

PEELE INTERVIEW KATHY

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Kathy Williams:

Welcome to Building Vaccine Confidence: Tell Me the Truth, the women's health awareness podcast series from the NIEHS Office of Human Research and Community Engagement. I'm Kathy Williams. According to the Centers for Disease Control and Prevention, there is an ongoing health disparity related to COVID-19 vaccine coverage in rural versus urban counties. That disparity has resulted in higher COVID-19 incidence and mortality in rural communities. Our guest for this episode of the podcast has been working hard to close that gap and better protect several rural counties in northeastern North Carolina. Patricia Peele has over 30 years of experience in organizational leadership. Since 2002 she has served as the Health Education and Outreach Coordinator at Rural Health Group, Incorporated in Roanoke Rapids, North Carolina. She organizes, secures funding for, and directs a 28-member healthcare coalition. She also plans and manages a health disparities initiative for a medical network in six northeastern North Carolina counties as well as managing a Lay Health Advisor volunteer training program. Prior to her work at Rural Health Group, Patricia worked with the North Carolina Cooperative Extension, first as an Extension Agent and later as a County Extension Director. She's also a member of the UNC Lineberger Comprehensive Cancer Centers Community Advisory Board. Patricia, thank you for joining us on our Tell Me the Truth podcast.

Patricia Peele:

Well thank you so much. And thank you for having me.

Kathy Williams:

Please tell us about what you've experienced in your work to overcome vaccine hesitancy in rural communities. What makes them unique?

Patricia Peele:

Well we have many challenges. Of course, if you look at our county and look at our overall health outcomes you will see that we have a very low outcomes in our area and one of the reasons is because of our identification in terms of majority population. In rural eastern North Carolina where I am located, then our population in the counties that we serve -- Halifax, Northampton, Warren, and Vance counties -- the population of African Americans is majority population. And so in comparison, when you look at demographics, then we are the least and the lowest or the worst compared to other counties in the state. However, the population is flipped in terms of representation. We also have a high population of Native Americans living in Halifax County with the Haliwa-Saponi tribe. So we kind of conclude that a lot of our issues have to do with equity, with health equity. And we got to look at the issue of equality versus equity, being that we are majority population how a lot of the information and services should be objectionable from the standpoint of comparison but looking at it from the standpoint of what is. So tell me the truth based on our population, then what is the situation in our area. So we look at that as one of the major concerns or challenges. And then we also have some issues with unity among the minority population. Because of the socioeconomic distribution across the area, we have division among our population when it comes to churches, when it comes to school systems, when it comes to

nonprofit community organizations and the work that they're doing in the area, there's not enough unity to bring about the influence that we need to change public policy.

Kathy Williams:

Would you please describe some of the efforts to build vaccine confidence and acceptance that you've been involved with?

Patricia Peele:

Well, we have to look at that situation and try to determine, first of all, what it is we're trying to accomplish. And we don't just want to do activities, we want to change the demographics, we want to change the outcomes, we want to make impacts on the lives of people. So we look at that and we have developed a project that we call the PIE project and it focuses on the Partnering -- which is the P -- Informing and Empowering. And when we say partnering, partnering with organizations that are true to what our mission is and trying to connect with different levels of organizations, whether it be regional, statewide, or national -- such as the NIH or the CDC foundation or others -- and informing people. And education is the key. I am an adult educator. And so therefore I value education in terms of helping people make decisions. And they can't unless they're educated or informed. The concerns we have with the healthcare system is we base our choices and our strategies on research but we don't take enough time to educate people about the whys. And so if we just mandate without education, then it's not really accepted in the community as it should be. It's put upon people as you don't have a choice and they don't understand why. So education is very important. And then empowering is how we do our lay health advisors. And we have a program called Community Fellows where we identified emerging and existing leaders in the community and educate, train, and tool them to be able to help with the outreach. So we just spread out the education, information, and awareness so that we can help people understand. And these things are done by trusted community leaders and influencers not by our organization and administration or the healthcare providers, but it first has to come from the community people saying, yeah, come. This is good. You need to do this. And so the information is targeting those people in the community who can influence.

Kathy Williams:

Patricia, I wanted to ask you to tell us about some of the very interesting tools and concepts you've used to build trust.

Patricia Peele:

The idea is that we live in a civil society and we must have guidelines, rules, standards, and laws for public safety. But if we ignore these, then of course we put all of that into jeopardy. It's just like driving on a two-lane highway and knowing that you're supposed to drive in the right-hand lane. But if you feel so privileged that you can drive in either lane or whatever and you move to the left, you put not only yourself but other people in jeopardy. So rules and guidelines and standards apply to help us to be able to move safely throughout our communities and throughout society. And people have not been true to upholding standards. As a matter of fact, we challenge them more today. But we got to help educate people about the reason and the rationale for certain things. We don't always understand research, but we know that the results of research is to help all of us to be safer. And so we have to help people gain trust in research. And to be able to participate also in things like clinical trials so that when that research information is returned it's inclusive of us and our population. If we're not there and involved, it doesn't apply to us. So helping people understand how

society works and how we work to support each other and keep each other safe is one of the challenges.

Kathy Williams:

What messages have you found to be most effective in your vaccine promotion activities?

Patricia Peele:

We have quite a few that we've done. And it's based on where our target population is and the things that they tend to trust and believe in. And so this is how the music video came about -- "Tell Me the Truth." It was targeted to the audience of young adults and youth who listen to rap music. And it was applied to a rap music track so that when they listen to that rap music, they would hear the message. And that's a way to getting to groups and helping them to understand what they already approve of. And so those are some of the tools.

Kathy Williams:

Let's all take a listen right now to the rap you described, which was actually written and produced by your son, Jared Peele. It's where we got the idea to call this series "Tell Me the Truth."

[music]

Male Speaker:

Tell me the truth, do you still wear your mask? Tell me the truth, did you ever get your vax? Tell me the truth. I know I shouldn't have to ask. Tell me the truth and just present me with the facts. Tell me the truth. Is this about politics, tell me the truth. What are all the side effects? Tell me the truth. Can my body fight it naturally? Tell me the truth. How many times you going to be jabbing me? Tell me the truth. And why you push this on minorities? Tell me the truth. All of a sudden we priorities? Tell me the truth. You even been to our communities? Tell me the truth. And what is a herd immunity? Tell me the truth.

Kathy Williams:

What are some of the other tools you've used?

Patricia Peele:

Also we did podcasts. We have done websites. And also one of the major things we've done was with our site visits and going out into communities and actually going door to door and giving messages and information to people. And using billboards with community residents featured on those billboards with the messages that we wanted to give, not just us professionals from the Rural Health Group or other major organizations and medical healthcare professionals, but from community groups. And the men in the community featured at the barber shop on a billboard. And others that represented those segments of the population that people tend to trust and to go to for information. And so when they see those, then they realize that this is somebody I know. And of course the community got really involved because they were in them. We had photoshoots and they were able to come out and participate which made them very comfortable. They got to see themselves and they enjoyed that. And the people in the community saw some real people. And so then they believed those. Those are some of the successful things that we've done. And we've trained, like I said, volunteers and equipped them to go out in the community and share with others. That's some of the things that we've done.

Kathy Williams:

Those are some terrific strategies. Is there any one idea that comes to mind as having worked especially well?

Patricia Peele:

We did a flyer titled "Herd Immunity: Are We There Yet?" And with that, we identified the three main counties that are involved in our project -- Halifax, Northampton, and Warren. We listed our populations, the COVID cases, percentage of cases, and the deaths, how many people were fully vaccinated, and the percentage of people that were fully vaccinated. So you could look at your county and see those numbers. But down at the bottom it also had the number for herd immunity. So when you look at your county and the numbers as relates to the percentage of fully vaccinated and you look at what's required to reach herd immunity, then you could identify -- people really were able to identify with that. Oh, so this is where we are. In Halifax County we're at 54 percent. Well, then Dr. Fauci says that the number to reach herd immunity has to be 70 to 85 percent of the population would need to be vaccinated. And so it lets them know here's where we are and here's where we need to be. So are we there yet? And the answer is no. And so when they can see that clearly and simply, simplified, then they can relate to that. And it's like Maya Angelou said: when we know better, we do better. And so that helps us to understand our role in creating a better and safer society. Got to get vaccinated. And got to do the things that the mandate requires. And we can't judge by other communities and states or countries because their herd immunity is different. We have to base it on where we are.

Kathy Williams:

I understand that you work with Native American groups in your region. Tell us about some of your strategies for working with Native American communities and what you learned during efforts to promote vaccine confidence and acceptance in the community.

Patricia Peele:

I would say this. I had a fear when I was first introduced to the Native American community in Halifax County because I moved there from someplace else and I wasn't aware or familiar with it. So people kept saying, you need to go to Hollister. You need to go and work with the Native Americans. And I didn't feel comfortable because I didn't know the population, didn't know how to address. But we had a training and some members came to the training. And then when we trained in the lay help advisor program and they were saying, great. This is great. Because this is what we've been wanting to do in our community but didn't know how to do it. Then we poured into them the knowledge, the information, and also helped them to set up a support group. And this was for breast cancer back in the day -- we opened the door by allowing them to do what they wanted to do for their community. But it then built up and came into a health promotion group that now is very well respected and we can utilize that group in order to inform and educate the rest of the community. So it does not come from us, again, but we train those influencers in the community and they get the credit, but we provide the support. And one of the key things about working with community groups and helping them to form their own efforts and organizations is that if they get funding and raise money in the community they can donate it directly to the cause for whatever it is they're doing. Our grant funding can't do that. So they have been able to be very successful in fundraising and in promoting whatever it is that will help their community improve their overall health. And they are doing very well. And we feel proud that we were able to empower them to do that because we are empowering. That's a part of the PIE process -- partnering, informing or educating, and empowering.

Kathy Williams:

As someone with many years of experience in disseminating health information in rural communities, has it been different this time around with this pandemic?

Patricia Peele:

Yes. One of the main things is that we've been limited in our access to large crowds like churches and stuff that shut down during the COVID situation. So there was no way to get to those large populations. You could get numbers up really fast. So that lack of access to large crowds has really caused us to think about some different strategies and ways to go about doing these things. And some of it, I have to admit, goes to lack of accountability to those organizations that are responsible for getting the people immunized and all of that. It was so much confusion about where to go, who should get vaccinated, and all of that. We worked in a reactive way rather than a proactive way. And so therefore that created the questions and the doubt that people had. I think if we can be more proactive in anticipating -- it's just like now. We are already focused on mental health. And it has a link to COVID. We know what's coming and has already come, but we need to be working in advance of that, knowing that there are just going to be a lot of people who need support and help during those issues. Those are some of the things that are different with this situation is that we were late.

Kathy Williams:

Based on your experiences, do you have any advice for community leaders like yourself in rural areas?

Patricia Peele:

Oh absolutely. Let me tell you. We have learned that -- we had a mission. Our organization started as Roanoke Valley Breast Cancer Coalition and breast cancer situation, okay? And but in here came COVID. And then we have the influenza, we have mental health issues, and other things now going forward that we know we're going to have to deal with. Determine your mission based on your overall health situation. And by limiting it is it's difficult because if you depend on grant funding -- and most community non-profits do depend on that -- then you may get a one-year funding or what have you. But when that's over, then what? But your windshield is what you want to look at. And now we're addressing issues for a Healthy North Carolina 2030. And we have issues that we need to be dealing with in order to meet those objectives for the Healthy NC 2030. That's down the road but we need to start now because we want to change our demographics. And sometimes grants can be wonderful, but sometimes they can cause you to change your focus. And you have to have deliverables based on whatever you're funded for. What we've learned is, in every situation, no matter what we're addressing, we're going to stay focused on health and wellness, overall health and wellness, and also we're going to invest in our own community by building some sustainability. And that is pouring into those leaders and people that we have already in our community that's interested in doing the work or helping with the cause. Uniting everybody under a shared vision, so that no matter what your focus as a non-profit organization or group, if you can still contribute toward that shared vision, we can benefit because we can see some changes in our outcomes and that's what we want.

Kathy Williams:

Patricia Peele, it's been a wonderful conversation and I know we've gotten some important information out there to everyone connected with rural community healthcare. Thank you for being with us.

Patricia Peele:

And thank you for having me. And we are here in northeastern North Carolina. We stand strong and we're hoping to make our community a better community and improve our overall health outcomes in northeastern North Carolina. Thank you so much for including us.

Kathy Williams:

Please join us for the other episodes of our podcast series, which is brought to you by the NIEHS Office of Human Research and Community Engagement. We will be speaking in depth with community leaders who've been working to protect their populations from the COVID-19 pandemic and promote vaccinations. We will hear about their experiences and the lessons they have learned as a result. And don't forget, tell me the truth.

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