Starter Kit

39 Voices of the US COVID Pandemic

COVID information: Where they find it, why they need and what they do with it

Stephanie Nguyen, Kaela Gallo, Zuzana Love, Courtney Pitman, Amulya Aradhyula, Rebecca Sinclair, Adam Little, Raphael Lee
U.S. Digital Response | November 23, 2020
How to use this Starter Kit

What this starter kit **IS:**

- **Findings:** Insights gathered from the qualitative and survey research. Additional context and findings can be found in the full deck.

- **Takeaways:** Guidance for how to think through government COVID communications.

- **Starter Kit:** Stakeholder map, frameworks, personas, communication design principles, and other tools to help teams think through COVID communications strategy.

  - This will give you findings, insights, and frameworks to help guide your thinking through execute your communications strategy or platform

  - A way to understand sentiments, habits, and gaps for the current moment: How people may think through choices and information.

What this starter kit **IS NOT:**

- This will not tell you how to exactly build or execute your communications strategy or platform. However, USDR is available to co-design a plan with you, pro bono.

- This information does not explain a way to predict or dictate how all Americans will think about choices and information.
Additional Resources and Help

USDR has partnered with governments in 36 states and territories in 2020 on crisis response projects. We’re fast, free, and non-partisan.

Request help today. For assistance designing, refining, or implementing an effective communication plan, especially ahead of widespread testing and vaccinations, request help here. We’ll get back to you within hours.
Research Mission

This research is focused on at-risk and vulnerable* communities to explore how we can ensure they receive critical COVID information.

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:

- 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.
- 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.
Core Problems

People are engulfed in information.
People are overwhelmed and inundated with COVID information and are unsure who to go to and where to find information for their specific needs.

COVID cases are at an all-time high.
The urgency of the crisis is unprecedented; positivity rates are at an all-time high. Vaccine programs are also beginning soon; their success will depend heavily on how governments set expectations with the public (side effects, phased rollout plans, reminders to return for subsequent doses).

We do not have a clear sense of the habits, behaviors, and challenges for at-risk and vulnerable populations.
Governments are trying to cater their communications to a broad population but we do not have a sense of how this information are reaching essential workers, english as a second language families, etc.
Key Research Questions

1. **Channels**
   What are places people go to for trusted COVID information?

2. **User Value**
   What info is valuable to you, when and why?

3. **Actions**
   Once you have valuable information, what do you do with it?
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)
A letter from the team

There is no doubt this pandemic has had far reaching effects beyond people’s physical health. We are not looking at COVID data and information in a vacuum and cannot downplay the immense impact of the last year on individuals’ and communities’ mental, emotional, social, and financial health.

All of these factors influence the way people look at, react to, and interpret COVID news and data. People’s ability to consume updates and information will be compromised by their financial, mental, and emotional situation at any point in time. If you want people to listen, you have to also address their worries about housing, getting food on the table, and the reality that all that they had ever built could be disappearing too.

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.
Findings
1. Channels

What are places people go to for trusted information?

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 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.

→ Focus on the audience layer we call: “translators”.

1.4 Reaching at-risk and vulnerable communities will require more understanding of the social, cultural and resource barriers to effectively distribute COVID information

→ Ensure this audience is core in the strategy and outreach.
2. User Value

What information is valuable to you and why?

2.1 User needs are dynamic and constantly change based on political leanings, profession, circumstances, new developments and more.

→ Be clear who the team is communicating to and what their needs are.

2.2 People have a broad range of needs: responding to a current COVID need to planning for the near and distant future.

→ Determine positioning. Federal government are likely more positioned in people’s minds to address planning and societal rules as opposed to urgent health matters.

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.

→ Determine how best to position government to respond to this wide swath of crisis needs [e.g. website vs. partnerships, advocacy campaigns, sign-on letters, etc.] and focus on information architecture and content strategy to parallel this work.
3. Actions

Once you have valuable information, what do you do with it?

3.1 There are different “types” of information, signals, and behavioral + social incentives that can trigger a change in someone’s thought, habits, behavior and actions.

→ **Decide what ideal “actions” will be. Implement strategies to spur intended changes in mindset, behavior, and/or action.**

3.2 Community leaders are both consuming and sharing content. They take it upon themselves to find, curate, adapt and redistribute info to people.

→ **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.**
Takeaways
How?
Establish effective mechanisms (e.g. channels, language, content, information, tone and voice) to increase or (re)build trust in Federal Government agencies.

We note there is not one solution to this. It will require thought toward many different pieces.

Why?
In general, trust has eroded across almost all channels and institutions since March. There is a current lack of trust (flip flop Fauci / CDC guidance), leading to confusion not knowing who to trust.

Possible Next Steps
- Research: Reach out to CDC to do interviews on successes
- Design: Audit of best practices (USWDS) on how content builds trust, other quick design concept testing
- Stakeholder discussion: Discuss strategy for source of voice (our broader team, JB team)

TAKEAWAYS

#1 - Build trust in government - content, format, delivery, tone/voice, channels, etc.

Communicate Trustworthiness

The design itself can communicate trustworthiness:
- **Design quality**: professional appearance feels promise of good service. Typos or difficult navigation
- **Up-front disclosure**: of all aspects of the custom rather than waiting until after the user has placed shipping costs, but many more will abandon the cheated will only be suckers once.
- **Comprehensive, correct, and current content** have good shots of all products. Haphazard, ran usability tests of a map site that did not show a wondered what else was missing from the maps
- **Connected to the rest of the Web** with links in and third-party sites are much more credible than something to hide.

Source: Building Trust: What works for news organizations (University of Texas at Austin)

Source: Trust or Bust: Communicating Trustworthiness in Web Design
How?
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.

Why?
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.

- Community based organizations (SF Black COVID Taskforce, local Girl Scouts, etc.)
- Workplace (Human resources, leadership in an organization)
- US and local news media networks (MSNBC, FOX, riverbender.com)
- Social media influencers, science journalists

Possible Next Steps
- Research: Translator research (community based organization, HR leads, media / influencers)
- Design: Test concepts about making information easier to share
- Stakeholder discussion: talk with stakeholders about broader content information strategy
The strategy for selecting a home for content should be separate from how to distribute it.

**Content home**
Decision driven by: existing flows and best practices of high volume, trusted and trustworthy channels

**Content distribution**
Decision driven by: branding, web traffic, voice, performance

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#2 - Distribute key information through “translators” to ensure that it gets through

The strategy for selecting a home for content should be separate from how to distribute it.
#3 - Reach and meet at-risk and vulnerable community needs

**How?**
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.

**Why?**
During COVID, SNAP beneficiaries reported food insecurity and debt accrual. A higher proportion of Black and Latinx households report growing % of food insecurity over time. Essential workers expressed lack of bandwidth to navigate COVID information.

**Possible Next Steps**
- **Research:** Translator research (community based organization, HR leads, media / influencers) – more focused on diversity, equity and inclusion, Toolkit-type materials you could distribute to a CBO – give influencer materials so they can do what is most effective
- **Design:** Explore or test concepts for making materials easy to adapt/translate,
- **Stakeholder discussion:** What can we prioritize / understand what will make a difference?

Of the 39 interviews, non-native english speakers and some essential workers have a scarcity of resources, impacting their ability to make decisions related to COVID due to lack of time, money, resources, bandwidth.

→ **Scarcity of resources** diminishes people’s cognitive ability to make rational decisions. This is where tools like heuristics, social norms, plan making, etc. can be leveraged.

“People with low incomes see the most routine, ordinary experiences through different lenses than people with higher incomes, according to psychological research.”
- Association for Psychological Science
How?
Improve our understanding of the role of Federal Government 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).

Why?
Participants expressed they used more government resources for small business or local organization (e.g. church) guidance and strategy. They go to their immediate networks or work channels for more pressing topics like feeling symptomatic or understanding scientific facts about the virus.

Possible Next Steps
- Research: Analytics of Google analytics and existing COVID websites – what are people seeking out online?
- Design: Explore or test concepts for information architecture / content taxonomy
- Stakeholder discussion: Not just what are people looking for, but do we want to make sure people see

Urgent, tactical life-related information
Where can I get a physical? Should I take my kid for a wellbeing? Where do I seek help for mental health? How do I get food assistance and help with transportation to pick up my prescription?

Understanding virus knowledge and information
How does the virus work? How long it lives on surfaces? How does it impact children and the elderly?

What actions should I take, do, act upon now?
Cases, statistics, new rules and regulations that may change how people move around the city and make decisions that impact their daily lives.

Future. Where are we headed?
What are the goals of the government? How are they addressing my needs? What is their path toward success and where do I fall into this plan? How are they reassuring the people?
#5 - Make sure information leads to action

**How?**
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 or withdrawal / apathy.

**Why?**
Based on the research, there is a lot of media noise. Their thoughts, behaviors, habits, actions are influenced by a number of factors: language and framing, number thresholds, colors indicated in maps, etc. People need information to help them make daily decisions in their lives.

**Possible Next Steps**
- Research: What behaviors and actions will have the best impact
- Design: Future usability testing: Was the task complete? Were you able to sign up?
- Stakeholder discussion: Partnerships conversation

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**A series of factors:**
- Information
- Form/Format
- Iconography
- Colors
- Language/Tone
- Channel to deliver information
- The delivery source
- Simplicity

**A change in behavior:**
- Thoughts
- Habits
- Actions
- Sharing information
## Key Takeaways and Recommendations

<table>
<thead>
<tr>
<th>GOAL/VALUE</th>
<th>RECOMMENDATION</th>
<th>INSIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. Build trust in government</td>
<td>Establish effective mechanisms (e.g. channels, language, content, information, tone and voice) to increase or (re)build trust in Federal Government agencies</td>
<td>In general, trust has eroded across almost all channels and institutions since March. There is a current lack of trust (flip-flop guidance), leading to confusion not knowing who to trust. [1.1, 1.2, 1.3]</td>
</tr>
<tr>
<td>02. Make sure information gets to people</td>
<td>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.</td>
<td>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. [1.1, 1.3]</td>
</tr>
<tr>
<td>03. Reach and meet at-risk and vulnerable community needs</td>
<td>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.</td>
<td>During COVID, SNAP beneficiaries reported food insecurity and debt accrual. A higher proportion of Black and Latinx households report growing % of food insecurity over time. Essential workers expressed lack of bandwidth to navigate COVID information. [1.4, 2.1, 2.2, 2.3]</td>
</tr>
<tr>
<td>04. Understand relevance of needs of people who will use a website</td>
<td>Improve our understanding of the role of Federal Government 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)</td>
<td>Participants expressed they used more government resources for small business or local organization (e.g. church) guidance and strategy. They go to their immediate networks or work channels for more pressing topics like feeling symptomatic or understanding scientific facts about the virus. [2.1, 2.2, 2.3]</td>
</tr>
<tr>
<td>05. Make sure information leads to action</td>
<td>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 or withdrawal / apathy.</td>
<td>Based on the research, there is a lot of media noise. Their thoughts, behaviors, habits, actions are influenced by a number of factors: language and framing, number thresholds, colors indicated in maps, etc. People need information to help them make daily decisions in their lives. [1.3, 2.1, 2.2, 2.3, 3.1, 3.2]</td>
</tr>
</tbody>
</table>
Key Takeaways

Use these 5 takeaways moving forward for all verticals across design, research, engineering, data, policy, product management, etc.

01. Build trust in government
02. Make sure information gets to people
03. Reach and meet at-risk and vulnerable community needs
04. Understand relevance of needs of people who will use a website
05. Make sure information leads to action
Starter Kit
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>
<thead>
<tr>
<th>Persona Type</th>
<th>Examples</th>
<th>Definition</th>
<th>Key Actions</th>
<th>Why Important?</th>
</tr>
</thead>
</table>
| **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 | ● Most likely “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** | Librarians, pediatricians, cashiers in the grocery store, fast food restaurant cooks | 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 | ● Closest to impact people’s decisions and habits  
● Most vulnerable, marginalized people most at-risk and in need of information |
| **System curators** | State officials, County officials, Federal agency leaders, the President, City Public Health Department | Decision makers who need top level COVID information to translate into guidance, policies and cultural rules for govern a community. | ● Direct decision makers with key guidance and information to disperse policies and protocols | ● Closest to impact people’s decisions and habits  
● Most vulnerable, marginalized people most at-risk and in need of information |
| **Generators** | Primary science researchers, academic institutions, pharmaceutical companies and companies / organizations with research teams | Researchers who are studying basic science to generate knowledge about the virus, potential vaccine interventions, how to mitigate the spread, etc. | ● Conduct randomized control trials and other research to better understand information about the virus  
● Publish findings | ● Closest to impact people’s decisions and habits  
● Most vulnerable, marginalized people most at-risk and in need of information |

*39 Voices of the US COVID Pandemic: Starter Kit | U.S. Digital Response*
## Personas

### Disconnected community members

<table>
<thead>
<tr>
<th>Accessibility Issue</th>
<th>Uninformed</th>
<th>Cynical and/or Apathetic</th>
<th>Suspicious</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>“I can’t use X”</td>
<td>“I don’t have time”</td>
<td>“My actions don’t make a difference”</td>
</tr>
</tbody>
</table>
| **Key Attributes** | ● Non-native english speaker  
● Different levels of abilities  
● Elderly populations  
● May have difficulty navigating information | ● Busy and low motivation to seek out information:  
● Cumbersome, doesn’t value doing it compared to other tasks, not a priority, they don’t value it. → More pragmatic solutions | ● Unclear on how public health information/interventions impact their daily life  
● Why does it matter? It doesn’t make a difference: if I do X, things will stay the same. | ● I don’t feel comfortable navigating information  
● I don’t trust the government  
● People who are almost actively misled/misinformed; masks can make you sicker/data is manipulated |
| **Possible Interventions** | ● Best practices for accessibility  
● Checklist or explicit guidance on how to use and make use of dashboard  
● Translation of information into different languages navigating information | ● Completion tracker or statement about how long it takes to find x  
● Provide immediate, relevant information upon landing, utility: make data usable for practical purposes (“should i travel in a car/plane/train”)  
● What’s my “risk score”? blog posts from trusted messengers addressing common questions e.g. safest ways to travel that could be shared broadly (see: CDC COVID FAQ) | ● Show how it impacts their life in a tangible way/speak directly to their lived experience, data viz showing how one person’s actions impact community (+ or -)  
● Positive peer pressure/ show how many people in their community have been tested (e.g. your community testing rate is x% higher than other communities) | ● Empathize with and acknowledge concerns, work with trusted messengers to reach this group (e.g. doctors, faith–based leaders, public influencers)  
● Connecting and humanizing the data with stories and images of relatable people |

**Source:** To flesh this section out, we used existing research from the US Census Bureau to better inform and segment the “Disconnected community members” for COVID communications. Thank you to Kyla Fullenwider who helped to outline this section. [US Census Bureau Community Outreach Toolkit, Census Barriers, Attitudes, and Motivators Survey II, Final Report](#)
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.
Based on 39 interviews, top things people want to know about COVID:

**Basic Stats**

- Number of deaths
- Daily positive covid rates

**Local Preparation**

- Hospital capacity / ICU capacity
- Schools and social services available

**Actionable Information for Me**

- Where can I get tested?
- Where am I supposed to wear a mask?
- How to social distance, wash my hands, etc?
- New policies in my area? Has anything changed? What’s out of date?
- Is my gym/salon/favorite restaurant open?
There were key roles and informational categories that stood out in the interviews:

<table>
<thead>
<tr>
<th>Information Categories</th>
<th>Common Roles Seeking Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Health and wellness</td>
<td>● K-12 schools</td>
</tr>
<tr>
<td>○ Mental health</td>
<td>● Childcare programs</td>
</tr>
<tr>
<td>○ Medical needs</td>
<td>● Retirement communities</td>
</tr>
<tr>
<td>○ Testing</td>
<td>● Shared, group housing facilities and organizations</td>
</tr>
<tr>
<td>● Housing assistance</td>
<td>● Sanitation workers</td>
</tr>
<tr>
<td>● Careers and employment</td>
<td>● Transportation workers</td>
</tr>
<tr>
<td>○ Unemployment relief</td>
<td>● Food Industry workers</td>
</tr>
<tr>
<td>○ Job opportunities</td>
<td>● Correctional and detention facilities</td>
</tr>
<tr>
<td>● Small business help</td>
<td>● Homeless populations</td>
</tr>
<tr>
<td>○ SBA, local funding resources</td>
<td></td>
</tr>
<tr>
<td>● Food assistance</td>
<td></td>
</tr>
<tr>
<td>○ EBT, Food stamps</td>
<td></td>
</tr>
<tr>
<td>● Education assistance</td>
<td></td>
</tr>
<tr>
<td>○ Educational videos, resources, workshops</td>
<td></td>
</tr>
</tbody>
</table>
There are 4 buckets of information needs.

Each require different delivery methods, dynamics, levels of trust, etc.

- **Urgent, tactical life-related information**
  - Where can I get a physical? Should I take my kid for a wellbeing? Where do I seek help for mental health? How do I get food assistance and help with transportation to pick up my prescription?
  - Less likely a role for government

- **Understanding virus knowledge and information**
  - How does the virus work? How long it lives on surfaces? How does it impact children and the elderly?

- **What actions should I take, do, act upon now?**
  - Cases, statistics, new rules and regulations that may change how people move around the city and make decisions that impact their daily lives.
  - More likely a role for government

- **Future. Where are we headed?**
  - What are the goals of the government? How are they addressing my needs? What is their path toward success and where do I fall into this plan? How are they reassuring the people?
There are different ways to think about prioritizing information from those key buckets.

<table>
<thead>
<tr>
<th>Urgent general human needs</th>
<th>Longer term general human needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need food security</td>
<td>I need social, mental wellbeing</td>
</tr>
<tr>
<td>I need help with transportation</td>
<td>I may lose my job soon. What options are available?</td>
</tr>
<tr>
<td>I need to keep my kids safe and healthy</td>
<td></td>
</tr>
<tr>
<td>I may lose my job soon. What options are available?</td>
<td></td>
</tr>
</tbody>
</table>

### Reacting to COVID

<table>
<thead>
<tr>
<th>Physician, Trusted friends and community</th>
<th>CDC and other help sites</th>
<th>CDC and other help sites</th>
<th>State/Local Governments</th>
<th>State/Local Governments</th>
<th>State, Local, Federal Governments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'm leaving the ICU with COVID, when can I go back to work? How do I not infect my family?</td>
<td>I have symptoms. Where do I go to get checked out?</td>
<td>I've been exposed. What should I do?</td>
<td>Should I go to a restaurant this weekend?</td>
<td>Should I travel?</td>
<td>Upcoming restrictions, economic impact, macro and micro, policy, what will gov do, where are we, vaccines</td>
</tr>
</tbody>
</table>

### Planning for COVID

<table>
<thead>
<tr>
<th>State, Local, Federal Governments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upcoming restrictions, economic impact, macro and micro, policy, what will gov do, where are we, vaccines</td>
</tr>
</tbody>
</table>
At-risk and vulnerable populations are not a homogenous group, often with many definitions.

There are a lot of ways to highlight, define and segment “at-risk and vulnerable” populations.

Some different dimensions to consider and use:

- Tech savviness
- Motivation to learn information about COVID
- Cognitive bandwidth to learn info about COVID
- Likelihood to use government resource
- Trust in government
- Differences in language and culture
- Age (younger, more elderly)
- Disabilities
- Education level and resources available to them
Two big learnings

A government website alone will not sufficiently reach at-risk and vulnerable communities. You’ll need to add alternative methods.

But if you want to use a website, target it to “translators” who will disseminate information to at-risk and vulnerable community members.

Government Website

At-risk / vulnerable community

Alternative methods: Local campaign, partnerships with CBOs, canvassing, language translation, funding to community for resources

How you can reach them: The Translators

- Science journalists, social media influencers
- Community groups & organizations
- US Mainstream and local news
- Workplace (HR, leadership)
- Schools (K-12, charter, boarding, colleges)
Future research: translators

Next round of user research should be to focus on expanding our understanding of the “translator” group specifically workplace leadership, community groups (which includes schools).

Key questions:

● **Channel:** How does [a HR lead] get trusted information?
  ○ Who do you rely on? How frequently do you update?

● **Format & Delivery:** How does [a community group lead] share that information?
  ○ In what format?
  ○ What content is popular?

● **Impact & Response:** How is this information received by your key audiences?
  ○ What is helpful to them?
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