

**National Eye Institute
National Eye Health Education Program
Work Group Meeting on Hispanic Outreach
Holiday Inn, Chevy Chase, Maryland
Wednesday, March 6, 2002
Summary Report**

Welcome and Introductions

The National Eye Health Education Program (NEHEP), which is coordinated by the National Eye Institute (NEI), convened the Work Group Meeting on Hispanic Outreach on March 6, 2002, in Washington, DC. Ms. Karen Silver, Health Education Coordinator for NEHEP, welcomed work group members to the 1-day meeting. (See Appendix A for a list of participants.) She explained that the goal of the meeting was to obtain the work group's recommendations on how to create an innovative and effective program that will increase the Hispanic community's awareness of the importance of eye health. The objectives of the meeting were to review proposed program messages, methods, and materials and to identify new resources and communication channels for increasing awareness about eye health among Hispanics. Ms. Silver noted that work group members' familiarity with the Hispanic population as community liaisons, content experts, and influencers is critical to creating program messages that will resonate with this target audience.

Program Overview

After participants introduced themselves, Ms. Silver and Ms. Rosemary Janiszewski, NEHEP Director, provided context for work group discussion by presenting overviews of key NEI education and research initiatives.

Ojo con su Visión

Ms. Silver provided background information on the *Ojo con su Visión* program, which was launched by NEI in 1995. She reported that the *Ojo con su Visión* program initially targeted Hispanics with diabetes who were at risk for diabetic eye disease. The program's mass media campaign sought to increase awareness among this audience of the importance of having an annual dilated eye exam. The NEI extended the *Ojo con su Visión* program to include materials on low vision and to provide Spanish-language materials for professionals and consumers through the NEI Website.

The *Ojo con su Visión* program plans to enhance its efforts to increase awareness of:

- Importance of early detection and timely treatment for diabetic eye disease and glaucoma
- Vision rehabilitation for people with low vision.
- Importance of eye health

Most recently, the program has begun to promote awareness of the new Medicare benefit that covers eye examinations to detect glaucoma.

National Eye Health Education Program

Ms. Janiszewski provided a brief history of NEHEP, which marks the first time that a Federal agency has been involved in eye health education. When NEHEP was launched in 1991, it adhered to the following operating principles:

- All program messages are based on sound scientific findings.
- The program works with intermediaries to identify community resources and needs and to determine what gaps NEHEP can fill (e.g., materials development).
- The program relies on a partnership of more than 60 national organizations with links at the local level to disseminate consistent NEHEP messages about eye health to their constituents.
- Message and materials development are based on communications principles that are articulated in the health communications planning wheel.

NEHEP currently has three programs.

- The **diabetic eye disease** program uses interpersonal communications with health professionals (e.g., diabetes educators and pharmacists) as well as mass media to disseminate messages.
- The **glaucoma** program uses primarily community-based organizations (CBOs) to reach people at risk in medical and nontraditional settings.
- The **low vision** program focuses on increasing awareness among people age 60 and older, and promoting the use of resources available in the community.

NEI-Sponsored Research

The inclusion of 10 objectives related to vision in *Healthy People 2010* will facilitate the collection of much needed data on eye diseases. A new NEI-sponsored vision supplement in the National Health Interview Survey should yield data in late 2003 or early 2004. NEI is supporting several epidemiological studies that will provide additional data on eye disease. For example, preliminary data from one NEI-funded study indicate that Mexican-Americans in Arizona, particularly older members of this group, are at increased risk for glaucoma. On March 20, 2002, Prevent Blindness America will publish findings from another NEI-supported effort that conducted a meta-analysis of data from 10 major studies. The data on diabetic retinopathy, macular degeneration, glaucoma, vision impairment, and blindness will be segmented by state and by three population groups: Hispanics, African Americans, and whites.

NEI is exploring a new funding mechanism that will provide mini-grants of \$5,000 to \$10,000 each to local communities to develop eye health education programs. NEI hopes to have the grant program in place by the summer of this year and to learn from these grants what strategies work in communities. The Institute also is looking for groups that are interested in larger research projects. NEI is working with its extramural research program to develop more extensive grants on health communication and education. As more treatments for eye diseases become available, NEI will need to find the best way to

transfer these medical advances to communities and to disseminate NEHEP messages about early detection and timely treatment.

Ms. Janiszewski explained that the mini-grant awards will be cooperative agreements and will include technical assistance from the Institute to communities. She also explained that NEI is one of the few institutes at the National Institutes of Health that relies primarily on responding to investigator-initiated research rather than issuing requests for proposals.

Ms. Janiszewski reported that NEI has several mechanisms for supporting smaller research projects and emphasized that NEHEP is a high priority within the Institute. Ms. Janiszewski is available to answer questions or discuss suggestions about NEI research with work group members, and Ms. Silver can be contacted about programmatic issues.

Work Group Discussions

Staff members of IQ Solutions, a contractor supporting the expanded *Ojo con su Visión* program, presented findings from its target audience research, which were extensively documented in the work group's background materials. A strategic plan was presented and discussed with work group members. The strategy, which proposes a two-tiered approach and involves developing branded national awareness messages and materials that can be adapted and disseminated at the local level and working with communities in three test-market sites (Milwaukee, San Antonio, and Orlando) to conduct local activities to raise awareness, was well received. In addition, a profile of the target audience was presented.

Additional feedback was obtained from work group members specific to planning, development, implementation and evaluation of an eye health awareness initiative targeted to Hispanic audiences. Work group members provided further input to help refine target audiences, essential content for messages, intermediaries and communication channels, and measures of success. Additionally, participants provided a range of comments and suggestions on topics specific to access to services.

Planning (Target Audience Segmentation and Testing)

Work group members reviewed current plans to target the following Hispanic primary audiences:

- All Hispanics with diabetes
- Hispanics age 45 and older
- Hispanics age 65 and older with Medicare benefits
- Hispanic women

Participants suggested additional ways to segment the primary target audiences. One approach focused on language capabilities and associated characteristics of acculturation. It included the following segments.

- **Spanish-Dominant Hispanics.** Members of this group communicate primarily in Spanish and tend to be at higher risk because they are more isolated and have less access to resources. Subgroups encompassed in this audience segment include the following:
 - n Older persons who have lived in the United States for many years often are not acculturated and get information from traditional Spanish-language broadcast media.
 - n Younger persons who are new arrivals to the United States often are in the transitional stages of acculturation. Recent arrivals often have low levels of literacy and may concentrate in nontraditional cities such as Raleigh and Durham, North Carolina, and Indianapolis, Indiana.
 - n Farmworkers are an important subgroup of new immigrants. Members of this “ghost” population usually are undocumented aliens who cannot speak English and often cannot speak or read Spanish. They tend to be younger, have no home, and migrate through three venues: Florida to Canada, Texas to North Dakota, and California to Alaska. They are at high risk for diabetes and its complications because they have no access to followup or remedial care. Because people in this audience are often undocumented, they are afraid of services delivered as a public charge. Radio is a more effective communication channel than television for this subgroup.
- **English-Dominant Hispanics.** People in this group may or may not be bilingual and have varying levels of literacy in English. Younger people in this group generally do not watch or listen to traditional Spanish-language broadcast media.

Another suggested segmentation of target audiences was based on risk factor and diagnosis status. It includes the following groups:

- People who are at risk for eye disease
- People who have been diagnosed with eye disease but need to have messages about ongoing care (e.g., continuing to take medicine or wear glasses) reinforced.

Work group members made a distinction between audiences who should *get* the messages and audiences who should *convey* the messages. Participants were informed that the following secondary target audiences have already been identified to help convey messages:

- Family members and caregivers
- Community health providers, including lay health workers (*promotoras*)
- Primary care physicians
- Other community influencers such as business and religious leaders and heads of CBOs.

Work group members then suggested the following additional secondary target audiences:

- Health educators
- Elected officials and policymakers

- Pre-school and elementary school children (they will bring information home more readily than do high-school students)
- Hispanic men.

Work group members raised the issue of children as another group that needs to get regular eye examinations to detect eye diseases and conditions that may contribute to learning difficulties. Ms. Janiszewski noted that NEI recognizes the importance of this audience, which is being addressed by a *Healthy People 2010* work group. NEHEP focuses on diabetic eye disease and glaucoma in adults because this population has the highest prevalence of these diseases. Although children are an important conduit for disseminating NEHEP and other health awareness messages, screening and early identification of eye disease in children is not within the scope of NEHEP. Moreover, care must be taken not to overburden children with messages to translate and take home to their families.

It was suggested that the entire family needs to be targeted, with different strategies (e.g., media channels) that are appropriate for each family member. For example, grandparents who speak only Spanish would want information coming through Univision. Younger family members who try to speak English at all times will not pick up a brochure in Spanish.

Members recommended that test markets need to include representation from Central and South Americans and Dominicans. Possible sites with good representation of these groups include New York City and Washington, DC. [The proposed test-market sites have good representation of all Hispanic groups. Plans currently include testing messages in Washington, DC.]

In addition to the target audience discussion, ideas were provided about the methodology that should be used to develop this initiative:

- Community empowerment needs to be included as a philosophy and process. A cadre of key representatives of the local communities needs to be involved from the early stages of planning to help develop essential messages. This approach helps create a sense of empowerment so that after the campaign has ended, a local commitment to disseminating the messages will remain. [Community empowerment is a guiding principle of the current strategic approach.]
- Public health education efforts should follow the Coca Cola marketing model, including making a greater financial investment in getting the word out, using beautiful images of people and places to sell the recommended action, and telling audiences where to go to get the recommended screening or treatment. [However, the product (i.e., dilated eye exams) needs to be available and affordable for people to try.]

Development (Messages and Products)

Work group members provided input on various aspects of the development of messages and products, including message development strategies; barriers to message

development and acceptance; and ideas for raw messages, motivators, and images that would be effective for Hispanic populations.

Message Development Strategies

Throughout the discussion, work group members provided input on factors that should be considered during the process of message development.

- Messages for Spanish-dominant audiences should be created in Spanish, not created in English and translated to Spanish. The success of *telenovelas* (soap operas) on Spanish television was attributed in part to their being created in Spanish.
- The first component in *Ojo con su Visión* messages should be a general awareness message that calls peoples' attention to the importance of eye health. The second component should be a call to action, specifically, to get regular dilated eye exams. [Across all of its programs, the NEHEP call to action is always to get a dilated eye examination.] A brochure developed by Acuvue Contact Lenses illustrates this approach. Through marketing research, the company found that Hispanic communities knew little about eye care. To address this lack of awareness, Acuvue developed a brochure with the message "*Haga revisar sus ojos cada año.* (Go get your eyes examined every year.)" The brochure also has underlying messages about different eye diseases and risk factors, but the critical, basic message is about getting eyes examined.
- Messages need to be "in culture," not just in the appropriate language. In the future, the Hispanic population as a whole has the potential to become English-dominant, and only a portion of the population would be Spanish-dominant. Although language needs to be a component of the message, it is more important to be culturally relevant.
- It is essential to develop messages that are in universal Spanish. However, messages need to be adaptable to the characteristics of local communities. A wide variety of organizations need to be able to adapt the materials for use at the community level.
- Messages and images must not imply that early detection and timely treatment can restore vision that already has been lost (with the exception of vision loss due to cataracts).
- Music always gets the attention of Hispanic audiences. Start with a few lines of a familiar song, and then give the message.
- Messages need to counter the misconception that vision loss is inevitable with aging. [The message of the NEHEP low vision program is "It is not your destiny."]
- Messages need to be connected to what happens in people's daily life.
- People who deliver the messages must be credible. For example, recent PSAs that provide messages about nutrition have had credibility among older Hispanics because they are delivered by the Archbishop of San Antonio.
- Providers need to be reminded of their importance in conveying messages about eye health. How the provider talks about eye diseases, diabetes and other risk factors, and followup can influence patients' future outcomes related to eye health.
- Practitioners (e.g., eye health professionals—optometrists, ophthalmologists) need to be told that as a result of the new *Ojo con su Visión* campaign, more Hispanics will

become aware of eye health and may seek services. [Representatives of professional associations, such as members of the Hispanic work group and NEHEP partners, are involved in planning efforts and are aware that campaign messages may increase demand.]

- Elected officials, policymakers, and program developers at the national and local need to be educated about the importance of providing access to eye health services.
- If NEHEP develops any eye injury prevention messages in response to Healthy People 2010 objectives, these messages also should mention the importance of getting dilated eye exams.

Barriers

Work group members cited the following challenges that pose barriers to message development and acceptance in Hispanic communities:

- Calls to action within the campaign messages will be competing with other needs in the target audiences. Impoverished families that are struggling to meet needs for food and rent may not be concerned with eye care. One approach to prioritizing eye health may be to connect it with a health issue such as diabetes that has already gained attention in Hispanic communities.
- The myth that different messages are needed to reach each different Hispanic subgroup needs to be overcome. The idea that communication efforts targeting Hispanic communities need six different messages discourages funding and support. Telemundo and Univision have proven that you can reach all Spanish-speaking audiences with one message. The crucial difference in audiences is whether they are Spanish- or English-dominant. However, messages should be tested in diverse communities.
- Another common misconception is that loss of vision is inevitable with aging. A more general fatalistic sentiment in Hispanic communities is that if your parents or grandparents had a health problem (e.g., diabetes, eye disease), then you and your children will develop the same problem.

Raw Messages

Work group members were provided sample materials to illustrate how raw messages are developed into headlines and print ads. Input was requested on messages conceived in both Spanish and English. Participants were asked to focus on core ideas or message concepts, with or without translation. Work group members suggested the following raw messages:

- How important is your vision to you?
- Your eye health is important because (insert motivators).
- You could feel isolated if you don't keep your vision healthy.
- A person who has lost his or her vision could deliver the message that "I didn't take care of my eyesight; now I can't work and take care of my family. Now I know my family needs to get eye exams to prevent blindness."
- You could lose what you value (identify motivator) if you don't take care of your eye health.
- You can keep your healthy vision (to counter fatalism).

- You can prevent diabetes and diabetic eye disease.
- Cherish your life; cherish your eyes.
- Continue to see life.
- In Spanish, it is more appropriate to say “good vision (*buena visión* or *buena vista*)” rather than “healthy vision.”

Motivators

Work group members pointed out the need to be careful when crafting messages that elicit certain emotional responses. They discussed the following motivators:

- Fear can be a powerful motivator. It is one of the most effective means in advertising to evoke a human reaction. Some participants thought that messages that clearly describe potential consequences (e.g., “diabetes is a blinding disease”) provide a necessary reality check. People need to be shaken up, and the message must have a level of urgency to motivate behavior change.
- An alternative viewpoint was that fear is not an effective motivator for changes in health behavior. Fear can have the opposite effect and compel a person not to take any action, particularly if feelings of fatalism are triggered.
- If fear is used as a motivator, it needs to be framed in terms of a solution or call to action. One suggested approach to incorporating potential consequences into messages was to give patients two choices: what will happen if they do not take care of their health, and what will happen if they take the recommended action. People feel empowered when they get the information they need to make a decision.
- Vision usually cannot be restored; therefore, messages need to offer hope.
- Even positive messages can be discouraging for some audiences. Messages such as “Life is beautiful . . . if you can see it” may elicit a depressive response in people who are losing their sight.
- For positive motivators, look at what motivated Hispanics to immigrate to this country. Connect those motivators to maintaining health, including eye health.
- Three consistent major motivators for Hispanics are family, the work ethic (i.e., providing for one’s family through one’s work), and spirituality/religion. Messages should be immersed in all three of these motivators to ensure relevance to daily life.
- Being able to take care of loved ones is a very strong motivator.
- To encourage behavior change, messages should tell people how to incorporate the recommended action into their daily lives. When applicable, “sell” the convenience, accessibility, and affordability of services.
- Hispanic men need to become more involved in health issues. Motivators for this audience include acknowledging their important roles in taking care of their family (e.g., breadwinners, and drivers).

Images

Work group members suggested that the following images might help reinforce messages about the importance of eye health in Hispanic communities:

- Show a grandmother looking at a baby she is holding.
- Show a mother watching her daughter getting married. This image would appeal to younger and older generations.
- Contrast these images with the same photograph that simulates how vision is affected by different eye diseases. The message could be “Which do you prefer?” [This type of simulated image would be included in a general eye health brochure that NEHEP is contemplating developing.]
- Show a family gathered around and gazing at a new baby; one family member is reaching out to touch the baby’s face because that person cannot see. Images of people (not necessarily older adults) who have already lost vision can be paired with messages that say, “Don’t let this happen to you. Have a regular eye exam.”
- Images that connect people (particularly older people) to their town of origin could evoke happy memories and connect messages to positive feelings.
- Don’t connect positive images with negative messages.
- Images of the extended family are important.
- Images should be tailored to specific age groups (e.g., images of dancing and pop music images for adolescents, images of romantic relationships for people in their twenties and thirties, images of babies to symbolize the continuity of life for older generations).
- Preferences for how Hispanics want to be depicted in ads vary by age group. Results from focus group testing in audiences who were in their mid-30s indicated that younger Hispanics like to see *abuelas* (grandmothers) without makeup or looking too glamorous. But older audiences that were tested for another campaign wanted to see images of themselves as looking younger than their actual age; beauty was very important to how this older audience wanted to be portrayed. AARP ads with “younger-looking” older adults (in their 50s) have been successful in the Hispanic market.

Implementation (Materials, Channels, and Intermediaries)

Work group suggestions about components of program implementation addressed the types of materials, communication channels, and intermediaries that might be helpful.

Members recommended having the necessary infrastructure and services in place before launching the campaign. Bilingual hotlines, referral systems, a network of health and human services providers and clinics, and affordable services need to be available in the target cities before campaign messages promote specific actions. It was explained that the proposed test-market sites were chosen according to criteria that include having existing infrastructure to accommodate an increased demand for services. (See Appendix B for the criteria that were used to select the test-market sites.)

Materials

Work group members suggested a variety of materials that might be useful vehicles for *Ojo con su Visión* messages.

- **High-quality public service announcements (PSAs)** are being sought by Spanish-language television stations. These stations, especially Univision, are offering a significant amount of airtime to PSAs, but not enough PSAs meet the stations' quality standards. High-quality PSAs in Spanish have a good chance of being aired on Spanish-language television stations.
- **Nonwritten materials** are essential for Spanish-speaking adults who cannot read or write. PSAs aired during *telenovelas* on Spanish-language television stations (especially Univision) may reach this audience.
- **Simple educational tools** are needed for audiences such as farmworkers who cannot read English or Spanish and cannot be reached by mass media.
- **Print materials** should focus on patient education rather than public awareness. Print materials should target people who are already diagnosed or have gone to some efforts to learn about eye diseases. PSAs should be used for raising awareness. However, it was suggested that people do need to have some type of learning tool that they can take with them.
- **Brochures with many illustrations** can help providers educate patients about eye health. The Acuvue brochure has been helpful with Spanish-speaking patients because it has many pictures that the provider can point out when explaining risk factors and eye diseases to nonliterate patients.
- **Presentation materials**, such as PowerPoint slides, that can be modified will help representatives of organizations take *Ojo con su Visión* messages about eye health to policymakers, consumers, and other constituents.
- **Press materials** such as press releases and drop-in articles should be developed for the media to help kick off the new *Ojo con su Visión* campaign and raise awareness about eye health.
- **A powerful acronym** for a coalition created around vision outreach could help draw attention to and establish recognition of eye health efforts.
- **Drop-in articles for newsletters** can help organizations disseminate *Ojo con su Visión* messages to their constituents.
- **Public announcements to be shown in movie theaters** could be developed in partnership with local businesses. Movie audiences could be reminded that they need their eyesight to enjoy that particular form of entertainment.
- **Giveaway premiums** (e.g., purse-size flashlights) can be printed with messages about eye health such as "*Vea la luz* (See the light)." When printed on items that people use often and associate with sight, these messages could help reinforce the campaign's call to action.

Communication Channels

Work group members considered the communication channels that would be appropriate for the campaign's target audiences. They made the following suggestions based on particular segments of the target audiences:

For bilingual audiences:

- Print media
- Posters
- Television PSAs.

For Spanish-dominant audiences, including audiences that are not literate in their own language:

- Television PSAs
- Radio PSAs (use stations whose listening audience includes the specific subgroups that are being targeted)
- Talking points or live-read scripts for radio (getting a member of the community on local radio stations is an effective way to reach target audiences).

Other effective channels include the following:

- Existing organizations can print drop-in articles in their newsletters.
- Church groups can place drop-in articles in church bulletins. Contacts for placement may include organizations such as the National Council of Churches (interdenominational) and the National Council of Bishops (Catholic). In addition, each Catholic archdiocese has its own public relations person who may be contacted. Drop-in articles and other program materials would also serve to educate religious leaders.
- The National Center for Farmworker Health publishes a newsletter that disseminates health messages to farmworkers. Some 38,000 copies are published bimonthly and distributed through Catholic charities, migrant education programs, and Head Start programs. Dr. Kauffold offered to include *Ojo con su Visión* messages and articles in this publication.
- The National Association of Latino Elected Officials provides a potential channel for reaching policymakers as well as their communities. Each legislator disseminates a newsletter for his or her constituents that is often published in both Spanish and English. A bilingual article that legislators could adapt for their own communities might receive placement in these newsletters and would also serve to educate the elected officials.
- CBOs that have access to Hispanic families and provide bilingual services are important channels for *Ojo con su Visión* messages.
- One educated family member can become a conduit for reaching an entire extended family. The individual family member could convey *Ojo con su Visión* messages about eye health and work with providers to facilitate block appointments that allow all family members to have their vision screened as a group during a single visit
- Hispanic men are the family members least involved in health care issues. Venues for reaching Hispanic males with eye health messages include the workplace, recreational centers, and television programs such as sports and soap operas.
- Communities should identify local media spokespersons who are trained in how to convey eye health information and are easily accessible to the media. Media kits can provide a list of available spokespersons. [Identification of key local spokespersons already has begun in the test-market communities.]
- Audience research indicates that using Hispanic celebrities who have diabetes as national spokespersons is not the most effective approach. Previous nationwide focus testing of materials using celebrities such as Jose Feliciano did not receive as positive a reaction in Hispanic audiences as did unknown spokespersons. Other test results on a campaign targeting drinking and driving indicate that Hispanic audiences prefer

people who look like their neighbors and people who are affected directly or indirectly by the health problem. Studies conducted by the Association of Hispanic Advertising Agencies concur that marketing with celebrities does not carry the same weight in Hispanic communities as it does in other communities. However, well know community leaders tend to be successful and trusted spokespersons at the local level. Juan Romagoza of Clinica del Pueblo is an example of local spokesperson who carries weight in the Washington, DC, area.

- Selecting a celebrity such as Don Francisco from a specific media network to appear in a PSA may discourage other networks from airing the announcement. The celebrity's network is likely to claim ownership of the PSA.
- Creating a character with certain attributes who could appear as a spokesperson in different settings could be a successful model.
- Using soap operas to convey health messages has great potential. However, most soap operas watched in the United States are produced outside of this country, making it is difficult to negotiate inclusion of specific content in these shows.

Intermediaries and NEHEP Partners

Ms. Silver explained that the NEHEP Partnership consists of organizations that are national in scope but that have local affiliates or chapters. Intermediaries are community organizations that are not national in scope but have ties to particular communities that NEHEP would like to reach. NEHEP partners collaborate with local chapters to promote program messages and reach specific audiences. Ms. Phoebe Cox described the community-based activities of the Lions Club International Foundation, a NEHEP partner. Lions Club activities include outreach events focused on diabetes and sight, low-cost eye exams and glasses provided through LensCrafters, and community screening programs that include mobile screening units in some states.

Work group members provided the following suggestions about intermediaries:

- Hispanic CBOs should play an intermediary role in the *Ojo con su Visión* campaign. CBOs are the organizations that are filling the gap left by mainstream organizations that do not have the capacity to provide services for Hispanics at the local level. However, CBOs cannot be asked to participate and be active members of the campaign without receiving (such as those offered by the Lions Club). CBOs are the type of organizations that Hispanics go to for preventive and clinical services.
- There are many different types of CBOs in Hispanic communities. Some are mainstream; some address multiple issues, while others address single issues. They are valuable resources and a trusted source of information in Hispanic communities.
- In New York City, the Puerto Rican Institute is very effective in disseminating messages. This organization focuses on families; therefore, it would probably be willing to disseminate *Ojo con su Visión* messages through its programs.
- In Chicago, *Mujer Latinas en Acción* (Latino Women for Action) is a social services organization that serves women in the areas of health and other human services. Also in Chicago, *El Valor* provides services to disabled Hispanic.
- Participants in programs sponsored by the National Association for Hispanic Elderly offer a potential captive audience for NEHEP efforts. The association's programs

provide a range of services to older adults and are located in many states and Puerto Rico.

- Existing resources that can be tapped to help provide services include the Hispanic Health Alliance and the National Council of La Raza, both of which have affiliates that include community health centers.
- Other stakeholders at the local level that may be interested directly or indirectly in eye health include CBOs, religious leaders, departments of health, diabetes control programs, and other health and human services providers, as well as businesses that sell contact lenses and glasses. These stakeholders can use the eye health campaign to promote what they already do while disseminating consistent messages about the importance of eye health.
- Health fairs are an effective way to deliver services to people in Hispanic communities.
- Major retailers in Hispanic communities may be willing to print eye health messages on their bags. One organization concerned about child abuse prevention worked with Price Chapel stores and state education officials to develop a common message that was printed on Price Chapel bags just before school opened so that bags could be used to cover textbooks. The effort was supported by a hotline and reached millions of people in four states.
- Dr. Andrea Kauffold of the National Center for Farmworker Health reported that she has an established contact at K-Mart, which recently gave the center 20,000 prescription cards that entitle holders to a 40-percent discount off the average wholesale price for all medications at 16,000 participating pharmacies nationwide. Dr. Kauffold offered to work with K-Mart to put *Ojo con su Visión* campaign messages on the store's bags and possibly arrange for a discount card. Dr. Kauffold also has worked with an insurance company that arranged for 25,000 physicians to provide health care services to farmworkers at the same rate that the providers give insurance companies (e.g., \$35 for an office visit, \$15 for a dental exam).
- The connection between diabetes and nutrition is important; therefore, the *Ojo con su Visión* program may wish to explore a partnership with a major food provider in the Hispanic community, such as Goya, to disseminate messages linking good health and good food or good life and good sight.
- Consider teaming with organizations that focus on related diseases such as cardiovascular disease (CVD). CVD efforts usually are well funded, and the link between hypertension and eye disease provides a rationale for advocating for dilated eye exams.
- CBOs have limited resources with which to address eye care or other health issues. The proposed NEI mini-grants could be combined with other resources at the local level to mobilize efforts, disseminate messages, and enhance services in communities.

Evaluation

Work group members discussed ways that the success of the *Ojo con su Visión* public education effort could be measured. Ms. Silver noted that it is challenging to track the direct influence of a public health awareness campaign because it is difficult to isolate the sources of information. With media campaigns, measures of success often include media

results. Focus groups are another assessment tool. Work group members provided the following suggestions related to evaluation.

- To facilitate replication in other cities, the evaluation design needs to clearly delineate how success will be documented.
- The evaluation needs to be focused on the type of intervention (e.g., media, brochure). Pre-assessment and post-assessment needs to be targeted to the different types of target audiences (e.g., family, provider).
- Evaluative measures need to address the extent to which the program's goals and objectives were accomplished. Another facet of evaluation is the extent to which the effort meets the expectation of the intermediaries who received the materials. Intermediaries who receive the *Ojo con su Visión* materials need to know how NEHEP expects them to be used.
- Evaluation needs to include quantitative and qualitative (or impact) measures. Qualitative measures could include the numbers of materials distributed, the number of times PSAs were shown, and the times at which PSAs were shown; impact measures should try to assess how many people saw the materials and what they did with them. Consider providing some resources to target communities to help them develop a specific evaluation design that give meaningful results.
- A comprehensive assessment should target a particular market area and track measures such as:
 - n what audiences got the message
 - n how many people got the message
 - n how many people took the recommended action.
- Have a control community that receives no intervention. Implement a well-defined intervention in a comparable community after conducting a pre-assessment (e.g., telephone survey), and then conduct a post-assessment using a similar kind of instrument. Outcomes would include the use of services (in this case, prevention services). To obtain outcome data, you need a network of community services (e.g., departments of health, clinics) that consistently administer a brief questionnaire when a person calls for an appointment to receive the targeted service. The questionnaire asks why the person decided to get the service at that particular point in time; answers are assessed for any connection to the campaign. There are many contaminating factors; therefore, it is important to focus on a specific geographical area or target community to determine a cause-and-effect relationship.
- Information hotlines can help monitor success by asking callers where they got the information that prompted them to call; responses can be analyzed to determine whether there is an association with the campaign.
- Evaluation instruments must be culturally sensitive. Hispanic communities need different approaches in evaluation as well as in marketing. For example, evaluation instruments for use with patients need to be very simple and ask only a few questions. Focus groups should use interesting anecdotal stories to involve participants.
- Evaluate the efficacy of products in light of how people in the target audience react to and use the materials. For example, did they think the information was relevant and understandable; did the service provider find it easy to use with patients; did it need to be adapted for use in the provider's community? [This type of assessment usually

occurs during the pretesting stages of developing the product, when representatives of the target community, as well as experts in the field, are asked about the acceptability of the product's content and images. Another aspect of this pretesting could be asking providers to evaluate the product in actual use with their patients. Evaluation beyond the pretesting stage could then include working with providers to see how the products are used and accepted by patients in the real world. Analyzing data and refining products at both of these levels will be conducted in the test- market sites.]

- Training spokespersons to ensure consistency of messages is an important factor in evaluation efforts.
- In response to concerns that an adequate evaluation cannot be done in the 6 months before the national media launch, Ms. Silver clarified that the three test cities are test market sites rather than full-fledged pilot test sites. Testing at the local level will focus on the media aspect of the effort and will evaluate effectiveness in getting the materials disseminated rather than impact of the educational intervention.
- Apply the transtheoretical model to communities instead of individuals. Consider whether the community is in the pre-contemplation state (e.g., unaware of the potential complications of diabetes) or is in the contemplation state and ready to be moved to action. Use different strategies to move communities to the different levels. Fear of blindness might be an effective motivator to move communities to the contemplation state (increasing awareness) and then to action (getting a dilated eye exam).
- Establishing a mechanism for obtaining continuous feedback from organizations such as those represented in the work group will help develop working relationships and provide a body of experts to guide future planning. [The NEHEP Partnership of more than 60 organizations provides this mechanism. Ms. Janiszewski invited all work group members to attend the next NEHEP Partnership meeting on April 10-13, 2002, in Albuquerque, New Mexico. Ms. Silver can provide additional details.]
- An e-group should be established to continue the dialogue with work group members.

Appendix A
National Eye Institute
National Eye Health Education Program
Work Group Meeting on Hispanic Outreach
Wednesday, March 6, 2002
Holiday Inn, Chevy Chase, Maryland

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Appendix B

National Eye Health Education Program Selection Criteria for Test-Market Sites

Overview

Three test-market sites were selected for the implementation of outreach activities—San Antonio, Texas; Orlando, Florida; and Milwaukee, Wisconsin.

At each site, we will focus efforts on establishing links and building dissemination networks with existing providers, foundations, nonprofit organizations, Hispanic chambers of commerce, and media organizations to increase the public's awareness about comprehensive eye health care. The National Eye Institute (NEI) will provide technical assistance and tailored materials for distribution in each of the communities.

Selection Criteria: Test-Market Sites and Intermediaries

In selecting each test-market site, demographic profiles and intermediary organizations needed to show significant Hispanic representation in communities, local media, and health care services. Specific criteria included the following:

- Large Hispanic population with representation of all ethnic subgroups (i.e., Chicano, Puerto Rican, Cuban, Dominican, Central American, and South American)
- Existing health care resources and networks to sustain a potential increase in the demand for eye health services
- Existing and active Hispanic chamber of commerce
- Strong media markets (without intense competition for messages) with good play of public service announcements.

Specific criteria for intermediary organizations included the following:

- Established community-based networks
- Wide-ranging access to Hispanics
- Mission to educate and improve the lives of Hispanics
- Existing dissemination mechanisms.