

Community Ambassador Real Equality – Developing Spanish Bilingual, Bicultural COVID-19 Health Ambassadors in Rural Western North Carolina: A Case Study

By

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Community Ambassador Real Equality – Developing Spanish Bilingual, Bicultural COVID-19 Health Ambassadors in Rural Western North Carolina: A Case Study

In response to the disproportionate impact of COVID-19 in the Hispanic/Latino¹ community in Avery, Mitchell, and Yancey counties, Spanish-English bilingual, bicultural residents were recruited to serve as Community Ambassador Real Equality (CARE Team) ambassadors to develop and disseminate COVID-19 public health guidance in partnership with Partners Aligned Toward Health (PATH), Mountain Community Health Partnership (MCHP), and faculty and students from UNC Gillings School of Global Public Health's MPH Program in Asheville. Professionals from the Mountain Area Health Education Center (MAHEC), Yancey County Emergency Management, Pisgah Legal Services, and WNC Health Network provide additional training and relevant resources to the ambassadors.

The CARE initiative is using the Boot Camp Translation process, an evidence-based community engagement model that brings community members and professionals together to create and share culturally responsive and relevant health messaging to the local community (Westfall et al., 2016). The Boot Camp Translation model has been adapted to keep pace with a rapidly evolving pandemic. In our adaptation, the program builds relationships and channels of communication between health professionals and the Hispanic/Latino community. PATH and partners strive to engage community members as valued partners with important perspectives throughout the process. The goal of the initiative is to address the disproportionate spread of COVID-19 in the Hispanic/Latino communities, while simultaneously decreasing the overall spread of the virus. The long-term program aim is to increase service providers' cultural humility and responsiveness, establish channels of communication between the Hispanic/Latino

¹The terms Hispanic and Latino are used throughout the paper because those are the preferred terms used by the community ambassador group involved in the initiative. They did not identify with the term Latinx.

community and local agencies, and strengthen Hispanic/Latino leadership in the Avery, Mitchell, and Yancey community.

Partners Aligned Toward Health

Partners Aligned Toward Health (PATH) has been serving Mitchell and Yancey counties for over 20 years. PATH brings together people and organizations to work toward a common goal: healthy children and families. In the Mitchell-Yancey community and across Western North Carolina (WNC), the organization is known for working with partners and using collaborative approaches to improve the health and wellbeing of the community.

PATH was established as a 501(c)(3) nonprofit in 1997 under the name Graham Children's Health Services of the Toe River, later shortened to Graham Children's Health Services (GCHS). GCHS began as a community-led volunteer coalition that was an extension of the Graham Children's Medical Clinic. GCHS served Mitchell and Yancey residents by offering programs and services designed to improve community health. All of the organization's projects were community-driven responses to community-identified needs. GCHS was instrumental in the construction of Kid Mountain Playground, Ray Cort Park walking trails, skate park and playground, and the renovation of Old Burnsville Gym. The organization sponsored 5K running events, community walking tours, and healthy school initiatives. Further, the organization developed a summer food program that delivered healthy, locally grown food to families in need with children.

In 2017, GCHS changed its name to PATH to better reflect the mission and vision of the organization. While PATH is an acronym, the name PATH is also a message for how the organization does its work. It demonstrates the idea of bringing together partners who are all on the same journey toward the creation of a vibrant community of healthy children and families.

PATH supports the triannual regional Community Health Assessment (CHA) process for both Mitchell and Yancey counties. The CHA is a health assessment that identifies key health needs and issues in an identified area through data collection and analysis (Centers for Disease Control and Prevention, 2018). PATH uses the Mitchell County and Yancey County CHA findings to inform the organization's work and address the identified health needs in the community.

In addition to the CHA, PATH uses informal methods for determining community needs. For example, PATH participates in local, regional, and statewide coalitions and stakeholder meetings that bring attention to emerging health needs. PATH also engages in active listening with community members to understand what the health concerns are and to identify service gaps. This may occur through conversations with community members at events and seeking input from teachers, health workers, senior center directors, social service professionals, law enforcement, local government officials, and many others working directly with the community. For example, PATH learned about the rise in underage vaping from teachers and school administration and was able to adapt PATH's Appalachian Youth to Youth and Cougar Fit Club program curriculum to address the issue. Additionally, PATH was able to react to the rise in underage vaping by equipping staff with appropriate resources and training. Most recently, a PATH staff member is in the process of receiving a National Certificate in Tobacco Treatment Practice (NCTTP) to be able to provide supportive interventions in schools for youth found vaping or smoking.

Often, public health issues emerge rapidly, such as the COVID-19 pandemic, and organizations need to be able to quickly recognize needs and respond to make an immediate impact. Because PATH uses both formal and informal methods for identifying community needs,

the organization is uniquely equipped to support Mitchell and Yancey residents. Without this type of approach, PATH may miss addressing issues as they emerge.

In order to improve community health, PATH brings together community partners to design and implement health initiatives tailored to the unique community needs. PATH is not a direct service provider but works to involve the community in initiatives to improve social determinants of health and community resilience. As of spring 2021, PATH is advocating for accessible walking trails, accessible playground equipment, and intergenerational play elements to be included in the Ray Cort Park renovation project. PATH is also exploring the feasibility of building mountain biking trails in the community after the need was identified in the Yancey County Strategic Economic Development Plan (High Country Council of Governments, 2019).

PATH organizes two community coalitions, Healthy Yancey and the Mitchell-Yancey Substance Abuse Task Force (MYSATF). Since 1999, Healthy Yancey has convened health and human services professionals and community members monthly to identify and address the needs of Yancey County residents through collaborative approaches. The coalition has successfully implemented projects to increase access to opportunities for physical activity and promote healthy living and lifestyles, including a community-built playground, the Yancey County Health Resource Guide, the Cane River Park Infrastructure Project, and the Town of Burnsville Pedestrian Plan. Notably, due to Healthy Yancey's successful advocacy during the development of the Town of Burnsville Pedestrian Plan, a long stretch of sidewalks was erected as an addition to the four-lane highway construction project.

Mitchell-Yancey Substance Abuse Task Force (MYSATF) was founded in 2010 by approximately 50 local medical and mental healthcare professionals and community members. The group was concerned about the increasing rate of unintentional deaths by prescription drug

poisonings. Today, MYSATF meets bimonthly to reduce and eliminate substance abuse through awareness, education, advocacy, harm reduction, and prevention. Because substance use is a complex issue, a broad range of stakeholders are involved in the work. Stakeholder groups include businesses, civic organizations, local law enforcement, media professionals, medical and mental health providers, members of the faith community, parents, schools, state and local government, and youth, among others.

See Appendix A for the full history of PATH and GCHS.

Setting of Mitchell and Yancey Counties

Mitchell and Yancey counties are located in WNC and nestled in the Blue Ridge Mountains. The area is ancestral land to the Cherokee Nation and was a place of Cherokee life, trade, ceremony, and culture. The counties are roughly 30 to 60 miles away from Asheville, North Carolina and Johnson City, Tennessee. Despite the two nearby metropolitan areas, there are scant resources in the Mitchell-Yancey community. Further, there is no public transportation system that links the counties to Asheville or Johnson City. Due to the geography of the area, there is no direct path from Mitchell and Yancey counties to either city and drivers must traverse mountains and travel on winding roads to get to these locations. Transportation and related driving conditions are significant barriers for a large percentage of the population.

In Mitchell County, Bakersville is the county seat and has a population of approximately 500 people; however, Spruce Pine is the larger town in the county and has a population of approximately 2,000 people (U.S. Census Bureau, 2019a). The total county population is approximately 15,000 people (U.S. Census Bureau, 2019b). In Yancey County, Burnsville is the county seat and has a population of approximately 1,600 people (U.S. Census Bureau, 2019a).

The total population in Yancey County is approximately 18,000 people, slightly larger than Mitchell County (U.S. Census Bureau, 2019b).

The median household income in Mitchell County is \$44,186, almost \$10,000 below North Carolina's median household income of \$53,855 (Data USA, n.d.a, n.d.b). The largest industries in Mitchell County are manufacturing, educational services, and health care and social assistance (Data USA, n.d.a). Most people in Mitchell County commute out of the county for work. The median household income in Yancey County is \$39,888, slightly lower than Mitchell County. The largest industries in Yancey County are manufacturing, health care and social assistance, and construction (Data USA, n.d.c). Glen Raven and Altec are the two biggest manufacturing facilities in the county.

Hispanic/Latino Historical Context in Mitchell and Yancey Counties

Mitchell and Yancey counties have been home to a growing Hispanic/Latino population for several decades. During the 1980s, immigrants came to the area as migrant laborers to work in the apple orchards in Hendersonville and Christmas tree farms in Avery County (R. Weir, personal communication, March 18, 2021). When the season ended, workers traveled back to Mexico and returned to the U.S. in the spring. In 1994, the North American Free Trade Agreement was passed and caused an influx of migration to the U.S. and Canada (Verea, 2014). As a result of the agreement, border security became a political focal point and crossing the U.S.-Mexico border became more dangerous and costly for migrants. Thus, previous migration patterns were interrupted and migrants began settling permanently with their families in the U.S. As such, in 1995, a wave of immigrants, primarily from the Meseta P'urhépecha region in Michoacán, Mexico, became noticeable in the area (R. Weir, personal communication, March 18, 2021). Many families had connections to each other before moving to the U.S., supporting

the creation of ethnic enclaves in Mitchell and Yancey counties. Over the last ten years, the proportion of the population that self-identifies as Hispanic or Latino in Mitchell County increased from 3.4% in 2010 to 6.2% in 2019 and increased from 4.1% in 2010 to 5.5% in 2019 in Yancey County (U.S. Census Bureau, 2019c, 2019d).

Despite the growing Hispanic/Latino population in the area, there is a limited history of organizations or groups specifically focused on the needs unique to this group. Centro de Enlace is one such organization that served Yancey County until 2016. The organization launched in 2003 with the support of PATH. PATH served as the umbrella organization and fiscal agent for Centro de Enlace until the organization secured significant funding, established a board of directors, and was incorporated as a free-standing non-profit in 2005.

The vision of Centro de Enlace was, “Through education and support to build leadership and self-sufficiency in the members of the Hispanic community thus creating an environment that will encourage growth and development of creative solutions for the needs of the community” (Reath, 2003). The organization’s efforts involved helping newcomers to the U.S. navigate the complexities of learning to live in a new culture and trying to learn a new language; developing more cultural activities to ensure cross-cultural involvement between current Yancey residents and newcomers; coordination with human services and law enforcement agencies to create new networks; and the establishment of neighborhood committees to deal with issues pertinent to Hispanic/Latino residents. The organization was staffed by an executive director and later co-directors and several community volunteers.

The Centro de Enlace Promoters Program played an important role by educating and leading individuals and groups within their communities to attain an improved quality of life. Promoters, similar to community health workers, were community advocates who share a

common cultural background with their priority population and live in the same neighborhoods. These individuals become trusted sources of information and messengers within the Hispanic/Latino community. It is unknown if the Centro De Enlace Promoters still live in the community.

Centro de Enlace changed leadership around 2013 or 2014. After leading the organization for a few years, the new co-directors wanted to pursue other initiatives and no one else in the community was in a place to continue the existing work. Thus, the organization ended up closing in 2016 (*Centro De Enlace Inc*, n.d.).

The impact of Centro de Enlace closing was compounded by political tensions arising during the 2016 presidential election. Previously, local police departments and sheriffs' departments were supportive of the Hispanic/Latino community in the area. Law enforcement was instrumental in establishing underground channels of information sharing and providing support to those in need. For example, law enforcement would learn of community members with a specific need, such as food, and they would let other service providers know so the organization could offer support (S. McCall, personal communication, February 8, 2021). However, the election of Donald J. Trump caused many attitudes to shift in the local community, trusting relationships began to erode, and there became a sense of fear, divisiveness, and mistrust between racial and ethnic groups. Trump won the popular vote in Mitchell County with 77.6% of the vote (The Associated Press, 2017). The most partisan county in North Carolina was Graham County with 78.8% of the vote going to Trump; Mitchell County was not far behind on this list. In Yancey County, Trump received 64.1% of the vote.

In the summer of 2020, Yancey County Sheriff's Office became one of 76 law enforcement agencies in the United States to participate in the Warrant Service Officer Program,

a subset of the 287(g) program, which gives state and local law enforcement agencies the authority to perform the functions of federal immigration agents, such as deportation. The 287(g) program is named for Section 287(g) of the Immigration and Nationality Act (INA). The INA became law as part of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (Illegal Immigration Reform and Immigrant Responsibility Act, 1996; U.S. Immigration and Customs Enforcement, 2021).

Before these political changes, many organizations that supported the Hispanic/Latino community, such as the Catholic churches, would connect individuals to other service agencies, such as Reconciliation House. As a result of the shifting attitudes and new local policies, these organizations no longer made connections between Hispanic/Latino residents and outside agencies due to increasing mistrust. Further, Hispanic/Latino residents began withdrawing from the wider community overall. These shifts were also noted by PATH. Before the 2016 election, the Hispanic/Latino community actively participated in programs and events hosted by PATH. However, after the 2016 election, Hispanic/Latino community members were significantly less likely to join PATH's public community events (S. McCall, personal communication, February 19, 2021). Consequently, connections to these communities have become limited.

In 2021, there are few resources and no local agencies geared specifically toward the needs of Hispanic/Latino residents and few organizations have bilingual translation routinely available. While no primary agency exists, there are some outreach services available through programs and service providers, such as the Head Start program, teachers leading English Language Learner (ELL) classes at Mitchell County Schools and Yancey County Schools, health department nurses, community health workers at MCHP, and the Catholic churches. Additionally, Vecinos, a recently formed grassroots community effort, shares information and

local resources via email and WhatsApp to keep individuals connected to community supports, such as food distribution resources. While all of these entities play an integral role in providing support for families, there is limited coordination of efforts to avoid duplication of work. Moreover, activities such as soccer, gatherings for religious events like baptisms and weddings, family gatherings, rodeos, and dances serve as opportunities for Hispanic/Latino families to support one another and share information. Word of mouth, church, television, and social media are major ways that news and information are shared within the local Hispanic/Latino community. In addition to these resources and methods for sharing information, PATH uses its platform as a community leader to share information from the Hispanic/Latino community with other organizations, such as Yancey County Emergency Management. Recently, PATH has also emphasized the importance of translating community resources to Spanish and securing interpreters to attend community events, such as COVID-19 vaccination clinics, when possible.

Rural Collaboration

Rural communities have many strengths that can be utilized to improve community health outcomes. One of the greatest assets is the people. Every individual is tied to multiple social networks and has strong relationships with others that often go back generations. For example, a teacher may have also taught a student's parents and grandparents, or a resident's neighbor may also coach the youth baseball team and attend the same church as others in the neighborhood. Rural communities often emphasize family relationships and celebrate a culture of taking care of one another, especially during challenging times. In rural communities, residents often have deep, strong roots to a place and a connection to the land. Thus, individuals may be more invested in the community's success compared to residents in urban areas that are more transient (Curtin & Cohn, 2015). Further, residents of rural areas may be more involved in

community life because they have the sense that their voice matters, they may know local officials well, and feel a closer connection to community issues.

Even so, rural communities face a unique combination of challenges that influence health, including restricted access to quality health care; lack of public transportation; poor infrastructure; poverty and unemployment; limited availability of bilingual providers and interpreter services; and cultural differences, stigma, and norms (*Overview of Specific Issues in a Rural Context*, n.d.). Further, with less infrastructure and staff, people working in rural communities may be expected to cover a wider range of services than they might in more densely populated areas (S. Thach, personal communication, March 31, 2021). For example, doctors may need to support children, adults, and senior health concerns because access to specialists is limited. Given these circumstances, collaboration and coordination are imperative to address challenges and improve community health. By collaborating and coordinating across organizations and sectors, each organization can extend its reach, capabilities, and make limited resources go further.

Key stakeholders' knowledge of agencies and systems that work well together, alongside known issues and points of friction, should help to guide the local approach. Due to the interconnection in small communities and the length of time people have known each other, these dynamics may be influenced by both professional and personal situations in which individuals are often held accountable for past and current behaviors (S. Thach, personal communication, March 31, 2021). Further, unlike in metropolitan areas, there is little to no anonymity in rural areas. Relationships with people and agencies matter a great deal because individuals or organizations will likely need to continue to work together on future initiatives. This context forces thoughtful and strategic approaches to work together for the good of the

community. As in most places, and especially in rural communities, relationships, trust, willingness to compromise, dependability, and transparency are key to successful collaboration. Additionally, familiarity with the local community, the lives and world views of the residents, and community power structures are important for successful rural collaboration.

The Problem: COVID-19 in Mitchell and Yancey Counties

COVID-19 was first identified in Wuhan, China in December of 2019 (Centers for Disease Control and Prevention, 2020c). State health officials report North Carolina's first coronavirus case on March 3, 2020. The individual was a Wake County resident (Blythe, 2020). The first confirmed case in the Mitchell and Yancey county area was on March 25, 2020 (Roberts, 2020). Since cases began occurring in the area, COVID-19 prevention efforts have been led by the Toe River Health District, a network of Avery County Health Department, Mitchell County Health Department, and Yancey County Health Department (*Toe River Health District*, n.d.). Mountain Community Health Partnership (MCHP), the local federally qualified health center (FQHC), has also played an integral role in addressing COVID-19 in the area. Notably, MCHP was the first agency in the WNC region to offer rapid COVID-19 tests. The health center has locations in Bakersville and Spruce Pine in Mitchell County, and the Celo Community of Yancey County (*Welcome to Mountain Community Health Partnership*, n.d.).

Racial and ethnic minority populations, particularly the Hispanic/Latino community, have been disproportionately impacted by COVID-19 nationwide. The Centers for Disease Control and Prevention note that inequities in the social determinants of health, such as poverty and healthcare access, put racial and ethnic minority populations at an increased risk of getting sick and dying from COVID-19. Healthcare access and utilization can be limited for these groups due to lack of transportation or ability to take time off of work; communication and

language barriers; cultural and language differences between patients and providers; and historical and current discrimination in healthcare (Centers for Disease Control and Prevention, 2020a). The pandemic has highlighted the cumulative effects of systemic racism and other risk factors on the health of the Hispanic/Latino community in the U.S. and locally in Avery, Mitchell, and Yancey counties.

Learning Objectives

1. How do other rural areas with no central organizing body address priorities of Hispanic/Latino communities?
2. How is COVID-19 impacting the Hispanic/Latino population in rural WNC, the state, and the nation?
3. Based on your public health skills and knowledge, how can community members and institutions partner to address the spread of COVID-19?

Community Engagement

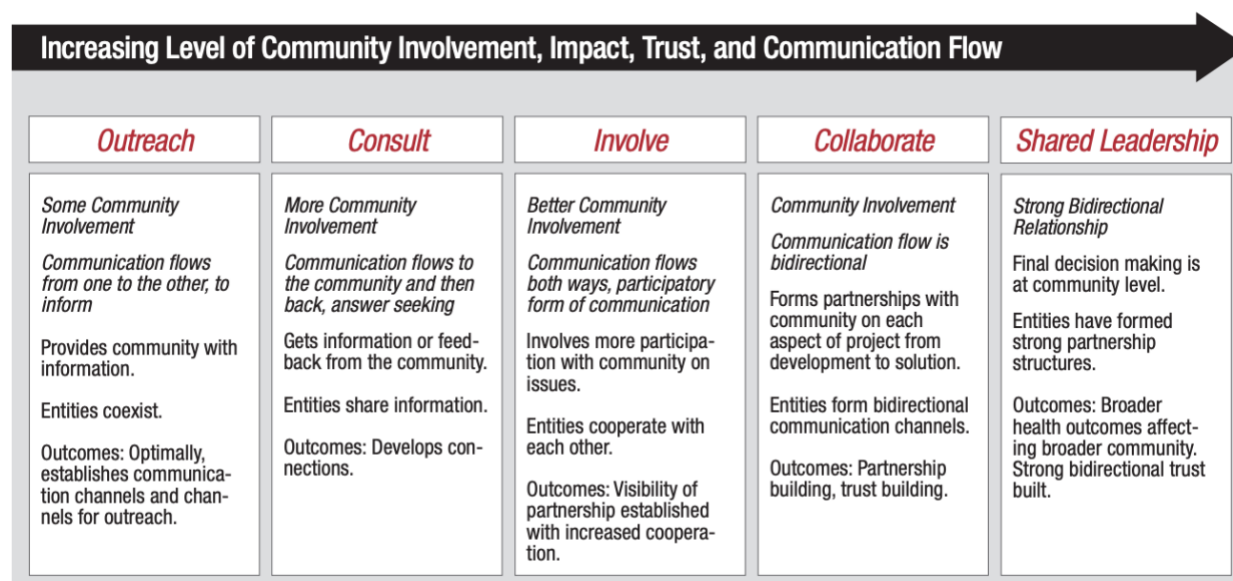
Involving the community and collaborating with community members is essential to efforts to improve public health. According to the Centers for Disease Control and Prevention (CDC), community engagement is “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people” (Centers for Disease Control and Prevention, 1997). Over the past decade, public health practitioners, researchers, and policymakers have increasingly focused on efforts to engage members of the community in interventions, particularly individuals often left out of decision-making. A few important goals of community engagement are to build trust with and between community members and institutions; create more effective solutions by drawing on local knowledge; improve

communication by sharing information and resources; strengthen skills and build capacity; and improve overall health outcomes (Centers for Disease Control and Prevention, 2011).

Community engagement may take place in person or virtually and it can be a one-time event or an ongoing process. Examples of community engagement include town halls, community action planning, crowdsourcing, surveys, community-based participatory research (CBPR), and focus groups. The many forms of community engagement can be seen on a continuum of community engagement, which is depicted in Figure 1 below. On the left side of the spectrum are activities that involve “outreach” to the public where entities provide information to the community. On the opposite side of the spectrum are activities that involve “shared leadership” with community members and final decision making is made at the community level.

Figure 1

Continuum of Community Engagement



Note. Figure 1 is from *Principles of Community Engagement, Second Edition* (Centers for Disease Control and Prevention, 2011) and is a modified diagram originally drawn by the

International Association for Public Participation (*Core Values, Ethics, Spectrum - The 3 Pillars of Public Participation*, n.d.)

Based on the numerous benefits of community engagement to address public health issues, community members should be involved in identifying solutions to address COVID-19 in Mitchell and Yancey counties. Further, the CDC also notes that collaborative, place-based efforts that strengthen relationships between healthcare providers, public health agencies, and the community can help reduce COVID-19 related health disparities (Centers for Disease Control and Prevention, 2020b).

Boot Camp Translation

Community engagement has gained traction in the translational research field as well and community participation is increasingly recognized as necessary to translate research into practice. Unfortunately, it can take years for accepted medical advances and information to be translated into medical practice and implemented broadly into community and population-based health recommendations (Sung et al., 2003). Further, scientific research often uses complex medical terms, advanced clinical language, and medical constructs that may be hard for patients and the community to understand. To address this challenge, the Boot Camp Translation model was developed by Westfall and colleagues (2016). Boot Camp Translation is an evidence-based community engagement model that promotes community awareness of evidence-based medical practices by translating this information into locally relevant, culturally meaningful concepts, messages, and materials that are accessible to community members. During the Boot Camp process, medical experts teach community members about a priority health condition, including prevalence, causes, impact on individual and community health, and treatments. In turn, community members teach health care professionals about the community, community

perspectives on the health issue, and local information sources. Together, health care professionals and the community create culturally relevant health messages and strategies to share those messages with the community, while maintaining the scientific integrity of the evidence. The process works to improve health outcomes by changing the local conversation about the identified health issue and influencing positive health behavior change.

Between Fall 2016 and Spring 2017, community stakeholders in Mitchell and Yancey counties effectively used the Boot Camp Translation process to expand awareness about long-acting reversible contraception (LARC) to address the high rates of unintended pregnancies in the area. A local nurse practitioner, a health department nursing supervisor, a health educator, and a pre-medical student worked with local community members to create and disseminate culturally responsive messages about LARC through social media, promotional items, posters and flyers, and sexual education classes. As a result of the campaign, 49% of women surveyed saw LARC campaign messages and of those, 57% saw messages through social media posts. Additionally, one local middle school in the area implemented a comprehensive sexual education curriculum post-intervention. This was an unexpected but valuable benefit of the initiative to the Mitchell-Yancey community (Spach et al., 2017).

Learning Objectives

1. What is Boot Camp Translation and how can it be used as a means of disseminating information in the context of COVID-19?
2. How should the traditional Boot Camp Translation process be adapted given the rapidly evolving nature of COVID-19?
3. Compare and contrast Boot Camp Translation with other forms of community engagement.

4. Are there examples of rural communities using community engagement to address COVID-19? How did they do it and were they successful? Why or why not?

Boot Camp Translation to Address COVID-19

Since the Boot Camp Translation process was effectively used in the area previously, PATH and local partners decided to use a similar approach to reduce the spread of COVID-19 and reduce the disproportionate impact of COVID-19 within the Hispanic/Latino community. However, because COVID-19 is an emerging, rapidly evolving situation, best practices and lessons learned need to be incorporated into practice immediately to ensure the health of the community. As such, this approach requires the Boot Camp Translation process to be slightly altered in order to address an emerging health issue. For example, meetings are held online and medical information and community messages are updated as more information is available and COVID-19 public health guidance changes, which could be as frequent as monthly.

Project Team Partners

Before applying for funding, PATH sought the support of additional community leaders and public health experts to participate in the initiative. Partners include MCHP, MAHEC, UNC Gillings School of Global Public Health's MPH Program in Asheville, Pisgah Legal Services, and Yancey County Emergency Management.

MCHP contributed substantial staff time to the initiative. LaCosta Tipton, BSN, RN, MPH(c), Director of Operations, provided evidence-based medical information trainings related to COVID-19. Tipton and Amber Dillinger, Outreach Manager, supported planning, implementation, evaluation, strategy, and grant reporting for the initiative. Further, two of MCHP's Spanish-English bilingual community health workers participated in the initiative by

contributing local knowledge about Latino/Hispanic culture and connections to Latino/Hispanic residents.

MAHEC contributed substantial staff time to the initiative as well. Medical providers Susan Mims, MD, MPH, and Sonja Emerson, MSN/MPH, RN, IBCLC, provided evidence-based medical information trainings related to COVID-19 and local vaccination efforts. Francisco Castelblanco, DNP, RN, provided motivational interviewing training. The UNC Gillings School of Global Public Health's MPH Program in Asheville affiliated with MAHEC contributed staff time to train PATH staff on the Boot Camp Translation process. Sarah Thach, MPH, supported planning, implementation, evaluation, strategy, and grant reporting for the initiative. Finally, MPH graduate students created an evaluation plan recommendation to assess the impact of the initiative.

Pisgah Legal Services, a non-profit providing legal assistance and advocacy to support low-income people in WNC, contributed staff time to the initiative. Anne Salter, JD, and Jacob Oakes, JD, provided training on legal information related to COVID-19. Pisgah Legal Services also offered the support of their Spanish-English bilingual legal assistant, Ivan Melchor. He answered post-training questions and has taken community referrals to Pisgah Legal Services.

Yancey County Emergency Management Director, Jeff Howell, participated in the initiative by providing up-to-date emergency information related to COVID-19. This partnership was imperative to ensure ongoing, trusted, and accurate communication channels among all involved. Howell also secured personal protective equipment (PPE) to distribute to community members and businesses at no cost.

Sarah Dewitt-Feldman, Master of Social Work candidate at North Carolina Central University and former Yancey County resident, was recruited to participate in the initiative due

to her connections with the local Hispanic/Latino community. She is also Spanish-English bilingual. Dewitt-Feldman served as an important bridge between the organizational partners involved in the initiative and the community.

PATH staff members, Schell McCall, Executive Director, and Hannah Robinson, MPH(c), Data & Evaluation Coordinator, worked alongside these partners. PATH provided fiscal and administrative oversight for the initiative, including general organization, planning, and strategy; budget management; fund development and the payment of program expenditures; grant reporting; and data collection and evaluation.

A core planning team guided the initiative and planned and facilitated meetings. The six individuals on the team reflect the different partner agencies involved: Amber Dillinger of MCHP; Hannah Robinson, MPH(c), of PATH; LaCosta Tipton, BSN, RN, MPH(c), of MCHP; Sarah Dewitt-Feldman, MSW(c); Sarah Thach, MPH, of MAHEC and UNC Gillings School of Global Public Health; and Schell McCall of PATH.

Funding

When searching for funding for this project, PATH contacted the AMY Wellness Foundation. The legacy foundation works with nonprofits and organizations working to improve the health and wellness of individuals in Avery, Mitchell, and Yancey counties through capacity building, financial support, and collaboration (*Serving Avery, Mitchell, Yancey Counties*, n.d.). PATH has a strong relationship with the foundation and has worked with the funder in the past on other initiatives. Based on AMY Wellness Foundation's interest in the project, PATH submitted a COVID-19 Rapid Response grant request to fund COVID-19 prevention efforts in Mitchell and Yancey counties. The foundation approved six months of funding for the initiative and requested that Avery County be included in COVID-19 prevention efforts.

Recruitment of Hispanic/Latino Participants

The core planning team aimed to recruit 10 to 15 Spanish-English bilingual and bicultural individuals across the three-county focus area to serve as community ambassadors. Community ambassadors were identified through connections with Yancey County Schools, Mitchell County Schools, community agencies such as Blue Ridge Partnership for Children, and other community members connected to the local Hispanic/Latino community. Since Avery County is outside of PATH and other partner organization's normal service area, the core planning team found it challenging to recruit community ambassadors in this area. PATH, MCHP, MAHEC, and AMY Wellness contacted their existing Avery partners to support recruitment efforts without success. Although the planning team was unable to recruit a community ambassador from Avery County, efforts were made throughout the process to reach Avery residents with health messages and resources.

The core planning team selected community ambassadors that were well respected in the local community, wanted to grow their leadership skills, and were fluent in both English and Spanish. Thus, each community ambassador is able to serve as a bridge between communities. Due to the urgency to address COVID-19, a limited number of Spanish-English bilingual planning team members, and limited interpretation resources, the planning team did not recruit monolingual Spanish speakers. Also, due to COVID-19 gathering restrictions, community ambassadors needed to be able to use technology or have the willingness to learn, have internet access or be able to travel to a location to access the internet, and have the availability to participate in virtual meetings bi-monthly.

As a result of recruitment efforts, twelve community ambassadors were secured to participate in the initiative, ranging in age from 18 to 32. They come from a variety of

educational and professional backgrounds and are members of different but overlapping social networks. The core planning team subsequently learned the majority of them had tested positive for COVID-19 previously. Two of the 12 community ambassadors were community health workers at MCHP. One of these individuals left MCHP in December of 2020 and chose not to continue with the project. During the project period, one community ambassador lived in Mitchell County and the remaining ambassadors lived in Yancey County.

Each community ambassador participates in approximately four hours of meetings per month and additional time is spent on outreach with co-workers, friends, families, and other individuals in their social networks. In terms of compensation, the community ambassadors are paid a \$250 monthly stipend for their time and expertise. The community ambassadors are compensated well above a living wage for their efforts and the stipend is higher than most Boot Camp Translation projects have used in the past.

Community Ambassador Real Equality Process

Figure 2 is an overview document outlining the Community Ambassador Real Equality initiative, including a description of the initiative, goals, and values. The document is provided in both English and Spanish.

Figure 2

One-pager document in English and Spanish outlining the Community Ambassador Real Equality initiative

Community Ambassador Real Equality



Context: In response to the disproportionate impact of COVID-19 in our Latino/a/x communities, PATH is partnering with Mountain Community Health Partnership (MCHP), MAHEC, Pisgah Legal Services, and Yancey Emergency Management to develop and implement a community health ambassador program to disseminate public health guidance and messaging in a relational, culturally responsive, and rapid way.

Program: This program equips a cohort of 11 bilingual, bicultural community health ambassadors to serve as trusted messengers and conduits for health information. Together, ambassadors and health professionals create culturally responsive public health messages to prevent the spread of COVID-19. Ambassadors have received in-depth medical information on COVID-19, prevention best-practices, variants, contagion, and vaccines; legal information and implications around testing, quarantine, and vaccines with special attention to community concerns around immigration status; training on motivational interviewing and how to create effective public health messaging; and specific local information on COVID-19-related services. Ambassadors have provided feedback to agency professionals on community concerns, barriers, and accessibility considerations, as well as community values, unique community characteristics, community attitudes toward healthcare and COVID-19, and community methods of information sharing. The cohort approach has created multiple channels of communication to share information and resources broadly within the community, while building the capacity of emerging community leaders, and strengthening relationships between a range of community members and agency professionals. It ensures that community feedback is not siloed or reduced to a single voice. Additionally, by building a team, this program is able to foster collaboration, increase capacity at the community level, and reach a wide range of community members from a variety of social circles and backgrounds.

Model: We have adapted the Boot Camp Translation [BCT] model for this program. BCT recognizes that scientific jargon about medical developments creates a significant barrier to translating evidence into practical community health recommendations. This model brings community members and experts together in a collaborative way to address and respond to these gaps. Our adaptation of this program includes opportunities for ambassadors to share community feedback with agency partners; a specific focus on the word-of-mouth information sharing that ambassadors have identified as central to their community's information-sharing practices; Spanish and English-language informational videos featuring familiar, local faces; and the distribution of PPE by ambassadors to local businesses.

Goals: Our goal with this program is to decrease the disproportionate burden of COVID-19 on Latino communities, while simultaneously decreasing the overall spread. We aim to do this in a way that engages community members as valued partners with valuable perspectives throughout the process, and builds relationships and channels of communication between health professionals and the Latino community.

Values:

We value the health and wellbeing of our community.

We value the engagement and input of medical professionals and community members alike.

We value science-based public health guidelines.

We value Latino lives and wellbeing.

We value equitable health outcomes.

Community Ambassador Real Equality



Contexto: Respondiendo al impacto desproporcionado del COVID-19 en nuestra comunidad latina, PATH, Mountain Community Health Partnership (MCHP), MAHEC, Pisgah Legal Services, y Yancey Emergency Management están trabajando juntos para desarrollar y implementar un programa de embajadores de salud comunitaria para compartir mensajes y direcciones de salud pública en una manera rápida, culturalmente apropiada, y basada en relaciones.

Programa: Este programa reúne un grupo de 11 embajadores de salud comunitaria y les prepara para servir como mensajeros confiados y conductores de información de salud. Los embajadores colaboran con profesionales de agencias para crear mensajes de salud pública culturalmente responsivos para evitar el contagio del COVID-19. Los embajadores han recibido información médica detallada sobre COVID-19, la prevención, los variantes, el contagio, y las vacunas; información legal y implicaciones alrededor de pruebas, cuarentena, y vacunas con atención específica a las preocupaciones de la comunidad sobre estatus migratorio; entrenamiento en entrevistas motivacionales y cómo crear mensajes eficaces de salud pública; y información específica sobre los recursos locales relacionados al COVID-19. Los embajadores han provisto recomendaciones e información a los profesionales de agencias sobre preocupaciones comunitarias, barreras, y consideraciones de accesibilidad, valores comunitarios, características únicas de la comunidad, actitudes comunitarias sobre la salud y el COVID-19, y métodos comunitarios de compartir información. Por hacer el programa con un equipo de múltiples embajadores, se han establecido múltiples canales de comunicación para compartir información y recursos de manera amplia dentro de la comunidad, mientras se desarrolla la capacidad de líderes emergentes y se fortalece las relaciones entre una amplia gama de la comunidad y los profesionales de agencias. Asegure que las perspectivas comunitarias no sean aisladas ni reducidas a una sola voz. Además, por desarrollar un equipo, el programa fomenta la colaboración, aumenta la capacidad al nivel comunitario, y alcanza a una amplia gama de miembros de la comunidad de una variedad de redes sociales y bases.

Model: Hemos adaptado el modelo Boot Camp Translation [BCT] para este programa. BCT reconoce que la jerga científica sobre desarrollos médicos crea una barrera y dificulta la conversión de evidencia en recomendaciones prácticas de salud comunitaria. Este modelo reúne miembros de la comunidad con expertos médicos de manera colaborativa para abordar y responder a estas brechas. Nuestra adaptación de esta programa incluye oportunidades en que los embajadores pueden compartir sus perspectivas y recomendaciones con los socios de agencia; un enfoque particular en la comparación de información boca a boca que los embajadores han identificado como central a las normas de su comunidad; videos informáticos en español y inglés que presentan caras familiares y locales; y la distribución de PPE por los embajadores a negocios locales. El programa CARE apoya a los

Metas: Nuestra meta con este programa es reducir la carga desproporcionada del COVID-19 en comunidades latinas, mientras a la vez reducir el contagio en general. Nos proponemos hacerlo de una manera que incluya a miembros de la comunidad como socios valorados con perspectivas valiosas a lo largo del proceso, y que establezca relaciones y canales de comunicación entre profesionales de salud y la comunidad latina.

Valores:

Valoramos la salud y bienestar de nuestra comunidad.

Valoramos la perspectiva e involucración de miembros de la comunidad tanto como profesionales médicos.

Valoramos direcciones de salud pública basadas en ciencia.

Valoramos las vidas y el bienestar de los Latinos.

Valoramos los resultados de salud equitativos.

In October of 2020, the core planning team held a project launch meeting at an outdoor pavilion in the Carolina Hemlocks Recreation Area in Burnsville with COVID-19 precautions in place. The community ambassadors met with PATH and other members of the core planning team to discuss the Boot Camp Translation process, project goals, and next steps. The community ambassadors brainstormed ideas for a group name and decided on Community

Ambassador Real Equality or the CARE Team. Another highlight of this meeting was that the planning team learned the community ambassadors do not identify with the term “Latinx.” They prefer to be called Hispanic or Latino/a. However, within this small group, there was still disagreement on a preferred term and different people identified with different expressions. As such, the group has transitioned this and other vocabulary to reflect the preferences of the community ambassadors that were recruited. This conversation was also critical because it highlighted the importance of not treating Hispanic/Latino individuals as a culturally homogenous group. Further, the conversation emphasizes the diversity that exists, even among a small group of Mitchell-Yancey residents. Figure 3 below is a photo taken during the project launch meeting.

Figure 3

Project launch meeting at the Carolina Hemlocks Recreation Area in Burnsville, Yancey County



The following week, the CARE Team participated in a robust scientific presentation on COVID-19 to become community experts on the topic. This meeting was led by a local physician, Susan Mims, and a local nurse, LaCosta Tipton. Mims and Tipton were particularly effective presenters because the community ambassadors already had a chance to build relationships with them at the first meeting. Further, Mims and Tipton were able to speak to the progression of the virus locally and include additional local context to ensure the presentation was interesting and meaningful to the community ambassadors. Yancey County Emergency Management was also able to participate in this meeting and share Yancey County COVID-19 trends and free resources available to the community, such as masks, hand sanitizer, and other PPE. As a result of this training, community ambassadors gained a deeper understanding of COVID-19 and became better prepared to discuss the issue in their social networks. The community ambassadors were encouraged to share learnings with their social networks immediately.

In November of 2020, the CARE Team participated in a legal presentation to learn more about Pisgah Legal Services and legal issues related to COVID-19, such as the legal rights of undocumented and Deferred Action for Childhood Arrivals (DACA) recipients seeking COVID-19 testing and vaccination. Again, the community ambassadors were encouraged to share this legal information with their social networks immediately. During the training, community ambassadors were also introduced to Haley Honeycutt, an attorney that works in the Pisgah Legal Services office in Burnsville. Finally, community ambassadors were connected with Ivan Melchor, the Spanish-English bilingual legal assistant from Pisgah Legal Services. Melchor answered questions and took referrals from the community ambassadors, allowing them to easily connect community members with information and services provided by Pisgah Legal Services.

The second meeting in November was led by Adrienne Ammerman from WNC Health Network and Sarah Thach of MAHEC and UNC Gillings School of Global Public Health. The meeting content focused on theories of behavior change, health communications best practices, and research about COVID-19 communications. The ambassadors also learned about the My Reason WNC campaign led by WNC Health Network, which features community members sharing their motivations for practicing the 3Ws—wear, wait, wash—and/or receiving the COVID-19 vaccine (*#My Reason WNC: Collaborative Regional COVID-19 Communications Campaign*, n.d.). Members of the CARE Team have since been featured in the campaign. Yancey County Emergency Management also attended the meeting and gave an update on local COVID-19 cases and emphasized the importance of not gathering with friends and family during the holidays.

The CARE ambassadors were the leaders during the first meeting in December of 2020. They discussed community values, interests, and activities that are important to Hispanics/Latinos in the Avery-Mitchell-Yancey community. For example, family events such as baptisms, weddings, Quinceañeras, and meals are important events where families spend time together and share information. Church, religious events, and religious values were a common theme as well. In addition to general information, the group discussed local attitudes about COVID-19 and the healthcare system in general. A few ambassadors noted that Hispanics/Latinos would rather stay home than go to the doctor and many individuals prefer to use home remedies to promote healing. The discussions during this meeting allowed the core planning team to better understand Hispanic/Latino culture and community members' perspectives on COVID-19. Figure 4 and Figure 5 are brainstorming graphics created during the meeting.

Figure 4

Brainstorming Board – Community, Family Values, and Activities

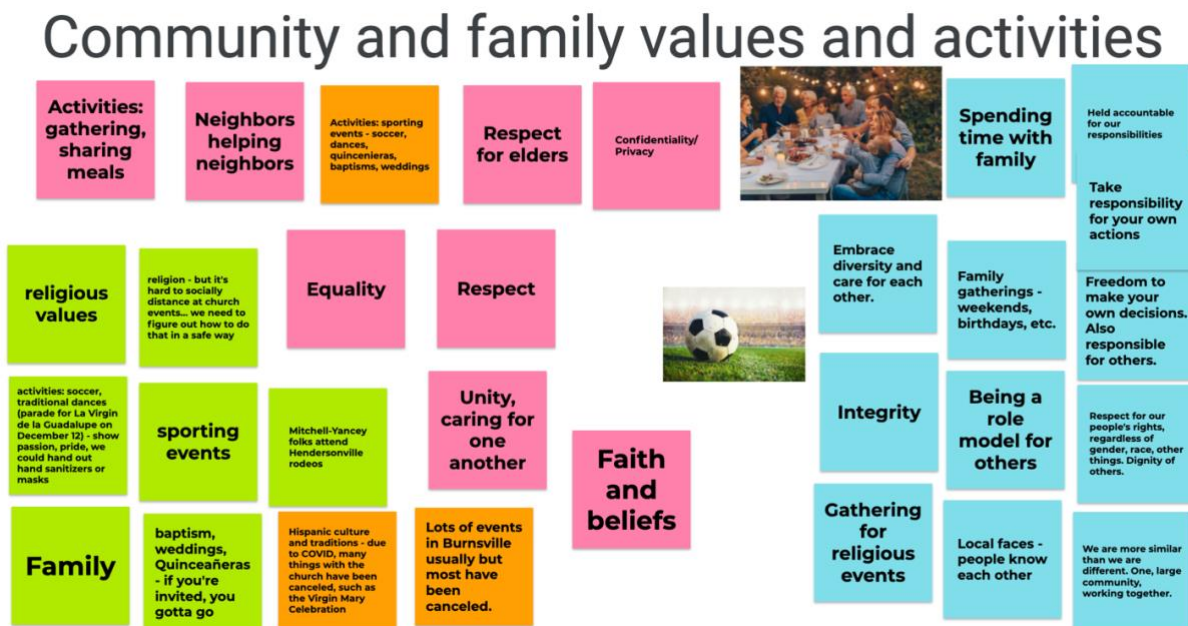


Figure 5

Brainstorming Board – Attitudes about COVID-19, attitudes about health care, and health messages to avoid



The last meeting in 2020 and the first meeting in January of 2021 were focused on compiling information and identifying important messages to disseminate in the community. Messages were divided into seven categories: mask-wearing, social distancing, handwashing, COVID-19 testing, vaccines, information sources, and general information. Figure 6 is a brainstorming graphic created during the meeting to capture the list of important messages. The community ambassadors also decided on a unifying slogan to tie all of the messages together: “*haz tu parte*” or “do your part.”

Figure 6

Brainstorming Board – Important Messages



Figure 7 below is an outline of the Boot Camp Translation process from October 2020 to December 2020. After each meeting, community ambassadors had the opportunity to vote on the key pieces of information presented at each meeting. Based on this feedback, the graphic was updated before each meeting and presented to the CARE Team to serve as a visual representation

of the progression of the group. It also served as a reminder about the most important learnings to keep in mind as the group began developing health messages and strategies to share the messages with the community.

Figure 7

Outline of the CARE Process – October 2020 to December 2020

Medical info to share	Legal info to share	Messaging tips	Aspects of A-M-Y Latino/Hispanic culture to keep in mind	Ways A-M-Y Latino/ Hispanics hear info	What's our unifying message?	What key information needs to accompany our unifying message?
10/27/20 meeting	11/5/20 meeting	11/19/20 meeting	12/3/20 meeting	12/17/20 meeting	12/17/20 meeting	1/7/21 meeting
Not all masks are created equal 40% of infected people don't know they are infectious We are a voice for our community	Anyone who can legally work in the US is eligible for unemployment benefits due to COVID-19 (DACA recipients/work visas) Don't have to give any legal information when you get tested An employee cannot be lawfully terminated due to COVID-19 Federal government has stated that COVID testing will NOT be a negative factor for the public charge rule	Good messages are short, to the point, and easy to follow Messages need to be heard many times in a lot of different ways Important to get information out without offending others Use morals and values to help create COVID-19 messages	Short videos with local people could be effective in getting messages across to community Message would get through to people more positively if they heard it from someone they trusted and comfortable with Not everyone is on the same page about public health protocols. Example: difference in actions between Ingles in Spruce Pine and Burnsville	Word of mouth Social media: Facebook, instagram, TikTok TV Church Messaging Tips: -avoid any and all stereotypes -avoid politics -positive, unifying message -messages that uplift community	Haz tu parte Do your part	

At this point in the process, the initiative planned to launch a formal message dissemination campaign regarding limiting the spread of COVID-19 and testing and quarantine protocols. However, the campaign was put on hold due to the COVID-19 vaccine rollout that began during this time. The group shifted focus to vaccine education for the community ambassadors to ensure that ambassadors were able to provide up-to-date and accurate information within their networks. Often in this work, the traditional Boot Camp Translation model needed to be adapted to keep pace with rapidly changing COVID-19 health guidelines.

While this approach slowed down the process and altered the project's initial timeline, our flexibility also strengthened the knowledge of community ambassadors and their ability to remain trusted information sources in the community.

Accordingly, the second meeting in January was led by Sonja Emerson, MSN/MPH, RN, IBCLC, from MAHEC. She provided a comprehensive scientific presentation on the COVID-19 vaccine. Community ambassadors learned about how vaccines are tested and authorized; how mRNA vaccines work; vaccine effectiveness; vaccine distribution and potential side effects; and the importance of continuing to take safety measures even after vaccination. The community ambassadors brainstormed ways to get vaccine messages out to the community and made a plan for having one-on-one conversations with people about the COVID-19 vaccine.

The next meeting in February was led by Francisco Castelblanco, DNP, RN, from MAHEC. He provided a presentation about motivational interviewing. While not a usual topic covered in other Boot Camp Translation projects, it became clear that personal interactions and one-on-one conversations between ambassadors and their networks are a highly impactful way to share information, influence behaviors, and keep up to date with changing COVID-19 health recommendations (Dewitt-Feldman et al., 2021). The community ambassadors had an opportunity to practice using motivational interviewing during role-play activities and brainstorm how they would use this approach in future one-on-one conversations.

The second meeting in February was led by the core planning team and covered multiple topics. Ambassadors were given COVID-19 updates related to virus variants, double masking recommendations, and local vaccine distribution efforts. Updates were also given about the My Reason WNC campaign. The group reviewed topics from the previous motivational interviewing meeting and identified other focus areas to provide training and opportunities for skill-building.

Multiple ambassadors expressed an interest in learning more about social media management and wanted further training related to the COVID-19 vaccines.

The next meeting in March was held in person at a local restaurant in their outdoor seating space with COVID-19 precautions in place. A videographer and photographer joined the meeting to film video footage and take photos to be featured in the CARE campaign.

Ambassadors also used this time to pack CARE packages for local businesses, particularly businesses that employed more Hispanic/Latino community members, in Mitchell and Yancey counties. The CARE packages included masks, hand sanitizer, Spanish-English bilingual workplace safety materials, and information about the CARE Team. The ambassadors hand-delivered the CARE packages after the meeting.

After video footage and photos were captured, CARE began implementing its media campaign. The campaign includes Spanish-language and bilingual videos (<https://bit.ly/3cDDJoa>), infographics shared on social media, and radio segments that are culturally relevant and meaningful to the community. The media campaign is in addition to the one-on-one conversations within ambassadors' networks that occur regularly.

Impact of Community Ambassador Real Equality Initiative

Since the early stages of the campaign, CARE ambassadors reported changes in their personal COVID-19 prevention behaviors and beliefs, and those of their families and coworkers. One ambassador successfully encouraged her manager to enforce precautionary measures in the workplace and her manager now consults with her about new COVID-19 information, recognizing her knowledge and training as part of the program (Dewitt-Feldman et al., 2021). When asked how they felt when telling co-workers about COVID-19 information learned during the Boot Camp process, they said, "I just felt so confident in sharing it with them." Several

ambassadors began with vaccine uncertainty and have since chosen to get vaccinated, due to the trust they built through this group with local medical and public health professionals who advocated for the vaccine. As vaccine availability has increased, ambassadors have also taken an active role in helping friends, family members, and co-workers access vaccine appointments.

The cohort approach has created multiple channels of communication to share information and resources broadly within the community, while building the capacity of emerging community leaders, and strengthening relationships between community members and agency professionals. The approach ensures that community feedback is not siloed or reduced to a single voice. Additionally, by building a team, this program fosters a culture of collaboration, increases capacity at the community level, and reaches a wide range of community members from a variety of social circles and backgrounds (Dewitt-Feldman et al., 2021).

As the CARE ambassadors have elevated community needs and concerns, health centers and emergency management professionals have become better equipped to serve the Hispanic/Latino community. Interpretation and translation have been more heavily prioritized in general community-wide communication efforts, and providers have a new awareness of intersecting concerns—around insurance coverage, immigration status, and proof of identification—that influence Hispanic/Latino community members’ utilization of COVID-19 care and prevention services (Dewitt-Feldman et al., 2021). For example, driver’s licenses or identification cards are often used as a proxy to collect demographic information from clients at health centers or to confirm identities. However, this may cause confusion or fear among individuals when asked for this information, especially if it is not a requirement for receiving a service. Due to this concern being brought to the forefront by ambassadors, MCHP and other

local health providers have a better understanding of how to address this issue and implement more patient-friendly practices.

As of April 2021, CARE is seeking an additional six months of funding to continue its campaign and outreach efforts in order to reduce COVID-19 spread, increase vaccine uptake, and address COVID-19 related health disparities. Moreover, throughout this process, the project team has become aware of the behavioral health needs of Hispanic/Latino residents, exacerbated by the pandemic, and proposes to offer behavioral health training to ambassadors, support through network connections, and additional resources as identified by the ambassadors. In the long term, the partners are committed to an ongoing partnership with the CARE Team and hope to continue this communication infrastructure to address additional health-related needs and concerns of the Hispanic/Latino community.

This case study of how PATH and partners worked with Hispanic/Latino community members to prevent the spread of COVID-19, cultivate a network of community leaders, and establish trust for future community-agency partnerships illustrates the continued need for community engagement to address health problems in rural communities in the future.

Learning Objectives

1. What principles demonstrated during this initiative might be applied to addressing other health concerns in Mitchell and Yancey counties or other rural areas?
2. How did the implementation of this Boot Camp Translation program apply an awareness of cultural values and practices?
3. In what ways could this initiative be altered in the future to increase its effectiveness?

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Appendix A

History of Partners Aligned Toward Health and Graham Children's Health Services

This history was compiled through personal communication with the Executive Director of PATH, Schell McCall, and historical documents provided by PATH (S. McCall, personal communication, March 18, 2021)

1997

- Graham Children's Health Services formed as a 501(c)(3)
- Creation of Toe River Dental Clinic

1999 & 2000

- Formation of Healthy Yancey
- Led the Community Diagnosis (CHA)

2001

- Workgroups formed based upon the community assessment: Lifestyle Improvement Team (LIT), Health Action Team (HEAT), Senior Action Project (SHAP), Community Relations
- Kid Mountain (partnered with Healthy Yancey to coordinate a week-long community-built playground)
- Geriatric Counsel for a Healthy Yancey formed

2002

- Healthy Carolinians' Micro-Grant Project (partnered with Green Toe Ground, Yancey County Hispanic Ministry, The Health Adventure, Healthy Yancey, Mitchell-Yancey Partnership for Children, Burnsville Volunteer Fire Department, Appalachian Therapeutic Riding, and Higgins Memorial United Methodist Church)
- Yancey County Health Resource Guide published in English and Spanish
- Held senior-focused listening session
- Contracted with Healthy Yancey to serve as fiscal agent and provide administrative support and oversight

2003

- Speakers Bureau formed
- Assisted Healthy Yancey in the establishment of Centro de Enlace
- Assisted Volunteer Outreach of Yancey with incorporation and non-profit status
- Alternative Transportation Plan explored

2004

- Skate park construction (partnered with Healthy Yancey)

- NCDOT Pedestrian Planning Grant (partnered with the Town of Burnsville who was the applicant)
- Community Forum – Community to Solve the Puzzle of Childhood Overweight: Putting the Pieces Together
- Partnered with School Child Nutrition/Food Services to make significant changes in the school lunch program (NC State Fruit and Vegetable Cooperative)
- Middle School YRBS
- HIP (Help Increase the Peace) – middle school bully prevention program
- First website launched
- Presented at U Play-2004 University of Play Conference in Kansas City sponsored by KaBoom

2005

- Community Health Assessment
- Sponsored Healthy Cooking Demonstrations at a church reaching 29 members
- Focused efforts of faith-based initiatives – invitations to Steering Committee meetings (little success), assisted U-Turn Ministries capacity building
- Worked with the school system and student health centers to eliminate the sale of sugar-sweetened drinks and high sugar/fat snacks on school property
- Winner's Circle Program implemented
- Centro de Enlace incorporated as a free-standing non-profit
- Partnered with Centro de Enlace to implement Mujeres en Accion (Women in Action) – a project designed to reduce rates of chronic disease (diabetes)
- Ray Cort Walking Trail constructed

2006

- Tobacco education in schools with presentations, which led to the organization of Tobacco Free Teens and Community Settings
- 100% Tobacco Free School Campuses (partnered with Healthy Yancey, Yancey County Schools, and YCHD Student Health Centers)
- Developed walking path at the site of the new Yancey County Medical Campus
- Continued work on the Burnsville Pedestrian Plan
- Community-wide campaign for health promotion, disease prevention, and access to care

2007

- YRBS conducted
- Partnered with Health and Wellness Trust Fund coordinator, Teen Tobacco Use Prevention coordinator to support school-based tobacco education programs
- Healthy Yancey Health Page
- PLAY-Project Live Active in Yancey began and continued through 2009 with infrastructure improvement projects

2008

- GCHS became the umbrella agency for Healthy Yancey

- Fit Families Walking Tour – 14-week virtual walk from Burnsville to Wrightsville Beach. 93 individuals and 22 teams participated (partnered with Healthy Yancey, Graham Children’s Health Services, Yancey County Health Department, and Be Active Appalachian Partnership)
- Kid Fit Scholarships – 10 Fitness Center Scholarships for middle and high school students with health-related issues (partnered with Blue Ridge Fitness Center, Middle School Student Health Centers, Access II Care, and Healthy Yancey)
- Skate Fest 2008 – approximately 80 kids attended a fun afternoon of music, food, skateboarding demonstrations (partnered with U-Turn Ministries, Healthy Yancey, and Youth Volunteers)
- Cookin’ and Movin’ – monthly healthy cooking and activity program targeting women at risk for cardiovascular disease (partnered with YCHD, BCCP/Wise Women Program, American Cancer Society, Be Active Appalachian Partnership, and Healthy Yancey)
- Be Safe in the Sun – health education event at Burnsville Pool – free sunscreen, educational material, and smoothies provided to attendees (partnered with BRRH, Yancey County Parks and Recreation, and Healthy Yancey)
- Burnsville Historic Walk – walking maps self-guided tour of historic sites (partnered with Yancey County Heritage Center, EDC, History Association, Healthy Yancey)
- Bee Log Elementary School Walking for Wellness and Healthy Snack Program – pedometers and incentives were provided and a Health Yancey representative attended a monthly “party” where healthy behaviors were recognized (partnered with Bee Log Staff and Healthy Yancey)
- First publication of Healthy Yancey Fitness Guide
- Development and launching of Healthy Yancey website
- Assisted the Student Health Centers in securing funding through the Community Foundation of WNC to collect BMI data on all sixth-grade students
- Partnered with Yancey County to secure initial funding for the Comprehensive Recreational Grounds
- Continued advocacy for the inclusion of the bike lane and sidewalks on the Transportation Improvement Plan
- Resurfacing of Mountain Heritage High School tennis courts

2009

- Yancey County Health and Human Service Provider Directory
- Burnsville Gym Renovation Project (partnered with Healthy Yancey)
- PLAY-Project Live Active in Yancey (partnered with Healthy Yancey)

2010

- Mental Health Resource Directory
- Mental Health Community Forum
- Sponsored FACE-IT Training
- Rx Drug Forum
- Drug Take Back Day
- Beginning conversations leading to the formation of the MYSATF
- Healthy Yancey sponsored Health Fair in coordination with GCHS Fit Families 5K

- Created and distributed a Food Resources/Distribution Guide
- NC High Peaks Trails Clean Up Day
- Walking Trail Signage
- Supported Burnsville Metric with Volunteers for Registration (became an annual partnership)
- Worked with High Peaks Trails to create a Quilt Trails Walking Map
- Worked with Dr. David Johnson on a Childhood Obesity Prevention Project
- Supported creation of Health-e Schools Telemedicine Program (served as original fiscal agent)
- Partnered with local middle schools to observe Red Ribbon Week

2011

- Tar Wars – tobacco and smoking prevention program

2012

- Community Resource Guide
- Crockpot cooking classes Creation of Walking Trails Guide
- Cane River Park community playground
- Inaugurated 1st Annual Summer Food Program
- Partnered in implementation of Mitchell Yancey Healthy Families program
- Initiated Cougar Teen Fit Club in Yancey County
- Created Summer Resource Guide

2013

- Continuation and reorganization of the monthly Health Page
- Hosted community outreach events regarding the Affordable Care Act
- Partnered with Youth League to explore ways to make healthy concessions choices available at events
- Installed outdoor fitness equipment and natural play area at Cane River Park
- Expanded Summer Food Program
- Partnered with local law enforcement to install four permanent drug drop boxes in Mitchell and Yancey counties
- Creation of S.T.A.R. Program (Students Taking Active Roles) in Mitchell County

2014

- Racquetball free Summer Tennis Camp
- Soccer goals at Cane River Park
- Worked with local partners to implement NC 2-1-1
- Continued to host Affordable Care Outreach events
- Update and distribution of Healthy Yancey Activity Guide
- Assisted MYSATF with a Summer Resource Guide
- Collaborated on the Summer Food Program
- Distribution of medication lock boxes and drug safety guides
- Drug Take Back Day

2015

- Conducted a “Turn the Curve” forum with Joanne Rinker of Population Health Improvement Partners and Rebecca Reeve of NC Center for Health and Wellness
- Began planning for a community-wide, evidence-based physical activity campaign as a result of the “Turn the Curve” meeting
- Assisted MYSATF with a Summer Resource Guide
- Collaborated in planning and participated in the 2015 Toe Valley Health Fair
- Collaborated on the Summer Food Program
- Drug Take Back Day
- Partnered with Healthy Yancey, NC High Peaks Trails Association, and South Toe Elementary School to construct a walking trail on the school campus for use by the school and larger community
- Partnered with Healthy Yancey, Yancey County Parks and Recreation, and Toe Valley Soccer Association to complete construction of soccer fields at Cane River Park
- Collaborated on the Burnsville Metric
- Disc golf course at Mountain Heritage High School
- Hosted Adverse Childhood Experiences (ACEs) workshops
- Named the 2015 Public Health Partner of the Year by the North Carolina Association of Public Health Directors

2016

- 1st Annual Sizzlin’ Summer Series – an evidence-based, community-wide, free, 11-week series of activities and opportunities for the community to get physically active, connect to neighbors and community, and have fun. Held beside and during the hours of the Yancey County Farmer’s Market
- Partnered for creation of Yancey Early Childhood Initiative (now Yancey Alliance for Young Children)
- Assisted MYSATF with Summer Resource Guide
- Assisted MYSATF with updating the Mental Health and Substance Use Resource Guide
- Partnered with Mitchell and Yancey County Sheriffs’ Departments to train officers to administer naloxone
- Distribution of sharps containers for local law enforcement
- Collaborated on the Summer Food Program
- Collaborated on the Burnsville Metric
- Updated the Walking Trails Guide
- Chosen as the Yancey County Chamber of Commerce Member of the Year

2017

- Graham Children’s Health Services becomes Partners Aligned Toward Health
- Expanded Mitchell Yancey Substance Abuse Task Force
- Began Appalachian Youth to Youth – Youth Empowerment initiative in middle schools
- Distribution of personal drug deactivation kits

2018

- Began “Samantha Skunk” – middle school students providing medication safety education in elementary schools
- Piloted Home Remedies – Community Options Addressing Pain and Stress
- Established first public safe-needle-disposal sites

2019

- Partnered to pilot Garden Share program – delivering fresh vegetables to Meals on Wheels recipients
- Hosted 3-day MY Community Cares Summit and Recovery Celebration with trauma-informed-care expert Tonier Cain-Muldrow
- Assumed oversight of Toe River Diabetes Coalition
- Hosted first Town Hall meeting on underage drinking and vaping/nicotine use

2020

- Hosted community meetings to launch NCCARE 360
- Training for evidence-based “Prevention Plus Wellness” with Cougar Fit Club
- Development of Clear Impact Scorecard for evaluation and data tracking
- Bowman Youth to Youth successfully advocate for designating Bakersville Creek Walk as a tobacco-free zone
- COVID-19 pandemic – shift all programs to a virtual format
- Work closely with Yancey County Emergency Management, Toe River Health District, Mountain Community Partnership, Town of Burnsville, and others to assemble and distribute trusted health information regarding COVID-19, including cloth face masks
- Work with Yancey County Gov. and Yancey Economic Development Commission to establish Yancey County COVID-19 Relief Fund
- Expand Summer Food Program to serve 158 families
- Finalize a new strategic plan focusing on that supports our community focus, our core organizational strengths, and our goals of programmatic excellence and strong partnerships
- Establish Community Ambassador Real Equality initiative - Leveraging local skills, knowledge, leadership, privilege, resources, and community networks to educate and empower local Hispanic/Latino community members to serve as trusted sources of reliable COVID-19 information within their community, families, and social circles

2021

- Hosted virtual safe prescribing training with MAHEC
- My Reason PR campaign to promote COVID-19 prevention strategies – masks, handwashing, social distancing, and vaccines
- Internal and external focus on equitable partnerships

Appendix B

Culminating Experience Reflection

The culminating experience opportunity allowed me to combine the skills and knowledge I have gained in the MPH program and use them to address an emerging public health issue. Specifically, during the MPH program orientation, before classes had even begun, Vaughn Mamlin Upshaw, DrPH, EdD, concentration lead for Leadership in Practice at the Gillings School of Global Public Health, said that “public health is a team sport” and encouraged us to get used to working together to solve complex problems. This culminating experience was a prime example of how many agencies and individuals work together and with the community to improve health. Throughout the process, I collaborated with community members, medical professionals, public health professionals, a student pursuing a master’s degree in social work, a communications specialist, a photographer, a videographer, and many other individuals. In order to perform effectively in interprofessional settings, I learned that communication, follow-through, and curiosity are keys to success. For example, everyone in the partnership was working on other projects and had many responsibilities outside of the CARE Team. Often, this caused challenges with meeting deadlines, scheduling planning meetings, and general communication. To overcome these challenges, the group had to ask questions of each other, take time to understand the current situation, agree upon preferred methods of communication, and establish norms for working together and getting tasks accomplished. While working with individuals from a variety of backgrounds can be challenging at times, the initiative would not have been possible without collaboration and partnerships across disciplines.

Additionally, the culminating experience has challenged me to practice cultural humility every day. I am constantly taking time to reflect and self-critique my own beliefs and

assumptions to improve both personally and professionally. Fortunately, the CARE Team initiative has been strategic in building relationships and creating open communication that supports having tough conversations and asking questions in order to better understand each other. For example, an assumption I made during this process was that Hispanic/Latino individuals in Avery, Mitchell, and Yancey counties are hesitant about getting the COVID-19 vaccine due to past and current discrimination in healthcare. After asking questions and talking to the community ambassadors about this further, I learned that this was not the case for them or many of their family members and others in their social network. This opportunity allowed me to deepen my cultural understanding of the situation and check my initial assumptions. Cultural humility is a lifelong process that I will continue to engage in and encourage those around me to do the same.