

Equity-Informed Prevention and Cessation Interventions

DEJELO YA Media Campaign Connects Spanish-Speaking Communities to Effective Support for Quitting Tobacco

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Issue. New Mexico uses evidence-based approaches to help tobacco users quit, including a statewide free telephone quitline. The state Tobacco Use Prevention and Control program's goals include identifying and eliminating disparities. Priority Population. About 500,000 of the state's residents are Hispanic or Latino people who speak Spanish at home. Among them, about 16% of adults smoke cigarettes, meaning approximately 60,000 potentially need quitting support. Method. Data indicated gaps in utilization of Spanish-language quitline services. An equity-focused quality improvement approach was used to address this gap in collaboration with Nuestra Salud ("Our Health"), a community-based organization supporting Spanish-speaking people throughout New Mexico. Formative research in Spanish-speaking communities was conducted during 2013. Based on these findings, a culturally grounded DEJELO YA ("Quit Now") media campaign was developed and launched in 2015. Nuestra Salud led complementary community-based outreach. Service intake data and a 7-month evaluation survey from 2014-2016 were assessed descriptively to evaluate changes. Results. Quitline call frequencies increased by 31% among Spanish-speaking Hispanic/Latinos from 2014 to 2015, in comparison to 3% among non-Hispanics. Successful quitting improved for Spanish speakers from 32.9% in 2014 to 46.4% in 2016, while remaining stable among all English speakers (31.3% in 2015). Satisfaction with services was similar and unchanged for Spanish and English services (80.0%

and 78.1%, respectively, in 2015). Implications for Practice. Implementation of an organically developed Spanish-language campaign was associated with improved quitline service utilization. Collaboration with a community-based organization in a quality improvement process was key. Sustained progress requires resources and attention to service capacity.

Keywords: cultural competence; health disparities; Latino; minority health; tobacco prevention and control; social marketing / health communication

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► BACKGROUND

About one in four New Mexico residents—more than 500,000 people—self-identify as Hispanic or Latino (e.g., people of any race who are of Spanish or Latin American descent) and speak Spanish at home (U.S. Census Bureau, 2019a, 2019b). About 16% of Spanish-speaking Hispanic or Latino adults in New Mexico smoke cigarettes (New Mexico Department of Health, 2018), translating to more than 60,000 adults at risk from the harm of tobacco use and who potentially need help to quit. In fact, recent statewide health surveys indicate 77% of Spanish-speaking adult smokers in New Mexico reported trying to quit within the past year, which is significantly more than English-speaking Hispanics (63%) or the general population (61%; New Mexico Department of Health, 2018).

Telephone quitlines are recommended as a “best practice” state-level activity by the Centers for Disease Control and Prevention (CDC; 2014), and are proven to increase the success of quitting tobacco. New Mexico’s quitline was launched in 2005 as part of the state’s Tobacco Use Prevention and Control (TUPAC) Program, and provides free counseling, resources and nicotine replacement medication to any state resident that enrolls. Most who seek help (91% in 2015) smoke cigarettes, either alone or in combination with other tobacco products (Wyoming Survey and Analysis Center, 2015). The separate Spanish-language quitline phone number, *DEJELO YA* (meaning “Quit Now”; 1-855-*DEJELO YA*) directly links to live Spanish-speaking counselors; services can also be accessed through a Spanish-language website, *DejeloYaNM.com*.

Evidence suggests that Hispanic smokers are less likely to access state tobacco quitlines than other groups (Marshall et al., 2017). This could be related to barriers to enrolling in a service, or lack of awareness. Media campaigns are effective for promoting quitlines, but they may not work the same for all populations. Prior studies have demonstrated short-term increases in quitline utilization following Spanish-language media campaigns in Texas (Wetter et al., 2007) and Colorado (Burns & Levinson, 2010). A more recent evaluation of the CDC’s national “Tips” campaign in 2013-2014 found that Spanish-language calls increased during specific weeks when Spanish-language TV ads were airing, and by 16.3% over the 2-year period (Zhang et al., 2018). However, another evaluation did not find significant increases in quitting during the “Tips” postcampaign period for Hispanics, as observed among non-Hispanic White smokers (Neff et al., 2016).

► PURPOSE

The purpose of this report is to summarize a quality improvement (QI) process and early findings associated with a project to improve equity in utilization of the state of New Mexico’s Spanish-language tobacco quitline.

► METHOD

Campaign Development and Implementation

Consistent with defined QI steps (Plan-Do-Check-Act) to improve service delivery and performance as applied in public health (Riley et al., 2010), a first step included gathering stakeholders for assessment (the QI “Plan” step). *Nuestra Salud* (“Our Health”), a network of Spanish-speaking communities in New Mexico that had been working in tobacco control, was engaged as a key partner throughout this project to assure effective representation of community perspectives and cultural relevance. Stakeholders assessed quantitative and subjective information to answer questions as part of a simple “equity lens” review of the quitline and promotion *from the perspective of the Spanish-speaking community*: Is my community reached? Among those reached, is the intervention effective? Is it culturally relevant and meaningful? Is it delivered in an antioppressive way? How can we do better?

Preliminary review of quitline evaluation data suggested that despite disparities in utilization rates (e.g., in state fiscal year 2012-2013 [FY13] although 47% of New Mexico smokers were Hispanic/Latino, they made up only 37% of quitline service recipients), there were no differences in satisfaction or quit rates between Spanish-speaking or English-speaking Hispanic and non-Hispanic people who received services. These findings suggested gaps in awareness or acceptability of quitline services within New Mexico’s Spanish-speaking population.

Nuestra Salud conducted 10 focus groups with 96 Spanish-speaking adults across the state in 2013 to assess factors related to quitting, including motivations and barriers (Otero, 2013). The investigation was grounded in social cognitive theory (e.g., promoting value of and self-efficacy for taking action to quit; Bandura & National Institute of Mental Health, 1986).

Despite existing Spanish-language promotions and services, there was a lack of understanding within the communities about effective services to help Spanish-speaking people quit use of tobacco products. Comments from community members in the study highlighted the need for better information about quitting resources.

I don't understand the [quitline] commercial. . . . I really don't know what it is about.

There is nothing for Hispanics, no programs or information about phone numbers to call. At least not from people we know.

Nuestra Salud's formative research identified the theme of *perseverance* (i.e., not giving up) as meaningful in New Mexico's Spanish-speaking culture. A media firm used this theme to build a Spanish-language quitting and quitline promotion campaign (QI "Do" step). The campaign centers around U.S. Olympic silver medalist Leo "the Lion" Manzano, a Mexican American track star who won a silver medal in the 2012 Olympics, and demonstrates the value of perseverance as he has continued to compete successfully in the United States and international track events. *Nuestra Salud* staff and community members collaborated closely to assure that the campaign design and content were culturally meaningful. Campaign production included 60-, 30- and 15-second Spanish-language TV spots, radio spots, bus ads, billboards, digital banners, and other supporting materials (see Figure 1).

The *DEJELO YA* media campaign was formally launched in early 2015 and distributed statewide. Approximately 38% of the state's media budget was utilized for Spanish-only media in 2015 to 2018 combined. During this 3-year period beginning in 2015 about 27% of the state tobacco campaign's total media impressions (the estimated number of people who have heard, read, or seen an ad in a given period of time) were among Spanish-language audiences, approximately 90 million impressions.

Additionally, significant numbers of free spots (earned media) were provided by media partners. *Nuestra Salud* extended the campaign by using collateral materials during their ongoing community-based health outreach and screening events, including those provided in collaboration with "mobile health" services of the Mexican Consulate.

Outcome Evaluation

For the QI "Check" step, data from the state quitline vendor were examined for phone- and Web-based counseling combined, including client demographics and language of services provided. Callers may enroll multiple times for services as needed. Hispanic/Latino ethnicity is self-identified during the intake process. We descriptively assessed trends in the number of calls received, aggregated in 6-month periods, overall, and stratified by Spanish- or English-speaking Hispanic/

Latinos, and non-Hispanics. We also examined demographics of quitline service recipients stratified by language for the year prior to the campaign (2014) and 2 years after the campaign (2015-2016). We used chi-square tests to assess homogeneity across years within language group, and between language groups within each year.

Outcomes were examined using a call-back survey that is conducted among all who registered for services from the quitline at 7 months after their initial registration date. The survey is conducted in both English and Spanish. We examined two outcomes: quit success rates (not using any tobacco product for at least 30 days at the time of the evaluation) and satisfaction (the percentage of people who said that "most" or "almost all" of their needs were met by the quitline). We describe annual values for 2014 (precampaign), 2015 and 2016 stratified by language of services. A chi-square test was applied to identify differences by year within each language group, and differences between Spanish and English service recipients (any ethnicity) within each year. An average of 1240 English and 68 Spanish-language interviews were completed in each year. Annual call-back survey response rates were 28%, 28%, and 27%, respectively.

► RESULTS

Between July 2013 and June 2018, a total of 45,903 people using tobacco enrolled in New Mexico's quitline services. Among the total population, 16,876 (37%) were Hispanic or Latino. Spanish-language services were provided to 2,017 people (12% of Hispanic/Latinos). After the campaign launch, quitline calls increased more among Spanish-speaking New Mexicans than among other groups (see Figure 2). There was a 31% increase in Spanish-speaking enrollees, from 307 served in 2014 to 403 served in 2015, and a 15% increase among English-speaking Hispanic/Latino enrollees (from 2,219 served in 2014 to 2,545 in 2015). In comparison, there was a 3% increase in non-Hispanic enrollees during the same period (from 4,532 served in 2014 to 4,678 served in 2015). At about 18 months after the campaign launch (mid-2016) the increase in calls among Spanish-speaking enrollees seemed to diminish while calls among non-Hispanics remained relatively stable.

Overall, fewer people receiving services in Spanish were women (43% to 47%) in comparison to English services (54% to 56%), but differences became nonsignificant in 2015 (see Table 1). The percentage of people receiving services who were under age 50 declined significantly over time within both language groups, and differences between groups were not significant. Most



FIGURE 1 *DEJELO YA* Promotional Campaign Images

NOTE: Top image: print media in New Mexico; middle image: online campaign content; bottom image: print media available at the Centers for Disease Control and Prevention Media Campaign Resource Center (MCRC). Radio ads are also available on the MCRC at <https://nccd.cdc.gov/MCRC/Index.aspx>. A TV ad is viewable at <https://www.mckeewallwork.com/work/department-of-health-nm/>.

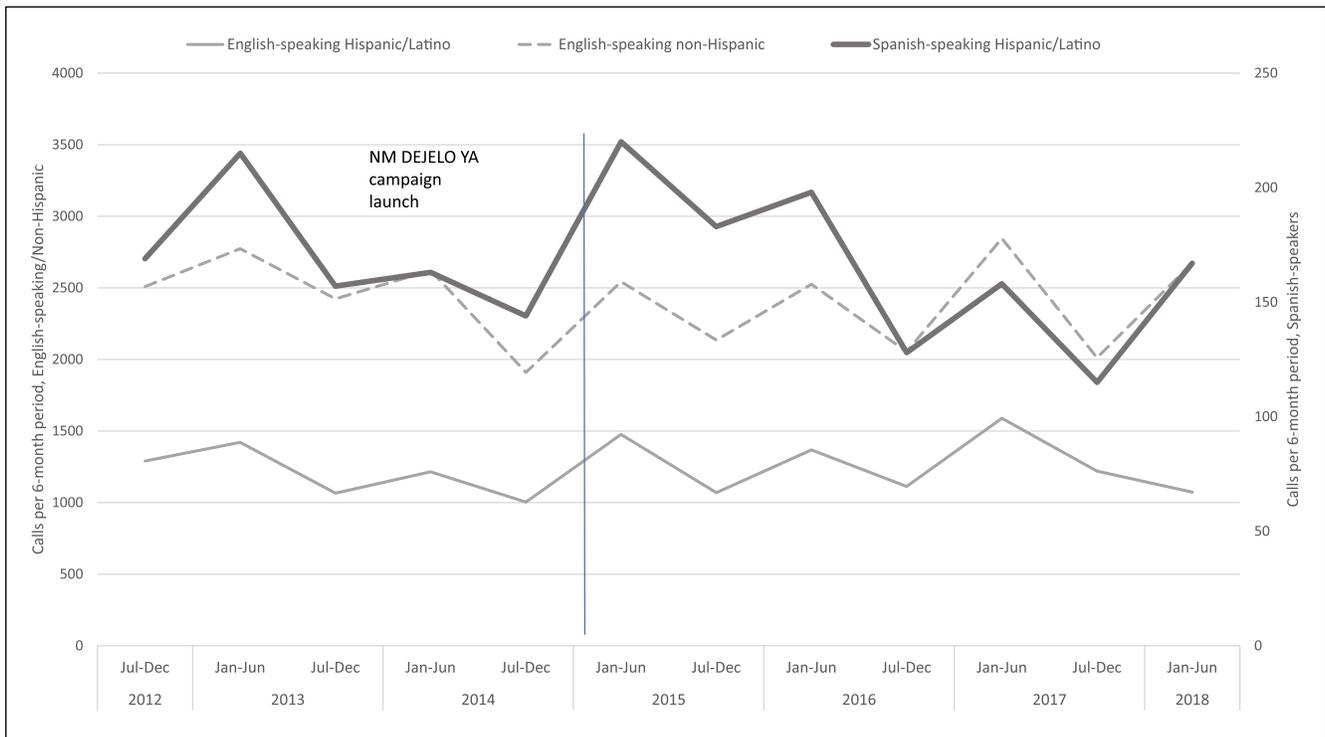


FIGURE 2 New Mexico (NM) Quitline Calls Per 6-Month Period, by Hispanic Ethnicity and Language, July 2012-June 2018
 NOTE: New Mexico Department of Health, quitline services utilization data.

people in both language groups reported their annual income was less than \$25,000, but the percentage was greater among Spanish-language services (87% to 91%) than among English-language services (75% to 77%). In 2014, relatively fewer Spanish-speaking people receiving services lived outside of Bernalillo County (which includes about one third of the state’s population, and the city of Albuquerque) in comparison to English speakers (54% vs. 65%, $p = .05$); rates were similar in 2015 and 2016.

Successful quitting was similar between groups during 2014 (32.9% for Spanish and 31.7% for English services) but appeared to improve among those receiving Spanish-language services in 2015 and 2016, while quit rates among those receiving English services remained stable; in 2016 the quit rate was 46.4% among people receiving Spanish-language services compared to 31.1% among those receiving services in English ($p = .07$; see Figure 3).

Satisfaction declined slightly per year in both groups, although 75% or more in any group and year agreed that most or all of their needs were met by the service and there were no statistically significant differences (see Figure 4).

► DISCUSSION

Prior to the *DEJELO YA* campaign, New Mexico’s quitline promotion campaign content had been developed in English and translated to Spanish. Implementation of this originally developed Spanish-language campaign was associated with improved utilization, and suggestively with improved effectiveness, among Spanish-speaking people. Disparities in Spanish- and English-service provision were reduced for women and people living outside Bernalillo County (i.e., in more rural communities). Potentially, this may be a result of theoretically driven campaign messaging, designed to increase individual self-efficacy for accessing support to quit and actively quitting, with a culturally meaningful campaign. It may also have influenced Spanish-speaking community members to encourage their friends and family to quit.

Equity in quitline utilization was improved slightly: 37% of New Mexico quitline services were provided to Hispanic/Latino people in FY13 and 39% in FY15. But more work remains to be done given that 47% of the state’s smokers are Hispanic/Latino. Based on what was learned from this process, TUPAC has committed to ongoing support of a *DEJELO YA* campaign. This is the final QI “Act” step; however, QI work continues with

TABLE 1
New Mexico Adult Population and Quitline Caller Service Population Demographic Characteristics, 2014-2016

Characteristic							p from χ^2 tests						
	English Services, Year			Spanish Services, Year			Differences by Year, Within Language		Differences by Language, Within Year				
	2014	2015	2016	2014	2015	2016	English	Spanish	2014	2015	2016	All	
Total N	6,751	7,223	7,015	307	403	326							
Female	56%	55%	54%	43%	47%	44%	.64	.80	.007	.11	.05	<.001	
Age <50 years	56%	52%	51%	57%	49%	49%	.02	.02	.88	.57	.68	.63	
Annual income <\$25,000	77%	75%	76%	87%	89%	91%	.74	.93	.15	.08	.05	.003	
Live outside Bernalillo County	65%	64%	63%	54%	61%	63%	.64	.45	.05	.64	.98	.15	

NOTE: New Mexico Department of Health, quitline intake data. Text in boldface indicates statistical significance of chi-square test for association at the 95% confidence level.

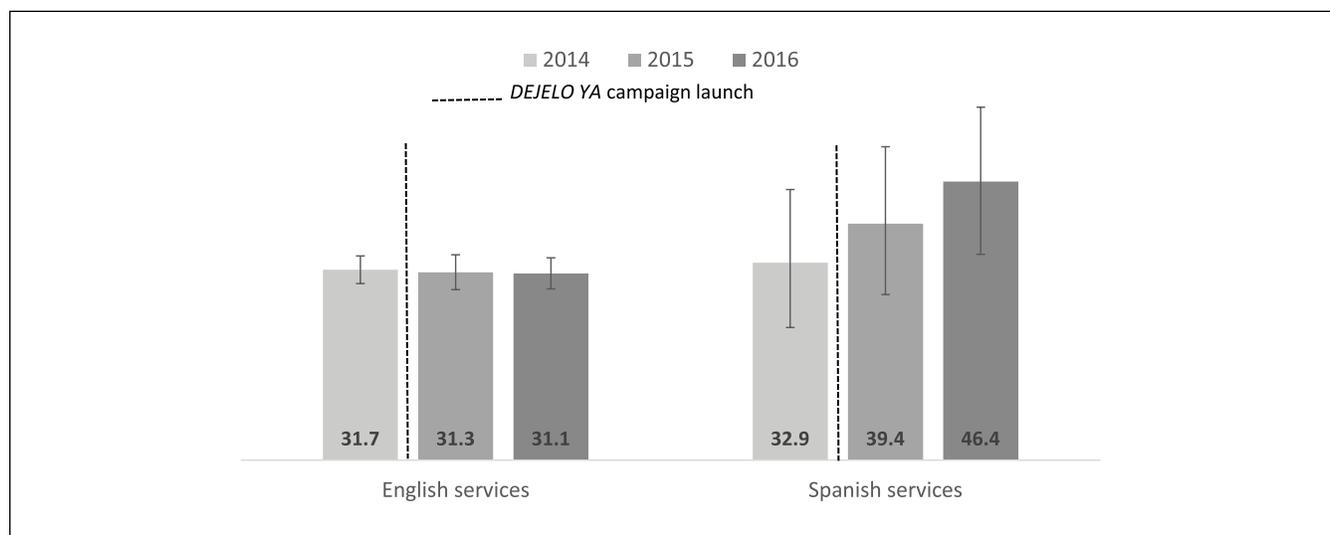


FIGURE 3 Percentage of People Who Quit Successfully (Not Using Any Tobacco for 30+ Days) at 7-Month Follow-Up, by Language of Service Delivery, 2014-2016

NOTE: New Mexico Department of Health, quitline callback survey. Years indicate when service was received. Each labeled calendar year includes December of the prior year through November (e.g., 2014 data are from services received in December 2013-November 2014).

* $p = .07$, from chi-square test comparing Spanish- and English-service respondents within 2016.

monitoring of performance measures specifically for the Spanish-language quitline. TUPAC also continues to use similar QI processes and an equity lens review, in collaboration with stakeholders from other communities experiencing disparities, to improve performance of program interventions; the program has committed in its current strategic plan to at least one such formal

“equity-focused QI” process per year applied to activities within that plan.

An important consideration when improving promotion of a service is how increased requests for services may affect the service provision system, and whether there is sufficient capacity to respond. One unanticipated challenge was that increased demand for services

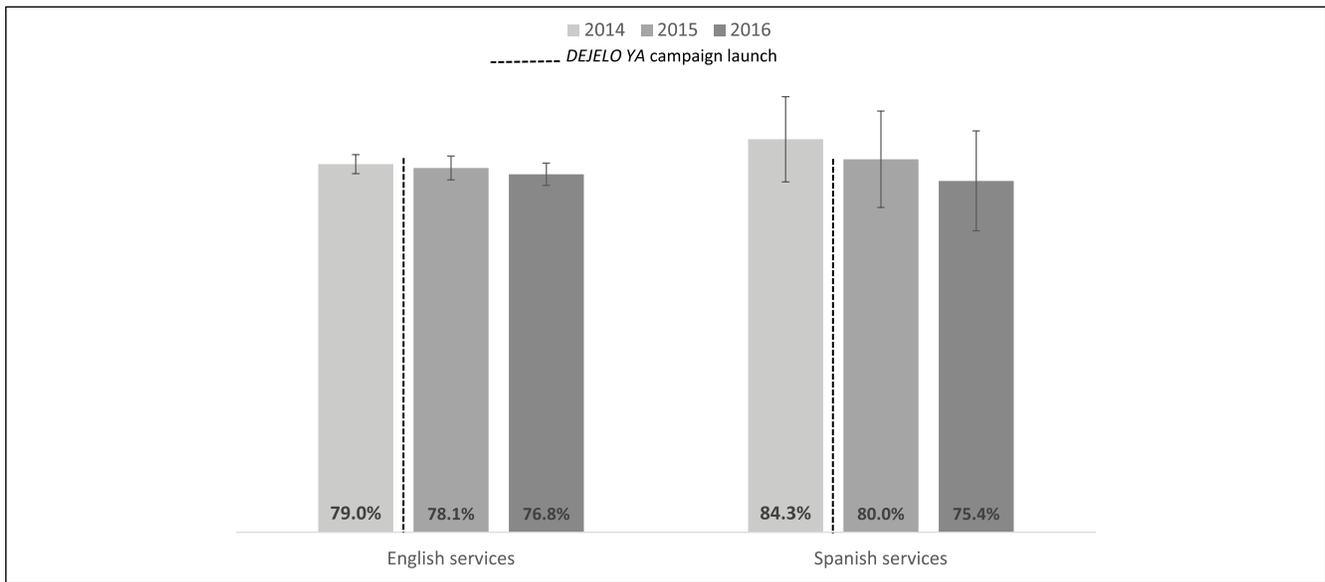


FIGURE 4 Percentage of People Who Said Most or All of Their Needs Were Met by the Quitline at 7-Month Follow-Up, by Language of Service Delivery, 2014-2016

NOTE: New Mexico Department of Health, quitline callback survey. Years indicate when service was received. Each labeled calendar year includes December of the prior year through November (e.g., 2014 data are from services received in December 2013–November 2014).

from Spanish-speaking phone counselors strained the quitline vendor’s capacity, resulting in longer “wait times” for callers, which could be discouraging for people who are calling to receive help. New Mexico monitors performance metrics such as the average wait time for Spanish-speaking callers specifically, and recently worked with their quitline vendor to reduce wait time by changing how calls are managed so that Spanish-speaking callers receive priority for the relatively smaller number of bilingual Spanish-speaking counselors. This is also an example of how the equity-focused QI work associated with this project continues.

Patterns of satisfaction with services did not vary significantly over time or language group. However, quitting success appeared to improve among people receiving services in Spanish, in contrast to those receiving services in English. This finding is consistent with a prior study in Colorado, which found modestly increased success in quitting among Latinos (English- and Spanish-speaking combined) in comparison to non-Latinos during implementation of a Spanish-language campaign (Burns & Levinson, 2010). This suggests that language-specific campaigns may also be supportive for individual quitting as well as utilization of services.

The process for this project included examining data, assessing barriers, and testing solutions in partnership with an established community-based Spanish-speaking

community network, assuring the community’s perspective was prioritized throughout. The Network was also a valuable trusted messenger for delivering the campaign to the community. The *Nuestra Salud* network had established statewide community-based stakeholders, and had experience in conducting formative research, expertise in tobacco control, and strong relationships with other key organizations serving the community. States wishing to collaborate in similar processes may want to identify community organizations that have similar attributes, or provide foundational support to build such capacity within communities.

One fear of engaging outside stakeholders in such a process may be that ideas for improvements can exceed available resources or other program constraints, creating frustration and damaging partnerships. To help avoid this, stakeholders should clearly agree from the outset about how and what actionable, sustainable modifications can be made to improve performance, so that all have common expectations.

Design and implementation of focused campaigns require resources, and relative costs can be higher for tailored campaigns in comparison to general population campaigns, as demonstrated in New Mexico’s relative media costs and impressions for the Spanish-language campaign. However, it is unlikely that real reductions in disparities can be achieved without dedication of

effort specifically to do so. A QI process focuses on improving what exists rather than doing something entirely different, which may be relatively cost-efficient.

We also note that there may be indirect benefits of focused campaigns. For example, although the *DEJELO YA* campaign was primarily intended to reach Spanish-speaking communities, there were also increases in quitline utilization among English-speaking Hispanic/Latinos, suggesting that a Spanish-language campaign may also reach bilingual people in a meaningful way. In fact, about 40% of the total Hispanic/Latino population in New Mexico speak Spanish at home and also speak English “very well” (U.S. Census Bureau, 2019a). We do not know whether bilingual Spanish-/English-speaking people would prefer to access the quitline in Spanish or English, perhaps influenced by factors such as relative wait times. This may be an area for future study.

We note that the observed increases in utilization of the quitline among Spanish-speaking people beginning in 2014 appeared to decline after about 18 months. If increases were related to the campaign, this may be the result of “campaign fatigue,” which has been well documented, including for the successful national CDC “Tips” campaign (Ayers & Althouse, 2015). In fact, temporary increases in New Mexico Spanish quitline utilization observed in our data during early 2013 may have been related to the CDC’s national Spanish language “Tips” campaign that began in March–June 2013 (Zhang et al., 2018). Although the Spanish language “Tips” campaign continued through 2014, our data show that Spanish language quitline utilization declined in late 2013 and 2014. To be effective, the CDC recommends that campaigns be sustained at sufficient levels to maintain reach, and messaging should be refreshed in order to continue to elicit strong emotional response (CDC, 2014; Fridinger, 2018). While repeated development of new content for specific populations may be prohibitively expensive, if multiple entities do so using a culturally grounded approach there can be sharing of these resources with culturally similar campaigns adapted to use in a different state or region. To this end, New Mexico’s *DEJELO YA* campaign content is available for use by other states in CDC’s Media Campaign Resource Center (MCRC).

Current sociocultural factors may influence whether people are willing to access a government-sponsored quitline, and contribute to disparities. Beginning in late 2016, the United States has seen significant media attention and policy change around immigration that may specifically negatively affect Hispanic and Latino communities, contributing to widespread stress and anxiety, as well as coping measures such as avoiding seeking medical care or enrolling in public assistance programs

(Raymond-Flesch, 2018; Roche, Vaquera, White, & Rivera, 2018). The quitline asks for a name and mailing address in order to send educational materials and pharmacotherapy (e.g., nicotine patches). Fear of drawing attention either to oneself or family may be an important barrier to seeking effective help to quit smoking when personally identifying information is being asked for. Additionally, generalized stress experienced by minority communities during this time may limit motivation to quit smoking. Close partnership with a trusted community-based partner (e.g., *Nuestra Salud*) that understands these community stressors may be helpful to some extent in continuing to successfully engage people in services.

Limitations

There are several important limitations to consider in these findings. First, New Mexico is a uniquely diverse state, with the largest Hispanic population percentage among all states, and therefore results may not be fully generalizable to other populations or contexts. Second, the response rate to our follow-up survey is relatively low, although this is consistent with patterns in other states’ response rates of 20% to 57% in 2017 (North American Quitline Consortium, 2018). Selection bias may influence participation in ways that affect findings (e.g., people without stable phone services would be less likely to be included). Furthermore, politically driven stress and marginalization of the Hispanic/Latino community may be a growing barrier to participation in the evaluation survey; 2016 utilization and outcome data could have been affected. Finally, all evaluation survey measures are self-reported, which may lead to overreporting of quit rates and satisfaction.

Implications for Practice

An organically developed Spanish-language campaign was associated with increased quitline utilization among Spanish-speaking people in New Mexico. Collaboration with a community-based organization in a QI process was key to development and implementation of culturally relevant messaging. Sustained progress requires resources and attention to service capacity, such as more Spanish-speaking quitline counselors.

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