

RETHINKING THE “PREVENTION INNOVATION” IN THE  
HISPANIC CULTURE

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Abstract

*In 1997, due to high rates of diabetes and increasing treatment and management costs, the Centers for Disease Control and Prevention (CDC) introduced the largest national campaign to prevent diabetes. Despite the wide availability and accessibility of campaign materials and information, Hispanics still lack awareness and knowledge about healthy behaviors to prevent diabetes and fail to adopt physical activity and healthy eating habits as part of their daily routine. This proposal will focus on the re-invention and re-introduction of the health fair and other demonstrations as health promotion resources in areas with large number of Hispanic population. This report will highlight a hypothetical health campaign among Hispanics. The diffusion of innovations theory will serve as the foundation for developing this campaign.*

*Keywords: diffusion of innovation, social change, hispanic culture, health fair*

**I. Introduction**

In 1997, due to high rates of diabetes and increasing treatment and management costs, the Centers for Disease Control and Prevention (CDC) introduced the largest national campaign to prevent diabetes (the National Diabetes Educational Program – NDEP) (National Diabetes Education Program, 2007). Concurrently, other health organizations and groups such as the American Diabetes Association (ADA) and the American Heart Association (AHA) have developed campaigns focusing on prevention, management and treatment of diabetes (American Diabetes Association(a), 2008, American Diabetes Association(b), 2008; Hispanic PrWire, 2007). Despite the wide availability and accessibility of campaign materials and information, Hispanics still lack awareness and knowledge about healthy behaviors to prevent diabetes and fail to

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adopt physical activity and healthy eating habits as part of their daily routine (CDC, 2004).

This proposal will focus on the re-invention and re-introduction of the health fair and other demonstrations as health promotion resources in areas with large number of Hispanic population. This report will highlight a hypothetical health campaign among Hispanics. The diffusion of innovations theory will serve as the foundation for developing this campaign. Diffusion of innovations is a theory of social change. The process begins when a new idea, product, service or behavior is diffused into the society (Rogers, 2003). It then continues with the adoption or rejection of the innovation which in turn will lead to certain consequences that will end with the alteration of the social structure. The process includes five steps that follow a certain rationality and sequence of purposes and behaviors. It starts with knowledge, continues with persuasion, decision, implementation and confirmation. In addition, the innovation itself is characterized by five attributes including relative advantage, compatibility, complexity, trialability and observability, which are expected to influence the rate of adoption (Rogers, 2003).

To overcome some of the weaknesses of the diffusion of innovations theory, other elements from communication theories and health campaign planning will be employed to develop a culturally significant and individual relevant health promotion campaign against diabetes.

## **II. Hispanic Cultural Characteristics**

Familismo and collectivism are important traits of the Hispanic culture. In Latin America, there is a strong sense of interdependence among members of a family or a group. Most chores, activities and celebrations are done in a group-like fashion. There is also a deep feeling of loyalty and reciprocity among individuals (Korzenny and Korzenny, 2005). The young are responsible to take care and to provide for the old while the old are responsible to spread their knowledge to the young (Korzenny and Korzenny, 2005). Because of this reliance on family to provide for each other in times of need and illness, prevention and planning are not common practices among Hispanics. Consequently, the relative advantage of the adoption of the prevention innovation should emphasize other benefits than prevention such as health activities that are group oriented and that emphasize a strong feeling of belonging and respect for the group and the family.

Closely related to collectivism, Hispanic culture can also be viewed as a relatively homophilous society. Language, history, religion and food are some of the elements that bring Hispanics together into a homogenous community (Korzenny and Korzenny, 2005). Rogers (2003) indicates that homophily can represent an obstacle to the acceptance of an innovation as new ideas usually enter the community through more innovative individuals. Individuals in a homophilous group usually interact with other individuals within their own

system rather than with individuals outside their system, making it difficult for the innovation to get recognized (Rogers, 2003). Finding community and opinion leaders that can introduce the innovation in the system without being considered a threat to Hispanics' own traditions and customs will facilitate the adoption of the innovation.

Another consequence of the homophilious nature of the Hispanic community as well as their strong family ties and close neighborhood relationships, is Hispanics' tendency to seek advice through interpersonal channels of communication rather than through mediated channels (Korzenny and Korzenny, 2005). Group or community membership provides a venue where large numbers of individuals come together to exchange information. Group affiliations can also facilitate the dissemination of information in a more comfortable setting as materials and messages that come from the community will be received with greater level of trust and lower level of threat (Stephens, Rimal & Flora, 2004). The selection of communication medium thus, has important implications in the allocation of campaign resources to media versus interpersonal communication channels and in choosing community opinion leaders that help the target audience adopt the innovation.

Opinion leaders and their network have very influential roles in the system of communication structure (Rogers, 2003). In Latin America, elders represent knowledge, experience and expertise. Younger family members and individuals look up to elders for guidance and support (Korzenny and Korzenny, 2005). Similarly, individuals who become sick will turn first to the elders in the family for support and advice before they turn to more distant sources such as doctors. Thus, elders have the necessary prestige, communication network, social acceptability and competence to sway other individuals in the system towards adoption of innovations. They are potential gatekeepers that can introduce the innovation in the community.

The goal of the social norms approach, introduced by Perkins and Berkowitz (1986), is to correct the negative misconceptions about what is socially correct. Using this framework, Perkins and Berkowitz (1986) conducted a study among college students and their perception of peer frequency and amount of drinking. They concluded that students overestimate peer's frequency and amount of drinking as well as peer's positive attitudes towards drinking. Correcting these misconceptions will help reduce heavy drinking on campuses.

Applying the social norms approach to the Hispanic community to correct their negative misconceptions about food, physical activity, health ideal and prevention promotes and establishes positive social norms towards healthy eating and exercising. Thus, if the preventive innovation becomes more acceptable and more strongly related to what is considered an acceptable social norm, Hispanics will be more likely to find the new behavior less complex and in opposition with cultural values.

Concurrently, Naumer, Fisher and Dervin indicate that a person is viewed as “embedded in a context-laden situation, bounded in time and space” (p. 2). When community resources (presence of bike trail and parks in the community) are supportive of the campaign goals and establish leisure and regular physical activity as a social norm, the promotional materials are more likely to be persuasive and convince Hispanics to adopt regular physical activity. When planning a health campaign cultural similarities as well as system characteristics and norms should be taken into consideration.

### **III. Campaign Development**

There are two central goals of this hypothetical campaign include: increasing physical activity and improving eating habits among Hispanics. The objectives will be achieved through participation in community activities and being exposed to community actions which will raise awareness and knowledge as well as encourage members to actively engage in physical activity and healthy eating. The campaign will run year long with evaluations conducted throughout and at the end of the campaign. The health fair concept is based on the transmission of persuasive educational messages about health issues to the target population in an entertaining environment where individuals will not feel vulnerable. The persuasive messages of the proposed campaign will be presented during a Hispanic social event.

An advisory committee will be created that will be responsible for gathering all the resources necessary for the implementation of the campaign. In addition to the committee, community volunteers and health professionals will also participate in running the campaign. Latin American food experts will also be contacted to develop healthier recipes for the participants. In addition, volunteer dance instructors will be contacted to participate in the fair to teach participants dance styles that are less well-known.

The campaign will have three phases and will be conducted as a pilot study in a city in Texas that is largely Hispanic. The first phase will last between two to three months and it will include exposure to campaign materials through media outlets that will increase awareness about the benefits of physical activity and healthy eating. During this stage the Hispanic community will also receive information that will increase their awareness about the second phase of the campaign. For the most part, brochures and radio announcements and PSAs will be used to accomplish the objectives for this segment of the campaign. In addition, minimum television interviews, radio interview and grassroots promotional activities will also be implemented. At this stage, the communication efforts are focused on delivering a uniform message to the large Hispanic community.

The second phase of the campaign which is the most complex one, aspires to increase Hispanics' intentions to engage in physical activity and encourage them to adopt healthy eating habits. The promotional materials and persuasive messages will be presented during traditional fiestas, health fairs and various community socials and celebrations organized by campaign planners in collaboration with community volunteer and organizations. Health campaign planners and change agents will identify community leaders that would help diffuse the innovation into the larger Hispanic community. Through community funding as well as sponsorships and partnerships, campaign planners will fund and organize 18 traditional celebrations that will take place in the community during six month duration.

During each of the six months of the second phase, there will be three social events in the community. The first and the second one will be considered regular celebrations while the third one will consist of a community competition. When appropriate, community celebrations will integrate traditional fiestas and holidays such as Cinco de Mayo, Dia de la Raza, Dia de Los Ninos, Hispanic Heritage Month, the Three Kings and others (Florida Department of Education, 2008).

Hispanics will attend community gatherings that will offer them an opportunity to dance, play traditional games, eat traditional food and interact with other members of the community. The set up of the celebration will include booths that will provide traditional foods cooked in healthier ways along with recipes to learn how to cook the meals themselves. In addition, designated dance areas will also be set up. In each health fair, there will be multiple themes across the same social gathering: Mexican, Cuban, Puerto Rican and others to include all Central and South American countries. Each of these theme areas will exhibit dances and foods that are specific for each country. Each social event will feature different countries. When all countries exhibited their traditional foods, the themes will be reintroduced. Thus, both cultural similarities and differences will be incorporated in the campaign implementation.

Few hours before the start of each fair, Hispanic women that are innovative opinion leaders (mother-daughter involvement will be encouraged though not required) in the community will participate in free demonstrational workshops that will teach them how to cook healthy traditional foods. They will be assisted by food and health experts. Once the workshop is over similar foods like the ones that they cooked will be served as meal options during the social along with their recipes. Local vendors and restaurants who wish to affirm themselves and gain Hispanic market share, will provide meals that will satisfy the guidelines of healthy diet promoted in this campaign. The food stands and dance areas will also exhibit posters and brochures to inform participants about the health benefits of eating healthy and participating in regular physical activity.

This workshop followed by the health fair will hopefully diffuse the innovation of tasty and healthy traditional foods to the rest of the community

while giving innovative women the chance to experience themselves the advantages of these new recipes. The celebration will offer the opinion leaders the chance to experience cooking healthy foods themselves, in addition to providing them with a social context to interact and influence other individuals within their personal network. Thus, the spreading of the innovation takes place in a relaxed setting where individuals are more open to change and acceptance of new ideas.

The dynamic component of the health fair will present physical activity as a fun, enjoyable and social exercise. Adults will engage in dancing and walking sessions as forms of physical activity. Similarly with the food booths, there will be dance areas specific to each country of origin (four traditional dance areas per social event) thus, conferring each individual a sense of belonging.

Salsa is probably one of the most well-known and practiced Latino dance, however, informal instructors will also be available to teach participants less known dances from other areas in Latin America such as Gato, Zamba and Cumbia (Bensusan and Carlisle, 1978). In addition, children will be reintroduced to old traditional childhood games such as soccer, escondidas<sup>19</sup>, el bote<sup>20</sup> or el chicote<sup>21</sup> (Castillo, 2008). Limited playground would be designed for children to play as well. However, due to limitations of space the traditional childhood games would be somewhat modified to fit the available play areas.

There will be no specific promotional material designed for the Hispanic children. The campaign will indirectly target children through the social learning approach. The social learning theory indicates that people can learn by observing and modeling the behaviors of others and the outcomes of those behaviors (Bandura, 1977). Based on this theory, having parents and guardians adopt healthy behaviors, the campaign attempts to provide children with a standard model of healthy lifestyle as well as inspire them to imitate a model that is consistent with their culture and the environment. This will allow children to develop healthy eating habits and regular levels of physical activity that would persist during their adult life.

Reshaping the concept of physical activity will perhaps improve Hispanics' attitude towards exercising. Some of these options have been tried before, although the burden of initiating these activities rested solely on the Hispanic

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<sup>19</sup> Escondidas is the equivalent of hide and seek in English.

<sup>20</sup> El bote begins when the person who is "it" takes a can and slams it down on the street. Another child then kicks the can out into the street as far as possible. While the can is flying in the air, all other children scatter to find a safe place to hide. Once the child who is "it" and who retrieves the can goes to look for the other children. Once he finds someone, then the race is on between the two to reach the can and slam it down first. If he doesn't, he becomes "it," and all the other children are called in safe and the game is repeated.

<sup>21</sup> El Chicote (the whip) begins with the children, facing opposite directions, holding each other's hands or wrists. The front person of the chain runs as fast as possible with the group of children holding on for dear life. As the group runs in a serpent-like fashion, the last person of the chain gets the most action, often half-running, half-flying in the air.

individual. The proposed project creates an environment that is familiar, open and conducive to adoption of physical activity without extensive effort from the Hispanic individual. In addition, dancing is portrayed as a social event that is not limited to certain age ranges.

Every third social event of the month during the second phase of the campaign will consist of a community competition, more precisely a mother-daughter and father-son competition. The set up of the gathering will be similar, except each booth will represent families competing for a general prize. Thus, each pair that will enter the competition will have to prepare a traditional food following one of the recipes given throughout the summer during previous socials. The making of the healthy traditional food will take place before the official start of the competition and will be assisted by food experts to confirm the truthfulness of the recipes. The best recipes will win an event prize. Similarly, Hispanic fathers and their sons will engage in low to moderate level sporting events such as mini-walking marathons and other mini-games. The winning pair will also receive a prize.

The third phase of the campaign will return to the same characteristics of the first phase. This phase will last two to three months. During these three months brochures and radio announcements will be designed to remind community members of the healthy habits promoted during the summer time through the health fairs. Even though each part of the campaign targets the Hispanic individual, the overarching goal is to change the community in a way that it accepts and views physical activity and healthy eating habits as part of its cultural customs.

The proposed campaign has taken into consideration some of the most defining characteristics of the Hispanic culture, in an attempt to facilitate the dispersion and adoption of healthy behaviors such as regular physical activity and healthy eating habits. Creating an environment that welcomes change and innovation, the campaign hopes to provide individuals with enough practical experience and knowledge to confidently adopt the new behaviors.

Collectivism was highly emphasized in this campaign. The games, the dance, the social concept were all supportive of collectivism. The preventive innovations were introduced in a cultural environment that was familiar to the members of the Hispanic community. A compatible relationship could emerge between the healthy behaviors and the cultural background. Physical activity and healthy eating would not be perceived as a threat to the Hispanic customs anymore. In addition, framing prevention within the context of a festival could synchronize it with beliefs about celebrating life rather than emphasize the contradiction with beliefs about fatalism. The compatibility between health and celebration would only grow stronger. The campaign subtly emphasized the respect for the elders as well. Having mother-daughter and father-son competitions strengthen the older-younger relationship. Thus, the relative advantage of the campaign will be

highlighted through the respect for the family and elderly individuals in the community as well as the importance of group membership.

Campaign communication channels were also consistent with the cultural characteristics, the structure of the system and the preferences of the Hispanic individual. Considering, the high level of social interaction between family members and the homophilous nature of the Hispanic community, the campaign allocated more resources towards communicating through interpersonal rather than mediated channels. Hispanic individuals were exposed to campaign messages in a social context and through the personal networks of the opinion leaders in the community. Less emphasis was put on mediated channels. Nevertheless, mass messages were distributed through radio and brochures during the first and last phase of the campaign. The first part raised awareness about the campaign and healthy behaviors and the last part reminded participants of the already experienced behaviors. Opinion leaders' polymorphic style also helped to diffuse the prevention innovation through their personal network influences more rapidly than if an external change agent came into the community promoting the behaviors.

In terms of complexity, women were offered onsite workshops to practice methods of cooking healthy foods while being assisted by professionals. These new recipes used existing traditional and available food items that were inexpensive and very easy to acquire. In addition, a sense of identification could be established with the dance instructors who were members of the community themselves which reduced Hispanics' degree of perceived complexity of implementing physical activity in daily routine. Taking advantage of community resources, Hispanics did not feel strained to allocate money from their already low income to purchase gym passes or expensive foods. The campaign was design to attract active participation of all members of the community while employing existing community resources to reduce the attitude behavior gap.

The advantages of the innovation as presented in the campaign are obvious and more immediate. The prevention aspect of the innovation becomes a secondary purpose in the eyes of the Hispanic participant, while pride, social acceptance, prestige and fun became the primary goals.

Lastly, observability was also somewhat present in this campaign but under a different form. Through the social learning theory, children are able to observe and hopefully model the healthy behaviors of their parents and other members in the community thus creating a strong foundation of a healthy lifestyle later in their adult life.

From a social marketing perspective, the campaign has addressed all of the important Cs: convenience, cost, communication and consumer. The consumer was at the forefront of all campaign decisions. Campaign promotional and educational materials were presented in a convenient and comfortable setting, the cost inferred to the consumer to conduct the promoted behaviors was minimal and



the communication channels fit target audience's cultural and individual preferences.

More importantly, the project attempts to overcome the major limitation of the diffusion of innovations theory by implementing other concepts from health communication theory and practices. The campaign tries to surpass the pro-innovation bias by using existing research to explore some of the reasons for the rejections of past innovations. Based on those conclusions, the campaign re-invents some of the previously implemented ideas. In addition, the individual-blame bias and the inequality concern are also taken into consideration. Showing Hispanics how they can take advantage of the existing resources regardless of their socioeconomic status, the innovation did not favor individuals with higher education, social status and opportunities.

#### **IV. Partnerships and Sponsorships<sup>22</sup>**

Partnership and sponsorships will be sought in the private sector, the food and beverage industry as well as health organizations and NGOs. In addition, the healthy meals exhibited at the fair will be made available through possible contracts with food and beverage vendors that are interested in attracting the Hispanic market. The foods and drinks provided through this venue will have to correspond to certain health standards that are consistent with the message of the health fair. Community and Hispanic organizations will be encouraged to participate with monetary allowances or volunteers. City official will also be sought to assure universal support. Lastly, the campaign will seek the financial and practical support of advertising and public relations agencies.

#### **V. Evaluation and Monitoring Design**

The final stage of the health campaign includes the monitoring and evaluation of the campaign effort. Lefebvre, Olander and Levine (1999) suggest several components of evaluation and monitoring including what are the outcomes the campaign measures, how and when will the outcomes be measured and how will the results be reported.

The measure of the main outcomes include determining the change in awareness and knowledge levels about healthy behaviors as well as the change in behavioral intent. In addition, the evaluation will also consist of several process measures such as participation and contributions from outside sources including partnerships and sponsorships. Other measures consist of evaluations of participants' satisfaction in and with the social events. Campaign outcomes will be assessed through quantitative methods of evaluations. However, qualitative

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<sup>22</sup> In a real context situation, this section will also include the budget of the campaign.

methods such as in-depth interviewing will also be employed to determine areas where the campaign could improve and whether and why participants found the campaign a success or a failure.

The campaign will be measured in the beginning, throughout its course as well as at the end of the cycle. The beginning measures will focus on people's awareness of the campaign. More specifically, at the end of the first phase surveys will be distributed to Hispanics individuals in the community to assess their familiarity with the upcoming social event, their current knowledge about the benefits of the healthy behaviors promoted in the campaign materials and their current health behaviors.

The measures employed throughout the campaign will assess community and individuals' immediate feedback about the effectiveness of the campaign and will direct campaign planners to potential changes or adjustments. During the second phase of the campaign qualitative evaluation method will be used to determine perceptions and attitudes towards the campaign. Every two months, researchers will conduct multiple short interviews. The findings will serve as indications of any immediate changes that need to be made to the ongoing campaign. In addition, at the end of the second phase of the campaign, campaign researchers will conduct focus groups to get a better understanding of the strength and weaknesses of the social event segment of the project.

After all campaign materials are distributed and all mid-campaign components are completed, a final overall evaluation will take place. At the end of the third phase, campaign evaluators will administer surveys again to determine campaign recall, behavioral intention as well as after-campaign eating and physical activity habits. The results will serve to the betterment of future campaigns.

This hypothetical campaign proposal introduces a new approach to marketing health to Hispanics. The campaign takes into considerations the deeply rooted Hispanic cultural beliefs as well as the socioeconomic shortcomings associated with being a minority, immigrant and having low income levels. A thorough understanding of a wide array of factors that impact Hispanics' lifestyle choices can help campaign marketers develop materials and programs that connect with the Hispanic individual at both the emotional and practical levels.

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