

Executive Summary

39 Voices of the US COVID Pandemic

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

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U.S. Digital Response | November 23, 2020



Key Findings

1.0 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.
- 1.4 Reaching at-risk and vulnerable communities will require more understanding of the social, cultural and resource barriers to effectively distribute COVID information

2.0 User value: What information is valuable to you, when and why?

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

3.0 Actions: Once people have valuable information, what do they do with it?

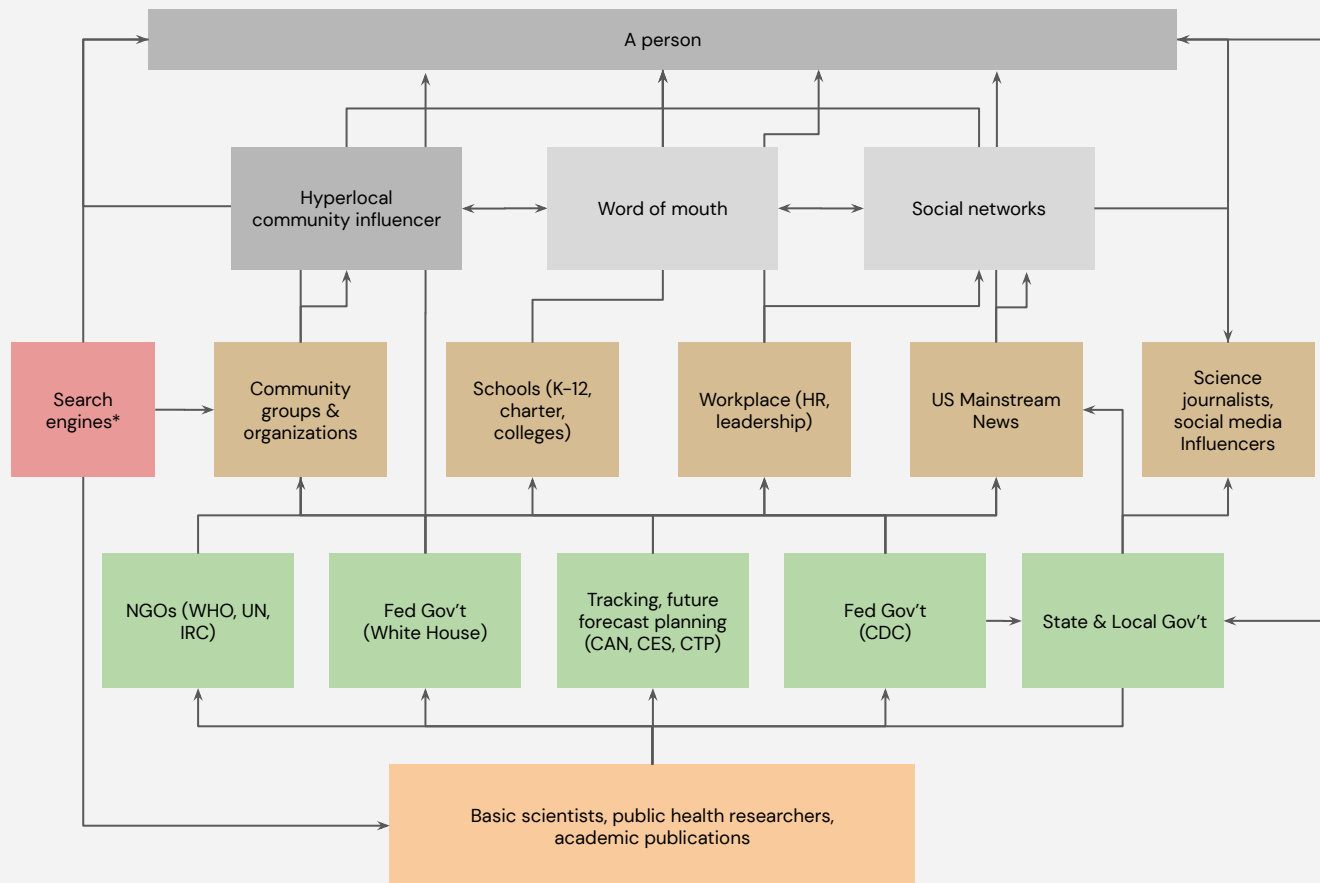
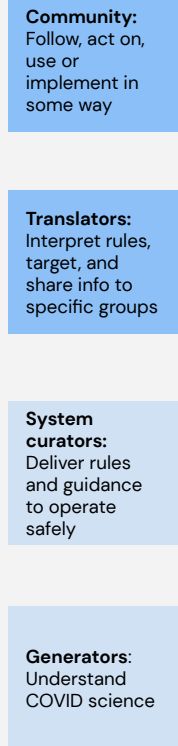
- 3.1 There are different “types” of information, signals, and behavioral + social incentives that can trigger a change in someone’s thought, habits, behavior and actions.
- 3.2 Community leaders are both consuming and sharing content. They take it upon themselves to find, curate, adapt and redistribute info to people.

Key Takeaways and Recommendations

GOAL/VALUE	RECOMMENDATION	INSIGHT
01. Build trust in government	Establish effective mechanisms (e.g. channels, language, content, information, tone and voice) to increase or (re)build trust in Federal Government agencies	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]
02. 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.	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]
03. 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.	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]
04. Understand relevance of needs of people who will use a website	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)	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]
05. 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 or withdrawal / apathy.	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]

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.



*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

Disconnected community members

Examples

Spanish speaker only, essential worker like restaurant industry cooks, bus drivers, janitorial workers

Definition

Everyday people who may be detached from direct communications from governments due to accessibility issues, uninformedness, apathy or suspicions.

Key Actions

- 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

Why Important?

People who are “off the radar” who are most at-risk of misinformation or potential harm from not being informed.

Hyperlocal community Influencers

Examples

Librarians, pediatricians, cashiers in the grocery store, fast food restaurant cooks

Definition

Community leaders in the community who directly shepherd information to other people in some capacity

Key Actions

- 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)

Why Important?

- Closest to impact people's decisions and habits
- Most vulnerable, marginalized people most at-risk and in need of information

Translators

Examples

US and local media, healthcare experts and writers, social media influencers

Definition

People who look at information, data and dense dashboards and health info and translate or analyze it to distribute to a broader audience.

Key Actions

- 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

Why Important?

Most likely “power users” of information distributed by government agencies

System curators

Examples

State officials, County officials, Federal agency leaders, the President, City Public Health Department leads

Definition

Decision makers who need top level COVID information to translate into guidance, policies and cultural rules for govern a community.

Key Actions

- Direct decision makers with key guidance and information to disperse policies and protocols

Why Important

Policy and government staffers will use this information to translate to high level decision makers

Generators

Examples

Primary science researchers, academic institutions, pharmaceutical companies and companies / organizations with research teams

Definition

Researchers who are studying basic science to generate knowledge about the virus, potential vaccine interventions, how to mitigate the spread, etc.

Key Actions

- Conduct randomized control trials and other research to better understand information about the virus
- Publish findings

Why Important?

This group generates the information that is translated to many other layers and communities

Personas

Disconnected community members

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](#)

Accessibility Issue

Definition
“I can’t use X”

Key Attributes

- Non-native english speaker
- Different levels of abilities
- Elderly populations
- May have difficulty navigating information

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

Uninformed

Definition
“I don’t have time”

Key Attributes

- 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

Possible Interventions

- 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)

Cynical and/or Apathetic

Definition
“My actions don’t make a difference”

Key Attributes

- 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.

Possible Interventions

- 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)

Suspicious

Definition
“The government doesn’t have my best interest in mind. My liberty is being compromised”

Key Attributes

- I don’t feel comfortable navigating information
- I don’t trust the government
- People who are almost actively misinformed; masks can make you sicker/data is manipulated

Possible Interventions

- 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

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.



About U.S. Digital Response

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