When seeking to build trust, work with those who already have it

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For a health system, building local trust can take years. But, if that trust is needed to meet an immediate need, one way to gain it is simply to ask community residents who they trust and to work with those individuals and institutions to meet the current challenge.

“You don’t know what you don’t know, so—if we don’t ask the question, we can’t really define the need—particularly among the most vulnerable populations,” said Kavita Bhavan, MD, chief innovation officer for the Parkland Health and Hospital System and associate vice chair of internal medicine at the University of Texas Southwestern Medical Center, both in Dallas.

“Trust is really the cornerstone to improving how we deliver health care in the United States and to do so more equitably,” she said. “For a variety of reasons that vary from community to community, we have a system where there is broken trust.”

Dr. Bhavan was the guest on “Health Equity: The Importance of Building Trust,” an AMA STEPS Forward™ podcast episode in which she discussed how Parkland used its community health needs assessment to identify inequities and gaps in care—and then sought out trusted members of the community to help in its efforts to fill those gaps.

Data identifies health segregation

The assessment identified how the ZIP codes of South Dallas, where mostly Hispanic people live, had influenza- and pneumonia-mortality rates almost twice as high as more affluent ZIP codes in North Dallas.

In fact, the influenza and pneumonia age-adjusted mortality rate for the 75217 ZIP code was 2.3
times higher than other areas in Dallas County in 2019.

“It’s alarming and you have to ask yourself ‘Why is this happening?’” she said.

Dr. Bhavan showed the “heat map” illustrating the pneumonia-influenza mortality rates to students at Cristo Rey Dallas High School, a college preparatory school that provides professional work experience in students’ desired careers.

“This is health segregation!” Dr. Bhavan recalls one student exclaiming upon seeing the map.

Dr. Bhavan and the Center for Innovation and Value at Parkland worked with students interested in health care careers to cocreate immunization-promoting messages. “This led to really digging deep into why is this happening and thinking about what the barriers and trust issues were, and working with the high school students that want to be doctors and nurses someday and saying: ‘Hey, rather than you following me, why don’t we follow you into the community?’” she said.

To reduce fear, for example, images of bandages—instead of syringes—were used to illustrate the promotional materials, which also included information on morbidity and mortality linked to infection and the importance of vaccination as a preventive measure.

These messages were disseminated through the bulletin of the local Catholic church, Spanish-language radio stations, food banks and grocery stores over a three-week period.

Almost 400 people were vaccinated at the student-led event in January 2020 and around 1,000 more received a flu vaccine at three other events in the area, which were held on Sundays after church services.

A little more than 61% of those vaccinated at the student-led event participated in a survey with 81.3% of respondents saying they were uninsured, more than 15% said they had never received an influenza vaccine before, and 37.3% saying they had been vaccinated in the last year.

**Trusted messengers are needed**

“Messaging and delivery with community engagement were vital components to the success of our influenza vaccine drive,” wrote Dr. Bhavan and colleagues in their report, “Co-Created Messaging for Influenza Vaccination in a High-Risk Hispanic Community Provides Groundwork for COVID-19 Vaccine,” published in the *Health Equity* journal.

On the podcast, Dr. Bhavan noted the enthusiasm of the students.
If asked, their reaction is, “Oh, we’re saving lives,” she said.

In the Health Equity report, Dr. Bhavan and her co-authors suggest their approach could be borrowed by others seeking to raise COVID-19 vaccination rates.

“Health care systems and providers can begin to bridge an existing gap, recognizing the importance of both the message and messenger when designing campaigns to increase trust, confidence, and ultimately improved vaccination rates for communities with health disparities,” they wrote.

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