

Promotores Contra el Tabaco en la Frontera: eLearning Applications for Culturally Competent Tobacco Dependence Treatment

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The *promotores de salud* (community health worker) model takes important steps toward addressing the lack of culturally competent health care services for U.S. Hispanics. The purpose of this pilot study was to evaluate eLearning as a technique to instruct *promotores* in evidence-based intervention strategies for tobacco dependence treatment. Nineteen *promotores* serving Spanish-speaking populations in southeastern Arizona were certified to deliver tobacco dependence treatment interventions through a culturally and linguistically competent online program. Pretest, posttest, and 3-month follow-up data were analyzed to measure knowledge, skills, self-efficacy, behavior change, and satisfaction with eLearning. Analysis indicated high satisfaction with eLearning as well as significant gains in knowledge, skills, self-efficacy, and provision of interventions. Findings support successful outcomes using eLearning and the need for further research on computer-based learning for *promotores*.

El modelo *promotores de salud* toma pasos importantes para combatir la escasez de servicios de salud culturalmente competentes para hispanos estadounidenses (en los Estados Unidos). El propósito de este estudio piloto fue para evaluar *eLearning* (aprendizaje facilitado por computadora) como una técnica para instruir a promotores en estrategias e intervenciones basadas en la evidencia para el tratamiento de la dependencia al tabaco. Diecinueve promotores sirviendo a grupos de personas que hablan español en el sureste de Arizona fueron certificados para facilitar intervenciones para el tratamiento de la dependencia al tabaco, a través de un programa culturalmente y lingüísticamente competente en el Internet. Se analizaron los datos de pre-examen, post-examen, y seguimiento a 3-meses para medir conocimiento, habilidades, auto-confianza, cambio de comportamiento y satisfacción con eLearning. El análisis indicó alta satisfacción con eLearning al igual que avances significativos en conocimiento, habilidades, auto-confianza y provisión de intervenciones. Nuestro estudio apoya resultados positivos con el uso de eLearning y la necesidad de investigaciones adicionales en aprendizaje facilitado por computadora para promotores.

Keywords: certification; community; computer-based; Hispanic; self-efficacy; Spanish-language

The impact of tobacco use on the Hispanic population in the United States represents a growing health concern. The fastest-growing ethnic minority in the United States, Hispanics now make up nearly 15% of the U.S. population (Brodie et al., 2002; Fry,

Hakimzadeh, Pew Hispanic Center, & Henry J. Kaiser Family Foundation, 2006). Although the surgeon general's report (U.S. Department of Health and Human Services [USDHHS], 1998) indicates that Hispanics smoke at lower rates than non-Hispanic Whites and that among current

smokers they smoke fewer cigarettes per day, other evidence suggests that Hispanics significantly underreport tobacco use (Coults, Howard, Peake, Skipper, & Samet, 1988). Smoking rates vary by country of origin, degree of acculturation, age, and gender (Centers for Disease Control and Prevention [CDC], 2004a), yet a unifying factor is that as foreign-born Hispanics, primarily Spanish-language dominant and acculturated in the United States, their smoking prevalence increasingly resembles that of non-Hispanic Whites, particularly for Hispanic women (Brodie et al., 2002; Pérez-Stable et al., 2001; USDHHS, 1998).

Recent data estimate that 16% of U.S. Hispanic adults smoke cigarettes, lower than rates for non-Hispanics (CDC, 2004b); however, Hispanic teen cigarette smoking rates are comparable to non-Hispanic White teen rates and significantly higher than the rates observed among African American teens (CDC, 2006). Recognizing the importance of this growing—and young (Fry et al., October 20, 2006)—demographic in the United States, the tobacco industry funds Hispanic cultural, musical, and art events; advertises heavily in Hispanic publications; and supports programs for Hispanic communities in elementary, secondary, and higher-education institutions (USDHHS, 1998).

A paucity of research addresses the effectiveness and acceptability of U.S. Public Health Service Clinical Practice Guideline recommendations for racial or ethnic populations in the United States, particularly among Hispanics (Lawrence, Graber, Mills, Meissner, & Warnecke, 2003). Existing data point to troubling health disparities: Hispanic smokers are less likely to report wanting to quit than non-Hispanic smokers, and they receive cessation advice from health care providers less frequently (CDC, 2004a; Levinson, Pérez-Stable, Espinoza, Flores, & Byers, 2004; López-Quintero, Crum, & Neumark, 2006). Hispanics are also less likely than non-Hispanic Whites to participate in tobacco cessation programs (USDHHS, 1998; López-Quintero et al., 2006). While the U.S. Public Health Service Clinical Practice Guideline for tobacco dependence treatment (Fiore et al., 2000) suggests that nicotine patches, self-help materials, and behavioral interventions are effective in supporting cessation for Hispanic smokers, other studies indicate that Hispanics use pharmacotherapy to quit smoking at lower rates than do non-Hispanics (Leischow, Hill, Cook, Muramoto, & Lundergan, 1996; Levinson et al., 2004; Muñoz, Marín, Posner, & Pérez-Stable, 1997). These findings may be impacted by lack of health insurance: according to the 2002 National Survey of Latinos (Brodie et al., 2002), 35% of U.S. Hispanic adults report being uninsured, as compared to 14% of non-Hispanic Whites and 21% of African Americans. Brodie et al. also found that the lack of health insurance is even more common among Hispanics who are foreign born (42%), who speak primarily Spanish, or who earn less than \$30,000 per year (45%). The lack of culturally and linguistically competent services may compound this issue, as close to 3 in 10 U.S. Hispanics report problems communicating with health care providers (Brodie et al., 2002; Brown et al., 2000).

The *promotores de salud* (community health worker) model, when applied to tobacco dependence treatment interventions, takes important steps toward addressing the lack of both health insurance and culturally and linguistically competent health care services for the U.S. Hispanic population. Based on the premise that every community contains formal and informal social networks through which health information is exchanged and supportive environments are created (Woodruff, Talavera, & Elder, 2002), this model promises a greater reach among Hispanic tobacco users by applying inclusive literacy levels and informal delivery methods (as recommended by Baezconde-Garbanati & Garbanati, 2000). *Promotores* are paraprofessionals who, because of strong existing relationships with the Spanish-speaking community, are in a unique position to overcome linguistic, cultural, and other barriers hindering Hispanics from accessing evidence-based tobacco dependence treatment services and resources.

Research affirms that *promotores* provide effective channels to disseminate health information among Hispanic populations and increase access to resources such as prenatal care, cancer prevention, cardiovascular disease risk reduction, and smoking cessation services (Woodruff et al., 2002; see also Balcazar, Castro, & Krull, 1995; Navarro, 1996; Pérez-Stable, Marín, & Posner, 1998; Ramírez et al., n.d.). *Promotores* demonstrate particular success in increasing health care access for foreign-born, less acculturated, and Spanish-language-dominant Hispanic individuals (Meister, Warrick, de Zapien, & Wood, 1992) in health care domains including tobacco dependence treatment (Rodríguez, Conway, Woodruff, & Edwards, 2003; Woodruff et al., 2002).

To date, health instruction and capacity-building programs for *promotores* have relied primarily on tested or validated face-to-face methods. Online education, or eLearning, represents a little-researched but promising instructional delivery method. Olney, Warner, Reyna, Wood, and Siegel (2007) recently reported on a successful community-based health information outreach project utilizing a train-the-trainer approach to online learning for *promotores*. The present study applies principles of eLearning to the field of evidence-based tobacco dependence treatment, encouraging *promotores* to build simultaneous capacity in the delivery of brief and intensive interventions and in technological literacy.

PROJECT OVERVIEW

The *Promotores Contra el Tabaco en la Frontera* (*Promotores Against Tobacco Use on the Border*) project began in 2005 in response to the need for culturally and linguistically competent educational programs for health care professionals and paraprofessionals working with Spanish-speaking populations as well as the desire to explore the applicability of eLearning within this context. Building on more than 10 years of experience developing and

implementing tobacco dependence treatment certification programs for more than 12,000 participants, the University of Arizona HealthCare Partnership (HCP) expanded its existing Spanish-language certification series for brief and intensive tobacco dependence treatment interventions to include an eLearning knowledge-based program and face-to-face practicum workshops designed for *promotores*. (The original evidence-based certification curricula had been extensively used with Spanish-speaking health and human service providers in Arizona, Minnesota, Oregon, Texas, Puerto Rico, and Mexico [HCP, unpublished data, 2005] and specifically with *promotores* in El Paso, Texas, through Tobacco Free El Paso [Martínez-Bristow, Sias, Urquidi, & Feng, 2006]). With funding from the Arizona Department of Health Services Tobacco Education and Prevention Program and the American Legacy Foundation, *Promotores Contra el Tabaco en la Frontera* was designed and pilot-tested in 2005–2006 with a group of 19 *promotores* working with border communities in Arizona and Mexico.

METHODS

Educational Program Design and Development

The HCP utilizes a stepped care model that follows the recommendations of Abrams, Orleans, Niaura, Prochaska, and Velicer (1996), allowing for broad dissemination of tobacco dependence treatment interventions and building local capacity and self-sustaining systems. The HCP's certification programs are based on *Treating Tobacco Use and Dependence*, the U.S. Public Health Service's clinical practice guideline for tobacco dependence treatment (Fiore et al., 2000), which supports the findings that brief interventions delivered by multiple providers, in combination with pharmacotherapy and social support, are effective strategies to encourage tobacco cessation. All HCP certification programs embrace the theoretical foundations of cognitive and behavioral change frameworks derived from social learning theory (Bandura, 1986), self-efficacy theory (Bandura, 1977), and Prochaska and DiClemente's (1983) transtheoretical model of stages of change.

The *Promotores Contra el Tabaco en la Frontera* program represents an expansion and actualization of three established certification curricula, with attention to best practices of online learning:

1. *Técnicas Básicas para Dejar el Tabaco* (Spanish-Language Basic Tobacco Intervention Skills), providing knowledge and skills for brief interventions
2. *Especialista en Tratamiento para Dejar el Tabaco* (Spanish-Language Tobacco Treatment Specialist), providing a face-to-face practicum and skills for intensive interventions
3. *Déjate de Ese Vicio* (Quit That Vice), providing certification to instruct an intensive Spanish-language tobacco cessation program.

To enhance the Spanish-language Tobacco Treatment Specialist Certification with eLearning components, the HCP created a culturally and linguistically competent Online Learning Center (OLC) in Spanish (<http://www.aztreattobacco.org>), with an extensive reference library and online learning activities. Drawing from a recently developed English-language OLC (at the same Web address), the Spanish-language OLC followed a comprehensive protocol allowing both internal and external input:

- Development of content outline and learning objectives in English and Spanish
- Formative/advisory committee review of proposed objectives, content, and educational design
- Review and update of English-language program materials
- Development of Spanish-language materials following appropriate literacy guidelines (CDC Office of Communication, 1999; National Cancer Institute, 2003; Ramírez et al., n.d.)
- Translation and cultural adaptation of materials by translation team
- Second review by formative/advisory committee to inform design and content
- Internal review for word usage, literacy levels, and cultural appropriateness
- Implementation of quality assurance and functionality measures for online program
- Incorporation of user feedback into online interface (e.g., creation of an Online *Ayudante* [Helper])
- Periodic updates to online program in accordance with current literature and quality improvement feedback

The Spanish-language OLC allows participants to investigate an online library of tobacco dependence treatment topics, such as *Tabaco y Salud* (Tobacco and Health) or *Trabajando con la Comunidad Hispana* (Working With Hispanic Populations), and complete a series of online activities as a precursor to the Tobacco Treatment Specialist face-to-face practicum. The online question-and-answer activities permit participants to build knowledge and skills one step at a time, while the Online *Ayudante* guides them through the activity sequence and suggests appropriate reference materials if an incorrect answer is selected. On completion of the online activities, participants successfully take an online exam before proceeding to the face-to-face practicum.

Implementation

Thirty *promotores* working with border communities in Arizona and Mexico were recruited to participate in a pilot program administered by HCP staff and held in Tucson, Arizona, in June 2006. Collaboration with several health and social service agencies and provision of a small financial incentive enhanced recruitment. Nineteen of the 30 *promotores* recruited attended one or more of

the workshop components. Because *promotores* tend to be primarily females, yet tobacco use prevalence is higher among Hispanic males than females (USDHHS, 1998), the project team made specific efforts to bring in male *promotores* to the program. The team successfully recruited seven male participants, with two attending and completing one or more program components.

Data Collection

The HCP created Spanish-language instruments to evaluate participants' knowledge, skills, self-efficacy, and behavior change pre- and postprogram as well as to gather quality improvement feedback. Data collection included self-reported pre- and postworkshop self-efficacy tests, scores of written knowledge tests, instructor observation checklists for skills development assessments, and quality improvement measures regarding instructor, location, program delivery (including online components), and educational resources. In particular, a Satisfaction With eLearning instrument asked participants to evaluate specific aspects of the OLC (e.g., reference library, online learning activities, and visual presentation) and to respond on a 5-point

Likert scale to such statements as "*El diseño es fácil de leer y entender*" ("The design is easy to read and understand").

All participants received a 3-month follow-up instrument addressing self-efficacy and behavior change regarding provision of interventions and referrals. The follow-up protocol included a hard-copy mailing followed by an e-mail and three phone calls to increase response rates. Staff at the HCP conducted all follow-up in Spanish; participants had the option of responding in either Spanish or English.

Data Analysis

Successful completion of the *Técnicas Básicas* (Basic Skills) phase required participants to demonstrate success by achieving scores of at least 80% on a 25-item multiple-choice knowledge test and at least 15 of 18 points on a skills assessment. Successful completion of the *Especialista en Tratamiento para Dejar el Tabaco* (Tobacco Treatment Specialist) phase required scores of at least 11 of 15 items on the online multiple-choice knowledge test and at least 34 of 42 points on a skills assessment. A "teach back" observer feedback form evaluated successful completion

TABLE 1. Workshop Participant Characteristics

Nineteen individuals participated in the certification workshops.

Participants

Fifteen attended all three certification workshops.

Fourteen of 15 participants (93.3%) attending all three workshops successfully completed all program components

Workshop	Workshop Participants	Certified Participants
1. Basic Skills	15	15
2a. Treatment Specialist—Online	16	15
2b. Treatment Specialist—Practicum	15	14
3. <i>Déjate de Ese Vicio</i>	16	15

Workshop Participants, Number, and Percentage Distribution by Gender

Gender	Participant Number	Percentage
Male	2	10.5
Female	17	89.5
Total	19	100.0

Workshop Participants, Number, and Percentage Distribution by Age

Age	Participant Number	Percentage
Youth (17 and under)	0	0.0
Adults (18–35)	7	36.8
Adults (36–49)	6	31.6
Adults (50 and older)	6	31.6
Total	19	100.0

TABLE 2. Workshop Participants' Satisfaction With eLearning Component

Spanish-Language Tobacco Treatment Specialist—Online, Participant Satisfaction Mean (SD) (1 = strongly disagree, 5 = strongly agree)	Mean (SD)
1. <i>Los objetivos del curso están escritos claramente.</i> (The course objectives are clearly written.)	4.7 (0.5)
2. <i>Los objetivos del curso pertenecen a las necesidades del estudiante.</i> (The course objectives correspond to student needs.)	4.7 (0.6)
3. <i>El contenido cubre todos los temas necesarios.</i> (The content covers all necessary topics.)	4.8 (0.6)
4. <i>El contenido está organizado bien (Ej. Los módulos siguen orden lógico).</i> (The content is well organized [e.g., modules are organized logically].)	4.9 (0.6)
5. <i>El diseño es fácil de leer y entender (Ej. mapa del sitio).</i> (The design is easy to read and understand [e.g., site map].)	4.8 (0.6)
6. <i>El diseño mantiene la atención del estudiante.</i> (The design holds students' attention.)	4.9 (0.3)
7. <i>El curso es fácil de explorar.</i> (The course is easy to navigate.)	5.0 (0.0)
8. <i>Las actividades ayudan al estudiante a reforzar su entendimiento del contenido.</i> (The activities help students to reinforce their understanding of the content.)	4.8 (0.6)
9. <i>Si el estudiante no puede terminar el curso en una sentada, es fácil para el estudiante continuarlo en donde lo dejó.</i> (If students cannot finish the course in a single session, it is easy for them to pick up where they left off.)	4.9 (0.3)
10. <i>Las pruebas reafirman el aprendizaje.</i> (The quizzes reinforce learning.)	5.0 (0.0)

Note. High satisfaction scores were reported, indicating that eLearning methodologies were well received by the participants.

of the third phase, the intensive cessation program *Déjate de Ese Vicio* (Quit That Vice).

Following delivery of the three-phase program, project staff used SPSS to analyze knowledge, skills, self-efficacy, behavior change, and quality improvement data as well as 3-month follow-up data measuring self-efficacy and behavior change. Self-efficacy was assessed via a two-way analysis of variance and Bonferroni-corrected *t* tests. The participants' mean response rates to all questions served as the outcome variable, with time point (preprogram, postprogram, and 3-month follow-up) serving as the independent variable. Nonparametric versions of these tests were used for individual questions. Descriptive statistics for participant demographics and satisfaction ensured program fidelity and provided quality assurance.

RESULTS

Nineteen participants attended one or more phases of the program, and 15 participants attended all phases. Of those 15 individuals who attended all phases, 14

participants (93.3%) successfully completed all three program phases (Table 1). Self-efficacy data showed that participants significantly increased their confidence levels in delivering brief and intensive tobacco dependence treatment interventions and facilitating a culturally and linguistically competent evidence-based intensive curriculum. Participants achieved high knowledge scores and reported high satisfaction with the program; *Técnicas Básicas* (Basic Skills) participants scored an average of 89% on the knowledge component and 17 of 18 points on the skills assessment.

Of note, although 63.2% of participants were age 36 or older and had little to no experience using computers, 93.8% of participants successfully completed the eLearning component of the educational program. Table 2 presents the results of an eLearning satisfaction survey completed by nine participants, measuring satisfaction with course content and eLearning design on the Likert scale (1 = *No muy de acuerdo* [strongly disagree] to 5 = *Muy de acuerdo* [strongly agree]). Nine of 16 participants (56.3%) completed the survey, measuring satisfaction regarding learning objectives, educational content, organization, design,

and ease of use. Participants reported high satisfaction with eLearning content and design in all areas measured, including “*El curso es fácil de explorar*” (“The course is easy to navigate”) = 5.0 and “*El diseño mantiene la atención del estudiante*” (“The design holds students’ attention”) = 4.9.

At 3 months postprogram, 66.7% of participants responded to the follow-up instrument, addressing whether postprogram gains (as measured by posttest) had carried over into real-world practice. Ten of the 15 Spanish-Language Tobacco Treatment Specialist participants completed the pretest, posttest, and 3-month follow-up self-efficacy instruments, scoring their confidence in performing skills such as client assessment, using a carbon monoxide monitor, working with groups, and discussing pharmacotherapy with clients. Of the 10 respondents, 80% reported having provided brief interventions following the workshops, with an average of six interventions performed each month. In

addition, 90% of respondents reported making referrals to tobacco cessation programs or groups, with an average of four referrals made each month. Intensive interventions, performed in such locations as health care facilities, schools, work sites, and community centers, were provided by 40% of respondents, with an average of six intensive interventions provided over the 3-month period. Table 3 compares pre- and postprogram self-efficacy data with follow-up data, indicating that the significant increases in self-efficacy reported postprogram were largely maintained and in several instances increased at 3 months postprogram.

DISCUSSION

The *Promotores Contra el Tabaco en la Frontera* project addresses a salient need in the United States to provide

TABLE 3. Spanish-Language Tobacco Treatment Specialist Self-Efficacy Change: Pretest, Posttest, and Follow-Up

(1 = definitely not confident, 5 = definitely confident)	Pretest Mean	Posttest Mean	Follow-Up Mean
1. <i>Puedo usar el Cuestionario de Admisión del Cliente (CIF).</i> (I can use the client intake form [CIF].)	3.6	4.3	4.5
2. <i>Puedo usar la prueba de Fagerström como un instrumento para detectar la dependencia a la nicotina.</i> (I can use the Fagerström Test for Nicotine Dependence instrument.)	3.1	4.4	4.3
3. <i>Puedo usar el instrumento “¿Por qué Fuma?”</i> (I can use the “Why Do You Smoke?” instrument.)	3.3	4.3	4.7
4. <i>Puedo usar el Monitor de CO (Monóxido de Carbono).</i> (I can use the carbon monoxide monitor.)	2.2	4.1	4.0
5. <i>Puedo usar los componentes del Trabajo en Grupo con personas que están dejando de fumar.</i> (I can use the components of group work in tobacco use cessation groups.)	3.4	4.1	4.6
6. <i>Puedo usar técnicas de facilitación efectivas cuando trabajo con personalidades diferentes.</i> (I can use effective group facilitation skills when working with different personalities.)	3.4	4.5	4.3
7. <i>Puedo identificar y usar tres aspectos de la Escucha Reflexiva.</i> (I can identify and use the three aspects of reflective listening.)	3.4	4.4	4.4
8. <i>Puedo usar estudios de casos para enriquecer el tratamiento de personas que están listas para dejar el tabaco.</i> (I can use teaching case studies to enhance treatment approaches with people who are ready to quit using tobacco.)	3.4	4.4	4.3
9. <i>Puedo integrar el uso de tratamientos farmacológicos como parte del plan del cliente para dejar el tabaco.</i> (I can integrate pharmacotherapy information as part of the client’s quit plan.)	3.4	4.4	4.2

Note. Based on self-report, Spanish-Language Tobacco Treatment Specialist participants’ self-confidence at posttest and 3-month follow-up differed from pretest ($p < .001$). This suggests that the certification workshop significantly raised confidence levels and supported a transfer of learning to practice.

culturally competent and comprehensive evidence-based resources for Spanish speakers in the area of tobacco dependence treatment. Integration of eLearning and partnership with *promotores* represented a natural next step for the HCP, which had previously developed several Spanish-language tobacco dependence treatment certification curricula and had received numerous requests from health and social service agencies nationwide for use of the Arizona model in their local programs.

An encouraging finding of this pilot study is that *promotores* with little or no computer-based learning experience gained confidence and skills in working through the online learning activities. Neither age (63.2% of participants were age 36 or older, and nearly a third were age 50 or older) nor lack of previous computer experience impeded participation: high satisfaction scores (see Table 2) and successful certification outcomes support the potential of computer-based learning for *promotores*. In its focus on online learning for community health workers serving health disparity populations, the *Promotores Contra el Tabaco en la Frontera* project is in line with the goals of the National Library of Medicine's (2004) *Strategic Plan for Addressing Health Disparities 2004–2008*, which emphasizes the need for Spanish-language computer-based services facilitated by public health workers and community-based organizations.

Additionally, the high percentage of *promotores* providing multiple tobacco dependence treatment interventions and referrals at 3 months postprogram (see Table 3) confirms that eLearning not only is accessible and effective for *promotores* but also supports a transfer of learning to real-world practice. With 80% of participants performing an average of six brief tobacco dependence treatment interventions per month and 90% making an average of four referrals to intensive tobacco cessation services per month, pilot study participants have already begun to impact quit attempts and quit rates for the populations they serve.

Although data collection and analysis were quantitative in nature, the quality improvement and 3-month follow-up instruments also included space for comments, allowing participants to describe their experiences qualitatively. Feedback was positive, with participants referencing their anticipated or actual use of acquired knowledge and skills with teens and adults in their communities: "*Me ha servido mucho haber participado en la clase, porque mi trabajo es ayudar a elaborar el programa para dejar de fumar de la clínica donde trabajo*" ("Participating in this class has been very useful for me because my job is to help develop a stop-smoking program in the clinic where I work"); "*Próximamente estaré trabajando con 'teens' para prevenir el uso del tabaco o bien motivarlos para que dejen de fumar*" ("Soon I'll be working to prevent teen tobacco use and motivate teens who smoke to quit"). However, one participant reported at 3 months postprogram that he or she used only portions of the *Déjate de ese Vicio* intensive program to meet the needs of specific clients, while another reported having trouble recruiting clients for workshops. Of note, one participant specifically mentioned the utility

of eLearning, citing "*todo que vi en el Internet*" ("everything I saw on the Internet") as the most important part of the Tobacco Treatment Specialist program phase.

Limitations of the study include generalizability due to the small number of participants and the fact that data were self-reported. Also important to acknowledge are issues of funding for community health worker programs and disparities in technology access. For example, in their study of *promotoras* (the feminine version of *promotores*) who used the Web sites MedlinePlus and MedlinePlus *en español* to impact community health, Olney and colleagues (2007) reported that two of the three community centers in the project lost funding for their health worker programs and that "activity involving MedlinePlus stopped when the *promotoras'* work ended" (p. 37). Barriers to equal technology access merit careful consideration when implementing eLearning technology.

In the future, project staff hope to analyze OLC data to discover more about how Spanish-speaking eLearners process the online program and progress from activity to activity. What strategies do *promotores* and other Spanish-speaking eLearners, especially those with limited computer experience, develop during the online learning activities? What specific activities are well or poorly received by Spanish-speaking eLearners? Analysis of such patterns will strengthen the effectiveness and the scope of eLearning applications for *promotores*.

The findings of this pilot study support eLearning's applicability for Spanish-speaking *promotores* providing tobacco dependence treatment interventions and suggest future promise in a variety of health promotion contexts. Because of its popularity as a self-paced, personalized, and extremely flexible educational methodology, eLearning has the potential to introduce an additional venue for learning that strongly enhances *promotores'* knowledge and practice. Given the limited reach of physicians, nurses, and other health professionals to provide interventions for Spanish-speaking, minimally acculturated populations (Levinson et al., 2004; López-Quintero et al., 2006; USDHHS, 1998), community health workers armed with evidence-based techniques can bridge an important gap in reaching Hispanics to reduce tobacco-related morbidity and mortality in this population. The flexibility of eLearning allows this study to be readily replicated using a train-the-trainer model in varied health and social service settings with community health workers or other health and human service paraprofessionals and professionals.

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