

Maryland Department of Health
Office of Oral Health
Radio Public Service Announcements
(PSA) Concept Testing Findings Report

Prepared for:

John Welby, MS
Project Director
Maryland Office of Oral Health

Prepared by:

Luz Amparo Pinzon, Ph.D.

On behalf of:



Hispanic Communications Network (HCN)

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Radio Public Service Announcements (PSA) Concept Testing Findings Report

July 2018

Executive Summary

Background: The Maryland Department of Health - Office of Oral Health (MDH-OOH) contracted with Hispanic Communications Network (HCN) to conduct Focus Groups with Spanish-speaking Latinas ages 18-45 to test concepts and measure the effectiveness of three (3) radio Public Service Announcements (PSAs). The PSAs inform Spanish speaking Latinas in Maryland about the safety and benefits of drinking tap water and are designed to encourage Latinas to drink tap water.

The goal of the Focus Groups was to determine if the radio concepts were culturally appropriate, informative, and easy to understand. The Focus Groups also analyzed whether the radio PSAs possess the ability to influence the target audience's attitudes and enabled them to feel comfortable about consuming tap water, water from Maryland's public water supply, thereby acknowledging its safety and recognizing the oral health benefits of drinking water that contains fluoride.

Method: To determine the effectiveness of the three (3) radio PSA concepts (presented in preliminary form), HCN hired a trained language-concordant Facilitator as a consultant, who used a standardized guide to conduct Focus Groups in Spanish. Two (2) Focus Groups were conducted, both within the target geography prioritized by MDH-OOH: the first took place in Langley Park, Montgomery County; and, the other in Baltimore City. One group was conducted at each location to obtain feedback from a sampling of Spanish-speaking Latinas on the three PSA concepts. The feedback provides guidance to make the concepts more relevant, identifiable, understandable, memorable, persuasive and appealing to Latina Spanish-language radio listeners.

At the beginning of the Focus Group, all participants provided a verbal consent to be audio and video recorded and observed remotely by the client. Participants completed a questionnaire which asked for demographic information (see Demographic Questionnaire; Appendix A?), and a pre-exposure survey exploring knowledge about oral health, fluoride and practices related to drinking tap water (see Pre- Exposure Survey; Appendix B?). At the end of the Focus Group, each participant received \$50 dollars and signed a receipt indicating participation on the focus groups.

Results

Focus Group participants recommended continuing the development of the *Testimonial/Doctor* PSA. The *At the Dentist and To Your Health!* concepts should not be developed further. For the



continued development of the selected concept, participants only requested to make the voice of the waiter character in the PSA sound friendlier.

Study Objectives

The overall objective of the Focus Groups was to obtain feedback from participants after listening to the three (3) radio PSAs. Discussion determined whether the PSA concepts addressed the safety of drinking tap water and benefits that drinking tap water has for maintaining good oral health. The discussions also helped evaluate which PSA concept would be most capable of changing attitudes and practices related to drinking tap water among Spanish-speaking Latinas in Maryland. The Facilitator asked participants for ideas to make the concepts more relevant, identifiable, understandable, memorable, persuasive and appealing.

After the discussion, Focus Group participants selected/voted on their top choice PSA. MDH-OOH will use the Focus Group feedback to select and produce one of the three PSAs, which will be aired on the radio during Summer of 2018 on Maryland Spanish-language radio stations.

Methods

HCN's staff and the qualitative research Focus Group consultant used standardized procedures to ensure the Focus Groups provide MDH-OOH with the most informative feedback possible.

Participant pre-screening and selection

The contractor followed screening and recruitment specifications to ensure that only individuals who met the required criteria were recruited to participate (see Screener Questionnaire; Appendix C?). Recruitment efforts were made in collaboration with *CASA de Maryland*, a community-based organization in Langley Park, and *Assisi House of St Patrick's church*, a faith-based organization in Baltimore City, both community-conscious and organizations trusted by local Maryland Hispanic/Latino populations. These community centers posted and handed out flyers with the Focus Group information to recruit potential participants at both locations (see Flyer Sample; Appendix D?). Once potential participants reached out and contacted HCN, staff members applied the screening questionnaire via telephone. The recruiters explained the purpose of the Focus Group, the voluntary nature of the study, the procedure, the time, date and location, and incentive payment. HCN selected interested Latinas who met the eligibility criteria as the Focus Group participants.

HCN and their collaborators selected a group of pre-screened participants who were Spanish-preferring Latina mothers, with children between the ages of 1 to 14 years old, and that listen to Spanish radio for a minimum of 5 hours a week. From the total population, up to fourteen (14) participants were chosen for each of the two Focus Groups. These participants were from diverse cultural backgrounds, with majority reporting low socioeconomic and educational backgrounds.



All participants were Spanish-dominant speakers and living in the targeted jurisdictions of: Prince George's, Montgomery, Baltimore and Howard Counties, and/or Baltimore City.

Focus Group locations/facilities

On June 25th and July 2nd, 2018, the Facilitator, together with the support of HCN staff members, conducted two (2) Focus Groups in two different geographic locations: Langley Park, MD (1), and Baltimore City, MD (1). Each location offered a comfortable room that was easy to access, where participants felt safe and able to trust their hosts. In each location, the Facilitator conducted one Focus Group. Focus Groups took place during working hours, which did not prevent participants' availability. One location also provided free childcare.

Focus Group procedures

Each Focus Group lasted approximately 90 minutes. First, all participants verbally provided their consent to: release the information gathered; allow audio and video recording; and, agree to the client's remote observation of the Focus Group sessions. Participants were also informed about the purpose of the Focus Group, the procedure, duration, voluntary nature of the study, and confidentiality. It is important to note that, as stated on the IRB application, a verbal consent was required and sufficed as a consent. IRB waived the required written consent as stated on the IRB application.

Before the presentation of the three radio PSA concepts, the Facilitator explored participants' knowledge, attitudes and practices in relation to drinking tap water. Due to the low educational and low literacy levels among the participants, they were walked through the questions presented on the pre-exposure survey. Participants completed their written responses with difficulty. Among the participants, two did not know how to read and write. When observing this challenge, the Facilitator addressed the questions verbally. Through group discussion, interesting insights were elicited and obtained. It is advised that in future studies with this target audience, the completion of written materials should be limited.

The Facilitator presented each radio PSA to participants and explored individual opinions, views, and reactions to the PSA concepts. Discussion topics included PSA content, usefulness, understanding of the messages, relevance and persuasiveness among others. The Facilitator used an approved, structured discussion guide (see Discussion Guide; Appendix E?) that allowed a free- flow of feedback about the same elements/topics.

The Facilitator used the following procedure:

1. Participants listened to each PSA twice and three times during the first and the second Focus Group, respectively. The third listening time during the second group was prompted by the inability of the group to clearly provide a preferred PSA.



2. After listening to the PSAs, group discussion took place. The Facilitator repeated this procedure with each of the three PSAs.
3. After participants listened and analyzed the three PSAs during the first group, a clear preference selection was received. However, during the implementation of the second group, selection was not clear. The Facilitator proceeded to ask participants to vote for one PSA, but in the second group, most could not provide an explanation of their choice.
4. The Facilitator collected completed surveys.
5. The Facilitator gave the participants an envelope containing their incentive payment of \$50 in cash and collected their signatures as proof of receipt.

Radio concepts were presented in the following order:

Table 1: Order of Radio PSA Presentation

Groups	Radio PSAs	Location
Group 1	A, B, C	Langley Park, MD
Group 2	C, B, A	Baltimore, MD
A – ¡A tu salud!	B - Visita al dentista	C – Testimonio/Doctora

Table 2: Draft Radio PSA Descriptions

English Translations		
To your health!	At the dentist	Testimonial
<p>GROUP: A toast to the benefits of tap water! (Laughs and cheers FX) ANNOUNCER: It might sound unusual, but there are many reasons for families in Maryland to celebrate the benefits of drinking tap water. Because here, in Maryland, tap water is not only clean and healthy, it also offers ideal levels of fluoride. Fluoride is nature’s way to make teeth healthy and strong. Water that contains fluoride prevents cavities for children and adults throughout their lives. Fluoride even helps strengthen the permanent teeth as they develop. And, by drinking tap water instead of bottled water, you will save money! So, you see, there is much to</p>	<p>(SFX Dentist) DENTIST: Sorry, Sara, but your child has several cavities. MOM: Oh no doctor! But how? I brush his teeth 2 times a day. DENTIST: Do he eat a lot of candies? CHILD: No doctor. DENTIST: Do you give him tap water? MOM: Never! That water is very dirty. DENTIST: Well, actually, tap water is good for his teeth. In Maryland it’s not only clean and safe, it also offers ideal levels of fluoride. ANNOUNCER: According to the American Dental Association, water fluoridation is the most effective public health measure to prevent tooth decay in children and adults. Fluoride is a natural mineral that</p>	<p>(SFX Restaurant) WAITER: Hello ladies. Would you like something to drink? WOMAN 1: Bottled water for me, please. WOMAN 2: Why don’t you drink it from the tap Ana? WOMAN 1: Because tap water can be dirty. WOMAN 2: Here in Maryland, tap water is safe and clean. It also has fluoride to prevent cavities. WAITER: Your friend is right. Tap water is better. DENTIST: Hi, I'm doctor (Name of Dentist) and yes there are many benefits of drinking tap water. In Maryland tap water is not only safe and clean, it has ideal levels of fluoride. Fluoride is nature’s way to make teeth strong. Drinking water that contains fluoride protects your</p>



<p>celebrate about drinking tap water. Oh - I almost forgot, you can also celebrate saving money at the dentist too. (SFX Family Gathering) Female: To tap water! Healthy for my family and for my pocket-book. (Laughs) GROUP: Drinking tap water is a toast to your health! ANNOUNCER: This message is brought to you by the Maryland Department of Health. For more information visit: www.laredhispana.com/saludoral</p>	<p>protects teeth and makes them stronger. It can reduce the risk of tooth decay and decrease the need for fillings and extractions. CHILD: And it's free! ANNOUNCER: For more information about the many benefits of tap water, visit www.laredhispana.com/saludoral</p>	<p>teeth and prevents cavities. It is one of the best things you can do for your teeth! If you prefer, you can filter tap water at home without losing fluoride's power to prevent cavities. WAITER: So, miss, should I cancel that bottled water? WOMAN 1: Yes please, from now on its tap water for me!</p>
<p><i>HCN AFFILIATES TAG: This message has been brought to you by the Maryland Department of Health. For more information visit: laredhispana.com</i></p>		

Focus Group Participants

A total of 28 participants (all Latina females) were screened and recruited to participate in the Focus Groups. Out of the 28 participants, 24 only speak Spanish, 3 were Spanish-dominant, and one self-identified as bilingual. One participant among the 28 speaks Spanish as her second language. Each focus group had 14 participants.

Demographic information was gathered only among the 24 participants. One participant from Baltimore did not return her questionnaire, and three participants from the Langley Park group could not be reached by phone after their participation in this group. Out of 24 participants, half (12) were between 25 and 31 years old, 5 participants were between 32 and 38, and 5 from 39 and 45. Two participants were 45+ years old. All participants have children between 1 and 14 years of age. Two participants have 1 child, and one had 7 children; twenty participants have from two to four children, and three of them have 6 children.

Participants represented a lower range of annual income. Ten (10) participants marked her status as unemployed. However, it is important to note that most of them were housewives. Fourteen (14) have an annual income between \$1,000 and \$20,000. Most of the participants have a low educational level; only six (6) participants have a high school diploma, seven (7) had middle school education, and eleven (11) had elemental school education.

Most of the participants (14) have lived in the United States for more than 10 years. Seven (7) participants between 11 and 15 years, and seven (7) for more than 16 years. From 0 to 2, four participants; from 3 to 5, two participants; and from 6 to 10, four participants.



The twenty-eight (28) participants of the focus groups self-identified as Hispanic/Latinas and noted their origins from the following countries:

- North America —Mexico (7)
- Central America —El Salvador (7), Guatemala (7), Honduras (4), and Nicaragua (1)
- South America—Colombia (1), Ecuador (1)

Results of Attitudes, Beliefs and Practices Related to Oral Health

Results below were collected in two different ways. Participants from Baltimore completed the survey before the group discussion. Those from Langley Park, responded to the questionnaire by phone, with information being collected by HCN staff member. It is interesting to note that despite the difference in data collection, results in both cases are very similar.

- *Importance of Oral Health.* Most participants ranked their own oral health and their children's oral health as 'extremely important'. On a scale of 1 to 5, with 5 being 'Extremely Important', twenty-two (22) participants, out of 26, rated their own oral health and their children's oral health as extremely important.
- *Frequency of brushing teeth.* Twenty-two (22) participants were most likely to believe that brushing their teeth with a frequency of twice a day every day is 'extremely important'. Thirteen (13) rated the frequency at a 5 ('extremely regular'). Only two (2) participants rated the frequency of brushing their teeth at 1 and 2, meaning they are most likely to go for days without brushing their teeth.
- *Frequency of brushing teeth.* Twenty-two (22) out of 24 participants were more likely to brush their teeth 2 to 3 times a day, (14 and 8 participants respectively). When inquiring about the frequency with which they brush their children's teeth, thirteen (13) participants reported they brush their children's teeth twice a day, and 10 participants reported 3 times a day. Only one participant reported they do not brush their child's teeth. We observed that this last response correlated with the age of the children and whether they were old enough to brush their own teeth. In most of the cases, participants duplicated their answers when asking frequency of which children brush their own teeth, as they are old enough to perform this activity. However, we have a slight variation in numbers; one (1) participant responded once a day, eleven (11) responded twice a day, eleven (11) responded three times a day, and one (1) four times a day.
- *Visits to the dentist.* Eleven (11) participants reported visiting the dentist twice a year for regular checkups. Seven (7) visited the dentist once a year, and six (6) participants did not visit the dentist for regular checkups. Participants were more likely to take their children to the



dentist twice a year for regular checkups. Nineteen (19) participants took their children twice a year to the dentist for regular checkups, and three (3) took them once a year. Two (2) participants were more likely to not take their children regularly to the dentist or had not taken them for years.

- *Dental insurance.* Only four (4) participants, out of 24, have dental insurance. Kaiser, Pfizer, and Priority Partners were mentioned as their insurance companies. One (1) participant is insured by Medicare and another did not provide information. Inversely, nineteen (19) participants have dental insurance for their children. Five participants responded they did not have dental insurance for their children and two did not provide any answer. Most of the participants receive insurance benefits for their children from Priority Partners (6), Amerigroup (4), Medicare (5), Good Smile (1), and Nuyorican Health (1). Two participants did not disclose their provider.
- *Water and other daily drinks.* Aside from water, most participants gave to their children: milk (14 participants) and juices (13 participants) on a daily basis. Two participants gave them sodas. Participants also mentioned ‘*agua de horchata*’ (a traditional milky beverage made from rice, water, cinnamon, milk, sugar, and vanilla) and ‘*aguas frescas*’ (refreshing fruit drinks made simply of fruit blended with water, lime juice and sweetener) and flavored water.

Results from the Pre-exposure Survey

Before listening to the three (3) radio PSAs, participants discussed and completed a survey that contained questions related to their knowledge of fluoride, and their practices in relation to drinking tap water. As aforementioned, participants experienced some difficulty in completing the survey. Sometimes they did not comply with the instructions that were both provided in the questionnaire and explained verbally. Sometimes they skipped questions, and sometimes they were not able to follow instructions such as, ‘check only one’ or ‘ranked in order of importance’. Below is a presentation of the information gathered.

- Most of participants in the Langley Park group had heard a dental media campaign during the past year (12 participants, out of 14). Contrarily, participants in the Baltimore group did not hear any (13 participants). Participants exposed to media dental messages mentioned radio (6), television (11), flyers (5), post mail (1), and the Internet (1) as the platforms where they heard oral health messages and campaigns. Nine (9) participants also mentioned dentists and ‘Kool smiles.’
- Sixteen (16) participants out of 27 believed that tap water in Maryland is not healthy for them nor their families. Some participants think “it has lead,” it has “too much chlorine,” and



essentially most believe that tap water comes from “dirty pipes.” Nine (9) believe that tap water is healthy, but they “filtered it or boiled it for safety reasons.”

- Most of the participants (23) have heard about fluoride, four (4) hadn’t, and one (1) was not sure. Nineteen (19) participants thought that fluoride is used to prevent tooth decay, four (4) to clean teeth, two (2) to purify water, and one (1) thought it whitens teeth.
- Participants give their children both tap water and bottled water to drink (14). Nine (9) participants give their children bottled water, and four (4) responded they gave them tap water, but only filtered.
- Participants did not know or were not sure (23 participants) if the tap water where they live is fluoridated. Only four (4) participants responded affirmatively. Seven (7) participants drink tap water, ten (10) sometimes drink tap water (filtered) and five (5) responded no or only filtered. The reasons they mentioned to drink bottled water instead of tap water is because they “[feel] safer”, or they only drink it “when [they are] not at home.”
- Tap water was considered unsafe (12 participants), tastes terrible (4 participants), or their family only drinks bottle water (4 participants). Several believe that tap water “is dirty”, “has too much chlorine,” or “tastes [like] chloride.” Most filtered the tap water (16 participants), eleven (11) did not.
- Most participants did not know that tap water can be filtered and still maintain its fluoride to help prevent cavities.
- When requested to rank a few statements related to the possibility of drinking more tap water if they knew more information, several participants marked each statement with a check sign. Note that participants did not rank the statements. The most relevant statements for which they would drink tap water are the following:
 - Tap water contains cavity-preventing fluoride (16 participants)
 - My children’s oral health could benefit from drinking tap water (10 participants)
 - I can help the environment by drinking tap water instead of bottled water (8 participants)
 - Fluoride from the tap water is a beneficial and economical way to prevent tooth decay in children and adults (8 participants)
 - I could filter tap water and still keep its cavity prevention qualities (7 participants)
 - I can save a lot of money by choosing to drink tap water instead of bottled water (7 participants).



Findings

Based on combined feedback from the two Focus Groups, participants preferred *Testimonial/Doctor* as their first-choice PSA, as determined by voting and the strength of comments during the discussion. Participants found this concept the most interesting, appealing, credible, and persuasive. Levels of identification and recall of this concept were very high and participants believed that this message would resonate with Hispanic/Latino radio audiences.

Most participants responded positively to this PSA. Numerically, it received the most votes. Levels of recall were very high. All participants understood the message. No one found the message confusing or offensive. Most participants agreed that nothing was needed to make this spot better. They considered this message relevant, credible and capable of making them change behavior. All participants trusted the message because it was conveyed by an authority figure, in this case a dentist, who is a trusted source of information. The most important information participants learned from this message was that tap water can be filtered at home and still maintain fluoride's power to prevent cavities and protect teeth. This information was found to be appealing and persuasive in making the case to drink tap water. Participants noted that they would now choose to drink "filtered" tap water because they can keep the protection of fluoride.

At the Dentist was voted as the first choice by participants from Baltimore. Although it obtained 9 votes, participants who selected this PSA had great difficulty explaining why they made the choice and offered only vague rationales. One noted the presence of a child on the PSA was attractive and this offered the opportunity to reach the whole family.

To Your Health! had the fewest number of votes. It was considered the less convincing message.

Salient Themes

To facilitate report preparation and more easily capture verbatim responses, each group discussion was transcribed. The Focus Group Facilitator analyzed the information obtained from the group discussions and coded it into salient themes about oral health and the use of tap water. Based on combined feedback from the two focus groups, the following provides a brief discussion of each theme with accompanying evidence from the transcript.

No exposure to oral health campaigns

During the group discussions, most participants did not acknowledge exposure to oral health campaigns. Only participants who had stated having heard an oral health advertising campaign in the last year. They indicated the advertising was related to private dental practice called 'Kool



Smile'. Several participants indicated they received information about dental health from their dental health providers. A few also mentioned hearing about other health issues at health fairs and from pamphlets distributed at the churches, but none related to oral health.

Participants believe tap water in Maryland is not safe

Throughout the group discussions, the general perception of tap water in Maryland was not favorable; for most tap water "is dirty". Only few believe that drinking tap water is safe. Most participants did not use tap water directly from the tap; they boiled or filtered it before consumption. Several reasons were mentioned to mistrust the safety, healthiness and cleanliness of tap water. The most prevalent perception among this group of participants (who have limited socioeconomic resources) was that old pipes were dirty, rusted and broken; and, that despite the public purification or cleaning system, the water comes out dirty and contaminated in the buildings where they reside due to these aging pipes.

I'm not completely sure the pipes that transport that water to my house are new, or clean... they are rusted (...) I'm terrified about that."

"...in the apartments where we live, the pipes are too old and every now and then they break. That's why the water comes out contaminated."

"...perhaps the city maintains the pipes, but we aren't completely sure the pipes in the apartments and houses are maintained it. Do you understand me?"

"I understand the water is safe, but my house is very old with old pipes. The pipes are dirty and very old. There is no maintenance of the pipes."

"Too much chloride in the water" was another concern that prevented the participants to drink directly from the faucet. Participants believed the water's color, smell, taste, appearance, and even some myths, such as the water causes hair loss, makes the water in Maryland not suitable to drink. They all used tap water to cook, since it is boiled, but not for drinking. Some participants mentioned bubbles, specks, sediment, and the "black and yellow" color that water comes out as from the faucet.

"...came out so dirty, that the pipes gross me out." "All ugly, like it had dirt in it."

"...in the smell and the taste, you sense that it's there, the water has too much chlorine."

"It comes out very white."

“If you boil the water, you leave it for a moment and when you take the water on top it’s clean but on the bottom, there is a... there are residues, (...) like specks.”

“I think it is because of the chlorine, because at the same time the bubbles appear, and you notice the chlorine smell...”

Participants stated their children’s dentist had recommended using tap water as a healthy practice, reassuring them that “tap water is safe.” However, despite their dentist’s recommendations, participants “did not take the recommended action.” It is important to note that for most participants, “drinking tap water” means to drink directly from the faucet. Participants do drink tap water unless it is filtered or boiled first.

“The dentist recommended to drink tap water when I went with my kids... I was very insecure about drinking the tap water...”

“...WIC in Maryland recommends also to give the children tap water, but they said to boil it and then filter with wipes [paper filters] if I do not have a water filter.”

“Thank God none of my children have cavities in their teeth and I have always given them tap water. They recommended it to me with my first child, at WIC service (...) they told me that I have to give him tap water, but boiled ...”

“They [dentists] recommended it to me, but I don’t drink it. (...) Because I have seen the water come out all black or yellow.”

Grifo vs. Llave

While conducting the second focus group, in Baltimore, participants stated the meaning of “faucet” in Spanish is not “grifo” as introduced in the PSA scripts. All participants identified the faucet as “la llave.” During the discussion we noticed that one participant was using *grifo* as synonymous to *filter*. All agreed that from that moment on, we must refer to “faucet” as “la llave” to avoid confusion. They stated that in their respective countries, “*agua de la llave*” are the correct words when referring to tap water.

This observation was not made or mentioned by participations of Langley Park group.



Knowledge about fluoride

Majority of participants were familiar with fluoride. For most, it is “something they put on children’s teeth.” “The dentist puts it on children’s teeth to keep them healthy.” With few exceptions participants believe that fluoride is to “prevent tooth decay” and to “prevent cavities”. Some participants think that fluoride is also to “purify the water” and “to clean and whiten the teeth.” Very few stated they did not know about fluoride or were not sure about it.

Tap water vs. bottle water? Latinas’ drinking practices

For nearly all participants, their drinking water source preferences included both bottled and tap water. Bottle water use appears to be more ‘situational’ than ‘preference’. Several participants use bottle water when not at home and when it is not possible to use tap water in reusable bottles, as sometimes they “cannot find public sources of water.” Some participants mentioned they gave their children ‘only bottle water’ when they were younger or babies. Participants pointed out that consuming only bottled water “is very expensive” and a few had “doubts that water in the bottle is clean.”

Several participants explained their environmental and health concerns. They believed that bottles contaminate the environment and are damaging the planet. A few explained further that “the bottle releases toxic chemicals” that are not healthy or safe for us.

“...sometimes I go out on the street, and I bring my reusable bottle, but I can’t find a place to fill it, so I have to buy a bottle of water...”

“...we trust that bottled water is 100% clean and safe, but it isn’t.”

“The bottles of water have... I don’t know what it’s called... what comes off if it is struck, it comes loose, I don’t know... a chemical... It isn’t healthy.”

“Water is very expensive. Besides that, a ton of bottles are being used which are also affecting our planet.”

“A lot of people say: Oh, it’s just a simple bottle, it’s thin, it doesn’t do anything. But, if we really think about it, a simple bottle takes more than 50 years to break down, or it doesn’t break down at all.”



Presence of fluoride in tap water

During the group discussion, no (none) participants knew that Maryland tap water has fluoride. Most participants stated they did not know that tap water can be filtered and maintain fluoride's ability to prevent cavities and make teeth strong.

Summary of Results

Along with a summary of findings from each PSA, this section includes information on the degree to which participants: understood the message; found the concept appealing and relevant to them; experienced higher level of recall; and found the best potential to influence their behavior and change their attitudes.

Testimonial/Doctor

Participants selected this radio PSA concept as the best to be developed further for broadcast for several reasons. This concept was the most interesting, appealing, strong, inclusive, and relevant. Levels of identification and recall with this concept were very high.

Understanding. All participants found this concept the most interesting, appealing, strong, inclusive, and relevant. For most of the participants the main message is "to teach people to drink tap water, take care of their teeth and understand the role of fluoride."

Participants found this message the most "complete." Participants identified at least four clear messages from this PSA: 1) tap water keeps you healthy; 2) tap water has fluoride which is good for teeth; 3) tap water may be filtered without losing its benefits; 4) tap water saves money.

"Tap water is safer, it has fluoride, it's good to prevent cavities"

"You can filter the water and it doesn't change the nutrients"

"It is good for your teeth because it has fluoride and helps us to save money, which is very important"

"It's the assurance of being able to drink water without any harm."

"...we can drink tap water and we aren't going to get sick, that it's healthy. It would also help our economy."

"...this water has fluoride; I didn't know that that water had fluoride."



Throughout participants' discussion, it was clear that one of the main concerns related to drinking tap water is the poor condition of the pipes in their neighborhoods, as well as the quality of the water that these pipes carry. The PSA legitimized this concern and gave them an alternative that is feasible and crucial to feel safe; "if you prefer, you can filter tap water at home without losing fluoride's power to prevent cavities." This element was considered the most important for all participants and most likely it was the single element that made this PSA the number one choice.

Several participants valued the fact that by increasing their tap water consumption, they would help to reduce environmental damage. "[Plastic] bottles contaminate the environment..." Drinking tap water "is good for your health and it's also good for the environment."

Participants found nothing offensive in this radio spot. All considered the message to be very clear. In the words of one of the participants, "[the message] was as clear as water."

Identification and appeal. Participants' reactions were very positive. Non-verbal gestures and attitudes showed their clear and visible excitement and enthusiasm after listening to this message. In the second group, participants were smiling and nodding while listening to the PSA. Even one participant applauded when it finished. She felt reassured in her previous behaviors; "you can feel safe when drinking tap water; it's fantastic, for everyone! Because we can save money and drink tap water."

"...this commercial was more attractive. (...) I liked it better, I like the interaction in this message."

"I like the interaction between them, the information they are giving, it's like, more appealing..."

"I loved it, definitely liked it a lot. This one did convince me."

"This is the best commercial of the three..."

Participants believed the message is appealing, and they can identify personally with the situation.

"Because she gave me the option to filter it to feel safer, and not lose the benefits of fluoride. She made me feel like: Okay, if you still think that the water is dirty because of the pipes, use a filter. But you'll still have the benefits of fluoride".



“Because it is recommended by a female doctor and that makes us drink the water more confidently.”

“...More convinced than ever. Because I had my doubts about losing the benefits of the fluoride with the filter. Then I am more convinced now because I know that even if I filter it I will always have it and maybe today or tomorrow I will go and buy a filter and not buy bottled water ever again.”

Participants said they will listen the PSA to the end, without changing the radio station. Some stated they would tell their friends to drink tap water.

Among all participants, only two (2) suggested to change the voice of the male character, because they found him to be “very serious.” “He needs to be friendlier.”

Call to action. Several participants stated that after listening to this PSA, they would drink tap water. The radio spot provides them with confidence to attempt a behavioral change.

“...didn’t want to drink tap water before, but now listening to the doctor, I will drink it...”

“More convinced than ever. Because I had my doubts about losing the benefits of the fluoride with the filter. Then, I am more convinced now because I know that even if I filter it I will always have it and maybe today or tomorrow I will go and buy a filter and not buy bottled water ever again.”

“I loved the interaction. The way they were talking, that they were in a restaurant and all that and alright... it says yes, it is better to drink tap water than bottled water because the Department of oral health also says it.”

“I always have a filter at home and I didn’t drink that water, I always drank bottled water; but today, I mean, with this message, yes, I’m going to start (...) now I’m sure that they want the best for families and all the people living here [MD]. And yes, I think that’s the best [PSA].

“Well, I learned something. I’m going to start giving it to the children and drinking it too. It can also be good.”

Several participants were please to know that they can visit a website to get more information about this topic. They identified the website as the Maryland Department of Health. Some participants said they would tell their friends to drink tap water.



Relevance. All participants found it relevant that the speaker in the PSA was a female dentist “doctor”, a figure they identify as an authority figure, who conveys the main message. It is well known that Hispanic/Latino population see women as the primary nurturers and caregivers in a family. A female doctor gains respect and obedience from their audience as an authority figure. The main character unites characteristics that, under the Hispanic/Latino ‘culture,’ are respected and inspire trust. This is also other reason why this PSA resonated strongly with all participants. Participants were convinced of the message’s credibility because the speaker represents a trusted source of information (health provider). A doctor’s endorsement makes the audience feel safer and reassured.

“...the doctor announces that the water is safe.”

“...because it was a doctor who gave the information.”

“Because a female doctor gave the information... She is a doctor, and she convinced me quickly...”

“That the doctor said that we could use the filter, and it doesn’t lose any...[benefits]”

“Yes, and I think the authority, the person that is...the authority, the doctor... the way that they are talking, (...) I think it’s a very good...yeah! Definitely, definitely...”

Level of recall. Recall levels with this concept were very high. Several participants were able to repeat the spot. The message that participants recalled the most was about their choice of filtering the tap water and still have the benefits of the fluoride.

“I heard that tap water is safer than bottled water. Because tap water has fluoride and it’s good for your teeth.”

“The announcement says that it is good to drink tap water because it has fluoride and can prevent cavities.”

“That you can filter it [tap water] without losing its benefits.”



At the Dentist

The *At the Dentist* concept was ranked the second favorite radio PSA. This PSA received less votes and did not create the same lively discussion that the *Testimonial/doctor* PSA generated.

Understanding. Participants agreed the main message in this PSA is that “tap water helps prevent tooth decay.” They also mentioned that “it said the water in Maryland is healthy for the children.” All concurred that this spot, like the previous one, promotes the benefits of drinking tap water. Most recognized the plot happens at a dentist’s office and that he (the dentist) recommends his patient, a young boy, drink tap water, so the fluoride helps him have stronger teeth and fewer cavities. Several participants heard the dentist was questioning the child about how many sweets he eats. For this reason, these participants believe the message was related to tap water but also related to “nutrition.” It is important to note that several participants consider “nutrition” to be the most important issue in relation to their own and their children’s health.

“I also think that it’s not only the water, but also his nutrition because if the kid eats a lot of sweets, he’s going to have a lot of cavities.”

The topic about the danger of the fluoride in the water emerged during the discussion. Several participants expressed their concern for the presence of fluoride in the water due to its ‘dangerous’ effects on health. Participants’ main concern was the dosage of fluoride in the water. Most of them felt satisfied that the radio spot mentioned that ‘tap water offers ideal levels of fluoride and felt more confident to act upon the doctors’ recommendation.

“I have... heard about fluoride’s negative effects and when I heard that [tap water contains fluoride], I was surprised...”

“I heard that fluoride is harmful to health if it is too much. ”

“I am more convinced by the commercial because it [the radio PSA] tells us that it [tap water] has the right amount of fluoride. Because, just like the lady said, toothpastes have fluoride, but we brush our teeth with it, we do not eat that fluoride. Then, I have heard that fluoride is not good for health, maybe in big amounts. And if they tell me that it has the right amount of fluoride, that is, the minimum needed by our teeth without harming the rest of our bodies, then I’m convinced.”

“Yes, because we are always looking for options so that our children have healthy teeth and, if we provide them with toothpaste along with the water, definitely.”



Another issue that surfaced during the discussion was the housing pipes situation in participants' neighborhoods. Several participants agreed the plumbing infrastructure around their homes prevent them from acting upon the PSA. They explained that pipes where they live are rotten and broken. This fact prevents them from drinking tap water.

"Damaged? let's say, rotten. For example, in my apartment, on the floor, they had to dig a huge hole because two pipes broke. And I then saw the pipes and that's why I am not drinking tap water anymore."

"Well... I would consider that if I lived elsewhere. But, with the way the pipes are here, you have no idea of how bad they are... That's why I'm no... not going to drink tap water here."

Through the discussion, participants learned about the practice of 'filtering the water and still maintaining the benefits from fluoride,' which permitted the participants to consider changing their attitudes towards drinking tap water.

"As long as it's [water] filtered, yes."

"Always filtered, never from the tap. Because like I told you..."

"Yes, when you filter the water, fluoride is ALWAYS there."

Participants found nothing offensive or confusing with this PSA. Some of them explained that the message was also realistic since "it's what the doctors always say, the dentists say to kids, 'Do you eat a lot of sweets' (...) It's always the same thing..."

Identification and appeal. Participants identified with this PSA in their role as mothers. They also believed that it is mostly aimed to families, due to the presence of the character, "the boy." They think that maybe their children will feel more inclined to drink water if another child promotes it. Most participants were convinced about the message because of the presence of the doctor.

"it appeals more to families. It tells families to drink more water."

"That a mom wants the best for their child."

"...felt it was reliable because it was being told by a person that know, that has studied and knows what can harm your body or not."



"We can have confidence in it because it is doctors who are recommending it."

Call for action. Almost all participants stated that knowing the filtered water still contains fluoride will make them drink more tap water. It is important to note that this information was not contained in the PSA that was being discussed. Only during group discussion did filtering tap water emerge as a topic and potential call for action. Few participants noted the announcement of a website at the end of the PSA.

"...if we want to learn more, it gives us the webpage. If we want to learn more or know more, we can just go there. That is very interesting."

Relevance. Participants found the explanation of fluoride levels to be very relevant. They believed that in this PSA, "the amount of fluoride in the advertisement is better explained." A few participants said they trusted the message because they are "listening to a doctor."

"I think that what the doctor said about what had to be done was important. (...) He's a person who studied and knows. It's very important."

".. it is good what he said [dentist] that it [the tap water] had the exact [fluoride] amounts for our health"

Level of recall. Levels of recall were high. Participants were able to repeat the ad's messages.

"...supposedly the advertisement says, "Oh, the boy has cavities. Are you drinking tap water?" He answers "No, ugh, that's disgusting, that's kind of horrible". Then, he says that it is healthy to drink tap water. Our teeth need fluoride to prevent cavities and avoid going to the dentist every fifteen days [she meant this sarcastically]. Because if you have cavities, you're going to go to the dentist more often than having a regular check-up every 6 months."

"The ad said the water in Maryland is safe; but the mother of kid never gives him to drink tap water because she believes that tap water it's dirty. After listening the ad, she learned that "we should drink tap water."

"...a kid that went to dentist, he has too many cavities". He [the doctor] said "drink tap water to prevent cavities". "I heard it say how the mom of the child never gave him tap water. That the water was dirty."



To Your Health!

Understanding. Participants understood the message. They agreed the message is about “celebrating that the water of Maryland is healthy and can save money.” “They are celebrating how the water in Maryland is healthy and is clean.” Several stated that some of the benefits of drinking tap water promoted by the ad are that drinking tap water “saves you money” and allows for “fewer visits to the dentist.”

Most participants from one group learned by listening to the ad that “tap water in Maryland has fluoride.” They understood the consumption of fluoridated water could contribute to saving them money “because the children have healthy teeth and they don’t have cavities” which means fewer visits to the dentist.

Despite their level of understanding, they were not convinced enough to take action based on the message.

“... but it doesn’t convince me, either, because since the lady is neither a doctor nor a dentist, she can’t guarantee to me that the use of tap water with fluoride was what saved the teeth.”

“It said that it [tap water] is healthy, that it is going to help me with cavities. And, well, honestly, I’m conscious of that. But if I have to drink the water like that, without filtering (...) here in the city, no.”

“The ad promotes the use of tap water (...) but the sponsor needs to make lots of commercials and convince me to drink tap water (...) we need like a little more evidence for them to prove to me that it really is healthy.”

Some participants expressed their concern about ingesting fluoride. Based on their knowledge and previous practices in their countries, some believe fluoride is harmful. The main concern was using it, since they know that “toothpaste has fluoride,” but to swallow it by drinking the fluoridated tap water.

“I still have doubts, about fluoride being good so that someone can... put it in their stomach. Because I remember that back in school in my country, (...) they said: “You aren’t going to drink the water, it’s only for rinsing. Because it contained fluoride”. “It was a rinse, to rinse my teeth and nothing more.”



“...when I go to the dentist, they put a little [tooth]paste on the children and the doctor says that it is fluoride, but he only puts it on the teeth, he doesn’t tell you if the child can swallow it or not.”

No participants heard the information from the PSA that also includes tap water “offers ideal levels of fluoride.”

Participants found nothing offensive or confusing in this message. Some participants believed they heard that “the water of Maryland is free.”

Relevance. Some participants found relevant the correlation between drinking fluoride water and saving money. The fact that all participants have low income (\$1,000 to \$20,000) and have numerous family members, the economic point was taken as important. These participants considered this advantage as pivotal to change behaviors.

“... as a mother, that is... I have three children, that is what one seeks, to save money. If they tell me that it’s good for health and all, then I can give it to my kids and I save money.”

“Because they [the ad] talk about savings and money...”

“I heard that drinking tap water was healthy because it had fluoride and fluoride helps keep children’s teeth healthy, and with that, we were going to save more visits to the dentist.”

Identification and appeal. Participants could identify with this message on a personal level because they believed this spot was targeting them specifically and is made to “help the people (...) help us. All of us.” Language is also a main point for high identification and appeal “because it is in Spanish.”

One element that captured the attention of some participants was the music. They were under the impression this ad was the only one with music. “This one is better because of the music; they’re talking with the music which is make it more attractive.”

“The information was the same, but I liked this one more because it has the music in the background. The information is going and going with the music in the background, and it grabs your attention. It’s exactly like the other ones, but there’s only one person speaking...”

Some participants perceived this message to be longer. For them this was one of the reasons why



it did not particularly appeal to them. "... When I like to listen to something, I don't like it to be long."

Call to action. A few participants noticed the ad provided a website address where more information about tap water could be found. For most of the participants, this ad was not convincing enough to take the action requested, which, in their own words, participants identified as: "drinking more tap water..."

"It got my attention to know that tap water was healthy and that besides, it had fluoride, that is, they were promoting that. But it's not that I was so convinced by the message, just that I heard it."

"I was struck by the fact that the tap water was healthy and also had fluoride in it, so they were promoting that, but I wasn't convinced..."

Level of recall. Participants in general recalled the message and were able to repeat it. The piece of information they recall the most was specifically related to the 'the health [of] their pocketbooks.' Participants did not recall the sponsor of the ad.

"I'm not sure if they disclosed what company or agency or program was paying for the ad." (...) and that [knowing who the sponsors are] is an evidence if the sponsors are reliable sources of information and trustworthy?"

Conclusions

The two (2) Focus Groups involved a specific profile of Latinas living in Maryland. The ad the groups selected as best, gained the attention of the groups and resonated with them as highly effective. The ad may or may not be effective with other target demographics. All participants had the opportunity to share their thoughts on each of the PSAs through the group discussion.

Participants' first choice for production is *Testimonial/Doctor*, as determined by voting and the strength of comments during the discussion. All participants found this PSA most informative, appealing and relevant. The concept was accepted with very minor adjustments. Focus group results indicated this spot would be memorable and persuasive. Participants found that the *Testimonial/Doctor* ad would be the most effective in convincing Latina's such as themselves to consider drinking tap water.

Regarding the methods used in this pretesting study, the recorded draft radio PSAs increased understanding of the concepts among participants. Participants could grasp the potential tone, and voices of the messages. It is important to understand that when involving populations with low literacy levels, requests for reading and writing should be kept at a minimum.



Recommendations

Based on focus group participant reactions, the *Testimonial/Doctor* concept should be developed. There were four specific recommendations that need to be included:

1. Consistently change all references for faucet (*grifo* in Spanish) for the word in Spanish “llave” which is more commonly used in several countries. Likewise, when referring to “tap water” should read/said “*agua de la llave.*”
2. The use of friendly and smiling “voices” should be paramount. Voices of all characters need to be friendly and warm.
3. Create a clear location staged through sound effects.
4. Include some background “music” that reinforces the location of the ‘scenario’.



APPENDICES



Appendix A Demographic Questionnaire

Información demográfica

1. Edad 18–24 25–31 32–38 39–45
2. ¿Cuántos hijos tiene? # _____
3. ¿Qué edad tienen sus hijos? _____
4. ¿Cuál es su nivel de ingreso (elija un rango)
 - Desempleado
 - \$1,000 - \$20,000
 - \$21,000 - \$45,000
 - \$46,000 - \$70,000
 - \$71,000 - \$100,000
 - \$101,000 – 150,000
 - \$151,000 – +
5. ¿Cuál es su nivel educativo?
 - Escuela elemental – Primaria
 - Escuela media
 - Secundaria – bachillerato
 - Algunos créditos universitarios
 - Graduado de la Universidad
6. Por favor, seleccione la opción que la describe mejor
 - Hablo español solamente
 - Hablo predominantemente en español
 - Soy bilingüe en inglés y español
 - Hablo predominantemente en inglés
 - Hablo inglés solamente.



7. ¿Cuál es su país de origen?

- México
- Puerto Rico
- Cuba
- Republica Dominicana
- El Salvador
- Guatemala
- Honduras
- Nicaragua
- Colombia
- Ecuador
- Perú
- Venezuela
- Otro [Cuál?] _____

8. ¿Cuánto tiempo lleva viviendo en Estados Unidos?

- 0 -2 años 3 -5 años 6 -10 años 11 -15 años 16 + años

Información acerca de actitudes, creencias y practicas

9. En una escala de 1 a 5, donde 1 significa 'No es importante' y 5 significa 'extremamente importante', por favor responda:

a. ¿Dónde clasifica la importancia de la salud oral?

No es importante	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Muy importante
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b. ¿Dónde clasificaría la importancia de la salud oral de su hijo/a?

No es importante	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Muy importante
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10. En una escala de 1 a 5, donde 1 significa 'No regularmente' (voy por días sin cepillarme los dientes) y 5 significa 'muy regularmente' (me cepillo los dientes dos veces al día, todos los días)

Sin regularidad, Pasan días sin cepillarme	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Regularmente Dos veces al día, todos los días
--	---	---

- a. ¿Con qué frecuencia se cepilla los dientes?

<input type="radio"/> 0 veces al día	<input type="radio"/> 1 vez al día	<input type="radio"/> 2 veces al día	<input type="radio"/> 3 veces al día	<input type="radio"/> 4 veces al día	<input type="radio"/> + veces al día
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- a. ¿Con qué frecuencia le cepilla los dientes a su hijo/a?

<input type="radio"/> 0 veces al día	<input type="radio"/> 1 vez al día	<input type="radio"/> 2 veces al día	<input type="radio"/> 3 veces al día	<input type="radio"/> 4 veces al día	<input type="radio"/> + veces al día
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- b. Si su hijo/a tiene edad suficiente para lavarse los dientes, entonces ¿Con qué frecuencia le cepilla se cepilla los dientes su hijo/a?

<input type="radio"/> 0 veces al día	<input type="radio"/> 1 vez al día	<input type="radio"/> 2 veces al día	<input type="radio"/> 3 veces al día	<input type="radio"/> 4 veces al día	<input type="radio"/> + veces al día
---	---------------------------------------	---	---	---	---

1. En una escala de 1 a 5, donde 1 significa 'sin regularidad' (no he ido al dentista por años) y 5 significa 'muy regularmente' (voy dos veces al año para chequeos regulares)

a. ¿Con qué frecuencia va al dentista?

Sin regularidad No he ido al dentista por años	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 Veces por año	Dos veces al año, para chequeo regular
--	--	---

a. ¿Con qué frecuencia lleva a su hijo/a al dentista?

Sin regularidad No he ido al dentista por años	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 Veces por año	Dos veces al año, para chequeo regular
--	--	---

2. ¿Tiene seguro dental?

- Si ¿Qué tipo de seguro tiene? _____
- No

3. ¿Su hijo/a tiene seguro dental?

- Si ¿Qué tipo de seguro tiene? _____
- No

4. Aparte de agua, ¿qué tipo de bebidas les da a sus hijos a diario? Por favor, seleccione de las siguientes opciones.

- Jugos
- Sodas
- Leche
- Otro, ¿indique cuál? _____

Appendix B Pre-Exposure Survey

1. ¿Qué campañas publicitarias dentales escuchó en el último año?
2. ¿Dónde escuchaste el anuncio o mensaje?

3. ¿Crees que el agua del grifo de Maryland es saludable?

4. ¿Alguna vez has oído hablar de fluoruro?

- Sí
- No
- No sé / No estoy seguro

5. ¿Para qué crees que se usa el fluoruro? [MARCAR SOLO UNO]

- Se usa para limpiar los dientes
- Se usa para prevenir la caries dental
- Utilizado para purificar el agua
- Se usa para blanquear los dientes
- Utilizado para prevenir la placa [PRONUNCIADO: Plak]
- No sé / No estoy seguro [] ● Otro (EXPLICAR):

6. ¿Le das a tus hijos agua del grifo para beber o agua embotellada?

- Agua del grifo
- Agua embotellada
- Otra (explique)

7. ¿El agua del grifo [agua de un grifo] donde ahora vives fluorada?

- Sí
- No
- No sé / No estoy seguro

8. ¿Bebes el agua del grifo?

- Sí [PASE a la pregunta 10]
- Algunas veces
- No [RESPONDA la pregunta 9, 10 y PASE la pregunta 11]



9. ¿Cuáles son las razones por las que bebes agua de botella en lugar de agua del grifo?

10. Si no bebes el agua del grifo, ¿por qué no?

- Sabe horrible
- Inseguro
- Todos mis amigos beben agua embotellada
- Mi familia bebe agua embotellada
- Otro (EXPLICAR): _____

11. ¿Filtra el agua del grifo?

- Sí
- No
- No sé / No estoy seguro

POR FAVOR, CALIFIQUE del 1-10 (1=mayor impacto; 9=menos impacto), el enunciado que completaría la oración de una manera que tenga el mayor impacto en usted.

Yo bebería agua del grifo si supiera que_____.

- El agua del grifo es tan limpia como el agua embotellada.
- El agua del grifo contiene fluoruro que previene las cavidades.
- Puedo filtrar el agua del grifo y aun así mantener sus cualidades de prevención de cavidades.
- El agua del grifo es 500 veces más barata que el agua embotellada.
- Puedo ahorrar mucho dinero eligiendo tomar agua en vez de agua embotellada.
- Cada día, más de 30 millones de botellas de plástico terminan en vertederos o en el océano.
- Puedo ayudar al medio ambiente bebiendo agua del grifo en lugar de agua embotellada.
- El 25% de toda el agua embotellada es realmente agua del grifo.
- La salud oral de mis hijos podría beneficiarse de beber agua del grifo
- El agua fluorada del grifo es una forma beneficiosa y económica de evitar las caries en niños y adultos



Appendix C Screener Questionnaire

Screening and recruitment processes Hispanic Communications Network created a flyer to be duplicated and distributed by two (2) local Hispanic community organizations, CASA de Maryland and the faith based Assisi House, for the purpose of recruiting participants for the focus groups. Participants were recruited from the target counties of Prince George’s, Montgomery, Baltimore and Howard Counties, and Baltimore City. Both Focus Group were conducted in-person.

Staff from the chosen community organizations distributed the fliers to potential participants. Participants were recruited by distributing the flyer at CASA de Maryland and Assisi House community-center headquarters as well as at events held by or in conjunction with the community organizations.

Once Focus Groups potential participants reached out and contact HCN staff they were asked, via telephone, if they would like to participate in the Focus Group. The recruiters explained the purpose of the focus group, the voluntary nature of the study, the procedure, the time, date and location, and payment. The recruiter asked the questions approved on the Screener Guide (See below). The inclusion criteria would be that participants are Spanish-speaking Latina women, are between the ages of 18 - 45 years, self-identify as mothers with kids under 14 years old, regularly consume Spanish-language radio and are living in the targeted jurisdictions of: Prince George’s, Montgomery, Baltimore and Howard Counties, and/or Baltimore City.

Screening Questions

Spanish Version	English Version
¿Tienes más de 18 años? - Sí (Reclutar) - No (No reclutar)	Are you older than 18? - Yes (Recruit) - No (Do not recruit)
¿Vive en alguna de las siguientes áreas? • Prince George’s, • Montgomery, • Baltimore and • Howard Counties, • and/or Baltimore City. - Sí (Reclutar) - No (No reclutar)	Where do you live? • Prince George’s, • Montgomery, • Baltimore and • Howard Counties, • and/or Baltimore City. - Yes (Recruit) - No (Do not recruit)



¿Tienes hijos? - Sí - No	Do you have children? - Yes (Recruit) - No (Do not recruit)
¿Son sus hijos menores de 14 años? - Sí - No	Are your children under the age of 14 years old? - Yes (Recruit) - No (Do not recruit)
¿Escuchas radio en español más que 5 horas por semana?? - Sí - No	Do you listen to Spanish-language radio more than 5 hours each week? - Yes (Recruit) - No (Do not recruit)

Potential participants were informed that their name will not be used in any document; to maintain their confidentiality. In doing so, Focus Group participants will receive an honorarium of \$50.00 in cash after completing the Focus Group.

HCN staff obtained their contact information, such as their preferred email(s) and telephone number(s) to provide them with information about the Focus Group, such as location, time and date. This recruiting approach allowed Hispanic Communications Network to obtain prospective participants' contact information solely for the purposes of screening, and to send no more than 2 confirmation messages to eligible participants as their Focus Group date approached. All interested respondents were screened via telephone and, when found eligible, scheduled for a corresponding Focus Group.

RECRUITERS:

- CASA – Focus Group
June 25, 2018

Promoters from CASA handled the potential participants the flyers. Norma Martinez, coordinated the recruitment and serve as POC for participants

- Assisi House – Focus Group
July 2, 2018

Sister Michelle handled the potential participants the flyers. Mercy Padilla, coordinated the recruitment and serve as POC for participants

Appendix D Flyer Sample



¡Se necesitan mujeres latinas!

GRUPO FOCAL PAGADO

"Seguridad y beneficios de beber agua del grifo"

Nos gustaría solicitar su participación voluntaria en un grupo focal para evaluar la efectividad de mensajes de radio en español diseñados para promover la seguridad y los beneficios de beber agua del grifo.

Hispanic Communications Network realizará un grupo focal con madres latinas, de entre 18 y 45 años que residan en los condados de Prince George, Montgomery, Baltimore y Howard, y / o la ciudad de Baltimore. ¡No se recopilará información personal!

HORA:	10:00 AM
CUANDO:	Lunes, 25 de junio, 2018
DONDE:	CASA La Mansión en Langley Park al 8151 15 Avenida

PAGO: \$ 50 (en efectivo después de la finalización del Grupo Focal)

DURACIÓN: 90 minutos

Cuidado para niños gratuito será ofrecido por CASA

Si está disponible para participar y desea ser considerado, contáctese con:
Norma Martínez al 240-491-5760



**Latina Women Needed!
FOCUS GROUP**

“Safety and Benefits of Drinking Tap Water”

We ask for your voluntary participation in a focus group to **Test the Effectiveness of Spanish-language Radio Messages Designed to Promote the Safety and Benefits of Drinking Tap Water.** Hispanic Communications Network is holding one focus group with Latina mothers, ages 18-45 residing in the counties of Prince George’s, Montgomery, Baltimore and Howard Counties, and/or Baltimore City. **No personal information will be collected!**

Available Time:	10:00 AM
WHEN:	Friday, JUNE 15TH, 2018
WHERE:	CASA, The Mansion in Langley Park at 8151 15th Avenue

PAYMENT: \$50 (In cash after completion of the Focus Group)

DURATION: 90 minutes

CHILDCARE: Will be provided for free to participants

If you are available to participate and would like to be considered, please contact:

Norma Martinez al 240-491-5760



Appendix E

Focus Group Discussion Guide

GUÍA DEL MODERADOR

PROPÓSITO:

En nombre del Departamento de Salud de Maryland-Oficina de Salud Oral (OOH), Hispanic Communications Network está llevando a cabo estudios de grupos focales con mujeres latinas de cuatro (4) condados de Maryland.

- Estas sesiones son para evaluar las impresiones y receptividad de las latinas para aceptar el enfoque creativo y los mensajes usados en una campaña de educación pública para ayudar a los latinos a comprender los beneficios de beber agua del grifo y, finalmente, cosechar el beneficio que tiene para la salud dental una mayor exposición al flúor.
- El Departamento de Salud del Estado de Maryland - Oficina de Salud Oral (OOH) desea recopilar los comentarios de las sesiones para ayudar a crear publicidad radial y otros materiales de campaña para educar al público sobre los beneficios del agua del grifo.
- Sus comentarios y comentarios también se usarán para escribir un informe sobre los hallazgos del grupo de enfoque. Toda la información compartida en el grupo de enfoque permanecerá confidencial y no se usará en el informe ninguna información que identifique al participante.
- Las sesiones de los grupos focales se llevarán a cabo a través de entrevistas facilitadas con mujeres de habla hispana para determinar si los mensajes son culturalmente relevantes y fáciles de entender.

OBJETIVO:

- El objetivo de este estudio es determinar si los mensajes de radio son culturalmente apropiados, tienen sentido para el público objetivo: madres latinas de habla hispana en Maryland y la capacidad de persuadir al público objetivo para que se sienta cómodo con el consumo de agua del grifo.

MODERADOR:

- ¡Gracias por ofrecernos su tiempo para participar en nuestro estudio!



- El propósito de esta entrevista es averiguar si las madres latinas se relacionan y entienden fácilmente nuestros mensajes de radio, diseñados para fomentar el consumo de agua del grifo dentro de la comunidad latina de Maryland.
- Los mensajes serán transmitidos en estaciones de radio en español en Maryland. Como participante latina adulta, que se ha identificado como madre, ¡su aporte es muy valioso! La información que recopilamos nos ayudará a crear anuncios radiales de servicio público de gran impacto en la comunidad.
- Su perspectiva es importante para nosotros y desempeñará un papel fundamental en guiarnos en el desarrollo de materiales de comunicación de radio sobre salud oral.
- Estos anuncios se utilizarán para cambiar las actitudes y comportamientos de las latinas para sentirse cómodas bebiendo el agua del grifo de Maryland promoviendo la seguridad y los beneficios de beber agua del grifo.

¡Gracias de nuevo por su participación, vamos a empezar!

A continuación, y antes de la exposición a los anuncios de servicio público de radio, los participantes recibirán una encuesta de conocimiento preliminar y se les pedirá que respondan las siguientes preguntas:

1. ¿Cuáles son los problemas de salud más importantes para usted y su familia?

2. ¿Qué campañas publicitarias dentales escuchó en el último año?

3. ¿Dónde escuchaste el anuncio o mensaje?

4. ¿Crees que el agua del grifo de Maryland es saludable?

5. ¿Alguna vez has oído hablar de fluoruro?

- Sí
- No
- No sé / No estoy seguro

6. ¿Para qué crees que se usa el fluoruro? [MARCAR SOLO UNO]

- Se usa para limpiar los dientes
- Se usa para prevenir la caries dental
- Utilizado para purificar el agua



- Se usa para blanquear los dientes
 - Utilizado para prevenir la placa [PRONUNCIADO: Plak]
 - No sé / No estoy seguro [] ● Otro (EXPLICAR):
-

7. ¿Le das a tus hijos agua del grifo para beber o agua embotellada?

- Agua del grifo
- Agua embotellada
- Otra (explique)

8. ¿El agua del grifo [agua de un grifo] donde ahora vives fluorada?

- Sí
- No
- No sé / No estoy seguro

9. ¿Bebes el agua del grifo?

- Sí [PASE a la pregunta 10]
- Algunas veces
- No [RESPONDA la pregunta 9, 10 y PASE la pregunta 11]

10. ¿Cuáles son las razones por las que bebes agua de botella en lugar de agua del grifo?

11. Si no bebes el agua del grifo, ¿por qué no?

- Sabe horrible
- Inseguro
- Todos mis amigos beben agua embotellada
- Mi familia bebe agua embotellada
- Otro (EXPLICAR): _____

12. ¿Filtra el agua del grifo?

- Sí
- No
- No sé / No estoy seguro

13. ¿Sabes que puedes filtrar el agua del grifo en el hogar y mantener las propiedades anti caries del flúor?

14. ¿Tomaría agua del grifo si la filtrara en su casa?



Después de la encuesta, se les pedirá a los participantes que escuchen tres (3) anuncios de radio de 60 segundos. Las preguntas de la entrevista serán las mismas para cada anuncio de radio.

Las preguntas deben ser hechas en orden como siguen en español:

"Por favor, escucha este mensaje de radio de 60 segundos".

Después de que los participantes escuchan y responden a los segmentos de radio, les pediremos que:

Después de darles tiempo, haga las siguientes preguntas:

1. ¿Cuál es su impresión inicial de este mensaje de radio?
2. ¿Cuándo escuchas este anuncio de radio, que te comunica?
3. ¿Aprendió algo nuevo?
4. Después de escuchar el mensaje, ¿consideraría beber agua del grifo? Si responde no, explique por qué no:
RESPONDER _____
5. Si contestó que si, qué parte del mensaje fue la más importante para que tomara esa decisión?
6. ¿Hay algo confuso en este mensaje de radio?
7. ¿Qué cambiarías para mejorarlo?
8. ¿Encuentras algo ofensivo sobre el mensaje de radio?
9. ¿Puede identificarse personalmente con las personas que hablan en el mensaje de radio? ¿Lo representa con precisión?
10. Después de escuchar este mensaje de radio, ¿harías algo diferente? ¿Entonces qué? Si no cambiaras nada, ¿por qué no?
11. ¿Cambiarías la estación si escuchaste este mensaje? Si es así, ¿por qué?



POR FAVOR, CALIFIQUE del 1-10 (1=mayor impacto; 9=menos impacto), el enunciado que completaría la oración de una manera que tenga el mayor impacto en usted.

Yo bebería agua del grifo si supiera que _____.

- El agua del grifo es tan limpia como el agua embotellada.
- El agua del grifo contiene fluoruro que previene las cavidades.
- Puedo filtrar el agua del grifo y aun así mantener sus cualidades de prevención de cavidades.
- El agua del grifo es 500 veces más barata que el agua embotellada.
- Puedo ahorrar mucho dinero eligiendo tomar agua en vez de agua embotellada.
- Cada día, más de 30 millones de botellas de plástico terminan en vertederos o en el océano.
- Puedo ayudar al medio ambiente bebiendo agua del grifo en lugar de agua embotellada.
- El 25% de toda el agua embotellada es realmente agua del grifo.
- La salud oral de mis hijos podría beneficiarse de beber agua del grifo.
- El agua fluorada del grifo es una forma beneficiosa y económica de evitar las caries en niños y adultos.

PROCEDIMIENTO, CIERRE:

- Una vez que las preguntas y el debate se hayan completado, agradezca a los participantes su contribución y su tiempo.
- "Quiero agradecer a todos los que tomaron el tiempo de su noche/día para estar aquí. Creo que tuvimos una discusión muy atractiva.
- Gracias a todos por sus comentarios y sugerencias. La información que compartieron con nosotros es extremadamente valiosa.
- Hiciste una diferencia hoy para los latinos en Maryland, las mujeres y sus familias en todo el país.
- Si alguien tiene alguna pregunta esperaré aquí unos minutos para contestarles.
- Gracias de nuevo, y que tengan un maravilloso y segura camino a casa. Gracias."



Appendix F Demographic Information

Información demográfica

1. Edad 18–24 25–31 32–38 39–45

2. ¿Cuántos hijos tiene? # _____

3. ¿Qué edad tienen sus hijos? _____

4. ¿Cuál es su nivel de ingreso (elija un rango)

- Desempleado
- \$1,000 - \$20,000
- \$21,000 - \$45,000
- \$46,000 - \$70,000
- \$71,000 - \$100,000
- \$101,000 – 150,000
- \$151,000 – +

5. ¿Cuál es su nivel educativo?

- Escuela elemental – Primaria
- Escuela media
- Secundaria – bachillerato
- Algunos créditos universitarios
- Graduado de la Universidad

6. Por favor, seleccione la opción que la describe mejor

- Hablo español solamente
- Hablo predominantemente en español
- Soy bilingüe en inglés y español
- Hablo predominantemente en inglés
- Hablo inglés solamente.

7. ¿Cuál es su país de origen?

- México
- Puerto Rico
- Cuba
- República Dominicana
- El Salvador
- Guatemala
- Honduras
- Nicaragua
- Colombia
- Ecuador
- Perú
- Venezuela
- Otro [Cuál?] _____

8. ¿Cuánto tiempo lleva viviendo en Estados Unidos?

- 0 -2 años 3 -5 años 6 -10 años 11 -15 años 16 + años

Información acerca de actitudes, creencias y prácticas

9. En una escala de 1 a 5, donde 1 significa 'Nada importante' y 5 significa 'Extremadamente importante', por favor responda:

c. ¿Dónde clasifica la importancia de la salud oral?

No es importante	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Muy importante
------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	----------------

d. ¿Dónde clasificaría la importancia de la salud oral de su hijo?

No es importante	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Muy importante
------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	----------------

10. En una escala de 1 a 5, donde 1 significa 'No regularmente' (es decir, voy por días sin cepillarme los dientes) y 5 significa 'Muy regularmente' (es decir, me cepillo los dientes dos veces al día todos los días)

Sin regularidad, Pasan días sin cepillarme	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Regularmente Dos veces al día, todos los días
--	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	---

b. ¿Con qué frecuencia se cepillas los dientes?

<input type="radio"/> 0 veces al día	<input type="radio"/> 1 vez al día	<input type="radio"/> 2 veces al día	<input type="radio"/> 3 veces al día	<input type="radio"/> 4 veces al día	<input type="radio"/> + veces al día
---	---------------------------------------	---	---	---	---

c. ¿Con qué frecuencia le cepillas los dientes a su hijo/a?

<input type="radio"/> 0 veces al día	<input type="radio"/> 1 vez al día	<input type="radio"/> 2 veces al día	<input type="radio"/> 3 veces al día	<input type="radio"/> 4 veces al día	<input type="radio"/> + veces al día
---	---------------------------------------	---	---	---	---

d. ¿Si el niño tiene edad suficiente para lavarse los dientes, entonces: ¿con qué frecuencia se cepilla los dientes el niño?

<input type="radio"/> 0 veces al día	<input type="radio"/> 1 vez al día	<input type="radio"/> 2 veces al día	<input type="radio"/> 3 veces al día	<input type="radio"/> 4 veces al día	<input type="radio"/> + veces al día
---	---------------------------------------	---	---	---	---

11. En una escala de 1 a 5, donde 1 significa 'No regularmente' (lo que significa que no he estado en el dentista en años) y 5 significa 'muy regularmente' (lo que significa que voy al dentista dos veces al año para chequeos regulares)

a. ¿Con qué frecuencia va al dentista?

Sin regularidad No he ido al dentista por años	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 Veces por año	Dos veces al año, para chequeo regular
--	--	---

a. ¿Con qué frecuencia lleva a su hijo al dentista?

Sin regularidad No he ido al dentista por años	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 Veces por año	Dos veces al año, para chequeo regular
--	--	---

12. ¿Tiene seguro dental?

- Si ¿Qué tipo de seguro tiene? _____
 No

13. ¿Su hijo tiene seguro dental?

- Si ¿Qué tipo de seguro tiene? _____
 No

14. Aparte de agua, ¿qué tipo de bebidas le da a sus hijos a diario? Por favor, seleccione de las siguientes opciones.

- Jugos
 Sodas
 Leche
 Otro, ¿indique cuál? _____

