



INTEGRATING PLACES OF WORSHIP INTO THE PRIMARY CARE PATHWAY TO PREVENT AND CONTROL NON-COMMUNICABLE DISEASES (NCDs) IN THE CARIBBEAN

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**Readiness for an Interface between Health Centres (PHC) and Places of Worship (PoW)**  
**POW Assessment Questionnaire**

Name of organisation: \_\_\_\_\_

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

Religious affiliation: \_\_\_\_\_

Name of interviewee: \_\_\_\_\_ Position in congregation: \_\_\_\_\_

Name of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION ONE – Background Information**

1. How many members regularly attend congregation services?

- 20 or fewer       21 – 40       41 – 60       61 – 80       >80

2. What are the approximate proportions of males and females among regular attendees?

\_\_\_\_\_

3. To what age group does the majority of members belong?

- <20 yrs       20 – 30 yrs       30 – 40 yrs  
 40 – 50 yrs       50 – 60 yrs       >60 yrs      ( ) Unable to say/non-specific

4. Do most members come from this community and/or neighbouring communities?

- Yes       No

5. If no, where do they come from?

\_\_\_\_\_

6. Does your congregation have an administrative body (group of people responsible for managing)?

- Yes       No

7. If yes, please select the positions held by members of this body.

- Religious leader – Pastor, Elder, Priest, Imam, Pandit etc.
  - Manager/Chair/President
  - Secretary
  - Treasurer
  - General Committee Members How many? \_\_\_\_\_
  - Event Planner
  - Public liaison officer
  - Health relations officer
- If other, please specify
- 

8. Which of the following are duties of the administrative body?

- |                                |         |        |                |
|--------------------------------|---------|--------|----------------|
| Decision-making                | ( ) Yes | ( ) No | ( ) Don't know |
| Allocation of funds            | ( ) Yes | ( ) No | ( ) Don't know |
| Introduction of new programmes | ( ) Yes | ( ) No | ( ) Don't know |
| Organisation of events         | ( ) Yes | ( ) No | ( ) Don't know |
| Fundraising                    | ( ) Yes | ( ) No | ( ) Don't know |
| Record keeping                 | ( ) Yes | ( ) No | ( ) Don't know |
- If other, please specify
- 

9. How is your organisation financed?

- |                            |         |        |                |
|----------------------------|---------|--------|----------------|
| Member donations           | ( ) Yes | ( ) No | ( ) Don't know |
| External donations         | ( ) Yes | ( ) No | ( ) Don't know |
| Fundraising                | ( ) Yes | ( ) No | ( ) Don't know |
| Local parent organisation  | ( ) Yes | ( ) No | ( ) Don't know |
| Regional organisation      | ( ) Yes | ( ) No | ( ) Don't know |
| International organisation | ( ) Yes | ( ) No | ( ) Don't know |
| Government grants          | ( ) Yes | ( ) No | ( ) Don't know |
- If other, please specify
- 

10. Does your organisation report to a central head office or council? How often?

- ( ) Never                      ( ) Once per month                      ( ) Once per quarter                      ( ) Once per year
- ( ) Don't know                      ( ) Other (specify) \_\_\_\_\_

**Questions 11 – 17 are only for congregations involved in the intervention arm.**

11. The Health Advocate would need a small enclosed space/room/office where he/she can see members in private. Do you have facilities to allow this?

- Yes     No     Don't know

12. If not, what would be needed to make this possible?

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13. Do you have resources and facilities for secure and organised record keeping (e.g. locked cupboard with limited access)?

- Yes     No     Don't know

14. If not, what would be needed to make this possible?

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15. Do you believe congregation members would support a health advocate chosen and trained from among them?

- Yes     No     Don't know

16. Do you believe congregation members would utilise the services of a health advocate chosen and trained from among them?

- Yes     No     Don't know

17. In general, how would you describe the relationship between your Place of Worship and the community? *Note to interviewer: Ask the interviewee to describe the relationship in his own words, then choose the option that best captures his response. You may choose more than one.*

- ( ) Integrated                      ( ) Cooperation              ( ) Respect    ( ) Mutual tolerance  
( ) Indifference                      ( ) Animosity  
( ) Other; specify \_\_\_\_\_

**SECTION TWO – Existing health-related activities at the POW**

18. What is your congregation's teaching regarding seeking medical help for health issues?

- Members must do what they can/must to stay healthy  
 Members must endure sickness as a trial, believing that with faith and prayer, they can get better  
 Other; please specify
- 

19. Did you ever hear the terms “non-communicable diseases”, “NCDs” or “chronic diseases” before we introduced it?

- ( ) Yes (go to 20) ( ) No

*(If the interviewee chooses “No”, explain what NCDs are, with examples, before proceeding to Q21.)*

20. Which conditions do you think about when you hear this/these terms?

- |   |  |
|---|--|
| <input type="radio"/> Diabetes/ “sugar”     | <input type="radio"/> Hypertension/high blood pressure |
| <input type="radio"/> Obesity/overweight    | <input type="radio"/> Cancer                           |
| <input type="radio"/> Stroke                | <input type="radio"/> Heart disease                    |
| <input type="radio"/> Asthma                | <input type="radio"/> Don't know                       |
| <input type="radio"/> Other, please specify |  |
- 

21. Does your place of worship have any regular/ongoing programme for helping members afflicted by any of the above mentioned diseases?

- Yes ( ) No ( ) Yes, part of general health programme ( ) Don't know

*If the interviewee answered no/don't know, go to question 29.*

22. Who is responsible for this programme? \_\_\_\_\_

23. Does he/she have any formal qualifications for the position? E.g. prior or current work experience in the medical field.

- Yes, specify \_\_\_\_\_  No  Don't know

24. What do the activities include? *Note to interviewer: Let the interviewee describe in his own words, then tick and circle all that apply.*

- |  |   |
|--|---|
| <input type="radio"/> Dietary counselling/talks/cooking classes                    | <input type="radio"/> Physical activity counselling/exercise sessions |
| <input type="radio"/> Counselling of family members                                | <input type="radio"/> Treatment/monitoring of medication use          |
| <input type="radio"/> Risk factor modification education – tobacco and alcohol use |   |

If other, please specify.

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25. Do you have a budget for the programme?

Yes  No  Don't know

26. If yes, please state the allocation for this. \$\_\_\_\_\_ per month ( ) Prefer not to state

27. If not, how is the programme funded?

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28. Please state any additional details of the plan/activities.

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29. Are there any activities you do as a congregation to keep members from developing NCDs or other diseases? (*Emphasis here on prevention; previous questions were about support for control*)

Yes  No

30. Who is responsible for organising the activities?

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31. Please give details of these activities.

<b>Activity</b> (select accordingly)	<b>Frequency</b> – weekly, fortnightly, monthly, random, state other	<b>Turnout</b> - ≤5, 6 – 10, 11-15, 16 – 20, state other
<input type="radio"/> Dietary counselling		
<input type="radio"/> Counselling on disease risk factors, i.e. tobacco and alcohol use, exercise habits		
<input type="radio"/> Risk factor surveillance		
<input type="radio"/> Group walks/runs		
<input type="radio"/> Weight tracking		

<input type="radio"/> Advocacy		
<input type="radio"/> Health promotion		
If other, please specify _____ _____		

32. Do you keep any records of members' response to or progress in these activities?

- Yes, always     Yes, sometimes     No

33. What factors are considered as you plan health-related activities? *Can choose more than one.*

- Funding  
 Availability of persons to take charge and/or help with organising  
 Equipment  
 National priorities (meeting national health goals)  
 Community priorities (meeting community health goals)

34. Which factors are given priority and why (which of the factors drive their planning)?

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35. Are the health-related activities at your organization guided by any national, regional or international plans or agendas? *(If no, or don't know, go to Q38)*

- Yes     No     Don't know

36. If yes, please state which.

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37. Please state any additional details about the activities.

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38. Does your congregation have any plans for implementing new or improving on existing health-related activities?

- Yes   
  No   
  Don't know *(If No/Don't know, go to Q40)*

39. If yes, please state the details of these plans.

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40. What general social programmes and/or group activities does your organisation provide to members?

- |   |  |
|---|--|
| <input type="radio"/> Support groups for persons with illnesses, losses etc | <input type="radio"/> Dance classes                |
| <input type="radio"/> Cooking classes                                       | <input type="radio"/> Reading groups               |
| <input type="radio"/> Study groups  | <input type="radio"/> Singing/music classes/groups |
| <input type="radio"/> None <i>(Go to Q42)</i>                               |  |
| <input type="radio"/> Other, please specify                                 |  |

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41. Please specify the details of the activities indicated in Q40..

Activity	Frequency of meetings	Number of attendees

42. Do you see a need for an NCD health promotion and prevention programme within your congregation?  Yes     No     Not sure

43. If no, please state why not.

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44. Does the congregation offer any health outreaches to the community or beyond?  
 Yes       No (Go to 46)

45. If yes, please state the details of these outreaches.

Services offered	Frequency (weekly, monthly etc)	Community response (# turnout)	Members involved

46. Are any of your congregation members trained in health or social work?  
 Yes       No       Don't know (If no/don't know, go to question 48.)

47. If yes, please state the following details.

Profession	Number	Currently employed (E) or retired (R)
Nurses		
Doctors		
Teachers		
Social workers		
Other _____		
_____		

48. Are there any current or past collaborations between your organisation and organisations within the health sector, e.g. Ministry of Public Health, PAHO, GRPA?  
 Current       Past       None current       None past (If "None", go to question 54.)

49. If yes, please specify the details of the current collaboration(s).

Organisation	Activity(s)	Frequency of meetings	Frequency of activity(s)



50. Please specify the details of any past collaboration(s) (*start with most recent*).

Organisation	Activity(s)	Duration	Population targeted	Any training of congregation	Funding

51. Please state the following outcomes of any past collaboration (*start with most recent*).

Organisation	Turnout (# of attendees)	Reasons for success	Reasons for failure	Lessons learnt to apply to future collaborations

52. Who are the members who take charge of coordinating any collaboration activities?

- Members of the administrative body  
 Any eligible members

53. If it is a member of the administrative body, please state the member's position.

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**SECTION THREE – Building and maintaining a strong relationship between POW and PHC**

*(This section to be completed by intervention PoWs only)*

54. What do you think will be needed for this project to succeed at your organisation? *(Interviewer: allow the interviewee to answer, then tick the appropriate option. More than one can be chosen.)*

- Funding State for whom \_\_\_\_\_
  - Regular communication of results/benefits of having HAs at POWS to all parties involved
  - Support and appreciation of the intervention by community members
  - Government backing of the intervention
  - Regular meetings between persons involved from POWs and PHCs
  - Mutual trust and respect among members of POWs and PHCs
  - Good leadership at each level of the project
  - The intervention changing as necessary to meet the needs of community members
  - Other; specify
- 
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55. What would your organisation need in order to maintain a relationship with the health centre after the project ends?

- Continued funding. State for whom \_\_\_\_\_
  - Regular communication of results/benefits of having HAs at POWS to all parties involved
  - Support and appreciation of the intervention by community members
  - Government backing of the intervention
  - Regular meetings between persons involved from POWs and PHCs
  - Mutual trust and respect among members of POWs and PHCs
  - Good leadership at each level of the project
  - The intervention changing as necessary to meet the needs of community member
  - Follow-up by persons in charge to determine the success of the intervention; specify how often
- 
- Other; specify
- 
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**SECTION FOUR – Knowledge of the Health Sector**

56. Do you know of any local activities/organisations that target NCDs?

- Yes       No, go to Q58

57. If yes, please indicate which of the following they have been involved in. If possible, please state the name of the organisation.

Activity	Organisation
( ) Research	
( ) Advocacy	
( ) Facilitate/coordinate development of national NCD policy	
( ) Surveillance of NCDs or risk factors	
( ) Treatment	
( ) Counselling services	
( ) Training relevant to NCD prevention and control	
( ) Health promotion services	
Other (specify) _____	

58. Do you know which is the closest health centre to this community? If yes, please state the name of the centre. \_\_\_\_\_

59. Does the primary health centre for this area offer any assistance in trying to reduce NCDs?

- Yes       No       Don't know

60. If yes, what do they offer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

61. Is medication readily available from the health centre for the treatment of persons with NCDs?

- Yes       No       Don't know

62. Are these healthcare resources easy to access (e.g. in terms of distance to travel)?

- Yes (Go to 64)       No       Don't know

63. If no, why not?

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64. Are you aware of local TV or other media campaigns to educate the public on preventing and controlling NCDs?

- Yes     No     Don't know

65. If yes, please indicate which of the following has/have been addressed:

- Tobacco use     Alcohol use     Weight control  
 Diet     Exercise     Screening (e.g., testing sugar, checking pressure)  
 Treatment (e.g., taking medication as prescribed)  
 Other; specify
- 

66. Have any POWs been involved in the development or deployment of those NCD media campaigns?

- Yes     No     Don't know

67. Do you know anything about Caribbean Wellness Day?

- Yes     No

68. Are there any nearby places that offer NCD screening and testing (other than health centres)?  
(Interviewer: may need to explain again what is meant by screening.)

- Yes     No     Don't know

69. If yes, please state the name of the place and tests offered, to your knowledge.

Name of place	Services offered

70. Is any community/home care available for persons with end stage NCDs i.e. only palliative care needed?

- Yes     No     Don't know

71. If yes, please state what you know to be available.

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**Questions to be asked centrally (MoPH or RHO level) (As for PHC evaluation)**

72. Does Guyana have an integrated NCD plan of action?

- Yes     No     Don't know

*If interviewee chooses "no" or "don't know", proceed to Q81.*

73. If yes, at which stage is the action plan currently?

- Operational  
 Under development  
 Not in effect  
 Don't know

74. Has a multi-sectoral NCD commission been established in Guyana?

- Yes     No     Don't know

75. If yes, are religious bodies represented on that commission?

- Yes     No     Don't know

76. Has the government hosted any National NCD consultations within the last two years?

- Yes     No     Don't know

77. If yes, have religious bodies participated in these consultations?

- Yes     No     Don't know

78. Have religious bodies and government collaborated on the NCD agenda within the last five years?

- Yes     No     Don't know

79. Is there a national plan of action for addressing:

- Unhealthy diet  
 Yes     No     Don't know
- Overweight/obesity  
 Yes     No     Don't know
- Physical inactivity  
 Yes     No     Don't know
- Tobacco use  
 Yes     No     Don't know
- Harmful use of alcohol  
 Yes     No     Don't know
- Early detection, treatment and care of NCDs  
 Yes     No     Don't know

80. Is there a national NCD communication plan?

- Yes     No     Don't know

81. Are smoking cessation programmes available in Guyana?

- Yes     No     Don't know

82. If yes, are they available through

- Public health system  
 Private health system  
 Civil society organisations

Don't know

83. Is current taxation of tobacco products greater than 50% of the sale price?

Yes  No  Don't know

84. Is there legislation against driving under the influence of alcohol?

Yes  No  Being developed  Don't know

85. Are breathalysers utilised in Guyana to deter driving under the influence of alcohol?

Yes  No  Don't know

86. Is there legislation, policy or standards for:

- Promoting healthy eating in schools?

Yes  No  Don't know

- Physical activity/Physical Education in schools?

Yes  No  Don't know

87. Is physical education offered in schools?

Yes  No  Don't know

88. Have any commitments or pledges been made by local companies to reduce salt in their products?

Yes  No  Don't know

89. Are you aware of the local development of a Chronic care model/NCD treatment protocol(s)?

Yes  No  Don't know

90. If yes, are any POWs guided by national NCD protocols or treatment guidelines in their activities?

Yes all  Yes some  Yes a few  None  Don't know

91. To your knowledge, does Guyana's Primary Health Care have programmes for:

- The reduction of the number of new cases of NCDs

Yes  No  Don't know

- Screening and early detection

Yes  No  Don't know

92. Is Guyana implementing any taxes to influence behaviour change?

Yes  No  Don't know

93. Is Guyana implementing any initiatives to regulate the marketing of foods to children?

Yes  No  Don't know

94. Is Guyana implementing any of the following community/empowerment approaches?

- Health-promoting school projects with an NCD focus

Yes  No  Don't know

- Workplace wellness

Yes  No  Don't know

- Healthy cities/municipalities

Yes  No  Don't know

95. Indicate the portion of the population covered by health insurance (either social insurance or private health insurance) for NCD-related services

- <20%     20-50%     >50% but <80%     80% or more  
 Don't know

96. What do you think are barriers to driving the NCD agenda in Guyana?

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