Universidad de Alcalá

TRANSCREATION:
A Strategy for Effective Intercultural Communication in Public Health Campaigns

TRANSCREATION:
Una estrategia para la comunicación intercultural eficaz en campañas de salud pública

Máster Universitario en Comunicación Intercultural, Interpretación y Traducción en los Servicios Públicos

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ABSTRACT

The United States is experiencing a large growth in ethnic minority populations, especially the Hispanic population. In 2010 there were 50.5 million people of Hispanic origin living in the United States and that number is expected to rise to 87.5 million in the year 2040. Unfortunately, this minority population is also one of hardest hit victims of health care disparities being experienced in the US. Much of these health care disparities are caused by a lower access to prevention awareness and preventive health services, mainly due to linguistic and cultural barriers. In an attempt to reduce or eliminate these disparities, many public health institutions have developed prevention initiatives focused on improving health communication with minority populations. However, to improve communication with the Hispanic population it is important to take into consideration linguistic and cultural differences to make such communication efforts as effective as possible.

The main objective of this study is to analyze how intercultural communication is necessary for the elimination of linguistic and cultural barriers in public health communication and suggest techniques that would ensure effective and appropriate message delivery to the Hispanic population. My hypothesis is that by adapting prevention-centered public health campaigns through the method of Transcreation to be both linguistically and culturally relevant to the Hispanic population in the United States, we can improve prevention awareness and ultimately reduce poor health behavior and chronic illnesses that are oftentimes preventable with the proper awareness.

To carry out this investigation, we will study two proposed techniques for the creation of effective health communication and use those techniques as a framework to evaluate various campaigns and their success at tailoring a message to their target audience. The results of the study show that campaigns that are appropriately tailored toward a specific demographic are more successful and specifically, public health campaigns that have used the Transcreation method to adapt their campaign linguistically and culturally to the Hispanic demographic have been more successful at achieving the desired positive health behavior change than those that don't.

If the US aims to increase prevention awareness and the use of preventive services amongst those minority populations experiencing grave health care disparities, effective and culturally appropriate communication is a necessity. To ensure that public health communication is effective amongst ethnic minority populations, the Transcreation method provides a cost-effective and time-efficient way to culturally and linguistically adapt public health campaigns to achieve a health message that resounds within the target audience and can lead to improved disease prevention and an improvement in the quality, length, and productivity of Americans.

GENERAL KEY WORDS

Communication
Public Health
Transcreation
Prevention

SPECIFIC KEY WORDS

Health Communication
Intercultural Communication
Health Disparities
Intercultural Competence

RESUMEN

Estados Unidos está presenciando un gran crecimiento en las poblaciones de minorías étnicas, especialmente la población hispana. En 2010 había 50.5 millones de personas de origen hispana viviendo en los EEUU y se prevé que este número aumente hasta 87.5 millones de personas en el año 2040. Desafortunadamente, esta minoría es una de las que más sufren disparidades de salud en EEUU. Muchas de estas disparidades están causadas por un acceso más limitado a la conciencia de prevención y los servicios preventivos, principalmente por barreras lingüísticas y culturales. En un intento de reducir o eliminar estas barreras, muchas instituciones públicas están desarrollando iniciativas enfocadas a mejorar la comunicación sanitaria con las minorías. No obstante, para mejorar la comunicación con la población hispana es importante tener en cuenta las diferencias culturales y lingüísticas para hacer que la comunicación sea lo más eficaz posible.

El objetivo principal de este estudio es analizar cómo la comunicación intercultural es necesaria para la eliminación de las barreras lingüísticas y culturales en la comunicación de la salud pública y sugerir un método que asegurará la entrega de un mensaje apropiado y eficaz para la población hispana. Nuestra hipótesis es que adaptando las campañas de salud pública centradas en la prevención a través del método de la *Transcreation* para ser lingüísticamente y culturalmente relevantes para la población hispana en EEUU, podemos mejorar la conciencia de la prevención y reducir los comportamientos poco saludables y las enfermedades crónicas que son mayormente prevenibles con el adecuado conocimiento.

Para llevar a cabo esta investigación, analizaremos dos métodos de creación de comunicación sanitaria eficaz y los utilizaremos como marco para evaluar varias campañas publicitarias y su éxito en hacer en adaptarse al público meta. Los resultados del estudio muestran que las campañas hechas a medida de un grupo demográfico específico tienen mayor éxito y, específicamente, las campañas de salud pública que han utilizado el método de *Transcreation* para adaptar sus campañas lingüística y culturalmente a la población hispana tuvieron más éxito en lograr el cambio de comportamiento en salud deseado que aquellos que no lo utilizaron.

Si EEUU quiere aumentar la concienciación de la prevención y el uso de los servicios preventivos en las minorías étnicas que experimentan disparidades de salud, se hace necesaria la comunicación culturalmente apropiada y eficaz. Para asegurar que la comunicación sanitaria es eficaz entre las minorías étnicas, el método de *Transcreation* provee una manera eficiente en tiempo y coste de adaptar cultural y lingüísticamente las campañas de salud pública para lograr que el mensaje tenga eco en la población objetivo y pueda mejorar la prevención de las enfermedades y la calidad de vida, la longevidad, y la productividad de los estadounidenses.

PALABRAS CLAVE GENERALES	PALABRAS CLAVE ESPECÍFICAS
Comunicación	Comunicación Sanitaria
Salud Pública	Comunicación Intercultural
Transcreation	Disparidades de salud
Prevención	Competencias interculturales

1. INTRODUCCIÓN

El censo de población de EEUU mostró que desde 2010 la población hispana había sido la mayor población y de crecimiento más rápido entre las minorías étnicas de Estados Unidos. Las poblaciones hispanas suponen un 16% de la población total, casi 50 millones de personas, y se estima que pueden llegar a 132 millones (30% de la población) en el año 2050 (US Census Bureau, 2010). Debido a la relevancia de este grupo de población, el mismo será el objeto de análisis de nuestra investigación. La mayoría dichas poblaciones proviene de países como Méjico, Puerto Rico, El Salvador, Cuba, la República Dominicana, Guatemala, u otros países de origen hispano o latino. No obstante, pese a los lazos que les unen a su país de origen, estas poblaciones tienen algo en común, eligieron llamar a Estados Unidos su "nuevo hogar".

La diversidad étnica de EEUU le ha granjeado el apodo "*the melting pot*", fomentando un ambiente cultural propio. Sin embargo, a través de la historia hemos visto las dificultades que supone que distintas culturas lleguen a convivir en la misma comunidad. Esta idea es especialmente relevante para nuestro sistema de salud pública actual, donde las minorías étnicas experimentan grandes disparidades en la calidad de la asistencia sanitaria en comparación con la raza blanca no hispana (Ku, 2006). Las causas de estas disparidades son variadas. Existen teorías que dicen que la falta de seguros sanitarios, menor cuidado de la salud, y las barreras comunicativas son las causas principales de una asistencia sanitaria inadecuada de la población hispana (Carrillo, 2005). Estas disparidades están causando problemas de salud devastadores entre esta minoría étnica y tienen como consecuencia estadísticas preocupantes como un índice de apoplejía 18% mayor, de enfermedades del hígado y cirrosis un 62% mayor, de diabetes un 41% mayor y de VIH un 168% mayor, en comparación con la raza blanca no hispana. Desafortunadamente, esta población está sufriendo enfermedades que son en su mayoría prevenibles pero, debido a las barreras comunicativas, dichas poblaciones no saben dar los pasos hacia una mejora de su bienestar, ni tienen conocimiento de la importancia de la medicina preventiva, o se les procura servicios preventivos (CDC, 2009).

En los últimos años, Estados Unidos se ha esforzado mucho para implementar una estrategia de prevención en el sistema de salud pública dado que los profesionales sanitarios y las instituciones de la salud pública entienden la importancia de la prevención y los servicios preventivos para evitar las enfermedades en nuestra sociedad y para mejorar las vidas de los estadounidenses (Weicker et al., 2009). Todos los estadounidenses deben recibir la información adecuada para la prevención y cómo acceder a los servicios preventivos pero, las minorías étnicas y, concretamente para el ámbito de nuestra investigación, las hispanas, actualmente están experimentando una gran disparidad en el acceso a esta información. Una de las causas principales que analizaremos en esta investigación es la barrera comunicativa causada por malentendidos lingüísticos y culturales (Peterson-Iyer, 2008).

En esta investigación fomentaremos cómo mejorar la comunicación en la salud pública dirigida a la población hispana para aumentar sus conocimientos de la prevención y utilización de los servicios preventivos en un esfuerzo por mejorar la salud general de esta gran población. Para desarrollar esta investigación, discutiremos la teoría de la comunicación intercultural o la comunicación entre personas de culturas distintas (Allwood, 1985). Entender la comunicación intercultural nos ayudará explorar los

métodos y habilidades necesarias para comunicarse con minorías étnicas que muchas veces son *limited English proficient* (LEP), o tienen un nivel de inglés bastante limitado. Hay casi 40 millones de hispanoparlantes en los Estados Unidos y sus habilidades lingüísticas y preferencias deben tenerse en cuenta cuando se abordan los asuntos importantes que pueden tener influencia sobre la salud general del público (US Census Bureau, 2013).

Tradicionalmente, la información educativa de la salud (o materiales de promoción de la salud) ha sido traducida literalmente al español para LEP individuos. Sin embargo, en esta investigación exploramos cómo las técnicas tradicionales de la traducción no están resultando suficientes para los hispanoparlantes en el ámbito de la comunicación en la salud pública porque fallan al implementar los aspectos de la comunicación intercultural que permiten una comunicación eficaz a través una barrera lingüística y cultural. La cultura tiene un papel importante en la comunicación y si no se identifica o no se enfatiza, los resultados pueden ser perjudiciales para la salud del público (Kreuter & McClure, 2004).

Para evitar más marginalización de la población hispana, es importante que la comunicación utilizada dentro de la salud pública no sólo sea traducida sino adaptada a la cultura hispana para comunicarse efectivamente con este público y fomentar así la participación en los esfuerzos de prevención que hay actualmente en Estados Unidos. Para asegurarse de que las comunicaciones de la salud pública sean adaptadas de forma efectiva a la cultura hispana, la investigación introduce un nuevo método en el ámbito de la traducción que se llama *Transcreation*. Siendo un híbrido entre *copywriting* creativo y la traducción, la *Transcreation* se usa en el ámbito de la publicidad para promocionar y vender productos a escala internacional, considerando cómo la cultura puede influir sobre la percepción del público del producto o campaña. La *Transcreation* permite que un mensaje se adapte no solo lingüísticamente sino también culturalmente para que llegue a tener eco entre el público meta (VIA, 2013).

La *Transcreation* permitiría a la comunidad de la salud pública lanzar campañas de comunicación que promuevan y fomenten que la comunidad hispana adopte comportamientos positivos y saludables y utilice los servicios preventivos. La *Transcreation* utilizaría las características de la cultura hispana como familismo (*familism*), personalismo (*personalism*), and fatalismo (*fatalism*) y los implementaría en una campaña de salud, utilizando estas ideas para adaptar la lengua y otros aspectos visuales para que el mensaje sea efectivo entre la población hispana (Rios-Ellis, n.d.).

Dado que la mayoría de los hispanos en los Estados Unidos no tienen seguros sanitarios (Ku, 2006), analizamos cómo la promoción de la prevención dentro de esta comunidad no sólo puede reducir la necesidad de tratamientos más caros ahora y en el futuro, sino que también puede prevenir o eliminar el comienzo de enfermedades crónicas en el futuro. La hipótesis que probaremos en esta investigación es: para mejorar y finalmente eliminar las disparidades de salud que experimenta la población hispana en Estados Unidos causadas por barreras lingüísticas y culturales, la comunicación de la salud pública debe adaptar sus mensajes de prevención a esta población. Utilizando el método de la *Transcreation*, las campañas y mensajes pueden ser adaptados culturalmente para ser más eficaces y obtener una mejora de resultados de salud y una reducción de las disparidades en niveles de salud.

Analizando estudios sobre cómo diseñar las campañas de salud pública para que éstas sean eficaces y cumplan de forma efectiva los objetivos buscados en el sector de la salud, se puede aplicar la teoría para evaluar campañas de salud previas, tanto eficaces como ineficaces, y ofrecer sugerencias para las campañas de salud en el futuro. No obstante, nótese que existen limitaciones a esta investigación. Mientras que existen disparidades en niveles de salud entre la población hispana y éstas están bien documentadas, con suficiente evidencia empírica, los efectos directos de las campañas de salud en el comportamiento y el uso de la *Transcreation* todavía no ha sido suficientemente analizado, y no existen investigaciones que puedan darnos datos empíricos sobre su eficacia. Por eso, en esta investigación, utilizaremos el material del que se dispone para evaluar por qué la comunicación en la salud pública está fallando al tratar de conectar con la población hispana y cómo la *Transcreation* puede ayudar a conseguirlo.

2. MARCO TEÓRICO

El marco teórico necesario para esta investigación incluye tanto un conocimiento exhaustivo de las estadísticas actuales sobre las minorías étnicas como de las causas de las disparidades que experimentan en sus niveles de salud. Además, conocer los programas e iniciativas que las autoridades públicas en materia de salud están desarrollando nos dará una mejor percepción de cómo la comunicación encuadra dentro de sus objetivos y de nuestra teoría sobre cómo se puede mejorar la comunicación a través la comunicación intercultural y la *Transcreation*.

2.1 Las disparidades de la salud en minorías y colectivos inmigrantes en los EEUU

En 2010, las minorías étnicas y colectivos inmigrantes llegaron a ser el 35% de la población de los Estados Unidos. Se espera que este número llegue hasta un 50% para el año 2050. (US Census Bureau, 2013)

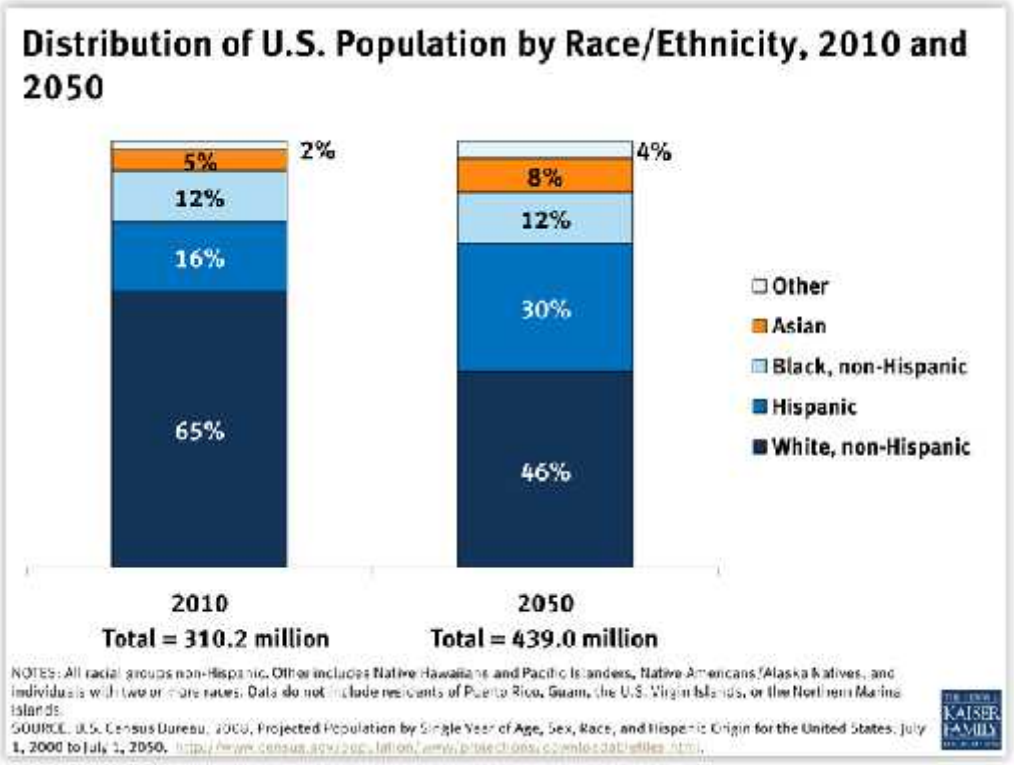


***Gráfico 1**: Distribución estimada de la población de los EEUU por raza/grupo étnico, 2010 y 2050*
***Fuente**: (US Census Bureau, 2008)*

Sin embargo, el ámbito de la sanidad no es probablemente el mejor preparado, o cuenta con las habilidades o aptitudes necesarias, para tratar de forma efectiva a una población tan diversificada. Es por ello que tienen lugar las disparidades entre los niveles de salud de los las minorías étnicas y colectivos inmigrantes por un lado, y el resto de la población por otro. Hay tres factores que causan dichas disparidades (Habibullah, 2013): factores del sistema, factores del proveedor y factores del paciente, estando estos dos últimos muy relacionados entre sí. Además, existen dos elementos muy importante que, aunque típicamente contenidos dentro del conjunto de factores de proveedor y paciente, se estudiarán por separado por constituir los elementos de análisis más importantes para este estudio. Se trata del conjunto de "barreras lingüísticas" y del

conjunto de “barreras culturales”. Para entender cómo son causadas estas disparidades, analicemos cada elemento individualmente.

2.1.1 Factores del sistema

Los factores de sistema son elementos que se observan en un amplio enfoque del problema y que tienen un impacto en estas disparidades. Provienen del marco regulatorio, del marco cultural o de la infraestructura de servicios del país. Entre estos factores encontramos:

- Las leyes federales que gobiernan el poder económico y político de los inmigrantes.
- La cultura que moldea el sistema sanitario de los EEUU.
- Disparidades que existen en el acceso a la asistencia sanitaria.

El ejemplo más claro de lo anterior es la falta de seguro sanitario o acceso universal a cuidados de la salud para todos los ciudadanos. En concreto, el acceso tan limitado a dichos cuidades para los ciudadanos de los estratos más pobres, o para los inmigrantes documentados e indocumentados.

Según el *American College of Physicians*, una de las principales razones por las que las minorías étnicas y los colectivos de inmigrantes no tienen el mismo acceso a la asistencia sanitaria es la mayor probabilidad de que no tengan seguro sanitario, teniendo por ello los servicios preventivitos o atención primaria un coste prohibitivo (American College of Physicians, 2011).

Si nos centramos en el campo de los seguros sanitarios, es evidente el por qué es una causa importante al analizar las disparidades que existen entre las minorías en los EEUU. Casi la mitad de los inmigrantes no tienen seguros sanitarios y los precios que tienen que pagar por los servicios sanitarios son muy altos , por lo que el acceso a los mismos es dificil (Ku, 2006). La mayoría de inmigrantes mantienen trabajos de bajos ingresos, principalmente en el sector servicios, donde sus empleadores no suelen ofrecer seguros sanitarios como parte de su contrato. Otros no cumplen con los requisitos para *Medicaid*, el programa de la asistencia sanitaria financiado por el gobierno para las familias o individuos de bajos ingresos.

	Uninsured	Employer-sponsored insurance	Medicaid/SCHIP	Nongroup & other private	Medicare & other public	Total
ALL INCOMES						
U.S.-born citizens	13.3%	59.1%	13.0%	5.5%	9.1%	100.0%
Naturalized citizens	17.2%	54.9%	10.3%	5.4%	12.2%	100.0%
Noncitizen immigrants	44.1%	36.5%	12.6%	4.0%	2.9%	100.0%

Tabla 1: *Cobertura de los seguros sanitarios de la población de los Estados Unidos por estatus de inmigración, 2005*
Fuente*: (Ku, 2006)*

En la tabla 1, se puede ver que casi 50% de los inmigrantes no nacionales no disponen de seguros sanitarios, lo que significa que el acceso a los cuidados sanitarios para esta gente es imposible y puede causar disparidades en la salud y acceso a la asistencia sanitaria efectiva.

El departamento de *Human and Health Services* tiene una iniciativa llamada *Action Plan to Reduce Racial and Ethnic Health Disparities*. Esta iniciativa es un esfuerzo orientado a reducir la falta de acceso a la asistencia sanitaria experimentado por inmigrantes y grupos étnicos. En su informe citan el trabajo de 2002 del Instituto de Medicina (IOM), *Unqueal Treatment Confronting Racial and Ethnic Disparities in Health* Care, que identifica la falta de seguro sanitario cómo el factor más significativo a la hora de explicar las disparidades en los niveles de salud. El resultado final es que debido a la falta de seguros sanitarios, la mayoría de inmigrantes y minorías tienen menos probabilidad de utilizar atención primaria y servicios preventivitos médicos, hospitales, urgencias y dentales que otros ciudadanos estadounidenses, y esto tiene como consecuencia que se mantengan grandes disparidades para estas poblaciones (California Immigrant Policy Center, 2011).

2.1.2 Los factores de proveedores y pacientes

Los factores de los proveedores aparecen cuando la cultura e idiosincrasia de una sociedad moldea las creencias de sus individuos y sus actitudes hacia determinados grupos culturales. En este sentido, las ideas preconcebidas en una sociedad sobre los colectivos inmigrantes y minorías étnicas influyen al personal sanitario (de la misma forma que al resto de individuos de la sociedad) para formar barreras culturales que dificultan la comunicación. En muchos casos, existe desconocimiento sobre la cultura y las costumbres del paciente, y este hueco es reemplazado por esas ideas preconcebidas, moldeándose artificialmente la relación con el mismo.

Los factores del paciente aparecen cuando éste tiene una forma de concebir los servicios sanitarios de una forma distinta al proveedor, debido sobre todo a factores culturales y a creencias o ideas (religiosas o de otro tipo) sobre la salud de estos pacientes. También estos factores pueden estar moldeados por las experiencias previas en el sistema sanitario que haya tenido el paciente, o con su propia habilidad para encargarse de asuntos de la salud. Ejemplos de este tipo de factor son el “analfabetismo sanitario”, la presencia de la “medicina tradicional” en vez de asistencia sanitaria moderna y/o la falta de seguimiento frecuente tras la “asistencia tradicional”.

Para nuestra investigación, analizamos los factores de proveedor y paciente juntos, dada su necesaria relación, y considerando que tanto el lenguaje como la cultura presentan barreras para proveedores y pacientes.

2.1.3 Las barreras lingüísticas

Las barreras lingüísticas causan disparidades tanto para los proveedores como los pacientes en el acceso de asistencia sanitaria para minorías e inmigrantes, y en general, para aquellos que no tienen el inglés como lengua nativa. Estas barreras lingüísticas pueden causar efectos perjudiciales para la salud general de la población. Si vemos las estadísticas de las lenguas habladas en los EEUU, se queda claro que un porcentaje grande del país habla una lengua distinta del inglés. Según el U.S. Census, de los 291.5 millones de personas mayor de cinco años, 60.6 millones de personas (21% de la población total) habla una lengua distinta de inglés en casa. En los EEUU, se hablan un

total de 381 lenguas con cuatro grupos destacados: español, lenguas indoeuropeas, lenguas asiáticas y de las islas del Pacífico, y otros grupos (US Census Bureau, 2013). En el gráfico 2 hay una lista de las lenguas que pertenecen a los cuatro grupos de lenguas ya destacadas en los EEUU. De esta forma se demuestra la alta probabilidad de que una persona pueda necesitar asistencia sanitaria en una lengua distinta del inglés, y en consecuencia, de las disparidades que pueden surgir por causa de barreras lingüísticas.

Gráfico 2: Los cuatro grupos lingüísticos principales hablados en los EEUU
Fuente: (US Census Bureau, 2013)

Con respeto a su habilidad, el porcentaje de gente que habla español y que considera que hable en inglés con un nivel menos que "muy bien" es 43.7%. Esto significa que casi la mitad de todas las minorías étnicas y inmigrantes que hablan español como su lengua preferente, no se consideran a un nivel a suficiente de inglés. La situación es parecida para el 38.6% de personas que hablan una lengua distinta del español en casa y que consideran que su nivel de inglés es menor que "muy bien" (US Census Bureau, 2013).

Según el *New England Journal of Medicine*, las barreras lingüísticas tienen efectos similares a los producidos por la falta de seguro sanitario, y están relacionadas con las disparidades en los niveles de salud, incluyendo, entre otros (Flores, 2006):

- Menor probabilidad de tener una fuente regular de asistencia sanitaria
- Índice reducido de medicina preventiva
- Aumento del riesgo de "no adhesión" al uso a los medicamentos
- Menor probabilidad para volver una revisión tras la visita de urgencias
- Mayor índice de hospitalización y complicación con medicamentos

En una investigación para evaluar si el lenguaje es una barrera auténtica al acceso a la medicina preventiva, los investigadores concluyeron que "[la gente] que tiene una lengua hablada que no sea el inglés tienen menor probabilidad de recibir servicios de medicina preventiva importantes. Mejorar la comunicación con estos [individuos] puede mejorar la participación [de estas personas] en programas de salud preventivos" (Woloshin, Schwartz, Katz, & Welch, 1997).

2.1.4 Las barreras culturales

La cultura es sin duda otra barrera que pertenece a los factores de proveedores y pacientes que causan las disparidades de salud para minorías étnicas e inmigrantes a la hora de acceder a la asistencia sanitaria. Es común considerar que el lenguaje y la cultura son dos elementos interrelacionados inevitablemente. Bassnett describe el lenguaje como "el corazón dentro del cuerpo de cultura" (Bassnett de James, 2002) y esta idea es importante para ofrecer un servicio de asistencia sanitaria de calidad. Un ejemplo de Saha y Fernandez en el artículo *Language Barriers in Health Care*, dice que mientras que traducir la palabra "cáncer" a otra lengua puede ser fácil, traducir el significado real de la palabra "cáncer" en un contexto cultural puede ser mucho más complicado que una traducción literal. Este ejemplo nos demuestra que la barrera lingüística puede ser más fácil de superar pero la cultura de un paciente puede causar dificultades y es un aspecto que no podemos pasar por alto en la comunicación sanitaria (Saha & Fernandez, 2007). Las barreras lingüísticas y culturales están presentes de forma igual para las minorías e inmigrantes cuando acceden a la asistencia sanitaria. Para muchas minorías, su proveedor tampoco habla la misma lengua ni entiende las diferencias culturales, por lo que éstas pueden causar aprehensión, desconfianza, o malentendidos, y todo esto que puede llevar a las minorías e inmigrantes a no recibir la medicina preventiva necesaria (American College of Physicians, 2011).

2.2 Prevención

Una vez entendidas las disparidades que existen en la asistencia sanitaria, la prevención se ha convertido en un método importante y valorado de cuidados sanitarios dentro del sistema de salud. A través de la prevención y de la medicina preventiva, la sociedad puede diminuir el riesgo de heridas graves, enfermedades y muerte, simplemente por el hecho de ser más conscientes de las amenazas y las precauciones necesarias para mantener una buena salud. La *American Public Health Association* incluso define la salud pública como "prevención", expresando que "la salud pública es la práctica de prevenir enfermedades y promover la buena salud dentro de grupos de personas, de comunidades pequeños hasta países enteros" (APHA, 2007). En el siguiente ejemplo, podemos ver cómo a través de la prevención se puede encauzar de forma positiva una tendencia peligrosa presente en los EEUU hoy en día.

Las enfermedades crónicas afectan de forma grave a la salud de los estadounidenses y, hoy en día, son las principales causas de mortalidad en los EEUU. El *Center for Disease Control and Prevention* declaró en 2005 que casi 133 millones de estadounidenses están afectados por, por lo menos, una enfermedad crónica y que cada año 7 de 10 muertes están causadas por las enfermedades crónicas. Estas enfermedades suponen el 75% de los gastos de la asistencia sanitaria en los EEUU, lo cual es equivalente a 1.5 billones de dólares anualmente. Las enfermedades crónicas más comunes son las enfermedades cardíacas, el cáncer, la diabetes, la obesidad y las enfermedades respiratorias, y se sabe

que son causadas por cuatro factores principales, tal y como ha publicado el *National Center for Chronic Disease Prevention and Health Promotion* (CDC, 2009):

- *Falta de actividad física:* la actividad física es una de las mejores maneras de estar sano y prevenir las enfermedades crónicas. Aún así, más que un tercero de adultos no cumplen con las recomendaciones para la actividad física aeróbica (basada en el guía de actividad física para estadounidenses 2008).
- *Nutrición precaria:* la buena nutrición puede reducir el riesgo de incidencia de muchas enfermedades crónicas cómo las enfermedades cardíacas, apoplejía, algunos cánceres, diabetes y osteoporosis.
- *Uso de productos de tabaco:* Desde 1964, los informes del *Surgeon General* de Salud Pública (el equivalente al cargo de Ministro de Sanidad en España) sobre "fumar y la salud" concluyen que el tabaco es la causa más prevenible de enfermedades, discapacidad y muerte en los EEUU.
- *Uso de alcohol excesivo:* el uso excesivo del alcohol está asociado con una gran variedad de problemas de salud y sociales

Desafortunadamente, los números de personas afectadas con una enfermedad crónica están aumentando y se espera que en el año 2025, 164 millones de personas estén afectadas por una enfermedad crónica (*The Growing Crisis of Chronic Disease in the United States*, 2011). Aunque estas estadísticas parezcan deprimentes, la verdad sobre estas enfermedades es que son prevenibles en general. Si los ciudadanos estuvieran informados y concienciados de los efectos devastadores de sus hábitos, y se fomentase la adaptación a conductas más sanas, estas cuatro causas principales se podrían evitar (CDC, 2009).

La prevención en la salud pública puede definirse como "ayudar a las personas a evitar enfermar o identificar enfermedades en una etapa temprana para empezar el tratamiento". La evidencia hoy en día sobre las bondades de la prevención es clara, y demuestra que un aumento en prevención y la medicina preventiva pueden mejorar la salud, productividad, y calidad de vida de los estadounidenses. Lo anterior no aplica sólo a las enfermedades crónicas mencionadas más arriba sino también a una gran variedad de enfermedades que afectan el mundo hoy en día. Las instituciones de salud pública quieren centrarse en mantener gente sana en lugar de tratarla cuando enferme. Hay dos tipos de servicios preventivos (Partnership for Prevention, 2008):

- *Servicios clínicos preventivos:* incluye servicios que se cumplen en un ámbito clínico (inmunizaciones, pruebas para detectar enfermedades, asesoramiento de conducta, etc.)
- *Servicios comunitarios preventivos:* incluye política, programas y servicios que pretenden mejorar la salud de la población o subgrupos de la población específicos.

La prevención es importante porque se puede "reducir la carga económica significativa de la enfermedad y además, mejorar la duración y calidad de las vidas de las personas" (National Prevention Council, 2011). Además, los servicios de prevención de la salud mejoran la salud a un precio razonable. Algunos servicios de prevención reducen los costes de la asistencia sanitaria lo que supone que "por cada dólar invertido, se evita un coste mayor". Un ejemplo de un servicio preventivos "ahorrador de costes" (*cost*

saving) es el programa de inmunizaciones infantiles. El CDC informa que para cada dólar gastado en inmunizaciones, ahorran $18.40 (Partnership for Prevention, 2008). Otros ejemplos son asesoramiento en el uso de aspirina para evitar las enfermedades cardiacas, el cese del uso de tabaco, y pruebas para detectar enfermedades relacionadas con el abuso de alcohol.

Otros servicios de prevención son eficientes en costes (*cost effective),* lo que significa que aunque estos servicios no ahorran dinero necesariamente, mejoran la salud a un precio razonable y a un coste menor que sería tratar una enfermedad una vez diagnosticado o progresado. Ejemplos de servicios preventivos *cost effective* son las pruebas tempranas para la detección de cáncer (cáncer de mamá, cáncer colorrectal, cáncer cervical, etc.), pruebas para la detección de colesterol y pruebas para la detección de diabetes (Partnership for Prevention, 2008).

En la tabla 2, se encuentra la clasificación de los servicios preventivos según sean *cost saving* o *cost effective* según establecen tres agencias de la salud: *National Commission on Prevention Priorities (NCPP), National Business Group on Health (NBGH)* y Louise B. Russell, una investigadora y profesora para el *Institute of Health at Rutgers University*. Hay muchos factores que han afectado a estos resultados incluyendo la población objetivo y los detalles de la intervención (frecuencia de pruebas y tecnología específica utilizada). No obstante, se demuestra que estos servicios merecen la pena para mejorar la salud a un precio razonable. Es importante fijarse en los tres tipos de intervenciones: medicamentos e inmunizaciones, pruebas de detección, y modificación del estilo de vida (Neumann & Cohen, 2009).

Intervention	NCPP	NBGH	Russell	Notes
Medication and immunization				
Childhood immunizations	Cost-saving	Cost-saving	Cost-saving	Russell only included varicella
Influenza immunization — adults	Cost-effective	Cost-saving	Not included	Target population differs
Counseling on use of low-dose aspirin	Cost-saving	Cost-saving	Cost-saving	Target population differs
Counseling on use of folic acid	Cost-effective	Cost-effective	Not included	
Screening				
Hypertension	Cost-effective	Cost-saving	Cost-effective	Target population and screening frequency differ
Cholesterol	Cost-effective	Not quantified	Cost-effective	Target population differs
Diabetes	Not favorably cost-effective	Cost-effective	Cost-effective	Target population and screening frequency differ
Colorectal cancer	Cost-effective	Cost-effective	Cost-effective	
Breast cancer	Cost-effective	Cost-effective	Cost-effective	Target population differs
Cervical cancer	Cost-effective	Cost-effective	Cost-effective	
HIV	Not included	Cost-effective	Cost-effective	NBGH – pregnant women; Russell – one-time screening
Chlamydia	Cost-effective	Cost-effective	Not included	
Abdominal aortic aneurysm for men > 60	Not included	Cost-effective	Cost-effective	Target population differs
Vision screening	Cost-effective	Cost-effective	Not included	Target population differs
Lifestyle modification				
Alcohol screening and counseling	Cost-saving	Cost-saving	Not included	
Tobacco screening and prevention	Cost-saving	Cost-saving	Cost-effective	
Counsel parents on motor vehicle safety	Cost-effective	Cost-saving	Not included	

Tabla 2: *Servicios preventivos cost saving y cost effective*
Fuente: *Robert Wood Johnson Foundation (Neumann & Cohen, 2009)*

La prevención disminuye el coste de la salud a la vez que mejora la salud, la productividad y la calidad de vida. Existen evidencias de que simplemente aumentando el uso de sólo 5 servicios preventivos de sus índices corrientes a un 90% se puede salvar más que 100.000 vidas cada año en los EEUU (Partnership for Prevention, 2008). Los índices de uso actual de estos servicios preventivos en contraposición al valor recomendado pueden verse en el gráfico 3:

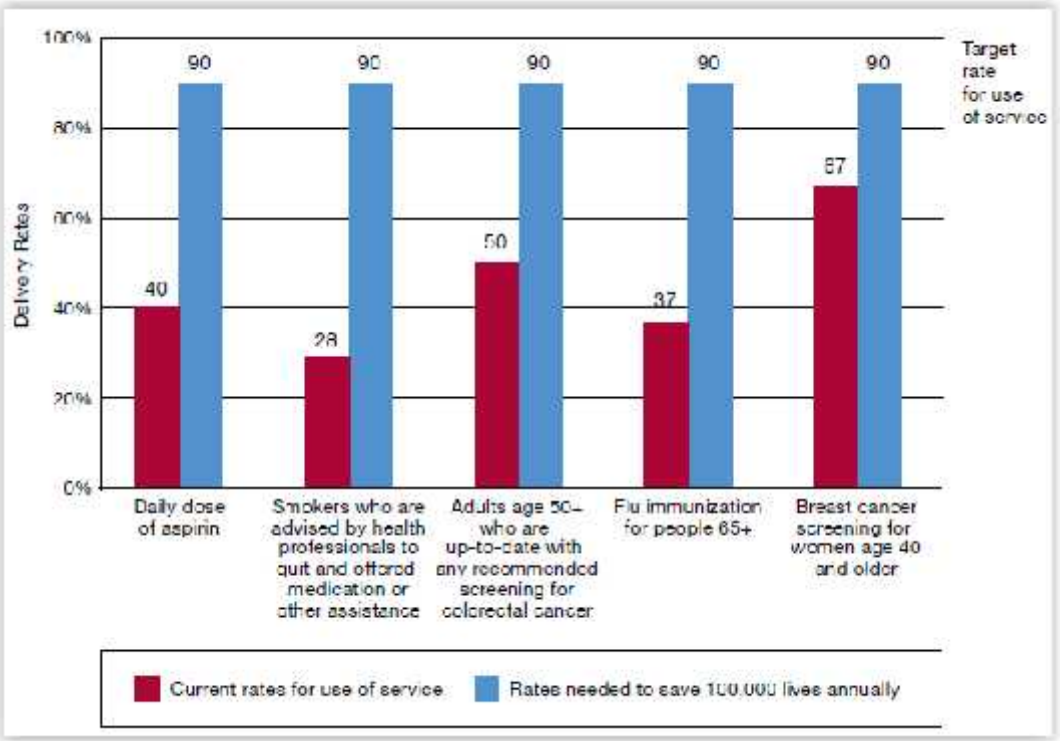


Gráfico 3: *El porcentaje actual de la utilización de los servicios preventivos en comparación con el 90% recomendado para salvar 100,000 vidas anualmente*
Fuente: *(Partnership for Prevention, 2008)*

Mientras que este estudio nos da suficiente evidencia económica del por qué de la importancia de la medicina preventiva y el valor de invertir en este tipo de medicina, un informe del *Robert Wood Johnson Foundation* menciona que "mientras el éxito de rentabilidad a través de la prevención es ventajoso, es importante tener en cuenta que el objetivo de la prevención, como otras iniciativas de la salud pública, es mejorar la salud" (Neumann & Cohen, 2009).

2.2.1 Iniciativas de la prevención

Los responsables de la administración americana son perfectamente conscientes de la importancia de la medicina preventiva para sus ciudadanos y la necesidad de invertir en estos servicios. Las instituciones de salud pública y el gobierno colaboran para desarrollar programas y esfuerzos para avanzar en la prevención, tratando de mejorar la salud general de la población. A través del *Patient Prevention and Affordable Care Act* (ACA), nuevas iniciativas han aparecido para promover la prevención y servicios preventivos en la sociedad. Una declaración del presidente Barack Obama, el iniciador del ACA, declaró que "Gastamos una cantidad insuficiente en prevención y salud pública" (InsWeb, 2010).

2.2.2 *National Prevention Strategy*

Bajo el ACA, el *National Prevention Strategy* (NPS) surgió el 6 de junio de 2011. Es un programa basado en la importancia de la prevención como una estrategia de mejorar la salud global del país. La visión del *National Prevention Strategy* es "trabajar juntos para mejorar la salud y calidad de vida para individuos, familias y comunidades por mover la nación de un enfoque de enfermedad y padecimiento hacía un enfoque basado en la prevención y bien estar. Su objetivo final es aumentar el número de estadounidenses

que están sanos en cada etapa de la vida." (National Prevention Council, 2011) Gráfico 4 señala las ideas y objetivos del *National Prevention Strategy* y este gráfico es el símbolo de esta iniciativa por todo los EE UU.

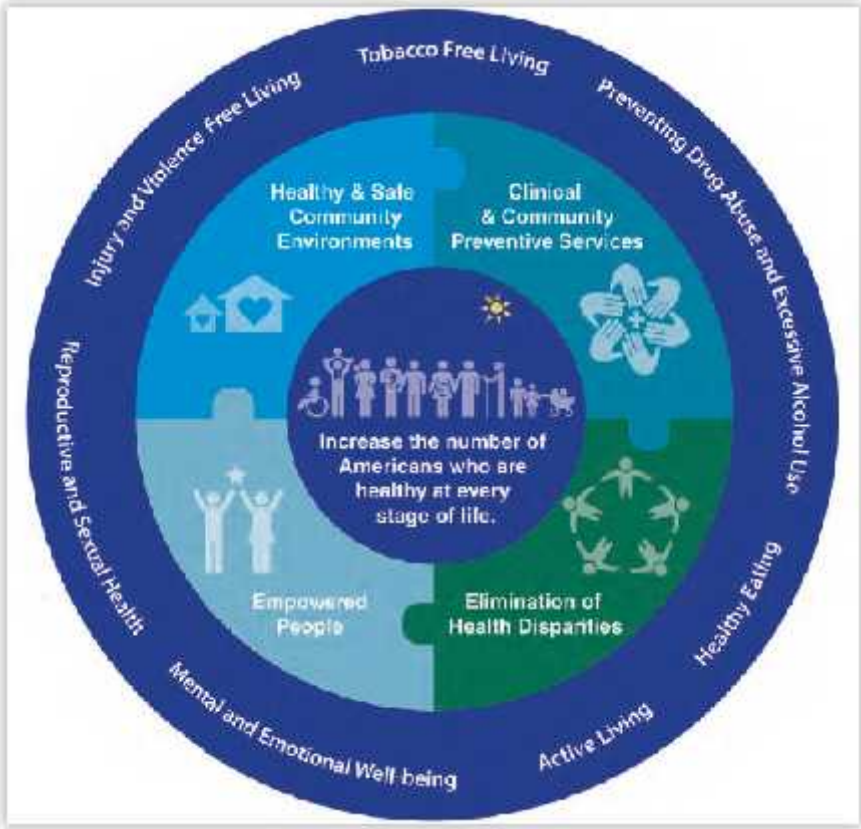


Gráfico 4: *El gráfico oficial del National Prevention Strategy*
Fuente: *(National Prevention Council, 2011)*

El NPS tiene cuatro directivas estratégicas para lograr sus objetivos. Analizando un poco más en detalle, las cuatro directivas son (National Prevention Council, 2011):

- Ambientes comunitarios sanos y seguros (*Healthy and Safe Community Environments*): crear, sostener y reconocer las comunidades que promueven la salud y el bienestar a través de la prevención.

  Esta directiva fomenta la creación de ambientes comunitarios sanos (los sitios donde las personas viven, aprenden, trabajan y juegan) y promueven la salud y bien estar. Ambientes comunitarios sanos y seguros incluyen "[comunidades] con agua potable y limpia, alojamiento asequible y seguro, barrios sostenibles y económicos y estructuras comprensivas".

- Servicios clínicos y comunitarios preventivos (*Clinical and Community Preventive Services*): asegurar que la asistencia sanitaria basada en la prevención y los esfuerzos en prevención de la comunidad son accesibles, integrados y se refuerzan mutuamente

Esta directiva está basada en fomentar que los estadounidenses busquen servicios preventivos basados en la evidencia que son "efectivos para reducir la muerte y descapacidad y son rentables [*cost effective*] o incluso ahorran dinero [*cost saving*]". Estos servicios consisten en pruebas de detección, asesoramiento, inmunizaciones o medicamentos utilizados para prevenir las enfermedades, detectar problemas de la salud con antelación, o proveer la gente con la información que necesita para tomar decisiones buenas para la salud.

- Ciudadanos Informados (*Empowered People*): apoyar a la gente para que tomen buenas decisiones

  Esta directiva se destina para proveer a la gente con las herramientas y información para tomar decisiones saludables, entendiendo que "al proveer a la gente con información adecuada, que está adaptada en un contexto cultural y lingüístico, y que tiene en cuenta sus conocimientos sobre salud les ayuda buscar y utilizar información sanitaria y adoptar conductas sanas". Un ejemplo de esta directiva es proveer la información de riesgos/beneficios de la medicina preventiva de modo que se les motive para querer acceder a estos servicios de prevención.

- Eliminación de las disparidades de la salud (*Elimination of Health Disparities*): eliminar las disparidades, mejorar la calidad de vida para todos los estadounidenses

  Esta directiva tiene tres puntos importantes que juntos podrían eliminar las disparidades presentes por todo el país. Para reducir las disparidades en la asistencia sanitaria, que afectan millones de estadounidenses en su acceso a la asistencia sanitaria de calidad, el NPS pretende "proveer servicios en maneras coincidentes con la cultura, lenguaje, y alfabetización de la salud del paciente para mejorar su confianza, facilitar la adaptación a conductas sanas y aumentar la utilización de servicios sanitarios en el futuro". En segundo lugar, creen en la necesidad de incrementar las capacidades del personal sanitario de prevención para identificar y abordar las disparidades de salud, y mencionan que "el personal debe ser competente culturalmente y suficientemente diverso para reflejar las características subyacente de la comunidad (raza/étnica, cultura, lenguaje, discapacidad)". El tercer propósito de esta directiva es apoyar la investigación para identificar las estrategias efectivas para eliminar las disparidades de salud, entendiendo que "los esfuerzos de prevención son más efectivos cuando están claramente orientados a un paciente objetivo y se hacen a medida a las necesidades de poblaciones específicas, sin embargo, falta mucha investigación en las maneras eficaces para abordar las necesidades de algunas poblaciones".

El NPS tiene siete prioridades en su esfuerzo para mejorar la prevención de las enfermedades en los EEUU. Estas siete prioridades se crearon en un esfuerzo para confrontar algunos de los aspectos más importantes que amenazan la salud de los estadounidenses hoy en día, junto con la implementación de hábitos saludables que previene las enfermedades y permiten que la gente mantenga vidas más largas y de mejor calidad. Las siete prioridades incluyen (National Prevention Council, 2011):

- Vivir sin tabaco
- Prevenir el abuso de drogas y alcohol excesivo
- Comer saludable
- Vivir activo
- Vivir sin heridas o violencia
- Salud reproductiva y sexual
- Bienestar emocional y mental

El NPS, también reconoce que para llevar a cabo este objetivo se hace necesaria la cooperación de otros agentes asociados en la prevención. Se pueden considerar agentes asociados en la prevención los gobiernos estatales, tribales, locales y territoriales, empresas, organizaciones de la salud, organizaciones educativas, organizaciones comunitarias y organizaciones de fe, y todas ellas son una parte esencial para la implementación de estos planes e ideas en la comunidad y para mejorar el conocimiento de la prevención de las enfermedades. Un ejemplo de un agente asociado en la prevención que nos interesa para esta investigación es el "comunicador y educador" (*Communicator and Educator)*. El comunicador y educador son individuos y miembros de la comunidad que proveen y reciben información a través de varias fuentes. La publicidad, las campañas educativas, las páginas web informativas y los cursos de formación pueden despertar la concienciación, proveer a la gente con el conocimiento y habilidades adecuadas, crear ambientes de apoyo para ayudar a la gente tomar decisiones sanas. La comunicación es un factor clave en la implementación exitosa de la prevención entre los EEUU. El NPS se ha nombrado cinco estrategias efectivas para mejorar la salud pública, una de la cuales que nos interesa se llama "La comunicación y los medios de comunicación" (*Communication and Media*). La comunicación y los medios de comunicación son tan importantes en la implementación de la prevención en la sociedad que el *National Prevention Council* dedica 22% de sus actividades a la comunicación y los medios de comunicación. Esta actividad es la segunda tras la de provisión de programa y servicio (*Program and Service Delivery*) con un total de 33% de sus actividades basadas en esta estrategia (National Prevention Council, 2011).

2.2.3 *Healthy People*

Otra iniciativa, dirigida por el *Department of Health and Human Services* (DHHS) es el informe de *Healthy People*, una iniciativa nacional que promueve la salud y prevención de las enfermedades. *Healthy People 2010* marcó objetivos en el año 2000 que llamaron a mejoras en el estatus de la salud, reducción de riesgo, conocimiento público y profesional de la prevención, entrega de servicios de salud, medidas protectores, vigilancia y evaluación, todo expresado en medidas especificas que permiten la medida de progreso durante un periodo de diez años hacía objetivos para cumplir hasta el año 2010. El análisis final presenta una análisis resumida cuantitativa del progreso del cumplimento de los objetivos de *Healthy People 2010* durante la década. Más abajo en nuestra discusión, analizaremos los resultados de la publicación de *Healthy People 2010*, la publicación de esta iniciativa más reciente (National Center for Health Statistics, 2012).

2.2.4 *The Community Preventive Services Task Force*

Por último, es importante mencionar *The Community Guide*. Es una guía interactiva creada por *The Community Preventive Services Task Force*, también dirigido por el

DHHS. Esta guía hace recomendaciones para el uso de varias intervenciones orientadas a la prevención y basadas en la evidencia recogida en las evaluaciones científicas rigurosas y sistemáticas de las investigaciones publicadas por los equipos de evaluación que trabajan para crear esta guía. Esta guía es un recurso valioso que permite que el público entienda mejor cuales de las iniciativas, programas y recomendaciones son verdaderamente efectivos o inefectivos en promover la prevención de las enfermedades y la promoción de la salud.

El sistema de salud pública está mayormente centrado en la prevención. A través de las varias iniciativas como el *National Prevention Strategy*, *Healthy Peoply*, y *The Community Guide*, se han puesto una gran énfasis en el movimiento para la promoción de la prevención porque con un fuerte sistema de salud pública y la promoción de la prevención, los EEUU pueden ahorrar dinero en los gastos de la asistencia sanitaria, mejorar la calidad de la vida para sus ciudadanos, hacer crecer a los niños de forma saludable, y reducir el sufrimiento humano (APHA, 2007).

2.2.5 Prevención para minorías étnicas e inmigrantes

La prevención es importante para las minorías étnicas y las comunidades de inmigrantes. Debido a las razones que acabamos de analizar, estos grupos son poblaciones de alto riesgo en relación con su acceso a la asistencia sanitaria de calidad, especialmente los servicios preventivos. La falta de acceso a la medicina preventiva para esta población es una amenaza a la salud del país y la salud de estas minorías. Las disparidades en el acceso a la medicina preventiva sube el riesgo para la probabilidad de la diagnosis de una enfermedad crónica (Harris, 2012).

Al hablar de la prevención, es importante incluir el papel de las pruebas de detección, un pilar principal de la medicina preventiva. Debido a las disparidades que existen entre las minorías e inmigrantes y su utilización de los servicios preventivos (Tabla 3) y al hecho de que las minorías étnicas tienen un riesgo mucho mayor de no intentar acceder a los servicios preventivos de salud, es importante comprender los aspectos del sistema de la salud que pueden estar causando esta situación, para así implementar una solución para eliminar estas disparidades (California Immigrant Policy Center, 2011).

El *National Profile on Use, Disparities, and Health Benefits* dirigido por el *National Commission on Prevention Priorities*, realizó una investigación de las disparidades en los servicios clínicos preventivos encontrados entre las minorías étnicas en comparación a la raza blanca no hispana. Se pueden ver los resultados de su investigación en la tabla 3 más abajo. Es importante destacar que cuanto más grande sea el valor, más grande es la disparidad (National Commission on Prevention Priorities, 2007).

Preventive Service	Hispanic	Black only, Non-Hispanic	Asian Only, Non-Hispanic	American Indian/ Alaska Native	Multiple Race, Non-Hispanic
Aspirin Use Among Acults *men 40+, women 50+*	.24	.10	.40	.03	.03
Smokers Advised to Quit *adult smokers 18+*	.48	.02	N/A	.06	.04
Smokers Offered Assistance to Quit *adult smokers 18+*	.55	.00	N/A	-.02	.11
Pneumococcal Conjugate Vaccine *infants*	.12	.19	.02	N/A	.05
Colorectal Cancer Screening *adults 50+*	.39	.19	.40	N/A	N/A
Hypertension Screening *adults 18+*	.14	.04	.06	N/A	-.04
Influenza Immunization *adults 50+*	.40	.35	.26	N/A	.21
Cervical Cancer Screening *women 18-64*	.11	.02	.25	N/A	N/A
Cholesterol Screening *men 35+, women 45+*	.11	.05	.04	N/A	-.02
Breast Cancer Screening *women 40+*	.13	.06	.21	N/A	N/A
Pneumococcal Immunization *adults 55+*	.55	.34	.45	N/A	N/A
Vision Screening *children under 6*	.08	-.21	.10	N/A	-.41

* Disparities were calculated by taking the percentage of non-Hispanic whites (reference group) receiving the service and subtracting the percentage of the racial/ethnic group receiving the service. This difference was then divided by the percentage of non-Hispanic whites receiving the service. For example, .25 means that that racial/ethnic group was 25% less likely to have received the preventive service than whites. Higher values mean greater disparities. A value of zero means no disparity between whites and the racial/ethnic group. Values less than zero mean that the racial/ethnic group had a higher utilization rate for that service than whites.

Tabla 3: **Las disparidades en el uso de servicios clínicos preventivos**
Fuente: *(National Commission on Prevention Priorities, 2007)*

En la tabla 3, se puede apreciar que los grupos étnicos, especialmente los hispanos, sufren de una disparidad mucho más grande que la raza blanca no hispana en doce servicios preventivos. Los servicios que tienen una disparidad bastante notable entre estos grupos étnicos son servicios preventivos del uso de tabaco, pruebas de detección para el cáncer colorrectal, inmunizaciones para la influenza y inmunizaciones neumocócica.

La evidencia demuestra que las minorías étnicas tienen índices más altos de obesidad, cáncer, diabetes y SIDA (Halle, Lewis, & Seshamani, 2010). Son enfermedades crónicas que suponen las causas más destacadas de muerte en los EEUU. Estas enfermedades son prevenibles y gestionables a través de atención primaria y la medicina preventiva (CDC, 2009). El objetivo de muchas de las iniciativas de la salud pública, especialmente *Healthy People* y el NPS, es reducir las disparidades en el acceso de estos servicios preventivos que impiden que estas minorías reciban la medicina preventiva necesaria para evitar las enfermedades crónicas (National Prevention Council, 2011).

2.2.6 Iniciativas específicas para la prevención entre las minorías étnicas e inmigrantes

Nos referimos a la iniciativa de *Healthy People 2010* y podemos ver como estas disparidades han causado un movimiento e iniciativas como ésta para llamar la atención y procurar objetivos para la mejora de la situación sanitaria experimentada por millones de personas de minorías étnicas en los EEUU.

El objetivo número 2 de *Healthy People 2010* fue intentar eliminar las disparidades de salud que suceden por raza y étnia, género, educación, sueldo, localización geográfica, grado de discapacidad u orientación sexual. Después de una década de investigación de 2000 hasta 2010, el proyecto concluyó que entre 169 objetivos con datos para raza y grupos étnicos, las disparidades, de media, se redujeron para 27 de los objetivos pero subieron para 25. Estos resultados indican que hay mucho para mejorar todavía si casi la mitad de los objetivos para raza o grupo étnico demostraron subieron. No había ningún cambio entre las disparidades entre raza y poblaciones étnicas para 111 (69%) de los 169 objetivos (National Center for Health Statistics, 2012).

El NPS mencionado antes tiene cuatro directivas estratégicas con relación a la mejora de la medicina preventiva a través de los EEUU, pese a la raza/étnica, género, educación u orientación sexual. Sin embargo, para esta investigación sobre cómo mejorar la comunicación entre las poblaciones minoritarias en los EEUU, nos fijaremos en las dos directivas estratégicas con relación directa a la eliminación de las disparidades de la salud que existen para las minorías en los EEUU.

Las dos estratégicas importantes para esta discusión son la 3; Ciudadanos Informados (*Empowered People*) y la 4; Eliminación de las disparidades de la salud (*Elimination of Health Disparities*)

La directiva estratégica #3 – Ciudadanos Informados (*Empowered People*), se centra en hacer la información accesible para todos los ciudadanos de los EEUU. Ofrecer información clara, entendible y relevante lingüística y culturalmente para todos puede aumentar el conocimiento de cómo prevenir las enfermedades y ayudar a las personas tomar decisiones saludables para su salud. Esta directiva es especialmente importante para las minorías étnicas cuya lengua materna no sea el inglés y cuya cultura no sea equiparable a la mayoritaria. Ofrecer a estas poblaciones información accesible que sea efectiva y bien comunicada puede ayudar a esta gente a entender la importancia de la medicina preventiva y cómo acceder estos servicios.

La directiva estratégica #4 – Eliminación de las disparidades de la salud (*Elimination of Health Disparities*) se centra en eliminar las disparidades de la salud que suceden a lo largo de los EEUU e, igual que la directiva estratégica #3, quiere hacer que la asistencia sanitaria sea relevante y accesible para todas las personas de cualquier cultura, lenguaje, y alfabetización de salud. Si se aplica esta directiva directamente a las minorías étnicas, se pueden empezar de reducir las disparidades que experimentan esta población actualmente en los EEUU (National Prevention Council, 2011).

Muchas agencias gubernamentales e instituciones de la salud pública han implementado proyectos e iniciativas para mejorar los esfuerzos de prevención en todo el país,

especialmente centradas en las minorías con más probabilidad de experimentar una disparidad de salud (Halle et al., 2010). No obstante, queda mucho por mejorar de la situación como se puede ver en los resultados de *Healthy People*. Un aspecto importante de la asistencia sanitaria, en específico de la prevención, es la comunicación con el público objetivo en una manera clara y eficaz y sólo la comunicación eficaz puede dar poder a la gente con información (como sugiere la directiva estratégica #3) y eliminar las disparidades que reducen el acceso a la asistencia de buena calidad (directiva estratégica #4) para involucrar a toda la población minoritaria en los EEUU y asegurar un acceso igualitario y asistencia sanitaria de calidad para todos (National Prevention Council, 2011).

2.3 Comunicación Intercultural

La mejora de la tecnología y las comunicaciones, la facilidad de viajar y el aumento de la inmigración que tiene lugar en todo el mundo nos han expuesto a nuevas culturas y lenguajes y causado un fenómeno social que promueve la diversidad y multiculturalismo. Como ocurre en muchos de los casos de inmigración, las poblaciones minoría no solo hablan una lengua distinta de la mayoría sino que además pertenecen a unas normas culturales que pueden presentar dificultades a la hora de entablar comunicación con otros grupos (Neuliep, 2000). Muchas de "las barreras enfrentadas por los inmigrantes han sido, tradicionalmente, la falta de comunicación y participación en la comunidad en toda su extensión" (Chrystello, 2002) y se puede atribuir al hecho de que muchas veces los inmigrantes o minorías no son nativos o no dominan la lengua de la mayoría en su país de residencia o sus diferencias culturales se les separan de la mayoría. La coexistencia de diferentes lenguas y culturas en la misma comunidad ha creado una nueva dinámica que puede crear una barrera comunicativa para ambos, minorías y aquellos con los que les desean comunicarse. Este hecho ha causado un gran interés en el ámbito de comunicación intercultural. Antes de analizar la barrera comunicativa causada por el lenguaje y cultura, es importante definir cultura para entender mejor cómo la cultura puede afectar nuestras necesidades de comunicación.

Según el artículo "Tvärkulturell kommunikation" o en su traducción inglesa por el autor Jens Allwood *Intercultural Communication* (comunicación intercultural), la cultura se puede definir con cuatro dimensiones (Allwood, 1985):

- Patrones de pensamiento – maneras comunes de pensar, donde pensar incluye creencias factuales, valores, normas, y actitudes emocionales
- Patrones de comportamiento – maneras comunes de comportarse, desde las maneras de hablar hasta conductas de negocio e industria, donde el comportamiento puede ser intencional o accidental, consciente o inconsciente, individual o interactivo
- Patrones de artefactos – maneras comunes de manufacturar y utilizar cosas materiales, de bolígrafos hasta casas (artefacto significa un objeto artificial), donde artefactos incluyen hogares, herramientas, maquinas o medios de comunicación. La dimensión artefactual de la cultura es normalmente destacado en los museos
- Marcas en la naturaleza – las marcas perdurables que dejan un grupo en sus ambientes naturales, que incluyen la agricultura, basura, carreteras, o habitaciones humanas intactas o en ruinas. De hecho, la cultura en el sentido de

> crecimiento (la transformación humana de la naturaleza) nos da un conocimiento básico del concepto de la cultura

Allwood también menciona que la cultura o subcultura puede calificarse como "las características que se conectan siempre con un grupo especifico de personas". En relación con la comunicación intercultural, estas calificaciones se asocian frecuentemente con estados nacionales, especialmente cuando hablamos de la cultura china, la cultura hispana, etc. No obstante, un grupo cultural no necesariamente tiene que pertenecer a un estado o grupo nacional específico. De hecho, puede ser cualquier grupo que se puede distinguir durante un periodo de tiempo bastante largo. Podemos hablar de la cultura joven, cultura masculina, cultura de los trabajadores, cultura del panadero o la cultura de una ciudad específica. Las diferencias culturales entre grupos de estos tipos pueden ser tan grandes, o más grandes que las que existen entre culturas nacionales. Debe tenerlo en cuenta cuando discuten la definición de una cultura específica, especialmente cuando conecta con la idea de la comunicación.

Allwood describe la comunicación como "compartir información entre las personas en distintos niveles de conocimiento y control". Allwood hace una distinción específica en la última parte de la definición y declara que en un contexto intercultural "puede causar problemas, especialmente con los rasgos de la comunicación de temas en los que la gente tiene poco conocimiento o tienen dificultades en controlar". Un ejemplo de esta definición es la manera en que mostramos e interpretamos nuestros sentimientos y actitudes.

Entender las dos definiciones de cultura y comunicación que define Allwood nos deja definir exactamente lo que es la comunicación intercultural. Según Allwood, la comunicación intercultural es:

> *the sharing of information on different levels of awareness and control between people with different cultural backgrounds, where different cultural backgrounds include both national cultural differences and differences which are connected with participation in the different activities that exist within a national unit. (Allwood, 1985)*

Para ampliar esta definición, también referimos a la definición de la comunicación intercultural del grupo LANQUA (*Language Network for Quality Assurance*) que la define como:

> *the situated communication between individuals or groups of different linguistic and cultural origins. This is derived from the following fundamental definitions: communication is the active relationship established between people through language, and intercultural means that this communicative relationship is between people of different cultures, where culture is the structured manifestation of human behaviour in social life within specific national and local contexts, e.g. political, linguistic, economic, institutional, and professional. (Language Network for Quality Assurance, 2010)*

Las dos definiciones nos dan una descripción precisa de lo que se puede considerar como la comunicación intercultural. Se distingue un poco las dos, Allwood describe la comunicación intercultural como "el compartimiento de información" mientras que LANQUA refiere a la comunicación intercultural como "una relación activa establecida entre las personas a través de lenguaje". Sin embargo, las dos definiciones expresan la idea de que la comunicación es un intercambio y cada definición de cultura nos permite imaginar que el intercambio ocurre a través de dos medios comunicativos distintos donde, debido a factores socioculturales, el mensaje se puede recibir o percibir de

manera distinta. Las dos definiciones permiten una idea clara y profunda del significado de la comunicación intercultural y ahora se puede desarrollar en cómo la comunicación intercultural afecta a ciertos aspectos de la comunicación en la salud pública.

Mientras el acto de la comunicación intercultural puede ser intimidante, hay beneficios incontestables en ser capaz de comunicarse efectivamente con poblaciones diversas y multiculturales. En *The Necessity of Intercultural Communication*, James Neuliep analiza los cuatro beneficios principales de la comunicación intercultural (Neuliep, 2000):

- *Comunidades más sanas* – una comunidad sana es una comunidad donde cada individuo trabaja colectivamente para el beneficio de la comunidad, no solo su propio grupo. Eliminar las barreras culturales y lingüísticas con comunicación intercultural efectiva es la clave de lograr esta idea.
- *Comercio incrementado* – la posibilidad de negocios en el comercio internacional es amplio y en 2007 el comercio internacional contó con casi 2 billones de dólares. Fue logrado con la comunicación intercultural exitosa.
- *Conflicto reducido* – No se puede evitar el conflicto, sin embargo, a través de mejor entendimiento de culturas, creencias y los valores de los demás, se puede reducir y resolver muchos conflictos producidos por los malentendidos culturales.
- *Crecimiento personal a través de tolerancia* – Cuando individuos puede dejar a un lado su etnocentrismo y trabajar de manera cooperativa con gente de culturas distintas, puede promover la tolerancia entre todos y crecimiento personal a través de la observación y reflexión de nuestra propia cultura.

Todos los días, aumenta la necesidad de comunicarse con individuos de distintas culturas. En muchas maneras, se ve un reto y muchas veces resulta en conflicto por causa de malentendidos de cultura y comportamiento. Sin embargo, a través de la comunicación intercultural efectiva, se puede reducir este reto y puede aprender comunicarse efectivamente con las personas de culturas distintas de las nuestras. A continuación hablamos de cómo la comunicación intercultural es parte de la traducción y analizamos cómo la comunicación intercultural debe tener en cuenta a la hora de elegir un método de traducción y cómo afectará los resultados de una traducción.

2.3.1 La comunicación intercultural y la traducción

La cultura puede diferir en varios niveles desde la historia, educación, e contexto social hasta la étnia, religión, ecología y tecnología. Como ya hemos visto, las poblaciones multiculturales se encuentran hoy en día en viviendo los mismos países, ciudades y barrios. El desarrollo de la comunicación intercultural ha aparecido como una solución para eliminar las barreras de lenguaje y cultura para dejar que las comunidades puedan funcionar y todos puedan vivir y trabajar conjuntamente. Debido al nuevo contexto global hay una superposición de la comunicación intercultural y los estudios de la traducción. La idea de traducir entre dos personas de lenguas maternas distintas ha existido por muchos siglos, pero en el siglo veinte, los estudios de traducción han empezado incluir los aspectos de cultura para adaptar a las nuevas realidades del mundo global en el que vivimos ahora. En su definición más sencilla la traducción es “el proceso de recodificación lingüística que resulta en un texto de lengua meta que es (o será) el equivalente de su texto de lengua de origen” (Schäffner, 1988). No obstante,

debido al crecimiento en los ámbitos en los que traducen textos, una aproximación lingüística sencilla no basta y la disciplina de la traducción tenía que abrirse a las nuevas ideas, perspectivas y conceptos, especialmente las de las dinámicas socioculturales. El ámbito de la traducción se ha convertido en un ámbito complejo y el crecimiento de este esta especialidad se ha causado dos cambios en la teoría de la traducción: "(1) el cambio de las teorías orientadas en la fuente hacía las teorías orientadas en el texto meta y (2) el cambio para incluir factores culturales junto con los elementos lingüísticos en los modelos de formación de la traducción" (Kuhiwczak & Littau, 2007). Para el propósito de esta discusión, nos fijaremos en el cambio para incluir los factores culturales junto con los elementos lingüísticos den los modelos de formación de la traducción.

La idea de que el lenguaje y la cultura son la misma cosa es un tema a debate pero lo que no se puede negar es que con una, siempre se encuentra la otra. Esto indica que tiene que ser una relación entre los dos asuntos, especialmente cuando se trata de las implicaciones de la traducción y el papel del traductor en la comunicación intercultural cuando traduce un texto del lenguaje de origen hacía una forma adecuada del lenguaje meta. El traductor tiene que tomar decisiones cuando se considera el impacto léxico del texto pero también cómo el lector meta se puede percibir los aspectos culturales. La idea lingüística de la transferencia de significado es solo una parte del proceso de la traducción. Hay otro grupo de criterio lingüístico que tiene que tener en cuente (James, 2002).

2.3.2 Competencia intercultural

En la investigación de Christina Schäffner, una profesora de traducción en *Aston University* en Birmingham, Reino Unido y en específico su reportaje de *Translation and Intercultural Communication: Similarities and Differences*, declaró que la comunicación intercultural requiere una cierta competencia intercultural y un conocimiento que,

> *communication is not a straightforward process of undisturbed message transfer; communication across linguistic and cultural borders needs to recognize different cultural foundations of language; language and culture are not stable concepts or closed systems, but rather dynamic, flexible, open systems; languages and cultures cannot be equated with nations states (Schäffner, 2003)*

especialmente cuando estas comunidades ya no se restringen a la cultura de su país de origen, como ya hemos visto más arriba en nuestra discusión, pero actualmente se están mezclando y se están empeñando en el comparto de culturas, creando un estado de cultural dinámico y siempre cambiando. Estas competencias permiten el "*acting and interacting*" con propósito en un contexto cultural o en el caso de traductores, realizar traducciones que dejan la intercambio intercultural exitoso entre los demás.

Las competencias culturales y la teoría de que la cultura es un concepto clave en el ámbito de la traducción son ideas centrales para el traductor, profesor, investigador y autor Heidrun Witte y sus varias investigaciones en la traducción. Witte creyó unas competencias específicas para la traducción que se puede ver en la traducción de Schäffner:

> *Translation-specific cultural competence is*
> *The ability to become aware of and check what is unconsciously known*
> *The ability of consciously learning something which is not yet known*
> *In both one's own and the other (foreign) culture, and*
> *The ability to relate both cultures to each other, to compare them*

> *With the aim of*
> *Purposeful and situation-adequate reception and production of behavior*
> *For the needs of at least two interacting partners from two different cultures*
> *In order to achieve communication between these interacting partners (Witte de Schäffner, 2003)*

Según Witte, los traductores deben dominar las competencias culturales específicas para la traducción y además tener, lo que Schäffner describe como un, "competencia bicultural" o la capacidad de "relacionar el comportamiento y resultados de comportamiento al conocimiento cultural específica de los miembros de la dicha cultura. En esta manera, se puede identificar la función, relevancia y valor de dicho comportamiento y/o los resultados en y para esta cultura" (Schäffner, 2003).

Como describe Carmen Valero en su artículo *Traducir de y para los que llegan: una incipiente realidad* el traductor debe representar un mediador sociocultural y debe desarrollar las competencias culturales junto con las otras competencias específicas para la traducción con una formación específica y preparación adecuada que supera el conocimiento de la lengua (Valero-Garcés, 2002). Según Katan, los traductores deben estar bien versados en las costumbres, hábitos y tradiciones de las dos culturas entre las que actúan como mediador (Katan, 2004). Cuando traducen, el traductor debe tener la habilidad de actuar como un "puente lingüístico y cultural" cuando se trata de temas específicos que se pueden considerar tabú en otras comunidades. Cluver menciona que

> *No society is homogenous and translators need to be sensitive to the needs of different groups. [The task of the community translator] is not only to make information available in another language (in a parallel manner) but to make it available to marginalized communities in a more assimilable format. (Cluver from Valero-Garcés, 2002)*

Deben ser capaces de producir un texto que es eficaz entre el público meta. Básicamente el traductor "tiene que aliviar barreras culturales y prejuicios y desarrollar las capacidades para abordar a las necesidades de sus clientes" (Chrystello, 2002) si quiere traducir entre culturas. Estas habilidades pueden caer bajo la idea de Schäffner de "competencia bicultural" o dominar por completo el conocimiento lingüístico de la lengua meta y además "entender los requisitos de mercados diferentes [… y] las culturas a las que traducen" (Séguinot from Katan, 2004).

Las implicaciones de la cultura en la traducción no solo están presentes sino que además presentan un aspecto desafiante para la traducción que el traductor debe estar formado y preparado para acometer. Para empeñarse efectivamente en la comunicación intercultural, debe tenerse en cuenta que el lenguaje y la cultura son interdependientes. Dado que aumenta el índice de inmigración y la sociedad sigue diversificandose, traducciones que adaptadas culturalmente serán necesarias para asegurar y asimilar a las minorías étnicas e inmigrantes nuevos en nuestras comunidades y eliminar la barrera comunicativa que se enfrentan hoy en día. El nuevo trabajo de del traductor es desarrollar esta "competencia bicultural" para realizar traducciones eficaces para apoyar las poblaciones minoría (Valero-Garcés, 2002).

2.4 Comunicación en la salud pública

Recientemente, ha aumentado el entendimiento de que la promoción y protección de la salud pública depende mucho de la ciencia y la comunicación. En un artículo escrito por Dr. Jay M. Bernhardt en el *American Journal of Public Health*, se discute cómo este ámbito bastante nuevo se ha crecido bajo la realización de la necesidad para ambos la ciencia y la comunicación en la salud pública y reconoce que "la comunicación sanitaria

tiene relevancia para virtualmente todos los aspectos de la salud y bien estar, incluyendo la prevención de las enfermedades, promoción de la salud y calidad de la vida" (Bernhardt, 2004). Bernhardt comenta que algunos desarrollos importantes que atañen a la necesidad de la comunicación en la salud pública que incluyen, pero no se limitan, un capítulo de la comunicación en la salud pública en la publicación de *Healthy People 2010*, una iniciativa nacional de la promoción de la salud y prevención de las enfermedades, dos diarios de evaluación de sus pares de la comunicación sanitaria, financiación de centros de comunicación sanitaria de excelencia por el *National Cancer Institute* y tres publicaciones publicados por el *Institute of Medicine* que expresa la importancia de la comunicación sanitaria. Hasta el *Center for Disease Control* (CDC) reconoce que "comunicación avanzada ofrece unas oportunidades sin precendentes para la mejora de la salud en los EEUU y por el mundo" (Bernhardt, 2004) y bajo el "*Future Initiatives*" program, abrió un centro nacional que se centra en la comunicación sanitaria y marketing.

La comunicación en la salud pública es "el arte y técnica de informar, influir y motivar el individuo, la institución, y el público de la salud pública sobre los temas más importantes de la salud [buscando] promover y proteger la salud a través de cambio en todos los niveles de influencia" (Bernhardt, 2004). La salud pública está afectada profundamente por factores sociales, políticos, ambientales y de conducta con los que la gente vive y por eso es importante que los esfuerzos comunicativos en la salud pública contengan "información relevante, precisa, accesible, y entendible de y para los públicos previstos para la avanza de la salud del público" (Bernhardt, 2004). Después de reconocer la importancia de este tipo de comunicación, el ámbito de la salud pública se ha desarrollado una filosofía sobre la comunicación que es centrada en el público y reconoce que

> para que los programas de comunicación sean efectivos y éticos, información de y sobre el público meta debe informar de todas las etapas de una intervención, incluyendo desarrollo, organización y implementación, para asegurar que el programa refleja las ideas, necesidades y valores del público meta. (Bernhardt, 2004)

Mantiene esta idea en áreas como la alfabetización de salud del público, la cultura, y la diversidad.

Sin embargo, muchas veces se impide este tipo de comunicación con la incompetencia cultural y esto puede hacer daño a la salud general del público. Siguiendo el argumento, Schyve menciona que

> *effective communication with patients is critical to the safety and quality of care. Barriers to this communication include differences in language, cultural differences, and low health literacy. Evidence-based practices that reduce these barriers must be integrated into, rather than just added to, health care work processes. (Schyve, 2007)*

Un reto clave que los profesionales sanitarios se enfrentan ahora es la movilización del poder de la comunicación de masas para dar los individuos el poder de adoptar comportamientos sanos, dirigir la atención de los políticos hacía asuntos importantes de la salud y marcar estos asuntos para un debate público y resolución (Winsten & Stanton, 2014) especialmente cuando esta comunicación trata de traducir un mensaje a través de poblaciones multiculturales y diversas. Otra vez, Schyve nos ayuda entender que "cuando le falta la comunicación eficaz, se termina la provisión de la asistencia sanitaria o la sigue pero con errores, poca calidad y riesgo para la seguridad de los pacientes" (Schyve, 2007).

Uno de los objetivos principales en la salud pública es la prevención y cómo hemos visto, la clave en la prevención sanitaria puede encontrarse en la comunicación exitosa y eficaz de información importante relacionada con la salud al público basado en el "amenaza triple" de comunicación eficaz:

- Lenguaje (ambos paciente y proveedor)
- Cultura (a veces asociada con el lenguaje)
- Bajo nivel d alfabetización sanitaria

Fija que estas amenazas son muy parecidas a las causas de las disparidades de salud que experimentan las minorías étnicas, mencionado antes. Como dijo Schyve, "La necesidad de comunicarse efectivamente es un elemento de la asistencia sanitaria de calidad […] la comunicación eficaz tiene las tres "amenazas" en cuenta como un pre-requisito de la asistencia sanitaria segura" (Schyve, 2007). Adaptar esta idea a todos los medios de comunicación puede aumentar el esfuerzo para superar las barreras comunicativas en la asistencia sanitaria para promover el conocimiento de la prevención y los servicios preventivos que causará una mejora en la salud general del público.

2.4.1 La competencia intercultural en la comunicación para la salud pública

Cross dice que

> *cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations, [where] 'culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups [and] 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Cross, Bazron, Dennis, & Isaacs, 1989)*

Para aplicar esta habilidad a la comunicación en la salud pública, hay que entender la definición de la salud pública.

Definido por Gustavo A. Silva, un traductor para la Organización Mundial de la Salud, la salud pública es "un esfuerzo colectivo organizado para proteger, promover, y restablecer la salud de las personas" (Silva, 2012) y como el mundo sigue diversificandose, los proveedores de la salud tendrán que adaptar esta definición a las "perspectivas variadas, valores y comportamiento sobre la salud y su bien estar" de sus pacientes (Betancourt, Green, & Carrillo, 2002). No llegar a hacerlo puede resultar en consecuencias negativas y graves para la salud de las minorías. Para combatir este nuevo reto, han creado un esbozo de competencias culturales para reducir las disparidades y proveer acceso igualitario a la asistencia sanitaria a pesar de la cultura o étnica de una persona. En el reportaje de Betancourt, Green, y Carrillo, se definen la competencia cultural en la salud como

> la capacidad de un sistema para proveer asistencia sanitaria a sus pacientes con valores, creencias y comportamientos diversos, incluso adaptando la entrega para cumplir con las necesidades sociales, culturales y lingüísticas de los pacientes. [La competencia cultural] es un vehículo para aumentar el acceso a la asistencia sanitaria de calidad para todos los pacientes (Betancourt et al., 2002)

La barrera principal en el sistema de salud en los EEUU es la falta de estas competencias que, como se ha discutido, tienen en cuenta las necesidades de las

minorías y aseguran una comunicación intercultural exitosa y resulta en una comunicación ineficaz entre poblaciones o personas de distintas culturas (Betancourt et al., 2002). Aparte de las barreras lingüísticas obvias, fáltale fallo en reconocer y entender las diferencias socioculturales puede causar una desconfianza en el sistema de salud. Puede causar una disparidad de salud si el paciente no está satisfecho y no sigue el consejo del médico en el uso de medicamentos, y en última instancia, habrá una reducción de la salud general. La comunicación que tiene en cuenta aspectos culturales puede prevenir las disparidades de salud entre ellos que se caracterizan como *limited English proficient* (LEP) (Betancourt et al., 2002). Según Betancourt y los otros académicos, eliminar estas barreras culturales que previenen la comunicación eficaz es importante en el sistema de salud para evitar las disparidades y el descenso de salud general de la población.

2.4.2 La traducción para la comunicación en la salud pública

Con la gran afluencia de inmigrantes, las poblaciones de las minorías están creciendo y los profesionales sanitarios e instituciones de la salud pública están preocupados por las disparidades que están experimentando. Para comunicarse con estas poblaciones (especialmente los individuos LEP), se utiliza la herramienta de la traducción con frecuencia. Traducen documentos, materiales educativos, material informativo, anuncios, formularios y muchos otros tipos de documentos de inglés a la lengua meta para la población en cuestión. Traducen estos documentos para que las minorías LEP puedan tener información que entiendan en su lengua materna. Tradicionalmente, la traducción es una manera de abordar la barrera lingüística con esas poblaciones. Como describe Reiss,

> *translation is a communicative service, and normally a service for a target language receiver or receivers. The normal function of a translation service is to include a new (target language) readership in a communicative act which was originally restricted to the source language community. (Reiss from Schäffner, 2003)*

Para esta investigación, miraremos cómo se utiliza la traducción en el ámbito sanitario para lograr una meta comunicativa específica.

Como mencionemos, la prevención es un aspecto clave de la salud pública especialmente para aquellas minorías que están más dispuestas a experimentar una disparidad en el acceso a la asistencia sanitaria de calidad. Según Sixsmith y otros, prevenir amenazas para la salud entre estos grupos es imprescindible para evitar complicaciones de la salud que no se puede solucionar por causa de falta de seguros sanitarios, conocimiento de la enfermedad, tratamiento, o el sistema de salud. Los esfuerzos de la prevención se aumentan con la comunicación eficaz (Sixsmith, Doyle, D'Eath, & Barry, 2014). Dicho esto, traducir un mensaje debe ser una tarea fácil pero no es así. Muchas veces crear una traducción clara y culturalmente adecuada es más difícil que traducir el mensaje literalmente y se puede acabar "*lost in translation*" (perdido en la traducción).

> *The best-translated message is quite often lost on people. This is due to small particulars pertaining to race, creed, cultural background, or regional differences in the country of origin. Other times it may fail, merely because it is so generalist and jargonistic that in order to achieve a basic linguistic standard, is merely localised to the elite, instead of reaching out to the most disadvantaged minorities/majorities who sometimes are the real target of the message in the first instance. (Chrystello, 2002)*

Considerando lo que dice Chrystello, hay necesidad de un método de traducción que traduzca un mensaje a la lengua meta pero, a la misma vez, adapta el mismo mensaje para ser culturalmente adecuado para la población al que lo dirige.

2.5 *Transcreation*

Transcreation es un término que ha sido recientemente acuñado y que puede encontrarse mayormente en el ámbito de la publicidad y marketing. La idea de *Transcreation*, como un paso más de la traducción, consiste en la adaptación de un mensaje de forma lingüística y cultural para que sea más relevante y eficaz para el público meta y por consiguiente garantiza la buena comunicación del mensaje original. Se ha utilizado el método de *Transcreation* en varias campañas de marketing y publicidad internacional para implementar y vender un producto en un nuevo contexto cultural. VIA Marketing dice que "adaptar un mensaje a una cultura específica para la población con la que quiere comunicarse a través de la *Transcreation*, permite llegar a un público a un nivel emocional y intelectual y deja que la comunicación tiene más significado y es más eficaz" (VIA, 2013b). Cuando abordan a un público multicultural, es importante abordar e incorporar conceptos culturales claves, matices lingüísticos, niveles de alfabetización y jerga o argot en el esfuerzo comunicativo. Básicamente, el público debe sentir como la comunicación fue creado especialmente para ellos y debe dar la misma experiencia al público como en el mensaje original (Martínez, 2013). El Gráfico 5 nos da una idea visual de lo que consiste el *Transcreation*.

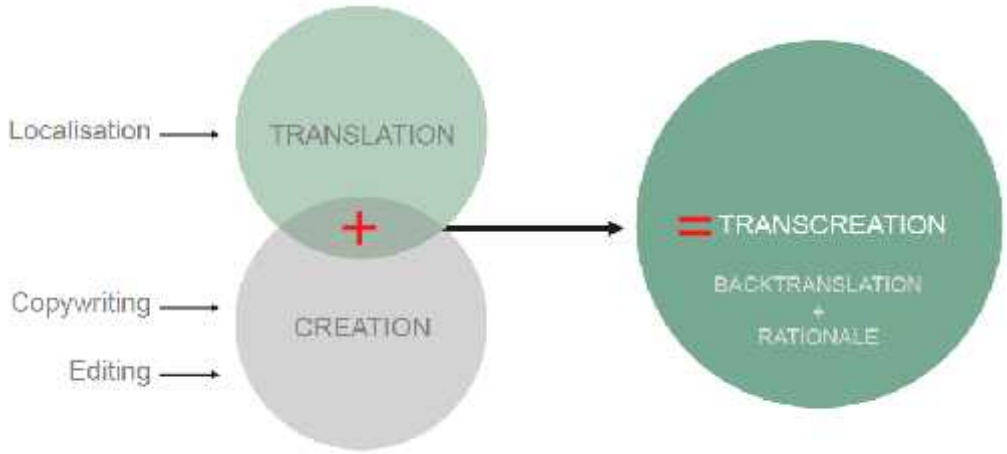


Gráfico 5: *¿Qué es Transcreation?*
Fuente: *(Martínez, 2013)*

En el gráfico 5, vemos que se combinan la traducción y creación para crear el producto de *Transcreation.* El mismo no suele integrarse en el proceso creativo en la traducción tradicional. Sin embargo, el método de *Transcreation* permite (y requiere) que los traductores utilicen más creatividad para lograr el objetivo de crear un mensaje que es adecuado culturalmente. Es importante que los traductores sean capaces de traducir más allá de las palabras para expresar no sólo el mensaje sino también un entendimiento de la cultura y el público meta (VIA, 2013b) .

Tenemos un ejemplo de *Transcreation* hecho por la agencia VIA Marketing:

- *Frase original en inglés:* Our organization is here to help today's seniors live healthfully and with independence.

- *Frase traducida al español:* Nuestra organización está presente para ayudar a los adultos mayores que están en nuestras vidas para que puedan vivir la vida con la salud y con independencia.

- *Frase de Transcreation en español:* Nuestra organización está presente para ayudar los adultos mayores que están en nuestras familias para que puedan vivir la vida con salud y felicidad.

- *Frase nueva traducida al inglés:* Our organization is here to help the seniors in our families live healthfully and happily.

Aunque sea un ejemplo bastante sencillo, el traductor (o *Transcreator*) prestó atención especial a la adaptación del texto para conectar con el público culturalmente. Significa que se puede cambiar el vocabulario, registro, o destacar una característica cultural importante. En este ejemplo el *Transcreator* incluyó la importancia de la familia en la adaptación para conectar a un nivel más profundo con el público meta (VIA, 2013b). Para entender mejor cómo la *Transcreation* funciona, miramos a cómo se utiliza este método en el ámbito de la publicidad y marketing para capturar la atención de un público para vender un producto o servicio.

2.5.1 *Transcreation* en la publicidad

Como mencionemos, *Transcreation* se ha convertido en el método preferido para la publicidad internacional porque permite que un producto (y su publicidad) tenga eco en mercados diferentes. Ejemplos de *Transcreation* nos dará una idea más completa de cómo se puede utilizar este método en otros ámbitos, concretamente la comunicación en la salud pública, para crear campañas de salud que resultan relevantes y culturalmente adecuadas.

Desde 1969, BMW ha utilizado el lema "*Freude am Fahren*" en Alemania. La traducción literal de este lema es "*Pleasure in driving*". No obstante, quizás no es tan efectivo en el público meta como le gustaría a BMW. Utilizando *Transcreation*, BMW creyó el lema "*The Ultimate Driving Machine*" que resultó más eficaz y comercializable en la lengua inglesa. (Humphrey, Somers, Bradley, & Gilpin, 2011)

Otro ejemplo es la reinvención del cómic *Spider-Man* para el mercado indio. El superhéroe que lleva un pareo es el álter ego de *Pavitr Prabhakar* (una distorsión fonética de *Peter Parker*), que gira por los puntos importantes de Mumbai como la puerta de India mientras que lucha contra el crimen en las calles de la ciudad. El carácter tiene valores de la familia muy fuerte que atrae los lectores indios y sus enemigos demoníacos parecen la mitología como Ramayana. Es un ejemplo de cómo las ideas pueden resonar entre culturas (Humphrey et al., 2011).

2.5.2 *Transcreation* versus la traducción

¿Cuál es la diferencia entre la traducción y *Transcreation*? Puede decir que un *Transcreator* es capaz de traducir pero también tiene la competencia cultural descrita antes para comunicar un mensaje teniendo en cuenta los conceptos culturales claves. La traducción manda el mismo mensaje en otra lengua pero es *language-centric*. *Transcreation* está más dirigido por el marketing, pensando en su mensaje como un producto para vender. Cuando empiezan una *Transcreation*, el *Transcreator* debe

preguntarse, "¿A quién va dirigido este mensaje? ¿Qué vendemos? ¿Cómo lo vendemos? ¿Cómo impacta esta marca en la manera que hablamos?" ("AGUA Hispanic Marketing," 2014). Contestar a estas preguntas puede ayudar al *Transcreator* a crear un mensaje que cumple los objetivos a través públicos múltiples con el mismo contenido. Con la traducción, el sentido sigue igual de una lengua a la otra pero cómo hemos visto, la traducción simple a veces no es el método adecuado para algunas circunstancias donde se necesita una traducción lingüística. La traducción es fiable y precisa pero la *Transcreation* es eficaz y creativa cuando el mensaje necesita cruzar barreras lingüísticas y culturales. El mensaje debe ser eficaz y tener en cuenta factores como el ambiente, estilo de vida, valores de la familia, creencias culturales, y otras prácticas del público para entender cómo reaccionarán estas personas al mensaje. Siegrühn comentó que cuando se busca ser eficaz con un texto "la preocupación original por la calidad de la traducción se ha sustituido por una preocupación con lo apropiado y accesible que resulta el texto" (Siegrühn from Valero-Garcés, 2002). *Transcreation* permite que los textos que busquen y necesiten ser accesibles para las minorías resultan efectivos, mientras que la traducción es fundamentalmente necesaria en la traducción de documentos que no requieren un toque de creatividad o cultura, tales como textos científicos, o administrativos como formularios, instrucciones, guías, etc. que contienen poco contenido creativo. *Transcreation* es una estrategia que permite que un mensaje resulte más culturalmente efectivo para un nuevo público. Veremos cómo este método puede ser útil en las campañas de salud.

A continuación, describiremos los métodos que utilizaremos para investigar, proponer y ver los beneficios en la utilización del método de *Transcreation* en vez de la traducción tradicional, para la comunicación en la salud pública para crear campañas más eficaces para la población minoría étnica en los Estados Unidos.

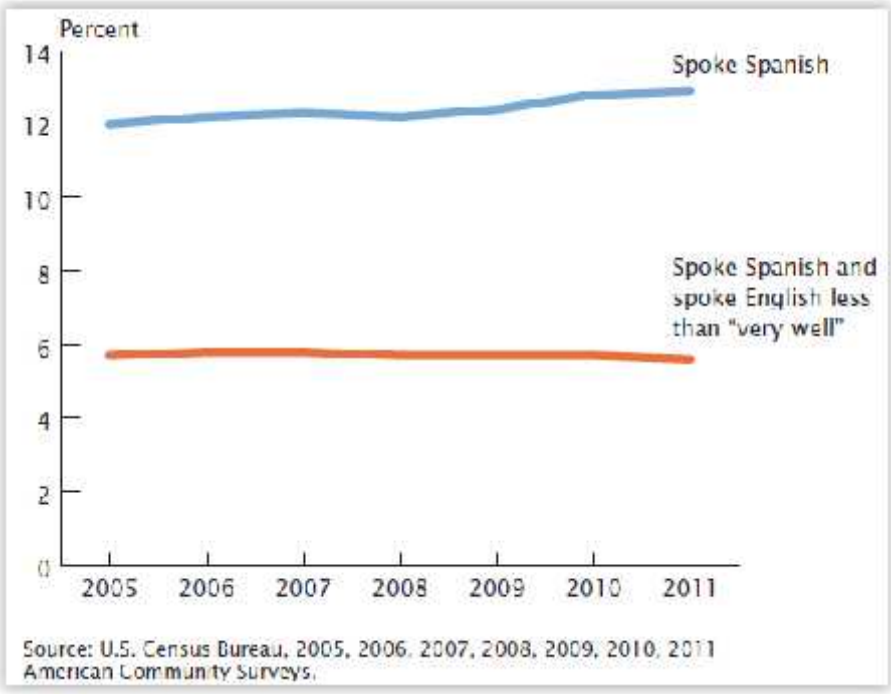
3. METHODOLOGY

We will analyze how public health communication is important in promoting prevention and preventive services in the United States and how these communications need to be culturally adapted using the method of Transcreation to ensure effectiveness. I will focus on the Hispanic population because it is the largest and fastest growing minority population in the United States and is also victim to barriers in access to healthcare, due to language and culture, and some of the most preventable diseases found in the United States. This is a population of people that is often uninsured however, not free from some of the most preventable, yet deadly diseases in the United States, such as lung and heart disease, diabetes, HIV/AIDS, and cancer. (CDC, 2012) With this study, we aim to show the importance of culturally and linguistically tailoring public communication efforts on prevention to this minority group in order to reduce the rates of deadly diseases amongst this population and increase the overall health of this ever growing minority population. To begin our study, we will start by taking a look at current Hispanic population and health care disparity statistics and familiarizing ourselves with the popular healthcare beliefs among this minority population. This will give us an idea of what a large population of people are in need of better quality health care and their common beliefs on health care that may help us in our effort in understanding how to better communicate important health related information.

3.1 Hispanic Population and Language Statistics

The recent data from the United States Census, conducted in 2010, regarding the Hispanic/Latino community within the United States, bears witness to the increasingly diverse population and the challenge this poses for various public institutions that provide services to these individuals, mainly in the sector of Public Health. A report by the U.S. Department of Health and Human Services recently concluded that racial/ethnic disparities in health care are gradually narrowing between African Americans and white Americans but are widening between Latinos and non-Hispanic white Americans. The poor health care access of Hispanics is a major reason for this widening gap in medical care (National Healthcare Disparities Report, 2010).

The Hispanic/Latino community refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. In the data from the 2010 US Census, 50.5 million (or 16 percent) people living in the United States were of Hispanic or Latino origin, growing by 43% from the year 2000 (35.3 million, 13%) and accounting for more than half of the growth of the total population from 2000 to 2010. It also projects that in the year 2040 this number will grow to 87.5 million comprising roughly 23.3% of the total population. In the language study done by the US Census, of the 60 million people who spoke a language other than English at home, roughly 37.6 million people or 62% spoke Spanish. Of those 37.6 million Spanish speakers, only 58% of them claimed to speak English “very well”. This figure is represented in Graph 6 below. (US Census Bureau, 2010)



Graph 6: *Percentage who spoke Spanish and Percentage who spoke Spanish and English less than "very well" of the population 5 years and older: 2005-2011*
Source: *(US Census Bureau, 2013)*

From this data, it is only logical to assume that with such a strong presence of Hispanic citizens within the United States, originating from various Spanish-speaking countries, each of their own distinct culture and linguistic dialect, their culture and how it influences their communication would be a prevalent issue needing to be addressed, especially in the field of health care, given the fact that as we have seen earlier, minority groups often fall victim to a lack of access to quality health care.

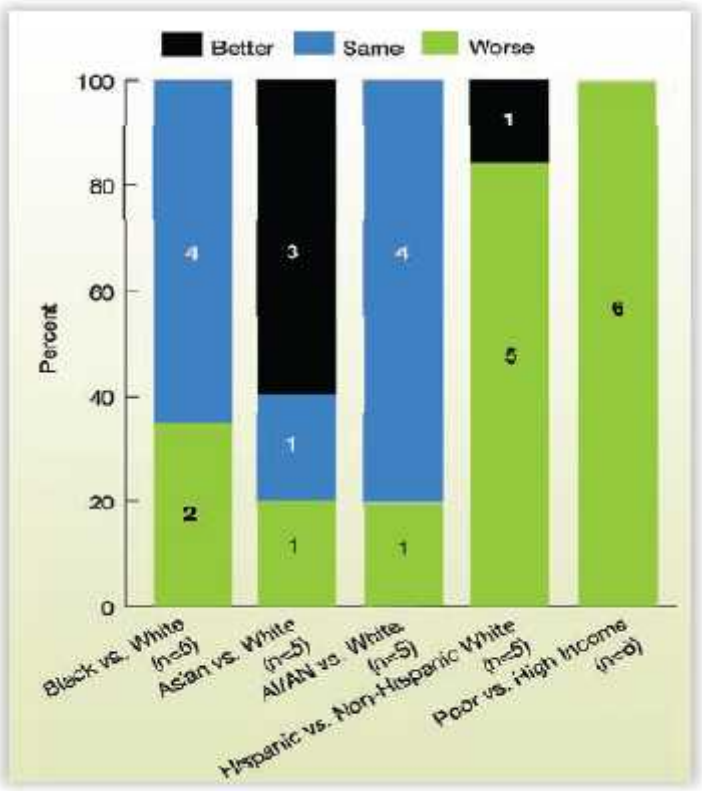
3.2 Disparities in Health Care for Hispanics
Barriers to health care access are a significant contributor to poor health outcomes and disparities. Dr. J. Emilio Carrillo identifies three main access barriers specific to the Latino population: (Carrillo, 2005)

1. Primary Access Barrier: Health Insurance
2. Secondary Access Barrier: Organizational and Systems of Care
3. Tertiary Access Barrier: Communication between provider and patient

For our purposes, we are going to focus on the causes and possible solutions to the Tertiary Access Barrier, or the sociocultural differences that result in poor communication between a care provider and a patient. Cultural differences in the beliefs about illness and treatment, poor adherence to a therapeutic plan, limited health education, and provider bias and stereotypes can all be directly associated with the tertiary access barrier that Dr. Carrillo discusses and are all a part of the main cause for the much of the poor health behavior witnessed throughout the Latino community. All three of these access barriers impact the Latino population in various ways and can cause a lower rate of screening or preventive care, late presentation to health care, or less or no treatment of disease at all. These barriers and their subsequent results can be

considered the main culprit for the fact that Hispanics experience more years of life lost than other non-Hispanic whites, including an 18% higher occurrence of stroke, 62% higher occurrence of chronic liver disease/cirrhosis, 41% higher occurrence of diabetes, and a 168% higher occurrence in HIV. (Macario, 2007) As mentioned, much of these large disparities (in comparison to the non-Hispanic white community) can be attributed to a cultural bias in health care toward this specific population.

Referring to the National Healthcare Disparities Report, we can analyze some of the facts and figures regarding the disparities for core access measures amongst all minority groups in the United States, compared to the non-Hispanic white population. This report identifies *Core Access Measures*, or 250 measures categorized across six dimensions: effectiveness, patient safety, timeliness, patient centeredness, efficiency, and access to care. These measures were established by a subcommittee of the Agency for Healthcare Research & Quality (AHRQ) National Advisory Council and a Department of Health and Human Services Interagency Work Group. (Disparities Report, 2010) What we can see is that few disparities are getting smaller; however the Hispanic ethnic group is by far the worst improving group compared to all other ethnic/racial groups in the United States. Taking a look at Graph 7, we can see that the Hispanic population has worsened in 5 of the measures, while only improving in 1.



Graph 7: *Distribution of core access measures for which members of selected groups experienced better, same, or worse access to care compared with reference group*
Source: *(Association for Healthcare Research and Quality, 2010)*

From this graph we can see that Hispanics had worse access to care than the reference group, non-Hispanic whites, for 5 of the 6 core measures.

This report shows us that disparities in access to health care are not improving. “Across the 22 measures of health care access tracked in the reports, about 70% did not show improvement and 40% were headed in the wrong direction.” (Association for Healthcare Research and Quality, 2010) Hispanics are suffering, especially compared to other minority groups considered in the study. Taking a look at Table 4 we can see the specific disparities that Hispanics are suffering from compared to other minority groups. In Table 4, RR refers to the rate relative to the reference group and is measured negatively. Hence, a RR greater than 1 indicates that a group is receiving poorer quality of care or disparities in access to care compared to the reference group. Again, the reference group refers to non-Hispanic whites.

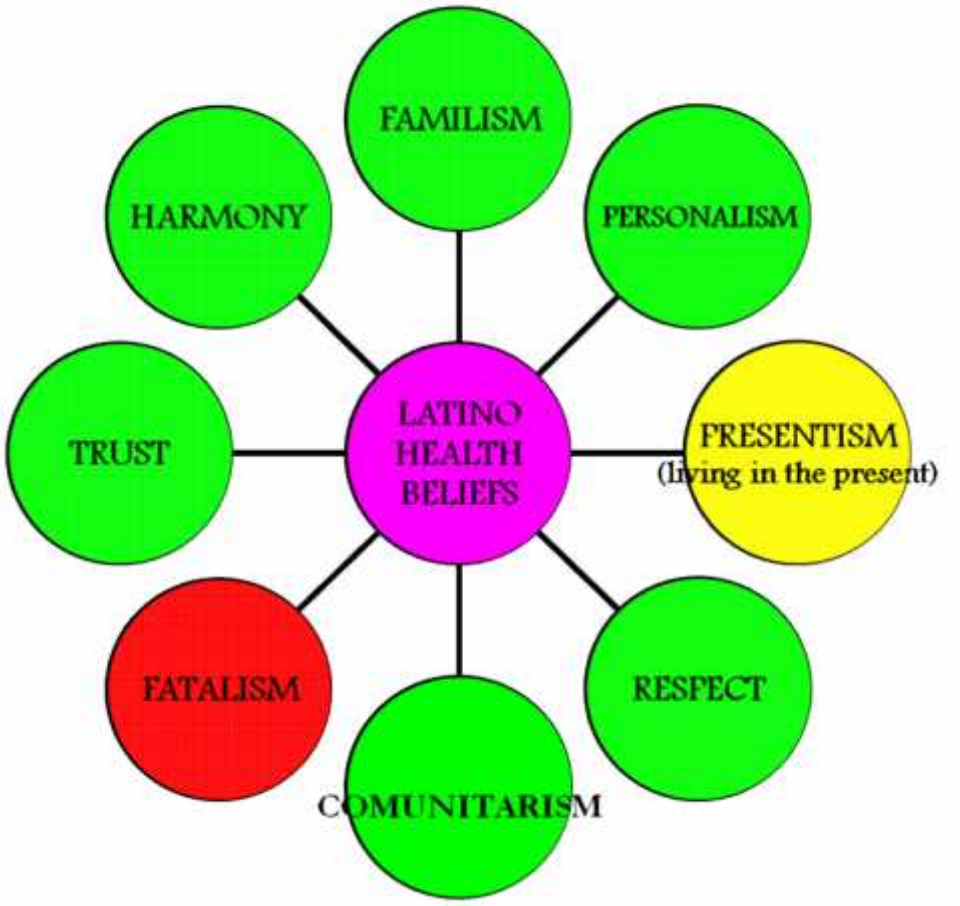
Groups	Measure	RR
Black compared with White	Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes	2.0
	Emergency department visits where patients left without being seen	1.7
	Adults age 65 and over who ever received pneumococcal vaccination	1.5
Asian compared with White	Adults age 65 and over who ever received pneumococcal vaccination	1.4
	People with a usual primary care provider	1.3
	Adults who had a doctor's office or clinic visit in the last 12 months whose health providers listened carefully, explained things clearly, respected what they had to say, and spent enough time with them	1.2
American Indian/ Alaska Native compared with White	People under age 65 with health insurance	1.7
	Hospital patients with heart failure who received recommended hospital care	1.7
	Adults age 50 and over who ever received colorectal cancer screening	1.6
Hispanic compared with Non-Hispanic White	New AIDS cases per 100,000 population age 13 and over	3.3
	People under age 65 with health insurance	2.7
	People with a specific source of ongoing care	2.0
Poor compared with High Income	People under age 65 with health insurance	4.7
	Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement	3.6
	People with a specific source of ongoing care	2.9

Table 4: *Largest racial, ethnic, and socioeconomic disparities in core quality and access measures that are not improving*
Source: *(Association for Healthcare Research and Quality, 2010)*

Table 4 shows us some of the main issues affecting the Hispanic population including: new diagnosis’ of AIDS, the likelihood of people under age 65 not having health insurance, and the large percentage of Hispanics without an ongoing source of care. It is important to recognize that these relative rates (RR) are much larger than 1, indicating the severity of the disparity. In order to confront these disparities, it is important to recognize that this is an ethnic population with many specific cultural features that must be considered when discussing health care.

3.3 Common Hispanic Health Beliefs

Acknowledging the common Hispanic cultural beliefs in a health care setting may help improve this minority group’s access to health care and turn reduce the disparities seen amongst this population. The Center for Latino Community Health has constructed a model of the beliefs in the Latino culture that may affect their behavior and attitudes toward health care.



Graph 8: *Latino Health Beliefs*
Source: (Rios-Ellis, n.d.)

Understanding these cultural insights may allow health care providers and institutions to communicate more effectively with the Hispanic population in order to positively influence their behavior, especially healthy behavior that can aid in the prevention of diseases. Here is a breakdown of the main healthcare beliefs in the Hispanic community seen from Graph 8 (information taken from Kemp, 2005 and Peterson-Iyer, 2008):

- Trust – trust is necessary for Hispanics to share not only potential disturbances in their health but also their traditional health beliefs practices. It is an important aspect of between the ill and the healer.
- Harmony – being in harmony with their spirituality and nature
- Familism – Hispanics place an extreme importance on family. They often value family over the individual and there is a strong loyalty and commitment to family and familial obligations
- Personalism – importance and value of warm, personal interaction
- Presentism – living and enjoying the present
- Respect – a characteristic of communication in Hispanic culture, there is an element of formality in Hispanic interactions, especially when elders are involved.
- Comunitarism – the belief that the whole community or family is more important than the individual

A defining cultural aspect that should be taken into consideration regarding the cultural beliefs toward health care, and especially prevention, is the concept of *fatalismo*, or the idea that one's fate in life cannot be changed and that whatever is meant to occur in one's life should and will occur as it is supposed to. This can be especially detrimental as Hispanics may have a passive attitude toward following prevention recommendations or participating in preventive screenings due to their belief that if it is their fate in life to suffer from a specific disease, there is no point in attempting to prevent or recognize such a disease at an early stage with the proper screening procedure. This is an important aspect of Hispanic culture to take into account when addressing this population through public health communications, promotions, and awareness efforts. Understanding that Hispanics may be more inclined to avoid preventive screenings is a key characteristic to keep in mind when developing public health communications regarding the importance of such screenings and prevention in general. (Salazar, 2014)

3.4 Designing Effective Public Health Campaigns

To further prepare for our investigation, we will then look at two studies: *Designing Effective Health Communication* by Keller and Lehmann and *The role of culture in health communication* by Kreuter and McClure. These studies were done on how to design effective public health campaigns using message tactics and culture, respectively. This will give us proper insight into what makes a campaign effective and will give us a framework to properly evaluate five different communication campaigns and their effectiveness, all with the goal of proving our hypothesis that campaigns that are culturally adapted and tailored to the Hispanic audience can improve communication with this population to improve the overall health of this ethnic minority.

3.5 Evaluation of Campaigns

The five campaigns that we will evaluate in our investigation, and how they will be evaluated, can be broken down as follows:

1. *truth*® – This public health campaign is specifically designed to address a target audience on anti-tobacco awareness and the prevention of youth smoking. It is a long running and successful public health campaign that serves as a good example of the effects of public health campaigns and tailored campaign efforts. We will evaluate their message tactics tailored for the youth demographic and its effectiveness at delivering the anti-tobacco message to promote positive health behavior change among youths.
2. *¿Tienes Leche?* – This was a botched "Got Milk" campaign directed at the Hispanic population in the United States. We will analyze the pitfalls of direct translation and the failure to incorporate important cultural characteristics into a public health campaign.
3. *Covered California* – This is a current government sponsored public health campaign designed to encourage the enrollment in government sponsored health insurance. We will analyze how the original campaign failed to utilize successful message delivery tactics and left out important Hispanic cultural features that ultimately lead to the poor enrollment results of this campaign.
4. *Scrabble* – Introducing the proposed solution for effective public health communication directed toward the Hispanic population, we will analyze a successfully transcreated advertising campaign to see how advertising agencies are developing new methods to successfully market various demographics and

ultimately influence behavior. We will analyze both message tactics and the incorporation of culture to deliver an effective communication campaign.

5. *Drugs + HIV: Learn the Link* – Lastly, we will analyze one of the first public health campaigns using this new method of Transcreation to effectively address a serious health issue. We will examine how the campaign was developed and the aspects that were included or adapted to ensure that the message would resonate and be effective within the desired ethnic group, Hispanic youth.

The campaigns that we will analyze are comprised of both small media and mass media material. Small media is considered any type of communication in the form of letters, brochures, pamphlets, posters, flyers, etc. and mass media is communicate through television ads, radio promotions, and large print mediums such as billboards. (Noar, 2011) At the end of the discussion we will be able to see how public health communications that are appropriately tailored to the Hispanic community can positively affect prevention efforts being made to improve the health of the general public.

3.6 Overall Goal of Study

Through our study we will gain the knowledge that cultural characteristics, habits, and preferences can help public health institutions create more effective and meaningful messages for their target audience. To carry out successful intercultural communication, it is important to consider four main points (Carrillo, 2005):

- Language interpretation and translation
- Avoiding cultural categorization
- Identifying and addressing areas of cross-cultural sensitivity
- Serving the individual

This investigation will focus on the first point, or the linguistic and cultural aspects of cross-cultural care, specifically identifying that traditional translation is no longer a sufficient method to create intercultural and linguistically relevant public health campaigns for minority populations, specifically the Hispanic population. As the largest ethnic minority group suffering from disparities in access to quality care, there is a need to provide culturally relevant information to eliminate these disparities. A new approach must be implemented to ensure successful communication and equal access to health care amongst all citizens of the United States, including ethnic minorities. The solution that I will be proposing throughout the course of this investigation is the adaptation of public health campaigns through Transcreation to create culturally appropriate campaigns that communicate and engage multicultural populations, and in this case the Hispanic population, to influence positive health behavior in society.

4. DATA

It is important to begin our investigation by analyzing two studies done on creating effective health communication campaigns in order to gain insight into how to use these findings to improve health communication. This will also give us the proper framework to evaluate current and past campaigns and their effectiveness.

4.1 Designing Effective Health Communication

The first study that we will analyze is a study published in the Journal of Public Policy and Marketing entitled "Designing Effective Health Communication" by Keller and Lehmann. While studies of behavioral outcomes/changes as a result of public health communication is limited, there is some evidence to show that how these messages are produced and advertised toward the public have a significant influence on attitudes and intentions toward health-related issues. In this study there was significant evidence to prove that the style in which health communication is implemented in society can have a large effect on how people's intentions to comply with health recommendations, including prevention behavior. In a study of 60 health communication campaigns that covered various health topics and approximately 22,500 participants, the investigators were able to determine the correlation between message tactics in these campaigns to know how these tactics affected the population's intention to change their behavior. Some of the message tactics included: fear, framing, vividness and base/case effects, physical versus social consequences, referencing, argument strength, source credibility, two-sided arguments, number of exposures, tailored versus standard, emotions, and health goal. The complete list can be seen in Table 5.

	Frequency %	Intention
Message Tactics		
Fear		.05
Gain frame	12.5	−.03
Loss frame	12.8	−.07
Vividness	N.A.	.02
Base rate stated	8.6	.03
Case of a person	12.8	.11
Referencing (self → other)	18	**−.13**
Social consequences	11.5	**.13**
Physical consequences	78.3	.01
Female communicator	5.8	−.01
Male communicator	2.6	**−.14**
Source credibility	N.A.	**−.15**
Argument strength	N.A.	.05
Two-sided arguments	7.0	**.14**
Multiple exposures	4.2	**.13**
Tailored message	3.9	.02
Emotional message	3.4	−.03
Encourage behavior	74	**−.12**
Discourage behavior	17.1	.05
Prevention behavior	73.3	−.02
Detection behavior	20.2	.02
Remediation behavior	5.3	.05

Table 5: *Variable Frequency and Simple Correlations with Intentions*
Source: *(Keller & Lehmann, 2008)*

Most of the data in the study came from a single exposure to the health communication in question that encouraged viewers to engage in healthy behaviors to prevent a

negative health consequence. The correlations seen in the Table 5 show the frequency of a message tactic used in a health communication campaign and the correlation with the intention to change their behavior. While this study does not directly relate to the behavior of the Hispanic population, it does give us insight into how health communications should be tailored for specific audiences. In Table 5 the resulting data came mainly from a single exposure to a health communication (95.8%) encouraging people to undertake a healthful action (74%) to prevent some health consequence (73.3%), typically a physical one (78.3%). Intentions to change behavior were correlated with each of the message tactics and the results can be seen in the final column of the table. The table shows the correlation of the 22 message tactics that were examined. The bolded correlations show significant effects, both positive and negative. Here we can see that while depicting social consequences and two-sided arguments in communication campaigns as well as increased exposure has a positive correlation with intention to change behavior. Oppositely, a male communicator, source credibility, referencing (self → other) and communications that encourage behavior have a negative effect on the intention to change behavior. For our purposes, it is also interesting to note that race was not considered a significant factor due to "literature that indicates non-whites may be less influenced by health communications than whites [potentially due to] a lower access to communications, greater influence of family and peers, and poorer access to health care." (Keller & Lehmann, 2008)

While the entire study is not relevant to our analysis, the data that we have seen is sufficient to suggest that how a message is communicated to an audience can have a significant effect on the viewer's intention to behave in a manner that is beneficial to their health. With these results, we can begin to see that when creating public health communications (or for our purposes, adapting these messages to a Hispanic audience) we must be conscious of the tactics that can influence the behavior of the target audience. If the message is to be truly effective, it must be emitted in a way that will affect the receiver. One of the main conclusions from the study is that tailored public health communication is not only effective, but there is much opportunity to improve this feature in the field of public health communication.

4.2 The Role of Culture in Health Communication

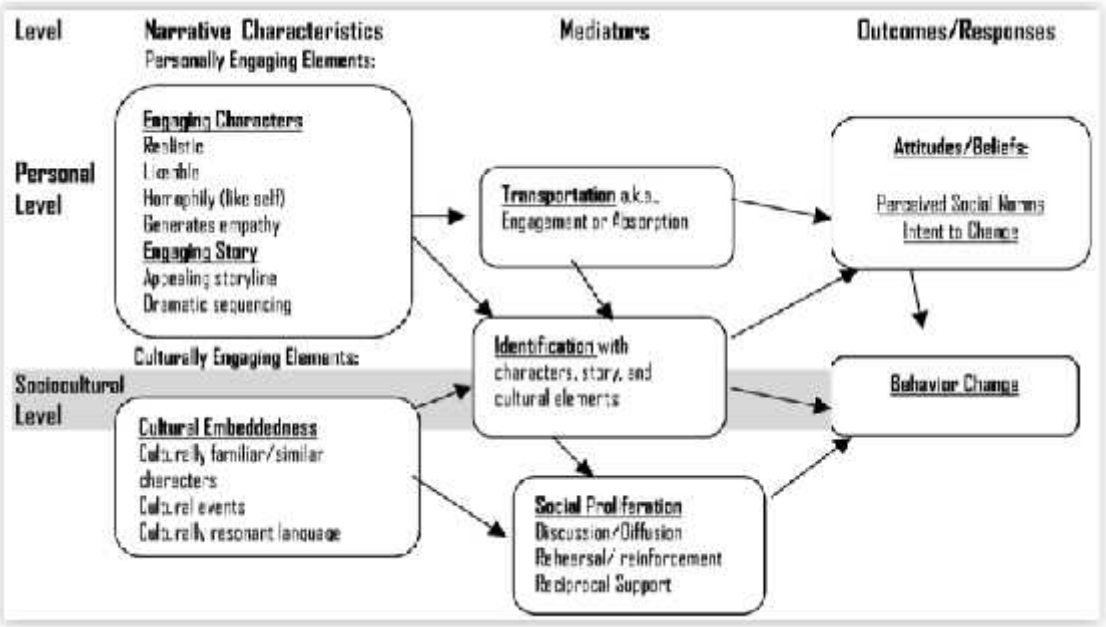
The second study that benefits us in our analysis of effective public health communication is the study on the *Role of Culture in Health Communication*, completed by Kreuter and McClure published in the Annual Review of Public Health. This study analyzes culture as a factor in enhancing the effectiveness of health communication. The research confirms that there has been a recent consensus in the important role culture plays in health behaviors, "as well as a potential means of enhancing the effectiveness of health communication programs and interventions." (Kreuter & McClure, 2004) The study promotes the a two-step approach to addressing culture in health communication/health promotion programs that first identify population subgroups that are experiencing poor health and then identifying and better understanding a common thread that is shared amongst this population that may influence their health. The study suggests that cultural influences may be a large part of that common thread. The study analyzes three of five input variables: source, message, and channel.

The first analysis evaluates the source variable. Source credibility is the most commonly considered source factor and has two primary dimensions: expertise and

trustworthiness. Sources that are liked or judged to be socially attractive are also more persuasive than others, particularly when the communication channel is video or audio or when the message being communicated is not desirable. And when the source is perceived to be similar to him/herself, ratings are often more favorable. This is thought to "enhance receivers' liking of a source or trust in a source and/or lead to inferences of attitudinal similarity between themselves and a source."

Secondly, the study considers the message. Referring to what we saw in the previous study, how the message is delivered (message tactics) can have a large influence on how the viewer or population reacts to the message itself. Using the Cultural Sensitivity Assessment Tool (CSAT), it has been found that approaches like formatting and visual presentation are consistently underdeveloped in materials intended for certain minority groups. While linguistic aspects are considered "the lowest common denominator of cultural sensitivity" it is considered difficult to retain consistent meaning and context in the new language.

Lastly, the researchers discussed the channel in which the public health communication is disseminated. They discuss that at a most basic level, a target audience must have access to the channel through which health communication is being delivered. There is a considerable disparity amongst access to information for those with lower incomes and less income, specifically African Americans or Hispanics. Larkey and Hecht present a model of culture-centric characteristics in health promotion that may further support the important role that culture can play in health communication and how communications that relate to an audience on a sociocultural level, along with other important mediators (transportation of the message, identification with the story, and social proliferation) may ultimately result in behavior changes. (Noar, 2011)



Graph 9: *A model of culture-centric narratives in health promotion*
Source: *(Larkey and Hecht from Noar, 2011)*

In Graph 9 we can see the personally engaging elements that according to Larkey and Hecht should be included in health promotion campaigns in order to be culturally engaging and influence a change in behavior. We can see that cultural *embeddedness*

such as culturally similar characters, cultural events, or culturally resonant language can lead to the identification with the story and such characters and also induce social proliferation of the message. All of these mediators, combined with the transportation of message and result in a change in attitudes and beliefs that can lead to the ultimate desired behavior change. Larkey and Hecht show us that if a health campaign is centered in culture, it will be more likely to induce a behavior change among the intended cultural population.

Kreuter and McClure suggest the urgent need for studies assessing the relative effectiveness of different strategies addressing diversity in communication campaigns and programs. This study not only allows us to call for in-depth discussion on the influence of culture in public health communication but also presents us with a limitation to our study. The increasing recognition of culture as an important factor in public health and health communication has the potential to contribute to the development of new and more effective strategies to help eliminate health disparities. The limitation, however, is that the evidence base supporting such a focus is currently underdeveloped. Thus, although the need for research on the role of culture in health communication is great, so is the opportunity. (Kreuter & McClure, 2004)

4.3 *truth*® Campaign

The first campaign we will analyze is the ***truth***® campaign. The ***truth***® campaign is a public health campaign and one of the most prevalent and successful campaigns seen in the United States aiming to reduce anti-tobacco efforts in youth populations. It was originally sponsored and disseminated by the Florida Department of Health in 1998 and went nationwide with the American Legacy Foundation in 2000 and is still in effect today. The ***truth***® campaign is a nationwide mass media campaign that uses "graphic images, stark facts about death and disease caused by smoking, and exposés of manipulative marketing practices [used by large tobacco agencies]" to deter youths from engaging in the use of tobacco products, particularly youth ages 12-17. The campaign uses both mass media: television, radio, billboards and small media, print ads, posters, etc. as channels to promote its efforts. This campaign has been considered a success because only two years after its launch into media, was reported as one of the main reasons for the rapid decrease in youth smoking rates. We will see two print ads (both small and mass media, respectively) depicting the consequences of using tobacco and mocking the marketing tactics used by tobacco executives to sell their product. (Farrelly, Davis, Haviland, Messeri, & Healton, 2005)

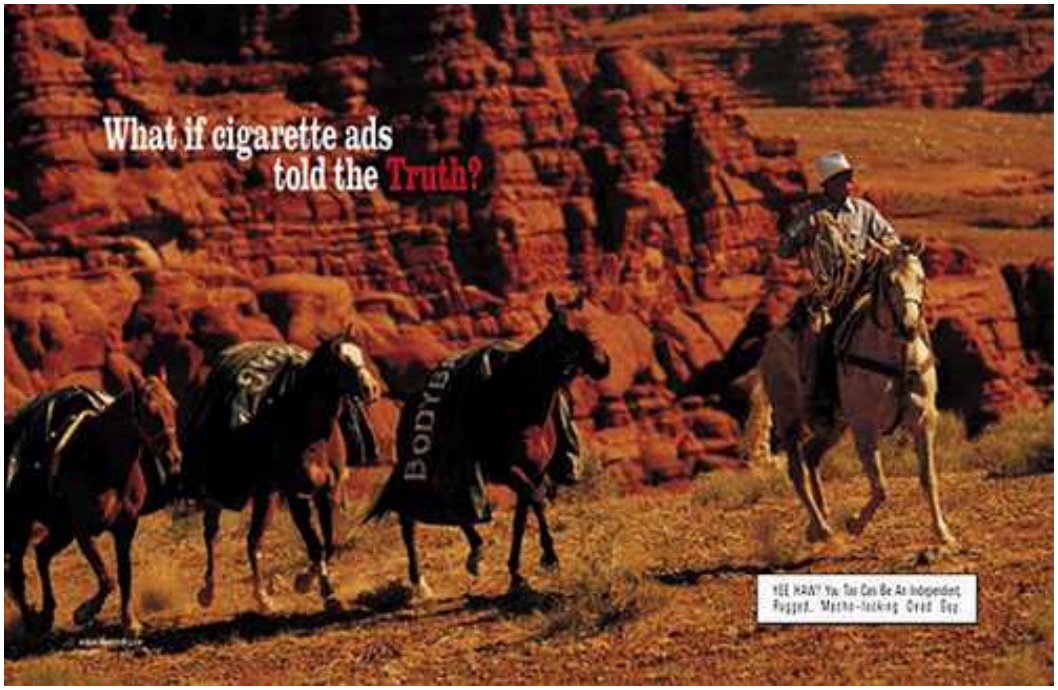


Image 1: *What if cigarette ads told the Truth? Small media print material*
Source: *(Citizens' Commission to Protect the Truth, n.d.)*

This particular print ad mocks at the classic Marlboro advertisements that depict a rugged manly cowboy, known as the Marlboro man and replaces the cowboys with body bags, insinuating that tobacco does not make you rugged or manly but rather, will kill you. The campaign title is seen in red, where the Marlboro brand name would typically be found. The tactic of using the visual image death in the ad is a bold method to expose that tobacco campaigns are falsely advertising the effects tobacco. This is one of many print ads that use shocking images of death to capture the attention of American youths and encourage an anti-tobacco attitude.

Image 2: *"No wonder tobacco executives hide behind sexy models" billboard ad*
Source: (Citizens' Commission to Protect the Truth, n.d.)

This billboard was used to target tobacco industry executives, claiming they use sexy young attractive models to attract young people to use their products to hide the truth of what their products actually do. This is an example of how the truth campaign has

focused its efforts on the tobacco industry rather than smokers, an alternative tactic to most “just say no” campaigns. It has been one of the most highly praised aspects of the campaign that avoids marginalizing tobacco users and making them feel targeted and ostracized. (Farrelly et al., 2002)

These ads are two of many small and mass media advertisements used by the ***truth***® campaign to disseminate the anti-tobacco message to American youth. It has been praised for its message tactics that are tailored towards the target demographic, youths aged 12-17. Next we will look at the effects of this campaign among the target demographic to see why this campaign is hailed as such a successful example of public health communication.

A study done and published in the American Journal of Public Health found a direct correlation on the dose-response relationship between the level of exposure to the campaign and youth smoking prevalence during its first two years of the campaign. Surveying approximately 18,000 8^{th} grade students, 17,000 10^{th} grade students, and 16,000 12^{th} grade students every year from 1997 to 2002, the study showed that increased exposure to this campaign lead to not only a decrease in the prevalence of youth tobacco use, but accelerated this rate of decline. (Farrelly et al., 2005)

Matthew Myers, the President of the Campaign for Tobacco-Free Kids commented on the campaign in an article of *Nations Health*, commenting that "The truth campaign works because it uses the exact same techniques the tobacco industry uses to attract kids, […] (Truth) takes advantage of the best of what we know about how to market to young people. It plays directly to youths' rebellious nature and desire to take control of their own lives by providing them with the facts about how the tobacco industry has sought to manipulate them and deceive them." (Krisberg, 2005)

This campaign implemented hard-hitting ads that revealed the manipulative marketing techniques used by large tobacco executives along with the rejection of tobacco by at-risk teens. This method that appealed to teens in the US showed to be drastically more effective than previous “just say no” and educational public health campaigns that laid out the facts of tobacco use with no emotional appeal to the target audience. (Farrelly et al., 2002)

According to the Citizens’ Commission to Protect the Truth, another organization backing this campaign, the campaign (that is still active) is absolutely effective, supporting the following data (Citizens’ Commission to Protect the Truth, n.d.):

- Seventy-five percent of all 12 to 17 year-olds in the nation - 21 million - can accurately describe one or more of the ***truth***® ads.
- Nearly 90 percent of youths aged 12 to 17 - 25 million - said the ad they saw was convincing.
- Eighty-five percent - 24 million - said the ad gave them good reasons not to smoke.

This data reveals that not only has the ***truth***® campaign been well disseminated throughout multiple media channels and therefore is recognized by a majority of American teenagers, but that an even larger number agreed that the ads used were convincing enough to decide not to smoke.

According to this study, the rates of tobacco use amongst teens declined faster after the launch of the campaign in previous years seeing an annual decrease of 3% amongst all grades and two years after the launch of the campaign there was an annual decrease of 7%. More specifically, it can be seen that these advertisements had a greater effect in 6-8th graders, showing a 50% decrease in tobacco use amongst this age demographic (6th-8th graders) and a 35% decrease amongst 9-12th graders over the course of 5 years. These statistics can be seen in Table 6 below. From 1999 to 2002, youth smoking rates decreased from 25.3% to 18% with the campaign accounting for 22% of that decrease, falling by more than 1 million from 2000 to 2002.

	Prevalence of Current Smoking, %			Average Annual Percentage Change (95% Confidence Interval)	
Grade	1997	2002	Change	1997–1999	2000–2002
All	28.0	18.0	-35.7	-3.2 (-3.8, -2.6)	-6.8 (-7.5, -6.1)
6th	19.4	10.7	-44.8	-3.4 (-4.6, -2.1)	-9.0 (-10.4, -7.6)
10th	29.8	17.7	-40.6	-1.6 (-5.6, -3.6)	-8.7 (-9.8, -7.5)
12th	36.5	26.7	-26.8	-1.8 (-2.7, -1.0)	-5.1 (-6.1, -3.9)

Table 6: *Changes in current smoking prevalence among US students before and after the launch of the* ***truth***® *campaign in 2000: 1997-2002*
Source: *(Farrelly et al., 2005)*

This campaign can be made an example of public health communication that is emotionally appealing and engaging with a target audience that can be effective in changing the behavior of a specific demographic and lead to behavior that will improve the overall health of the public. It is a known fact that tobacco use is one of the leading preventable causes of death in the United States and can cause lung cancer, emphysema, and other respiratory and vascular diseases. (CDC, 2009) This campaign being directed at a youth audience was an effort to prevent the use of tobacco products in a generation that still has the choice of whether or not to use tobacco products and how these products are valued in the future. Its effectiveness is in preventing youth smoking has been one of the most effective public health communication efforts to date. (Krisberg, 2005)

This campaign is especially interesting for our study because it was mainly focused in prevention. Clear and effective communication is an essential aspect to prevention, helping the public gain awareness and the knowledge necessary to make positive health choices. Public health communication to promote awareness and prevention of disease that is tailored to a specific audience can help reduce or eliminate the behavior that leads to these deadly diseases.

4.4 *¿Tienes leche?* – California Milk Processing Board campaign

In the early 1990's the California Milk Processing board, responsible for the *Got Milk?* National milk consumption campaigns created a Spanish-language version under the slogan "*¿Tienes leche*?" The campaign did not last very long because when Anita Santiago, a well-renowned Spanish advertising executive, saw the slogan she informed the California Milk Processing Board of the true meaning of translation. Literally translated, *¿Tienes leche?* means "Are you lactating?". Clearly, this was not the objective of the campaign and could actually be considered offensive to the

Hispanic/Latino community members, and was furthermore a clear mistake made by the translators in charge of this campaign. Aside from the botched literal translation, the campaign made no mention of tradition and family which are two important key concepts to Latinos when making decisions. Furthermore, the idea of a Hispanic woman running out of milk could be considered offensive because of the idea that mothers and grandmothers are the key providers of family nutrition in these households and that may be questioning their ability to provide for their family. Questioning this ability could be seen as insulting and therefore hurt the campaigns ultimate goal, increasing milk consumption. The campaign was quickly pulled before potentially causing some hazardous consequences. Learning from this lesson, in 1994 the Spanish campaign that was used carried the slogan "*Y Usted Les Dio Suficiente Leche Hoy*?" (English translation: "Have you given them enough milk today?") incorporating milk recipes in Latino cooking that are typically passed down from generation to generation, evoking the strong emotional and cultural bonds that Latinos could feel to milk. This was directly targeted at mothers and grandmothers, a stark comparison from the "Got Milk" ad that ran a few years earlier. In the early 2000's a more traditional campaign for the consumption of milk has been running in Spanish-language media with the slogan "*Familia, Amor y Leche*" or "Family, Love and Milk", also a relevant and adapted message given the fact that, as we have seen, the Hispanic/Latino culture is very family-oriented. What is important to take from this campaign is the idea that "translation is a risky thing to do" (Manning from Raine, 2001) especially given the potential consequences of a misguided literal translation. Furthermore, it is important to understand that Hispanics are aware of the ad campaigns being targeted toward them. 98% of all Hispanics in California cited being aware of the ad campaigns, as compared to 94% of non-Hispanics. (Raine, 2001)

4.5 *Covered California* Campaign

The third campaign that we will analyze is a grammatically correct translation of a campaign originally created in English; however, it failed to resound with the Hispanic community due to cultural inaccuracies and a general lack of marketing. *Covered California* is a government sponsored advertising campaign that aimed to encourage the enrollment in the Affordable Care Act, the new government sponsored health insurance program. Given the fact that California is home to the largest Hispanic community in all the United States, there was strong hope that many Hispanics would register for the new plan and a campaign was created that promoted and encouraged the enrollment of Hispanic citizens in this new program. The attempt to persuade this community to enroll in this program was largely misguided and some very important cultural aspects of the Hispanic/Latino population were disregarded in the campaign. One big mistake made by the campaign was the failure to promote and facilitate a method for Hispanics to communicate face-to-face with someone regarding this new program. The fact that Hispanics prefer to interact and transact on a personal basis was completely disregarded and in doing so, made the campaign less effective. A commentary regarding *Covered California* noted that "while Hispanics are online, they are transacting in person. That is a cultural trait that should have been considered when encouraging this community to sign up." (Dembosky, 2014) Unfortunately there was no telephone information or physical addresses offered for these individuals to utilize. Given the fact that health insurance is a more complicated product, the original campaign may have been more successful among the Hispanic community if those individuals had been given the means to speak with a live person regarding the matter. Another cultural

misunderstanding that potentially turned Hispanics away from enrolling was the campaigns major emphasis on the fact that no one can be denied coverage based upon a pre-existing health condition. However, many Latinos have never had insurance, nor ever considered having it. (Raine, 2001) Actually, even though Hispanics are uninsured at a higher rate than whites and African Americans, have less overall education, and a higher poverty rate than whites, they visit the doctor less frequently than other ethnicities. Knowing these facts, it is interesting to find that Hispanics still tend to outlive their black and white counterparts. They understand the difference between health care access and health care coverage. Basing the Spanish-language campaign on the idea that Hispanics need coverage for existing conditions was not an effective selling point because they tend to be relatively healthy and rely less on the formal health care system. (Lopez Baumen, 2014)

And lastly, in a more subjective tone, many Hispanics agreed that the *Covered California* advertisement (while originally created in English), did not boast the same "cuteness" that it did in English. Robert Orci, the CEO of Acento Advertising in Santa Monica described one of the actors (in the photo seen above) in the commercial as "stiff as a board and ... *seco*, which in English means dry,". It just did not resound with the audience the way it did in English because it was not properly adapted to do so.

Image 3: *Covered California Spanish campaign screen shot*
Source: *(Times & Healthline, 2014)*

Due to the inefficacy of this campaign, the numbers of Hispanics enrolled in the government sponsored healthcare program were substantially low. At the beginning of January 2014, only 7% of people who enrolled for the *Covered California* healthcare program were Spanish speakers, substantially less than the nearly 30% of Spanish speakers in the state. This campaign, while translated accurately from English to Spanish, was not effective within the Hispanic community because it lacked the cultural flair to engage with the audience, an aspect that should have been taken into account by the creators and translators of this campaign, knowing the key cultural foundations for this target audience. (Dembosky, 2014)

4.6 Transcreation

As we have seen, Transcreation can be considered a relatively new branch of Translation that takes an original text and while translating it from language to another, also adapts it culturally to the target cultural demographic to more effectively communicate a message in the new language. To get a better idea of what Transcreation is and how it works, we will analyze this technique and a campaign that has been transcreated. This method is used heavily in the advertising industry and we will look at an example for the campaign used to market the board game *Scrabble* in the Spanish market.

4.6.1 Transcreated *Scrabble* Campaign

Scrabble created a television commercial campaign personifying the letters of the English alphabet, placing them in real life situations and especially playing off the idea of uncommon letters being "odd" characters, like the letter Q. This campaign was created for the English speaking audience, particularly in the United States and portrays various scenes that are culturally specific to the United States. The most exact example is the scene of Prom or the boy delivering newspapers (Martínez, 2013):

Image 4: *Transcreated Scrabble Campaign; Prom scene*
Source: *(Martínez, 2013)*

Image 5: *Transcreated Scrabble Campaign; Paperboy scene*
Source: *(Martínez, 2013)*

When Hasbro, the manufacturer of *Scrabble*, wanted to prepare this ad for dissemination in the Spanish market, they decided to transcreate the advertisement rather than literally translate it for a few specific reasons. First, literally translating this advertisement would not have had the same effect on the Spanish speaking audience, mainly because the letter Q in the Spanish language is not an uncommon letter. Secondly, the original ad was specifically created to engage a certain audience with specific cultural characteristics. If this same ad had been translated directly to Spanish, the product may not have sold as well within this target group. Given that the advertisement was to be transcreated for an audience in Spain, it was important to include (and remove) any elements that might not have been relevant to the Spanish culture. This mainly included editing out the scenes depicted above, as they are not culturally applicable in the Spanish culture. (Martínez, 2013)

Transcreating this campaign allowed for a more effective and direct marketing strategy that would sell a product, in this case the board game *Scrabble*, in a given community. By adapting this original *Scrabble* commercial for the Spanish culture, Hasbro was able to market and sell their product in a foreign culture. We can see in the screen shot from the Spanish version, the addition of the letter Ñ instead of Q and on YouTube, where the whole commercial can be seen, it is noticeable that the Prom and paperboy scene have been removed to make it as relevant as possible to the Spanish audience. Both the original English and transcreated Spanish commercial can be seen in the links provided after the screen shot.

Image 6: *Transcreated Scrabble Campaign; Ñ version*
Source: (Martínez, 2013)

Original English: https://www.youtube.com/watch?v=6cwBbL9ytA8
Transcreated Spanish: https://www.youtube.com/watch?v=7SXu6a3M-wY

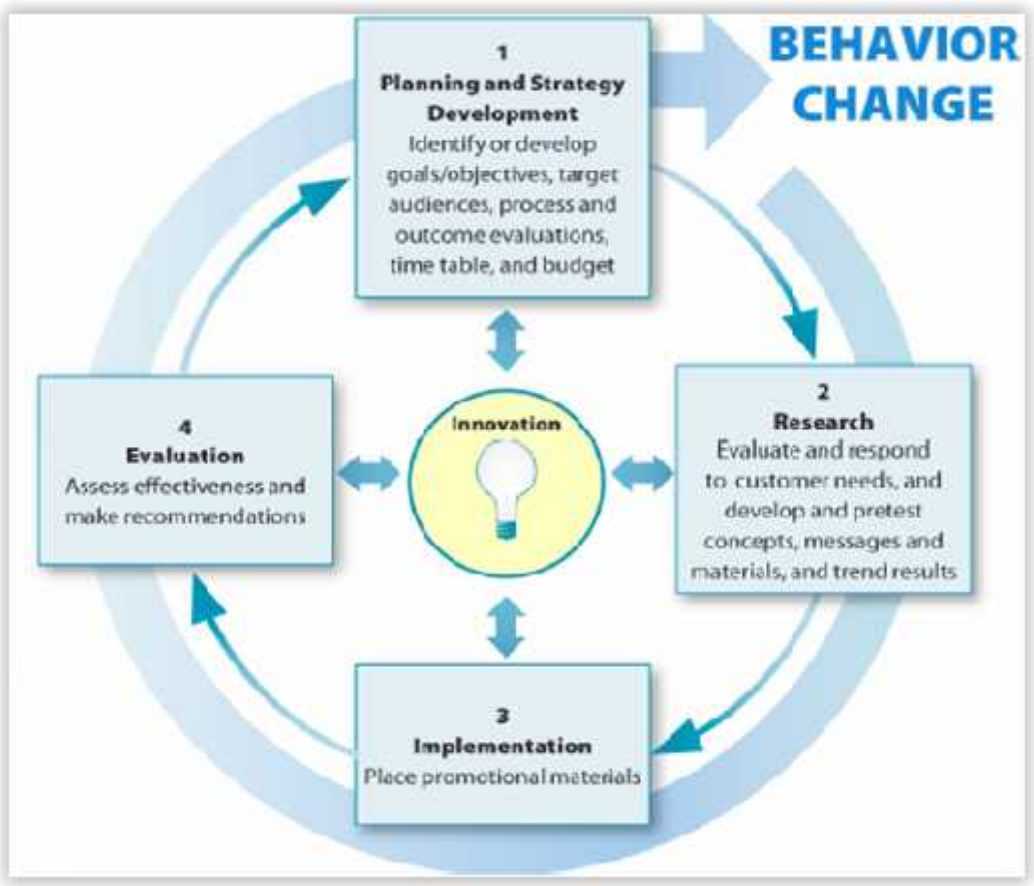
The concept of Transcreation is being heavily used in international advertising campaigns because it creates a meaningful connection with the target audience, effectively sending the desired message and ultimately affecting the behavior of the target audience. In the advertising world, this might be convincing a consumer to purchase a product or utilize a service; however this tool could be carried over to the public health sector to effectively communicate with minority populations regarding important public health issues. In recent years, the need for more engaging

communication has grown as we have come to realize the importance that communication plays in prevention of disease and awareness of issues that may threaten the health of the public. The rest of the data will include Transcreation being used as a tool in public health communication, specifically aimed at the Hispanic population and later we will analyze how these campaigns were more successful due to their cultural adaptation than the *Covered California* or *¿Tienes leche?* ads we have discussed previously.

4.7 *Drugs + HIV: Learn the Link Campaign*

The last campaign we will analyze is a successfully transcreated public health campaign, aimed at preventing HIV transmission in young Hispanics by understanding the link between drug use and risky sexual activity that can leads to a higher rate of HIV transmission. This was an adapted television public service announcement (PSA), sponsored by the National Institute on Drug Abuse (NIDA). In the case study of this campaign, the cultural adaptation of an original campaign was examined, focusing specifically on the development of a transcreated PSA based on consumer research. Through this campaign, the process of developing a successful culturally adapted public health campaign can be seen and evaluated.

NIDA worked with IQ Solutions, a health communications group that works to increase knowledge through clear, relevant, engaging communication with the ultimate goal of improving health. They have been effective in creating culturally adapted information to engage minority populations and increase their awareness of various health issues. Their process of Transcreation was used in the development of the *Drugs + HIV: Learn the Link* Campaign and is what we will use to analyze the Transcreation process and how it allowed a public health communication campaign to be tailored to Hispanic population, and hence more effective. What this campaign will show is the value that Transcreation of a campaign can have on overall effectiveness. It is cost saving and more effective than literal translation and less time consuming than the creation of original materials for the specific cultural group.



Graph 10: *IQ Solutions Transcreation Process*
Source: (Macario, 2007)

The original English-language PSA was developed in 2005 for television and featured a young African American girl walking down the sidewalk and stopping to check a text message she received on her cell phone. The message exchange that can be seen on the screen reads,

"u hear bout kim?"
"what bout kim?"
"she has HIV!"
"4 real? how?"
"a party months ago… she got HIGH got STUPID n now has HIV!" (Macario, Isenberg, & Quintas, 2007)

During the conversation, flashbacks can be seen of teenagers at a party, consuming what can be assumed to be drugs, and one girl, proposing to be Kim, behaving in a manner that may elicit sexual activity. The whole scene insinuates the idea that taking drugs can lead to risky sexual behavior and HIV infection. The entire English-version PSA can be seen at the following website:
http://www.hiv.drugabuse.gov/english/message/psas.html#party

Image 7: *Storyboard for original English PSA*
Source: *(Macario et al., 2007)*

In order to transcreate this English-language PSA, IQ solutions placed a large emphasis on planning, strategy, and research, an effective and necessary approach when adapting a message for a new target audience. Furthermore, after the implementation of the material for the *Drugs + HIV: Learn the Link* Campaign a 10-step process was utilized to create a television PSA specifically targeted at Hispanic teens. The 10-step process can be seen in Table 7:

Date	Activity
Jan-Dec 2005	Phase I: Created an English-language PSA, *Text Message*, and released it on World AIDS Day 2005 (December 1)
Jan 2006	Phase II: Initiated and carried out a multi-stage "transcreation" process for culturally adapting the *Text Message* PSA to Hispanic teens
Feb 2006	*Step 1.* Conducted an environmental scan
Apr 2006	*Step 2.* Obtained feedback from an internal Hispanic work group
Apr 2006	*Step 3.* Convened a Hispanic community work group
Jun 2006	*Step 4.* Developed 3 PSA concepts for testing with members of the target audience
Jun 2006	*Step 5.* Performed consumer research: Tested the 3 PSA concepts during 12 focus groups in 3 cities
Aug 2006	*Step 6.* Developed storyboards for two approaches to adapting a popular PSA concept and conducted local interview testing to validate the cultural relevancy of the proposed changes
Aug-Sept 2006	*Step 7.* Re-worked scripts, created new animatics, and re-tested concept via an online survey
Oct 2006	*Step 8.* Conducted targeted re-shoot to obtain additional relevant footage
Nov-Dec 2006	*Step 9.* Re-edited and re-recorded PSA
2007	*Step 10.* Produce final PSA adaptation

Table 7: *Steps for Culturally Adapting NIDA's Text Message PSA*
Source: *(Macario et al., 2007)*

As seen in the chart, an elaborate process was executed in order to successfully carry out a transcreated PSA for Hispanic teens. An important part of this process was the investigation, research, editing, and re-working done before implementing the PSA, to ensure that the final product was relevant to the Hispanic teenage population and would carry out its ultimate goal of preventing HIV transmission through risky sexual activity induced through drug usage.

IQ Solutions worked with a focus group comprised of 18 Hispanic females and 18 Hispanic males' ages 13-16 were comprised to view 3 PSA's that were developed, keeping the target group in mind. The three PSA's were developed with the following concepts (Macario et al., 2007):

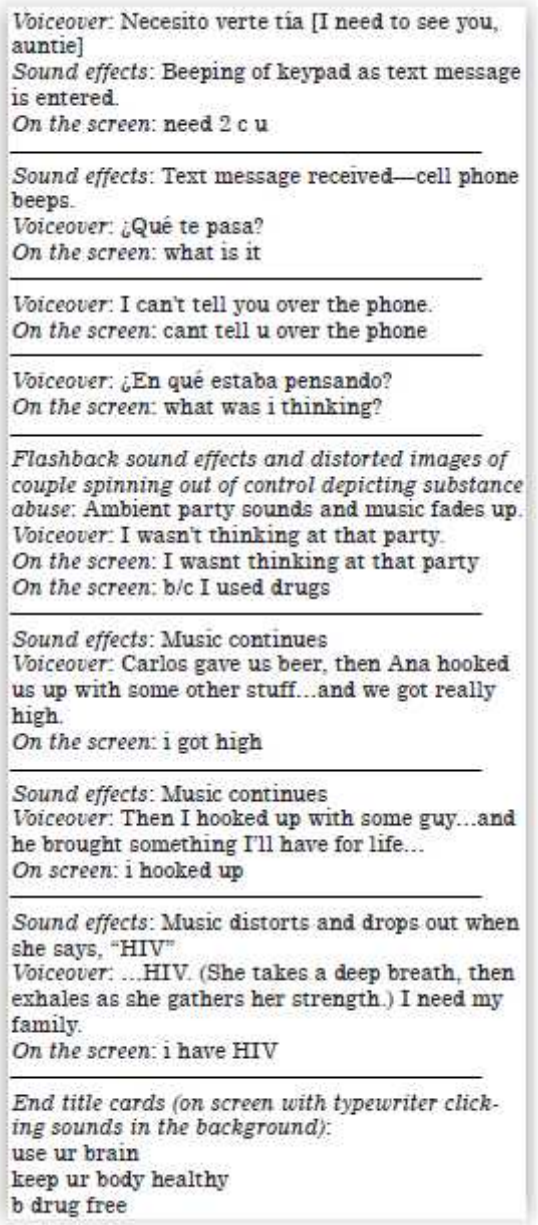
- *Dear Diary* Through inner dialogue, a teenage girl shares her personal experience dealing with an HIV diagnosis with the viewing audience
- *Cell Phone* A teenage girl calls her cousin on her cell phone to share her recent HIV diagnosis
- *Text Message* Two teens communicate through text messages about another girl's recent HIV diagnosis

In general, the results of the focus groups were positive and participants understood the message being communicated. Specifically, the results were broken down into six aspects of the PSA that the focus group felt needed modifying (Macario et al., 2007):

- *Emotion Conveyed* Some of the participants felt that the emotion being conveyed in the *Cell Phone* and *Text Message* concept was not adequate and the reactions of the actors were not what the participants would expect from an HIV diagnosis.
- *Use of Technology* Use of a cell phone did get the participants attention, however they did not feel that it was realistic that such a serious topic would be discussed over the phone or through text messaging.
- *Personal Story Concept* The focus group liked the idea of the story coming from the individual, making it more personal as if the character was speaking directly to them. They were not in favor of two teens talking about the girl who was diagnosed with HIV.
- *Importance of Family Members* Knowing that family plays a large role in the Hispanic culture, there was mixed debate as to who the participants would confide in when sharing such news, however it was widely accepted that it would be a family member, most likely the parents.
- *Mixing Languages* Focus group participants stated they would like to be addressed in a mix of both Spanish and English, as that is how most teens speak in their everyday lives.
- *Actors* All participants felt that the look of the actors was realistic, although at times the girl on the cell phone was not thought to be Hispanic.

Based on the recommendations by the focus group, IQ solutions combined the idea of the *Dear Diary* concept and the *Cell Phone* concept, added parents as a motivator, used a mix of both English and Spanish in the dialogue, and highlighted the emotional aspect of the PSA in order to produce a more affective and relevant product.

Even after the focus group results and newly developed PSA, 5 more testing, editing, and re-working steps were involved to ensure the PSA would be culturally relevant for a Hispanic audience. The final transcreated PSA, entitled *After the Party* was filmed using the script seen in Image 7 and the full commercial version of the PSA can be seen at the following website: http://www.hiv.drugabuse.gov/english/message/psas.html#party



Voiceover: Necesito verte tia [I need to see you, auntie]
Sound effects: Beeping of keypad as text message is entered.
On the screen: need 2 c u

Sound effects: Text message received—cell phone beeps.
Voiceover: ¿Qué te pasa?
On the screen: what is it

Voiceover: I can't tell you over the phone.
On the screen: cant tell u over the phone

Voiceover: ¿En qué estaba pensando?
On the screen: what was i thinking?

Flashback sound effects and distorted images of couple spinning out of control depicting substance abuse: Ambient party sounds and music fades up.
Voiceover: I wasn't thinking at that party.
On the screen: I wasnt thinking at that party
On the screen: b/c I used drugs

Sound effects: Music continues
Voiceover: Carlos gave us beer, then Ana hooked us up with some other stuff…and we got really high.
On the screen: i got high

Sound effects: Music continues
Voiceover: Then I hooked up with some guy…and he brought something I'll have for life…
On screen: i hooked up

Sound effects: Music distorts and drops out when she says, "HIV"
Voiceover: …HIV. (She takes a deep breath, then exhales as she gathers her strength.) I need my family.
On the screen: i have HIV

End title cards (on screen with typewriter clicking sounds in the background):
use ur brain
keep ur body healthy
b drug free

Image 8: *Final PSA script for Drugs + HIV: Learn the Link Campaign*
Source: *(Macario et al., 2007)*

Continuing the final airing of the PSA, a full discussion and evaluation of the Transcreation process was completed by the Transcreation team of IQ Solutions that included an in-depth evaluation of what can be done better when creating a public service announcement targeted at Hispanic youth.

4.8 Limitations to the study

Addressing the limitations to our study, it must be noted that while these limitations may restrict our analysis, it also invites further studies on public health communication to be conducted in the future. To date, there is not much empirical evidence on the behavioral outcomes of a transcreated public health campaigns. While there has been success in campaigns such as the *Drugs + HIV: Learn the Link* Campaign, still no evidence-based data can be measured as we have seen with campaigns like ***truth***® that

have been running for over 10 years. Likewise, it is difficult to truly measure how public health communication can change behavior, other than the general success and exposure of a campaign. It is difficult to distinguish what other factors along with the campaign could have caused a measurable behavior change.

Regarding the extent to which doing adapting campaigns culturally enhanced communication effectiveness, the Institute of Medicine (IOM) report on health communication strategies for diverse populations 2002 concludes that surprisingly little is known about "(a) whether communication programs that consider diversity and culture are more effective in diverse populations that those that do not consider it, and (b) whether certain approaches to or operational decisions about culture and diversity are more likely to lead to effective communication programs than are others." (Kreuter & McClure, 2004)

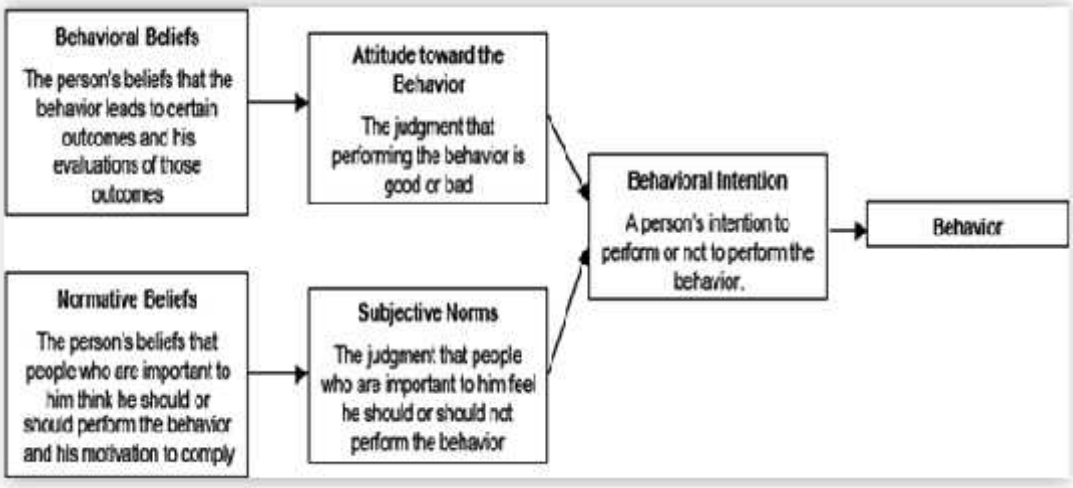
In October of 2001, The Community Guide, which conducts empirical studies on numerous public health programs and policies to evaluate their effectiveness on improving health and preventing disease, published their summary of *Culturally competent health care: use of linguistically and culturally appropriate health education materials* and their systematic review provides insufficient evidence to "determine the effectiveness of linguistically and culturally appropriate health education materials to increase the cultural competence of healthcare systems" because there were too few studies that had distinct limitations in how they were carried out. This is not to say that linguistically and culturally appropriate educational materials are ineffective, but that there is still a definite need for more research and studies to be done in this sector of public health. (The Community Guide, n.d.)

5. RESULTS

We began our study with an in-depth look at the US Hispanic population, the health care disparities they are experiencing, as well as their general beliefs on health care. As we saw in the review of literature, much of these disparities are due to a lack of communication between health care institutions and professionals and this minority population. In an effort to further understand these disparities and propose a solution, we analyzed two studies that have investigated methods to make health communication effective and continued our analysis by looking at campaigns that have been both effective and ineffective at communicating their desired message.

5.1 Designing Effective Health Communication Studies

The two studies we used in our investigation were centered on what makes health communications effective based on message tactics and culture. While there is still much to be studied on the topic, it is widely accepted that both how a message is delivered and the involvement of culture and diversity in the message plays a defining role in how a message is received by the target audience. In the study *Designing Effective Health Communication,* message tactics were analyzed and the data from this study concretely proves that the target audience is more likely to respond to a message if it is properly tailored toward that audience. We have seen this in the success of the ***truth***® campaign that was tailored to appeal to a youth audience, as well as the failure of the *Covered California* campaign that failed to properly tailor its message to its target audience. Being so apparent that message tactics can make a campaign either a success or failure, it can only be assumed that how we market prevention efforts toward ethnic minority populations would have an effect on the outcome of such message. Using the Transcreation process, we have seen how the desired message can be adapted to meet the needs of the ethnic group in question in both a timely and cost-effective manner. Likewise, the study *The Role of Culture in Health Communication* acknowledges the lack of empirical evidence that culture and diversity in public health communication actually influences a change towards more health conscious behavior but makes a solid argument for the important role that culture can play in such communications. Understanding the lack of empirical evidence, there is still the question; can health communication campaigns change behavior? and if so, by how much? However, this study continues to support the thought that if culture is involved in the communication, a minority population may be more inclined to be affected and receptive to the message being delivered. Dr. Rasha Salama from Suez Canal University-Egypt makes the important conclusion that knowledge of a topic alone does not alone alter behavior and that oftentimes people are aware of what they should or should not be doing and simply telling them what to do rarely changes any kind of behavior. Both Dr. Noar and Dr. Salama cite the *Theory of Reasoned Action* that includes the ideas proposed in the *Designing Effective Health Communication* and *The Role of Culture in Health Communication* campaigns. In the following graph visualizing the Theory of Reasoned Action, we can witness how behavioral beliefs and normative beliefs are key concepts at the beginning of the process of behavior. (Salama, 2001)



Graph 11: *Theory of Reasoned Action*
Source: *(Salama, 2001)*

Using this theory, Dr. Salama relates the tasks and issues to consider in the creation of effective public health communication. This is also the theory behind the culture-centric narrative proposed by Larkey and Hecht in our discussion of the role of culture in public health communications. Table 8 gives us an idea of these tasks and their corresponding issues.

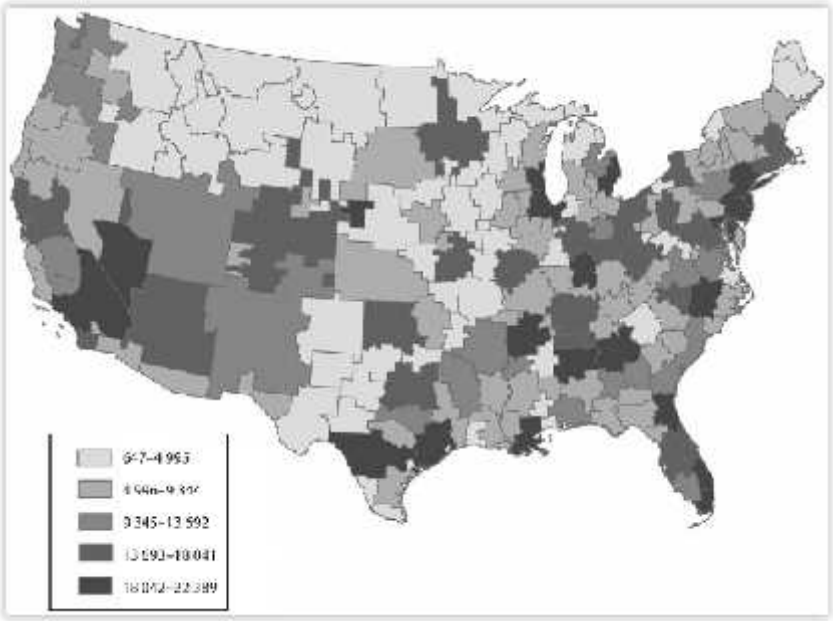
Tasks	Issues to Consider
1) To capture the attention of the right audience	Defining the target audience, selecting channels to reach the audience, attracting sufficient attention
2) To deliver an understandable and credible message	Source credibility, message clarity, fit with prior knowledge, duration of exposure
3) To deliver a message that influences the beliefs or understanding of the audience	Provide information, direct attention, trigger norms, change underlying values and preferences
4) To create social contexts that lead toward desired outcomes	Understand the pressures that govern the behavior of interest

Table 8: *Tasks to consider in the creation of effective health communication*
Source: *(Salama, 2001)*

These tasks are supported in both studies if we reason that cultural cues will accomplish task 1 and 4 and effective message tactics will accomplish tasks 2 and 3. In a simplified form, these four tasks could be used as a guideline for all public health communications. Using these tasks we can see how the campaigns we have analyzed have been either successful or flawed in their attempt to deliver the desired message as well as produce the desired outcome.

5.2 Results of the *truth*® Campaign

In the ***truth***® campaign, we can see effective tactics that are used to appeal to the target audience, in this case, US youth aged 12-17. These tactics include methods that are considered *edgy* or on the cutting edge of what is trendy and popular. The ***truth***® campaign not only implements mass and small media to spread its message, but also utilizes other mediums that are attractive to such an age group. The ***truth***® campaign can be seen in promotional items, street marketing, and a website: www.thetruth.com. (Farrelly et al., 2002) Such marketing tactics are part of the reason the truth campaign has been so successful in promoting anti-tobacco attitudes and behaviors. We examined these tactics and as a result we can see how exposure to these campaigns ultimately increased an anti-tobacco belief and behavior across teens throughout the United States. It is important to view the levels of exposure throughout the United States so we can better understand how exposure affected and continues to affect the outcome of this campaign. Using gross rating points (GRPs) for the campaign in 210 television markets, a study published in the American Journal of Public Health examined students' exposure to the campaign. The exposure was defined as "the cumulative number of "truth" campaign GRPs that were delivered in a school's media market from the beginning of the campaign to the time of each spring survey in 2000, 2001, and 2002." (Farrelly et al., 2005) In the key of the graph below it can be seen that the lowest GRP was 647 and the highest 22,389 from 2000 to 2002. Over this two year period, the lowest-exposure group received an average of 3867 GRPs. This exposure was mainly based on the availability of the television stations that advertised the campaign. Logically, markets with fewer television stations received less exposure and hence less GRPs and markets with more television stations received higher GRPs.



Graph 12: *How media markets across the country (48 states) were exposed to various levels of the nationwide* ***truth***® *campaign, 2000-2000. Results in gross rating points (GRPs)*

Source: *(Farrelly et al., 2005)*

In the *Study on National Tobacco Countermarketing Campaigns* it was noted that the truth campaign was especially effective in its efforts due to its modern message

techniques. This showed in the campaign results, especially in comparison to previous anti-tobacco campaigns such as the Philip Morris *Think. Don't Smoke.* In another study of the ***truth***® campaign, two youth surveys were used to compare the Philip Morris campaign and the ***truth***® campaign on exposure and the subsequent changes in youth's attitudes, beliefs, and intentions regarding tobacco use and the industry. Regarding the youths who were aware of the two campaigns, 22% of 12- to 17-yearolds in the second LMTS (Legacy Media Tracking Services) survey indicated that they were aware of the ***truth***® campaign, in comparison with the 3% who indicated awareness of *Think. Don't Smoke.* (Farrelly et al., 2002)

An important aspect of the truth campaign discussed in our investigation is the focus on the tobacco industry rather than smokers themselves. This feature of the campaign was popular with youths and the idea of rebelling against such a large driving force like the tobacco industry resulted in an overwhelming change in attitudes toward the tobacco industry that are likely to decrease the prevalence of smoking in youths. These investigators found that exposure to *Think. Don't Smoke*. promoted more favorable feelings toward the tobacco industry compared to those not exposed to *Think. Don't Smoke*. advertisements. They concluded that Philip Morris' *Think. Don't Smoke.* campaign is clearly designed not to draw attention to tobacco industry marketing tactics or behavior; thus, the attitudes that relate to the tobacco industry do not represent a test of the success of its campaign. This conclusion is supported by the assertion of tobacco control activists that the purpose of the Philip Morris campaign is to "buy respectability and not to prevent youth smoking." (Farrelly et al., 2002) Campaign slogans such as *Think. Don't Smoke.* (produced by Philip Morris) and *Tobacco Is Whacko, if You Are a Teen* (produced by Lorillard) are distinctly counteractive to recommendations made by the Columbia Expert Panel on youth tobacco counter-marketing. This panel advises against directive messages such as those telling youths "not to smoke" and that "smoking is un-cool and for adults only." (Farrelly et al., 2002)

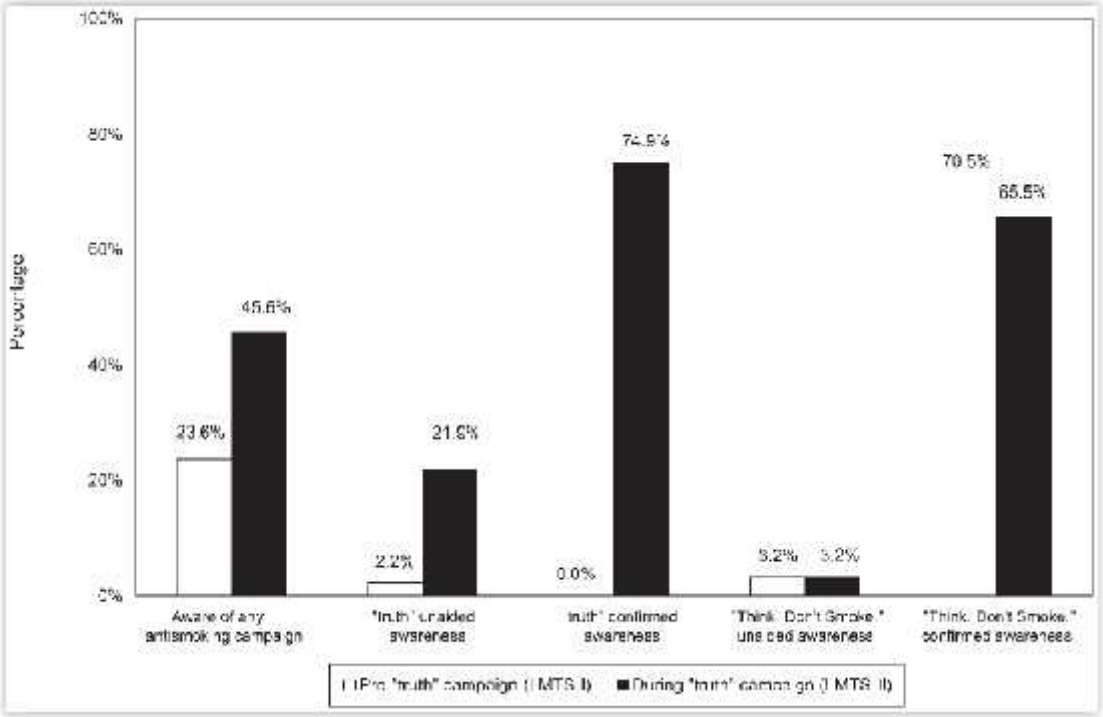
In the results of Farrelly's study on anti-tobacco campaigns, the attitudes that changed most dramatically were "I want to be involved in efforts to get rid of smoking," "not smoking is a way to express independence," and "cigarette companies deny that cigarettes cause cancer and other harmful diseases." These concepts are central to the strategy of ***truth***® and underlie advertisements such as "Body Bags," which featured teens challenging the tobacco industry by dragging body bags in front of a cigarette company's offices to remind them that they market a product that kills. These attitudinal changes were shown to be associated with youths' exposure to the ***truth***® campaign. The complete table of this analysis is shown below in Table 9:

Attitude	LMTS-I (95% CI)	LMTS-II (95% CI)	% Change
Cigarette companies try to get young people to start smoking.	74.0 (71.3, 76.7)	83.0 (81.4, 84.6)	12.2
Cigarette companies lie.	74.7 (72.0, 77.3)	83.8 (82.2, 85.4)	12.1
Cigarette companies deny that cigarettes cause cancer and other harmful diseases.	48.1 (45.3, 51.0)	58.6 (56.4, 60.8)	21.8
Cigarette companies deny that cigarettes are addictive.	57.9 (54.8, 60.9)	64.0 (61.8, 66.1)	10.6
I would like to see cigarette companies go out of business.	70.4 (67.6, 73.2)	78.9 (77.0, 80.7)	12.0
I want to be involved in efforts to get rid of smoking.	65.2 (62.2, 68.1)	82.4 (80.7, 84.2)	26.4
Taking a stand against smoking is important to me.	72.1 (69.4, 74.9)	83.2 (81.4, 85.0)	15.4
Not smoking is a way to express your independence.	57.1 (45.9, 62.1)	70.1 (53.8, 58.6)	22.2
Smoking cigarettes makes people your age look cool or fit in.[a]	86.1 (84.2, 88.6)	92.1 (90.9, 93.3)	6.6
Do you think you will smoke a cigarette at any time during the next year?[b]	94.3 (92.8, 95.9)	95.9 (95.0, 96.8)	1.6

Note. LMTS = Legacy Media Tracking Survey. CI = confidence interval.
[a]Disagreed or strongly disagreed.
[b]Definitely not or probably not.

Table 9: *Percentages (with 95% Confidence Intervals) of 12-17 year olds who agreed with the indicated attitudes at baseline and 10-month surveys*
Source: *(Farrelly et al., 2002)*

In regards to the effect that exposure and message tactics had on confirmed awareness of the campaign, Graph 13 shows us the stark difference between awareness of the ***truth***® campaign after 10 months and the Philip Morris *Think. Don't Smoke.* campaign.



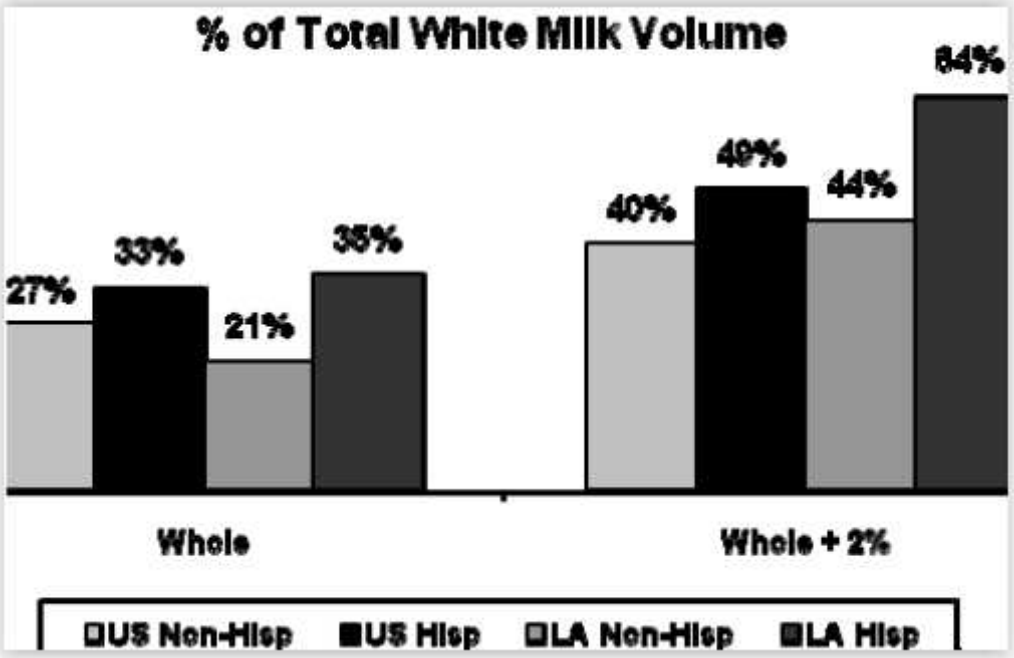
Graph 13: *Aided and unaided awareness of the American Legacy Foundation's* ***truth***® *campaign and Philip Morris' Think. Don't Smoke. Campaign among 12-17 year olds.*
Source: *(Farrelly et al., 2002)*

From the graph, the results of the LMTS surveys show that the exposure and effective message tactics of the ***truth***® campaign outweighed the *Think. Don't Smoke.* campaign in confirmed awareness and after the dissemination of the ***truth***® campaign, awareness of the Philip Morris campaign actually decreased.

5.3 Results of the *¿Tienes leche?* Campaign

The Spanish adapted *Got Milk*? campaign created by the California Milk Processor Board, was a cultural misstep that was also a good example of how visible marketing campaigns can be and the importance of getting it right the first time around. The original *Got Milk*? campaign that was directly translated into *¿Tienes leche?*, a literally translation that resulted in an error that could be considered culturally offensive to Hispanic women. Even though the campaign was quickly retracted and a more culturally adequate campaign was released using culturally important values and beliefs such as family, the important lesson learned from this campaign is the visibility such campaigns can have amongst various populations if properly marketing toward the target audience. Even if the *Got Milk?* slogan is not being used to promote milk consumption amongst the Hispanic population, a more culturally appropriate campaign boasted even larger numbers in terms of Hispanics (98%) that were aware of the Spanish *Familia, Amor y Leche* (Family, Love and Milk) campaign versus non-Hispanics (94%) that were aware of the *Got Milk*? campaign. (Raine, 2001)

Upon correcting the campaign, milk consumption levels in California have stabilized since 2000 and the Milk Usage Tracking Study indicates that Hispanics consume more milk than the general population in California. (Dairy Management Inc., 2010) The statistics of milk consumption among the Hispanic population compared to the non-Hispanic population in California and across the US can be seen in Graph 13, and bodes large numbers that should support the tailored health communication toward this minority population.



Graph 14: *% of Total White Milk Volume Consumption*
Source: *(Dairy Management Inc., 2010)*

5.4 Results of the *Covered California* Campaign

The second Hispanic-targeted campaign was the *Covered California* campaign, created in an effort to encourage Californians to register for the government sponsored healthcare program entitled the Affordable Care Act. Considering that Hispanics make

up a large portion of the population of California, it was important that this group registered.

According to the U.S. Department of Health and Human Services, Hispanics suffer from certain illnesses at higher rates than non-Hispanic white Americans. Roughly 31.9 percent of Hispanics were obese in 2010, compared to 26.1 percent of whites, with the disparity greater among women (33.1 percent compared to 24.5 percent). While Hispanics are less likely to have heart disease compared to non-Hispanic whites primarily due to their young median age, they face higher rates of the risk factors that can lead to heart disease such as obesity and diabetes. Hispanic women have disproportionate rates of cervical cancer, which they contract at 1.6 times the rate of white women. Only 46.5 percent of Hispanics received a colorectal cancer screening in 2010, compared with 59.9 percent of non-Hispanics. (CDC, 2012)

As we have seen, Latinos are one of America's most disproportionately uninsured populations. As many as 1 in 4 uninsured individuals who are eligible for ACA coverage nationwide are Hispanic. Because of the Affordable Care Act, 10.2 million uninsured Hispanics have new opportunities for affordable health insurance coverage. The majority, or 8 out of 10 (8.1 million out of 10.2 million), of eligible uninsured Hispanics may qualify for Medicaid, the Children's Health Insurance Program (CHIP), or lower costs on monthly premiums through the Marketplace. Taking all of this into consideration and due to the fact that on average, Latinos are younger and healthier than the general public, if they register for this program they would have the security of being medically insured and the premiums they would pay to be insured, would help fund care for older sicker Californians. The importance of this minority group enrolling is vital for the success of the program. (U.S. Department of Health and Human Services, 2014)

In early December 2013, the enrollment figures showed an estimated 159,000 people had signed up for health coverage through Covered California, released by the California Department of Health Care Services. (CoveredCA, 2013) And according to the data, only 14,175 of those individuals were of Hispanic origin, a mere 7% of the total Spanish-speaking population in California.

The television commercials began airing in early September 2013 (Bartolone, 2013), with enrollment opening October 1st and after over 3 months of advertising only 5% of Spanish-speaking citizens were enrolled. This number increased only slightly when as of January 14th, only 7% of people who registered were Spanish speaking (of Hispanic origin), a much lower number than what was expected, considering nearly 38.2% (US Census Bureau, 2010) of the state is Spanish-speaking. Peter Lee, the director of Covered California recognized that the campaign did not do a good job at connecting with its target audience and therefore witnessed a lower rate of registration than they were previously hoping for. "How important that is [that Spanish speakers would need in-person help] really crystallized over the last 3 months [that the ad campaign was running]", Lee states, indicating that a more effective campaign marketed toward Hispanics needed to be created that would address and offer a information in a culturally relevant manner that would successfully encourage Hispanics to register for a program that would will ultimately benefit the overall access to healthcare for the general public. (Dembosky, 2014) Another unfortunate downfall of this campaign is the

amount of money that was spent (and could be considered wasted) in developing this campaign. The state of California spent an estimated $5 million spent in 2013 (and a projected $7 million in the first three months of 2014) (Times & Healthline, 2014), yet still did not execute a successful product that marketed its product to its customers based on the values, needs, and cultural norms of the customer.

Three major cultural and linguistic flaws in this campaign ultimately lead to the low enrollment rate and lack of interest of the part of Hispanics (as compiled by Radiology Business):

- *Wrong Focus*: A key benefit of Affordable Care Act is its prohibition of denying healthcare coverage based on pre-existing conditions, yet many Spanish-speaking people targeted for this benefit never had or applied for insurance before so it was irrelevant to that audience.
- *URL Instead of Phone* Number: All of the early TV ads included a web address instead of a phone number or physical address, which is the preferred way of shopping for Hispanics, particularly for a complex product.
- *Direct Translation of English pitch to* Spanish: Experts say that the Spanish translation of the tagline in the original English ad (*Welcome to a new state of health. Welcome to Covered California*.) was grammatically correct but not as catchy.

Had these cultural key points been considered from the beginning, both time and money could have been saved and enrollment rates could have been higher. State Sen. Norma Torres (D-Pomona) said, "It is unacceptable that Latinos are getting the least amount of access to the benefits offered by the [ACA]," adding that the state's implementation strategy "has not proven itself to be effective." (California Healthline, 2013) Torres also said that ACA promotional funding is not being used effectively. Gabriel Sanchez, the head of the Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico said, "California was supposed to be out in front of the pack on marketing efforts targeting Latinos" (California Healthline, 2013) yet still the campaign was not effective enough to encourage a majority of Latinos in California to enroll, a sign that an extra step must be taken to make our public health communications more culturally relevant and there effective.

Recognizing this error, the Covered California set out to make a new set of advertising materials that more effectively engaged the Hispanic community. This new set of videos and television commercials entitled *Tengo un plan* (I have a plan) encouraged enrollment in the new healthcare plan using more culturally relevant marketing tactics including the use of Hispanic actors that emphasized the importance of having healthcare coverage to protect their family.

Image 9: *"Mi familia para mi es todo mi vida. Haría todo por ellos. Cuando no hay seguridad y si accidentan o algo les pasa se me cae el corazón hasta abajo."*
Source: *("Covered California YouTube Channel," 2014)*

The screen shot is one of the scenes from a clip that emphasized the importance of protection for the whole family in case of a medical emergency and how the new government sponsored healthcare program offered security at a low cost.

Image 10: *"Antes de tener cobertura los costos de la seguranza eran altísimos, ahora que todos estamos cubiertos con Covered California, tenemos un plan."*
Source: *("Covered California YouTube Channel," 2014)*

This new advertisement improved on an important cultural point for Hispanics: family. By advertising that the healthcare program allowed for the entire family to have medical health insurance coverage at a reasonable price and depicting families that had already enrolled in the program, Covered California was able to communicate the importance

and benefits of this program for Hispanics and ultimately help improve the percentage of Hispanics that enrolled.
Another downfall of the first campaign was the lack of information that would allow Hispanics to speak to counselor in person regarding the new insurance plan. Recognizing that Hispanics are a population that prefers to interact (and transact) in person, it was necessary that this kind of information be available. In another video clip, a young Hispanic man enrolled in the program speaks about his experience of speaking in person to a representative that helped explain the insurance program as well as assist him in the enrollment process. Image 10 shows a screen show from that video clip.

Image 11: *"El proceso de inscripción fue muy fácil, hablamos con un consejero y él nos ayudó en persona escoger nuestro plan."*
Source: *("Covered California YouTube Channel," 2014)*

Another aspect of the new campaign targeted towards Hispanics was a series of videos entitled "*Respuestas a tus preguntas*" (Answers to your questions) that responded to many of the doubts and concerns regarding the program and enrollment. One of the videos addressed that in-person assistance would be available to discuss the new program, how to enroll, and resolve and issues or concerns regarding the government sponsored health insurance. This was another response to the first campaign that failed to advertise a face-to-face service, an aspect of Hispanic culture that is important for this ethnic population. The video clip that described the process of enrollment depicted a Hispanic woman, speaking in Spanish, describing the many options available to enroll in Covered California. Image 11 makes a special point to address that in-person assistance would be available for those that would like such support.

Image 12: *"para encontrar ayuda en su área, con una persona que se pueda sentar contigo y guiarte en el proceso de inscripción […] y finalmente, puedes llamarnos por teléfono."*
Source: *("Covered California YouTube Channel," 2014)*

This new set of marketing material that was culturally appropriate for Hispanics, led to a surge in enrollment between the months of January and March of 2014. In April, Peter Lee made another statement to confirm that they "saw an enormous surge in enrollment" thanks to their new outreach effort and that in March, enrollment for Latinos reached a total of 36%, for a total of 26% overall. (Gorn, 2014)

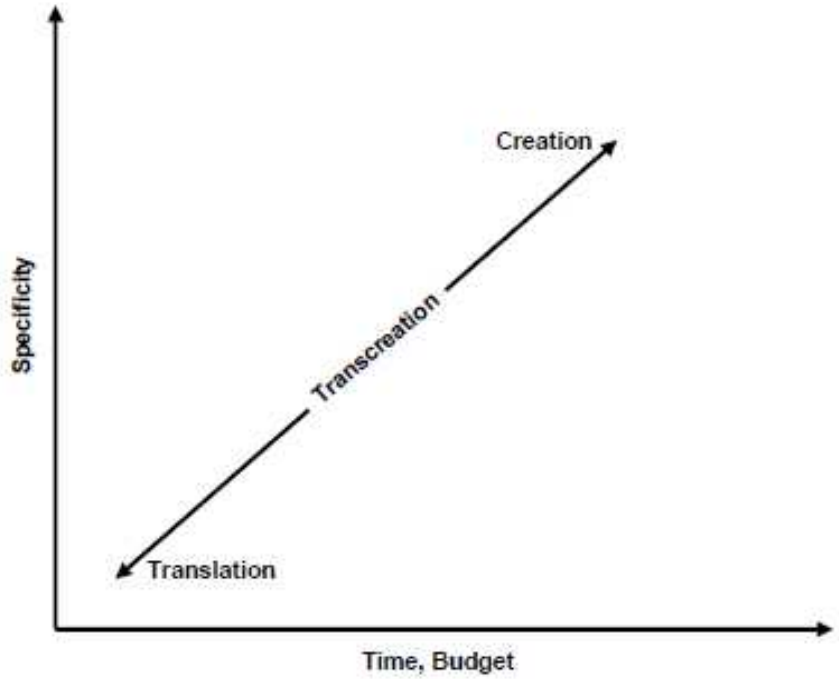
The entire new campaign and video series can be seen at the Covered California YouTube channel: https://www.youtube.com/channel/UC0_R-e0XTs307kFUrmxKF8g

5.5 Results of the Transcreated *Scrabble* Campaign

Understanding the importance of public health communication and the need to adapt public health communications for a Hispanic audience, we proposed and analyzed a technique of translation called Transcreation to improve process of making public health campaigns culturally relevant and increase effectiveness. To fully understand how Transcreation works, we analyzed a transcreated *Scrabble* campaign. Transcreation is being used to effectively market a product into different cultures, taking an original campaign and molding it to fit not only a new language but a new culture. This is a method being implemented especially in the advertising sector. For our purposes, it is important to look at how a campaign is transcreated and the results that can come from a culturally adapted marketing campaign.

The *Scrabble* television commercial was originally created in English and the manufacturer wanted to market the popular board game in a Spanish market. Considering the original campaign was created for an English speaking American audience, there was a challenge when adapting it to Spanish audience. Rather than create a new campaign, the manufacturer contracted Hogarth Worldwide, an advertising agency specialized in Transcreation to successfully adapt the original campaign to a Spanish audience, including language and cultural aspects that would make the product

more relatable to the target audience. Taking into consideration the language aspects of the "Ñ" and scenes that are not culturally relatable in the Spanish market, this campaign was able to transform into an effective marketing tactic to promote a class board game in Spain. This process of Transcreation is useful when time and money are constraints in the dissemination process. In Graph 15 below, we can see how Transcreation falls in the ideal range when needed to target a specific audience in a realistic time frame and budget.



Graph 15: *Methods for Developing Materials that Reach Hispanics*
Source: (Macario et al., 2007)

5.6 Results of the *Drugs + HIV: Learn the Link* Campaign

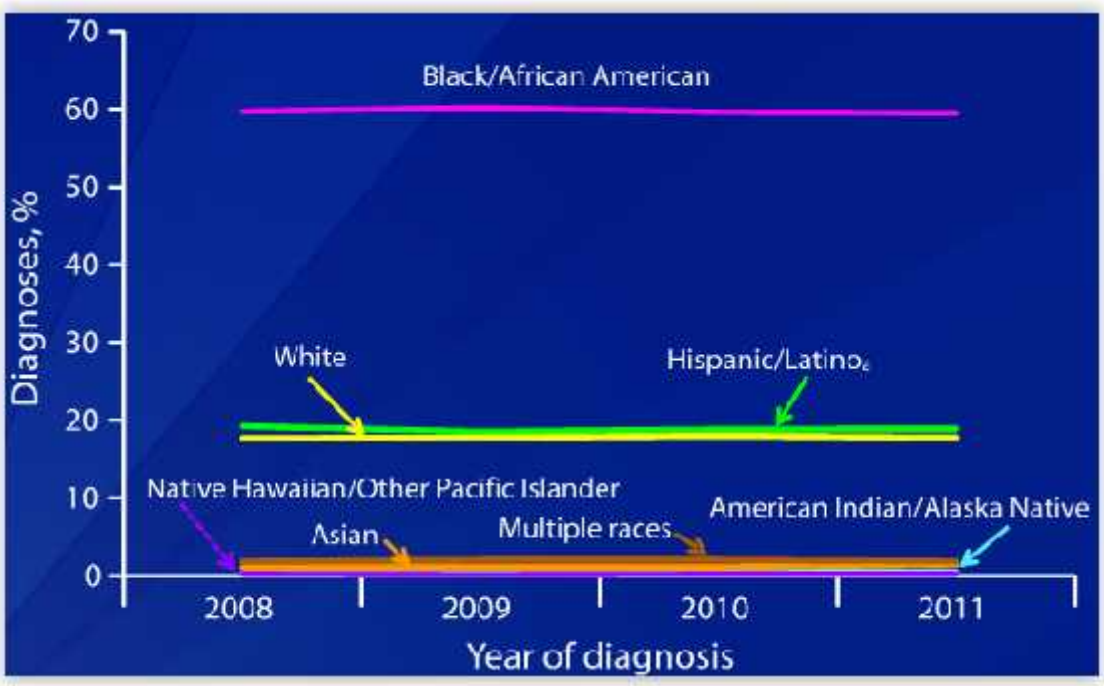
After focusing on public health communication campaigns and a transcreated campaign specific to the advertising industry, we were able to analyze a public health campaign that was transcreated to promote HIV infection awareness and prevention. The *Drug + HIV: Learn the Link* campaign was a national health campaign disseminated by the National Institute on Drug Abuse (NIDA) and IQ Solutions, a health communications group. Using IQ Solutions' Transcreation process, of planning and strategy development, research, implementation and evaluation an effective HIV awareness campaign was created specifically targeting the Hispanic youth population who suffers from a high rate of HIV infection. (Center for Disease Control, 2011) Dr. Seth M. Noar from the School of Journalism and Mass Communication at the University of North Carolina at Chapel Hill presents his campaign design principles in his presentation on Health Communication Campaigns to Promote Health Behaviors and his first crucial principle is *Conducting Formative Research*. He states that it is necessary to understand the behavior of the target audience and its determinants, learning what channels/programs are watched by the target audience, and the pre-testing phase of campaign messages. He also notes that ineffective campaigns often do not pretest messages and therefore fail to effectively communicate with their target audience. IQ Solutions prevented this with their *HIV + Drugs: Learn the Link* campaign by conducting thorough tests with focus groups comprised of participants from their target

audience. Dr. Noar states that formative research and help gain insight into audience beliefs that can "inform audience segmentation, message design, and channel preferences", similar to what was witnessed by the focus group for the transcreated HIV campaign. Continuing with Dr. Noar's principles we can understand why the *HIV + Drugs: Learn the Link* campaign was an effective example of public health communication because the creators, IQ Solutions, completed all principles necessary to design an effective campaign (Noar, 2011):

- *Use of theory*: There are many theories for developing a behavior changing public health campaign. IQ Solutions used a social marketing approach with their 4 step innovative communication/education theory, (1) Planning and Strategy Development (2) Research (3) Implementation (4) Evaluation, with the result of inducing behavior change.
- *Audience segmentation*: The creators should divide the audience into meaningful subgroups, campaigns sometimes fail because they try and reach everyone, characteristics to segment on can include demographic, risk, behavioral, personality, and/or others. The Learn the Link campaign was originally aimed at teenagers at high-risk for HIV transmission, however, to further extend the message, the creators developed the transcreated campaign to research a further segmented audience, Hispanic teenagers.
- *Message design*: Targeted to audience, use a message design approach likely to be effective with the target audience, messages that will spark interpersonal communication. This campaign effectively targeted Hispanic youth to further promote awareness of the HIV/AIDS epidemic in the United States. Using cultural key points like family, language, technology, emotion and the use of a personal story concept the campaign was profoundly more effective with the Hispanic target audience than the original English campaign. The campaign worked to reach parents and teachers-influential figures in the lives of young people-with the Learn the Link message and the messages and materials were tested among various groups of young people, guiding the use of technology, the discussion between friends, and the importance of family. (NIDA, 2007)
- *Channels and message placement:* What channels and programs does the audience currently use? What channels do they trust? What channels is the audience most receptive to? NIDA and IQ Solutions collaborated to disseminate the campaign across many platforms that include, but are not limited to TV, print, and Web public service announcements (PSAs), as well as posters, e-cards, and other tools. Collaborators included: Television networks such as MunDos, Azteca America, Univision, Telemundo, Galavision, Telefutura, CW, BET, NBC, ABC, FOX, LATV, and My Network TV. Hispanic Organiziations such as: Latino Commission on AIDS, Azteca America Foundation, AdCouncil, Mujeres Unidas Contra el SIDA, Hope, Inc., New Mexico AIDS Services, The Latino AIDS Agenda, etc. Print Media such as: People en Español, LATeen, Viva La Fiesta!, Trace, Washington Times, and USA Today. Companies, Educational Institutions, Events, and Radio Stations. All of these channels are mediums that are utilized and trusted by Hispanic youth and helped spread and increase exposure to the campaign.
- *Process evaluation:* Monitor and collect data on campaign, make corrections where necessary, ensure high exposure to campaign messages, reach/frequency. Direct results from the campaign and its effect on HIV transmission and

diagnosis was not collected and while it is unfortunate to state that the number of new cases of HIV is increasing yearly, it is positive to note that while the Hispanic population continues to grow in the United States, the percentage of HIV diagnoses for Latinos has remained stable since 2008, remaining under 20%, a number much lower than the other largely effected ethnic group, Black/African Americans. (Center for Disease Control, 2011) A graphical representation of this data can be seen in Graph 16.

- *Outcome evaluation*: Evaluate the campaign. An important part of this Transcreation is the evaluation process that IQ Solutions fulfilled after the airing of the Spanish campaign. In this process, the developers analyzed various aspects of a campaign that may affect a Hispanic audience. Such aspects included: how to create a PSA that cuts across Hispanic teens' regardless of their age and gender. How to include the right amount of emotion for an HIV-diagnosis without turning off audience members to an overly emotional message, if a cell phone was the appropriate communication medium for Hispanic teens, who was the right confidant for Hispanic teens, what should the actors look like, and what terminology should be used or avoided and in what language should it be in? IQ Solutions discussed and evaluated their final product understanding that creating a public health communication that effectively reached Hispanic teenagers must address these critical points in order to successfully deliver such an important message of awareness and prevention.



Graph 16: *Diagnoses of HIV Infection among Adolescents and Young Adults Aged 13-24 Years, by Race/Ethnicity, 2008-2011 United States and 6 Dependent Areas*
Source: *(Center for Disease Control, 2011)*

Dr. Noar concludes his presentation with the statement that campaign failure can occur because of a failure to attend to one of the crucial principles to effective campaign design: lack of formative research, audience segmentation or rigorous evaluation. They must be carefully designed, implemented, and evaluated. (Noar, 2011) The

Transcreation of the HIV campaign took over a year to create; this was even after the original was already created.

We can see from the *Drugs + HIV: Learn the Link* campaign that IQ Solutions, utilizing the Transcreation method and identifying their target audience through a process of planning, research, testing, and evaluation they were able to disseminate a PSA that successfully targeted high-risk teens that increased views among YouTube audiences for the campaign's PSAs resulted in a 390-percent increase in views of the English-language PSA, and a 640-percent increase in views for the Spanish-language PSA. (IQ Solutions, n.d.)

6. ANALYSIS

We will now begin the analysis of the data gathered from the multiple campaigns studied in this discussion and how it relates to the literature we discussed previously. The results have proven that public health communication is an effective method for disseminating important health care information to the public. It can also be concluded from our investigation that the manner in which information is propagated plays an influential role on the reception of such information.

6.1 Public Health Communication

Health communication has become a pillar of the public health system because it is has the power to influence millions of people to change their health behaviors, adopt new healthy ones, and acquire important information regarding issues related to their health. (Winsten & Stanton, 2014) Using both small and mass media, public health institutions are reaching out to the public like never before, using modern marketing techniques to inspire change and awareness in the population.

6.1.1 The *truth*® campaign

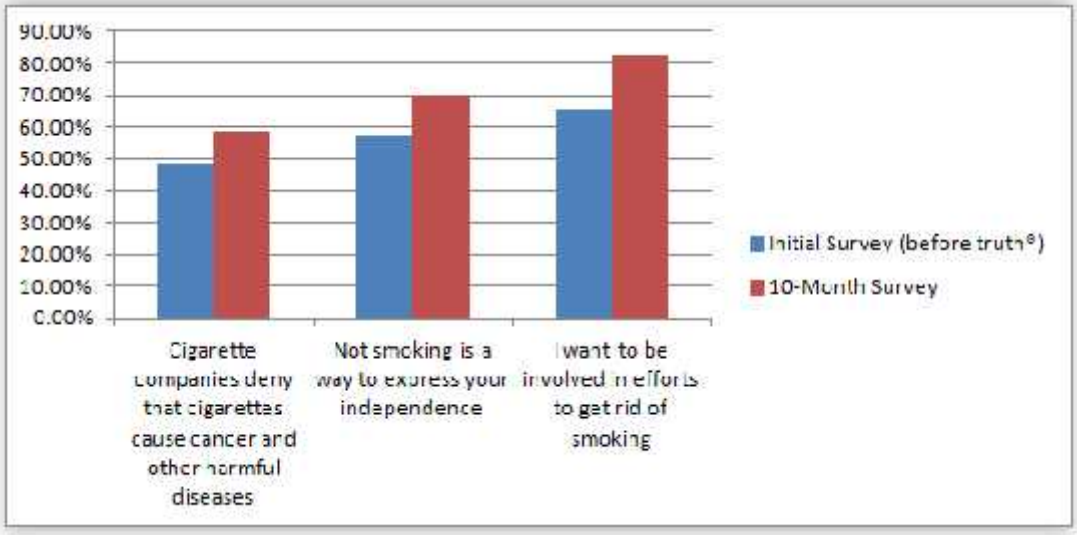
Our study began with the ***truth***® campaign, a long-running mass media campaign to promote anti-tobacco beliefs and prevent tobacco use in American youth. In our study we saw how this campaign is excruciatingly tailored toward youth audiences and the profound effect it had and continues to have today. This idea of tailoring a campaign for the target audience is not new and has been supported by many academics, including Dr. Jay M. Bernhardt and Keller and Lehmann in their *Designing Effective Health Communications* study. To be effective and influential, the message and how the message is delivered must be "audience-centered." (Bernhardt, 2004) For the truth campaign, this meant appealing to teenagers to allow them to understand the dangers and health risks tobacco can cause.

Teenagers are connected, on-line, and very aware of the media. The ***truth***® campaign made it essential that exposure play an important role in the propagation of its message. By having high exposure to the campaign and its different facets, the American Legacy Foundation was able to capture the attention of the target audience then make them understand and support the message they were sending. We saw these high exposure rates measured in gross rating points (GRPs) and saw how this campaign utilized exposure through a network of 210 television markets to deliver its message to viewers aged 12-17, yet used other mediums such as street marketing, print ads, and online websites to increase its exposure. This campaign exposed relevant and useful information in a way both appealed to and would make sense to teenagers, hence empowering them with information to make their own decisions. Understanding that this age group may not have a health literacy level, the ***truth***® campaign made sure their message "match[ed] health literacy skills [to help them] search for and use health information and make healthy behaviors", one of the strategic directions of the National Prevention Strategy. (National Prevention Council, 2011)

The results from the *Study on National Tobacco Countermarketing Campaigns* utilized two surveys for 12-17 year olds. The first survey went out before the running of the truth campaign, and the second survey was taken during the truth campaign. During the first 10 months of the truth campaign, the percentage of 12-17 year olds who reported awareness of any anti-tobacco campaign doubled, as can be seen in Graph 5. The effect

of exposure of the truth campaign had a significantly greater impact on the outcome of teenage attitudes, beliefs, and intentions than that of Philip Morris. What can we extract from this data? That something about the truth campaign was attracting the attention of American youth in a way that the Philip Morris campaign was not.

Previous anti-tobacco campaigns that emphasized the "just say no" attitude, did not develop a communication strategy that was effectively within their target audience and was therefore ineffective at reducing youth smoking rates the way the truth campaign was able to do. By utilizing tactics that are effective amongst a youth population such as edgy or rebellious behavior, vivid images, or tactics that deliver "shock value" the truth campaign was able engage a younger audience and effectively communicate the anti-tobacco message. The Philip Morris campaign was not effectively marketed to the target audience and was hence, less effective at delivering the intended message. In a ten month time frame, anti-tobacco attitudes were increasing as can be seen in Graph 17:



Graph 17: *Changes in anti-tobacco attitudes from the initial survey to the 10-month survey*

Youths with more than a 95% confidence rating in the belief that "Cigarette companies deny that cigarettes cause cancer and other harmful disease", saw a 21.0% positive change 10 months after the dissemination of the ***truth***® campaign. Similar increases can be seen for the attitude that "Not smoking is way to express your independence", increasing by 22.2%, and the attitude, "I want to be involved in efforts to get rid of smoking" increasing by 26.4%.

This ***truth***® campaign was such a success, compared to its campaign counterparts, due the fact that it took into consideration its target audience when creating and disseminating its campaign. A good public health campaign should be able to "influence and motivation" individuals to "promote and protect" their health. (Bernhardt, 2004) By tailoring their efforts to the target audience, the truth campaign accomplished what Bernhardt describes, and is now an excellent example of effective public health communication.

6.2 Communicating with Hispanics

In our study we focused on the health care disparities being seen among the Hispanic population because it is the largest and fastest growing ethnic minority in the United States. (CDC, 2012) Given the population data on the Hispanic population and the health care disparities they are experiencing, there is an urgency to improve and eliminate the barriers that are resulting in poor health among such a large and ever growing population of people. These disparities are contributing to the tension that exists between the Hispanic community and the healthcare industry. These tensions include a lack of medical research targeting Hispanics, absence of healthcare information directed at their needs, and the disproportionate burden of preventable disease, death, and injury this population group is suffering from. (Llopis, 2013) Reasons we are witnessing these disparities may be due to both the patient and provider factors discussed earlier. Llopis has said that "professional healthcare is not necessarily something Hispanics were raised with or see the value in, and therefore they may not seek it out" and if the healthcare industry is not prepared to handle this population it can lead to a large lack of health care for an ever increasing amount of people. Eliminating this disparity begins with communicating the importance of healthcare, especially prevention, to this population in an effective and culturally relevant manner. (Llopis, 2013)

A potential solution to improve the continuing health care disparities seen among Hispanic citizens in the United States is to eliminate the patient and provider factors being caused by language and cultural barriers by improving public health communication to increase awareness of important issues related to health. Using intercultural communication techniques that focus on connecting with the target audience, information can be appropriately and effectively disseminated into the minority population to increase awareness of positive and negative health behaviors, such as the four leading factors causing chronic illness (lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption). This step using intercultural communication as a method of eliminating linguistic and cultural barriers allows public health institutions that create campaigns employ the competences that Cross clearly defined as a "a set of congruent behaviors, attitudes, and policies that come together […] and enables effective work in cross-cultural situations" (Cross et al., 1989) Improving prevention efforts can help these populations obtain the information they need to avoid deadly diseases such as HIV/AIDS, diabetes mellitus, heart disease, and other chronic illnesses. To support this, we analyzed various campaigns to show that public health communication plays an important role in creating prevention awareness and that the effectiveness of these communications depends on how they are tailored toward their target audience.

As a result, many initiatives, such as the National Prevention Strategy, have begun in an effort to decrease health care disparities, for not only Hispanics, but for all ethnic minorities or citizens experiencing disparities in health care by improving communication barriers faced by these populations. Understanding that inadequate or ineffective health communication is largely one of the greatest causes of health care disparities, our study centered on how to improve communication to increase the effectiveness of the message and reduce these disparities.

A method we often see in public health communication targeted towards Hispanics is direct translation. In our study we analyzed two public health campaigns that were

directly translated into Spanish for the Hispanic population but failed to connect with the audience as was intended. This was mainly in part to the direct translation and lack of cultural adaptation of the campaigns. This campaign failed to recognize the need for intercultural communication in this situation and hence, had no bearing on the target audience culturally, which, as we have discussed can have a profound impact on an individual's "pattern of thoughts or behaviors" (Allwood, 1985)

6.2.1 *¿Tienes leche?* Campaign

The infamous *Got Milk?* campaign, translated to *¿Tienes leche?* for a Spanish audience is an example of direct translation that was not successful in the Spanish market, mainly because while being a literal translation it did not have the same meaning in Spanish as it did in English. We have seen that translation studies have taken quite a turn in their traditional "target-text-oriented" theories (Kuhiwczak & Littau, 2007) to translations that take into account the culture of the target audience. This was not done in the *¿Tienes leche?* campaign and because of it, the entire campaign had to be removed and redone. It must be recognized that public health communication directed at minorities is a form of intercultural communication and there are specific aspects of culture that must be taken into consideration when translating for a new minority audience. As we discovered in our study, the Hispanic population is actually one of the largest consumers of milk in the United States. While we title Hispanics as a minority, the numbers supporting this population group are expansive and need communication that is tailored to helping this population improve their health. Translators must be aware of these cultural peculiarities in order to create a message that resounds with the new audience. This often goes beyond what we have considered translation to be up to this point.

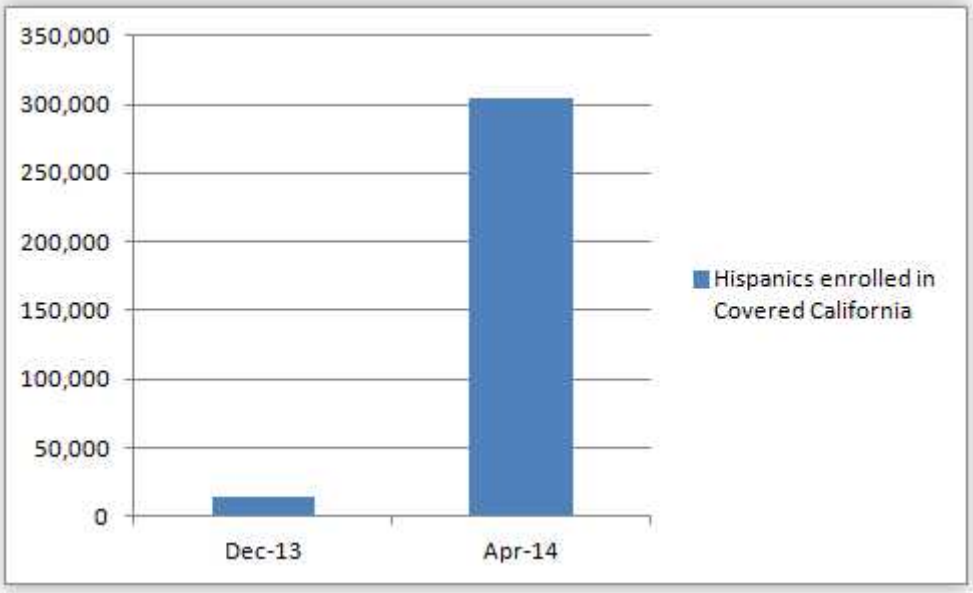
6.2.2 *Covered California* Campaign

Another example of a direct translation that missed the mark is the original *Covered California* campaign. The translation was grammatically correct, and the meaning the same but the message needed to capture the attention of the audience to influence a change in behavior in the target audience. Unfortunately the direct translation was not as "catchy" as it was in English because culturally, it did not connect with the Hispanic audience. (Dembosky, 2014) Translators must be able to act as "*puentes lingüísticos y culturales*" (linguistic and cultural bridges) as described by Carmen Valero-Garcés. If the translators had considered both language and culture when translating the original campaign, the campaign may have been more effective among the Hispanic population and could have led to higher enrollment rates in the government healthcare program.

Carmen Valero makes an important conclusion regarding the translation of texts for public services in that "*se busca eficacia del texto. No se trata de producir un texto como si fuese una imagen devuelta por el espejo en otra lengua, sino más bien un texto abierto a reformulaciones y adaptaciones*." (Valero-Garcés, 2002) This is not only true in written texts but also true when discussing translation in public health where effective communication has the "capacity to elicit change among individuals and populations by raising awareness, increasing knowledge, shaping attitudes, and changing behavior." (Bernhardt, 2004) To avoid these pitfalls that can cause serious public health concerns, it is important that communication material not only be translated linguistically, but adapted culturally for the target audience. It is important to recognize that the words or message alone are not the only important aspects of communication, but that the

message falls within a larger scope of visual presentation, culture, and target audience demographics.

Recognizing their mistake, the state of California revamped their marketing efforts and created new campaigns that communicated effectively with members of the Hispanic population. This new set of campaign materials, entitled *Tengo un plan*, made up for previous errors by including key cultural concepts that adapted to the beliefs of many Hispanics. Beliefs like familismo (familism), personalismo (personalism), and comunitarismo (comunitarism) and others were incorporated while previous messages such as "no one will be denied for a pre-existing condition", a concept that was neither relevant nor important for many potential Hispanic enrollees, were excluded. This new set of campaign videos lead to a dramatic increase in Hispanic enrollment, which can be seen in Graph 18.



Graph 18: *Number of Hispanics enrolled in Covered California from December 2013 and April 2014*

6.3 Intercultural Communication

Through the analysis of various campaigns intending to create messages adapted to the Hispanic culture, we can conclude that successful intercultural communication is an important part of making a public health campaign successful. Traditionally, to reduce language barriers the method of translation has been used to allow Hispanics or LEP individuals to acquire information in their native language, Spanish. However, while this may partially reduce a linguistic barrier, we have seen campaigns such as *¿Tienes leche?* and the first *Covered California* campaign, that while grammatically sound, did not communicate on a cultural level with their target audience and therefore did not have success. To ensure successful intercultural communication, it is important that public health institutions and health care professionals employ intercultural competences that allow them act and interact in multicultural contexts, being sensitive to the culture, values, or beliefs of another and understanding that often times culture influences how people may behave or react to the presentation of information. As Chrystello mentioned, many of the difficulties that ethnic minorities or immigrants face

are the inability to communicate and therefore we see a lower rate of their participation in society in general. To avoid further marginalizing the Hispanic population, our public health institutions need to use the tactics of intercultural communication to involve this population in society and allow them to acquire the health care they need. The benefits of intercultural communication are great and if we apply the benefits outlined by Neuliep in a health care context, society as a whole could experience an improvement in health, reduced conflict between patients and health care providers, and an increase in tolerance of people from different cultural backgrounds. We saw an increased use of intercultural communication techniques in the second round of *Covered California* campaigns, implementing characteristics in the campaign videos that connected with Hispanic audience members and addressing the "triple threat" to effective communication that were proposed by Schyve, (1) language, (2) culture, and (3) health literacy. Addressing these three points allows any message to go beyond the step traditional translation and effectively communicate on an intercultural level.

In public health campaigns that are originally created in English and later translated into Spanish for the Hispanic audience, it is important to keep in mind the importance of implementing the techniques of intercultural communication. The most effective way to ensure successful intercultural communication is to implement the method that we studied in our investigation, Transcreation. Transcreation takes an original message and adapts it culturally and linguistically to create an appropriate message that evokes a similar response in a new target audience. We witnessed the positive effects of Transcreation through our studies of the *Scrabble* and *Drugs + HIV: Learn the Link* campaign.

6.3.1 Transcreation

If we consider the message of a public health campaign to be like a product that an advertising company has been contracted to market and sell, using Transcreation in these campaigns would be an effective tactic when dealing with a message being directed towards an ethnic minority. Advertising agencies market products to a specific target audience, focusing on their demographics, ages, interests, and what ultimately makes them buy or be attracted to a product. In implementing this research into an ad campaign, the campaign would reach its target audience at a deep emotional, psychological level and ultimately cause them to want this product. Advertising agencies are experts in marketing their target audience to increase sales. If Public Health institutions want to "increase sales" on their latest health promotion initiative, shouldn't they be selling this product to a target audience with the same efficacy that an advertising agency does in the private sector?

We witnessed how Transcreation works in the *Scrabble* campaign, transcreated to fit the Spanish language and culture. Hogarth Worldwide took a campaign that was created to appeal to the American cultural market and in changing specific key points in the commercial, along with the language aspect to make it marketable in the Spanish market. In directly marketing the audience at which a message is intended for, it was more likely this message would not only be received better but would resound within this target audience. Transcreation worked in this campaign because the message was not strictly language-centric, but allowed for a more creative adaptation. There are moments when Transcreation may not be the most appropriate method, such as the translation of scientific documents or forms that require little to no cultural insight. However, as of recent, the idea of using marketing techniques in health care

communication has become central to health communication. (VIA, 2013a) What is needed is a way to make health campaigns relevant for all citizens in the US, regardless of their language or culture. There is a need for a technique to ensure that an effective message reaches all populations of the country, not just the English speaking ones, and Transcreation is the answer to this problem.

If we are looking at public health from the angle of prevention and remembering that part of prevention is successful communication, than public health institutions should want these campaigns to grab the attention of their audience and cause them to make a change in their behavior or become aware of important issues affecting their health. We have seen throughout the course of our study that when directing health campaigns toward minority populations, Transcreation will ensure that this is done. Traditional translation will not.

6.3.2 *Drugs + HIV: Learn the Link* Campaign

The *Drugs + HIV: Learn the Link* campaign was a public health campaign that utilized this new method of Transcreation to appeal to Hispanic ethnic minorities, particularly Hispanic youth. The campaign was a nationwide HIV transmission awareness campaign sponsored by the National Institute on Drug Abuse (NIDA). Understanding that Hispanic youth may respond to a public service announcement differently, due to their cultural background, NIDA sought out a better way to address this serious issue that is so direly affecting the Hispanic population. Choosing Transcreation, NIDA, collaborating with the Health Communication group IQ Solutions, was able to create a campaign that was adequately tailored to Hispanic youth, within a reasonable budget and time frame. We used Dr. Noar's *Principles for Health Communication Campaigns to Promote Health Behaviors* (Noar, 2011) to understand how this campaign complied with all the aspects of a successful health communication campaign. Adhering to the first principle, IQ Solutions and NIDA conducted formative research that allowed them to understand the target audience and what aspects of the campaign had to be adapted. This is a crucial part of Transcreation because as we have seen in previous campaigns, a lack of understanding of the target audience will result in a campaign that may be linguistically accurate but culturally flawed. NIDA and IQ solutions worked collaboratively and adhering to the other seven principles were able to achieve a campaign that was both tailored to and culturally appropriate for the Hispanic population. The message was effective because, as Siegrühn suggested, it took into account factors such as the Hispanic environment, lifestyle, family values, cultural beliefs and practices, not just language. The AIDS epidemic is, without a doubt, an on-going and crucial public health epidemic. However, using Transcreation allowed NIDA to propagate an effective campaign in a timely manner and a reasonable budget. According to IQ Solutions, the PSA received more than 200 million viewer impressions worth more than $3 million in donated TV time and was endorsed by The Advertising Council. Furthermore it received an Emmy nomination from the National Academy of Television Arts and Sciences. Their strategic approach resulted in a large increase in YouTube views, including a 390% increase in views of the English-language campaign and a 640% increase in views for the Spanish-language PSA. Similarly, NIDA saw a 56% increase in traffic to its website. (IQ Solutions, n.d.) These culturally relevant scenarios served as an example for future PSA's to effectively connect with their target audience. Likewise, the Transcreation method used in this campaign can be used as a model for future public health campaigns to appropriately adapt their message and

disseminate a culturally adequate and effective message suitable for any target audience, whether it is Hispanic or any other ethnic minority group. Using Transcreation can help public institutions learn how to effectively communicate with ethnic minorities in order to achieve their goal in reducing health care disparities through prevention awareness and increased use of preventive services.

6.4 Prevention

As we have seen through initiatives like the National Prevention Strategy (NPS), Healthy People, and the Community Preventive Services Task force are launching efforts to increase prevention awareness and the use of preventive services as an important part of controlling and preventing life-threatening diseases. Many of the goals of these initiatives are to increase prevention awareness through improved communication with at-risk populations, namely minority populations. In our study we witnessed how tailored health can enhance prevention efforts by increasing awareness and providing important information in a culturally relevant manner.

We have seen that public health communication is an important tool when needing to influence a large population towards a positive health behavior change. Likewise, we have seen that ethnic minorities, and in our case, Hispanics, are suffering from dramatic health disparities compared to their non-Hispanic counterparts. Understanding this disparity, our study focused on prevention and the important role it plays in health care. The connection that needs to, and should be made from this discussion is that ethnic minorities (especially Hispanics), need to understand and be aware of the importance of prevention and preventive services. Earlier in this discussion we saw that ethnic minorities are less likely to have health insurance and because of this, may be incapable of paying for expensive health care treatment, should disease arise. If immigrants are less likely to have health insurance and therefore access to quality care, the importance that should be placed on their access to preventive care is monumental. They need preventive care and information to avoid expensive costly care and treatment in the future. While this will not eliminate the possibility that immigrants may get sick, prevention will help improve health and reduce health care costs both in the short and long-term.

To promote prevention in our communities, information must be readily available to any and all citizens in a manner that is both accessible and relevant to that individual. One of the main reasons for current health disparities is that preventive care information is not available for ethnic minorities in a way that relates to their culture and beliefs. To reduce these disparities, we must begin to communicate with ethnic minorities in a way that is both culturally and linguistically relevant. Using our knowledge of intercultural communication and the Transcreation method analyzed in this investigation, and implementing these ideas into public health campaigns focused on promoting prevention and awareness, will allow all citizens regardless of race, language, or culture to be aware of the behavior necessary to improve their health and prevent illness.

7. CONCLUSIONES

Nuestra investigación se ha centrado en la necesidad de una mejora en la comunicación sanitaria para que ésta se adapte a las costumbres y características culturales de la población hispana en Estados Unidos. Dicha necesidad proviene de la importancia que la prevención y los servicios preventivos tienen hoy en día cómo una medida de la asistencia sanitaria. Es fundamental que las autoridades sanitarias sean capaces de comunicar de forma efectiva información relevante para la salud de los ciudadanos estadounidenses, y por ello actualmente existen numerosas iniciativas que promueven la prevención como pilar básico de la asistencia sanitaria, y en general se ha convertido en un tema de preocupación para las instituciones de salud pública.

Las autoridades estadounidenses se han interesado en especial por la prevención en un intento de reducir los costes de la asistencia sanitaria y también de mejorar y alargar la esperanza de vida de los ciudadanos estadounidenses. Lo que se ha hecho evidente es que

> *People worry more about their personal health care costs than losing their jobs, being a victim of a violent crime, or terrorist attacks. As a consequence, massive efforts to improve knowledge about detection, prevention, and treatment have been undertaken. In addition, there is growing realization that health communication strategies need to be tailored to specific segments. (Gurchiek and Andreasan from Keller & Lehmann, 2008)*

Actualmente, las minorías étnicas e inmigrantes sufren de grandes disparidades en sus niveles de salud en comparación con la raza blanca no hispana. Cómo ya hemos visto, estos grupos de población tienen una menor probabilidad de contar con un seguro sanitario y de poder hacer frente al coste de tratamiento o asistencia sanitaria primaria. Se hace imprescindible para mantener la salud de estas poblaciones la medicina preventiva, de modo que se eviten problemas de salud en el futuro.

Sin embargo, el reto es adaptar el mensaje a las creencias sobre la salud presentes en las minorías étnicas. En nuestra investigación, hemos visto cómo ciertos esfuerzos para comunicar temas de salud importantes a estas poblaciones, cuando dicha comunicación tiene la limitación de ser información traducida directa y literalmente, han sido poco eficaces por causa de su falta de consideración cultural. Mientras que el concepto de la comunicación intercultural no es una idea nueva necesariamente, la importancia de comunicar información a las distintas culturas se ha convertido en algo muy importante en los últimos años, dado que el fenómeno de la inmigración ha hecho que nuestras comunidades se conviertan en multiculturales.

Viendo la necesidad de información sanitaria adaptada a la cultura hispana en Estados Unidos, ha surgido una iniciativa específica para la concienciación de la prevención sanitaria entre la población hispana llamada *City of Hope – Healthy Hispanic Living*. Es la primera plataforma educativa online centrada en la medicina preventiva y la concienciación preventiva dirigida a los ciudadanos hispanos. En palabras de Lopez Baumen,

> *[This] powerful content rich platform will deliver a narrative that will speak with the Hispanic community to stimulate accountability with Hispanics in a non-threatening and engaging manner on topics related to clinical care, research, prevention and many other areas, all tailored for the Latino community. It will serve as an "anchor" for our*

> *Latino outreach as we broaden our efforts to address their specific health needs and the life-threatening diseases, such as cancer, diabetes and obesity. (Lopez Baumen, 2014)*

El objetivo principal de esta iniciativa es "involucrar y servir a la comunidad en toda su extensión proveyendo información sanitaria adaptada culturalmente y mejorar el acceso a los servicios".

En esta misma línea, y para satisfacer la necesidad de transmitir información sanitaria relevante culturalmente, proponemos el método de la *Transcreation* que integra las ideas de la comunicación intercultural y traducción para generar información más eficaz y relevante con relación a los temas de salud que afectan la salud de la población. A pesar de que la *Transcreation* es un término y método bastante nuevo, cómo hemos visto en nuestra investigación, es hoy día una herramienta muy eficaz para comunicar un mensaje que es culturalmente adecuado.

Nuestra investigación se ha centrado en cómo comunicar de forma culturalmente relevante para la población hispana en los Estados Unidos. Conectando el éxito de la *Transcreation* con la necesidad de una comunicación intercultural con la población hispana, se puede concluir que este método puede ser una herramienta útil para crear campañas de salud pública que alcancen sus objetivos más eficazmente.

No obstante, la *Transcreation* no es una herramienta sólo para la comunicación con la población hispana sino que puede ser implementada en cualquier sistema de salud que se enfrente a barreras de comunicación y cultura con minorías étnicas. La *Transcreation* permite que cualquier mensaje se adapte para ser culturalmente apropiado para un público meta. Si utilizamos este método en la comunicación en la salud pública, las instituciones de salud pública serán capaces de comunicarse de manera más eficaz con todas las minorías de Estados Unidos u otros países. La *Transcreation* permite que un mensaje se pueda adaptar en menos tiempo que el que supone crear una campaña original, pero el resultado es similar, como si el mensaje hubiera sido hecho para la minoría en cuestión, porque utiliza el método que hace a medida el mensaje a un público específico. Éste es un aspecto de la *Transcreation* que no existe en la traducción tradicional.

Adaptar las campañas de salud pública cultural y lingüísticamente a las minorías étnicas, que son poblaciones que actualmente experimentan unas grandes disparidades en el acceso a la asistencia sanitaria y a la medicina preventiva, puede permitir una comunicación más eficaz de información sanitaria que más afecta a estas poblaciones. En un contexto donde existe un esfuerzo por promover la medicina preventiva, este método puede ser muy útil y eficaz ya se ayuda a la mejor recepción del mensaje, y puede fomentar cambios en comportamiento y la adaptación a hábitos saludables, reduciendo la probabilidad de aparición de enfermedades crónicas. Conseguir esto mejorará muchos aspectos del sistema de salud pública, en relación tanto a los pacientes provenientes de minorías étnicas como a las instituciones y proveedores.

Con esta investigación, hemos querido proponer la utilización de *Transcreation* en la adaptación cultural de las campañas de salud pública, para mejorar la comunicación con las minorías étnicas, especialmente la población hispana, y así poder transmitir información sanitaria relevante, como la importancia de la medicina preventiva y acceso a los servicios preventivos. El mayor conocimiento de los beneficios de la medicina

preventiva debería incrementar el uso de dichos servicios, y en el medio/largo plazo reducir las disparidades en los niveles de salud, que sobre todo afectan a las minorías étnicas hoy en día en Estados Unidos, y así contribuir a hacer la vida de los ciudadanos más saludable, larga, y feliz.

8. BIBLIOGRAPHY

AGUA Hispanic Marketing. (2014). Retrieved April 11, 2014, from http://aguahispanicmarketing.com/

Allwood, J. (1985). *Intercultural Communication*. *Papers in Anthropological Linguistics*.

American College of Physicians. (2011). *National Immigration Policy and Access to Health Care*.

APHA. (2007). *What Is Public Health?* (Vol. 3, p. 2). Washington, DC. Retrieved from www.apha.org

Association for Healthcare Research and Quality. (2010). *Highlights From the National Healthcare Quality and Disparities Report* (pp. 1–29). Rockville, MD.

Bartolone, P. (2013). Covered California TV Ad Campaign Uses "Welcome" Message. Retrieved May 12, 2014, from www.caprado.org

Bernhardt, J. M. (2004). Communication at the core of effective public health. *American Journal of Public Health*, *94*(12), 2051–3. Retrieved from http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1448586&tool=pmcentrez&rendertype=abstract

Betancourt, J. R., Green, A. R., & Carrillo, J. E. (2002). CULTURAL COMPETENCE IN HEALTH CARE : EMERGING FRAMEWORKS AND PRACTICAL APPROACHES, (576).

California Healthline. (2013). *Covered California's Low Hispanic Enrollment Draws Criticism*. *California Healthline* (pp. 2013–2014). Retrieved from http://www.californiahealthline.org/articles/2013/12/16/covered-california-low-hispanic-enrollment-draws-criticism

California Immigrant Policy Center. (2011). *Immigrants and the U.S. Health Care System*. Sacramento.

Carrillo, J. E. (2005). *Barriers to Health Care Access in the Latino Community: Communication, Satisfaction, and Adherence*.

CDC. (2009). *The Power of Prevention*. Retrieved from http://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf

CDC. (2012). *Cultural Insights: Communicating with Hispanics/Latinos*. Retrieved from http://www.cdc.gov/HealthCommunication/

Center for Disease Control. (2011). *HIV Surveillance in Adolescents and Young Adults*. Retrieved from http://www.cdc.gov/hiv/pdf/statistics_surveillance_Adolescents.pdf

Chrystello, C. (2002). AN AUSTRALIAN HYBRID EXPERIMENT IN INTERCULTURAL INFORMATION FOR PROFESSIONAL COMMUNICATORS, *11*, 221–226.

Citizens' Commission to Protect the Truth. (n.d.). Protect the Truth - Truth Campaign. Retrieved May 02, 2014, from http://www.protectthetruth.org/truthcampaign.htm

Covered California YouTube Channel. (2014). Retrieved May 01, 2014, from https://www.youtube.com/channel/UC0_R-e0XTs307kFUrmxKF8g

CoveredCA. (2013). Covered California And California Department Of Health Care Services Release November Statistics For Health Insurance Marketplace All Media Inquiries. *Covered California Daily News*. Retrieved May 12, 2014, from http://news.coveredca.com/2013/12/covered-california-and-california.html

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed*. Washington, DC.

Dairy Management Inc. (2010). *Understanding the Dairy Opportunity Among Hispanic Consumers*.

Dembosky, A. (2014, March 6). Marketing Mistakes Hurt Latino Enrollment In California. *Kaiser Health News*. San Francisco. Retrieved from http://www.kaiserhealthnews.org/Stories/2014/March/06/marketing-mistakes-california-latino-enrollment.aspx?p=1

Farrelly, M. C., Davis, K. C., Haviland, M. L., Messeri, P., & Healton, C. G. (2005). Evidence of a dose-response relationship between "truth" antismoking ads and youth smoking prevalence. *American Journal of Public Health*, *95*(3), 425–431. doi:10.2105/AJPH.2004.049692

Farrelly, M. C., Healton, C. G., Davis, K. C., Messeri, P., Hersey, J. C., & Haviland, M. L. (2002). Getting to the truth: evaluating national tobacco countermarketing campaigns. *American Journal of Public Health*, *92*(6), 901–7. Retrieved from http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1447480&tool=pmcentrez&rendertype=abstract

Flores, G. (2006). Language barriers to health care in the United States. *The New England Journal of Medicine*, *355*(3), 229–31. doi:10.1056/NEJMp058316

Gorn, D. (2014, April 4). 'Enormous Surge ' in Exchange Enrollees. *California Healthline*. Retrieved from http://californiahealthline.org/capitol-desk/2014/4/enormous-surge-in-exchange-enrollees?view=print

Habibullah, N. K. (2013). *Health Disparities in Immigrants: Obesity & Health Literacy*. Retrieved from www.amsa.org

Halle, M., Lewis, C. B., & Seshamani, M. D. (2010). *Health Disparities: A Case for Closing the Gap* (pp. 1–5).

Harris, M. F. (2012). Access to preventive care by immigrant populations. *BMC Medicine*, *10*(1), 55. doi:10.1186/1741-7015-10-55

Humphrey, L., Somers, A., Bradley, J., & Gilpin, G. (2011). *The Little Book of Transcreation*. London: Mother Tongue Ltd. Retrieved from www.mothertongue.com

InsWeb. (2010). The Importance of Preventive Health Care. Retrieved April 18, 2014, from http://www.insweb.com/health-insurance/preventive-care-health-insurance.html

IQ Solutions. (n.d.). Reaching Hispanic Teens Through Creative Storytelling. Retrieved May 01, 2014, from http://www.iqsolutions.com/our-work/sample/reaching-hispanic-teens-through-creative-storytelling

James, K. (2002). Cultural Implications for translation. *Translation Journal*, 1–10.

Katan, D. (2004). Part 1. Framing Culture The Culture-Bound Mental Map of the World. In *Translating Cultures. An Introduction for Translators, Interpreters and Mediators* (2nd ed., pp. 6–15). Manchester: St. Jerome Press.

Keller, P. A., & Lehmann, D. R. (2008). Designing Effective Health Communications :, *27*(2), 117–130.

Kemp, C. (2005). Mexican & Mexican-Americans: Health Beliefs & Practices. Retrieved May 10, 2014, from https://bearspace.baylor.edu/Charles_Kemp/www/hispanic_health.htm#health beliefs

Kreuter, M. W., & McClure, S. M. (2004). The role of culture in health communication. *Annual Review of Public Health*, *25*, 439–55. doi:10.1146/annurev.publhealth.25.101802.123000

Krisberg, K. (2005). Anti-Smoking Campaign Lowers Youth Smoking Rates With " Truth " Funding Threatened. *Nations Health*. Retrieved May 02, 2014, from www.medscape.com/viewarticle/502009

Ku, L. (2006). Why Immigrants Lack Adequate Access to Health Care and Health Insurance. *Migration Policy Institute*. Retrieved April 19, 2014, from http://www.migrationpolicy.org

Kuhiwczak, P., & Littau, K. (2007). *A companion to Translation Studies*. (P. Kuhiwczak & K. Littau, Eds.). Tonawanda, NY: Multilingual Matters Ltd. Retrieved from http://books.google.com/books?hl=en&lr=&id=MHQgy4ZDwmIC&oi=fnd&pg=P

T7&dq=A+Companion+to+Translation+Studies&ots=1YJwwiJEfF&sig=UPb_i-AYSLpRVf9goOTKhG3uUPg

Language Network for Quality Assurance. (2010). Intercultural Communication. Retrieved April 12, 2014, from http://www.lanqua.eu/theme/intercultural-communication

Llopis, G. (2013). Healthcare Industry Must Mirror the Growing Hispanic Population to Authentically Educate and Serve the Community. *Huffington Post Latino Voices*. Retrieved May 16, 2014, from http://www.huffingtonpost.com/glenn-llopis/healthcare-industry-must-_b_3840426.html

Lopez Baumen, N. (2014, May 15). BAUMAN: Obamacare's Hispanic problem. *The Washington Times*. Retrieved from http://www.washingtontimes.com/news/2014/may/15/bauman-obamacares-hispanic-problem/?page=all#pagebreak

Macario, E. (2007). How Three Campaigns Addressed Health Disparities Experienced by Hispanics. In *CDC National Conference on Health Communication, Marketing & Media*. Atlanta, GA.

Macario, E., Isenberg, J. A., & Quintas, I. (2007). Drugs + HIV: Learn the Link Campaign. How IQ Solutions and the National Institute on Drug Abuse (NIDA) Adapted a Television PSA for Hispanic Teens. *Cases in Public Health Communication and Marketing*, (June).

Martínez, M. (2013). *Transcreation: Beyond the Words*.

National Center for Health Statistics. (2012). *Healthy People 2010 Final Review* (pp. 0–18). Hyattsville, MD. Retrieved from http://books.google.com/books?hl=en&lr=&id=mXV6b3ByjSEC&oi=fnd&pg=PR1&dq=HEALTHY+PEOPLE+2010&ots=CYoOEx5mUx&sig=fcByURZbXWULN_IPUnQv39DXjZo

National Commission on Prevention Priorities. (2007). *National Profile on Use, Disparities, and Health Benefits* (pp. 32–35).

National Prevention Council. (2011). *National Prevention Strategy*. Washington, DC.

Neuliep, J. W. (2000). The Necessity of Intercultural Communication. In *Intercultural communication: a contextual approach* (Illustrate., pp. 1–36). Houghton Mifflin Co.

Neumann, P. J., & Cohen, J. T. (2009). Cost savings and cost-effectiveness of clinical preventive care. *The Synthesis Project. Research Synthesis Report*, (18). Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/22052182

NIDA. (2007). Information on HIV AIDS and teen drug use from NIDA. Retrieved from http://hiv.drugabuse.gov/index.html

Noar, S. M. (2011). *Health Communication Campaigns to Promote Healthy Behaviors: A Primer*. Retrieved from http://www.nciom.org/wp-content/uploads/2011/11/Noar-NCIOM.pdf

Partnership for Prevention. (2008). The Value of Prevention. Retrieved from http://www.prevent.org/data/files/initiatives/valueofprevention(pfpandpfcd).pdf

Peterson-Iyer, K. (2008). Culturally Competent Care for Latino Patients : Introduction. Retrieved May 10, 2014, from http://www.scu.edu/ethics/practicing/focusareas/medical/culturally-competent-care/hispanic.html

Raine, G. (2001). Lost in the translation / Milk board does without its famous slogan when it woos a Latino audience. *San Francisco Chronicle*. Retrieved April 15, 2014, from http://www.sfgate.com/business/article/Lost-in-the-translation-Milk-board-does-without-2884230.php

Rios-Ellis, D. B. (n.d.). The Integration of Community Health Workers in National Health Strategy to Serve the Health of Underserved Communities.

Saha, S., & Fernandez, A. (2007). Language barriers in health care. *Journal of General Internal Medicine, 22 Suppl 2*, 281–2. doi:10.1007/s11606-007-0373-3

Salama, D. R. (2001). Public Communication Campaigns. 2455 Teller Road, Thousand Oaks California 91320 United States: SAGE Publications, Inc. doi:10.4135/9781452233260

Salazar, S. I. (2014). Language Barriers in Healthcare Information : Communicating with Bilingual Users, 1–5.

Schäffner, C. (1988). Skopos theory, (Vermeer 1978).

Schäffner, C. (2003). TRANSLATION AND INTERCULTURAL COMMUNICATION. *Studies in Communication Sciences, 2*, 79–107.

Schyve, P. M. (2007). Language differences as a barrier to quality and safety in health care: the Joint Commission perspective. *Journal of General Internal Medicine, 22 Suppl 2*, 360–1. doi:10.1007/s11606-007-0365-3

Silva, G. A. (2012). Algunas dificultades de la traducción inglés-español en salud pública.

Sixsmith, J., Doyle, P., D'Eath, M., & Barry, M. (2014). *Health communication and its role in the prevention and control of communicable diseases in Europe - Current evidence, practice and future developments*. Stockholm.

The Community Guide. (n.d.). The Community Guide - Health Equity, Culturally Competent Health Care Summary Evidence Table.

The Growing Crisis of Chronic Disease in the United States. (2011). Retrieved from http://www.fightchronicdisease.org/sites/fightchronicdisease.org/files/docs/GrowingCrisisofChronicDiseaseintheUSfactsheet_81009.pdf

Times, L. A., & Healthline, C. (2014). Covered Calif . Latino Enrollment Efforts Flawed , Observers Say Background on Low Enrollment Among Latinos, 1–2.

U.S. Department of Health and Human Services. (2014). *The Affordable Care Act and Latinos*.

US Census Bureau. (2008). *Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States*. Retrieved from http://www.census.gov/population/www/projections/downloadablefiles.html

US Census Bureau. (2010). *The Hispanic Population: 2010*.

US Census Bureau. (2013). *Language Use in the United States : 2011*.

Valero-Garcés, C. (2002). Traducir de y para los que llegan: Una incipiente realidad, *1*, 61–70.

VIA. Beyond Translation: Best Practices for Healthcare (2013).

VIA. Transcreation : The Next Step Beyond Translation (2013).

Weicker, L., Harris, C. M., Christopher, G., Everets, J. W., Fleming, D., County, S. K., … Juliano, C. (2009). Prevention for a Healthier America :, (February).

Winsten, D. J. A., & Stanton, F. (2014). Center for Health Communication. *Harvard School of Public Health*. Retrieved April 15, 2014, from http://www.hsph.harvard.edu/chc/

Woloshin, S., Schwartz, L. M., Katz, S. J., & Welch, H. G. (1997). Is language a barrier to the use of preventive services? *Journal of General Internal Medicine*, *12*(8), 472–7. Retrieved from http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1497155&tool=pmcentrez&rendertype=abstract

9. ÍNDICE DE GRÁFICOS Y TABLAS

GRÁFICOS/GRAPHS

TABLAS/TABLES

IMÁGENES/IMAGES