about your rights as a participant, you can contact the Kansas State University Institutional Review Board at hlr@ksu.edu or (785) 532-3234. Alternatively, please contact the Institutional Review Board Chair, Lisa Rubin, at rubin@ksu.edu or (785) 532-3224.

Consent:

By proceeding to the survey, you are indicating that you have read and understood the information on this page, that you are 18 years of age or older, and that you voluntarily agree to participate in this anonymous research.

**Kansas State University - Programa de Maestría en Salud Pública Proyecto
Lotería de la Salud - Formulario de Consentimiento**

Título del Estudio: Promoviendo la Salud y la Confianza: Desarrollo y Evaluación de un Juego de Lotería para Mejorar la Percepción y el Acceso a los Servicios en la Comunidad Hispana del Condado de Johnson, KS

Investigadora Principal: Dra. Ellyn Mulcahy

Introducción:

Se le invita a participar en una encuesta de investigación realizada por el programa de Maestría en Salud Pública de la Universidad Estatal de Kansas. Este formulario de consentimiento le proporciona información sobre el estudio, lo que implicará su participación y sus derechos como participante. Por favor, léalo con atención y siéntase libre de hacer cualquier pregunta antes de decidir si desea participar.

Propósito del Estudio:

El propósito de este estudio es recopilar su opinión sobre una nueva herramienta de salud comunitaria llamada "Lotería de la Salud". Sus opiniones nos ayudarán a comprender si este juego es una manera útil y culturalmente apropiada de compartir información sobre recursos locales de salud y comunidad. El objetivo es evaluar si esta herramienta puede ayudar a aumentar la conciencia y el acceso a los servicios para la comunidad hispana en el Condado de Johnson.

Procedimientos del Estudio:

Si acepta participar, recibirá una breve presentación explicando el juego "Lotería de la Salud". Después, se le pedirá que complete una breve encuesta anónima sobre sus pensamientos respecto al juego y sus experiencias accediendo a recursos comunitarios. La encuesta se puede completar en una tableta proporcionada, en su propio teléfono mediante un código QR o en papel.

Duración:

Se estima que la encuesta tomará aproximadamente de 2 a 5 minutos en completarse.

Confidencialidad:

Su participación en este estudio será confidencial. No se usarán identificadores personales en ningún informe o publicación que resulte de este estudio. Todos los datos se almacenarán de forma segura y solo el equipo de investigación tendrá acceso a ellos. Los identificadores serán eliminados de cualquier información privada identificable, y después de dicha eliminación, la información podría usarse para futuros estudios de investigación o distribuirse a otro investigador para estudios futuros sin consentimiento adicional.

Riesgos:

Participar en este estudio implica riesgos mínimos. El juego de Lotería de Salud que se está presentando contiene cartas relacionadas con temas de salud sensibles como la salud mental, las ITS (Infecciones de Transmisión Sexual) y el uso de sustancias. Es posible que vea o escuche sobre estos temas durante la interacción. La encuesta

también solicita sus opiniones y puede incluir preguntas sobre sus experiencias al acceder a servicios comunitarios, lo cual podría ser un tema sensible para algunas personas. Le aseguramos que todas sus respuestas serán completamente anónimas. Si en algún momento se siente incómodo, puede retirarse del estudio por completo y sin ninguna penalización.

Beneficios:

Aunque no hay beneficios directos de salud para usted al participar en este estudio, su opinión es fundamental para ayudar al Departamento de Salud y Medio Ambiente del Condado de Johnson y a sus socios comunitarios a mejorar la forma en que comparten la información. Como agradecimiento por su tiempo y sus comentarios, recibirá un nuevo juego de "Lotería de la Salud" para llevar a casa.

Participación Voluntaria:

Su participación en este estudio es completamente voluntaria. Usted es libre de negarse a participar o retirarse en cualquier momento sin ninguna penalización o pérdida de beneficios a los que de otro modo tendría derecho.

Información de Contacto:

Si tiene alguna pregunta sobre el estudio, comuníquese con Michael Gibson en mikegibby11@ksu.edu o con la Investigadora Principal, Dra. Ellyn Mulcahy en emulcahy@vet.k-state.edu. Si tiene alguna pregunta sobre sus derechos como participante, puede comunicarse con la Junta de Revisión Institucional de la Universidad Estatal de Kansas en hlr@ksu.edu o al (785) 532-3234. Alternativamente, comuníquese con la Presidenta de la Junta de Revisión Institucional, Lisa Rubin, en rubin@ksu.edu o al (785) 532-3224.

Consentimiento:

Al continuar con la encuesta, usted indica que ha leído y entendido la información de esta página, que tiene 18 años o más y que acepta voluntariamente participar en esta investigación anónima.

Appendix H

Health Lotería Bilingual Paper Surveys

Health Lotería Survey

Please complete the survey below regarding your experience with Johnson County Department of Health and Environment (JCDHE) Health Lotería today.

Have you ever experienced language barriers when attempting to access health and community resources? ☐ Yes ☐ No

Please read each of the following statements carefully and respond with your level of agreement:

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
I was familiar with the services offered by JCDHE prior to learning about Health Lotería:	☐	☐	☐	☐	☐
I believe Johnson County needs more inclusive health and community resources:	☐	☐	☐	☐	☐
The information on the Health Lotería cards was easy to understand:	☐	☐	☐	☐	☐
In the future, I will use the Loteria to help me find health and community resources and information:	☐	☐	☐	☐	☐
My overall trust in JCDHE has increased because of my experience today with Health Lotería:	☐	☐	☐	☐	☐

Many of these resources within Health Lotería are specific to Johnson County, with the hopes of expanding to the Greater Kansas City Area. Because of this, would you mind sharing which county you live in?

☐ Johnson, KS ☐ Wyandotte, KS ☐ Douglas, KS ☐ Shawnee, KS ☐ Miami, KS ☐ Jackson, MO
☐ Clay, MO ☐ Platte, MO ☐ Other ☐ I Don't Know ☐ I Prefer Not to Answer

Other County:

Please share any additional feedback or comments you have about your experience with the Health Loteria today:

Encuesta de Lotería de Salud

Por favor, complete la siguiente encuesta sobre su experiencia con la Lotería de Salud del Departamento de Salud y Medio Ambiente del Condado de Johnson (JCDHE).

¿Alguna vez has experimentado barreras del idioma al intentar acceder a servicios de salud o recursos comunitarios? ☐ Sí ☐ No

Por favor, lea cuidadosamente cada una de las siguientes afirmaciones y responda con su nivel de acuerdo:

	Totalmente de Acuerdo	Algo de Acuerdo	Neutral	Algo en Desacuerdo	Totalmente en Desacuerdo
Yo ya estaba familiarizado(a) con los servicios ofrecidos por JCDHE antes de conocer la Lotería de la Salud.	☐	☐	☐	☐	☐
Creo que el Condado de Johnson necesita recursos de salud y comunitarios más inclusivos.	☐	☐	☐	☐	☐
La información en las tarjetas de la Lotería de la Salud fue fácil de entender.	☐	☐	☐	☐	☐
En el futuro, usaré la Lotería para ayudarme a encontrar recursos e información sobre salud y servicios comunitarios.	☐	☐	☐	☐	☐
Mi confianza general en JCDHE ha aumentado debido a mi experiencia de hoy con la Lotería de la Salud.	☐	☐	☐	☐	☐

Muchos de estos recursos dentro de la Lotería de la Salud son específicos del Condado de Johnson, con la intención de expandirse al Área Metropolitana de Kansas City. Debido a esto, ¿podría compartir en cuál de los siguientes condados vive?

☐ Condado de Johnson, KS
 ☐ Condado de Wyandotte, KS
 ☐ Condado de Douglas, KS
☐ Condado de Shawnee, KS
 ☐ Condado de Miami, KS
 ☐ Condado de Jackson, MO
 ☐ Condado de Clay, MO
☐ Condado de Platte, MO
 ☐ Otro
 ☐ No Sé
 ☐ Prefiero No Responder

Otro Condado:

Por favor, comparta cualquier comentario o retroalimentación adicional que tenga sobre su experiencia con la Lotería de la Salud hoy:

Appendix I

Health Lotería Community Engagement Bilingual Presentation Script

Hello everyone! We are so excited to share a special game with you today called **Health Lotería!**

For those who may not be familiar, Lotería is a traditional game of chance, very similar to bingo, but it uses colorful images on cards instead of numbers. It's a beloved game played throughout Latin America.

We've created this special version in partnership with El Centro to serve as a fun, cultural bridge to important local resources. All the information and the cards themselves are in both English and Spanish, designed to help connect you and your family to services that support your health and well-being.

Each of the 54 cards in this deck represents a service or resource available to you through Johnson County or El Centro. On the back of every card, you'll find a short description and a QR code that you can scan with your phone to get more information right away.

For example:

- Here is '**La Familia**'. This card connects to Johnson County's clinics that offer reproductive health and family planning services for women, men, and teens.
- This is '**El Cerebro**,' or The Brain. This card links to local mental health services and reminds us that it's okay to seek support, with the message, "You Are Not Alone".
- We also have cards for services from El Centro, like '**Clase de Finanzas**'. This card connects you to classes where you can learn to save, budget, and invest for a better future.
- And this is '**Las Promotoras de Salud**'. This highlights the community leaders at El Centro who connect the Latino community with medical services and information about healthy lifestyles.

This project is all about making sure that health information is easy to find, easy to understand, and inclusive for everyone in our community.

To help us do that, we need your feedback. We have a very short, anonymous survey that you can take here on your phone by scanning this QR Code, on this tablet, or by filling out one of these paper surveys. It will take just a couple of minutes to complete. It asks for your thoughts on the game and your experience accessing community resources.

And as a special thank you for sharing your thoughts with us, you'll get to take home your very own, brand-new Health Lotería game for free!

Thank you so much for your time. We hope you'll play, learn, and share this with your family and friends.

¡Hola a todos! Estamos muy emocionados de compartir con ustedes un juego especial llamado **¡Lotería de Salud!**

Para aquellos que la conocen, la Lotería es un juego de azar tradicional, muy parecido al bingo, pero que utiliza imágenes coloridas en las cartas en lugar de números. Es un juego muy querido en toda América Latina.

Hemos creado esta versión especial en colaboración con El Centro para que sirva como un puente cultural y divertido hacia importantes recursos locales. Toda la información y las propias cartas están en inglés y en español, diseñadas para ayudar a conectarlos a ustedes y a sus familias con servicios que apoyan su salud y bienestar.

Cada una de las 54 cartas de esta baraja representa un servicio o recurso disponible para ustedes a través del Condado de Johnson o de El Centro. Al reverso de cada carta, encontrarán una breve descripción y un código QR que pueden escanear con su teléfono para obtener más información.

Por ejemplo:

- Aquí está '**La Familia**'. Esta carta los conecta con los servicios de planificación familiar del Condado de Johnson, que ofrecen apoyo de salud reproductiva para mujeres, hombres y adolescentes.
- Esta es '**El Cerebro**'. Esta carta se vincula con los servicios locales de salud mental y nos recuerda que está bien buscar apoyo, con el mensaje: "No Estás Solo".
- También tenemos cartas para servicios de El Centro, como '**Clase de Finanzas**'. Esta carta los conecta con clases donde pueden aprender a ahorrar, presupuestar e invertir para un futuro mejor.
- Y esta es '**Las Promotoras de Salud**'. Destaca a las líderes comunitarias de El Centro que conectan a la comunidad latina con servicios médicos e información sobre estilos de vida saludables.

Este proyecto se trata de asegurar que la información de salud sea fácil de encontrar, fácil de entender e inclusiva para todos en nuestra comunidad.

Para ayudarnos a lograrlo, necesitamos su opinión. Tenemos una encuesta muy corta y anónima que pueden tomar aquí en su teléfono escaneando este código QR, en esta tableta o llenando una de estas encuestas en papel. Solo les tomará un par de minutos completarla. Pregunta sobre su experiencia al acceder a recursos y su opinión sobre el juego.

Y como agradecimiento especial por compartir sus ideas con nosotros, ¡se llevarán a casa su propio juego de Lotería de Salud, completamente nuevo y gratis!

Muchas gracias por su tiempo. Esperamos que jueguen, aprendan y compartan esto con su familia y amigos.

Appendix J

Health Lotería Bilingual REDCAP Survey

**JOHNSON COUNTY**
KANSAS

Health & Environment

Health Lotería Survey

English

AAA

Have you ever experienced language barriers when attempting to access health and community resources?

Yes

No

reset

Please read each of the following statements carefully and respond with your level of agreement:

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
I was familiar with the services offered by JCDHE prior to learning about Health Lotería:	☐	☐	☐	☐	☐
					reset
I believe Johnson County needs more inclusive health and community resources:	☐	☐	☐	☐	☐
					reset
The information on the Health Lotería cards was easy to understand:	☐	☐	☐	☐	☐
					reset
In the future, I will use the Lotería to help me find health and community resources and information:	☐	☐	☐	☐	☐
					reset
My overall trust in JCDHE has increased because of my experience today with Health Lotería:	☐	☐	☐	☐	☐
					reset

Many of these resources within Health Lotería are specific to Johnson County, with the hopes of expanding to the Greater Kansas City Area. Because of this, would you mind sharing which county you live in?

Please share any additional feedback or comments you have about your experience with the Health Lotería today:

Expand

Submit

Powered by REDCap - Cookie policy

Encuesta de Lotería de Salud

¿Alguna vez has experimentado barreras del idioma al intentar acceder a servicios de salud o recursos comunitarios?

Sí

No

[Reiniciar](#)

Por favor, lea cuidadosamente cada una de las siguientes afirmaciones y responda con su nivel de acuerdo:

	Totalmente de Acuerdo	Algo de Acuerdo	Neutral	Algo en Desacuerdo	Totalmente en Desacuerdo
Yo ya estaba familiarizado(a) con los servicios ofrecidos por JCDHE antes de conocer la Lotería de la Salud.	☐	☐	☐	☐	☐
					Reiniciar
Creo que el Condado de Johnson necesita recursos de salud y comunitarios más inclusivos.	☐	☐	☐	☐	☐
					Reiniciar
La información en las tarjetas de la Lotería de la Salud fue fácil de entender.	☐	☐	☐	☐	☐
					Reiniciar
En el futuro, usaré la Lotería para ayudarme a encontrar recursos e información sobre salud y servicios comunitarios.	☐	☐	☐	☐	☐
					Reiniciar
Mi confianza general en JCDHE ha aumentado debido a mi experiencia de hoy con la Lotería de la Salud.	☐	☐	☐	☐	☐
					Reiniciar

Muchos de estos recursos dentro de la Lotería de la Salud son específicos del Condado de Johnson, con la intención de expandirse al Área Metropolitana de Kansas City. Debido a esto, ¿podría compartir en cuál de los siguientes condados vive?

Por favor, comparta cualquier comentario o retroalimentación adicional que tenga sobre su experiencia con la Lotería de la Salud hoy:

[Expandir](#)[Entregar](#)

Appendix K

Health Lotería Bilingual REDCap Consent

JOHNSON COUNTY
KANSAS
Health & Environment
Health Lotería Survey

English

Please complete the survey below regarding your experience with Johnson County Department of Health and Environment (JCDHE) Health Lotería today.

Kansas State University Master of Public Health Program Health Lotería Project Consent Form

Study Title:

Promoting Health and Confidence: Development and Evaluation of a Lotería Game to Improve Perception and Access to Services in the Hispanic Community of Johnson County, KS.

Principal Investigator:

Dr. Elyn Mulcahy

Introduction:

If you agree to participate in a research survey conducted by the Master of Public Health program at Kansas State University. This consent form provides information about the study, what your participation will involve, and your rights as a participant. Please read it carefully and feel free to ask any questions before deciding whether to participate.

Purpose of the Study:

The purpose of this study is to gather your feedback on a new community health tool called "Health Lotería." Your opinions will help us understand if this game is a useful and culturally appropriate way to share information about local health and community resources. The goal is to evaluate if this tool can help increase awareness of and access to services for the Hispanic community in Johnson County.

Study Procedures:

If you agree to participate, you will receive a brief presentation explaining the "Health Lotería" game. Afterwards, you will be asked to complete a short, anonymous survey about your thoughts on the game and your experiences with accessing community resources. The survey can be completed on a provided tablet, on your own phone via a QR code, or on paper.

Duration:

The survey is expected to take approximately 2-5 minutes to complete.

Confidentiality:

Your participation in this study will remain confidential. No personal identifiers will be used in any reports or publications resulting from this study. All data will be stored securely and only accessible to the research team. Identifiers will be removed from any identifiable private information, and after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent.

Risks:

Participating in this study involves minimal risks. The Health Lotería game that is being discussed contains cards related to sensitive health topics such as mental health, STIs, and substance use. You may see or hear about these topics during the interaction. The survey also asks for your opinions and may include questions about your experiences accessing community services, which could be a sensitive topic for some individuals. We assure you that all responses will be completely anonymous. If at any point you feel uncomfortable, you are free to withdraw from the study altogether without penalty.

Benefits:

While there are no direct health benefits to you from participating in this study, your input is instrumental in helping the Johnson County Department of Health and Environment and its community partners improve how they share information. As a thank you for your time and feedback, you will receive a new "Health Lotería" game to take home.

Voluntary Participation:

Your participation in this study is entirely voluntary. You are free to decline to participate or to withdraw at any point without any penalty or loss of benefits to which you are otherwise entitled.

Contact Information:

If you have any questions about the study, contact Michael Gibson at mikegibby11@ksu.edu or the Principal Investigator, Dr. Elyn Mulcahy at emulcahy@vet.k-state.edu. If you have any questions about your rights as a participant, you can contact the Kansas State University Institutional Review Board at hlr@ksu.edu or (785) 532-3234. Alternatively, please contact the Institutional Review Board Chair, Lisa Rubin, at rubin@ksu.edu or (785) 532-3224.

Consent:

By proceeding to the survey, you are indicating that you have read and understood the information on this page, that you are 18 years of age or older, and that you voluntarily agree to participate in this anonymous research.

Next Page >>

JOHNSON COUNTY
KANSAS
Health & Environment
Encuesta de Lotería de Salud

Español

Por favor, complete la siguiente encuesta sobre su experiencia con la Lotería de Salud del Departamento de Salud y Medio Ambiente del Condado de Johnson (JCDHE).

Kansas State University - Programa de Maestría en Salud Pública Proyecto Lotería de la Salud - Formulario de Consentimiento

Título del Estudio:

Promoviendo la Salud y la Confianza: Desarrollo y Evaluación de un Juego de Lotería para Mejorar la Percepción y el Acceso a los Servicios en la Comunidad Hispana del Condado de Johnson, KS

Investigadora Principal:

Dra. Elyn Mulcahy

Introducción:

Se le invita a participar en una encuesta de investigación realizada por el programa de Maestría en Salud Pública de la Universidad Estatal de Kansas. Este formulario de consentimiento le proporciona información sobre el estudio, lo que implicará su participación y sus derechos como participante. Por favor, léalo con atención y siéntase libre de hacer cualquier pregunta antes de decidir si desea participar.

Propósito del Estudio:

El propósito de este estudio es recopilar su opinión sobre una nueva herramienta de salud comunitaria llamada "Lotería de la Salud". Sus opiniones nos ayudarán a comprender si este juego es una manera útil y culturalmente apropiada de compartir información sobre recursos locales de salud y comunidad. El objetivo es evaluar si esta herramienta puede ayudar a aumentar la conciencia y el acceso a los servicios para la comunidad hispana en el Condado de Johnson.

Procedimientos del Estudio:

Si acepta participar, recibirá una breve presentación explicando el juego "Lotería de la Salud". Después, se le pedirá que complete una breve encuesta anónima sobre sus pensamientos respecto al juego y sus experiencias accediendo a recursos comunitarios. La encuesta se puede completar en una tableta proporcionada, en su propio teléfono mediante un código QR o en papel.

Duración:

Se estima que la encuesta tomará aproximadamente de 2 a 5 minutos en completarse.

Confidencialidad:

Su participación en este estudio será confidencial. No se usarán identificadores personales en ningún informe o publicación que resulte de este estudio. Todos los datos se almacenarán de forma segura y solo el equipo de investigación tendrá acceso a ellos. Los identificadores serán eliminados de cualquier información privada identificable, y después de dicha eliminación, la información podría usarse para futuros estudios de investigación o distribuirse a otro investigador para estudios futuros sin consentimiento adicional.

Riesgos:

Participar en este estudio implica riesgos mínimos. El juego de Lotería de Salud que se está presentando contiene cartas relacionadas con temas de salud sensibles como la salud mental, las ITS (Infecciones de Transmisión Sexual) y el uso de sustancias. Es posible que vea o escuche sobre estos temas durante la interacción. La encuesta también solicita sus opiniones y puede incluir preguntas sobre sus experiencias al acceder a servicios comunitarios, lo cual podría ser un tema sensible para algunas personas. Le aseguramos que todas sus respuestas serán completamente anónimas. Si en algún momento se siente incómodo, puede retirarse del estudio por completo y sin ninguna penalización.

Beneficios:

Aunque no hay beneficios directos de salud para usted al participar en este estudio, su opinión es fundamental para ayudar al Departamento de Salud y Medio Ambiente del Condado de Johnson y a sus socios comunitarios a mejorar la forma en que comparten la información. Como agradecimiento por su tiempo y sus comentarios, recibirá un nuevo juego de "Lotería de la Salud" para llevar a casa.

Participación Voluntaria:

Su participación en este estudio es completamente voluntaria. Usted es libre de negarse a participar o retirarse en cualquier momento sin ninguna penalización o pérdida de beneficios a los que de otro modo tendría derecho.

Información de Contacto:

Si tiene alguna pregunta sobre el estudio, comuníquese con Michael Gibson en mikegibby11@ksu.edu o con la Investigadora Principal, Dra. Elyn Mulcahy en emulcahy@vet.k-state.edu. Si tiene alguna pregunta sobre sus derechos como participante, puede comunicarse con la Junta de Revisión Institucional de la Universidad Estatal de Kansas en hlr@ksu.edu o al (785) 532-3234. Alternativamente, comuníquese con la Presidenta de la Junta de Revisión Institucional, Lisa Rubin, en rubin@ksu.edu o al (785) 532-3224.

Consentimiento:

Al continuar con la encuesta, usted indica que ha leído y entendido la información de esta página, que tiene 18 años o más y que acepta voluntariamente participar en esta investigación anónima.

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Appendix L

Digital Health Lotería Website

<https://www.jocogov.org/departament/health/digital-health-loteria>



Careers

Translate

Pay Online

For Residents

For Businesses

County Services

Newsroom

Contact Us

Search Q

[Home](#) > [All Departments](#) > [Health](#) > [Digital Health Lotería Resources](#)

Health

Community Health Worker Program

Respiratory Illness Guidance

Community Health Network

Disease Containment Program

Health Resources

Immunizations

Medicaid/Insurance Enrollment

Medical Records Request

Mpox

Smoke-Free Living

Women, Infants and Children (WIC) Program

LiveWell Johnson County

Notice of Privacy

Sunset Community Garden

Pregnancy Services

Public Health Emergency Preparedness (PHEP)

Safe Kids Johnson County

Outreach Nurse Services for Older Adults

Walk-In Health Services

Digital Health Lotería

Welcome to **Health Lotería**, a fun new way to learn about the valuable health services and community resources available right here in Johnson County!

Based on the beloved traditional Mexican game of chance, this special edition was created by the Johnson County Department of Health and Environment in partnership with El Centro. Instead of featuring traditional figures like "El Gallo" or "La Dama," each card in our game showcases an important service, health concept, or local resource that can help you and your family stay healthy, safe, and connected.

This game is more than just fun — it's a take-home resource library. We encourage you to play with your friends and family, and afterward, take a moment to look at the back of the playing cards. There you will find a brief description of each topic in both English and Spanish. Play, learn and share this knowledge to help build a healthier community for everyone!

Scroll through the cards below and click on the links for further information.

Explore the Digital Health Lotería

1. La Muerte / The Death

Kansas City's Day of the Dead Weekend is an annual event to deepen your connection to the community and lost loved ones.

El Fin de Semana de Día de Muertos en Kansas City es un evento anual para conectar más con la comunidad y seres queridos perdidos.

[Day of the Dead Weekend](#)



2. La Botella / The Bottle

The county offers safe and effective methods of drug disposal to minimize pollution and ensure high-quality water.

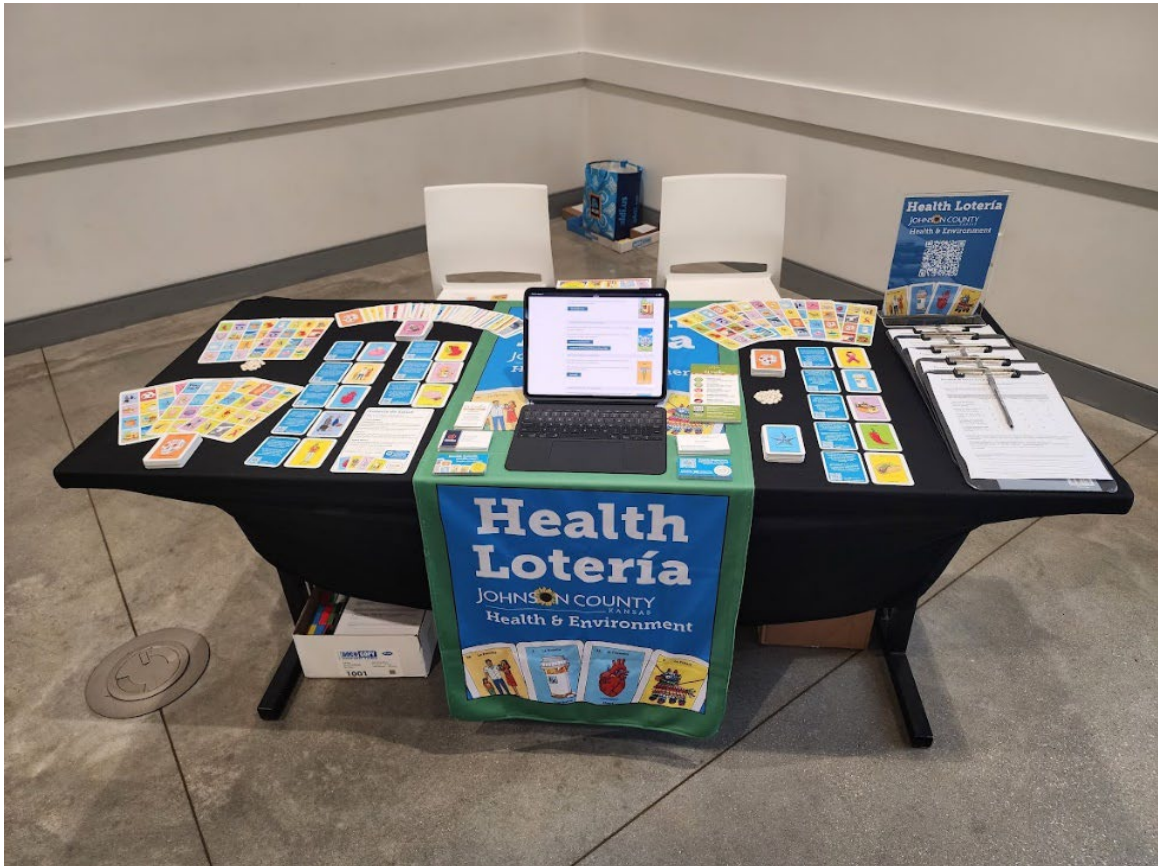
JCDHE ofrece métodos seguros y efectivos para desechar medicamentos para



Appendix M

Health Lotería Community Engagement Tables





Appendix N

Health Lotería Survey Free-Text Responses

Text Responses	Olathe Hispanic College Night	Hispanic Heritage Festival	Olathe Hispanic Excellence Celebration	El Centro Health Fair
Creo que es siempre muy bueno su informacion para poder entender y saber donde encontrar ayuda necesaria gracias. (I think it's always good to have this information so we can understand and to know where to find the necessary help.)*	X			
Muy buena idea! Good luck with this project! (Very good idea! Good luck with this project!)*	X			
Loved it! Definitely will play it with my kid.	X			
Muy informativo y creativo. (Very informative and Creative.)*	X			
Muchas gracias por crearlo. Es muy creativo. Como maestra de Espanol, pienso jugarlo con mis estudiantes en clase! (Thank you so much for creating this. It is very creative. As a Spanish teacher, I plan on playing it with my students in class!)*	X			
Muy buena idea. Me encanto. (Very good idea. I love it.)*	X			
Thank you for this great resource - advancing equity and access across our community.	X			
Me encanto! Loved it! (I love it! Loved it!)*		X		
Fantastic!		X		
Todo Bien. (All good.)*		X		
Incredible!!! (Incredible!!!)*		X		
I am always looking for resources for our community!		X		
Great job. Good idea.		X		
Creo que es un buen recurso para involucrar a toda la familia. (I think this is a great resource to engage with all the family.)*		X		
Excellent!		X		
Me parece excelente este método de la lotería y el enlace con la salud. Desde hoy vere la Lotería de otra manera. Gracias. (I think this is a great method to play Lotería and its connection with health. From this day on I will see Lotería differently.)*		X		
Me interesa mucho el tema de la salud. (I am so interested in health matters.)*		X		
Me parece increíble que estén creando nuevos proyectos para ayudar y aportar a la comunidad Latina. (I think it's		X		

wonderful that you're creating new projects to help and support the latino community.)*				
Ojalá puedan seguir compartiendo en otros idiomas para apoyar otras comunidades. (I wish you can keep sharing in other languages to support other communities.)*		X		
Muy bonito y muy ingenioso. Me encantó! (So pretty and so ingenious! I loved it!)*		X		
Increible idea!!! Estaría bueno hacer un evento con la comunidad. Visual/diseño la parte en español debería tener otro color. (Incredible idea!!! It would be great to have an event with the community [to play the game]. On the visual/design, I would recommend putting the Spanish part in another color [to better differentiate between English/Spanish].)*		X		
This game is a wonderful, accessible path for those seeking resources but may be wary of entering a public facility.		X		
Thank you so much for honoring my community in this way!		X		
Thanks for the information!		X		
Great use of cultural connection!!		X		
I think this is great and helps with inclusivity.		X		
Glad to stop at table. Was not aware of this organization!		X		
Bien. (Good.)*			X	
This is awesome! Great work.			X	
Felicidades, es muy buena idea. Gracias. (Congratulations, it's a very good idea. Thank you.)*				X
Me encanto la idea, es muy divertida. (I loved the idea, it's very fun.)*				X
Excelente! Muchas gracias por el apoyo. (Excellent! Thank you very much for the support.)*				X
Muy amable persona. (Very kind person.)*				X
Me parecio muy bien todo. (Everything seemed very good to me.)*				X
Very great concept!!				X
I would like to see the cross-collaboration between other health departments and other major Spanish-speaking Hispanic counties.				X

***Indicates response in Spanish and was translated.**

Blue shaded responses indicate a Spanish survey was preferred.

Red shaded responses indicate an English survey was preferred.