

CASE
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Más Que Comida, Es Vida—It's More Than Food, It's Life

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Executive Summary

Diabetes is a metabolism disorder that increases the risk of cardiovascular disease and can cause blindness and renal failure. The disease often leads to amputation and death. In fact, in 1992 more than 50,000 people in the United States died of diabetes. In 1995 the U.S. Department of Health and Human Services reported that seven million people were diagnosed with diabetes and another seven million sufferers have not been diagnosed.

Diabetes does not impact all people equally. African Americans, American Indians, Alaska Natives, Hispanics, Asians, Pacific Islanders, elderly persons, and economically disadvantaged persons are all disproportionately affected by diabetes and its complications. Although there is no cure for diabetes, risks of the disease and its long-term effects can be reduced with diet and exercise. Medical treatment is also important for both preventing and controlling diabetes.

To deal with the health problems caused by diabetes and other diseases, the U.S. government, private organizations, and individuals worked together on two health agendas—Healthy People 2000 and Healthy People 2010. The U.S. Department of Health and Human Services served as leader, convener, and facilitator over a period of three years to develop a strategy for significantly improving the health of the nation by the year 2000. Healthy People 2000, as the report has been named, offered a vision to reduce significantly preventable death and disability, enhance quality of life, and reduce disparities in the health status of different populations in the United States. The Healthy People 2010 project followed Healthy People 2000. It was designed to identify the most significant health threats and to establish national goals to reduce them during the first decade of the 21st century. Some of its goals are “to reduce the risk of diabetes, to reduce the economic burden of diabetes, and to improve the quality of life for all persons who have or are at risk for diabetes.”

The National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK) and the Division of Diabetes Translation of the Centers for Disease Control and Prevention created the National Diabetes Education Program) to improve treatment for people with diabetes, to promote early diagnosis, and, ultimately, to prevent the onset of diabetes. A network of more than 200 partner organizations concerned about the health of their constituents jointly sponsors the program. The organization launched the campaign *Más que comida, es*

vida (It's more than food, it's life). The campaign began with an announcement at the National Hispanic Medical Association's annual meeting.

Research

The National Diabetes Education Program (NDEP) is a joint initiative of the National Institute of Health (NIH) National Institutes of Diabetes and Kidney Disease (NIDDK) and the Division of Diabetes Translation of the Center for Disease Control (CDC). The initiative involves private industry, community organizations, and diabetes advocates who seek to improve treatment for people with diabetes. The initiative develops and implements ongoing diabetes awareness and education activities and also identifies, develops, and disseminates educational tools and resources for people with diabetes and those at risk for the disease. A network of more than 200 partner organizations jointly sponsors the program. This network has a steering committee of 14 work groups (CDC, 2003). The steering committee collaborates to develop new projects, set priorities, identify program needs, and share information about effective approaches and new ideas.

Partner organizations expand NDEP's capabilities by forming their own networks in their communities that spread program messages to target audiences. They also conduct community-based health programs¹ and encourage other groups to become part of the national program to disseminate NDEP messages and mobilize action to control diabetes. Frequently, partners advise program staff on special needs and are available to lend their expertise in developing materials or programs for specific populations. The program's partners also help develop and disseminate diabetes education and awareness campaign products for specific cultural groups and language communities.

NDEP targets several groups, such as people with diabetes and their families, people at risk for Type II diabetes, people with pre-diabetes, Hispanics, African Americans, Asian Americans, Pacific Islanders, Native Americans, health care providers, and health care payers, purchasers, and policy makers. In 1998, NDEP launched the campaign *Control Your Diabetes. For Life*, which is the first of many diabetes-related campaigns to come from the program. This campaign sought to reach the 16 million people in the United States with diabetes and their families with messages about the seriousness of the disease and ways to control it. *Control Your Diabetes. For Life* is NDEP's principal message. There are four sub-messages, which are: eat a healthy diet, engage in physical activity, monitor your glucose, and take your medications (NDEP Outreach Communication Plan, 2000). To target different groups in the United States, several diabetes media campaigns have been created. This case description concentrates on the nutrition campaign *Más que comida, es vida* (It's more than food, it's life). The campaign targeted Hispanics and their families in the United States.

Cultural Considerations about Hispanics

Hispanics are the fastest growing minority group in the United States (Castillo, 1996). In 2000, the U.S. population was 281.4 million and 35.3 million, or 12.5 percent, of that population was Hispanics (Therrien & Ramirez, 2001). The Hispanic minority is 58.5 percent Mexican, 9.6 percent Puerto Rican, 3.5 percent Cuban, 2.2 percent Dominican, 1.1 percent Guatemalan, 1.9 percent Salvadorian, and 1.3 percent Colombian. Several other South

American countries each contribute less than one percent of the Hispanic population of the United States. Spaniards, who are also considered Hispanic, make up 0.3 percent of the Hispanic population. Despite this diversity, Hispanics do share some characteristics in common. For example, nearly 40 percent of Hispanics under the age of 65 have no health insurance. California, Florida, New York, and Texas, which are the four states with the highest Hispanic population, account for 73 percent of all uninsured Hispanics (Mills, 1999). In 1998, 29 percent of the adult Hispanic population in the United States had less than a ninth-grade education, and only about 11 percent had a bachelor's degree or higher (U.S. Census Bureau, Population Division, Ethnic & Hispanic Statistics Branch, 2000).

Diabetes is also a trait shared by many Hispanics. According to Carter, Pugh, and Monterrosa (1996), the prevalence of Type II diabetes among Hispanics is two to five times greater than in European Americans. Hispanics' diabetes-specific mortality rates are also higher than those of European Americans and are increasing (Carter et al., 1993).

Nutrition Campaign "Más Que Comida, Es Vida"

A research firm was contracted to design and implement a diabetes nutrition media campaign targeting Hispanics in the United States. Formal research was conducted before launching the *Más que comida, es vida* campaign (Inteligencia Qualitative Research, 2000). Fourteen in-depth interviews were conducted in Miami, Florida, and Houston, Texas, before the campaign was launched. Eight of the interviews were conducted in Miami and six were conducted in Houston. Seven interviewees were female and seven were male. There were six Cubans, six Mexicans, one Honduran, and one Guatemalan in the group. All participants had been diagnosed with Type II diabetes. The subjects were also all 40 years of age or older and were of Hispanic origin. Spanish was their predominant language. All had annual household incomes of \$30,000 or less, and none had participated in research within the last 12 months.

Print advertising, TV spots, and the poster that would be used in the campaign were shown to the participants. Results showed that for the TV public service announcements to be credible, food portion sizes that were shown had to be correct. Portions should be similar to the ones diabetics are supposed to eat. Results also showed that advertisements produced for the campaign have to emphasize that there is a toll-free number to assist diabetics, and that the recipe book was free. Some of the vocabulary used did not work well in Miami but did work in Houston. The reverse was also noted.

Based on the research, the campaign targeted Hispanic women 40 years of age and older with Type II diabetes, living in either in urban, semi-urban, or rural regions. The campaign focused on women because they are the decision makers when it comes to food preparation. Diabetics' extended families were also targeted. Campaign messages could be delivered via print and by television and radio public service announcements through the Spanish television networks Univision and Telemundo.

Objective

The ultimate goals of the National Diabetes Education Program are to improve treatment for people with diabetes, to promote early diagnosis, and to prevent the onset of diabetes (NDEP, 2003). Four objectives supported the program's goals. Those objectives were (1) to

increase public awareness of the seriousness of diabetes, its risk factors, and strategies for preventing diabetes and its complications among at risk groups, (2) to improve understanding about diabetes and its control and to promote better self-management behaviors among people with diabetes, (3) to improve health care providers' understanding of diabetes and its control, and (4) to promote health care policies to improve quality and access to diabetes care. The campaign objective was designed to emphasize, to diabetic Hispanics, the important role nutrition plays in the management and control of the disease.

Strategies

The strategies used to accomplish the campaign's objectives were intended to increase nutrition awareness among Hispanics diagnosed with Type II diabetes. There were two types of strategies—action and communication strategies.

Action Strategies

- Spanish nutrition material already available and usable for the effort was reviewed and incorporated in the campaign.
- New materials with a call-to-action for more information were created.

Communication Strategies

Various messages with a hopeful and helpful tone were delivered through different Spanish media outlets to the target public. These media outlets were chosen because they reach the Hispanic community. The following messages were delivered in the campaign:

- The campaign's key promise was *Si tomo el control de mi diabetes comiendo saludablemente, me sentiré mejor, lo cual es bueno para mi familia.* (If I take control of my diabetes by eating healthy, I will feel better, which is good for my family.)

Support Messages

- I will do my best to prevent complications of diabetes, such as amputation, blindness, kidney failure, heart disease, and impotence.
- I will feel more energetic.
- The quality of my life will be the best it can be.
- I will help control my blood sugar, which will make me feel better.
- Substitutes can make healthy food taste good.
- *Controle su diabetes deliciosamente.* (Control your diabetes deliciously.)

Several considerations guided the design of educational materials. These included literacy levels, language (using Spanish and English), and readability of messages. Other strategies included a call to download information about diabetes, inclusion of the NDEP logo and tag line, and integrating appetite appeal whenever possible.

Tactics

A series of Spanish-language public service announcements about the role nutrition plays in controlling diabetes was developed and placed with Spanish radio stations and two Spanish TV networks (Univision and Telemundo). This same information was also given to Spanish-language newspapers as advertisements and news releases. These announcements included:

- Ten, 20 and 30-second radio public service announcements in both Spanish and English (Figure 1).

FIGURE 1 Live Radio Spanish and English PSAs

10 seconds

Si es hispano y tiene diabetes, no tiene que vivir sin sus comidas favoritas. Para recibir su recetas y plan de comidas gratuitas, llame al 1-877-232-3422. Un mensaje del Programa Nacional de Educación sobre la Diabetes.

You don't have to give up your favorite foods if you are a Hispanic/Latino living with diabetes. To receive a free meal planner and recipe guide, call 1-877-232-3422. This message is from the National Diabetes Education Program.

20 seconds

Si es hispano y tiene diabetes, no tiene que vivir sin sus comidas favoritas. Para ayudar a prevenir serias complicaciones, simplemente controle cuánto come, la frecuencia con que come y cómo prepara la comida. Para recibir sus recetas y plan de comidas gratuitas llame al 1-877-232-3422. Este mensaje fue traído a usted por el Programa Nacional de Educación sobre la Diabetes.

You don't have to give up your favorite foods if you are a Hispanic/Latino living with diabetes. By monitoring how much and how often you eat, and how you prepare your food you can help prevent serious complications. To receive a free meal planner and recipe guide, call 1-877-232-3422. This message is brought to you by the National Diabetes Education Program.

30 Seconds

Si es hispano y tiene diabetes, no tiene que vivir sin sus comidas favoritas. Simplemente controle cuánto come, la frecuencia con que come, cómo prepara la comida y podrá ayudar a prevenir serias complicaciones. Con una rutina regular de ejercicios, medicinas, y monitoreando con regularidad sus niveles de glucosa usted puede controlar su diabetes de por vida. Para recibir su recetas y plan de comidas gratuitas, llame al 1-877-232-3422. Este mensaje fue traído a usted por el Programa Nacional de Educación sobre la Diabetes.

You don't have to give up your favorite foods if you are a Hispanic/Latino living with diabetes. By monitoring how much and how often you eat, and how you prepare your food you can help prevent serious complications and STILL eat your favorite traditional meals. Together with regular exercise, medication and glucose monitoring you can control your diabetes for life. To receive a free meal planner and recipe guide, call 1-877-232-3422. This message is brought to you by the National Diabetes Education Program.

FIGURE 1: COURTESY OF THE NATIONAL DIABETES EDUCATION PROGRAM. ALL RIGHTS RESERVED.

- 30- and 15-second TV public service announcements in both Spanish and English
- Black and white newspaper advertisements in various shapes and sizes with the message that the food diabetics put on their plates can prevent serious complications.

Publications used in the campaign included:

- News releases in English and Spanish (Figure 2).
- Posters that carried the same message as the TV, radio, and print advertisements. They were suitable for hanging in clinics, stores, or homes. According to campaign designers, this poster should serve as a reminder that one positive way of avoiding diabetes complications is by eating wisely and tastefully.
- A meal planner in English and Spanish with recipes for every day of the week and tips to control diabetes.

Evaluation

An independent opinion research company was contracted to evaluate the campaign. The evaluation's goal was to identify how gatekeepers, identified as executives or staff of community-based organizations from the Hispanic community, and consumers used or intended to use the Meal Planner (Evaluation Report, 2004). The evaluation also probed a variety of topics beyond the Meal Planner, such as knowledge, attitudes, behaviors, and beliefs about diabetes. Six focus groups were conducted in Miami, Florida, and Atlanta, Georgia, to evaluate the Meal Planner designed for the campaign.

Because of their close relationship with the target audience, gatekeepers were included in the evaluation. Gatekeepers are executives and staff of community-based organizations who provide health or comprehensive social services to Hispanic audiences. They participated in two focus groups. Potential consumers participated in four focus groups. The results from both types of focus groups are reported below.

Gatekeeper Focus Groups

The participants identified several health issues affecting the Hispanic community. Participants mentioned the following problems: access to health care, lack of culturally appropriate or bilingual health information, lack of affordable health services or programs, lack of bilingual services, and lack of culturally competent health care providers. Poverty, which is another problem for many Hispanics, was also mentioned because of its impact on health care. In addition, it was also noted that due to their citizenship status, some Hispanics are not able to receive health care services.

Regarding health priorities in the Hispanic community, participants listed diet, obesity, access to health care and affordable health programs, cancer, hypertension, HIV/AIDS, and diabetes. Participants were not able to pick a single priority because many problems overlap and some of the problems affect the occurrence of other health issues. For example, poor eating habits cause obesity and exacerbate diabetes. Also, some gatekeepers said that Hispanics identify top priorities according to what they can afford because they face so many economic problems.

FIGURE 2 Media Advisory

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MEDIA ADVISORY

National Diabetes Education Program to Launch Hispanic/Latino Nutrition Campaign

"Más que comida, es vida" (It's more than food, it's life) Informs Hispanics/Latinos That They Can Still Enjoy their Favorite Foods While Controlling Their Diabetes

Washington, DC—March 24, 2001. During the National Hispanic Medical Association's (NHMA) fifth annual conference, "Healthy Hispanic Families," on March 23–25, 2001, the National Diabetes Education Program (NDEP), a joint initiative of the Centers for Disease Control and Prevention (CDC) and the National Institutes for Health (NIH), will announce its plan to launch a new media campaign. The campaign targets Hispanics/Latinos with the message that they can help control their diabetes with food.

In the Hispanic/Latino culture, food is an integral part of family gatherings and community celebrations. Food is often a symbol of affection or care for family and friends and a way for mothers to nurture and fathers to provide for their families. However, many people with diabetes believe incorrectly that they need to give up their favorite foods. NDEP has created a public service campaign called "Más que comida, es vida" (It's more than food, it's life) for people with diabetes and their families. The campaign urges Hispanics/Latinos and their families to consider how much and how often they eat and how they prepare their food, but does NOT ask them to forego their favorite foods when making dietary decisions.

"Hispanics/Latinos with diabetes and their families can continue eating the foods they love; we are simply asking them to make some changes in their portion sizes and how they prepare their favorite dishes," explained Dr. Elizabeth Valdéz and Yanira Cruz-González, co-chairs of the Hispanic/Latino work group for NDEP. "For example, cooking with olive oil instead of lard or limiting salt intake by using fresh herbs and spices like cilantro to season foods. These are just two examples of ways that Hispanics can prepare healthier foods without sacrificing taste."

The "Más que comida, es vida" campaign includes a meal planner to help Hispanics/Latinos with diabetes and their families to understand how they can better control their diabetes and still include their favorite food choices. The meal planner includes tips on healthy eating and a recipe guide that offers seven flavorful food recipes, low in added fat, high-fat meats, and salt, that could be enjoyed by the whole family. Radio, television, and print public service announcements target Hispanic/Latino audiences with campaign messages. Viewers and listeners can call a toll-free number to receive the meal planner and recipe guide.

One of the campaign audiences is physicians and other caretakers who work with Hispanics/Latinos with diabetes and their families. Initial campaign research revealed that physicians' advice to Hispanic/Latino patients with diabetes often conflicts with cultural dietary habits. "We are pleased to include NDEP in our Healthy Hispanic Families conference this year," said Dr. Elena Ríos, President of the National Hispanic Medical Association. "We will have hundreds of Hispanic/Latino health professionals in attendance who can take the good news back to patients and colleagues that by controlling portion sizes and cooking with less fat, Hispanics/Latinos with diabetes can continue to eat favorite foods."

— more —

(continued)

FIGURE 2 Continued

Page Two/National Diabetes Education Program

Diabetes is a significant concern in Hispanic/Latino populations. According to CDC statistics, six percent of Hispanic/Latino adults in the United States and Puerto Rico have been diagnosed with diabetes. This rate is a staggering 50 percent higher than that of white Americans. Approximately 2.3 percent of Hispanics aged 18–44 have been diagnosed with diabetes, 12 percent of those aged 45–64, and 21.4 percent of those aged 65 and older.

The National Diabetes Education Program (NDEP) is a federally sponsored initiative involving public and private partners, to improve the treatment and outcomes for people with diabetes, to promote early diagnosis, and ultimately, to prevent the onset of diabetes. This healthy eating campaign for Hispanics/Latinos with diabetes and their families will be released in April 2001.

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In terms of health information disseminated, participants indicated that they have heard a few general health messages targeting Hispanics with information about the prevention and control of diabetes. Some of the messages were linked with diet, exercise, and obesity. Participants also said that because there are so many different Hispanic populations, education materials and programs must be community-specific and culturally appropriate.

Gatekeepers also mentioned that their organizations perform activities or programs related to diabetes prevention and control. Some participants said they would be more motivated to educate their communities if they had more money and resources such as bilingual materials and diabetes education modules.

Gatekeepers also described a cultural value associated with food in the Hispanic community. Hispanics attach importance to eating in certain ways and eating foods they have consumed their entire lives. It is difficult for Hispanics to change their eating habits because doing so may be insulting to other individuals around them.

Gatekeepers also assessed the Meal Planner. Initial reactions to the Meal Planner were positive. Participants liked the cover, the recipes, and the use of Spanish and English languages. They believed the publication was easy to read and easy to use. Some participants indicated that they could plan activities around the Meal Planner, such as a cooking demonstration.

There were also negative reactions to the Meal Planner. Some of the participants did not like the Meal Planner because they thought its glossy material was hard to read for some people. Some participants thought the food selection was not appropriate because it did not include traditional foods. Participants also worried that some of their elderly constituents would not cook foods featured in the Meal Planner. Moreover, because the recipes seemed to be primarily from the Caribbean region, they indicated that food choices were not appropriate for many communities.

Participants thought the Meal Planner would be more useful if it offered suggestions for gradual changes in food preparation. For instance, adding less cheese to enchiladas or cooking tortillas with vegetable oil instead of lard. Some participants also wondered whether

their constituents would be able to afford the ingredients listed in the recipes or would be able to spend their money to try new dishes. One participant mentioned that for the Meal Planner to be effective, it would need to make clear that healthy eating does not have to be expensive. Participants also discussed the specific vocabulary differences of each Hispanic group. One participant suggested creating a fact sheet that gives bulleted information about diabetes risk. Another suggestion was to list a telephone number for people to call to get more recipes specific to their culture.

Consumer Focus Groups

Focus groups provided information on consumers' health concerns, the need for education campaigns, health priorities in the Hispanic community, diabetes beliefs, and what they thought of the Meal Planner. Results showed that most of the consumers' health concerns centered around diabetes, cancer, and cardiovascular problems, including high cholesterol. They said they were concerned about the lack of knowledge about the causes of common illnesses. Participants also said they did not know what causes diabetes. They noted that lack of health care due to cost, and the complexity of the health care system, are also problems for the Hispanic community in the United States. Moreover, the lack of health insurance in this community further restricts access to health care. Due to these factors, they stressed the importance of prevention campaigns.

Participants suggested an education campaign to increase awareness about diabetes. They also offered suggestions for how and what types of messages to carry to their community. These suggestions included using Spanish language television to reach Hispanics, using peak hours to catch different demographic groups, and using radio talk shows and Spanish-language newspapers with health sections to disseminate news releases or educational information. Face-to-face or personal contact was deemed important for reaching the Hispanic community. Participants also stressed the importance of having culturally appropriate materials and messages on diabetes prevention and control. They pointed out that health-related messages must address people's food preferences and traditions, the cost of care, the higher cost of healthier foods such as fruits and vegetables, the lack of education, and the lack of appropriate venues for walking or exercise.

Participants said that the top health priorities in the Hispanic community were cancer, diabetes, and heart conditions. They also mentioned poor nutrition, weight problems, and HIV/AIDS. They also indicated that they ate healthier and got more exercise in their home country than they do in the United States. Participants also noted that poor nutrition, leading to obesity, was one of the most prevalent health problems in the U.S. Hispanic community.

Some participants referred to diabetes as the "silent killer." According to participants, Hispanics are not aware of the symptoms and complications of diabetes. They also do not know that they may be at risk. Some participants thought diabetes was hereditary and incurable. There was also some confusion about different types of diabetes, which led to fatalistic attitudes. Some participants indicated that there are things you cannot change. Therefore, they believe they cannot do anything about diabetes.

Regarding the Meal Planner, participants had positive reactions to it. Some of them indicated that it was easy to use and the information was balanced. They liked the food pyramid

shown because it was information that normal recipe books do not have. They liked the fact that it is bilingual. Also, it was suggested that the Meal Planner could be introduced by using cooking demonstrations to attract an audience. Using the Meal Planner in restaurants as a guide for selecting from the menu was also suggested. Most participants commented on the Meal Planner's presentation. They indicated that at first they thought it was something they had to pay for. It was a little intimidating because Hispanics are used to less expensive-looking products.

Critique

NDEP was trying to tailor diabetes education campaigns to accommodate diverse cultures. Unlike some health education providers, NDEP has taken into consideration cultural aspects of different groups. The *Más que comida, es vida* campaign addressed Hispanics' cultural differences from the mainstream society. It also used strategies and tactics relevant to Hispanic beliefs.

According to Airhihenbuwa (1995), culturally different groups respond in a dissimilar way to health and disease. Public relations practitioners should examine health behaviors in minority groups to find out whether they are rooted in the cultural values and beliefs of the people. In addition, practitioners should also examine groups' values, lifestyle, and, particularly, cultural beliefs when designing campaigns targeting at Hispanics. Bartholomew et al. (1990) assert that chronic disease prevention and control interventions designed for the mainstream population have not been effective in reaching the Hispanic community. Likewise, public relations campaigns would not be effective if the factors mentioned above are not considered. The following section offers some recommendations for future health public relations campaigns targeting Hispanics in the United States.

Research

Before launching the campaign, Hispanics' nutrition habits were identified as a problem. In-depth interviews were conducted in Miami, Florida, and Houston, Texas, to learn whether the target audience would be able to understand the information to be disseminated. It is important that individuals from the communities were asked to participate in the study.

For future health campaigns targeting Hispanics in the United States, it is necessary to investigate within-group differences prior designing the campaign. Hispanic individuals have been generically categorized as one ethnic or cultural group. However, the subgroups within this community have both commonalities and differences. Some commonalities are family values, gender roles, fatalism, religious beliefs, and attention to alternative health care. Language use is also more complex than many assume. Some Hispanics speak only Spanish and some speak both Spanish and English. Many also speak only English. There are also differences such as country of origin, food consumption habits, level of acculturation to the mainstream society, generation, and socio-economic status. During the research process, it is extremely important to identify how these factors may influence a campaign's outcome.

The country of origin for each individual in the target public is one of the most important aspects to consider when targeting Hispanics in the United States. This is because individuals may have different beliefs or behaviors based on the country or territory from which they come. For example, food consumption habits are one of the factors among Hispanic groups that influence diabetes. Although Hispanics' food consumption differs from that of the mainstream society, there are some within-group differences that must be considered. For example, Mexicans and Puerto Ricans have different diets and food preferences.

For Mexicans, food-related activities facilitate interactions between family members and help delineate family roles (Goyan-Kittler & Sucher, 1998). The diet is high in complex carbohydrates (Sanjur, 1995). There is a liberal use of added fat in cooking and food preparation. There is also a preference for high-fat meats such as organ meats, *chorizo* or *longanizas* (sausages), *chicharrón* (fried pork skin), and *patitas de cerdo* (pig's feet). Corn, beans, wheat, *chiles*, *tortillas* (flat corn cakes), *frijoles* (beans), bread, soups, rice, hot sauce, eggs, *burritos*, and chicken are consumed as part of the Mexican diet. For Puerto Ricans, rice and beans are the basic dietary items (Sanjur, 1995). Usually rice is cooked with salt and oil. There are two critical ingredients in the Puerto Rican cooking: a seasoning called *adobo*, and *sofrito*, which is the foundation for many dishes, made of blended onion, garlic, oregano, green or red pepper, cilantro, and *recao* (an herb found in Puerto Rico and Asia) (Novas, 1998). Nutrition campaigns discussing Mexican cooking and eating habits would not be effective in the Puerto Rican community not only because of the differences explained but also because of language nuances. Both cultural groups have different names for food items. For example, for a Mexican, *tortillas* may be used to prepare tacos; for some Puerto Ricans, *tortillas* are omelets.

It is also necessary to recognize that members of ethnic groups may have adopted eating patterns and food choices of the mainstream society (Satia-Abouta et al., 2002). Therefore, in addition to investigating food habit differences, it is important to learn whether individuals from the target audience may have undergone dietary acculturation, which happens when people from minority groups adopt eating patterns and food choices of the host country (Satia-Abouta et al., 2002).

Objective

The *Más que comida, es vida* campaign's objective was to emphasize to diabetic Hispanics the important role nutrition plays in the management and control of the disease. This objective responds to the problem identified by NDEP: diabetic Hispanics' eating habits must be modified in order for them to control diabetes. However, the campaign emphasized that nutrition is not the only way to control diabetes; there are other important factors.

Although *Más que comida, es vida*'s objective addresses the problem identified, it lacks a timeline and a system for measuring success. Therefore, the objective lacks any indication of how the campaign will be evaluated. Since *Más que comida, es vida* is an awareness campaign, it would not be difficult to evaluate the objective. It is imperative to operationalize the objectives so that individuals evaluating the campaign would have criteria to measure the campaign accurately. This is particularly important when an organization different from the one that designed the campaign will evaluate the campaign's success.

For future campaigns targeting Hispanics, the use of attitudinal objectives² and behavior objectives³ is recommended. Further, some indication of a timeline and how meeting the objective will be measured or evaluated must be included. It should be noted that evaluating these types of objectives is relatively complex and, according to the objective, either pre- and post-tests or both might be required. For these objectives it is also necessary to consider Hispanic family values, gender roles, fatalism, religious beliefs, alternative health care seeking, language, country of origin, food consumption habits, level of acculturation to the mainstream society, generation individuals belong to, and political and socioeconomic status.

Strategy

The action strategies implemented seem appropriate to achieve the campaign's objective. These strategies included: keeping in mind literacy levels, using generic Spanish-cross-cultural language, disseminating information in both Spanish and English, and including a call to action to motivate those in the public to seek information on diabetes. These strategies were wisely chosen to reach the audience. In addition, choosing Spanish media outlets was appropriate.

However, there were no strategies addressing family members who, according to the news release published before launching the campaign, were also targeted. Strategies to stimulate familial support for diabetics should have been included.

Furthermore, the campaign designers should investigate whether the use of the slogan *Control Your Diabetes. For Life* is effective in the Hispanic community. Most individuals from this community have a low socio-economic status,⁴ which affects their health and disease conditions because they may not have access to health care services or lack health insurance coverage. Thus, these individuals may not have appropriate means to control their disease. As a result, they might not do what the campaign is asking because they may think that nothing effective can be done. Moreover, due to cultural beliefs, some Hispanic groups may have fatalistic views, which, along with a low socio-economic status, impact how individuals manage diabetes.

Rotter (1966) affirms that fatalism is a generalized expectation that outcomes of situations are determined by forces external to one's self, such as powerful others, luck, fate, or chance. Those external forces may be malicious, benign, or beneficial (Joiner Jr. et al., 2001). Fatalism is a cognitive orientation learned through social interaction. It is a belief in an external locus of control over the events of one's life (Ross, Mirowsky, & Cockerham, 1983). Parker and Kleiner (1966) note that fatalism has also been interpreted as a potentially adaptive response to an uncontrollable life situation often experienced by minorities. For example, the Mexican culture is imbued with fatalism (Ross, Mirowsky & Cockerham, 1983; Neff, Hoppe & Perea, 1993; Joiner Jr. et al., 2001). Social class also influences fatalism because individuals from lower social classes learn through recurrent experiences that they have limited opportunities and that powerful others and unpredictable forces control their lives (Ross, Mirowsky & Cockerham, 1983). No matter how hard these individuals try, they cannot get ahead. Examining fatalism among Hispanic groups is worthwhile to help campaign planners better strategize their health messages.

Tactics

Spanish and English diabetes public service announcements were placed in Spanish television networks, which reach the target audience. The recipe book was published in both Spanish and English. This book provided important information for diabetes management. It used simple vocabulary to explain what diabetes is, how to determine if one is at risk for the disease, and suggestions about what to do to cook and eat healthy food. The language used should be understood across Hispanic groups.

For future campaigns targeting Hispanics in the United States, it is recommended that the English-language television networks and newspapers should be included because there are Hispanics who select those media because they only speak English, or who select English language media because they are trying to learn the language.

Evaluation

Evaluating whether a campaign has achieved its objectives is fundamental. To determine whether a campaign has been successful, practitioners have to assess the campaign's objectives. As mentioned before, an independent opinion research company, which had nothing to do with planning the campaign, conducted the evaluation.

The *Más que comida, es vida* campaign's objective was to emphasize to diabetic Hispanics the important role nutrition plays in the management and control of the disease. Not operationalizing the objective made it impossible to evaluate the campaign's success in meeting a specific objective. However, the opinion research evaluating the Meal Planner did shed light on the strengths of this product and identified areas for improvement (Evaluation report, 2004). Although evaluating the strengths of the Meal Planner was important, some aspects of the campaign were not assessed. For instance, evaluation findings do not show whether the messages disseminated in the public services announcements were accurate, how many individuals the announcements reached, or whether the messages affected behavior.

ENDNOTES

1. Windsor et al. (1994) define health intervention as a planned and systematically implemented combination of standardized health promotion and education content, procedures, and methods designed to produce change in cognitive, affective, skill, behavior, or health status objectives for a defined at risk population, at a specified site, and during a defined period of time.
2. Hendrix (1995) states that attitudinal objectives aim at modifying the way an audience feels about the organization and its products, or services. Attitude modification forms new attitudes where none exist, reinforces existing attitudes, or changes existing attitudes (p. 23).
3. Behavioral objectives involve behavior modification (Hendrix, 1995). Basically, this type of objective consists of the creation or stimulation of a new behavior, the enhancement or intensification of existing favorable behavior, or the reversal of negative behaviors on the part of an audience. It is difficult to measure it because one may need to measure before exposing the audience to the

campaign and after it has been exposed to it. Even if the tests were conducted, one may not find out whether or not there was a behavioral change because individuals may give socially desirable answers.

4. Socio-economic status is a broad concept. Individuals' financial, occupational, and educational influences have been used to measure this concept (Winkleby, Gardner, & Taylor, 1996). Even though these dimensions of socio-economic status are interrelated, it has been proposed that each reflects different individual and societal forces associated with health and disease (Susser, Watson, & Hopper, 1985). For example, occupation measures prestige, responsibility, and work exposure. Education indicates skills necessary for acquiring positive social, psychological, and economic resources. Income shows individuals' spending power, housing, diet, and medical care.

DISCUSSION QUESTIONS

1. The National Diabetes Education Program is made up of 200 partner organizations. Does the size and complexity of the organization make it difficult to identify organizational goals? How can such a large and complex organization be coordinated in a single public relations campaign?
2. The National Diabetes Education Program identifies four public relations objectives.
 - a. Are these really public relations objectives? Why or why not?
 - b. Please identify one public relations objective that would help meet the goals of NDEP.
3. The campaign primarily targeted women.
 - a. Do you agree with this decision? Why or why not?
 - b. What research would you do to determine whether the campaigns should specifically target women?
4. This campaign used Univision and Telemundo to deliver messages to Hispanics over 40.
 - a. Describe the research you would do to determine how many people in the target public are reached by Telemundo and Univision.
 - b. What other media effectively reach the target public?
5. The research conducted by Inteligencia Qualitative Research was used to design the TV public service announcements.
 - a. Was the sample size for that research adequate?
 - b. Can research conducted in Miami and Houston be generalized to all Hispanics in the United States? Present one argument for and one against such generalization.
6. Several support messages are listed under "Communication Strategies" in this campaign.
 - a. For each message, what theory, model, or paradigm explains why it should or should not work?
 - b. What research would you conduct to determine whether each of these messages would help meet any of the four public relations objectives?
7. Many of the campaign messages were delivered in Spanish.
 - a. Are there different Spanish dialects used by members of the target public?
 - b. What research would you conduct to determine what Spanish dialect should be used in each medium selected for this campaign?
8. Evaluation of this campaign had not been completed as of this writing. Describe how you would evaluate the campaign's success.

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