

Cultural Adaptation and Training Design: The Case of *Resumen De Enfermedades Transmitidas Sexualmente* / STD Overview for Non-Clinicians

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Abstract

The Hispanic/Latino population in the U.S. has dramatically increased bringing with it richness in history, tradition, attitudes, and practices pertinent to STD/HIV prevention. Non-clinical staffs that work with monolingual Spanish speaking clients often face cultural and linguistic challenges when assessing attitudes, knowledge, and behaviors of persons at risk for STD/HIV. This article describes the process of adapting an existing curriculum for a training, STD Overview for Non-Clinicians, to design a comparable course for bilingual staff primarily working as health educators, counselors, or outreach workers for Spanish speaking communities. Overall, the two-day *Resumen de Enfermedades Transmitidas Sexualmente*, as delivered by bilingual and bicultural trainers, embraces Hispanic/Latino beliefs and attitudes about sexuality and STD/HIV while concurrently reinforcing cultural norms that support healthy attitudes and practices. Using a scale from 1-5, 1 representing “poor” and 5 representing “excellent,” the overall rating for pilot training sessions combined was 4.9. Written comments were favorable and reflected an appreciation for the design of the course, the availability of appropriate and technically correct information written in Spanish, and the creation of a training opportunity that fostered camaraderie and networking possibilities for the participants.

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Background

The Hispanic/Latino population in the U.S. has dramatically increased bringing with it richness in history, tradition, attitudes, and practices pertinent to STD/HIV prevention. Non-clinical staffs that work with monolingual Spanish speaking clients often face cultural and linguistic challenges when assessing attitudes, knowledge, and behaviors of persons at risk for STD/HIV. By meeting these challenges, staff can better assess client risk(s) and identify appropriate levels of comprehension and readiness for behavior change.

In 2001, The California STD/HIV Prevention Training Center (CA PTC), a project of the California Department of Health Services and the University of California, Berkeley, invested in the design and development of a training program for bilingual (Spanish/English) non-clinical health care providers. The training designers were bilingual and bicultural Mexican-American staff, with 22 years of combined experience in public health education. They subscribed to the premise that groups of people (health care providers and patients/clients) change through a process of coming together to share experience, understanding social influence, and collectively developing solutions

to problems. This premise proved true at different levels: in the training design, when brainstorming by trainers contributed to the evolution of the training design; and in the piloting of the training, when training participants offered their suggestions for improvement in the training delivery and the training teams incorporated those suggestions to refine the course.

This article will describe the process of adapting existing materials for a three-day training session, STD Overview for Non-Clinicians, to design a comparable course for bilingual staff primarily working as health educators, counselors, or outreach workers for Spanish speaking communities. The resultant two-day training session, *Resumen de Enfermedades Transmitidas Sexualmente*, has become a regular offering co-sponsored by the CA PTC and has been successfully received by its participants. It is a means to learn the terminology required to do one-to-one educational and counseling interventions with patients in STD clinics, as well as an experiential training that models techniques for group education as is commonly undertaken in community-based programs that link individuals with clinical and preventive services. The course is conducted in Spanish and has occasionally been attended by participants who took its English-language counterpart.

Training Design and Adaptation Process

An internal work plan was prepared that identified staff, delineated areas of responsibility, and included a timeline for the development of a training manual, course evaluation instrument, course application, copy for promotional flyers and electronic announcements about the training, and fund support for translation services.

Training materials that were previously designed by CA PTC staff for English speakers were reviewed for content, factual accuracy, and applicability to bilingual/bicultural training participants. Requests for in-state and out-of-state training curricula were made to compare training materials that were being used to train bilingual or monolingual staff. Few training

curricula were found. The sharing of training materials by some agencies was not always possible due to their consideration of them as proprietary. The CA PTC staff decided to adapt what had proven to be a well-received and flexible curricula by using primarily the Training Manual for STD Overview for Non-Clinicians which is a work developed by multiple staff with training experience in the network of STD/HIV Prevention Training Centers, comprised of regional training centers funded by the Centers for Disease Control and Prevention.

The adaptation of the training manual was necessary in two areas: the appropriate translation of the English manual; and the incorporation of case studies and activities with what trainers came to describe as having a “sabor Latino,” (or as it can be more formally described: cultural relevancy and linguistic appropriateness).

The adaptation of the training delivery included the use of bilingual/bicultural training teams of two or three trainers depending on number of training participants, the preparation of training materials with Mexican or Latin-American icons on the cover designs, and the creation of a training atmosphere with Mexican or Latin-American elements.

Once relevant sections of the English manual were identified and the training agenda modified to fit a one and a half day or two-day training, the manual was translated by an outside vendor with a specialty in translating health-related content for professional and consumer groups. Outsourcing the translation service allowed the bilingual/ bicultural trainers to focus on content development and design. Three bilingual/ bicultural trainers reviewed the translation. The translations were reviewed for consistent use of Spanish terminology, conceptual similarity to the English version (particularly in areas of fact), and thoroughness. When there were differences in opinion about the correct translation of a particular word or expression, trainers defaulted to allow trainees to give feedback as to the understanding of that particular word or expression. They

subsequently incorporated alternative expressions or substituted the text appearing in the training manual.

The trainers designed instructional games derived from popular U.S./Mexico culture for use with small-group STD/HIV training programs for bilingual staff. Instruction through games facilitated the introduction and reinforcement of concepts associated with STD/HIV that are still regarded taboo among clients/patients, the ultimate recipients of the training content. These games are briefly described below:

Bingo de Bacterias – modeled after the popular “Bingo” game played by all ages, the trainers and trainees alike found this game and its concepts easy to remember because of the alliteration in the title, derived by mixing English and Spanish words. The application in an STD/HIV training context was its use as a means to reinforce basic knowledge about bacterial, viral, and protozoan transmission.

Loteria de Pasiones - modeled after the Mexican lottery game that children and families play to learn new terminology, take a chance at winning a prize through random selection of game figures, and informally compete. Its application in the training was to reinforce concepts of transmission.

Campaña Comunitaria – Literally translated to English as “Community Campaign” the activity took into account the use of mass communications commonly used in Mexico and Latin-American countries to promote health interventions such as children’s immunizations and family planning services.

The application in an STD/HIV training context engages the trainees by having them design posters with simple prevention messages based on facts presented in the course. Trainers reinforce correctly stated messages while training participants learn various alternatives to express similar concepts. An additional benefit to trainees is that they learn to use the simplest of tools (poster paper, colored markers) to create effective promotional pieces. Often,

community-based staff and outreach workers must be resourceful by using available materials because they are not equipped with computerized technology (e.g., PowerPoint presentations, LCD projectors, screens, presentation hall) or facilities as might be used in formal presentations.

Mitos de ETS /Leyendas de Mi Pueblo – Myths and facts about STDs are a content area commonly used in STD/HIV prevention education. A cultural adaptation is the reference to leyendas, or popular legends that surround mystical or extraordinary human and non-human figures impressed upon children and adults alike (e.g., la leyenda de la llorona, la leyenda del beso, recognized nationally or regionally in Mexico and Latin-American countries and passed on from one generation to the next).

The application in STD/HIV training is in the framing of the activity by referring to our ancestral origins as undoubtedly filled with legends initially based on facts and/or perceived truths. Over time, those truths grow to become indistinguishable from myth, yet may be conserved as a strong element of one’s belief system. Trainees brainstorm on what they (or their clients/patients) have expressed about STD/HIV transmission and prevention that seem to be unusual or not based on the facts as presented in the training. Trainers tease out the fact from fiction. They also reiterate that discarding long-held beliefs to adopt new ones is a gradual process and furthermore, that sustained behavioral change (i.e., decreasing risk-behavior) does not necessarily follow single counseling or training sessions.

The instructional games were used to reinforce concepts of basic STD/HIV epidemiology, transmission, infection sites, prevention messages, connection between STD and HIV, personal risk-taking, behavioral change, and common myths and facts of STD/HIV. They were used to have fun while learning, to relate to the Latino culture and personal experience, and to reflect course content presented to that point. The games were strategically used either to heighten the interactivity of the training or to recap content.

To create a welcoming and familiar environment, the training rooms were decorated with *papel picado*, tables were decorated with a Mexican-motif, and miscellaneous Mexican art pieces were displayed throughout the room. Spanish language music played while training participants arrived and trainers handled administrative details. During training breaks, music continued or trainers encouraged participants to mark training materials where they believed text was unclear or needed reorganizing.

Evaluation

The two-day training session was pilot tested among local health department staff, family planning providers, physicians, and community outreach workers in Fresno, CA (November 2001), Tijuana, Baja California, (January 2002), Oakland, CA (February 2002), and Berkeley, CA (May 2002). Groups ranged from thirteen to thirty-five trainees. A total of seventy-seven people participated in the pilot training sessions. Individual experience in health education ranged from two months to three years as a practitioner.

Using a scale from 1-5, 1 representing “poor” and 5 representing “excellent,” the overall rating for pilot training sessions combined was 4.9. All training modules were rated in four areas: delivery, content, materials, and practical value. In particular, the ratings given to the instructional games were 4.8 to Bingo de Bacterias, 4.7 to Campaña Comunitaria, 4.8 to

Loteria de Pasiones, and 4.8 to Mitos de ETS / Leyendas de Mi Pueblo.

Written comments were favorable and reflected an appreciation for the design of the course, the availability of appropriate and technically correct information written in Spanish, and the creation of a training opportunity that fostered camaraderie and networking possibilities for the participants.

Conclusion

Bingo de Bacterias, Loteria de Pasiones, Campaña Comunitaria, and Mitos de ETS /Leyendas de Mi Pueblo are useful, relevant, and culturally appropriate instructional techniques for bilingual training participants. Overall, Resumen de Enfermedades Transmitidas Sexualmente as delivered by bilingual and bicultural trainers embraces Hispanic/Latino beliefs and attitudes about sexuality and STD/HIV, while concurrently reinforcing cultural norms that support healthy attitudes and practices.

Many participants have asked for copies of the games. Copies were distributed at the 2002 conference of the Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE) (Martínez-Rubin and Pérez, 2002). As the course has evolved, games continue to be re-vamped per training participants’ suggestions. Future plans include training others on how to present them in their own training sessions.

References

Martínez-Rubin, N., and Pérez, A. (2002). Building spanish communication skills of staff in std/hiv prevention programs. 20th National Conference on Health Education and Health Promotion, New Orleans, LA, June 6, 2002.

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