
***Hispanic Health Information Outreach:
Recommendations for NLM Strategy and Tactics***

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Abstract

An Associate Fellowship project was conducted to research and develop outreach tactics to improve the dissemination and adoption of health information among Hispanic American audiences with the support of the National Library of Medicine's Office of Health Information Programs Development and Office of Outreach and Special Populations. The project presents a multidimensional framework of outreach tactics and priorities that are based upon behavior change theory and cultural competency literature. Proposed health information outreach tactics that were developed for consideration by the National Library of Medicine include targeting Hispanic/Hispanic-serving subgroups, such as health/medical practitioners, medical faculty and students, and individuals affiliated with faith and community-based organizations, through existing Hispanic networks with culturally relevant and applicable health information outreach activity. Suggested outreach priorities include targeting individuals contributing to the body of scientific research on Hispanic health disparities, national Hispanic health networks, and geographical areas most affected by Hispanic health disparities. Information on Federal cultural competency guidelines, Hispanic American demographics, and socio-cultural complexities associated with Hispanic health is also presented.

Introduction

In support of the Department of Health and Human Services commitment to the elimination of racial and ethnic health disparities and the National Library of Medicine's (NLM) *Strategic Plan to Reduce Racial and Ethnic Health Disparities 2000-2005*¹, an Associate Fellow project was undertaken, with support from the NLM Office for Health Information Programs Development and the Office of Outreach and Special Populations, to develop a framework for Hispanic health information outreach. The result of the Associate Fellow project is a comprehensive report on Hispanic health information outreach program development that is based upon behavior change theory and cultural competency literature.

The Hispanic population is extremely heterogeneous, both among subpopulations and within them, and is dramatically increasing its presence in the United States. Currently, twelve percent of the population is Hispanic American and is on the verge of numerically surpassing the African American population. With an annual growth rate three times higher than that of the non-Hispanic white population, demographers project that Hispanic representation will comprise one quarter of the total U.S. population by 2050. Accordingly, the first section of this report serves to present a general portrait of demographic, cultural and information-seeking characteristics as background information to guide future health information outreach decisions relative to Hispanic Americans.

The outreach tactics proposed in Section II present a tremendous opportunity for a range of Hispanic health information outreach. This tactical section is organized in such a manner as to begin with communicative and promotional components of an outreach agenda that serve to stimulate product awareness and behavior change among multiple Hispanic target audiences. Inter-agency, organizational, institutional, library, and community-based tactics are presented next in a complementary structure that prioritizes reaching out to those who are in a position to make a significant impact upon the reduction of Hispanic health disparities. Although multiple aspects of a carefully planned Hispanic health information outreach agenda each have the unique potential to contribute to the overall reduction of Hispanic health disparities, priority is given to the producers of scientific research on health disparity issues affecting the various subpopulations. This tactical section concludes with a few in-house activities that can enhance NLM's ability to conduct and monitor systematic Hispanic health information outreach in the future. Selected tactics are designed to encourage behavior change through culturally relevant activity that is based upon theory and the literature relating to culturally competent health

¹ NLM Strategic Plan to Reduce Racial and Ethnic Health Disparities 2000-2005. National Library of Medicine. [Cited June 28, 2001]. Available from: <http://www.nlm.nih.gov/pubs/plan/nlmpplanraciaethnic.pdf>

care services. Tactics possess the ability to build on one another in a systematic approach to Hispanic health information outreach.

Section III outlines a priority setting framework for future Hispanic health information outreach activity that addresses the internal and external facilitation of information access to Hispanic health information. This section correlates outreach tactics with outreach priorities that can greatly contribute to the reduction of Hispanic health disparities.

The methodology employed in the development of this Associate Fellow project, consisted of the following steps, in chronological order:

- Conducted review of the literature on cultural competency, communication and promotion, behavior change, and information-seeking behavior within ethnic communities, particularly Hispanic/Latino
- Assessed Office of Health Information Programs Development (OHIPD), Office of Communication and Public Liaison, Extramural Programs (EP), Specialized Information Services (SIS), and National Network Office (NNO) current Hispanic health information outreach activity
- Drafted initial outline of outreach tactics for review by appropriate OHIPD, EP, SIS, and NNO staff members
- Assessed proposed tactics and information needs through the service of a five day Spring practicum in Southern Texas. Individuals with whom formal meetings were conducted include: Dr. Villarreal, Director South Texas Health Research Center; Dr. Martinez, Associate Dean South Texas Programs and Continuing Medical Education; Mr. Garcia, Medical School Coordinator for South Texas; Dr. Medrano, Director Hispanic Center of Excellence; and Dr. Vela, Dean Regional Academic Health Center, all of the University of Texas Health Science Center at San Antonio; Ms. Dwyer and Ms. Reyna, Circuit Librarians, University of Texas Health Science Center at San Antonio's Briscoe Library; Ms. Wilson, Coordinator of Bibliographic Instruction, University of Texas at San Antonio Library; Dr. Mendoza, Interim Director, and Dr. Ramos, Research Coordinator, both of the University of Texas at San Antonio's Hispanic Research Center
- Refined tactics as a result of observations and conversations
- Applied and evaluated *Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach* in the project report development as it relates to Hispanic health information outreach²

² Burroughs, CM. *Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach Activity*. Bethesda, Maryland: National Library of Medicine; 2000. 75 p.

- Refined project format based on input from OHIPD
- Requested internal project review by OHIPD, Office of Communication and Public Liaison, EP, SIS, NNO
- Requested external project review from Dr. de la Torre, Director Mexican American Studies and Research Center and Co-Principal Investigator of the Hispanic Center of Excellence at the University of Arizona; Ms. Kathy Crosson, Chief Patient Education, Office of Education and Special Initiatives, National Cancer Institute; Dr. Like, Director University of Medicine and Dentistry of New Jersey's Center for Healthy Families and Cultural Diversity; Ms. Cathy Burroughs, author of *Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach* and Assistant Director for Pacific Northwest Regional Medical Library's Outreach Evaluation Resource Center; and Ms. Greysi Reyna, University of Texas Health Science Center at San Antonio's South Texas Circuit Librarian.

At this time, NLM is currently supporting a total of eleven external projects that have a substantial Hispanic health information outreach focus³. Three grants are currently funded through EP in the cities of Albuquerque, Las Cruces, and Taos, New Mexico. Two purchase orders –one in Miami and one in Albuquerque- are being funded through SIS. And, NNO is funding six subcontracts through five Regional Medical Libraries. NNO subcontracts are located in Chicago, La Jolla, Salt Lake City, San Antonio, San Jose, and Washington D.C. *See attached Excel file for more detailed information.*

³ Data supplied by EP, SIS, and NNO

Section I. Overview of Hispanic Demographics & Health Issues

A. Demographics

The data presented in this demographic subsection examines overall characteristics of the Hispanic American population as well as attributes specific to particular subpopulations. Data in this demographic subsection are from the 2000 Census and past Current Population Surveys published by the U.S. Census Bureau.

The Office of Management and Budget (OMB) defines “Hispanic or Latino” as the preferred term for “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race” in its *Standards for the Classification of Federal Data on Race and Ethnicity*⁴. This report uses the terms “Hispanic” and “Latino” interchangeably.

Hispanics of Mexican origin represent the largest subpopulation among Hispanic Americans at 58 percent. Approximately, 75 percent of the Hispanic population is currently concentrated in the Western and Southern regions of the United States at 43 and 33 percents, respectively. Twenty-six is the median age for the Hispanic population. 23 percent of the population lives below the poverty level, while poverty rates in the U.S./Mexico border region are two to three hundred times higher than the national average. A quarter of Hispanics report that they speak English poorly or not at all. In general, educational attainment among Hispanics is low with two out of every five lacking a high school diploma. Demographic projections expect Hispanics to comprise 25 percent of the U.S. population, or more than ninety-six million people, by 2050.

Between 1990 and 2000, the Latino population in the United States has increased by more than 50 percent. Hispanics currently comprise 12.5 percent of the total U.S. population and are projected to represent one quarter of the U.S. population by 2050 (Figure 1)⁵. It is estimated that one in eight Americans was Hispanic in 2000⁶.

Of the 35.3 million Latinos living in the United States, those of Mexican origin represent the largest subpopulation with Puerto Rican and Central Americans trailing behind at ten and four percents respectively (Figure 2)⁷. Among Central Americans, Salvadorans have

⁴ Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Office of Management and Budget. [cited 2001, 11 July]. Available from: <http://www.whitehouse.gov/omb/fedreg/ombdir15.html>

⁵ National Population Projections (1999-2100). U.S. Bureau Census. [updated 2000, 02 November; cited 2001, 12 April]. Available from: <http://www.census.gov/population/www/projections/natsum-T3.html>

⁶ The Hispanic Population in the United States. Current Population Reports (2000 March). U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/population/socdemo/hispanic/p20-535/p20-535.pdf>

⁷The Hispanic Population in the United States. Census 2000 Brief. U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>

the largest presence in the U.S., while among South Americans, Colombians have the largest presence⁸.

Hispanic communities exist in every state, but 50 percent of all Latinos live in just two states: California and Texas. Currently, 75 percent of the total Hispanic American population is concentrated in the Western and Southern regions of the United States at forty-three and thirty-three percents respectively (Figure 3)⁹.

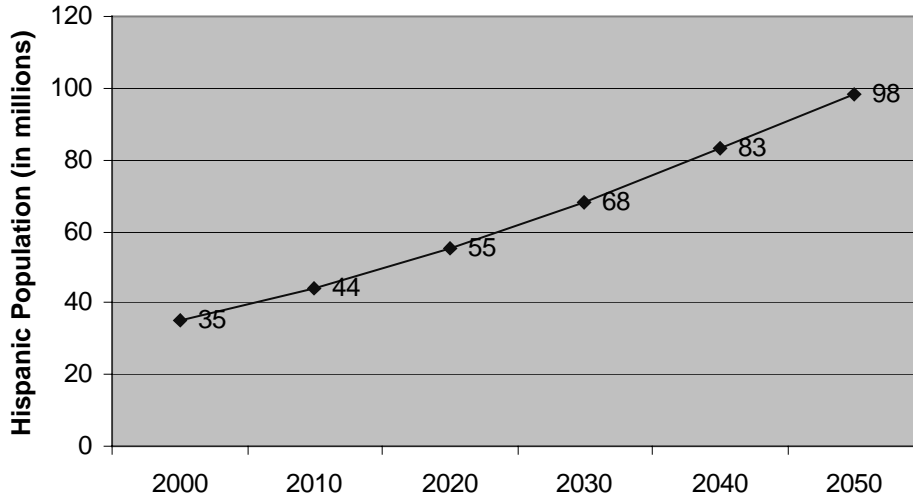


Figure 1. Projection of Hispanic American Population Growth

⁸ The Hispanic Population. Census 2000 Brief. U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>

⁹The Hispanic Population. Census 2000 Brief. U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>

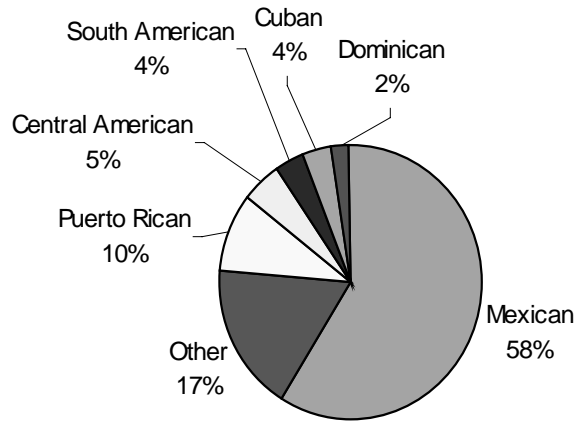


Figure 2. Hispanic Americans by Origin

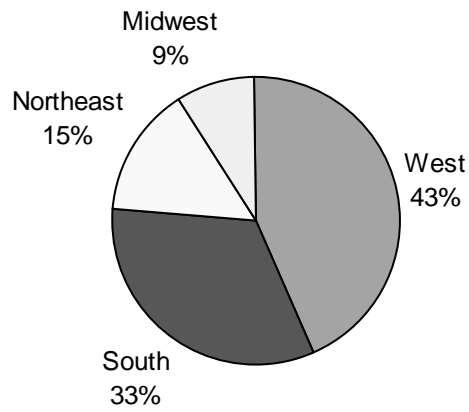


Figure 3. Distribution of Hispanic American Population by Geographic Region

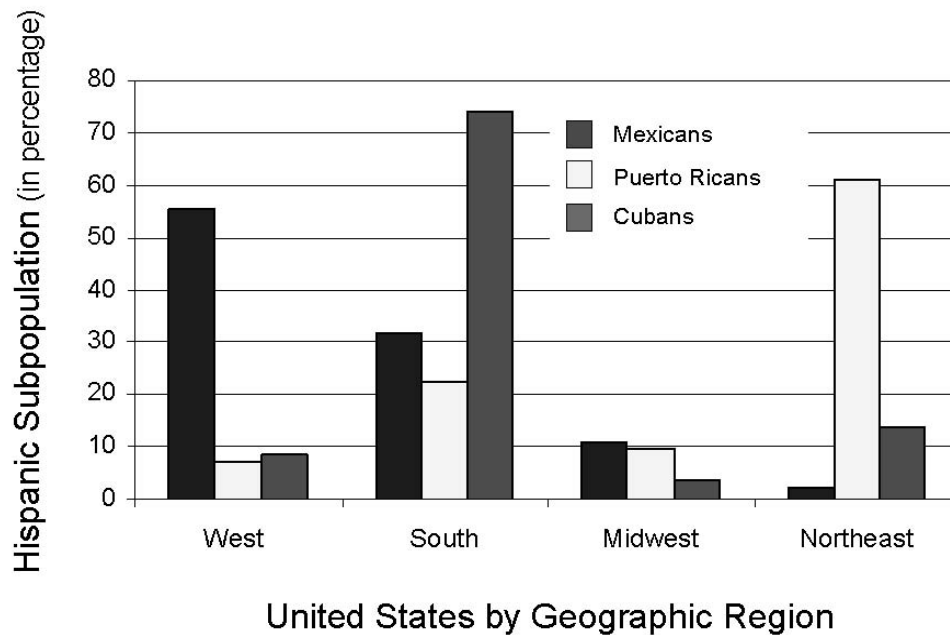


Figure 4. Regional Subpopulation Distribution

2000 U.S. Census data reflect that among Hispanic American subpopulations, regional and state geographic concentrations exist (Figure 4 and Figure 5)¹⁰.

Subpopulation	States With Highest Concentrations
Mexican	California, Texas, Arizona, Illinois
Puerto Rican	New York, Florida, New Jersey, Pennsylvania
Cuban	Florida, New Jersey, California, New York
Other	California, Utah, New York, Florida

Figure 5. Hispanic Subpopulation Concentration by State

¹⁰. The Hispanic Population. Census 2000 Brief. U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>

Additionally, it is documented that over one-third of minority medical school graduates practice in California, Texas, and New York, and that these same three states account for almost 33 percent of all under-represented minority medical school applicants¹¹.

Hispanic subpopulations also possess higher concentration levels in certain U.S. cities (Figure 6)¹².

Subpopulation	Cities With Highest Concentrations
Mexican	Los Angeles, Chicago, Houston, San Antonio, Phoenix
Puerto Rican	New York, Chicago, Philadelphia
Cuban	Hialeah, Miami, New York, Tampa, Los Angeles
Central American	Los Angeles, New York, Houston, Miami, San Francisco
South American	New York, Los Angeles, Chicago, Miami

Figure 6. Hispanic Subpopulation Concentration by City

Hispanic American households are both younger and larger than average. Slightly more than one-third of the population is under the age of 18, and, in 1994, the median age was 26. Figure 7 reflects subpopulation percentages under the age of 18 from 2000 Current Population Survey data¹³.

¹¹ Minorities in Medical Education: Facts & Figures 1996. Association of American Medical Colleges. [cited 2001, May 05]. Available from: <http://www.aamc.org/about/progemph/diverse/factsfig.htm>

¹² Census 2000 Brief: The Hispanic Population. U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>

¹³ Census 2000 Brief: The Hispanic Population in the United States. U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf>

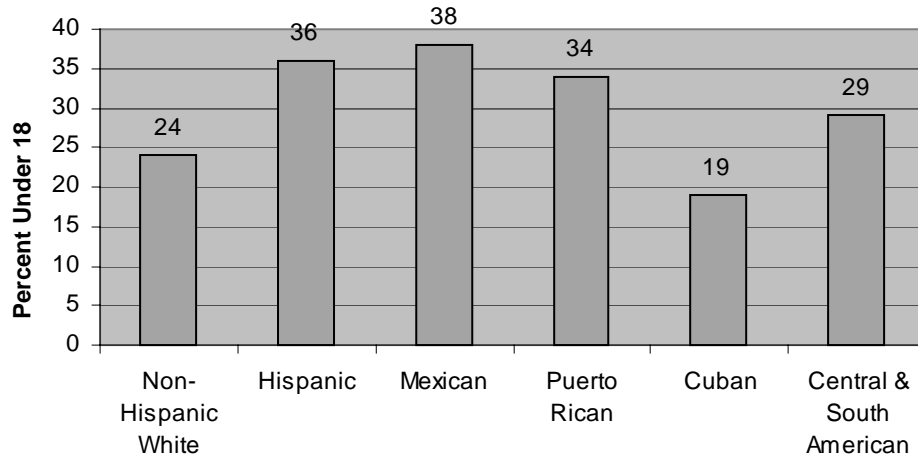


Figure 7. Percent of Hispanic Population Under Age 18

Thirty-nine percent, or 12.8 million people, of the U.S. Hispanic population is foreign born. One in four foreign-born Hispanics are naturalized citizens. Nearly 70 percent of foreign-born Hispanics arrived in the U.S. after 1980. Of foreign-born Hispanics who have entered the U.S. between 1990-2000, seven percent were U.S. citizens at the time of the 2000 Current Population Survey (Figure 8)¹⁴.

¹⁴ The Hispanic Population in the United States. Current Population Reports (2000 March). U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/population/www/socdemo/hispanic/ho00.html>

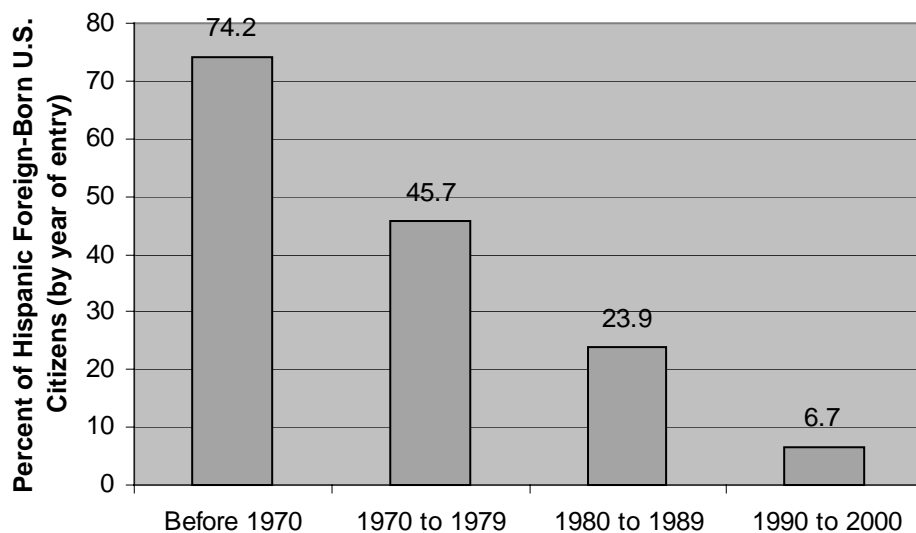


Figure 8. Hispanic Foreign-Born Naturalized Citizens by Year of Entry

Data from the 1990 Census reveals that 78 percent of Hispanic census respondents reported speaking a language other than English in their homes. One-quarter of the Hispanic American population did not speak English well or at all in 1990 (Figure 9)¹⁵.

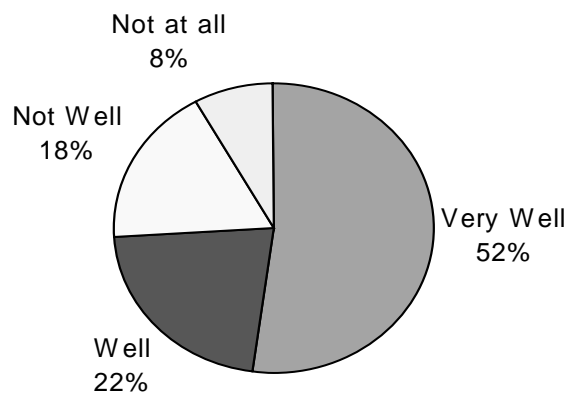


Figure 9. Self-Assessment of Spoken English Proficiency

¹⁵ Detailed Language Spoken at Home and Ability to Speak English for Persons 5 Years and Over. 1990 Census. U.S. Bureau of the Census. [cited: 2001, February 20]. Available from: <http://www.census.gov/population/socdemo/language/table5.txt>

Overall, educational attainment is lower for Hispanics than non-Hispanic whites. Roughly, 11 percent of the Hispanic American population possesses at least a bachelor's degree compared to 28 percent of non-Hispanic whites. Figure 8 reflects that within subpopulations, Cubans have the highest percentage of high-school completion rates, while Mexicans have the lowest (Figure 10)¹⁶

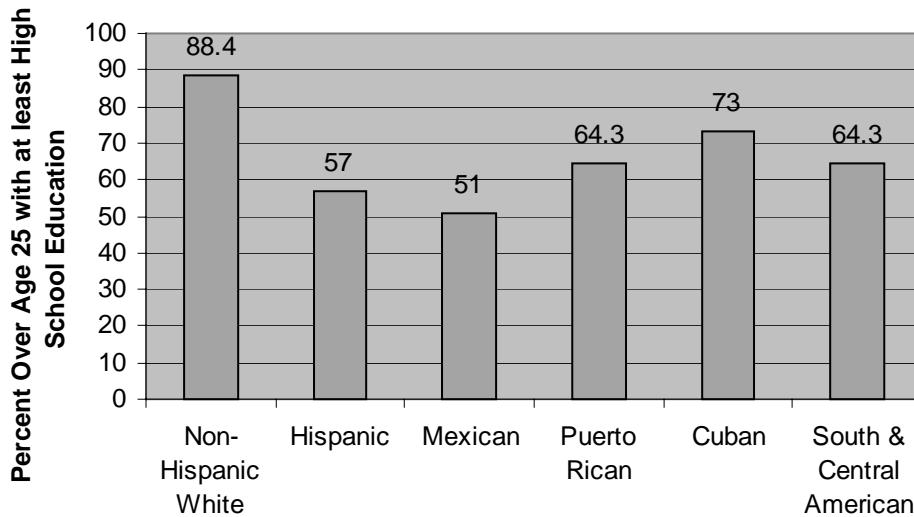


Figure 10. Population Possessing at Least a High School Education

In 1999, Hispanics comprised 12 percent of the population, yet they represented 23 percent of the population living in poverty (Figure 11)¹⁷. Poverty rates along the U.S./Mexico border region are 200-300 percent higher than national average. 2000 Current Population Survey data reflects, overall, Hispanics have lower annual earnings than non-Hispanic whites.

¹⁶The Hispanic Population in the United States. Current Population Reports (2000 March). U.S. Bureau of the Census. [cited 2001, April 12]. Available from: <http://www.census.gov/population/www/socdemo/hispanic/ho00.html>

¹⁷ The Hispanic Population in the United States: Current Population Reports (2000 March). U.S. Bureau of the Census. [cited 2001, April 12]. Available from: [.http://www.census.gov/population/socdemo/hispanic/p20-535/p20-535.pdf](http://www.census.gov/population/socdemo/hispanic/p20-535/p20-535.pdf)

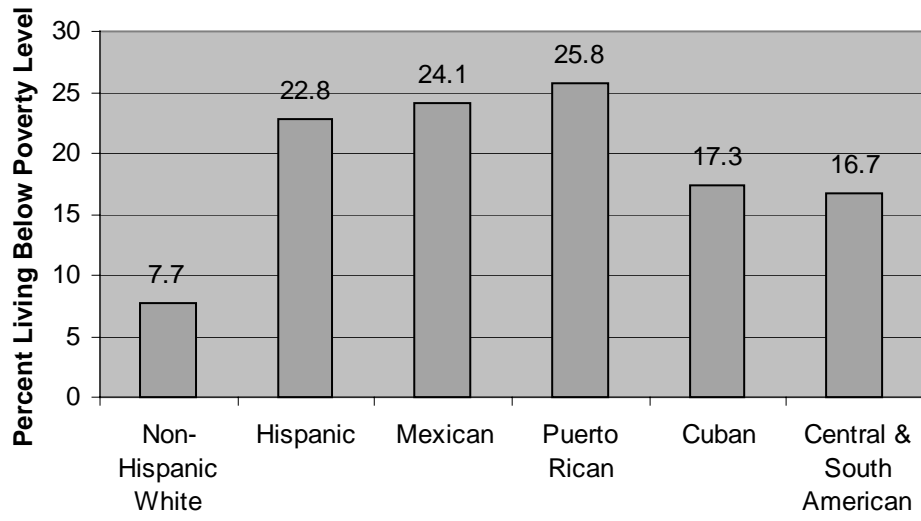


Figure 11. Percent Living Below the Poverty Level

B. Values, Health Beliefs, Practices, & Barriers

Culture plays an important role in how people perceive and react to different situations. In Hispanic culture, as a whole, a great deal of emphasis is placed on religion, the family, the community, and traditional beliefs that include cultural norms, gender roles, and holistic ideologies pertaining to health. For many Hispanic Americans, cultural factors are major influences that affect both health and health information-seeking behaviors. A fundamental understanding of specific, target audience health information needs is essential when planning and implementing socioculturally congruent health information outreach activity. Subpopulations are impacted differently by disease and individual communities may identify different health issues and information needs as important.

Values

There is a tremendous amount of cultural diversity among and within the numerous Latino subpopulations, and, while below cultural similarities are emphasized, the inter and intra cultural diversity that exists among subpopulations should not be discounted.

Four common Hispanic cultural values can be used to summarize principals that should guide Hispanic health information outreach activity:

- *personalismo* – personal/genuine relationships
- *respeto* - respect
- *confianza* – trust/confidence
- *familiaismo* – familial/group emphasis

Unlike the predominant business model in the U.S., which is often impersonal and anonymous, *personalismo* is a value that describes the importance of personal contacts and relationships over organizational or institutional relationships. Personal contacts and relationships demonstrate a genuine interest and emphasize warmth and caring. Additionally, personal relationships are built upon trust (*confianza*), which is a critical value that ultimately determines the quality of long-term relationships. Respect (*respeto*) goes hand in hand with *confianza*. Trust is built on mutual respect. Without respect and trust, a genuine relationship does not exist. *Respeto* is a reciprocal value. In other words, respect must be given to be received.

The value of *familiaismo* describes the crux of Hispanic society: there is an intense group interdependence among family members that includes extended family boundaries. The notion of *familiaismo* extends to social behavior with an emphasis on affiliation, cooperation, and group activities over confrontation and competition. This cultural value tends to contrast with the individualistic, career-oriented "nuclear" family model dominant in the U.S. Hispanic families tend to be larger, on average, and depend on an extended family model for help in child rearing and care giving.

Over 70 percent of Hispanics are Roman Catholic¹⁸. General religious values include a fundamental belief that life is predetermined by God's will and a responsibility to the community.

Health Beliefs and Practices

Overall, Hispanic culture emphasizes wellness rather than illness. That is, people are concerned about maintaining a healthy, balanced lifestyle both physically and spiritually, or from a holistic understanding of health and illness. While interest in wellness and prevention is on the rise in general, in U.S. popular culture, health information in the media continues to focus on disease and treatments. This significant difference in perspective illustrates the need to understand health beliefs and health information needs among other cultures.

Of course when people do become ill, they seek treatment. However, sources of medical help and treatment options are often determined and based upon a cost-ordered decision making model. The implications of cost-ordered decision making often results in the utilization of a licensed physician as a last resort, crisis management, and a reliance on home treatments and community healers.

Barriers

Many barriers exist for Hispanics to obtain high quality health care, including a lack of health insurance for 33 percent of the population¹⁹. Cultural values and beliefs contribute indirectly to health care barriers. Other barriers to care include socioeconomic status, geographic factors, language and communication challenges, institutional factors, and residency status. Barriers to care are more pronounced among undocumented and migrant workers in the U.S.

Financial burden clearly accounts for a large part of the health disparities found among Hispanic American subpopulations. A lack of insurance and income results in the use of emergency rooms for urgent and non-urgent health care needs.

A cultural response to these barriers includes a heavy reliance on self-treatment and traditional healers. Not only are traditional healers and lay practitioners accessible and affordable, they are trusted members of the community that possess the ability to provide an explanation of illness and prescribe treatment in a cultural context.

¹⁸ Hispanic Ministry at the Turn of the New Millennium: A Report of the Bishops' Committee on Hispanic Affairs. 1999. [cited 2001, April 12]. Available from: <http://www.nccbuscc.org/hispanicaffairs/study.htm>

¹⁹Health Insurance Coverage: 1999. United States Bureau of the Census. [revised 2000, September 28; cited 2001, May 21]. Available from: <http://www.census.gov/hhes/hlthins/hlthin99/hlt99asc.html>

C. Health Disparities and Issues

Many groups in the U.S. continue to experience disproportionate rates of disease and illness, and barriers to health care. The Hispanic American population has significant health needs. This section describes some of the more prevalent conditions and diseases affecting the population as a whole, and Federal initiatives and guidelines that serve to contribute to the elimination of health disparities.

Federal Initiatives and Guidelines

In support of the 1998 Presidential Initiative on Race, the Department of Health and Human Services (DHHS) has committed itself to strategic efforts that reduce and ultimately eliminate racial and ethnic health disparities in six areas of health status disproportionately experienced by minority populations (see below). The DHHS' Initiative to Eliminate Racial and Ethnic Disparities promotes health disparity research, training activities, baseline data collection, the design and evaluation of socio-culturally tailored interventions, and comprehensive outreach to minority communities.

DHHS Health Disparity Concentration Areas

- Infant Mortality
- Cancer Screening and Management
- Cardiovascular Disease
- Diabetes
- HIV Infections/AIDS
- Immunizations

The DHHS Office for Civil Rights has since issued *Policy Guidance on the Prohibition Against National Origin Discrimination As it Affects Persons with Limited English Proficiency*²⁰. This policy guidance reiterates principles of Title VI from the Civil Rights Act to ensure equitable access to Federally funded health care programs and services for persons with Limited English Proficiency.

The DHHS Office of Minority Health has issued *National Standards for Culturally and Linguistically Appropriate Services in Health Care*²¹. The fourteen standards are organized by three themes: culturally competent care, language access services, and

²⁰DHHS Policy Guidance on the Prohibition Against National Origin Discrimination As it Affects Persons with Limited English proficiency. Federal Register. Vol 65, No. 169; 2000 August 30. [cited 2001, June 17]. Available from:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2000_register&docid=00-22140-filed.pdf

²¹DHHS Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care. Federal Register. Vol. 65, No. 247. 2000 December 20. [cited 2001, June 17]. Available from: <http://www.omhrc.gov/clas/frclas2.htm>

organizational supports for cultural competence, and are intended to serve as guidelines in the development of culturally competent organizations, services, and employees.

In addition to the national cultural and linguistic standards, the Health Resources and Services Administration, in collaboration with the National Alliance for Hispanic Health, produced *Quality Health Services for Hispanics: The Cultural Competency Component* to assist service providers in designing culturally competent services²². This resource outlines the traits and experiences of Hispanic American subpopulations, as well as tactics to deliver quality, culturally competent preventative and primary health care services to Hispanics, and should be read by any individual unfamiliar with the Hispanic population and seeking to work cross-culturally with various groups.

There are also Federal *Guidelines To Help Assess Cultural Competence in Program Design, Application, and Management* issued by the Bureau of Primary Care²³. These guidelines can be used to assess levels of cultural competence in programs and organizations that seek to serve diverse population groups.

Healthy People 2010 focus areas and objectives also reiterate the importance and need for culturally appropriate services, specifically in the areas of Educational and Community-Based Programs, and Health Communication (Focus Area 7 & 11), and are designed to guide local efforts in health promotion and prevention efforts. Healthy People 2010, along with the *Healthy People 2010 Toolkit: A Field Guide to Health Planning*, are two important Web-based resources that should be utilized to develop Hispanic health information outreach activities that contribute to the national health promotion and disease prevention agenda^{24 25}.

With regard to its Health Communication Focus Area 11, Healthy People 2010 calls for multilevel collaboration to build a “robust health information system that provides equitable access”, and the development of “high-quality, audience appropriate information and support services”.

Objective 7-11, Culturally Appropriate Community Health Promotion Programs, states, “Special efforts are needed to develop and disseminate culturally and linguistically appropriate health information to overcome cultural differences and meet the special language needs of diverse population groups.”

²²Quality Health Services for Hispanics: The Cultural Competency Component. HRSA Bureau of Primary Care. 2001.

²³ Bureau of Primary Health Care: Guidelines To Help Assess Cultural Competence in Program Design, Application, and Management [cited 2001, July 19]. Available from: <http://bphc.hrsa.gov/cc/guidelines.htm>

²⁴ Healthy People 2010. Office of Disease Prevention and Promotion Department of Health and Human Services. [cited 2001, July 7]. Available from: <http://odphp.osophs.dhhs.gov/pubs/hp2000/2010.htm>

²⁵Healthy People 2010 Toolkit: A Field Guide to Health Planning. Office of Disease Prevention and Promotion Department of Health and Human Services. [cited 2001, July 7]. Available from:<http://www.health.gov/healthypeople/state/toolkit/default.htm>

Health Issues

1999 Current Population Data reveals that 35 percent of the Hispanic population was uninsured versus 12 percent of non-Hispanic whites²⁶. Disparities in health coverage are both geographic and subpopulation-specific. Low-income Hispanics in the South are almost three times more likely than those in the Northeast to be lacking health coverage²⁷. The uninsured are less likely to have a regular source of care, visited a physician in the past year, have received a routine physical exam, and rate their health status as excellent or very good²⁸. Hispanics without a primary care physician are least likely to visit a doctor during illness and are more likely to use non-prescribed home treatments, particularly over-the-counter and homemade medicines²⁹.

The top ten leading causes of death among Hispanics of all ages and both sexes in 1998 according to the National Vital Statistics Report were³⁰:

1. Diseases of the Heart
2. Malignant Neoplasms
3. Accidents/Injuries
4. Cerebrovascular Diseases
5. Diabetes Mellitus
6. Pneumonia and Influenza
7. Homicide and Legal Intervention
8. Chronic Liver Disease and Cirrhosis
9. Chronic Obstructive Pulmonary Diseases
10. Certain Conditions Originating in the Perinatal Period

Diabetes is common among the Hispanic population who currently account for six percent of diabetic population versus three percent of the non-Hispanic white population³¹. The Centers for Disease Control (CDC) estimate that an additional six percent of the Hispanic population is living with diabetes, but has not yet been diagnosed.

Communicable diseases greatly contribute to illness among Hispanic Americans. In 1999, CDC reported that Hispanics accounted for 19 percent of reported U.S. AIDS cases,

²⁶ Health Insurance Coverage: 1998. U.S. Bureau of the Census. [updated 2000 December 13; cited 2001 March 04]. Available from: <http://www.census.gov/hhes/hlthins/hlthin98/hi98t2.html>

²⁷ Lillie-Blanton, M. In the Nation's Interest: Equity in Access to Health Care. Joint Center for Political Studies. 1997

²⁸ Trevino, FM et al. Health insurance coverage and utilization of health services by Mexican Americans, mainland Puerto Ricans, and Cuban Americans JAMA. 1991. 265(2):233-7

²⁹ Molina CW. Latino Health in the U.S.: A Growing Challenge. Washington DC: American Public Health Association. 1994.

³⁰ National Vital Statistics Report. Vol. 48, No. 11; July 24, 2000. [cited 2001, June 07]. Available from: http://www.cdc.gov/nchs/fastats/pdf/nvs48_11t9.pdf

³¹ CDC Reports Hispanics are Diagnosed with Diabetes at Twice the Rate of Whites. Centers for Disease Control Press Release; 1999, January 15. [cited 2001, February 23]. Available from: <http://www.cdc.gov/od/oc/media/pressrel/r990115.htm>

while representing 13 percent of the total U.S. population³². The AIDS incidence rate is three times higher among Hispanics than non-Hispanic whites.

Hispanics are also more likely to live in polluted areas and in substandard living conditions according to the National Alliance for Hispanic Health. Occupational and environmental hazards and toxins contribute to injury, illness, and disease. Hispanics are more likely to be infected with tuberculosis and hepatitis than non-Hispanic whites. Hispanics are overrepresented in hazardous occupations and underrepresented in less hazardous occupations.

Along the U.S./Mexico border, Hispanic health disparities are more pronounced. For example, tuberculosis and hepatitis infection rates are twice as high when compared to the national average, while measles rates are nearly three times as high. Additionally, in the border region, there is a shortage of health professionals and services available. An industrialization of the border area by the maquiladora industry attracts migrants and significantly contributes to environmental pollution.

³² Fact Sheet: HIV/AIDS Among Hispanics in the United States. Centers for Disease Control. [updated 2001 January 31; cited 2001 March 21]. Available from: <http://www.cdc.gov/hiv/pubs/facts/hispanic.htm>

D. Information-Seeking Characteristics

As described previously, *confianza* (trust) is one of the cornerstones of relationships in Hispanic communities. Many Hispanics value information received from trusted sources, and, often, the provider of information is just as important as the message itself. Families, particularly grandmothers and mothers, are primary sources of health information, as are *promotores* or community lay-health educators. Formal and informal information networks include family, community, church, online communities, and professional affiliations. As in many communities, opinion leaders and other gatekeepers are seen as trusted sources of information. Information-seeking variables can include: race/ethnicity, gender, education level, income level, acculturation level, literacy level, language preference, availability of community resources, knowledge of community resources, and resident status.

Networks

Both formal and informal information networks exist within communities that may influence information-seeking behaviors. When reaching out to various Hispanic audiences, it is important to harness and work through existing networks since they are often perceived as trusted and respected sources of information. Various networks include, but are not limited to:

- family
- neighborhood organizations, merchants & friends
- peer educators/*promotores*
- online communities
- educational circles
- church members
- professional associations
- gatekeepers
- opinion leaders

Computers and the Internet

- 13 percent of the Hispanic population has Internet connectivity in the home versus 30 percent of non-Hispanic white households³³.
- Four percent of all Online adults are said to be Hispanic versus 75 percent of the non-Hispanic white adult population³⁴.
- Currently, the “typical” Hispanic Internet user is twenty-eight years old and slightly more likely to be male³⁵.

³³ Falling Through the Net: Defining the Digital Divide, Chart I-1. U.S. Department of Commerce 1999.

³⁴ Cybercitizen Health Survey Data Summary, Q1 2000, Cyber Dialogue, Inc., New York, NY.

³⁵ Choi, C. Latinos Spending More Time On Spanish-Language Sites. [updated 2001, June 18; cited

- 30 percent of Hispanic households own a home computer, while 34 percent of households have never used a computer³⁶.
- 75 percent of those Hispanics Online prefer to access the Internet in English. 75 percent of those Hispanics not Online would prefer to access the Internet in Spanish³⁷.
- 38 percent of those aware of public library services prefer to access the Internet from a local public library³⁸.

Broadcast Media

Preferences for Spanish-language content in both radio and television programming also exist. In fact, 78 percent of Hispanic households reported speaking Spanish in their homes on the 1990 Census³⁹. Roughly 60 percent of both television viewing and radio listening hours among Latinos are consumed by Spanish-language content⁴⁰. Many Hispanics appreciate and are loyal to corporations and products that recognize them by advertising directly and sensitively to them. Commercials in Spanish have been shown to be 61 percent more effective in attracting the attention of Hispanic consumers, including bilingual consumers⁴¹. (No data was gathered on book, journal, and newspaper usage.)

Consumer Health Information Issues and Barriers

Consumption of consumer health information divides dramatically along lines of education and level of income. Individuals with lower socioeconomic statuses are three times more likely not to seek health information when they have a health concern and are twice as likely to experience barriers in obtaining information when it is sought⁴².

In a recent assessment of Internet content, a sample of low-income and underserved adults (40% Hispanic) identified health information for particular racial and ethnic groups as an important area of cultural information needed on the Internet⁴³. Figure 13

2001, June 18]. Available from: <http://www.diversityinc.com>

³⁶ Wilhelm, A. Hispanic Computer Ownership and Internet Use. Tomas Rivera Policy Institute 1998.

³⁷ Wilhelm, A. Hispanic Computer Ownership and Internet Use. Tomas Rivera Policy Institute 1998.

³⁸ Wilhelm, A. Hispanic Computer Ownership and Internet Use. Tomas Rivera Policy Institute 1998.

³⁹We the American Hispanics:1993. U.S. Bureau of the Census. [cited 2001, February 19]. Available from: <http://landview.census.gov/apsd/wepeople/we-2r.pdf>

⁴⁰ Choi, C. Latinos Spending More Time On Spanish-Language Sites. [updated 2001, June 18; cited 2001, June 18]. Available from: <http://www.diversityinc.com>

⁴¹ Choi, C. Latinos Spending More Time On Spanish-Language Sites. [updated 2001 June 18; cited 2001 June 18]. Available from: <http://www.diversityinc.com>

⁴² Deering, MJ. Consumer health Information Demand and Delivery: Implications for Libraries. BMLA. 1996. 84(2), 209-216

⁴³ Children's Partnership The. Online Content for Low-Income and Underserved Americans: A Strategic Audit of Activities and Opportunities. [cited 2000, April 03]. Available from: http://www.childrenspartnership.org/pub/low_income/index.html

highlights areas of content importance as well as barriers to Internet content identified in this strategic World Wide Web content evaluation.

Areas of Internet Content Importance:	Barriers to Internet Content:
Local/community information	Lack of local/community information
Low literacy level information	Literacy barriers
Content for non-English speakers/readers	Language barriers
Cultural information (includes health)	Lack of cultural diversity

Figure 13. Internet Content Importance and Barriers for Low-Income & Underserved Users

Section II. Hispanic Health Information Outreach Tactics

A multilevel set of Hispanic health information outreach tactics are presented in this section that target practitioners, educators, students, librarians, and individuals affiliated with faith and community-based organizations, including consumers. These tactics are based upon behavior change theories and models, as well as the idea that successful health sciences library outreach includes promotional, educational, and logistical components referenced in the *Guide to Planning and Evaluating Health Information Outreach*.

General outreach objectives addressed by the tactics include:

- Increasing awareness and use of NLM resources among Hispanic practitioners, health/medical educators and students, librarians, community-based organizations, and consumers
- Providing culturally relevant and applicable outreach activities
- Training Hispanic groups to use technology required for effective access to information resources
- Training Hispanic groups to evaluate health information resources
- Developing regional cadres of bilingual/bicultural trainers and intermediaries
- Assisting communities to obtain hardware/software and the Internet for health information
- Increasing and improving National Network of Libraries of Medicine services among Hispanic groups

A. Communication and Promotion

Tactic A1: Develop a specialized introductory course and training curriculum to introduce a wide range of Hispanic audiences to NLM’s resources, services, and funding opportunities. Such a course should be applicable to Hispanic American health issues and inquiries, and include culturally relevant search examples.

Outreach activities:

1. Encouragement of culturally relevant Hispanic outreach activity through the National Network of Libraries of Medicine
2. Training of Regional Medical Libraries (RML) in course curriculum/instruction, and Hispanic health issues
3. Establishment of Continuing Medical Education (CME) credit for course, preferably through the National Hispanic Medical Association and/or the Interamerican College of Physicians and Surgeons, as well as the Medical Library Association
4. Launching course availability in collaboration with Hispanic medical associations
5. Multilevel needs assessments and evaluations (practitioners, consumers etc.)
6. Development/offering of subsequent CME and non-CME training courses that focus on in-depth utilization of a single information product.

Tactic A2: Develop a culturally competent “one-stop-shopping” health information portal for government published Hispanic health information.

Outreach activities:

1. Organization of existing ethnic-specific, electronic government health resources into one bilingual Hispanic health information portal
2. Development of information product around Hispanic health issues, information needs, and DHHS health disparity initiative and cultural and linguistic service standards

Tactic A3: Develop bilingual product and service descriptions, promotional materials, and training manuals.

Outreach activities:

1. Development of bilingual product and service descriptions, and promotional materials
2. Post bilingual content on NLM Web site
3. Development of bilingual training manuals, including a “train the trainer” manual designed for lay health educators and community-based organizations
4. Post bilingual training manuals on the National Network of Libraries of

- Medicine's National Training Center and Clearinghouse's Web site
5. Promotion of bilingual training manuals
 6. Distribution of bilingual items to Regional Medical Libraries and in conjunction with Hispanic outreach activities.

Tactic A4: Promote NLM's products and services through Hispanic communication channels and networks.

Outreach activities to be considered include:

1. Creation of bilingual version of future press releases
2. Dissemination of bilingual press releases to national Hispanic health networks.
Regional Medical Libraries should fax press releases to state Hispanic affairs commissions and offices of minority health, media sources, and relevant community-based organizations
3. Participation in community/cultural events to promote, exhibit, and reinforce NLM's products and services availability, and add personalization to NLM's image
4. Use of Spanish language radio stations to broadcast NLM's Spanish public service announcement (PSA)
(What is this PSA's message? Who is intended target audience?)
5. Development of Spanish language television commercial in conjunction with a Hispanic advertising agency
6. Use of Spanish television networks, Univision and/or Telemundo to air commercials

Tactic A5: Accelerate Spanish language augmentations to NLM's print and electronic resources.

Outreach activities:

1. Promotion of Spanish language journals included in MEDLINE among Hispanic health practitioners and educators
2. Promotion of bilingual enhancements to electronic HIV/AIDS information resources among Hispanic practitioners and health educators
3. Development of Spanish interfaces for Web site and information products

B. Inter-Agency Outreach

Tactic B1: Facilitate direct collaborations with federal agencies and Hispanic service providers to provide educational training, form permanent alliances in Hispanic health information outreach, and ultimately increase health information access within existing programs.

Targeted agencies include:

National Center on Minority Health and Health Disparities
Health Resources and Services Administration's Bureau of Primary Health Care
Office of Minority Health

Outreach activities to be considered include:

1. Identification and establishment of educational/training opportunities
2. Provision of hardware/software
3. Facilitation of Regional Medical Library support services
4. Multilevel needs assessments and evaluations
5. Development of bicultural/bilingual trainers
6. Continuing Medical Education course offerings
7. Presenting and/or exhibiting at regional and/or local meetings

Specific organizational components or programs that may be of outreach interest include:

Border Health Program Priority (BHPP)

<http://bphc.hrsa.gov/bphc/borderhealth/Default.htm>

Note: HRSA has delegated management of BHPP to the Bureau of Primary Health Care

Border Vision Fronteriza

This initiative's objective is to develop a sustainable border region infrastructure that promotes access and availability to health care services through community mobilization. Initiative has four model outreach projects underway in each border state that involve numerous private, public, and community participants, including lay health educators or promotores. Initiative also works toward improving health care accessibility and availability in the Mexico border region.

Bureau of Primary Health Care (BPHC)

http://bphc.hrsa.gov/bphc/index_1.htm

Community Health Center Program

This Federal grant program aims to provide primary and preventative health care services in medically-underserved areas by providing a variety of assistance to community health centers and clinics. There are ten Regional Contacts, or field offices, throughout the U.S.

Health Disparity Collaboratives

“The mission of the Health Disparities Collaboratives is to achieve excellence in practice through the following goals: 1. to generate and document improved health outcomes for underserved populations; 2. to transform clinical practice through models of care, improvement, and learning; 3. to develop infrastructure, expertise and multi-disciplinary leadership to support and drive improved health status; and 4. to build strategic partnerships.” This collaboration between the BPHC, federal agencies, private organizations, and participatory community health centers develops and pilots collaboratives in health disparity preventative health services, as well as strengthen health center infrastructures in underserved areas.

Healthy Schools, Healthy Communities Program

This Program supports the development of school-based health centers and programs that serve at-risk/underserved children and families. Local services are tailored to meet the specific needs of the community in which they are located. Program utilizes strategic collaborations and linkages with government agencies and private organizations. 2000 grantees are listed by region.

Migrant Health Program

This Program provides grant funding to community organizations who develop and provide culturally and linguistically competent medical and support services to migrant and seasonal farmworker families. Program also harnesses collaborative linkages and partnerships with state agencies, state and regional primary care associations, and Area Health Education Centers to name a few.

National Center on Minority Health and Health Disparities

<http://ncmhd.nih.gov/>

This recently established NIH Center is responsible for fostering, coordinating, and assessing the progress of all NIH-sponsored research activities related to minority health and health disparities. The Center’s emphasis not only includes basic, clinical, and behavioral research, but training programs designed to enhance the research capacity of minority institutions, as well as the recruitment of qualified investigators.

Office of Minority Health (OMH)

<http://www.omhrc.gov/OMH/sidebar/aboutOMH.htm>

Regional Minority Health Consultants

Serving as OMH representatives in the 10 DHHS regional offices, Consultants work closely with state offices of minority health and minority community groups in a variety of capacities.

C. Organizational Outreach

Tactic C1: Develop systematic outreach program with Hispanic/Hispanic-serving health and medical organizations to provide educational training, form permanent alliances in Hispanic health information outreach, and ultimately increases health information access among Hispanic health providers.

Targeted organizations include:

- Interamerican College of Physicians and Surgeons
- Migrant Clinicians Network
- National Alliance for Hispanic Health
- National Association of Hispanic Nurses
- National Center for Farmworker Health
- National Council of La Raza
- National Hispanic Medical Association
- National Network of Latin American Medical Students
- Pan American Health Organization
- United States/Mexico Border Health Association

Outreach activities:

1. Identification and establishment of educational/training opportunities
2. Provision of hardware/software
3. Facilitation of Regional Medical Library support services
4. Multilevel needs assessments and evaluations
5. Development of bicultural/bilingual trainers, including lay health educators
6. Continuing Medical Education course offerings
7. Presenting and/or exhibiting at national conferences
8. Co-sponsorship of national conferences

Specific organizational components or programs that may be of outreach interest include:

Interamerican College of Physicians and Surgeons (ICPS)

<http://www.icps.org/bottom.html>

Serves more than 39,000 Hispanic physicians in the U.S. and Puerto Rico, making it the largest association of Hispanic physicians in the nation. Has a growing number of Mexican, South and Central American, Caribbean, and Spanish members also.

Expanding Access to Health Care Services for Hispanic HIV-Infected / STD Patients by Promoting Early Intervention among Hispanic Physicians Program.

Program utilizes Hispanic physicians as educators to instruct and assist Hispanic private primary care practitioners to prevent and manage HIV infection, and is concentrated in the metropolitan New York area but has been successfully replicated in Miami, Florida.

National Hispanic Youth Initiative in Health, Biomedical Research, and Policy Development (NHYI).

Initiative introduces young Hispanics to national and international health and scientific organizations and their role in health care delivery and research. Also, provides Hispanic youth with leadership, analytical thinking, and academic skills to enhance their academic potential. Initiative also includes exposure to health and scientific careers and academic opportunities in the government (and private) sector.

National Alliance for Hispanic Health

<http://www.hispanichealth.org/>

Largest and oldest network of health and human service providers servicing over ten million Hispanic consumers throughout the U.S.

Center for Consumers

Center for Providers

Center for Technology

National Center for Farmworker Health (NCFH)

<http://www.ncfh.org/aboutncfh.htm>

Established in 1975 to develop a computerized medical record transfer system for migrant workers, this organization has evolved into a multi-faceted public service organization serving migrant health providers, migrant health centers/clinics, and migrant workers/communities.

Library and Information Resource Center

National Council of La Raza (NCLR)

<http://www.nclr.org/policy/health.html>

Largest constituency-based national Hispanic organization, serving all Hispanic nationality groups in all regions of the country. Has over 230 formal affiliates who serve 39 states, Puerto Rico, and the District of Columbia, and a broader network of more than 20,000 groups and individuals nationwide, reaching more than three million Hispanics annually. Capacity-building assistance to support and strengthen local Hispanic groups provided from NCLR's Washington, D.C., headquarter and through its field offices in Los Angeles, Phoenix, Chicago, San Antonio, and San Juan, Puerto Rico.

Center for Health Promotion

Provides training to community-based organizations, develops bilingual health education materials, and provides assistance in forming model programs.

National Hispanic Medical Association (NHMA)

<http://home.earthlink.net/~nhma/>

Organized to address the interests and concerns of 26,000 licensed physicians and 1,800 full-time Hispanic medical faculty in 1994, this growing organization's primary mission is to strengthen health service delivery to Hispanic communities through an array of multilevel involvement and leadership.

NHMA Leadership Fellow Program

NHMA Resident Leadership Program

NHMA Medical Student Mentorship Program

National Network of Latin American Medical Students (NNLAMS)

<http://www.nnlams.org/>

Comprised of forty-eight chapters and five regional organizations, this national network of Hispanic medical students serves over five hundred medical student members.

Pan American Health Organization (PAHO)

<http://www.paho.org/>

Regional Office for the Americas of the World Health Organization, located in Washington, D.C.

Field office located in El Paso, Texas --works closely with, and provides financial assistance via grants, to the U.S./Mexico Border Health Association.

BIREME

<http://www.bireme.br/bvs/I/ihome.htm>

PAHO's specialized information center, located in Brazil, organizes and provides electronic access to Latin American and Caribbean scientific and technical health information in Spanish, English, and Portuguese.

United States/Mexico Border Health Association (USMBHA)

<http://www.usmbha.org/>

Formed with PAHO's assistance, this Association promotes public and individual health along the border region through the creation of networks and partnerships, including binational, public, and private relationships, and through the dissemination of information on border health issues.

Promo-Vision

Community capacity building program targeted at key community stakeholders to improve HIV prevention services. Promotores, or lay health educators/community health workers, are a critical component of this program, and science based, current information is an emphasis of the information transfer process among promotores and community members.

Border Center for the Application of Prevention Technologies

Seeks to “increase the availability and application of scientifically-defensible knowledge that is responsive to the dynamics of the U.S./Mexico border region...by providing three primary services via an integrated prevention application process:

1. local expert network to provide technical assistance,
2. skill building activities,
3. electronic services”.

Border AIDS Partnership

Partnership with the El Paso Community Foundation strives to increase funding resources and provide leadership in the creation of a sustainable resource system for border communities.

D. Educational Institution Outreach

Tactic D1: Facilitate outreach to Hispanic/Hispanic-serving academic institutions and organizations to provide educational training, form permanent alliances in Hispanic health information outreach, and ultimately increase research capacity among educators and students.

Targeted institutions/organizations include:

Hispanic Association of Colleges and Universities and member Hispanic-Serving Institutions
Hispanic Centers of Excellence
Hispanic-Serving Health Professions Schools

Outreach activities to be considered include:

1. Identification and establishment of educational/training opportunities
2. Facilitation of Regional Medical Library support services
3. Multilevel needs assessments and evaluations
4. Development of bicultural/bilingual trainers
5. Encouragement of supporting medical libraries to proactively serve curricular and research needs of Hispanic faculty and students

Specific organizational components or programs that may be of outreach interest include:

Hispanic Association of Colleges and Universities / Hispanic-Serving Institutions

<http://www.hacu.net/>

The 150 member Hispanic Serving Institutions are located in just 10 states and Puerto Rico.

Twenty-four Hispanic-Serving Institutions have programs in the microbiological sciences.

Department of Health and Human Services officials have conducted site visits and met with Hispanic-Serving Institution presidents. Contact Guadalupe Pacheco, Special Assistant to the Deputy Assistant Secretary for Minority Health for more information.

Hispanic Centers of Excellence (HCOE)

<http://bhpr.hrsa.gov/dhpd/coehome2.htm>

Nine Hispanic Centers of Excellence serve as specialized extensions of colleges of medicine and are funded through Health Resources and Services Administration grants. Typically, these Centers serve as educational pipelines for minority recruitment into the health professions and also specialize in outputting original research pertaining to

Hispanic health disparities and related issues. Centers also tend to reach out to various Hispanic communities in which they are located.

Hispanic-Serving Health Professions Schools (HSHPS)

<http://www.hshps.com/>

An association of twenty-two member medical schools, seeks to develop educational opportunities that will enhance Hispanic health care, establish or expand outreach projects, grants, and scholarships for Hispanics to enter health professions careers, and promote regional and national level collaboration between educational institutions, communities, and other partners.

Hispanic-Serving Health Professions Schools' Research Fellowship Program

Consists of five fellows serving in a two-year program. Emphasis is on research and current prevention and treatment issues related to Hispanic population groups. Fellow activities include research, clinical and teaching experience, as well as mentorship. Two fellows receive a special emphasis on HIV/AIDS research training. Program is sponsored by the Office of Minority Health and the Agency for Health Care Policy and Research.

E. Library Outreach

Tactic E1: Facilitate outreach to Hispanic/Hispanic-serving libraries and librarians to provide educational training, develop bilingual/bicultural information intermediaries and trainers, and form future alliances in Hispanic health information outreach.

Targeted organizations/institutions include:

REFORMA

National Center for Farmworkers Health's Library & Information Resource Center

Outreach activities:

1. Identification and establishment of educational/training opportunities
2. Provision of hardware/software
3. Facilitation of Regional Medical Library support services
4. Multilevel needs assessments and evaluations
5. Development of bicultural/bilingual trainers, including lay health educators
6. Presenting and/or exhibiting at national conferences
7. Co-sponsorship of national conferences

Specific organizational components may be of outreach interest include:

REFORMA

<http://www.reforma.org>

REFORMA is the National Association to Promote Library and Information Services to Latinos and the Spanish-Speaking, and is an American Library Association Affiliate. There are currently twenty chapters that consist of members from various library types. The Association works to improve library services to Hispanics/Latinos through a wide range of activities, including the recruitment of bilingual and multicultural persons into the profession.

F. Community-Based Outreach

Tactic F1: Facilitate outreach to Hispanic/Hispanic-serving community-based centers to provide educational training, form permanent alliances in Hispanic health information outreach, develop community-based bilingual/bicultural intermediaries and trainers, and ultimately increase information infrastructure.

Targeted organizations/institutions include:

- Hispanic-serving public school districts –particularly nurses’ offices
- Hispanic ministry offices and charities within Catholic dioceses
- State associations of community health centers/clinics in targeted states
- State departments of health Women, Infants, and Children clinics
- Texas A&M University’s Colonias Program

Outreach activities to be considered include:

1. Development of pilot projects/model programs
2. Provision of hardware/software
3. Identification and establishment of educational/training opportunities
4. Establishment of community-based electronic health information resource centers
5. Facilitation of Regional Medical Library support services
6. Multilevel needs assessments and evaluations
7. Development of bicultural/bilingual trainers, including lay health educators
8. Presenting and/or exhibiting at state and local meetings

Specific organizational components may be of outreach interest include:

Hispanic Ministry Offices and Charities within Catholic Dioceses

Within the Catholic Church there are diocesan offices for Hispanic affairs, which are organized at national, regional, state, and local levels that NLM could collaborate with for faith-based outreach. The Catholic charities typically maintain close ties with local Hispanic Ministry Offices and would be another physical location for outreach activity.

State Departments of Health Women, Infants, and Children (WIC) clinics in targeted areas. <http://www.fns.usda.gov/wic/>

Women, Infants, and Children (WIC) clinics (some of which are mobile) provide nutrition and education counseling to one out of four low-income mothers. WIC clinics, which are sponsored by the U.S. Department of Agriculture, also provide screening and referrals to other health, welfare and social services. The Department of Agriculture administers the WIC program.

Texas A&M University's Colonias Program

<http://chud.tamu.edu/colonias/colonias2.html>

Designed to encourage “community self-development” Texas A&M has established thirteen community resource centers, with an additional three under construction and six in the planning stage, through its’ *Colonias Program* (colonias are unincorporated neighborhoods along the border that may lack basic water and sewer systems and standard housing). Program utilizes promotores as outreach workers to enroll community residents in adult education, health care, job training, and youth and elderly programs delivered at these community resource centers.

G. In-House Activity

Tactic G1: Designate an individual and support staff at NLM to coordinate, delegate, and monitor national and regional Hispanic outreach activity.

Activities:

1. Recruitment of Hispanic professional to add expertise and fill void
2. Representation/involvement with NIH Hispanic affairs, initiatives, committees etc.
3. Designation of a *Hispanic Health Information Services* program or sub-office within the Office of Outreach and Special Populations

Tactic G2: Develop an outreach database for tracking and monitoring all Hispanic outreach activity supported by NLM.

Activities:

1. Utilization of database for inter-department tracking and monitoring
2. Utilization of database as a repository for needs assessments, evaluations, grant and contract awards, methods/models of outreach, outcomes etc.
3. Utilization of database information to generate reports that can be presented to Congress, including the Hispanic Congressional Caucus, and NIH
4. Utilization of information to inform others about successful methods of Hispanic health information outreach.
5. Classification of Hispanic outreach data by “Hispanic” and specific subpopulations, so as to disaggregate important outreach data.

Tactic G3: Assess adequacy of Medical Subject Headings (MeSH) terminology in the area of Hispanic health research.

Activities:

1. Verification that MESH terminology adheres to OMB’s Hispanic data classification standards
2. Verification that MeSH terminology does not unnecessarily aggregate important subpopulation research being generated
3. Utilization of Hispanic health professionals to help evaluate MeSH and identify critical terminology associated with Hispanic health disparity research

Tactic G4: Offer specific grants, subcontracts, and purchase orders to carry out Hispanic health information outreach activity.

Activities:

1. Encouragement of library partnerships with Hispanic academic research centers and community-based organizations
2. Availability of grant preparation resources for interested applicants, especially community-based organizations

3. Inclusion of at least one Hispanic professional in the reviewing of proposals
4. Implementation of method to consistently notify Hispanic organizations about funding, fellowship, and internship opportunities. *Need to push information out.*

Section III.

Priority Setting Framework

The undertaking of multilevel Hispanic health information outreach by NLM is an important and enormous endeavor. At this time, NLM may want to consider how it would like to handle the development, coordination, and monitoring of its Hispanic outreach activity. While a decentralized approach that utilizes the National Network of Libraries of Medicine will be an important component in executing regional and state outreach activity, there is a vital need for an in-house and/or Federal-level Hispanic advisor to consult and oversee internal and external Hispanic health information outreach activity. There is a need to also develop an electronic system for classifying, assessing, and reporting on NLM's outreach involvement with Hispanic subpopulations and subgroups. Such a system could allow for Regional Medical Libraries to enter pertinent outreach data virtually. (Currently, Extramural Programs is in the process of developing a coding system, which includes ethnicity, for their grants –NLM may want to tie Hispanic grantee information into one inter-departmental Hispanic outreach database.)

A. Data Collection

Proper data collection and classification must be a necessary aspect of NLM's efforts and commitment to eliminate Hispanic racial and ethnic health disparities. In general, specific classification and retrieval of various Hispanic subpopulation data is vital to understand the complexities associated with Hispanic health disparities. Internally, the classification of Hispanic subpopulation data will permit NLM to evaluate and enhance specialized Hispanic health information and outreach services, while, externally, such classification will facilitate and enhance access to important ethnic-specific health information. NLM must bear in mind that the Hispanic population is not homogeneous and anything that can be done to disaggregate health and outreach data will be a major contribution towards the DHHS commitment to eliminate health disparities in the United States.

B. Development of Culturally Appropriate Outreach Services

While a host of outreach tactics are mentioned in the previous section, it is imperative that NLM's Hispanic health information outreach efforts be culturally appropriate and relevant in order for them to be effective. Cultural appropriateness will transmit a high level of respect and sensitivity on NLM's behalf, while relevancy will stimulate higher levels of product adoption rates among Hispanic subgroups.

In accordance with Social Learning Theory, it is thus necessary to begin the development of a specialized introductory course that explains how NLM's resources can be utilized to answer a wide assortment of Hispanic health queries before large-scale external outreach activity begins. Also, it is advantageous to begin the simultaneous development of a bilingual "train the trainer" manual. If NLM decides to systematically undertake Hispanic health information outreach, a "train the trainer" model approach can be applied to outreach partnerships, so as to develop regional cadres of bilingual/ bicultural trainers

and intermediaries that possess cultural competencies which are vital to effective Hispanic health interventions. Utilization of a bilingual “train the trainer” manual in outreach activity will also emit an unspoken message of cultural respect, and serve as an important tool to increase product adoption rates and health information usage.

A current deficiency of authoritative, low-literacy, culturally appropriate Spanish-language consumer health information presents an opportunity for NLM to fill an electronic consumer health information void and assert itself as the source for Hispanic-oriented consumer health information⁴⁴. A culturally competent Hispanic health information portal with authoritative electronic information is needed to serve a majority of Hispanic consumer audiences, and those practitioners and librarians serving Hispanic consumers. Such a resource is much needed and its development should be another priority to enhance culturally relevant outreach efforts that emphasize product compatibility.

C. Preliminary Hispanic Health Information Outreach

It is suggested that NLM begin culturally relevant external outreach efforts with the application of the Diffusion of Innovations Theory and target Hispanic practitioners and educators first. In beginning a systematic outreach plan with practitioners and educators, NLM can target the early adopters and opinion leaders within the Hispanic health and medical community, and also, ideally, receive critical outreach endorsement from key leaders and national stakeholders.

Since the Division of Specialized Information Services (SIS) has successfully implemented a Toxicology and Information Outreach Program (TIOP) with the Historically Black Colleges and Universities, it is suggested that NLM apply this model to the nine Health Resources and Services Administration-funded Hispanic Centers of Excellence (HCOE) in an initial effort to target a small network of Hispanic medical faculty. Because HIV/AIDS disproportionately affects Hispanic communities, and HIV/AIDS is one of the Department of Health and Human Services six areas of health disparity foci, these particular SIS resources will be of great importance to many HCOE faculty members. Similarly, toxic environmental and occupational exposures are more prevalent within Hispanic communities, and may also be of interest to this audience. Benefits of applying the TIOP model to HCOE faculty members include:

- Targeting influential faculty members and policy makers involved with national Hispanic networks
- Utilizing small faculty group to conduct thorough needs assessments
- Serving as “test bed” for initial cultural outreach evaluative information
- Providing professional expertise/insight to further refine culturally relevant outreach activity
- Identifying effective spokespersons within the Hispanic health/medical community
- Facilitating future informal partnership possibilities with HCOE contacts

⁴⁴ Berland, GK et al. Evaluation of English and Spanish health information on the Internet. RAND: [cited 2001 June 6]. Available from: <http://www.rand.org/publications/documents/interneteval/>

D. National-Level Outreach

It is also suggested that NLM conduct strategic national level outreach through national Hispanic health/medical networks, or associations, which are an ideal point of entry into Hispanic communities. Working through these highly respected associations in a culturally relevant manner demonstrates an overall commitment to the Hispanic population's health information needs, while allowing NLM to leverage activity at a national level. Other advantages in beginning outreach efforts through national networks include:

- Reaching maximum audiences of various Latino subpopulations and geographic locations with high visibility
- Enhancing research skills on Hispanic health issues
- Enhancing practice/decision-making skills among health professionals
- Developing bilingual/bicultural intermediaries and trainers
- Gaining credibility/endorsement for NLM Hispanic outreach efforts
- Establishing critical contacts for future outreach within community

Because of the deep cultural commitment to community development, in the broadest sense, initial outreach efforts that target practitioners and educators need to include medical students. The National Network of Latin American Medical Students holds a national meeting for its members during part of the National Hispanic Medical Association's national conference. This conference presents an opportunity for NLM to establish a rapport with Hispanic medical students, the next generation of physicians. The lasting value in developing genuine partnerships with highly regarded Hispanic professionals and associations in the formative stages of NLM's Hispanic health information outreach efforts cannot be overemphasized. Such early relationships may serve as invaluable resources for future outreach activities. And, in short, NLM's numerous information products are powerful outreach mechanisms that can be readily adopted by groups of English proficient, Hispanic/Hispanic-serving target audiences once product compatibility and complexity are properly explained.

E. Geographical Health Disparity Outreach Priority

Outreach priority should also be based on geographic Hispanic health disparity extremities along the U.S./Mexico border region. Incidentally, the four border states, New Mexico (40.0), California (30.8), Texas (29.4), and Arizona (21.9) each have the highest percentages of Hispanic populations in the nation. *See <http://www.ushispanic.net/USHisp/index.htm> for state Hispanic population percentages derived from 1999 Current Population Survey data.* Distribution of Hispanic communities correlates highly with level of care: communities with large numbers Hispanic residents are four times more likely to have a shortage of physicians regardless

of community income. In addition, Hispanic physicians tend to practice in areas where the percentage of Hispanic residents is high⁴⁵.

F. Consumer/Community-Based Outreach

An underutilization of the national health care system, primarily due to economics among Hispanic consumers, coupled with existing health disparities, suggests an important need for strategic consumer-focused health information outreach activity, which should become another priority area for NLM. Throughout any culturally sensitive outreach program, it is necessary to include Hispanic community members in the development, implementation, execution, and evaluation of outreach in order to incorporate important cultural competencies that would otherwise be missing –especially in the area of consumer health outreach. Community member involvement adds critical credibility, language and intermediary skills, role models/spokespersons, assistance with data collection, and respect.

As much as possible, community trainers should be utilized in consumer training to stimulate observational learning. It would be ideal to create a permanent state, regional, and/or national communication network for all Hispanic trainers, and possibly even for interested trainees. This activity could be achieved with e-mail capabilities and would lend itself to the sharing of ideas, troubleshooting, encouragement of independent outreach activity within communities, and the promotion of project sustainability among those receiving NLM funding.

The principles of Community Organization are critical to the long-term sustainability of Hispanic health information outreach activity at the community level. If outreach efforts do not involve community participation, leadership, and ownership components, they lack the backbone needed for project sustainability and run the risk of not being welcomed by the community. The involvement of respected community members is also critical to dispel any fear of government and/or research skepticism that may exist. In planning evaluative measures for Hispanic consumer audiences, levels of reading comprehension (both in English and Spanish) will have to be taken into consideration when developing surveys. The use of a bilingual/bicultural interviewer may be the most reliable method to obtain evaluative data among some consumer audiences.

⁴⁵ Komaromy M et al. The role of black and Hispanic physicians in providing health care for underserved populations. N Engl J Med 1996 May 16;334(20):1305-10

Section IV. Utility of Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach

Measuring the Difference: The Guide to Planning and Evaluating Health Information Outreach has served as a useful tool in preparing this Associate Fellow project report. Unquestionably, the concepts, models, and theories presented in this “cookbook” can be applied to a wide assortment of Hispanic health information outreach activity. However, explicit concepts and resources related to cross-cultural and culturally competent service development are absent. The field manual could be supplemented with data collection standards as well as references to many of the Federal resources that support cultural competency principles and the reduction/elimination of health disparities.

While the Extended Parallel Process Model has applicability in promoting social awareness and in changing information-seeking behaviors, its use is not recommended in Hispanic health information outreach efforts since messages of threat can easily be perceived as offensive or disrespectful, and harm NLM’s image among Hispanic audiences.

In closing, planning, executing, and evaluating Hispanic health information outreach through contact that incorporates Hispanic representation into these processes will ultimately determine the effectiveness of outreach efforts. The *Guide to Planning and Evaluating Health Information Outreach* is an invaluable resource for undertaking outreach in general, and future Hispanic outreach activities should be supplemented with HRSA’s *Quality Health Services for Hispanics: The Cultural Competency Component* as well as *Healthy People 2010*.