OREGON SALUDABLE Juntos Podemos Development and Design of a Culturally Tailored Intervention to Address COVID-19 Disparities Among Latinx Communities Across Oregon

Presented by: Elizabeth L Budd, Ellen Hawley McWhirter, Anne Marie Mauricio, Stephanie De Anda, Maryanne Mueller, Kristin Yarris, Oregon Saludable: Juntos Podemos Advisory Board, & Leslie Leve

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### Oregon Latinx residents are disproportionately affected by COVID-19

- May, 2020: Latinx residents were 13% of Oregon population, but 31.7% of COVID-19 cases
- July, 2020: Oregon weekly case rates per 100,000
  - 174.7 for Hispanics
  - 28.1 for non-Hispanic Whites
- August, 2021: Oregon age-adjusted rate ratios

Ethnicity	Cases	Hospitalizations	Deaths
Hispanic	2.1	2.8	2.4
Non-Hispanic	1.0	1.0	1.0



### One-size approach to disease prevention & control does *not* fit all

Factors contributing to COVID-19 disparities in Latinx communities:

- Lower rates of health insurance (OHA, 2021)
- Higher rates of poverty and food insecurity (Edwards, 2020)
- Employment as essential workers, language barriers, preexisting health conditions (Thakur et al., 2020)
- Traumatic stress and mistrust associated with sociopolitical oppression, racism, and anti-immigrant policies (Fortuna et al., 2020; Garcini et al., 2020)

These factors necessitate going beyond existing standard practices.



Rapidly develop and deliver an intervention to increase (1) participation in COVID-19 testing and (2) engagement in prevention behaviors among Oregon Latinx community members.

The development and content of intervention must be:

- Culturally-tailored,
- Trauma-informed, &
- Participatory, that is, informed by community members and professionals with lived experience and/or expertise in serving Latinx communities.



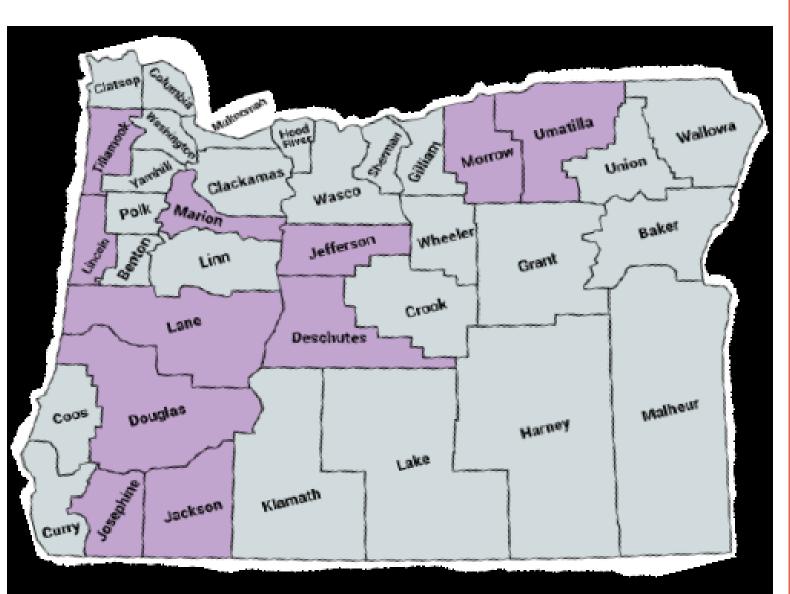
# The objectives of this presentation are to:

- 1) Outline the collaborative development of a culturally tailored, trauma-informed COVID-19 prevention intervention for Oregon's Latinx communities;
- 2) Describe the intervention components; &
- 3) Summarize successes & challenges.

## **Oregon Saludable: Juntos Podemos**



• 11 participating counties in which our testing events occurred





### Our team was

Multidisciplinary, multi-sector and spanned the state. It includes:

- University of Oregon researchers,
- community-based organizations,
- local and state health departments,
- and a Community and Scientific Advisory Board.





- **Reviewed scientific literature** on culturally tailored health promotion interventions & recruitment strategies for Latinx individuals
- Surveyed 67 Latinx residents attending Lane County COVID-19 testing events
  - Examples: how they heard about the testing event; where they obtain COVID-19 information; reasons for seeking testing; reasons others may not seek testing; among other data.
- **Interviewed 13 leaders** of Lane County community-based organizations serving Latinx residents
  - Examples: messaging, protocols, staff, methods for sharing results.



Fall 2020-present: on-going intervention development & refinement activities

- Public Health and Community Services Team consultations
  - Conducted weekly meetings with a team of Latinx-serving public health and social services staff.
  - All members were Spanish-English bilingual and Latinx.
- Community and Scientific Advisory Board consultations
  - Engaged in bi-monthly meetings with 6 county representatives, a Latinx community researcher, and a chairperson.
- Interventionist (Promotores) meetings
  - Facilitated bi-monthly meetings with interventionists across all participating counties.
  - Weekly check-ins with interventionists in each county.



- Designed to accompany the SARS-CoV-2 testing events that were randomly assigned to the experimental arm of the larger research study.
- Two main components: **outreach** & **brief health education**.
  - Reflected culturally-responsive, evidence- and trauma-informed strategies based on intervention development activities.
- Delivered by 19 Promotores who are bilingual, Latinx community members from participating counties.



**Purpose:** to advertise the testing events and build relationships with Latinx community members and with predominately Latinx-serving community-based organizations, in order to promote participation in the testing events.

Each Promotor chose their preferred outreach strategies to employ in their county.

• The list of strategies was informed by development activities and collaboratively created by researchers, Promotores, and the partner community-based organizations.



# **Outreach Materials**

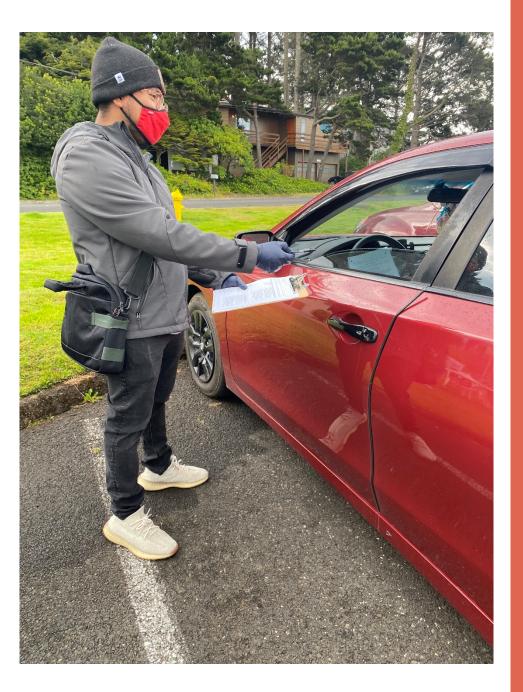
- were culturally tailored
- were revised by community partners
- included Spanish and English
  - flyers,
  - door hangers,
  - radio announcements,
  - WhatsApp messages, &
  - social media messages.
- were circulated among churches, schools, community mental health centers, regional farmworkers union, Mexican markets, among others.





### Brief Health Education Component

**Purpose:** to promote COVID-19 preventive behaviors and to help sustain testing rates of Latinx community members over time.



**4 MEDIDAS** PARA PREVENIR EL VIRUS Y MANTENER LA SALUD DE SU FAMILIA

**PRUEBAS DE** 

COVID-19

Es muy importante

hacer pruebas

repetidas.

#### INFORMACION SOBRE COVID-19

CÓMO PROTEGER

**PROTEGER A LOS D** 

CONDADO

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información recopilada de CDC CENTROS PARA EL CONTROL Y LA PREVENCIÓN DE ENFERMEDADES cdc.gov/coronavirus-es EVITE EL CONTACTO Y MANTEGA DISTANCIA

La mejor manera de protegerse contra el virus COVID-19:

- quédese en casa tanto como sea posible
- evite el contacto cercano con los demás
- mantenga una distancia de 6 pies de las personas que no viven en su casa



CÚBRASE LA BOCA Y LA NARIZ CON UNA

 El objetivo de la mascarilla es proteger a otras personas, en caso de estar infectado.

MASCARILLA

 Todos deben usar una mascarilla en lugares públicos y cuando están con otras personas que no viven en su hogar

 Siga manteniendo una distancia de aproximadamente 6 pies de las demás personas.

> \*\*\*El uso de la mascarilla no reemplaza el distanciamiento social.

#### LAVARSE LAS MANOS CON FRECUENCIA

Lávese las manos con frecuencia con agua y jabón por al menos 20 segundos, especialmente después de haber estado en un lugar público, o después de sonarse la nariz, toser o estornudar.



# **Resource Navigation and Support included:**

- A list of local and state resources such as
  - food banks,
  - and available financial support for agricultural workers who missed work due to quarantine or testing positive for the virus.
- Informational handouts focused on what to do if they or a family member tests positive.
- Resource lists were customized to the specific county or community where the testing event was held.



# **Strengths and Successes**

- Established collaborative feedback loops with all partners.
  - Community-based organizations, Promotores, Public Health Departments.
- Culturally and linguistically diverse research team.
  - Research team members with similar lived experiences to those we were aiming to serve.
  - Prioritized values of cultural responsiveness and cultural humility.
- Promotores deeply invested in communities and "championed" the intervention.



# **Strengths and Successes**

- Intervention is generalizable to other health behaviors and implementation settings.
  - Training in principles of trauma-informed care and motivational interviewing.
- Knowledge transfer.
  - Intervention training and implementation materials are available and accessible for sustainable use.
  - Current cohort of Promotores have skills and knowledge to train next cohort.



- Forming collaborations across entities and persons diverse in values, goals, personal and professional backgrounds, expertise.
  - Connecting via virtual platform only.
  - Short timelines and urgency of pandemic required formation of strong collaborations quickly, with partners with whom we had never collaborated.
- Connecting community members with limited resources.
  - Statewide economic fund ended mid-way through intervention.
- Promotores' comfort with accessing and using technology.
- Environmental issues- rain storms, heat, fires and poor air quality.



### Challenges

- Funding restrictions weren't always logical to community partners.
  - Funds not available to support vaccine efforts.
  - Delaying final intervention evaluation analyses until the research study complete seemed inconsistent with promoting of testing.
- Rapidly changing guidelines regarding preventive behaviors.
  - IRB approval required of all changes before implementation.
- Emphasizing value of ongoing testing in context of available vaccines.
- Readiness and capacity of partner community-based organizations to assume responsibility for intervention implementation.
  - Fast pace of project.
  - Community based organizations' resources stretched thin due to pandemic and high community needs.



# Conclusions

- University-community research partnerships should be the gold standard.
  - Set up systems to engage partners early and often.
  - Anticipate and proactively address challenges associated with community-based participatory approaches to intervention development, implementation, and evaluation
- Promotor-driven adaptations enhance acceptability.
- Sharing development and intervention details facilitates uptake and replication to optimize public health impact.

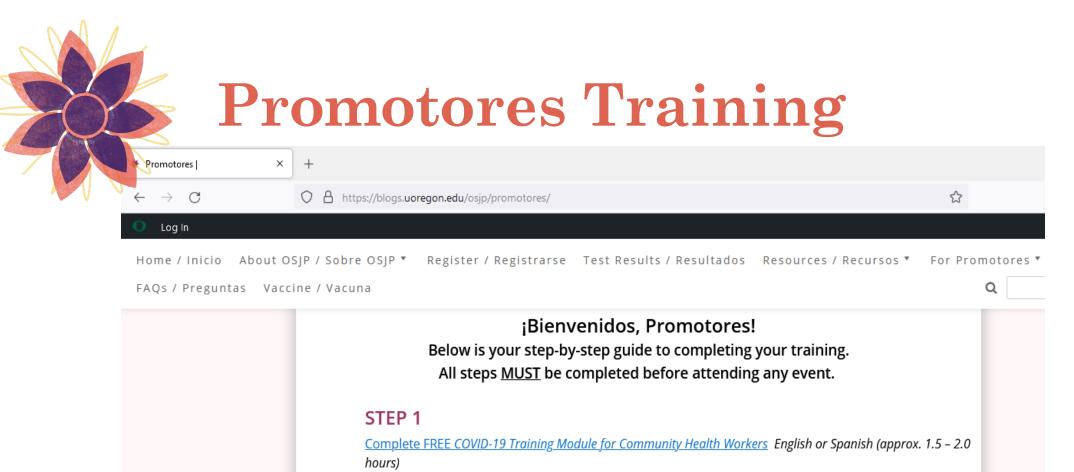
# **Gracias & Thank you**

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Contact: Elizabeth Budd (co-Investigator) <u>ebudd@uoregon.edu</u>

A special thank you to our community partners!



Email your certificate of completion to Joaquin Ramos - jramos2@uoregon.edu

STEP 2Watch Part 1 of the Promotores de Salud Training videoComplete the Knowledge Assessment for Part 1

**STEP 3** <u>Watch Part 2 of the Promotores de Salud Training video.</u>

Complete the Knowledge Assessment for Part 2