Beyond Translation: Reaching Hispanic Communities with Effective Tobacco Cessation Messaging Campaigns

May 27th, 2020  * 2:00 PM - 3:00 PM ET
The National Alliance for Hispanic Health (The Alliance)

Largest and oldest Hispanic network of community-based organizations delivering services to over 15 million persons each year

Our Mission: Best Health for All
*Nuestras Voces (Our Voices)*Network

*Nuestras Voces* Network is working to expand multi-sector networks and meaningful collaborations and partnerships to effectively address the threats of commercial tobacco use and reduce tobacco related cancers, with a particular focus on reducing disparities in underserved Hispanic communities.
As a member of the CDC consortium of Networks, *Nuestras Voces* works on:

- Addressing health equity by connecting Hispanics to culturally proficient tobacco and cancer information
- Establishing collaborations with other organizations to address the health needs of Hispanics related to tobacco cancer
- Forging community-based partnerships for capacity building and program implementation at the local level
- Development and implementation of tailored interventions that are culturally proficient and language appropriate
- Provision of training and technical assistance on tobacco and cancer control EBIs and promising practices, to reach and serve Hispanic communities
Nuestras Voces Regional Lead Agencies

Chicago Hispanic Health Coalition, Chicago, IL
Hispanic Federation, New York, NY
El Centro de la Raza, Seattle, WA
Hispanic Health Coalition of Georgia, Alpharetta, GA
Día de la Mujer Latina, Houston, TX
Family Health Centers of San Diego, San Diego, CA
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Beyond Translation
Reaching Hispanic Communities with Effective Tobacco Cessation Messaging Campaigns

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Nuestras Voces (Our Voices) Network webinar
May 27, 2020
The mission of *Nuestra Salud* is to reduce health disparities affecting Hispanic communities in New Mexico and the nation through research, training, and outreach.
Acknowledgements

We are thankful for the support of our *Nuestra Salud* Network members and community members, as well as New Mexico Department of Health, Tobacco Use Prevention and Control (TUPAC) program.
Example of Equity-Focused Quality Improvement in NM

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

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Abstract: 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 10% of adults smoke cigarettes, amounting 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 2012. Based on these findings, a culturally grounded DEJEOYA (“Quit Now”) media campaign was developed and launched in 2013. Nuestra Salud led community-based outreach. Service intake data and a 7-month evaluation survey from 2013-2013 were used descriptively to evaluate changes. Results: Quitline call frequencies increased by 20% among Spanish-speaking Hispanic/Latino from 2014 to 2015, in comparison to 3% among non-Hispanics. Successful quitting improved for Spanish speakers from 22.9% in 2014 to 46.4% in 2015, while remaining stable among all English speakers.

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

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Health Promotion Practice
DOI: 10.1177/1524839919820201
Article uses guidelines, sagepub.com/journalsancial-permissions
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Overview

• Background on New Mexico’s Hispanic population
• Describe process of developing a culturally-grounded media campaign
• Results of the new campaign
• Discuss recommendations based on findings
Background: New Mexico Hispanic Population

- New Mexico’s Hispanic and Spanish-speaking population is **large**
  - Nearly one million people (48% of the state population)
  - About 29% of the state’s total population say they speak Spanish at least half of the time at home, more than half a million people (543,100)
  - About 150,000 say they speak English “less than very well”

- New Mexico’s Hispanic population is **diverse**
  - Two-thirds are of Mexican heritage
  - Others are Puerto Rican, Cuban, from multiple countries of Central or South America

- They face **barriers to healthcare**
  - In comparison to English-speaking Hispanics, Spanish-speakers are more likely to experience poverty; less likely to have access to healthcare.

Chart data from New Mexico BRFSS 2011-2013 combined. * indicates statistically significant difference between groups.
Tobacco and New Mexico Hispanic Population

- 16% of Spanish-speaking Hispanic or Latino adults in the state smoke cigarettes
  - 60,000 Spanish-speaking adults are at risk for tobacco-related harm
- Most recently tried to quit, more than in other groups
  - 77% of Spanish-speaking adults tried to quit in the past year*
  - 63% of English-speaking Hispanics, 61% of the general population

Sources: Adult smoking and quitting from New Mexico Behavioral Risk Factor Surveillance System (BRFSS).
* Quit attempts are significantly greater among Spanish-speaking adults vs. other groups (p<.05).
Partners in Hispanic Health

• Tobacco Use Prevention and Control (TUPAC) program at New Mexico Department of Health
  – Evidence-based strategies (including free telephone and web-based support through quitline coaches in English and Spanish, free nicotine patches/gum)
  – Quality improvement approaches to improve reach and effectiveness, using an “equity lens”

• *Nuestra Salud* (“Our Health”) Community Network
  – Engages Hispanic and Latino/Latina community leaders and stakeholders throughout the state
  – Multiple health topics including tobacco, asthma, diabetes, other chronic disease
  – Currently housed within NM Community Health Workers Association
Problem: gap in quitline use

- Fewer than expected quitline services were delivered to Spanish-speaking and Hispanic/Latino adults
  - 47% of people who smoke cigarettes were Latino
  - But only 37% of people receiving quitline services

Source: Quitline utilization data from state fiscal year 2012-2013.
• **Nuestra Salud** engaged the community
  – 10 focus groups with 96 Spanish-speaking people statewide
  – Investigation grounded in social cognitive theory (e.g., promoting value of quitting, self-efficacy for taking action to quit)

<table>
<thead>
<tr>
<th>10 FOCUS GROUPS</th>
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<tbody>
<tr>
<td><strong>(men, n=50, women, n=46)</strong></td>
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<tr>
<td>El Paisano, Inc.- Santa Fe, NM (1 group)</td>
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<tr>
<td>El Paisano, Inc.- Española, NM (1 group)</td>
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<tr>
<td>Iglesia Palabra Miel- Albuquerque, NM (1 group)</td>
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<tr>
<td>Our Lady of Guadalupe Catholic Church Peña Blanca, NM (2 groups)</td>
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<td>Mexican Consulate, Albuquerque, NM (1 group)</td>
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<tr>
<td>Enlace San Juan College-ESL/GED Spanish Program Farmington, NM (2 groups)</td>
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<tr>
<td>Jardín de los Niños, Las Cruces, NM (2 groups)</td>
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</tbody>
</table>
Despite the presence and promotion of a Spanish language quitline...

“I don’t understand the [QUIT NOW] 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.”
Advice from the Community

How to bridge the gap:

– Increase knowledge about the quitline, including what the services are
– Information should come from a trusted voice
– Align with community values

Community Advice ➔ Campaign

• *Nuestra Salud* provided training to the media firm
  – Background on the Hispanic community
  – Findings from focus groups and research

• *Media firm*
  – Hired a native Spanish-speaking creative staff member to create messages
  – All proposed ideas were discussed in the Network

Once the theme *perseverance (not giving up)* was identified, worked together to build a story
DEJELO YA (”Quit Now”) Campaign

Featuring Mexican-American U.S. Olympic silver medalist/international track star Leo “the Lion” Manzano
MAKING THE CAMPAIGN

BENJAMÍN JÁCQUEZ
Program Manager
Tobacco Use Prevention and Control (TUPAC)
New Mexico Department of Health

JORGE L. OTERO
President, CEO
Nuestra Salud

JONATHAN LEWIS
Account Director
McKee Wallwork + Company

MARÍA OTERO
Director
Nuestra Salud

LEO MANZANO
U.S. Olympian
VIDEO

FINAL TV SPOT
Campaign Implementation

- Formally launched early 2015
- 38% of state’s media budget for 2015-2018 combined (27% of state’s media impressions)
- Significant free media spots
- Community campaign extension through *Nuestra Salud*-led community events, including with Mexican Consulate

Was the campaign effective?

• **Source: Quitline service utilization data**
  – Counts of people who received help, by demographic group

• **Source: Quitline user “callback” evaluation survey**
  – 7 months after initial outreach to quitline
  – English and Spanish language (based on language of original service)
Calls to NM quitline increased for Spanish-speakers with the campaign launch

Note the left axis is for calls in English (both Hispanic/Latino and non-Hispanic); right axis is for Spanish language calls

NM DEJELO YA campaign launch

Campaign effect

Diminished ~18 months
More Spanish-speaking and Hispanic people enrolled for quitline services

+3%  
Non-Hispanic

+15%  
English-speaking Hispanic

+31%  
Spanish-speaking Hispanic

Change in number from 2014 to 2015

- Disparities reduced *within* subgroups of Spanish-speaking people
  - Women
  - People living outside Albuquerque area
Quitting improved among Spanish-speaking people after campaign

% NM quitline callers who successfully quit using tobacco

Satisfaction declined slightly for both English and Spanish services.

% NM quitline callers who said all their needs were met by the service.

Non-significant differences and similar patterns by language.
Successes

• This campaign was effective.
  – Disparities in quitline use were reduced for Spanish-speaking people and *within* the population
  – Suggestively, the campaign may have reached English-speaking Hispanic people as well
  – Success with quitting also may have improved

• Nuestra Salud’s leadership was key.
  – Network contributed to development of authentic, resonant messages
  – Extended the campaign’s reach outside usual media channels
  – May have improved effectiveness (trusted source)
Challenges and Solutions

• **Campaign effectiveness declines over time; campaigns must be “refreshed”**
  – New Mexico made the campaign available to share resources with other states, so others can have new content

• **Make sure service providers are ready for increased utilization**
  – Quitline needed more bilingual/bicultural quitline “coaches”

• **Tailored (better-quality) campaigns can be expensive**
  – Leaders must recognize that without such investment, disparities are unlikely to decrease
  – Benefits could extend outside the primary population

• **Acknowledge communities have background stressors and barriers to seeking help or being successful**
  – Example: giving your address to a government program in order to get free patches, when government-led immigration policies create fear for individuals and families
Recommendations

- **Work with communities** to develop and disseminate culturally-relevant campaigns
- When resources permit, **generate themes from within a community’s language and culture** rather than translating them
- Use quality improvement models to **systematically monitor program performance and identify opportunities** for improvement, from the lens of specific communities
- **Plan to sustain the effort**

¡El Que Persevera Alcanza! Those who persevere succeed!
Thank you

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