

HISPANIC HEALTH BEHAVIOR CHANGE AS EASY AS ONE, TWO, THREE:
THE CANCER PREVENTORIUM MODEL

A Directed Research Project

Submitted to

THE FACULTY OF THE PUBLIC COMMUNICATION GRADUATE PROGRAM

SCHOOL OF COMMUNICATION

AMERICAN UNIVERSITY

WASHINGTON, D.C.

In Candidacy for the Degree of

Master of Arts

By

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May 2007

ABSTRACT

Cancer prevention and control experts have traditionally tried to communicate with Hispanic populations through the frame of Anglo-American culture. Few have approached this issue from a Hispanic cultural frame. This study analyzes the Cancer Preventorium Model developed by Dr. Elmer Huerta that puts culture as the central component. The three main pillars of the model are: culturally appropriate media outreach, the Cancer Preventorium clinic, and a patient navigator. The study analysis revealed that approaches that are culturally-based, multifaceted, and tailored to the cultural uniqueness of Hispanic audiences are the most effective. In this case, the lack of control by funding agencies allowed for the flexible development of a model that responds to the needs of the community. The leadership of Dr. Huerta has been an essential ingredient of success of the outreach tactics, strategic relationships developed, and its long term approach. The study concludes that Hispanics are in fact not hard to reach if one understands the social and cultural foundations of the audience.

ACKNOWLEDGEMENTS

I would like to thank those that helped guide me on this path to the completion of my graduate capstone project. Dr. Zaharna's invaluable guidance made this project an enjoyable and feasible journey. I would also like to thank Dr. Elmer Huerta for taking the time to email, talk, and take my questions, despite his busy schedule. I am also inspired by his passionate dedication to challenging the Latino community to take proactive control of their health care and providing them a welcoming place to get it done.

I would also like to thank my parents for serving as role models of how to fight the unexpected challenges that present themselves. My mother's battle with colon cancer has inspired me to study and learn more about how to communicate ideas of cancer prevention, so that others do not have to needlessly endure late stage diagnosis. I also appreciate my father's constant encouragement and support in lovingly taking care of my daughters, at a moment's notice. Finally, I would not have gotten this far had it not been for my supportive and insightful husband. His comments and constructive criticism have always steered me to think about issues from different perspectives. I also appreciate that he played the role of dad and mom for the past few months.

TABLE OF CONTENTS

Chapter I – Introduction.....	1
Statement of Purpose and Objectives.....	3
Study Significance	3
Background.....	4
Study Limitations	6
Study Overview	7
Chapter II – Literature Review.....	8
Behavior Change Theories	8
Hispanic Culture and Health.....	17
Hispanic Health Behaviors	23
Chapter III – Case Profile.....	25
Background.....	25
Goal and Objectives	26
Target Audience Research	27
Strategy	32
Tactics.....	33
Hispanic Media Outreach.....	33
<i>Cuidando su Salud</i> (Taking Care of Your Health)	34
<i>Consultorio Comunitario</i> (The Community Clinic of the Air).....	36
<i>Hablemos de Salud</i> (Let’s talk About Health)	38
The Cancer Preventorium	39
Patient Navigator.....	41
Funding Sources.....	42
Sustainability	43
Similar Centers.....	44
Chapter IV – Case Analysis	46
Culturally-Based Approach: Audience Specific.....	46
Multifaceted Approach: Information & Relationships.....	51
Hispanic Media	51
Patient Navigator.....	53
Long Term Approach	54
Purse Strings: Funding Source	58
Partnerships: Campaign Extension	60
Policy: Campaign Reinforcement	61
Personal Leadership.....	62
Overall Assessment.....	64
Chapter V – Conclusion.....	68
References	73
Appendix A.....	77
Transcript of <i>Cuidando su Salud</i> (Taking Care of Your Health)	77

CHAPTER I – INTRODUCTION

I have been to conferences where public health experts talk about Hispanics as a 'hard to reach' audience. That is not true. What they should say is, 'I don't know how to reach Hispanics.'

—Dr. Elmer Huerta
Caminando Juntos Health Conference, April 14, 2007

The disparities in cancer awareness and preventative behaviors which exist among Hispanics and other minorities in the U.S. are caused by many factors. Lower levels of access to health care, education, income, levels of acculturation, access to information in Spanish, and other cultural values make the Latino audience less likely to get cancer screenings and are more vulnerable to this disease.¹ This tendency to seek medical care at later stages might not only be caused by lack of insurance, but also geographical access to health care or cultural or linguistic isolation from health care services.

A Pew Hispanic Center survey in 2005 showed that socio-economic conditions were linked to health insurance access. Low levels of access to health care are sometimes a result of less educational achievement, newly immigrated populations, and those with low income-earning jobs. According to the American Cancer Society, only 15% of Non-Hispanic White Americans had earned less than a high school diploma, compared to 46% of Hispanics.² Furthermore, the same source indicated that an estimated 8% of Non-Hispanic White Americans lived in poverty, compared to an estimated 23% of Hispanics. A total of 47 million Americans were uninsured in 2005.³ Although Hispanics comprise only 14% of the

¹ Pew Hispanic Center and The Henry J. Kaiser Family Foundation, "Survey Brief: Health Care Experiences," (March 2004): 1, <http://pewhispanic.org/files/factsheets/14.pdf>.

² American Cancer Society, "Cancer Facts and Figures for Hispanics/Latinos 2006-2008," (2005): 14. <http://www.cancer.org/downloads/STT/CAFF2006HisPWSecured.pdf>.

³ The National Coalition on Health Care, "Facts on Health Insurance Coverage," <http://www.nchc.org/facts/coverage.shtml> (accessed April 2, 2007).

U.S. population, they accounted for 29% of the uninsured population.⁴ Furthermore, an estimated 35% of Hispanics have limited access to health care and they tend to seek treatment when they experience medical problems.⁵ Practitioners and scholars agree that culturally appropriate and targeted approaches to achieve Latino health prevention behaviors are needed to combat future disease and mortality incidence within a community that is not economically equipped to combat late stage battles with diseases like as cancer.

Communication experts in the field of cancer prevention and control have been struggling with ways to reach the Hispanic population with effective messages to get them to engage in cancer screenings. Many approach the issue from the frame of an Anglo-American perspective. Few truly approach this issue from the frame of the Hispanic culture or take into consideration the issues that this community faces.

One approach that does appear to be effective is the Cancer Preventorium Model, developed by Dr. Elmer Huerta. Dr. Huerta is an oncologist and cancer prevention and control specialist as well as an advocate for preventative health behavior among Latinos. Throughout the span of his career, Dr. Huerta created this model with the goal of encouraging Latinos to seek preventative health care before they notice symptoms of disease. The Preventorium Model of health prevention is developed by and for Hispanic audiences. Dr. Huerta also uses the diffusion of innovations theory to introduce the new idea of preventative health among Hispanic audiences. These factors, combined with the variety of communication channels and techniques employed may explain success of the program among Hispanics in the D.C. metropolitan area.

⁴ The National Coalition on Health Care, "Facts on Health Insurance Coverage," <http://www.nchc.org/facts/coverage.shtml> (accessed April 2, 2007).

⁵ Pew Hispanic Center and The Henry J. Kaiser Family Foundation, "Survey Brief," 1.

Statement of Purpose and Objectives

This study will analyze the Cancer Preventorium Model. The study will explore in particular the approaches used to reach Hispanics with messages of cancer prevention in culturally appropriate ways. The specific objectives of this case study are to:

- identify the diffusion of innovations, social marketing, and Hispanic cultural communication concepts relevant to the case study;
- profile and clearly define the Cancer Preventorium Model;
- analyze the application of the theories described in the case; and
- provide recommendations to make the model sustainable and replicable.

Study Significance

Public communication scholars understand that publics are not homogenous, and this particular audience has been misunderstood for many years. Communication scholars are developing theoretical papers that address how best to communicate with Hispanic audiences, based on cultural values and preferences. This model takes these cultural theories and applies them to engaging Hispanics in preventative health care. This is an important community-based approach that may prove to be effective in reaching the Hispanic population.

It is also important to operationalize Hispanic communication models so that the population can be reached effectively and efficiently by the organizations. This case can help us develop similar community-based social marketing approaches to reaching Hispanics on issues other than health.

Background

Cancer is a disease that is difficult to combat, but early detection is the best and first line of defense. The cancer community agrees that prevention behaviors such as – not smoking, low alcohol consumption, high consumption of fruits and vegetables, exercise, cancer screenings, and annual health checks – are the answers to decreasing cancer incidence. It is therefore significant to provide the public with information about these cancer reduction techniques.

The federal government and public health community are committed to focusing on prevention within the 42 million Hispanics estimated to reside in the U.S.⁶ It is important to study models that effectively reach Hispanics. Also, it is especially significant when one understands that by 2050, Hispanics will account for one out of four Americans.⁷ If cancer is disproportionately detected in late stages, then it will weigh heavily against the U.S. health care system. Hence, it is cost effective to engage in prevention.

In 2006, the National Cancer Institute (NCI) has recommended increased outreach to move Latino populations to adopt preventative health behaviors in creative ways.

The strongest predictor of screening adherence is a recommendation by a health care provider. People without access to care likely are not receiving these important prompts and therefore must be reached in different ways. While communication contributes to screening uptake and repetition, multi-faceted interventions that address social barriers such as lack of insurance, usual source of care, and transportation are needed.⁸

⁶ U.S. Bureau of the Census. *Annual Estimates of the Population by Sex and Age of Hispanic or Latino Origin for the United States: April 1, 2000 to July 1, 2005 (NC-EST2005-04-HISP)*, 2005, <http://www.census.gov/popest/national/asrh/NC-EST2005-asrh.html> (accessed March 29, 2007).

⁷ U.S. Bureau of the Census. *Facts for Features: Hispanic Heritage Month 2004: Sept. 15-Oct. 15*, September 8, 2004, http://www.census.gov/Press-Release/www/releases/archives/facts_for_features_special_editions/002270.html (accessed February 10, 2007).

⁸ Health Information National Trends Survey, “HINTS Brief Number 3: Most Americans Are Aware of Cancer Screening Tests: Knowing Age and Frequency Remains a Challenge,” (Aug 2006): 2, http://hints.cancer.gov/hints/docs/HINTS_Brief070606.pdf.

In 1987, Dr. Huerta was asking the same questions that social marketers were asking themselves:

“Why do [patients] know so much about entertainment and sports and so little about health?” ... “Would it be possible to sell health to the public using the media, the same way we sell soap, alcohol, tobacco and furniture? Will people buy the concept of preventive health?”⁹

These questions indicated his desire to use traditional marketing techniques to persuade people to buy-into behaviors, much like they would purchase products.

Soon after, Dr. Huerta came to the U.S. to study cancer prevention at Johns Hopkins University and the National Cancer Institute and proceeded to develop a model to persuade Latinos to buy into preventive health.¹⁰ His Cancer Preventorium Model is based on the diffusion of innovation theory with the ultimate goal of changing the behaviors of Hispanics from seeking treatment to seeking preventative health care. The model’s emphasis on behavior change and the theoretical constructs of social marketing are clear through the implementation of the programs.

The model is based on the concept of a *Preventorium*; a place where asymptomatic patients go to seek preventative treatment and screenings to determine the best ways to prevent diseases.¹¹ Conversely, a *sanatorium* is a place where convalescent patients go to seek treatment of diseases and rehabilitation.¹² Thus, the Preventorium is the juxtaposition of the Sanatorium model which is based on the dominant disease-based public health paradigm.

Dr. Huerta is a Peruvian immigrant himself and therefore has a deep connection to the U.S. Hispanic culture. He noticed the same trends in the Hispanic patients he treated in

⁹ Corinna Wu, “Community Service: Elmer Huerta’s call-in show and clinic help Latinos tune in to cancer prevention,” *Collaborations Results Magazine*, Winter 2007, <http://www.crmagazine.org/home/magazine/winter-2007.aspx?d=325#>.

¹⁰ Ibid.

¹¹ Elmer Huerta, “Cancer Prevention in the XXI Century: The Cancer Preventorium Concept,” (presentation, Prevencion.org): 48. <http://www.prevencion.org/ppt/Prev-Master.ppt>.

¹² Ibid., 52.

the U.S. as he did in Peru. Therefore, he was inspired to try to change the way Hispanics in the Washington, D.C. area felt regarding health to a more proactive model. He developed this model from a Hispanic perspective rather than an Anglo-American perspective, which is a significant ingredient for success.

In the U.S., uninsured Hispanics tend to seek health treatment for very advanced stage diseases from emergency rooms or community health centers. Emergency rooms in areas where there are high populations of immigrants tend to be overwhelmed by patients. The challenges that Community Health Clinics (CHC)s face are mostly a result of lack of resources, specifically personnel, administrative systems and computer equipment, medical record keeping systems, patient to practitioner ratio, and a lack of effective internal communication.¹³ Furthermore, a study conducted at a Massachusetts urban CHC showed that providers also had inaccurate perceptions of their audiences as disinterested in preventative health care, provided inadequate counsel to patients due to lack of time, and encountered communication challenges with Spanish-speaking audiences.¹⁴

The National Cancer Institute indicates that communications alone do not increase screening rates; multifaceted interventions that address social and cultural barriers are necessary. The Preventorium Model does not only rely on communication. This is a multifaceted approach that attempts to reduce barriers such as linguistic isolation, lack of insurance, usual source of health care, and lack of resources within the Hispanic community.

Study Limitations

The limitations of this study are that it focuses on one case, when there are a several other community based health programs that would be worthy of examination. The Cancer

¹³ Stephenie C Lemon, Zapka, Jane G., Estabrook, Barbara, Benjamin, Evan. "Challenges to Research in Urban Community Health Centers." *American Journal of Public Health*. 96 (Apr 2006): 627.

¹⁴ Ibid.

Preventorium Model was selected because this approach to preventative health care seemed to be comprehensive, multifaceted, based on Hispanic cultural tendencies, and one that was local to the Washington, DC area. This study analyzes the behavior change and Hispanic communication aspects of Dr. Huerta's Preventorium Model. Although this case study could address the various public health aspects of the model, the emphasis of this case is on the communication and persuasion theories and techniques employed by the Preventorium Model. Another limitation of this study is that it could not conduct an independent evaluation of the program to measure effectiveness, due to lack of time and resources. An extensive evaluation of the program would be an interesting follow up to this study, which is one of the study recommendations.

Study Overview

Following this Introduction, Chapter 2 surveys the literature related to social marketing, diffusion of innovations, and Hispanic communication. Chapter 3 profiles the three pillars of Dr. Huerta's Cancer Preventorium Model: culturally appropriate media outreach; the Preventorium; and a patient navigator. Chapter 4 analyzes the case according to the theories presented in the literature review and provides recommendations for future directions. Chapter 5 provides a summary of the case study and final thoughts.

CHAPTER II – LITERATURE REVIEW

This chapter reviews the literature on behavioral change theories and Hispanic cultural communication concepts related to health. A review of the following theories will follow: Everett Rogers' Diffusion of Innovations, Irwin Rosenstock's Health Belief Model, Andreasen and Weinreich's approaches to Social Marketing, Korzenny and Korzenny's Hispanic Culture and Hispanic Health Beliefs.

Behavior Change Theories

Everett Rogers studied and developed the basic paradigm of diffusion published in his book, *Diffusion of Innovations* in 1962. Diffusion of innovations studies the challenges of why it takes so long to persuade communities to adopt new ideas that are clearly advantageous to society.¹⁵ According to Rogers, "diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system."¹⁶ Rogers' theory helps communicators determine the strategies that spread new ideas – the innovations– to a society. Rogers defines the process of communication as one based on a two-way relationship among the members of a society to reduce perceived barriers and uncertainties associated with new ideas.

First, Rogers defines innovations as having five characteristics: *relative advantages*, *compatibility*, *complexity*, *trialability*, and *observability*.¹⁷ Relative advantage is the degree to which the innovation is better than a competing idea or previous behavior. Compatibility is the degree to which an innovation is in line with the cultural and historical values and current

¹⁵ Everett Rogers, *Diffusion of Innovations, Third Edition* (New York: The Free Press, 1983), 1.

¹⁶ *Ibid.*, 1-36.

¹⁷ *Ibid.*, 1-36.

needs of a society. Complexity is the ease of use of a new product or innovation. Trialability is the ability to try or test an innovation on a temporary basis. Observability is when the innovation's results can be observed by members in a society, which makes it easier to adopt. The higher the degree to which receivers perceive these characteristics – relative advantage, compatibility, complexity, trialability, and observability – then the better the chances of the adoption of the innovation. In addition, Rogers explains how innovations sometimes go through a process of re-invention, in which the adopter modifies the innovation during the implementation and adoption process.

Preventative innovation is an innovation that individuals adopt to prevent potential negative future occurrence.¹⁸ *Cues to action* are believed to be central in the persuasion of individuals to adopt a preventative innovation. These cues can be part of a change agency's activities or they can occur naturally and encourage adoption.

Second, Rogers defines *communication channels* as vehicles that people use to communicate the innovations among one-another. Rogers argues that mass-media channels are effective in getting information to the audiences and therefore increases audience knowledge of an innovation. Rogers also argues that interpersonal channels are effective in changing attitudes and motivating people to decide whether or not to adopt an innovation. Robert Hornik¹⁹ cautions that communicators should not rigidly limit the use of mass media during the awareness stage of innovation decision making and use only interpersonal channels to persuade audiences.²⁰

¹⁸ Everett Rogers, *Diffusion of Innovations*, 171.

¹⁹ Robert Hornik is Professor of Communication and Health Policy at the Annenberg School for Communication at the University of Pennsylvania. Hornik is a cancer prevention communication researcher.

²⁰ Robert Hornik, "Some Reflections on Diffusion Theory and the Role of Everett Rogers," *Journal of Health Communication*, 9 (2004): 144-146.

Rogers explains the significance of *heterophilic* and *homophilic* interaction in the process of innovation communications.²¹ Homophilic interaction is described as communication that takes place between individuals of similar cultural, socio-economic, or educational backgrounds. This is said to be the most effective method of communication. Conversely, he defines heterophilic interaction as the communication interaction between two individuals of different cultural values, education, and social status. Rogers cautions that most of the diffusion process is conducted in a heterophilic setting, which is less effective because experts and innovators tend to have higher socio-economic conditions than the clients they serve who are typically of lower socio-economic status. Rogers explains an interesting caveat that occurs when heterophilic individuals communicate in an empathetic manner with audiences. The use of empathy on the part of the innovator tends to negate the negative effects that result from heterophilic communication and can also lead to effective communication.²²

Third, Rogers defines the multifaceted element of *time* as one of the four main components to the process of the diffusion of innovations.²³ Time contributes to the *innovation-decision making process* which occurs in five stages over a period of time: (1) knowledge or information seeking; (2) persuasion and evaluation seeking; (3) decision or uncertainty reduction which leads individuals to adopt or reject an innovation; (4) implementation or innovation use; and (5) confirmation or decision reinforcement seeking.

Time relates to *innovativeness*, which is the degree and speed with which individuals implement new ideas.²⁴ Rogers defined a continuum that measures the degree of

²¹ Rogers indicates that the terms heterophily and homophily were first studied by Lazarsfeld and Merton in 1964. Everett Rogers, *Diffusion of Innovations*, 18-19.

²² Ibid., 18-19.

²³ Ibid., 20-24.

²⁴ Ibid., 22.

innovativeness, which ranges from those whom he would call venturesome (innovators) to traditional (laggards). Rogers outlines five *adopter categories*: innovators, early adopters, early majority, late majority, and laggards. Rogers also defines *rate of adoption* as the speed with which a percentage of society adopts an innovation over time, which follows an 's-shaped curve'. In addition, Robert Hornik argues that the following factors contribute to the rate of adoption: relatively fixed characteristics of individuals; moderately fixed characteristics of individuals; learned behavior/skills of individuals; structural characteristics of individuals; social context; structural characteristics of communities; characteristics of innovations; and characteristics of the diffusion system.²⁵

Fourth, Rogers defines the impact that *social systems* have on the diffusion of innovation process.²⁶ Rogers indicates that individuals, groups, or organizations in social systems engage in collaborative problem solving to achieve goals that are favorable to the group and provide cohesiveness. Rogers outlines how the following social system elements impact diffusion of innovations: *social structure*; *system norms*; *opinion leaders*; *change agents*; *innovation decision types*; and *consequences of innovations*. Rogers first defines social structure as the behavioral patterns and structures that provide a sense of predictability and regularity among individuals in a system, thus reducing uncertainty. Next, Rogers defines system norms as the standards of behavior for members of a social system which can be barriers or facilitators of adoption within a society.

Rogers also indicates that opinion leaders and change agents influence diffusion of new ideas within a society. Rogers defines change agencies as the organizations that want the innovation to occur, the change agents are the individuals that communicate with clients, or the members of society that the change agency wants to influence. Change agents are

²⁵ Robert Hornik, "Some Reflections on Diffusion Theory," 144-146.

²⁶ Ibid., 24.

professionals; university educated; of higher social status; of different cultural or socio-economic backgrounds from the social system; and they encourage clients to engage in innovation decision-making. Rogers indicates that change agents need to accomplish the following in the process of innovation: (1) make their client audiences aware of the need for change; (2) establish a trusting relationship in which information exchange can occur; (3) diagnose problems from the perspective of the client; (4) motivate the client to want to change; (5) translate intent to change to taking action (working through opinion leaders to stimulate peer-networks); (6) stabilize behavior and prevent inaction (typically during the implementation and confirmation stages of the innovation-decision making process); and (7) achieve sustainable behavior change within the client community.²⁷

Furthermore, Rogers states that opinion leaders are informal community leaders who are exposed to external communications, are cosmopolitan, have higher social status than most, are more innovative, and contain extensive networks of interpersonal relationships. Individuals observe opinion leaders and model their behavioral patterns after these role models.

Rogers outlines four types of innovation decisions: *optional, collective, authority, and contingent*, which influence the diffusion of new ideas within a society.²⁸ In optional decisions, individuals have complete responsibility for making decisions. In collective decision making, members of a group decide together. In authority decisions, individuals have no influence on decision making. Contingent innovation decisions occur when one type of innovation decision is followed by another in a sequential pattern.

²⁷ Everett Rogers, *Diffusion of Innovations*, 315-317.

²⁸ *Ibid.*, 37.

Finally, the adoption or rejection of innovations within a society results in *consequences* of innovations.²⁹ These consequences usually fall within three classifications. First, desirable versus undesirable consequences are those effects that are positive or dysfunctional. Second, direct versus indirect consequences refer to the effects that result immediately or indirectly from innovation, respectively. Third, anticipated versus unanticipated consequences refer to the effects that offer society intended versus unintended effects.

The study of the diffusion of innovations theory itself can be studied as having sparked research studies that followed an ‘s-shaped diffusion curve’ of adoption, with over 5,000 diffusion studies.

In the 1950’s, Irwin Rosenstock and other social psychologists working for the Preventative Health Services developed the Health Belief Model to study and uncover factors that explain preventative health behaviors.³⁰ Kohler, Grimley, and Reynolds discuss Rosenstock’s Health Belief Model and its evolution as the model expanded over the past six decades. The six main components of the health belief model include: *perceived susceptibility* of the threat of disease; *perceived severity* of the condition; *perceived benefits* of a disease action; *perceived barriers* to action; *cues to action*; and *self-efficacy*.³¹ Kohler, Grimley, and Reynolds also detail how factors such as socioeconomic, ethnicity, gender, and environmental factors influence behavior by altering some of the six components of the model. The following section details the six components of the Health Belief Model and how key factors modify these components to determine and predict health behaviors.

²⁹ Everett Rogers, *Diffusion of Innovations*, 32-33.

³⁰ Connie L. Kohler, Diane Grimley, and Kim Reynolds, “Theoretical Approaches Guiding the Development and Implementation of Health Promotion Programs,” in *Handbook of Health Promotion and Disease Prevention*, ed. James M. Raczynski and Ralph J. DiClemente, 28 (New York: Kluwer Academic/Plenum Publishers, 1999).

³¹ *Ibid.*, 28.

First, *perceived susceptibility* refers to the beliefs that individuals may have about their chances of contracting a particular disease. Second, *perceived severity* refers to how serious a disease seems to an individual and how negative the disease's consequences can be. Third, *perceived benefits* refer to the perceptions of the effectiveness and positive outcomes that may result from engaging in a health action to reduce the risk of a disease. Fourth, *perceived barriers* refer to the impediments to or costs of engaging in a health action to reduce the risk of disease. Fifth, *cues to action* refer to the elements that call individuals to take action. Sixth, *self efficacy* refers to the individual's confidence in his or her own ability to take action to reduce the risk of disease.

Furthermore, four external factors influence the six core concepts of this theory. First, *socioeconomics, level of education, and class* can impact whether individuals are aware or knowledgeable of a particular disease, the population's susceptibility, and level of threat. It can also increase the individuals' barriers to action, especially if costly tests or access to health care are part of the prescribed remedy. Second, *ethnicity* can affect the way a certain population perceives a disease, benefits, barriers, and especially if the cues to action are culturally appropriate for that audience. Third, *gender* may also play into the perceptions of susceptibility, severity, barriers, action, and self efficacy. In the case of colorectal cancer screenings, women may not feel susceptible to the disease, as it is a common misconception that colorectal cancer affects men more than women. Men may not feel self-confident enough to overcome the negative beliefs associated with colorectal cancer screening tests. Fourth, *environmental factors* may decrease the individual's ability to come across the cues to action. For example, if individuals live in remote communities or face other challenges that are greater than the disease in question.

Social Marketing is a behavior change approach that draws from the lessons of other behavioral theorists to apply marketing techniques to address societal problems. Alan Andreasen's formal definition of social marketing is as follows:

Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.³²

Andreasen outlines seven key features of social marketing, which are similar to the key features to traditional commercial marketing.³³ First, the bottom line of this approach is to address *consumer behavior* or the behavior of the target audience that one is trying to change. Second, social marketing programs must be *cost-effective* and are challenged to do more with fewer resources, as other companies have been forced to do in competitive environments. Third, strategies and tactics are customer-based and social marketers conduct *audience research* to understand their beliefs, needs, and wants, in order to better provide products that would allow for positive change to occur. Fourth, social marketing strategies use four key elements to bring about change: *product, price, place, and promotion*. Fifth, social marketing relies heavily on *research* and conducts formative research, pre-testing of strategy, and evaluative research. Sixth, social marketers place an emphasis on narrowly defining *audience segments*, in order to tailor strategies and tactics to distinct groups. Seventh, social marketing emphasizes *competition and exchange*, when an audience selects one behavior over another competing behavior.

Social marketing scholars refer to the traditional four *P's* of marketing as well as others which are applied to reaching the bottom line of behavior change instead of the sale of a commercial product. The *P's* that guide behavior change strategies are *product, price, place,*

³² Alan R. Andreasen. *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. (San Francisco: Jossey-Bass, 1995), 7.

³³ *Ibid.*, 14.

promotion, publics, partnership, policy, and purse strings. Together, the eight P's provide a useful way to structure and plan social marketing strategies.

Andreasen focuses on the traditional four P's as they are applied to behavior change interventions.³⁴ The first P is *product*, and according to social marketing scholars Kotler, Roberto, and Lee, it has three different components. The *actual product* is the behavior that the target audience should change. The *augmented products* are the products or services that support the behavior change. The *core products* are the associated benefits the consumer experiences as a result of the new behavior.³⁵ The second P is *price* or the perceived monetary, emotional, or opportunity costs that the target audience would incur as a result of consuming the product or new behavior. The third P is *place* or the channel or location where the consumer will perform the new behavior, access the new product or service, or where they will be most receptive to the behavior change. The fourth P is *promotion* or the tactical actions, messages, and strategies developed to persuade the target audience to adopt the product. The four P's indicate that it is not only promotion or communication that drives behavior change strategies; rather it is a more comprehensive approach.

Nedra Kline Weinreich, another leader in the field of Social Marketing, includes four additional P's in the social marketing mix.³⁶ Weinreich's first P is *publics* which are the internal and external publics involved in a social marketing program, on whose success or failure the program depends. Weinreich's second P is *partnership* which refers to the collaboration between social marketers and other similar organizations which allows for deepened possibilities for social change. Weinreich's third P is *policy* which refers to the

³⁴ Alan R. Andreasen. *Marketing Social Change*, 15-16.

³⁵ Philip Kotler, Nancy R. Lee, Ned L. Roberto. *Social Marketing: Improving Quality of Life*. (Thousand Oaks: Sage Publications, 2002), 195-197.

³⁶ Nedra Klein Weinreich, "What is Social Marketing?," *Weinreich Communications*, <http://www.social-marketing.com/Whatis.html> (accessed March 25, 2007).

institutional constructs that must be made in order to facilitate social change. Weinreich's fourth P is *purse-strings* which refers to the funding organizations that provide the budgets to implement the programs and that might affect the direction of the project.

Hispanic Culture and Health

Felipe Korzenny and Betty Ann Korzenny contribute insights in the areas of U.S. Hispanic immigration and cultural change, cultural patterns, archetypes, and health behaviors. These cultural frameworks offer communicators insights as to how to effectively reach U.S. Hispanic audiences.

Korzenny and Korzenny explored *acculturation* and describe the process of cultural adaptation resulting from immigration.³⁷ The authors describe the emotional and physical stress that immigrants experience as they engage in the two-way exchange between their native and new cultures. First, Korzenny and Korzenny define *culture* as the objective (dress, food, gestures, language) and subjective (values, beliefs, attitudes, norms) 'designs for living' that generations pass on to future generations.³⁸ Second, Korzenny and Korzenny define *enculturation* as one's innate culture in which people "become part of their culture by learning the mores, values, orientations, and perceptual patterns of their social milieu."³⁹ Third, Korzenny and Korzenny define *acculturation* as the process by which people retain their first culture but adopt a second culture as well. Fourth, Korzenny and Korzenny define *assimilation* as the process by which people replace their first culture with the host culture. Fifth, the scholars define *third culture Hispanics* as those that reject both their native and host cultures and are seen as marginalized from the host society. The authors argue that

³⁷ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing: A Cultural Perspective* (Burlington, MA: Elsevier Butterworth-Heinemann, 2005), 132-146.

³⁸ Ibid., 131.

³⁹ Ibid., 132.

Hispanics tend to favor acculturation or biculturalism over assimilation, due to a tendency to have nostalgic ties to the homeland or to reconnect or retro-acculturate with first cultures that had been ignored among second generation Hispanics.

Korzenny and Korzenny also profile several cultural values of U.S. Hispanics: *relationship to nature, time-orientation, collectivism, gender roles, polymorphic leadership, and cause attributions*.⁴⁰ An additional cultural value that is omitted by Korzenny and Korzenny but presented by Zaharna is the discussion of *oral* cultures. Furthermore, Hispanic cultural values of *personalismo, familialismo, respeto, and confianza* are profiled in an American Cancer Society publication on cancer incidence among Hispanics.⁴¹ These cultural values help to explain the beliefs, values, and perceptions that identify Hispanics as unique.

First, Korzenny and Korzenny describe Hispanics' *relationship to nature* as a relationship in which humans are subordinate to nature and unable to control events in life. Contrary to the American notion that man is in control of nature, Hispanics tend to believe that they are powerless to change the will of God and this is the belief that feeds their sense of fatalism or lack of control over their lives.

Second, Korzenny and Korzenny describe Hispanic *time-orientation* as the use of time in a non-linear pattern, in which many actions can occupy the same space and time, which is defined as *polychronism*.⁴² Contrary to the American linear and sequential order of behavior, Hispanics are more comfortable with non-sequential and non-structured occurrence of activities across different realms.

Third, Korzenny and Korzenny describe Hispanics as displaying *collectivist* behaviors in which relationships and family networks are far more important than individual members

⁴⁰ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 172-181.

⁴¹ American Cancer Society, "Cancer Facts and Figures for Hispanics/Latinos 2006-2008," 14-15.

⁴² Polychronism is a term originally identified by Edward T. Hall.

of a social network. Hispanics trust their family and other members of their social groups and strive to achieve the goals of the group. In addition, the American Cancer Society outlines several Hispanic cultural values that emphasize their collectivist tendencies.

Familialismo is the emphasis on the family and is a dominant cultural value among Hispanics.

⁴³ *Familialismo* reflects the Hispanic notion of family which extends beyond the nuclear family to include uncles, aunts, cousins, grandparents, as well as close family friends. Many times family members may go with patients to medical office visits, to provide support and company. *Respeto* (respect) refers to the mutual respect that is required of a successful relationship.⁴⁴ Increased mutual respect between the patient and doctor can lead to *confianza* or the mutual trust that is gained over a period of time between individuals during the relationship-building process.⁴⁵ Another technique used to gain the respect and trust of Hispanics is *personalismo*.⁴⁶ In a doctor-patient relationship, the doctor would communicate in a personal, warm, and friendly tone in which the doctor would demonstrate interest in the patient's personal life, family, or other interests. These Hispanic cultural values contribute to relationship-building within collectivist communities.

Fourth, Korzenny and Korzenny describe Hispanics as androgynous or displaying traditionally feminine and masculine qualities at the same time.⁴⁷ Through cultural observation, Korzenny and Korzenny hypothesize that this androgeny is caused by the machismo and marianismo that Hispanic men and women demonstrate. An example of the concept is prevalent in the ranchera musical lyrics that depict the masculine cowboy-like men

⁴³ American Cancer Society, "Cancer Facts and Figures for Hispanics/Latinos 2006-2008," 15.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 179.

crying over women who have broken their hearts. It is also displayed in the role of the traditionally subservient wife and mother who is the true dominant force in the home.

Fifth, Korzenny and Korzenny describe Hispanic culture as displaying *polymorphic leadership styles* that make them experts in many different areas, rather than monomorphic leaders specialized in one focus area.⁴⁸ An example of a polymorphic leader is an oncologist who may provide advice on cancer, but will also deliver advice on cardiac health, specific medicines, immigration, and even music. Polymorphic leadership also is particularly relevant in influencing community members through their vast networks of relationships.

Sixth, Korzenny and Korzenny describe Hispanic cultural *cause attributions* as the manner in which Hispanics tend to hold the group accountable for individual behavior.⁴⁹ Hispanics are collectivist and rely on external forces or their group to validate individual behavior, whereas individualistic cultures tend to draw on individual experience to validate behavior. An example of this concept is the Hispanics' tendency to rely on word of mouth or interpersonal communication to make choices about what brands to choose, what doctors to see, or when to seek medical attention.

Seventh, scholars have distinguished between literate and *oral* cultures. Literate cultures focus on the written word, its factual basis, and its role as an historical record.⁵⁰ On the other end of this cultural continuum are oral cultures, which describe the Latino culture more accurately. Oral cultures tend to value symbols, anecdotes, emotional appeals, and resonance with the community. Zaharna outlines the following elements that make messages more appealing to oral audiences: "formulas, humor, exaggeration, parallelism, special

⁴⁸ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 176.

⁴⁹ *Ibid.*, 181.

⁵⁰ Zaharna, R.S. (2000). *Overview: Cultural Continuums*, 1.

vocabulary, puns, and metaphor.”⁵¹ Communication with oral cultures is more interactive, there is more back and forth with the audience, repetition, and appealing word sequence is used to draw audiences into the message.

Korzenny and Korzenny also describe U.S. Hispanic archetypes, which they define as the dimensions, behaviors, emotions, and thoughts that mold the perceptions of a culture.⁵² The authors also define archetypes as deeply engrained cultural patterns – cravings, desires, values – that develop over generations as cultures adapt to their settings. These archetypes were discovered by analyzing literature, music, popular culture, and in depth interviews of the individuals in question.

Korzenny and Korzenny define several archetypes that focus on outlook on life. The first archetype is *happiness, life, religion, and death*.⁵³ A common response in Spanish to the phrase ‘see you tomorrow’ is *si Dios quiere*, which means ‘God willing.’ This indicates their respect of nature, the understanding that life is not a given, and they are thankful and appreciate every day of life. The second archetype is *celebration of life*.⁵⁴ This archetype is also based on the uncertainty of one’s future; therefore each moment of life is celebrated. There is a trend among Hispanic health campaigns to focus message strategies on celebration of life, because this ties into the popular Hispanic archetype. The third archetype is *life is a valley of tears*.⁵⁵ This archetype dates back to the violent Spanish conquest of Central and South Americans as well as the poverty that many immigrants escape from. The central belief is that life on earth is full of struggles, but to transcend to a more holy and pure existence through death is celebrated as well. The fourth archetype is *fatalism*. Fatalism refers to the

⁵¹ Zaharna, R.S. (2000). *Overview: Cultural Continuums*, 1.

⁵² Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 181.

⁵³ *Ibid.*, 185.

⁵⁴ *Ibid.*, 186.

⁵⁵ *Ibid.*, 186.

lack of ability to control nature or destiny, and therefore a less proactive approach to problem solving. Those that retain the archetype of fatalism tend to live for the day and not worry too much about tomorrow.

Korzenny and Korzenny outline archetypes that relate to behavioral patterns. The fifth archetype is *mañana* or tomorrow. The concept of putting things off until *mañana* is based on the desire to wait until some force of nature addresses the problems of tomorrow. Furthermore, Hispanics tend to celebrate today and put off unpleasant issues for tomorrow. The sixth archetype is *guilt*, which stems from the influence of the Catholic notion of original sin. Therefore, Hispanics, especially women, tend to feel guilty for many things and respond favorably to appeals that reduce guilt. The seventh archetype is *money*.⁵⁶ Hispanics tend to view money as associated with those in power and less to do with themselves. They display a preference of being humble and poor instead of corrupt and rich.

Korzenny and Korzenny profile the next set of archetypes that focus on relationship patterns. The eighth archetype is the *parent-child relationship*.⁵⁷ Hispanic families tend to do things together and bring their children to social engagements. Mothers tend to provide their children with affection, gifts, tend to their nutrition, health care, and provide them the luxuries they could not have as children. Fathers tend to provide for their children economically, provide discipline, command respect, but also show affection and involvement with their children. The ninth archetype is *machismo* and *marianismo*.⁵⁸ Machismo refers to the male-dominant traits of a Hispanic male counterbalanced by the pride in his wife and responsibility to his family. Marianismo refers to the giving, self-sacrificing, compliant nature of women but also points to the spiritual, strong, and devoted wife and mother role.

⁵⁶ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 184.

⁵⁷ *Ibid.*, 187.

⁵⁸ *Ibid.*, 190-191.

Korzenny and Korzenny caution against stereotyping, but explain that in understanding these archetypes, one can understand the cultural dimensions of Hispanics.

Hispanic Health Behaviors

Korzenny and Korzenny provide insight on Hispanic health behaviors and the archetypes of *curanderismo* and hot and cold theory of illness.⁵⁹ First, Korzenny explains the fact that Hispanics do not understand the U.S. health care system, many lack access to health care, are not satisfied with treatment regimens, or do not trust providers and wait until the last moment to seek medical treatment. In Latin America, many treat regular illnesses with herbal or home remedies. If they are sick and need medicine, they get medicine from the pharmacist. Furthermore, those in the U.S. that lack health care coverage seldom seek health treatment. Those that have health insurance have trouble navigating health care in English, view the system and practitioners as impersonal, and do not trust the prescribed remedies. Due to this discomfort with the system, many avoid treatment until illness is acute and they have to visit the emergency room.

Korzenny and Korzenny contrast the way that illnesses are attributed to scientific origins in the U.S., whereas, Hispanics tend to view illnesses as caused by various factors.⁶⁰ First, they indicate the tendency to point to the psychological causes of illness such as envy, anger, fear, turmoil, worry, family stress, or bad behavior. Second, they outline the tendency to attribute illnesses to environmental factors such as poor air quality, excessive heat or cold, germs, and often unhealthy or contaminated food. Third, they highlight the tendency to attribute illnesses to supernatural factors such as spirits, sins, or witchcraft.

Korzenny and Korzenny analyzed the ethnographic research on Mexican *curanderos* or healers who have a more traditional and holistic approach to medicine than traditional

⁵⁹ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 191-195.

⁶⁰*Ibid.*, 192-193.

Western-style doctors.⁶¹ Throughout certain segments of Latin American populations, *curanderos* have special healing powers and use herbal remedies passed down through generations to treat diseases as well as the physical and emotional consequences that illnesses have on patients, families, or communities. During healing ceremonies, *curanderos* ritualistically rid the patient of the ailment by harnessing spiritual powers, using everyday foods, oils, or incense. Consistent with their polychronic behaviors, Latin Americans have no problem seeking health care from *curanderos* as well as from Western-style doctors for the same illness. Doctors administering medicine in patients need to be mindful of the potential for side effects of mixing herbal remedies with modern medications.

An interesting theory of illness that Korzenny and Korzenny explore is the framework of hot and cold philosophy.⁶² This theory dates back to the 16th and 17th centuries in which illnesses were believed to result from an imbalance of hot, cold, wet, or dry factors. Today, the belief is limited to cold or hot ailments, for which hot or cold remedies are dispensed respectively. For example, when doctors prescribe chilled fruit juices or beverages to treat the common cold, Hispanics may not follow the advice and instead drink hot teas or soups to battle a cold with a warm remedy. Instead, doctors who are aware of the hot and cold health beliefs can prescribe vitamins (hot remedies) to combat a cold illness (the common cold).

The behavior change theories reviewed, especially diffusion of innovations, stress the importance of providing culturally appropriate communication strategies to reach audiences effectively. The Hispanic communication theories provide guidelines which practitioners can follow to determine what is and what is not culturally sensitive to this audience.

⁶¹ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 193.

⁶² *Ibid.*, 194-195.

CHAPTER III – CASE PROFILE

The Cancer Preventorium Model is a preventative health paradigm that attempts to convince healthy and asymptomatic Hispanics to seek medical attention to screen for cancer and other chronic diseases. The Preventorium Model relies on three main strategies: targeted mass media programs, The Washington Hospital Center Cancer Preventorium, and a patient navigator. Following is an in-depth profile of the Cancer Preventorium Model.

Background

Dr. Elmer Huerta developed the Cancer Preventorium Model throughout the course of his career. Dr. Huerta received his medical degree in 1981 in Peru and further specialized in internal medicine and oncology in 1985.⁶³ In 1986, he noted that among his patients in Peru with advanced stages of cancer could recite the scores of the soccer games, explain the intricate plot lines of popular soap operas, and popular culture in general, but they did not know too much about their own health. He blamed this lack of information on the excess of entertainment programming through media channels and the shortage of public health information available through the same channels. Inspired to change this imbalance, Dr. Huerta established radio and television programs that provided health information to the Peruvian public in 1986. His goal was to inform people and motivate them to engage in their health care proactively, before seeking treatment as victims of advanced stages of cancer.

In his work as an oncologist and as a communicator, Dr. Huerta wondered if he could sell the concept of preventative health to audiences through the media channels that

⁶³ [Prevención.org](http://www.prevencion.org), “The Cancer Preventorium,” February 19, 2005, http://www.prevencion.org/story.php?news_ID=12&language=2 (accessed March 3, 2006).

were used to deliver the entertaining soccer games and soap operas. This question led him onto his next journey to seek answers in the United States and to study cancer prevention.

Dr. Huerta moved to the Washington, D.C. area and by 1987 obtained his Master's in Public Health from Johns Hopkins University. Dr. Huerta also studied cancer prevention at the National Cancer Institute, where he started to conceptualize a program to foment cancer prevention behaviors among Hispanic populations in the U.S. Dr. Huerta's dream was to establish a clinic that was "only for people without symptoms."⁶⁴ He set out to accomplish just that.

Goal and Objectives

The Cancer Preventorium Model is framed as a paradigm shift from disease treatment to disease prevention.⁶⁵ The Model is specifically applied to U.S. Hispanic populations, but it could be replicated in other communities. In the current public health arena, Hispanic patients seek medical attention when symptoms appear, are advanced, and many times they seek care at emergency rooms. They are following the *Sanatorium* model, which refers to the place where patients seek treatment of diseases. Dr. Huerta proposes a new term *Preventorium* which he defines as:

"NOUN: 1. An institution for the prevention and early detection of chronic diseases or for medically supervised patient education. 2. A resort for maintenance of health, especially for people without evident illness."⁶⁶

This represents a shift from a system that waits for a patient to get sick, to one that prevents people from getting sick and potentially saves lives, money, and resources in the process.

⁶⁴ Jen Waters. "Checkup is best prescription for preventing most illnesses." *The Washington Times*. June 6, 2006. <http://www.washingtontimes.com/metro/20060605-091844-8002r.htm> (accessed March 31, 2007).

⁶⁵ Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 20.

⁶⁶ *Ibid.*, 52.

The two major goals of the Cancer Preventorium Model are to convince patients to seek treatment when asymptomatic and to manage their health behaviors to avoid increasing their chances of getting cancer or other chronic diseases. The first goal is to discover and treat symptom-free patients when they may have earlier stages of disease. Many cancers do not present symptoms until patients have developed advanced stages of disease which can be hard to combat or impossible to cure. Therefore, preventative cancer screenings are the best chance for fighting and curing cancers, ideally at the cellular level rather than when the cancer becomes a tumor.

The second goal is to find and manage risk factors or behavioral factors that predispose certain people to chronic diseases such as cancer. Identifying and changing the factors that lead to disease incidence can provide patients with the preventative measures necessary to reduce risk and reduce potential disease threat.

There are three main objectives that attempt to meet the goals of the Preventorium Model. Specifically, Dr. Huerta outlines the main objectives of his model as: targeted and culturally relevant mass media outreach programs; providing a welcoming place to receive preventive medical attention; and a patient navigator to assist patients in the linguistic, cultural, and financial challenges that Latinos face when navigating U.S. health care. He describes this model as being replicable in other racial and ethnic communities.

Target Audience Research

The Preventorium Model is grounded in formative research which describes the audiences involved and determines the best strategies to use to reach them with messages of cancer prevention. Some of the formative research is anecdotal and based on Dr. Huerta's experience as an oncologist in Peru and in the United States. Analysis of the socio-economic

conditions, health disparities, and cultural traits that are unique to Hispanics provide the research foundation for this model. Secondary research is based on analysis of primary data sources, from U.S. health agency surveys, which uncover the determinants and barriers to preventative health behavior. Cancer screening rates are analyzed to compare the differences in behavior between Anglo populations and Hispanic populations. Furthermore, process and evaluative research to determine campaign success are analyzed. Process evaluation methods measuring media impressions and behavioral change were used to determine audience exposure and changes in desired health behaviors among patients.

Dr. Huerta's anecdotal experience is garnered from the treatment of thousands of patients over the course of his career. He noticed that they that did not know about their health or know how to take care of themselves. Early in his career for example, a woman with advanced stage cervical cancer did not know what a pap smear was.⁶⁷ He was frustrated that people did not pay attention to the basic health checks that individuals need to have in order to stay healthy and prevent diseases.

Dr. Huerta focuses on the following socio-economic barriers that Hispanics face when seeking medical attention: lack of information, poverty, lack of health insurance, lack of culturally and linguistically appropriate programs, and lack of understanding of the U.S. medical system.⁶⁸ He indicates that 90% of his patients are "working poor"⁶⁹ and that about 60% of his patients are uninsured.⁷⁰ A recent Pew Hispanic Center survey found that 35% of Hispanics in the U.S. lacked health insurance. Furthermore, this study found that the 45%

⁶⁷ Corinna Wu, "Community Service,"
<http://www.crmagazine.org/home/magazine/winter-2007.aspx?d=325#>.

⁶⁸ Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 8-9.

⁶⁹ Corinna Wu, "Community Service,"
<http://www.crmagazine.org/home/magazine/winter-2007.aspx?d=325#>.

⁷⁰ Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 60.

of Latinos with incomes less than \$35,000 per year were less likely to have health insurance than those at higher income brackets.⁷¹

Language and cultural barriers in the U.S. medical systems further isolate the communities that are already living in the peripheries of poverty who also lack health care. Dr. Huerta asserts that half of Hispanics in the Washington, D.C. area speak very little or no English and a majority of foreign-born Hispanics prefer to speak Spanish at home.⁷² A Harvard data source confirms this by stating that over 86% of Hispanics speak a language other than English, presumably to a large extent Spanish, at home.⁷³ An estimated 62 percent of Washington, D.C. metropolitan-area-Hispanics are thought to be foreign born.⁷⁴ Latin American and U.S. medical systems are systematically and linguistically different, which makes them difficult to navigate for Hispanic patients, especially the newly immigrated. Navigating the health system is especially challenging for the undocumented Spanish-dominant populations, which he estimates account for about one fifth of the Washington, D.C. area Hispanic population.⁷⁵

Furthermore, Dr. Huerta and Macario emphasize the cultural diversity of the U.S. Hispanic community, who hail from over twenty-one countries in Latin America.⁷⁶ Despite this diversity, they highlight the core values that are shared among the community. Careful not to stereotype, Dr. Huerta and Macario indicate that Hispanics tend to be culturally

⁷¹ Pew Hispanic Center and The Henry J. Kaiser Family Foundation, "Survey Brief," 1.

⁷² Prevección.org, "About Us," <http://www.preveccion.org/story.php?module=about&language=2> (accessed March 3, 2006).

⁷³ Harvard Diversity Data Project, "Profiles by Metro Area: Washington, DC-MD-VA-WV: Summary Profile," <http://diversitydata.sph.harvard.edu/profiles.jsp?ma=8840> (Accessed March 25, 2007).

⁷⁴ Ibid.

⁷⁵ Elmer E. Huerta and Douglas L. Weed, "Cuidando su Salud: Spanish-Language Radio in Preventative Medicine and Public Health," *American Cancer Society* (1998): 1805.

⁷⁶ Elmer E. Huerta and Everly Macario. "Communicating Health Risk to Ethnic Groups: Reaching Hispanics as a Case Study." *Journal of the National Cancer Institute Monographs* 25 (1999): 24. <http://jncimono.oxfordjournals.org/cgi/reprint/1999/25/23.pdf> (accessed March 23, 2007).

collectivist rather than individualistic.⁷⁷ In collectivist cultures, decisions are made to benefit one's social or family networks rather than individual needs. Communication occurs in a contextual environment not in the explicit terms that low-context and individualistic cultures prefer. Huerta and Macario also highlight Hispanic values of *familialismo*, *simpatia*, *personalismo*, *respeto*, and power distance as important values to consider in communications.⁷⁸ *Familialismo* (familialism) is defined as the importance placed on the family. *Simpatia* (harmony) refers to the desire to engage in harmonious interpersonal relationships and the desire to avoid conflict. *Respeto* (respect) refers to the need to protect one's integrity when faced with conflict. *Personalismo* (interpersonalism) refers to the pursuit of relationships with individuals within an in-group. Finally, *power-distance* refers to the fact that individuals of power, wealth, high educational achievement, and one's elders are treated with deference.

The Commonwealth Fund 2001 Health Care Quality Survey data is analyzed to point out the fact that Hispanics have less choices of where to seek medical care and are less likely to have regular sources of health care. The data show that 28 percent of Hispanics nationwide surveyed indicated "very little or no" choice in where to go for medical attention, compared to only 15 percent of Non-Hispanic whites.⁷⁹ Furthermore, Huerta highlights data that show that 14 percent of Hispanics nationwide indicated the emergency room as their source of medical care or no source at all, compared to 6 percent of non-Hispanic whites.⁸⁰

Dr. Huerta also analyzes cancer screening rates among Hispanics, published in the 2000 Health Information National Trends Survey data. This data demonstrate the effect that disparities have in screening incidence. About 70 percent of women over the age of 40 reported having a mammogram within the last two years. Only 40 percent of women with no

⁷⁷ Elmer E. Huerta and Everly Macario, "Communicating Health Risk to Ethnic Groups," 24.

⁷⁸ Ibid., 24.

⁷⁹ Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 10.

⁸⁰ Ibid., 11.

usual source of health care, who were uninsured, and who had recently immigrated had reported a mammogram. About 40 percent of the national average reported getting screened for colorectal cancer by the age of 50, compared to about 20 percent of those who were recent immigrants or who lacked adequate access to a source for health care or insurance. Similarly, a low incidence of men over the age of 50 reported being screened for prostate cancer, but rates were even lower among the uninsured or immigrant populations. About 41 percent of the national average reported getting a prostate specific antigen test, compared to about 11 to 17 percent of those who lacked adequate access to a source of health care or insurance or were recent immigrants.

Dr. Huerta segmented the target audience of lower-income Hispanic populations living in the Washington, D.C. area. He has the deepest access to Washington, D.C. Hispanic community due to his connections to local and national media outlets that have adopted his Spanish-language media programs. He also has a supportive relationship with the Washington Hospital Center in hosting the Preventorium clinic at the Washington Cancer Institute. Dr. Huerta focuses on the community that is most challenged economically, educationally, and culturally from seeking preventative health and seeks to eliminate the barriers to preventative health behavior. According to the Cancer Preventorium statistics, about 90 percent of patients are Hispanic, 78 percent are female, 70 percent are Spanish-dominant, 60 percent are uninsured, and 60 percent have less than a high school education. The model also aims to reach all U.S. Hispanic audiences as well as audiences in Latin America. However, the majority of the community outreach and service are with the local Hispanic community.

Strategy

Dr. Huerta attempts to persuade the target audience to seek preventative health care before individuals develop symptoms and have late-stage disease. He developed a three-pronged media and system strategy. First, he spreads his message through Spanish-language mass media offerings. Second, Dr. Huerta established a clinic – The Cancer Preventorium – which treats asymptomatic patients to find and treat diseases before they occur, saves them money in the long run, and allows them to live longer. Third, he implemented a patient navigator which is a staff person at The Cancer Preventorium who helps guide patients through the foreign U.S. health care system. Furthermore, Dr. Huerta spearheaded the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003 in Congress to provide the public policy and funding support to other organizations interested in replicating the Cancer Preventorium Model.

The main message is that an ounce of prevention is worth a pound of cure. Key messages focus on prevention and are articulated in clear, concise, and relevant language. A list of sample messages used throughout the model and the communications are below.

- Keys to prevent cancer and other diseases: eat fruits and vegetables, exercise daily, don't smoke, and visit your doctor once a year.
- Preventorium: A clinic only for people who look healthy
- Let's fasten our seat belts and talk about health

Dr. Huerta emphasizes the use of media because it sets the agenda, adds legitimacy to issues, and has the ability to change behaviors. His strategies also follow his four media principles which call for: (1) the consistent use of media every day; (2) comprehensive health programs that address all health issues; (3) the use of multimedia channels; and (4) the use of

a trusted messenger.⁸¹ He also argues that media is an effective tool because it addresses the four P's: popular, personal, penetrating, and persuasive.⁸² He also argues that he is a trusted source to communicate to the Hispanic audiences. In his public health work, he discovered data that indicated that doctors have the highest levels of credibility, expertise, trustworthiness, and behavioral motivational effect within the Hispanic communities.⁸³ Furthermore, although he does not come from the same socio-economic background as his target audience, he is Latino, speaks Spanish, and is culturally sensitive to their preference for personal and animated communication style of his audience.

Dr. Huerta's system strategies include The Preventorium Clinic and the patient navigator. The Preventorium Clinic at the Washington Hospital Center provides the place where the community can seek health attention. Meanwhile, as a staff member of the clinic, the patient navigator helps patients schedule appointments, fill out paperwork, explain the tests, and determine next steps if they need additional care.

Tactics

Hispanic Media Outreach

First, Dr. Huerta started his model by producing and hosting a radio program that focused on health promotion, cancer prevention, and the associated benefits with engaging in these types of behaviors. His current mass media programs include two radio programs and one television program. Both radio shows are broadcast on Radio America, WACA 1540 AM, a Washington, D.C. area Spanish-language station. According to Radio America,

⁸¹ Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 32.

⁸² Ibid., 55.

⁸³ Ibid., 57.

U.S. Census data show that there are over a half a million Hispanics in the listening areas in Washington, D.C., Virginia, and Maryland.⁸⁴

In support of Dr. Huerta's first media principle, the Preventorium Model's media programs are disseminated regularly on a daily and weekly basis. In support of the second media principle, his programs address cancer prevention, but are comprehensive and address a wide range of health themes, so as to provide audiences with a comprehensive source of health information. In support of the third media principle, Spanish-language radio and television, as well as bilingual web sites are used to disseminate the preventorium concept. Furthermore, English-language print and online media coverage of this concept have provided the broader public with access to his preventorium paradigm.

Cuidando su Salud (Taking Care of Your Health)

Dr. Huerta started his first radio program in 1989 called *Cuidando su Salud* (Taking Care of your Health). Dr. Huerta records 60-second audio segments on a particular health promotion, health protection, or preventative health topic.⁸⁵ *Cuidando su Salud* programs are broadcast three times a day, Monday through Friday, during the news.⁸⁶ These radio segments are distributed to Spanish-language radio stations in the Washington, D.C. area as well as nationally and internationally. The program is now also disseminated to the general public through the [prevencion.org](http://www.prevencion.org) web site in mp3 format, which can be downloaded.

Dr. Huerta, the originator and host, produces, writes, and records the shows in Spanish. The segment topics are written based on a scan of the health news in national media and medical journals. Recent topics have included: cancer among minorities; the

⁸⁴ Radio America, "Media Kit," Demographics page, http://www.radioamerica.net/media_kit.pdf (accessed March 31, 2007).

⁸⁵ Prevención.org, "Radio," <http://www.prevencion.org/story.php?module=radio&language=2> (accessed March 31, 2007).

⁸⁶ Elmer E. Huerta and Douglas L. Weed, "Cuidando su Salud," 1806.

dangers of second hand smoke; early menopause; and uterine cancer. See the English translation of a sample segment in Appendix 1. The segments are written in a universal Spanish free of idiomatic expressions native to any particular region or country. They are also written for an audience with a maximum sixth-grade level of education and in broadcast format prose which is short, simple, and easy to listen to. The program ends with a call to action for the audience to engage in a preventative health behavior and to talk about their health.

The programs are not funded by an outside source, as this is one of the voluntary activities that Dr. Huerta provides as part of his Preventorium Model. According to Corinna Wu of Community Service Magazine, Dr. Huerta writes the scripts on the weekends as this is an unpaid activity which he truly enjoys.⁸⁷ *Cuidando su Salud* has been in existence for about 18 years. The program is not only broadcast in the Washington, D.C. area, but is has also been syndicated to 55 other radio stations across the U.S., and others in Puerto Rico, Canada, El Salvador, Bolivia, and Peru.⁸⁸ According to Dr. Huerta, an estimated 200,000 Hispanics listen to the show and potentially 85% of the Hispanic population in the U.S. could be exposed to this program.⁸⁹ Furthermore, since 1989, over 5,000 segments were produced and distributed.⁹⁰

The segment has also been used by other health campaigns as a strategy in their health promotion activities. The program served as a successful recruitment tool of volunteers for the Center for Disease Control and Prevention's (CDC) Maryland Breast and Cervical Cancer Program. The *Cuidando su Salud* program was used to promote free medical

⁸⁷ Corinna Wu, "Community Service", <http://www.crmagazine.org/home/magazine/winter-2007.aspx?d=325#>.

⁸⁸ Elmer E. Huerta and Douglas L. Weed, "Cuidando su Salud," 1807.

⁸⁹ Ibid., 1807.

⁹⁰ Prevención.org, "Radio," <http://www.prevencion.org/story.php?module=radio&language=1>.

exams, pap smears, and mammograms that the CDC program made available to low-income women. The content of the radio segment focused on the CDC/Maryland program, which aired once a week over the course of three weeks. Three months later, 288 Hispanic women had been screened and 33% of all participants indicated having learned about the CDC program from *Cuidando su Salud*.⁹¹ In another example, a National Cancer Institute (NCI) funded breast cancer prevention trial was successful in recruiting Hispanic women to participate. After five *Cuidando su Salud* segments aired over three days on this subject, over 300 Hispanic women called NCI and were recruited for the trial.⁹²

Consultorio Comunitario (The Community Clinic of the Air)

Dr. Huerta met the general manager of Radio America, Alejandro Carrasco, eighteen years ago, when Carrasco was general manager of local AM station *Radio Boriquen*.⁹³ In 1989, Dr. Huerta started to broadcast his short *Cuidando su Salud* radio segments on health and Carrasco immediately supported his programs and their friendship began. In 1997, Carrasco started what is now Radio America, and Dr. Huerta followed Carrasco to the new station to continue broadcasting his health messages to the community.

In 1994, Dr. Huerta proposed creating the health call-in show *Consultorio Comunitario* (The Community Clinic of the Air) and Carrasco supported him. Dr. Huerta would do the program for free, with a few conditions. First, that Radio America would not air any commercials that promoted alcohol, tobacco, or questionable products such as wonder drugs, vitamins, or things of that sort. Second, the program would have to air every day, Monday through Friday. Carrasco knew how popular Dr. Huerta was within the community

⁹¹ Elmer E. Huerta and Douglas L. Weed, "Cuidando su Salud," 1807.

⁹² *Ibid.*, 1807.

⁹³ Radio America, "Información de Dr. Elmer Huerta," http://www.radioamerica.net/personal_detail.php?id_personal=38 (accessed April 10, 2007).

and accepted the offer, as a win-win situation. Advertisers would be lucky to have their products aired during Huerta's call-in show, given his popularity. By accepting this offer, Carrasco also gained the prestige and admiration within the Hispanic community that Dr. Huerta's presence brought to Radio America.

Consultorio Comunitario follows a live, talk-show format in which community members call in to the radio program and Dr. Huerta answers their questions on any health-related topic. The program is divided into a ten minute presentation followed by about fifty minutes of questions and answers with the listening public. In addition to providing the community with answers to their health concerns, Dr. Huerta shares history, culture, literature, and music that he enjoys with his public. Keeping up with the times, Dr. Huerta also plays iTunes from his iPod and people call to ask about the titles of recently played songs. Demonstrating their commitment to ensure that the program could be aired live every day of the week, Radio America set up a broadcast quality radio studio in Dr. Huerta's office at the Washington Hospital Center.

The tone is light, lively, and very personal, as Dr. Huerta uses simple language, sound effects, and shares personal stories to make the experience more familiar to the listening audiences. Again, Dr. Huerta uses broadcast Spanish and listeners call in and ask questions about a range of health-related topics, from cancer, diabetes, obesity, medications, and specific symptoms they are experiencing. He responds to this wide range of questions in a non-threatening and simple way and provides them with a recommendation to visit a doctor, but does not provide specific medical consultations over the air.

Hablemos de Salud (Let's talk About Health)

In 1996, Dr. Huerta started the television program *Hablemos de Salud* (Let's talk About Health) which is broadcast weekly to a national and international audience via the Washington, D.C.-based MHz Networks television channel. Dr. Huerta and Univision's health and science correspondent Pablo Sanchez approached MHz Networks' general manager, Fred Thomas, about piloting a health call-in television program.⁹⁴ Thomas approved the program after the positive response from the Washington, DC area Hispanic community to the pilot program. It is now well into its 11th season and is the only Spanish-language health program to be on the air for that long in the United States. Since 2002, the program has been broadcast nationwide to EchoStar digital network customers on channel 9407.⁹⁵

The television program is formatted as a live call-in show and it is co-hosted by Pablo Sanchez and Dr. Huerta. The goal of the show is to 'inform, educate, and empower' Hispanics in the D.C. metropolitan area of the value of seeking preventive health and directing them to the venues where they can seek these medical services.⁹⁶ Members of the community call in to the show and ask Dr. Huerta questions about a range of health issues. The program airs every Saturday for one hour, starting at 2:00 PM. The program set looks like a news desk with Mr. Sanchez and Dr. Huerta sitting at a desk side by side. Between both hosts is a human anatomical model, which Dr. Huerta often refers to when responding to the questions posed by audience members. Dr. Huerta starts the program by talking about a particular preventative health issue and uses power point presentations to discuss key

⁹⁴ Jenna Reedy, "Hablemos de Salud Launches its 10th Season," MHz Networks, Press Release, November 7, 2005, <http://www.mhznetworks.org/news/893> (accessed April 10, 2007).

⁹⁵ Prevención.org, "Acerca de Prevención, Inc.," February 19, 2005, <http://www.prevencion.org/story.php?module=about&language=1> (accessed April 10, 2007).

⁹⁶ Jenna Reedy. "Hablemos de Salud Launches its 10th Season," <http://www.mhznetworks.org/news/893>.

elements. When responding to callers, Dr. Huerta reaches into boxes that are hidden from the site of the camera and pulls out anatomical models of organs to demonstrate complex medical issues in a visual way so that the public can understand the concept.

According to the MHz Networks, the program has reached the D.C. area Hispanic community effectively. Huerta's non-profit organization, *Prevención*, estimates that 75 percent of D.C.-area Hispanics watch *Hablemos de Salud*.⁹⁷ Dr. Huerta refers callers to the Cancer Preventorium to get the basic preventative health checks that all people should get annually.

The Cancer Preventorium

In 1994, Dr. Huerta founded The Cancer Preventorium clinic as part of the Washington Hospital Center's Washington Cancer Institute to provide preventative cancer care in Washington, D.C.⁹⁸ The Cancer Preventorium is a health center where asymptomatic patients, regardless of immigration status or health insurance coverage, can go to prevent or detect cancer in its early stages when it is more curable. A true testimonial for the need of this type of clinic, three weeks after the inauguration of the Preventorium in July 1994, the appointments were booked up through the end of the year.⁹⁹ One currently can not get an appointment for sooner than two months into the future.

A majority of the patients come from lower socio economic status and ninety percent of his patients are Hispanic. Currently, 85 percent of his patients are asymptomatic, 78 percent are women, 60 percent are uninsured, and 60 percent have less than a high school

⁹⁷ *Prevención.org*, "El Preventorio de Cancer," http://www.prevencion.org/story.php?news_ID=18&language=1.

⁹⁸ Washington Hospital Center, "Dr. Elmer Huerta's Radio Program en Español," <http://www.whcenter.org/body.cfm?id=556115> (accessed March 20, 2007).

⁹⁹ *Prevención.org*, "El Preventorio de Cancer," http://www.prevencion.org/story.php?news_ID=18&language=1.

education.¹⁰⁰ These data show that Huerta's community based, Spanish-language outreach methods were effective in reaching Hispanics and in bringing them into the clinic.

At the Preventorium, patients can obtain the following services in a comprehensive medical examination:

- personal cancer risk evaluation based on family history and lifestyle;
- exams to screen for cancers such as a pap smear for women and prostate-specific antigen (PSA) test for men;
- tailored advice on how to reduce cancer risks;
- education on the importance of early detection; and
- training on self-examination or screening procedures.

During the assessment, patients are trained in performing self-exams to detect cancer on their own, as well as given advice on how to decrease cancer risk.

The Cancer Preventorium has four key staff which support the work of the system, all of whom are Washington Hospital Center employees. Clinic staff include: a triage nurse, a licensed practical nurse (LPN), a patient navigator, and Dr. Huerta.¹⁰¹ All are bilingual and from Latin America, and therefore understand the situation that many of the immigrant patients are facing. The staff provides a welcoming setting for patients.

A selling point to the Washington Hospital Center, the Preventorium charges an examination fee which is the only source of revenue to the Hospital. Washington Hospital Center has been impacted by several hospital closings in the surrounding areas in the region and therefore has an excess of demand. Many uninsured patients are treated at the hospital, which creates a strain on the hospital's finances. Conversely, the Cancer Preventorium is the

¹⁰⁰ Elmer Huerta. "Cancer Prevention in the XXI Century," (presentation): 57-64.

¹⁰¹ Elmer E. Huerta (founder of the Cancer Preventorium Model), in a telephone conversation with the author, March 23, 2007.

only advance payment unit in the hospital, which provides a stream of revenue to the institution, and has proven that the center is an asset to the hospital.

The cost of this exam is both a financial and cultural decision. Financially speaking, the fee for the exam is \$120. For the Preventorium patients that lack health insurance, the relative cost of the visit is rather low, when one factors in the cost that they would have to pay for individual health insurance premiums. To overcome cultural barriers, Dr. Huerta uses the programs that he hosts on television and radio to encourage members of the community to seek preventative attention at the Preventorium. He also has a web site that contains information on the Preventorium as well as testimonials of past patients.

From 1994 to 2005, over 15,000 patients were seen at the Preventorium and 60 cases of cancer were detected.¹⁰² In 1997, over 90 percent of patients were referred to the Preventorium via radio or television. By 2003, the majority of patients were either referred to by friends and family, followed by radio, and then by television.¹⁰³ Furthermore, a trend of more follow-up patients engaging in preventative cancer behaviors such as self testicular and breast examinations than first visit patients was evident.

Patient Navigator

A key component of Dr. Huerta's Preventorium concept is the patient navigator, a position which was added to the staff of the Cancer Preventorium clinic in 1997. Diana Garcia is the Preventorium's full-time bilingual employee and patient navigator of the center who leads patients through the complex maize of the U.S. health system.

This position guides each patient through the process, assists them with treatment at each step to ensure that individuals complete required procedures and regimens. Specifically,

¹⁰² Prevención.org, "El Preventorio de Cancer," http://www.prevencion.org/story.php?news_ID=18&language=1.

¹⁰³ Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 57-64.

the patient navigator helps patients schedule appointments, accompanies them to their exams, sends patients their test results, follows-up with patients who have abnormal test results, and ensures that patients are compliant with prescribed courses of therapy. The patient navigator also provides advice to patients' families on how to care or support the individual in their new behaviors. Furthermore, she educates family members on how they can engage in preventative health behaviors. Successful patient navigators typically resemble the communities they serve, speak their native languages, and have deep connections and understanding of the culture they serve.

Funding Sources

Dr. Huerta does not accept commercial funding sources to support his Hispanic media programs. His programs are supported by clinic staff, volunteers and his own time which he donates in support of the project. The Preventorium is supported as a unit or clinic within the Washington Hospital Center. No capital resources were required to set up the physical location of the Preventorium. The staff members, including Dr. Huerta, are employees of the Washington Hospital Center.

Established in 1996 *Prevención*, Dr. Huerta's non-profit organization, develops, produces, and disseminates health promotion and disease prevention educational materials, radio, television, and internet programs in Spanish.¹⁰⁴ *Prevención* conducts other health information campaigns funded by outside parties such as: National Cancer Institute, the Centers for Disease Control and Prevention, the Susan G. Komen Breast Cancer Foundation, Porter Novelli, and Pfizer Pharmaceuticals. Although the efforts of *Prevención*

¹⁰⁴ *Prevención.org*, "About *Prevención*." <http://www.prevencion.org/story.php?module=about&language=2> (accessed April 10, 2007).

may complement The Preventorium Model, they are not addressed in the profile of the broader concept.

Sustainability

The Preventorium Model has also contributed to the development of a policy-level system to provide financial support and guidance for replication of this model in the U.S. Dr. Harold Freeman, director of the Ralph Lauren Center for Cancer Care and Prevention in Harlem, New York, along with Dr. Huerta co-authored the proposed legislation.¹⁰⁵ Congresswoman Deborah Pryce and Congressman Robert Menendez co-sponsored the legislation that was enacted by congress as the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003.¹⁰⁶ This Act authorizes the National Cancer Institute, Health Resources and Services Administration, and the Indian Health Service to establish grants to provide preventative health services for populations affected by health disparities.¹⁰⁷ Specifically, the three pillars of the Act include: (1) a linguistically and culturally appropriate provider to offer screening, early detection, and follow up care or referrals; (2) annual community outreach and public information programs; and (3) patient navigators that educate, assist, and guide patients through the cultural, linguistic, and administrative barriers to accessing health care.¹⁰⁸

¹⁰⁵ Congresswoman Deborah Pryce, "President Bush Signs Pryce Patient Navigator Bill Into Law," June 29, 2005, http://www.house.gov/pryce/press_releases/063005_patient_navigator.htm (accessed April 11, 2007).

¹⁰⁶ Ibid.

¹⁰⁷ The Orator.com, "Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003" <http://www.theorator.com/bills108/hr918.html> (accessed April 10, 2007).

¹⁰⁸ Democratic Caucus, "Chairs of House Democratic Caucus and Republican Conference Introduce Patient Navigator Bill," News Release, February 26, 2003. http://www.dems.gov/index.asp?Type=B_PR&SEC=%7B34B05919-E257-4A71-994A-C6A510E8EAF%7D&DE=%7B1AA711C4-7D40-4AD4-9A2A-315BB43E6C39%7D (accessed April 12, 2007).

According to Dr. Huerta, there are five requirements necessary to replicate the Cancer Preventorium Model. Communities with access to the following could successfully implement this program:

- clinics or hospitals;
- Spanish-language media channels;
- trusted community champions to lead the effort;
- treatment options for patients with disease;
- a patient navigator to serve the community; and
- a computerized system to track patient data.

Furthermore, this model relies on the use of non-profit media outlets as well as time volunteered by the trusted champion.

Similar Centers

Only a few implementations similar to Dr. Huerta's Preventorium exist within the U.S. One is the program that Dr. Harold Freeman runs at the Ralph Lauren Cancer for Cancer Care and Prevention. This center provides outreach, patient navigation, screening, treatment, clinical trials, research, and support to patients. This program is also tailored to the Hispanic and African American communities in the Harlem, New York area. Second, the Kentucky Cancer Program, championed by Dr. Gilbert H. Friedell of the University of Kentucky, provides cancer screening, information, and navigator services to low-income and rural communities in Kentucky.¹⁰⁹ Both of these programs implement the three pillars of the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003, however they do not focus on the Hispanic audience as Dr. Huerta's model does.

¹⁰⁹ Gilbert H. Friedell, "Outreach Efforts and Concerns." Kentucky Cancer Program, University of Kentucky, <http://deainfo.nci.nih.gov/ADVISORY/pcp/archive/pcp1196/friedell.htm> (accessed April 12, 2007).

Although there are few centers like the Preventorium in the U.S., Dr. Huerta has overseen the establishment of three Cancer Preventorium clinics in Peru. His connection to the medical community in the country has provided for a natural extension of the model to Peru. The most recent center was launched in March of 2007.

CHAPTER IV - CASE ANALYSIS

This chapter analyzes the Cancer Preventorium Model. As mentioned in the case profile, this model appeared to be quite effective in achieving its objectives and mission of promoting preventative health behaviors within the Hispanic community. After a preliminary review of the case profile, several elements emerged that appear central to the model's design that may explain its effectiveness. The following analysis discusses these elements and concludes with an overall assessment of the model.

Culturally-Based Approach: Audience Specific

The first factor that stood out as unique and potentially contributes to program success for the Preventorium Concept is its foundation in knowledge and understanding of the Latino community. The concept also reflects its basis on Latino cultural research. Clearly, the Hispanic community, while heterogeneous, also shares common cultural ties that connect them together as a group – preferences, language, beliefs, and traditions. Although Dr. Huerta cautions against stereotyping, much like Hispanic cultural scholars Korzenny and Korzenny, he does indicate that certain values describe the audience with whom he communicates. Relevant to this model is Rogers' view that *heterophilic* communication – interaction among people of different socio-economic backgrounds– can be effective if the communicator is empathetic to the community it is addressing.¹¹⁰ The cultural phenomena that are most relevant to this study discussed by Korzenny and Korzenny include: oral

¹¹⁰ Everett Rogers, *Diffusion of Innovations*, 18.

interaction, fear, fatalism, personalism, polychronism/polymorphism, and Hispanic health beliefs.¹¹¹

First, from an outsider's perspective, Dr. Huerta is quite similar to his target audience, therefore making his communication seem homophilic, or among similar types of people. He is an immigrant, shares the Latin American heritage, and is fluent in the Spanish language which are common traits shared among the majority of his patients. However, sixty percent of his audience are poor, from lower socio-economic backgrounds, and have less education. Dr. Huerta, on the other hand, is a doctor educated in Peru and the United States, with access to many more resources than the majority of his patients, making him somewhat heterophilic, or unlike the community with whom he is communicating.

Rogers cautions that it is challenging for heterophilic experts to achieve successful interaction with clients of lower socio-economic status, unless they interact with empathy. In this case, Dr. Huerta uses language and stories to highlight the cultural connections that unite him with his audience. Through his tone he establishes an empathetic setting that brings him closer to the audience. He frames his messages in simple and clear language and juxtaposes himself from elite groups that keep their knowledge bottled up in their own ivory towers.¹¹² He is with his audience and not above or far away from them. He does not condescend to his audience and gains respect and admiration that way.

Second, Hispanics have the tendency to prefer oral rather than literate communication styles. Oral audiences prefer rhetorical devices that create virtual experiences through symbols, visuals, metaphor, or humor.¹¹³ Latino cultures tend to be oral and prefer more interactive communication between the communicator and audience. The *Hablemos de*

¹¹¹ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 175-195.

¹¹² Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 60.

¹¹³ Zaharna, R.S. (2000). *Overview: Cultural Continuums*, 1.

Salud (Let's Talk About Health) television call-in program with Dr. Huerta invites audience members to ask the doctor any question and to some extent allows for trialability of the innovation of preventative health behaviors. Dr. Huerta also uses pictures, graphs, and anatomical models to explain medical concepts. He also uses humor and catchy phrases so that people can easily remember his points. For example, he often repeats the fact that people should go to the doctor once a year, like they take their cars for an annual tune-up. Furthermore, the use of radio and television is more effective with oral cultures.

Third, he understands that fear is a common issue within the community, due to immigration status, fear of an unknown health system, or lack of trust in doctors from the U.S. Dr. Huerta indicates that patients do not have to provide proof of residency or health insurance. Instead, they just have to pay the \$120 exam fee and must be asymptomatic. Furthermore, his staff is fully bilingual, he offers a patient navigator who helps each patient navigate the maze of U.S. health care, and provides medical attention to his patients in Spanish and in a personal way. The analogy of the U.S. health care system as a labyrinth to an immigrant patient is not overstated. Ms. Gonzalez, a Latina breast cancer survivor emotively spoke at a recent conference and indicated the fear that she had upon her diagnosis was not only due to her health but also as a result of the fear of being denied treatment due to her immigration status.¹¹⁴ She said that as an immigrant in this country she had never felt more shunned as she does now. Other than instilling anger and resentment, it also made her fear that she could not get treatment. Luckily, she was treated at an area community health center. The patient navigator component of the Preventorium Model

¹¹⁴ Ms. Gonzalez provided comments to speakers during a panel on Latino community health volunteerism. Ms. Gonzalez, "Caminando Juntos Latino Health Conference" (conference, Carlos Rosario Charter School, Washington, D.C., April 14, 2007).

would have helped fearful patients like Ms. Gonzalez overcome some of the fear in her experience as a cancer patient.

Fourth, Hispanics traditionally demonstrate fatalism, which is the belief that a one's destiny is in God's hands and that one will eventually die from some sort of disease. This makes it especially challenging to convince people that they can personally take control of their health and prevent disease, thought to be caused by a higher power. Huerta understands that the community tends to hold a fatalistic view of health, where it is out of the control of the individual and more a consequence of destiny or God's will. He therefore concentrates on positive messages that attempt to establish a sense of self efficacy among the fatalistic culture. In one segment of his television show, his co-host reiterated to the caller the negative consequences of not engaging in prevention now. Immediately, Dr. Huerta jumped in and joked that he was going to scare the caller away. It was clear that Huerta understands that scaring a fatalistic group is a counter productive health approach.

Dr. Huerta's goal is to empower individuals to feel as if they can take control of their health and prevent chronic disease, rather than doing nothing and living for today rather than tomorrow. Most Hispanics tend to view doctors as respected members of the community and tend to behave with deference toward them. His messages stress empowerment and the need to ask questions, thus breaking down another cultural boundary. The Health Belief Model isolates the concept of self-efficacy as a contributor to an individual's ability to reduce the risk of disease by engaging in health prevention behaviors. Dr. Huerta urges his "listeners to be assertive, ask questions when you don't understand, don't let the doctor just give you some medicine and dismiss you."¹¹⁵

¹¹⁵ Neil Swan, "Hispanic Oncologist Becomes a Media Star With TV-Radio Health Messages," *Equal Access: Closing the Gap Between Discovery and Delivery*, National Cancer Institute, (2003) 1:2, http://crchd.cancer.gov/attachments/equal_access_volume1_issue2.pdf.

Fifth, the Preventorium Model considers the tendency to use both personal and informative tones within the same space and time. Huerta and Macario discuss the cultural tendency of *personalismo*, in which individuals build relationships with members of the ‘in-group’.¹¹⁶ Korzenny and Korzenny discuss a similar concept in the frame of creating emotional links with consumers and building relationships over time with their consumers.¹¹⁷ Dr. Huerta makes his media outreach personal, friendly, and shares his culture with his audience. A National Cancer Institute newsletter captured his personal demeanor in an in-depth profile of the model. The author writes:

Huerta laughs and jokes with his audience, selects music from a sagging shelf of CDs, and then bobs rhythmically with the music selections, “just like a DJ,” he [Dr. Huerta] jokes, a public health DJ.¹¹⁸

This statement conveys his ability to easily relate on a personal level with the community.

Sixth, a demonstration of polymorphic and polychronic cultural traits, Dr. Huerta can switch gears between personal stories, health anecdotes, and gimmicky sound effects on his radio show. An indicator of his polymorphic leadership style, he provides the community with advice on the full spectrum of health topics, not just cancer prevention. The intertwining realms of fun and serious themes in the same format display the polychronic behavior that his particular segment of the Hispanic community enjoys.

The Preventorium Model also is based on an understanding of Hispanic health traditions. Some of Dr. Huerta’s patients are accustomed to using herbal remedies such as *yerba buena* (a type of herbal tea), which they believe has healing powers. They would prefer to use these types of remedies before going to a doctor. However, Ruth Aloras, a patient of Dr. Huerta’s, describes how people in the community are starting to change. “Because of

¹¹⁶ Elmer E. Huerta and Everly Macario, “Communicating Health Risk to Ethnic Groups,” 24.

¹¹⁷ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 174.

¹¹⁸ Neil Swan, “Hispanic Oncologist Becomes a Media Star,” 2.

Dr. Huerta, many people have realized, maybe the herb helps, but you always have to go to a doctor.”¹¹⁹

Multifaceted Approach: Information & Relationships

Huerta uses cultural knowledge to develop a multifaceted approach to providing information and establishing relationships with Latinos in the D.C.-area. Dr. Huerta addresses the fact that his target audience is linguistically isolated, and therefore provides information via Spanish-language media and provides bilingual staff and a patient navigator at the Preventorium to help patients feel like part of the community.

Hispanic Media

First, the Preventorium concept relies on tailored health information campaigns through Spanish language media. Over 80 percent of the Preventorium patients are Spanish-dominant and come from more than 21 different countries, all with their own idiomatic expressions and vocabulary. Dr. Huerta is therefore careful to craft clear, simple, and idiom-free Spanish messages for his radio and television programs, in order to make all Spanish-speakers understand the health information he wants to communicate to them.

It is also important to note that the source language for this campaign is Spanish, contrary to the many health campaigns targeting Hispanics which originate in English. Most public health campaigns attempt to reach Hispanics by simply translating materials and information developed for Anglo audiences. This is not an effective approach, because it uses the mainstream Anglo-American cultural frame to present the message. Many times translations are literal and do not effectively convey the meaning. In this model, the

¹¹⁹ Mariana Minaya, “Take my hand: In the complex and confusing world of modern medicine, many people need a helping hand, and that’s where the navigator comes in,” *The Baltimore Sun*, August 25, 2005, <http://www.casademaryland.org/press/aug26-2005.htm> (accessed April 12, 2007).

information is specifically tailored for the cultural affinities of the audience through the oral formats of radio and television that Hispanics prefer.

Dr. Huerta's media principles of consistency, comprehensive health education messages, the use of all media channels, and developing a trusted messenger are apparent in his outreach to provide health information. He has the only Spanish-language health-focused radio program, *Consultorio Comunitario de Salud*, which is broadcast every week day and *Hablemos de Salud* is broadcast on television once a week. He is able to answer all health-related questions and is a trusted messenger in the community. Many in the community tend to trust and relate to Dr. Huerta as they would a friend.¹²⁰

Dr. Huerta is a firm believer in radio as an effective media tool to reach Hispanic audiences.

"Radio is a very powerful tool for Hispanics," said Huerta. "There is a tradition among Latinos to use radio as a companion. All you need is a little transistor radio. You take it to work and put it off to one side and listen while you do many things."¹²¹

The fact that radio is a powerful tool among the Preventorium's patients is reflected in the fact that in 2003, most patients had been referred to the clinic through the radio programs or from friends and family. Hispanic communication scholars, Korzenny and Korzenny, attest to the fact that Hispanic radio "plays the role of the town crier" within the community, based on the tradition of radio listening in Latin America.¹²² Another effective oral tool for communication, his television programs convey simple messages, tangible and vivid examples, and provide the direct interaction with the audience that Hispanics prefer.

¹²⁰ Neil Swan, "Hispanic Oncologist Becomes a Media Star," 2.

¹²¹ American Cancer Society, "Talking Medicine: Dr. Huerta's Radio Show," March 11, 1998, http://www.cancer.org/docroot/NWS/content/NWS_2_1x_Talking_Medicine.asp.

¹²² Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 263.

Patient Navigator

The patient navigator is a staff person at the Preventorium who recognizes the Latino health care culture and tailors the Preventorium experience to that culture. The navigator understands the Latino health care customs that Korzenny and Korzenny outline in their research. They explain how Latinos tend to treat illnesses with herbal and home remedies first, seek initial care from *curanderos* (traditional medicine doctors), and get medicine if needed from pharmacists who dispense medications over the counter based on the patients' symptoms.¹²³ Patient navigators orient immigrants in the U.S. health care process in Spanish and in a familiar cultural context. Since the Preventorium does not perform mammograms, the patient navigator assists low income or uninsured patients in getting low cost or free mammograms from grant-funded state or local medical providers. The navigator is especially important if cancer is detected in assisting patients in finding specialists, especially free or low cost for the uninsured, and providing them with a roadmap of what to do next. Therefore, financial and cultural barriers that prevent Hispanics from receiving preventative health care are lessened.

Patient navigators also serve as counselors, who walk patients through the process, educate them on what questions to ask doctors, and what their rights are as patients. They make sure that patients follow up with appointments and understand what they need to ask of other doctors or specialists. Since most Latinos are very respectful of their doctors and tend to not question these figures of authority too often, they are not used to questioning their doctors, demanding certain tests, and asking them to explain things that they do not understand. The patient navigators, as well as Dr. Huerta, educate their patients on how to behave in more empowered manners, in order to get the best medical treatment they can.

¹²³ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 193-194.

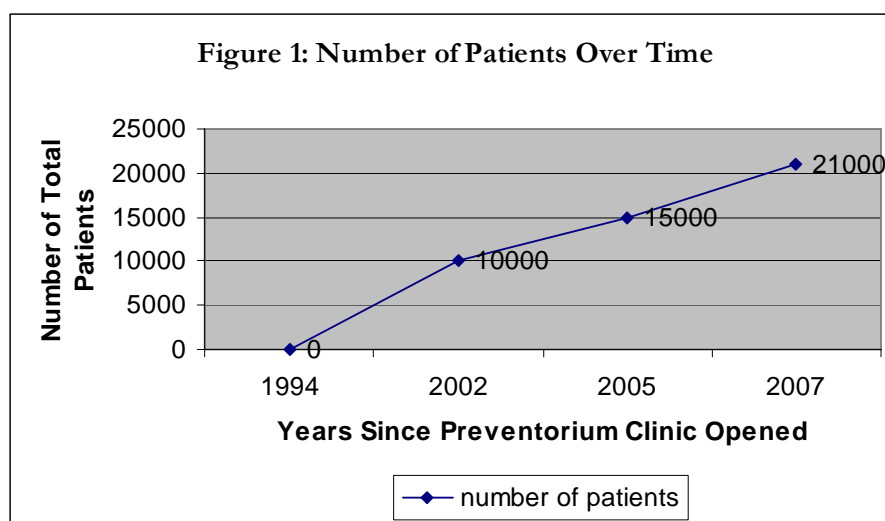
The patient navigator has its theoretical foundation in what Korzenny and Korzenny describe as the more personal and direct contact available in Latin American health care. Korzenny and Korzenny explain how many Hispanics do not have access to health care in the U.S., are often unsatisfied with the care they receive, have trouble communicating with health care professionals, view Anglo health practitioners as impersonal, and do not trust Anglo remedies.¹²⁴ The Cancer Preventorium patient navigator develops a support system to engage patients and establish long-term relationships. Because Latinos tend to display relationship-oriented behaviors, the establishment of a system that builds and maintains relationships with patients and the community are the interpersonal mechanisms that create sustainability for the program as well as demonstrate cultural appropriateness. The patient navigator attempts to reduce what Rogers' defines as complexity of the innovation, so that communities view these behaviors as achievable. This role serves to eliminate one source of stress that immigrants experience when visiting English speaking doctors and not knowing how to describe ailments, are fearful of authorities if they do not have legal residence status in the U.S., or if they are unaccustomed to receiving preventative health care treatment.

Long Term Approach

The Cancer Preventorium takes a long term approach to achieving preventative health care among Latino audiences. Rogers' diffusion of innovation theory notes that time is a key element that indicates when an audience adopts an innovation, or the innovation-decision period. Furthermore data show that the diffusion effect, or the degree to which interpersonal networks play an increasing role in pressuring the community to adopt an innovation, have been increasing.

¹²⁴ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 192.

Rogers' indicates that different innovations have diverse innovation-decision making time frames, based on the characteristics of innovations. He also cautions that preventative innovations occur at much slower rates because it is difficult to prove relative advantage.¹²⁵ For example, since the relative advantage of engaging in cancer screenings may be to avoid cancer incidence in the future, it is not an instant reward. This makes the behavior even more challenging for people of low economic recourse to justify the financial expense of engaging in an annual preventative health exam. Despite the fact that the relative advantage is difficult to prove, three weeks after the clinic first opened in July of 1994, appointments were booked up until the end of December. Therefore, upon provision of the innovation, the demand for this service was overwhelmingly positive after a three week time period. To date, the Cancer Preventorium has served more than 21,000¹²⁶ Washington, D.C. area patients (see Figure 1).¹²⁷ It would be interesting to evaluate the numbers by new or repeat visitors; however the data were not available for this study.



¹²⁵ Everett Rogers, *Diffusion of Innovations*, 218.

¹²⁶ Diana Garcia (patient navigator, The Cancer Preventorium at Washington Hospital Center), in a telephone discussion with the author, April 19, 2007.

¹²⁷ Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 20.

One could argue that the Preventorium Model started with Dr. Huerta's first radio program, *Cuidando su Salud*, in 1989. When one views the overall timeline for the concept, spanning from the first media projects, to the implementation of the Cancer Preventorium, and the patient navigator, the chronology indicates a long-term approach. Table 1 outlines the milestones in this approach, which span over the period of 18 years to present date.

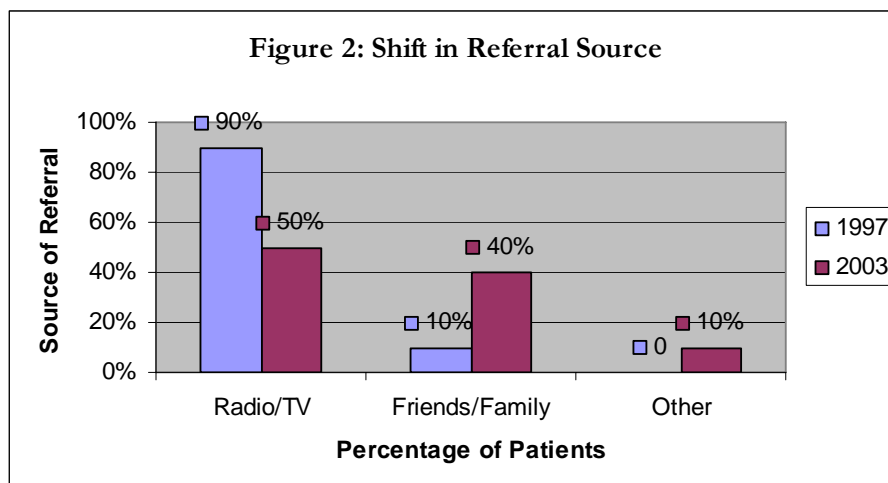
Table 1: Preventorium Model Chronology

1989	<i>Cuidando Su Salud</i> (Taking Care of Your Health) Radio Program
1994	<i>Consultorio Comunitario</i> (The Community Clinic of the Air) Radio Program
1994	The Cancer Preventorium at the Washington Hospital Center
1996	<i>Hablemos de Salud</i> (Let's Talk About Health) Television Program
1997	Patient Navigator
2003	The Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003
2007	Dr. Elmer Huerta, Nominated as President of the American Cancer Society

Furthermore, when comparing the referral sources of patients that visited the Preventorium in 1997 versus a sample of 705 new patients in 2003, there is a sharp increase of interpersonal network referral sources.¹²⁸ Although it is not clear what number of patients are included in the 1997 numbers, the change in sources does indicate evidence of the diffusion effect. (See Figure 2)¹²⁹ In 1997, 90% of patients were referred to the clinic by the media outreach efforts, via radio or television, to visit the Preventorium. A sharp decrease in 2003, 50% were referred to the Preventorium by radio and television, whereas 40% were referred by friends and family.

¹²⁸ Elmer Huerta, "Cancer Prevention in the XXI Century," (presentation): 62 - 63.

¹²⁹ Ibid.



Rogers' states that on average, once the threshold of 20 to 30 percent of the community are influenced by their social networks to adopt an innovation, adoption rates tend to increase at a faster rate.¹³⁰ Rogers also indicates that communities with higher degrees of interconnectedness usually achieve a greater diffusion effect.¹³¹ Latino communities tend to be more relationship-oriented and therefore provide a more interconnected and optimal network within which diffusion may occur. The preceding table compares the rate of adoption as a function of media or social network referral. Data indicate that the source of community influence is moving away from the mass media channels that focus on information and moving toward interpersonal networks as a source of community influence. This shift points to the fact that the diffusion effect may start to take a more rapid pace within the community.

Another interesting distinction is the different sources of referral preferred by men and women. Women represent the majority of the patients to the clinic, and tend to demonstrate a higher degree of friends/family referral than men, who rely on radio first, followed by television as their primary source of referral. One explanation of this may be

¹³⁰ Everett Rogers, *Diffusion of Innovations*, 240.

¹³¹ Everett Rogers, *Diffusion of Innovations*, 240.

rooted in the cultural gender values of *machismo*. One could infer that the machismo value stresses that men do not discuss personal issues of health among one another and would gather this information from less personal sources like radio or television. On the other hand, Latina women tend to share information among their social networks more effectively and are expected to take care of family health matters, following the traditional *marianismo* roles. This difference in referral source could also be explained by the universal gender values of socialization. For example, boys and men are socialized to be tough and not go to the doctor, whereas women tend to be more proactive about health issues and the health of their families.

Purse Strings: Funding Source

The Preventorium Concept appears to be guided by a desire to reach a specific community rather than by the demands of what Nedra Klein Weinreich calls ‘purse strings’ in social marketing theory. Purse strings refer to the funding agencies which dictate strategic approaches to solving a problem. Funding sources usually have a particular perspective or interest, which are reflected in their terms of providing funding dollars to a project. Therefore, in exchange for the funding, programs need to include certain perspectives to their strategies. Some social marketing projects are constrained by the ideas imposed by funders, which may conflict with the research findings and recommendations that the social marketing approach relies on to develop its strategies.

Initial analysis of the Preventorium Model indicates that the project is a social marketing implementation since it seeks to achieve a behavioral change using traditional marketing approaches. However the lack of dominance and programmatic control by one funding source is clear in the freedom of direction of the project.

Dr. Huerta calls this freedom of direction a ‘marriage of convenience.’¹³² In the case of his radio and television programs with Radio America and MHz Networks, Dr. Huerta volunteers his time on the air to broadcast his programs. Dr. Huerta requests that the radio and television stations do not air advertisements that promote products for any misleading ‘magic’ health pills, vitamins, exercise programs, or one size fits all remedies. In exchange, the media outlets are happy to have the popular doctor transmitting to their audiences, since he has a loyal following of his programs. In the case of the Preventorium, the Washington Hospital Center provides the space and infrastructure for the clinic, as well as the salaries for the four key staff members. The Hospital continues to provide the infrastructure and overhead support, since the clinic is the only cash revenue generating unit in the hospital.

Dr. Huerta prefers not to limit the freedom of direction of his media and clinical programs by accepting corporate sponsorships. For example, his Preventorium model started as one dedicated to the prevention and control of cancer. However, through the years, the basic exam provided at the clinic has evolved to include screenings for high blood pressure, heart disease, diabetes, in addition to cancer. Furthermore, throughout the years on the radio and television, he has received feedback from the community on different topics of interest. He then bases future presentations on audience feedback, as demonstrated in one of his recent television programs. A caller raised the issue of sexually transmitted diseases, how to protect against them, how they are transmitted, and what symptoms warn of disease incidence. Dr. Huerta gave a quick response but indicated that this would be the focus of a more in-depth presentation and subject of a future *Hablemos de Salud* (Let’s Talk About Health) television episode. This flexibility to respond to audience feedback is a communication trait that social marketing programs should display.

¹³² Elmer E. Huerta, telephone conversation, March 23, 2007.

Partnerships: Campaign Extension

As the lead change agent and opinion leader of this innovation, Dr. Huerta has been able to forge long-term relationships with key organizations and the community in support of the Preventorium concept goals. These activities reflect the theoretical foundations of strategic partnerships as well as Rogers' discussion of opinion leaders.

First, Andreasen indicates the importance of creating strategic partnerships with key publics that will support the main goal of behavior change. Andreasen says that it is important to gain support from strategic partners to get a particular skill or service and to try to get other organizations to carry on the programs and messages to make the social marketing effort sustainable.¹³³ Weinreich also emphasizes the importance of partnerships to collaborate with organizations with similar goals in support of a common social marketing objective.¹³⁴ Dr. Huerta's relationship with Alejandro Carrasco, General Manager of Radio America radio station, was built on a common goal of providing the Latino community with information that would benefit listeners as well as attract advertisers to the radio station. On one side of the exchange relationship, the radio station gained a prestigious and well known doctor, which benefited Radio America's reputation. On the other side of the exchange equation, Dr. Huerta was able to disseminate his messages of health prevention to D.C. area Hispanics through the radio program. Likewise, Dr. Huerta's partnership with MHz Network has also allowed for his public health programs to reach the television viewing public. In addition, Dr. Huerta's strategic partnership with the Washington Hospital Center helped establish the Cancer Preventorium clinic within the cancer center which has benefited both parties. The Preventorium is the place where Dr. Huerta can treat asymptomatic

¹³³ Alan R. Andreasen. *Marketing Social Change*, 292-293.

¹³⁴ Nedra Klein Weinreich, "What is Social Marketing?," <http://www.social-marketing.com/Whatis.html>.

patients and the hospital benefits from the cash revenue that the Preventorium examination fees generate.

Second, as Rogers' states, opinion leaders tend to be cosmopolitan, of higher social status, innovative, and contain extensive networks of interpersonal relationships. These are the qualities that describe Dr. Huerta, who was able to use his interpersonal network of relationships to facilitate his extensive media reach. Rogers also states that opinion leaders serve as role models. Dr. Huerta is highly admired by the D.C. area Hispanic community as a successful doctor and one who is dedicated to helping the community live healthier and longer.

Third, the significance of Dr. Huerta's media partnerships and his role as an opinion leader have made his messages long lasting and respected within the community. The Preventorium Concept has benefited from Dr. Huerta's ability to consistently communicate a message of prevention and health promotion to the target audience. Furthermore, his appearances through radio and television mechanisms have established him as a well respected authority on health issues within the local and national community. Recently, Dr. Huerta was contracted by CNNenEspañol to serve as a medical correspondent.¹³⁵

Policy: Campaign Reinforcement

Weinreich also indicates the importance of policy, one of the eight P's, in achieving long lasting societal change.¹³⁶ In this case, Congress approved the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003. This Act provided an institutional public policy mechanism, which provided grant money for other organizations to replicate the Cancer Preventorium Model. The act supports several grantor organizations to dispense

¹³⁵ Elmer E. Huerta, telephone conversation, March 23, 2007.

¹³⁶ Nedra Klein Weinreich, "What is Social Marketing?," <http://www.social-marketing.com/Whatis.html>.

\$25 Million to organizations that will create programs to conduct three main activities: culturally and linguistically appropriate preventative primary care health services provider; community outreach to raise awareness about the value of prevention; and patient navigators to help patients overcome cultural barriers, educate and empower patients to take control of their health, and advocate for patients during the health care process.¹³⁷ Essentially, this Act provides support to fund other implementations of the Preventorium Model, as the three main requirements of the grant reflect the three pillars of the model. This policy also encourages the development of tailored public health services that can appropriately reach other minority communities, not just Latinos. Therefore, the introduction and establishment of this congressional Act provides a degree of societal integration of the model that can be adapted and applied to other communities and situations. Rogers would call this adaptation of the innovation a reinvention of the original innovation.

Personal Leadership

Dr. Huerta has provided personal leadership to make this model successful. His approach echoes the observation made by Korzenny and Korzenny which emphasized the need for successful role models within the community as spokespersons for reaching Hispanic publics.¹³⁸ His leadership role also ties into Rogers' discussion of change agents for innovations to diffuse. Furthermore, Dr. Huerta's magnetic personality within the Latino community and his apparent personal dedication to the cause is what has made this model as long lasting and successful as it has been.

First, Korzenny and Korzenny highlight the importance of role models in Hispanic communications. The authors conclude that role models that are Hispanic or are successful

¹³⁷ http://www.dems.gov/index.asp?Type=B_PR&SEC=%7B34B05919-E257-4A71-994A-C6A510E8EAF%7D&DE=%7B1AA711C4-7D40-4AD4-9A2A-315BB43E6C39%7D.

¹³⁸ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 66.

are effective in appealing to Hispanic audiences.¹³⁹ Dr. Huerta is Hispanic and also a successful member of the community. Furthermore, community members tend to value the knowledge that doctors have and look up to Dr. Huerta for advice and expert opinion. He establishes himself as a trusted source and provides health care in the same manner as Hispanics are accustomed to in their own countries. For example, Ruth Aloras, one of Dr. Huerta's patients, indicates that she is more at ease at Dr. Huerta's Preventorium than she is in mainstream American clinics. She says that Dr. Huerta "is Bolivia-style," referring to the fact that he does things as doctors would do in her native country, Bolivia, even though he is Peruvian.¹⁴⁰

Second, according to Rogers' discussion of change agents, Dr. Huerta plays the role of a change agent in a heterophilic situation. Dr. Huerta fits the profile of a change agent, due to his higher social status, high educational achievement, high professional achievement and prestige. The target audience that the Preventorium Model reaches is one of lower socio-economic conditions, making this a situation of heterophily. Rogers assesses that it is very difficult for higher-status change agents to achieve innovation adoption within communities of lower socio-economic conditions.¹⁴¹ He also indicates that many change agents use this part of diffusion theory as an excuse to not target members of the 'less-elite' or those of lower socio-economic communities.¹⁴² However, Dr. Huerta uses shared values to connect with his audience through his familiar and personal tone, plain language, music, and stories. He also explicitly wants to bring the knowledge contained within the elite circles of the public health community to those of less-elite status. It also seems apparent from his participation in local Latino health events that he is reaching out to local opinion leaders of

¹³⁹ Felipe Korzenny and Betty Anne Korzenny. *Hispanic Marketing*, 66.

¹⁴⁰ Mariana Minaya. "Take my hand," <http://www.casademaryland.org/press/aug26-2005.htm>.

¹⁴¹ Everett Rogers, *Diffusion of Innovations*, 323.

¹⁴² *Ibid.*

his target community. If this is the case, then through those opinion leaders he can spread his messages throughout homophilic interpersonal networks, to spark a higher rate of adoption.

Third, Dr. Huerta's dedication to the Preventorium model and his community is apparent in his deep commitment to the project. First, he is a champion that is dedicated to the fervent challenge of convincing unwilling audiences of the importance of engaging in cancer prevention. Second, he is similar in many ways and deeply connected to the community that he is reaching. Dr. Huerta is a great champion for the Hispanic community because he characterizes this work as fun. When discussing his radio and television outreach programs, Dr. Huerta indicates that, "It began as a hobby, turned into a passion and has evolved into a new health system outreach paradigm."¹⁴³ This shows that his work is really his passion. A challenge in replicating this model might be to find others equally as dedicated and passionate about the subject who might be willing to champion a career-long cause to providing preventative health care to minority communities.

Overall Assessment

The case analysis suggests that Dr. Huerta was successful in reaching the Hispanic community and getting Hispanics to begin to change the way they approach health. This chapter analyzes the underlying factors that have contributed to the Cancer Preventorium Model's success. The main factors include: culturally-based audience-specific approach; multifaceted approach focused on information and relationships; long-term approach; lack of control by funding sources; partnerships; policy; and personal leadership.

Despite the success, there is still a long way to go for the innovation to diffuse within the entire community. Three recommended strategies presented include conducting

¹⁴³ Neil Swan, "Hispanic Oncologist Becomes a Media Star," 2.

evaluations to determine single-visit and repeat visit patients, establishing information systems within the Preventorium to analyze data more effectively, and relying more heavily on interpersonal communication mechanisms.

Based on this analysis, it is possible to offer a recommendation which may make the program even more effective. In looking at a sample of 705 new patients in 2003, it is evident that the source of referrals is changing from mass communication sources to one of deeper interpersonal networks of family and friend. However, this information has not been collected for all visits into a central system and has not been analyzed over the duration of the program.

An extensive evaluation of the model and its impact on patient traffic to the Preventorium would yield information to effectively steer future Preventorium Model directions. Of interest would be a comparison between Preventorium patient data and media outreach programs to determine what issues or events, if any, created boosts in Preventorium visits. These trends would provide indicators of best practices in communication and its impact on behavior.

It would also be interesting to analyze new and old patient data, source of referrals, demographic information, and gender to understand what kinds of patients are visiting the clinic, who is returning, and who is not. Additional qualitative research could be conducted with returning patients and non-returning patients to understand what motivates patients to come back to the Preventorium. This information would allow the Preventorium to determine if there are any other incentives to offer patients to return or if there are barriers that should be eliminated to get patients back to the clinic for annual or follow-up visits.

In addition to the evaluation, a system that captures this data in a database would provide insight into patient behaviors. Although the Preventorium currently has a

computerized system to track most data, data such as patient referral sources are not captured in the system. Accessing data for quick comparison and analysis would facilitate for decision-making, program evaluation, and management reporting. Such a system would also diminish the additional costs of hiring an outside firm to analyze and tabulate data. A system that provides automatic triggers to generate patient reminders on birthdays or exam anniversaries would assist in achieving sustainability in behavior by attracting repeat patients. Post cards with a few frames of a photo novella, or a storyboard or colorful sketch of an interesting plot, could indicate to Hispanics that it is time to return for an annual visit. The system would also know the date of birth of patients, and could provide data on specific screenings that must be done at milestone birthdays, such as yearly PAP tests starting at age 18, mammograms starting at age 40, and colorectal screenings starting at age 50.

In analyzing this information based on Rogers' theory of diffusion, it would make sense to focus behavior change through interpersonal networks. The use of opinion leaders to persuade Hispanics to seek preventative health care within their interpersonal networks would be a logical next step in the communication. Similarly, when analyzing this information based on Andreasen's model that looks at outreach tactics based on stages of change, it would also indicate that audiences are moving from contemplation to action and maintenance stages. Andreasen argues that during these stages, it is important to 'increase perceived benefits, decrease perceived costs, increase social pressure, and increase behavioral control.'¹⁴⁴ In this model, patient navigators provide the mechanisms to increase behavioral control or self efficacy. Based on the number of community health events that Dr. Huerta participates in and the relationships he builds, it does seem evident that he is reaching community networks to spread his ideas of disease prevention. However, increasing social

¹⁴⁴ Alan R. Andreasen. *Marketing Social Change*, 311.

pressure through opinion leaders and other strategic networks would be appropriate tactics in increasing behavior change.

Some of the most effective interpersonal mechanisms for the Latino community are lively, family-friendly health festivals. Engaging with other organizations that tap into interpersonal networks directly would be an effective way to deepen interpersonal communication. One such organization is the *Día de la Mujer Latina* (Latina women's day), a Latina health tour program which focuses on preventative health behaviors and screening, championed by a Latina breast cancer survivor, Venus Gines. The health festivals are celebratory, fun, and provide activities and screenings for children, too. Following the Hispanic cultural emphasis on families, personalism, and collectivism, they welcome all to attend: families, children, and friends. Many of these festivals use street theater to engage the audience to understand a concept in a very simple and visual way, which follows an oral communication pattern more in line with Hispanic cultural patterns. These events are also held in public areas, which increase the opportunities to engage members of the community that may not engage in preventative health behaviors. This type of direct, personal, and celebratory event also follows the archetype of 'celebration of life' which is also a key to entice Hispanics to engage in preventative health behaviors.

CHAPTER V – CONCLUSION

In 1989, oncologist Dr. Elmer Huerta set out on a mission to develop communication tactics to motivate and encourage Hispanics to seek preventative cancer treatment. He originally started developing radio and television programs to educate and motivate audiences to engage in cancer prevention. He later realized that his efforts were leading up to a new paradigm for delivery of preventative health information and services for Hispanics. This approach is the Cancer Preventorium Model. The three main pillars of this model are: linguistically and culturally appropriate community outreach through media channels; a Preventorium or clinic where asymptomatic patients can seek preventative health care and screening, and a bilingual and bicultural patient navigator that would walk patients through the complex U.S. health system that is, for the most part, foreign to the Hispanic community.

The Cancer Preventorium Model is one of the best case studies to examine a model of preventative health communication culturally tailored to the Hispanic community. The Cancer Preventorium Model is successful because the strategy is originally conceptualized and designed for the Hispanic community, and is not just a sub component to a larger program developed for the general population. First, the case is especially successful because it relies on a culturally-based and audience specific approach to preventative health communication and care. Dr. Huerta shares and understands the community's culture; provides communications in an oral format; addresses fatalism, fear, personalism, polychronic communication styles, and Hispanic health traditions.

Second, the Cancer Preventorium Model uses a multifaceted approach to communication by informing audiences through Hispanic media outlets that they consume.

It also provides a patient navigator who is culturally similar to the audience and builds trust with patients to direct them through the U.S. health care system, which is different to what they are used to.

Third, the Cancer Preventorium Model is based on a long-term approach which does not have a timeline. This is an approach that Dr. Huerta has fine-tuned over the duration of his career in cancer prevention and control and is not limited to a time frame.

Fourth, the Cancer Preventorium Model is not tied to a particular funding source, which allows Dr. Huerta to steer his programs in the direction that is best suited for his audience. Dr. Huerta is not influenced by the different priorities of a funding agency.

Fifth, Dr. Huerta's ability to establish strategic partnerships with radio and television stations and the Washington Hospital Center's Washington Cancer Institute have helped him make the media and service delivery sustainable and supported by other organizations with similar goals.

Sixth, Dr. Huerta and another doctor in New York proposed a concept which was signed into law by Congress as the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003. This Act of Congress gives the program an institutional basis and allows for sustainability and replicability.

Seventh, Dr. Huerta's personal leadership and connections with the community make him an ideal leader for The Preventorium Model.

An interesting finding of the case is that the referral source to the Preventorium has changed from almost entirely media sources to interpersonal networks of family and friends. This indicates a need to shift the emphasis to interpersonal communication networks for the future of the Cancer Preventorium Model.

Possible recommendations for the program would be to reorient communication through interpersonal networks, conduct an extensive program evaluation, and develop a system to increase the number of repeat visitors. These steps would not only strengthen the program but also help focus on behavioral maintenance and control.

These study findings are significant for a variety of reasons. With the explosion of the Hispanic population in the U.S. according to Census statistics, many government agency initiatives are increasingly targeting communication to this audience. A sub discipline within communications and marketing has emerged which focuses on the most effective ways to reach Hispanics. Most agencies tend to rely on formulaic strategies to communicate with Hispanic audiences, such as translating campaign materials developed for mainstream, Anglo-American audiences. However, those approaches are not effective, especially in attempting to change deeply engrained cultural behaviors such as health seeking behaviors. In terms of public health, it is important to expand efforts in communicating disease prevention, to avoid unnecessary burden on the health delivery system. Dr. Huerta urges his audience to take the necessary precautions, such as screenings and health evaluations, to get their health back on track, on a regular basis.

This model provides a successful structure for preventative health communications which appropriately targets the Hispanic community. As Dr. Huerta indicated in a recent public appearance, mainstream public health professionals characterize the Hispanic community as “hard to reach”, when the mainstream professionals really just don’t know how to reach them.¹⁴⁵ This model provides one clear example of how to engage Hispanics in preventative health behaviors in a culturally Hispanic way.

¹⁴⁵ Elmer Huerta, “Caminando Juntos: Latino Health Conference,” April 14, 2007.

Looking forward to future research, the Cancer Preventorium Model has proven to be replicable in Peru, Dr. Huerta's native country. However the question remains of why it has not been replicated here in the United States. One explanation could be that the model is reliant on a passionate and dedicated champion, who is also an oncologist specialized in cancer prevention and control, as well as an excellent and natural communicator with cultural ties to the audience. Finding someone with the dedication might be a challenge, however the model contains critical elements and policy supports to ensure success.

Furthermore, as stated in the recommendations, it would be advisable to conduct a more in-depth evaluation of the entire dataset. Another recommendation would be to establish more robust data systems to collect and capture data and implement system checks and triggers to build the customer relationship management functions necessary in retaining repeat patients. Furthermore, a shift in emphasis from mass media channels to interpersonal channels would prove advantageous at this point, in order to increase the rate of adoption of preventative health behaviors among Hispanics.

It is not clear how Dr. Huerta will be able maintain his new post as President of the American Cancer Society as well as continue to manage all three pillars of the Preventorium concept. He is the face of the Preventorium that people know and trust, and patients expect to see his familiar face in the office. It would also be difficult to find a replacement for the naturally eloquent communicator to host his radio and television programs. Since the third pillar, the patient navigator, is another staff person at the Preventorium, that aspect of the model will continue without major challenges. In fact, at this point in which communication should focus on interpersonal networks, the helping hand that patient navigators provide might actually be the most important element of the model.

Having observed someone navigate through a late-stage cancer diagnosis and treatment regimen, one understands the impact that information and education can have on preventative cancer behaviors. Engraining certain milestones into the minds of people or trying to normalize an activity – such as seeking mammograms every year after one turns forty or colorectal cancer screenings after the age of fifty – is difficult to achieve in most communities. The challenge is to ask communities to engage in preventative health care to combat against future unknown ailments, of which immediate benefits are not seen.

However, using culturally appropriate channels of communication, places for medical attention, and supportive patient advocates is an effective way of persuading Hispanics to change their health behaviors. The key to achieving the right culturally appropriate strategies of this model is that its founder thinks about the strategy in Spanish, from the cultural and socio-economic position of an immigrant who is learning how to navigate the medical system in the United States. The challenge then is for other practitioners to literally walk a few days into the shoes of their audiences, speak their language, visit their homes and places of work, learn about their culture, in order to know how best to reach them.

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APPENDIX A

Transcript of *Cuidando su Salud* (Taking Care of Your Health)¹⁴⁶

<i>Cuidando su Salud</i>	“Cancer among minorities Part I” 60 second radio spot
Female Announcer:	And now from Washington, we present to you Taking Care of Your Health with Dr. Elmer Huerta.
Dr. Elmer Huerta	<p>Esteemed guests, today marks the beginning of cancer and minorities week, to raise the level of awareness of the types of cancers that affect minorities – or the communities or social groups that fall within the smaller percentages of the larger U.S. population.</p> <p>Uterine and breast cancers cause many of the deaths among Latinos, African American, and Native American women in the United States, while prostate and lung cancer are devastating black men in America.</p> <p>The key to controlling cancer is prevention, to not smoke, to have a nutritious diet, engage in daily exercise, and to have annual medical exams instead of waiting for symptoms to appear. These are the ways to avoid this disease.</p> <p>To listen to this message online, go to <prevention.org></p> <p>So today, like every day, let’s buckle up our seat belts and let’s talk about health.</p>

¹⁴⁶ MP3 of program can be accessed from prevention.org or directly through this link:
<http://www.prevention.org/Audio/06iv06.mp3>.