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Aprendiendo de La Vida (Learning from Life): Development of a Radionovela to Promote Preventive Health Care Utilization among Indigenous Farmworkers from Mexico living in California

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Abstract

Mixtecs and Zapotecs, originating from the Oaxaca area in Mexico, are among the largest indigenous groups of workers in California. Many adults in this community only access the health care system when sick and as a last resort. This article describes the development of a *radionovela* to inform the community about the importance of preventive health care. It was developed following the Sabido Method. The methodology to develop a *radionovela* may be of interest to other public health practitioners who want to develop educational materials in an engaging format, especially for communities that rely on oral, not written information.

Keywords

Arts-based intervention; Story-telling; Health promotion; Low-literacy populations; Indigenous community; Methodology to develop novelas

Introduction

The majority of United States farmworkers are born in Mexico and have low levels of income and education (Hernandez and Gabbard 2018). Mixtecs and Zapotecs, originating from the Oaxaca area in Mexico, are among the largest indigenous groups of workers in

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Ethics approval:

The study was approved by the University of California Los Angeles Institutional Review Board

Consent to participate

Survey participants provided oral consent to participate.

California (Mines , Nichols and Runsten 2010). Many are unable to read and write at a basic level, speak neither Spanish nor English, and speak their native oral-only Mixteco or Zapoteco languages (Garcia-Perez and Merino 2015).

This community has numerous health needs in the areas of food security, housing, and healthcare access (Maxwell, Young, Crespi, et al. 2015) . Many adults only access the health care system when sick and as a last resort, and the concept of preventive care is foreign to most members of the community (Maxwell et al. 2018). A survey among women fifty years and older in Ventura County California found that 43% had ever heard of and 36% had ever had a mammogram (Maxwell, Young, Rabelo Vega, et al. 2015). These rates are extremely low. More outreach efforts are needed to inform this population about the importance of preventive care, their rights to access health care, and the resources that are available to them (Hoerster et al. 2011).

Outreach and intervention strategies must be tailored to community characteristics and preferences for improving population health (Jacobs et al. 2012). Community campaigns to influence health behaviors have included culture-specific radio and TV stations, billboards, posters and print materials resulting in increased knowledge, modified attitudes and health behavior change (Jedele and Ismail 2010; Davis et al. 2014; Richards et al. 2011; Chu et al. 2019). *Novelas* (short stories) for television, radio and print that introduce new ideas, norms and practices through storytelling have been effective for changing a variety of health behaviors. For example, a *photo- and radionovela* campaign was effective in changing knowledge, attitudes and condom use among Spanish-speaking, low-literacy, male Latino farmworkers, who found the story very engaging and understood the ideas about HIV transmission and prevention (Mishra and Conner 1996). Latino parents who listened to a short *radionovela* about a young girl who learns of the human papillomavirus (HPV) vaccine had improved knowledge and more positive attitudes about HPV vaccination than parents who listened to another public service announcement (Kepka et al. 2011). Latinas who watched a short narrative film promoting HPV vaccination and Pap tests showed a significantly greater increase in knowledge and in supportive attitudes about Pap tests than a group who watched a nonnarrative film on the same topics (Ochoa et al. 2019). *Novelas* are very popular among Latinos (Barker 2014). However, the process of how to develop these educational interventions has not been well described.

In partnership with a community-based organization that was founded in 2001 to provide basic aid and encourage the empowerment of Mixtecs and Zapotecs living in Ventura County, California, we decided to develop a *radionovela* that would inform the community about the importance of preventive health care, such as wellness visits or breast cancer screenings for women. A wellness visit includes a full check-up with a focus on preventive care and is recommended by U.S. Department of Health and Human Services and the American College of Obstetricians and Gynecologists (American College of Obstetricians and Gynecologists 2018). Prior research found that this community does not use preventive health care services (Maxwell, Young, Rabelo Vega, et al. 2015) although both documented and undocumented community members qualify for free or low-cost wellness visits through various programs. Research suggests that patients who have a regular source of care

experience fewer health disparities than patients who do not have a regular source of care (Beal et al. 2007; Enard and Ganelin 2017).

Given that our partner had just created a non-profit radio station to develop the capacity of producing *radionovela*, we determined that a *radionovela* would be a good strategy to provide information to the community, especially since Mixteco and Zapoteco are oral languages and many Spanish speakers in this community have a low reading level.

Community radio stations provide a mechanism for communities to tell their own stories, share experiences and become creators and contributors of media that is locally relevant. Educational entertainment typically provides 25% education and 75% entertainment so as not to lose the involvement of the audience (Nambiar et al. 2011). One highly successful approach for combining education and entertainment is the Sabido Method, which was created by Miguel Sabido in Mexico (Lacayo and Singhal 2008). Its format of a serial melodrama (soap opera) encourages the audience to become emotionally engaged in the lives of the characters and allows time for the characters to evolve in their thinking and behavior. Its melodrama format addresses emotionally charged issues in an entertaining way, recognizing that emotions influence behavior more than purely cognitive information. The stories feature realistic role models, and the story line is developed in dialogue with community members. The Sabido Method is based on Bandura's Social Learning Theory/ Social Cognitive Theory and allows learning of new behaviors from role models; observing of consequences of behaviors (rewards, punishments); and increase in self-efficacy through modeling by people who are like the target group (Mishra and Conner 1996; Haider 2005). These programs advocate change at the individual level but also at the community level by creating the social climate that promotes discussion of a new behavior in the community, thereby increasing awareness and possible acceptability of the behavior.

The remainder of this paper will describe the process of developing the *radionovela* and its potential to influence this community, as this strategy may also be useful in other low-literacy communities that are linguistically isolated and cannot be reached with written materials.

Methods

Development of the *radionovela*

Researchers with expertise in public health and in developing arts-based interventions that are informed by community traditions partnered with the Mixteco/Indígena Community Organizing Project (MICOP), a non-profit organization in Oxnard, California, that had a fifteen-year history of serving the indigenous community (<http://mixteco.org/>) and with PCI Media Impact (<https://vimeo.com/pcimedia>), a company that led the development of characters, outlined the episodes of the *radionovela* and hired a script writer. MICOP convened community meetings to discuss the characters, the content of the episodes and first drafts of the story. MICOP also identified Spanish- and Mixteco-speaking voice actors from the indigenous community, recorded and edited each episode and aired it on their radio station.

Development of the radionovela *based on the Sabido Method* comprised the following steps:

Step 1 - Story harvesting—In 2016, promotoras (trained community members) conducted one-on-one interviews in Spanish and Mixteco with forty-four indigenous women to assess structural, cultural and provider-related barriers to health care use. Many women reported lack of health insurance, inability to pay, language barriers, long waiting times, rushed encounters with providers, and seeking western medical care only after home remedies did not work. However, several women were able to access routine health care services, often with support from indigenous interpreters employed at clinics. More details regarding methods and findings have been reported elsewhere (Maxwell et al. 2018). Transcripts and themes from these interviews provided the primary source materials for the *radionovela*. In addition, we conducted two focus groups with nine women and ten men to gather information on everyday life scenarios, thoughts about how to bring up children, typical interactions with health care providers, and other culturally relevant information that could be woven into the *radionovela* to lend authenticity.

Step 2 – Conceptual development of the *radionovela*—Based on information about the audience, collected in Step 1 and the objectives and main messages developed by the research partners, PCI Media Impact created a values grid that outlined current values in this community regarding preventive check-ups and values to be reinforced by the *radionovela* (see Box 1). An outline was developed for the characters, detailing their personalities, and how they would evolve during the *radionovela* (see Box 2). Finally, PCI Media Impact drafted an outline for eight five-minute episodes. Community members reviewed these materials and discussed the content of each episode in two focus groups, led by MICOP and the UCLA Art & Global Health Center. Community feedback was provided to PCI Media Impact.

Step 3 – Writing of the *radionovela*—All of the information developed in steps 1 and 2 was provided to an experienced scriptwriter from Mexico. Although the writer was already somewhat familiar with the indigenous community in Oaxaca, detailed information about community members who had relocated to California helped to ensure that the script was written for and about them (de Fossard 1997). He drafted the actual scripts in Spanish. Two focus groups and read-throughs with indigenous women at MICOP provided feedback on all episodes before they were finalized. Community feedback related to the names of the female characters and their relationship to each other (the characters evolved to become sisters) and the characterization of the husband (machista but also supportive). We discovered that community members were able to relate to the characters and their actions, found the story intriguing, wanted to hear the next episodes, and liked the positive ending.

Step 4 – Casting of actors, production of *radionovela*—MICOP selected the cast after advertising for voice actors at community events and by spreading the word among their volunteers and members of the radio team. One of the academic partners, the UCLA Art and Global Health Center, provided assistance in training voice actors and practicing the dialogues in Spanish, prior to recording each session. Mixteco-speaking voice actors practiced and refined the translation of the dialogues into the local Mixteco dialect. The

radio team received training on the use of recording devices and editing software. They recorded each session in Spanish and in Mixteco, edited it, and prepared it for airing. The *novela* was not produced in Zapoteco since most Zapotecs speak Spanish. The radionovela was advertised on the MICOP website, on the radio and at community events.

Starting in February 2018 and through May 2019, a radionovela episode was aired on 94.1 FM in Spanish and Mixteco on Mondays, Wednesdays, and Fridays at 12:00 p.m. with a repeat on those same days at 8:00 p.m. In addition, a talk show was conducted with the voice actors and production team (seven women and one man) that was also aired to stimulate additional interest in the community. Talk show participants discussed their views on the story line, the importance of the radionovela in debunking some of the myths about cancer (e.g., cancer is a death sentence) and mammography (e.g., women have to expose their breasts to a man), and the importance of family support and the support of the husband to get preventive care. They advised listeners of their right to ask for an interpreter when going to the doctor, to request a female doctor, to ask questions about the procedures and to spread the work in the community about the importance of preventive exams.

Community Surveys

Between May 2018 and July 2019, we conducted a survey with indigenous women forty years and older and their adult household members (including men) to assess what they had heard on the radio about cancer or about going to the clinic for wellness visits and, specifically, if they had heard a story on the radio about two sisters. Two trained indigenous promotoras recruited women at community venues such as schools, community meetings, parks and stores and asked questions in Spanish or Mixteco language, either face to face (65%) or by phone (35%). All household members were interviewed face to face. Promotoras recorded the responses on Spanish-language questionnaires. Prior to administering the interview, promotoras obtained informed consent. All respondents received a \$20 gift card for a local store. The study was approved by the Institutional Review Board of the University of California, Los Angeles.

Statistical Analysis

Data were analyzed using SAS 9.4 (SAS Institute Inc). Descriptive statistics were computed for each variable and we compared respondents who did/did not hear health information on the radio using Chi-square tests.

Results

Radionovela

The research partners successfully created and produced a *radionovela* entitled “*Aprendiendo de La Vida*” (Learning from Life) in Spanish and Mixteco, which is comprised of eight segments (serial soap opera) of about five minutes each. The radio host introduces each episode with a pre-recorded preview of the current chapter and ends with a brief pre-view of the next chapter. Both the introduction and the closing announcement include the same background music (signature tune) and the credits.

The storyline features two sisters who are best friends, Soledad (forty-eight years old, recently became a grandmother) and Otilia (fifty-one years old). Both migrated from a Mixteco community in Oaxaca to the US with their families over twenty years ago. Otilia confides in her sister that the doctor found lumps in her breasts but asks her sister to keep it quiet. Soledad is greatly affected by this news and realizes that the same thing could happen to her since she does not see a doctor on a regular basis. Soledad offers to accompany her sister to the doctor to get the results of her tests. When she does not show up on the day of the appointment, Otilia goes alone. Because Otilia is upset, she does not tell her sister the results. The two sisters eventually make up, but Soledad is now so anxious about her own health that she wants to see a doctor. Soledad's daughter, Lupita, and her husband, Crescencio, are worried that something is wrong with her because she never sought a check-up before. Soledad wants to honor her sister's request to keep her news a secret. She tells her family that she is fine, but neither her daughter nor her husband believe her. Lupita reminds her that at the clinic there are discount programs for immigrant women like herself and that she has the right to request an interpreter and a female doctor. Crescencio, recalling his desire to support his wife, tells Lupita to get an appointment for her mom and to accompany her. The story ends with Soledad going to the clinic with her daughter, Lupita, and seeing a friendly female doctor. She is feeling much calmer after a mammogram. Her sister is receiving cancer treatment, which is going well. In the final episode, Soledad and Otilia are playing with Soledad's grandchild, sharing stories and songs of their home village, and the baby utters its first words in Mixteco.

Otilia's character represents the traditional values and attitudes about healthcare and illustrates a bad consequence from not scheduling regular wellness visits. Soledad is a transitional character who is changing her way of thinking about wellness visits based on her sister's experience. Her character is modeling to listeners the benefits of having a wellness visit – having peace of mind and being able to enjoy her family.

Survey findings

A total of two hundred forty members of the indigenous community in Oxnard completed the one-on-one interview, including one hundred twelve women forty years of age and older, and one hundred twenty-eight members of their households (forty-seven women, eighty-one men). Household members were other adults living at the same address, who did not always belong to the same family. Eighty-five percent of all interviews were conducted in Spanish and 15% in Mixteco or Zapotec. As shown in Table 1, the majority of the household sample was comprised of men (63%), and large proportions of the household sample were younger than forty years of age. Length of stay in the US ranged from less than one year to more than twenty years. While the majority of women forty years of age and older had no education or up to six years of education, the household sample tended to have higher levels of education, especially among women. Only 43% of the total sample had some type of health insurance; mostly Medicaid (33%) or insurance through a job (10%). More than half of all respondents had no insurance and/or used discount programs offered at clinics.

More than half of the sample stated that they had heard about cancer or going to the clinic for a wellness visit on the radio (66% of women forty years of age and older, 53% of

women and 49% of men in the household sample). Some respondents may have heard clinic advertisements on other radio stations and some may have heard about the importance of wellness visits or other health services on the radio but unrelated to the *radionovela*. Of those who had heard about this on the radio, many stated that they had heard information in both Spanish and Mixteco language, but only nineteen respondents (8% of the total sample) recalled hearing a story about two sisters. Exposure to health information on the radio was similar in all demographic subgroups (e.g., age groups, both genders, long-term versus more recent immigrants, interviewed in Spanish versus an indigenous language), with the following exception: The proportion of women forty years and older who stated that they had heard about cancer or going to the clinic for wellness visits on the radio was significantly higher among women who had six to twelve years of education versus less than six years (82% versus 59%, $p=0.02$; data not shown in table).

Discussion

Lessons learned/limitations

We produced a *radionovela* following the step-wise Sabido Method (Haider 2005). However, we had to modify our methods based on community resources. For example, we initially planned to find local scriptwriters, but when we attempted to recruit community talents, we determined that this expectation was not realistic in this community. In another study, a local theater group wrote the script, produced and acted in a *radionovela* for young Latinos (Dixon-Gray et al. 2013).

Radio as a communication channel has its own limitations in that listeners may be engaged in other activities without paying full attention to the story (de Fossard 1997). While we attempted to make the story as authentic as possible to hold the listeners' full attention, the possibility that the radio was mainly serving as background entertainment while a listener was engaged in other tasks may affect the potential impact of the *radionovela*.

The promotion of the *radionovela* is another important aspect that also needs to take into account the target community. Our promotion strategies were limited to announcements at community events, postings at the MICOP website and promo spots on the radio. Although the episodes were aired twice a day for fifteen months, the radio station was relatively new, which may have contributed to the limited exposure of the *radionovela* in the community. Other *radionovela* health information projects posted *radionovelas* on social network sites and more widely disseminated through print advertising at grocery stores, laundromats and other community venues (Dixon-Gray et al. 2013), which may result in greater community exposure. The promotion plan also depends on financial resources allocated to this function. For example, prizes or incentives could be used to encourage listening (de Fossard 1997). Only a small proportion of our study participants recalled listening to the *radionovela* and therefore its effect on wellness behavior, knowledge or attitudes may have been small. However, the fact that a large proportion of survey respondents had heard about cancer or wellness visits on the radio suggests that the radio may be a good channel to communicate health information and able to reach a large part of the community, regardless of age, gender length of stay and language skills.

Conclusions

Close collaboration among academics, a professional media company, a community organization, and community members and the step-wise approach using the Sabido Method facilitated the development of a *radionovela* that reflected the community values and had the potential to foster a community dialogue on the importance of wellness visits. The methodology employed in this study to develop a *radionovela* may be of interest to other public health practitioners who want to develop educational materials in an engaging format for communities, especially those that rely on oral, not written information.

A *radionovela* may be a promising approach to convey health information in a community that has limited access to print materials. In our study, it had the potential to captivate the indigenous audience since there is very limited radio content in Mixteco language. However, further evaluation is needed to assess the size of the audience and the impact of the *radionovela* on wellness behaviors. Our findings suggest that more than half of the community had heard about cancer and wellness visits on the radio, suggesting that the radio may be a good channel for outreach and for communicating health information to this community. However, only a small minority recalled listening to the *radionovela*. This may be due to the relatively recent start-up of the radio station in this community, and the limited strategies used to promote the show. Future efforts should focus on the marketing of *novelas* to ensure broad dissemination, which is crucial for any health initiative to have a public health impact.

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Box 1:

Values grid developed for radionovela – *partial sample*

<p>Main Audience: Indigenous Mexican Women, between 40–60 years old that communicate exclusively or mainly in Mixteco or other indigenous languages, recently migrated and now live in the State of CA in the US. Secondary audience: family members.</p> <p>Objectives: a) promote benefits of regularly having preventive check-ups to receive information and guidance on the risk factors for breast cancer to familiarize oneself with prevention methods. b) promote the rights to have access to health care and offer information on payment plans and financial options regardless of legal status, soliciting a Mixteco interpreter and a female practitioner wherever that is an available option.</p>	
<p>Practice/ Problem (description of actual situation) The audience is not used to accessing public health services offered in their neighborhoods and know little about their preventive health options.</p>	
<p>Pre-values (from in-depth interviews with community members)</p>	<p>Values to reinforce in <i>novela</i></p>
<p>We came to this country in search of better living opportunities. This is why everyone in the family works every day from early morning until late in the day. Being healthy means not being sick, meaning not having any illness that would impede one from working or would require one to stay in bed. If I don't feel well, I treat myself with home-made remedies. I only go to a clinic in an emergency or if I can't cure myself. But, as soon as I feel better, I stop any given treatments and stop doing exams that they requested so I don't waste time and money.</p> <p>Going to a clinic is expensive The exams, analysis and medicines that they prescribe are also very costly. I don't have insurance because I would have to pay for it myself and we simply don't have enough money to afford it. Besides, I have never really needed it. Also, because of our legal situation in this country I risk that the clinics will have all of my information on file.</p> <p>In this country clinic staff only speak English or Spanish. I communicate in my native language, the same one that my parents and grandparents spoke. I don't really trust people that speak in another language because I don't fully understand what they are saying and I fear that because of this they will try to lie to me. Additionally, since I feel shame not speaking English, sometimes I chose to pretend that I do understand. This is why I hope I don't have to go to a clinic at all.</p>	<p>If one is not well in health, we don't last in the workplace and we can't earn what we need for our family to live in this country. This is why we don't wait to get sick to take care of ourselves. This is why we feed ourselves well, we spend time with family and we get annual exams and check-ups on our health.</p> <p>Other immigrants have shared with me that local clinics offer programs for low-income families that are available to us regardless of our legal status. They say that we can get check-ups and exams for low cost or sometimes even free. I have been referred to low- income programs. They have a reputation of having respectful doctors and quality care.</p> <p>They explained to me that in this country, clinics receive funds from the government and are required to have interpreting services for non English-speaking patients. We should be aware that it is our right to request this service. We should not have shame in seeking an interpreter in our preferred language.</p>

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Box 2:

Radionovela characters (partial sample)

Soledad- Female, 48 years old. Originally from Mixteco community of Oaxaca. Wife to Cresencio and mother to Lupita. She migrated to the United States over 20 years ago. In her village she only studied primary school/ elementary school. She is selfless, hard-working, solitary, proud of her culture. She is known as a good wife and mother. Recently, she became a grandmother and that has brought new motivation to her life. She wishes to share with her grandson all of the stories, the language, the customs etc. as her legacy. *Soledad will learn how to value herself more. She is motivated by the struggles lived by her sister and from this experience she will begin to make a habit of getting regular check-ups and will discover that she has rights to use discount programs at clinics, to solicit an interpreter and to be seen by a female practitioner.*

Otilia- Female, 51 years old. Otilia is sister and best friend to Soledad. She migrated to the U.S with her family a little before Soledad. Being the only members of their family to migrate, they have been a source of support and advice for each other in this country they still consider foreign. Both have had similar lives. They share the same values and ethics which they learned from their mother. Otilia, however, is more direct, uncensored, and has a more joking personality with her sister. Although she jokes often, she can also fall towards depression. She has never been good at taking care of her health and did not take care of her eating and sleeping habits in order to serve her family. She thinks she is too old already to change her ways now. Doctors have recently found that she has breast cancer and she has taken it as a death sentence. Only Soledad knows of the diagnosis and Otilia has sworn her to secrecy about it. *Otilia encompasses the values of many women of her age. She does not take care of her health unless it is interfering with her ability to work. She does not trust clinics, doctors and exams, She thinks seeing a doctor it is a waste of time and money, After all, since we are going to die, she believes, it would be best not to know.*

Table 1:

Survey findings, indigenous men and women living in Oxnard, California, 2018–2019

	Women 40+ N=112		Household sample women (N=47)		Household sample men (N=81)	
	N	%	N	%	N	%
Age (years)						
Less than 40	0	0	44	94	39	48
40 – 44	56	50	0	0	14	17
45 – 49	28	25	0	0	13	16
50 – 65	23	21	2	4	13	16
>65	5	4	1	2	2	2
Length of stay in US (years)						
0 – 10	24	21	15	32	18	22
11 – 15	22	20	10	21	16	20
16 – 20	32	29	12	26	21	26
>20	34	30	10	21	26	32
Education						
None	34	30	3	6	9	11
1–5 years	22	20	5	11	17	21
6 years	20	18	10	21	18	22
7–12 years	14	12	22	47	28	35
>12 years	0	0	6	13	8	10
Missing	22	20	1	2	1	1
Type of insurance used in the past						
Medicaid or MediCare	39	35	21	45	20	25
Insurance through job	10	9	5	11	9	11
No insurance	33	29	15	32	47	58
No insurance, used discount program	25	22	6	13	5	6
Heard about cancer or going to the clinic for a wellness visit on the radio	74	66	25	53	40	49
Language of the radio show						
Spanish	5/74	7	7/25	28	6/40	15
Mixteco	6/74	8	1/25	4	3/40	8
Both	38/74	51	12/25	48	27/40	68
Missing	25/74	34	5/25	20	4/40	10
What did you hear? (open ended question, followed by prompts)						
Information about a clinic	20/74	27	4/25	16	4/40	10
Health info/importance of check-ups	15/74	20	3/25	12	2/40	5
General information	15/74	20	6/25	24	15/40	38
Story about 2 sisters	9/74	12	5/25	20	5/40	12
Advice about cancer	15/74	20	3/25	12	3/40	8
Other (pesticides, domestic violence)	0/74	0	2/25	8	4/40	10

	Women 40+ N=112		Household sample women (N=47)		Household sample men (N=81)	
Don't remember/Missing	0/74	0	2/25	8	7/40	18

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