

Lessons Learned From Community Workers Beat the Virus, a Multimedia Campaign Cocreated With Trusted Community Leaders

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Communicating effectively with racial and ethnic minorities who are disproportionately impacted by COVID-19 continues to challenge health communication professionals. Racism, historical traumas, and systematic discrimination have long deteriorated African Americans' and Latinos' trust toward the government and medical community.¹ The spread of misinformation about vaccination and testing further augments these challenges.²

Despite these obstacles, health communication strategies that are leveraged to better engage with underresourced populations hold promise. These strategies include involving community members to share their perceptions, presenting trusted influencers' experiences through appropriate media channels, designing tailored messages for

diverse populations, and adopting an empathic and compassionate style in messages.³ Indeed, communication with these strategies in mind continues to drive the core of public health actions.⁴

The Rapid Acceleration of Diagnostics-Underserved Populations (RADx-UP) Kansas project is an academic-community partnership with the goal of improving COVID-19 testing and vaccination rates in underresourced communities in 10 rural and urban Kansas counties. Our team identified a gap in communicating and engaging these communities. We worked with community leaders and community consultants (n = 26) to codevelop, codisseminate, and evaluate the multilingual, multimedia campaign Community Workers Beat the Virus with the goal of debunking myths vis-à-vis COVID-19 testing and vaccination,

providing reliable information, and promoting COVID-19 mitigating behaviors. The motivation behind the campaign first emerged organically from a town hall in early 2020 attended by community health workers, local coalition leaders, and RADx-UP Kansas team members. At the town hall, community health workers—most of whom were personally impacted by the pandemic—expressed their frustration over a lack of credible culturally and linguistically tailored health messaging that directly spoke to the needs of the underresourced populations they served. Here we describe the campaign and provide a roadmap for engaging with community stakeholders to codevelop health messaging in response to future public health emergencies and crises.

CAMPAIGN GUIDED BY A COMMUNITY-ENGAGED FRAMEWORK

This campaign used an audience-centered approach⁴ and a community-driven framework including (1) community engagement principles,⁵ (2) communication infrastructure theory,⁶ and (3) McGuire's persuasion matrix.⁷ These informed the codevelopment process, which emphasized community-based, culturally sensitive approaches to implementation. Using community engagement principles, we worked with local community members to identify critical communication sources and resources. Communication infrastructure theory provided a framework for linking our academic-community partners and audiences from underresourced communities together in a coordinated effort to shape the content of the campaign and how it was spread.⁶ Furthermore, McGuire's persuasion

matrix⁷ helped us define the who, what, and how for developing persuasive COVID-19 messages that would be beneficial among the targeted populations. Together, these frameworks allowed us to leverage existing community collaborations, draw from existing community resources, identify misinformation rampant in the communities, and develop effective approaches to counter misinformation.

BARRIERS AND FACILITATORS

The concept of the campaign was informed by community-level surveys, focus groups, and listening tours that identified structural and attitudinal communication barriers to testing and vaccination in the targeted Kansas counties. In addition to structural barriers (e.g., access to a testing site, availability of the test), preliminary results from this formative research identified communication-related barriers and facilitators that informed the design and development of our health communication campaign. Barriers included a distrust toward the government, a lack of culturally and linguistically responsive and empathic information, and misinformation.

Our research also unveiled facilitators that we capitalized upon, including trusted community leaders who are empathic and nonjudgmental communicators. As trusted members in their communities, community health workers and leaders are uniquely positioned, especially in a public health crisis, to relate to and provide support to members who have historically distrusted the government and medical communities. They also have been shown to be effective messengers of public health information.⁸ These insights allowed us to garner support from community health workers and community consultants to initiate the campaign process.

CONTENT IDEATION AND REFINEMENT PROCESS

Community leaders and community health workers (n = 26) featured in the campaign were recommended by community partners. They represented racially and ethnically diverse populations from both rural and urban communities, including representatives with lower socioeconomic status and those who have experience working with immigrants and migrant workers.

These community representatives participated in a series of videoconferences

to develop, refine, and rehearse video scripts that narrated the lived experiences of their clients during the pandemic and described their own experience with COVID-19 testing and vaccination. They helped develop culturally and linguistically appropriate messages and topics, ranging from debunking the myths of vaccination (e.g., microchips in vaccines, fertility issues) to emphasizing the importance of getting tested, engaging in safe behaviors, and sharing community leaders' lived experiences (e.g., supporting those who were evicted because of their inability to pay their rent; [Box 1](#)). They also selected the sites for video recording, taking into consideration cultural aspects (e.g., murals, neighborhoods, faith-based buildings). We then traveled to each county and recorded every community leader in a video-recording session lasting from 15 to 45 minutes.

Ultimately, the campaign produced 46 video clips (30 seconds each) in 7 languages spoken in the immigrant and minority communities (i.e., English, Spanish, Swahili, Portuguese, Hindi, Nepali, and Dzongkha). In addition, per recommendation from community leaders, we designed 52 Facebook, Twitter, LinkedIn, and Instagram posts in Spanish and English; 2 print ads

BOX 1— Sample Topics Featured in the Community Workers Beat the Virus Multimedia Campaign: Rapid Acceleration of Diagnostics-Underserved Populations, Kansas, 2021

Lived Experience	COVID-19 Topic	Language	Intended Audience
Food assistance	COVID-19 symptoms	Nepali	Low-income individuals
Loss of a loved one	Testing and travel	Spanish	Latinos, immigrants
Parenting	Fertility issues	Portuguese	Women
Social isolation	COVID-19 symptoms	Spanish	Latinos, immigrants
Economic impact of COVID-19	Test before social gatherings	Spanish	Unemployed individuals
Stress of long-distance care during COVID-19	Testing and travel	Swahili	Immigrants, migrant workers
Community health worker	Safe behaviors	English	African Americans
Vaccine side effects	Myth: Microchip in vaccine	English	African Americans
Vaccine development	Myth: Vaccine creates zombies	Spanish	Latinos, immigrants

published in multiple local newspapers; and 27 thirty-second radio spots (Selected videos from the campaign are posted here: <https://tinyurl.com/4wb48yxr>; Social media posts are here: <https://tinyurl.com/2x8awty9>).

CAMPAIGN DISSEMINATION

From July to August 2021, the Community Workers Beat the Virus campaign was disseminated through a mix of owned and paid media specifically focusing on immigrants and minority populations in 6 of the 10 participating rural (i.e., Lyon, Finney, and Seward) and urban (i.e., Sedgwick, Wyandotte, and Johnson) counties. For owned media distributions, community leaders and coalitions from each county posted the campaign materials on their own social media platforms. Community leaders provided guidance on use of paid local media channels most appealing to underresourced populations in their counties. Based on their insight, both traditional (e.g., Telemundo, Univision, La Mega 1160 AM, *Dos Mundos* newspaper, 107.3 FM KC's R&B and HipHop) and digital media (e.g., geographically targeted Facebook, Twitter, LinkedIn, and Instagram posts) became part of the paid media effort with a budget of roughly \$30 000.

CAMPAIGN EVALUATION THROUGH COST AND MEDIA MONITORING

The production cost of the campaign was \$18 330, which included 317 hours of script development, recording, editing, graphic design, and coordination. We also monitored media impressions from each platform to track whether the campaign was delivered to the

intended target audiences. Media impressions, which are a measure of advertising exposure,⁹ have been used to measure exposure to prohealth media campaigns.¹⁰ It is considered an important metric in the early part of a communications campaign because attitudinal and behavior changes are predicated upon exposure. Overall, the campaign had nearly 170 000 social media and connected TV impressions, more than 600 000 print impressions, and more than 1.1 million impressions via radio. With a combined media production and media buy budget of \$48 330, on average, each impression cost \$0.03.

LESSONS LEARNED FOR FUTURE PUBLIC HEALTH CAMPAIGNS

The academic–community partnership to codevelop COVID-19 public health communication serves as a model for responding to information needs in public health crises. Engaging community health workers and leaders took a considerable amount of coordinated effort but showed significant potential to reach diverse groups (via media monitoring of impression), aid in debunking myths, and address misinformation to respond to the impact of COVID-19 in underresourced communities. Capitalizing on the community health workers' lived experiences and working knowledge of their communities offers a sustainable resource for the development of public health communication strategies that resonate with underresourced groups. Furthermore, their familiarity with the intended audiences of the campaign played a crucial role in determining appropriate traditional and digital media channels to reach these

communities, thus helping to generate a high level of impressions (1.8 million combined media impressions) despite a limited budget in media production and buy. Health communication with a community-engaged approach could become a template for addressing future public health emergencies and crises. *AJPH*

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CONTRIBUTORS

M. Ramírez and Y. Chen share equal first authorship. M. Ramírez, C. Y. Lumpkins, and Y. Chen contributed to the conceptualization, development, and production of the Community Workers Beat the Virus multilingual multimedia campaign. M. Ramírez contributed to the data analysis. M. Ramírez, C. Y. Lumpkins, Y. Chen, K. A. Greiner, and E. Ellerbeck contributed to the article write-up. B. Crawford, K. A. Greiner, and E. Ellerbeck conceptualized the underlying Rapid Acceleration of Diagnostics–Underserved Populations (RADx-UP) Kansas project and procured funding.

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CONFLICTS OF INTEREST

The authors declare that they have no relevant or material financial interests that relate to the research described in this article.

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