

COVID-19 Education and Outreach

AN OVERVIEW OF COVID-19 COMMUNICATION AND DISSEMINATION EFFORTS IN NEVADA




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Nevada Minority Health and Equity Coalition
SCHOOL OF PUBLIC HEALTH | UNIVERSITY OF NEVADA

This report was prepared by members of the The Nevada Minority Health and Equity Coalition (NMHEC), the Nevada Institute for Children's Research and Policy (NICRP), and the University of Nevada, Las Vegas (UNLV) School of Public Health to educate and inform the minority communities of Nevada about ways to reduce the spread of COVID-19.

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Overview

The COVID-19 pandemic has profoundly impacted the lives and livelihood of all Nevadans. However, COVID-19 morbidities, mortalities, and the amplification of existing social inequities have been especially pronounced in marginalized communities. In the U.S., Black, American Indian, and Latinx populations are about three times more likely to be hospitalized and approximately two times more likely to die from COVID-19 compared to Whites. Because demographic characteristics such as immigration status, disability, and sexual and gender diversity, are not captured in COVID-19 hospitalization and death records, it is difficult to know how deeply COVID-19 has impacted these communities. During the course of the pandemic marginalized communities have experienced the highest rates of pay cuts, unemployment, housing and food insecurity, and greater social stigma. Appropriately responding to a pandemic is a complex and dynamic process. As health and social inequities multiplied before our eyes, we knew that our response had to be inclusive of the communities affected by the pandemic - collaboration, partnerships, and trust-building had to be at the core of our work.

In order to most effectively slow the spread of COVID-19 in Nevada's most at-risk populations and to reduce health inequities, we deployed a Community Based Participatory Research (CBPR) approach. Using the CBPR approach, which embodies grassroots translational work, we brought community leaders and organizations to the table to drive community change and promote solutions. Community members themselves steered the development of linguistically - and culturally-inclusive messaging that accounts for their realities and lived experiences. Our communication and dissemination plan targeted some of the hardest-hit communities in Nevada – including those predominantly occupied by minority and marginalized communities such as African American/Black, Hispanic/Latinx, Native/American Indian, Asian, Pacific Islander, LGBTQ+, and those who are deaf or hard of hearing.

Utilizing the CBPR approach, we developed the #OneCommunity education and outreach campaign, which aimed to:

- Provide a central location in which communities leaders and members could obtain reliable information about COVID-19.
- Engage community leaders and members as active participants in COVID-19 education and outreach.
- Engage the community in a larger conversation about COVID-19 to discuss impacts, perceptions, concerns, challenges, and next steps.
- Disseminate information through various printed and digital sources that will best reach the 7 target communities.

Summary of accomplishments:

- Funded 10 community partners who shared their expertise of their own communities
- Gained deep insight in into the ways that COVID-19 fractured the social and economic foundations of the marginalized communities we sought to serve

- Developed linguistically and culturally informed educational materials
- Faciliated an iterative process of messaging development and refinement to ensure materials met community needs and concerns
- Conducted 30 focus groups spanning seven target populations, which allowed us to learn directly from over 200 community members
- Disseminated health information to 794,318 people and made 62,676,987 impressions in different mediums by harnessing the reach of funded and non-funded partners
- Created seven toolkits for each of priority population

This work could not have been done without the support, dedication, and commitment of funded and non-funded partners. Below we provide a summary of findings from focus groups groups held across the state and key educational and outreach activities conducted between August 2020 to December 2020 to seven historically underrepresented communities.

Engaging Community Partners

The NMHEC serves as a liaison between community partners and local and state government entities. To meet the objectives of this initiative's scope of work, it was essential to ensure that community leaders were integral to education and outreach efforts. As part of this initiative, the NMHEC awarded contracts to ten community partners representing seven priority populations, including African American/Black, Hispanic/Latinx, Native/American Indian, Asian, Native Hawaiian/Pacific Islander, LGBTQ+, and those who are deaf or hard of hearing.

A Request for Proposals (RFP) was announced to engage community partners in the effort and applicants were selected based on their ability to serve one of the seven priority populations, demonstration of work in their respective community, and history of conducting similar work. Each community group was awarded funds to recruit community members into focus groups, lead focus group sessions, participate in the review and development of educational material for cultural responsiveness, and disseminate materials into the community. These identified community partners were integral to the engagement of priority populations in the campaign.

These partners continued to play a critical role in evaluating the educational materials for cultural competence and an equally important role in disseminating the information to community members. The successful dissemination and uptake of our message would not have been possible without the integral contributions of our eleven community-based partner organizations (Table 1).

Table 1: #OneCommunity Campaign Partners

Represented Community	Organization
African American/Black	● Dreamsickle Kids Foundation Inc. ● High Sierra AHEC
Hispanic/Latinx	● Arriba Las Vegas Workers Center ● Dignity Health—St. Rose Dominican Hospital, Siena Campus ● University of Nevada, Reno—Latino Research Center
Native American/Native Indian	● Guinn Center ● Churchill Community Coalition
Asian	● The Asian Community Resource Center
Pacific Islander	● The Asian Community Resource Center

LGBTQ+	● Silver State Equality Institute
Deaf/Hard of Hearing	● The Deaf Centers of Nevada

Community-specific toolkits were developed to ensure community representation, the cultural appropriateness of materials, and community concerns. We developed content for each community and our community partners reviewed the materials to ensure they were culturally relevant. Messaging was disseminated through print, radio, TV, and social media, to account for the needs of communities with varying literacy and access to social media. All materials have been developed in English, Spanish, and other languages as requested by our partners, such as Chinese and Vietnamese.

The following describes the targeted areas of dissemintation of the materials developed as well as a description of each of the materials.

Targeted Zip Codes

To determine where to focus the dissemination of material that were developed as part of this project, staff worked to identify the most vulnerable areas in Nevada. To make this determination, several indicators were examined at the zip code level that included the prevalence of COVID-19, median annual income, and the percentage of the population that identified as Black, AIAN, Asian, NHOPI, or HISPANIC. For Carson City and Clark County, the number of confirmed cases was used to establish a prevalence rate for each zip code. For Washoe County, the only available data was the number of active cases. Unfortunately, data for the other rural counties were not available.

Once the prevalence rates for the zip codes were determined, the zip codes were then prioritized by examining those that included a mean area income of less than $50,000 and that included the highest percentage of underrepresented populations.

This analysis resulted in 10 zip codes in Clark County (89030, 89101, 89102, 89103, 89104, 89106, 89107, 89115, 89122, 89139) (Figure 1), 4 zip codes in Washoe County (89431, 89502, 89512) (Figure 2), and 1 zip code in Carson City (89706) (Figure 3).

Figure 1: Las Vegas Zip Code Prioritization Map

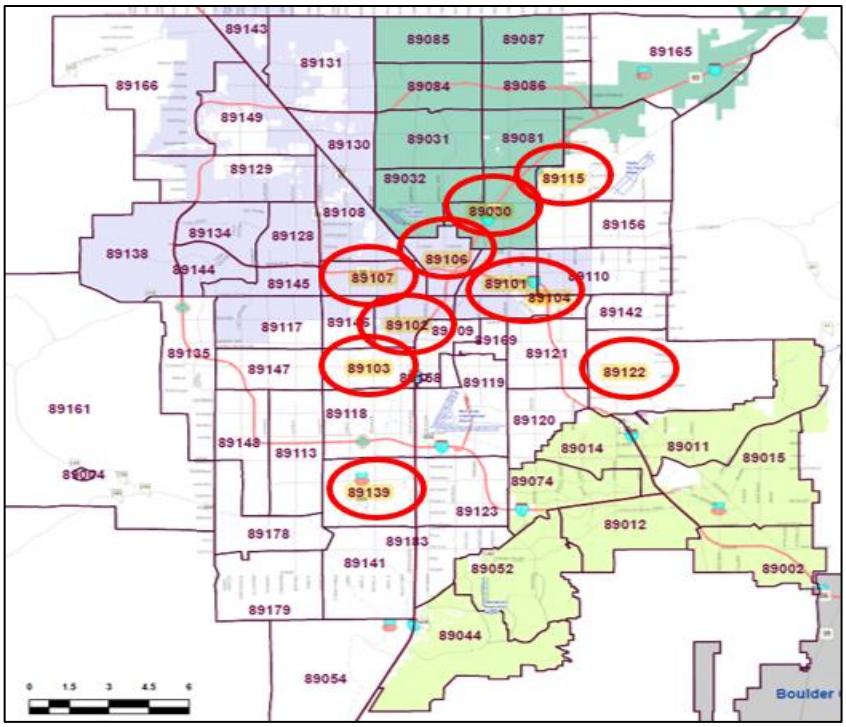


Figure 2: Reno Zip Code Prioritization Map

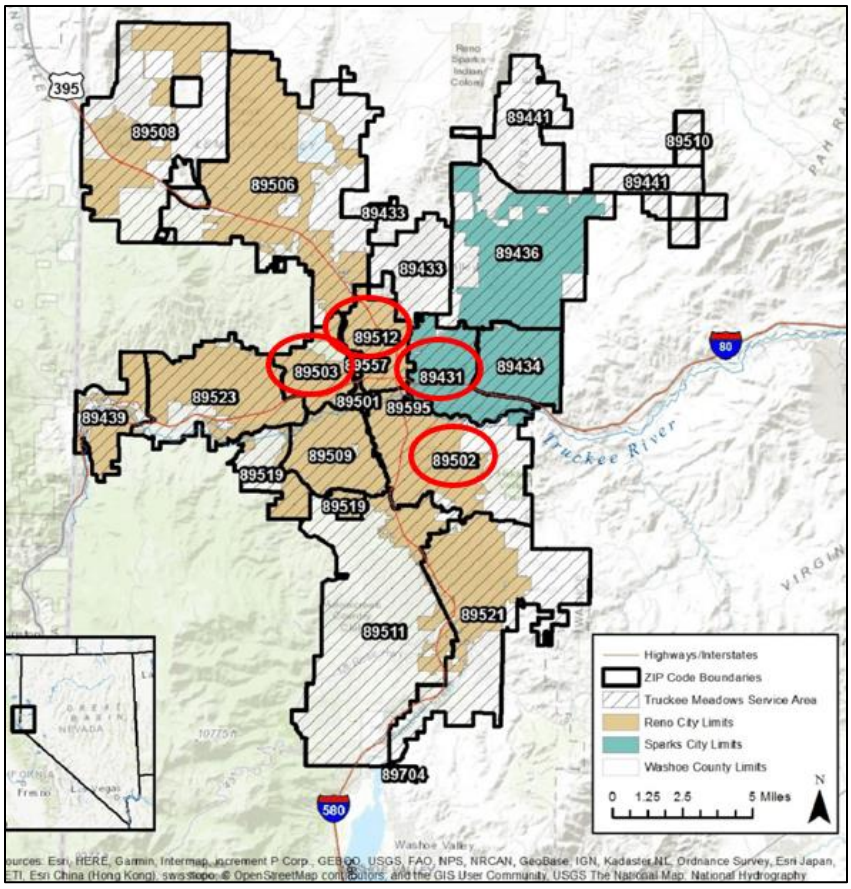


Figure 3: Carson Zip Code Prioritization Map

Understanding COVID Impacts

As our understanding of COVID-19 and its impacts continued to evolve, we needed feedback from affected communities to understand the issues they were facing and to develop approporiate resources. Toward this objective, the three key entities (NMHEC, NICRP, and the UNLV SPH) trained our 10 commuinty parntners to conduct focus groups. All community partners attended a training community-based participatory research training that covered how to facilitate a focus group, recruit participants, and advertise the focus group. NICRP staff were responsible for the development of the initial focus group questions, developing protocol, training community partners on protocols and facilitation practices, attending focus groups to record and assist, and analyzing focus group data. Community partners provided consultation, feedback, and input on final focus group questions, assisted with recruitment of participants, coordinated registration, and facilitated focus groups.

Focus Group Recruitment and Procedures

Flyers were sent out by community partners in English and Spanish through social media or via email, as well as posted in some organizations' facilities. Flyers listed registration links that took participants to a Qualtrics survey where they could register. For their participation, individuals were offered a 20-dollar gift card to show appreciation for their time. Then, NICRP staff or community partners sent out emails to particpants with the meeting information, and tips for video conferencing such as how to use zoom, finding a quiet space, using a laptop to see other participants, and headphones to minimize background noise. Reminder emails were sent out the day of, and, when needed, phone calls were utilized to remind participants of the focus group.

Two NICRP staff members were present during each focus group in addition to at least one facilitator from the partner organization. Focus groups were held via Zoom, except for three in-person sessions. Once the session began, participants were given a short summary of the purpose of the focus group and then asked permission to be recorded. Participants were also reminded that their names would not be connected to any of their responses. The facilitator addressed a few ground rules, such as staying present during the meeting, limiting side conversations, understanding that all responses are valid, speaking one at a time, welcoming all perspectives, and keeping information shared by participants confidential.

At the end of the focus groups, a survey link to a short demographic survey was provided in the chat box and participants were asked to complete it directly after the focus group. In some cases, the group organizing the focus group would email the participants after the focus group with the link. No identifying information was collected on this form, and completion of the form was not required to receive the incentive.

Focus groups typically lasted 1 hour and 30 minutes and ranged from 1-16 participants. Each of the ten partner organizations had a goal to get 25 community members to participate across a maximum of 3 focus group sessions. Focus Group Semi-Structured Guide

The main focus group guide included a list of 12 primary questions. Overall, participants were asked how the pandemic impacted them financially, at home, and at work, how they were coping during this time, and what COVID-19 risk reduction strategies they were employing. Additionally, we sought deeper insight into the unique challenges experienced within each of our target communities as well as how cultural beliefs and attitudes impacted thoughts about COVID-19 testing and the emerging COVID-19 vaccine. In addition, information was collected surrounding important factors and messaging that should be taken into account when talking to the priority populations regarding a vaccine and trusted sources in the

community . The questions served as a guide for the focus groups, but groups were encouraged to let the conversation flow naturally.

A brief demographic questionnaire was created to gather basic information about the participants. Questions on this survey included age, race/ethnicity, level of education, sex, if they rent or own their home, household size, and total income of all family members (See Appendix A).

Focus Group Transcription and Analysis

Focus groups were recorded and transcribed to accurately report the thoughts and ideas of the participants as presented during the sessions. Sessions that were transcribed in Spanish were later translated into English for the purpose of the data analyses. The constant comparison method was utilized to analyze the data, whereby each theme was compared with existing themes as it emerges from the data analysis. Participant responses for each question were summarized for each group to find commonalities as well as unique experiences among the seven target populations.

Limitations

There were a few limitations that should be considered when reviewing the results from the focus groups. First, the project could only support 25 persons per partner organization, and some populations had more than one partner organization; therefore, the number of participants per target population was not equal. However, adequate sample sizes were collected for all groups with the exception of the deaf and hard of hearing group. Given the need to conduct virtual focus groups due to the pandemic, as this organization did not feel it was safe to meet in person, the technology was a challenge for this population and participation was low. Therefore, the information gathered may not generalize as well as the other groups. In addition, even though the other groups had better participation, given that the majority of the focus groups were held online, it excluded those that do not have access to technology.

Next, for all focus groups, participation was based on the willingness of individuals to choose to sign up to participate in a focus group. Therefore, there could be something different about those that participated in the focus groups compared to those that chose not to participate. Finally, while each target population included male participation in the focus groups, the majority of focus group participants were women. Therefore the results may not generalize as well to men.

Focus Group Results

The focus groups were important in understanding firsthand experiences and perspectives of vulnerable and historically marginalized populations in order to develop culturally responsive educational materials and media to help reduce the negative impacts of COVID-19. The goal of these focus groups was to foster more conversation about COVID-19 and receive feedback from the communities regarding their perceptions, concerns, challenges, and insight. These focus groups helped to increase our understanding of COVID-19 and educate the community.

A total of 30 focus groups were conducted, 27 virtually via zoom, as well as three in-person groups. Participants were located across the state of Nevada in Las Vegas, Reno, Ely, Duck Valley, and Moapa. The in-person focus groups were conducted by the Arriba Las Vegas Workers Center, and all COVID-19 safety protocols were in place, including social distancing, mask-wearing, and use of hand sanitizer. In total, there were 221 participants statewide. The number of focus groups and participants for each of the target populations is listed in the table 2 below**.**

Table 2. Focus Groups

	LATINX	BLACK/ AFRICAN AMERICAN	NATIVE AMERICAN	ASIAN	PACIFIC ISLANDER	LGBTQA+	DEAF/ HARD OF HEARING	Total
# of Focus Groups	8 *	6	5	2	2	3	4	30
% & # of Participants	35.3% (78)	15.8% (35)	13.1% (29)	11.3% (25)	11.3% (25)	9.5% (21)	3.6% (8)	100% (221)

*Three of the focus groups for the Latinx population were held in person following state mandates.

Demographics

A total of 142 participants completed the demographic questionnaire, with a response rate of 64.3%. Given this low response rate, the demographic information should be interpreted with caution (Table 3).

Table 3. Focus Group Participant Demographics

	Latinx N=63	Black/ African American N=23	Native American N=12	Asian N=5	Native Hawaiian/ Pacific Islander N=9	LGBTQ+ N=21	Deaf &/or Hard of Hearing N=9	Total N=142
Age								
18-30	12.7%	30.4%	50.0%	0.0%	0.0%	28.6%	0.0%	19.0%
31-50	60.3%	39.1%	8.3%	60.0%	66.7%	38.1%	11.1%	46.5%
51-64	19.0%	13.0%	33.3%	40.0%	33.3%	23.8%	44.4%	23.2%
65+	3.2%	8.7%	0.0%	0.0%	0.0%	4.8%	11.1%	4.2%
Prefer not to Answer	4.8%	8.7%	8.3%	0.0%	0.0%	4.8%	33.3%	7.0%
Education Level								
Less than 9th grade	15.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%
9th to 12th grade, no diploma	12.7%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	6.3%
High School Diploma or GED	28.6%	4.3%	33.3%	0.0%	22.2%	9.5%	22.2%	20.4%
Some college, no degree	14.3%	21.7%	33.3%	0.0%	55.6%	42.9%	22.2%	23.9%
Associate's Degree	3.2%	4.3%	25.0%	0.0%	11.1%	28.6%	22.2%	10.6%
Bachelor's Degree	7.9%	34.8%	8.3%	40.0%	0.0%	19.0%	11.1%	14.8%
Graduate/Professional Degree	11.1%	34.8%	0.0%	60.0%	0.0%	0.0%	22.2%	14.1%
Prefer not to Answer	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.8%
Gender								
Male	1.6%	30.4%	25.0%	20.0%	11.1%	71.4%	11.1%	20.4%
Female	96.8%	69.6%	75.0%	80.0%	88.9%	23.8%	66.7%	76.8%
Transgender (MTF)	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%	11.1%	1.4%
Transgender (FTM)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Gender fluid/Non-binary	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prefer not to Answer	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	1.4%
Household Income								
$0	4.8%	4.3%	0.0%	0.0%	0.0%	4.8%	11.1%	4.2%
<$14,999	15.9%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%
$15,000-$24,999	12.7%	0.0%	16.7%	0.0%	0.0%	28.6%	11.1%	12.0%
$25,000-$39,999	17.5%	8.7%	16.7%	0.0%	11.1%	9.5%	0.0%	12.7%
$40,000-$54,999	6.3%	26.1%	8.3%	0.0%	11.1%	14.3%	11.1%	11.3%
$55,000-$79,999	1.6%	17.4%	16.7%	0.0%	11.1%	4.8%	0.0%	6.3%
$80,000-$109,999	3.2%	21.7%	8.3%	0.0%	33.3%	9.5%	11.1%	9.9%
$110,000+	1.6%	8.7%	16.7%	20.0%	22.2%	9.5%	11.1%	7.7%
Prefer not to Answer	36.5%	8.7%	16.7%	80.0%	11.1%	19.0%	44.4%	28.2%

Home								
Rent	66.7%	65.2%	41.7%	20.0%	22.2%	66.7%	66.7%	59.9%
Own	19.0%	34.8%	41.7%	80.0%	77.8%	23.8%	33.3%	31.0%
Prefer not to Answer	14.3%	0.0%	16.7%	0.0%	0.0%	9.5%	0.0%	9.9%
Household Size								
Household Members <18								
0	12.7%	13.0%	25.0%	20.0%	0.0%	0.0%	44.4%	13.4%
1 to 2	33.3%	56.5%	16.7%	60.0%	33.3%	4.8%	22.2%	31.7%
3 to 4	22.2%	17.4%	33.3%	0.0%	22.2%	4.8%	0.0%	17.6%
5+	9.5%	0.0%	25.0%	0.0%	33.3%	0.0%	0.0%	8.5%
Prefer not to Answer	22.2%	13.0%	0.0%	20.0%	11.1%	90.5%	33.3%	28.9%
Houseohld Members 18-64								
0	0.0%	4.3%	0.0%	0.0%	0.0%	0.0%	22.2%	2.1%
1 to 3	71.4%	82.6%	83.3%	80.0%	88.9%	9.5%	33.3%	64.1%
4 to 6	20.6%	4.3%	16.7%	20.0%	11.1%	0.0%	11.1%	13.4%
6+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prefer not to Answer	7.9%	8.7%	0.0%	0.0%	0.0%	90.5%	33.3%	20.4%
Household Members ≥65								
0	12.7%	43.5%	41.7%	20.0%	22.2%	0.0%	44.4%	21.1%
1 to 2	15.9%	21.7%	16.7%	20.0%	11.1%	0.0%	11.1%	14.1%
3 to 4	0.0%	0.0%	0.0%	0.0%	22.2%	0.0%	0.0%	1.4%
5+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prefer not to Answer	71.4%	34.8%	41.7%	60.0%	44.4%	100.0%	44.4%	63.4%

The Impact of COVID-19 on the Community

Fear, Anxiety, Stress, and Social Isolation

There were 12 different concerns that arose for community members regarding COVID-19 (Table 4). The most common concerns included experiences of fear and anxiety related to COVID-19. Some individuals expressed a fear of getting sick or of a family or friend becoming ill, which kept people confined to their homes. Even though people were instructed to remain home to stay safe, for some, the fear of leaving the house and/or social isolation had a negative impact on their overall mental well-being. Finally, the inability to see family members, either living in town or those living out of state, was very challenging.

Table 4. Fear, Anxiety, Stress, and Social Isolation

	Latinx	**Black/ African American**	**Native American**	**Asian**	**Native Hawaiian / Pacific Islander**	**LGBTQA+**	**Deaf &/or Hard of Hearing**
Experiences of fear, anxiety, and stress impacted overall mental well-being	X	X	X	X		X	X
Fear/stress due to rapid shutdown and lack of supplies	X	X					
Many elderly might live alone and are isolated, impacting their mental health			X				

Fear of catching COVID-19 so remained confined	X	X	X	X			X
Little personal contact with family or loved ones in the city; have not seen family that live out of state for a long time	X	X	X	X	X	X	X
Community experienced an increased need for treatment of mental health and/or substance use	X		X				
Increase in family conflict; verbal or domestic abuse		X	X				X
Increased stress due to protests and displays of racism or violence in communities	X	X					
Stress due to experiences of discrimination	X			X			
Feelings of loneliness or sadness due to missing out on experiences, community services, or events canceled	X	X		X		X	
Feelings of loneliness or sadness from being separated from the community where you feel you can be yourself						X	X
Feelings of sadness due to not being able to see loved ones in the hospital	X					X	

Note: X= Indicates the content was discussed in the focus group for that population.

Impacts on Physical Health

There were 11 different concerns that arose for community members regarding COVID-19's impact on physical health (Table 5). The most common concerns included being more at risk due to the increased rate of underlying health conditions, only going to the doctor when very sick to avoid medical bills, and doctors' visits being canceled to reduce the risk of exposure.

Table 5. Impacts on Physical Health

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
Can't afford medical care, so will only go once really sick	X	X	X				
No insurance so go to ER for medical care,			X				

Won't go to doctor/hospital because fear contracting COVID-19	X	X	X	X			X
Inability to access emergency services quickly due to remote location			X				
High rate of underlying health conditions so at increased risk of illness	X	X	X			X	X
Inability to use some tribal health services if your tribe is not in Nevada			X				
Increase food intake	X	X			X		
Reduction in exercise	X	X				X	
Doctors canceled appointments to reduce exposure	X	X	X				
Medical appointments shift to virtual visits	X	X	X			X	
Inability to attend medical visits with family members, therefore hard to assist with follow up care							X

Note: X= Indicates the content was discussed in the focus group for that population.

Economic Challenges and Increased Risk of Exposure at Work

There were 15 different concerns that arose for community members regarding economic challenges (Table 6). The most common concerns included that many participants were not working or had members of the household that were not working due to COVID-19 and unemployment was not sufficient to cover the household expenses.

For those that were working were concerned because their ***job increased their risk of exposure;*** however, their options are limited as the work is necessary for food, housing, and basic necessities. In addition, there were concerns that **employers were not always forthcoming about potential exposure on the job**.

Finally, many reported that they lived in households with many people or that were multigenerational, and their job increases the risk of exposure to those individuals, some of who are at higher risk.

Table 6. Economic Challenges and Risk of Exposure

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
Some or all members of the family are not working or lost job; reduction in work hours or pay	X	X	X	X	X	X	X
Unemployment benefits are not sufficient	X	X		X			
Leaving job due to risk of contracting COVID-19		X					
Loss of health insurance due to unemployment or reduced hours	X	X	X	X			
Risk of exposure at work, fear of contracting COVID-19, but unable to pay expenses otherwise	X	X		X	X		X

Employers did not provide information about exposure, persistent feelings of unease, uncertainty	X		X	X	X		
Employers are not following the rules but have to work to pay expenses, lack of safety protocols	X		X				
Employers not providing personal protective equipment (PPE) but have to work to pay expenses	X						
Employers fire people if they call in sick; employees show up if they are sick or have COVID-19	X		X		X	X	
Employers not reporting incomes; not eligible for unemployment	X						
Many people living in the house, or multigene household, worry about exposing them due to job	X	X	X				
Employers don't give paid time off if kids or someone in the house has COVID, only if the employee has COVID			X				
Can't afford childcare, but if I don't work, I can't pay for expenses	X						
Threatened with eviction regardless of the moratorium	X						X
Faced difficulties keeping up with bills or rent	X	X	X				X

Note: X= Indicates the content was discussed in the focus group for that population.

Lack of Access to Resources and Information

There were 12 different concerns that arose for community members regarding access to resources and information (Table 7). Some participants discussed that during COVID-19, there was a lack of access to specific resources.

Many of these examples were not common across groups. In fact, the only commonalities included issues accessing the internet, having a hard time asking for help, and lack of information specific to the population.

Table 7. Lack of Access to Resources and Information

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
Some places required proof of unemployment to receive services, however unsure of how to prove this	X						
Do not want to ask for help because it might impact their immigration status	X						
Some places that provide assistance were overwhelmed with requests so could not provide as much as usual	X						
Hard time asking for help, too prideful					X		
Fear of asking for help							X

No access to transportation because the buses were not running		X					
No access to personal protection equipment (PPE)		X					
Little to no access to the internet, or too many people using it in the house		X	X				
I had to pay for COVID test; it was expensive	X						
Lack of information about where to get tested for COVID-19		X					
Lack of information specific to the community in terms of deaths and infections		X				X	
Lack of information in regards to community resources/ help available	X	X	X				X

Note: X= Indicates the content was discussed in the focus group for that population.

Impact on Children

There were different concerns that arose for community members regarding the impact the pandemic had on children (Table 8). The most common concerns included that children were upset, felt depressed and/or frustrated, schools were struggling to provide accommodations for students with special needs, connecting to the internet was difficult, especially if there were multiple devices used at one time, and it was very challenging when children had to be separated from parents that have COVID, sometimes for weeks.

Table 8. Impact on Children

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian / Pacific Islander	LGBTQA +	Deaf &/or Hard of Hearing
Struggle to accommodate children with special needs in an online environment	X	X	X	X			
Grandparents struggling to help grandkids with school			X		X		
Caregivers struggle to help with homework,	X						
Teachers and parents not knowing how to use the internet/technology	X	X	X			X	X
Hard to assist multiple kids with online school all at the same time				X			
Internet cannot support many devices; it keeps crashing, or the bill is very expensive because of data usage	X	X	X	X			
School provided internet access		X		X			
Kids are upset, feeling depressed and/or frustrated	X		X	X		X	X
Parents unable to get support due to social restrictions	X						
Child has to go to work with parent because can't afford care; parent can't help with school because they are working	X						
Parents and children are separated if a parent has COVID, sometimes for	X	X	X				

weeks and it is frustrating and emotionally hard							
Kids are not in a safe place and teachers have a hard time identifying these situations		X	X				
Older kids taking care of younger kids, parents not home	X	X					
Children not attending school, failing or missing days. Grades impacted		X	X			X	

Note: X= Indicates the content was discussed in the focus group for that population.

Communication/Language Barriers

There were six specific communication and language barriers that were isolated to two populations, those who were Latinx (2 barriers) and Deaf and Hard of Hearing (4 barriers). However, each barrier was unique to each group (Table 9).

Table 9. Communication/Language Barriers

	Latinx	Deaf & Hard of Hearing
Hard to find assistance, healthcare in Spanish	X	
Struggle to help kids with school because can only explain things in Spanish and all material is in English	X	
Lack of information in their native language		X
Hearing people talk through masks is challenging		X
Masks make it so you can't read lips		X
Getting an interpreter for services can be challenging		X

Note: X= Indicates the content was discussed in the focus group for that population.

Community Members Not Following Rules

There were three specific concerns brought up by participants that many community members were not following the recommended guidelines of wearing a mask and maintaining social distance (Table 10). The most common was that participants thought people might not believe COVID-19 is real until they contract it or someone close to them does.

Table 10. Community Members Not Following Rules

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
People are less concerned because they feel like they are remote, so more isolated so are less careful			X				
Some don't believe it is real until they get sick or have someone close get sick	X	X	X		X		
Can be challenging to get elders to change their behavior			X				

Note: X= Indicates the content was discussed in the focus group for that population.

Native American Concerns: Restricting Cultural Practices & Fear of Losing Culture

There were two themes that emerged only for the members of the Native American group. First, many participants mentioned that the restrictions for the pandemic did not allow them to participate in

standard cultural practices such as sweating. Participants understand why it was necessary to refrain from the activities. However, it remains challenging to abstain from practices that are healing.
In addition, participants are very concerned about losing their heritage, history, and language as many of the elders are passing away from COVID-19.

Coping with COVID-19

Although much of the discussion around COVID-19 was on challenges, participants did discuss how they are coping with the situation (Table 11). There were 17 specific coping strategies that were discussed during the focus groups. The most common included the ability to spend more time with family, having faith and trust in God, gardening, cooking, and exercise.

Table 11. Coping Strategies

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
Time with family within the social bubble	X	X			X	X	
Have trust and faith in God/church and fellowship	X	X			X		
Dancing						X	
Gardening		X	X	X			
Cooking	X	X	X	X			
Exercise	X	X	X	X			
Keep busy	X				X		
Therapy		X					
Traditional practices such as Beading, online pow wows, traditional dance online			X				
Family Hikes			X				
Stay away from media			X				
Play music				X			
Helping other people		X		X	X		
Pets				X			
Social media				X			
Yoga/meditation				X			
Sewing						X	

Note: X= Indicates the content was discussed in the focus group for that population.

Perceptions of Contact Tracing and Testing

The second topic discussed during the focus groups was focused on methods of contact tracing and COVID-19 testing (Table 12). While many participants were not worried about using any of the COVID-19 tracing methods, many of the groups expressed the same concerns about using an online application that would obtain your personal information and have the ability to track your location. There was **concern this information would be accurate** as it relies on people self-reporting information about having COVID-19, and it was believed people would lie because they need to work. In addition, there were concerns about the **information being hacked or stolen** from the system.

With regard to testing, there were many comments from participants that the nose swab was very uncomfortable; that was the main concern. One final concern was that once identified as having COVID-19, they would be treated poorly by others.

Table 12. Perceptions of Contact Tracing and Testing

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
COVID-19 Tracking Application							
App is better for younger people, but old people can learn if they want				X			
Don't understand how it can be accurate; how can you know where you were exposed	X	X	X	X	X	X	X
People will not report honestly	X	X	X	X	X	X	X
Concerned about being stigmatized if they admit to their behavior and to having COVID			X	X		X	X
Concerned about information being hacked or stolen	X	X					X
Huge invasion of privacy and lack of trust		X	X	X	X	X	
Low levels of concern						X	
Contact Tracing Call							
Not calling fast enough after positive results or after potential exposure	X				X	X	
Some don't answer because it is an unknown number, so do not receive the information	X						
When they call, they only speak English	X						
No information specific to AA only targeted toward the general population		X					
Community is social, and they are not giving enough information about the need to stay home while you wait for results		X					
It is good if it gives you resources	X					X	
COVID-19 Testing							
Nose swab is uncomfortable but need to do it	X	X	X	X	X	X	X
Undocumented community concerned about how the information is going to be used	X						
Some mistrust, worried that they will use these tests to track people	X	X	X				
Testing will insert a tracking chip		X	X				
People spread rumors which causes unnecessary concern	X						
Those that test positive for COVID are worried about being treated bad	X	X	X	X			

Note: X= Indicates the content was discussed in the focus group for that population.

Perceptions of a Potential COVID-19 Vaccine

The last set of questions in the focus groups were about the potential COVID-19 vaccine (Table 13). While many participants in the focus groups were willing to get the vaccine, many also expressed concerns about taking the COVID-19 vaccine. There were 12 main concerns discussed.

The main concerns include that no one really wants to be the first in line to try a new vaccine, some may have religious beliefs or superstitions that they are already protected therefore do not need the vaccine, and some groups believe that natural remedies should be used rather than the vaccine.

Table 13. Perceptions of Potential COVID-19 Vaccine

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
Too new, don't want to be the first to try it	X	X	X	X	X	X	X
Need to watch others first given historical trauma, Do not want to be experimented on		X	X				
Fear that they are not receiving all the information that is available	X						
Religious beliefs or superstitions that they are already protected (e.g., saint, a charm/amulet)	X	X	X				
Religious beliefs that people should not be vaccinated for anything	X			X			
Machismo - men, might not get the vaccine because it could be seen as a sign of weakness	X						
Should use natural remedies to cure COVID-19 and not the vaccine	X		X	X			
The vaccine may have a tracking chip	X						
Not concerned because I will be the last to receive the vaccine			X				
Elder beliefs that if it is their time to pass, it is just their time, don't want to take it				X			
Concerned that the vaccine was developed too fast					X		X
Concerned if they will be put at the bottom of the list due to their disability							X

Note: X= Indicates the content was discussed in the focus group for that population.

Decreasing Vaccine Hesitancy

Information Needed to Trust the Vaccine

Participants were asked to discuss what would make them more comfortable taking the vaccine and 11 main concepts emerged from the groups (Table 14). The most common information needed about the vaccine was:

- What are the side effects? Will the vaccine make someone sick?
- What are the long-term impacts of the vaccine?
- How long are you protected for?

- How was the vaccine made so fast?
- Do not lie to the community; Provide both the pros and cons of the vaccine

Table 14. Decreasing Vaccine Hesitancy

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
Do not lie to the community; Provide both the pros and cons of the vaccine	X	X	X			X	
How was the vaccine made so fast?	X	X	X			X	X
What are the ingredients of the vaccine?	X			X			X
How long does it take to work?	X	X	X				
What are the side effects? Will the vaccine make someone sick?	X	X	X	X	X		
How does it impact those with allergies?	X	X				X	
How long are you protected for?	X	X	X	X			
What are the long term impacts of the vaccine?	X	X	X	X	X		
If I already had COVID-19 do I still need the vaccine or am I already protected?	X						
If I am on hormone treatment, can I get it?						X	
If I have HIV, is the vaccine less likely to work?						X	

Note: X= Indicates the content was discussed in the focus group for that population.

Trusted Sources of Information for the Vaccine

The top 3 trusted sources of information include the Centers for Disease Control and Prevention, doctors, and social media (Table 15).

Table 15. Trusted Sources of Information to Learn about the Vaccine

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
Centers for Disease Control and Prevention	X	X	X	X	X	X	X
Doctors, Family doctor	X	X	X	X			X
Family/friends who are health professionals		X		X	X	X	
World Health Organization	X	X	X		X	X	
Local health department	X	X	X				X
Need a person/organization in the community that has the influence to promote it	X	X	X			X	
News on TV or Radio	X			X	X	X	X

Food and Drug Administration (FDA)					X		
Social Media such as Facebook	X	X	X	X			X
Social media influencers				X		X	
Pastors or spiritual leaders		X	X				
Vaccine Developers				X			
Word of mouth				X			

Note: X= Indicates the content was discussed in the focus group for that population.

Making the Vaccine Accessible

Participants were asked what would be necessary in order for people to have access to the vaccine (Table 16). The following were the top recommendations to ensure that people in the community can obtain the vaccine.

- It needs to be free
- It needs to be close, offered in a convenient location

Table 16. Making the Vaccine Accessible

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
No Charge, Free	X	X	X	X	X	X	X
Close and convenient locations	X	X	X	X	X	X	X
Pediatrician or doctor's office	X	X	X	X			
Clinics	X	X	X				
Pharmacy (Walgreens, CVS, etc.)			X	X	X		
Schools					X		
Clubs						X	
Common gathering spots like recreation centers						X	
Places that specifically serve the community			X			X	

Note: X= Indicates the content was discussed in the focus group for that population.

Potential Messages for the Vaccine

Finally, participants were also asked what type of messages would be the most likely to encourage community members to take the vaccine (Table 17). Most groups had unique responses. One response that was shared by three groups was that the messaging should not make people feel intimidated or forced to take the vaccine.

Table 17. Potential Messages for the Vaccine

	Latinx	Black/ African American	Native American	Asian	Native Hawaiian/ Pacific Islander	LGBTQA+	Deaf &/or Hard of Hearing
Don't make people panic	X	X					

Don't allow anybody to intimidate or force them to do anything; choice		X			X	X	
Be Transparent, Want to see the science behind it		X					
Make sure they know they are not the first group to get it		X					
If you get the vaccine, you protect yourself and the ones you love	X		X				
See family and friends again		X				X	X
Humor tends to catch the attention faster than droning with another public message.			X				
Get back to cultural practices			X				
Make it relevant to the culture			X			X	
Material needs to be in the native language	X			X			
Is the vaccine safe				X			
Advertise along with natural remedies			X	X			
Knowledge is power, Kuleana, it is our responsibility to get educated					X		
Give a honi honi [native greeting] somebody that you know					X		
Run it through the elders					X		
Use pictures, make it visual							X
Include contact information to talk to someone							X

Note: X= Indicates the content was discussed in the focus group for that population.

Diverse Communication Efforts

We used diverse communication efforts to reach a wide audience, but also to ensure that our messages were being received by hard to reach communities. Toward the objective of mass communication to a large audience we used public service annoucements, informational videos, and television and radio ads featuring recognizable community leaders and public health professionals who emphasized the importance of implementing preventive measures. Social media campaigns were used for wide-scale communications that provided up-to-date and reliable COVID-19 information. We used websites, webinars, and community toolkits to provide in-depth information about COVID-19 mitigation strategies and unique barriers that our community members faced. To ensure we were accessing hard to reach populations, we used billboards and print materials, such as mailers and flyers the community partners shared with their , and

Print Materials

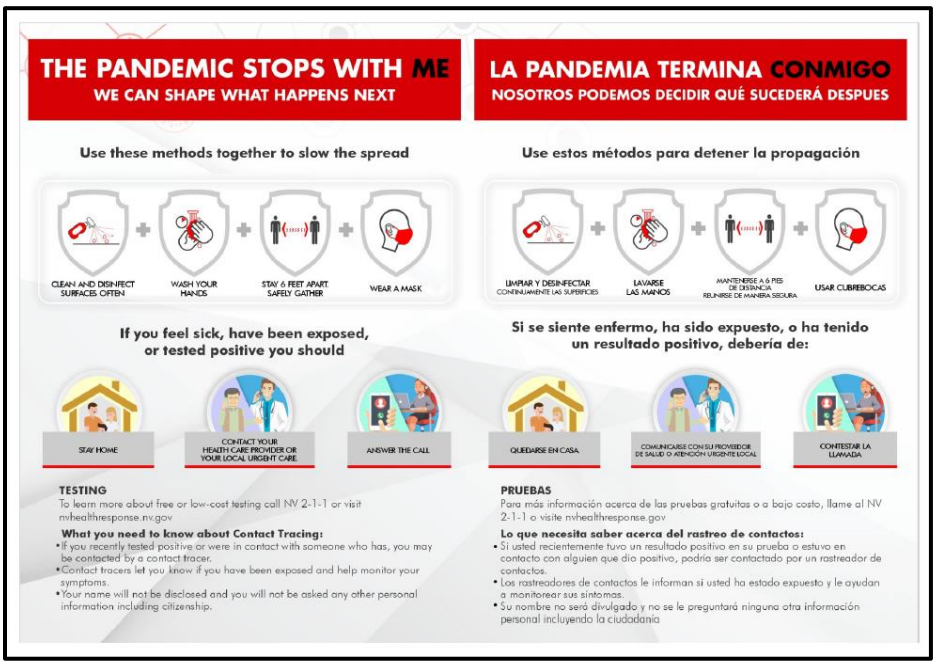
Mailer

Social media has the advantage of reaching a large audience in a short period of time. However, this medium may not be readily accessible to all our target audiences. For example, elders tend to have low social media usage, families in our target population may not have devices that connect to the internet, while others may not have reliable and consistent internet access. To overcome this challenge, we developed a mailer targeted to 14 low-income zip codes with high rates of COVID-19 (one zip code in Washoe, 89503, which was identified as high risk after the mailers were finalized). The mailers were sent

out across the state with valuable information about methods to slow the spread of COVID-19, steps to take if you have been exposed or tested positive, and information about contact tracing.

To accommodate the large population of Spanish speakers in Nevada the mailer included English on one side and Spanish on the other side. Additionally, the mailers were image-heavy in order to facilitate comprehension of our messaging in populations with low literacy. In total, we sent out 214,468 mailers to households throughout Nevada (Table 18).

Mailer Front



Mailer Back

Table 18: Mailer Dissemination per Zip code

City	Zip codes	No. of Sent Mailers
North Las Vegas	89030	15,373
Las Vegas	89101	16,038
Las Vegas	89102	15,314
Las Vegas	89103	21,818
Las Vegas	89104	15,425
Las Vegas	89106	9,234
Las Vegas	89107	12,984
North Las Vegas	89115	19,645
Henderson	89122	19,976
Las Vegas	89139	15,271
Sparks	89431	14,999
Reno	89502	19,255
Reno	89512	10,499
Carson City	89706	8,637
	Total	**214,468**

Flyer

To account for lower internet access in our priority populations, we developed eight distinct flyers that were distributed to businesses, community centers, and other places that our priority populations frequently visit for information and resources. Seven of the flyers were tailored to incorporate the cultural and linguistic components for each of our populations and one for the general audience. All flyers included the following five main sections:

- Why a given community is more at risk for contracting COVID
- Social and health inequities that increase the risk for each group
- Five ways to slow the spread
- What to do if one feels sick or was exposed
- Ways to cope during the pandemic tailored to each group

The materials used images and symbols that are associated with each group. For example, we added images of bi-racial same-sex couples and patterns that represent the colors of the Pride flag for the LGBTQ+ flyer. Additionally, the flyers were translated into Spanish for our Latinx community and in Vietnamese, Thai, Chinese, and Korean for our Asian communities. Cumulatively the NMHEC and our partners printed a total of 16,532 flyers for dissemination (Image 1: COVID Flyer).

COVID Flyer


THE PANDEMIC STOPS WITH ME
WE CAN SHAPE WHAT HAPPENS NEXT
WHY ARE MINORITY COMMUNITIES MORE AT RISK FOR COVID-19?
MORE LIKELY TO HAVE
• PRE-EXISTING CONDITIONS
• FEAR & DISTRUST OF THE HEALTHCARE SYSTEM
• DISCRIMINATION
• LOW PAYING JOBS AND LESS WEALTH
• MULTI-GENERATIONAL HOUSEHOLDS
• CROWDED HOUSEHOLDS
LESS LIKELY TO
• HAVE ACCESS TO AND UTILIZE HEALTHCARE
• WORK FROM HOME
PROTECT OUR COMMUNITY
5 WAYS TO STOP THE SPREAD
Wash or sanitize your hands often
Clean and disinfect frequently touched objects and surfaces
Stay home if you don't feel well, even if you have mild symptoms
When not with people from your household, Mask Up!
Social distance by
• Greeting verbally
• Gathering outside
• If inside, wear masks and stay apart
IF YOU FEEL SICK OR THINK YOU WERE EXPOSED
Get tested immediately.
To learn more about free or low-cost testing call NV 2-1-1 or visit nvhealthresponse.nv.gov
If infected: Isolate and Self-Quarantine.
WAYS TO COPE DURING THE PANDEMIC
• Dance, Exercise, Yoga
• Pray or mediate
• Check in with friends and family
• Be easy on yourself
• Step away from media and news for a while
FOR MORE INFORMATION, VISIT
nmhec.org/OneCommunity
UNLV SCHOOL OF PUBLIC HEALTH
NEVADA MINORITY HEALTH AND EQUITY COALITION
#ONECOMMUNITY | #ONERESPONSE

Social Media Campaign

While the Governor's social distancing mandates were in effect, we could not rely on face-to-face encounters as a primary form of outreach and education. As such, we employed social media to reach individuals, businesses, organizations, and members of the community with up-to-date and reliable information.

Social Media Topics

Based on the feedback from our partners and focus groups, we selected 12 key topics to address in our social campaign. Table 19 lists the topics chosen and the rationale for doing so.

Table 19: Social Media Topics

Topic	Rationale
Contact Tracing - What Is It?	To increase familiarity and comfort with the concept of contact tracing. To allay fears by informing community members that contact tracers do not need to collect citizenship status. Ultimately to increase community members' participation in contact tracing.
Coping Strategies - Ways to Cope During the Pandemic	To increase knowledge of coping strategies that community members can implement to improve and/or protect their mental health.
COVID in My Community	To increase awareness about the reasons that the priority populations have a higher risk of contracting COVID-19.
COVID Spread - Your Bubble Is Bigger Than You Think	To increase knowledge about the ways that social gatherings with members from outside of one's home can place individuals at higher risk of contracting COVID-19.
COVID Trace App - How It Works	To promote the use of Nevada COVID Trace App and explain how it is used to track interactions with other individuals without tracking your location or putting your personal information at risk.
COVID-19 Does Not Discriminate	To remind community members that anyone can get infected by COVID-19.
Prevention - Protecting Our Essential Service Workers	To acknowledge and appreciate the service of front-line essential workers during the pandemic, while reminding community members to keep essential service workers safe by practicing COVID-19 preventive measures.
Prevention - Safely Gathering Tips	To remind our communities about the risks of social gatherings and inform them about higher vs. lower risk activities (e.g., gathering indoors vs. outdoors) so they can make informed decisions to reduce risk.
Prevention - Why I Wear A Mask	To remind our priority populations that wearing a mask is a critical component to keep our communities, elders, families, and friends safe.
Prevention Tips - Wash Your Hands, Wear a Mask, Social Distance	To reinforce the practice of preventive measures against the spread of COVID-19 in our communities.
Stigma - My Ethnicity is Not a Virus	To increase awareness about the social stigma that Asian-Americans, those that have recovered from COVID-19, and frontline workers have experienced during the pandemic.
Vaccine	To share reliable information about the vaccine with our community members to promote vaccine uptake and to reduce vaccine hesitance.

Social Media Efforts

The Nevada Minority Health and Equity Coalition's used multiple social media platforms (i.e., Facebook, Twitter, and Instagram) for maximum reach. Community partners re-shared our content on their pages. NMHEC and community partner tracked key metrics across their social media accounts.

NMHEC Facebook content reached 466,607 people and resulted in 59,557 post clicks. In total, we achieved 1,141,381 Facebook impressions, which refers to the number of times that the content was delivered to someone's feed. Our partners used Facebook to reach 81,952 people, resulting in 22,968 impressions and 3,421 post clicks.

NMHEC used Twitter to promote our #OneCommunity campaign. Our content appeared 12,523 times on users' screens (impressions) and people engaged with tweets 222 times. Using Twitter, our partners achieved 15,189 impressions and 583 people liked the tweets that were posted by our partners.

Through Instagram, we reached 1,695 people and made a total of 1,814 impressions. Our partners' posts were displayed 15,860 to people on Instagram, which resulted in 409 reactions.

Billboards

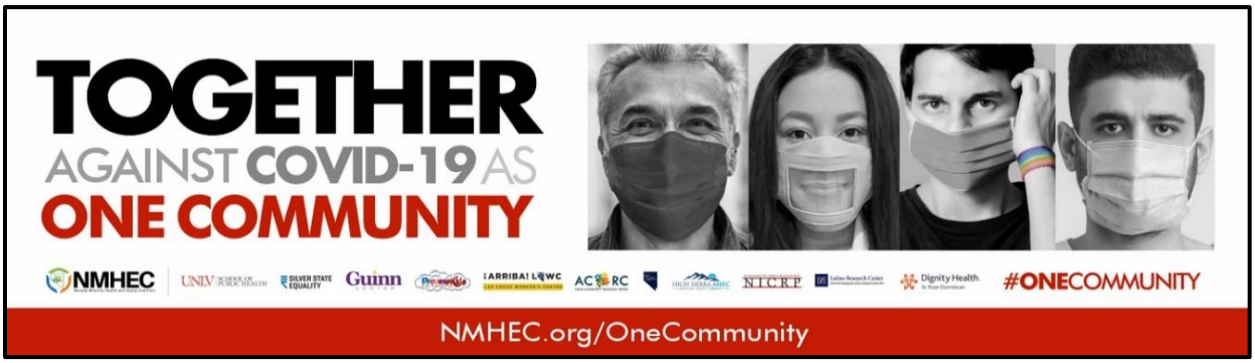
We used billboards to promote our messaging throughout Nevada (i.e., Las Vegas, Reno, and Fallon). Within these localities, the billboards were located in geographic areas that were identified as the most deeply impacted by COVID-19. The messaging reinforced risk reduction measures and advertised the website as a way for an individual to get more information about COVID-19 The billboards reached an estimated 39,900,622 individuals.

Our partnership with the Churchill Community Coalition provided an opportunity to place a billboard in Fallon, NV, tailored explicitly to the Native American community living in the area. This billboard was located on a major highway near the entrance of the Fallon Paiute Shoshone Tribal Reservation.

Billboard 1

Billboard 2

Billboard 3



Billboard 4

Billboard 5

Billboard 6

Public Service Announcements

A series of PSA's for each of our priority populations featured recognizable leaders from each priority population delivering information about ways to slow the spread of COVID-19. In these PSAs, leaders a) spoke about the greater risk of exposure and worse COVID-19 outcomes faced by the priority populations, b) emphasized that preventive measures are about protecting others, c) called on community members to follow preventive measures that will slow the spread of the virus and d) called on community members to learn about the vaccine. PSA's were also created in Spanish for the Latinx community.
COVID-19 Public Service Announcements

Informational Videos

A series of three information videos were created that featured experts in public health, health equity, and medicine. These informational videos provided in-depth coverage of a range of topics (Table 20).
COVID-19 Informational Videos

Table 20: Informational Videos

Speaker	Topics
Dr. Ann Voung Assistant Professor UNLV School of Public Health	Contact Tracing and COVID-19 - Informational Series Immunity and COVID-19 - Informational Series Impact of COVID-19 - Informational Series COVID-19 is Not the Flu - Informational Series Stigma and COVID-19 - Informational Series
Dr. Erick López* Research Analyst Nevada Institute for Children's Research and Policy UNLV School of Public Health	Efficacy of COVID-19 Preventions Methods - Health Disparities Series Health Inequities and COVID-19 - Health Disparities Series Vaccine Hesitancy and COVID-19 - Health Disparities Series

Dr. Jose Cucalon Calderon* Assistant Professor of Pediatrics UNR School of Medicine General Pediatrician Renown Children's Hospital	How Do Vaccines Work? - Vaccine Series How is a Vaccine Approved? - Vaccine Series What Does it Mean to Fast Track a Vaccine? - Vaccine Series What are Vaccines? - Vaccine Series
Note: * – The speaker provided videos in both English and Spanish	

Television and Radio Commercials

Television and radio commercials were created for all seven priority groups and emphasized the importance of practicing preventive measures to slow the spread of COVID-19. The television commercials were added to the NMHEC YouTube channel. The English version of the commercial has amassed 40,081 views since it was uploaded to the channel, and the Spanish version has 26,049 views. Community partners also created commercials. For instance, the University of Nevada, Reno, Latino Resource Center arranged for a Spanish radio commercial to be broadcasted on KLCA-HD4, "Juan 101.7," and reached 8,700 listeners. Similarly, Arriba Las Vegas arranged for a Spanish commercial to be broadcasted in "*La Bonita Supermarkets"* in Las Vegas, NV. This supermarket branch has a high volume of Latinx customers and was able to reach an estimated 24,000 people. The Churchill Community Coalition also arranged for a Native American adapted commercial to be broadcasted on a radio station with a high volume of Native American listeners who live in Fallon, NV. They reached an estimated 56,400 people. Radio commercials in Nevada have broadcasted a total of 4,880 times across 39 different stations with a roughly equal number of spots in Las Vegas (2,464) and Reno (2,416). The broadcasts achieved a total of 8,347,300 impressions across the state, 5,669,700 in Las Vegas and 2,677,600 in Reno.

Website

We created the #OneCommunity page on the nmhec.org website to be a reliable source of information and to serve the needs of our seven priority populations in particular. A Spanish version of the page was also developed. Table 21 provides a breakdown of the web page content.

Table 21: NMHEC Web Page Content

Section	Description
How Does COVID-19 Impact My Community? - Information and Key Points as To Why Minority Groups Are Hit the Hardest	Information about COVID-19 health disparities among minorities, the overrepresentation of minorities as essential workers, and pre-existing health conditions among minorities.
Community Toolkits	These toolkits addressed disparities in COVID-19 morbidity and mortality, social factors that contribute to greater spread of COVID-19, epidemiological factors than worsen COVID-19 outcomes, and strategies individuals can use to keep their communities and families safe.
What You Need to Know About COVID-19	A glossary of numerous COVID-19 related terms.
What Can You Do to Reduce the Spread?	Information about ways to slow the spread of COVID-19 including proper practices for washing hands, social distancing, testing, and contact tracing. In addition, we provided information about the COVID-19 vaccine.
How Can You Reduce the Risk When It's Not Easy?	Strategies to reduce the spread of COVID-19 for essential workers, public transportation users, and people living in multigenerational homes or in crowded houses.

How to Cope During A Pandemic	Best practices to cope with stress and anxiety associated with the COVID-19 pandemic and mental health stigma that affects some minority communities.
How to Get Involved Section:	Call to action for community members to help raise awareness about the effects of COVID-19. Visitors can participate by sharing their story through a testimonial, sharing the #OneCommunity Campaign via social networks, and by promoting organizations that are helping to address community needs related to COVID-19.
Community Resources	Resources from multiple organizations in Nevada with information about COVID-19, testing, education, financial assistance, health insurance, medical assistance, resources for the undocumented community, childcare, and mental health.

Webinars

We conducted a series of webinars for our priority groups throughout the grant period (Table 22). In the webinars, we addressed the three main topics: case investigation, vaccine preparedness, and contact tracing. The information was provided by a panel of experts from the Latinx/Hispanic, Native American, African American, LGBTQI+, and Asian American groups.

Table 22: NMHEC Webinars

Date	Event	Total Registered	No. of Attendees	Facebook Reach
06/23/20	Amplify Equity—COVID-19 Impact on Diversity and Equity Communities in Nevada	141	150	0 *Did not use Facebook live for this webinar
07/28/20	Webinario Impacto de COVID-19 en la Comunidad Latina	86	70	7700+ *Note: Live stream was broadcasted through REACH and Noticias 8NN's Facebook pages
8/24/202	Salud Mental en la Pandemia	81	48	970 *Note: Live stream was broadcasted through REACH and Noticias 8NN's Facebook pages
9/17/202	Asistencia Financiera Afectada por COVID-19	26	14	1000+ *Live stream was broadcasted through REACH's Facebook page
10/06/20	COVID-19 Impact on the Native American Community	28	14	89
10/22/20	The Impact of COVID-19 Pandemic on the Filipino American Community in Southern Nevada	51	51	0 *Did not use Facebook live for this webinar
11/12/20	Amplify Equity Webinar: COVID-19 Impact on the LGBTQI+ Community	71	57	171
11/18/20	Spanish Webinar Vaccine Awareness	35	46	581 *Note: Live stream was broadcast through REACH's Facebook page
11/23/20	What the Pandemic: Understanding Stress and Coping in Communities of Color	144	70	204

12/16/20	Webinario: La Mente Y El Corazón En El Centro De La Pandemia	65	65	1,491 *Note: Live stream was broadcasted through REACH and Noticias 8NN's Facebook pages
12/17/20	Amplifying Equity Webinar: LGBTQI+ and Mental Health	19	18	255

Community Toolkits

We developed seven COVID-19 community toolkits for each of our priority populations. These toolkits addressed disparities in COVID-19 morbidity and mortality, social factors that contribute to the greater spread of COVID-19, epidemiological factors that worsen COVID-19 outcomes, and strategies individuals can use to keep their communities and families safe.

Toolkits

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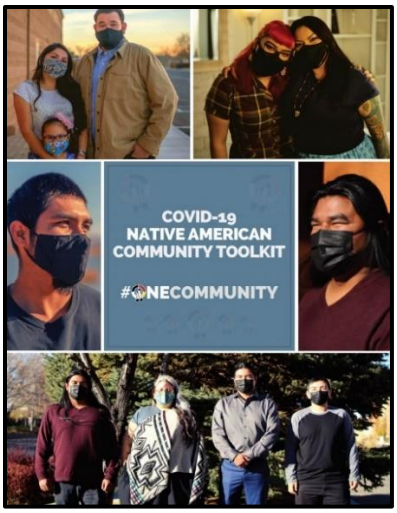

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Appendix A – Focus Group Questions

Focus Group Questions

Hello everyone, Thank you for joining us today.

My name is _____, and I am a _____, at _____,. Here with me today are _____, and _____, from the UNLV Nevada Institute for Children's Research and Policy.

This discussion group will be about the impacts of COVID-19 in the _____, community. We will be asking questions about your experiences over the past few months, your opinions on testing and contact tracing, and a potential vaccine.

Your participation in this focus group is completely voluntary and you can choose not to discuss certain questions if you do not feel comfortable.

I also want to remind you that the focus group will be recorded to be sure we capture all the information discussed. The recording is only used in our team and will not be shared publicly. Please know that your name will not be connected with your responses and will not include any identifying information from examples you may share.

Please note that while our team guarantees that they will not breach confidentiality, they cannot guarantee that from other participants in the focus group. We are asking that everyone in the group respects group member privacy and does not share personal information shared here today.

Before we get started, we want to go over some ground rules for the discussion.

Ground Rules:

- All responses are valid – there are no right or wrong answers
- Stay present (phones on silent/vibrate, limit side conversations).
- Speak one at a time.
- Step up & step back – It is great to share but let's make sure everyone has a chance to participate
- Allow facilitator to move conversation along – we may need to interrupt so we can cover all the material
- Welcome all perspectives. Please respect the opinions of others even if you don't agree
- Help protect others privacy by not discussing details outside of the group

Ok, let's get started.

TOPIC 1: HOW COVID HAS IMPACTED COMMUNITY MEMBERS

First, let's talk about how COVID-19 has impacted you and the community.

1. **If you are comfortable sharing, we would like to know how COVID has impacted you and your community? What are some challenges that you may have faced?**Prompts:
   - How has it impacted your work?
   - How has it impacted your housing, bills, food, and transportation?

- How has it impacted your health both physically and mentally?
- How has it impacted your access healthcare?
- How has it impacted your children or children in your family?
- How has access to technology or the internet been a challenge?

2. **How do you think that you and your community might have been impacted differently compared to others because of your _____? (Race, Disability, sexual orientation/gender identity, language barrier/ immigration status) ARE THERE SPECIFIC BARRIERS OR CHALLENGES FACED BY YOUR COMMUNITY?**

   Prompts

   - Discrimination due to
     - race/ethnicity
     - language
     - homophobia and/or transphobia or non-acceptance of gender diverse
   - Lack of access to services
     - LGBTQ-hormone treatments, social connections,
   - Lack of access to technology

3. **How do you think members of the _____ (Race, Disability, sexual orientation/gender identity, language barrier/ immigration status) community might be more at risk for COVID?**

TOPIC 2: CASE INVESTIGATION & CONTACT TRACING

Next, we would like to discuss your opinions on how information is collected about people who have tested positive for COVID -19. The process of collecting information includes a case investigation and contact tracing.

A case investigation includes gathering information about:

- the case patient's socio-demographic characteristics,
- history of SARS-CoV-2 (the virus that causes COVID-19) testing and results,
- date of symptom onset, if applicable,
- date of COVID-19 testing,
- source of illness,
- list of close contacts and their locating information,
- how long someone was exposed,
- the person's activity when they were infectious (able to spread the disease) and not isolated
- exposure locations (including events and gatherings with unknown contacts).

Contact tracing includes

- Letting people know they may have been exposed to COVID-19 and should monitor their health for signs and symptoms of COVID-19.
- Helping people who may have been exposed to COVID-19 get tested.
- Asking people to self-isolate if they have COVID-19 or self-quarantine if they are a close contact.

4. **What are your perceptions about case investigation & contact tracing? What are some concerns?**

   How do you think that members of the _____ (Race, Disability, sexual orientation/gender identity, language barrier/ immigration status) community think about case investigation & contact tracing? What are some concerns?

5. **There are some options for testing and tracking people who may have COVID-19 to help slow the spread of this virus. We are going to review a few of the options. For each, can you talk about if you would use it? And what concerns you have about it?**
   - Installing an app on your phone that asks you questions about your own symptoms and provides recommendations about COVID-19
     What do you think about this method? What concerns would you have about using it?

   - Installing an app on your phone that tracks your location and sends push notifications if you might have been exposed to COVID-19
     What do you think about this method? What concerns would you have about using it?

   - Using a website to log your symptoms and location and get recommendations about COVID-19
     What do you think about this method? What concerns would you have about using it?

   - Testing you for immunity or resistance to COVID-19 by drawing a small amount of blood
     What do you think about this method? What concerns would you have about using it?

   - Testing you for COVID-19 infection using a q-tip to swab your cheek or nose
     What do you think about this method? What concerns would you have about using it?

6. **Overall, what cultural beliefs in your community may prevent someone from getting tested for COVID-19 or from participating in contract tracing?**

7. **What information do you think we could share with members of the _____ community to help address the negative perceptions about case investigation & contact tracing?**

TOPIC 3: OPINIONS AND PLANNED BEHAVIORS REGARDING COVID VACCINE / VACCINE HESITANCY

Thank you for your participation so far. This is our final set of questions. We would like to talk about your opinions around a potential vaccine for COVID -19.

8. **Currently, companies are working on a COVID-19 vaccine. How do you feel about a potential vaccine?**
   - **What concerns do you have around getting a vaccine?**
   - **What would make getting the vaccine hard?**
   - **Where would it be convenient to get the vaccine?**

9. **What factors or messages are important in talking to members of the priority population about a vaccine?**
   Prompts:
   - What should messages include that would encourage people to get the vaccine?
   - Are there specific messages you find offensive?

10. **What trusted sources of information do you use to learn more about health care, COVID-19, treatments, and vaccines?**

    Prompts:
    - Do you have a person or place you turn to with questions about things like vaccines?
    - Where do you get your information about COVID?
    - Are there sources you are more likely to trust?

11. **What cultural beliefs in your community may prevent someone from getting the vaccine?**

12. **Is there anything else you would like to share about your community about COVID-19, testing, contact tracing, or a potential vaccine?**

IF THERE IS EXTRA TIME

Since we have some extra time, I would like to ask just a few more questions.

- **What are you doing to cope with social distancing and isolation?**
  - How are you coping mentally and physically?
    - Eating, physical activity, medications, sleeping, Relaxing, stress relief, church

- How do think cultural beliefs and assumptions drive how communities define health and sickness?