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A COMMUNITY-GUIDED CURRICULUM TO EDUCATE SPANISH-SPEAKING IPV SURVIVORS ON THE INTERSECTION OF IPV AND COVID-19

The pandemic has affected survivors of intimate partner violence (IPV) in unprecedented ways, worsened further by pervasive spread of COVID misinformation. Next Door Solutions to Domestic Violence (NDS), in San Jose (<https://www.nextdoorsolutions.org/>), serves a largely Spanish-speaking community of IPV survivors who face many barriers to healthcare.

When COVID began, NDS was training a group of survivors to become community health workers (promotoras) for their communities. In partnership with NDS, we created a curriculum to educate this group of women on a) correcting COVID misinformation circulating in vulnerable communities; b) understanding how the pandemic has exacerbated IPV; and c) learning how healthcare delivery has changed during COVID and what resources were available.

We worked directly with the promotoras during the design phase to tailor our scripts and graphics to their community, based on misinformation they were hearing and needs they identified. We then collaborated with Spanish interpreters from Stanford's free health clinics to ultimately deliver 8 hours of module content live to the group via Zoom.

These promotoras have since adapted our materials to teach members of their communities and other community health workers about COVID and IPV. In addition, we are now working with a digital-education team to scale up our modules into independent videos on IPV and COVID to broaden reach.

This effort has demonstrated how academic and community partners can combine their strengths to correct misinformation in a pandemic among marginalized communities, and provide crucial, real-time health education and IPV resources through trusted community members.

Lessons learned so far include:

- 1) Community members provide crucial insight into healthcare gaps that academic healthcare workers would otherwise overlook when designing educational content;
- 2) The misinformation circulating in marginalized communities during the COVID-19 pandemic did not always match what we as academic healthcare workers assumed when starting the project;
- 3) Creating culturally engaging content requires piloting graphics and scripts with the intended audience;
- 4) Technological literacy was an obstacle to delivery, and increasing technological literacy among community health workers can broaden healthcare access;
- 5) Empowering IPV survivors to educate other survivors on health topics can help to build trust in healthcare institutions;
- 6) There is an enormous need for culturally informed approaches—in multiple languages—to health education that build on needs identified by a community, rather than by healthcare professionals alone.

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NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE