

# Using Community Engagement to Adapt Implementation Science Methods in a Faith Setting: The Community Engaged Risk Communications (CERC) Project

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Harnessing Implementation Science to Promote Health Equity  
RTI Implementation Science Form  
19 November 2020



IMPLEMENTATION  
SCIENCE



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GLOBAL PUBLIC HEALTH



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TRANSLATIONAL & CLINICAL  
SCIENCES INSTITUTE



# Acknowledgments

- **Our COVID-19 CERC Research Team**

- **Word Tabernacle Church**

- Pastor James D. Gailliard
    - Monica Taylor, PhD, MPH
    - Pastor Stephanie Battle
    - Christy Arnold, MSN, RN
    - Jada Gailliard

- **UNC Gillings SPH**

- Rohit Ramaswamy, PhD (PHLP)
    - Leah Frerichs, PhD (HPM)
    - Maya Wright, MPH (EPID)
    - Snigdha Peddireddy, BS (HB)



## Resource Partners







# Risk of COVID-19 in Rural Communities

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- **Increase in COVID-19 rates in rural communities**
  - 46 million in the U.S.
  - 2.2 million in NC (21% of the population)
- **Potentially higher risk of severe illness from COVID-19**
  - Older
  - High rates of chronic disease independent of age
  - 9% higher prevalence of disabilities than urban populations
  - 1 in 12 adults with 3+ disabilities (24% higher than urban areas)
- **Higher burden in communities of color**
  - Hospitalization admission rates
    - **Blacks: 28% NC; 41% ENC**
    - Whites: 54% NC; 52% ENC

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/rural-communities.html#why-higher-risk>

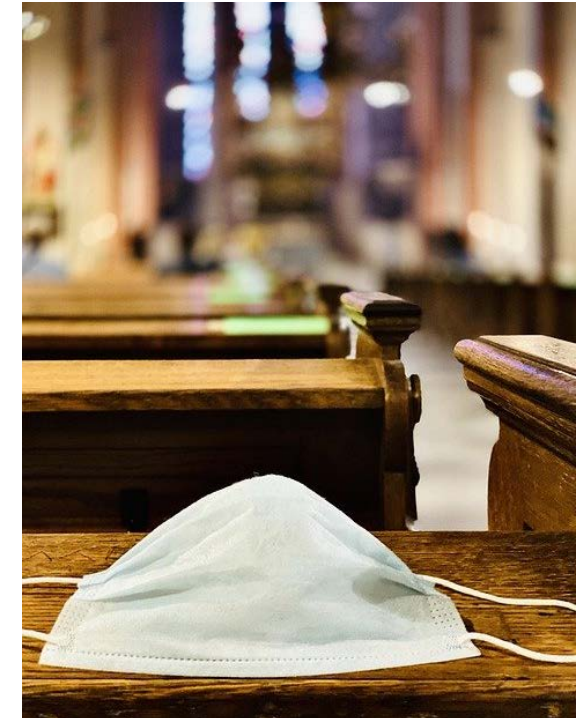
<https://www.ruralhealthinfo.org/states/north-carolina>

<https://covid19.ncdhhs.gov/dashboard/hospitalization-demographics>





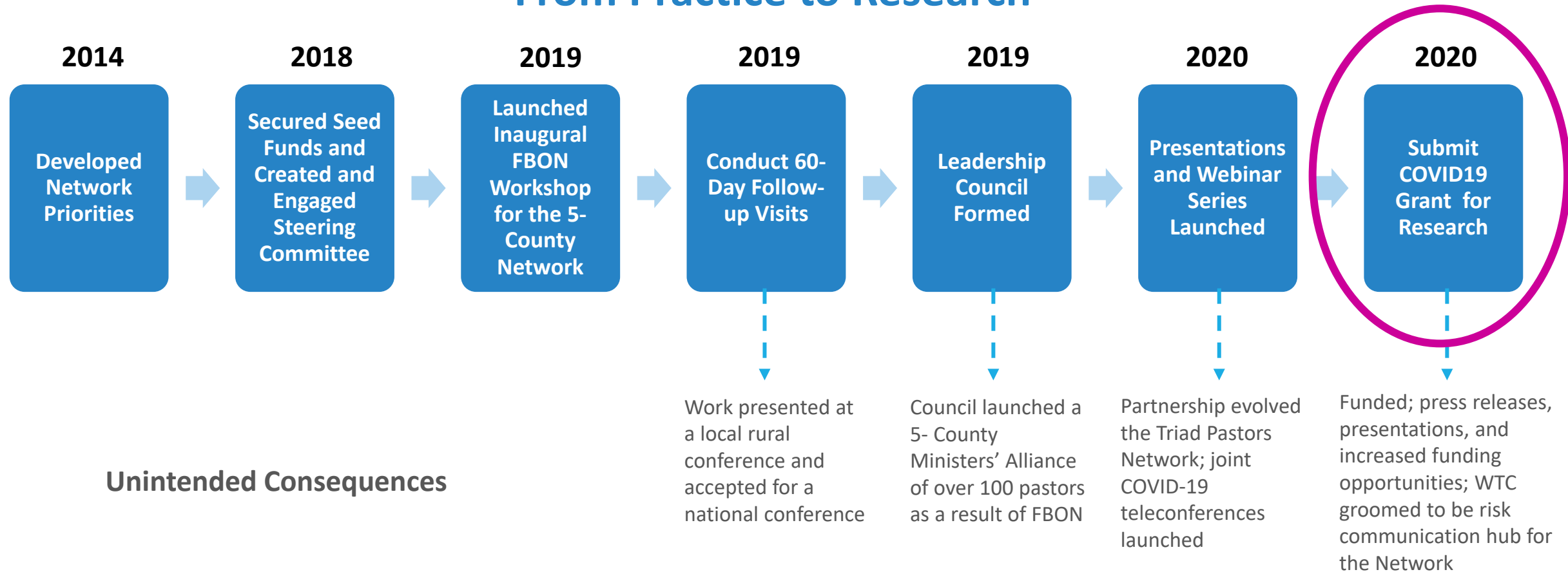
# COVID-19 Community Engaged Risk Communication (CERC) Project







# Community Engagement in the Faith-Based Organization Network (FBON): From Practice to Research





# Purpose

*To develop effective, sustainable strategies for promoting rapid, **remote** risk communication strategies for novel coronavirus (COVID-19) and future public health emergencies, by leveraging the **power of social connections** within rural, Black faith communities.*

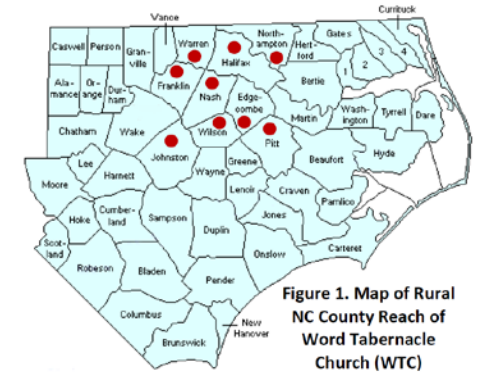


Figure 1. Map of Rural NC County Reach of Word Tabernacle Church (WTC)



**Project Period: July 2020 – June 2021**





# COVID-19 CERC Aims

Identify	<b>Aim 1:</b> Identify the drivers of trust and social cohesion in rural Black faith communities
Design and Test	<b>Aim 2:</b> Design and test remote COVID-19 risk communication strategies for appropriateness, acceptability, and effectiveness
Assemble and Disseminate	<b>Aim 3:</b> Assemble and disseminate promising strategies into intervention packages for scale up

## COVID-19 Community Engaged Risk Communication (CERC) Project

### Background

Black communities in North Carolina are burdened by COVID-19 infection and mortality rates. Communicating risk-related information equitably is needed for communities to thrive. Word Tabernacle Church has partnered with UNC Chapel Hill Gillings School of Global Public Health to develop methods to reduce the spread of COVID-19 in a rural Black, faith-based community. Together, by employing principles of community engagement and utilizing the power of faith-based social connections, we will research effective remote strategies to communicate risk remotely during a public health crisis. We aim to be recognized as leaders in the creation and implementation of risk communication models for rural Black communities.

### Goals

For this research project, we will:

1. Identify effective remote risk communication strategies for rural Black individuals in a faith-based community.
2. Test the effectiveness of each strategy individually and in combination with others.
3. Document and disseminate the most promising strategies.

### Potential Public Health Impact

We anticipate that the communications approach developed through our work can be applied to future pandemics or health promotion efforts. We aim to provide a model for improving equitable access to critical public health information for rural Black populations in North Carolina and other states and counter inequities in health communication in vulnerable populations.



This research is funded by the Gillings Innovation Labs and the Institute for Environmental Health Solutions within the UNC Gillings School of Global Public Health.  
UNC IRB #20-2308

### Our Project Team

WORD TABERNACLE CHURCH



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# Study Frameworks

- Risk Communication and Community Engagement (RCCE) WHO Guidelines in Response to COVID-19
- Systems Mapping
- Human-Centered Design
- RE-AIM Framework
  - Reach, Effectiveness, Adoption, Implementation, and Maintenance

<https://www.who.int/publications/i/item/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses>  
<https://www.re-aim.org/about/what-is-re-aim/>

<https://www.interaction-design.org/literature/article/5-stages-in-the-design-thinking-process>  
<https://www.academyforchange.org/systems-maps/>

## WHO RCCE GUIDELINES

Risk communication and community engagement readiness and response to coronavirus disease (COVID-19)

Interim guidance  
19 March 2020



### Background

This document provides checklists for risk communication and community engagement (RCCE) readiness and initial responses to the COVID-19 outbreak. It provides guidance for countries, both those preparing for the outbreak and those with confirmed cases, on how to implement effective RCCE strategies that will help protect the public's health.

WHO will update these recommendations as new information becomes available. This interim guidance was adopted from WHO's RCCE guidance and training materials.

### Why is it important to include RCCE as part of a national public health emergency response?

One of the major lessons learned during major public health events of the 21st century – including outbreaks of the severe acute respiratory syndrome (SARS), the Middle East respiratory syndrome (MERS), influenza A(H1N1), and Ebola virus disease – is that RCCE is integral to the success of responses to health emergencies. Every public health emergency faces new communication challenges and can benefit from lessons learned previously. The COVID-19 outbreak challenges public health systems and their ability to effectively communicate with their populations. Failure to communicate well leads to a loss of trust and reputation, economic impacts, and – in the worst case – loss of lives. Although there are always new diseases to be learned, there are actions we have well known. This is a call to leaders to ensure that RCCE is an essential component of health emergency readiness and response activities.

One of the most important and effective interventions in a public health response to any event is to proactively communicate what is known, what is unknown, and what is being done to get more information, with the objectives of saving lives and minimizing adverse consequences.

RCCE helps prevent "infodemic" (an excessive amount of information about a problem that makes it difficult to identify a solution), build trust in the response, and increases the probability that health advice will be followed. It minimizes and manages rumors and misinformation, clarifies confusion, and helps to build trust and confidence.

Regular and proactive communication and engagement with the public and at-risk populations can help alleviate confusion and avoid unnecessary deaths.

People have the right to be informed about and understand the health risks that they and their loved ones face.

The perception of risk among affected populations often differs from that of experts and authorities. Effective RCCE can help bridge that gap by determining what people know, how they feel, and what they do in response to disease outbreaks, as well as what they need to know and do to bring the outbreak under control. Effective RCCE helps transform and deliver complex scientific knowledge so that it is understood by, as well as used by, populations and communities.

Effective RCCE uses community engagement strategies to involve communities in the response and develop acceptable and feasible interventions to stop further acquisitions of the outbreak and to ensure that individuals and groups take protective measures.

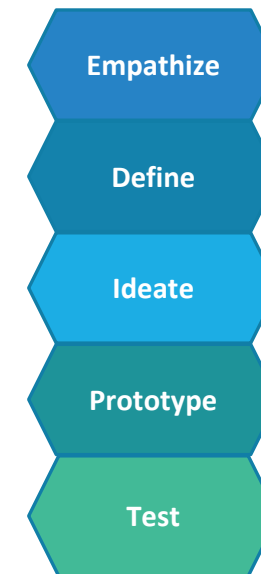
RCCE is essential for surveillance, case reporting, contact tracing, caring for the sick, delivering clinical care, and gathering local support for any logistic and operational needs for the response.

Effective RCCE can minimize social disruption. Therefore, in addition to protecting health, it can protect jobs, tourism, and the economy.

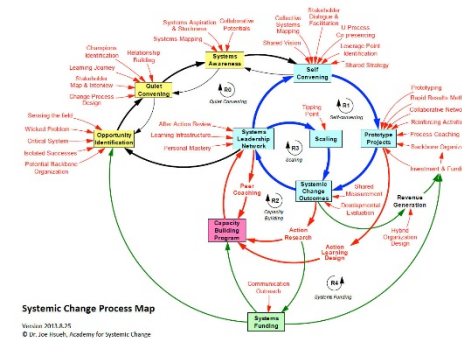
## RE-AIM



## HUMAN CENTERED DESIGN



## SYSTEMS MAPPING





# CE Activities and Approaches (Aim 1)

## ■ Weekly Team Meetings

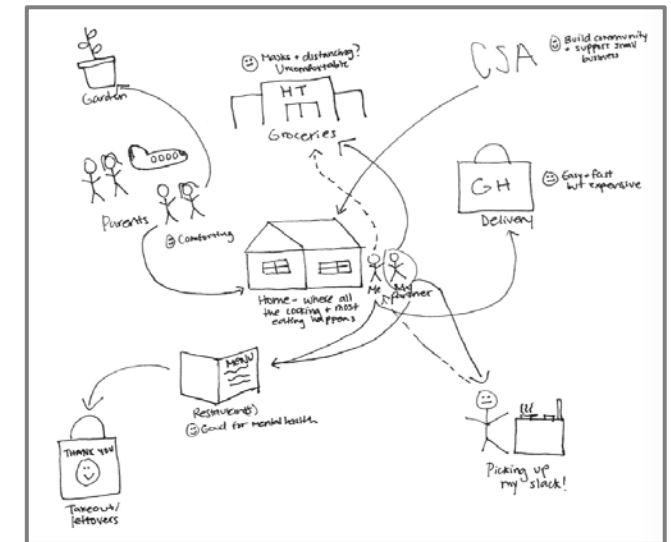
- Coordinated Discussions
  - UNC Team
  - WTC Team
  - Co-PIs
  - Full Team

## ■ Systems Mapping – Oct-Nov2020

- Rich picture toolkit – WTC social connections
- Rich picture focus groups with sample of members
  - Care leaders
  - Ministerial leaders
  - High-tech
  - High-touch/low-tech

Deeply collaborative approach in all aspects of project activity, through a human centered design lens

Toolkit Example: Rich Picture on Obtaining Food for Self and Family





# CE Adaptations: Systems Mapping (Aim 1)

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- **Designed remote data collection strategies**
  - High-Tech: Electronic toolkit delivery; Zoom communications
  - High-Touch: Curbside toolkit delivery and data retrieval; phone calls
    - Apprehension to drawing → modified to a storytelling group rich picture design (no curbside)
- **Focus group-specific orientations by the WTC Team**
  - Orientation prior to the focus group session (Zoom or phone)
  - Purpose of project and value to WTC
  - Translation of information in rich picture toolkit
  - Trusted messengers: WTC orientation + UNC focus group facilitator
- **Planned use of recordings, individual and group rich pictures to create the combined map**





# Summary and Next Steps

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## ■ Summary

- The **assets within faith communities** are unique and essential for building and maintaining trust in rural settings.
- The **collaborative relationship** that led to the COVID-19 CERC project evolved from an effort to jointly build capacity to promote health through faith leaders in rural communities.
- **Flexibility** within a rigorous human centered design approach is important in conducting implementation science in this faith setting.

## ■ Next Steps

**Dec2020** Create and validate combined map

**Jan-Apr2021** Develop and test high-tech high-touch/low-tech communication strategies

**May-Jun2021** Package and disseminate findings



# Thank You!

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