Purpose: To describe surface and deep structure dimensions of a culturally sensitive smoking cessation intervention developed with southeastern US public housing neighborhoods.

Procedures: Community-based participatory research (CBPR) methods were used to develop this culturally sensitive smoking cessation intervention by the following research partners: academicians, neighborhood residents, community health workers, and community advisory board. This CBPR involved a cyclical process with the following phases: assembling a research team; identifying smoking cessation as the health need of interest; developing the research method; establishing evaluation, feedback, and dissemination mechanisms; implementing the initial “Sister to Sister” community trial; analyzing and interpreting the data; disseminating the results; revising the intervention; and, establishing mechanisms to sustain outcomes. Culturally sensitive dimensions emerged during this process and were categorized as surface structure and deep structure.

Findings: Surface structure dimensions included written materials, incentives and food, and protocol delivery strategies. Deep structure dimensions included kinships, collectivism, storytelling, and spiritual expressions. Community health workers and the advisory board contributed to the identification and integration of both surface and deep structure dimensions. The six-month continuous smoking abstinence outcomes from the initial community trial were 27.5% vs 5.77% for the intervention and comparison groups, respectively.

Conclusions: Community-based participatory research (CBPR) methods facilitate processes in which culturally sensitive dimensions can be effectively identified and integrated into health promotion interventions for marginalized populations. The incorporation of surface structure dimensions increases acceptance and feasibility, while deep structure improves overall impact and efficacy of the intervention. (Ethn Dis. 2007;17:331–337)

Key Words: Community-Based Participatory Research, Cultural Sensitivity, Smoking Cessation

INTRODUCTION

Low socioeconomic African American women who live in urban subsidized housing developments report smoking prevalence rates as high as 40%–60%.1,2 African American women experience disparities in tobacco-related diseases and report greater difficulty with cessation.3–5 Further disparities in health outcomes exist for segregated African American women as a result of rooted inequalities and power imbalance and the associated social, economic, and political exclusion that lead to extreme marginalization.6,7

Despite the publication of findings from meta-analyses of smoking cessation trials, the efficacy of smoking cessation interventions for low socioeconomic African Americans remains unknown.8,9 Historically, African Americans’ participation has been limited in organized clinical trials because of mistrust, access barriers, and the lack of sociocultural relevance of traditional “outsider” academic driven research.10,11

Recent recommendations support the inclusion of ethnic minorities in gender-specific smoking cessation intervention trials and the incorporation of cultural sensitivity to adequately address the embedded, complex sociocultural factors.8,9,12,13 Culturally sensitive interventions are defined as those that integrate the ethnic/cultural characteristics, norms, values, beliefs, and behavioral patterns, as well as the contextual historical and socioenvironmental forces of a target population, into the design, delivery, and evaluation of the intervention.10,14

Resnicow et al14 conceptualize two dimensions for the application of cultural sensitivity in health promotion interventions: surface structure and deep structure. Surface structure involves matching intervention materials and messages to observable, readily apparent characteristics of a target audience. The application of surface structure involves the packaging of intervention materials with familiar and preferred graphics, linguistics, music, foods, and brand names of the target audience. Surface structure also incorporates the identification of people, channels, and settings that are most appropriate for delivering messages and programs.14

The second dimension, deep structure,14 refers to the broader and more contextual influences of the target population. Deep structure reflects the social, psychological, environmental, and historical factors that influence health behaviors. Specifically, deep structure requires an understanding of how religion, family, society, economics, and the government shape the target

From the School of Nursing, Department of Biobehavioral Nursing (JA, GB), Sister to Sister Collaborative (SC), School of Allied Health, Department of Biomedical and Radiological Technologies (LP), Georgia Prevention Institute, Department of Pediatrics (MT), Medical College of Georgia, Augusta, Georgia.

Address correspondence and reprint requests to Jeannette O. Andrews, PhD, RN; Medical College of Georgia, EC 5314; School of Nursing, 987 St. Sebastian Way; Augusta, GA 30912; 706-721-4812; 706-721-0655 (fax); jandrews@mcg.edu

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