Published in final edited form as:

J Cancer Educ. 2013 March ; 28(1): 143–150. doi:10.1007/s13187-012-0422-4.

Distribution of Smoking Relapse Prevention Materials in the Hispanic Community: Lessons Learned

Anamaría Bejarano,

Department of Health Outcomes and Behavior, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL, USA

Erika B. Litvin,

Department of Psychiatry and Human Behavior, Alpert Medical School of Brown University, Providence, RI, USA

Gwendolyn P. Quinn,

Department of Health Outcomes and Behavior, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL, USA; Department of Oncologic Sciences, University of South Florida, Tampa, FL, USA

Thomas H. Brandon, and

Department of Health Outcomes and Behavior, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL, USA; Department of Oncologic Sciences, University of South Florida, Tampa, FL, USA; Department of Psychology, University of South Florida, Tampa, FL, USA

Vani Nath Simmons

Department of Health Outcomes and Behavior, H. Lee Moffitt Cancer Center & Research Institute, Tampa, FL, USA; Department of Oncologic Sciences, University of South Florida, Tampa, FL, USA; Department of Psychology, University of South Florida, Tampa, FL, USA; Tobacco Research & Intervention Program, Moffitt Cancer Center, 4115 Fowler Avenue, Tampa, FL 33647, USA

Abstract

There is a dearth of Spanish language, culturally relevant tobacco-related information available to Hispanics in the USA. The primary aim of this study was to examine the distribution process of *Libres para Siempre (Forever Free)*, a Spanish language smoking relapse prevention booklet series, by health care and social service agencies serving Hispanic individuals in Florida.

Representatives ($N = 16$) from ten agencies that requested copies of the booklets completed a semi-structured interview to assess strategies used to distribute the booklets to their Hispanic clients. As a secondary aim, we obtained feedback regarding the booklets' quality and utility from the representatives. Results revealed that many agencies used both active and passive approaches to distribute the booklets. Issues related to distribution included language barriers between staff and clients and confusion regarding identification of the target population. Results indicated that the booklets were received favorably, and providers would recommend them to future clients.

Keywords

Smoking relapse-prevention; Hispanic smokers; Latino; Spanish language smoking materials

Introduction

Cigarette smoking accounts for over 440,000 deaths each year in the USA [1]. Although most smokers want to quit and engage in quit attempts [2], the relapse rate for self-quitters is as high as 95–98 % [3]. Given documented racial and ethnic differences in smoking behavior, as well as disparities in access to and use of smoking cessation services and interventions [4], the development of effective approaches for relapse prevention to meet the needs of diverse populations is important and necessary to reduce the overall prevalence of smoking. There is a dearth of smoking cessation services and interventions tailored for Hispanics [5], who represent the fastest growing and largest minority group in the USA [6].

Although the current smoking rate among Hispanics (15.8 %) is lower than the overall U.S. prevalence (20.6 %), higher prevalence is observed among certain subgroups of Hispanics (e.g., males, Puerto Ricans, those who are more acculturated) and within medically underserved communities [7–9]. Cigarette smoking is a primary contributing risk factor to the leading causes of death among Hispanics, including coronary heart disease and cancer [10]. Some research has suggested that Hispanics are less likely to quit successfully than non-Hispanic Whites [4], and Hispanic smokers also use cessation aids such as nicotine replacement therapy (NRT) at significantly lower rates than non-Hispanic White smokers [e.g., 11]. Hispanic smokers are also less likely to be screened for tobacco use or advised to quit by their health care provider than non-Hispanic Whites [12–15], even after controlling for lack of insurance [14]. Structural/system-level, provider-level, and patient-level factors [12] that may contribute to these disparities include differences in health care providers' perceptions of the need or effectiveness of smoking cessation advice and interventions for Hispanics [13, 15], differences in the physician–patient relationship (e.g., communication styles, expectations) as a result of racial/ethnic discordance [13], Hispanic smokers' lower frequency of smoking (i.e., fewer cigarettes per day) and nicotine dependence relative to other groups [12], and Hispanics' negative beliefs and attitudes regarding NRT [16].

Taken together, these findings underscore an important need to increase the availability of culturally relevant tobacco information that is available in Spanish, specific to the smoking behavior patterns and treatment preferences of Hispanics (e.g., reluctance to use NRT, lighter smokers), and that can be readily integrated into a variety of health care settings that serve this population. Our research group developed a relapse-prevention booklet series entitled *Forever Free* that was shown in two large clinical trials to be highly cost-effective and to reduce relapse by up to two thirds among recent quitters [17, 18]. *Forever Free* includes a series of eight booklets on topics related to relapse prevention including smoking urges, stress and mood, health, weight, and responding to lapses. These booklets are disseminated by the National Cancer Institute via its Cancer Information Service and two websites (cancercontrolplanet.cancer.gov and smokefree.gov). They have also been adopted by health departments, medical centers, and tobacco quitlines nationally.

In an effort to extend the availability of *Forever Free* to more diverse populations, our team adapted the *Forever Free* booklets for Hispanic smokers (entitled *Libres para Siempre*) using transcreation [19]. The process of transcreation involved infusing culturally relevant images (e.g., photos of Hispanic people, food), context (e.g., culturally relevant vignettes reflecting Hispanic values), and themes to meet the health literacy and informational needs of the target population. Importantly, individuals from diverse countries of origin reviewed the booklets to ensure that the Spanish would be understandable to individuals from different Spanish-speaking backgrounds. Additional details of the transcreation process are summarized in a separate publication [20]. Once the transcreation of *Libres para Siempre* was completed, health care and social service agencies that serve Hispanic individuals in Florida were informed of the opportunity to request booklets in the quantity needed to meet the demands of their population.

There is an urgent need for more research into distribution strategies that consider methodology issues and appropriate designs for future studies focusing on effective and successful distribution designs [21]. To assess this gap in the literature, this study was designed to identify the strategies and methods used to distribute *Libres para Siempre* to Hispanic clients. Our main goal was to assess the distribution process as reflected in these post-distribution interviews, with a secondary goal of obtaining feedback from agency representatives regarding satisfaction with the booklets themselves.

Methods

Participants

As an initial step in the distribution process, we contacted 20 health care or social service agencies throughout Florida who served Hispanic clients and offered these agencies the opportunity to order *Libres para Siempre* booklet sets at no cost; 17/20 requested booklets, with 10/17 agreeing to participate in a post-distribution interview (the others declined because of time constraints). We requested that at least one agency representative participate in the interview. In some instances, multiple agency staff members were interested in participating and we allowed them, resulting in a total of 16 completed interviews. Agency representatives received a \$20 gift card as compensation for participating.

Measures

Interview—A semi-structured interview guide was developed for this study to inquire about the distribution process, including strategies used and the obstacles encountered in identifying and reaching the target population. Additional questions were asked pertaining to the booklets' appearance and content (secondary goal of study). Example questions included, "What approach did you use to present and distribute these booklets to your Hispanic clients?"; "How important do you think it is to have smoking relapse prevention materials available in Spanish for your specific clinic population?"; and "What recommendations do you have for future distribution of these booklets?" At the end of the interview, each agency representative had the opportunity to share additional comments or suggestions they had not yet mentioned.

Procedure

Agency representatives were provided order forms to request the number of booklet sets needed to meet the demands of their specific client population, and the sets were mailed to them accordingly (at no charge). The order forms included a description of the booklet series and stated that the intended audience for the booklets was those who had recently quit smoking. The order form also indicated that our group would contact the agency at a later time point to evaluate the distribution process via qualitative interviews with agency representatives. Once the distribution period (ranging from 2 to 8 months) was complete, representatives from the ten agencies who agreed to participate in a post-distribution interview were contacted via e-mail or phone to set up an appointment. Interviews were conducted by a bicultural, bilingual research assistant with training in qualitative interview methods. Agency representatives were provided the option to conduct the interview in English or Spanish.

Data Analysis

Interviews were audio-recorded and transcribed verbatim (those conducted in Spanish were first transcribed and then translated to English). Qualitative data were analyzed using hand coding and content analysis. The codebook consisted of a priori codes, derived from the interview guide. Two study team members coded the transcripts independently, and codings were compared for the first five transcripts to ensure reliability. Conflicts among coders were resolved by discussion until consensus was reached. Codes were classified into pre-identified categories drawn from the interview guide, and a counting analysis was utilized to record extensivity (i.e., number of participants who referred to the content in a code, [22]). Representative quotes were compiled for each category.

Results

Participant Characteristics

Eligible agency participants ($N=16$) represented either a community health care agency/program ($n=7$), health department ($n=2$), or a Hispanic-serving social service agency ($n=7$) (e.g., immigration assistance, legal counseling, family and children services). Participants were located in northern, central, and southern Florida counties with diverse representation of Hispanic sub-ethnicities (see Table 1). Their ages ranged from 20 to 51 years, with a mean age of 42.4 years. Most were women ($n=13$) and self-identified as Hispanic ($n=13$). The majority (63 %) had at least a college degree. Their titles included tobacco cessation or prevention specialist ($n=4$), volunteer ($n=2$), health educator or health program specialist ($n=2$), immigration specialist ($n=1$), support services supervisor ($n=1$), director ($n=1$), assistant ($n=1$), human services manager ($n=1$), project advisor ($n=1$), coordinator ($n=1$), and outreach worker ($n=1$). All interviews were completed in person and lasted 45 min to 1 h; eight interviews were conducted in Spanish and eight in English.

Qualitative Findings

Results were organized into four categories based on our research questions related to *Libres para Siempre*: (1) distribution approaches and strategies, (2) distribution barriers, (3) overall quality and suggested changes to the appearance and content, and (4) utility.

Distribution Approaches and Strategies

Table 1 presents distribution data for each agency, including the percentage of their clients who were Hispanic, the number of booklet sets requested (ranged from a minimum of 12 sets to a maximum of 300 sets), the percentage of requested booklets that were distributed, and distribution strategies. Agency representatives articulated a number of different approaches for the distribution of these booklets. These approaches were categorized as active if representatives handed out the booklets to individuals directly (e.g., at conferences, health fairs, stores, etc.) or introduced the booklets or utilized them as a tool in their programs, counseling sessions, or classes. A distribution approach was coded as passive if representatives displayed the booklets at community events, conferences, offices, and lobbies and it was left to the discretion of clients if they wished to pick them up. Sample quotes regarding active and passive approaches and participants' recommendations for future dissemination strategies, which included a mix of active and passive approaches, are shown in Table 2.

Most agency representatives reported that they waited for clients to request tobacco-related resources before offering the booklets. However, several representatives mentioned that they sought out individuals at outreach activities who could benefit from *Libres para Siempre* and directly asked about smoking behaviors. Although *Libres para Siempre* is designed as a series to be distributed as a complete set and each eight-booklet set was shrink-wrapped as such, some providers chose to distribute individual booklets that they believed were applicable to an individual client rather than the complete set. Also, although *Libres para Siempre* is targeted at individuals who have recently *quit* smoking and are seeking assistance with relapse prevention, all agency representatives with the exception of one reported to have distributed the booklets to individuals who were currently smoking, rather than to individuals who had already quit.

Distribution Barriers

Agencies that served a large percentage of Hispanic clients (>40 % of clients were Hispanic) reported fewer difficulties or barriers in distributing the booklets. Among agencies who did not distribute any of the booklets or distributed a low number, reported barriers included a high illiteracy level among their client population and language barriers between representative and client (i.e., representative spoke only English). Also, difficulty reaching the target population of recent quitters was cited as a significant barrier to distribution by many agency representatives. In some cases, agency representatives reported that they approached current smokers and that clients were not interested in receiving the booklets because they were not ready to quit. In other cases, they noted that female clients requested copies of the booklet sets on behalf of a male relative and/or friend (see Table 2).

Overall Quality and Suggested Changes to the Appearance, Content, and Modality

The majority of participants made positive comments regarding the colors, design, and overall appearance of the booklets, focusing on the cultural relevance (see Table 3). However, several participants suggested modifications; specifically adding color on interior pages, blank space, and substituting text with charts or other graphical forms of presenting information. Some participants also suggested that a video modality for relaying the content may be preferred, particularly for young people. Other participants felt that the booklets should be combined with personal interaction via support groups, classes, tobacco quitlines, and counseling.

Utility

All participants stated that it is important to have smoking relapse prevention materials available in Spanish for their specific client population as well as the general population (see Table 3). Regarding the utility of *Libres para Siempre* specifically, one third thought the booklets were helpful as an information source, one third thought the booklets served as support or motivational tool, and one third did not know whether these booklets have helped their clients to remain smoke free. However, the majority of those who had distributed at least one set reported that they would recommend these booklets in the future, and those who had not yet distributed any booklets reported they intended to utilize them in the near future.

Discussion

The primary goal of the current study was to evaluate the distribution process of *Libres para Siempre*, a smoking relapse prevention booklet set for Spanish-speaking adults, by health care and social service agencies serving Hispanic clients in Florida. Results of these qualitative interviews indicated that agencies serving a large percentage of Hispanic clients distributed the majority of the booklets they requested, with many agencies distributing the booklets using a combination of active and passive approaches. Active approaches consisted of introducing or presenting the booklets at community events and health fairs or using the booklets as part of counseling or tobacco-related classes. Passive approaches included displaying booklets in agency lobbies and at community events and health fairs for individuals to pick up. Most representatives recommended a mix of active and passive approaches for future distribution of tobacco-related information to this population.

Agencies that served a large percentage of Hispanic clients tended to encounter fewer obstacles in distributing *Libres para Siempre*. Although some agencies did not report any barriers, common barriers especially for agencies that served a smaller percentage of Hispanic clients included language barriers between agency staff and clients, illiteracy among clients, and difficulty reaching the target population (i.e., smokers who had recently quit). Regarding the first of these barriers, agencies that employ a greater number of Spanish-speaking staff were less likely to have barriers to active distribution of Spanish resources. Further research should explore alternative distribution approaches for agencies that do not have Spanish-speaking personnel.

An interesting finding was the varying interpretations of how the booklets were intended to be used. *Libres para Siempre* is designed as a series to be distributed as a complete set, and each eight-booklet set was shrink-wrapped as such, yet some providers chose to distribute individual booklets rather than the complete set. This finding underscores the need for effectiveness research to be conducted to understand how empirically based interventions are used in “real-world” settings [23]. Indeed, such insights can inform future research studies such as empirically testing these alternative distribution strategies (i.e., distribute as a complete series vs. distribute individual booklets that are relevant to the participant).

It is notable that all agency representatives except one indicated that the booklets were distributed to smokers who were interested in quitting rather than the intended population of individuals who had recently quit smoking and could benefit from assistance with relapse prevention, suggesting that agency staff may have assessed primarily for current smoking rather than past smoking when trying to identify clients. Participants’ views regarding the booklets’ utility might have differed if the booklets had been distributed to the intended population. Difficulty in understanding the distinction between interventions for initial smoking cessation versus relapse prevention, and in identification of recent ex-smokers versus current smokers, are themes that have emerged consistently in our previous research on *Forever Free* and *Libres para Siempre* [24, 25].

A secondary aim of this study was to obtain feedback about the booklets’ quality and utility. Overall, agency representatives liked the booklets very much; however, several indicated an interest in video as well as other intervention modalities, a suggestion consistent with our previous research [24]. Nevertheless, most representatives believed that *Libres para Siempre* was beneficial for their clients, either as an informational resource or as a motivational and support tool, and reported that they would recommend them to future clients. Further research should focus on the efficacy of these booklets as a relapse prevention intervention for this population.

Limitations and Future Research

While this study begins to explore important aspects of distributing smoking relapse prevention materials among Hispanic populations, findings should be considered in light of certain limitations. Our sample size was small and all agency representatives were from Florida; as such, their experiences and opinions may not generalize to agencies serving the larger Hispanic community across the USA. However, we did reach saturation in that we were no longer obtaining new information from respondents and responses were consistently falling into one of the categories. It is also noteworthy that the agencies represented in this study likely resemble the types of organizations that serve medically underserved populations across the USA. In addition, although Hispanic populations in Florida may differ from those in other parts of the country, there is diverse representation of Hispanic sub-ethnicities (e.g., Puerto Rican, Cuban, Mexican). Given the difficulty in reaching, and perhaps understanding, the intended population, an area worthy of future research would be to use strategies to facilitate the identification of the target audience such as in-person trainings for agency staff. Because we have also observed this difficulty in identifying recent ex-smokers in our prior research, the distribution and utility of these booklets could be

improved if they were tested for use with current smokers. Our research group is currently testing the English self-help booklets for current smokers in a large-scale clinical trial.

Implications and Conclusion

This evaluation of the distribution process for *Libres para Siempre* serves as a pilot study from which further research can be derived; in particular, comparisons of active versus passive strategies and methods for identifying and reaching Hispanic individuals who have recently quit smoking and could benefit from relapse prevention materials. Additionally, the insights gained from the interviews with agency representatives can help improve the quality of current tobacco-related information available in Spanish for the Hispanic community.

Acknowledgments

Funding Source This study was funded by the University of South Florida Area Health Education Center and the State of Florida Department of Health.

References

1. CDC. Smoking-attributable mortality, years of potential life lost, and productivity losses—United States, 2000–2004. *Morb Mortal Weekly Rep.* 2008; 57:1226–1228.
2. CDC. Quitting smoking among adults—United States, 2001–2010. *Morb Mortal Weekly Rep.* 2011; 60:1513–1519.
3. Hughes JR, Keely J, Naud S. Shape of the relapse curve and long-term abstinence among untreated smokers. *Addiction.* 2004; 99:29–38. [PubMed: 14678060]
4. Trinidad DR, Perez-Stable EJ, White MM, Emery SL, Messer K. A nationwide analysis of US racial/ethnic disparities in smoking behaviors, smoking cessation, and cessation-related factors. *Am J Public Health.* 2011; 101:699–706. [PubMed: 21330593]
5. Webb MS, Rodriguez-Esquivel D, Baker EA. Smoking cessation interventions among Hispanics in the United States: a systematic review and mini meta-analysis. *Am J Health Promot.* 2010; 25:109–118. [PubMed: 21039291]
6. U.S. Census Bureau. [Accessed 5 July 2011] Facts for features: Hispanic heritage month, 2010—Sept. Oct 15. 2010 15 2010. At http://www.census.gov/newsroom/releases/archives/facts_for_features_special_edition/cb10-ff17.html
7. CDC. Vital signs: current cigarette smoking among adults aged 18 years—United States, 2009. *Morb Mortal Weekly Rep.* 2010; 59:1135–1140.
8. Baezconde-Garbanati L, Beebe LA, Perez-Stable EJ. Building capacity to address tobacco-related disparities among American Indian and Hispanic/Latino communities: conceptual and systemic considerations. *Addiction.* 2007; 102(Suppl 2):112–122. [PubMed: 17850621]
9. Perez-Stable EJ, Ramirez A, Villareal R, Talavera GA, Trapido E, Suarez L, Marti J, McAlister A. Cigarette smoking behavior among US Latino men and women from different countries of origin. *Am J Public Health.* 2001; 91:1424–1430. [PubMed: 11527775]
10. Heron M. Deaths: leading causes for 2008. *Natl Vital Stat Rep.* 2012; 60:1–95. [PubMed: 22827019]
11. Levinson AH, Perez-Stable EJ, Espinoza P, Flores ET, Byers TE. Latinos report less use of pharmaceutical aids when trying to quit smoking. *Am J Prev Med.* 2004; 26:105–111. [PubMed: 14751320]
12. Cokkinides VE, Halpern MT, Barbeau EM, Ward E, Thun MJ. Racial and ethnic disparities in smoking-cessation interventions: analysis of the 2005 National Health Interview Survey. *Am J Prev Med.* 2008; 34:404–412. [PubMed: 18407007]
13. Lopez-Quintero C, Crum RM, Neumark YD. Racial/ethnic disparities in report of physician-provided smoking cessation advice: analysis of the 2000 National Health Interview Survey. *Am J Public Health.* 2006; 96:2235–2239. [PubMed: 16809587]

14. Sonnenfeld N, Schappert SM, Lin SX. Racial and ethnic differences in delivery of tobacco-cessation services. *Am J Prev Med.* 2009; 36:21–28. [PubMed: 18977111]
15. Houston TK, Scarinci IC, Person SD, Greene PG. Patient smoking cessation advice by health care providers: the role of ethnicity, socioeconomic status, and health. *Am J Public Health.* 2005; 95:1056–1061. [PubMed: 15914833]
16. Zinser MC, Pampel FC, Flores E. Distinct beliefs, attitudes, and experiences of Latino smokers: relevance for cessation interventions. *Am J Health Promot.* 2011; 25:eS1–eS15. [PubMed: 21510796]
17. Brandon TH, Collins BN, Juliano LM, Lazev AB. Preventing relapse among former smokers: a comparison of minimal interventions through telephone and mail. *J Consult Clin Psychol.* 2000; 68:103–113. [PubMed: 10710845]
18. Brandon TH, Meade CD, Herzog TA, Chirikos TN, Webb MS, Cantor AB. Efficacy and cost-effectiveness of a minimal intervention to prevent smoking relapse: dismantling the effects of amount of content versus contact. *J Consult Clin Psychol.* 2004; 72:797–808. [PubMed: 15482038]
19. Quinn GP, Hauser K, Bell-Ellison BA, Rodriguez NY, Frias JL. Promoting pre-conceptional use of folic acid to Hispanic women: a social marketing approach. *Matern Child Health J.* 2006; 10:403–412. [PubMed: 16752094]
20. Simmons VN, Quinn G, Litvin EB, Rojas A, Jimenez J, Castro E, Meade CD, Brandon TH. Transcreation of validated smoking relapse-prevention booklets for use with Hispanic populations. *J Health Care Poor Underserved.* 2011; 22:886–893. [PubMed: 21841285]
21. Ellis P, Robinson P, Ciliska D, Armour T, Brouwers M, O'Brien MA, Sussman J, Raina P. A systematic review of studies evaluating diffusion and dissemination of selected cancer control interventions. *Health Psychol.* 2005; 24:488–500. [PubMed: 16162043]
22. Leech N, Onwuegbuzie A. Qualitative data analysis: a compendium of techniques and a framework for selection for school psychology research and beyond. *School Psychol Quart.* 2008; 23:587–604.
23. Kraemer HC. “Rules” of evidence in assessing the efficacy and effectiveness of treatments. *Dev Neuropsychol.* 2003; 24:705–718. [PubMed: 14561567]
24. Litvin EB, Rojas A, Brandon TH, Quinn G, Vadaparampil S, Gwede C, Jimenez J, Castro E, Diaz Z, Simmons VN. Cultural acceptability of a smoking relapse prevention intervention for pregnant women in Puerto Rico: providers’ feedback. *Hisp Health Care Int.* 2011; 9:117–126.
25. Lopez EN, Simmons VN, Quinn GP, Meade CD, Chirikos TN, Brandon TH. Clinical trials and tribulations: lessons learned from recruiting pregnant ex-smokers for relapse prevention. *Nicotine Tob Res.* 2008; 10:87–96. [PubMed: 18188749]

Table 1

Distribution by agency

Type of agency	No. interviewed	Hispanic clients (% of total)	Top 3 Hispanic sub-ethnicities represented in county	Number of booklets distributed/number ordered (% distributed)	Distribution approach: active or passive?	Distribution approach: individually or as a set?
Community health agency/program	2	57 %	Cuban South American Central American	– ^a	Active	Individually
Community health agency/program	1	2 %	Mexican Puerto Rican South American	2/25 (8 %)	Active	Set
Community health agency/program	1	18 %	Mexican Puerto Rican South American	0/100 (0 %)	Active	N/A
Community health agency/program	1	35 %	Mexican Puerto Rican Central American	0/30 (0 %)	Active	N/A
Community health agency/program	2	45 %	Puerto Rican Cuban Mexican	85/100 (85 %)	Both	Set
Health department	1	42 %	Puerto Rican South American Dominican	300/300 (100 %)	Both	Set
Health department	1	10 %	Mexican Cuban Puerto Rican	0/15 (0 %)	Passive	N/A
Hispanic social service agency	1	95 %	Mexican Puerto Rican Cuban	50/50 (100 %)	Both	Individually
Hispanic social service agency	4	97 %	Mexican Puerto Rican Cuban	34/50 (68 %)	Both	Both
Hispanic social service agency	2	100 %	Mexican Puerto Rican Cuban	200/200 (100 %)	Active	Set

^a Agency representative obtained booklets from other organization and used individual booklets in an ongoing smoking cessation class

Table 2

Representative quotes regarding distribution approaches

Active distribution approaches	<i>"In one of my classes. In the class I explained what the book was about and how it could help people. I went through some of the pages and point to some of the interesting stuff that they might find useful for them." "We hand out these booklets 'come for your brochure.' Sometimes in meetings like church mass we can hand them out as well. Also through conferences and when we have people in the office we offer the booklet for them to read."</i>
Passive distribution approaches	<i>"So what we've done when we went out, doing our presentation and any other health fairs, we just have them in a brochure holder." "We displayed the booklets on a table and as people were coming towards the table; you know... they picked up the booklet or they asked about what the booklet was."</i>
Recommendation for active approach	<i>"Well, the best settings will be classes; I don't see fairs as a way to disseminate that stuff... But you have to understand how to disseminate it; you have to go through the booklet with people and maybe you might want to do some interactive games or things that might engage the public in it." "For instance here there are a lot of community centers in which you can give presentations or teach people something related to this"</i>
Recommendation for passive approach	<i>"Also in the stores, you can ask permission to display them and people would start taking them." "It would be good to be able to display them a health center, where there are other booklets about other health related topics."</i>
Need to increase distribution	<i>"The bigger problem there is, is the distribution, how are they going to be distributed." "I just think that bigger efforts have to be made to get it out to the community."</i>
Other recommendations for distribution	<i>"So you almost need like a person, they call it the cultural broker, the person who is going to be the link between you and the people" "I was thinking it would be nice to have like a little orientation. Maybe on what each of the booklets covers and I know that's very self-explanatory, but just to have... to get your groups together, whoever has the booklet and do like a little mini training on it"</i>
Distribution barrier: illiteracy and language	<i>"I have had a lot of Mexican students that can speak but can't read Spanish." "Most of them don't know how to speak English, so I can't; I haven't been able to communicate with them." "Some people might not actually want to read. -Oh my God a lot of reading."</i>
Distribution barrier: reaching males	<i>"The women are the ones going to the health care agencies and agencies that refer to us, but the men are working and they come home late and they are not that connected."</i>

Table 3

Feedback regarding booklets

Importance of relapse prevention materials	<p><i>"I think is a huge issue, you don't have a lot of materials specifically that deal with people who have quit smoking and taking the steps."</i></p> <p><i>"But in general I would say there is a lack; I mean if you're looking at the broader population, if you're looking at men and of those Latinos that do smoke, there isn't a lot in Spanish."</i></p>
Overall appearance and cultural relevance	<p><i>"I think, from a scale from 1 to 5, I think it's a 5. It's just colorful, it has pictures displayed in there, it's numbered, and it's labeled like each tab has a title to let people know what's the next part that they'll move forward to. You do have areas that you can write in, it's glossy, and the paper quality is good. I think it's packaged and made a good quality."</i></p> <p><i>"The pictures were good, looking at the pictures myself right now, the pictures are good. They're well displayed, is both areas; is covering both male and female and family. I'm thinking is culturally sensitive, culturally diverse, because you have the Hispanic ethnicity."</i></p> <p><i>"This was actually good. I liked having the small package like this, small booklets. The first step they can read it, the second step... or if they want to jump to other step they can just go to whatever number it is in here and read through the information."</i></p>
Additional resources	<p><i>"On the back of the booklets add something that says resource guide, something that is helpful not only for the person who has quit but also for networking."</i></p> <p><i>"Other suggestion also, is like little flip cards too... would be helpful in each booklet that people could use as reminder, they can stick around their car, their home, office."</i></p>
Booklet presentation	<p><i>"I might want to do a little binder and condense some of the information in here. But if you are aiming for a comprehensive program in a class, you have to do one book, very condensed, very easy to follow, from my perspective."</i></p>
Text/images/layout recommendations	<p><i>"Make it in charts and things like that, instead of making it in paragraphs, making it in charts that are colorful and easy to follow."</i></p> <p><i>"Showing pictures of what could happen, progression after certain time... if a person quits smoking their health can improve this way... so having pictures of that, like just the health information."</i></p> <p><i>"I think having it in small sections, maybe different colors; you know... where it catches your eye. You know... have little paragraphs here and put a little more space between the information. Yeah... More colorful inside so that it's and yeah... and to... So make it so it's eye catching"</i></p>
Utility	<p><i>"I think that the booklet by itself is not going to do the job of ... you know... but they are a tremendous, wonderful resource that they would have to help them quit or maintain themselves you know..."</i></p> <p><i>"She says that she has her booklets, and I have to believe her that she has her books and that she reads them every time she gets her urge and that when she feels bad she goes back and reviews what we talked about and how she can handle it, to motivate herself and everything else."</i></p> <p><i>"I wouldn't know because I don't have a tracking or follow up system"</i></p>