

Australian lessons for developing and testing a culturally inclusive health promotion campaign

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Summary

The purpose of the study was to develop and test culturally appropriate health promotion materials that were seen to be socially inclusive in regard to blood donation within the Australian-African community. Materials were produced in multiple languages (English, Arabic, Swahili and Kirundi) and were initially developed based on previous pilot data, with feedback from the project partner (Australian Red Cross Blood Service) and the African community. Seven formative focus groups with 62 participants were then conducted to ensure the materials would be effective, credible and culturally acceptable to the target audience, including preferred messages, taglines and images. The response confirmed that quotes and images from community members (as opposed to actors) were critical to ensure messages were engaging and believable, and had meaningful taglines that were perceived to be authentic. The refined materials were then used in a community intervention study. The evaluation included an assessment of respondents' views of the messages post-intervention. Of the 281 African migrants who saw the campaign materials during the intervention period, the majority (75.8%) strongly agreed that the materials made them feel part of the wider Australian community. These results suggest that engagement in developmental activities with targeted communities is important for creating positively viewed culturally targeted public health campaigns. A six-step process is suggested that could be used by other organizations to ensure that messages are acceptable to targeted migrant communities.

Key words: culturally adapted messaging, blood donation, African migrants, health promotion, social marketing

INTRODUCTION

In Australia, ~26% of the population were born overseas (Australian Bureau of Statistics, 2012–2013). A rapidly growing group is the African migrant community, which, in 2016, represented 5.1% of the overseas-born population, or ~1.3% of the Australian population (Australian Bureau of Statistics, 2017b). From a public

health perspective this group is important, as they are at greater risk of conditions such as sickle cell disease, thalassaemia and leukaemia, with sufferers requiring multiple blood transfusions (Grassineau *et al.*, 2007). This places them at a higher risk of red blood cell alloimmunization, where multiple transfusions result in the formation of antibodies against specialized blood

phenotypes (Missing Minorities Project [MIMI], 2013). While the risk of alloimmunization has been found to be higher among recipients of African descent (Yazdanbakhsh *et al.*, 2012), the risk can be minimized if they receive blood donations from the same ethnic background. However, research indicates that blood donation from minority¹ groups is low in most developed countries including the USA, Australia, Germany and the UK (Flood *et al.*, 2006; Shaz and Hillyer, 2010; Boenigk *et al.*, 2014; Lattimore *et al.*, 2015; van Dongen *et al.*, 2016). In countries such as Australia this raises self-sufficiency issues in regard to blood supply (Flood *et al.*, 2006). The lack of participation or inclusion in health services, such as blood donation, by minority groups (including migrants), not only impedes effective delivery of health services to these communities but has been found to have flow on effects with negative broader economic and societal outcomes (Williams and Mohammed, 2009; Patulny, 2015).

For migrants, blood donation barriers (e.g. fear of needles and pain) and facilitators (e.g. altruism) have been found to be similar to those among the general population (Beerli-Palacio and Martín-Santana, 2015). However, specific ethnic community issues also need to be considered when developing campaigns/programmes, in particular, perceived discrimination and stigmatization which have been found to be barriers to minorities' health inclusion generally (Shaz *et al.*, 2009) and blood donation specifically (Polonsky *et al.*, 2018). Such perceptions of discrimination can be real or perceived, based on the lived experiences of migrant communities. These perceptions can arise because of negative past historical issues within the community (Brandon *et al.*, 2005), or due to increased xenophobia within host communities negatively impacting migrants' and minorities' health inclusion (Muscat *et al.*, 2017). In some instances, migrants were excluded from the blood donation process, because of inaccurate perceptions of blood agencies, for example, Haitian migrants were excluded from donating blood in Canada during the 1980s (Charbonneau *et al.*, 2015). Within this research and the precursor work there was no suggestion that there was actual discrimination within the health system, but the African community did have high levels of perceived discrimination (Polonsky *et al.*, 2011b).

Public health organizations, such as the US Department of Health and Human Services Office of Minority Health (US Department of Health and Human

Services Office of Minority Health, 2001), have proposed standards for culturally and linguistically appropriate health care services, although the guidelines generally focus on cultural understandings, rather than ethnic groups' broader senses of inclusion, or perceived discrimination. Authors such as Bhopal (Bhopal, 2006) and Netto *et al.* (Netto *et al.*, 2010) have also suggested that the development of culturally relevant health promotion interventions for minority and ethnic communities needs to identify and address the barriers to participation.

Encouragingly, the use of culturally adapted health promotion and interventions is increasing across a range of health domains, including initiatives seeking to increase migrant and ethnic community blood donation. For example, the European Blood Alliance developed the Missing Minorities Project (MIMI) which outlined a specific action plan and strategies to recruit blood donors from minority groups (MIMI, 2013). This included involving appropriate stakeholders within the targeted community to ensure health programmes and interventions were culturally appropriate, as recommended by the US Department of Health and Human Services Office of Minority Health (US Department of Health and Human Services Office of Minority Health, 2001) and supported in the health promotion literature more generally (Riley and Best, 2014).

Whilst health promotion and social marketing have clear differences they often have many similarities to achieve behavioural and attitudinal change at a group or community level (Green *et al.*, 2015). Both utilise systematic methods and processes and have a reasoned knowledge base (National Social Marketing Centre [NSMC], 2008). Health promotion activities often adopt social marketing techniques to design and deliver their activities, by applying the principles of traditional marketing such as customer insight, exchange and the marketing mix (price, place, product and promotion) to achieve positive behaviour change (Kotler and Lee, 2008; NSMC, 2008). More specifically, they may assume a community-based social marketing framework to ensure engagement and empowerment of the targeted community (Jones, 2014). Social marketing focussed health interventions (although sometimes not referred to as such) have been used to enhance blood donation knowledge, intentions and behaviours in several countries, with some studies targeting migrant and minority communities. In France, researchers were successful in increasing blood donations from African migrants by using culturally adapted messages (Grassineau *et al.*, 2007). In the USA, the New York Blood Center increased blood donations among African-American and

¹ For the purposes of this paper, the term minority refers to any group which constitutes a minority of the population in a given country/region.

Hispanic/Latino donors by building community partnerships with local leaders and including culturally targeted marketing materials (Frye *et al.*, 2014). Robbins *et al.* (Robbins *et al.*, 2015) also designed a culturally targeted online intervention for African-Americans using community tailored images and information, which was effective in providing blood donation information and motivating behaviour change.

The previous research has, however, primarily reported on the *impact* of interventions, rather than detailing the process used to develop culturally appropriate interventions and how messages are assessed by target audiences (Milat *et al.*, 2005). Process evaluation would provide a clearer understanding of what makes an intervention engaging, for which audiences, and in what circumstances. Improved understanding of the process used to develop culturally appropriate resources is critical to ensure messages are designed to be culturally suitable and, therefore, more likely to be effective in achieving their targets or goals. Furthermore, to increase the focus of health promotion interventions and research targeting migrant communities, it is essential to understand how to adopt cultural competence standards when developing health promotion materials. Such targeting requires the involvement of the minority audience in the development and pre-testing of messages and materials to ensure the intervention design is evidence-based. Such meaningful engagement ensures the targeted communities perceive messages to be effective and accurately understand them, thereby providing the greatest chance of achieving personal self-efficacy, which is a predictor of behaviour change (Schwarzer, 2008).

While many research methods can be used, focus groups are especially valuable for developing campaign materials, as they enable interaction between the researchers and participants (and between participants), thus eliciting insightful in-depth information via the exchange and discussion of the subject (Kitzinger, 1995). This discursive process also ensures that any misunderstanding of the messages is identified and addressed, which is critical in developing effective, credible and acceptable culturally targeted materials. This qualitative development stage then requires quantitative assessments with larger samples to empirically evaluate the message clarity and focus.

This paper focuses on qualitative research undertaken in 2014 to develop, test and refine resources for a blood donation campaign targeting the sub-Saharan African migrant community in Australia, which was based on earlier benchmarking research into Australian-sub-Saharan African migrants' views on blood donation

(we refer to these as African migrants throughout). This grounding work indicated that Australia's African community was positively disposed to blood donation, but, given the differences in the donation process between their home countries and Australia (Tagny *et al.*, 2010), did not understand the Australian blood donation system. More importantly, an underlying view that their blood would not be wanted arose from both their real and perceived experiences of discrimination within the wider community (Polonsky *et al.*, 2011a,b, 2013; Renzaho and Polonsky, 2013). The final resources developed were then used in a community intervention. However, rather than focus on the outcomes of the intervention, this paper discusses the message evaluation component, to assess whether African community members perceived the inclusive messaging used in the intervention to be effective. We conclude the paper with the implications of this research and propose a six-step process for developing inclusive community-led and focussed health promotions.

METHODS

Message and materials development

Earlier work identified key themes that would inform the intervention, notably, social inclusion, discrimination, and blood donation knowledge and experience (Polonsky *et al.*, 2011a, 2018). The research also identified that a critical aspect of any intervention is effective community engagement and inclusion, which is consistent with the broader health promotion literature (Israel *et al.*, 1998). Building on this earlier work, a visual designer (one of the authors) and the other members of the research team developed alternative creative concepts for testing; the final materials were to be used in a subsequent health promotion intervention. The initial creatives were framed by evidence-based and culturally appropriate positioning, drawing on insights from community members identified in earlier research, and following the National Social Marketing Centre (NSMC) benchmark criteria (French and Blair-Stevens, 2010).

Eight NSMC benchmark criteria need to be addressed when developing a social marketing campaign. The criteria are aligned with the standards of culturally designed health interventions (US Department of Health and Human Services, 2001; Netto *et al.*, 2010) and those specifically proposed for engaging migrant and minority communities in blood donation (MIMI, 2013). The benchmark criteria and how they were addressed in this study are summarized in Table 1.

Table 1: Benchmark criteria

Benchmark criteria	Campaign approach
Behaviour	<ul style="list-style-type: none"> • The behaviour objective of the campaign was to encourage the target community to donate blood to help both the African migrant and wider Australian community. • The knowledge objective was to communicate information about the blood donation process, including that not everyone is eligible to donate blood (and that ineligibility is not about race or cultural background). • The attitudinal objective was to convey that blood donation can be done without fear of discrimination. • To address these objectives, campaign materials were designed to address misperceptions and focus on enhancing social inclusion by using relevant images and providing information about the differences in home/host country blood donation collection process.
Customer orientation	Campaign messages and materials were developed based on extensive formative research with the African community. Additionally, involving members of the community in the design and development of materials, implementation and evaluation ensured a robust targeted understanding of the issues to undertake blood donation in this community.
Theory	The theory of planned behaviour underpinned the development of the materials.
Insight	Consumer insights guided the initial development of the materials and messages by understanding motivators and barriers to blood donation. Key themes identified from formative research included social inclusion, discrimination/racism, blood donation experience and knowledge. Message testing with focus groups ensured insight into messages, images and taglines. The final campaign tagline was chosen based on the views of the target community.
Exchange	The messages and materials were developed to maximise the benefits of blood donation and motivate people to voluntarily engage in the campaign by addressing identified barriers and motivators including lack of understanding of the blood donation process, fear associated with process, offer the opportunity to help maintain the blood supply and to feel included in host community.
Competition	The campaign addressed the competition by focussing on the benefits of blood donation to the African and wider community, as compared to not donating. Materials were personalized by sharing real community member stories, as donors and recipients, to promote inclusivity and reduce feelings of discrimination.
Segmentation	Materials were developed (and distributed) to target the sub-Saharan African migrant communities in Melbourne and Adelaide, Australia and have applications within the broader African community in Australia.
Methods mix	<p>All four Ps of the methods mix were addressed in the development of the campaign:</p> <ul style="list-style-type: none"> • <i>Product</i>: knowledge and acceptance of blood donation and inclusion. • <i>Price</i>: address misperceptions about Australians not wanting African blood, how blood is used, and fear of the process. • <i>Place</i>: distribute through local organizations and community members. • <i>Promotion</i>: a variety of materials (posters, video, brochure, website) in multiple languages developed in collaboration with the community.

To ensure engagement with this study's target audience (i.e. African migrants), a number of promotional methods were employed including posters, a video and a booklet. In the implementation phase these materials were also contained on a sub-site within the Australian Red Cross Blood Services website. All materials were produced in English, Arabic, Swahili and Kirundi, covering the languages spoken by the majority of African migrants in Australia ([Australian Bureau of Statistics, 2017a](#)). The following four preliminary poster concepts (see [Figure 1](#)) were specifically designed to provide alternative messages to address the key themes and to pre-test them with the target audience. In all materials the

images, voices and any quotes used were of members of the African migrant community. Messaging focussed on issues around inclusion and describing blood donation as an activity in which everyone (i.e. all communities) could participate.

The first concept contained six posters with the tagline 'Blood from everyone, for everyone' and a selection of images and direct quotes from volunteers within the African community. Each poster was designed to address blood donation barriers and/or facilitators, while suggesting everyone could participate. For example, the poster depicting two sisters provided a positive quote about being able to donate blood with a family member:



Fig. 1: Poster concepts.

'I donated blood with my sister, it was easy'. The related text at the bottom of the poster addressed fears about donating blood and how to overcome them.

The second concept consisted of two posters without any images of people, just text on a red background. One poster used the tagline 'Blood from everyone, for everyone', and the other, 'We all bleed the same colour'. Supporting text was provided to address knowledge gaps and misperceptions; for example, clarifying that blood donation is voluntary, not paid for, as in Africa the blood donation process operates differently (Polonsky *et al.*, 2011b). The text also communicated that blood is not wasted, and donation is an inclusive process that can help all migrants and community members.

The third concept tested the tagline 'We only see in one colour' and consisted of stock images of a male and female member of the African community, with two alternative secondary messages—'You can donate blood today', and, 'Blood from everyone, for everyone'—with additional supporting text as per the other concepts.

The taglines of these first three concepts all aimed to address inclusivity and reduce perceived discrimination, as this was identified as an issue in the foundation research (Polonsky *et al.*, 2011b). Perceived discrimination has also been identified as a barrier when dealing with migrant communities and health inclusion [e.g. (Morris *et al.*, 2009; Bécares and Das-Munshi, 2013)].

The final 'I/We do it' concept consisted of three posters, which included both stock and community member images, and was aimed at promoting both individual and community stories of successfully donating blood. Targeted messages and supporting quotes from the community were also included, such as 'Donating blood isn't scary', and, 'Donating blood is easy. I was nervous at first but the donation part only took about 10 min, and it didn't hurt like I thought it would'.

Message and materials testing

The study's participants were recruited from the African community in collaboration with relevant multicultural networks, with the aim of conducting focus groups in each of the targeted languages (English, Arabic, Swahili and Kirundi). All groups were held in an Australian state where the intervention was not being launched (but with the same composition of African communities) to ensure there was no cross-contamination when the intervention was later released. Groups had an average of six participants and ran for ~1 h. All participants completed a consent form, which included agreeing to the session

being recorded and receiving a \$30 gift card for their time and travel costs. The protocol was approved by the authors' respective Human Research Ethics Committees, as well as the Australian Red Cross Blood Service (ARCBS) Ethics Committee.

A discussion guide was used to facilitate the sessions, with a multilingual facilitator present at each group to assist with the multiple languages. The aim of the focus groups was to test the alternative messages and formats, including posters, an information booklet, and a short video. The guide was developed to foster discussion and feedback about the materials including: (i) initial opinions of each resources; (ii) clarity of the messages (e.g. what do you understand the message to be?); (iii) acceptability of images (e.g. do these images appeal to you? are they appropriate to your culture?); (iv) effectiveness of the taglines/information (e.g. is the tagline appropriate? what did you like/not like about the brochure?); (v) behaviour (e.g. would you watch the video? Would any of these resources make you want to donate blood?). All focus group discussions were recorded and subsequently transcribed. To understand the target audience's attitudes and beliefs towards the campaign materials, transcripts were coded to ascertain the strengths and weaknesses of each concept, including preferred images, taglines and messages, and to identify required refinements.

RESULTS

Seven focus groups were conducted with 62 members of the sub-Saharan African migrant community from areas in Sydney and the Illawarra, in New South Wales, Australia, between August and October 2014. All participants were aged 18 years or over and included 29 females and 33 males. Each group was held in a community setting such as a community hall or health centre. Three groups were shown materials in English one in Arabic one in Swahili (12 participants), 1 in Kirundi, and another in both Kirundi and Swahili All participants were shown the 4 poster concepts, a 26-page informational booklet and a 5-min video, all of which incorporated images, quotes and voices of people within the African community.

Transcripts were coded independently by the first two authors to assess whether participants' perceptions of the materials reflected the key themes identified from the previous research, including whether they believed the materials were appropriate and clearly understandable to the average community member, and whether the materials communicated that blood donation in Australia is an inclusive process. Thematic analysis

allows for a drawing together of ideas expressed differently across respondents (Liu *et al.*, 2016), which is likely to occur when discussing topics across minority and migrant communities who have differing experience and perspectives. Through this analysis the broader issues raised were grouped together in three central themes; (i) social inclusion; (ii) discrimination and (iii) blood donation knowledge and experience.

Social inclusion

As identified in the previous research, members of the African community are positively disposed to helping the community, but experience inhibitors such as fear of discrimination and social exclusion, and a general mistrust of the health system (Polonsky *et al.*, 2011b). Participants thought that the 'Blood from everyone, for everyone' concept overcame the barriers to blood donation by focussing on facilitators of inclusion.

I like this one because it's not really telling a person's story. He's using himself as an example, to say what it means not only for himself but for the community. It's saying how it's an inclusive process; for example, he used 'if I give blood it makes me feel that I've done something for the Australian community'. And it makes you part of the big family. (English Speaking Group)

When you donate the blood, you will not only help those in the Arabic community but all in need. (Arabic Speaking Group)

Participants felt the tagline '*Blood from everyone, for everyone*' conveyed a positive, clear and informative blood donation message.

And actually, yeah, it incorporates everyone, so that makes it more appealing especially since its short and to the point. So it makes it appealing. (English Speaking Group)

Whilst some participants felt that the alternative tagline 'We all bleed the same colour' was inclusive by highlighting that everyone has the same colour blood regardless of their cultural background, others felt the message about blood donation was lost.

Is there any meaning about donation here...can you see anything about donating your blood? (Kirundi Speaking Group)

The tagline 'I/We do it' was also well received by all the groups, although many of the participants preferred 'We do it' which they felt was more appropriate for the dynamics of the collectivist African community and was more inclusive.

When you say 'I' it's more a personal thing, like it's only one person who can do it. When you say 'we', it's like you're included. (Swahili Speaking Group)

Discrimination

The concept tagline 'Blood from everyone, for everyone' was particularly popular in combination with the images and quotes from members of the local African community. It not only elicited feelings of inclusivity but also helped overcome perceptions of discrimination.

So firstly, blood, when you donate blood it goes to everybody. They don't target, they don't say, 'Oh, I took an African's blood, it's going to an African'. It's like my blood can go to you, your blood can go to me. It's for everyone, which is why the blood from everyone for everyone works well. (Swahili Speaking Group)

The tagline 'We only see in one colour' was viewed positively and also helped to overcome feelings of discrimination.

The blood doesn't have a colour. Whether you are a white or you are black. (Arabic Speaking Group)

However, the concepts 'We all bleed the same colour' and 'We only see in one colour' also elicited negative responses, with a view that they could be interpreted as focussing on race or being racist, which would not be appealing to people in their community.

Maybe the message gets lost...it becomes a racial message instead of a blood message. (English Speaking Group)

This also may have some kind of racist meaning. (Kirundi Speaking Group)

Blood donation knowledge and experience

By emphasizing how and what blood donations are used for, and how donating benefits not only the African community but also the wider community, the messages in the concepts were successful in increasing knowledge and awareness about the differing blood donation processes and experiences between home and host countries.

It shows the process and even the words that they've used. It's not too much, it's very concise and very to the point... it is similar to mean that I can do that myself too. (English Speaking Group)

As this campaign was targeting the African community, it was important to use images that participants (and their peers) felt were credible and relatable. A variety of

images were tested, with participants providing feedback on their appropriateness. Most felt that their peers would also be able to relate to at least one of the images. In particular, the images from the local community used in the concepts ‘Blood from everyone, for everyone’ and ‘I/We do it’ were considered particularly relevant and encouraging of blood donation given the positive focus of the wording and images.

See, they look happy and excited about it, so there’s no doubt about it. (Arabic Speaking Group)

It’s good how they take photos from the people in the community. So it makes us more confident. (Swahili Speaking Group)

I think you can see that when you look to the face and the expression it says, it shows why she is laughing. She’s actually laughing because she has been able to save a life. It says ‘I donated blood with my sister, it was easy’. So that alone shows why she’s happy. (English Speaking Group)

It kind of helps ‘cause if you will see the photos say ‘I’ll do it’ and he’s happy, we’re all the same. We’ll see him, we’ll say, ‘we are the same, he’s from probably the same country’. If he does it, why can’t we do it? ... it gives you more confidence to be able to do it. (Swahili Speaking Group)

Participants recognized that the stories and quotes presented helped to overcome some of the barriers identified in previous research by showing the blood donation process, and providing facts about blood donation and how it can save lives. The use of personal stories of African people donating blood was also successful in creating confidence about the blood donation process and adding value to the reasons for donating.

I like the words they used in this one as well. It says ‘Blood’s not wasted, it is used to treat patients who may otherwise die without it. You never know whose life your donation will save, but you can guarantee it’. It’s a great statement. (English Speaking Group)

Yeah, I think this is really good, because the main reason people don’t donate blood is because it’s nerve-racking, I don’t like needles and things like that. I think this is really good because it brings back into the concept of you’re really helping me, so it’s the value of it. (English Speaking Group)

The groups also highlighted textual changes that they believed were needed to help encourage people to donate. For example, the concept ‘Blood from everyone, for everyone’ used the words ‘screen’ and ‘eligible’, which some participants felt could be deterrents because of issues associated with migration and discrimination.

And the wording, we’re both eligible to donate blood. I’m not sure, before you donate, you’ll have to pass a screen. It could sort of deter people. People might see it’s, like, sort of like a big process to go through when you see a screening interview. Maybe another word to use... because even using the word ‘interview’ can sort of deter people, ‘cause not everyone feels comfortable with an interview. (English Speaking Group)

The image and wording on the poster of the man donating blood ‘Blood from everyone, for everyone’ addressed the fear of needles and pain, and time-related barriers previously identified. However, some participants felt this image might be too confronting.

So, it looks like it’s an easy, calming process. The guy’s comfortable and so is the person (staff member), she looks professional. (English Speaking Group)

Yeah, I don’t know if it’s because I can see the gloves and the needles and the rubbish bin next to the woman, and the boy does not look that convinced. (English Speaking Group)

Booklet and video

A 26-page booklet was created with non-technical information on blood donation, such as who can/cannot give blood, the interview process, what happens to my blood, using extensive images with limited text. The brochure was available in all languages, although images remained the same throughout. Participants liked the length of the booklet and felt that it provided a good overview of the blood donation process. They found it easy to understand and thought members of the community would be interested in the information.

I like the brochure. It’s not too wordy, so that’s good. And there’s pictures and diagrams. (English Speaking Group)

Yeah, it’s very clear. Yeah, everyone should understand. (Kirundi Speaking Group)

A 5-min video was also produced to reflect the booklet information and was narrated with voiceovers in the various languages; the images and community members within the videos were all the same. Most of the participants viewed the video positively, with a general consensus that it was an important resource. They liked the information provided, the length of the video and hearing the voiceovers in their own language.

When you hear that in your language it’s even, it’s more nice – attracting, inviting people to donating blood. (Kirundi Speaking Group)

Furthermore, being able to see African people donating blood provided credibility and addressed misperceptions about the blood donation process. Fears that people were paid actors were overcome which meant the video was more effective, believable and relatable.

I think the film has covered what we are looking for. Cause there was a question right before that if I want to give a blood, what steps do I have to take? So that when you go to donate the blood, you have to take the test; it's already shown and how long it will take. And the amount of blood that is taken from you is already shown. So I think all the answers are currently there. (Arabic Speaking Group)

While it was acknowledged that the 'thank you' messages from blood recipients (included in the video) were beneficial, it was felt there should also be an African blood recipient's story added to both the video and booklet to reinforce the message of inclusivity and that blood is 'for everyone'. An additional story from a recipient from within the African community was added into the final video and booklet.

What I'm saying is that through the whole thing, it's Africans that are donating blood, you know what I mean. And then it's, like, the white people, the doctors, and then at the end the white patients are, like, 'Oh, thank you'. Like, we don't see any white people giving blood and then Africans saying 'Oh, thanks'. (English Speaking Group)

One of the groups also believed that moving the Blood Service logo to the front of the booklet would make it more credible and thus contribute to addressing the barriers around medical mistrust.

Put those logos at the front ... it's more official business. (Kirundi Speaking Group)

Final materials

The participants' comments and recommendations were incorporated into the refinement of the final campaign materials for dissemination to the African community. In addition, all materials were presented to an African Review Panel of community representatives for additional input and feedback. The final resources were also approved by the project partner, the ARCBS.

Overall, participants recognized that the posters, booklet and video were important resources that addressed the key themes. The concepts 'Blood from everyone, for everyone' and 'I/We do it' were the most efficacious due to the combination of taglines and community images which helped clarify that blood donation in Australia is an inclusive process.

The concept 'Blood from everyone, for everyone' was ranked as most preferred by the focus group participants; it was perceived as relevant and made the blood donation process seem inclusive. As a result, the final materials used the tagline 'Blood from everyone, for everyone', and included the Blood Service logo (see [Figure 2](#)), and images of African community members and their personal quotes about blood donation. An overview of the final posters is provided in [Table 2](#). In addition, a story and images of a family from the African community who benefited from receiving blood donations were incorporated into the final video and booklet (see [Figure 2](#)) to better illustrate the idea that the process is inclusive and blood donations benefit everyone in the community.

All of these materials were made available on the Blood Service website (www.donateblood.com.au/blood4three) for the duration of the campaign. The 26-page booklet also won the 2015 NSW Multicultural Health Communication Award.

Community message evaluation

The materials were used in a blood donation intervention that was conducted in two communities in 2016 ([Francis et al., 2017](#)). As the focus of this work is on evaluating the messaging and materials, we only briefly describe the health promotion intervention. The intervention involved trained multilingual community members disseminating the final materials (outlined above) to community groups with large numbers of sub-Saharan African migrants in areas identified in the Australian census. Over 8 weeks, 500 advertising posters, 700 booklets and 500 branded USB keys (containing all language versions of posters, videos and booklets) were distributed. Campaign staff visited community centres and events in Victoria and South Australia, as well as religious institutions and businesses operating in areas where large numbers of African migrants resided (based on census data). A story on the campaign appeared in a magazine targeting the African community, however, there was no broader media promotion (i.e. newspaper, radio or television). The campaign website attracted 982-page views with 519 unique page views. Average time on a page varied between 35 s for the Web's landing page to 3.03 min on the Arabic language content page. In terms of languages, the English content page was most popular (259 unique views), followed by Arabic language (259 unique views 47), Kirundi and Swahili (259 unique views 35). An evaluation of the campaign was undertaken 4 weeks after the intervention, which involved the multilingual workers

Cover Page

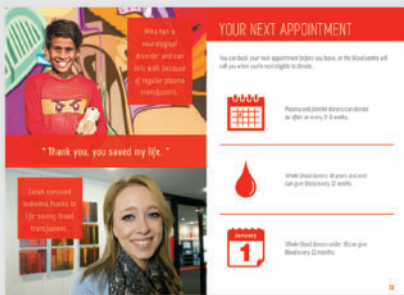


Draft



Final

Thank You Page



Draft



Final

Fig. 2: Draft and final booklet pages.

Table 2: Final posters: ‘blood from everyone, for everyone’

Final posters					
Quotes	It hurt a little bit, but I survived! I'm still scared of needles, but I'd definitely do it again.	It feels good. You know your blood will help a lot of people	In life, we never know what might happen, you might need blood one day, if someone gives it to you, you will be grateful. ... If I give blood, it makes me feel like I have done something for the Australian Community, I feel a part of the community, it's like you are part of a big family.	Every year I promise I will do it, I'm a mother.	I donated blood with my sister, it was easy.
Message/ wording	Making a blood donation is easy, safe and doesn't take long.	In Australia, blood donation is voluntary. Blood is not sold; it is used in life-saving treatment. You never know whose life your donation will save, but you can guarantee it will.	In Australia, blood donation is an inclusive process – blood from everyone, for everyone. When you donate blood you will not only help those in the African community but all those in need of blood.	In Australia, donating blood is voluntary and those who are eligible can give blood at any time. The same eligibility criteria must be met by everyone to ensure the blood is safe.	Donating blood can seem scary but you don't have to do it alone. Bookings can be made so you can donate with friends or family. After one donation you'll see how easy it really is.
Logos/websites	Blood service logo on bottom of posters Call to action: campaign website address and blood service number on bottom of the posters				

interviewing members of the African community who may or may not have seen the materials. The interviews were designed to cover a range of issues including the community's awareness of the intervention, and their understanding and interpretation of the messaging to ensure that it was perceived as being inclusive. The evaluation interviews were conducted face-to-face and, in the language, most appropriate to the respondents.

Overall, 454 migrants were interviewed in the evaluation process from a cross-section of African communities. The participants had a mean age of 33.4 years (SD 9.3), had lived in Australia on average for 9.1 years (SD: 5.7) and 52.4% were female. Initially, the participants were presented with an unbranded image of the booklet cover and a poster and asked if they could remember the tagline associated with the materials, $n = 199$ (43.8%) said they could, however, only $n = 41$ (20.6%) actually could recall

the actual tagline. Next the participants were presented with the actual branded items and asked if they recalled having seen the items. When prompted, $n = 281$ (61.9% of all respondents) indicated that they could recall at least one of the intervention materials (website, poster, booklet or video), and this group's assessments form the basis of the message evaluation. There were 174 participants (i.e. 61.9% of the 281 or 38.3% of all respondents) who saw materials and who indicated that they could recall the tagline of the intervention, although only 41 respondents (14.6% of those who saw materials and 20.6% of those who said they recalled the message) could partly or completely identify the message. Encouragingly, over one-third of those who saw the materials (i.e. 35.3% of this group) felt that the message was targeting the African community. More importantly, 78.3% ($n = 220$) of participants who reported seeing the materials indicated they

either agreed or strongly agreed that the campaign materials made them feel the Blood Service was inclusive, with 75.8% ($n=213$) either agreeing or strongly agreeing that the materials made them feel part of the wider Australian community. This result supports the qualitative research in suggesting that the intervention materials' message framing was appropriate to the target audience.

Blood donation knowledge was also assessed in the evaluation survey, using an objective knowledge test of 16 true false items that was previously validated within the African Migrant community (Renzaho and Polonsky, 2012). Those who reported seeing the materials had a greater knowledge score compared with those who had not [score =12.0 vs 11.2, difference =0.8 (95% CI -1.2, -0.28) $t(452) = -3.13$, $p = 0.0018$]. The difference is also consistent when examining the subset of people who had never donated, with non-donors who had seen the materials scoring higher than non-donors who had not seen the materials [11.7 vs 11.0, difference = 0.7 (95% CI -1.3, -0.2) $t(337) = -2.64$, $p = 0.0086$].

DISCUSSION

Using a social marketing framework aligned with culturally appropriate guidelines ensured the health promotion materials were developed and designed in collaboration with the target audience (i.e. key stakeholders in the African community), which resulted in the materials being seen as relevant and credible. The pre-testing of materials also provided insight into the images and wording that would best resonate with the African migrant community, and helped overcome the donation barriers identified in the formative research. This process appears to be particularly relevant to increasing the potential for successful health behaviour change when engaging culturally and linguistically diverse communities (Netto *et al.*, 2010). It also supports the need to have effective community engagement when targeting communities with unique characteristics (Israel *et al.*, 1998).

Whilst the materials were for a community intervention designed to increase intentions to donate blood among the Australian-African migrant community, the focus of the message testing discussed in this paper was to ensure that the materials would also leverage wider attitudinal changes. Thus, the key messages focussed on a blood donation process that is easy, free and inclusive, and highlighted the benefits for both the African migrant and wider Australian communities. At the same time, knowledge of the blood donation process and experience was enhanced, including the understanding of the process, and the

portrayal of blood as a critical resource needed by all community members.

The consensus among participants for the tagline, images, quotes and supporting messages used in the 'Blood from everyone, for everyone' concept meant that the materials encompassed both individuals and the broader African community and successfully conveyed the message of inclusivity, which was further supported by the evaluation post-intervention.

Similar to traditional marketing, the aim of social marketing is to sell a product; in this case, the product was a specific health behaviour (i.e. to donate blood). To help sell a product, the audience needs to believe that the benefits of performing the behaviour outweigh any perceived costs. Thus, to help sell the behaviour here, messages were designed to address barriers and facilitators by explaining the blood donation process in an understandable language (communicated in English, Arabic, Swahili and Kirundi). Using a mixture of promotion strategies (posters, booklet, video and website) that are both sensitive to language and information needs not only contributes to expanding the reach among the community, but is fundamental to designing culturally appropriate health promotions (Netto *et al.*, 2010).

In addition, real stories of actual donors and recipients among members of the African community were identified as essential for effective message communication. The notion of authenticity was important to this study's participants, and is related to the medical mistrust that many minority groups report (Frye *et al.*, 2014). Thus, the use of 'real people' images in this study's final materials, including showing community members giving blood in the video, helped address such concerns.

Partnering with the ARCBS also contributed to the success of this study. The use of official Blood Service logos and the incorporation of images of the targeted community in blood donation centres in the posters, booklets and video, were important facilitators—adding credibility and authenticity to the resources. All final marketing materials (including translated versions) were provided to the ARCBS for its media and communication team to provide blood donation information to the wider Australian community.

Study limitations

This study targeted sub-Saharan African migrants, however, the focus groups did not cover people from all sub-Saharan African nations. Nonetheless, the participants were pleased to see resources that used representative images targeting the African community. Although the focus group outcomes may not be generalizable to the broader sub-population, collaborating with an African Review Panel that represented a wide range of community

groups as an oversight committee helped to ensure that the resultant materials were culturally acceptable to the wider African migrant community in Australia. We acknowledge that the process for developing culturally appropriate resources may have some differences between cultural groups but note that the foundation of the process used sought to develop materials that had the widest coverage across groups (Israel *et al.*, 1998). From a practical perspective, while more targeted materials may have been developed, this was prohibitive within the budget of the project; as is the case for the development of multiple sets of materials within many health promotions. Thus, developing materials that had the widest community appeal was beneficial to this project.

CONCLUSIONS

This paper provides valuable insights and key lessons for developing culturally relevant health promotion materials. Utilizing the social marketing benchmark criteria, together with the strategies outlined for minority groups (US Department of Health and Human Services, 2001; Bhopal, 2006; Netto *et al.*, 2010; MIMI, 2013), ensured culturally appropriate messages were developed and validated by the target community for a blood donation intervention. Building on these earlier works, we suggest that the process should consist of six key steps; first, initial formative research with the target community must be undertaken to gain ‘insights’ and ensure a deep understanding of the audience’s knowledge, beliefs and behaviour about a specific research topic. This includes identifying any barriers and motivators to participation, which, as outlined previously, are essential to designing interventions with minority and ethnic communities. Second, relevant messages and a variety of corresponding resources in applicable languages (promotion) must be developed to address specific ‘behaviour’ and knowledge goals, whilst addressing the barriers and motivators (exchange and competition) identified in the formative research. Third, pre-test the concepts with the target audience (customer orientation) to ensure messages, images and taglines are validated and accepted by the audience (insights). Fourth, refine the materials based on the insights gained in the previous step, and seek further feedback from the community to finalise the resources for the intervention. Fifth, undertake the intervention, drawing on community resources to ensure that the materials are effectively distributed. Sixth, evaluate the intervention, again drawing on community resources.

When developing and implementing targeted intervention, we suggest that it is important to involve the

targeted community in all six stages. These stages ensure that the health promotion initiatives will be more effective because they are seen to be undertaken ‘with’ the community rather than ‘on’ or ‘to’ the community. The inclusive activities not only ensure materials are effectively designed, but are more likely to obtain community buy-in and participation, as the community has already been engaged and has shaped the activities being promoted.

This project highlights the positive effects of consulting and collaborating with key stakeholders when designing and developing culturally inclusive health promotions for migrant communities. In addition, the collaborative material development process devised could be used by other organizations to ensure that messages are acceptable to the targeted migrant community.

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CONFLICT OF INTEREST STATEMENT

None declared.

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