

WITH THE ONE-SIZE-FITS-ALL APPROACH A DISTANT MEMORY, EFFORTS TO CHANGE HEALTH BEHAVIORS ARE RELYING ON BETTER-TARGETED MESSAGES DELIVERED IN PROACTIVE AND INNOVATIVE WAYS.



Higher Education:



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In the short video, a young couple has just returned

late one evening from a party. Obviously inebriated, they are moving toward a sexual encounter. The scene ends and in the next shot it is morning. The camera zooms in on an unopened condom at the bedside, then shows the now-sober young man and young woman, appearing regretful as they reflect on a missed opportunity.

The frankness of the HIV-prevention message targeting youth audiences would be notable anywhere, but what’s particularly striking about this one is that it was produced by high school students for their peers – in the Republic of Senegal, a predominantly Muslim nation in western Africa. Shot using mobile digital technology, it is one of many artistically produced peer-to-peer health messages made widely available to youth in several Senegal high schools and beyond through a specially created website, www.sunukaddu.com (“our voices” in Wolof).

The project, which has involved two members of the UCLA School of Public Health faculty and several of their students, is one of many examples, both inside and outside the school, of innovative new approaches to health education. The days of relying on staid, top-down, one-size-fits-all messages are long gone, replaced by more dynamic, interactive communications, delivered in carefully selected settings in ways that resonate with the target audience.

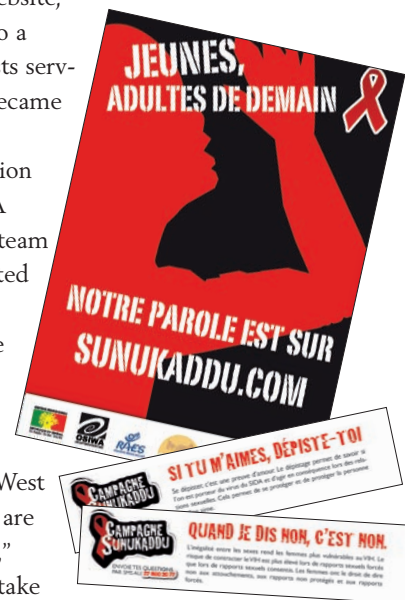
It’s a time of opportunity for the field of health education, says Beatriz Solis (M.P.H. ’96, Ph.D. ’07), director of healthy communities for the south

region at The California Endowment. Solis notes, among other things, provisions in the new health care reform law call for increased education and engagement of linguistically diverse populations through community health workers. Funding for prevention that will become available under the new law will help to bolster the population-based perspective, including education. Next year will bring additional dollars to upgrade and expand community health centers and federally qualified health centers, providing new opportunities to reach populations that have traditionally been underserved by the health care system.

At the same time, there has been a reexamination of traditional health education efforts. In some cases, Solis says, that has meant capitalizing on new technologies and communication approaches that enable communities to “own” their education – for example, through the use of social media in youth-oriented initiatives. In other cases, it has meant looking more broadly at social determinants of health problems and bringing in experts outside of the health arena to assist in the design and implementation of initiatives.

create messages through dramatic video, song, poetry and journalistic approaches. Although the major focus was on issues around HIV (including prevention, testing and stigmatization), students were also able to bring in their own health-related topics. In addition to being posted on the website, the student-created content was entered into a contest in which peers and professional artists serving as judges voted on the winners, which became part of a national campaign.

In the urban center of Dakar, the adoption of new media technologies has been rapid. A post-study survey conducted by the UCLA team found that 60 percent of the students reported going online at least once a week – in many cases multiple times a day – and roughly the same proportion said they had easy access to the Internet. Two-thirds had access to mobile devices, including cell phones, and were regularly engaging in text messaging. “West Africans, like most of the developing world, are moving very quickly into these technologies,” says Prelip. “There is a great opportunity to take



New Strategies for Promoting Health

“We’re seeing much more crossing of traditional silos, as well as the building of relationships with leaders and organizations that have an ‘in’ within communities and can help to build capacity,” Solis observes. “There’s an appreciation that we need to challenge our traditional ways of thinking about how to do outreach to populations.”

The Senegal project was the latest in a series of technical assistance and evaluation efforts by two members of the school’s Department of Community Health Sciences, Drs. Deborah Glik and Michael Prelip, to enhance digital and innovative health communication in West Africa. Funded by the Open Society Initiative for West Africa, the project’s research component asked two overarching questions: whether messages generated by youth would be more effective in changing behaviors than the more traditional government-generated messages; and whether the new media technologies currently booming in much of Africa would be effective in facilitating the desired health behavior changes.

Students at three high schools in Dakar, Senegal received both content and technology training, then led clubs at their schools where students could



advantage of their excitement at having access to information – especially by working with young people, who are quick adopters, to influence how they consume information about health.”

The project has also provided an opportunity for UCLA School of Public Health students to gain invaluable experience in the field. In 2008, two students then in the M.P.H. program, Philip Massey and Bozena Morawski, went to Dakar to work on the study as summer interns and published a peer-reviewed paper on their findings. Another M.P.H. student, Brock Dumville, recently returned after spending 11 weeks in Dakar, working with the youth and collecting research data. “It was such a fulfilling experience,” says Dumville. “It showed

UCLA School of Public Health faculty and students have worked on a project in which students at three high schools in Senegal received content and technology training, then led clubs where peers could create messages through various media approaches.



“If you add creative artists to the mix, you get a jolt of new ideas and innovative communication methods that make everyone’s work stronger.”

—Dr. David Gere



me that I have the potential to use what I’ve learned in the classroom at UCLA to create a program on the ground.”

Massey, now a second-year doctoral student at the school who has remained involved in the study, notes that the intervention had the desired effect. Among his group’s findings: Students in the three participating schools had nearly two times the odds of knowing a place to get tested as students in the control school, where the program was not offered. “Although the actual number of people serving as peer mentors and creating content was small, having the contest and giving students the ability to go to the website and view the entries was hugely successful in creating widespread awareness and interest,” says Massey.

Given the project’s success, there is now interest in expanding it throughout Senegal and other parts of West Africa. “For youth audiences in particular, standing up and lecturing to a group isn’t going to be the most effective approach,” says Glik. “It’s important to reach them where they are, and with messages that resonate. Using technology we can reach large numbers of people and provide opportunities for the audience to delve deeper into topics.”

In India’s largest government HIV hospital, patients hear seven hours of programming each day over a public address system. The content, cycled over 14 days, is all about HIV/AIDS, but it’s not what you’d



expect. Through a collaboration between the UCLA Art | Global Health Center and a theater troupe in Chennai, where the hospital is located, entertainment programming is used to convey everything from the basics of HIV/AIDS and treatment adherence to psychosocial issues, including coping with deeply ingrained stigma issues associated with HIV.

“Are You Well? Arts in Hospitals,” one of several initiatives currently ongoing in India as part of the UCLA center’s Make Art/Stop AIDS Project, started with the theater group putting on short plays as well as epic-style theater performances and grew over several years – to the point that the head of the hospital, which was treating as many as 1,000 patients a day, asked the collaborators to deliver the entire curriculum to patients using their uniquely arts-based presentation. The program has resulted in reductions in stigma as well as improved knowledge and behavior change, including adherence to drug protocols. Another of the center’s projects finds community organizers partnering with multimedia village artists who use scroll painting, poetry and song to deliver HIV education in rural India.

Dr. David Gere, associate professor in UCLA’s Department of World Arts and Cultures and founding director of the UCLA Art | Global Health Center – whose mission is “to unleash the transformative power of the arts to advance global health” – has attracted considerable international attention with his approach. Gere regularly teaches UCLA School of Public Health students in his Make Art/Stop AIDS course, which is where many of the project’s idea are born, and has recently begun discussions with the school about conducting collaborative work in India.

Gere stresses that public health professionals, physicians and community organizers all play a vital role in fighting the AIDS epidemic. But he started



The UCLA Art | Global Health Center aims to “unleash the transformative power of the arts to advance global health.” Opposite page, left: The “Medicine Man” sculpture was part of the center’s Make Art/Stop AIDS exhibition at the 2010 World AIDS Conference; right: UCLA students in an HIV-education performance for Los Angeles high school students. This page: HIV-related street theater in India.

his center out of the conviction that “if you add creative artists to the mix, you get a jolt of new ideas and innovative communication methods that make everyone’s work stronger. A person delivering a lecture in a white coat is not the same as a puppeteer delivering what might be the same message but in a way that is easier to grasp, as well as more memorable and attention grabbing.”

In the United States, for all of the messages about the health benefits of regular physical activity and risks of being sedentary, only about 20 percent of adults have made it part of their lives, and an estimated 40 percent are entirely sedentary during their leisure time. Dr. Antronette (Toni) Yancey, professor of health services and co-director of the UCLA Kaiser Permanente Center for Health Equity, based in the school, has begun to popularize a new approach, called Instant Recess breaks.

Offered in 10-minute intervals, Instant Recess breaks are incorporated into the routine activities of workplace and other organizations, and are low-impact and moderate enough to engage the entire group rather than only its fittest members. Yancey outlines her approach in a new book, *Instant Recess: Building a Fit Nation 10 Minutes at a Time* (University of California Press). Grounded in science, the book is written in an engaging, lay-friendly style to reach beyond health professional audiences to decision makers in corporate, education, government, sports and faith-based organizations.

“In the past, we have tended to leave behind the most sedentary people,” Yancey explains. “A workplace wellness program might provide a free fitness center or offer incentives for gym membership, but the only ones taking advantage were individuals who probably would have been active regardless. Instant Recess aims to get the most people a little bit of activity rather than getting some people a large amount.”

By incorporating exercise into work and organizational settings, the Instant Recess approach seeks to overcome another traditional barrier. “For many people – especially in lower-income communities where park space is scarce and the



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neighborhood might not be safe – the outside environment isn't always conducive to physical activity," Yancey explains. "Instant Recess can be done inside, and it doesn't require a lot of space or a fitness room."

Beyond the commonality of being 10 minutes integrated into an organizational setting and appealing to all levels of fitness, Instant Recess breaks are meant to be adapted to culturally diverse settings. Various programs have been devised with distinct target audiences in mind, featuring different types of music and movement types. In some cases, Yancey has enlisted celebrities with close identification among certain groups to help increase interest.

In all cases, the Instant Recess makes exercise a social activity. "Jogging alone might be culturally compatible for affluent white men, but often it isn't for women or ethnic minority communities," Yancey says. "On the other hand, moving to music in a group setting tends to appeal to these groups."

Health educators have long understood the importance of knowing the target audience and tailoring messages accordingly. But in some cases, efforts haven't been as well refined as they could be. "When your message is aimed at a population that speaks a different language, it's not enough just to translate," says Dr. Roshan Bastani, professor of health services, associate dean for research and co-director of the UCLA Kaiser Permanente Center for Health Equity. "You need to really understand the culture and align the messages with the way people live, their family structure, and other important characteristics."

But even the most well crafted messages won't make a difference if they don't reach their intended target. "If you're putting an ad in the newspaper," says Bastani, "do you know that the community you're trying to reach reads that newspaper – or any newspaper?" In preparing for a major study aiming to increase Hepatitis B screening in Los Angeles' Korean community, Bastani concluded through extensive focus-group research that the best way to engage large groups of Koreans was through churches in Korean neighborhoods. "At least 95 percent of Koreans in Los Angeles regularly attend church, and it's a major part of the social fabric of the community," Bastani explains.

Bastani and colleagues also learned through the pilot work that the population was interested in receiving health-related programs at church, and was open to discussions of a topic as sensitive as Hepatitis B – a sexually transmitted virus associated with an increased risk of liver cancer. Bastani's group has implemented a randomized controlled trial of nearly 1,500 people at Korean church sites throughout Los Angeles aiming to reduce the disproportionate burden of Hepatitis B and liver cancer among Korean Americans. The trial is close to completion and preliminary findings indicate that the intervention has had its intended effect of increasing receipt of Hepatitis B testing.

The delivery and content of health messages can be critical to their success – and too often, health education efforts have fallen flat in racial/ethnic communities because they have failed to take key cultural factors into account, contends Dr. Marjorie Kagawa-Singer, professor in the School of Public Health and UCLA's Department of Asian American Studies, whose work focuses on reducing disparities, particularly in cancer, among Asian-Americans and other populations of color.

"Different initiatives might have the same goal – such as helping the population get access to health care – but the messages have to be acceptable, understandable and relevant to the particular community, using the appropriate vernacular and metaphors," she says.

As an example of where efforts have gone astray, Kagawa-Singer notes that initiatives aimed at increasing the use of mammography screening among women in the appropriate age groups have tended to emphasize a "take care of



yourself” message that might resonate among white women but is more likely to fall on deaf ears in other communities, where a more effective approach might emphasize the importance of the woman taking care of herself so that she can fulfill her role as family caretaker. Similarly, Kagawa-Singer notes, among cancer survivors beliefs about pain can be vastly different. While the Western model focuses on relieving suffering, members of some cultures see pain as a necessary repayment for sins, and are thus less likely to seek or want relief.

Kagawa-Singer ensures the cultural relevance of her research by closely involving community groups at every stage. As principal investigator of the Los Angeles site of the Asian American Network for Cancer Awareness Research and Training (AANCART), she formed a steering council consisting of representatives from 17 community-based groups serving the diverse Asian-American communities in the Los Angeles area. Kagawa-Singer’s group was recently funded for a third five-year period to continue leading the Los Angeles site of AANCART, the first cancer prevention and control research initiative targeting Asian-Americans.

“In the community-based participatory research model, we don’t do anything without the input of our community partners,” Kagawa-Singer explains. “The design and development of the interventions are always conducted with community people who inform us about what’s going to be most helpful and most effective. The process is longer, but it’s been very productive.”

Kagawa-Singer also recently completed a project on community navigators for cancer screening. The health navigator concept has gained favor in

recent years as a way to assist underserved populations in overcoming barriers to obtaining important health care services. In partnership with organizations working closely with Asian-American immigrant communities, Kagawa-Singer’s group tested a model in which trained members of those communities conduct the outreach and education, and assist women – most of whom are uninsured and non-English speaking – in everything from making and following up on appointments to providing transportation and accompanying the women to the doctor’s office.

Navigating and properly using the health care system can be challenging for even the most educated consumers – and, Prelip asserts, the ability to do so has become more important than ever with the passage of health care reform. “If we are increasing people’s access to care, we need to make sure they are utilizing the system appropriately or we aren’t going to be able to pay for it all,” he says.

Earlier this year, the U.S. Department of Health and Human Services released the National Action Plan to Improve Health Literacy, aiming to make health information and services easier to understand and use. Now a UCLA School of Public Health research team led by Prelip and Glik, in partnership with Health Net of California, has received funding from the National Institutes of Health to launch an innovative effort that uses a social-media strategy to improve the health literacy of teens.

The recently launched project defines health literacy more broadly than in the past, recasting it to include health care literacy. “Rather than focusing

Dr. Roshan Bastani and colleagues have designed and implemented a major study aiming to reduce the disproportionate burden of Hepatitis B and liver cancer among Korean Americans. The educational intervention is being delivered at Korean church sites throughout Los Angeles.

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only on health information, we want our teen members also to know how and when to make appointments and get referrals, as well as their rights to services and confidentiality,” says Nancy Wongvipat Kalev (M.P.H. ’98), director of health education/cultural and linguistic services for Health Net Inc., and one of five of the school’s alumni at Health Net who are part of the study. (Others are Elaine Robinson-Frank, M.P.H. ’98; Hoa Su, M.P.H. ’98; Vinia Pangan, M.P.H. ’99; and Sharon Nessim, Dr.P.H. ’81.)

The study focuses on adolescent Health Net members who are covered through public insurance programs (in California, Medi-Cal or the Healthy Families Program). Many of these teens are the first in their family to have health coverage and may not know who their primary care provider is, much less take the step of making appointments for recommended adolescent well-care visits, Wongvipat Kalev explains. In many cases, she notes, this leads to emergency room visits that could have been prevented. Despite rights to confidentiality about medical care in California, some teens shy away from seeing health care providers for fear that sensitive information, such as reproductive health discussions, will be shared with their parents.

The research team has developed an interactive website, www.teen2extreme.com, designed to engage teens on issues about their health as a way to improve their health care literacy. The site employs Facebook-style applications. “There are plenty of fact-laden websites out there,” says Prelip. “We want

this to be interactive and fun. We know that social media has become hugely popular among teens, and we’re excited to find out whether it can be used to have a desired effect on health literacy.”

Over the course of a year, a series of health themes will be presented. The site will include quizzes, polls and contests, as well as encouraging participation and interactivity through blogs, live chats and opportunities to ask questions of a nurse. Users will have the opportunity to upload photos and video, and to comment on others’ postings. Embedded in the site will be information about how and when to make appointments.

Teens with Health Net coverage through the public programs will be randomly assigned to either the intervention group with access to the social media website, or a control group receiving standard information provided to Health Net members. Participants will be surveyed both before and after the study to determine what effect the intervention had on their health care knowledge and behaviors, and Health Net data will be studied to weigh the intervention’s impact on utilization of services.

In some ways, the project illustrates the evolving set of tools available to health educators as they develop new strategies to engage target populations in an effort to improve their health. “We were using computers 10-20 years ago, but it was mostly flat, content-driven websites,” says Glik. “Now we’re able to offer more – links, resources and the ability to interact with people who have similar interests and concerns.”