

MCHB/DHSPS February, 2007 Webcast

Folic Acid Outreach: Reaching Hispanic Populations

February 19, 2007

JOHANNIE ESCARNE: Good afternoon. My name is Johannie Escarne from HRSA's Division of Healthy Start and perinatal services. On behalf of the division I would like to welcome you to this webcast titled "Folic Acid Outreach: Reaching Hispanic Populations".

Before I introduce our moderator today I would like to make some comments, technical. Slides will appear in the central window and should advance automatically. The slide changes are synchronized with the speaker's presentations. You don't need to do anything to advance the slides.

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We encourage you to ask speakers questions at any time during the presentation. Simply type your question in the white message window on the right of the interface, select question for speaker from the dropdown menu and hit send. Please include your state or organization in your message so that we know where you're participating from. The questions will be relayed to the speakers periodically throughout this broadcast. If we don't have the opportunity to respond to your question during the broadcast, we'll email you afterwards. Again, we encourage you to submit questions to the speaker at any time during the broadcast.

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Those of you who selected accessibility features when you registered will see text captioning underneath the video window. At the end of the broadcast, the interface will close automatically and you will have the opportunity to fill out an online evaluation.

Please take a couple minutes to do so. The responses will help us plan future broadcasts in this series and improve our technical support. We're very pleased today to have a moderator and two speakers with us who will provide you information regarding Latino Latinos folic acid consumption. Participants will learn tips for effectively communicating folic acid information to Latinas latter and ways to reach out to this population. Our moderator is Adriane Griffen. She'll introduce our presenters.

ADRIANE GRIFFEN: Thank you, Johannie. Good afternoon and welcome to this afternoon's webcast. This is folic acid awareness week and we wanted the reach out to Latinas. Just to give you a little background on the National Council on Folic Acid we're a coalition of 65 organizations throughout the country that have some part of their mission focused on folic acid.

Today's presentation will focus on two different aspects of Hispanic outreach. Part one will focus on some of the health communications research around the best ways to communicate effectively with Latinas. Part two of the presentation will focus on the how-to, reaching them and working on community outreach.

Our first speaker is Alina Flores, she's a health education specialist with the Centers for Disease Control and Prevention. Prior to coming to CDC in July of 2001 Alina served as

education director at the spinal bifida association of Georgia. During her time at CDC she's assisted in the development and evaluation of a Spanish language folic acid campaign as well as directed other domestic and international neural tube defect prevention programs. Most recently she's finished a two-year material project focusing on outreach to Latinas including formative audience research and working with the different sub segments of Hispanic women. She presented to national, international, state and local community-based organizations and we're pleased to have her with us today. Alina will be joining us by audio so at this time I want to turn it over to Alina.

ALINA FLORES: Genetics they are kind of looking at the possibility of a genetic link for the Hispanic women. That's still under review. And then we do know folic acid deficiency is definitely a risk factor and finally as we'll be focusing in on today, Latinas have the highest rate of NTD effected births and we're focusing in that population. Here at CDC in many ways we're trying to really hone in our communication efforts at that group.

Next slide. So what did we do? We had a communications research that was done. Let me back up a second. In 1998 we did do some focus groups here at CDC and they found that Latinas tended to report that they feeling that they were likely to be a mother someday. So along that vein they were termed pregnancy contemplators as opposed to women of the other ethnic groups that were in the focus groups said they may or may not become mothers one day so they were non-contemplators but Latinas were put in the group of pregnant see contemplators. Pregnancy-related visuals, that makes it easier in some sense for communication efforts because we have that door open to put the pictures of babies and put the pregnancy-related word, text and visuals in there knowing that the audience, for the most part, is open to those messages. So along that vein we went ahead and said well, that's been quite a while, wanted to see if the communication research that

we were going to do this round would kind of yield a lot of the same or different results. So we went ahead and did some formative research. We developed an audience segmentation scheme that came up with about seven different groups of women and we went ahead and chose three groups. That was mainly based on funding that was available, as well as, you know, feasibility of how many groups we could do and the largest groups. So we did finally go ahead with the Latina mothers, women who were -- had a less than high school education, were age 26-34 and already had a child. Then the uncultured were young Latinas between the ages of 18 and 25 and had a less than high school education and the other group were 18 to 25 as well but they had a high school education. All three groups adhered -- had to adhere to Spanish language media at least 50% of the time and the uncultivated groups preferred non-Spanish. Other groups was equal English to Spanish media preference. Those were our three groups. We just did some focus groups, individual interviews to really look deeply at those materials and messages that would be -- whether the materials and messages that we currently were using at CDC were still effective and if they were not, we needed to develop some new ones and so to develop those new ones we wanted to identify the barriers and motivators to vitamin consumption and the ways to best reach those women. We looked at the role of acculturation as well. We did have those three groups also were broken out worthy sub segmented by multi-vitamin groups. Latina -- young adults were broken out by whether they were vitamin users and non-users. Latina moms were all non-users. We found the Latina moms who were already users seemed to be consistent users and we weren't getting much information from them. So the young Latina adults we decided to keep as broken out as multi-vitamin users or non-users. Then we wanted to use these findings to develop new materials and messages that would be effective and unique to the needs of this audience and would reach this audience in a unique way.

Next slide. So first we looked at the exploratory research. What does the audience know basically about folic acid? The big one was most of the groups that we had, most of the focus groups and the interviews, even those women not currently taking vitamins felt that vitamins were important. They thought they were an important part of being healthy. The point to underscore there was that the women who were non-users, although they thought the vitamins were healthy there was something else that was just stronger barrier or a bigger barrier to taking vitamins. So even though they said they were healthy they still didn't take vitamins because of X, Y and Z. We really wanted to find out what the barriers were. The big ones were fear of overdosing. That mostly was a young adults. They said they were scared they would be taking too much. There was a mistrust of vitamin advertising. They said they're just trying to sell us something. The non-users felt that they ate well and that was a big one. A lot of the women said well, I eat well and when you delve into what they ate the diet was really not a good diet, what we consider a healthy diet. So reality and what they felt that they were doing was not matching up. The aesthetics, pill taste, size, odor they just didn't like that. Cultural myths were very big. Weight gain came up in 14 of the 18 focus groups that we did. Women just -- it kept coming up I'll gain weight with vitamins. My friend took vitamins and she gained weight. There was a lot of concern around weight gain. Again the women who -- there were a lot of women who were multivitamin users who also had the misconception around weight gain. There were motivators for them that outweighed the weight gain issue, no pun intended. A lot of women thought it was only for a poor diet. With the idea of I eat well, I don't need vitamins. Cost was not really exorbitant amounts given. They thought it was cost \$75, \$80. The idea was misconceptions.

Treatment of illness. A lot of the women said they were taking vitamins when they felt bad, when they felt sick, were tired and then when they felt better they'd stop using them.

Those were women using them for short term. Some women felt they didn't have time. They didn't have the habit of taking it so they didn't take it. They would forget. There was a lot of around the idea that sure, I'll take vitamins once I become pregnant. We talked about it needed to be before pregnancy. A lot of the women said I've heard about folic acid when women are pregnant. Along the lines of this the idea of planning, the word planning was not understood. When we talked about, you know, women, how about women -- our vitamins important for women who are planning a pregnancy? There was blank stares around the table. Either you're pregnant or not pregnant. The idea of planning a pregnancy was not well understood for many of the women. Overall a lack of information and for moms there was a idea that's really hard to as a communications person it was very hard to counter which is they're saying my reality is I have had healthy children. Sometimes multiple children. I did not do one thing to prepare for those pregnancies and they're all fine.

As a communications person that puts you in a very hard position because you're trying to change a person's reality and their own experience and really trying to move them to a behavior that is not something that they really have a lot of faith in. That was a challenge for us. Interestingly here with this group just as a side note, with what we did see with the Latinas was that education did not necessarily equal knowledge, which we have seen in the other non-Latina groups, women of higher education tend to have higher knowledge about folic acid. This wasn't necessarily the case with these women. A lot of these women with lower education had higher knowledge that was as a result because their friends had been pregnant, you know, out of high school or during high school or they had sisters or themselves sometimes they had been pregnant, you know, at a young age and then because of the pregnancy they learn about folic acid so it was a reversal than what we've seen with the non-Spanish speaking audiences.

Next slide. These are just some of the big findings. Giving energy supplementing a poor diet, treating anemia kept coming up. Doctors prescribed it. When we dealt into when was the last time you saw a doctor they would say well, I don't know, it's been a long time. So they're not getting to a doctor but they're waiting for that -- they're relying on that doctor's prescription to take a vitamin. Again, it's the reality is not jiving with what they're saying. A lot of them said I put the vitamins next to my bed. Once the bottle runs out and I throw it away and I don't see it it's no longer part of my routine. The chronic user versus the non-habitual user. Again, pregnant women and that's when folic acid is for pregnant women only. Once they find out they're pregnant they start taking folic acid but as we know, it's too late.

Next slide. So we used a lot of these findings, kind of the main ones that kept coming up as tools to help shape concept development. The main ones that we use were timing. The idea of planning, not being a concept that was well understood and what we did for that from a communications point was we just basically did not use the word planning. So we talked about if you can become pregnant, that kind of terminology instead of if you're planning or when you're planning. Because that was not understood. We wanted to discern between using vitamins for short term treatment of illness versus really being a true vitamin user and using it for long term. The idea that it's not a medication so it's not something that can treat an illness goes hand in hand and safety issues. We were looking at and then the family involvement. We did hear some women chime in about, you know, the idea of a man in the visuals or men featured in the materials so we wanted to explore that further.

Next slide. So what were some of the concepts that we looked at? Next slide. What we did was we did some concept testing with focus groups in three different cities. They were big Hispanic cities. Los Angeles, Miami and Chicago. They have big Hispanic populations and then we looked at three groups within each of those segments. We looked at the young adults and the moms. Users and non-users and the moms were just multivitamin non-users. Then a side note here was acculturation has gotten a lot of press lately about it. What we found was it did not play a role in our formative research. Young women were more like based on where they were at that life stage, their age and where they were as young adults than whether they were cultured or not. What we did was dropped acculturation from our segments here and we just had young adult Latinas who were multi-vitamin users and non-users. Each group was shown four concepts. It was rotated to avoid any bias and participants were ranked at the concepts they liked and the ones that were best for Latinas. Which were not always the same. Some of the participants as the one they liked the most but picked another as one that they thought Latinas would like most. So didn't always go hand in hand. And then we did talk about logos. I won't talk about that here but just in general we showed them CDC, March of Dimes and SDAA logos and nobody knew anything about SDAA or CDC logos. One woman in Miami did identify the CDC logo and she associated it with flu. And then March of Dimes pretty much everyone could identify the March of Dimes logos which was great for March of Dimes. It means they're really getting out into that community and were well recognized in that community.

Next slide. So these are the slides that were shown to the young adults.

Next slide. This is the promise. And this idea I'll let you all read it. So the idea behind this one was making a commitment to oneself. A lot of the young adults talked about making a

commitment, meaning making vitamin use part of your daily routine and something that you do regardless of, you know, the time that you have or the habit that you have, you make it a habit and make time for it. This was the idea behind that one. We -- they wanted information, they wanted a lot of information so we put in the 400 micrograms of folic acid every day. Serious birth defects. I want my babies to be born healthy. A B vitamin. We put in as much information as we could in the amount of space that obviously we have there. Next slide. As far as promise goes, it was ranked overall favorably. Miami and Los Angeles and non-users liked it. They liked the idea of committing to oneself. Here are some quotes we had on this delving further than I have before but it gives you a better idea of the reaction. So women said I like that it's about the future. Not just now. And then some women said it's too wordy. Women asked for more information but then it was too long, it was too wordy. What I liked the best is the smile on her face. She looks happy. It doesn't relate to babies. They should show a picture of a sonogram. We heard it over and over again and this goes against what we find with English speaking audience. Young adult English speakers don't want to see anything about babies if they aren't thinking about pregnancy. On the contrary, young adult Latinas might go back to that idea of being contemplators but they were open to seeing a picture of a baby and wanted -- they felt we're talking about a baby topic, let's have something related to babies. And that was particularly strong among non-users. If we don't use vitamins we wear out and then I've never heard of folic acid before. I take multivitamins and this is new. She was taking them for another reason.

Next slide. This is children of the future. And you could read it there one second. And the idea behind this one was again committing to oneself doing something that -- doing what you can to, you know, try and ensure a healthy baby. There is the baby theme going on there with the clothes and the pacifier.

Next slide. This was a really interesting piece from a communications point of view. It was ranked very differently. Chicago multivitamin users liked it but there was a big concern that it implied this baby was deceased and it was really because of the white clothes, the white theme of the piece really got a lot of conversation going, which from a communications point of view was fantastic. We're very happy to see the chatter whether people liked it or not, it really spurred a lot of conversation. The idea was that, you know, if you don't do this one step your baby could die and this wasn't the issue. So reactions you could say it says this could be your baby, where is the baby? A lot of people were concerned, where is the baby? Is it a deceased baby? It is scary. Some people liked it. It feels warm, an angel. Angelic referring maybe to the baby isn't there. It's clear and believable. It was a good piece from a communications point of view. When women didn't like it they strongly didn't like it. But if women liked it they strongly liked it. There was a lot of emotion behind this piece. Next slide. This is Maria. And you can read there. This is a little take, a different take.

Next slide. The only group that liked this was Chicago. They were the only ones who liked this. Every other person felt that it -- every other group felt it implied birth control because a lot of the text says she's not pregnant but she hopes to be one day and why she takes one every day. There wasn't a specification about a vitamin. It's taking one. A lot of women felt the only pill they take every day is birth control. They felt it was about birth control. They just didn't like it. It was confusing. Except for Chicago everyone else felt it was confusing and they didn't get the text relation to the visual. So I'm confused seems like it's fertility treatment. It's talking about planning for the future. It says she hopes to be pregnant one day so is she pregnant now? Is she trying to get pregnant? I don't understand. That goes back to what I talked about earlier about planning and the

confusion around the word planning. The idea was so is she pregnant now, is she not pregnant? What's going on with this visual. Maybe if you showed a picture of the defects. Show me what we're talking about. This woman is standing there alone and the text I'm not putting two and two together.

Next slide. This is the final one for young adults. It's the most powerful pill on the planet. It is not a medicine.

Next slide. This one was ranked highly in Los Angeles and Miami in particular. They liked the picture of the baby. Interestingly one woman said that the idea of the baby dressed in superman made her think the text associated with the video was fictional because Superman is a fictional character. Another group didn't like the man's arm in there. They felt it should be a woman's arm. Some felt confused by the text. They said if you take a vitamin daily then why aren't they considered a medicine? I take medicine daily. If a vitamin is taken daily why isn't it a medicine? They felt it was kind of confusing. It's not a medication, I take it every day. I don't understand. Seems like they're trying to sell a product. A lot of the women said it looked like an ad for party city or a party store. I like the baby although I would prefer a Latina baby. Some of the women said that. This baby looks healthy. That was nice. They liked seeing the baby. The young adults like seeing the baby. They thought the visual was appealing to them and there was a baby there and they liked it. Next slide. These were the concepts for the mom. Again next slide. We try to cross over the concept and see if it could work for both groups. Young adults and moms. Next slide. The moms did not like the -- that concept of the pill. They -- the visual was cute but they weren't really moved by it one way or the other. They again a lot of them didn't like the man's arm in there. They said they felt pregnancy is a woman's topic. Women do most of the caretaking in the community and that it should be -- women should be featured, not

men. They did like the healthy outcome, seeing the healthy baby but overall they were not really moved very much by this concept. And the quotes are they say it's not a drug, not a medicine. What is it then? Like the young Latina adults they were confused because they felt if you take something every day that's a vitamin, it must be a medicine. They thought it was confusing. And then some women did say they liked it, felt that the superman character indicated the child was strong and so taking a vitamin can help you have strong babies.

Next slide. This is the mothers. I'll give you a second to read that. So this one was really capitalizing on the generational theme. We wanted to try and reach women to talk to their teenage daughters and continue it kind of being a cycle of healthy behaviors and folic acid being one of the healthy behaviors. This one again played on the rates. We put it why are Latinas more likely to have babies with serious birth defects. We put that piece in as an attention grabber because motherhood begins before you're pregnant. We wanted to put that in as far as the before.

Next slide. This was really liked in Miami and Los Angeles. The big piece, the big concern here was that it could place some guilt on women who -- on Latinas in general because you're saying you're extraordinary mothers and you have the highest rates. That might be placing guilt on these women. A lot of the women felt it wasn't true because they've seen children with disabilities in all races. This one like children of the future, the one with all the white baby clothes, spurred a lot of conversation. You either liked it or you hated it and there was a lot of back and forth, back and forth strong emotional feel again from a communications point of view it was wonderful to see that from behind the two-way glass it was wonderful to see the women really discussing deeply this theme, this concept and really going over and over about what was good about it and what was not. One woman

said to me in a debrief she said it's harsh to hear that we have the highest rates for these serious birth defects but if it's true, what you're saying, it's something you need to keep in there. It shouldn't be taken out of a piece because it's important for us to know that. That was really something that came out.

Next slide. This was ANA, kind of like the mom's version of Maria, the single woman. She is not pregnant now but she expects to be one day. We don't specify what the one is she's taking every day. Chicago and Los Angeles liked it. Everyone said it's nice but it wasn't -- didn't really garner much strong emotion one way or the other. They thought the message was clear but they really just didn't really have strong feelings. Some women liked the man in there, others thought why is he in there in such a prominent role? They didn't feel like the man should be in there. The quotes were, needs you to be pregnant to take care of yourself. You don't need to be pregnant to take care of yourself. It shows the whole family, I like that. You only need to take folic acid if you're certain to get pregnant. That's not what we wanted to convey. That was telling as well that she came away with that.

Next slide. This was the final one that was tested for the moms. I'll give you a second to read. Next slide. So this one was ranked highly by all the groups. They -- there was always the response to giggling, being more of a suggestive visual. But it caught everyone's attention. They felt they really got the main message. They said it's important to take folic acid if you're sexually active and not preventing a pregnancy. We didn't talk about planning a pregnancy if you are or not. We talked about if you're not preventing a pregnancy. If you're sexually active and the visual complements the text where it is a suggestive visual and the text saying if you aren't doing anything to prevent pregnancy. So the big concern with this one was that it would not be appropriate for younger audiences. It was more the dissemination piece. Some of the women said it is appropriate for adults

but not appropriate for young adults so they didn't feel it would be able to be placed just anywhere. It would have to be very focused dissemination where adolescents basically could not see this piece. A lot of the Latinas felt it was an issue. Some did not think it was an issue but it was a point of discussion that was mentioned. Some of the reactions it implies if you're not contra -- it's not exactly what we were talking about. But it is -- that is what this one person pulled away from it. If you are not on family planning you have to take the vitamins so it's kind of the sexually active. Makes you think about romance and sex, that was the visual. I don't like it. I wouldn't like my teen kids to look at it. That one woman in particular I believe was in Los Angeles and she just had real concerns it was not appropriate for all audiences. She really didn't like the suggestive feel of it and felt it was not appropriate for her young daughter.

Next slide. So based on these findings, we made some changes to the draft materials, we retested in the three main cities with again focus groups and individual interviews. And then something that was key was we tested with key distributors, those individuals who work closely with Latinas on a daily basis, health department or WIC and local groups, grassroots level. And we asked them to look at our final draft material and give us some feedback. This was a very important piece that we're actually working on a publication here at CDC to really stress the piece about the interviews with the key distributors. If we wouldn't have done it we would have missed a very vital step. That is that some of the key distributors said they would not be able to distribute the suggestive concept. The last concept they wouldn't be able to disseminate it. They didn't feel it was something that would be approved by their supervisors. They wouldn't be able to post a poster with that visual. It was very important for us to know. Even though that was the one ranked most highly by the moms, it was not something that would be able to be used in a lot of our community -- by a lot of our community partners so we went back to the drawing board

and said okay, well, even though the audience likes it, they'll never see it because our community partners cannot distribute it is what we're telling us. We had to go back to the drawing board and try to keep as much of the idea of it as we could and try to morph it in something acceptable for our partners. One was developed for mothers. There is no guarantee even if you've had a healthy pregnancy doesn't mean a guarantee for future healthy pregnancies.

The folic acid as a generational segment. Young adult users and non-users got a poster and print ad. For users there was the idea you can get pregnant without planning to. It would be ideal without intending to. It can happen. You need to be prepared. And then for young adult non-users there was more of a focus on babies. And the message about the text about folic acid with the picture of the visual more of a baby feel. One thing I haven't said yet and I don't have a slide so I can say it here but we did talk about distribution outlets with these women and most of them said for the most part TV. TV, TV, TV, radio was also up there. Internet was barely mentioned. Although Internet use is reportedly growing in the Latina population it is not where it is with the other racial ethnic groups. So Internet was mentioned by some of the younger Latina groups but not really a major outlet. They wanted to see it on TV for the most part and hear it on the radio. They did also like magazines. So magazines that were popular, they wanted to see them and they felt that was a good outlet. And then spokespersons that's something we weren't able to do. We didn't have the funding to do. Again, that's a very costly -- could be very costly but they wanted celebrity spokesperson and then some people just said testimonials. If you have TDPSA do something with a testimonial. Someone saying this is my reality and this is what I did and, you know, and that kind of idea showing a real person giving a real message. They really wanted that. As far as dissemination outlets also at the community level they felt bus stops were great because a lot of them use public transportation in the

big cities and they sit for potentially a long amount of time at a bus stop. They also thought inside the buses and transit, trains, metros, the posters, a lot of them did say they read them because there is nothing else to do. They read a lot of those. And do pay attention to what's posted. So a lot of those were the suggestions that were given. Some women did say my doctor's office but that wasn't really very popular. Again, it might be because of low -- there wasn't really a lot of women who were actually going to their doctors until they were really sick and by that time they were more concerned about their illness than reading any materials not related to that. Next slide. So this is the final poster and print ad for the moms. And again as you can see the visual is generational theme. The grandmothers to the young child and the idea of the Latinas, the tag line reads Latinas are extraordinary mothers but why do we have the most STD births? We mention every day. Not needing a prescription to get folic acid. We talked about all the key points. As many as we could in this short text here. As many as we could we try to hit. We gave a 1-800-CDC info number, a website for more information. Something mentioned was where can we get more information? A lot of women asked for the phone number so we are put the phone number there.

Next slide. This is the materials for the mom. I believe you could see both of them right now so unfortunately I think there was one on top of the other but one piece here in the front that you could see are the photos of the spina bifida and other things. This is something we have had a hard time getting through clearance at CDC in the past. Actual photos versus drawings. But we have felt very strongly on our team that photographs are much more effective than drawings in really conveying the severity of these conditions. So we did test this and told by our clearance chain test the photos and ask particularly about the photos and make sure it's something that's okay. With English speaking audience it's considered a scare tactic. Scare tactics go out the window with Spanish television.

Spanish language television is extremely graphic. We went ahead and put the photos and asked the moms about the photos specifically. They all said -- I was watching from behind the mirror and I could see as soon as they opened the brochure their eyes went directly to the photos. That was the first point of have you that they would go to and look at that. Then they would go right away and start reading. The women said I didn't know what we were talking about. I don't know what these birth defects are and once I see these photos, I see that this is that something is very severe. And I want to read more. I want more information about how I can prevent this. So the photos were very effective in that and then we asked them what should we not take out of the brochure and the one thing that was consistently mentioned with all the women was do not remove the photos. So that was good enough for our clearance chain and we were able to leave them in. So that was a great thing for us. Also on the bottle and the cereal box you see in the photos we have the words in English, which is also very important because the vitamin bottles on cereal in the U.S. are not labeled in Spanish. So they will not get anywhere looking for vitamins. So they wanted to have something they could take with them and just line up the words and make sure they're choosing the right thing. So that was put in there on purpose. Next slide. I'm wrapping up here. This is the young adult users poster and print ad. This is a very different feel from what the other visual was, the suggestive adults, the adults in the embrace. But again it's kind of the idea is there so we tried to mesh a lot of the suggestions we had gotten from the women. So men were in there but they're in the back, not featured in the front. Women said it's fine if men are in there but not in the forefront. They're in the back. There are four men and four women which implies they're in some type of relationship. That's where we got lieu the relationship piece. It looks like they're together and equal amounts of men and women. Then it's very conversational. The woman on the left is chatting with her friends about folic acid and even if you're not thinking about pregnancy, and she even says, even if you're not taking care of yourself

and the Spanish term slang meaning not taking contraceptives you need to be taking these steps. It's a conversational look and feel. It's young with the colors and then we do a very important piece was the middle woman is Afro Latina. We wanted to make sure that we covered as many looks or diversity in the Hispanic population as possible. Afro Latinas are most often not featured in a lot of the Spanish language materials and this is very important for us because in Chicago and New York and some of the big cities we did have a lot of Afro Latinas who mentioned they don't see themselves in the material. This was something that we specifically wanted to put. The men are playing soccer. Very culturally appropriate as far as the Hispanic popular sport in Spanish-speaking countries. That was the way we really tried to incorporate a lot of the look and feel that the women wanted to see along with the text. Next slide. This is the slide, the poster and printout we use for the non-users, young adults. As you can see it's still the baby items and for those of you breastfeeding advocates out there we have removed the pacifier because we were asked by our California partners that -- to remove that because of the breastfeeding implications. We hadn't thought of that and it didn't come up in the focus groups but we were very thankful to our partners in California for bringing that to our attention so we have removed that in the new stock of reprints for this piece and it will not have the pacifier in it. As you can see, there is a slight difference in look for this piece, which is just simply the yellow color. And what that does is it really took away that idea of a deceased baby. It is no longer an issue. The white clothes and the white everything implied for gave the women that implication or the thought that it was a deceased baby. With the color, it changed more to a joyous event or the expecting of a baby that's coming soon. It's interesting. And then finally the next slide -- next steps. Our materials are available on our site. On our regular site that we have all our materials on and free to the public and our partners. We did a media buy-in for January and February. Our young adults were in COSMO and we

did a radio buy in the major cities. That's kind of what we've done up to date. I will take any questions

>> Okay. We have our first question for Alina comes from Linda Morgan and Linda says that she noticed that all of your focus groups from large urban cities. Have you looked at rural focus groups? Would you expect differences? In income the majority of our Latinas live in rural areas.

>> Okay, great. Hi, Linda. Thank you for that question. That's a great question and it's something that we did think about. We did for ease of focus group, you know, getting them together and participation, we did pull from the major metropolitan big cities. So we did get just that representation for this formative research effort. We did not go to the rural areas. Although some of the women did live in the -- they didn't live directly in the city but in the surrounding areas and traveled to the city for that but still it was definitely not a rural effort by any stretch of the imagination. And we might perhaps -- you were right, we might very well see very different feedback with rural areas. I'm not sure because we did not include that. We did have some participants, I don't have it off the top of my head, but I do remember a lot of the participants saying they were from rural areas. In Los Angeles from rural Mexico as well. So we did have, I believe, we did have some women coming from rural areas. But you're correct, this formative research effort would not be generalizable to rural areas as well as even to the larger Hispanic population because we just did look at major cities and just some groups of women that came to the focus group. There are certainly limitations and that would be one of them.

>> Her work centers around issues related to Latina child and health. As well as the National Council on Folic Acid. Some of her other projects have examined -- she

completed a one-year fellowship. Her placement at NCLR promoted key nutrition policy issues. Performed community services and evaluated experiences of Latina patients. Emily is at the Center for urban -- we're pleased to have a meal yeah here with it.

>> Thank you, good afternoon and thank you for having me. It's great to be part of this and to really get the conversation going on how to reach a very important population in the discussion. I was really excited to hear Alina's presentation. I think she hit on a lot of specifics of what I'm going to talk about a little bit more generally. So I'll just start briefly with a profile overview for Latinas in the U.S. If we could go to my slides or my next slide. Possibly. Okay, hopefully we get there and I'll just speak without your being able to see visually but so Latinas are the largest, fastest growing and the youngest minority group in the U.S. There is an estimated 45.5 million Latinas in the U.S. with the median age of 28 years. And 34% are below 18 years old. So it's definitely a young population. Which is something to think about when we're talking about pregnancy and children. We represent approximately 20 different countries in all racial groups so it is a very diverse population. The Hispanic women ages 15 to 44 so what's called the childbearing age composed almost half of the total population of Hispanic women. So it's a big group that could possibly become pregnant. Hispanic women have a higher fertility rate than non-Hispanic white women at 97.7 versus 58.5 per 1,000. So it's a little less, almost double the fertility rate. 54% of pregnancies among Latinas are unplanned. So overhalf of Latinas -- [

>> I think we're off.

>> I hope everyone caught that last one. I'll start from the beginning of the slides just in case. I was just getting a little bit more in depth about Hispanic women in the U.S. who have a significantly higher fertility rate than non-Hispanic white women. And then I was

saying that over half of pregnancies among Latina women are unplanned. Over half of them, as Alina pointed out, really aren't planning for this. 53%, so again, over half of Latina teens are not -- age 15 to 19 are getting pregnant at least once before they're 20. A little bit more in depth even just on their pre-natal care. More than 20% of Latina immigrant women do not begin prenatal care in the first trimester so they aren't getting the care and whether they know or not about folic acid or about birth defects. There is a lot of intricate barriers inhibiting their access to prenatal care including uninsurance, poverty, language, low levels of education, low socio-economic status, lack of information, immigrant status. So there is a lot going on for these women that is important to take into account when you're thinking about sending them a message outreaching to them, convincing them that folic acid is a very important vitamin to be taking whether or not they are planning to get pregnant or not. A little bit more on Latina prenatal care. U.S.-born Latinas have higher rates of pregnancy complications than northern born Latinas. 90.5 versus 71.8 for 1,000 live births have complications among U.S. born Latinas. Some of these complications including diabetes, obesity and uninsurance, actually, which affects Hispanic women at higher rates than the general population. Latinas as Adriane mentioned are 1 1/2 to two times more likely to have babies with defects than other groups. This is sort of to highlight why this group is so important and to start thinking about some messages to send them that will resonate with them. That will tell them that this isn't something that happens to someone else. This isn't something that, you know, that no one knows about. That this is happening to them, that this is happening to Latinas, that it's something that they should really think about.

So then our next question was what do we do? And because of the multiple barriers they face, because of the diversity of the population, it's important that our outreach be thoughtful, be culturally and linguistically appropriate. Strategies to reach Latinas most at

risk and in need of information includes what we like to call a two-prong approach. You're looking at media and advertisements, as well as getting into the community and really going to talk to people and thinking about programs, thinking about community-based organizations, clinics and so we worked with the national council of folic acid to develop two tools that hopefully you'll be able to use almost as sort of a guide and adapt as needed to respond to the need. One is our Hispanic media outreach toolkit. The other is our Hispanic communications and marketing plan. I'm going to start with our media outreach toolkit. The purpose was to provide organizations with a tool to use to guide them in partnering with the Hispanic media in order to promote folic acid. Hopefully will it be useful to promote the importance of folic acid and also in your outreach to the Hispanic community and even your organization getting awareness out. And it is sort of on that airways level. It contains a profile of the Latina community similar to what I just gave you and an overview on how to work with the media. An explanation of how the Hispanic media differs from mainstream media.

Suggested talking points. Some templates for related press materials and some information on some other resources and where to find other resources. One of the things, and I think actually Alina mentioned about Spanish language television and how it is much more graphic, that to think about how they are different in addition to being more graphic. Spanish language media generally seeks to provide information to the community that is relevant and culturally sensitive. Specifically to them. They really like that human angle, the personal stories, the statistics and the data on their own Latina community. It reaches a segment of the population that may not be familiar with mainstream U.S. institution or the political system or might not watch English language television or be on the Internet. They enjoy really growing relationships and will continue to seek you out as a source of additional information once you've gotten in touch with them and started that relationship.

They do have bilingual staff and work with all groups to sort of fulfill that mission of sending out the message. So even if you don't speak Spanish but you want to outreach to the Spanish-speaking media to the Latina community, don't be afraid to contact them because they speak both Spanish and English and will help you work around that.

Moving on to the communications and marketing plan. The purpose of this one is to provide organizations with a tool to help them plan their targeted outreach, to this population and their communities, to design outreach campaigns and increase partnerships with local Latina organizations. It's a little bit different than the other one. It delves a little deeper about getting into the community. A lot of the same ideas are there in terms of thinking about the population that you are trying to reach. In the Hispanic communications and marketing plan there is a planning tool for increasing outreach, increasing partnerships and increasing contacts with Latina organizations and women. There is a time line of possible monthly activities organized by key dates that might be most relevant and there is a template for a budget on doing your outreach. Some of the possible activities included in the plan involve media outreach, so radio, TV, newspapers, print, Internet, emails,

E greeting cards. So it really sort of goes through each of these types of media outreach and gives them thought on where the Latina community might be on that. What we found a lot is that radio resonates with a large portion of the Latina community, especially the community that isn't the portion of the population that isn't generally getting a lot of these messages. So that they can -- we find that they're listening a lot more to radio than they are on the Internet or doing emails if they even do that. We also included some information on creating community partnerships and getting involved with the Latina community organizations. Seeing what they're doing, what are they involved in, where do they get their clients, the people that are coming to their organizations. They love creating

that relationship. Being a resource for the local organizations, knowing about the topics, attending their events and then they'll continue to come back to you. And we also included thinking about community outreach. So going out and giving talks in the community, advertising locally, figuring out where a lot of people are going. I mentioned clinics, maybe it's schools, maybe it's community center, maybe it's church. And attending some of the popular local events. Again, the big thing really is meeting them where they are. Thinking about what is popular in that community, what is popular with -- who are the important organizations and just sort of doing that background research on where that population that you're trying to reach is going to be. Some of the key months and dates that we included are ones that will sort of more easily lend themselves to activities. So you don't want to be doing activities all the time or people will stop paying attention. You want to make it relevant to them. It is not that different theoretically from any other community. The difference is just what are this community's circumstances. What are their barriers? What makes them get the mainstream messages and how to get those messages to them. So some of those key months included are January, may, mother's day, national teen pregnancy prevention month is also in May and the national women's health week and the national women's -- May is all about women. September is -- September 15th to October 15th is Hispanic heritage month. That's an excellent opportunity to reach out to the community. There is a lot going on regarding a lot of activities, regarding the Latina population. Thinking about families and their culture and their heritage.

And also then in October is national spina bifida awareness month. Finally in the marketing plan there is a budget template to plan your outreach budget. It gives you a little bit of an idea and head start if you don't already do a lot with your budget. According to these specific activities to think about the various costs that might be involved and maybe think about well, you know, we can't go to this event but we could go to this event, where

is your effort going to be? Always think about taking advantage of opportunities that might be free or might be low cost but still pervasive and effective. Maybe the cost is really only of one person going maybe taking some information to a popular event in the community and that's not going to cost you a lot. It will cost you a little bit of time and some of those informational resources. Definitely work on building and cultivating relationship. That creates even more opportunities to attend events, to be part of the community, just to get out messages without high cost.

Just some final points. I hope I haven't gone too fast with all the slides. But these tools don't detail all the -- all of the methods of reaching Latina populations. The organizations still may need to tailor your messages or strategies to your own community. As we mentioned the Latina population is very diverse. They're all over the country, in big cities, in rural areas. So they're not going to be resources that you can pull out and sort of just go step-by-step. But hopefully they'll be good guides to applying them to your own community. Media is absolutely important but it is always more successful when the grassroots, the community activities complement the messages so that people are getting the messages on TV. They're getting it on the radio and then they're also getting it from a real person. Or in their community from their trusted friends and family. Again, don't forget that English -- there are English speaking Latina, English speaking Hispanics that want to hear as well and don't limit yourself by simply translating English materials. Try to really make that message, again, meet people where they are. Don't just translate things into Spanish. I think that Alina's examples and her project was really spoke to that in a little bit more detail about how you can really think about what this population is thinking about, what will resonate with them, what will scare them off, what is important. So that's it for me. A little just quick overview of our resources. Adriane, they'll be available.

>> Thank you, Amelia, we appreciate that. All the resources will be available on the national council of folic acid's website. For those who don't have it it's folic acid info.org. Check out the two kits that she mentioned. They're both available on the website as well. We have a few questions that you have written in with and so let's just go through that. Our first question is from Sonya. I think this would actually be for either speaker. I'll give you each a chance to respond. Referring to the lack of family planning in Latinas, do you foresee the changing -- that changing as they become more acclimated to non-Hispanic American culture or do you feel the same attitudes will continue in the future? Either Alina or Amelia.

>> It's an excellent question and a tough question to answer. I think that the reason for that are very varied and probably can't be directly pinned down just to sort of acculturation or not. I do think that there is an issue of not planning in other cultures and in the U.S. in general. The teen pregnancy birth rates actually just came out and increased for the first time in many years. So I'm not sure what -- really what the answer to that is because I think it's an issue across the board, although we do see it more among the Latina population.

>> Did you have any comments, Alina?

>> Well, yeah, I agree.

>> Thank you, we appreciate that. Let's go to our next question. This is from Memphis, Tennessee. She writes how do you feel about outreach during minority health month in April? Do you think that the Hispanic/Latina population would respond to messages during that month?

>> I don't see why not. I think when we did this we were trying to think of ones sort of specifically towards that folic acid towards thinking about women and children and birth defects and towards Latinas. I couldn't imagine why not. I'm trying to think if anything else is happening in April. Absolutely. If there is a time of the year that you find that's relevant I would absolutely link any of your messages to that.

>> I would think any opportunity that you have to communicate the message, go for it.
Good question.

>> This next one comes from Kenya from the MCH Indianapolis healthy start program.

>> What are your thoughts and have you used programs to incentivize to get a better response?

>> I guess I would have to ask a counter question. Incentivize in terms of if you take folic acid you get something? And then in that case, no, I don't have experience with that.

>> No, I'm wondering if maybe Kenya was talking about some of the other wraparound marketing efforts that sometimes programs or campaigns will do like magnets or pill bottles or key chains and I know that CDC has some experience with that and some of the other partners of the National Council on Folic Acid have had experience with that. It's mixed. Sometimes you'll do some really great community outreach and go through all your supplies and feel like you've used that as a hook to get women to stop by your table at your exhibit or your venue and then other times, you know, you've lugged a whole bunch of Emery boards or magnets or purse mirrors and you still have them. So I'm not sure,

Kenya, if that's what you were asking but those are other incentives that sometimes go with programs. The greatest incentive for all of us is the prevention of birth defects to the brain and spine by up to 70%. In and of itself that's huge.

>> The key thing with incentives to remember is going along with what you were saying, maybe you did give it all out and people stopped by and hopefully that increased your message, the number of people getting your message but you're never guaranteed is that the number of people that are going to take action on your message.

>> Right. The conference that we did back in October where we did a preliminary overview of some of the research that Alina shared. One of the participants said this is great, how do we help women get to the behavior change? How do we know that that's helping? Really taking place? It seems to me that a lot of it goes back to the relationship building that you can get to their trusted sources in the community. Those folks can be the agents for change. You have to have the relationship there to help them deliver those messages.

>> Yes, I absolutely agree.

>> More questions.

>> Can you hear me?

>> Okay. I think we've gone through the majority of the questions. We have one other person that wrote in and asked if the speakers' comment in addition to the slides could be shared. I see no reason why we couldn't do that. We can make it available for you on the

National Council on Folic Acid's website once we have wrapped we can get that from the speakers. Unless there are -- let me check very quickly. Okay, we have one other question. This one is for Alina specifically. Are you on the line still? Okay. I'll ask this question just for the group in case it spurs on any other comments but I'll get back to you with her comment. I'll ask her to respond to this afterwards. The question was, had CDC, Alina used social marketing approach to assure the Hispanic women are an integral part of crafting effective messages. This one I can answer a little bit. As part of my role under the health promotion aspects of the spina bifida association we partnered with CDC for a portion of the research that Alina referenced earlier and I can say yes. Social marketing was definitely an approach that was factored into the crafting of the messages. They are -- they were at least three different rounds of testing, those messages with women in the various cities that Alina mentioned and that was a huge part of the messages. Then all of the different types of brochures and print ads and posters that Alina shared. Those were developed in response to the feedback that we got from the women and so that was all very based upon the audience research and it was all focused towards achieving that behavior change. You could actually get them to take that action step of taking folic acid. So good question. I'll also pass that along to Alina to give you her perspective on that as well. And I got a message from one of our listeners that Alina is trying to talk and we can't hear her here. I don't know if we're experiencing some technical issues.

>> We may be experiencing technical issues so we can't hear Alina. If she's answering the questions we apologize but we can't hear her responses.

>> I'm sorry, Alina. I think that was -- those are all the questions, I think, that have come insofar. So I want to -- okay. I just want to thank the health resources and service administration at Maternal and Child Health Health Bureau for serving as the National

Council on Folic Acid's host for this webinar opportunity. I encourage all of you to check out the resources that we have available to you on the coalition's website [folic acid info.org](http://folicacidinfo.org). The materials that Amelia mentioned are available there. We have information on how to order the materials that Alina referenced and available through CDC's folic acid warehouse. We thank you very much and we thank you out in the field for what you do every day to promote folic acid. This broadcast will be archived on mchcom.com and we'll also link to it as well through the National Council on Folic Acid's website. I'm not sure if we need to do anything.

>> That's actually pretty much it.

>> I was going to turn it back to Johannie but I think we can close.

>> We've thanked everybody. Both the presenters and audience of course and our contractor, the Center for the advancements of distance education at the University of Illinois at Chicago School of Public Health. They're the ones who always make this technology work for us. As Adriane mentioned it will be archived on the website at mchcom.com we encourage you to let your colleagues know about the website to access this webcast as well as others. Thank you so much and we look forward to your participation in other webcasts.

>> Thank you.