

## **Analysis of Healthcare Videos Addressed to Migrant Populations in Spain**

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### **ABSTRACT**

During recent decades Spain has received a large number of foreigners, who have come not only as short term tourists, but also as long term students, as workers, or for their retirement. A great effort has been made to reach these new citizens and involve them in healthcare promotion campaigns. This has materialised in the publication of leaflets, posters, and even videos, the latter of which are the object of this piece of research.

The aim of this research is to analyze healthcare videos addressed to migrant populations in Spain to determine the kind of adaptations that have been performed. This way, we will be able to determine their adequacy and efficacy, and suggest some improvements. Aspects such as conceptual or communicative adaptation to particular cultures, changes of register, use of terminology, structural changes and topic choice will be analyzed.

**KEYWORDS:** adaptation, audiovisual translation, healthcare promotion, migrant population, public service translation, transcreation, video

### **1. Introduction**

The promotion of healthcare habits is key to the success of European healthcare models. Reaching all sectors of a population is always challenging, even more so in countries where people from very different backgrounds, languages and cultures live together, as is the case in Spain. Foreign communities living in Spain may suffer from conditions specific to their countries of origin, or understand health and illness in ways that are radically different from the European model. For both these reasons, the need to design or adapt healthcare materials for the benefit of foreign populations becomes obvious. Different levels of literacy amongst individuals whose mother tongue is other than Spanish also encourage the idea of developing materials in formats other than paper. A video format seems then to be an attractive alternative to printed leaflets and brochures.

The hypothesis of this research is that health promotion materials are more successful amongst foreign populations if they are developed in video format, as Sixsmith et al. (2014) suggest. However, certain issues pertaining to intercultural communication must be addressed when it comes to elaborating successful videos. In order to test this hypothesis, healthcare videos addressed to migrant populations in Spain will be analyzed. This research will be carried out in three main steps: (1) compilation of healthcare videos; (2) descriptive and critical analysis; (3) suggestions for improvement. Aspects such as conceptual or communicative adaptation to particular cultures, changes of register, use of terminology, structural changes and topic choice carried out in the existing videos will be discussed before offering a list of suggestions for the design and development of healthcare videos addressed to migrant populations.

## **2. Communication with foreign and migrant populations in Spain**

Over the last few decades Spain has witnessed the progressive arrival of a foreign population. The immigration phenomenon is relatively recent in Spain; its beginning dates from approximately 1986, when Spain became part of the European Union, whereas other countries such as the United States of America, Australia and other northern European countries (for example, the United Kingdom, France, Germany and Belgium) have been receiving migrant populations already for some centuries. These new inhabitants bring to Spain their own beliefs, cultural systems, languages and customs, thus enriching Spanish society. Nevertheless, some of these issues may also constitute communicative barriers, as they may provoke either linguistic or cultural breakdowns in communication.

A large amount of research has already been developed in Spain within the field of public service interpreting and translation regarding communication with foreign populations in healthcare settings. From central Spain, where Madrid is located, Dr. Valero-Garcés has carried out extensive research on communication with foreign populations in healthcare consultations, involving translation and interpreting researchers from other regions in Spain and abroad, as well as researchers belonging to the medical field (Valero-Garcés 2002, 2005; Valero-Garcés and Taibi 2004; Valero-Garcés and de la Morena Fernández 2005). Where Valero-Garcés focuses her research on linguistic aspects such as use of pronouns, the amount of communicated information, divergence from main topics and the construction of roles and

identities, and often uses a methodology based on discourse analysis, other scholars including Dr. Raga Gimeno and Dr. Sales Salvador centre their attention on intercultural communication. Reporting from a coastal area, these authors analyze medical encounters to search for miscommunication caused by differences in understandings of health and illness, expectations of the development and outcomes of medical consultations, and the roles played by the participants in the interaction and their communicative models (Raga Gimeno 2005, 2006; Sales Salvador 2005a, 2005b, 2006). Other recent studies on intercultural mediation and public service interpreting and translation carried out in Spain include Pena Díaz et al. (2014), Qureshi et al. (2009), Navaza and Serrano (2009), García-Beyaert and Serrano-Pons (2009), Fernández-Rufete and Rigaudy (2009), and Antonin (2010). They describe current experiences of the provision of intercultural mediation services in healthcare settings.

It is not only in the fields of linguistics and translation studies that awareness about effective communication in healthcare settings has become the focus of research. Valverde Jiménez (2013) offers an interesting insight from the nursing point of view. She describes the situation in another Spanish coastal area, Murcia, and emphasizes the role of intercultural mediators (as defined by Guerrero 2012) who work at hospitals and healthcare centres. They make communication possible between healthcare staff and patients by bridging not only linguistic, but also cultural, and even institutional gaps. Other studies from this same field (nursing) deal with migrant populations and the design of campaigns for the promotion of healthcare habits. Gámez Requena and Márquez Aragonés (2004) explain that before the design of an information campaign for the promotion of healthcare habits, it is essential first to carry out an analysis of the needs of the population it is addressed to, so that the final product (the campaign) can reach its recipients effectively. For instance, the target population might lack knowledge about a particular aspect of the healthcare system that is well known to the native population, such as how to access the system, or whether they have to make any payments and how.

Most of the above mentioned studies tackle the migrant population's different perceptions about health and illness, and their expectations of the Spanish healthcare system. These cultural issues should be taken into account when it comes to the design of materials and campaigns aimed at the promotion of healthcare habits. The lack of adaptation of these

materials and activities may result in them not reaching the target population, as Maksin (2014) suggests in her interesting analysis of public health campaigns in the United States. She points out the fact that educational information about health has usually been translated literally to reach migrants. However, in recent years some countries with a long history of immigration have started using methods of *transcreation* in order to adapt their educational materials culturally to the target audience. Although previously used for literary translation (Pedersen 2014), according to Ray and Kelly (2010:1) the term ‘transcreation’ was first applied to the creative translation of commercial advertisements in the 1960s. In order to fulfill the aim of selling products and attracting clients, the language and other communicative modalities (images, sound, etc.) of advertisements had to be adapted to the target audience instead of simply being translated. Brochures, TV and radio advertisements, posters, flyers and websites have traditionally been the subject of transcreation: however, health promotion campaigns share the persuasive objective of commercial advertisements, as they also aim to elicit an emotional response from their audience. Thus, health promotion campaigns may also be subject to transcreation.

In fact, in Spain there are already several intercultural mediation services in existence (mainly provided by associations or departments within hospitals) which develop informative resources, such as leaflets, posters or brochures that are culturally adapted to address particular groups. One example is the mediation service offered by the association *Salud entre Culturas* (Health amongst Cultures) based at the Hospital Ramón y Cajal in Madrid. Apart from providing interpreting and translation services, one of their main activities consists of designing health promotion campaigns for particular groups of the migrant population. For these campaigns, they organize workshops and design leaflets, posters and a wide variety of other handouts mainly about infectious and tropical diseases (AIDS, TB, chagas, etc.). In Castilla-La Mancha (a region which, together with Madrid, occupies the centre of Spain), similar services are offered for the promotion of healthy habits for women and children.

This article does not aim to research the health habits, lifestyle, expectations or satisfaction level of foreign populations towards the Spanish healthcare system. Attention is focused instead on audiovisual materials developed for foreign populations as part of health promotion campaigns. Their efficacy and adequacy for the target population will be analyzed, taking into

account whether they address the cultural particularities of the recipients, their hygiene and healthcare habits, their concepts of health and illness, and their expectations and communicative styles. Intercultural communication and public service interpreting and translation provide the theoretical framework for this study, while the methodology derives from different disciplines including discourse analysis, publicity and advertising, ethnography, sociology and audiovisual translation.

### **3. Elaboration of health promotion campaigns for foreign and migrant populations**

Our point of departure is the need for and convenience of promoting healthy habits amongst the general population in an effective way. This involves the design and elaboration of effective information materials able to reach the inhabitants of a particular area. For the materials to be effective, it is also necessary to consider diversity, that is, the existence of diverse and distinct groups which will have different needs and for which materials will have to be adapted. Berndhardt (2004) laments the low importance given to public health communication, and uses the definition of *Healthy People 2010* to describe it as “the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues” (U.S. Department of Health and Human Services 2000: pages not numbered). Public health is deeply influenced by social, political, environmental and behavioural factors of a particular population, and so, according to Bernhardt, effective public health communication must tackle audiences’ health literacy, culture and diversity so that “messages are accessed and understood, communities are involved and invested, and programs are modified as needed” (2004:2052). Sixsmith et al. (2014) also position language and culture as two of the main barriers to communicating health promotion messages.

Migrant or foreign populations residing in Spain constitute groups that can suffer from particular conditions (endemic diseases) or, due to cultural distance, may approach health and illness in a way that is different from the Spanish population (i.e. they may follow different healthcare habits). The different literacy levels within both foreign and autochthonous populations may also influence the development of information materials. It may be considered appropriate to offer information not only in the written mode, but also by means of

images, or even orally (using sound or video), as Sixsmith et al. (2014) suggest. Apart from this, the principles followed by Spanish healthcare institutions regarding the readability and accessibility of texts for the general public advise on the convenience of developing attractive and user-friendly documents. Some users of these texts may be foreigners with a low level of literacy in written Spanish due to their languages being written using another alphabet, or having a low socio-educational level that may prevent them from properly understanding long and complicated texts. These probable communicative barriers are a good reason to consider audiovisual materials as highly appropriate for the promotion of healthy habits amongst foreign populations.

Reinforcing this view, the *Instituto de Salud Pública* (Public Health Institute) recommends television as the most suitable means for information campaigns addressed to migrant populations. In their 2004 report on migration, health and healthcare services it is stated that,

Más allá del poder indiscutible que este soporte intrínsecamente tiene, la televisión en nuestro caso concreto adquiere especial relevancia, puesto que aparece a ojos del inmigrante –según nos lo señalan en los grupos y entrevistas– como el medio de información por excelencia de temas vinculados a la salud y la prevención de enfermedades. No se debe olvidar que existe la idea generalizada, entre la población que se ha estudiado, de que muchas de las enfermedades de este país son diferentes a las que existen en los suyos, y que de ello se desprende una necesidad de saber que prácticamente no tiene, por ahora, otra vía de satisfacción que la información que se recibe del medio televisivo (2004:60).

[Beyond the intrinsic undeniable power of this mass medium, television is particularly relevant for our purposes, as it appears to the migrants' eyes as the principal means through which topics related to health and illness prevention are broadcast – following data from focus groups and interviews. We should not forget that the surveyed population generally thinks that most of the illnesses in this country are different from the ones in their respective original countries. For this reason, their need for obtaining information about them can only be satisfied at present by means of the television. (My translation)]

However, if the aim is to reach such specific groups, a special effort must be made to design and adapt the materials accordingly. They must not only be accessible to the general population, but also culturally adapted, oriented to a population sector that may have a low socio-educational level, and translated (dubbed, subtitled, etc.), amongst other characteristics.

#### **4. Health promotion videos**

The focus of this study consists of audiovisual health promotion materials addressed to foreign populations in Spain. First of all, the existence of these videos must be confirmed. Hence, research into Spanish public and private, national and regional healthcare authorities' and institutions' websites must be carried out.

Our main aim is to analyze the adequacy and efficacy of those audiovisual materials which have been specially developed for foreign populations in Spain. This general aim can be broken down into the following specific objectives:

1. To research the existence of this kind of material
2. To analyze information videos about health promotion addressed to migrant populations in order to measure their efficacy
3. To offer a list of suggestions and recommendations for the improvement and design of this kind of material.

The departing point for this study follows the conclusions of Sixsmith et al. (2014) and builds on the hypothesis that health promotion materials in audiovisual format reach foreign populations more efficiently than other formats such as, for example, paper (leaflets, brochures, information sheets, and the like). In order to test this hypothesis, an investigation will be carried out according to the following steps:

1. Research into existing materials
2. Descriptive and critical analysis of findings
3. Opinion gathering
4. Elaboration of improvement proposals and advice for the development of new materials.

As will be explained, to date these steps have been only partly followed. The research and analysis of materials has already been carried out, and some suggestions have been proposed from the findings. A future step in this study will be the organization of focus groups to

discuss both the findings of the previous analysis and emergent feelings, opinions and suggestions.

## **5. Adaptations to health promotion videos for foreign and migrant populations**

The first necessary step of this study consisted of researching websites belonging to healthcare authorities that offer their services in Spain, be they private or public, national or regional. The objective was to find information videos about health promotion oriented to migrant populations. After this phase, the videos found were classified and a sample was selected for analysis. The aim of the analysis is to find out whether any adaptation had been made to those materials in order to reach the target population. Amongst other aspects, it was considered whether the following mechanisms and criteria had been performed and followed: topic selection, cultural adaptation to particular groups (both conceptual and communicative), and register or terminology adaptation.

### *5.1 Topic selection*

The *Instituto de Salud Pública* (Spanish Public Health Institute) (2004) provides the following thematic recommendations for information and training campaigns oriented to migrants in Spain: hygiene and food, family planning, health at work, pre-scientific practices (traditional medicine) and home-made natural remedies, and reasonable use of drugs and medicines. They state that tackling these topics is essential because they are intrinsically linked to typical behaviours of migrant populations that could harm their health (ibid:65). Furthermore, the Public Health Institute (2004) insists on the importance of taking into account certain variables, such as cultural differences and gender, in order to design information and training campaigns.

### *5.2 Cultural adaptation*

Cultural differences play a significant role in communication and miscommunication. Focusing on communication, cultural characteristics can be divided into two main groups (Raga Gimeno 2003, 2004): formal features, such as use of verbal forms, the expression of politeness, and use of paralinguistic elements and non-verbal language; and meaningful features, such as psychological, emotional, individual and social values, which are determined



by factors such as age, gender and social class. Possible cultural adaptations can thus tackle either conceptual issues, such as representations of the audience in terms of showing elements related to appearance (e.g. a video showing people belonging to different ethnic groups, or people who dress in different ways), environment and habits (e.g. a house decorated in a typical Chinese style, or showing the way in which Muslims ritually wash their face, hands and feet), behaviour towards others (this could include proxemics and non-verbal language), and understanding of concepts related to health and illness (e.g. the Chinese concept of the balance between yin and yang). Alternatively, communicative cultural adaptations can deal with the content of messages (taking into account, for instance, taboos or the inclusion of personal or social information) and the form of messages (pace of discourse, pauses between strings of discourse, the structure of the message and use of repetitions, expression of politeness, and possible differences in discourse according to age, gender or social class).

### *5.3 Register and terminology adaptation*

Scientific texts addressed to the general public often undergo a process of popularization which involves changes such as modification of register and determinologization (Campos Andrés 2013). This means the inclusion of definitions, explanation of terms, paraphrases and analogy, among other changes. Health promotion videos demonstrate these characteristics, as they stem from the specialist field of medicine but are designed to reach wide sectors of the population. In the case of videos addressed to foreign sectors of the population, these phenomena are expected to occur more frequently and intensely due to particular characteristics of their audience, who may have a lesser degree of understanding of specialist terminology and highly formal registers (Lázaro Gutiérrez 2012).

## **6. Analysis of corpus of Spanish health promotion videos**

A thorough examination of websites belonging to public and private healthcare institutions was carried out in search of audiovisual materials. It was quickly noted that the presence of health promotion videos oriented to migrant population was scarce (only 13 videos). Amongst the surveyed webpages are that of the Spanish Ministry of Health, Social Welfare and Equality, the different regional Health Councils and healthcare services, provincial healthcare services (where appropriate), and several associations, NGOs and foundations related either to migration or to healthcare (an exhaustive list of webpages is included in the Webgraphy).

Although a great number of videos about prevention and public health are available on these webpages (they are very popular in what has been called the ‘*Universidad de los Pacientes*’ (University of Patients)), the ones specifically oriented or adapted to migrant populations are few. A sample of videos was selected from amongst those identified for the analysis phase. The selection criteria were as follows: (1) videos had to be publicly accessible, (2) they had to be specifically addressed to foreign populations, and (3) the sample had to include a variety of authors. Only publicly accessible videos were considered because those are the ones which match the characteristics of active public health campaigns. Although some institutions claimed to have an archive of older or unofficial videos, these were not considered for research as they were not representative of the current state of the art. Many health videos are translated into languages such as English, but this is done in order to advertise the quality of healthcare services provided by particular regions outside Spanish borders. Thus, translated videos were not considered unless they were specifically addressed to migrant populations. For the sake of variety, although a particular institution might have published a greater number of videos, only one sample from each institution was analyzed, as all those by the same author reflected a similar style. The following videos were analyzed:

1. A collection of videos with subtitles in English, Arabic, Russian and Chinese by *Fundació Biblioteca Josep Laporte*. This foundation is based in Barcelona and is made up of different institutions, among which are the Official College of Physicians of Barcelona, the *Fundació Puigvert*, the Catalanian Health Institute, the Local Healthcare Assistance Institute, the Santa Creu I San Pau Hospital and the Autonomous University of Barcelona. This foundation has published a large number of information videos, but only those of the *Kit de la visita mèdica* (Medical Consultation Pack) have been taken into account because they have been recorded and subtitled in the greatest variety of languages. They consist of blocks of four videos each that explain how patients should prepare for their medical consultation, and what they should do in the waiting room, during the consultation and when the medical encounter has finished. They are recorded in English, Arabic, Russian and Chinese and include subtitles in these same languages.

2. Videos in English, French, Russian, Romanian, Arabic, Chinese and Urdu by the Department of Health of *Generalitat de Catalunya*. These include a video about TB (*Coneix la tuberculosi*) recorded in the above mentioned languages, and a collection of videos about how healthcare services work (*Coneix els serveis de salut*), recorded in the same languages but including two varieties of Arabic: classical and Moroccan. The videos included in this collection deal with the health card and healthcare services in Catalonia (*La TSI y los servicios de salud en Cataluña*), what to do when one gets sick (*¿Qué se debe hacer ante una enfermedad?*), hospitals (*Los hospitales*), primary care services and staff (*Los equipos de atención primaria*), prescriptions (*Las recetas*), sexual and reproductive health (*Salud sexual y reproductiva*), and pregnancy (*La atención al embarazo*).
3. Videos recorded in Arabic, Portuguese and Romanian by *Médicos del Mundo* Spain about the use of condoms. These videos are recorded in the above mentioned languages and subtitled in Spanish.

After analysing these videos according to the criteria mentioned in the previous section, it was found that a series of strategies was employed in order to adapt them to migrant populations. The first was *topic choice*, that is, the videos deal with issues that particularly affect migrant populations (according to the Spanish Institute of Public Health): how the healthcare system works, TB, and use of condoms. As mentioned before, in navigating websites belonging to health organisations and institutions, it is possible to find plenty of prevention and health promotion videos dealing with a great variety of topics: however, very few were found which were created specifically for migrant populations. It was also apparent that two different institutions (*Fundació Biblioteca Josep Laporte* and the Health Department of the *Generalitat de Catalunya*) even coincide with the same topic: how the healthcare system works.

One of the most important and visible adaptations made is the *translation* of the materials, for which different translation techniques were used. Audio was always translated (the videos were all recorded in a foreign language). However, subtitles were sometimes included in Spanish, other times in the same language as the soundtrack, or no subtitles could be found at all. Most of the videos contained captions in the foreign language in order to reinforce and fix

the message given in an oral mode. A particularly significant observation was that both audio and subtitles kept certain words untranslated so that the recipients of the videos could better identify places or institutions (for example, '*centro de salud*' for healthcare centre).

It was also noted that *cultural adaptations* are very scarce. First of all, the oral texts presented simple, literal translations that may appear too blunt for certain cultures that might prefer the use of circumlocution and metaphor. For example, the messages of the videos about condom use are delivered in a very direct manner with no euphemisms used. A presenter is shown putting a condom on a rubber penis, but certain cultures may react to this with shame (Rodríguez Navaza 2008). Pictures and diagrams could have been used instead to reduce the impact on the audience.

A positive aspect is the fact that the people who voiced over the videos by *Médicos del Mundo* (Doctors of the World) Spain belonged to the target culture. Another adaptation effort could be seen in the videos by the Health Department of the *Generalitat de Catalunya*, where actors were people of different races, although their race did not necessarily coincide with that of the target population. For example, in the video recorded in Chinese, some Indian, Eastern European and African actors participated, but none were Chinese. A similar phenomenon occurred with the characters' clothes and the décor of the houses that appeared in the videos. In this respect, the least culturally adapted videos were those by *Fundació Biblioteca Josep Laporte*, where actors belonged to the source culture.

The videos by *Fundació Biblioteca Josep Laporte* and those by the Health Department of the *Generalitat de Catalunya* copied the proxemics and semiotics of the source language, i.e. characters showed gestures belonging to Spanish culture when they indicated that a part of their body hurt, for example, or when they greeted each other and maintained physical proximity and contact in a way similar to how the autochthonous Spanish population would.

## **7. Suggestions for improvement**

Although the topics of the videos analyzed in this study were carefully selected and constituted one of the main adaptations to foreign populations, together with dubbing and subtitling, a number of other adaptations are desirable to make the videos fully accessible to

their target population. First of all, dubbing and subtitling have been done in a rather literal way. Although the language barrier may seem to have been broken, as Raga Gimeno (2003:37) points out, the absence of phonological, lexical or morpho-syntactical problems does not equate to effective or satisfactory communication.

Language is, thus, just one part of communication, and translating word for word is usually not enough to reach the audience in the most effective way possible. Although a great effort has been made to represent the target audience in the videos (people from different ethnic origins appear, sometimes even dressed according to their cultures, or in what seems to be a house decorated in the style of a particular foreign culture), most of the features that characterize their appearance or behaviour are absent. Body language, proxemics and semiotics follow typically Spanish patterns: eye-contact, greetings, smiles, gestures, and so on have not been adapted, and typical behaviours of the target recipients have not been included (for instance, hygiene habits, or ways of preparing meals and taking care of children or pets). The recipients may, thus, not identify with the actors of the videos.

Information is always presented following the same structure, pace and wording as the source language. However, following authors such as Raga Gimeno (2003) it is known that certain cultures prefer a circular structure full of repetitions, instead of the linear one presented in the videos. The strings of discourse within the videos are long, and pauses between them could seem too short to certain recipients, not allowing for the full comprehension of messages. The language used is direct and denotative, and, particularly in the videos about condom use, it could appear aggressive to a particular audience, who may prefer the use of metaphors to refer to certain concepts and realities. The same applies to courtesy conventions and non-verbal language, including proxemics. Narrators follow Spanish forms of politeness, which may seem too blunt to many other cultures (including other European ones), and actors approach each other as if they were Spanish, that is, in a perhaps excessively warm manner when seen by people belonging to Northern, Eastern and African cultures.

As mentioned above, some adaptation of register and terminology could have been carried out, particularly in videos that were subtitled but not dubbed. Formal registers and specialized

terminology should be avoided in informative materials, even more so if there is a possibility that the audience may have trouble understanding the message.

To sum up, the following recommendations are suggested:

- Literal translations should be avoided.
- Particularization is desired, i.e. if a video is addressed to the Chinese population, actors' appearance, clothing and home décor should mirror those of the audience.
- Body language, proxemics and semiotics should be adapted to those of the audience.
- Particular culturally-marked habits should be taken into account, such as different ways of preparing food or different hygiene habits.
- The audience communication style should be considered when elaborating messages, paying particular attention to pauses, repetitions and the length of discourse strings.
- Specialized terminology should be avoided.
- Too high a register should be avoided.

## **8. Conclusions**

By means of this research, the lack of information videos about prevention and health promotion addressed to foreign and migrant populations in Spain has been demonstrated. The results from the analysis of the materials that have been found show that a great effort has been made to translate the contents of the videos to reach foreign populations. However, further adaptations could be implemented to improve the quality and effectiveness of the videos. This supports the statement by Sixsmith et al. (2014:2), who signal that in EU and EEA countries it is “evident that there is a lack of knowledge on how to use health communication to effectively engage and improve health outcomes for hard-to-reach groups.”

Although some of the videos analyzed approach the culture of the target population by means of actors, clothing or home décor belonging to foreign cultures, there is a tendency to generalize and all foreigners and migrants are considered to belong to the same group, which results in a lack of particularization. Although cultural adaptation of the videos may prove costly, following recommendations by the Spanish Public Health Institute (2004), it appears that this procedure would be worth performing.

## **9. Further research**

A joint effort is necessary so that healthcare institutions and experts in intercultural communication with foreign populations can work together to elaborate this kind of material. As well as these, people belonging to the target cultures should be involved and take part in the elaboration, as Sixsmith et al. also found out in their study about communicable diseases:

The importance of partnerships with community groups reflects the new paradigm of citizen-centred health communication with the identification of the inclusion of citizen stakeholders as active partners in health communication endeavours aimed at the prevention and control of communicable diseases (2014:3).

Blázquez et al. also suggest that:

La utilización de metodologías de trabajo en promoción de salud, a partir de estrategias de participación comunitaria y de educación para la salud, puede contribuir a la eliminación de estas barreras, facilitando la difusión de mensajes culturalmente adaptados a las necesidades de los distintos colectivos de inmigrantes, y promoviendo comportamientos saludables que disminuyan esta vulnerabilidad. Además estas estrategias permiten que las personas analicen críticamente los factores sociales, económicos y ambientales que influyen en la salud y desarrollen su capacidad organizativa para conseguir cambios no sólo en sus comunidades sino en las políticas que repercuten en la salud y bienestar (2003: 10).

[The use of work methodologies in health promotion, based on community participation and health education strategies, can contribute to the elimination of these barriers, thus facilitating the distribution of messages culturally adapted to the different groups of migrants' necessities, and promoting healthy behaviours that will decrease the vulnerability of these groups. Furthermore, these strategies allow people to analyze critically the social, economic and environmental factors that have an impact on health and to develop their organization skills in order to effect changes not only within their community, but also in health and wellbeing policies. (My translation)].

Following this line of thought, further research is planned so as to complete this study by means of focus groups. The videos analyzed here will be evaluated by a group of experts in intercultural communication and by individuals belonging to the target population. This evaluation will be articulated around a qualitative and subjective methodology known as the responsive evaluation model (Stake 1976, Abma 2005). This model entails the evaluation of materials addressed to particular subjects by these same subjects. It is based on qualitative data including comments and team participation, and seeks to capture the singularity of

particular situations, allowing for understanding and evaluation of both the implementation and results of health promotion programmes (Gámez Requena and Márquez Aragonés 2004).

The conclusions from these focus groups will serve to corroborate and augment the results of the first stage of analysis reported here. Members of these groups will contribute recommendations for the improvement of the videos subject to evaluation, and will enlarge the list of suggestions, including specific guidelines for the development of audiovisual materials about health promotion addressed to particular cultures.

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## **Webgraphy**

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