

Written Testimony of
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Chairman Luján, Ranking Member Thune, and distinguished members of the United States Senate Subcommittee on Communications, Media, and Broadband: thank you for inviting me to speak to you today about how we can reach Hispanic/Latino (henceforth Latino) and other communities of color (which I will refer to as BIPOC¹ communities) with effective communication strategies to encourage the uptake of COVID-19 vaccinations. It is a great honor and privilege to be here.

My name is Yonaira Rivera, and I am an Assistant Professor at Rutgers University's School of Communication and Information in New Jersey. My testimony today is based on over a decade of research and practice that impact BIPOC communities in this country.

My academic background includes a master's degree from Rollins School of Public Health at Emory University and a Ph.D. from Johns Hopkins School of Public Health. My scholarship is centered around reducing Latino health inequities through effective, theory-driven health communication, with a focus on social media and community engaged research.

But my experiences extend beyond academic research. I have served as a community health educator for the National Cancer Institute, educating Latino communities in Florida and Puerto Rico. I have also worked alongside community leaders in Puerto Rico in long-term relief efforts after Hurricane María, building the trust necessary to conduct fruitful community-based research and interventions.

It is from these collective experiences, and the published research of many scientists in the fields of public health and health communication, that I speak to you today to share insights on how to best reach Latino and other BIPOC communities through health communication initiatives that can assist in comprehensive COVID-19 vaccination efforts.

Vaccination efforts are instrumental as the Nation battles this pandemic. The success of these efforts undoubtedly relies upon accurate, effective health communication to ensure communities are well-informed about vaccine safety and efficacy, as well as where and how to access vaccinations. Despite this, there is still vaccine hesitancy among members of BIPOC communities for a myriad of reasons. These include medical and government mistrust, confusion about vaccines and where to get them, language barriers, and misinformation related to access, who is eligible, and fear of getting COVID-19 from the vaccine.

Misinformation undermines our ability to reach Latino and other BIPOC communities

¹ Brown, Indigenous and People of Color

While issues related to vaccine hesitancy go beyond social media, evidence suggests that these platforms contribute to the spread of misinformation that can bolster these beliefs and misperceptions. The rise of misinformation on social media has caused public health scholars to express deep concerns over how health misinformation is shared, how vulnerable populations respond to it, and how it may negatively impact public health outcomes.

This concern is at the core of my empirical work, which focuses on understanding how U.S. Latino adults engage with and act upon health information and misinformation on social media. I have explored this within the context of cancer communication, which is another health equity issue that disproportionately impacts Latino communities.

Findings from my work, which focus on Latinos ages 40-75, highlight that many individuals do not have the time, skills or motivation to adequately verify content they encounter. Instead, they trust the sources who share it – despite content having low scientific credibility and being distributed by potentially unreliable sources.

In light of these findings, efforts that tackle digital health literacy among adult populations may be necessary to address the spread of misinformation on social media. Structural interventions (i.e. those at the platform level) are also imperative, as individuals may not be sufficiently motivated or skilled to verify health information they encounter on social media. And while social media platforms have begun self-regulating and monitoring the dissemination of some health misinformation since the public and media outcry surrounding measles, mumps and rubella vaccine misinformation in 2019, this reactive response leaves many questions unanswered, including what makes a public health problem “important enough” to regulate, and in what ways should this content be regulated – issues we have only seen grow during the current pandemic.

These and other topics are at the core of a [recent report](#) released by the Johns Hopkins Center for Health Security, “National Priorities to Combat Misinformation and Disinformation for COVID-19 and Future Public Health Threats: A Call for a National Strategy” (led by Dr. Tara Sell). The report proposes for four pillars to assist in developing this strategy: (1) intervening against false/damaging content and its sources; (2) promoting and disseminating abundant factual information; (3) increasing public resilience to misinformation and disinformation; and (4) responding via multi-sector and multi-agency collaborations. It also recommends that a national commission be established to provide evidence-based guidelines and recommendations for nonpartisan oversight. Such a commission would include multiple stakeholders to address these difficult issues from multiple angles.

How might we reach Latino and other BIPOC communities with messages to effectively increase vaccine uptake?

In light of the current health misinformation landscape, I will now turn to my second point of discussion: how to reach Latino and other BIPOC communities with evidence-based messages to effectively increase vaccine uptake.

Other findings from my work with the Latino community emphasize that messages and their sources should be culturally relevant to boost effectiveness. These findings add to existing cancer communication literature and they are easily transferrable to the vaccine communication efforts we are tackling today. Some recommendations include:

- **Utilizing *promotores* or other trustworthy figures to deliver evidence-based messages on social media.** Trusted sources with perceived topic expertise/authority and similar cultural identity heavily contributed to engagement with information. Sources appear to enhance engagement with (or be more important than) culturally-relevant content. This suggests that receiving reputable health information from trusted individuals may assist in counteracting and dispelling myths. Initiatives can embed trusted sources in the Latino community – like *promotores* (community health workers) and other community leaders – into their outreach efforts. These individuals could be trained to engage with community members on social media through efforts that leverage the dialogical education enabled by platforms like Facebook, an approach that has been successful in tobacco-cessation interventions (see Ramo et al., 2018).
- **Counteracting misinformation by disseminating culturally-tailored narratives.** Our findings present new considerations for social media interventions to adequately deliver evidence-based, culturally-tailored information to intended audiences. Narratives may be one tool to effectively counteract misinformation online, as the shared experiences of others had a strong influence in credibility assessments among interviewed participants. These findings align with other health communication efforts that have successfully used persuasive narratives containing Latino cultural values, language, and country of origin as a way to promote cancer prevention and screening (see Murphy et al., 2015).
- **Partnering with local organizations and community leaders in bottom-up outreach efforts.** While it is crucial to invest in communication using traditional media outlets, it is just as essential to invest in bottom-up efforts that leverage the work already conducted on-the-ground by trusted community leaders and organizations. My experiences as both a community health educator and through my disaster relief work in Puerto Rico taught me that listening to community leaders and working around their needs is key for success. Local leaders know how feasible projects are locally, as well as

what will be of benefit to the community. Taking their needs into account and assisting them in finding solutions foments trust and fosters a sense of ownership. This is instrumental in creating an environment of mutual collaboration where everyone involved has a seat at the table. For a detailed agenda on how to establish this kind of outreach, I will refer you to this [recent report](#) by the Working Group on Equity in COVID-19 Vaccination.

It is important to note that blanket messages will not be successful within Latino and BIPOC communities, as these are not monolithic. Tailored messaging is required to adequately promote vaccine uptake, which is why working with leaders and grassroots organizations can facilitate these and other communication efforts.

More research is needed

A final point I want to highlight is that we need more research. This current public health crisis has emphasized the relevance of research that assesses the impact of health misinformation on public health outcomes. Yet, addressing vaccine hesitancy and health misinformation among Latino audiences (and in general) is an extremely challenging endeavor. There are still many questions we do not have answers to, making this an important opportunity to get it right and fund research and communication initiatives that adequately meet this challenge.

That is why investing in future research is of paramount importance, as is the establishment of interdisciplinary, transnational, and multilingual collaborations. Transnational, multi-lingual initiatives are necessary to be informed on health misinformation trends happening in Latin America (and other countries) that are shared through social media. This will require international collaborations between researchers, journalists, government agencies, and non-profit organizations to share resources and best practices (see [The ComProp Navigator](#) for an example of similar efforts in political misinformation and disinformation).

Before concluding, I want to re-emphasize the importance of leveraging trusted sources when reaching Latinos and BIPOC communities. This is instrumental, as building trust takes time and cannot be done overnight. We need more people who look like us delivering messages, more scientists who understand our communities conducting the research, and more funding directed towards our communities and organizations to be successful at these efforts. I look forward to our conversation. Thank you.