

IRC Boise Case Study: Crafting COVID-19 Messaging

About IRC Boise

Since opening its doors in 2006, over 800 refugees from Afghanistan, Burma, Bhutan, Iraq, Burundi, Congo, Togo, Liberia, and Uzbekistan have received assistance with housing, school enrolment, family budgeting, English language, and literacy. The IRC in Boise also offers job readiness and placement services to help refugee families become self-sufficient within the first few months of their arrival. Since the pandemic's start, IRC Boise has distributed 4,000+ masks to COVID-19 vulnerable apartments, churches and refugee communities; assisted with employment placements and filing for unemployment; WiFi plans; and distribution of laptops and devices for virtual schooling.

Key Partners

- [Central District Health \(CDH\)](#): Idaho public health department serving four counties including Boise.
- [Idaho Office for Refugees \(IOR\)](#): private-sector initiative overseeing and providing services and assistance for refugees across Idaho.
- [Neighbors United](#): collaboration of companies, organizations and individuals supporting refugees in Boise.

Promising Practices in COVID-19 Mitigation and Prevention Efforts

Community mapping exercise

IRC Boise, along with partners, completed a virtual mapping exercise where participants listed their network who could be potential community partners in COVID-19 mitigation and



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prevention efforts – both formal and informal. The group also explored which influential subgroups they might be overlooking (e.g., single moms) and further brainstormed community leaders and organizations on their potential partner list who were working with those subgroups.

Creating language accessible videos

Refugee leaders including medical professionals, faith leaders, and others are delivering relatable, factual and linguistically-accessible communications to ensure people receive accurate information from people they know and trust, and to counter confusing and contradictory information. In one round of videos, refugee leaders worked with the IRC in Boise, Central District Health (CDH), and IOR to create videos in five languages about contact tracing. ([Watch the video in English here](#)). This was done in conjunction with leaders from Arabic, Swahili, Kinyarwanda and Somali speaking groups who collaborated on the appropriate messaging. To date 15 different case investigators/contact tracers (CICTs) are seeing great success using these videos by sending them via text to individuals they are having trouble reaching. CICTs have seen an increase in people answering their calls after receiving the videos.

In total, IRC Boise has created over 32 videos and additional informational flyers on COVID-19 in 14 languages which have been shared digitally, socially and via targeted mailings. Additionally, refugee leaders have responded both to current events as they occur, such as Boise's Mask Ordinance on July 4th, and community concerns, addressed in a Q&A Zoom call in partnership with Dr. Abby Davids of Family Medicine Residency of Idaho.

Virtual townhalls and community panels

Several times throughout this year, IRC Boise has hosted virtual townhalls which have had good attendance. These townhalls were marketed for unofficial and official elected leaders within the community and from RIM-serving organizations. The purpose of the townhalls was to bring together leaders to discuss COVID-19 issues specific to RIM communities and brainstorm ways to overcome challenges and partnership opportunities.

At the request of CDH, IRC Boise also hosted a series of community panels for key communities (e.g., Swahili-speakers) featuring RIM community members to share about their and their communities' experience with COVID-19, and advise on issues related to COVID-19 such as how to improve contact tracing efforts.



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Partners' Roles in Content Creation

Central District Health

- Providing materials to be adapted into different languages
- Providing guidance around issues they are experiencing in engaging RIM communities with COVID-19 prevention and mitigation efforts

IRC Boise

- Identifying and recruiting RIM community leaders for videos, panels, townhalls
- Organizing logistics for videos, panels, townhalls
- Support for production and filming of videos (e.g., about contact tracing) providing compensation for community leaders' involvement
- Creating, translating and disseminating culturally and linguistically appropriate COVID-19 educational materials
- Utilizing knowledge and what they learn from clients to identify areas in need of COVID-19 materials (e.g., myths and misperceptions)

Idaho Office for Refugees

- Helping get the video project started by having conversations with CDH and IRC
- Paying for the videographer and speakers' time

Neighbors United

- IOR, IRC and CDH are all member organizations of Neighbors United

Keys to Success and Overcoming Challenges

1. **Conduct mapping with other partners:** bring together those organizations you currently partner with to map out ideas of other RIM-serving organizations, vulnerable RIM subgroups, and official and unofficial RIM leaders to engage. Read the NRC-RIM white paper *Promising Practices for Public Health Departments: Reaching Refugee, Immigrant, and Migrant (RIM) Communities during COVID-19* for more details.



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2. **RIM community involvement:** Although important to include CBOs who serve RIM communities and therefore have useful insights, it is equally important to actively engage people from within RIM communities. CBOs can help link public health departments to official and unofficial community leaders and facilitate their participation in COVID-19 mitigation and prevention efforts. Faith leaders, RIM individuals who are medical professionals, those who have experienced COVID-19 first hand, and those who know how their communities access information (e.g., through which social media channels) are all good people to engage for their advice.

[More best practices](#) on working directly with RIM community leaders for public health messaging.

3. **Training for contact tracers:** ask CBO partners to host a community panel for each of the RIM communities you are hoping to better reach. During these panels explore what the COVID-19 myths, misperceptions, concerns, and barriers to following prevention and mitigation guidelines are, and about increasing acceptance of the COVID-19 vaccine. Have your case investigators/contact tracers attend the panels to hear ideas for ways to respond during calls (e.g., in regards to desires to treat with home remedies).
4. **Meet community leaders where they are:** IRC Boise has found that for some community leaders it is not feasible or as helpful for them to participate in larger virtual advisory groups due to time and other constraints. Instead, these leaders want to work directly with their RIM communities to help keep them safe, mostly through individual phone calls and direct WhatsApp message. IRC Boise helps by providing them with information to disseminate through their networks.
5. **Compensation for community leaders:** recognizing and respecting RIM community leaders and other individuals who participate in creation of COVID-19 materials through fair compensation is imperative and contributes to trust building.
6. **Balance materials' quality with authenticity and timeliness:** depending on the content, some videos may benefit from being produced by a professional videographer (e.g., the what is contact tracing video) while others will be more impactful, authentic, and credible to RIM viewers if they are less produced. This will also help with timeliness and having the messaging available quickly (e.g., videos explaining the latest mandates).



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7. **Have contact tracers send videos to cases/contacts:** if CICTs are having difficulties reaching a person, they should text a video in that person's preferred language explaining what is contact tracing. IRC Boise reports that CICTs have found that increases the likelihood that their next call to that person will be answered.
8. **Balance respect for culture with public health messaging:** Some misconceptions around COVID-19 stem from cultural or religious beliefs, such as home remedies or "the protection of God." It is most important to approach all messaging with respect to each culture, and when possible, validating or at least respecting the individual's beliefs while also providing them with the most accurate information. For example, if someone believes that home remedies are enough against COVID-19, instead of saying those don't work, a message such as, "Yes, that can help you feel better, but you also need to follow the advice of medical experts," is more respectful and effective. Similarly, all medical advice should be given with culture and family structures in mind.



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