How Right Now

Special Report on Social Determinants of Health and Emotional Well-being amid the COVID-19 Pandemic:

Learnings from Mixed-Methods Formative Research to inform the How Right Now/Qué Hacer Ahora Campaign

February 2023

NORC at the University of Chicago

burness | TMNcorp MARKETING AND COMMUNICATIONS

How Right Now

Background about the How Right Now Campaign

Since the initial COVID-19 outbreak, millions of Americans have dealt with a profound impact on their mental health due to the loss of loved ones, economic distress, and social isolation, among other challenges. To help people cope with the mental health challenges brought on by the COVID-19 pandemic, CDC, with support from the CDC Foundation, enlisted NORC at the University of Chicago (and its partners, Burness and TMNCorp), to develop *How Right Now/Qué Hacer Ahora* (*HRN*).

The year-1 evaluation of *HRN* revealed disproportionate impacts on mental health amongst those who have experienced disruptions to social determinants of health (SDOH) as a result of COVID-19 and that SDOH disruptions were highest among people who identify as African American or Black (AA/B), Hispanic or Latino (H/L) and American Indian and Alaska Native (AI/AN). (See Figure 1 for the definition of SDOH.) These findings led to a shift in the campaign's focus to new audiences.

Therefore, this next phase (December 2021-June 2022) of the campaign aimed to address these emerging emotional health needs as the pandemic wore on and provide resources for coping with mental challenges to ensure everyone has an equal opportunity for health and well-being. The campaign shifted to focus on audience members from three specific racial and ethnic groups – namely people who identify as AA/B, H/L, and AI/AN – and disruptions to their social determinants of health (SDOH).

Figure 1.

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (CDC).

Why *How Right Now?*

Many people are experiencing feelings of grief, loss, anxiety, and depression as a result of the COVID-19 pandemic, but certain groups are more at risk of experiencing mental health challenges during this time. The initial evaluation of *HRN* revealed disproportionate impacts on mental health amongst those who have experienced disruptions to social determinants of health (SDOH) as a result of COVID-19. These SDOH disruptions were highest among people who identify as:

- **African American or Black (AA/B)**
- **Hispanic or Latino (H/L)**
- **American Indian and Alaska Native (AI/AN)**

Therefore, this phase of the campaign aimed to address emerging emotional health needs of members of these audience groups.

Formative Work

Since its inception, *HRN* has been a theory-based communications campaign, drawing on theoretical foundations from health communications, psychological and behavioral health, and emotional health resiliency and thriving[i]. To inform this next phase of the campaign, NORC conducted formative research to understand audiences' evolving and current emotional health needs during the COVID-19 pandemic to guide the implementation of the next phase of the campaign. Incorporating principles of culturally-responsive research[ii], we aimed to investigate the following for each of our audiences of focus:

1. **Urgent mental and behavioral health issues**
2. **Feelings about COVID-19 and the current cultural climate**
3. **Definitions and mechanisms of resilience related to mental health**
4. **Mental health information and resource needs**
5. **Existing mental health resources and support**
6. **Trusted sources/channels to provide messages about mental health and support**

Methods

Using a mixed-methods approach, NORC conducted formative research that triangulated data across multiple sources to **understand audiences' evolving and current emotional health needs** during the COVID-19 pandemic to guide the implementation of the campaign. To achieve a complete understanding of the results, we used a responsive approach to qualitative and quantitative data collection (in which results from one data source informed the collection and analysis of other sources) and an iterative process of data analysis, which involved synthesizing data across sources and triangulating or integrating findings. We collected data between June 2021 and April 2022.

Figure 2.
Formative Research Methods

Review and Analysis of Existing Data

57 Peer-reviewed and grey publications and existing communication campaigns

U.S. Census Household Pulse Survey Data analyzed for mental health and SDOH outcomes for populations of focus

Social Listening

302 social media posts related to *HRN/QHA*

26,982 social media posts related to mental health and COVID-19

Partner Needs Assessment

36 organizations assessed;

5 needs assessment calls held

Online Focus Groups

4 online focus groups conducted;

27 members of audiences participated

Formative Research Findings

Urgent Mental Health Needs

Findings revealed that our audiences are experiencing higher levels of **mental health-related concerns** (i.e., anxiety, worry, depression, fear, and confusion) and **SDOH-related challenges** (i.e., loss of income and employment, access to mental health care, food and housing concerns, and difficulty with education and schooling) compared to White and non-Hispanic persons. For example, there is a disparity in the prevalence of depressive symptoms between White and non-White Americans (See Figure 3), and those from Hispanic/Latino origin report higher levels of anxiety. (See Figure 4). Further, non-White and Hispanic/Latino Americans were more likely to report loss of employment, compared to White and non-Hispanic/Latino Americans. (See Figure 5.)

Figure 3.
Frequency of "feeling down, depressed or hopeless" over the last two weeks

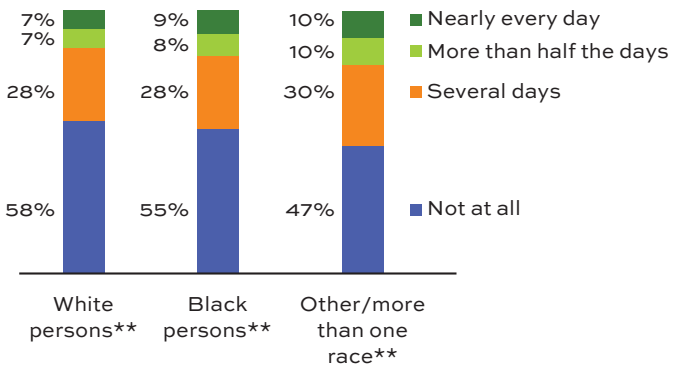


Figure 4.
Frequency of "feeling nervous, anxious or on edge" in the last two weeks

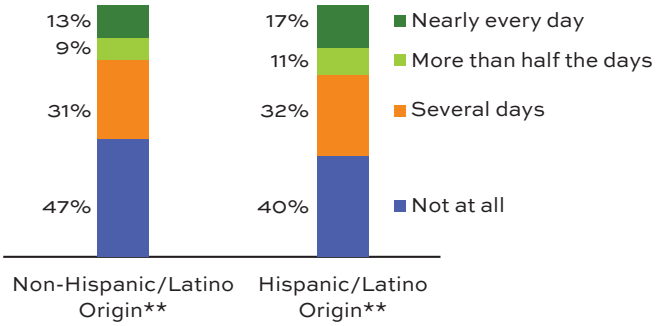
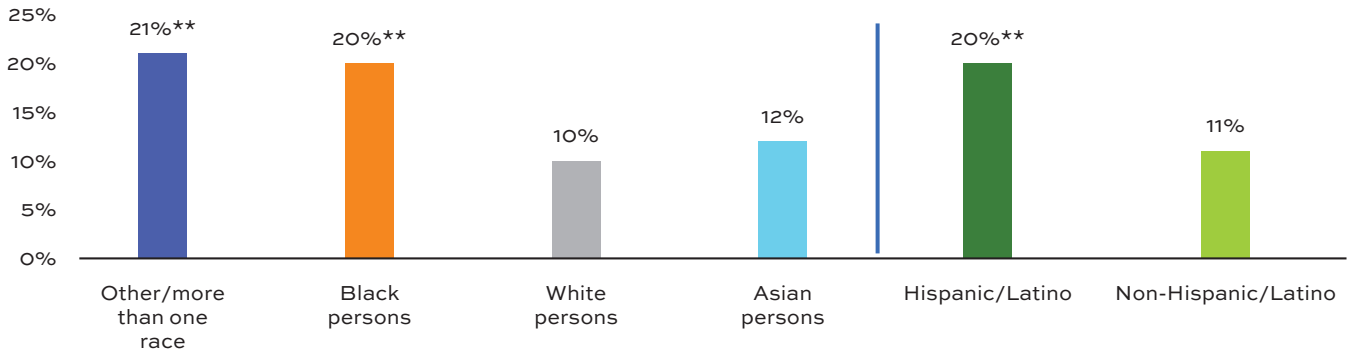


Figure 5.
Loss of Employment



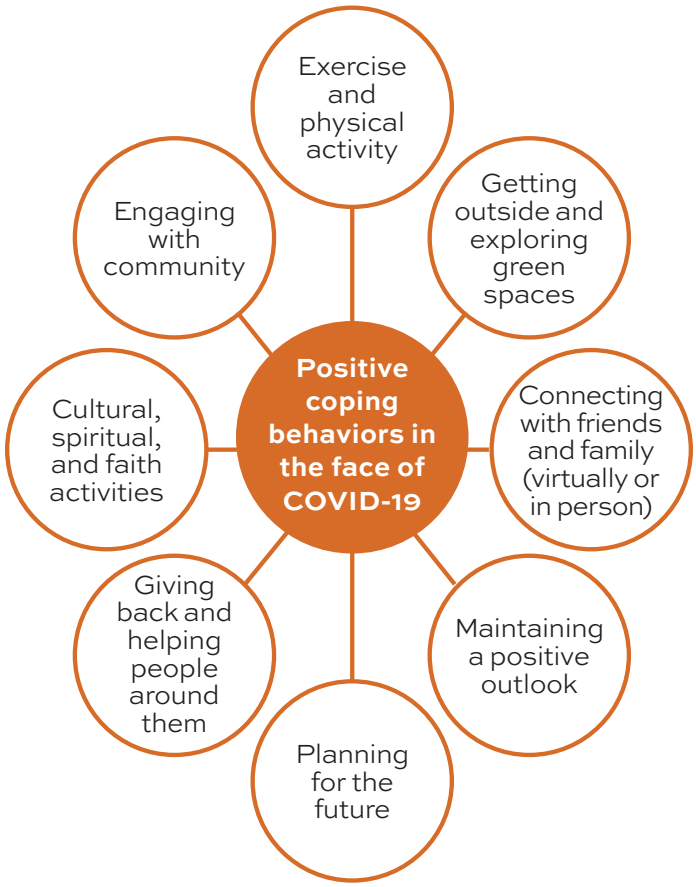
Source: Household Pulse Survey, Phase 3.2, data collected between 9/29/21–10/11/21
**Statistically significant difference by audience group, p <.0001
Note that "Other/more than one race" includes American Indian and Alaska Native persons

Feelings About COVID-19 and the Current Cultural Climate

Audience's feelings about COVID-19 were mixed with strong emotions. Grief and loss of family and community members to COVID-19 were potent. They also expressed uncertainty, frustration, and concerns about what others are doing to take safety precautions, including masks, vaccines, and tests. There were also ongoing fears about COVID-19 infection and domestic and geopolitical conflict, including the January 6th insurrection, debates over school curriculum and Critical Race Theory, war, and violence.

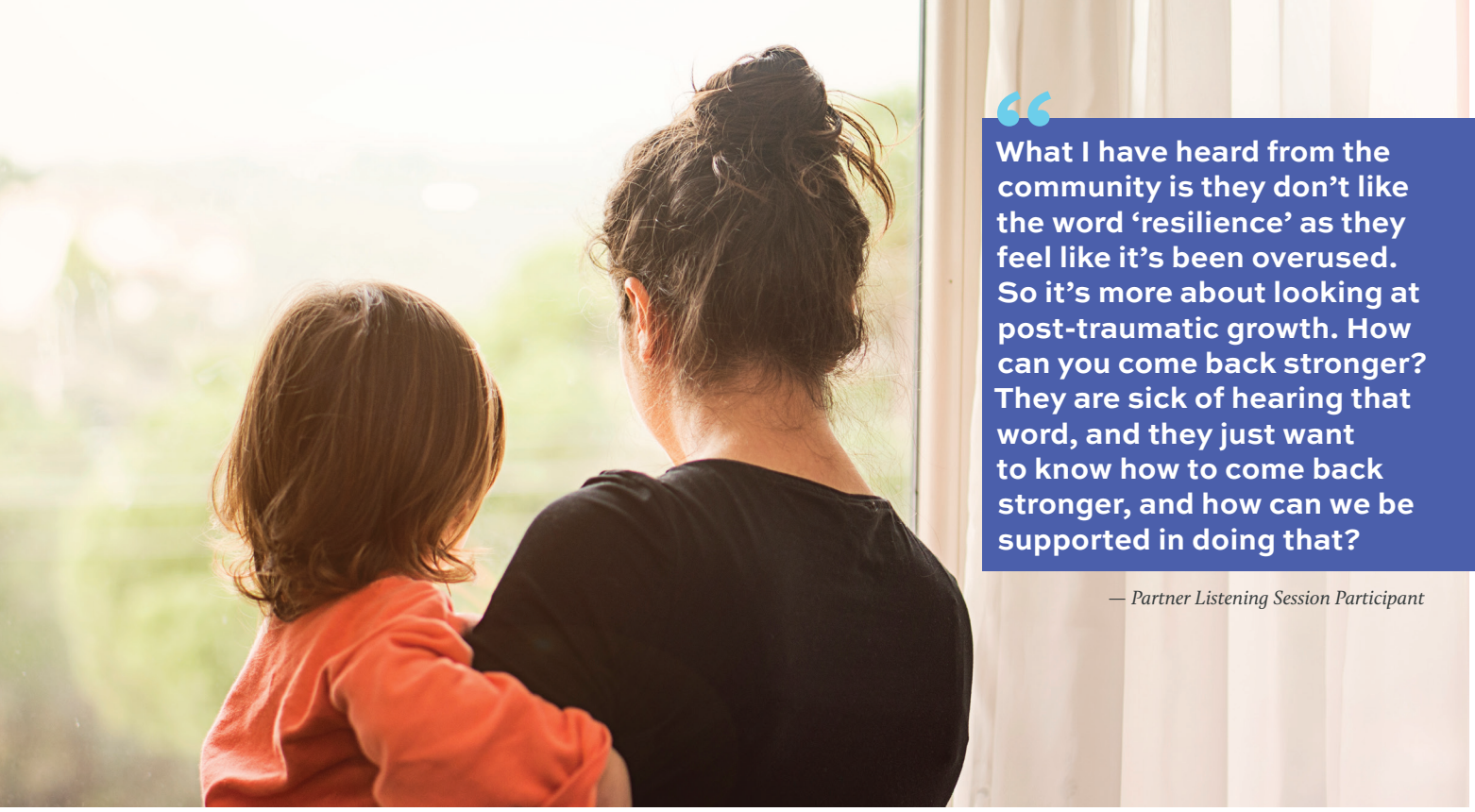
However, we also found that our audiences had immense **pride in their community** for finding ways to cope with feelings of fear and isolation from earlier in the pandemic and adapting behaviors and coping strategies to COVID-19 restrictions. Our audiences **demonstrated strength** and **developed positive coping behaviors in the face of these adversities.** (See Figure 6.)

Figure 6.
Coping strategies commonly utilized across all audiences



> **My people were hit by COVID hard. I lost many family members, including my mother and brother. We lost a lot of the language speakers in our community, and there are only 45 speakers left, so it's important to share our language and reclaim it.**

— American Indian/Alaska Native Focus Group Participant



> **What I have heard from the community is they don't like the word 'resilience' as they feel like it's been overused. So it's more about looking at post-traumatic growth. How can you come back stronger? They are sick of hearing that word, and they just want to know how to come back stronger, and how can we be supported in doing that?**
>
> *— Partner Listening Session Participant*

Definitions and Mechanisms of Resilience Related to Mental Health

We found that **resilience and emotional health came from many sources for our audiences**. **Community** was a core pillar of emotional health resilience and meant different things to different people, including communities of immediate neighborhoods, friends, and families; cultural or religious communities; or online/virtual spaces for people with shared experiences. (See Figure 7.) Definitions of resilience for the priority audiences included "bouncing back after difficult times," "strength through adversity," and "post-traumatic growth."

However, the disproportionate impact of COVID-19 and the associated challenges to emotional health and SDOH have highlighted some of the problems with resilience as a concept for racial and ethnic minorities. **Resilience must also be tied to fighting historical injustice and advocating for structural change** that reduces the need for these communities who have been marginalized and excluded to be resilient in the face of further injustice, including those linked to COVID-19 and SDOH.

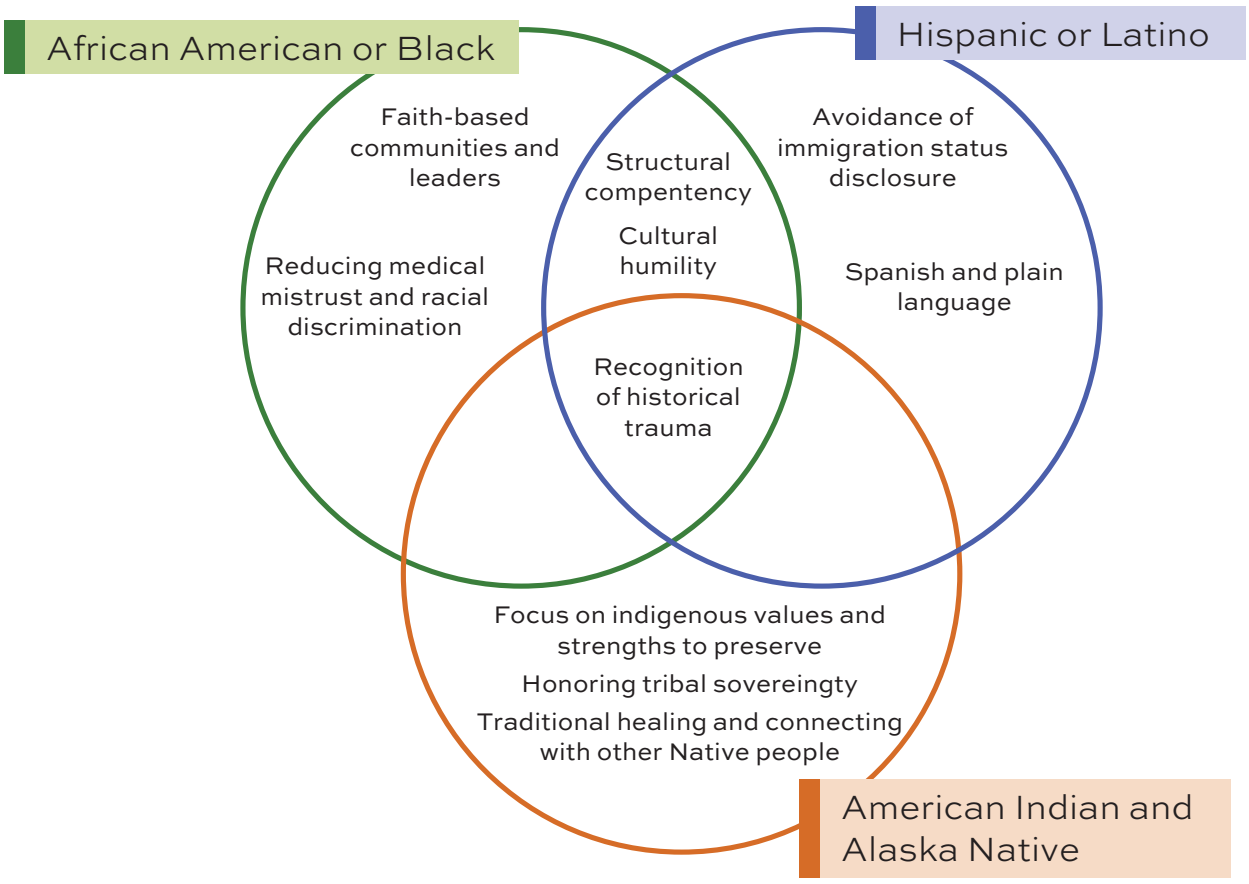
Figure 7.
Sources of Resilience

Mental Health Information and Resource Needs

We found five major themes when exploring the audience's needs for knowledge and information about mental health. The idea of community emerged as **trusted community voices** are essential sources of mental health information and support, including spiritual, religious, and tribal communities. Our audiences also needed **access to mental health care**, as they indicated higher rates of unmet mental health needs. (See Figure 9.) Audiences and partners defined access to care as not just that services are available in one's community but that the specific **financial, technological, health literacy, and linguistic barriers to care are addressed** or overcome. Additionally, audiences and partners discussed the need for **informal mental health supports,** and resources that go beyond clinical care and include arts, culture, music, and faith-based activities are critical. Finally, **cultural humility** and **acknowledgment of historical trauma** were critical in mental health resources. The National Institutes of Health (NIH) defines cultural humility as "a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities."[iii] This approach is fundamental in mental health and health care as the dominant culture in these sectors has historically been White. Therefore, mental health resources and sources need cultural humility to appropriately serve people from other cultural backgrounds like our audiences of focus.

The specific mental health information and resource needs for each audience further clarify the importance of community orientation. For African American or Black audiences, mental health resources must involve faith and community leaders and should focus on reducing medical mistrust and racial discrimination in the delivery of services. Spanish language resources are critical for Hispanic or Latino audiences, and service providers must take care to avoid immigration status disclosure. For American Indian and Alaska Native audiences, resources must focus on indigenous values, honoring tribal sovereignty, and connecting audience members with tradition, culture, and other people from their community. (See Figure 8.)

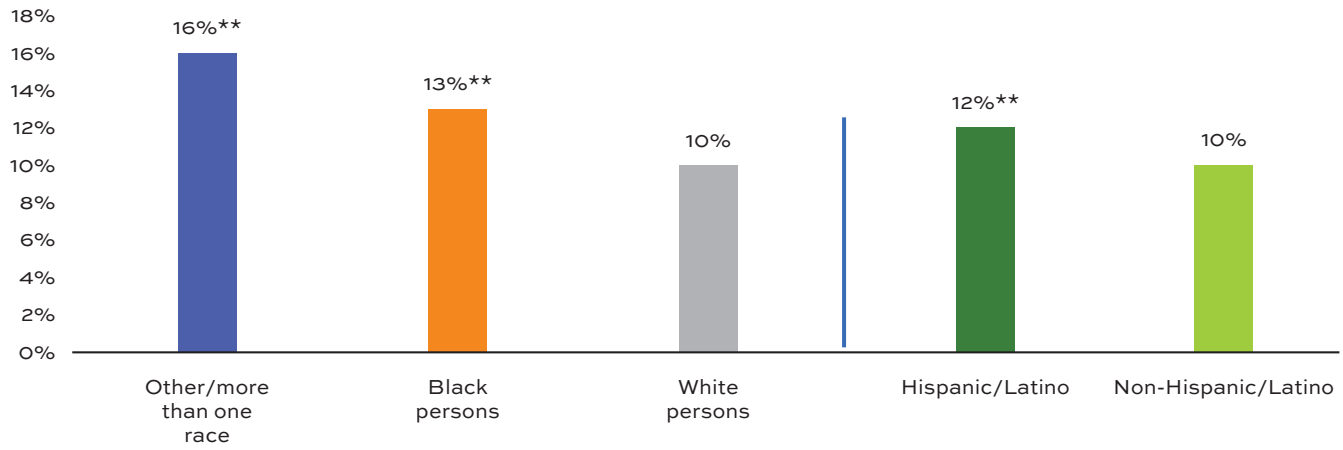
Figure 8.
Mental Health Information and Resource Needs by Audience



Existing Mental Health Resources and Support

We discovered that **self-screening tools and helplines** were widely utilized, as the anonymity of these online tools helps address the stigma for seeking mental health care in some communities. **Community-based resources** and voices emerged as trusted and paramount; these resources must reflect the experiences of people in the communities of focus and connect them to other people with shared experiences in person or virtually. This finding suggests that audiences have been drawing on self-screening and community supports to fill a need left by access to formal mental health (i.e., care delivered through a provider, see Figure 9). Materials that **acknowledge and align with cultural values** and the unique challenges the pandemic poses to those cultures and communities are most effective, especially when they are co-developed with community leaders rather than adapted from existing resources. Finally, **school-based programs** are important avenues of mental health information and care for the entire family and the larger community. We found a great need to address the emotional health challenges that youth in all communities are experiencing.

Figure 9.
Proportion who needed counseling or therapy from a mental health professional, but did not get it for any reason



Source: Household Pulse Survey, Phase 3.2, data collected between 9/29/21–10/11/21
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Trusted Sources/Channels to Provide Messages About Mental Health and Support

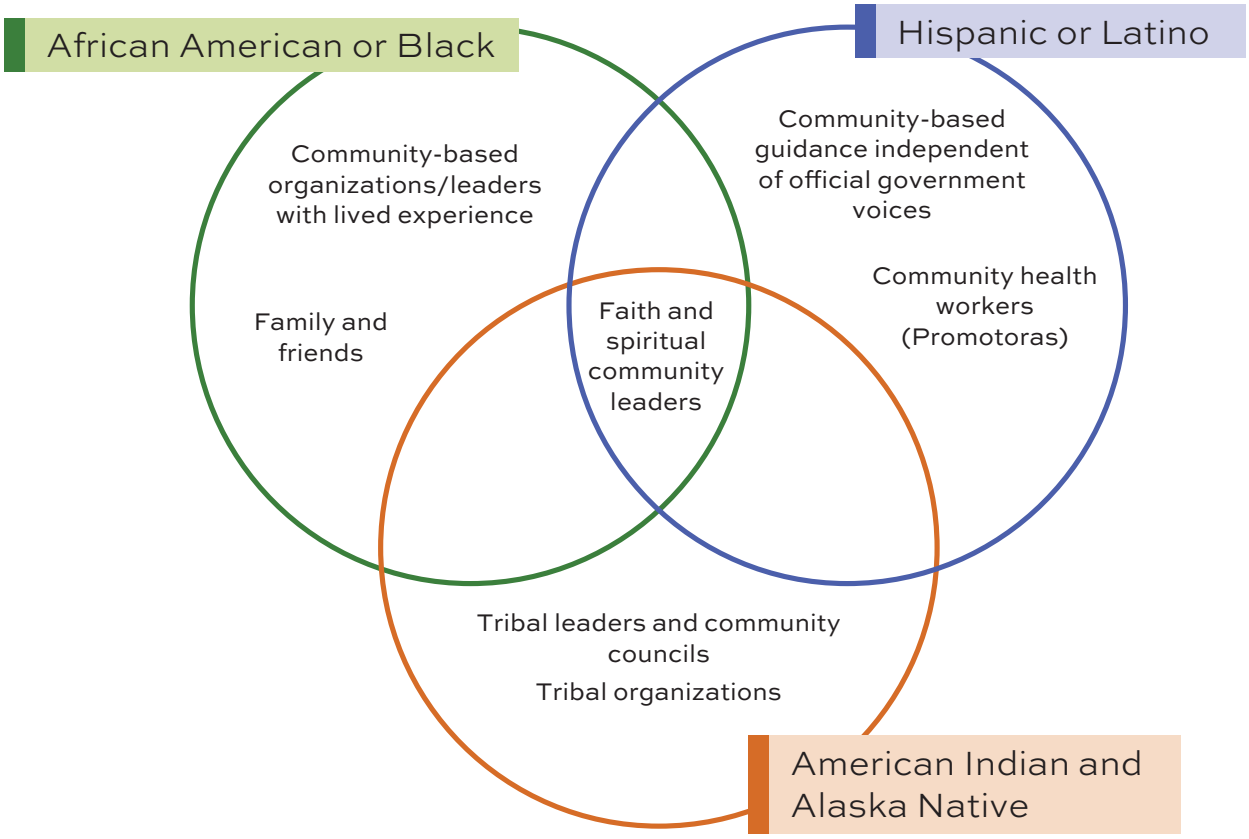
Across all audiences, **community-based sources** again emerged as a critical aspect of trusted messengers for mental health information and support. Faith-based leaders, tribal and community leaders, and community-based organizations with a history of effective partnership and collaboration were more trustworthy than any government entity. **Family and friends** with common backgrounds or experiences who can share insights and listen with empathy were also highly trusted. Our audiences of focus expressed an increased reliance on friends and social networks to provide emotional health support instead of therapy with a mental health provider or guidance from a government entity.

However, important distinctions emerged in trusted messengers by audience. (Figure 10.)

> **Faith leaders are the first responders for communities of color… they go to them before they go to any medical professional.**
>
> *— Partner Listening Session Participant*

Audience members expressed a desire to see these mental health promotion messages around their **community** – in organization offices, public areas like community centers, parks, bus stops, grocery stores, churches, and other faith community centers. **Social media** sites, including Facebook, Twitter, and Instagram, are important channels for emotional health messages; however, concerns were raised about misinformation and the reliability of messengers on these platforms.

Figure 10.
Trusted Sources of Mental Health Information by Audience



Implications

The formative work revealed that the three audiences of focus (people who identify as AA/B, H/L, or AI/AN) are experiencing emotional health and SDOH challenges; however, they are also demonstrating strength and developing positive coping strategies in the face of these adversities. These communities are showing resilience in the face of adversity and challenges to mental health. Still, they believe that to truly thrive in the future, their voices must be valued and listened to in developing mental health resources and supports.

Findings from the formative research indicated that **community** is a critical source of strength and mental health support and information. Mental health promotion campaigns like *HRN* should consider that trusted sources and channels are unique to each audience. Faith and spiritual leaders are critically important trusted voices, and government entities are less trusted as a source or channel of mental health information. Campaigns should select messengers who have credibility in each community and engage them in a way that allows for the co-development and co-promotion of resources. It is also important to ensure that any government messenger is paired with or supported by a credible community leader.

Messaging efforts must reflect the strengths that these communities are demonstrating in the face of emotional health and SDOH challenges by:

1. **Conveying an encouraging future-facing outlook and incorporating bright colors to convey positive messages**
2. **Connecting audiences with community support and using "togetherness" as a representation of being in community with people that is of all types of communities (neighborhoods, religious/spiritual, online/virtual)**
3. **Emphasizing audiences' emotional health assets and strengths, including multigenerational messaging and images reflecting the importance of family, culture, and history**
4. **Addressing ongoing safety concerns by promoting safe community gatherings when appropriate**
5. **Providing actionable positive coping strategies that resonate with what audiences are already doing, including connecting with communities/family/friends; taking care of the body; exploring nature; engaging in cultural, spiritual, and religious activities; and focusing on the future**

About the *HRN* Team

NORC

NORC at the University of Chicago is an objective, nonpartisan research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business, and policy decisions. NORC's health communication group includes experts in digital strategy and outreach, social media data analysis, and audience research and evaluation.

Burness

At Burness, a mission-driven organization with ability to influence social change, veteran communications, media, and policy experts work with digital strategists, designers, writers, and producers to create and execute communication strategies that move issues and elevate organizations.

TMN

TMNcorp is a minority- and woman-owned full-service communications and marketing company that combines a broad range of media, research, and strategic management expertise not ordinarily found in a single firm. TMN's strength lies in personal and professional diversity, commitment, and desire to make a difference.

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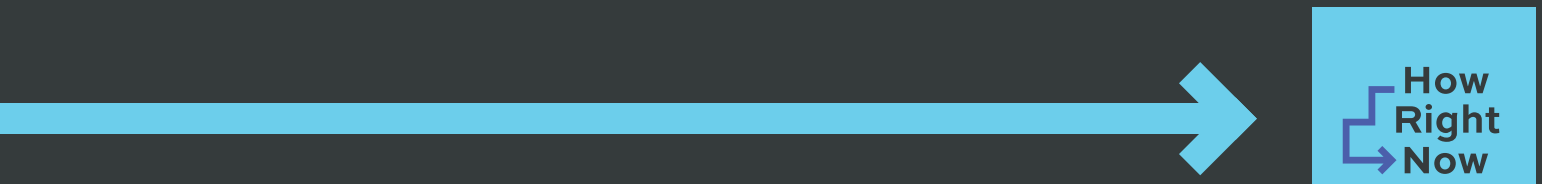

For questions about the *How Right Now* initiative, contact Dr. Amelia Burke-Garcia at BurkeGarcia-Amelia@norc.org. If interested in partnering with *How Right Now,* contact partners@howrightnow.org.