

HorizonS  
HORIZONS

# COMMUNICATION GUIDEBOOK

For Serving Diverse Communities  
Outreach to the Hispanic Medicare Beneficiary





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## **HORIZONS**

### **Health Outreach Information Zeroing in On Needs**

#### **Mission**

To extend the reach of the *Medicare & You* education campaign to people with barriers to accessing information due to language, literacy, location, or culture.

#### **Vision**

All people with Medicare know and trust *Medicare & You* information and resources.

#### **Information Needs**

HORIZONS is an integrated and coordinated project, executed at both the national and local levels, for meeting the following information needs:

- **Recognition information:** Information that is *accurate, reliable, understandable, and relevant*, persistently presented to create sustained awareness of the availability of information and assistance.
- **Proactive information:** Information on topics about which CMS wants to increase beneficiary and public understanding.
- **Responsive information:** Information that responds to public interest or inquiry.
- **Crisis management information:** Information in response to unforeseen events.

#### **Target Audience**

People of Hispanic ethnicity and culture who are currently enrolled in Medicare, those who are aging into Medicare, their caregivers, and those who work on their behalf.

#### **Supporting Research**

The information and recommendations in this guidebook are based on analysis of U.S. Census data, available CMS data, and formative research conducted for the HORIZONS project, including the development and testing of product prototypes. The analysis and research were conducted during the period 1999-2002 by the Center for Beneficiary Choices in CMS, working with Cutting Edge Communications, Inc. Cutting Edge is a San Antonio-based advertising and public relations firm having extensive experience with media campaigns and Hispanic/Latino communities.

The consumer testing and other formative research consisted of focus groups and in-depth interviews. Such qualitative research cannot be assumed to automatically apply to the larger Hispanic-American senior population. However, the guidance presented in this document reflects those results that were supported by available quantitative research data or that were so consistent as to be likely to reflect the views of the larger group. We have taken some care to note when findings and recommendations are based primarily on qualitative data.

While this research focused on the Hispanic population age 65 and over, the recommendations may also prove helpful for communication with younger Medicare beneficiaries who have a disability.

## **What You Will Find in the Guidebook**

*Outreach to the Hispanic Medicare Beneficiary* gives an overview of the elderly Hispanic population – its demographic characteristics, language preferences, and health disparities.<sup>1</sup> We share key research findings and describe how to use this information to develop effective information products and dissemination strategies for this diverse population.

Specifically, we provide design guidelines on how to create print materials, radio and television public service announcements (PSAs)<sup>2</sup>, educational videos, and outdoor and alternative media, in transcreated and bilingual formats. “Transcreated” materials have been not merely translated but created using an idiom, tone, and graphic look appropriate for the specific ethnic or national group.

The section on dissemination strategies discusses effective media and approaches for distributing materials to the elderly Hispanic population, as well as organizations that can assist in reaching this target audience.

Next we present demographic data and other key research findings from the HORIZONS project, and information on available resources including a list of partnering organizations and a bibliography of materials for those interested in learning more about the elderly Hispanic population.

Drawing on our HORIZONS project work we provide prototype Medicare informational materials for media channels including print, television, and radio. **This guidebook is designed as a one-stop information source for successful outreach to the elderly Hispanic population.**

1. The terms “Hispanic” and “Latino” are defined by the U.S. Census Bureau as those persons who indicated that their origin was Mexican, Puerto Rican, Cuban, Central or South American, or some other Hispanic origin. It should be noted that persons of Hispanic origin may be of any race.

2. The terms “public service announcement (PSA),” “commercial,” “advertisement,” “ad,” and “spot,” may be used interchangeably throughout this document in referring to an information product developed for radio or television broadcast. The section on Media Placement/Media Buying provides guidance on obtaining free and paid air time.

## **Additional CMS Resources**

CMS licenses a powerful marketing and planning tool called “Market Expert,” which aides in targeting specific populations. The tool can target populations by **demographic variables** (such as race, ethnicity, income, and age), **health status and access variables** (such as likelihood of having diabetes, high blood pressure, and eldercare decision making), **risk factor variables** (such as likelihood of getting a flu shot, smoking, and exercising regularly), **consumer lifestyle variables** (such as likelihood of owning a vehicle, insurance, and advertising preferences), or **media variables** (such as use of magazines, radio/TV/cable timeslots and formats, internet, and telecommunications).

Market Expert contains over 3,000 reportable variables. Many of the reports can be supported by thematic maps that show market sub-areas with the highest propensity to use various services, or the most likely return rate for a marketing campaign. Market Expert can be used to target populations at many geographic levels including county, zip code, or neighborhood.

The Market Expert tool is available as a free resource to CMS and its contractors for CMS related work. For more information, please contact Jodi Duckhorn at 410.786.1820 or [JDuckhorn@cms.hhs.gov](mailto:JDuckhorn@cms.hhs.gov) .



# Design Guidelines



## Design Guidelines<sup>3</sup>

Research shows that the Hispanic population relies on the media for most of its health information. In a national Kaiser Family Foundation survey, “Hispanics on the Media and Health,” Hispanics said they want more information about many aspects of health and they look to the media to provide it (Kaiser Family Foundation, 1998).

- Television and newspapers figured strongly as information sources for older Hispanics. Eighty-six percent of Hispanics aged 50 or older said they received health information from television in the past year (compared to 76 percent of Hispanics under age 30), and 66 percent received health information from radio and newspapers (compared to 54 percent of those under 30).
- Outdoor media sources also figure prominently; 48 percent of the older Hispanics surveyed said they obtained information about health issues from flyers, street signs, and billboards.

Many Hispanics also look to sources other than the media for health information. Hispanic seniors reported that they receive healthcare information from healthcare providers, family members, churches, and *curanderos* (folk medicine practitioners).

Mainstream healthcare messages and strategies may not reach the elderly Hispanic audience for a number of reasons. Significant cultural diversity exists *within* the Hispanic population. The Hispanic senior population has substantially less formal education than the Medicare population as a whole, and literacy levels, in both English and Spanish, are low. Most Hispanic seniors prefer one of several regional variations of Spanish, while their caregivers may prefer English. This population also prefers oral communication over the written word.

What follows are techniques that accommodate the communication needs of the elderly Hispanic population to ensure that an information product will attract and

3. When using this guidebook, CMS employees should also refer to agency guidelines, including clearance and budget requirements, for communication products and services. CBC employees should also refer to the CMS Communications Guide.

*A strong concern is that documents specifically address Hispanic beneficiaries in the use of color, design, photos, and illustrations.*

**hold the audience's attention.** If it does, the product will most likely achieve its goal to convey and help the audience understand the message. The recommendations are based on qualitative research, including focus groups and in-depth interviews with over 250 individuals in 5 cities, conducted for the HORIZONS project. Such qualitative information cannot be assumed to represent the opinions of the larger Hispanic-American senior population. However, the responses often were supported by available quantitative research data or were so consistent as to be likely to reflect the views of the larger group.

#### **A. Print Products: Design, Layout, Format**

In testing print products with Hispanic elderly beneficiaries, we heard time and again that they want simple documents in plain language, whether in English or Spanish. A strong concern is that documents specifically address Hispanic beneficiaries in the use of color, design, photos, and illustrations. Consider the following points when creating print products:

- Decide on the message; determine the best tool to deliver that message (brochure, fact sheet, poster, postcard); and decide how to publicize and distribute it.
- Determine whether the material should target the Hispanic elderly, their caregivers, or both.
- Decide what language the product should use. A bilingual format is recommended but may not be feasible, due to copy space limitations, or appropriate, if one language is preferred over another in a targeted region or area.
- Assess the literacy skills of the target audience and design or adapt the product accordingly.

- If a similar English-language product already exists, transcreating that message for the target population may be the next logical step. Research the customs, traditions, habits, and lifestyle of this audience. (See Demographic Data Highlights for more information.)
- When appropriate, reinforce the message by including a testimonial or other endorsement from a respected community leader.

The next step is to determine design, layout, and format.<sup>4</sup> While many people have word processing and design programs for their computers, it takes training and skill to design an attractive piece that will grab the audience’s attention. If funding is available, seek the assistance of professional talent.<sup>5</sup> You will still need to direct the creation of the product and ensure that it is culturally appropriate and linguistically correct; the information provided in this guidebook will help you in that role.

**Make sure the design, layout, and format of your product are appealing.** Is it clear and uncluttered, or is there too much copy (text), or not enough? Are there generous margins and adequate white space? Are the photos and illustrations culturally appropriate? Is the language simple and direct?

## 1. Photos

**Use photos that resemble the audience.** Focus group participants reported that they prefer materials illustrated with photos of people who look like themselves, friends, or family. “Those people look like me and my friends . . .,” several participants reported when focus group testing was conducted for the “Medicare Basic Facts” brochure. “Finally, there are Latinos in the pictures,” participants said. Check with your organization to identify photos that resonate with the Hispanic audience.<sup>6</sup> You may also search stock photo companies on the Internet and purchase royalty-free photos. However, because they are inexpensive, many people use them, and it is common to come across the same photo in other print products.

Illustrations, line drawings, or icons also can be used. For example, a telephone icon can be used to illustrate making a phone call. Make sure the photos or other artwork reinforce the message and subject matter.

## 2. Color

The use of color is extremely important when addressing elderly persons, as color catches the eye and attracts the attention of individuals with diminishing vision. Information materials often are printed in two colors due to cost considerations. Seniors generally prefer text in black on a light background, because the contrast makes it easier to read, plus another color for accent. National Institute for the Blind research shows **yellow is the best background and accent color for people with low vision**, because yellow is one of the last colors that can be seen by those

4. CMS staff should research if there is an existing product on their topic that may be used or modified.

5. CMS graphics professionals are available for assisting CMS staff.

6. For CMS staff, there are specific ways to purchase images so that CMS may continue to use them.

whose eyesight is deteriorating. A number of the print products we developed for the Hispanic elderly population use black type with a yellow background, based on the Institute's and project's findings. Headings and text should be in black, and an accent color should be used for bullets and other design elements. Always use dark type on light, yellow, cream, or white backgrounds. Because seniors may have difficulty discriminating colors that differ primarily in their blue content, select colors that contrast greatly in their hue and brightness, for example, a yellow and blue combination.

While too much color can dilute the impact, there are times when using several colors in a document may be necessary for a certain effect or to distinguish the document from others.

*For example, for an influenza and pneumonia immunization campaign targeting the Hispanic elderly population in San Antonio, Texas, the director of the city health department wanted campaign materials with a local flavor. The health director believed that color would add the "flavor" needed. San Antonio is a city with a majority Hispanic population: 58.7 percent of the population is of Mexican origin. A logo was designed, using several colors popular in Mexican culture, which was applied to the design for the brochure and poster using yellow as a background.<sup>7</sup>*

*Other posters for the campaign were printed with a turquoise and fuchsia background, popular colors used in Mexican folk art. Because these posters were designed for the city's nutrition centers and clinics where they would compete for wall space, it was felt that the more vibrant colors would catch the attention of seniors and their caregivers. Careful attention needed to be paid to font size when using these alternate colors to ensure that the posters were readable by the target audience.*

As this example illustrates, some departure from the general guidelines may be appropriate, depending on the specific situation or regional/cultural nuances. However, before you decide to deviate from the guidelines, you should test the products with the target audience.

### **3. Typestyle, Size of Print, and Format**

Select a typestyle that is easy to read, such as Times or Garamond, both *serif* typefaces. **This sentence is shown in a serif font.** In contrast, **this text uses a sans serif font** (i.e., without serifs). Note that the serif font has lines on each letter that guide the eye to the next letter, while the sans serif font is plainer but can be harder to read in a block of text. It is preferable to **use no more than two typefaces in one document**, one for body copy and one to call attention to headlines and titles.

Type should be large enough for the audience to read easily. CMS recommends **14-point type for Medicare beneficiaries.** In formatting the document, align the body copy on the left, and keep a ragged (uneven) right margin. Copy that is justified to fill each line of text can be difficult to read.

7. CMS staff should refer to current HHS guidelines on development and use of multi-colored materials.

#### 4. Text

The focus of the HORIZONS project is to improve communication with those Hispanic Medicare beneficiaries who experience the greatest barriers to accessing healthcare information. Therefore, Medicare materials designed for this audience should use simple, basic Spanish, even at the expense of precision. For example, during testing of the “Medicare Basic Facts” brochure that was transcreated for HORIZONS, focus group participants suggested that the word “cobertura” (coverage, in English) be replaced by “que cubre Medicare” (what Medicare covers) or “que está incluido en el programa de Medicare” (that which is included in the Medicare program). Participants said they felt the word “cobertura” was too unfamiliar and would not be easily understood.

CMS has developed a Spanish-language glossary and legally-cleared Medicare and healthcare terms for use in all Medicare documents, but it is important to consider changes in language and tone that are substantiated by knowledge of the target audience. Census data indicate that Hispanic seniors have had the fewest years of formal schooling of all elderly senior groups. A 1995 AARP report, “A Portrait of Older Minorities,” states “Of all minority older persons, those of Hispanic background are the least educated. The proportion with no formal schooling is nine times as great as for whites.” This fact reinforces the need for simple, basic language and format. Write in short, simple sentences. Avoid medical jargon, and include simple definitions for any necessary medical terms. Be consistent in the use of terminology. As you would for any audience, follow the rules for news reporting and answer who, what, when, where, why, and how, if relevant, early in the document.

*...Medicare materials  
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*The tone of messages targeted to Hispanic seniors should always be respectful, personable, reassuring, and non-threatening.*

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### **5. Language**

Ideally, you should create original information materials in the language of the audience. When this approach isn't feasible, you can translate from English text. Literal or word-for-word translation is generally ineffective because it offers none of the nuances, concepts, and phrases familiar to the target audience, and many terms don't make sense when literally translated. **Hispanic audiences can often detect when material has undergone a literal translation.**

Translators should be both bilingual and bicultural. When English material is translated into Spanish, we highly recommend that other translators review it, since the original translator may be influenced by his or her own cultural and educational background. To ensure accuracy, a different translator should conduct a *back-translation* of the translated material. Don't use the original translator for this. **If the material is translated easily and accurately back into English without losing information or meaning, the translation is successful and on target.**

### **6. Layout, Design, and Print**

A preliminary mock-up of the layout and design of your print product is recommended before the job is released to a designer, copywriter, or printer. **Your pencil sketch and recommendations for layout can go a long way in sharing your vision for how the printed piece should look.**

If you use a designer, he or she will provide electronic artwork for the printer. Or if you supply the photos, illustrations, and copy, a quality printer can make the artwork for you for a fee.

## **B. Bilingual Formats**

In HORIZONS consumer testing, **Hispanic Medicare beneficiaries preferred a bilingual format with Spanish and English side-by-side in the same document.** Some beneficiaries preferred one language over the other but still needed the alternate language to make sure they understood everything clearly. Others reported that while their preference was for Spanish, they also needed the information in English for their caregivers, who may be more fluent in English.

Beneficiaries reported that they did not like documents with English on the front side and Spanish on the back because it appeared that the Spanish side was an afterthought.

## **C. Radio and Television Public Service Announcements (PSAs)**

Because the Hispanic elderly population prefers oral communication, we recommend developing information products in popular formats such as television and radio spots and other audiovisual media. Broadcast media offer direct impact and a personal approach, both of which are extremely important in the Hispanic culture.

The Hispanic broadcast media market is growing and now includes three major television networks (Univisión, Telemundo, and Galavisión), more than 60 local television stations, and several hundred local radio stations. Among these outlets are an increasing number of health- and medically-oriented programs and other vehicles that can be tapped by public relations programs (Lipton et al., 1994).

For most elderly Hispanics, Spanish-language television and radio spots are effective for creating awareness of Medicare benefits and program choices. **However, to reach caregivers and Hispanics who follow mainstream media, PSAs should be created in English but targeted to the Hispanic population.** For example, an English-language PSA should feature a Hispanic spokesperson rather than someone of another population group. Separate Spanish and English formats need to be developed for broadcast on Spanish and English stations, respectively.

Regardless of the language used, television and radio PSAs should feature a trusted spokesperson – someone with whom Hispanics can identify and feel comfortable. In HORIZONS consumer testing, elderly Hispanics said they trust their doctors, media personalities, and local and major celebrities to impart important messages. Radio PSA scripts should be provided to local radio stations for local talent to read “live” in support of the taped announcements. **Promotion of healthcare programs such as Medicare by local radio and television personalities can establish a feeling of personal connection and engender trust in the message.**

*If you are translating an English-language message, the Spanish-language copy will generally be longer and may have to be edited to fit the format.*

## **1. Scriptwriting**

A simple and direct approach works best when writing a PSA script. Radio is produced in a 60-second format, meaning commercials are typically 60 seconds long. A shorter, 30-second radio format also may be used to seek more free airtime opportunities. The typical length for a television commercial is 30 seconds, though 60-second format is available also. **Try to incorporate a call to action and repeat the information** in your script. A call to action might be to encourage beneficiaries to call the toll-free 1-800-MEDICARE phone number with their Medicare questions.

Regarding telephone numbers, the Hispanic elderly population finds it easier to remember a number that spells a word, such as 1-800-MEDICARE, when it is spoken and/or written out in numeric form. For example, the announcer might say, “To answer your Medicare questions, call toll-free, 1-800-MEDICARE or 1-800-633-4227. That’s 1-800-633-4227.” Hispanic Medicare beneficiaries reported in testing that it is difficult to find letters on the telephone. (They also pointed out that “MEDICARE” has eight letters, not seven as required for the telephone number, which they find confusing.) Consequently, it is helpful to provide both the numbers and letters in all cases.

Always time the copy. Allow 1 to 3 seconds of downtime in your total script timing. If you are translating an English-language message, the Spanish-language copy will generally be longer and may have to be edited to fit the format.

## **2. Vocals and Talent**

Using local talent, spokespersons, or a recognized announcer for a radio or television PSA can give the message added impact. Elderly Hispanics revere and respect their doctors, as well as Hispanic celebrities, including national

and local news reporters. Do some research to determine if one of these people would lend the right image. A trusted, respected spokesperson will add credibility to the message. However, using a celebrity involves certain risks. A strong personality could overwhelm the message, or the person may decline in popularity or become newsworthy in some way that undermines the message.

Explain to the spokesperson that the production is a PSA, and ask if he or she will do the project as a service to the community. Many will agree, but some may require a small buy-out fee – a nominal, one-time fee to cover their time and expense. Be sure to obtain a completed release form to legally cover royalty rights issues.

A celebrity or someone who is booked through a talent agency will normally charge a fee based on where the commercial is broadcast. For example, if the spot will be aired locally for six months, a licensing agreement (an agreement to buy a contract to use the talent) will need to be negotiated with the talent for the six-month period. After six months have elapsed, the talent agency will contact you again to ask if the spot is still airing. If the spot continues to air, you will have to renegotiate additional rights to use the talent. The fee depends on the duration and whether the spot is aired locally, regionally, or nationally.

Research the local television and radio production studios, and **visit the public information officer (PIO)** at those stations that target the Hispanic population. Stress the importance of the message, and don't hesitate to discuss your budget with them. **Many stations will produce the spots at no charge, using their own talent, writers, and equipment. This level of involvement ensures the PSA will get aired.**

*A trusted, respected  
spokesperson will add  
credibility to the message.*

*Outdoor ads such as billboards and subway or bus advertising get great exposure and build image and credibility through repetition.*

### **3. Background Music (Soundbeds)**

In creating PSAs, background music, or soundbeds, can be laid under the vocals to set a tone for the message. However, this must be done carefully to ensure the right balance is achieved and the vocals are not overpowered. Choose the type of music appropriate for the target audience and the message being delivered. For the Hispanic population, Latin rhythms, for example, usually work well; however, softer music may work better for a more serious message. **Healthcare messages are often serious and call for soft, classical music, while some messages, such as those promoting a healthy lifestyle, are enhanced by livelier tunes.** When selecting music, keep in mind that the more popular the music, the higher the fee. Ask broadcast media and production houses to use royalty-free music when producing your PSAs.

### **D. Outdoor and Alternative Media**

Outdoor ads such as billboards and subway or bus advertising get great exposure and build image and credibility through repetition. Billboards stay in one place. The message is guaranteed to hit the same commuter every day. Alternative media include subway, train, and bus advertising, sandwich boards, and messages posted in similar public locations. Properly used, these media can be very effective in reaching certain audiences.

Older persons who do not drive often rely on public transportation, which means that highway or neighborhood billboards, as well as subway and bus posters, may be effective. For example, in some cities, the bus fare is subsidized for the elderly population and ridership is high, making bus advertising an important venue for reaching this audience. Many bus companies allow advertising inside along the edge, around the roof, and on the outside of the bus. Passengers waiting for the bus or walking along the street will see the advertising on the outside, and those inside will have plenty of time to view the message there.

To ensure that these media reach Hispanic seniors, assess their transportation habits by referencing the demographic information made available by the transportation companies. Transit companies will provide information such as the age of their riders, will suggest routes to guarantee the target audience sees the advertising, and will even estimate the number of impressions, meaning the number of times the audience will see the message.

While in the early stages of designing the product, call the billboard, bus, subway, or train companies in the target area and ask which locations or routes are available for advertising. Companies may have different display sizes available for different areas, and waiting to contact them may result in additional costs for resizing the design. Plan to produce an additional quantity of the item (10 percent recommended) to allow for possible damage during installation and the need to periodically repost the product. Companies may book space quickly, so plan to reserve space well in advance of the anticipated advertising date.

When creating any form of outdoor media, keep in mind these tips for design:

- Don't use more than six words; more than this takes too long to read.
- Keep the concept very simple.
- Be sure the type is clear, large, and easy to read.
- Use one large graphic to focus the viewer's attention.
- Make sure the board or poster is illuminated if it receives a lot of drive-by traffic.
- For a subway poster, be sure it is located in a high-traffic area.

## **E. Educational Videos**

An educational video is used for longer or more complicated messages. Videos may be shown at locations such as local clinics and community centers. Keep the message and dialogue simple. General marketing research shows that after 7 minutes an audience tends to lose interest in educational or informational videos, and a 6- to 7-minute format provides plenty of time to impart a message and reinforce it. HORIZONS consumer testing shows that the Hispanic elderly population finds educational videos an important information source, owing to the longer format when compared to a television or radio PSA/commercial. The oral culture of elderly Hispanics reinforces the importance of this format. As part of our work under HORIZONS, we developed a video on the "Medicare Savings Program" targeting low-income Hispanic Medicare beneficiaries. We created the video using a *novela* (soap opera)-type format. Popular *novelas* are featured on the major Spanish television networks and receive high ratings across the many Latino population subgroups. Our video tested extremely well with focus group participants, who reported that the video helped them understand the complexities of the Medicare Savings Programs and that it reinforced the message to call 1-800-MEDICARE for more information.

*To take advantage of your common interests, call the local chapters of the American Heart Association, the American Diabetes Association, and similar groups who need to reach this audience.*

## **F. Finding/Maintaining Community Partnerships**

Other organizations are trying to relay healthcare messages to the Hispanic population. You may find it helpful to research and seek out community organizations that will partner with you in developing products to reach the Hispanic elderly community.

Research has shown a high prevalence of diabetes, heart disease, and certain types of cancer in the Hispanic elderly population. (See Demographic Data Highlights for more information.) To take advantage of your common interests, call the local chapters of the American Heart Association, the American Diabetes Association, and similar groups who need to reach this audience. Both the American Heart Association and the American Diabetes Association offer bilingual, culturally-competent print materials on their respective web sites, as well as provide bilingual staff to answer questions and supply information through their 1-800 numbers. Together, explore ideas and opportunities that might not be available otherwise; joint projects can serve to leverage the budgets of multiple organizations.

When forming a partnership with another community organization, make sure the organization has goals similar to yours and offers a product or service that meets the needs of elderly Hispanics in the targeted community.







## Dissemination Strategies

The success of a product or service depends in large part on how it is delivered and how the audience perceives it. Working directly with Hispanic Medicare beneficiaries throughout the research and creative phases of the HORIZONS project helped us ensure that our message and materials are seen as culturally sensitive and appropriate. We also discovered which communication channels have proven effective in communicating health information.

Socioeconomic factors affect how we communicate with the target audience. Based on our demographic research, the Hispanic elderly population can be defined as low literate and having an oral culture (a preference for oral communication). Following are characteristics of this audience:

Characteristics of Low-literate Audiences	Characteristics of Oral Cultures
<ul style="list-style-type: none"><li>• Tendency not to seek information from printed materials.</li><li>• Literal interpretation of information.</li><li>• Insufficient language fluency to comprehend and apply information from written materials.</li><li>• Difficulty with information processing, such as reading a menu, interpreting a bus schedule, following medical instructions, or reading a prescription label.</li><li>• Tendency to think in concrete/ immediate rather than abstract/future terms.</li></ul> <p>The National Cancer Institute, 1994.</p>	<ul style="list-style-type: none"><li>• The spoken word is the medium of communication.</li><li>• Real-life situations provide frames of reference for classifying information.</li><li>• Information is mnemonically formulated.</li><li>• Information is stored primarily in memory, rather than the written word.</li><li>• The individual identifies with traditional wisdom.</li><li>• Thoughts and expressions are simple and concrete.</li></ul> <p>Maxwell, 1993.</p>

*Another good time  
for media placement  
is during popular  
prime-time novelas.*

## **A. Media Placement<sup>8</sup>**

The media are always looking for a good cause. They need to give back to the community; their licensing agreement with the Federal Communications Commission requires it. The social and economic importance of healthcare messages can help in negotiating free ad space and garnering some form of media sponsorship. Ask for free placement, and often the media will answer “yes.” Keep in mind, however, that the ad may not be shown at peak viewer times.

Call broadcast stations and newspapers and ask for the PIO to get PSAs placed at no cost. Briefly describe the PSA and its importance. Send letters, materials, and the PSA itself as a follow-up to the message or phone call, but check first on the preferred format. After a week, call again to ask if the package has been received and to make another pitch. Keep pitching; it is not unusual to make several phone calls to the same person. Many of CMS’s regional offices are working with media outlets in their respective areas and can refer you to their contacts.

### **Media Buying**

Rather than pay full price for media, you can negotiate for reduced rates. It pays to know your audience well, to assure that the broadcast time or ad space you buy will reach the target audience. Media executives may need to be educated about the audience and what they watch, read, and listen to. If your budget is limited, buy media, such as radio, that will make the greatest impact on the audience for the least cost.

Hispanic seniors generally rise early to watch and listen to early morning news and game shows on television and radio. Another good time for media placement is during popular prime-time *novelas*. Because many elderly Hispanics go to bed early, buying television time on the 11 p.m. news-cast is probably not a good idea. Many Spanish-

8. CMS employees are advised to coordinate media contacts with the Public Affairs Office, and must complete the necessary clearance process.

language weeklies and neighborhood newspapers, such as *La Prensa*, carry community news and feature coupons and advertised store “specials,” making these tabloid-sized papers good bets for advertising.

Call the representatives at the media outlets that reach the target audience to tell them about the commercials or print ads you want to place and how much time or space you need. If you explain that the ads were created as PSAs and that you have a small budget, they will contact the PIO and help get a free media schedule along with a paid schedule. It never hurts to try to negotiate. For example, suggest that for every one or two spots purchased, they give you one or two spots at no cost. A good salesperson will offer discounted rates. If the rates seem too high, ask for a discounted rate schedule.

## **B. Finding Community Partners**

Hispanic seniors tend to rely on their own community for services and assistance. Hispanic community-based organizations have special skills in reaching out to elderly Hispanics, working effectively with them, and addressing the needs and concerns of their localities. (See Partnering Organizations, on next page.)

Community-based groups also play a significant role in cultural preservation and are major sources of leadership and advocacy. Grassroots leaders, who may serve as board or staff members of Hispanic community-based organizations, can be extremely valuable in obtaining support for and participation in a mainstream agency’s activities. Hispanic community-based organizations remain an underutilized resource, despite their capacity to effectively address many of the outreach, language, and cultural sensitivity problems associated with the mainstream network (NCLR, 1994).

While some churches and colleges have strong Hispanic leadership, they are not as active as their African-American counterparts (NCLR, 1994).

*Hispanic community-based organizations remain an underutilized resource...*

Nevertheless, the church does have a strong influence on the Hispanic population and should be explored as a community partner.

At a local and regional level, search out those organizations whose mission matches yours: outreach and service to the Hispanic population. Following are tips and recommendations for finding community partners to help get messages and materials to the Hispanic elderly population:

- Look for partners that are well established in the community, locally, or regionally. If an organization has a national office, find out if the Hispanic population accepts and recognizes it.
- Verify that the organization provides culturally relevant programs for the communities it serves.
- Find out if the organization has credibility with the people it serves and is compatible with their values, norms, and beliefs.
- Make sure the organization is staffed by people who have the language and cultural competence to serve the target population.
- Ensure the organization is accessible to its clients.

Many organizations welcome outside help, whether in the form of materials, staff help, or networking. This could mean providing print materials for distribution at meetings of the organization, staffing a booth, or visiting according to a set schedule to provide information and one-on-one assistance or training. Networking with community partners can open up many opportunities to serve the elderly Hispanic population.

### **C. Partnering Organizations**

There are organizations in every community that can assist with disseminating healthcare information. The HORIZONS team came into contact with a number of groups interested in outreach to the Hispanic population. Other sources of potential partners were identified by HORIZONS focus group participants, who said they wanted more healthcare information in the places they frequent. These organizations and individuals include:

- Hispanic healthcare professionals, especially those who head city health departments or community clinics (doctors, nurses, and social workers).
- Pharmacies in Hispanic neighborhoods where posters, brochures, and other print material can be placed.
- Public and nonprofit healthcare facilities that serve the Hispanic population (community clinics).
- Churches and religious organizations.
- Hispanic community clubs and senior centers.
- Hispanic senior housing and apartment complexes.
- Grassroots Hispanic organizations (local, regional, and national).

- Hispanic businesses such as beauty parlors, grocery stores, *botánicas* (stores that sell religious candles, charms, and herbs), bingo parlors, dime stores, or anywhere Hispanic seniors and their caregivers congregate.

Following is a list of some specific organizations serving the Hispanic population. These organizations can provide significant help in reaching the Hispanic elderly population. Many government agencies, especially those under the U.S. Department of Health and Human Services, sponsor ongoing national efforts to reach elderly Hispanics. (See the Research Section for an expanded list of these organizations, including contact information.)

### Organizations Serving the Hispanic Elderly

AARP	Hispanic Health Council
AltaMed Health Services	Latin American Health Institute
American Cancer Society	League of United Latin American Citizens
American Diabetes Association	National Alliance for Hispanic Health
American Heart Association	National Council of La Raza (NCLR)
Center for Health Care Rights	National Hispanic Council on Aging

### D. Broadcast Media

Taped television and radio PSAs should be distributed to local television and radio affiliates with large Hispanic audiences. These include Spanish-language national networks, such as Univisión, Telemundo, and their local affiliates in cities with large Hispanic populations; English-language national networks and their local affiliates in cities with significant Hispanic populations; Spanish- and English-language radio networks; and mainstream television and radio stations that broadcast public affairs programs.

Many Hispanic healthcare reporters appear on television stations such as WXTV in New York, KTMD in Houston, WSCV and WLTV in Miami, and KMEX in Los Angeles, all of which have a special interest in Hispanic healthcare issues (NEHEP, 2000). In addition, a growing number of local radio stations include an “ask the doctor” type of call-in show. These shows are often hosted by a local Hispanic doctor and include guests from the medical field who answer questions from the community.

### E. Print Media and Materials

Send print PSAs and editorials to national and local Spanish-language and English-language newspapers. Spanish-language weeklies, such as *La Prensa* and *La Voz*, are published in cities with large Hispanic populations.

Print materials, such as brochures and posters, should be posted at the places listed under “Partnering Organizations.” Other appropriate locations include exhibits and health fairs at Hispanic festivals and special events, grocery stores, pharmacies, doctors’ offices, churches, bingo parlors, dry cleaners and laundromats, post offices and mailing centers, meat markets, retirement centers, and local Social Security offices.

## F. Evaluation Strategies

Building an evaluation into your communication plans will give you valuable data to support and improve your continuing efforts. The following evaluation strategies can help you **determine what worked, what did not work, and why.**

- Prior to conducting outreach, **discuss your plans with community partners and stakeholders to learn** about similar programs in the area and any local events that may impact your success.
- Set up a table and display at a shopping mall or other public place, and **interview seniors**, asking if they have seen your product and what they remember and like or dislike about it.
- **Contact organizations impacted by the promotion or campaign** to see if seniors are using the services being publicized.
- **When producing a print product, attach a tear-off coupon** that can be redeemed at a local merchant. Local merchants are often willing to underwrite the cost of a small product, like a bottle of water, to get seniors to shop with them.
- Keep a book of **news clippings** for future reference.

## G. Obstacles

**Last-minute media calls.** Local media representatives may call on short notice to offer opportunities for publicizing your message, such as free ad space or airtime, or a steep discount. Be prepared by keeping an inventory of materials in various formats on hand. If caught in a crunch, ask the media outlet to dub the tape for you, or ask the publication to duplicate or scan the ad artwork.

**The local media PIO won't return calls.** Since the PIO needs to remain accessible to the community, it usually works to keep calling and leaving messages. If that doesn't work, call the station manager and politely ask how to get a PSA placed. Use your organization's contacts; if others in the office have a good working relationship with a media outlet, ask for help.

**Partnership Problems.** If an organization that provides healthcare services to the Hispanic elderly population in a region you need to reach hesitates to give you access to its clientele, talk to the executive director. Explain your mission and message, and provide samples of materials. Offer non-disruptive strategies for reaching the organization's clientele, such as leaving materials accessible to those who visit the center. Explore possible partnering activities with the executive director or person in charge. There may be opportunities for expanded outreach, such as co-sponsoring the organization's annual health fair or outreach project.



Research





## Research

### A. Key Research Findings

The HORIZONS project is designed to obtain information about elderly Hispanics: their communication preferences, information-gathering processes, and Medicare information needs. HORIZONS consumer research and analysis revealed that:

- Hispanic beneficiaries have basic information needs that are similar to the general Medicare population. However, as a source of healthcare coverage, Medicare plays a greater role in the lives of elderly Hispanics than for the general beneficiary population.
- Hispanic seniors need information about the Medicare program, including HMOs and supplemental coverage programs. For instance, many Hispanic seniors may be eligible for the Medicare Savings Programs or Medicaid, but may not know if they qualify or how to get the needed information.
- Hispanic seniors want to understand the specific benefits covered under their plan and the costs they are responsible for paying.
- Hispanic seniors express a deep interest in learning how to stay healthy, yet few seek preventive services. (See cultural beliefs section in Demographic Data Highlights, below.)
- Hispanic seniors who speak Spanish predominantly or exclusively desire more materials and resources in Spanish, including Spanish-speaking 1-800 telephone operators and medical care providers.

### B. Demographic Data Highlights

The United States has one of the largest Hispanic populations in the world, exceeded in absolute numbers only by Argentina, Colombia, Mexico, Peru, and Spain. The Census Bureau acknowledges having underestimated the U.S. Hispanic population for

*Recently, the Census Bureau has taken measures to improve data collection for the Hispanic population.*

several decades, and estimates that the 2000 Census missed 2.2 percent to 3.5 percent of the Latino population. Population growth has been driven largely by both natural increase (births minus deaths) and immigration. Studies indicate that the average annual growth rate of the Hispanic population is about 3 percent, a comparatively high figure, which has remained steady since the mid-1960s.

Recently, the Census Bureau has taken measures to improve data collection for the Hispanic population. According to “Current Population Reports,” released by the Census Bureau in March 2000, **Hispanics have become the largest minority group in the United States at 12.5 percent,** reflecting 35.3 million or approximately 1 in 8 people. The following charts show the reasons for Hispanic population growth and the breakdown of the population by origin.

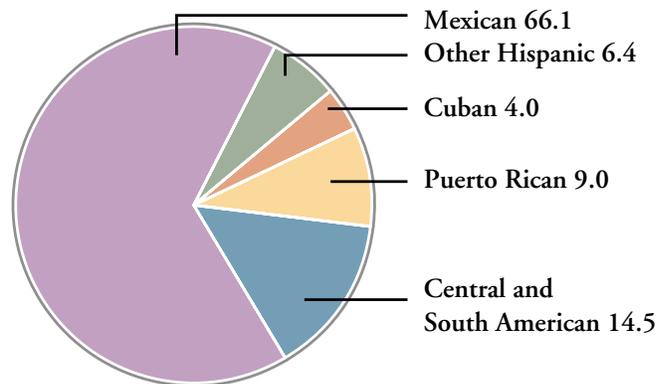
## Components of Hispanic Growth

- Fertility: higher birth rates have held steady for 20+ years
- Fertility: Hispanics higher than non-Hispanics even after SES and intermarriage data controls
- Mortality: higher longevity for Hispanics; live longer than non-Hispanic Whites
- Immigration: wild card, but assume steady increases

Source: HORIZONS Project - Nationwide Demographic Report, May 2000

## Hispanics by Origin: 2000

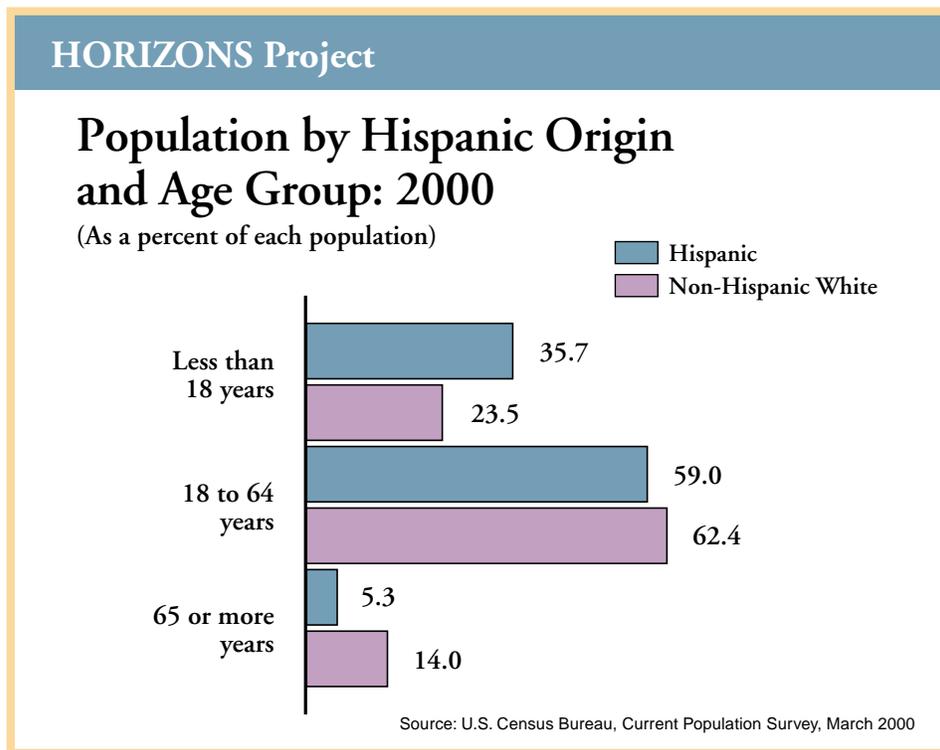
(In percent)



Source: U.S. Census Bureau, Current Population Survey, March 2000

Changes in immigration laws dating to 1965 that favored immigration from Latin America and Asia have changed the ethnic composition of immigrants to the United States. Immigration laws favoring family reunification also have contributed to substantial increases in the growth of the Hispanic population. Recent amnesty provisions and increased naturalizations are likely to accelerate increases caused by immigration in the near future.

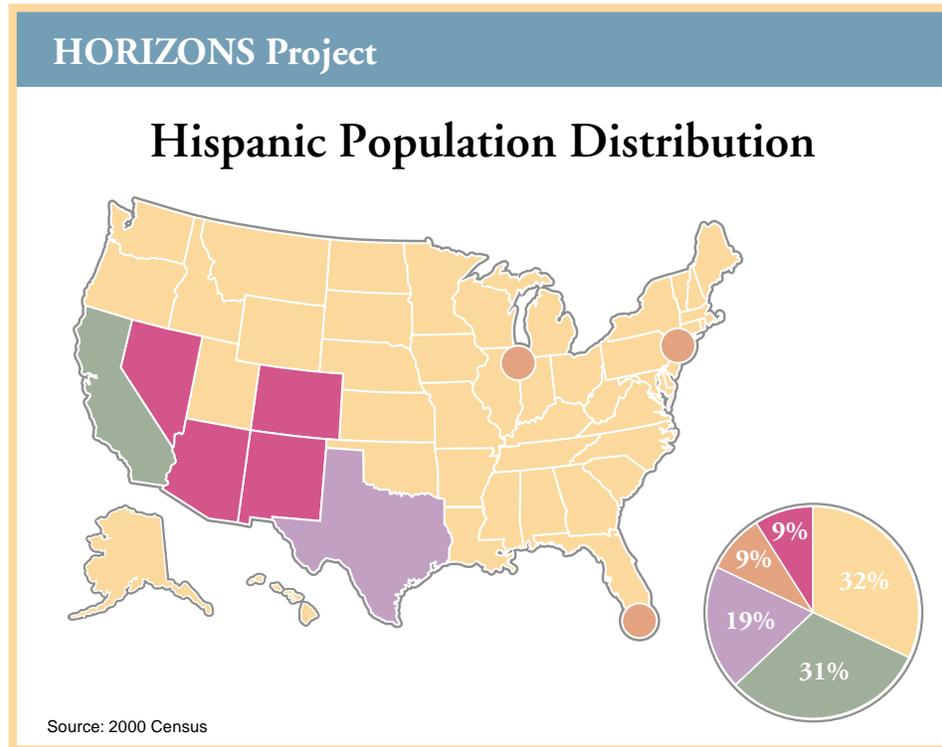
Hispanic populations, especially the Mexican Americans, have higher fertility rates than all other population groups in the nation. Even after controlling for socioeconomic and intermarriage rates, Mexican-American fertility rates are higher than replacement levels and higher than those of non-Hispanic white populations.



In 2000, there were 1.7 million Hispanics age 65 or older, representing 5.3 percent of all Hispanic Americans and 5.6 percent of all elderly Americans. The population of elderly Hispanics has increased by 150 percent since 1970, three times the increase in the older non-Hispanic white population. **It is estimated that by the year 2050, the number of Hispanic seniors could reach 12 million, 15 percent of all Hispanic Americans. This dramatic increase makes a compelling case for increased education about, and access to, healthcare services.**

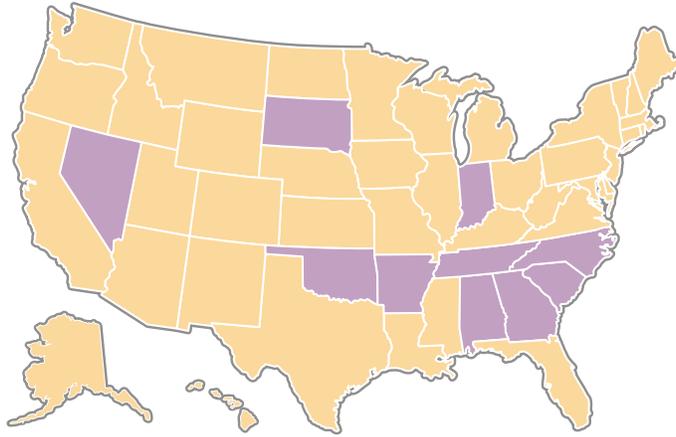
## Regional Concentration

Hispanics live throughout the United States but are highly concentrated in a few regions and major metropolitan areas. One-half live in just two states, California – predominantly in Los Angeles – and Texas. Hispanic communities in Arizona, Colorado, Nevada, and New Mexico contribute nine percent, with another nine percent of the population concentrated in Miami, Chicago, and New York.



According to the 2000 Census, there is substantial growth in suburban and rural areas where Hispanic communities are starting to emerge, such as in **Arkansas, Indiana, South Dakota, Nevada, and Oklahoma**. More than 3.8 million Hispanics, including about 400,000 seniors, live in the U.S. territory of Puerto Rico. Seniors in the Virgin Islands and Guam are estimated at about 19,000.

## Emerging Hispanic Population Growth



Source: 2000 Census

**Emerging Hispanic Population Growth of States with gain of 200% or more in rural and suburban areas**

### Medicare Program Participation

The number of Hispanic Medicare beneficiaries is growing rapidly. Government studies project that from 2000 to 2025, their numbers will climb from 5.3 percent to 18 percent of the U.S. elderly population (U.S. Census Bureau, Current Population Survey, March 2000). Given this rapid growth, the socioeconomic and demographic characteristics that distinguish elderly Hispanic Medicare beneficiaries from beneficiaries in general take on added significance. According to the 1996 Medicare Current Beneficiary Survey (MCBS), Hispanic beneficiaries age 65 and older:

- Reflect the relative youth of the Hispanic population: 63 percent are age 65 to 74, compared with 55 percent for the general population.
- Have less access to newer communication technologies such as VCRs (60 percent vs. 69 percent of beneficiaries in general), cable TV (53 percent vs. 67 percent of beneficiaries in general), and the Internet ( 3 percent vs. 7 percent of beneficiaries in general).
- Are more likely to live in metropolitan areas with 87 percent residing in urban and suburban areas and only 13 percent of Hispanic beneficiaries 65 to 74 years old living in rural areas, compared with 25 percent of all beneficiaries in this age group residing in rural areas.
- Are more likely to live with their children or other relatives: 27 percent compared with less than 14 percent for the general beneficiary population.

- Have substantially lower income and education on average: 73 percent of Hispanic beneficiaries reported an income less than \$15,000 in 1996 compared with 42 percent for the general Medicare population; 37 percent of Hispanic beneficiaries reported having less than 5 years of formal education compared with 7 percent of the general Medicare population.

At present, Hispanic Medicare beneficiaries are not easily identifiable because CMS data systems do not uniformly collect demographic information. According to the Census Bureau's Current Population Survey (March 1999), 1.6 million Hispanic elderly individuals were covered by some type of health insurance during the year, and 25 percent (443,000) were covered by Medicaid. Only 6 percent (99,000) did not have health insurance coverage of any kind at any time during the year. Despite majority participation in health insurance, HORIZONS consumer research shows elderly Hispanics are not taking advantage of their benefits or getting the healthcare services they need.

### **Language Barriers**

Most Hispanics share a cultural heritage that is linguistically Spanish and religiously Catholic. They also share core cultural values, such as the central role of family. However, there is great diversity among and within Hispanic subgroups. This diversity has often been misunderstood, particularly with respect to incorrectly classifying local or regional idiomatic use of Spanish as separate dialects rather than regional variations.

As most communication in American society relies on the English language, individuals who communicate only in another language are often not reached by education or information campaigns. The U.S. medical care delivery system relies on communication in English by patients and providers. Non-English-speaking patients are at a distinct disadvantage in communicating their concerns to providers, and administrators and providers' efforts

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to deliver high-quality medical care are hampered when they cannot communicate with their patients.

After English, Spanish is the most common language, spoken in 7.6 percent of U.S. households. The Census Bureau reports that 26.7 million Hispanics in the United States over the age of 5 speak Spanish at home. It estimates that 12.4 million Hispanics speak English “less than very well.” Communicating information and conducting education in Spanish can improve healthcare knowledge and access for a considerable number of beneficiaries.

Given high levels of illiteracy and reliance on Spanish, oral, face-to-face education is essential. Individuals with low reading skills and who rely on Spanish are often outside the flow of information that brings people to medical care.

Because beneficiaries and their caregivers need written educational materials, it is vital that they be in a bilingual format, and be simple, clear, and accurate. In addition, beneficiaries must be able to access these materials when they need to make a decision or understand an issue.

### **Education**

Low education levels (grade school or below) affect the type and quality of health care people receive. Those with low education levels may have a difficult time understanding and dealing with the paperwork of the U.S. healthcare system. Lack of education can also prevent people from understanding medical diagnoses, recommendations, and treatments.

**Elderly Hispanics have had the fewest years of formal schooling of senior groups.** The proportion of Hispanic seniors with lower levels of education is almost seven times higher than that of the non-Hispanic white population. Hispanic seniors have the second highest illiteracy rate of all racial and ethnic groups (Espino, 1992). An average of 56 percent of Hispanic adults are functionally illiterate in English. Of those, an estimated 88 percent are also illiterate in their native language (Espino, 1992).

## Cultural Beliefs

Religious beliefs and the concepts of *fatalismo* (fatalism) and *resignación* (acceptance) are part of the Hispanic culture. Some Hispanics believe their health is hereditary and determined by God. Therefore, they believe disease must be accepted and endured as a possible *castigo divino* (divine punishment) for personal sin or sins of family members. These concepts and attitudes can hinder trust and hope in treatments or preventive measures. As previously mentioned, HORIZONS consumer research revealed that Hispanic seniors show an interest in learning how to stay healthy, yet few seek preventive services, indicating that cultural beliefs may keep the target audience from accessing those preventive services covered by the Medicare program.

Some Hispanic elderly persons feel they are unwanted and victims of discrimination. Often, healthcare workers, knowingly or not, fail to demonstrate an interest in helping them. This violates their central cultural value of *respeto* (respect). The concept of *orgullo* (pride) also is very strong among Latino seniors, who often refuse to accept government help for health care because they perceive a welfare stigma attached to it.

## Mortality and Health

An epidemiological paradox has received considerable attention in recent years. Despite persistently high rates of poverty and disability, Hispanics live longer than other Americans. For example, although a higher proportion of Hispanics live in poverty, death from all causes appears to be about seven percent lower among Hispanics than non-Hispanic white seniors. Yet, Hispanics are more likely to report their health status as poor. **About one in three Hispanic seniors report their health as poor compared to about one in four non-Hispanic white seniors.**

The Census Bureau estimates that Hispanic men can expect to live a year longer than non-Hispanic white men (life expectancy at birth for Hispanics is 74.9 years; for whites it is 73.6 years). By age 65, the life expectancy of Hispanic men is almost 3 years longer than for non-Hispanic white men (83.5 compared with 80.7). Similarly, Hispanic women are expected to outlive non-Hispanic white women at birth and at age 65. The Census Bureau estimates that Hispanic women at birth can expect to live 82.2 years, and at age 65, they can expect to live to 86.8 years, whereas non-Hispanic white women have a life expectancy of about 80.1 years at birth and 84.4 at age 65.

The leading disease-related causes of death for Hispanic Americans are heart disease, diabetes, cancer, pneumonia, influenza, cerebrovascular diseases, and HIV infection. While the Medicare program covers vaccinations to prevent influenza and pneumonia, only 56 percent of Hispanics age 65 or older receive annual vaccinations.

Research has shown that Hispanics often face economic barriers to medical treatment and are reluctant to place their own medical needs over needs of family members. Other common barriers include a distrust of therapy, a preference for more familiar traditional remedies, and a fatalistic acceptance of the course of the disease. These additional barriers should be considered when producing materials and campaigns targeted to Hispanic seniors.

*The Medicare program has improved access by providing health insurance coverage to about two million Hispanic seniors, about five percent of all elderly persons in America today.*

### **C. Conclusion**

Major disparities mark the health care provided to the elderly Hispanic population in the United States. Factors contributing to disparate care include the following: reduced access to healthcare services, low literacy levels, fear of government programs, language barriers, poverty, lack of health insurance, cultural beliefs, and misinformation. The task of communicating with all eligible beneficiaries has become very complex, as Hispanic Medicare beneficiaries and their families have become increasingly diverse, ethnically, linguistically, and socially, since the mid-1960s. During a time marked by an influx of immigrants due to immigration law changes in the United States, civil wars in Central America, and economic pressures throughout Latin America, many Hispanic people left their troubled homes for a chance at the “American Dream.”

Hispanic beneficiaries and their families or those who assist them often have limited experience with health insurance, live in communities that rely on Spanish for communication, and have few social resources available to assist Hispanic seniors. The Medicare program has improved access by providing health insurance coverage to about two million Hispanic seniors, about five percent of all elderly persons in America today. However, Medicare is often the first, and sometimes the only, health insurance coverage Hispanics have. The U.S. Census Bureau estimates that by the year 2025, one in six elderly Americans will be Hispanic, and they will often rely solely on Medicare for healthcare coverage. Communicating how to best use the services provided by Medicare, using the product development and dissemination strategies suggested in this Guidebook, can play a critical role in meeting the healthcare needs of Hispanic seniors.

## **D. Key Organizations\***

### **National Organizations**

Center for Hispanic Policy, Research  
& Development  
P.O. Box 800, 101 S. Broad St. #CN800  
Trenton, NJ 08360  
(609) 984-3223

Cuban American National Council  
1223 SW 4th Street  
Miami, FL 33135  
(305) 642-3484

League of United Latin American Citizens  
2000 L Street, NW, Suite 610  
Washington, DC 20036  
(202) 833-6130

MANA, a National Latina Organization  
1725 K Street, NW, Suite 502  
Washington, DC 20006  
(202) 833-0060

National Alliance for Hispanic Health  
1501 16th St. NW  
Washington, DC 20036  
(202) 387-5000

National Association for Hispanic Elderly  
1452 West Temple, Suite 100  
Los Angeles, CA 90026-1724  
(213) 487-1922

National Center for Latinos with  
Disabilities  
1921 S. Blue Island  
Chicago, IL 60608  
1-800-532-3393

National Community for Latino  
Leadership Inc.  
1701 K Street, NW, Suite 301  
Washington, DC 20006  
(202) 721-8290

National Council of La Raza  
1111 19th, NW, Suite 1000  
Washington, DC 20036  
(202) 785-1670

National Hispana Leadership Institute  
1901 N. Moore St., Suite 206  
Arlington, VA 22206  
(703) 527-6007

National Hispanic Council on Aging  
2713 Ontario Rd, NW  
Washington, DC 20009  
(202) 745-2521

National Hispanic Medical Association  
1411 K Street, NW, Suite 200  
Washington, DC 20005  
(202) 628-5895

National Latina Health Organization  
P.O. Box 7567  
Oakland, CA 94601  
(510) 534-1362

National Latino Research Center  
One Civic Center Drive, Suite 150  
San Marcos, CA 92069  
(760) 750-3500

National Organization for the  
Advancement of Hispanics  
2217 Princess Anne St., Ste. 205-1  
Fredericksburg, VA 22401  
(985) 372-3437

\* Accurate as of April 2003

National Puerto Rican Coalition, Inc.  
1700 K Street, NW, Suite 500  
Washington, DC 20006  
(202) 223-3915

Office of Minority Health (DHHS)  
OMH Resource Center  
P.O. Box 373  
Washington, DC 20013  
1-800-444-6472

Tomas Rivera Policy Institute  
1050 N. Mills Ave.  
Pitzer College, Scott Hall  
Claremont, CA 91711-6101  
(909) 621-8897

United Farm Workers  
P.O. Box 62  
Keene, CA 93531

## **State and Local Organizations**

### **CALIFORNIA**

Latino Coalition for a Healthy California  
1225 8th Street, Suite 500  
Sacramento, CA 95814  
(916) 448-3234

Latino Issues Forum  
785 Market Street, Third Floor  
San Francisco, CA 94103  
(415) 284-7220

Mexican American Community Services Agency, Inc.  
130 N. Jackson Ave.  
San Jose, CA 95116  
(408) 928-1122

La Puente Senior Center  
16001 E. Main St.  
La Puente, CA 91744  
(626) 336-6133

St. Barnabas Senior Services  
675 S. Carondelet St.  
Los Angeles, CA 90057  
(213) 388-4444

El Sereno Senior Center  
4818 Klamath St.  
Los Angeles, CA 90032

Stanford Center for Chicano Research  
Cypress Hall, E-Wing  
Stanford, CA 94305  
(415) 723-3914

### **COLORADO**

Latin American Research  
And Service Agency  
309 West First Ave  
Denver, CO 80223  
(303) 722-5150

### **CONNECTICUT**

Hispanic Health Council  
175 Main Street, Fl 1-1  
Hartford, CT 06106-5307  
(860) 527-0856

Humanidad, Inc.  
1800 Silas Deane Hwy #159  
Rocky Hill, CT 06067-1317  
(860) 563-6103

### **DISTRICT OF COLUMBIA**

La Clínica del Pueblo  
1470 Irving St. NW  
Washington, DC 20010-2804  
(202) 462-4788

Council of Latino Agencies  
2437 15th St. NW  
Washington, DC 20009  
(202) 328-9451

Educational Organization for  
United Latin Americans  
1844 Columbia Rd. NW, Suite C-1  
Washington, DC 20009  
(202) 483-5800

**FLORIDA**

Action Community Center  
970 SW First St. #304  
Miami, FL 33130  
(305) 545-9298

Centro Educacional Bilingüe  
1040 SW 27th Ave.  
Miami, FL 33135  
(305) 649-4600

Florida Medical Quality Assurance, Inc.  
4350 West Cypress St., Suite 900  
Tampa, FL 33607  
(813) 354-9111

Hispanic American Alliance  
731 N. Lime Ave.  
Sarasota, FL 34237-4406  
(941) 366-1130

Hispanic Unity of Florida, Inc.  
5840 Johnson St.  
Hollywood, FL 33020  
(954) 964-5556

Little Havana Activities &  
Nutrition Center  
700 SW 8th St.  
Miami, FL 33130  
(305) 858-2610

**IDAHO**

Idaho Commission on Hispanic Affairs  
5460 W. Franklin Rd. #B  
Boise, ID 83705  
(208) 334-3776

**ILLINOIS**

Alivio Medical Center  
2415 S. Western Ave.  
Chicago, IL 60608-4704  
(773) 254-1400

El Centro  
3700 W. 26th Street  
Chicago, IL 60623  
(773) 542-5203

Chicago Nutrition and Education Center  
1924 West Chicago Ave.  
Chicago, IL 60622  
(773) 227-8022

Department of Public Health  
Office of Hispanic Affairs  
DePaul Center, 333 South State St.  
Rm. 2144  
Chicago, IL, 60604  
(312) 747-9691

**INDIANA**

Minority Health Coalition  
2700 Lafayette St. Lower  
Ft. Wayne, IN 46806  
(260) 456-4566

**KANSAS**

Harvest America Corporation  
14th & Metropolitan  
Kansas City, KS 66103-1084  
(913) 342-2121

**MARYLAND**

Centro de la Comunidad  
3021 Eastern Ave.  
Baltimore, MD 21224-3902  
(410) 675-8906

**MASSACHUSETTS**

Latino Health Institute  
95 Berkeley Street  
Boston, MA 02116  
(617) 350-6900

**MICHIGAN**

Hispanic Center of Western Michigan  
730 Grandville Ave., SW  
Grand Rapids, MI 49503  
(616) 742-0200

Julian Samora Research Institute  
301 Nisbet Building  
1407 S. Harrison  
E. Lansing, MI 48824  
(517) 432-1317

The Spanish Speaking Information Center  
901 Chippewa, 2nd Floor  
Flint, MI 48503  
(810) 239-4417

**MINNESOTA**

Chicanos Latinos Unidos en Servicio  
2700 E. Lake St.  
Minneapolis, MN 55404  
(612) 871-0200

**MISSOURI**

Cabot Westside Clinic  
1810 Summit  
Kansas City, MO 64108  
(816) 471-0900

**NEBRASKA**

NAF Multicultural Human  
Development, Inc.  
306 East 6th Street  
North Platte, NE 69103-1459  
(308) 534-2630

**NEW MEXICO**

Los Abuelitos de la Casa Buena  
1515 W. Fir St.  
Portales, NM 88130  
(505) 356-5056

Clínica de Familia  
205 W. Boutz Rd., Bldg. #6  
Las Cruces, NM 88005  
(505) 526-1105

North Valley Senior Center  
3825 4th Street NW  
Albuquerque, NM 87107  
(505) 761-4025

**NEW YORK**

Alianza Dominicana, Inc.  
715 W. 179th St.  
New York, NY 10033-6020  
(212) 795-4226

Hispanic Federation  
130 William Street, 9th Floor  
New York, NY 10038  
(212) 233-8955

Latino Gerontological Center  
120 Wall Street, 23rd Floor  
New York, NY 10005  
(212) 344-9636

Rural Opportunities, Inc.  
400 East Ave.  
Rochester, NY 14607-1910  
(585) 546-7180

The Spanish Speaking Elderly Council-  
RAICES  
30 Third Ave., Rm. 617  
Brooklyn, NY 11217  
(718) 643-0232

## **OHIO**

Ohio Commission on Hispanic/Latino  
Affairs  
77 South High St., 18th Floor  
Columbus, OH 43215  
(614) 466-8333

## **TEXAS**

Acres Homes Senior Program  
6719 W. Montgomery  
Houston, TX 77091  
(713) 694-4165

Almeda Senior Program  
13314 Almeda St.  
Houston, TX 77045

Banquete Senior Center  
4th St. & Hwy 44  
Banquete, TX 78339  
(361) 387-5665

Bay Area Senior Program  
1300 Bay Area Blvd.  
Houston, TX 77058  
(281) 282-6073

Bishop Senior Center  
406 W. 6th St.  
Bishop, TX 78343  
(361) 584-3755

Bordersville Senior Program  
19301 Hightower Lane  
Humble, TX 77338  
(281) 319-4909

Brady Social Service Center  
4009 Elm St.  
Dallas, TX 75212  
(214) 826-8330

Broadmoor Senior Center  
1651 Tarlton St.  
Corpus Christi, TX 78415  
(361) 888-7012

Brooks County Senior Center  
500 W. Travis  
Falfurrias, TX 78355  
(361) 325-9052

City of Jacinto Senior Program  
10201 Challenger 7  
Jacinto City, TX 77029  
(713) 675-4487

City of La Porte Senior Program  
1322 S. Broadway  
La Porte, TX 77571  
(281) 470-9897

Greenwood Senior Center  
4040 Greenwood Drive  
Corpus Christi, TX 78415  
(361) 854-4628

City of Pasadena Senior Program  
720 Fairmont Pkwy.  
Pasadena, TX 77504  
(713) 944-6600

Gregorio Martínez Senior Center  
121 Bee St.  
Mathis, TX 78368  
(361) 547-6232

City of South Houston Senior Program  
1007 State St.  
South Houston, TX 77587  
(713) 947-7700, ext. 355

Gregory Senior Center  
103 Granjeno  
Gregory, TX 78359  
(361) 643-4197

Commander's House  
645 S. Main  
San Antonio, TX 78204  
(210) 224-1684

Huffman-Crosby Senior Program  
23606 FM 2100  
Huffman, TX 77336  
(281) 462-0543

Community Action Center  
806 Alviar  
Alice, TX 78332  
(361) 664-0099

Independence Heights Senior Program  
603 E. 35th St.  
Houston, TX 77022  
(713) 862-8382

Council on Aging Senior Center  
912 S. Church St.  
Rockport, TX 78382  
(361) 729-5352

Ingleside Senior Center  
Ave. E & Seventh  
Ingleside, TX 78362  
(361) 776-3136

David Berlanga Senior Center  
1513 Second St.  
Agua Dulce, TX 78330  
(361) 998-2208

Kleberg County Human Services  
720 E. Lee  
Kingsville, TX 78363  
(361) 595-8572

Edroy Senior Center  
Parish Hall CR 50B  
Edroy, TX 78352  
(361) 368-2818

Lyerly Senior Program  
75 Lyerly  
Houston, TX 77052  
(713) 691-1212

McSwain Senior Center  
215 13th St.  
Aransas Pass, TX 78366  
(361) 758-3669

Pettus Senior Citizens  
700 E. Main  
Pettus, TX 78146  
(361) 375-2598

North Central Senior Program  
9718 Clark Rd.  
Houston, TX 77076  
(713) 695-3167

Portland Senior Center  
601 Wildcat  
Portland, TX 78374  
(361) 643-6501 #258

Northwest Senior Center  
9725 Up River Rd.  
Corpus Christi, TX 78410  
(361) 241-3956

Presa Community Center  
3721 S. Presa  
San Antonio, TX 78210  
(210) 532-5295

Oakwood Senior Nutrition Program  
7029 Appleton St.  
Houston, TX 77022  
(713) 695-2828

Robstown Senior Center  
1427 FM 892  
Robstown, TX 78380

Odem Senior Center  
700 Cook St.  
Odem, TX 78370  
(361) 368-2900

San Jose Senior Center  
FM Rd. 2295  
San Jose, TX 78384  
(361) 256-4154

Outreach Health Services  
2855 Magnum Rd. #413  
Houston, TX 77092  
(713) 683-9197

Sandia Senior Services  
Hwy 359  
Sandia, TX 78372  
(361) 547-3837

Oveal Williams Senior Center  
1414 Martin Luther King  
Corpus Christi, TX 78401  
(361) 887-7633

Settegast Senior Program  
8100 Kenton  
Houston, TX 77028  
(713) 675-3139

Palacio del Sol  
400 N. Frio  
San Antonio, TX 78207  
(210) 224-0442

Sinton Senior Center  
813 Sodville  
Sinton, TX 78387  
(361) 364-5573

Taft Senior Center  
110 Allende  
Taft, TX 78390  
(361) 528-3867

Texas Medical Foundation  
901 Mopac Expressway South  
Austin, TX 78746  
(512) 329-6610

United Hispanic Americans, Inc.  
La Voz del Anciano  
3316 Sylvan Avenue  
Dallas, TX 75212  
(214) 352-1700

Zavala Senior Center  
510 Osage  
Corpus Christi, TX 78405  
(361) 882-1149

## **VIRGINIA**

Hispanic Committee of Virginia  
5827 Columbia Pike #200  
Falls Church, VA 22041-2027  
(703) 671-5666

Hispanic Resource Center  
8027 Leesburg Pike #702  
Vienna, VA 22182  
(703) 827-8666

## **WASHINGTON**

El Centro de la Raza  
2524 16th Ave.  
Seattle, WA 98144  
(206) 329-9442

## **WISCONSIN**

El Centro Hispano  
924 E. Clarke St.  
Milwaukee, WI 53212  
(414) 263-4522

## E. Bibliography

**Reference:** U.S. Census – Current Population Reports  
**Author:** Betsy Guzmán  
**Year:** 2000  
**Title:** “The Hispanic Population”  
**Pages:** 8  
**Keywords:** Hispanic, Latino, Spanish Origin

**Abstract:** In Census 2000, 281.4 million residents were counted in the United States, of which 35.3 million were Hispanic. This report, part of a series that analyzes population and housing data collected by Census 2000, profiles the Hispanic population in the United States. Highlights: The Hispanic population increased by more than 50 percent since 1990; more than three quarters of Hispanics live in the West or South; half of all Hispanics live in two states – California and Texas – but some Hispanics live in nontraditional states.

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**Reference:** U.S. Census – Current Population Reports  
**Author:** Elizabeth M. Grieco and Rachel C. Cassidy  
**Year:** 2000  
**Title:** “Overview of Race and Hispanic Origin”  
**Pages:** 11  
**Keywords:** Hispanic Origin, Latino, Race Population

**Abstract:** One of the Census 2000 changes was a revision of questions on race and Hispanic origin to better reflect the country’s growing diversity. This report offers a portrait of race and Hispanic origin in the United States and discusses national distributions. It is based on the Census 2000 Redistricting Summary File, among the first Census 2000 data products released, used by states to draw boundaries for legislative districts.

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**Reference:** U.S. Census – Current Population Reports  
**Author:** Roberto R. Ramirez  
**Year:** 1999  
**Title:** “The Hispanic Population in the United States”  
**Pages:** 5  
**Keywords:** Population Size, Hispanic Origin, Latinos

**Abstract:** This report gives statistics on the civilian non-institutional Hispanic population of the United States, based on the March 1999 Current Population Survey. Discusses population size and composition, educational attainment, employment characteristics, and poverty.

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**Reference:** U.S. Census – Current Population Reports  
**Author:** Frank B. Hobbs with Bonnie L. Damon  
**Year:** 1996  
**Title:** “65+ in the United States”  
**Pages:** 15  
**Keywords:** Aging, Health, Elderly Population, Hispanics

**Abstract:** This report centers on the diversity of the elderly – 65 years and older – in terms of race, ethnicity, gender, economic status, longevity, health and social characteristics, and geographic distribution. It examines possible implications of demographic changes. Characteristics of the elderly of the future are likely to be very different from those of today’s seniors. For instance, educational attainment levels will be higher.

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**Reference:** Guidebook  
**Author:** Christina Lopez, The National Council of La Raza, and Raúl Yzaguirre  
**Year:** 1992  
**Title:** Reaching and Serving Hispanic Elderly: A Guide for Non-Hispanic Organizations  
**Pages:** 89  
**Keywords:** Hispanic Elderly, Aging, Hispanic Population

**Abstract:** The National Council of La Raza (NCLR) Ancianos Network Project developed this guide to help mainstream organizations and professionals and volunteers for the aging develop culturally relevant outreach and service programs for elderly Hispanics. The rapid growth of the Hispanic seniors has tremendous implications for the aging network, since this population is among the most needy in the country. As the numbers of elderly Hispanic increase, the network will face growing demand for services to Hispanics. Some of this demand will be met by Hispanic-controlled organizations. While a majority of the staff of mainstream groups may wish to work with Hispanics, many have little or no experience with the Hispanic community nor understand its special history and culture.

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**Reference:** Report  
**Author:** R. Burciaga Valdez, Ph.D. and Beatriz Urraca, Ph.D.  
**Year:** 2001  
**Title:** “Speaking Americano ‘Nuestra lengua’: Spanish Language Use in the United States”  
**Pages:** 43  
**Keywords:** Spanish, Dialects, Elderly Population, Spanish-language

**Abstract:** Spanish is one of the oldest languages spoken in the United States. This report addresses how to use the Spanish language in public communications. A fundamental question that arises in corporate and government circles is whether different

versions of Spanish-language materials need to be produced to communicate effectively with Hispanic communities in the United States. The report includes recommendations for reaching seniors with public program information and helping them and their families make healthcare decisions.

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**Reference:** Chart Pack  
**Author:** Kaiser Family Foundation  
**Year:** 1998  
**Title:** “What’s the Diagnosis? Latinos, Media & Health”  
**Pages:** 14  
**Keywords:** Latinos, Media, Health

**Abstract:** This report includes several surveys, including National and Three-Region Survey of Latinos on the Media and Health, Content Study of Health Coverage in Latino-Oriented News Media, and Content Study of Sexual Health Coverage in Latino-Oriented Magazines. In the National and Three-Region Survey of Latinos on the Media and Health, a series of charts indicate that Latinos see a variety of health concerns as “big problems” for Latinos in their local area. Latinos want more information about health topics and receive health information mainly from television. Results of Content Study of Health Coverage in Latino-Oriented News Media indicate that Latino-oriented news media focus more on health, and the dominant topic in Latino-oriented news media health coverage in 1997–1998 was disease and medical issues. Content Study of Sexual Health Coverage in Latino-Oriented Magazines includes charts that address health coverage in Latino-oriented magazines. It found limited sexual health information in Latin-oriented women’s and teen magazines, and limited magazine coverage of causes or solutions of sexual health problems in Latino-oriented magazines.

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**Reference:** Latino/Hispanic Public Education Communication Plan  
**Author:** National Eye Health Education Program  
**Year:** 1994  
**Title:** *National Eye Health Education Program Latino/Hispanic Public Education Communication Plan: Reaching Latinos/Hispanics at Risk*  
**Pages:** 39  
**Keywords:** Latino, Hispanic, Diabetes, Eye Disease

**Abstract:** To design effective health education and communication materials, program strategists must understand the target audience’s health knowledge, attitudes, and practices. In addition, they must be sensitive to Latinos’ cultural and social beliefs and incorporate these into the context of health messages. Therefore, an essential element of a Latino/Hispanic communication plan is information on the health beliefs and practices of the Latino/Hispanic communities. A review of secondary research on the four primary Latino/Hispanic subgroups (Puerto Ricans, Mexican Americans, Cuban

Americans, and Central Americans) revealed a lack of information on 1) diabetic eye disease incidence for Puerto Ricans, Cuban Americans, and Central Americans, 2) general health practices and practices specific to diabetic retinopathy, 3) sources of health information, specifically on eye health care, 4) access to mainstream medicine, and 5) appropriate change agents and communication channels.

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**Reference:** Chart Pack  
**Author:** Henry J. Kaiser Family Foundation  
**Year:** 1999  
**Title:** “Race, Ethnicity & Medical Care”  
**Keywords:** A Survey of Public Perceptions and Experiences

**Abstract:** A sampling of charts and graphs shows 75 percent of Latinos find racism a problem in health care, 56 percent believe Latinos receive lower quality healthcare services than whites. Latinos think the healthcare system treats them unfairly because of how much money they have (64 percent), whether they have health insurance (69 percent), and how well they speak English (72 percent). Among Latinos, 87 percent have a problem affording health insurance and necessary medical care, 62 percent say there aren’t enough doctors and other healthcare providers near where they live, 72 percent say they have difficulty getting care because of their race or ethnic background.

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**Reference:** Website-<http://www.nhcoa.org/stats.html>  
**Author:** United States Hispanic Leadership Institute  
**Year:** 2000  
**Title:** “Latino Electoral Potential 2000-2025”  
**Pages:** 1–6  
**Keywords:** Voters, Latinos, Population Demographics

**Abstract:** A statistical survey of the Latino electoral potential with population demographics and speculation on the potential for the future.

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**Reference:** Report  
**Author:** Herminia L. Cubillos & Margarita Prieto, La Raza  
**Year:** 1987  
**Title:** “The Hispanic Elderly: A Demographic Profile”  
**Keywords:** Hispanic Elderly, Aging, La Raza

**Abstract:** Demographic report on elderly Hispanics. Hispanics are a young population, current median age is 25, compared with almost 33 for non-Hispanics. Poverty rate has worsened for Hispanic families, and the Hispanic elderly population is growing rapidly. Hispanic seniors are primarily concentrated in four states – California, Florida, New York, and Texas. Hispanics are the least educated elderly subgroup. Hispanic seniors are less likely than blacks or whites to receive Social Security.

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**Reference:** Module V  
**Author:** Nancy Neff, M.D.  
**Title:** “Folk Medicine in Hispanics in the Southwestern United States”  
**Volume:** Internet article at  
www.sbp.bcm.tmc.edu:80/Hispanic/Courses/7/mod7.html  
**Keywords:** Origins and applications of Hispanic Folk Medicine, common illnesses and remedies, incorporating beliefs in effective patient management, counseling plans.

**Abstract:** All people use folk medicine of some sort, in the guise of home remedies to treat minor illness. In the Hispanic community, many have a hierarchy of treatment. Studies have shown that 90 percent of folk medicine adherents do not use the services of a *curandero* (folk doctor). Neighbors and relatives are valuable sources of information. If a *Señora* (married woman) or *Abuela* (grandmother) cannot treat the person, he is usually referred to an herbalist, massage therapist, or midwife. If these cannot handle the problem, the patient may be referred to a *curandero*. Most *curanderos* refer severe health problems to the medical profession. This culture has a system of classifying diseases based on signs or symptoms and treatments. When Hispanics feel well, they believe they are well. The concept of disease prevention is alien.

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**Reference:** Journal Article  
**Author:** Andrew A. Skolnick  
**Year:** 1997  
**Title:** “Hard to Reach Hispanics Get Health News Via Physician’s Radio”  
**Journal:** *The Journal of the American Medical Association*  
**Volume:** 278  
**Pages:** 269 (3)  
**Keywords:** Dr. Elmer E. Huerta provides health education for Hispanics.

**Abstract:** Dr. Huerta speaks to the Hispanic population in easy-to-understand (sixth grade level) Spanish, free of national or regional idioms or slang, and in a calm, reassuring tone. Listeners trust him as if he were their family physician and he understands the mindset common in Latin America. He stresses that “the key to reaching so-called ‘hard to reach’ populations is to provide them with health information that they can understand.”

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**Reference:** Presentation  
**Author:** Kyriakos Markides  
**Year:** 1997  
**Title:** “The Health of Mexican-American Elderly”  
**Keywords:** Mexican American Elderly, Health

**Abstract:** A presentation at the University of California at Berkley by Dr. Markides, professor and director of Sociomedical Sciences, University of Texas, Galveston on a collaborative research project begun by the National Institute on Aging, Hispanic-Established Populations for Epidemiology Studies of the Elderly (HEPESE). Dr. Markides' study examined more than 3,000 Mexican Americans 65 and older from five southwestern states. Looks at health and functioning in this population.

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**Reference:** Article  
**Author:** Marina Garcia-Vasquez  
**Year:** 2000  
**Title:** "Caring for Abuelito: Services Lacking for Latino Elderly"  
**Keywords:** *Abuelito* (grandfather), Latino Elderly

**Abstract:** The author discusses her efforts to obtain a healthcare facility for her *abuelo* (grandfather). Mario Tapia, founder of the Latino Gerontology Center, says the greatest challenges are finding services for seniors that incorporate the language, cultural values, and beliefs important to elderly Latinos. Among Latino seniors, 34 percent live alone. Increasingly, they are living in poverty and isolation, and need help to access social services.

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**Reference:** Book  
**Author:** Carmel Theresa Acosta-Cooper, Ed.D.  
**Year:** 1989  
**Title:** *The Influence of Support Systems on the Subjective Well Being of Mexican American Elderly*  
**Keywords:** Mexican American Elderly, Support Systems

**Abstract:** This study investigated the influence of support systems (family, other informal, and no support) and cultural factors on the subjective well being of Mexican American elderly. A secondary analysis was conducted on a national sample of 1,166 elderly Mexican Americans, 55 years and older. Mexican American elderly relied extensively on their families – predominantly spouse and children – for support, and very little on neighbors and friends or on formal support. These support systems had minimal, negative influence on subjective well-being, which was positive for a large majority of the sample. Region of residence was an important correlate of subjective well-being and of the support systems used.

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**Reference:** Testimony before Subcommittee on Social Security  
**Author:** Eric Rodriguez  
**Year:** 1999  
**Title:** *Hearing on the Impacts of the Current Social Security System – Reducing Poverty, Protecting Minorities, Surviving Families, and Individuals with Disabilities*

**Keywords:** Social Security System, Hispanic Women

**Abstract:** National Council of La Raza (NCLR ) review of facts on Hispanic retirees and Social Security (also Medicare-age persons). From 1997 through 2020, the number of Hispanics 65 and over is projected to increase 185.1 percent. In 1990, Hispanics were 8 percent of the U.S. workforce; in 2030, they are projected to account for 17.2 percent. With their low median income and high percentage of elderly living below the poverty line, Latinos fare better than most Americans in the Social Security system in that low-wage workers receive a greater share of the resources they contributed to the system. Social Security payments replace a greater share of low-wage workers' lifetime earnings (60 percent compared with 25 percent for a high-wage earner). Latinos also have a longer life expectancy than other Americans and are thus likely to receive benefits longer. But because benefits are low, poverty among Latino retirees has not been reduced. Hispanic women are more likely to work in the home than others and less likely to have saved for retirement; they tend to rely heavily on Social Security benefits and tend to receive the lowest wages of any group of workers.

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**Reference:** Excerpt from Reference Source  
**Author:** Henry J. Kaiser Family Foundation  
**Year:** 1999  
**Title:** *Key Facts: Race, Ethnicity & Medical Care*  
**Pages:** Sections 1 & 2  
**Keywords:** Health, Health Coverage, Health Care

**Abstract:** A quick reference, *Key Facts*, highlights the best available data and research and focuses on medical care for minorities. Section 1 contains an overview of socio-demographic characteristics of the U.S. population with graphs. Section 2 presents health indices by socioeconomic conditions.

---

**Reference:** Final Report  
**Author:** The National Hispanic Council on Aging (NHCcA),  
Marta Sotomayor, Ph.D.  
**Year:** 1987  
**Title:** *An Information Retrieval and Dissemination Project in the Area of Long-Term Care: The Hispanic Elderly*  
**Keywords:** Long-Term Care, Hispanics, Latinos

**Abstract:** This project sought to identify why elderly Latinos don't take advantage of social and healthcare services. Community forums in four different states highlighted concerns of the Latino elderly: discrimination, gaps in implementation and interpretation of policies, and barriers to access. NHCcA advocates have organized to improve the welfare of Hispanic elderly by 1) increasing their use of available services and 2) by influencing public policy on local, state, and national levels. The project findings

support policies that explicitly consider rights, mechanisms for redress, and penalties for violations. They point to the value of set-asides and targeting specific resources for minority groups, such as elderly Latinos.

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**Reference:** Guide  
**Author:** Cristina Lopez  
**Year:** 1992  
**Title:** *Reaching and Serving Hispanic Elderly: A Guide for Non-Hispanic Elderly*  
**Pages:** 73  
**Keywords:** Reaching Hispanic Elderly, Cultural Needs of Hispanic Elderly

**Abstract:** National Council of La Raza provides insight on elderly Hispanics to non-Hispanic organizations. Data and surveys help identify the need to reduce cultural barriers that Hispanic elderly face in their communities. Worksheets help those working with Hispanic elderly learn effective outreach.

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**Reference:** Book  
**Author:** Cristina Lopez with Esther Aguilera  
**Year:** 1991  
**Title:** *On the Sidelines: Hispanic Elderly and the Continuum of Care*  
**Pages:** 66 pages  
**Keywords:** Hispanic Elderly, Services for Hispanic Elderly

**Abstract:** This report emphasizes the value of services and programs for Hispanic elderly. The report offers an overview of demographics, living arrangements, education, economic status, and health. Based on the research, NCLR made recommendations to improve opportunities and services for Hispanic elderly on a local, state, and national level.

---

**Reference:** Article  
**Author:** Julie A. Gazmararian, M.P.H., Ph.D.; David W. Baker, M.D., M.P.H.; Mark V. Williams, M.D.; Ruth M. Parker, M.D.; Tracy L. Scott, M.A.; Diane C. Green, M.P.H., Ph.D.; S. Nicole Ferenbach, M.P.P.; Junling Ren; and Jeffrey P. Koplan, M.D., M.P.H.  
**Year:** 1999  
**Title:** "Health Literacy Among Medicare Enrollees in a Managed Care Organization"  
**Journal:** Journal of the American Medical Association  
**Volume:** 281, No. 6  
**Pages:** 545-551  
**Keywords:** Literacy, Managed Care

**Abstract:** Elderly managed-care enrollees may not have the literacy skills to function adequately in the healthcare environment. Low health literacy may impair elderly patients' understanding of health messages and limit their ability to care for their medical problems. Overall, 33.9 percent of English-speaking and 53.9 percent of Spanish-speaking respondents had inadequate or marginal health literacy.

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**Reference:** Chart Book  
**Author:** Kaiser Family Foundation  
**Year:** 2001  
**Title:** *Medicare Chart Book*  
**Pages:** 19  
**Keywords:** Medicare Beneficiaries, Benefits, Medicare+Choice

**Abstract:** This book presents a framework and basic data for understanding the Medicare program and the challenges it faces. It is organized in six sections: Medicare's beneficiaries, Medicare spending and utilization, supplemental insurance and out-of-pocket spending, Medicare+Choice, Medicare and prescription drugs, and financing Medicare.

---

**Reference:** Article  
**Author:** Judith H. Hibbard, Jacquelyn J. Jewett, Siegfried Englemann, and Martin Tuslers  
**Year:** 1998  
**Title:** "Can Medicare Beneficiaries Make Informed Choices?"  
**Journal:** Health Affairs  
**Volume:** 17, Number 6  
**Pages:** 181-193  
**Keywords:** Medicare, HMOs

**Abstract:** This article (DataWatch) assesses Medicare beneficiaries' understanding of the differences between their managed-care and fee-for-service Medicare options. A telephone survey evaluated knowledge among 1,673 beneficiaries in five Medicare markets with high managed-care penetration. Half the samples were enrolled in health maintenance organizations (HMOs) and half in the traditional Medicare program. The findings show that 30 percent of beneficiaries know almost nothing about HMOs; only 11 percent have adequate knowledge to make an informed choice; and HMO enrollees have significantly lower knowledge levels of the differences between the two delivery systems. These findings have implications for educating beneficiaries about their choices.



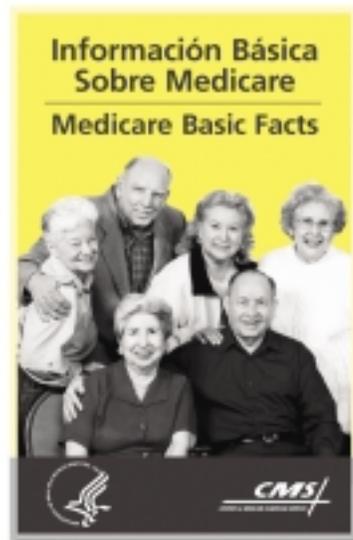
HORIZONS  
Prototypes



# PRINT PRODUCTS

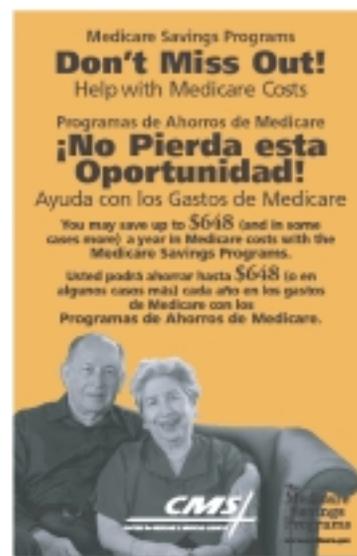
## BASIC FACTS BROCHURE

The Medicare Basic Facts brochure, targeted to elderly Hispanic Medicare beneficiaries and their caregivers, provides basic facts about Medicare health plans and coverage in a culturally-appropriate, easy-to-understand English and Spanish-language (bilingual) format. The 20-page brochure incorporates a large font size, icons, and photos that depict Hispanic seniors.



## MEDICARE SAVINGS PROGRAMS BROCHURE

This 5 1/2 x 8" 12-page brochure was designed to inform Hispanic seniors about available Medicare programs that help qualified beneficiaries pay for premiums and deductibles. Language was transcreated to be linguistically and culturally appropriate. Photos of Hispanic beneficiaries, icons, and basic Spanish and English text in a side-by-side format were implemented to help the elderly Hispanic Medicare beneficiary understand and identify with the product.



These prototypes are samples only and may not have received CMS clearance for public distribution.



## PREVENTIVE SERVICES PRINT ADS

These Spanish-language, 2 col. x 7" ads list Medicare-covered preventive services and feature a call to action, 1-800-MEDICARE phone number, and the Medicare web site address. The ads also inform seniors that a bilingual operator is available to answer questions when they call.

¿Quiere saber cómo Medicare le puede ayudar a mantenerse saludable?



Medicare cubre muchos servicios para ayudarle a mantenerse en salud. Hable con su doctor acerca de cuáles son los más adecuados para usted. Medicare le ayuda a cubrir los costos de:

- Exámenes para detectar cáncer del seno y colon
- Monitoreo de Diabetes
- Exámenes de los ojos para las personas con alto riesgo de Glaucoma
- Vacunas contra la Influenza, Hepatitis B, y más.

**Pregunte, Infórmese.**  
 Visite su oficina del Seguro Social más cercana para recibir información gratis, por escrito, sobre Medicare o llame gratis a la Línea de Ayuda de Medicare, día o noche al 1-800-633-4227 (1-800-MEDICARE; TTY/TELE: 1-877-486-2048) o visite a [www.medicare.gov](http://www.medicare.gov)

Un operador bilingüe estará disponible para contestar todas sus preguntas.

**CMS** | 1-800-MEDICARE  
 Ayúdame con nuestra ayuda.

Departamento de Salud y Servicios Humanos de los Estados Unidos

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 Ayúdame con nuestra ayuda.

Departamento de Salud y Servicios Humanos de los Estados Unidos

## INFORMATION CHANNEL PRINT ADS

The Spanish-language ads encourage beneficiaries to contact Medicare for information on plan choices, preventive services, nursing homes, and other issues. The 2 col. x 7" ads feature the 1-800-MEDICARE phone number, the Medicare web site address, and inform seniors that a bilingual operator is available to answer questions when they call.

¿Tiene Preguntas?  
 Medicare tiene las respuestas.

La siguiente información gratis que contesta sus preguntas de Medicare sobre:

- Su cobertura de Medicare y opciones de planes de Medicare
- Los Servicios Preventivos de Medicare para ayudarle a mantenerse en salud
- Ayuda de asistencia para usted o un ser querido, y más.

**Pregunte, Infórmese.**  
 Visite su oficina del Seguro Social más cercana para recibir información gratis, por escrito, sobre Medicare o llame gratis a la Línea de Ayuda de Medicare, día o noche al 1-800-633-4227 (1-800-MEDICARE; TTY/TELE: 1-877-486-2048) o visite a [www.medicare.gov](http://www.medicare.gov)

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## PREVENTIVE SERVICES POSTER

A four-color, 17x22" Spanish-language poster encouraging beneficiaries to utilize Medicare's preventive services in order to stay healthy and lead active lifestyles. The poster features a call to action and the 1-800-MEDICARE phone number to call for more information.



## INFORMATION CHANNEL POSTER

A four-color, Spanish-language 17x22" poster designed to inform beneficiaries on how to obtain free Medicare information. The 1-800-MEDICARE phone number is prominently displayed, and the Medicare web site is listed.

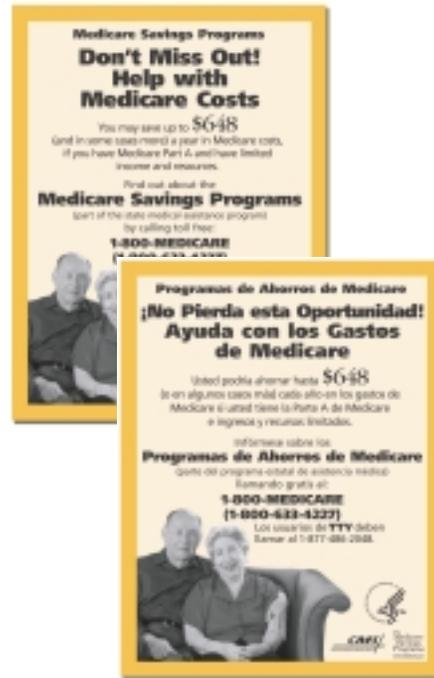


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# MEDICARE SAVINGS PROGRAMS POSTER

This poster catches Hispanic seniors' attention by informing them that they may be able to save up to \$648 in Medicare costs through the Medicare Savings Programs. Graphic elements feature an elderly Hispanic couple (which resonates well with our target market), and a large, easy-to-read point size. The poster was produced in both Spanish- and English-language formats, and the 1-800-MEDICARE phone number was prominently displayed for easy reference.



# MEDICARE SAVINGS PROGRAMS FACT SHEET

This informative fact sheet was produced in Spanish- and English-language formats and explained the Medicare Savings Programs in simple, easy to understand language. The I-800-MEDICARE phone number is provided and qualifications for each program are listed. The fact sheet also gives information on how to apply for the Medicare Savings Programs, as well as what documents beneficiaries need to provide when applying.

**Don't Miss Out!  
Help with Medicare Costs**  
You may save up to \$648 (and in some cases more) a year in Medicare costs.

As part of the medical assistance program, states have programs that may save money for anyone who has Medicare Part A and who has limited income and resources. If you qualify, you may not have to pay for Medicare premiums, and in some cases deductibles and co-insurance.

**Who Qualifies for the Medicare Savings Programs?**

**1.** Do you have Medicare Part A (Hospital Insurance)?  
If you're not sure if you have this, look on your red, white, and blue Medicare insurance card or call Social Security toll free at 1-800-772-1213. TTY users should call 1-877-372-7000.

**2.** If you are eligible for Medicare Part A, but do not have it because you can't afford it, there is a program that may pay Medicare Part A for you.

**3.** If you're not eligible for Social Security or Medicare, you may still be eligible for help to pay for medical costs under your state Medicaid program. To find out, call your nearest medical assistance office. Look for the number in the phone book under Medicaid, Social Services, Medical Assistance, Human Services, or Community Services. Or call Medicare's 24-hour helpline toll free at **1-800-MEDICARE (1-800-633-4227)** to find the phone number to call in your state. When you call ask for information on the Medicare Savings Programs. Or visit [www.medicare.gov](http://www.medicare.gov). TTY users should call 1-877-486-2048.

**4.** Your monthly income must be less than \$1,215 for one person or less than \$1,762\* for a couple.

**5.** Your resources (such as bank account, stocks, and bonds) cannot be more than \$4,000 for one person or \$6,000 for a couple. When figuring your resources, do not include the home you live in, one car, certain burial expenses, and the combined face value of your life insurance policy if it is \$5,000 or less.

\* These income tests are for 2002 and will increase slightly each year. Individual states may have more generous income requirements.

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**¡No Pierda esta Oportunidad!  
Ayuda con los Gastos de Medicare**  
Usted podría ahorrar hasta \$648 (o en algunos casos más) al año en los gastos de Medicare.

Como parte del programa de asistencia médica, los estados tienen programas que pueden ahorrarle dinero en los gastos de Medicare y que, en algunos casos, pueden pagar por prima y copagos.

**¿Quién califica para el Programa de Ahorros de Medicare?**

**1.** ¿Tiene usted la Parte A de Seguro Social (Seguro de Hospital)?  
Si no sabe si lo tiene, fíjese en su tarjeta roja, blanca y azul del Seguro Medicare o llame gratis al número del Seguro Social al 1-800-772-1213. Los usuarios de TTY deben llamar al 1-877-372-7000.

**2.** Si es elegible para la Parte A de Medicare pero no puede pagarla, existe un programa que podría pagar los pagos mensuales por usted.

**3.** Si no califica para el Seguro Social ni para Medicare, usted todavía puede ser elegible para ayuda en pagar sus gastos médicos bajo un programa Medicaid de su estado. Para averiguar, llame a la oficina más cerca de usted de asistencia médica, servicios de asistencia médica, servicios sociales, asistencia médica, servicios comunitarios o servicios de Medicare. O llame al número en la guía telefónica bajo el nombre de Medicaid, Servicios Sociales, Asistencia Médica, Servicios Comunitarios. O llame gratis las 24 horas del día a la línea de ayuda de Medicare al **1-800-MEDICARE (1-800-633-4227)** para conseguir el número de teléfono en su estado. Cuando llame, pregunte por el Programa de Ahorros de Medicare o llámelo a [www.medicare.gov](http://www.medicare.gov). Los usuarios de TTY deben llamar al 1-877-486-2048.

**4.** Su ingreso individual mensual debe ser menor de \$1,215\* o menor de \$1,762\* por pareja.

**5.** Sus recursos (como cuentas de banco, acciones y bonos) no deben ser más de \$4,000 por persona o \$6,000 por pareja. Cuando calcula sus recursos, NO incluye el hogar en el que vive, un automóvil, gastos de entierro, muebles, ni el valor agregado de su póliza de seguro de vida si es menor de \$5,000.

\* Estos ingresos tendrán más para el año 2002 aumentarán un poco cada año. Estados individuales pueden ser más generosos con los requisitos.

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# RADIO PSAs

## PREVENTIVE SERVICES :60 RADIO

A :60 Spanish-language radio PSA in which seniors overhear a conversation between a father and his daughter. The daughter encourages her father to get the medical tests he needs, as Medicare covers a wide variety of preventive services such as diabetes monitoring, and screenings for colon and breast cancer. Together, they call the 1-800-MEDICARE phone number to get more information. The spot encourages seniors to "Ask questions. Be Informed."



## PREVENTIVE SERVICES :30 RADIO

A shortened version of the :60 Spanish-language radio PSA. Encourages seniors to call the 1-800-MEDICARE phone number to ask about preventive services.

## INFORMATION CHANNEL :60 RADIO

A :60 Spanish-language radio PSA which reinforces our message to seniors to learn more about Medicare coverage options, preventive services, savings programs, and other issues. It relays the 1-800-MEDICARE phone number, web site address, and reminds them that a bilingual operator is available to answer their Medicare questions.

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## INFORMATION CHANNEL :30 RADIO

A :30 version of the :60 Spanish-language radio PSA which encourages seniors to call the toll-free I-800-MEDICARE phone number to get Medicare information.



## TELEVISION PSAs

### PREVENTIVE SERVICES (A) :30 TELEVISION

This spot features Hispanic seniors and their grandchildren enjoying active, healthy lifestyles such as fishing, gardening, bike riding, and enjoying time together:

Produced in Spanish, the spot displays the I-800-MEDICARE phone number and encourages seniors to take advantage of Medicare's preventive services.



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## PREVENTIVE SERVICES (B) :30 TELEVISION

This Spanish-language spot features Hispanic elderly only enjoying healthy activities such as bike riding, fishing, playing with their pets, and enjoying the company of friends. The spot displays the 1-800-MEDICARE phone number and encourages seniors to take advantage of Medicare's preventive services.



## INFORMATION CHANNEL :30 TELEVISION

Produced in Spanish, this spot features an elderly Hispanic woman asking herself where to get Medicare information. The woman is exposed to a billboard, bus, and a direct mail piece, each with the 1-800-MEDICARE phone number prominently displayed. She, in turn, encourages seniors to call Medicare toll free, day or night, to get answers to their Medicare questions.



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## MEDICARE SAVINGS PROGRAMS

### :30 & :60 TELEVISION

As these PSAs open, we see an elderly Hispanic woman looking over her pile of bills, worried and frustrated. As the narrator talks of saving money through the Medicare Savings Programs, we see the beneficiary calling to request the Medicare Savings Programs brochure. Qualifying requirements are shown on the screen, as well as the 1-800-MEDICARE phone number. The last scene shows the happy elderly couple at the grocery store buying fresh produce. The PSAs were produced in both Spanish- and English-language formats.



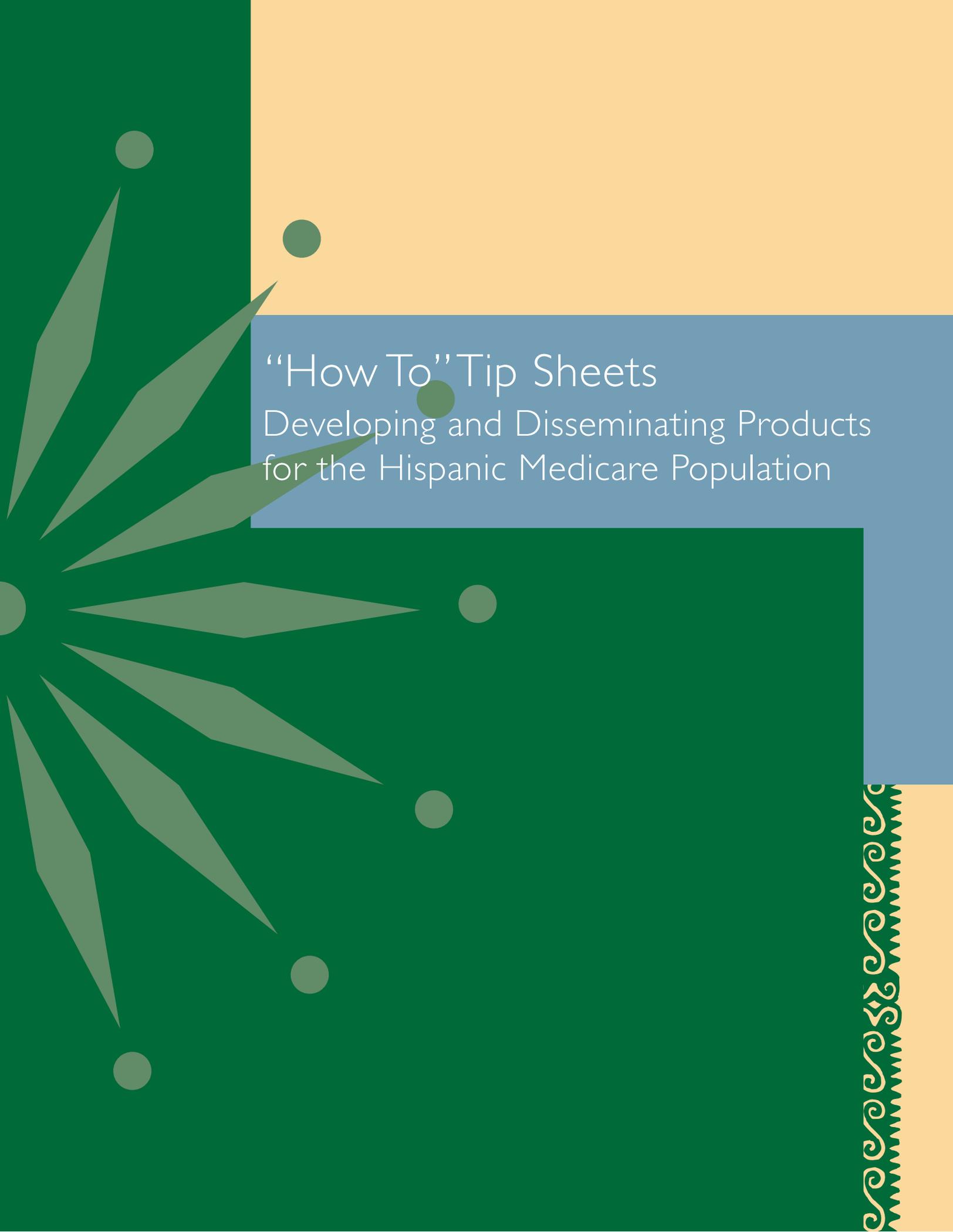
## MEDICARE SAVINGS PROGRAMS 6:30 VIDEO

This video uses a *novela* (soap opera)-type format to inform Hispanic senior Medicare beneficiaries about Medicare Savings Programs. The video features an elderly Hispanic couple who view a TV spot urging seniors to call 1-800-MEDICARE to find out if they qualify for Medicare Savings Programs. The couple visits their local community center where a CMS representative explains the savings programs. The video ends with the couple happily relaying to their family that they are now saving money with the Medicare Savings Programs. This video was produced in Spanish and incorporated English subtitles.



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“How To” Tip Sheets  
Developing and Disseminating Products  
for the Hispanic Medicare Population

The following pages provide step-by-step instructions for developing products and planning events for outreach to the Hispanic Medicare beneficiary population. We still have much to learn about this growing beneficiary population group, and consider this information “under construction” (👷). Information marked with a (☀️) is specific to the Hispanic population. Additional tips provided can be used with all populations.

# **Translated Materials & Bilingual Formats for the Hispanic Medicare Population**

## **1. Ask yourself:**

- Does the information I want to relay already exist somewhere?
  - Can I adapt existing information to reach the target audience, or should I start from scratch?
-  Should the information be created in only one language (Spanish), or a bilingual format (Spanish & English copy featured side-by-side), for those comfortable with both languages?

## **2. Translating copy & choosing a translator**

-  Don't provide a literal translation of English word-for-word into Spanish – this does not work well!
-  Choose a translator who is both bilingual and bicultural.
- A good “transcreation” (a product that is culture- and language-appropriate) uses nuances, concepts, and phrases familiar to the target audience.
-  Have someone other than the original translator back-translate the material – translate from Spanish back to English – to ensure that no information was lost and that the message is on target.
-  When possible, test the content and language with the target audience, and involve community partners in the process.
- If possible, have several editors review. Revise and retest copy as necessary.

## **3. Bilingual formats**

-  Assess language preference and decide if a bilingual format is feasible. In general, Hispanic Medicare beneficiaries prefer a bilingual format.
-  If bilingual, format the document to feature the languages side-by-side – don't make one language appear dominant over the other.
-  For television and radio ads, send separate Spanish and English formats for broadcast on respective stations.
-  All Medicare products should use simple, basic Spanish.

## **4. Dissemination**

-  Find key organizations in targeted communities to display and distribute the product. (Refer to Guidebook for suggestions of Key Organizations.)

- ☀ Call community partners and tell them about the new product; most will be happy to help disseminate it. Target doctors' offices, pharmacies, senior centers, churches, and grocery stores – places frequented by Hispanic seniors.
- Post/promote the product on your web site, and make sure government partners (federal, state, and local) are aware of it.
- Make sure everyone in your organization who can use this product knows that it exists.

## **5. Evaluating the communication effort**

- When planning your communication effort, include an assessment of what worked, what did not work, and why.
- Some effective assessment tools:
  - Share your plans with community partners and stakeholders, and solicit their input.
  - Conduct face-to-face interviews or focus testing with your audience to obtain feedback.
  - Ask community-based organizations if people are using services more often or more effectively as a result of your effort.
  - Use built-in evaluations, such as coupons.
  - Keep a book of news clippings for future reference.

# **Outdoor & Alternative Media for the Hispanic Medicare Population**

## **1. Ask yourself:**

- What format of outdoor or alternative media will best reach the target audience?
- What formats are available in the areas I want to target?
- Do I know the habits of the target audience – for example, are they driving or using public transportation? Ask your target audience, partners, and community-based organizations who assist them. Ask media outlets, review demographic information, and obtain data from public transportation companies.

## **2. Making the right choice**

- Outdoor ads, such as public transit advertising and billboards, get great exposure and build image and credibility.
- Ask transit companies what options are available for advertising.
- Remember, billboards stay in one place; your message will reach the audience traveling by your billboard every day.
- Alternative media include subway, train, and bus advertising; sandwich boards (outdoor signage printed front and back); and other places where the message might attract attention.

## **3. Designing outdoor & alternative media**

- Keep it short – six words or fewer.
- Keep the concept simple. For example, say: “Call 1-800-MEDICARE for your Medicare questions.”
- Be sure print is large, clear, and easy to read.
- Feature one large graphic to attract attention.
- Make sure the billboard is illuminated.
- Choose a high-traffic area used by the target audience.

 Test the design and text to ensure effectiveness with the Hispanic population.

## **4. Producing & placing the media**

- Call the billboard, bus, subway, or train companies in the target area and ask what locations/routes are available.
- Identify media companies.

- Determine costs, including how long the ad will run, production, printing, and installation.
- Ask the transit company for demographic information (the age of their riders, the routes they take, and an estimate of the number of times the target audience will see the message).
- Most media companies will produce the ad if you provide the copy, photos, and concept.
- Be aware of fees, licenses, and other legal requirements.
- Plan to produce an additional quantity of the item, approximately 10 percent, to allow for possible damage and the need for periodic reposting.
- Consider placing ads on smaller posters inside transit vehicles and on kiosks located in stations and depots.

## **5. Dissemination**

- Work with the media outlets to develop a map and schedule to meet your needs.
- The media company will install/place all media and provide a schedule of display times for the locations where signage is placed.

# Educational Videos for the Hispanic Medicare Population

## 1. Ask yourself:

- What information needs to be relayed? Research your audience. Consider: Guidebook, community-based organizations, and other sources.
- How much time will it take to convey the message? (Research has shown the audience loses interest after 7 minutes.)
- How should the message be delivered? Copy (script), bullet points, and a narrator might be all that is needed. Professional talent might be more effective in telling a story.

## 2. Write the script

- Gather the information needed to write the script.
- Write, edit, and keep the language/dialogue simple.
-  Use a translator if needed, and follow the rules for creating Spanish-language print materials (translations).
- If using just copy and a narrator, jazz it up with animation, color, icons, and music.
- Allow for transitions from scene to scene.
- Ensure the dialogue is synchronized to the action on the screen.
-  Consider using a *novela* (soap opera)-type format, which works well across many Hispanic population subgroups.
-  Focus test the storyboard and concept with the target audience for cultural appropriateness, understandability, saliency, and overall appeal.

## 3. Pre-production is a must

- A video is a long production; careful preparation is a must!
- Hire a production company to take care of the details. They will have the requisite expertise and insurance for the filming/shooting. With your input they can take care of the following:
  -  Identify culturally-appropriate talent and negotiate buy-outs/licensing agreements.
    - Identify locations for shooting/filming and obtain any necessary licenses and permission.
    - Hire the crew including lighting technicians, sound technicians, wardrobe, and make-up.

- Schedule production and provide maps, directions, etc.
- Buy props.
- Provide snacks and meals.

#### **4. Production**

- Leave extra/enough time and prepare for the unexpected. Talent may take a while to get their lines just right, or a piece of equipment might break down.
- If you decide to stick with copy and narration, all production will take place in an editing studio. Sit side-by-side with the editor and tell him/her the concept – together, you can build the video on the studio’s monitor, and narration can be dropped in.

#### **5. The editing process**

- Use a professional editor – production studios will provide someone who can carefully cut away to scenes, insert dialogue where needed, and make sure everything is timed just right.
- Make sure you have all the logos and artwork the editor may need.
- There may be a better way to say something, and you may need to work with the editor on ways to insert new dialogue without losing or adding time to your video.
- If your script is well written, and dialogue and scenes transition smoothly, editing should go well.

#### **6. Dissemination**

- Send your video package to local public television stations and local cable access stations, and ask them to fit it into their public access schedule.
- Find key culturally-appropriate organizations in targeted communities to display and distribute the product.
-  Call community partners and tell them about the new product – most will be happy to help disseminate it. Target doctors’ offices, senior and community centers, churches, and other places frequented by Hispanic seniors.
- Make sure everyone in your organization who can use this product is aware of it.

# Outreach Events for the Hispanic Medicare Population

## 1. Outreach events & community partners

- Community partners are essential to a successful event. They add value and credibility to your outreach effort.
- Search out community partners and key organizations that have the same goals as yours.
- Find out if together you can create an event to reach the target audience. They may have an established event in which your organization can become a partner.
- To take advantage of your common interests, work with local chapters of national organizations such as the American Heart Association or the American Diabetes Association.

## 2. Planning the event

- Estimate the number of attendees and make sure you have plenty of brochures and items to distribute.
- Enlist trained staff who are linguistically and culturally competent.
-  Write a press release and contact the media to write a feature story and cover the event, preferably in a local Hispanic newspaper.
- Remember, you are performing a function of social and economic importance – this fact will help you negotiate ad space to promote the event, or might even get you a media sponsorship.
-  Find sponsors (e.g., Latino organizations) to contribute free items and share other important health information.
- Make sure there is enough to do. People enjoy receiving free items and information. Services such as health screenings and cooking demonstrations provide an added bonus!

## 3. Day of the event

- Distribute the products on hand and come prepared to answer questions.
- Don't be surprised if seniors bring you medical bills and other healthcare-related information for you to look over. Be prepared to answer questions and schedule follow-up appointments.
- Use this event to gather important insight – you may want to ask everyone you greet if the products and information you are providing are helpful.
- Use each event as a learning experience and testing ground – keep a log of what worked, what did not work, and other lessons learned.

# **TV & Radio Public Service Announcements (PSAs) for the Hispanic Medicare Population**

## **1. Keep in mind:**

-  Audiovisual media products, such as television and radio public service announcements (PSAs), are generally preferred over print products by the Hispanic audience.
-  It is beneficial to create both Spanish- and English-language PSAs – one to reach the majority of Spanish speakers and another for caregivers or others who prefer to receive information in English.
  - Television and radio PSAs should feature respected spokespersons from the target population such as local newscasters, respected physicians, or community leaders.
-  Due to production costs, television is more expensive to produce. Yet, for this population it is the medium of choice to receive health information.
  - Radio is less expensive to produce, but is not always the most effective medium.
  - A growing number of local radio stations include an “ask the doctor” type of call-in show.

## **2. Scriptwriting**

- Answer the following questions in your script – who, what, why, where, when, and how.
- Remember, radio and television are typically in 60- and 30-second formats – keep words to a minimum!
-  Listen to commercials on Latino radio stations, and watch commercials on Latino television networks to get an idea of what may appeal to the target audience.
  - Write your message in clear, simple language.
  - Take a break and come back later for a fresh look – you may be surprised to find that you need to edit again.
  - Always incorporate a call to action and repeat it!
-  If you are translating an English-language message, the Spanish-language copy will generally be longer and may require additional editing to fit the format.
-  Focus test the message/concept with members of the target audience for cultural appropriateness, understandability, saliency, and overall appeal.

### 3. Choosing vocals & talent

-  Choose from local talent, or Hispanic celebrities, including national and local news reporters. Hispanic seniors revere and respect doctors, who also make effective spokespersons.
- Local radio and TV personalities establish a feeling of personal connection and engender trust in the message.
- Negotiate with the talent to get a reduced fee or services at no charge.
- If you must buy-out the talent (negotiate a contract), know where and how long the PSA is going to air so you can negotiate effectively.

### 4. Producing the PSA

- Research the local radio and television production studios.
- Discuss budgets with them, and be honest about what you can afford.
- No budget? Then visit the public information office (PIO) of the local radio or television station, and ask to produce your PSA free of charge – stress the importance of the message!
- If you use a production studio to tape a radio or television PSA, make sure everything is included in the package. For television, this includes pre-production, wardrobe, make-up, lighting, a producer, music, sound technician, and editing. You will need a sound technician, producer, and music for radio.

### 5. Choosing music & soundbeds

- Using music as a soundbed (background music) under the vocals helps attract the audience's attention.
-  Healthcare messages often are serious and call for soft, classical music, while messages such as those promoting a healthy lifestyle are enhanced by livelier tunes such as Latin rhythms for this population.
- Use music that does not overpower the vocals.
- Find royalty-free music to keep your costs down.
- If using popular music, research the need to negotiate a buy-out fee.

### 6. Dissemination

- Call the PIO at each station in your target market and tell them you are sending over a Medicare PSA. For radio, send a DAT (a tape for radio broadcast use) or script, and for TV, ask what format is needed (beta or 3/4 inch).
- Along with the PSA, send instructions (insertion order) to run it as often as possible, including during prime time.
- Follow-up with a phone call to the PIO to make sure he/she received the spot, and discuss the importance of the message.



# Print Products for the Hispanic Medicare Population

## 1. Ask yourself:

- What information do I want to relay?
- What would work best ... a brochure, fact sheet, poster, postcard, etc.?
- How will I distribute the products?
- What is the literacy level of my audience?
- Is there existing content I can adapt for the needs/interests of the target audience?



- In what language should the product be developed (Spanish or bilingual)?
- Are there opportunities to focus test this material with the community?
- Who needs to review/clear the material?

## 2. Using pictures?



- Use photos of people who look like the target audience. Intergenerational family scenes are particularly appealing to Hispanic seniors.
- Find out if your organization has appropriate photos on file.
- Search the Internet for royalty-free photos.
- Illustrations, line drawings, and icons can be used.

## 3. Use color in your document

- Use two colors in your documents – one for background and one for contrast.
- Use black type on a cream, white, or light-colored background.



- Black type on a yellow background works well for Hispanic seniors.
- There are times when using several colors may be necessary for a certain effect or to distinguish the document from others.



- Departure from general guidelines may be appropriate, depending on the specific situation or regional/cultural nuance, e.g. featuring popular folk art colors (turquoise and fuchsia) to appeal to a Mexican-American audience.
- Test any variation with the target audience.

## 4. Choose a typestyle and format that are easy to read

- Use no more than two typefaces in your document. To show contrast, use one font for headlines (sans serif), and another for body copy (serif).
- Use a 14-point type size.

- Check formatting such as spacing and margins for consistency.
- Don't fully justify copy, as it's easier to read text that is left-aligned and ragged-right.

## 5. Use short, simple sentences

- Follow newspaper writing rules – answer who, what, why, when, where, and how.
- Keep in mind the education level of your audience – use simple words and definitions.



When writing in Spanish, avoid using a literal, word-for-word translation from English. See the tip sheet on “Translated Materials and Bilingual Formats for the Hispanic Medicare Population” or the Guidebook for more information.

## 6. Create a mock-up

- Draw a mock-up in color.
- Write headlines; indicate where photos should be placed, and how copy should be laid out.
- Fold your mock-up to indicate panels for a brochure, or give dimensions for a poster or postcard.

## 7. Printing the product

- Provide camera-ready or electronic artwork for the printer.
- Make sure the printer is supplied with all the photos, illustrations, and copy needed to do the job – most printers will gladly make the artwork electronic, you just need to ask!

## 8. Dissemination

- Find key locations in targeted communities to display and distribute the product.



Call community partners and tell them about the new product – most will be happy to help disseminate it. Target doctors' offices, pharmacies, senior centers, churches, grocery stores, and other places frequented by Hispanic seniors.



Send print PSAs and editorials to national and local Spanish- and English-language newspapers, including weeklies published in cities with large Hispanic communities.

- Make sure everyone in your organization who can use this product is aware of it.

