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BACKGROUND

- A townhall led by Brilliant Detroit early in the pandemic revealed critical COVID-19 information (e.g., symptoms) was not reaching the community.
- Boot Camp Translation (BCT) is an evidence-based methodology that brings together community members, researchers, and stakeholders to translate medical information into locally relevant and actionable language that form the basis for community-specific health campaigns.
- BCT may improve dissemination and uptake of evidence-based COVID-19 information, but the unpredictable nature of information availability to community members and social distancing needs challenge implementation in its traditional form.

AIMS

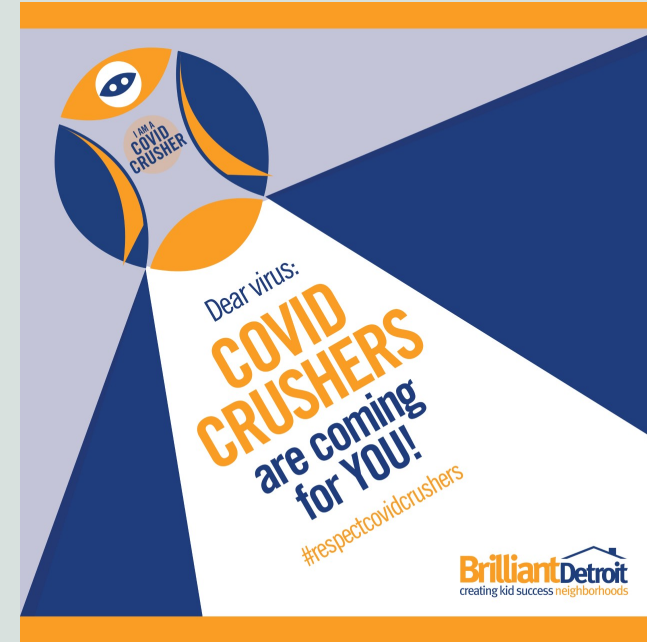

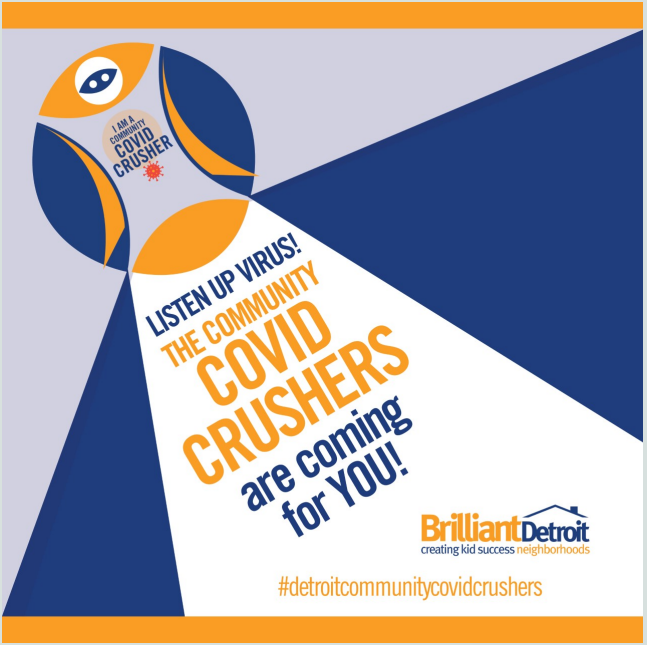



- 1) Adapt BCT for “rapid” (<1 month) and virtual implementation
- 2) Evaluate feasibility of this novel format

METHODOLOGICAL CHANGES

Table 1. Comparison of Traditional vs. Rapid BCT

Component	Traditional BCT	Rapid BCT
Timeline	6-12 Months	3-4 Weeks
Delivery	In-person & conference calls	Virtual
Meeting frequency	4-5 longer meetings, 6-9 conference calls	2-4 meetings
Kick-Off meeting	8 hours, 3-4 hours with expert speaker	2 hours, 1 hour with expert speaker
When decisions made on types of products and dissemination strategies	During the BCT	Prior to the BCT
Number of campaigns	1 longer health campaign	Multiple shorter campaigns

HEALTH CAMPAIGN #1: KEEP FAMILIES SAFE DURING THE HOLIDAYS

Process	Products	Dissemination Strategies	Reach & Engagement										
Cycle 1 <ul style="list-style-type: none"> • 4 meetings in 2 weeks • Average attendance: 88% (n=7) 	Social Media Infographics  	<ul style="list-style-type: none"> • Infographics and post language sent to site managers. • Managers posted site Facebook pages. 	<table border="1"> <tr> <td>Sites Shared</td> <td>44% (n=4)</td> </tr> <tr> <td>Total Engagement</td> <td>35</td> </tr> <tr> <td>Likes</td> <td>6</td> </tr> <tr> <td>Comments</td> <td>0</td> </tr> <tr> <td>Shares</td> <td>29</td> </tr> </table>	Sites Shared	44% (n=4)	Total Engagement	35	Likes	6	Comments	0	Shares	29
Sites Shared	44% (n=4)												
Total Engagement	35												
Likes	6												
Comments	0												
Shares	29												
Cycle 2 <ul style="list-style-type: none"> • 2 meetings in 2 weeks • Average attendance: 88% (n=7) 	Social Media Infographics    	<ul style="list-style-type: none"> • Group created their own COVID Crusher’s Facebook page. • Infographics posted on CCC Facebook page; managers shared the posts. 	<table border="1"> <tr> <td>Sites Shared</td> <td>78% (n=7)</td> </tr> <tr> <td>Total Engagement</td> <td>215</td> </tr> <tr> <td>Likes</td> <td>73</td> </tr> <tr> <td>Comments</td> <td>6</td> </tr> <tr> <td>Shares</td> <td>112</td> </tr> </table>	Sites Shared	78% (n=7)	Total Engagement	215	Likes	73	Comments	6	Shares	112
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CONCLUSIONS

- Preliminary findings suggest that BCT can be implemented successfully in a virtual and “rapid” format to disseminate public health information effectively, while maintaining a high level of engagement from participants.
 - A community-oriented, responsive graphic designer and community members experienced in mobilizing their communities were critical to the feasibility of these campaigns.
- Simplifying the dissemination process for community partners increased all elements of engagement.
- Future campaigns will allow us to explore the feasibility of tangible products and in-person dissemination strategies.

PUBLIC HEALTH IMPACT

- Rapid BCT can increase the utility of BCT methodology for a wider array of health conditions and community health priority areas where a shorter campaign development timeline is needed.

ACKNOWLEDGEMENTS