Chairman Luján, Ranking Member Thune, and distinguished members of the subcommittee, I am pleased to testify before you today to discuss New Mexico’s efforts to disseminate accurate, timely information about vaccine safety to rural areas and communities of color, and to encourage more Americans to get vaccinated.

In New Mexico currently, more than 55% of the population has received at least one shot, and approximately 36% are fully vaccinated. Thanks to our state’s vaccine equity plan, this includes high proportions of minority and socially vulnerable communities.

Since the pandemic began, the Governor and other state leaders held weekly or biweekly press conferences about the coronavirus, and now the vaccine. These are widely covered by our state press corps and disseminated through Facebook Live.

We’ve also expanded our Department of Health communications operation. Thanks to federal funding, we’ve hired two additional communications specialists, one focused specifically on outreach to communities of color.

In addition, we’ve benefited from FEMA support in establishing a multi-agency Incident Command Structure, including a Joint Information Center (JIC) comprising public information officers, emergency management personnel, hotline staff, and other key communicators. The JIC is subdivided into eight teams, including an Outreach Team that keeps close tabs on rumors, misinformation, and other vaccine communications challenges from constituencies and communities across New Mexico - and a Product Team that designs communications materials to meet those challenges.

But many of our best communications efforts don’t involve state employees. Instead, they involve the voices of New Mexicans from across the state. Our Trusted Voices campaign, for example, is a series of YouTube videos featuring more than fifty - and counting - New Mexicans from every walk of life, ethnic and racial background, and professional affiliation.
We understand that persuasion is built on trust, and trust is often founded on shared roots and experiences. These videos - available in multiple languages - allow New Mexicans to address one another about their experiences with the vaccine: to speak their minds and share from the heart. The videos have received thousands of views - and more volunteers each week.

Of course, trust requires more than one-way communication. Often, dialogue is key - and dialogue tends to work best in respectful, non-judgmental, open-ended settings.

To that end, we have leaned heavily on virtual town hall events.

Our communications director has co-led five of these events so far, each with a co-host chosen for both their medical expertise and their credibility within a geographic area or racial or ethnic community. Future events will be aimed at younger cohorts, Native American communities, agricultural and rural communities, and the LGBTQ community, among others.

Our Office of Health Equity has also held – or is planning – culturally and linguistically appropriate town halls with trusted messengers from the Black and African-American communities, the mono-lingual Spanish-speaking Latinx community, Spanish-speaking health care providers in the border region, the Vietnamese community, and the disability community.

Each of these events provides community members a chance to ask questions, voice concerns, and hear from scientific experts about what we know, what we don't know, and what we’re still learning about COVID-19 and the vaccines.

These events have proven especially valuable at building vaccine confidence. In fact, we regularly see a spike in vaccine registrations following these town halls - which is important to our ongoing health equity efforts.

I’ve mentioned language several times, but allow me to linger there a moment longer. Reaching people - especially in a diverse state like New Mexico - doesn't mean just publishing an English-language press release and hoping for the best. It means speaking to people in their languages - and at the appropriate level of health literacy.

Our Office of Health Equity (OHE) translates all Covid-related material into Spanish, Vietnamese, Dine/Navajo and Arabic to reach border, frontier, colonias, immigrant, refugee and asylum-seeking community members, and has worked hard to calibrate health literacy levels appropriately across all communication materials. In addition to digital messaging, we send multilingual paper and poster notifications statewide for communities with low broadband connectivity. And DOH staff regularly appear on radio and television in both English and Spanish.

We are extremely grateful to Congress for approving the American Rescue Plan, which appropriated billions of dollars to strengthen vaccine confidence, improve rates of vaccination, and provide information on EUA-approved vaccinations – goals we strive to reach every day.

Of course, all of this is just a summary. I have much more to say, for example, about how our vaccine operations and planning teams integrate racial, ethnic, and geographic considerations into their work - as well as how we communicate our policy plans and integrate feedback from New Mexicans.
But I will save some of these details for our conversation. Again, I thank you for the invitation, and I look forward to your questions.