

Serving the Needs of the Latina Community
for Health Information

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Abstract

Latinos remain the largest US population with limited health literacy (Andrulis D.P. & Brach, 2007). Concerned with how local media can meet the information needs of underserved audiences, we interviewed Latinas who were pregnant or mothers of young children living in a Spanish speaking community, and surveyed 33 local health professionals. Findings are that Latina women's most common source of health information was family and friends. They said they tune to Spanish television and radio programs, but gave low grades to news media for health information. Medical professionals agreed that Latinas generally get their health information through friends and family, and rated the media poorly in terms of serving Latinas' needs. Since the data indicate that the local news media are not serving Latinas' health information needs as much as they could, we offer recommendations to potentially exploit new technological affordances and suggest expansion of conventional definitions of health literacy.

Keywords: *health literacy; Latinas; news media; underserved; health communication*

Serving the Needs of the Latina Community for Health Information

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I. Introduction

Nearly half of all American adults have difficulty understanding and acting upon health information (Institute of Medicine, 2012). Exacerbating this problem, patients hide their confusion from their health providers or doctors because they are too ashamed or intimidated to ask for help (American Medical Association, 2013). At greatest risk for serious health problems are those with lower socioeconomic status, little to no health literacy, and limited formal education. They may also face greater challenges in the form of anxieties that, by confirming negative stereotypes about their social group (“stereotype threat”), may detrimentally affect health and health-related behaviors (Aronson et al., 2013). Regardless of the health issue or problem in question, communicating clear, usable health messages to under-served audiences in a culturally appropriate and sensitive manner, in accessible language, and from free sources remains a challenge.

To date, little research has probed how local news media have addressed - or could address - individuals who need news about important health conditions affecting them and their communities. This study probes the extent to which Spanish-speaking mothers of young children regard and use local news media as a source – or a potential source -- for basic pre-natal and maternal health information. Responses from these women are put in the context of responses from local health practitioners who serve Latinas. The goal was to see whether Latinas and medical practitioners responsible for serving them regard health information in the news media as valuable and useful.

II. Literature Review

The Role of media in health literacy

News media can play a role in improving health literacy, but this is a partial solution. For example, Weaver et al. (2009) reported substantial and negative consequences for healthcare adherence resulting from obtaining health information from the internet (Weaver et al., 2009). The researchers found that more than 11 percent of respondents - mostly women-- refused or discontinued treatment recommended by a physician or dentist after obtaining health information from the internet. Of course, most women do not turn to conventional news media first for health information. In a 2008 survey of mothers’ sources of information, respondents ranked the following as their most

trusted sources: (1) Pediatricians, (2) Friends and family, (3) Evening news, (4) Internet searches, (5) Physician office (Baily, 2008, September 18).

The internet, too, is a highly imperfect solution to the dearth of health information available to Spanish-speakers in the US. Physicians rating the quality of 25 health websites found that 45% of the clinical elements on English sites and 22% on Spanish-language sites were more than minimally covered and completely accurate; Spanish-language Web sites offered no coverage of over half of the clinical elements (Berland et al. 2001). Berland et al describe coverage of key health information on English- and Spanish-language Web sites as “poor and inconsistent”; understanding their information requires high reading levels. The internet was not top ranked for any Hispanic samples studied by Wilkin & Ball-Rokeach (2007).

Scholars have assumed that local media can effectively address health promotion and disease prevention (HPDP). In the 1990s, the US Surgeon General challenged news media to do a better job of educating Latinos of HPDP issues (Vargas and dePyssler 1999). Vargas and dePyssler’s (1999) content analyses found that daily and weekly papers from six Latino media markets did transmit clinical health information provided by outside sources, but seldom made this health information directly relevant to Latinos, nor did they include the socioeconomic and policy information that would contextualize Latino health issues and empower Latinos. Spanish-language television did a little better in offering relevant health news, but generally followed the same patterns as general-market television (Subervi-Vélez 1999).

Meanwhile, on a national level, less than two percent of all news addresses issues of concern to Latinos (Waldman, 2011), with newspapers providing the most coverage of issues important to Latinos, and cable television providing the least. Noting that diversity is a core mission of local media, Waldman’s 2011 report suggests that if media stations are compelled to produce local content, they will inevitably interact more with local populations. Waldman acknowledged that many public policy rules intended to advance public interest goals are ineffective, out of sync with communities’ information needs and the nature of modern local markets. He calls for collaboration, flexibility, and openness to crossing boundaries. This raised the following questions:

RQ1: To what extent do Latinas consider local news media useful for health information?

And,

RQ2: How do health providers who serve Latinas perceive the value of local media?

Goals for this study

This research seeks to address the limited coverage of crucial health issues for Latinas, who may not have access to the wide range of sources of health information available to other populations, and may have less access to advice from medical professionals. To investigate this issue, we (1) interviewed Latinas about the sources on which they depend for information in general, and health news in particular, and (2) surveyed health providers serving this same Latina group (i.e., in the same geographic area) to assess how they perceive the Latina community’s engagement with media.

III. Methods

We conducted focus groups of Latinas and surveyed health providers to the Latina community. The data were collected between March and May of 2012 within a large Latino population near Washington D.C.—an area where Latinos make up about 15 percent of the population in one Maryland county (a number that nearly doubled from 2001 to 2011) and 17 percent of a neighboring county. Several neighborhoods in the area of these two counties have sizeable populations of Latinos, Latino-run businesses, and services for Latinos. This population is served by a large array of Spanish-language news media in Washington D.C., including four weekly Spanish newspapers, one monthly newspaper, four radio stations, two television stations and one cable news channel (CNN).

Latina Focus Groups - *participants*

The qualitative portion of this study included three focus groups conducted in Spanish with women from the neighborhoods surrounding College Park MD (including Riverdale, Langley Park and Adelphi. Participants were recruited using flyers posted in grocery stores and laundromats, as well as snowball recruitment from the responses to those flyers. Women using a laundromat located in nearby Langley Park were also individually approached by the researchers, who explained the purpose of the study and asked whether they would be interested in joining a short focus group. Each woman received \$20 for her participation. In total the focus groups included 13 women, born in Nicaragua, Guatemala, El Salvador, Mexico, and the United States. The women ranged in age from 18 to older than 50. Most had between one and five children, and the youngest child was 10 months old. Two of the women did not have children yet.

Focus groups of four and five participants were conducted either in the field at the Laundromat described or in a classroom located on a large university nearby. Before beginning the interviews, participants completed a consent form. Two researchers were present during every focus group and the discussions were audio recorded. One researcher, fluent in Spanish, asked all of the questions, transcribed the interviews and translated them.

Focus Group – *questions*

Participants were asked about their children and their experiences during pregnancy and giving birth; what questions they had during pregnancy, childbirth, or as a new mother, and how they found answers to those questions; sources they used for medical information; health-related information in various media, including information specifically for pregnant women or new mothers. Finally, participants were asked to rate or “grade” various media in terms of the quality of health information provided.

Survey of Latina Health Professionals – *sample*

Thirty-three medical professionals or para-professionals completed the online survey (16 in Spanish, and 17 in English); 32 of the respondents were women. Eight participants listed their job title as director, supervisor or coordinator of a health program serving Latinas. Six were the “health promoters” described above; four were outreach workers who make home visits. Two directed clinics and two were social workers. Other job titles included: nutrition counselor, pediatrician, nurse, nurse practitioner, medical assistant, research director, young

parents mentor, teen health developer, and communication development specialist.

Survey – questions

Survey participants briefly described the services they provide to Latinas; how often they encounter Latinas who are pregnant or new mothers, and whether they speak to these women in Spanish. Additionally, the health professionals were asked about the type of news sources they rely upon most to receive health or medical information for their job; and what they believed to be the most pressing health issues of Latinas in the region, and which sources of health information -- including news media – that they perceive to be most popular by the Latina population they serve. After the professionals provided their own definition of health literacy, they were asked to rate the Latinas’ awareness of available resources, their knowledge about reliable sources for health information and their knowledge of personal health needs. The professionals were also asked to list the sources they recommend to their clientele for health information; rate local media coverage of Latina health issues, and list the issues faced by the Latina community that they thought deserved more media coverage.

Survey – procedure

An invitation to take an online survey (offered in both in English and Spanish) was emailed to nearly 100 medical professionals, including doctors, nurses, and clinic operators who serve the Latina population as well as other health care providers known to serve Latina patients in the target area. The same survey was also administered in person (in printed form) to a small group of “health promoters.” These promoters were members of the Latino/a community trained by a local advocacy and service organization that shares health information with local Latino communities. These health promoters are in regular contact with Latinas with health-related questions. The paper survey responses were translated by a bilingual researcher, when needed, then combined with the responses to the online survey.

IV. Results

Focus Group – results

Among the main topics about which the focus group participants had questions during pregnancy or after childbirth were: nutrition and vitamins; exercise and self-care; and which diseases could be passed on to a baby in utero (specifically diabetes). A primary concern was finding health services at a low cost, or how they could become eligible for such services. This included facilities where they could deliver their baby. Many participants lacked health insurance and did not qualify for medical benefits due to their immigration status. This issue was raised by women in every group, and represents a significant step in the process of finding health information: Before they can begin to address their health issues, they must first find out where and how to get services. In one group, several women mentioned not only potentially significant problems during delivery, but in finding affordable services. Participants reported relying on the advice of friends, since they could not afford hospital fees or insurance.

All women reported that during their pregnancy, they consulted multiple sources for information and resources: doctors and nurses, who also provided pamphlets of various kinds; classes at clinics or community centers; WIC; friends or, even more commonly, family members. At clinics and centers, the women checked the

notices posted on bulletin boards. One woman (one of the first to respond to the notice about our study) said, “I try to always read what they put up.” The women also reported that, once they learned which clinics are best to go to, the clinics were very useful in terms of providing services, answering questions, and even providing written materials. Community centers were also apparently useful in directing them to clinics.

Most women said they found out about where to get health services by talking to local contacts. They noted that, for women who had just arrived in the U.S. and who lacked local friends and contacts, finding services was especially difficult. Some women mentioned changes in the last five years that made getting state assistance without residence status even more difficult. Furthermore, they said, the county was less supportive than a neighboring county. One woman reported having lied about her marital status to qualify for more aid, while others managed to get health insurance by enrolling in special programs or through their husbands’ jobs. One participant mentioned needing emergency room services that were “very serious.” Participants in one group mentioned locally sponsored health fairs and other events as an information source.

Participants agreed that language was a barrier to finding and getting health care services since many clinics - whether they were online or at low-cost or free clinics - lack bilingual staffs or resources in Spanish. Even when they received services, many said that they frequently did not have a full understanding of the care they received, consistent with previous literature on health literacy. For example, several women said they had tests during pregnancy, including sonograms, but while they had some idea that these tests and scans might be able to identify some problems in utero, the women did not have a clear idea why the tests had been conducted, what the doctors were looking for, or even the results of the tests. One woman mentioned having “some kind of device” to prevent pregnancy, but said that no one could explain how it worked—what it “did.” However, these women did not complain about their doctors, and reported that they were able to answer some of their doctors’ questions.

Health Information in the Media

Few participants mentioned news media as sources of health information, although many of them said they watch television and listen to the radio. They rarely read newspapers, if at all, and almost never read newspapers for health information. One woman mentioned the weekly Spanish-language paper in the Washington D.C. area, *El Pregonero*, but all other women ignored newspapers. Their reasons were either a lack of relevant or interesting information, or the lack of access to a paper. One participant mentioned *Parent* magazine.

Radio did not fare much better, although a couple of the older women mentioned one Spanish program titled *El Sol*, which provides some health-related programming, including a weekly show with a psychologist who addresses women’s issues. Most of the women agreed that the little health information provided on the radio was difficult to find, since programs with health information were not regularly scheduled. The women gave average “grades” to television (usually referring to the network Univision). The women were not very specific about television channels or shows they found relevant. One participant said “*Teen Mom*,” a reality television show about pregnant women, was informative because it showed the birthing process. Another spoke favorably about a weekly program called “*TodoBebe*,” which discusses pregnancy and child rearing and is produced by a Spanish-language provider of content for mothers.

Asked about television, radio, or newspapers as sources of health information, the participants said those media were not good sources of health information. The women graded news media low in terms of providing regular and useful health information, although there were some exceptions: One participant explained that broadcasters occasionally covered pregnancy issues, but usually only if something happened to a pregnant woman. Such information was rare and not necessarily useful. In general, participants said the only health information they saw on television came in commercials, not “news” or “information.”

Health Information online

Several of the women interviewed stated that the internet was their most frequent medium for finding health information, although less than half the women had internet access at home. Almost all of the women reported they had access to the internet on their cell phones.

The women distinguished between “push” and “pull” media in that they infrequently found health information that they sought in newspapers, radio and television and not necessarily concerning subjects they wanted to know about; in contrast, the internet provided more freedom to find what they were looking for. Several of the participants had searched for health information online, and those with internet access were enthusiastic about the source. Some of the web sites mentioned included Babycenter.com, which offers information about pregnancy as well as post-natal baby health, and Google. One woman said she “Googled everything.” The youngest focus group participant, an 18-year-old new mother, had used a mobile application called “Baby Bump,” which sent her updates -- in English and Spanish -- about what to expect each week during pregnancy. These updates included videos that she found “useful” and “comforting.” Other women in the same group expressed interest and approval when she described the mobile app.

Focus group participants rated the internet highest of all sources for health information. However, many participants said they wished that web pages would be more systematic when listing services, resources, where to apply for aid, what documents were needed, etc. Not surprisingly, internet use varied markedly by age: older women (those with children older than 15) were unlikely to use the internet at all, or at least they did not report using it to find health information during pregnancy. Younger mothers were more likely to have used it and continue to use it. The focus group participants offered suggestions for what “news media executives” could do: provide information about clinics and doctor offices and other resources, as well as about information about other relevant issues, including contraception. Asked to identify the most important health issue for Latina women, one answered, “The lack of information in the media.” Another said, “They should give more health programs,” especially in Spanish. Other than these, they offered no specific recommendations.

Survey – results

All 33 medical professionals agreed that medical care was an urgent concern, as was health insurance. Community health clinics, health fairs and hospitals/health centers were the most common facilities where survey respondents interacted with Latinas. Some facilities serve exclusively Latino/a patients while the others serve a racially diverse population. Twenty respondents indicated that they encountered Latinas who were pregnant or were new mothers on a daily basis. Five respondents indicated that they saw Latinas weekly, three said monthly and four said sporadically. All respondents said they spoke at least some Spanish; all but four indicated that they spoke Spanish fluently, including those who were native Spanish speakers.

When asked to list the most pressing needs of local Latinas, nearly half of the medial professionals (N=16) listed access to affordable medical care, including mental health services, prenatal care and family planning. Eight of the 33 providers prioritized access to health insurance -- with several noting the problem of undocumented immigrants who cannot receive care. Five professionals noted improved health education. These myriad health issues were named as more important concerns than others we listed, such as jobs, transportation, housing, and immigration status. Notably, Latinas and their health providers do not always regard the same health issues as prevalent (Chaudron et al., 2005). But this study found a fair degree of congruence.

As summarized in tables 1 and 2, when asked about the major health issues facing Latinas, responses included chronic diseases, preventative measures, and nutritional concerns. The most common issue was diabetes, mentioned by more than half (N=18) of the sample. Ten respondents said that obesity was a major issue, seven listed high blood pressure, six said better nutrition, and four indicated high cholesterol. Responses mentioned once included: access to contraceptives, unplanned pregnancies, education about sexual health, cost and access to health care, language barriers, and depression.

Perceived Literacy Level	%
Illiterate	17%
Somewhat Illiterate	23%
Neither Illiterate Nor Literate	10%
Somewhat Literate	43%
Literate	7%

Table 1: Providers’ perceived level of health literacy of clients/patients.

Professionals’ definition of health literacy provided some variation of the definition “having the knowledge and skills to pursue and advocate for one’s personal health,” as one health professional wrote. Another wrote, “It would be a program that deals with the existing problems, the cultural assumptions or existing information gaps in the population that contribute to the identified problem.” Others mentioned health literacy as “being able to effectively understand interactions with health care system in order to make informed decisions” and “being able to access and have a dialogue with a healthcare provider.” One

professional mentioned the ability to search online for health information. Several noted that health literacy should focus not just on chronic disease treatment but also disease prevention for the extended family. This is indeed consistent with the NIH understanding of health literacy as a complex phenomenon involving individuals, families, communities and systems.

In assessing their patients’/clients’ health literacy, 40% of the professionals said either “illiterate” or “somewhat illiterate.” About 43% of the sample indicated “somewhat literate,” and 7% indicated “literate.” Respondents described Latinas as most illiterate about knowledge of personal health needs but slightly more literate about familiarity with available health services.

Literacy Level	Sources	Services	Needs
Illiterate	17%	7%	14%
Somewhat Illiterate	27%	31%	39%
Neither Illiterate Nor Literate	7%	10%	14%
Somewhat Literate	40%	41%	18%
Literate	10%	10%	14%

Table 2: Providers' rating of clients/patients' health literacy by topic

of health professionals and volunteers (N=19) said word-of-mouth is the primary means by which Latinas get their health news, followed by the news media (N =11) and pamphlets or health fair materials (N =4).

The professionals and health promoters surveyed indicated that they regularly direct their Latina clients and patients to specific sources of health information, most often recommending brochures and pamphlets from health fairs as well as literature from government agencies and community clinics. The reason, several noted, is that the information is visual and requires little proficiency in English. One participant wrote: "Most often, I recommend visual charts. Since many cannot read, information in the form of pictures is much more beneficial than a page filled with 'big health words.'" Also mentioned were a community organization's hotline, public services announcements, and books. Four respondents indicated that they recommended the news media as an information source to others.

Health Coverage in the News Media

Overwhelmingly, the respondents suspected that Latinas never or rarely use English-language media (including print, online, radio or television) for health news. When Latinas did rely on traditional media, the professionals said it was most often radio and television. On the other hand, 26 of the professionals surveyed said they themselves rely most upon online health or medical information for their job, with 16 relying mostly upon print, nine on television and four on radio. Respondents rated the coverage by local English-language news sources as "poor" or "below average" and gave mixed ratings for Spanish-language news (Table 3).

Providers were also asked which Latina health issues deserve the most media attention. This question did not produce consistent answers. Ten answered diabetes, eight diet and nutrition, seven obesity, and six high blood pressure or sexually transmitted diseases. Five indicated maternal issues, chronic diseases and family planning. Four answered exercise and cancer, two dental care, one mental health, and one cholesterol.

Sources of Health Information

The health professionals surveyed referred to what communication researchers have long called a "two-step flow" model. That is, Latinas rely on doctors, nurses, health promoters, friends and family to monitor the news and then filter down the relevant information to the appropriate population. For example, one professional wrote, "Many times, they come to receive services because a friend told them to not on their own initiative." The vast majority

News Source	Poor	Below	Average	Above	Excellent
English-language	37%	41%	11%	7%	4%
English-language TV	50%	25%	8%	4%	13%
English-language radio	48%	32%	12%	8%	0%
English-language web-only	33%	17%	38%	8%	4%
Spanish-language	7%	26%	37%	15%	15%
Spanish-language TV	7%	30%	37%	4%	22%
Spanish-language radio	7%	33%	19%	26%	15%
Spanish-language web-only	8%	20%	36%	12%	24%

Table 3: Providers' ratings of the media coverage of Latina health issues

When asked if they could provide any advice for news organizations to better serve the Latina population and its health information need, health professionals' and providers' suggestions included:

- Inform people about health services available, and include interviews with government officials, health care providers and people in the community who use the services.
- Provide details about community clinics
- Host major health fairs with community-based organizations
- Spread information via billboards, signage on public transportation, public service announcements, text message, and through local radio personalities.

V. Discussion

As a way of assessing the role of news media in serving the health information needs of Latinas who are pregnant or new mothers, this study explored the extent to which pregnant women or mothers of young children in a community near Washington D.C., and the medical practitioners serving this community, regard broadcast, cable, and print media as providing useful pre-natal and maternal health news. In short, they do not.

The primary concern--of both the Latina mothers in the focus groups, and the health professionals who were surveyed--was where and how Latinas could access health services at a low cost, since many of them lacked health insurance, did not qualify for medical benefits, and did not speak English well enough to find helpful health resources. Latinas reported that, during pregnancy, their major questions were about nutrition, vitamins; exercise and self-care; and diseases that the mothers could pass on to a baby in utero. All of the women interviewed said they

consulted multiple sources for information and resources during their pregnancy. Most said they found health services by talking to others in the community. Although many watched TV, they did not consider it a source for health information. A couple of the older women mentioned that one Spanish radio program provides some health-related programming, most agreed that regularly-scheduled radio shows with health information was difficult to find. In any case, the focus groups suggest that these women actively sought specific, relevant information.

The literature indicates both a reciprocal relationship between health information seeking and health literacy (i.e., that individuals equipped to navigate health information - and empowered to do so - will seek information and recommendations about relevant health issues) and an inverse relationship between increased levels of perceived knowledge and decreased levels of information seeking (i.e., that people who think that they have enough health knowledge may not feel the need to actively seek additional health information) (Radecki & Jaccard, 1995). But these behaviors do not seem to be borne out here. The issue is not that the Latinas interviewed did not seek health information, even ones who had already had children. The issue is that the needed health information was not made available. It should be said that the women did not seem particularly disturbed by the paucity of relevant information from medical experts. They were not complainers. Whether because the ages of these women skewed somewhat older (i.e., several had experienced multiple pregnancies) or because they live in a large Spanish-speaking area, these women were relatively casual about the issue. Only two reported a particularly troubling episode during pregnancy. Thus, they confirm the findings of a study of post-partum Latinas in an unnamed in a mid-Atlantic city who, despite difficulties that occurred during their hospital deliveries because of language barriers, usually expressed satisfaction with their care; Gurman and Becker (2008) attribute this satisfaction to their previous hospital experiences in their countries of origin and the fact that the women they studied had all delivered healthy babies. The authors also mention the influence of three integral norms within Latinidad: *respeto* (respect—including respect for authorities), *personalismo* (personalized social interactions), and *familismo* (importance of family).

The health professionals surveyed indicated that their Latina clients rely on doctors, nurses, health promoters, friends and family for health information, Most recommend brochures and pamphlets because they believe that visual communication can more effectively provide the basics of health care. The professionals surveyed rated coverage by local English-language news sources as “poor” or “below average” and gave only mixed ratings for Spanish-language news.

Both the Latinas and Latina health professionals offered recommendations for news organizations if the media are to better serve the health information needs of the Latina population. These included: (1) Inform people about health services available, and include interviews with government officials, health care providers and individuals who use the services; (2) Provide more information about community clinics; (3) Host major health fairs with community-based organizations; (4) Spread information via billboards, signage on public transportation, public service announcements, text message, or through local radio personalities; and Encourage English-language news media to establish Spanish-language sites and shows, including by commissioning translations from English. These recommendations were confirmed by the Latinas interviewed, who called for more centralized listings of health resources in the area, particularly resources that serve uninsured and low-income populations, because news media provide little to no information about these resources. These suggestions are feasible, given that Latinas constitute a significant audience and attractive market in the geographic area researched.

Limitations

This study looks at a top ten U.S. media market with a substantial Latino/a population; U.S. Census Bureau's 2010 data ranks Washington D.C. twelfth in U.S. cities with Spanish-speaking populations. We do not generalize the information collected from Latinas or medical professionals. The data reported here are consistent with data from the literature about other such cities and could be more applicable to areas with a substantial Latino/a population rather than the national Latina population. Finally, the medical professionals we surveyed are a relatively small population; that said, we contacted everyone appropriate to the issue in the region and received responses from nearly 30 percent.

VI. Conclusion

The larger research concerns related to this study are that communities most at risk of serious health problems are generally those of low socioeconomic status, lower levels of health literacy and marginalized populations with limited formal education and, in this case, limited ability to speak and understand English. The relatively large Latino population in the major metropolitan region targeted by this study continues to grow but remains underserved. We agree with scholars (Wilkin & Ball-Rokeach 2006; Wilkin et al 2007) who advocate combining theories of media system dependency and communication infrastructure in order to take seriously communication ecologies-- the webs that people create among interpersonal connections and media, whether new or old, mainstream, local, or ethnic. One implication of this position, certainly no less with health issues, is that interpersonal networks do not always suffice. The evidence collected provide opportunities for local media organizations to inform this vulnerable Latina population by employing new strategies for covering important health issues in ways that are both understandable and actionable. This could further empower the Latina population to take charge of their health needs and care.

This important process is supported by a model (Rubinelli et al., 2009; Schulz & Nakamoto, 2005) positing that health literacy and psychological empowerment predict health outcomes. More coverage of health issues important to Latinas could enhance empowerment. Our research also suggests, however, that the conventional model of literacy—which implies that illiteracy results from an individual's "lacks" and even implies blame for such deficiencies-- is misleading. Our participants did not complain about their disempowerment and perhaps even assumed this as a consequence of their reliance on Spanish. Nonetheless, no evidence has shown that they could not understand even complex medical advice in Spanish, or that they did not know the benefits of having health information. That is, our critique of the deficit understanding of (il)literacy in terms of an individual's language skills, instead of blaming people for their language deficiencies, points to the structural dimension of information access. De-coupling literacy from language skills per se underscores the importance of empowering Latinas with Spanish-language information.

Focus groups participants gave the highest grade to the internet as a source of health information. Many claimed the internet as their most frequent source for health information. Nevertheless, less than half of our

participants had internet access at home. Since almost all of the participants could access the internet via cell phone, distribution of health information via smart phones may prove to be most effective in the future. Meanwhile, however, our research underscores the importance of providing health information to Latinas in Spanish. The federal, state, or local laws that mandate that people be able to get comprehensible and meaningful health services and materials in their primary language (Bailey, Hasnain-Wynia, Chen et al 2012) do not apply to media. Nonetheless, just as Bailey et al (2012) were able to develop “patient-centered” multilingual prescription instructions that were sensitive not only to language but also ethnic culture, so local media can maximize opportunities for distributing valuable information targeted to a growing but underserved Latina population. Spanish language media can and should accomplish this, of course, but Spanish-language media are not always reliable, given a shakier financial base. For example, at least one of the Washington, D.C. bi-lingual news sites was stopped with little warning. In any case, even an active Latino market does not relieve local English-language of their responsibilities (Porter 2003). Latinos represent between 20 and 42 percent of the population of New Mexico, California, Texas, Arizona, and Nevada and more than 12 percent of Colorado, New York, Florida, Illinois, and New Jersey (CDC 2002). Local news organizations should cover Latinas’ health issues to a greater extent and can do so by exploiting the technological affordances of the internet; plenty of space is available online, and online spaces, including for translations, can attract advertisers. As hospitals and clinics are doing, news organizations should and can translate and post vital information into Spanish, especially in their web spaces, so that their otherwise underserved audiences can retrieve it online.

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