

Formatting for a Letter to the Editor*

Communicating About COVID-19 Through Art: Paving the Way for Inclusion

Commented [LK1]: Please use a descriptive title rather than repeating the topic of the call. Format in bold 12-point type.

To the editor: Navigating the COVID-19 pandemic necessitates communication.

Commented [LK2]: Please begin each letter as a letter with "To the editor:"

Communication requires trust. When communicating public health messages to historically marginalized communities, how can health professionals earn this trust?

Please format the body of the letter using 12-point type, double spaced.

Marginalized communities are often excluded from health communications. From the start of the COVID-19 pandemic, experts have called for equitable, inclusive, and targeted public health communications to limit the disproportionate burdens marginalized populations face from the virus. Before COVID-19, little precedent exemplified how to accomplish this goal effectively.

Three barriers prove particularly challenging: (1) language differences and illiteracy, (2) limited access to traditional information sources, and (3) mistrust in the health system.¹ Overcoming these obstacles requires systemic change. Existing health communications literature points to a promising first step, one that has been adopted ad hoc by academic medical centers and grassroots organizations alike in response to COVID-19—the use of art to convey health information.

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The development of aesthetic mixed-media resources, created in collaboration with community leaders, has played a critical role in providing culturally relevant information about COVID-19 to marginalized communities. In Minnesota, community partnerships have led to the delivery of relevant public health messages in 6 languages, providing critical information to communities

that would otherwise have been excluded from traditional communication channels.² Similarly, the COVID-19 Indigenous Health Partnership has created illustrated handouts and animated videos featuring Native characters to communicate vital information about COVID-19 to Indigenous populations around the globe.³ Following these innovations, we launched Coloring for COVID-19 (<https://www.coloringforcovid.com>) to deliver information to underserved youth. We designed free, printable coloring books available online in 5 languages.

As medical students and illustrators, we are inspired by the innovation that has been required to overcome the challenges of this pandemic. Centering equitable and inclusive multimedia communication has been a needed act of courage, deviating from past norms to set new standards for inclusive health messaging. These acts of courage give us hope that attempts to connect with vulnerable populations will continue, moving the needle toward equity beyond COVID-19.

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Include information about Funding/Support you received. List any Other disclosures including potential or seeming conflicts of interest. Provide information about Ethical approval if you describe a project using human participants (e.g., a survey).

Commented [LK5]: Please format each author's name in 14-point type. Please note that there is a limit of 3 authors and all authors must be trainees.

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References

1. Schouten BC, Cox A, Duran G, et al. Mitigating language and cultural barriers in healthcare communication: Toward a holistic approach. *Patient Educ Couns.* 2020; S0738-3991:30242-1.
2. Wieland ML, Asiedu GB, Lantz K, et al. Leveraging community engaged research partnerships for crisis and emergency risk communication to vulnerable populations in the COVID-19 pandemic. *J Clin Transl Sci.* 2020 May 15:1-5.
3. COVID-19 Indigenous Health Partnership. COVID-19 Student Response. <https://covidstudentresponse.org/campaigns/indigenous-health-partnership/>. Accessed January 19, 2021.

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