

Chapter 4

Reaching Specific Populations

[Cultural] competence is not just changing how somebody looks in an ad or the language. It's about understanding people as whole entities: their history, their culture, their context, and their geography.

— Robert Robinson, Office on Smoking and Health
Centers for Disease Control and Prevention

Although the main emphasis of your tobacco counter-marketing campaign may be on one or more broad target audiences, you may also want to conduct efforts that focus on specific populations—groups of individuals who share unique characteristics and may be particularly affected by tobacco. These shared characteristics include racial, ethnic, cultural, geographic, age, physical, and socioeconomic traits, and level of education. Examples of specific populations include:

- Racial/ethnic minority groups
- Gay, lesbian, bisexual, and transgender populations
- Rural residents
- Groups with low socioeconomic status
- People with disabilities
- College students
- Restaurant workers
- Blue-collar workers

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- Developing Cultural Competence
- Identifying and Describing Specific Populations
- Conducting Formative Research
- Additional Considerations in Reaching Specific Populations

Developing and implementing successful counter-marketing strategies to reach these populations may be challenging. Although you'll follow the same basic processes used to design any counter-marketing campaign, reaching specific populations requires additional approaches and considerations. For example, you may need to take a closer look at your organization's operating practices to ensure that they are inclusive, culturally competent, and adequately address the needs of the specific populations in your state. You will also need to develop an understanding of the specific populations you plan to target to ensure that messages, language, imagery, and other aspects of your counter-marketing materials and interventions are appropriate and effective.

It is important to devote adequate resources to reaching the specific populations in your state. When appropriate, it can be cost-effective to design your specific population campaign to supplement your mainstream effort. Creating messages that are coordinated with your mainstream campaign can help provide specific populations with the multiple exposures needed to contribute to attitude and behavior change, as well as to build support in populations for tobacco control policies.

If your budget won't permit you to reach all audiences at once, you'll need to decide which audiences you can reach with your current funding, and which audiences you'll want to target if your funding increases. Lack of information may also constrain the breadth of your efforts and may require that some population groups not be included initially.

Developing Cultural Competence

When developing a counter-marketing effort for a specific population, the first step is to look at your organization's level of cultural competency. The main goal of building an organization's cultural competence is to be more effective in representing and serving its constituents by developing strategies and programs that reflect the needs and priorities of those served. An organizational and philosophical commitment to diversity and inclusivity provides the basis for achieving cultural competence. In essence, it reflects the commitment to understanding specific populations and taking actions to serve them. Developers of tobacco counter-marketing programs need to recognize the differences and similarities within and among groups, including how they are influenced by their particular cultures, histories, the prevailing social and economic contexts, and the geographies in which they live. Developing cultural competence may require your organization to assess its physical environment, materials and resources, policies and procedures, training, and professional development.

Developing cultural competence may also require your staff and anyone else who works on your program to reflect on their own values and attitudes, communication style, and which community or audience they are representing, so that they are prepared to relate to diverse populations and to be responsive during interactions with them. Even if an organization has individuals from a specific population on its staff, cultural competence may still need to be addressed. Because each person has



different biases and experiences, it's important for every staff member to recognize the value of being culturally competent.

Developing cultural competence within your organization should enable you to work more effectively with the communication agencies that you have hired to focus on the specific population(s) you are targeting. This will help ensure the development of culturally competent messages and materials.

Cultural competence goes beyond recognizing and incorporating the language of target audiences in your programs. For example, to make a tobacco cessation counseling program culturally competent, the program manager may need to:

- Develop an organizational commitment to cultural competence
- Employ counselors who speak languages other than English
- Develop and pretest, with each subpopulation, concepts and materials that reflect issues related to smoking in the community
- Develop and pretest materials in appropriate languages for specific communities
- Include community representatives on planning committees
- Train staff to be sensitive to cultural issues when providing tobacco cessation counseling

- Hold staff accountable for the way they interact with counseling program clients

Wisconsin's Division of Public Health provides an example of how cultural competence can be developed and promoted (National Center for Cultural Competence 1999). Its staff formulated guiding principles and strategies to promote cultural competence in the design of health programs, including the following:

- Audits of an organization's existing culture
- Clarification of the mission of diversity enhancement
- Strategic goals
- Examination of assumptions dealing with cultural competence

- Training
- Visionary leadership

The National Center for Cultural Competence, at Georgetown University Center for Child and Human Development, offers several helpful self-assessment tools that you can adapt and use to gauge cultural competence within your own organization. These checklists are available online at www.georgetown.edu/research/gucdc/nccc/products.html. You may want to consider hiring a consultant to help your organization become as culturally competent as possible or to assess your organization's cultural competence. You may even want to add a diversity specialist to your staff to help increase the staff's cultural competence.

Checklist for Developing Cultural Competence in an Organization

- ❑ Reflect an organizational commitment to developing cultural competence in all of the organization's policies, procedures, physical environments, programs, and activities.
- ❑ Promote cultural competence among your staff as a developmental process through an ongoing organizational commitment to self-assessment, professional development, training, policy development, and implementation. This process will help your organization build the capacity to understand and meet the needs of the specific population(s) it serves.
- ❑ Encourage key staff to conduct cultural self-assessments. (Sample tools are available from the Wisconsin Division of Public Health and the Georgetown University Center for Child and Human Development).
- ❑ Don't make assumptions about a population's culture. Become knowledgeable regarding aspects of the specific populations (e.g., values, attitudes, communication styles, language, literacy levels, physical environments, histories, cultures, social and economic contexts, and geographies) served by your organization.

Identifying and Describing Specific Populations

Identifying and Prioritizing Specific Populations in Your State

Specific populations traditionally have been defined by demographic characteristics such as age, race/ethnicity, income, and educational level. However, you may need to go beyond basic demographics to adequately describe the specific populations in your state. Specific populations will also be shaped by history, culture, context, and geography—factors that are only partially reflected in the sociodemographic descriptors and that can affect attitudes and preferences. Group identity can also be reinforced by particular experiences with educational institutions, religions, government, businesses, and other institutions.

Identifying different specific populations is further complicated by the diversity within respective populations. For example, the broader category of Hispanics/Latinos can be further delineated into subgroups such as Cubans, Mexicans, and Puerto Ricans, each with its unique characteristics. Similarly, the gay, lesbian, bisexual, and transgender (GLBT) community is composed of subgroups with very different characteristics. Making this issue even more complex is the overlap among groups made up of individuals who share some characteristics but also identify with other populations as well. For example, people with disabilities, members of the GLBT community, and restaurant workers who are exposed to secondhand smoke at work may also identify with specific racial or ethnic groups.

The first task in selecting and prioritizing specific populations that your tobacco counter-marketing efforts will target is to identify and describe each group affected by tobacco use in your state. Sources that might help you identify these groups include U.S. Census Bureau data, public health department reports, public school data, media outlets, national organizations, immigrant assistance or resettlement programs, and language institutes, which may show trends in demand for translators or interpreters. Although these sources can help you determine the representation of various populations in your state, they also have limitations. For example, they may underestimate the size of specific groups (e.g., Cambodians within the Asian/Pacific Islander community). These sources may also fail to identify certain groups if the appropriate questions are not asked (e.g., sexual identity questions to identify GLBTs). Depending on the quantity, quality, and types of data available from existing sources, you may need to conduct new research to gain enough information about the specific populations in your state or community to make well-informed decisions.

In determining which specific populations should be priority audiences for your counter-marketing efforts, you'll also need to study epidemiologic data, media consumption patterns, and other available qualitative data to assess whether counter-marketing is an effective intervention for a particular group. Some population groups can't be reached efficiently through mass media or other traditional counter-marketing techniques,



so you may want to use other program components to reach those groups.

Understanding Your Priority Audiences

Once you have chosen a specific population group as a target audience, you must learn about the characteristics shared by individuals in that group. For many populations, this means understanding such factors as their culture. Culture has been defined as “the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people unified by race, ethnicity, language, nationality, or religion.” Culture affects how people pattern their behavior, see the world around them, and structure their environment, especially their families and communities (USDHHS 1996).

However, culture provides only one window into a community. Your tobacco counter-marketing strategies should also take into

account and reflect other factors that drive any community. Geography is another way to understand how communities are differentiated. For example, African Americans who live in large urban areas will likely have different characteristics than African Americans who live in rural tobacco-growing communities, where tobacco is an important part of the economic and cultural fabric. Age, gender, and sexual orientation are other factors that impact the attitudes and behaviors of the group being targeted.

While there is heterogeneity within any group, it is important to understand that there are still likely to be common elements that bring these groups together as a broader community. It is these commonalities that allow counter-marketing programs to target such groups efficiently.

Defining Specific Populations and Targeted Segments

The challenge is to describe your target audience using the most relevant, unbiased, and data-driven characteristics possible, as well as information based on how the group describes itself and how others describe it. Formative research may reveal characteristics that provide a more accurate and appropriate description of the target group. Including more detail in the description of an audience may uncover information useful for your counter-marketing efforts. A more detailed audience profile may include media or consumer habits, lifestyle characteristics, level of acculturation, region, or place of residence (e.g., urban or rural).

You'll also want to gain an understanding of the social context of your audience by examining the social influences that may affect behavior. For example, determining the roles that family members and friends play within a specific population and identifying other supporters, such as those from whom a population's members seek advice, are parts of defining a population's social context. This kind of information can yield valuable insights into your target audience, how they interact with others, and how they interact with and are influenced by tobacco. Other contextual factors that may impact campaign development are the proportion of people of low socioeconomic status, the availability of cessation services, and the relevance of tobacco use relative to other problems confronting the target audience.

You can also target your marketing efforts more precisely if you consider subgroups within major populations. For example, recent immigrants may smoke less than members of their population who have lived in the United States longer and who have been exposed to higher levels of tobacco industry marketing. In addition, these two subgroups may consume different kinds or amounts of media. If you are focusing on a population with such subgroups, then you may want to reach recent immigrants (who have lower prevalence) with a prevention message and those who are more assimilated (who have higher prevalence) with a cessation message. There may be differences among people from the same major group based on the country of origin. For example, Asian

Americans who come from China, Japan, Korea, Vietnam, or another country may have very different characteristics, attitudes, and behaviors. There also may be differences among people from the same country based on the region of origin. These differences can be understood through an assessment of particular histories, cultures, contexts, and geographies. You'll need to consider these differences when deciding what messages, tone, channels, activities, and other factors would be most appropriate for specific populations in your community or state. For example, some ads work well among all Hispanic/Latino groups, while others communicate effectively to only a few groups, based on the particular accents, vocabulary, and other ad elements chosen to reflect particular groups' lifestyles.

When your target audience has many different segments, testing messages and materials is critical to assess different potential responses among the different segments. Test messages with representatives of the target audience and other stakeholders to be sure they are understood and accepted and to avoid possible unintended negative effects. (See Chapter 3: Gaining and Using Target Audience Insights for more information on testing methods.) When evaluating messages, don't rely on the opinions of your organization's staff. Even if they are members of the target audience, they're likely to have a knowledge base about tobacco and public health that makes them atypical of the audience as a whole.

Checklist for Identifying and Defining Specific Populations

- ❑ Identify and describe the specific populations that are affected by tobacco use in your state.
- ❑ Assess whether counter-marketing is an effective intervention for the groups you have identified.
- ❑ Define your target group using demographics, epidemiologic data, consumer habits, lifestyle data, and other sources of information.
- ❑ Recognize the diversity among certain specific populations, as well as among their subpopulations.
- ❑ Pay close attention to the level of acculturation among immigrant groups, because the characteristics, attitudes, behaviors, and responses of recent immigrants may be very different from those of immigrants who have lived in the United States for several years.
- ❑ Make attempts to understand the tobacco-related social norms among the specific populations your program is targeting.

Conducting Formative Research

Findings from formative research can be used to help develop, or “form,” a counter-marketing program. Formative research may consist of several parts, including environmental profiles, inventories of community resources, and audience research. As mentioned earlier in this chapter, formative research can help you understand how to separate the population into groups or segments that tend to think or act in similar ways or are affected by similar influences. It can also help you to understand the causes, or determinants, of tobacco use and other health risk behaviors, and the protective factors in target audiences. This research is also used to investigate which interventions might influence target audiences to change their behavior(s). (See Chapter 3: Gaining and Using Target Audience Insights for detailed information on research.)

Conducting an Environmental Scan

When you begin the research process, it can be extremely helpful to look at whether existing tobacco counter-marketing programs have been successful in helping to reduce tobacco use among the specific populations you’ve chosen to target. Look at programs that other organizations have implemented in your state, as well as those implemented by other states. Contact your representative in the Office on Smoking and Health, Centers for Disease Control and Prevention for information compiled from state efforts. Or, if you want information about a specific state’s program, you can contact individuals or search Web sites within that state. If components of another state’s programs appear applicable to your state, test those components—including ads and other materials—in your state before you implement them to confirm that they are likely to work in your area with your specific

population. One excellent resource for accessing and using tobacco counter-advertising produced by states, organizations, and federal agencies is CDC's Media Campaign Resource Center, available online at <http://www.cdc.gov/tobacco/mcrc>.

You will also want to learn about organizations and individuals working with various specific populations who might be able to serve as resources to help you develop the campaign. Investigate which of these resources have the strongest expertise in developing programs, interventions, and materials for the specific populations you're targeting. Some of these organizations and individuals may be key stakeholders for your program. (See Chapter 8: Public Relations for more information on stakeholders.) Your public relations efforts will also include identifying media outlets that target your specific audiences. You need to work with these media outlets for your paid media placements and earned media coverage.

Applying Research Results to Campaign Development

To help ensure that your campaign reaches the specific populations you plan to target, you will want to follow the same guidance and processes used for general market campaigns outlined in this manual. (See Chapter 2: Planning Your Counter-Marketing Program, Chapter 3: Gaining and Using Target Audience Insights, Chapter 7: Advertising, Chapter 8: Public Relations, Chapter 9: Media Advocacy, Chapter 10: Grassroots Marketing, and Chapter 11: Media Literacy.) You'll also want to

develop and implement an evaluation plan that includes evaluation of the efforts targeting specific populations. (See Chapter 5: Evaluating the Success of Your Counter-Marketing Program.)

Findings from qualitative research can be used to strategically develop materials that will reach the target audience with the intended messages. Through qualitative research, you can glean insights about your audience(s), solicit feedback on the materials and messages you are developing, and brainstorm about additional interventions that appeal to them. These findings can help you in making decisions throughout the campaign development process about aspects of the campaign, such as strategies, messages, tactics, and materials. (See Chapter 2: Planning Your Counter-Marketing Program for a more complete discussion of campaign planning steps.) It is important to remember that the findings from qualitative formative research techniques (e.g., focus groups) cannot be generalized to the population as a whole, but quantitative research techniques can provide findings that can be generalized to the entire group (see Chapter 3: Gaining and Using Target Audience Insights).

The first step is to set an overall program goal and select which specific populations you will target. For example, your overall program goal might be to increase cessation among adults, and you may have decided to supplement your general market cessation campaign with a campaign specifically targeting Hispanic/Latino men to persuade them to try to quit

smoking. To accomplish your goal, you will need to develop strategies for communicating with your target audience(s). If your formative research reveals that smoking is supported by the cultural values of this audience, you might develop a strategy to communicate the cultural value of family well-being and the harm of secondhand smoke to family members. This strategy might be used to help counter the values that support smoking. Another strategy might be to show the benefits that audience members are likely to enjoy when they quit smoking or the negative consequences they might suffer if they continue to smoke.

The next step is to develop specific messages, which are the two or three key points you want

to communicate to your target audience. For example, your messages to a Hispanic/Latino adult male smoker may include how much his family would suffer if he were to become ill or die from smoking, how much he would suffer physically and emotionally from the consequences of smoking, or how ill his children might become from being exposed to his second-hand smoke. These messages should be developed based on the findings of your formative research.

You'll want to develop specific tactics and activities to use in implementing your strategies. If your environmental scan identified qualified organizations and individuals in your state or community who work with the specific

population(s) you have chosen, they may be able to provide valuable input to the development of tactics and activities based on their experiences and expertise. For example, one tactic would be to have people share their experiences of being harmed by smoking. Such stories can be effective because they personalize the risk of smoking. You could work with hospitals or Hispanic/Latino health organizations to identify and interview affected individuals and select the most powerful stories. This approach was used in a smoking cessation campaign in Massachusetts that featured a Hispanic/Latino man



who developed emphysema early in his life from smoking. He eventually lost his voice and had to speak through an artificial-voice device. The Massachusetts Tobacco Control Program developed this story into poignant television and radio ads.

Review all your options for use of paid media to reach your audience(s), and choose ones that are cost-effective. In addition to broadcast and print media, your campaign could include billboard ads, postcards that people could send to loved ones encouraging them to quit smoking, and signs on public transit vehicles. You could also develop posters for places where people tend to meet, such as community centers.

As part of your earned media outreach efforts, you could contact reporters at the Hispanic/Latino media outlets you have identified and pitch a story about the consequences of an individual's smoking. You can put reporters in touch with the individuals featured in your ads as a way to weave your messages into a personal story.

You may want to hold a kickoff event to introduce your campaign, inviting people from your specific population, organizations that represent them, and the media. Use such an event as an opportunity to highlight your program and to give credit publicly to local individuals who helped to develop the program.

Once the campaign has started, you can begin to measure its effect. Using the same measures and indicators you used to conduct baseline research before the campaign started, conduct follow-up research after the first phase of the campaign and after the campaign ends. This

evaluation will enable you to identify what worked, what progress was made, and what changes need to be made for additional campaign phases. (See Chapter 5: Evaluating the Success of Your Counter-Marketing Program for more information.) As with any counter-marketing campaign, developing campaigns to reach specific populations is an evolutionary process; you'll learn what works and what doesn't work as you go along, and you will make adjustments as necessary.

Involving Specific Populations in Research

Representatives of the targeted audience(s) should participate in the research to increase their ownership of, comfort with, level of support for, and the face validity of the counter-marketing efforts. It's important to enlist cooperation from community organizations that represent these populations. Because they are familiar with the community, they may be able to help you select contractors and facilitators who have the right skills and expertise to work with your target audience(s). You may even be able to identify and train local people to conduct the research. These members of the community—possibly social workers, community workers, religious and peer leaders, and health professionals—understand the community from the inside and have established trust with other community members. Thus, they may be able to probe more deeply into the attitudes, behaviors, and practices of the specific population you're trying to reach, and to elicit information that can more effectively guide campaign development. However, you may

Checklist for Conducting Formative Research

- ❑ Choose qualified researchers who understand cultural competence.
- ❑ Involve specific populations at every phase of the formative research.
- ❑ Research specific populations' responses to the tones of different messages.
- ❑ Address concerns and fears expressed by the specific populations and identified in scientific literature.
- ❑ Share findings with the organizations that represent specific populations to keep them updated on the development of the campaign.
- ❑ Use research findings to help encourage specific populations to support the resulting strategies and activities of the counter-marketing program.
- ❑ Use research findings to help guide decisions during the development of the campaign.

run the risk of focus group participants not feeling safe with a moderator they know because of issues of confidentiality and disclosure of personal information. In addition, you must be confident that these members of the community are qualified to conduct the research. Although the process to train and develop a set of skilled moderators for specific populations may be time consuming, you may find that the audience insights you gain are a valuable long-term investment in making your campaign a success. When conducting qualitative research, you should pay close attention to ties to the tobacco industry or other potential conflicts of interest that could serve to bias results of the research.

You may need to make a special effort to address concerns that communities may have about research. These concerns could be based on negative historical experiences such as the Tuskegee Study, a research project in

which treatment was secretly withheld from African-American men with syphilis. Or they could be based on the belief that the community has been overly researched and exploited by scientists more interested in publishing papers than in solving problems. Efforts may include dispelling fears, promoting involvement in the formative research at every stage, and obtaining input about how the data will be used. These efforts can help considerably to raise trust and maintain a sense of ownership of the research and its products.

Additional Considerations in Reaching Specific Populations

When developing and implementing a campaign for a specific population, you should pay close attention to the following areas:

- Involving the target population in the development process

- Using appropriate language and images in materials development
- Identifying and addressing potential barriers arising from concerns of the target audience (audience barriers)

Involving the Specific Populations in the Development Process

Tobacco counter-marketing programs should include the target audience's participation throughout the life of the program. This representation ensures that programs reflect the specific population's values, norms, behaviors, perspectives, and needs.

Each planning phase should include developing relationships and partnerships with specific populations and persons and groups that serve or have access to them. These may include professional and fraternal organizations; African-American, Asian, Hispanic/Latino, or American Indian/Alaska Native chambers of commerce; or professional media

organizations, such as publishers of minority newspapers or magazines.

Give all partners the opportunity to declare conflicts of interest early in the planning process. Tobacco companies have a great deal of influence in most communities and with the media, including communities and media of specific population groups. Some ethnic media outlets receive substantial revenue from the tobacco industry and thus may not be suitable partners for developing antitobacco media strategies. Although your state may not want to partner with those outlets, you'll probably want to place antitobacco ads in the same outlets to counter the protobacco messages. In addition, because some media outlets in communities of color have depended on revenue from tobacco industry advertising, it may be strategically important to acknowledge this history when defining your relationship with those outlets. A flexible approach in the short term may make you more likely to achieve your long-term goals.

Checklist for Involving Specific Populations in the Development Process

- Assess your agency's cultural competence to avoid any bias in choosing partners.
- Include representatives of the specific population in all phases of the program, from formative research and planning through implementation and evaluation.
- Select people or groups that represent the specific population's diversity and perspectives and that are credible with the target audience.
- Include representatives who have access to large numbers of specific population members, such as media outlets (e.g., radio, TV, and magazines) and organizations (e.g., racial/ethnic, professional, religious, schools).



The money you put in this machine drops into a receptacle, which is emptied into a bag, which is given to the tobacco companies, who use it to sell the gay community more cigarettes that cause addiction, illness, and death.

Now, how much do you want to contribute?

© 2003 California Department of Health Services

One way to gain target audiences' support for your program is to help them recognize how tobacco use harms their community and how they can help address the problem. For example, sharing with the GLBT community information about disproportionate rates of tobacco-related morbidity and mortality in their community may help members become more interested in the issue. Then, facilitating a discussion with GLBT leaders in which tobacco industry targeting of their community is highlighted may motivate them to take action against these marketing practices. When sharing information with members of a specific population, it is important to cite sources that are credible and relevant to that audience. These sources may be members of the specific population.

Using Appropriate Language and Imagery in Materials Development

Ideally, you should develop messages and materials in the language of your target audience from the start. Try to involve native speakers of the language to write and review the text, design, graphics, and images. When the language is not English, you may also want to conduct a reverse translation, in which you translate the foreign-language document into English. This serves as a quality control measure to ensure that the key messages and concepts will be communicated as intended.

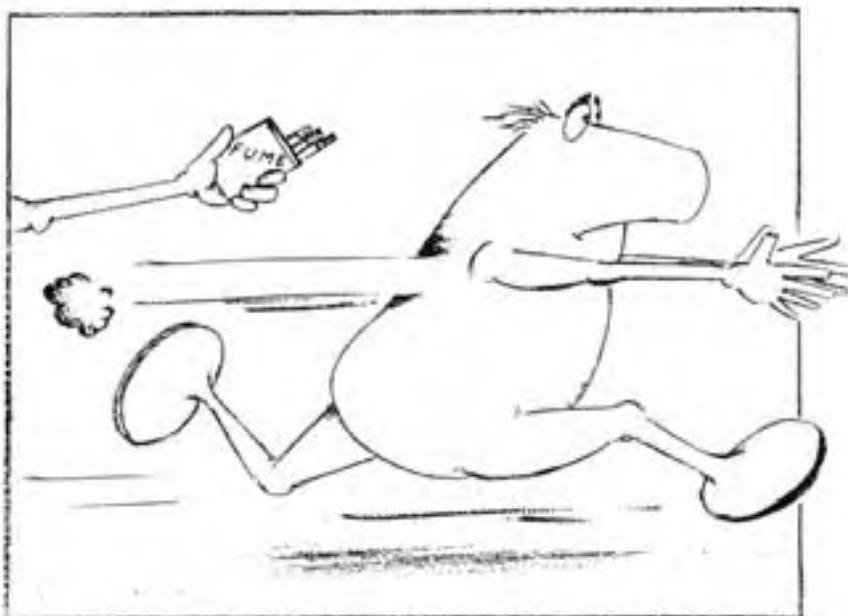
If you cannot develop language-specific and culturally appropriate materials and instead must start with the original (often English) version, don't rely on a direct translation of a

message. Always test the translation first. When the text is finalized, it's often helpful to have a second translator conduct a reverse translation. You should check references on translators to determine whether they have met the needs of previous clients. The following example illustrates the steps in addressing language differences:

In 1997, the CDC Prevention Marketing Initiative Nashville Demonstration Site developed an English-language radio soap opera as a mass media intervention to reach African-American teens with messages on prevention of HIV (human immunodeficiency virus) and sexually transmitted diseases. When the intervention was replicated to reach Spanish-speaking teens, focus groups and three translations of the script were needed to make the intervention appropriate for teens from the various Hispanic/Latino cultures of Central America, Mexico, Puerto Rico, and South America.

The first translation was completed by the Tennessee Foreign Language Institute, the second by a committee from the local Spanish-speaking community, and the third by a group of Hispanic/Latino teens who adapted the script to accommodate teen culture and language within the Hispanic/Latino community (CDC 1997). The final product was a consensus script that incorporated all three translations. One critical aspect of the translation was the presence of the Hispanic/Latino teens during the final translation and during the production of the soap opera. Their

¿Quiere dejar de fumar?



Si usted quiere dejar de fumar, recuerde la letra D.

Distancia: Ponga distancia entre usted y el tabaco. Rompa todos sus cigarrillos y tire sus ceniceros. Digale a sus amistades que está dejando de fumar. Analice las situaciones en que fuma más, y si es posible, evítelas.

Tome la **Decisión:** Nadie puede hacerlo por usted. Usted se tiene que decidir por sí mismo que va a dejar de fumar.

Actúe con **Determinación:** El tabaco es adictivo y no es fácil dejarlo. No se desanime. Aunque tenga una recaída, vuelva a tratar.

Distráigase: Cuando sienta ganas de fumar, espere un minuto. Trate de hacer otra cosa: relájese, respire profundo, tome agua, hablele a sus amistades, coma frutas o verduras, salga a pasear o haga ejercicio.

Muchas personas han dejado de fumar, y usted también puede.

¡¡ SUERTE !!

Checklist for Developing Appropriate Materials

- ❑ Use language and images that are sensitive and appropriate.
- ❑ Use native speakers to create foreign-language materials when possible.
- ❑ Ask for and check references to ensure that your translator's past work met client needs.
- ❑ Pretest all materials to ensure that messages and images are clear, that content is appropriate, and that language and images are not offensive to the target group or its community.
- ❑ Conduct a reverse translation to ensure that messages and key concepts are communicated accurately.

attendance prevented grammatical errors and ensured that a correct script was followed for each episode of the soap opera. Each step in the replication process ultimately contributed to the production of a culturally and linguistically acceptable mass media intervention for Hispanic/Latino teens.

Even if the language of the specific population is English, members of that population may have unique ways of speaking, or may use jargon or slang, so it's always important to test the materials among audience representatives to ensure that communication is as clear and effective as possible.

Materials development should also be guided by the use of appropriate and salient imagery. Positive imagery generally reflects a constructive visual of the target audience that is appropriate for the theme of the campaign. For example, an ad showing family members

supporting a smoker's attempt to quit may be effective among the Hispanic/Latino community where close family ties are a priority. Salient imagery reflects visuals that are particularly important to a target audience, helping attract audience members' attention to the materials. For example, materials that integrate a rainbow image, which has been used by the GLBT community as an identifier and symbol of pride, could appeal to members of that community.

Identifying and Addressing Potential Audience Barriers

When developing your counter-marketing programs for specific populations, you may need to address existing audience barriers, such as historical mistrust of research; a resistance to targeted programs or efforts; and potentially positive perceptions of the tobacco industry, based on tobacco industry funding of



community organizations and events. In addition, some racial and ethnic communities are extremely sensitive about how their image has been portrayed in the media. For example, many African Americans are concerned about the mass media overrepresentation of African-American drug use. Such experiences of specific populations could produce negative perceptions about the integrity of targeted programs or strategies.

If you identify audience barriers in a specific population in your state, it is important that you address them. One way you can work to overcome these issues is by including the population in the campaign development process. You should work with their community leaders to communicate the value of your program. You must also be open and responsive to questions and concerns. For example, some recent immigrants may be reluctant to go to an unknown facility to participate in research or access health

Checklist for Identifying and Overcoming Audience Barriers

- Use formative research to identify issues, including barriers that arise from concerns of the target group.
- Use target group representatives and community partners to help define and address audience barriers.
- When possible, develop strategies for overcoming barriers, including offering benefits that have value to the specific population.

services because they fear that they could be turned in to the U.S. Immigration and Naturalization Service or because of negative experiences in their former countries. In a case like this, you might conduct research or

provide health services in more familiar and comfortable locations. You could also enlist credible local spokespeople to build trust in the institutions and the facilities.

"My father never had to tell me not to smoke."



"He showed me the way."

Actions speak louder than words.

It doesn't take much to point a child in the right direction. They watch you. They want to be you. Because you're their hero, a good example can easily keep a child from smoking. So show your child the way, and give them an example they can live with.

Case Study: California Smokers' Helpline (1998)

Background. The California Department of Health Services (CDHS) initiated a comprehensive tobacco control program in 1989 that was funded by revenue from an excise tax on tobacco. The main goal of the program was to reduce illness and mortality among smokers and nonsmokers caused by tobacco use. The program's strategies included exposing the truth about tobacco industry practices and products, educating Californians about the harmful effects of smoking and secondhand smoke, and providing services and support to people who wanted to quit smoking.

Developing cultural competence. The state of California has a diverse mix of residents. The CDHS tobacco control program staff needed to understand the composition of the population and why specific populations were important for reducing tobacco use. The tobacco control staff didn't simply rely on their own knowledge; they hired outside experts to teach them about the specific populations in California. They made it a priority to embrace the racial/ethnic diversity in their state. They knew that a "general population" program would not meet the needs of all groups because of language and culture differences.

Identifying and describing specific populations. Once the program staff decided to reach specific populations in California, they needed to determine some critical information:

1. The percentage of California's population that was made up of Asians/Pacific Islanders, Hispanics/Latinos, African Americans, and other major specific populations, and whether those groups were increasing in numbers
2. The major subpopulations within each of those large groups and the important differences among subgroups in areas such as language and culture
3. The absolute levels of tobacco use in each specific population and trends in tobacco use
4. How, when, and with whom tobacco was being used, and what factors were influencing each group to smoke more or to smoke less

Again, experts were hired to work with the staff to gather information in these four areas. Asians/Pacific Islanders were identified as an important specific population because of their large numbers within California and high population growth over the previous several years. The state tobacco control staff learned that Asians/Pacific Islanders included people from China, Japan, Korea, Laos, Singapore, and Vietnam, so they knew they could not communicate with all these populations in the same way. They also learned that Asian/Pacific Islander men had very high rates of smoking (up to 70 percent) and that they typically smoked in front of family members and friends when at home or socializing. The prevalence of smoking for Asian/Pacific Islander women was typically far lower (less than 10 percent), but they were an important secondary audience in terms of potential influence on their smoking husbands, brothers, or fathers. Thus, the tobacco control staff identified one primary audience (Asian/Pacific

Islander male smokers) to target for reducing smoking when around others for cessation, and one secondary audience (Asian/Pacific Islander female nonsmokers) to target for influencing the male smokers in their families. The staff also decided to communicate the main messages of the campaign in the four major Asian languages of the Asian/Pacific Islander population (Cantonese, Korean, Mandarin, and Vietnamese).

Conducting research. The first ads that were developed simply suggested that Asian/Pacific Islander smokers call the Quitline to get help from a counselor. The message was similar to the message for California's general population, but the ads for Asians/Pacific Islanders were developed using Asian talent. Awareness of, and calls to, the Quitline remained low, even though the ads and the Quitline were in the four Asian languages.

The CDHS tobacco control staff worked with its advertising agency to plan and conduct qualitative research to glean insights about why initial efforts were not working and what they could do to generate more calls to the Quitline. Research included interviews with smokers, as well as analysis of existing Quitline operations and promotions, to determine factors contributing to the low volume of calls. One important insight they uncovered was that in Asian culture, particularly among men, calling a counselor to ask for help was seen as a sign of weakness or an admission that the caller had a problem.

Developing and implementing the campaign. Based on the research findings, the Quitline was repositioned as a source for free *information* on how to quit smoking, rather than a counseling service. The new campaign included several elements. The “Jungle” campaign featured radio and print advertising that dramatized how smokers feel when they try to quit smoking: lost, trapped, hopeless, and unable to break free from their addiction to cigarettes. The ads encouraged smokers to call the toll-free number to obtain free information on ways to quit smoking.

A three-minute television ad, which was developed and aired in the four key languages, demonstrated for viewers what happens when someone calls the Quitline. The ad showed that the operator would be helpful, respectful, patient, and understanding.

In addition, an advertorial (advertisement in a format that resembles editorial content) in key print publications discussed step by step how the Quitline operates and emphasized that it was a free resource. The article featured quotes from the Asian-language Quitline staff discussing the benefits of calling. Print ads, radio ads, and advertorials were all produced in Cantonese, Korean, Mandarin, and Vietnamese and were placed in the appropriate media outlets.

Within two months of the campaign launch, the Asian-language Quitline received nearly 1,100 calls—more than all previous years combined, and a 10,000 percent increase over the previous year. Ad placements had to be suspended temporarily because the Quitline exceeded its capacity. Today, the Quitline receives a steady stream of phone calls each month because the advertising content and placement have been optimized over time.

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