Summary: As local, state and federal governments continue to roll out COVID communications and guidance (e.g. websites, press releases, resources, strategies), they must take several strategies into account in order to best serve the needs of their constituents: build trust, make sure information gets to people, reach and meet at-risk and vulnerable community needs, understand and pinpoint relevant content, and ensure information leads to action. Since individuals are most likely to make decisions based on guidance curated by individuals and organizations in their trusted networks, equipping these “translators” with accurate and timely information is a foundational component of an effective communication plan.

Background: In the midst of a second spike of the COVID pandemic, people are engulfed in information, cases are at an all-time high and government officials do not have a clear sense of the habits, behaviors, and challenges for at-risk and vulnerable populations. We conducted 39 one-on-one interviews across 19 states and gathered data through nationally representative survey data to better understand 3 questions: [1] Channels: What are places people go to for trusted COVID information? [2] User value: What information is valuable to you, when and why? [3] Actions: Once people have valuable information, what do they do with it?

Key Findings:

- 1.1 - People are paying attention to COVID and use many sources (not just one) to get informed. The most trusted sources are less frequently visited directly.
- 1.2 - Most people pay attention to “anxiety inducing” mainstream news, but struggle to trust it as COVID is perceived as highly politicized and quickly changing.
- 1.3 - Everyday people are unlikely to choose a government 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.
- 1.4 - Reaching at-risk and vulnerable communities will require more understanding of the social, cultural and resource barriers to effectively distribute COVID information
- 2.1 - User needs are dynamic and constantly change based on political leanings, profession, circumstances, new developments and more.

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1 Vulnerable populations by World Health Organization: “People whose situations or contexts make them especially vulnerable, or who experience inequality, prejudice, marginalization and limits on their social, economic, cultural and other rights.”

At-Risk populations by US Health and Human Services: “People with access and functional needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency. Irrespective of specific diagnosis, status, or label, the terms "access and functional needs" are defined as follows: [1] Access-based needs: All people must have access to certain resources, such as social services, accommodations, information, transportation, medications to maintain health, and so on. [2] Function-based needs: Function-based needs refer to restrictions or limitations an individual may have that requires assistance before, during, and/or after a disaster or public health emergency.”
2.2 - People have a broad range of needs: responding to a current COVID need to planning for the near and distant future.
2.3 - COVID triggers questions and needs that go beyond personal health [vaccines, testing, symptoms] such as food insecurity, financial stress and mental health struggles.
3.1 - There are different “types” of information, signals, and behavioral + social incentives that can trigger changes in someone’s thought, habits, behavior and actions.
3.2 - Community leaders are both consuming and sharing content. They take it upon themselves to find, curate, adapt and redistribute info to people.

Key Recommendations:
1. **Build trust in the government.** Establish effective mechanisms (e.g. channels, language, content, information, tone and voice) to increase or (re)build trust in various government agencies.
2. **Make sure information gets to people.** Push information through channels that people already engage with instead of expecting people to seek out new information or add a new source to their daily routine.
3. **Reach and meet at-risk and vulnerable community needs.** Build trust and extend reach with at-risk and vulnerable communities by empowering influential intermediaries who can adapt content to local contexts instead of expecting these communities to engage with the government resources directly.
4. **Understand the relevance of needs of people who will use a website.** Improve our understanding of the role of Federal vs. State Governments in sharing COVID information. Prioritize on topics that will rely on government (guidance, strategy) as opposed to topics that are more well positioned to other sources (urgent health, understanding COVID).
5. **Make sure information leads to action.** Help people cut through media noise by offering consistent, relevant and actionable guidance that supports day-to-day decision making instead of exhaustive resources that increase anxiety and result in stress, withdrawal or apathy. An outreach strategy that focuses on community leaders (teachers, church ministers, restaurant owners, etc.) means that we should create content that leaders can easily adapt and share with their communities.
**Figure 1:** Trust Communication Model: How COVID-19 information flows from generators to community members

![Diagram of Trust Communication Model](image)

**Segment** | **Examples** | **Definition** | **Key Actions** | **Why important?**
--- | --- | --- | --- | ---
Disconnected community members | Spanish speaker only, essential worker like restaurant industry cooks, bus drivers, janitorial workers | Everyday people who may be detached from direct communications from governments due to accessibility issues, uninformedness, apathy or suspicions. | • 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 • Follow, act upon, use information in their everyday lives | People who are “off the radar” who are most at-risk of misinformation or potential harm from not being informed.

Hyperlocal community influencers | Librarians, pediatricians, cashiers in the grocery store, fast food restaurant cooks | Community leaders in the community who directly shepherd information to other people in some capacity | • 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) | • Closest to impact people’s decisions and habits • Most vulnerable, marginalized people most at-risk and in need of information

Translators | US and local media, healthcare experts and writers, social media influencers | People who look at information, data and dense dashboards and health info and translate or analyze it to distribute to a broader audience. | • 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 | • Most likely “power users” of information distributed by government agencies

Systems curators | State officials, County officials, Federal agency leaders, the President, City Public Health Department leads | Decision makers who need top level COVID information to translate into guidance, policies and cultural rules for governing a community. | • Direct decision makers with key guidance and information to disperse policies and protocols | • Policy and government staffers will use this information to translate to high level decision makers

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

**Figure 2:** Key stakeholders in the COVID information sharing ecosystem

<table>
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Figure 3: COVID Communications Design Principles

- **Ground the work with the views of at-risk and vulnerable communities.** Beyond “the experts,” leadership must consider those whose voices are often left out: low-resourced, English as a second language, essential workers, single-parents, children with disabilities, etc.
- **Make communications accessible.** Consider different languages and cultural contexts to better understand how people consume information.
- **Contextualize through specific use cases.** How people get news during COVID may be different from their normal habits and routines. Where do they go for information? What are their workarounds to find information and current gaps in knowledge?
- **Bridge political language divide.** There is a political divide with information and how it is effectively communicated. Consider language that is accessible to various perspectives.
- **Promote health and well-being through a holistic perspective.** COVID resources must expand to address issues such as access to childcare and mental health.
- **Continually reassess needs through different dimensions** and how they can impact people: mental, behavioral, regional differences, political changes, seasonal differences.
- **Reference learnings from historical interventions:** SARS, Swine Flu, Ebola, etc.
- **Remember there is no one-size-fits-all tool.** Identify the individuals your COVID communications will target; and highlight their goals and needs. It is OK if your resource isn’t 100% unique. People go to different sources for information.

**Additional resources:** In parallel, USDR has published a starter kit to help governments design or refine their communication plans. For additional context, the full findings can be found here. Additionally, USDR has partnered with governments in 36 states and territories in 2020 on crisis response projects; we are available for pro bono consultation. Request help here, and we will respond within hours.