

Equity in Communication: Using Trusted Messengers and Grass-Roots Strategy to Address State-wide Communication Gaps for Covid-19 Control and Vaccine Promotion in Hesitant Populations

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“Our unity is our strength and diversity is our power”

-Kamala Harris

Executive Summary

The Office of Health Equity seeks to acknowledge systemic racism and the social determinants of health to eliminate disparities by addressing and promoting health equity among all people in every community in New Mexico. The Office of Health Equity strives to provide equitable health opportunities by building relationships with communities, establishing collaborations with care providers and forging partnerships with stakeholders to provide quality service in a culturally and linguistically appropriate manner. These measures focus on ensuring all New Mexicans, especially in rural and under-served areas and borderlands, have increased opportunities to be healthy and promote the public health mission of the New Mexico Department of Health. The Office of Health Equity is staffed by Amy Suman (Director) and Osvaldo Jimenez (Lead Translator/Social & Community Service Coordinator).

Surveying the landscape

New Mexico is a unique state. As a “minority-majority” population, New Mexico community members face distinctive challenges involving the social determinants of health, compounded by systemic racism, historical injustice, root shock, and the effects of colonialism. By the numbers, (and pre-pandemic) these challenges include:

- 25% of New Mexicans live at or below the federal poverty level.
- A quarter of the population does not have health insurance.
- 1 in 3 New Mexicans live in rural areas
- Nearly 40% of New Mexico residents speak a language other than English
- Infant mortality rates are highest among Black and African-American women
- Diseases of Despair are highest among Native Americans with LGBTQ+ Native Youth most prone to suicide.

- Obesity and diabetes are disproportionately higher among Hispanic and Native American populations.
- 16% of New Mexicans are disabled. Nearly a third of New Mexicans have a chronic health condition.
- Teen pregnancy rates among Hispanic and Latina women are higher than any other population.
- New Mexico has a chronic health care provider shortage. (nmhealth.org/about/asd/ohe)

Numbers alone, however, do not provide the full picture. Aggregate data collection prevents essential details that eclipse minority reporting and provide less transparency related to environment, behavior, and education level. Disaggregated data surveillance methods also serve to authenticate bi- and multi-racial individuals, of which comprised 14-17% of babies born in the United States last year, a percentage that is ostensibly higher in New Mexico (American Medical Association Referendum, Farrell 2020; Improving Institutional Demographic Data at UNM, Lopez 2020). Lastly, it should be noted that Covid-19 has amplified the social determinants of health in New Mexico, and as such, numbers related to poverty, despair, and morbidity are rising.

Digging Deeper into Disparity

The Office of Health Equity Director position had been vacant for one year, and as such, a listen and learn strategy was necessary to investigate the equity landscape and reveal gaps in the system. Using a quasi-focus group format for multiple participants and a semi-formalized script for individual interviews, we began surveying administrative staff in NMDOH: The Bureau chiefs, the Division heads, the regional coordinators and the program managers in every corner of the State and the Metropolitan region. From there, we progressed to reaching out externally: Stake-holders, Non-profits, co-operating agencies, professional partnerships, grant foundations, academic institutions, community coalitions, supporting entities, and others. The leads they provided and information they shared led us to the final phase of investigation. The grass-roots, boots-on-the-ground health care workers who live in the communities they serve and truly know the landscape of equity in New Mexico from the inside-out. These Community Health Workers, the Health promotion teams, the nurse managers and the Promotoras and Promotoros provided vital insight into the problem... and also offered solutions.

The Problem

There is an Equity in Communication problem in New Mexico and it is not only obstructing the containment of the virus, it is fueling contagion, and severely hampering vaccine efforts. We analyzed the data from the interviews and focus groups and noted common themes and issues. We categorized them by referenced frequency and identified a list of challenges and barriers. This list included 10 core problems ordered in referenced frequency :

- There exists dis-trust & resentment of government because of prior neglect and experimentation among minority populations.
- Inconsistency in application of health safety mandates among elected officials in rural communities has resulted to poor role-modeling (mask-wearing, social-distancing)
- Challenges in messaging in Spanish (particularly website, Language Link and scripts) as well as other languages (Dine, Vietnamese, Arabic and others) has led to rumors and fueled urban myth spread.
- Minority communities have widely reported the vaccine is a government plot to sterilize people of color and is a form of population control.
- Channels of communication are not being utilized effectively in rural areas where internet is scarce (billboards, flyers).
- Locations of messages are not being utilized effectively (gas stations, grocery and dollar stores, post offices)
- NM's divided political and economic climate is reflective of the US's current climate and virus containment and vaccine distribution are politicized.
- Communication are highly variable among New Mexico's diverse community members and as such, singular messaging strategies are failing to reach all populations adequately and in the manner intended.
- Rural community members are scared to be vaccinated or quarantine after exposure in case they have an adverse reaction and can't get to a care facility because of transportation/economic issues.
- Navajo Nation desires more coordinated communication on this subject from NMDOH/OTL, IHS and BIA.

“Diversity: The art of thinking independently, together.”

-Malcolm Forbes

The Emergency Equity in Communications Collaborative Think-Tank (EECCTT) Town Hall

On December 18, 2020, a diverse group of internal (NMDOH) and external (Community leaders) met via Webex to collectively address the identified problems. The **goals** of the EECCTT were:

- To assemble a diverse group of community and public health specialists both in and out of DOH with a common mission of promoting equity in communications.

- To describe inequity in communications and how that has affected both virus containment and vaccine promotion.
- To identify communication gaps and strategize how to address them more equitably.
- To give voice to stakeholders all over the State and solicit suggestions on how best to address communications needs in their communities.
- To brainstorm all the channels for communications and ensure we are utilizing them effectively.
- To investigate what other states with similar populations have done successfully and attempt replication here in New Mexico.
- To share the analysis and strategies from the meeting with senior leadership.

Discussion Notes

The virus in New Mexico was compared to a house on fire with Communication being the bucket with which to extinguish the fire. The three largest communication problems were likened to 3 holes in a bucket: The first hole being the Access hole. This hole is significant because New Mexico is a geographically large but a relatively small populous state with 27 of the 33 counties declared rural, border or frontier communities. Those areas have large swaths of land without reliable broadband, internet, wi-fi or devices so delivering a comprehensive, cohesive message to ALL neighbors, particularly down south and up north is a significant barrier. These are also the areas of the state that are the most economically challenged and where the virus infection, per capita, are the greatest with the most severe outcomes.

The second hole was identified by Town Hall participants as systemic racism. New Mexico's border and frontier communities also report higher numbers of Hispanic, Latinx and First Nations residents, all of whom are at higher risk for virus morbidity and report higher numbers of chronic health conditions which is also a predictor of virus mortality. Historical trauma and inadequate reparations have left environmental hazards, such as contaminated water or sub-standard housing that have compounded virus containment efforts. It was noted that it is impossible to socially distance or wash your hands if you reside in a multi-generational household or lack access to running water. Added challenges include chronic care provider shortage, the absence of reliable transportation and diseases of despair magnified by Covid 19 fueling viral transmission. Several community members referenced inconsistent application of economic and defense development projects that require extensive broadband but reported feeling it was denied to other areas. Equity concern on this issue was unanimously expressed among the cohort.

The third hole was identified as Language. NM's complicated history includes the purposeful linguicide of pueblo and native languages. Despite nearly 40% of community members speaking a language other than English, New Mexico schools still teach primarily in English, lack adequate and appropriate multi-lingual services for students and parents, and English-language learners are disproportionately funneled into special education classes. It was noted that when language services are denied, information channels are rendered useless and that the fastest way to deny power to any group is to deny them communication, for then a system of mis-trust and dis-information can thrive. NMDOH websites, contact tracing scripts, and vaccine promotion tools were discussed as areas in need of language access improvement, as well as addressing health literacy levels state-wide on all communications.

“We may have all come on different ships, but we’re in the same boat now”

-Dr. Martin Luther King

Proposed Solutions

The cohort agreed to spend the majority of the two hour meeting exploring action items and possible solutions based on each identified problems. Below are the problems and the suggestions made to ameliorate the issues.

Problem: *There exists dis-trust & resentment of government because of prior neglect and experimentation among minority populations.*

Proposed Solution:

- Utilize Trusted Messenger/Gatekeeper model.
- Identify key influencers in each community (faith-based organizations, county leadership, etc.) and extend invitation to collaborate.
- Address people in their language (written and oral) as a sign of respect and reparation.
- Attend virtual town-halls and avail leadership to their concerns.
- Demonstrate transparency by acknowledging vaccine’s shortcoming while highlighting successes (ex: Government should acknowledge and be forthcoming regarding vaccine’s efficacy in minority populations.)
- Televisе elected officials and celebrities of color getting vaccine (Deb Haaland, Governor Lujan-Grisham, etc.)

Problem: *Inconsistency in application of health safety mandates among elected officials in rural communities has resulted to poor role-modeling (mask-wearing, social-distancing)*

Proposed Solution:

- Draft weekly emails and texts in both English and Spanish to local leadership (mayors, county commissioners, city managers, etc.) to ask for their assistance in role-modeling desired behavior.
- Ask local leadership to refrain from criticizing health mandates and support “all in this together” mantra.
- Address non-compliance in local leadership with corrective action and spotlight desired behavior in compliant leaders (ex: Press release or report “Thank you citizens of Harding County for your commitment to keeping us all safe...” etc.)
- Continue to promote social distancing and discourage gatherings by reinforcing message in Spanish and English in common areas and increase reporting mechanisms of non-compliant individuals.

Problem: *Challenges in messaging in Spanish (particularly website, Language Link and scripts) as well as other languages (Dine, Vietnamese, Arabic and others) has led to rumors and fueled urban myth spread.*

Proposed Solution:

- Ensure all communications coming out of NMDOH are bi-lingual and on all public domain (such as website and printed materials.)
- Contract with in-house and local translation services for faster, more efficient communications* (OHE has already implemented this.)
- Develop messaging that utilizes more picto-gram-type symbols for pre-literate and emergent-literate populations.
- Utilize more bi-lingual text messaging services, social media platforms, Spanish language radio stations and TV stations to target this demographic specifically.
- Develop a social marketing strategy that segments mothers and capitalizes off of the matriarchal structure and reverence of Indigenous, Black, Hispanic, White and Asian culture towards women, especially grandmothers.

Problem: *Minority communities have widely reported the vaccine is a government plot to sterilize people of color and is a form of population control.*

Proposed Solution:

- Create messaging that is largely picto-gram-style for emergent literate individuals (Refugee, in particular) on flyers to be placed in local health clinics.
- Solicit trusted messengers/gatekeepers in community to host town halls and verbally promote vaccine. (OHE has addressed this)
- Circulate videos and commercials on social media/local TV/Radio stations in Spanish, English and Dine directed to the Spanish, Black and Navajo communities (respectively) that showcases trusted leaders getting the vaccine on camera and talking about why it's important.
- Use a social marketing strategy of a "call to action" ("I take the shot to protect my people" etc.) that segments women, in particular, and uses Exchange Theory to persuade widespread vaccinations as way to get children back to school as well as to protect Grandmother.
- De-bunk myth by increasing scientific evidence supplied to these communities in their language.
- Host Town Hall of trusted community leaders to address myth* (OHE has already begun contracting w/ the Black community on this endeavor.)
- Incentivize vaccine promotion with "gift bags" containing logo mask, logo sanitizer, keychain w/ "we're all in this together, NM" logo and/or small gift card for grocery store.
- Mascot: Create a gender/culturally-neutral, non-animal NM-symbol Mascot that appeals to kids and is stationed with bilingual messaging wherever kids and moms shop (ex. Obtain permission from Zia pueblo to use a Zia and animate it wearing a mask.)

Problem: *Channels of communication are not being utilized effectively in rural areas where internet is scarce (billboards, flyers).*

Proposed solution:

- Utilize bi-lingual billboards and roadway signs near essential services (such as grocery stores and gas stations.)
- Promulgate bi-lingual flyers to be placed in food bank baskets and banners at food bank and school grab-n-go locations.
- Bi-lingual messaging on school's electronic billboards and on school "dojo" (school's individual login page where announcements are placed.
- Gas station pump recorded bilingual messaging (much like was done in North Carolina)

- Social Media & text blasts every Friday to caution against gatherings and thanks for heeding safety mandates.
- Partner with Texas for border messaging on local news stations and Spanish radio ads.

Problem: *New Mexico's divided political and economic climate is reflective of the US's current climate and virus containment and vaccine distribution are politicized.*

Proposed Solution:

- Create cohesion by offering stickers or pinned badges at vaccine locations with logo and "I got the shot" in both English and Spanish (much like the "I voted" messaging")
- Social Media, TV and Billboard blasts with influencers (local community heroes such as Notah Begaye, Deb Haaland, NM United players, Lobos, musicians, respected elders, etc. wearing the "I got the shot" logo and thumbs-up/smiling.
- "Red or green, red or blue, we are all one"-type messaging/ or "red or blue, we can ALL agree on turquoise and silver..." etc.
- Focus on civic duty of protecting others (particularly grandmothers). Shift from public health clinical messaging to social marketing "greater good" messaging, particularly in smaller communities.
- Utilize unifying imagery that is recognize-able and sacred to rural NM: Cabezon, Ship Rock, Tent Rocks, Bosque del Apache, Organ Mountains, etc. Focus on New Mexico pride.
- **Problem:** *Communication are highly variable among New Mexico's diverse community members and as such, singular messaging strategies are failing to reach all populations adequately and in the manner intended.*

Proposed Solution:

- Ask Trusted Messengers/Gatekeepers to be the voice of mandates and use tone that asks for help and support in the mission.
- Ask teens to submit short videos (bilingual or with added closed-captioning translation) promoting mask-wearing/social distancing/hand-washing and demonstrating desired behaviors.

- Ask community members to record short “selfie”-type videos depicting desired behaviors through a lens of “I’m doing my part for love of community”.
- Use more local channels (regional radio, particularly) to promote desired behaviors from trusted local sources.

Problem: *Rural community members are scared to be vaccinated or quarantine after exposure in case they have an adverse reaction and can’t get to a care facility because of transportation/economic issues.*

Proposed Solution:

- Create favorable conditions under which people can quarantine: Provide a hotel room at a designated quarantine hotel, make-over shipping containers into “tiny houses” on airport property that provide containment and services such as food, medical and internet. Provide rent and unemployment assistance in a simplified manner to quarantined individuals. Reiterate to local “big-box” chains and fast food outlets that legally they must allow employee to quarantine.
- Solicit “big-box” and fast food chain restaurants opportunities to fund relief efforts in exchange for promotion (ex. “Food bank sponsored in part by Wal-mart” or “This hotel room provided by McDonald’s”)
- Collaborate with local EMS services (such as local fire personnel) to develop transportation network to and from testing/care/quarantine locations.
- Purchase a travelling RV-type vehicle for out-lying areas that can “check in” on community members and deliver food/medicine, etc.
- Provide a reliable communication device (such as a track phone) to diagnosed individuals as a “life-line”-type support.

Problem: *Navajo Nation and pueblos desire more specific communication on these subjects from the coordinated efforts of the NMDOH/Office of the Tribal Liason (OTL), Indian Health Services (HIS) and the Bureau of Indian Affairs (BIA).*

Proposed Solution:

- Ask Tribes and Nations what support specifically they need.

- Work with Tribes and Nations to create messaging in preferred format.
- Involve Tribal Leaders in all decision-making processes.
- Strengthen resource-sharing networks and build trust and responsiveness going forward.

“The power of the Universe will come to your assistance if your heart and mind are in Unity”

-White Buffalo Calf Woman

Resolutions:

Unfortunately, it is not likely that the Covid-19 problems will disappear soon. As such, it behooves all community members to collaborate and build capacity to identify and distribute resources and protect New Mexico’s most vulnerable populations. As person-to-person contact has decreased, digital communication has increased and has allowed for greater access for sharing, state-wide. Webinars and Toolkits from other states with similar issues have been circulated and community leaders have mobilized. Resilient American Communities (resiliencesystem.org) (RAC) is an initiative that has developed nationally as a response to the Covid-19 pandemic and empowers communities to build partnerships, harness resources and create social cohesion with an eye towards recovery and regeneration. Several New Mexico community leaders were invited to the National Meeting held on December 22, 2020 including NM First, Share NM, the New Mexico Alliance of Health Councils and the Office of Health Equity, NMDOH. The 8-hour training webinar highlighted strategies for collaboration and synergy while decreasing duplicating efforts and mixed messaging.

RAC-NM

In early January 2021, three community members representing three non-profits and one state agency met to develop a task force to bring Resilient American Communities to New Mexico. This task force is currently meeting and developing strategy for Covid-19 containment, vaccine promotion and health and economic re-vitalization. A report on these efforts will be forthcoming, as it is in the formative stages at this juncture.

Conclusion and Acknowledgements:

It is clear that the landscape of New Mexico is both rich in beauty, as well as committed, generous community members. Many thanks to the individuals and agencies who contributed to this body of work. The information included in this report is the summary of data collected through more than 150 interviews, focus groups, town halls and forums with community members across the state of New Mexico by way of phone and webex/zoom technology from October 26, 2020-January 6, 2021. It is in no way meant to constitute a formal research project nor resemble a longitudinal study of attitudes and values regarding subject matter. It was created and distributed for the sole purpose of information-gathering, problem identification and community-wide solutions-based discussion surrounding equity in communications and strategies for improvement. Many thanks to the following individuals and agencies who shared their thoughts, attended the EECCTT and/or offered insight into New Mexico's unique barriers and opportunities for growth, and continue to work for equity in all things in New Mexico.

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