

## AEA/CDC Summer Evaluation Institute

### Offering 40: Evaluating Culturally-Tailored Health Communications

**Description:** This session provides answers to three basic questions: Why integrate culture in communications? What are some ways culture is operationalized in health communication? How might culturally tailored messages be developed and evaluated? It employs the definition of cultural tailoring first advanced by Pasick et al in 1996 as the recognition and inclusion of specific cultural characteristics to improve the relevance and utility of health communications. Tailoring is a procedure selected from the social marketing toolkit, and founded on the concept that any program or educational materials will be more effective when audience characteristics are taken into account in their development and dissemination. There is increasing attention being paid in the health promotion literature to the concept of culturally-relevant or culturally-appropriate programs or messages. Many of the strategies for evaluating such communications focus on fairly explicit linguistic or formatting metrics; is the language used accessible to the population, the spokesperson ethnically-appropriate, culturally-relevant constraining and facilitating factors included? This session will explore the integration and application of *cultural schemas* and *models*, concepts derived from cognitive anthropology, and the *mental modeling approach*, a process derived from risk communication theory, to develop and apply additional evaluative metrics for communications. The session describes how these concepts can be employed in the evaluation of culturally tailored health communication campaigns in community settings.

**Audience:** Attendees with a basic background in evaluation and working in the public health arena.

**David Driscoll, PhD, MPH**, is an anthropologist with extensive experience evaluating tailored health promotion and risk communications in with diverse audiences including efforts to promote cancer screening, immunization, risk perception, and environmental health. **Michelle Jones-Bell, MA**, is a Public Health Research Analyst at RTI International who experience includes moderating focus groups, facilitating group discussion, and conducting in-depth interviews with various audiences. She conducts exploratory, concept testing, and message testing for evaluation and social marketing campaigns.

**Offered (Two Rotations of the Same Content - Do not register for both):**

- Monday, June 23, 2:30 – 4:00 PM
- Tuesday, June 24, 2:30 – 4:00 PM

*turning knowledge into practice*

# Evaluating Culturally Tailored Health Communications

**David L. Driscoll, PhD, MPH**  
**Michelle Jones-Bell, MA**



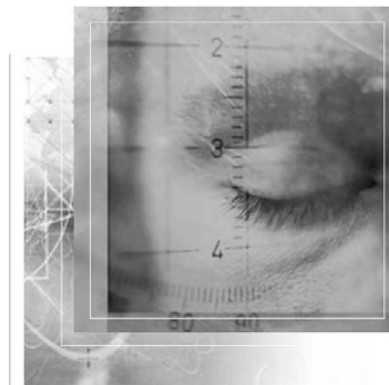
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Research Triangle Institute

## Goals of the Session

- Why integrate culture in health communications?
- What are some ways culture is operationalized?
- How might culturally tailored messages be developed and evaluated?



## Demographic Composition in the U.S.

- US increasingly heterogeneous
- **1990:**
  - 75% White (European descent)
  - 12.3% African American
  - 2.8% Asian-American
  - 9.0% Hispanic-American
  - 0.7% Native American
- **Estimated 2021:**
  - 53% White (European descent)
  - 24% African Americans
  - 9% Asian-American
  - 27% Hispanic-American



## How is Culture Defined?

*“The way of life of a group of people, the complex of shared concepts and patterns of learned behavior that are passed down from one generation to the next through language and imitation.”*

— Barnouw, 1985

*“Culture is what one needs to know to behave as a functioning member of one’s society.”*

— Goodenough, 1957



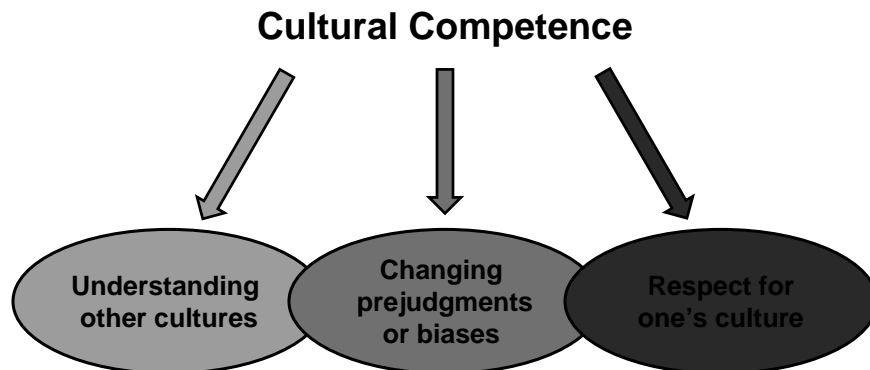
## Defining Cultural Competence

### ***Cultural Competence:***

*“A set of academic and interpersonal skills that allows individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw upon community-based values, traditions and customs and to work with knowledgeable persons of and from the community in developing focused interventions, communication and other support.”*

— Orland, 1992

## Cultural Competence: What is Involved?





## Culturally Competent Communication: Evaluative Metrics

- Use appropriate languages
- Use appropriate reading levels
- Use racially/ethnically appropriate spokespersons
  
- Others?

— J. Betancourt, 2003



## Paradigmatic Factors

*“Culturally and ethnically diverse communities have contributions to make in redefining how evaluation is conducted.”*

— Hopson, 2003



## What is Health Communications?

***“Health communication***  
*encompasses the study and use*  
*of communication strategies to*  
*inform and influence individual*  
*and community decisions that*  
*enhance health.”*

— Freimuth, 2001



## Cultural Tailoring

### ***Cultural Tailoring:***

*“The development of interventions, strategies, messages and materials to conform with specific cultural characteristics.”*

— Pasick *et al.*, 1996

### ***Culturally Tailored Health Communication (CTHC):***

*Any combination of information and behavior change strategies intended to reach one specific culture based on information unique to that culture, related to the outcome of interest, and derived from a group assessment.*

## Cultural Models

*“A culturally-transmitted conceptual framework composing a specific domain of knowledge and activity. Cultural models are structured along key elements, and can include such variables as social expectations, associations, and decision-making processes, and can serve as either barriers or facilitators to preferred behavior change.”*

— *sensu lato* D’Andrade, 1984; Dressler and Blindon, 2000

## Evaluating Culturally-Tailored Health Communications: *Project 1*



### Project Summary

**Objective:** Develop culturally-tailored risk communication messages to inform decisions regarding environmental exposures to methylmercury in locally-caught fish among subsistence fishers.

**Design:** Three-community experimental design. Three North Carolina communities typified by majority (at least 75%) African-American, Latino, or Native-American (Lumbee) residents.

## Evaluating Culturally-Tailored Health Communications: *Project 2*



### Project Summary

**Objective:** Conducting formative research to explore cultural models related to various pandemic influenza mitigation strategies.

**Design:** Organizational interviews and local interviews /discussions with 8 audience segments.

## *Cultural Models and Cultural Tailoring:* **Process Metrics**



## Process Metrics

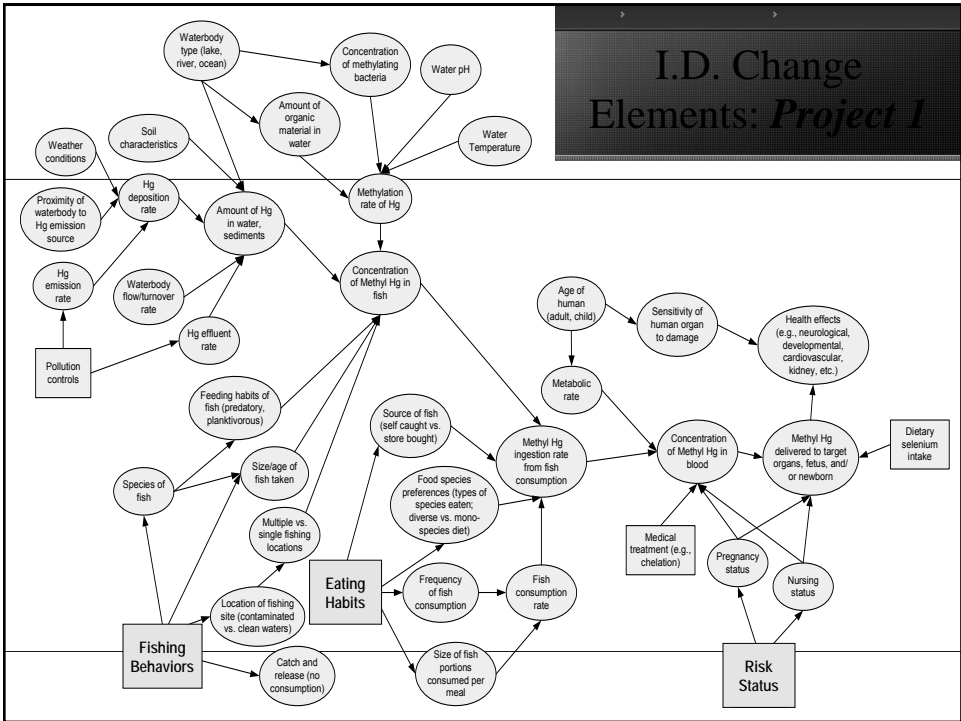
# 1. Identify Change Elements

**1. How did the authors develop the change elements/objectives of the public health communication program or campaign?**

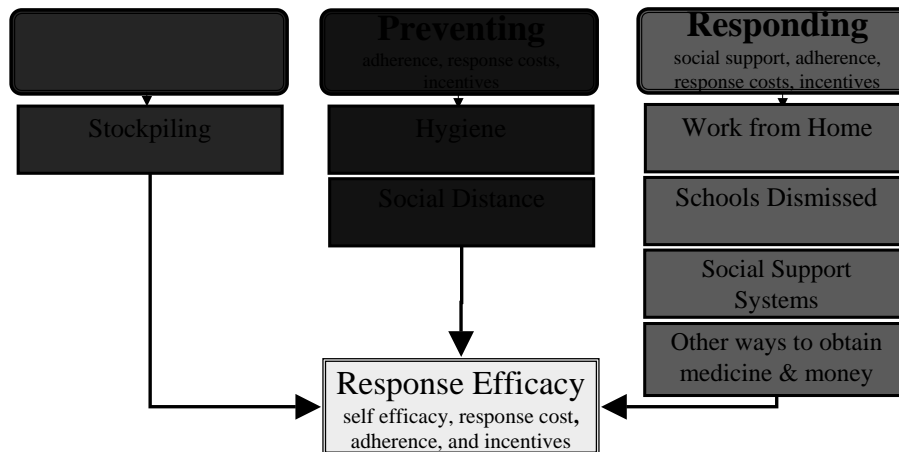
- Change elements:
  - ◆ Attitudes
  - ◆ Knowledge
  - ◆ Behaviors

✘ Active people and veggies from TriCare cropped

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## I.D. Change Elements: *Project 2*



**Community Determinants:** cohesive/individualistic, social support, trust/distrust, government, required services, challenges, informal communication networks  
**General Knowledge and Attitudes:** perceived vulnerability and perceived severity

## First Exercise

**Imagine a culturally tailored campaign based on the definition and your goals and objectives:**


- What is the public health problem to be addressed?
- Who are the recipients?
- What are the change elements?




*Process Metrics*

## 2. ID Cultural Models

**2. How did they assess and integrate cultural models related to those change elements?**



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## Cultural Models: *Project 1*

**Risk Status**


- Moderate vulnerability
- High importance
- Moderate relevance: river "cleanses self"
- Little knowledge of vulnerable subgroups

**Fishing Behaviors**

- Moderate self/Low response efficacy
- Low appropriateness:
  - Fishing as heritage
  - Bigger fish are better
  - Catch all you can and distribute to others
  - All species of fish are equally polluted

**Eating Habits**

- Low self/response efficacy
- Low appropriateness:
  - Fishing as rite of passage
  - Distribute to less fortunate
  - Mercury is visible
  - Mercury can be removed from fish
  - Species preferences
    - ◆ Bowfin "Blackfish"
    - ◆ Pickerel "Pike"
    - ◆ Brim "Bluegill"
    - ◆ Spot

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## Cultural Models: *Project 2*

### **General Knowledge and Attitude**

- Risk Perceptions
  - Change in vulnerability based on location of outbreak
- Difficulty perceiving severity

### **Preparing**

- High Self Efficacy (Food/Water)

### **Preventing**

- High Response Efficacy
  - Avoiding Social Gatherings
- Low Response Efficacy
  - Avoiding Church

### **Responding**

- Changes in perception of risk
- Changes in perceived severity and vulnerability

## Second Exercise

**What cultural models describing or explaining acceptable behaviors are related to the change elements identified among audience members?**

### 3. Preferred Sources and Formats

**3. How did they assess and integrate cultural models and preferences related to communications sources and formats?**



### Preferred Sources and Channels: *Project 1*

- African Americans — Face to face, social and organizational contacts
- Hispanics — Print media, radio, social network contacts
- Lumbee — Community, social, organizational, cultural contacts

## Preferred Sources and Channels: *Project 2*

- African Americans — Television, community leaders, and schools
- African Americans (SF only) — Community organizations
- Asian Americans — Local new channels, radio, community organizations, and schools.

## Third Exercise

***Hypothesize cultural models among message recipients related to the sources and channels of communication.***

- How should the messages be conveyed and by whom?

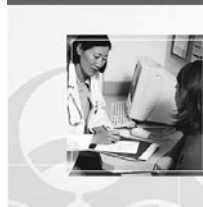


*Cultural Models and  
Cultural Tailoring:*  
**Outcome Evaluation  
Metrics**



*Outcome Evaluation Metrics*  
**1. Change Elements**

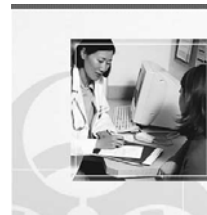
**How were change elements augmented or  
challenged to support study objectives?**



## Outcome Evaluation Metrics

### 2. Cultural Models

How were cultural models augmented or challenged to support study objectives?



## Outcomes: *Project 1*

- **Knowledge of Risk Status Increased**
  - *Vulnerability*—Perceived probability of exposure to mercury increased from somewhat to probable.
  - *Importance*—Perceived magnitude of the consequences of exposure remained very high.
  - *Relevance*—Increased from moderately to very important compared to other risks.
- **Fishing/Eating Intentions Changed**
  - *Self efficacy*—Perceived ability to reduce exposures to methylmercury in fish increased from low to high.
  - *Response efficacy*—Perceived utility of the options to mitigate exposure increased from low to moderate.
  - *Appropriate*—Increased acceptability of exposure mitigation options increased but dissatisfaction remained.



## Evaluating Culturally Tailored Health Communications

- How are change elements identified?
- How are cultural models related to change elements identified?
  - Primary data, secondary data, theory
- Cultural models assessed?
  - How?
  - What?
- Variance in change elements?
- Variance in cultural models?



## Cultural Models and Evaluation

- Advantages:
  - Recognizes social determinants of shared beliefs and attitudes.
  - Provide ready evaluative framework and metrics.
- Disadvantages:
  - Fix cultural models as static and universal.
  - Potential to over-apply.
  - Behaviors don't necessarily follow beliefs.

# Questions?

