Full Presentation

46 Voices of the US COVID Pandemic: Trusted Community Influencers and Translators

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U.S. Digital Response | December 2020
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Section 1

Background and Context
A note of context: This research builds on a previous study which examined how at-risk and vulnerable communities receive critical COVID information. One key recommendation: Distribute information through “translators.”

This research is a follow-on from the U.S. Digital Response study on COVID-19 communication needs for at-risk and vulnerable* communities, *39 Voices of the US COVID-19 Pandemic.*

Researchers from prior study posed the following questions for further exploration in order to help governments more effectively distribute information through “translator” networks.

Channels: What are places people go to for trusted information?

1.3 - Everyday people are unlikely to choose a gov website for their COVID information. They are more likely to rely on sources like workplaces and schools which are highly trusted and effective COVID info channels.

→ Distribute key information through “translators” to ensure that it gets through
“Information rarely changes minds or lives. Relationships will change both.”

— Community leader in Missouri
Who is this presentation for?

Local, state, and federal government teams creating communications for their communities and need more research to guide their project implementations

Nonprofits, foundations, and non-governmental organizations pulling together research and interventions to better address the needs of their communities and stakeholders

Technical research and design product team members in public and private sectors who are designing and building websites and ways to communicate information to the public (and other stakeholders)

Translator Artifact: A farmer in Oklahoma independently aggregates data and shares on social media.
Research Mission

This research is focused on illuminating how government and organizations can best support trusted community leaders ("translators") who act as critical nodes of communication amidst the COVID-19 crisis.
Based on the stakeholders we heard in the interviews, we mapped out a communication trust diagram to show how information flows from and to key sources.

*Search engines are a unique actor in this, operating and sharing info from and to many layers of stakeholders.*
## Personas

### Key members in the info sharing ecosystem

<table>
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<tr>
<th>Persona Type</th>
<th>Examples</th>
<th>Definition</th>
<th>Key Actions</th>
<th>Why Important?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disconnected community members</strong></td>
<td>Spanish speaker only, essential worker like restaurant industry cooks, bus drivers, janitorial workers</td>
<td>Everyday people who may be detached from direct communications from governments due to accessibility issues, uninformedness, apathy or suspicions.</td>
<td>May get info from word of mouth, do not currently seek out COVID information on their own, information is “pushed” to them in some channel or capacity.</td>
<td>Closest to impact people’s decisions and habits. Most vulnerable, marginalized people most at-risk and in need of information.</td>
</tr>
<tr>
<td><strong>Hyperlocal community Influencers</strong></td>
<td>Librarians, pediatricians, cashiers in the grocery store, fast food restaurant cooks</td>
<td>Community leaders in the community who directly shepherd information to other people in some capacity</td>
<td>May use info to colloquially help themselves or directly help someone in their community through informal (calls, emails, direct messaging) or formal channels (organized meetings)</td>
<td>Needs for information are driven by the community, not by policy or mandates.</td>
</tr>
<tr>
<td><strong>Translators</strong></td>
<td>US and local media, healthcare experts and writers, social media influencers</td>
<td>People who look at information, data and dense dashboards and health info and translate or analyze it to distribute to a broader audience.</td>
<td>Translate and communicate guidelines directly from authorities for public audiences to navigate the pandemic. Most likely will drill down into details and try to translate to broader communities.</td>
<td>Closest to the public, making it difficult for misinformation or potential harm from not being informed.</td>
</tr>
<tr>
<td><strong>System curators</strong></td>
<td>State officials, County officials, Federal agency leaders, the President, City Public Health Department leads</td>
<td>Decision makers who need top level COVID information to translate into guidance, policies and cultural rules for govern a community.</td>
<td>Direct decision makers with key guidance and information to disperse policies and protocols.</td>
<td>Needs for information are driven by the community, not by policy or mandates.</td>
</tr>
<tr>
<td><strong>Generators</strong></td>
<td>Primary science researchers, academic institutions, pharmaceutical companies and organizations with research teams</td>
<td>Researchers who are studying basic science to generate knowledge about the virus, potential vaccine interventions, how to mitigate the spread, etc.</td>
<td>Conduct randomized control trials and other research to better understand information about the virus. Publish findings.</td>
<td>Generates the information that is translated to many other layers and communities.</td>
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</table>
Who are translators?

Within the context of this study, translators are defined as community leaders who interpret rules, target, and share info to specific groups.

Translators use a variety of means to make COVID-19-related information accessible, interpretable, and usable to the communities they serve.

Translators within this cohort:

- Adjust their messaging based on what they understand to be community needs;
- Can be a member and/or leader of several communities;
- Have varying degrees of power or influence within their community;
- May be affected by personal biases or experiences.
Key Research Questions

1. **Role of a translator**: What is the role of a translator and how important is it to gathering, sharing, interpreting COVID information?

2. **Valuable information**: What type of information do “translators” prioritize? Why is that information important to their community?
   a. **Vaccines**: What are you hearing about vaccines? Who is passing along this information? What are you concerned about?

3. **Sources / Where they find information**: What are trusted channels for COVID information gathering and sharing for these translators? What are the barriers to getting this information to your communities?

4. **Dissemination / How they share information**: How are translators sharing information? What tools or features might support a translator in their ability to disseminate prioritized information to their community?

Translator Artifact: A small business owner in Oklahoma shared guidance for staying safe over the Thanksgiving Holiday.
Core Problems
Info fails to reach communities through traditional channels

Passive information (e.g., posting on a website) does not reach communities who need information and guidance to resources.
In our previous research, we identified that everyday people are unlikely to choose a gov website for COVID information. Rather, trusted community leaders are key to reaching individual members of any community, especially vulnerable and at-risk communities*.

People need help sifting through a saturated information environment.
The dual economic and public health crises caused by COVID-19 creates a high need for a broad range of information (e.g., from how to stay healthy to rental and food assistance), making it more challenging than ever for communities to find timely, relevant information they feel they can trust.

Traditional channels and sources of health information are being bypassed.
The public’s erosion of trust in the federal government is forcing communities to seek other sources for critical information. Empowering influential intermediaries who can adapt content to local contexts is one way to strengthen alternate information channels to reach individual members of a community.

*Vulnerable and at-risk populations

Translator Artifact: Sign posted in a New Jersey synagogue.
A letter from the team

Translators are critical members of every community. They act as bridges. They piece together information from many sources while maintaining their communities’ specific needs and context, so their community has the knowledge they need to survive and thrive.

While we position these individuals as information translators, they also act as editors. Because of their diverse backgrounds, experiences, understandings, and incentives, translators often add their own layer of perspective on the information they curate and share with their communities. This is mostly unavoidable of human nature but in the vacuum of specific, concise information to share, personal biases (whether positive or negative) may have more influence on what translators share with their community at a time like this.

We hope this work brings more nuance and guides your thinking and actions on top of all of the information, news, headlines and data you are hearing about the pandemic.

Thank you for reading this.
Context in the backdrop of our conversations.
Interviews were conducted during a new surge of Coronavirus in the United States.

After almost 8 months of the pandemic, over half of Americans (54%) say they personally know someone who was affected by COVID, either hospitalized or passed away. (Pew Research)

Translators in this research have been responding to concerns of the community throughout the pandemic, during both the peaks and valleys of cases.
Interviews were conducted 1 week before the Pfizer vaccine was approved for distribution.

As of the time of this study, the majority of Americans (60%) for the first time said they would get the COVID-19 vaccine.

That number, however, is still less than the estimated 70–90% of the population that is needed to achieve herd immunity.

Among Translators interviewed, several reported questions and concerns around vaccine safety, the validity of the speedy manufacturing process, uncertainty in understanding how and when shots would be administered, and a general mistrust within their own communities on potential side effects.
Interviews were conducted before passage of a second stimulus bill, and eight months since the Cares Act relief bill passed in March.

Americans need help right now, especially people of color and low-income Americans.

As of November 2020, 1 in 5 Americans reported turning to food banks due to food insecurity. 1 in 40 renters have been evicted, a reflection of the disproportionate toll laid on low-wage, essential workers who are primarily people of color.

And perhaps most devastating – the staggeringly high case fatality rates among racial and ethnic minorities, with Black Americans (37%), Asians (53%), Native Americans and Alaskan Natives (26%), and Hispanics (16%) more likely to die than white Americans from COVID.

https://www.brookings.edu/blog/up-front/2020/06/16/race-gaps-in-covid-19-deaths-are-even-bigger-than-they-appear/
Section 2
Research Methods
& Who we spoke with
Three primary components to this research.

46 Voices: In-depth interviews with Translators

Understand the nuances among various types of Translators in their sources of information, the audience they share with, their methods of updating their audience, and their barriers to sharing updates.

Field Survey: 539 Translators & 548 Non-Translators

Observe the broader trends in how Translators source, gather, and share various types of COVID-19 information.

Validate differences in where Translators commonly source COVID-19 info pending industry or communities served.

3 Activities: Interactive task with Translators

Prioritize the types of information that various Translators need for their communities, and the materials and resources that could support them in reaching their communities.
Profiles at a glance:

- Nurse Home Supervisor at a Non-profit in MT
- Nurse Home Visitor at a Non-profit in AZ
- Radiation oncologist and social media influencer in MA
- VP of People at a company in CA
- Lay Christian church leader in New Orleans
- Community Engagement and Industry Partner in NC
- Executive Director of a non-profit serving individuals who are homeless in CA
- Small business owner in CO
- Asian American advocate and social media influencer in the beauty industry in CO
- Principal at Public School in CO
- CEO of charter school in Washington, D.C.
- Medispa owner in Wisconsin
- Church of Latter Day Saints bishop in UT
- Head of HR at a legal startup in WA
- Health Dept Leader in Latinx community in NC
- Physician and Medical advisor to a synagogue in PA
- Lead at a hair salon in MI
- Events Administrator at university in NY
- Epidemiologist and social media influencer in CA
- Social worker in CA
- Nurse manager at hospital in IA
- Cafeteria Manager for K-8 school in CA
- Economic security non-profit employee in FL
- Elementary public school teacher in NY
- Local small grocery owner in OK
- Community board member and mutual aid volunteer in NY
- Director of People Operations at a company in CA
- Hospital program coordinator in MA
- Clinical Social Worker hospital network in CA
- Leader of a small business non-profit in CA
- Pre-K teacher in IL
- CEO of medical company in MO
- Church pastor in CA
- Farmers Market Manager & library employee in IL
- Daycare company owner in CA
- Administrator at a large university in PA
- Principal of a middle school in NJ
- Pastor of a Korean-American church in MA
- Speech language pathologist in PA
- Director of residential services for a large homeless shelter in GA
- Rabbi of synagogue in NJ
- Executive Director of a housing support non-profit in TN
- Directory of preschool in MA
- Leader of public charter school in Washington, D.C.
- Christian ministry president in GA
- Physician in rural VA
46 Voices: the team recruited individuals from a geographically diverse population across 22 states in the US
Field Survey: One survey sent, three audiences identified. Our research focuses on the first group, the Translators.

18 Questions | 1,570 total respondents – here’s the breakdown!

<table>
<thead>
<tr>
<th>Shares info w/ large audiences</th>
<th>Shares info with a select handful</th>
<th>Doesn’t share info</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>539 Translators</strong></td>
<td><strong>483 Micro-Influencers</strong></td>
<td><strong>548 Non-Translators</strong></td>
</tr>
<tr>
<td>Shares COVID info with 10+ people</td>
<td>Shares COVID info with less than 10 people</td>
<td>Does not proactively share information with any groups</td>
</tr>
<tr>
<td>37% share with 100+</td>
<td>Nearly half only share with one type of audience: their family, friends, or neighbors</td>
<td>Least likely to value government information sources at any level</td>
</tr>
<tr>
<td>Most (70%) have either 2 or 3 audience types, such as their workplace, community group, online following, patients, religious org, etc</td>
<td>Most likely to share COVID information via text or in-person</td>
<td>Most likely to be the recipient of information from Translators</td>
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</tbody>
</table>
There's a lot of research on related trusted community translators and leaders — here are other smart people who did work to understand similar sub-groups.
“Let someone else get it first.

The history of racial injustice towards Black communities in public health needs to be addressed, first. If you want them to take it serious, you need to address it on a one-on-one basis.”

— Executive Director of non-profit serving homeless communities in California
Key Research Questions

1. **Role of a translator**: What is the role of a translator and how important is it to gathering, sharing, interpreting COVID information?

2. **Trusted channels**: What are trusted channels for COVID information gathering and sharing for these translators? What are the barriers to getting this information to your communities?

3. **Valuable information**: What type of information do “translators” prioritize? Why is that information important to their community?
   - a. **Vaccines**: What are you hearing about vaccines? Who is passing along this information? What are you concerned about?

4. **Dissemination**: How are translators sharing information? What tools or features might support a translator in their ability to disseminate prioritized information to their community?
Section 3
Findings
1. Role

Who is a translator?
Who you see most = trust the least. (Social media, news)

Who you see least = trust the most. (Doctors)

There is a gap.

We want see most = trust the most.

Translator could be trust most and see frequently.
Trust Model

Based on the stakeholders we heard in the interviews, we mapped out a communication trust diagram to show how information flows from and to key sources.

**Community:** Follow, act on, use or implement in some way

**Translators:** Interpret rules, target, and share info to specific groups

**System curators:** Deliver rules and guidance to operate safely

**Generators:** Understand COVID science

*Search engines are a unique actor in this, operating and sharing info from and to many layers of stakeholders.*
Who did we reach out to in our outreach to trusted community translators and influencers?

<table>
<thead>
<tr>
<th>Community groups &amp; organizations</th>
<th>Schools (K-12, charter, colleges)</th>
<th>Workplace (HR, leadership)</th>
<th>US Mainstream News</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community healthcare</td>
<td>Educators</td>
<td>Workplace leadership</td>
<td>Social media influencers</td>
</tr>
<tr>
<td>At-risk community leaders</td>
<td>School Administrators</td>
<td>Small biz owners</td>
<td></td>
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<tr>
<td>Community groups</td>
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</table>
1. Role: Who is a translator?

1.1 - Context matters. There’s variation in the category of “translators.” Within those groups of translators, they have varying power to make decisions for and influence their communities.

→ There is no one size fits all strategy. Pay attention to who you’re reaching out to and use different strategies and incentives.
The ways they differ include levels of decision making and how they influence people - whether in a support or creative role

**Pillars (Formal decision-makers)**
- School administration
- Schools staff members
- Community leaders: church leadership, housing director
- Small business owners

**Opinion-makers (Proactive influencers)**
- Servants of at-risk communities
- Social media influencers
- Teachers passionate about the community

**Role-Players (Decision implementers)**
- Workplace leadership
- Community healthcare (grassroots)
- Community healthcare official (hospital, ER)

**Helpers (Passive influencers)**
- Community supporters and volunteers
- Teachers who are doing their role
“The Pillars” - Invite them to come to the table and help local governments make decisions in an integrated. They are incredibly proactive and go above and beyond their duties, creating workarounds and resources to creatively reach their people.

### Example people from interviews:
- Leader of public charter school in Washington, D.C.
- Director of residential services for a large homeless shelter in GA
- Rabbi of synagogue in NJ

### Pillars
- School administration
- Schools staff members
- Community leaders: church leadership, housing director
- Small business owners

### How Pillars share information: What tools would be most helpful for them?
- Interactive maps
- Email alerts
- Share links for social media or email
- Posters
- Hotlines or chatbots

### How they get information: What engagement strategy would be most appealing to them?
- Roundtables
- Listening sessions

### Office of the Comptroller of the Currency
- The OCC’s Community Affairs Department sponsors roundtable discussions, listening sessions, and workshops about the role of banks in community development and effective strategies for revitalizing communities and encouraging community partnerships.

  - The events are for Community Reinvestment Officers (CRA) officers, lenders, community groups, and local community leaders. Upcoming events include banker roundtables and CRA training workshops for bankers as well as community groups.

### Nat’l League of Cities Outreach to the Latino Community
- City officials worked with trusted voices in the community like the Sacred Heart of Jesus Church to create listening sessions on topics that needed to be addressed. Based on that feedback, the City organized capacity-building workshops for residents and put together resource sessions on topics like a new law that protects residents of manufactured homes or issues surrounding teen vaping.

  - By creating a people-focused partnership that works to engage community members with language access and cultural competency in mind, the City of Boulder was better equipped to tackle public messaging during the COVID-19 pandemic.
“Opinion-makers” - Make it easy for them to share simple information widely. They are regularly in a place of authority and are actively trying to share the message.

<table>
<thead>
<tr>
<th>Opinion-makers</th>
<th>How Opinion-makers share information: What tools would be most helpful for them?</th>
<th>How they get information: What engagement strategy would be most appealing to them?</th>
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</thead>
<tbody>
<tr>
<td>Servants of at-risk communities</td>
<td>Interactive maps</td>
<td>Extensive statewide grassroots community advocacy program</td>
</tr>
<tr>
<td>Social media influencers</td>
<td>Email alerts</td>
<td>Messaging Toolkit to create messages that resonate</td>
</tr>
<tr>
<td>Teachers passionate about the community</td>
<td>Share links for social media or email</td>
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<tr>
<td>Example people from interviews:</td>
<td>YouTube videos</td>
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<tr>
<td>Epidemiologist and Social Media Influencer in CA</td>
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<tr>
<td>Local small grocery owner in OK</td>
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<tr>
<td>Physician in rural VA</td>
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Goal: to educate the community, particularly, the Hard to Count (HTC) areas of the state, about the Census. This plan includes:
- A multi-media effort
- Inter- and intra- governmental effort
- Capacity building: identify stakeholders, hold community meetings, community grants
- Organizing of local complete count committees: action team building
- Public events
- Resource enlistment
- Education and awareness building
- Persuasion & encouragement campaign
- Motivate – Get out the Census

Epidemiologist and Social Media Influencer in CA
Local small grocery owner in OK
Physician in rural VA

California Complete Count Office Commits $30 Million to Community Outreach

This section of the toolkit outlines how to create messaging that resonates with people and how to use media outreach to move them to action. We want to help you move people from having a basic understanding about the census to sparking a genuine passion for making sure that they, as well as their families and communities, are counted. This Toolkit includes:
- Messaging
- Considerations by Community (Native American, Arab, Asian and Pacific Islander, Black, Latino, Young Children)
- Media Engagement Resources
- Communications Toolkits
“Role-Players” - Sharing information is integral to their role. They are not proactively making recommendations, but excel in ownership of their given and earned role.

<table>
<thead>
<tr>
<th>Role-Players Types:</th>
<th>Interviewee profiles:</th>
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<tbody>
<tr>
<td>● Workplace leadership</td>
<td>● Nurse manager at hospital in IA</td>
</tr>
<tr>
<td>● Community healthcare (grassroots)</td>
<td>● Head of HR at a legal startup in WA</td>
</tr>
<tr>
<td>● Community healthcare official (hospital, ER)</td>
<td>● CEO of medical company in MO</td>
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</table>

### How Role Players share information: What tools would be most helpful for them?
- Interactive maps
- Email alerts
- Share links for social media or email
- Language translations
- Online training materials

### How they get information: What engagement strategy would be most appealing to them?

<table>
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<tr>
<th>Partnerships to create a continuing education course w/ tools &amp; info</th>
<th>Community Liaisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe to Sleep® campaign by NIH</td>
<td>Seattle Department of Neighborhoods</td>
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</table>

The Safe to Sleep® campaign relies on trusted community members to act as intermediaries, sharing safe sleep information with parents and caregivers who come to them for care, services, or information.

The campaign maintains initiatives that aim to capitalize on the unique relationships between patients and nurses. To make the most of this influence, NICHD and the Safe to Sleep® campaign partnered with the National Institute of Nursing Research (NINR) at NIH and the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) to create a continuing education course that gives nurses the information and tools needed to effectively communicate and model SIDS risk reduction messages.

Community Liaison work is wide-ranging and includes such tasks as:
- Advising on outreach materials and plans
- Participating in and convening focus groups
- Conducting door-to-door outreach and survey collection
- Online and social media engagement
- Working with ethnic media
- Participating in committees and advisory bodies
- Translating and proofreading documents
- Interpreting at events
“Helpers” - Give them resources to share information on the ground, to influence their community in a hyperlocal way. They are motivated enough to get involved but probably won’t create their own toolkits and websites.

### Helpers
- Community supporters and volunteers
- Teachers who are doing their role
- Exec Director of a non-profit serving homeless individuals in CA

### Example people from interviews:
- Latinx organizer & supporter
- Elementary public school teacher in NY
- Exec Director of a non-profit serving homeless individuals in CA

### How Helpers share information: What tools would be most helpful for them?
- Interactive maps
- Email alerts
- Share links for social media or email
- Printable brochures
- Posters

### How they get information: What engagement strategy would be most appealing to them?
- Contact tracing with local health authorities and providing people with social services & wraparound support
- Digital organizing campaign (WhatsApp, WeChat, KakaoTalk)

### Contact tracing with local health authorities and providing people with social services & wraparound support
- OHA funds more than 170 community groups to support contact tracing, outreach and other efforts to combat COVID-19
- OHA will provide 173 CBOs with $9.4 million in CARES Act funds. The CBOs are contracted to help with three specific areas, though not all organizations were contracted to carry out work in all areas.
  - Outreach and community engagement;
  - Contact tracing together with local public health authorities; and
  - Providing people with social services/wraparound supports.

### NYC Census 2020 to reach immigrants
- NEW YORK – NYC Census 2020 (Mayor’s Office of the Census) has announced that it is embarking on an extensive and innovative digital organizing campaign via WhatsApp, WeChat, KakaoTalk, and Viber (“WhatsApp+”), to reach immigrant communities across New York City in 15 languages. This type of linguistic and culturally competent outreach and communication is particularly important at a time when in-person organizing efforts have been significantly hampered as a result of the spread of COVID-19.

Each of the WhatsApp+ language groups will be administered either by NYC Census 2020.
### Community Leaders & COVID Info

#### CommunityConnect Labs
A digital tool to reach people in terms of enrollment, reminders and surveys

#### New York City NYC Department of Health and Mental Hygiene (DOHMH) with FEMA
Community outreach teams that circulate official letters to assure residents and counter misinformation (100 events to date)

#### US Attorney’s Office: District of Massachusetts
Holds regular community meetings and events around specific issues

#### California Complete Count Office
Allocated funding & secured partnerships with community-based organizations for Census outreach

<table>
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<tr>
<th>Enrollment</th>
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<td>Quickly and easily collect data to screen for eligibility for programs like EITC, LUCA, or Utility Assistance. Collect inbound op-ins from potential clients</td>
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<tr>
<th>Reminders</th>
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<td>Send practical resources and personalized messages to help individuals through application and follow-up processes.</td>
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<th>Surveys</th>
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<td>Collect data from hard-to-reach populations around issues like the Digital Divide and see data immediately visualized with charts and tables.</td>
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DOHMH initially formed community outreach teams shortly before Hurricane Sandy made landfall in October 2012. In 2014, DOHMH deployed the teams in response to Ebola Virus Disease (EVD) to share information about symptoms and risks with the public across NYC. The teams comprised of a total of 82 individuals with diverse cultural and linguistic backgrounds. Supported through $170,000 in Public Health Emergency Response funds, the teams’ efforts alleviated public fears and provided New Yorkers with practical information about how to protect themselves against spreading or contracting EVD.

The Office of Community Engagement and Outreach. Annually, the U.S. Attorney’s Office coordinates a ceremony recognizing superior performance of individuals who are involved in specific federal cases. Representatives of the U.S. Attorney’s Office also meet regularly with public safety executives as a way to promote information sharing, coordination and collaboration around preventing and controlling crime. The U.S. Attorney’s Office often coordinates and sponsors events to raise awareness about specific topics or to increase skills among public safety representatives and others.

The California Complete Count Office announced its funding allocations and timeline for the 2020 Census, allocating $30 million for outreach by community-based organizations. Partners include:
- Advancement Project California
- Asian Americans Advancing Justice – California
- California Association of Nonprofits
- California Calls
- California Native Vote Project
- Children Now
- Coalition for Humane Immigrant Rights (CHIRLA)
- Council on American Islamic Relations – California
- ...etc.

---

**Here are existing strategies that could work with any of the groups:**

<table>
<thead>
<tr>
<th>CommunityConnect Labs</th>
<th>New York City NYC Department of Health and Mental Hygiene (DOHMH) with FEMA</th>
<th>US Attorney’s Office: District of Massachusetts</th>
<th>California Complete Count Office Commits $30 Million to Community Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>A digital tool to reach people in terms of enrollment, reminders and surveys</td>
<td>Community outreach teams that circulate official letters to assure residents and counter misinformation (100 events to date)</td>
<td>Holds regular community meetings and events around specific issues</td>
<td>Allocated funding &amp; secured partnerships with community-based organizations for Census outreach</td>
</tr>
</tbody>
</table>

Enrollment
- Quickly and easily collect data to screen for eligibility for programs like EITC, LUCA, or Utility Assistance. Collect inbound op-ins from potential clients.

Reminders
- Send practical resources and personalized messages to help individuals through application and follow-up processes.

Surveys
- Collect data from hard-to-reach populations around issues like the Digital Divide and see data immediately visualized with charts and tables.
1.2 - Translators have different levels of influence and are communicating different ways. They often have to use workarounds to rise above the noise or fill in knowledge gaps and speak to their community to make sure people get that information.

→ Empower and train people to create their own tools and content. Get more people to move from “supportive” influencers to “creative” influencers. Recognize, encourage, reward, support.
Empowered by different levels of influence and decision-making power, Translators reach their groups in different ways too.

- Social media
- Downloaded posters (CDC)
- Homemade Resources
- Postcards & Newsletters
- Text (SMS, KakaoTalk, Whatsapp, etc.)
- Informational Videos
Translators employed creative workarounds to rise above the noise amidst all of the other news about COVID

- Farmer’s Market organizer printed out a giant red “face masks required” sign and had someone hold it up
- Asst. Principal and CEOs made their own videos targeted for their community
- Spanish-language YouTube video used a frog-boiling metaphor and culturally specific references
- Homeless director created their own “meme” posters by copying text from the CDC and adding pictures of that looked like her community

An elementary school teacher knows the best way to communicate with parents is to put information into kids’ lunch boxes for them to find when they’re cleaned out. She made custom flyers to share COVID quarantine guidelines over Thanksgiving.
Translators employed creative workarounds to fill knowledge gaps in their community’s understanding of COVID

- Individuals created their own graphs and stats to share when they couldn’t find trackers they needed
- State Farm agents and School administrators called individuals to make sure they were okay.
- Principal dropped off PPE and food at students’ homes.
- Church using FB live to convey new rules and regulations before returning to in-person services

A school administrator used Google Data Studio to create a custom dashboard for Edgecombe County Public School to report COVID numbers and updates to the community.
Translators employed creative workarounds to speak to their community in their own language.

A former farmer with data science experiments creates their own COVID data charts for the community, and offers a “translation” of what the graph is saying so even those with limited understanding can read the graphs.

A Korean Pastor downloaded posters from Korean CDC and disseminated information on KakaoTalk to ensure information reached their communities.
1.3 - Locating info was not a problem. Once they find it, they struggle to make sense of it. It’s hard to understand if: it’s up to date, if it’s consistent with what they have seen elsewhere, if it’s trustworthy and to interpret technical information. This creates fatigue and reduces people’s ability to successfully share information.

→ Reduce the fatigue that results from having to make sense of information by following best practices for readability, clearly indicating that the information is up to date, and making information consistent.
Barriers to: Finding, securing, & receiving information

"It's not a problem getting it. It's info overload. Too much data. Hard to filter out noise. Fatigued from it." – Director of People at a CA company

- One source of consistent information, rather than piecing together information from various sources
- There is too much information
- Information changes rapidly and becomes out of date just as quickly.
- Uncertainty around what information is up-to-date
- Identifying and combatting disinformation
- Time is a limited resource, especially for essential workers
- Trust or questionable reliability
- Health knowledge or literacy (i.e., “How do I interpret this data?”)
- Fear of sharing personal information (e.g., during testing) by undocumented immigrants
Barriers to: Sharing information

"Trying to also be a mental health coach... It’s a struggle for me on how to support them. Watching the dynamic of the staff members that are rolling with it and others who are not.

Multiple staff members have quit in the last 6 months. Yesterday, one called and said, “I can’t do it anymore.” – Nurse Manager in IA

- Information fatigue
  - People have become unresponsive
  - People are having a harder time retaining information
- Individuals’ mental health challenges
- Technology access (e.g., internet, using zoom)
- Technology literacy
- Logistical barrier. (e.g., changing group communication to be more personal, direct)
- “Translating” information into layman’s terms
- Fear of being attacked if they talk about COVID
  - Much easier if they could say "Look the government says...." or "The scientists say...." instead of "I think you should wear a mask"
“I present issues, [my wife] gives me her read on the issue. If I need to, I do additional reading. Mostly, I move on.

For each thing, I decided what level of information gathering do I need to do. How much energy do I have to put into this... I have no time to keep up with science and my job.”

— Elementary public school teacher in NY
1 // Who is a translator?

1.1 – Context matters. There’s variation in the category of “translators.” Within those groups of translators, they have varying power to make decisions for and influence their communities.

→ There is no one size fits all strategy. Pay attention to who you’re reaching out to and use different strategies and incentives.

1.2 – Translators have different levels of influence and are communicating different ways. They often have to use workarounds to rise above the noise or fill in knowledge gaps and speak to their community to make sure people get that information. There are barriers to both finding and sharing information.

→ Empower and train people to create their own tools and content. Get more people to move from “supportive” influencers to “creative” influencers. Recognize, encourage, reward, support.

The COVID Tracking Project not only provides data and visualizations, it includes guides to help people create their own visualizations.

1.3 – Locating info was not a problem. Once they find it, they struggle to make sense of it. It’s hard to understand if: it’s up to date, if it’s consistent with what they have seen elsewhere, if it’s trustworthy and to interpret technical information. This creates fatigue and reduces people’s ability to successfully share information.

→ Reduce the fatigue that results from having to make sense of information by following best practices for readability, clearly indicating that the information is up to date, and making information consistent.
2. Valuable information

What types of information are valuable to translators?
2. Valuable information

2.1 - Translators identified multiple “first choice” topics of information; important information can change daily depending on the translator’s needs. Highlighting one point can’t be at the expense of getting people what information they need at any given moment.

→ Prioritize and support across different needs. Even as priorities shift to the vaccine, governments need to demonstrate that they still are supporting everyday needs (e.g. prepare for vaccines, but still provide clear testing information).
More than 60% of translators described 5 of the 6 categories as “Most Important” to their specific community.

**Takeaway**

No single type of information emerged as “Most Important” in the survey.

Value interpretation depends on context.

Source: USDR December 2020 survey of 1,570 individuals
In our interviews, translators were most interested in “Rules and guidance for how to act safely” and “Testing information and resources” - but every category was ranked first by at least 2 participants.

<table>
<thead>
<tr>
<th>Topic</th>
<th>1st place</th>
<th>2nd place</th>
<th>3rd place</th>
<th>Unranked</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rules and guidance for how to act safely</td>
<td>✔✔✔✔</td>
<td>✔✔✔✔</td>
<td>✔✔✔</td>
<td>✔</td>
<td>1</td>
</tr>
<tr>
<td>Testing information and resources</td>
<td>✔✔✔✔</td>
<td>✔✔✔✔</td>
<td>✔✔✔</td>
<td>✔</td>
<td>2</td>
</tr>
<tr>
<td>Relief and assistance for daily needs</td>
<td>✔✔✔✔</td>
<td>✔✔✔✔</td>
<td>✔</td>
<td>✔</td>
<td>3</td>
</tr>
<tr>
<td>Vaccine information</td>
<td>✔✔✔✔</td>
<td>✔</td>
<td>✔✔✔</td>
<td>✔</td>
<td>4</td>
</tr>
<tr>
<td>Statistics, trends and data-driven insights</td>
<td>✔✔✔✔</td>
<td>✔</td>
<td>✔✔✔</td>
<td>✔</td>
<td>5</td>
</tr>
<tr>
<td>Disease prevention and mitigation information to remain healthy</td>
<td>✔</td>
<td>✔</td>
<td>✔✔✔</td>
<td>✔</td>
<td>6</td>
</tr>
</tbody>
</table>

**Write-in topics:** CARES Act updates; eviction moratorium updates; funding to operate, educational accommodations/distance learning; updates on international student policies for higher ed; enforcement of social distancing & cluster mapping; school transmission; business survival – small business financial resources; peer-reviewed validated stats; food sustainability

**Takeaway**

All topic areas remain important.

Translators are not discerning any type of information as irrelevant or no longer needed for their community.
Translators value all types of COVID information: some they view as clear, structured updates to monitor, others topics can be interpretive or fluid as new data is gathered.

**Structured data & info updates**

**Statistics, trends and data-driven insights**
Translators need the contextual data, even if it’s not exactly what they’re sharing with their communities.
- Decision makers particularly sought data, frequently to compare their local context to broader trends

**Testing information and resources**
Translators in our interviews frequently ranked this in the Top 3 types of information

**Vaccine information**
Translators acknowledged this was something they “needed” to know about – but they were stuck in a holding period until more information was available

**Interpretative & fluid**

**Relief and assistance**
During the interviews, we heard translators interpret this topic differently based on their own needs.
- **Example:** translators serving at-risk communities were deeply concerned about eviction relief; religious leaders seeking resources to share with their congregation that had lost their job; small business owners wanting updates about stimulus legislation

**Rules and guidance for how to act safely**
Particularly resonated for Translators with responsibilities over facilities, such as business owners, workplace leaders, and school administrators

**Disease prevention and mitigation information to remain healthy**
Translators considered this as updates and firm guidelines that they could share to promote individual responsibility within their communities
2.2 Vaccine information was one of the topics that translators viewed as important to their communities; however, they flagged they had no information to share yet. To date, translators don’t know enough to share a unified “story” about getting — or not getting — the COVID-19 vaccine.

→ Take advantage of this moment and build a story to address vaccine concerns and set expectations now, even to acknowledge what is still uncertain.
“Not getting any information about vaccines. Right now on the internet, they are saying there are vaccines, they will only be available to first line people. It is going to be safe. But it is not going to be for everybody, at least not soon.”

— Daycare company owner in CA
A snapshot one week before Pfizer vaccine rollout. Interviewees said: “It’s too early to say, we’re asking logistics questions.”

What have you been hearing about vaccines in your community? An overview of responses:

- Too early to say. Conversations were limited as a result.
- People very early in their thinking. “It’ll be awhile before it comes to me.”
- People generally noted vaccines were a high priority item, but are not aggregating and sharing information out to their communities about it just yet. They’re learning about this personally first.
- People in a holding pattern: “I don’t want to say anything until WA state has guidelines on what companies are doing around the vaccine.”

Key questions mostly hovered around logistics and planning:

- Will it be free? Is it mandatory?
- Where will I get it?
- Does this mean covid is going to be over?
- How would we distribute the vaccines?
- “The university may have requirements” to make this happen.

We’re discussing it — my plans are long term. Strategic plans are drop of a dime. What can happen tomorrow, next month, 6 months, up to a year. If this then this, if not that then this, I’m constantly speaking to this.”

- Charter School Principal in Southeast DC
Vaccine concerns vary: distrust of government, worries about distribution, short & long term side effects, reactions, uptake on the second shot, and others

“My community is black, why would they trust the vaccine? There has been distrust over generations with the Tuskegee project that gets brought up a lot by my clients.” – Executive Director of a non-profit serving homeless individuals

“Can we mandate that leadership says everyone has to get this? It influences what office reopening would look like.” – Economic Security Nonprofit Employee

“The side effects are what is scaring people right now. You might have all of these awful, terrible things. I have to be able to tell my staff that.” – Nurse Manager at a Hospital

“The public is hysterical. We don’t have much information yet and we’re all just guessing how pregnant ladies will do.” – Social media writer

“Clients are questioning me on things they see.” – Nurse Home Visitor at a Non-profit

“The county is requiring a flu vaccine to avoid “twin-demic” [...] some folks are having reactions to that. There are concerns for what that looks like when the COVID vaccine rolls out.” – Program manager social worker with at-risk youth

“A lot of congregants who are ok having the vaccine – we need to convince them to have a second shot and warn them the shot will be helpful.” – Rabbi of Synagogue in New Jersey

“Trump is asking for SSN and DOB and all this info...there are a lot of scared immigrants.” – Health Dept Leader in Latinx community

“Some educators want to be at the front. Some do not want to be near that line. Some have a lot of mistrust in the first round [with] long-term side effects.” – Assistant Principal of a Middle School
Roughly ~20% of translators mentioned [mis/disinformation, mistrust, misinform] in 273 pages of interview transcript notes. Translators with more creative influence and control are proactively addressing this issue.

Who mentioned mis/disinformation, mistrust?

- Homelessness directors
- Latinx community organizer lead
- City council member
- Social media influencer
- Rural area eurologist
- Education administrator
- Korean Pastor
- Small business owner
- Church leader

“Because of my studies I got involved with vaccine research. I was involved with the Ebola vaccine research and the science of misinformation. I’m like ok guys, let me calm everyone down, I’ve been trained to do this.” – Epidemiologist and social media influencer

Things people are hearing:

- You can get the flu from the vaccine, so you may get COVID from the vaccine
- It’s going to hurt. [People don’t want to see graphic images of needles]
- It was made so quickly that we can’t really trust it.
- Many fears around side effects that may occur
- Will immigrants get deported?
- Will minority communities be medically harmed?
2. Valuable information (Vaccines)

2.3 - Once armed with information, translators are positioned to bring the vaccine narrative to their communities. We heard several express a sense of duty to fight misinformation, including a healthcare social media manager, a Latinx community leader, and a homelessness org director.

→ Work with “opinion-makers” (e.g. at-risk community leaders, social media influencers) to amplify truthmaking and information. Focus on empowering translators to shift to more active influencer roles.
Positive sentiments across the interviewees also vary across the board include giving essential staff more assurances in going to work.

“Having a vaccine would make our essential workers a lot more comfortable in the last 9 months of the COVID. It would give people more assurances.” - Cafeteria Manager for K-8 school in CA

“It depends on educational level and major. If you are a science major, they are more skeptical. If it’s available in the springtime, it’s safer and more ok.” - Pastor at a Korean Church in MA

“No concerns - i think most people are concerned about the rate that how quickly the vaccines are made.” - Nurse Home Supervisor at a Non-profit

“It’s not going to be mandated but am working with employers on ways to incentivize or encourage the vaccine - we wouldn’t choose to mandate it but what can we do to incentivize.” - Director of Salon and Day Spa small business

Nuanced power dynamics as a positive or negative influence: “One of my biggest challenges has been my husband - it's much easier to control my staff, much harder to control my husband.” - Medispa owner in Wisconsin
“Days away from approval. There’s still misconceptions about side effects, how quickly it was made. Repeat the data that is encouraging [...] Talk positive to switch the narrative.”

— Epidemiologist and social media influencer
Vaccine research highlights that people are split on getting the vaccine and social media continue to be biggest drivers of information on this topic. Those not getting the vaccine are afraid of side effects and worried about financial costs.

- Americans are split 60/40 on willingness to get the vaccine (Pew Research)
- Most not getting the vaccine are afraid of the side effects (Pew Research)
- They are also worried about the financial costs (Economic Policy Institute, KFF, Pew Research)
- And a majority think the vaccine will be used before we fully understand its efficacy (Pew Research)
- FB, Instagram are the biggest drivers of vaccine–related content (First Draft News)

(Sources are linked in text above)
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The “hero” space on the CDC website allows for a featured message based on CDC priorities (e.g. alerting people to rising cases) while still making evergreen resources prominent (e.g. vaccines, winter holidays, etc.)

Massachusetts has created an easily shareable graphic that address people’s immediate question of “when will I be able to get the vaccine?”

Dr. Austin Chang was recently profiled in NY Times for his use of TikTok as a way to spread positive information about vaccines.
3. Trusted channels

Where do translators get their information?
3. Trusted Channels

3.1 - Translators more readily seek out and value COVID-19 information than the general public. They especially rely on government sources at all levels to keep their community informed.

→ When creating websites or digital tools, think of translators as a primary audience and create features that support their unique needs.
“I have some lack of trust [in the federal government]. For example, when the CDC updated their guidelines 10 days or so, I have some level of skepticism about that. I didn’t have time to research why. There was language alluding to “relying on local governments to know what’s best”. That's not helpful. It feels like a political bent. My local government isn't being the most safe.”

— Small grocery business owner in OK
Trust in the federal government nearing historic lows.

Just 20% of Americans trust the Federal government (Pew research).

And approval of government officials’ response to the pandemic has been decreasing across all levels of government since March 2020 (Pew Research).
But, translators are more likely to value government sources of COVID-19 information than non-translators

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Translators: % who answered “Somewhat Useful” or “Most Useful”</th>
<th>Non-Translators: % who answered “Somewhat Useful” or “Most Useful”</th>
</tr>
</thead>
<tbody>
<tr>
<td>State health/gov’t agencies</td>
<td>8% 25%</td>
<td>92% 75%</td>
</tr>
<tr>
<td>Local health/gov’t agencies</td>
<td>14% 35%</td>
<td>86% 65%</td>
</tr>
<tr>
<td>State government website</td>
<td>17% 42%</td>
<td>83% 58%</td>
</tr>
<tr>
<td>Federal health/ gov’t agencies</td>
<td>19% 45%</td>
<td>81% 55%</td>
</tr>
<tr>
<td>Local government website</td>
<td>27% 50%</td>
<td>73% 50%</td>
</tr>
<tr>
<td>Federal government website</td>
<td>40% 67%</td>
<td>60% 33%</td>
</tr>
</tbody>
</table>

81% of translators said that Federal health/government agencies were Somewhat Useful or Most Useful sources of COVID-19 information, compared to only 55% of non-translators.

Source: USDR December 2020 survey of 1,570 individuals
Translator Roles

How much do various translators rely on (trust, use, reference) Local, State, and Federal government guidance and resources?

Key takeaways
- All levels are important and relevant in some way — there different levels of gov emphasis depending on a translator’s role or industry
- Government information will not necessarily get to each group equally
- Local information = most helpful for understanding closures and local gathering restrictions, city public health departments, testing
- State information = most helpful for understanding local regulatory restrictions (ex. business opening/closings)
- Federal information = most helpful for understanding high level recommendations (wear a mask, X feet apart, quarantine Y days)
- Influenced by geographic location.
### How important are these sources of information? Findings from our survey

For the COVID-19 information you share with your communities, how important are the following sources to you?

<table>
<thead>
<tr>
<th>Source</th>
<th>N/A - I don’t use this source</th>
<th>Least Important</th>
<th>Somewhat Important</th>
<th>Most Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic sources</td>
<td></td>
<td>24%</td>
<td>70%</td>
<td>6%</td>
</tr>
<tr>
<td>State health/gov’t agencies</td>
<td></td>
<td>35%</td>
<td>57%</td>
<td>8%</td>
</tr>
<tr>
<td>Local health/gov’t agencies</td>
<td></td>
<td>39%</td>
<td>46%</td>
<td>5%</td>
</tr>
<tr>
<td>State government website</td>
<td></td>
<td>42%</td>
<td>41%</td>
<td>7%</td>
</tr>
<tr>
<td>Federal health/gov’t agencies</td>
<td></td>
<td>42%</td>
<td>39%</td>
<td>9%</td>
</tr>
<tr>
<td>NGOs (e.g., WHO, UN)</td>
<td></td>
<td>41%</td>
<td>38%</td>
<td>11%</td>
</tr>
<tr>
<td>Newspapers</td>
<td></td>
<td>45%</td>
<td>29%</td>
<td>6%</td>
</tr>
<tr>
<td>Local government website</td>
<td></td>
<td>43%</td>
<td>30%</td>
<td>17%</td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td>37%</td>
<td>25%</td>
<td>4%</td>
</tr>
<tr>
<td>Federal government website</td>
<td></td>
<td>38%</td>
<td>22%</td>
<td>10%</td>
</tr>
<tr>
<td>Local community orgs</td>
<td></td>
<td>45%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Social media</td>
<td></td>
<td>35%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Cable news</td>
<td></td>
<td>32%</td>
<td>7%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: USDR December 2020 survey of 1,570 individuals

### Where do you get your COVID-19 information? Examples from our interviews

#### Non-Government

**Academia & Medical Associations**
- Johns Hopkins reports, local teaching hospital updates
- American College of Toxicology, American Public Health Association
- Academic leaders on Twitter

**Local/Interest Group Associations**
- Farmers Market Association, Hospital Association, Restaurant Association, Chamber of Commerce
- Private Facebook interest groups

**NGO**
- WHO

**News Media**
- NY Times Daily briefing, Washington Post, Miami Herald, MSNBC

**Local Orgs & Informal gatherings**
- Religious services, neighborhood info

**Social media**
- Instagram story: “Did you see that article about # deaths?”

#### Government

**Federal**
- CDC
- FDA
- SAMHSA
- OSHA

**State**
- Governor’s daily or weekly address on TV or radio
- State public health departments

**Local**
- County health services
- Mayor’s COVID-19 updates
- City website
- Mayor’s twitter account
- School district/board websites
- Organization websites (relief-focused websites)
3. Trusted Channels

3.2 - Translators are finding messy, inconsistent, and out-of-date information.

→ Consistency and coordination is key. Enable reliable, and strategic updates on government websites, social media platforms, and email list servs will allow translators to easily ingest and proactively share information with communities to combat the proliferation of misinformation.
“When I get a letter from the chancellor, I try to follow the links and the links are out of date, particularly the health related ones”

— Elementary public school teacher in NY
High level journey map: How trusted community leaders find and share information. The dotted line area is where the process of government communications play a key role.

**High level process**

1. Recognizes gap in community needs
2. Finds resources, aggregates info
3. Repetition, ritual making of sharing that info
4. Consistency, Expectation setting – ppl know to get it
5. Becoming a known entity
6. Trust

**Habits and consistency develop in these steps**

**Specific example: Preschool teacher with school in-person**

1. Realizes Thanksgiving is coming up – wants to reduce family travel
2. Seeks out advice from community, does research. Creates flyer.
3. Puts flyer in kid’s lunchbox every week
4. Flyer weekly becomes a norm for parents
5. Creates monthly “town hall” – answers Q’s directly
6. Parents establish relationship with teacher
What is the role of the Federal government? An overview finds that few people mentioned the federal government directly in the resources they use regularly.

Few people mentioned federal government directly. Why?

- There is distrust in the federal government (both because of lack of leadership and partisanship.)
- States seem to be sharing more directly relatable resources for trusted community leaders.
- There are specific community needs that aren’t being addressed by anyone.

“States are doing an earnest job at getting information publicly. I empathize a lot for state. We don’t have federal regulations on data and definitions.” —Epidemiologist and social media influencer

“They should provide financial support, change policies rather than shaming us about being the problem.” —Elementary Public School Teacher

“Anything that Fauci says, I’m happy to listen to. When it comes to the administration, I take with a grain of salt. I don’t trust them to have my community best interest in mind. I don’t know who is a Trumpist or not or who is spin doctoring. What’s their responsibility? Roll out vaccine, convince people.” —Rabbi at a Synagogue
What is the role of the Federal government? People want the federal government to be the unifying voice — the one that sets standards, not just when it comes to sharing data but also demonstrating support for all American communities.

“CDC for current guidelines, and public health risk mitigation stuff. Do not feel I can depend on FDA to provide unbiased data on treatments. They should be the leader, should set the tone, should have unifying strategies in dealing with states, should be central stockpiling agency [for PPE], and should be the communicator for impeccable information.”
–Social Media Writer

“Personal opinion – Fed gov should be doing a lot more. Sending us additional resources to get things out to families. Give schools more money so we can knock on doors to find kids for attendance. CDC — I don’t trust them now, FDA is common sense and playing by ear.”
–Public School Principal

“Moving forward the stimulus. For schools – actually setting a national limit on when people should return to school. NC – providing broadband internet. Funding for teachers to provide support for the environment. Consistent messaging around COVID.”
–Community Engagement & Industry Partner
Recommendation: Translators need clear and consistent information to build trust and to share with their communities.

Translators are looking to guide their communities to make sure they stay safe. The workarounds, the varied sources, the lack of trust stem from the fact that there is both too much information and not enough of the right information.

Both translators and community members would benefit from a consistent source of updated, cited, and instructional information.

“Historically, the biggest challenge for communities experiencing a crisis event was often a lack of information, especially information from official sources. In that void, people would share information with their families, friends, and neighbors to try to make the best decisions... That is why it is so critical for those [government] agencies to share the best information at the time (from experts), to be consistent, and to avoid the appearance of being politically partisan.”

- Kate Starbird, Associate Professor of Human Centered Design & Engineering at UW. Researcher of crisis informatics and online rumors. (source: Medium article)
3 // Where do translators get their information?

The homepage of covid19.ca.gov links directly to a toolkit that provides media assets for different platforms, age groups and languages to support people’s ability to share information with their communities.

Coronavirus.gov and the CDC Coronavirus website both have links for people to self-check symptoms, but they use different tools. This is just one example of an inconsistency that can lead to confusion.

3.1 – Translators more readily seek out and value COVID-19 information than the general public. They especially rely on government sources at all levels to keep their community informed.

→ When creating websites or digital tools, think of translators as a primary audience and create features that support their unique needs.

3.2 – Translators are finding messy inconsistent, and out-of-date information.

→ Consistency and coordination is key. Enable reliable, and strategic updates on government websites, social media platforms, and email list servs will allow translators to easily ingest and proactively share information with communities to combat the proliferation of misinformation.
4. Outreach tools

How do translators share information and engage with their community?
4. Outreach Tools

4.1 - Translators share in a variety of creative, workaround ways. Of the methods to share information, text and email are more common.

→ Make content easily shareable via text and email to pass onto community members. For example, content should be easy to forward or copy and paste in a text message.
“If I got an email from the mayor’s office with a bunch of things that are shareable, if it was relevant and well made [...] A batch of images for social media, written text with the fill in information [...] That’s the kind of easily shareable content I would happily receive and share. ”

— Small grocery business owner in OK
From our Field Survey: Translators share COVID-19 information with their communities in a variety of ways; most common are Text & Email where info can be shared quickly.

- Text / Group Messaging: 65%
- Email: 64%
- In-person: 59%
- Facebook: 49%
- Phone or Videoconference: 44%

% of translators who use this method to share with their community.

Source: USDR December 2020 survey of 1,570 individuals
Reliance on the internet surged during the pandemic, highlighting that more people have been leaning on digital communications, news, and updates.

More people are relying on the internet for communications. Internet usage increased by 47% in the first quarter of 2020. It’s reasonable to hypothesize that physical distancing guidelines pushed many in-person conversations online, whether a private text message or a more public Facebook group.

Social media usage increased across the board. We heard from many Translators that social media was a helpful and useful way to share information with their communities.
“We have a COVID slack channel that is not run by company leadership. It's a place employees can share articles.”

— VP of People at a company in CA
4. Outreach Tools

4.2 - In terms of tools and resources translators need, there are two types: (1) tools that contextualize their individual thinking and action, and (2) tools that help them share to influence their community’s thinking and action.

→ Consider guidance and messaging that could be platform agnostic. Content should be bite-sized, modular and scalable.
Translators rely on two types of tools:

**Tools that contextualize their individual thinking and action**

**Interactive maps**
Translators use interactive maps almost daily to understand the context of their own local area. But, because they aren’t static, maps are not simple to share with others.

**Online training materials**
Translators talked about wide-ranging webinars they’ve attended since March – from how to set up their child for distance learning, to how to operate their small business, to tips for mental health during while stuck at home.

**Interactive planners and checklists**
Translators in the interviews were interested in how they could use this tool to plan for the holidays, or to plan for reopening their physical space.

**Tools that help them share to influence their community’s thinking and action**

**Crucial for specific subsets**

**Posters**
Asset for people with physical spaces, otherwise it didn’t relate for the Translators.

**Language translation**
Non-negotiable for certain communities; irrelevant for others.

**Printable brochures**
Useful for grassroots workers, but not if you don’t see you audience in person.

**Hotlines or chatbots**
Most translators struggled envision the use case for these tools.

**Widely applicable**

**Email alerts, text alerts**
Email and text were also two of the primary ways that Translators share information – they want tools that they can easily forward along.

**Share links for social media**
Share link on content helps Translators pass along information quickly and directly.

**YouTube videos**
Helpful for sharing information quickly and in multiple formats.
In our interviews, Translators reported that posters, email alerts and shareability were their first place picks among the list of tools & resources.

- For certain subsets of Translators, resources like “Posters” and “Language translations” are difference-makers.

- “Email alerts” and “Ability to share by social media or email” built into a government website were the most commonly selected tools to be easily applied across wider audiences.

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Write-ins tools: Billboards and bus ads, text alerts, university data portal (maps, etc), uniform social media strategy (single place), posting on district website, texting sharing, in-person mental health support, Lawyers + lawyer training, legal services, Call 211, text 21000, Temps that do outbound calls to applicants and collect information, text alerts, basic email, phone calls, slack, snapchat, whatsapp, gov risk calculator
The survey results from 539 Translators highlighted that interactive maps, email and share links were the most useful.

Email alerts and Share links are most consistently valued between the interviews and survey.
COVID “guidance” + digital design principles

- Implement findable content
  - Google / search engine
  - Internal website navigation
  - Through other links, referrals

- Implement concise search features:
  - Use short, clear titles and headings

- Improve navigability through site architecture and effective links between pages
  - Is it universal? Laws, regulations, etc. Make it available from all pages.
  - Is it specific? Link to any relevant guidance from the main page or from separate topic page
  - Write effective link names to ensure navigation between pages

- Organize content in a way that is relevant to the amount and relevancy of information
  - Smaller list: Reverse chronological order with dates, bulleted list
  - Larger list: Topical organization
  - Call attention to new items (“new”) icon

- Review content on a regular, continual basis
  - Regular review, corrections, updates
  - Delete documents that cannot be updated.

- Use data to improve content
  - Basic analytics (pageviews, time on page, traffic sources, click rates, search terms)

- Incorporate trust & equity into guidance materials
  - Make content accessible: 508 compliance
  - Ensure content is updated, reliable, state when info is unknown
  - Language and translation options

https://www2.ed.gov/web-guidance/content/guidance-practices.html
## Additional example design features that are relevant to improving digital guidance

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### Headline Guidelines

1. **First two words are vital**
   a. **Front-loaded**—most important content first
   b. **Transportable and quotable**—understandable out of context
   c. **Words users use**—get outside of ED
2. **Under 50 total characters**
3. **Brief is best**

### Department of Education - Headlines, Titles and Nano Content

*Here are the dates you can get into any U.S. national park for free in...*

Mother Nature Network (blog) - 7 hours ago

As you plan your travel wish list, keep in mind the National Park Service offers a number of free-free-free days each year during which entrance fees...*

*Google's New Feature May Drive Customers Away And Other Small Business Tech News This Week*

Forbes - 1 day ago

1 - Google’s new feature may be a problem for bars and restaurants. The new tool, which...*

_Nielsen Norman - microcontent_
4 // How do translators share information and engage with their community?

4.1 – Translators share in a variety of creative, workaround ways. Of the methods to share information, text and email are more common.

→ Make content easily shareable via text and email to pass onto community members. For example, content should be easy to forward or copy and paste in a text message.

4.2 – In terms of tools and resources translators need there are two types: information to inform individual thinking and action and information to inform community thinking and action. For translators: maps, interactive planners, checklists, online trainings. For translator’s community: posters, brochures, translation.

→ Consider that some guidance and messaging be platform agnostic. Content should be bite-sized, modular and scalable.

COVID ActNow allows people to generate graphics of realtime data for every state, which can be shared on social media or embedded onto a website.

ADvancing States created a toolkit for volunteers who make phone calls to older people who socially-isolated during COVID. The toolkits offers heuristics (actionable rules of thumb) that allow nonprofits to make customized training materials, from posters to “tip of the day” emails.

COVID ActNow takes guidelines set by the White House Coronavirus Task Force, Harvard Global Health Institute, and the CDC and synthesizes them into succinct statements.
Section 5
Summary of Recommendations
Recommendation #1: Focus COVID outreach on the translator audiences and prioritize support across different community needs — there is no one size fits all strategy.

1. When creating websites or digital tools, think of translators as a primary audience and create features that support their unique needs. [3.1]
2. There is no one size fits all strategy. Pay attention to who you’re reaching out to and use different strategies and incentives. [1.1]
3. Prioritize and support across different needs. Even as priorities shift to the vaccine, governments need to demonstrate that they still are supporting everyday needs (e.g., prepare for vaccines, but still provide clear testing information.) [2.1]

How to take action

- The homepage of your website should offer tools and content that make it easy for translators to deliver messages to their community. Additionally, your homepage should inspire people to share content. For example, the homepage of California’s COVID 19 website features a shareable PSA video followed by a prominent call to action to visit a toolkit that provides media assets for different platforms, age groups and languages that support people’s ability to share information with their communities.
- Community Translators is a general term and through our research [insert link to research] we identified several unique personas. Use these personas to help think through strategies and incentives tailored to different types of translators.
- Your website should make it clear what the most pressing issue is from a public health perspective, but it should not do this at the expense of meeting the ongoing daily needs that people have. For example, the “hero” space on the CDC website allows for a featured message based on CDC priorities (e.g. alerting people to rising cases) while still making evergreen resources prominent (e.g. vaccines, testing, etc.)
- Establish credibility through consistency. Publish only clear, defined guidance and be transparent about how decisions are made or why. Before publishing information, consider whether the information is consistent with neighboring communities, counties, or states, and how it might be perceived by communities living near a border. If you anticipate your community getting mixed messages from nearby communities, consider recommending they take the most precautionary measures of conflicting guidelines.
Recommendation #2: More tactically, share readable guidance that is platform agnostic, bite-sized, modular and scalable that is easily shared in a text message.

1. Reduce the fatigue that results from having to make sense of information by following best practices for readability, clearly indicating that the information is up to date, and making information consistent. [1.3]
2. Consider that some guidance and messaging be platform agnostic. Content should be bite-sized, modular and scalable. [4.2]
3. Make content easily shareable via text and email to pass onto community members. For example, content should be easy to forward or copy and paste in a text message. [4.1]

How to take action

- Modify and create content for brevity, navigability, and clear organization. Use these design principles to make it easier for your communities to find the information they’re actually looking for. [See: COVID Design Principles in Slide 7.]
- Create clear, concise, modular messages that are easily shareable and engaging. Recommended roles include: Content marketer, social media strategist, digital strategist. [See: existing resources to improve customer experience or help governments keep citizens engaged.]
- Include media that is reflective of your community and the diversity of the U.S. [See: Free stock photo options: Unsplash, The Gender Spectrum, Nappy]
- Usability test your existing website with members of your community. This can be done by a team member who bridges a community-facing role. If no user researchers, customer service roles for example, can be sufficient. See what stands out the most or least by sharing a screenshot of the website. [See: This guide of how to usability test existing websites.]
- Make content easy for translators to translate, adapt or remix so they can tailor it to the needs of their community. For example, ADvancing States created a toolkit for for state agencies that trains volunteers who make phone calls to socially-isolated older people during COVID. The toolkit offers heuristics (actionable rules of thumb) that allow nonprofits to make customized training materials, from posters to “tip of the day” emails. COVID ActNow creates bit-size content by taking guidelines set by the White House Coronavirus Task Force, Harvard Global Health Institute, and the CDC and synthesizes them into succinct statements that are easy to understand and share.
- Make it easy for people to share content on social media, email or through text messaging apps. For example, COVID ActNow allows people to generate graphics of data for every state, which can then be shared on social media or embedded onto a website.
Recommendation #3: Recognize and support translators. Encourage them to be consistent with local guidance, reduce misinformation and be transparent with information they know and do not know.

1. Empower and train people to create their own tools and content. Get more people to move from “supportive” influencers to “creative” influencers. Recognize, encourage, reward, support. [1.2]

2. Consistency and coordination is key. Enable reliable, and strategic updates on government websites, social media platforms, and email list serves will allow translators to easily ingest and proactively share information with communities to combat the proliferation of misinformation. [3.2]

3. Work with “opinion-makers” (e.g. at-risk community leaders, social media influencers) to curb misinformation. Focus on empowering translators to shift to more active influencer roles. [2.3]

4. Take advantage of this moment and build a story to address vaccine concerns and set expectations now, even to acknowledge what is still uncertain. [2.2]

How to take action

- Focus on strategies to engage community members depending on the needs of translators in your community. [See: roundtables, listening sessions, grassroots advocacy programs, messaging toolkits, continuing education programs, community liaisons, digital organizing campaigns, allocated funding programs, community outreach teams, etc.]
- Create steady channels of regular updates where your organization will share information. [See: Mayor of Newton Massachusetts’ weekly email updates and public safety Twitter feeds]
- Keep people updated with information you know and information you don’t know. Share future contingency plans, a reminder that you will provide information as it comes, when you do not have information yet, etc. [See: The Rockefeller Foundation’s COVID-19 Testing Action Plan]
- Empower people to play the role of a translator by providing ideas, guidance or training on how to share information. For example, The COVID Tracking Project not only provides data and visualizations about COVID, it includes guides to help people create their own visualizations.
Section 6
Appendix
Interactive task #1 | Prioritize information types

Interview participants were asked to identify & rank a max. of 3 information types their community most needs.
Interactive task #2 | Identify most useful tools & resources

Interview participants were asked to identify and rank useful resources that a government website could offer.
Interactive task #3 | React to government website mockups

Here are a few approaches a government website could take to share information. What are your reactions to each?

Interview participants were asked to react to 3 mock government website layouts & share their favorite / least favorite.
“I need data and evidence.”

I’m drawn to data, unsure if it’s helpful to my community

If there is going to be data, there needs to be a narrative: “Really like when there is an expert who is trusted. Look this is why this looks bad. This is the number you should be most concerned about”

You can’t have a website without data. Data is the bare minimum.

I had people go in both directions. That’s exactly what I want to see. I had other people who were like, yeah I see that everywhere I don’t need to see that again.

Boring – needs colors and photos.

But the clear headlines are good

This looks simple and shareable

The topics covered in the illustrative example are appropriate

This looks like all of the government resource websites I’ve ever seen (meant both positively and negatively)

Too text heavy, I am never going to read all that.

Looks like a school website

This looks too busy

People liked it and it resonated – needed direction or prodding on how to use it. Very useful, needed a bit of incentive to go in and search. Some promise that what you’re looking for is going to be …

They value something like that, not confident it’s not going to have the content that they’re looking for, a video that would be relevant.

Confident their community would like it.

Racially diverse.

Infographics look most helpful and accessible

I don’t need printables –
Translator Roles

Illustrative representation of the spectrum of translators interviewed.

X = Personal motivations and outputs

Y = Power to make operational decisions

It's fair to say that this is a snapshot of how this cohort could be measured, but what we learned from this is that all translators can vary where they are in this matrix depending on their personal motivations.
What are people hearing?

- I don’t know, it’s too early. → no key sources yet.
- Hearing that we will have them next week
- 2 people in the UK had reactions
- “It will be a while before Vaccines will come to Bayview” so I am not really concerned
- White + Asian people = cautious, whereas African Americans = more polarized (cautious vs. eager and willing)
- “Hope is being given, there is light, its something.” – Nurses
- “Some people are skeptical but we’re going to get it as soon as we can”
- “Gov Whitmer press conference – it’s not going to be mandated but she mentioned working with employers on ways to incentivize or encourage the vaccine – my boss and I perked up at that – what can we do to encourage our employees?” – salon / spa director
- Community won’t get the vaccine unless it’s mandated.

What are people’s needs?

- Are my employees considered priority #1 for vaccines we work in healthcare?
- Guessing when they will get back to normal so they can plan 2021
- How is the vaccine going to impact our work policies in the future? ← “I am not sure yet whether we will require it like we do the flu shot”
- Will vaccines be free? Will it be covered by insurance? What about for undocumented?
- Dosages – 2 step vaccine, from the same company and at a certain time, logistics stuff (a public nonprofit, masters in pub health)
- Can employers require employees to show proof of vaccination
- When can I take the vaccine? NY Times article
- Want simple, digestible explanation of WHAT the vaccine is and how it works to be able to combat that it’s the same as the flu vaccine. “Knowing why it was so quick and why are we okay with it being okay with it was so quick. How does it work and what will effects be?” – Salon / spa director

What are people’s concerns?

- It’s very politically polarizing – a doctor asks first so “operation warp speed, love em or hate em trump is doing a good job. Tries to get a quick sense of political p.
- Wary of the speed of manufacture
- In low-resource settings, vaccine information should focus on education (i.e., manufacturing process, historical background on racial injustices in public health) – not on persuasion
- Tuskegee experiment + distrust with the low income black community
- People are expecting this to be a seamless process.
- Not a lot of information is available, especially not in Spanish (leading to large gaps in knowledge)
- Hearing a lot about allergic reactions
- How do I operate my high risk spa business if not all of my employees are willing to get vaccinated?
Make content shareable and flexible. The workarounds are solutions created when there’s a dearth of resources. Can the government solve for these gaps? Here are some ways to fill gaps.

Easy ways to fill gaps:

- Make information and resources **easy to copy and paste**. Or enable people to create their own resource
- Create email and text-friendly content
  - Examples include social media-sized content, diagrams, or graphs
- Ensure everything is shareable with links, quotes, and charts
  - This was #3 material resource people were looking for
- Include media that reflects the diversity of the United States.
  - A trusted leader wants content to reflect their community.
  - Free stock photo options: Unsplash, The Gender Spectrum, Nappy

**Workarounds aren’t necessarily a bad thing, but it’s a red flag.**

If you don’t communicate, people will fill in the void. If you want more consistent messaging, we need to give the community resources they can use in the way they created workarounds.
Example social media posts from non-medical professionals aggregating and sharing data that is not easily available.
What is the role of the Federal government?

Note: Few people mentioned federal government directly. Why? State governments seem to be more directly helpful resources for many trusted community leaders.

“I am interested in the daily info from the Oklahoma health department to find local COVID #’s. It’s not super helpful, hard to find.”

“I have some lack of trust in the federal government. For example, when CDC updated their guidelines 10 days or so, I had some level of skepticism about that. I didn’t have time to research why. There was language alluding to relying on local governments to know what’s best. That’s not helpful. Feels like a political bent. My government isn’t being the most safe.” – Small grocery store owner, in OKC, OK

“They should provide financial support, change policies rather than shaming us about being the problem.” – 4th Grade Public Student

“Housing and community development. Like the City of HUG received a grant. When CARES Act funds were allocated, they were recipients, they were looking for programs. They write the check to the city and county, audit our funders, check to see how the funds were spent and make reports about what the CARES Act did nationally. We’re a row on a spreadsheet.” – Housing eviction director in Memphis, TN

“Recommendations for mask usage and hanging around people. CDC is the main one. We’ve got posters, the maintenance team redid policies and procedures for cleaning.” – Director for Homelessness in Atlanta, GA

“Our government – every single entity should operate as one. Focus on constituents. They are paying your salaries. They make people jump through hoops so only the people who really really want it can get access to it. You have to climb so many hurdles, the torture of so many phone calls with so many hours. It should not be that hard.” – Prospective city council member in Queens, NY

Whose advice do you follow? “At the end of the day, things are going to be reported to the board of health. They just changed what we have to report – they ask for documentation for (early ed and care) if there is a positive case, you have to report it to the board of health.” – Director of Sudbury Cooperative
What is the role of the Federal government? (Part 2)

“Just heard this morning, talking about the CARES act, our gov decided to use that, what she has decided to get... we need staff she decided to help us get some traveller staff, we don’t know how we’re going to use them, could that have been allocated sooner?” – Nurse at University of Iowa Hospital

“From state and federal – there is more around employee management. Medical billing stuff, not information that goes directly to client.” – Program manager/Social worker working with youth/at-risk families

“Haven’t always gotten clearest information from the federal government. I have the most complaints about local and state government.” – Program manager/Social worker working with youth/at-risk families

CDC for current guidelines, and public health risk mitigation stuff. Do not feel I can depend on FDA to provide unbiased data on treatments. They should be the leader, should set the tone, should have unifying strategies in dealing with states, should be central stockpiling agency [for PPE], and should be the communicator for impeccable information. – Social Media Writer

Anything that Fauci says, I’m happy to listen to. When it comes to the administration, I take with a grain of salt. I don’t trust them to have my community best interest in mind. I don’t know who is a Trumpist or not or who is spin doctoring. What’s their responsibility? Roll out vaccine, convince people.” – Rabbi at a Synagogue in New Jersey

This week HHS released hospitalization data and its excellent. Shift in what in the federal data claim earlier this week [...] very encouraging -- granular by the hospital, data on admissions. – Infectious Disease Expert + Social Media Influencer

States should absolutely be tracking their own data. A more official version of COVID tracking project would be in the form of the CDC. We’re doing it [with covidtrackingproject] because there isn’t that CDC information. – Infectious Disease Expert + Social Media Influencer

Personal opinion – fed gov should be doing a lot more. Sending us additional resources to get things out to families. Give schools more money so we can knock on doors to find kids for attendance. CDC – I don’t trust them now, FDA is common sense and playing by ear – Principal, Denver Public Schools
What is the role of the Federal government? (Part 3)

Don’t go to the CDC. Initially we were going to the CDC to review symptoms, but not any more. It’s becoming the new normal to be in your bubble because it’s the best thing to do. Early on, it was curiosity – but now i feel educated. – Corrine Hawkins

Moving forward the stimulus. For schools – actually setting a national limit on when people should return to school. NC – providing broadband internet. Funding for teachers to provide support for the environment. Consistent messaging around covid. – Arlane Gordon-Bray
Help keep each other and the Co-op healthy this holiday break!

While we can’t require or enforce the following, we urge you to follow the information below as it outlines the most current guidance set by the CDC.

**BEFORE RETURNING TO SCHOOL:**

**Quarantine for 4 days and get a COVID-19 test**
- Quarantine for 14 days
- If you travel out of state, have people visit you from out of state, or see anyone outside your immediate family or current pod
- Continue to follow hand washing, mask wearing, social distancing, small gatherings and all other CDC recommendations.

Anyone outside your IMMEDIATE FAMILY or CURRENT POD/BUBBLE is a possible EXPOSURE

It takes 4 days for a viral load to be detected on a COVID-19 test. Make sure you quarantine for 4 days before testing to ensure accurate results.

CDC posters as well as custom made posters for the community
Public records show that a lawsuit for eviction has been filed against you in General Sessions Court.

If you need help, please take these three steps:

1. If you are eligible, complete and deliver a letter to your landlord, telling them that the CDC Eviction Halt Order applies to you. Use this link: covid19evictionforms.com

2. Apply to the Program for a free lawyer and access to funds to settle your case in court.
   Use this link: *programwebsite*.org/covid-resources
   or text CODE to 21000

3. Go to court on your scheduled date!

The xxxxxxxxxxx is funded by the City of Memphis and Shelby County. The program provides free lawyers and payments of past due rent to landlords on behalf of people facing eviction because of the Coronavirus pandemic.

Postcard with information sent directly to people’s houses with various ways to connect with the organization
코로나19 바이러스 감염증
예방수칙 및 안내문

도움들의 동참이 필요합니다.

최근 중국에서 발생한 신종 코로나바이러스 감염의 확산에 따라
성도님들의 안전을 위하여 다음과 같은 사항을 지시하셔야 하며,

감기증상: 기침, 가래, 발열이 있으며 발열
도수(37.5도 이상) 또는 발열과 상이한
본질적인 증상이 있는 분은 사전에
교육 및 각종
모임을 자발적으로 자제 해주십시오.

예방수칙:
- 코 쾌감한 사람이 동반한
가족이나 가까운
비교적 가까운
인근
- 사회적 거리두기
무증상 시 면역력가장

코로나19 바이러스 감염증
예방수칙 및 안내문

요양 병원 방문 시 자녀 이용, 비스그 작용 필수
진료 요양병원에서 하와 여행의
요양병원 홈페이지 접부

COVID-19 Levels (현재 Level 2 경계단계)

<table>
<thead>
<tr>
<th>Level</th>
<th>주의 (Watch)</th>
<th>경계 (Warning)</th>
<th>심각 (Severe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>주의 (Watch)</td>
<td>경계 (Warning)</td>
<td>심각 (Severe)</td>
</tr>
<tr>
<td>Level 2</td>
<td>주의 (Watch)</td>
<td>경계 (Warning)</td>
<td>심각 (Severe)</td>
</tr>
<tr>
<td>Level 3</td>
<td>주의 (Watch)</td>
<td>경계 (Warning)</td>
<td>심각 (Severe)</td>
</tr>
</tbody>
</table>

COVID-19 Levels (Currently Warning Level 2)

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watch</td>
<td>Warning</td>
<td>Severe</td>
</tr>
<tr>
<td>Situation where prevention and preparedness are needed before community-wide infection has occurred</td>
<td>Situation where infection has been found in the community</td>
<td>Situation where surrounding infection in community is serious, or church members/family members are infected</td>
</tr>
</tbody>
</table>

- Sunday Worship continues
- The elderly rest at home
- Two-week self-imposed quarantine of infected travelers
- Masks available
- Avoid handshakes and physical contact; greet from afar

- Sunday Worship/Friday Meetings
- Saturday Prayer Meeting
- Online Offerings
- Canceling public meetings & Sunday lunch prayer
- Disinfecting the church

- Switch to online worship
- Weekly meditation with materials downloaded from online

Translating and culturally appropriate materials for a Korean church community
Informational YouTube videos shared by interviewees to their community
“Once you get vaccine - when is it safe to not wear your mask anymore? I understand the concept, but don’t understand the practices.”

— Rabbi of synagogue in northern New Jersey
“There is an expectation among the public that there will be a vaccine available immediately. I had to start setting the expectation with staff that you can’t expect that you’re going to have the vaccine in January and come back immediately.

I wish there was clear guidance on what the directives would be around vaccines. Some people have just stopped planning for 2021, thinking that the vaccine would resolve everything.”

— Head of charter school network, Washington, D.C.
“At this point I don’t have any definite information to share with my community. Like many of my colleagues, it’s a wait and see scenario . . . I need more information.

Instead of me individually investigating, I want the gov or another authority to guide us, explaining, ‘This is the way this is was developed and how it behaves for this age group.’ It’s too many unknowns.”

— Pastor of Korean American Church in MA
“Let someone else get it first.

The history of racial injustice towards black communities in public health needs to be addressed, first. If you want them to take it serious, you need to address it on a one-on-one basis.”

— Executive Director of non-profit serving homeless communities in California
“Hope is being given, there is light, it’s something... Anything that I have seen as a negative is from social media. Contacts that are outside of healthcare.”

— Hospital Nurse Manager in IA
Americans are split 60/40 on their willingness to get the coronavirus vaccine.

The majority of Americans (60%) said they would definitely or probably get a coronavirus vaccine, if it were available today. Almost 40% say the opposite; they definitely or probably would not get a coronavirus vaccine if it were available today.

There is space for changing minds, however. 18% of American adults say they would consider getting a vaccine after other’s start to get it and more information becomes available. (Pew Research)
Most of those who are not planning to get a vaccine are worried about the side effects. The uncertainty around the side effects and the effectiveness of the coronavirus vaccine are the main reasons why many skeptics are hesitant to get the vaccine. (Pew Research)
Even those who are willing to get the vaccine have concerns around side effects, and most importantly, they are concerned about the financial cost.

This has been a financial devastating year for many, as job losses have drained savings accounts and have led to a loss in health insurance coverage. The Economic Policy Institute estimates that 6.2 million people lost access to their employee sponsored healthcare due to the pandemic. It’s estimated that Medicaid enrollment has increased by over 4 million people since February (KFF).

Paying out of pocket would make more than half (57%) of those willing to get the vaccine a little (36%) or a lot (21%) less likely to get the vaccine. A little over 40% say that out-of-pocket cost would not change their likelihood of getting the vaccine. (Pew Research)
No matter their willingness to get the vaccine, a majority of Americans think the vaccine will be used before we fully understand its safety or effectiveness.

Over 75% of Americans say that it’s at least somewhat likely that the coronavirus vaccine will be approved and administered before we fully understand safety and effectiveness of the virus. Over one-third (36%) believe that it’s very likely to happen. (Pew Research)
People are using social media for information, and Unverified Facebook pages and Instagram are biggest drivers of vaccine-related content.

71.5% of 13M+ vaccine-related interactions (likes, shares, emoji reactions, and retweets) were taking place on Unverified Facebook Pages and Instagram. These two platforms are important and are influencing vaccine-related conversation on social media. (First Draft News)
Section 7
About U.S. Digital Response
About U.S. Digital Response

U.S. Digital Response helps governments build responsive, people–centered services with modern and resilient technology that work at the speed of need.

U.S. Digital Response connects experienced volunteer technologists with public servants and organizations responding to crisis. We’re fast, and we’re free.

Founded by former U.S. Deputy CTOs and seasoned tech industry veterans who led federal open data policies and digital government strategy, USDR is a nonpartisan effort that connects expert, volunteer technology teams to public servants responding to crisis.

Our pro bono volunteers work with government teams to understand their challenges and get them the right tools to deliver critical services to the people who need them — all within a few days to weeks. Our diverse volunteers have deep expertise spanning engineering, data science, content strategy, design, logistics and supply chain, and disaster response.

Often, the smartest solutions and most effective tools already exist — they just need to be identified, integrated, and implemented. Our volunteers survey the best of what’s available, get systems up and running, and make sure government partners have the tools and training they need to operate smoothly and effectively.

Learn more about U.S. Digital Response at usdigitalresponse.org