

*Full Deck*

# 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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# Table of Contents

SECTION	CATEGORY	PAGE NO.
<b>Section 1</b>	<b>Background and Context</b>	<b>4</b>
<b>Section 2</b>	<b>Who did we talk to?</b>	<b>16</b>
<b>Section 3</b>	<b>Research &amp; Methods</b>	<b>23</b>
<b>Section 4</b>	<b>Findings</b>	<b>30</b>
	• 1. Channels: What are places people go to for trusted information?	34
	• 2. User value: What information is valuable to you, when and why?	76
	• 3. Actions: Once you have valuable information, what do you do with it?	95
<b>Section 5</b>	<b>Five Key Takeaways</b>	<b>107</b>
<b>Section 6</b>	<b>Next steps</b>	<b>115</b>
<b>Section 7</b>	<b>Appendix</b>	<b>118</b>
	• Quick concept testing	119
	• A few artifacts we collected	132
<b>Section 8</b>	<b>About U.S. Digital Response</b>	<b>144</b>

## 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.



Section 1

# Background & Context

# 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.

## Definition: At risk and vulnerable

### Vulnerable populations by World Health Organization:

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- 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.

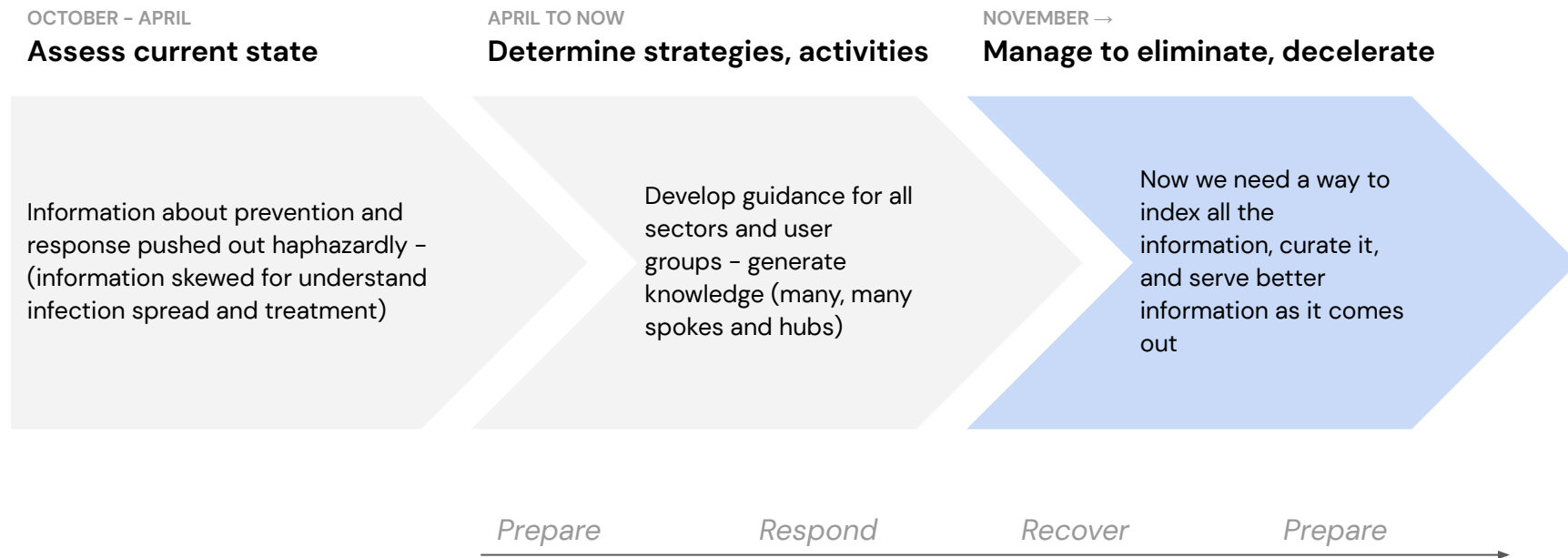
## **COVID cases are at an all-time high.**

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.

## Context: How did we get here?



## Problem Statement

Public trust has eroded with governments because information is not transparent and open. COVID information is hard to find since there is a lot of split guidance among states and communities.

# Why did we do this discovery sprint?

**There's a lot of overwhelming COVID information. Where do people go to for trusted and helpful information?** US state and local governments all have fragmented guidelines, communications, strategies to disseminate information to the public.

**Rapidly changing circumstances. Do we know what information is working?** We're 9 months into the pandemic (and in the midst of a second wave of COVID spikes) are these communications working?

**Are we reaching at-risk and vulnerable communities who need this info most?** Are these communications reaching low-resource, essential workers who are often left out? What are their current habits, needs, and concerns?

# 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?

## Goals of this work

**Inform thinking and decision making** for creators of COVID communications strategies in government

**Provide frameworks to think about and prioritize** key information for communities and citizens

**Share what normal people have to say** about navigating COVID and how it parallels (or contradicts) current survey data

# 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)

# Setting expectations

## What this research **IS**:

- This will give you findings, insights, and frameworks to help guide your thinking through execute your communications strategy or platform
- The 39 interviews do represent ways to understand more nuance of “why” behind potential statistics or findings in surveys
- A way to understand sentiments, habits, and gaps for the current moment: How people may think through choices and information

## What this research **IS NOT**:

- This will not tell you how to exactly build or execute your communications strategy or platform
- We do not represent the 39 interviews as statistically significant, or representative.
- A way to predict or dictate how all Americans will think about choices and information.

## 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.

The slide features several white geometric shapes: a parallelogram on the left, a horizontal bar on the right, and two stacked horizontal bars on the right side.

Section 2

# Who did we talk to?

# Whose voices did we focus on? We focused on “disconnected” community members & hyperlocal community influencers

## Disconnected community members

People who have language or access barriers and are uninformed, cynical / apathetic, or suspicious.

*Examples: low-resourced and essential workers like food or transportation industry individuals, people who are skeptical and distrust government, those who do not speak english as a first language.*

## Hyperlocal community influencers

People who use info colloquially to help people in their close networks

*Examples: Hair stylist at a salon who works with many clients, community based organizations, teachers with students, librarians with family patrons, daycare workers and elderly facilities workers who have direct influence over this community.*

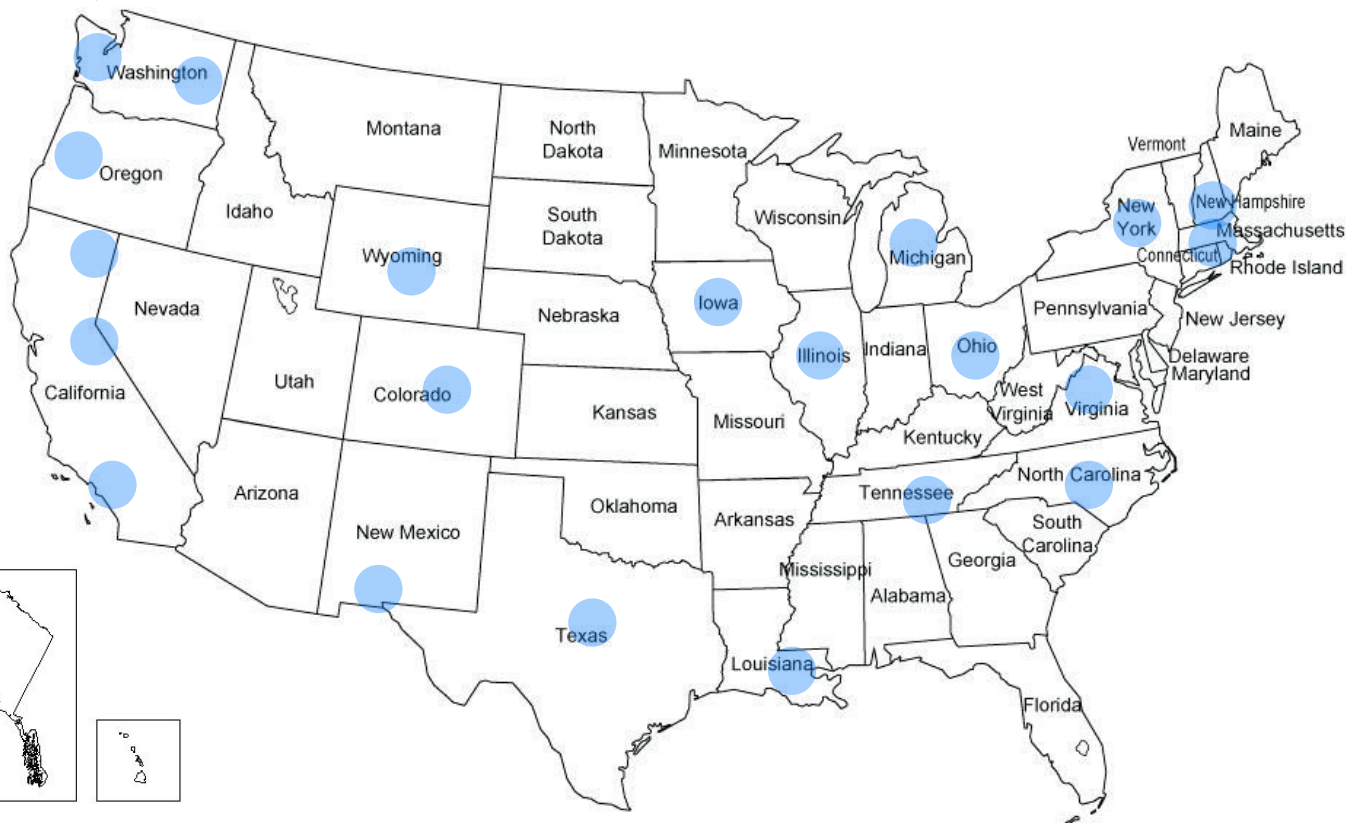
## At a glance

# Profiles of the 39 voices

ER technician in Southern NH  
Elementary school teacher in NH Seacoast  
Program coordinator at a refugee non-profit in NC  
Liquor store employee in VA  
Filipino father of two girls in Orange County, CA.  
Longtime minister at his thriving church, CBCGL serving Chinese / HK / Taiwanese immigrants  
SMU student  
Single mom of two kids in TN  
Mother of a special needs child and is currently living on disability in NJ.  
Oakland Black COVID Task force member  
SF Black COVID Task force member  
Fashion designer in Ohio  
Student Advisor at New Mexico State University  
Special Ed Aide in Southern NH  
Salvadoran Immigrant in NC (Spanish-speaking)  
Technical support for Louisiana child care centers  
Hotel / casino cook (Spanish-speaking)  
Burmese/Karen refugee and youth activist in NC  
59 y/o Vietnamese refugee, government employee and goat farmer in Falls Church, VA  
Cambodian Internal Medicine Physician in Southern CA

City waste & sanitation essential employee in Seattle, WA  
Child care center director in Ithaca, NY  
Pre-K occupational therapist for kids with special needs in the Bronx, NY  
County Bus Driver in Southern IL  
High School teacher in Grand Rapids, MI  
School Psychologist in NW-lower Michigan  
Secretary at a Elementary School in Eastern IA  
Promotions company owner in WY  
Elementary school teacher in Denver CO  
Legislator in WY  
ICU Pulmonologist, works with low income black and latino community members in MA  
Elderly Librarian near Boston, MA  
Palliative care nurse in Atlanta, GA  
Manufacturing facilities / private equity manager in TN  
DC-based pediatrician who works with low-income patients (largely non-English speaking)  
Conservative retiree in WA  
Farmers Market Manager & grocery store employee in Portland, OR  
Female farmer in rural WA

**The team recruited individuals from a geographically diverse population across the US (19 states)**



# 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

**We used US Census' survey research (over 4,000 in-depth interviews) to validate some of their core users are uninformed, cynical and suspicious. We believe our audience can be framed similarly in this context**

4

IDENTIFY YOUR AUDIENCE

BREAKING BARRIERS  
TO PARTICIPATION

This section provides specific examples of how to apply the principles identified earlier in the context of the census to address some common barriers to taking the decennial census.



"I don't think the census has any impact on my life."

This person isn't sure what census does, how its data affects them, and why their participation matters.

PAGE 10



"I don't feel comfortable sharing my information."

This person is concerned about data privacy or having their information used by other federal agencies.

PAGE 11



"I have trouble completing census forms."

This person may not be a native English speaker and find census forms confusing.

PAGE 12



"I don't have time to fill out the census."

This person is very busy and assumes the census will be time-consuming and cumbersome.

PAGE 13

#### Question 3: What are the census mindsets?

After identifying LCA as the best segmentation method in Question 1 and observing significant change in mindsets between CBAMS I and CBAMS II in Question 2, we had to define the final CBAMS II mindsets. We evaluated several different mindset solutions and ultimately identified a seven segment mindset solution as the most beneficial, having distinct attitudinal profiles with groups still adequately sized for targeting purposes. The final seven CBAMS II segments are:

#### 5. Uninformed (16%)

This population group cannot reliably report what the census is actually used for. Only about half of them know that the census helps to determine government representation, and they are similarly poor at reporting the census' other uses. This group has low affinity for the government and does not feel the census is important. This group tends to think that they will never see the results of the census, and that it should only ask about the number of household residents. They do tend to put a high priority on healthcare or on care for the elderly.

#### 6. Cynical (10%)

The *Cynical* group has the lowest affinity for the census. They are aware of the census, know what it is used for, and are highly suspicious of it and of the government. Across all measures, they have the lowest opinion of the government and express the most concern about the security of their personal information. Like those in the *Government-Minded* group, however, they place a premium on political representation and on government functions like fire and police protection.

#### 7. Suspicious (14%)

This group has the lowest intent to respond to the census and the lowest self-reported census awareness. Because they are not aware of the census, they do not think the census is important and have low affinity toward it. They think that the census could harm them in some way and are concerned that their information could be misused. They also tend to be less likely than other groups to complete paperwork on time. The challenge with this group will be making them aware of the census as well as convincing them to care enough to complete it when it arrives.

Source: The survey included over 4,000 in-depth interviews, about 3,000 conducted over the phone and another 1,000 in-person, to ensure coverage in areas that were linguistically, culturally, or geographically hard-to-count (HTC) as well as areas without phone service (one of the HTC factors) (ICF Macro, 2008).

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](#)

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22



Section 3

# Research Process & Methods

# Methods: Qualitative interviews and Quantitative survey data

- **Qualitative // One-on-one semi-structured interviews** between 30–60 minutes
  - 4 day timespan: Mon Nov. 16 – Thurs Nov. 19
  - Contacted through: Phone, Google Meet, Zoom
  - We gathered artifacts (reference links and resources)
  - We gathered a total of 39 interviews
  - Each participant was compensated with \$25 Amazon or CashApp
  - 6 user researchers
- **Quantitative // Landscape interview** using representative and recent survey data
  - We collected and aggregated insights from 16 unique resources
  - 1–2 researchers

## Outreach: We used a common email script to reach out to participants. We used the USDR community and 1st and 2nd degree connections to source candidates

Hi \_\_\_\_\_,

I'm {X}, from [US Digital Response](#), a volunteer team that quickly builds services and communications to support communities. We are setting up **30-60 minute calls** to talk about your thoughts and experiences dealing with COVID in everyday life. This project will help all levels of government better understand people's needs and understanding about COVID, and how they can make sure everyone gets updates and helpful information.

There are no wrong or right answers. This information from this conversation will be anonymous and will not be published without your explicit permission. In gratitude for your time, we would like to offer you a \$25.00 Amazon Gift Card or Cash App payment which will be sent to you in 1-2 weeks after the end of this week.

Would you happen to be free any time(s) this week for a phone or video call? Let me know what works best for you.

- Monday Nov. 16 at XX, YY, ZZ
- Tuesday Nov. 17 at XX, YY, ZZ
- Wednesday Nov. 18 at XX, YY, ZZ
- Thursday Nov. 19 at XX, YY, ZZ

# Research brief: Researchers used a common script that linked back to key questions

## Introduction

- Hi I'm [full name], from US Digital Response. We're a non-partisan non-profit organization and I'm a volunteer. USDR brings volunteers to government agencies.
- [Rapport/Trust] We were connected through [person who connected you] -- how do you know them? *Chat about the connection, share how you know them also. Mutual disclosure, finding common ground.*
- Right now, I'm on a team learning about how we can bring people the information they want and need about COVID, when they need it. If we understand, we can make improvements. We're really hoping to learn more about your perspective on COVID, where you get the information you need, and how you're thinking about your daily life during the pandemic.
- There are no wrong or right answers. All I need from you is for you to share your own experience. This information from this conversation will be anonymous and will not be published without your explicit permission. *\*if recording, ask permission here. Any questions?*

## (1) User Habits: Where do you go for trusted information?

- Do you stay up to date with current events right now? Why? How?
- Where do you get information about COVID-19? Why?
  - How did you find it/how did this info come to you?
  - How did you decide this was a good place to get info?
    - What makes it trustworthy? What makes it useful?
    - What gives you confidence or makes you skeptical?
  - When do you get this information? Do you seek it out or does it come to you?
- What are some sources of bad information? (e.g. untrustworthy, not useful)
  - It would help me to know more specifically. Can you show me? Phrases, imagery, apps, youtube channels, twitter handles, etc.
    - Artifact: Can you send it to me?
  - Are there places that you used to go to for COVID info, but don't anymore? Why, what happened?
- [If they don't cite "official" sources, probe.] Do you use any "official" resources? For example, something related to the government or your school or your profession. Why or why not?

## (2) User value: What type of information is most useful to you and why?

- Based on the XX and YY resources you mentioned, what TYPE of information is most useful to your needs?
  - Can you show me? (If they haven't already)
- Do you mostly focus on national or local news or something else? Why is that?
- If you were to compare the information that you were looking for in the Spring or Summer to the information that you are looking for now, is anything different?

## (3) User actions: What did you do with the information? (5m)

# Full interview transcripts: All researchers took detailed notes for each conversation

- Covid has impacted all aspects of my life
- **School**
  - Distanced learning since march - never went back in person
  - Proposed hybrid a few times, and last min struggled to create a plan that would be safe and would work. Retracted the plans
  - Distanced learning until Jan minimum
  - Virtual teacher all on zoom
    - Super interesting that i am grown in skills that i didn't know i wanted
    - Zoom fatigue is real
- Set to have a 200+ person wedding
  - End up having 35 person at a friends cottage -super beautiful intimate
  - Close family (parents couldn't come) super hard -- event i didn't know that i wanted
  - Parts that i couldnt not have planned
  - No planning could have created
  - Planning something for next summer -- knowing that uncertainty there
- **Impacted parents who are older, and my dad who has MS**
  - They were the first ppl who know that it was coming
  - From their doctor late feb / early march, "you shouldn't go out until June"
  - We were like, "What are they talking about?"
  - They listened to the doctor but they didn't know.
  - More concerned about their health
- "I am a busy person, forcing me to slow down. Focus on certain relationships, and the most essential things. New ways to do old things."
- And we bought a house~
- **How she's staying up to date**
  - Major source : through my job
    - Union reps
    - They feel like they have more insider information
    - "This is coming around the corner"
- Husband's job: he works at a large church/ community base
  - "Seems like Insider info"
  - :we heard that the state is going to change tihhis or that"
- You can find the numbers online
- **Some of the more meaningful information is from more connected sources**
  - church , union, public school
  - Friends who are friends with local official (city commissioners)

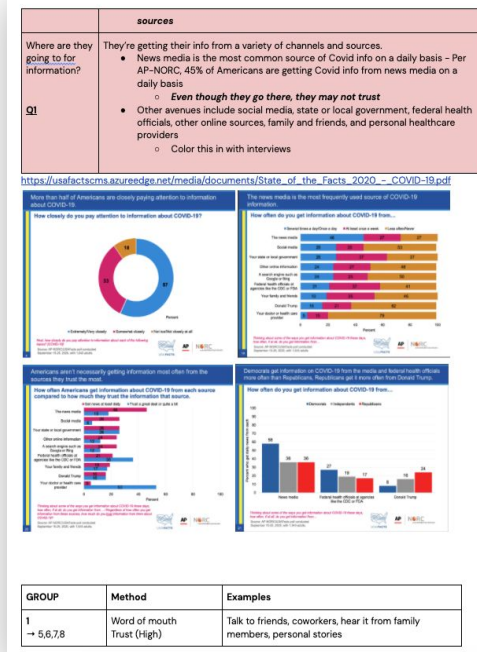
- I think we all oke about the bad information on facebook from ppl who don't believe it in and hear stories of superspreader
  - I am 2-1 degrees of separation between ppl who genuinely dont believe in COVID
  - I know ppl who wont take the vaccine
  - How are they going to provide good enough information about the vaccine, thoughtful progressive ppl who are cautious about potential vaccine
  - No straight up bad information
  - Instagram is the [social media platform that i use the most."
    - Ppls instagram that reference credible sources
    - Follow governor, local government
    - Impressed with ppl who try to find information
    - "Don't just get your news from facebook" if you're going to, we are going to try to get you the real stuff
    - Even instagram had up to date information bout the election
    - "Daily swiping that helps me get a little bit of info"
  - *Information for feeling safe?*
- 
- 141
- Holidays - guessing with travelling
  - Honeymoon -- what states can i travel to with what documentation
  - Chamber of commerce website in colorado "can I go here?"
    - Where can i go?
  - *In an Ideal world what does "staying safe" look like*
    - "Feeling safe isnt being/staying safe"
    - On social media "The pandemic isn't over bc you're over it."
    - Sometimes i feel safer than I am -- feeling safe is subjective. Habits I am

# Coding: We used a coding method to list insights and highlight key themes for each question

D	E	F	G	H
1 - User habits: What are current plac	1-User habits: What do you NOT like	2 - User resources and information: What information is most useful to people and why?	3 - User actions: How do people use COVID-related resources in their lives? What has successfully sparked personal or community action?	Trust
CNN		Have to be more than a quarter. A quarter is doable. If you see it's more than 30% it's happening. If it's more than 50% you're not going anywhere. The higher rate you go - you question yourself is it safe to go out there.		
Google - "how bad is covid in my area" or "coronavirus cases in virginia"		Do I want to go to work? No because cases are high. Nearly 60%. Do I want to go there? No. Looking at MA, only 100 people dying, would I go there? Sure, it's a risk but a risk you have to take and hopefully you can't get it.	If the cases is high, I go there and come back quick whatever I need.	
Talks to friends about "how bad it is in Baltimore" daily coworker talks		I just would be curious to see the update and the # of people dying and the sources they reporting	Do I need to go to market longer or shorter?	
x	- It's tricky. I don't trust CDC's			
WHO. Very detailed website. Interactive (x)				
Johns Hopkins dashboard.	x			
Mayor of Newton. Sends us weekly COV	x			
News. NPR, NYT, talking points memo (x)				
	x	How many people have covid in Newton? Is there a surge? I think we're yellow not green. Not red or orange. Changes in rise, how rapidly.		
Overall I want to be informed. I want to know		When mayor sends updates, percentage of cases per population, that's helpful.		
Twitter: I have my political and humor bias at the beginning. that viral video - how to	x	Can I go to the grocery store? Can I work at the library? Can I go shopping?		
Data SF		At the beginning I was. Now we have to be even more cautious. Don't		
		Multiple languages. Interactive. Highlighting things run by latinx, resources in all diff areas. Same thing we're trying to do with what we're trying to do with		
Weekly calls with the public health department	There's a spike that we're	Immediate, future needs, safety plan or guidance on mental health - as a provider for youth and adults and senior.		
Community meetings with neighborhood	If there's a spike?	You can't have the same approach for chinese and samoa community. It took forever (as a community) to figure out how to get our samoa families. There's a cultural thing.		

2 - User resources and information: What information is most useful to people and why?	<a href="#">Survey: US consumer sentiment during the coronavirus crisis (published Nov 13 2020)</a>	<a href="https://www.mckinsey.com/">https://www.mckinsey.com/</a>	Most Americans are concerned with attending large events (63%), using public transportation (61%), and visiting a crowded outdoor space (55%). (slide 18)	
2 - User resources and information: What information is most useful to people and why?	<a href="#">Survey: US consumer sentiment during the coronavirus crisis (published Nov 13 2020)</a>	<a href="https://www.mckinsey.com/">https://www.mckinsey.com/</a>	Americans are most eager to get back to getting together with family (41%), getting together with friends (37%) and dining indoors at a restaurant or bar (37%). (slide 19)	
2 - User resources and information: What information is most useful to people and why?	<a href="#">Survey: US consumer sentiment during the coronavirus crisis (published Nov 13 2020)</a>	<a href="https://www.mckinsey.com/">https://www.mckinsey.com/</a>	82% of American consumers are changing the way they celebrate the holidays this year (slide 33)	
2 - User resources and information: What information is most useful to people and why?	<a href="#">Pew Research Center: Before Trump Tested Positive for Coronavirus, Republicans' Attention to Pandemic Had Sharply Declined -- the title of the report is political, but the underlying survey asks about news consumption related to covid topics; the report then parses it by political affiliation and change over time</a>	<a href="https://www.journalism.org/">https://www.journalism.org/</a>	The covid topics most closely followed in the news are: - Public health guidelines - 45% very closely - impact on schools - 41% very closely - economic impact of outbreak - 37% very closely	news sources
2 - User resources and information: What information is most useful to people and why?	<a href="#">Ipsos Report: Politicization of coronavirus vaccine makes early uptake more challenging (Oct 28, 2020)</a>	<a href="https://www.ipsos.com/en-us/politicization-coronavirus-vaccine-makes-early-uptake-more-challenging">https://www.ipsos.com/en-us/politicization-coronavirus-vaccine-makes-early-uptake-more-challenging</a>	Global Perception: the US ranked last out of the 50 measured nations in net favorability for its handling of healthcare crises	
3 - User actions: How do people use COVID-related resources in their lives? What has successfully sparked personal or community action?	<a href="#">Ipsos: Handling of health crises impacts overall favorability towards Nations</a>	<a href="https://www.ipsos.com/enh">https://www.ipsos.com/enh</a>	Low income Americans are more eager to get back together with family & friends and eat at restaurants than high income Americans.	
4 - At-risk communities: Who is being most impacted? How can these communities be further defined?	<a href="#">Survey: US consumer sentiment during the coronavirus crisis (published Nov 13 2020)</a>	<a href="https://www.mckinsey.com/">https://www.mckinsey.com/</a>	During 2018, 12.8% of the population fell below the poverty line according the Census bureau's supplemental poverty definition, which takes account of both in-kind and cash government transfers. An additional 9 million would have been under the poverty line if not for the purchasing power provided by SNAP, SSI, and Housing Subsidy safety net programs for which they qualified.	Background statistic
4 - At-risk communities: Who is being most impacted? How can these communities be further defined?	<a href="#">Covid-19's Socio-Economic Impact on Low-Income Beneficiaries: Early Evidence from Tracking Surveys</a>	<a href="https://osf.io/preprints/soar/">https://osf.io/preprints/soar/</a>	In 2018, 35.3 percent of households below the Federal poverty line faced food insecurity at some point during the year, according to the official definition used by the U.S. Department of Agriculture (Coleman-Jensen et al. 2019).	Background statistic
4 - At-risk communities: Who is being most impacted? How can these communities be further defined?	<a href="#">Covid-19's Socio-Economic Impact on Low-Income Beneficiaries: Early Evidence from Tracking Surveys</a>	<a href="https://osf.io/preprints/soar/">https://osf.io/preprints/soar/</a>	By wave 1, nearly 27% of SNAP beneficiaries lost jobs or were losing labor income while their working	

# “The Bones of Synthesis” Doc: We met to aggregate insights for all 3 research questions



- School system has been amazing. Making sure parents are aware and know. Sent email anticipating virtual on [Nov] 30th - you're telling us let them know to prepare bc there's not way to prepare - Crystal
- As far as people referencing CDC guidelines = more educated, well off anyway. Mostly white people. I think they mostly get the "Time of isolation recommendation."

People like getting a concise message of top takeaways, listed with sources, sent to them rather than having to search out the details.

- People get information in two ways: when they're looking for something specific, they "pull" it — they go looking for it. In addition, there's ambient knowledge that comes to you from sources you've opted in to (social media feeds you follow, news outlets you're subscribed to) that build knowledge.
- People aren't in the habit of going to gov't websites, especially for "news"; therefore we should go to where people are and PUSH to them.
- People are less likely to search out information. They consume information from a few select sources that they choose to engage with (i.e. email newsletters, facebook groups, nightly news.)
- "I like when we receive one message. Either depending on where we are in a COVID world, twice a week, something coming out centrally. Cases were seeing like "this is where we are, and these are our recommendations." - Katie, NY

Participants spoke about anxiety that came from being overwhelmed with information, and responded by limiting the sources they used to the top 2-3 they trust the most.

"There are too many resources, everyone is saying something generally the same but tweaking it enough that it seems like something different." - Laura W, NY

- Oversharing: too much information around parents in terms of online resources, apps you should get. I don't know how to eval which are the right things. Am I evaluating this random resource? Why should I listen to them?
- Throwing a bunch of resources, it's a different kind of resource than what was out there before. What are the right apps before, need to be doing stuff with zoom all day, what should we be focused on?

From interviews, mainstream news feels too negative, headline-grabby and political. Polling shows that news media is the most common source of covid info (45% get covid info daily from news media), but they reported low trust. **HYPOTHESIS:** TRUST IS A CATCHALL - IN REALITY, NEWS ISN'T GIVING INFO THEY NEED. Giving more sensationalized, human interest and feature stories than telling me what I need to know. Misalignment in expectations.

"I kind of brief myself with the news, but you get tired of being in a shitty mood off the bat."

- "Schools are being looked at critically. What are other ppl doing to make sure that their employees are safe? What other businesses are doing? I do Starbucks drive through... what are they doing to keep their employees safe?"
- Farmer who recovered from COVID
  - "I want more information about recovery about ppl who do have it. All the news says 'you're going to get sick and die' There's no information about the guidelines once you've recovered. Now just what? I don't know?"

Based on the many questions we heard — we created a few frameworks below for people to think through how to tackle:

- What content should we include?
- How should we think about prioritizing that information?

## 4 separate problems to solve.

Distinct pieces of information (different delivery methods, different dynamics, some of it is more static, more newsy, requires more trust → different beasts!)


Urgent / Tactical / Local	Knowledge bucket	COVID bucket	Where are we headed?
Health related, doesn't all have to be urgent, should I get my physical? Should I take my kid for a well-being? Not news, not big, it's the technical questions they may or may not have. Where do I get tested?	Here's what we know about the virus, we're your trust source	Cases, statistics, maybe restrictions	(Not propaganda) The goal of government - they want to make people happy, no collapse on itself and make them come out doing a good job. Tell me the PATH! And if you don't know the path, reassure me somehow.

## Prioritizing life needs: urgent / tactical / local

Urgent HUMAN needs			Later
Need food		Need job, way to live	Need social, mental wellbeing

## Prioritizing COVID Info:

Prioritized COVID needs NOW			COVID later	Big unknown WAY LATER

The slide features a black background with several white geometric shapes. On the left, there is a white parallelogram. On the right, there is a horizontal white bar, a white rectangle below it, and another horizontal white bar at the bottom right.

## Section 4

# 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.*

1. Channels:

**What are places people go to for  
trusted information?**

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.**

*“I wasn’t really hunting for information in the beginning, I was just getting information from social media.*

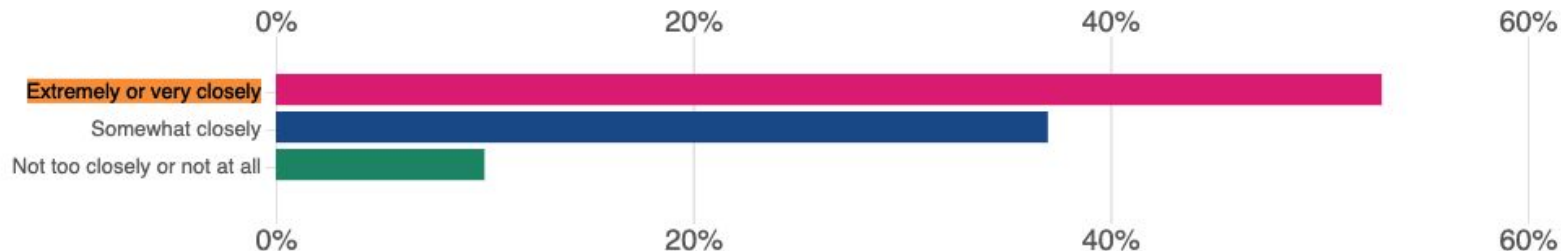
*But now, I seek out information myself when I have questions, usually by asking friends and from athletes and celebrities I follow.”*

— Filipino father of two in Los Angeles County, California

# The vast majority (90%) of Americans are paying attention to info about COVID-19

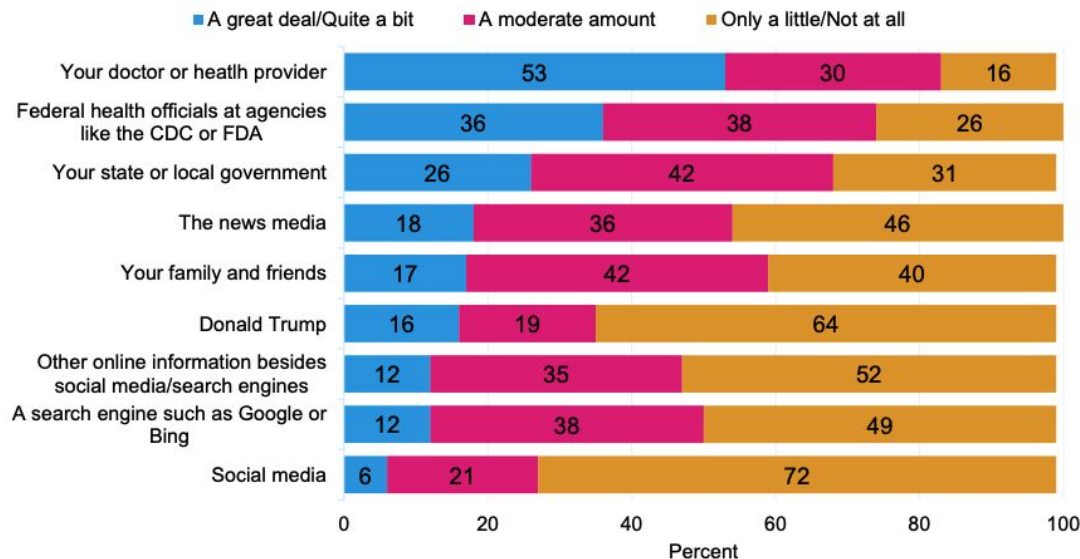
- And more than half – 53% are paying extremely or very close attention
  - ([AP-NORC](#))
- Per Pew Research Center, 31% of Americans say they “try to tune out Coronavirus news”
  - ([Pew Research Center](#))

## How closely do you pay attention to information about COVID-19?



# “While more than half of Americans get daily information on COVID-19 from the news media, less than 2 in 10 trust it.”

How much do you trust information about COVID-19 from each of these sources?



Regardless of how often you get information from these sources, how much do you trust information from them about COVID-19?

Source: AP-NORC/USAFacts poll conducted September 15-25, 2020, with 1,043 adults.



Source: [AP-NORC/USAFacts](#)

**In May, over 60% of Americans relied on national news, local news, and public health officials for coronavirus news.**

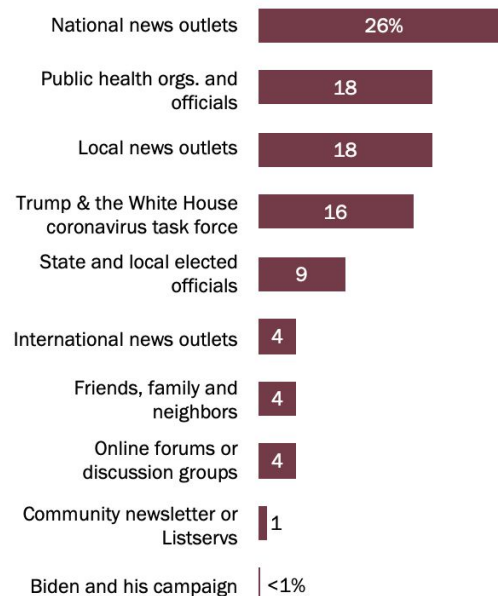
Source:

<https://www.journalism.org/2020/05/20/americans-who-rely-most-on-white-house-for-covid-19-news-more-likely-to-downplay-the-pandemic/>

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**About a quarter of Americans say they rely most on national news outlets for coronavirus news**

*% of U.S. adults who rely on \_\_\_\_ most for news about the coronavirus outbreak*

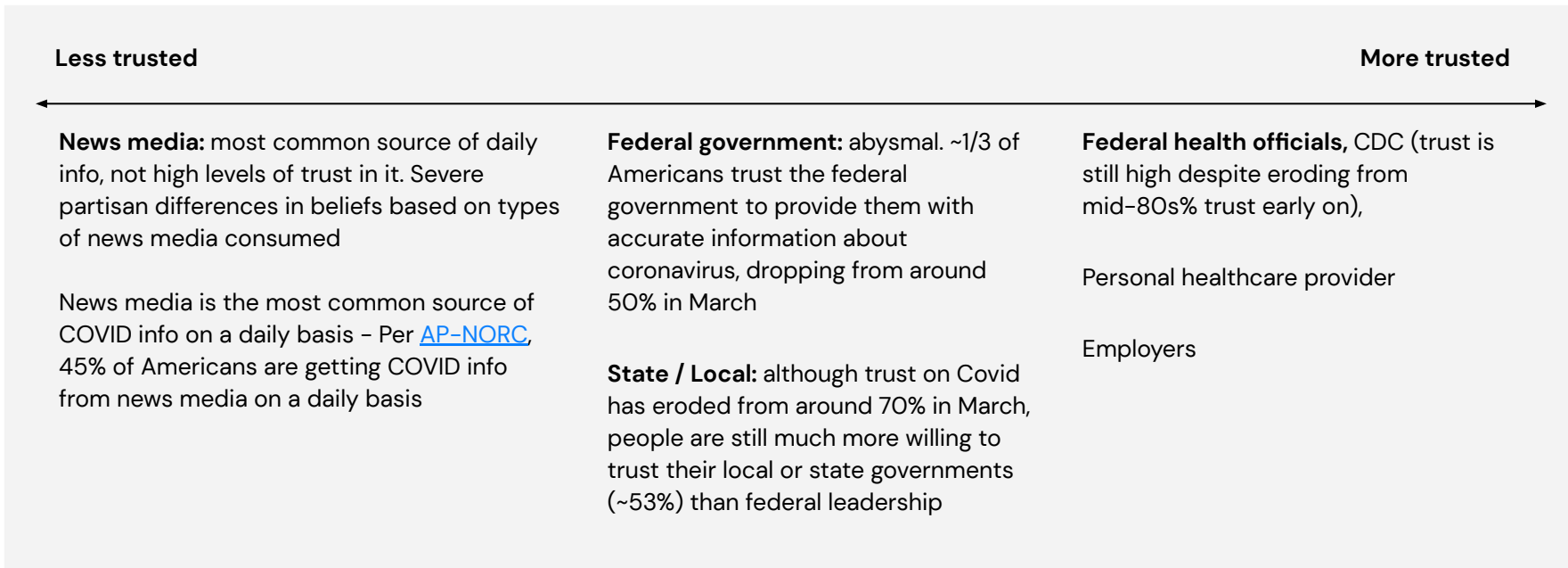


Source: Survey of U.S. adults conducted April 20-26, 2020.  
"Americans Who Rely Most on White House for COVID-19 News More Likely to Downplay the Pandemic"

**PEW RESEARCH CENTER**

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## In general, trust has eroded across almost all channels and institutions since March.

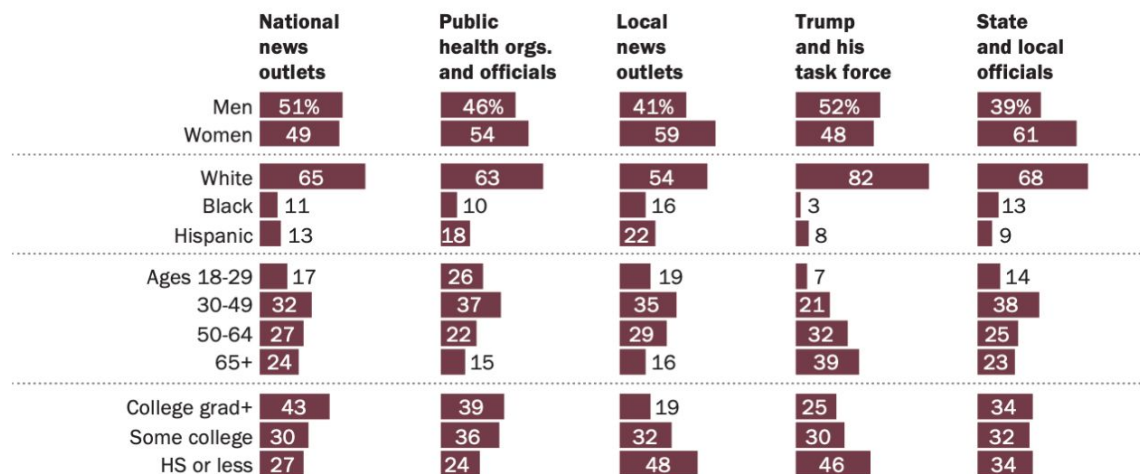


Sources: [Axios-Ipsos Coronavirus Index](#); [Pew report](#)

# Different demographics rely on different news sources.

## Demographic profiles of those who rely the most on each of five sources for COVID-19 news

Among U.S. adults who **rely on each source the most** for news about the coronavirus outbreak, % who are ...



Note: Whites and blacks include only non-Hispanics; Hispanics can be of any race.

Source: Survey of U.S. adults conducted April 20-26, 2020.

"Americans Who Rely Most on White House for COVID-19 News More Likely to Downplay the Pandemic"

PEW RESEARCH CENTER

Source:

<https://www.journalism.org/2020/05/20/how-americans-make-sources-for-covid-19-news-relate-to-their-demographics-politics/>

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

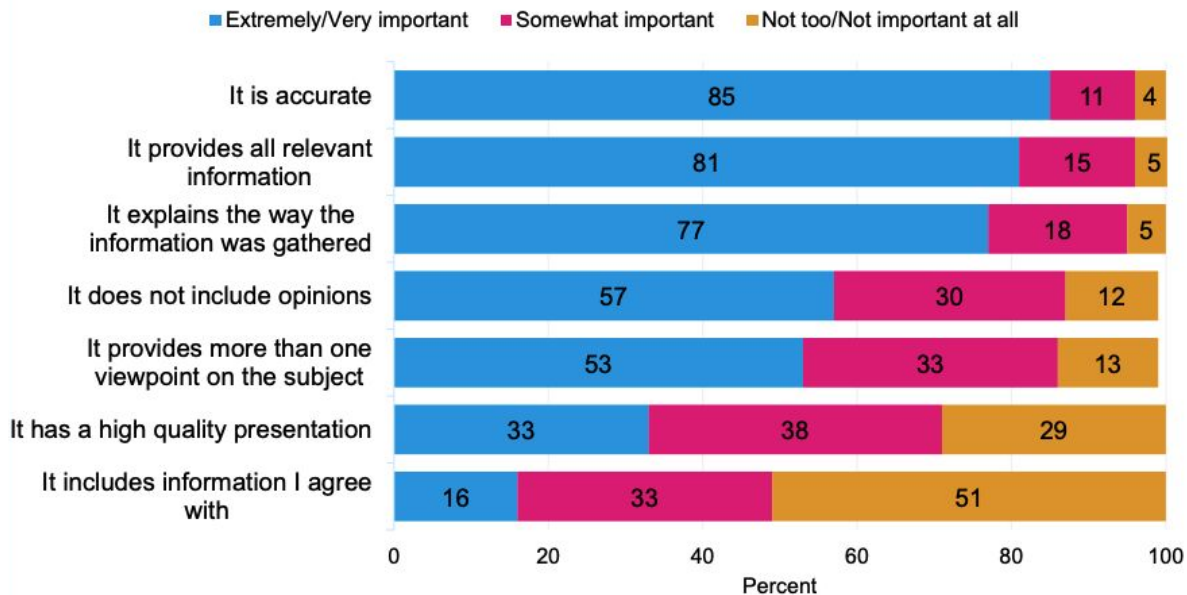
**1.2 - Most people pay attention to anxiety inducing mainstream news, but struggle to trust it as COVID info is perceived as highly politicized and quickly changing.**

*“I don’t follow the CDC but I think they have a lot of promoted tweets so I see them anyway.”*

— Asian American senior at a Dallas university  
who is also a contact tracer

### 3 Most important factors to assessing trustworthiness: accuracy(85%), relevant information (81%), and how the information was gathered (71%)

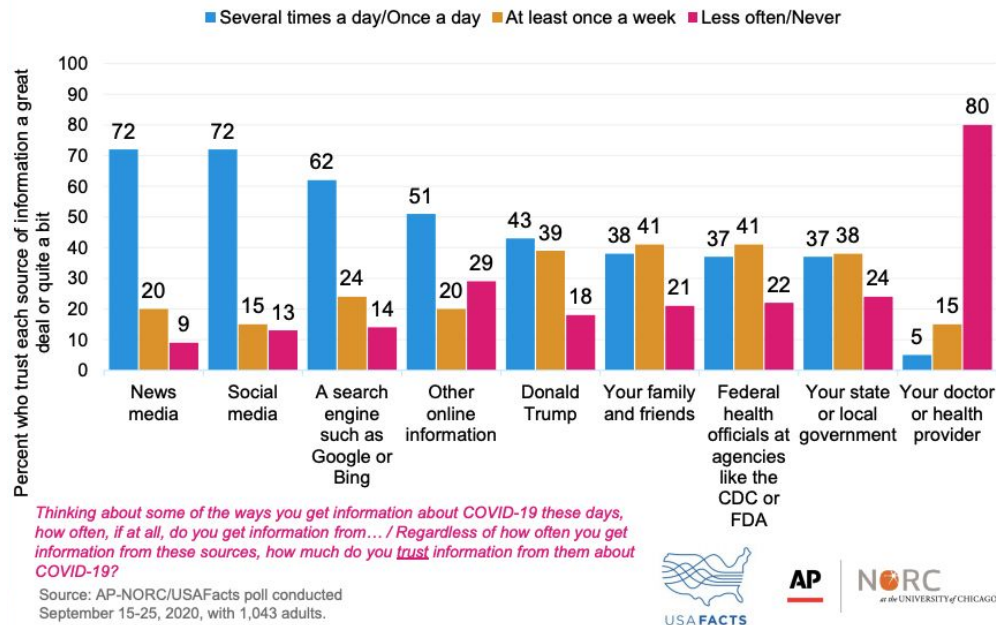
How important is each factor to how trustworthy COVID-19 information is?



Source: [AP-NORC/USAFacts](#)

# Most Americans get trusted COVID-19 info from news media, social media and search engines several times a day.

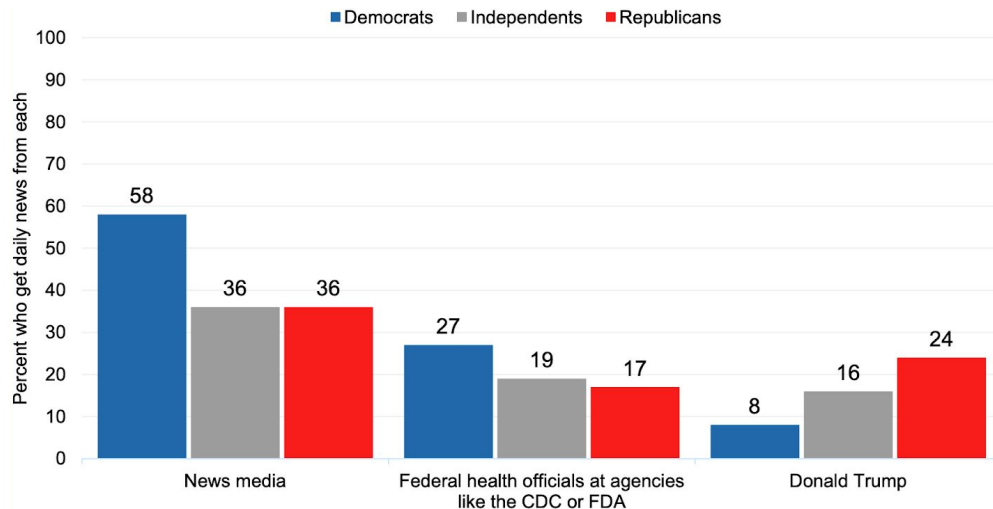
## How often do you get information about COVID-19 from...



Source: [AP-NORC/USAFacts](#)

# Democrats get relatively the most COVID-19 information from news media and federal health officials.

## How often do you get information about COVID-19 from...



*Thinking about some of the ways you get information about COVID-19 these days, how often, if at all, do you get information from...*

Source: AP-NORC/USAFacts poll conducted September 15-25, 2020, with 1,043 adults.



Source: [AP-NORC/USAFacts](#)

## **While a majority (72%) of Americans remain concerned about being infected with the virus, fewer are very concerned than they were a few months ago.**

- Currently, 72% of Americans are concerned that they, or someone they know, will be infected with the coronavirus, compared to 77% in late July.
- Twenty-nine percent are very concerned, down eight percentage points over the same time period.
- Democrats and Americans over age 65 are more likely to report feeling very concerned.

Sources: [Axios-Ipsos Coronavirus Index](#)

*“I'm 64. My husband has asthma.  
You don't want to be one of those people.  
I feel like we're being cautious. No day to day  
anxiety. [...] Everyday is groundhog day.  
We can't be babies about it. just deal with it.  
People have it worse than we do.”*

— Children's librarian in Newton, Massachusetts

# Only 30% of people have trust in the Federal Government to look out for the best interests of you and your family.

“How much trust do you have in each of the following to look out for the best interests of you and your family?” (stats generally align with reported trust of each on Covid information)

- Federal government: 30%
- State Government: 51%
- Local government: 56%
- Employer: 74%

They don't feel like [the government] has their best interest in mind. Everyone talked about their mental health. “No one cares. The government doesn't care”

Source: <https://www.ipsos.com/en-us/news-polls/abc-coronavirus-vaccine-2020>

# 9 months into the pandemic, participants highlighted anxiety that came from being overwhelmed with information, and responded by limiting the sources they used

## Why?

- Quickly changing circumstances (closing, reopening, closing)
- Information that is not catered to their needs (too general, too specific)
- Tension between “trade-offs” for core issues

## Quotes

- “There are too many resources, everyone is saying something generally the same but tweaking it enough that it seems like something different.” – Laura W., NY
- “There is oversharing -- too much information around parents in terms of online resources, apps you should get. I don’t know how to eval which are the right things. Am I evaluating this random resource? Why should I listen to them?”
- “Throwing a bunch of resources, it’s a different kind of resource than what was out there before. What are the right apps before, need to be doing stuff with zoom all day, what should we be focused on?”

# From interviews, mainstream news feels too negative, headline-grabbing and political.

## Why?

- Polling shows that news media is the most common source of covid info (45% get covid info daily from news media), but they reported low trust.
- Based on interviews, the mainstream news (often found through social media feeds) are giving more sensationalized, human interest and feature stories rather than telling them what they need to know. There is a misalignment in expectations.

## Quotes

- “I kind of brief myself with the news, but you get tired of being in a shitty mood off the bat. I don't necessarily go looking for covid news. I get people arguing over you should wear a mask, and politics. There's always something about our Governor Pritzker who sucks bc he closed everything.” – Bus driver from Illinois
- “If I see a new source on FB I'm less likely to believe it. If I've never heard of it... Or if it uses coded language that indicates political views (on either side).” – Primary Care Pediatrician, Washington DC

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*

*“[At work] there is an area for information where the employer puts information. There is a pamphlet with information that comes from HR, there isn't someone always available to answer questions since HR available for every shift.”*

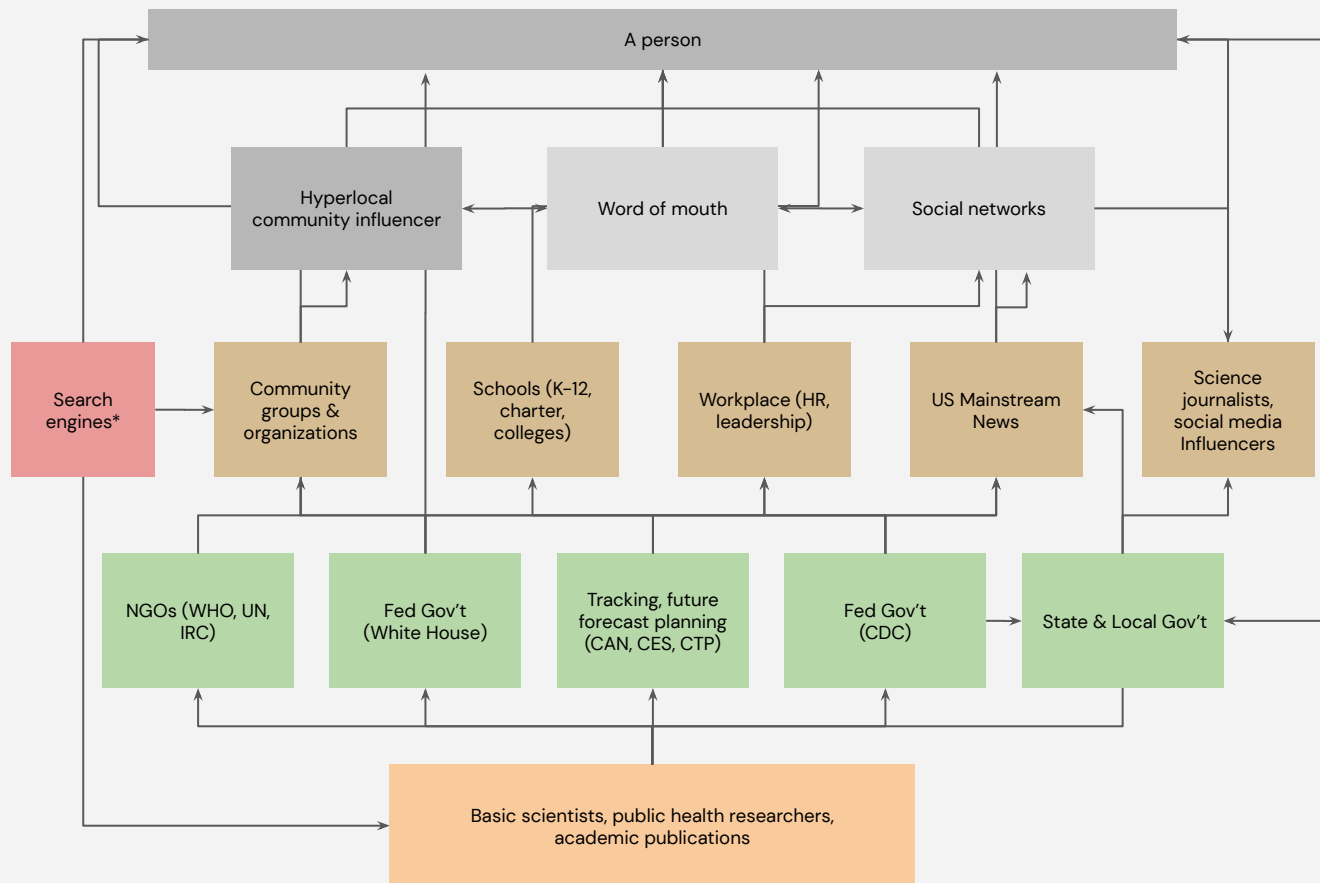
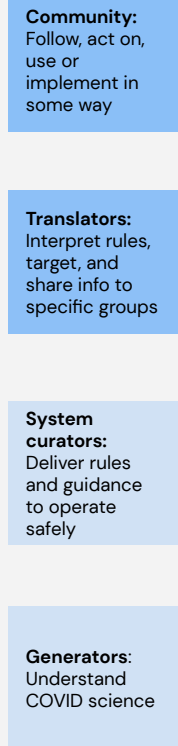
— Non-English speaking essential worker cook who works in a hotel casino kitchen

# 39 interviews uncovered these levels of info sharing

METHODS	EXAMPLES
<b>Word of mouth</b>	Talk to friends, coworkers, hear it from family members, personal stories. "I just started asking family members if they knew the travel guidelines because I knew I wouldn't be able to find it."
<b>Social networks Trust (FB, Twitter, YouTube)</b>	FB, Twitter, Youtube "We have like all these group text threads for friends, youth groups, and stuff. Usually its questions like, 'Who's the best mortgage lender?' One of the topics recently, Anyone get a rapid test this week? Where can I get a test?"
<b>Search engines (Google, Safari)</b>	Any search engine browser resource. "I Google "how bad is covid in my area" or "covid in VA" or "where do I find X for Y?"
<b>Community networks</b>	Schools, colleges, grocery store networks, facebook groups, churches, roots community health center, "Nonprofits are the true covid heroes next to essential works. It is no short of a FEMA response. That's how folks are getting the word out."
<b>Workplace communications</b>	Weekly webinars, emails, blogs, things that are emailed or pushed to you. "School system has been amazing. Making sure parents are aware and know."
<b>US Mainstream and local news channels</b>	NPR, Atlantic, Apple news, BBC news late at night "I know my finance always shares BBC. I kind of do the local. National might be more important to look at some times."
<b>Mayor, local state government</b>	Local / community newsletter, public health weekly email. "Andrew Cuomo – he's in your living room talking to you. His briefings = most correct. He also tried to be optimistic." or "Our Louisiana department of health has been extraordinary."
<b>Federal agencies</b>	CDC, HHS, FEMA, White House. "What are some sources of bad information?" → "Presidential tweets and general white house information."
<b>Scientific researchers, academic institutions</b>	Science journals, research publications, tweets. "I really like "Apollo's Arrow" written by a Yale epidemiologist" or "When it first started i was on john hopkins tracker obsessively looking at it."

# Trust Model

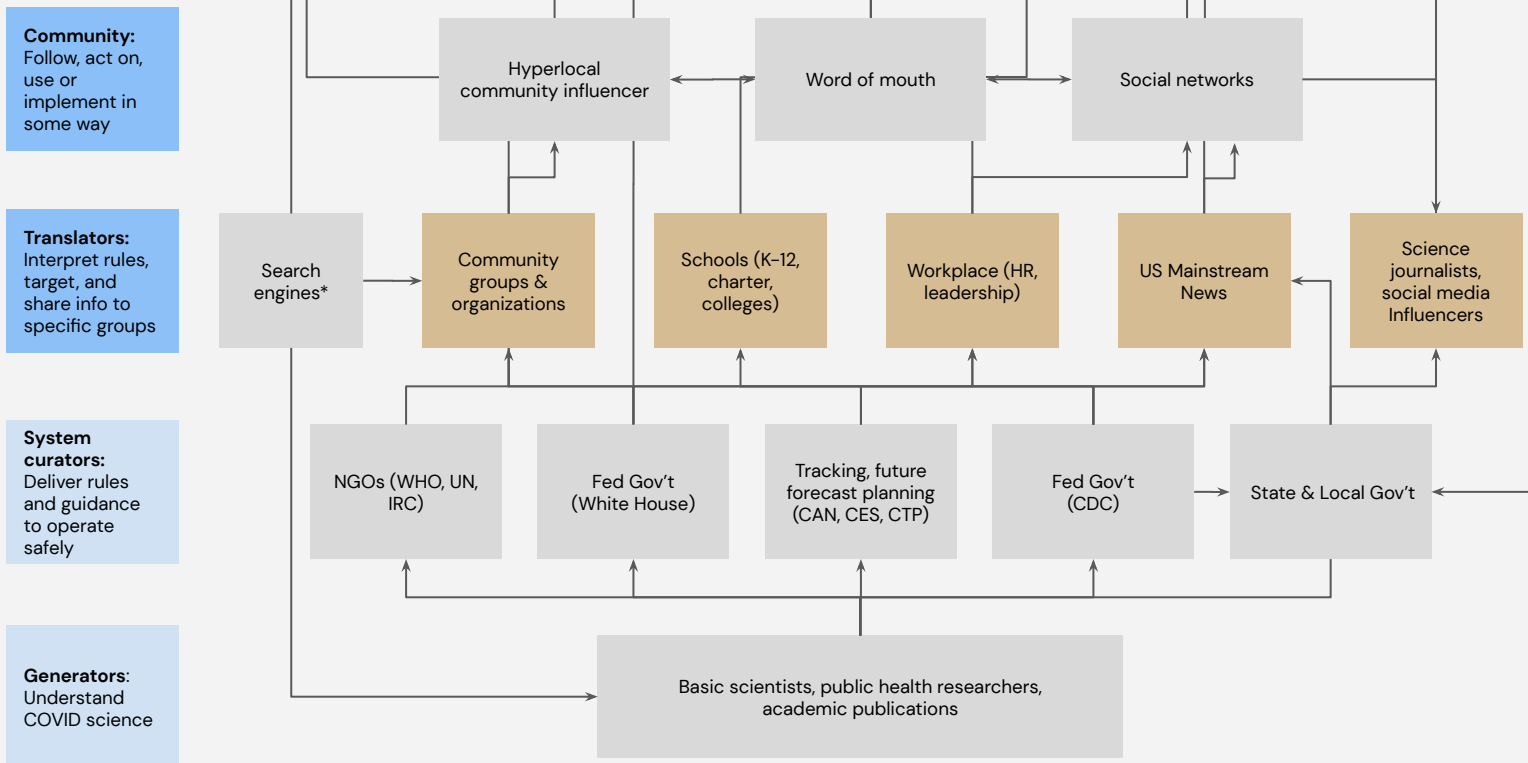
Based on the stakeholders we heard in the interviews, we mapped out a communication trust diagram to show how information flows from and to key sources.



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

# Trust Model

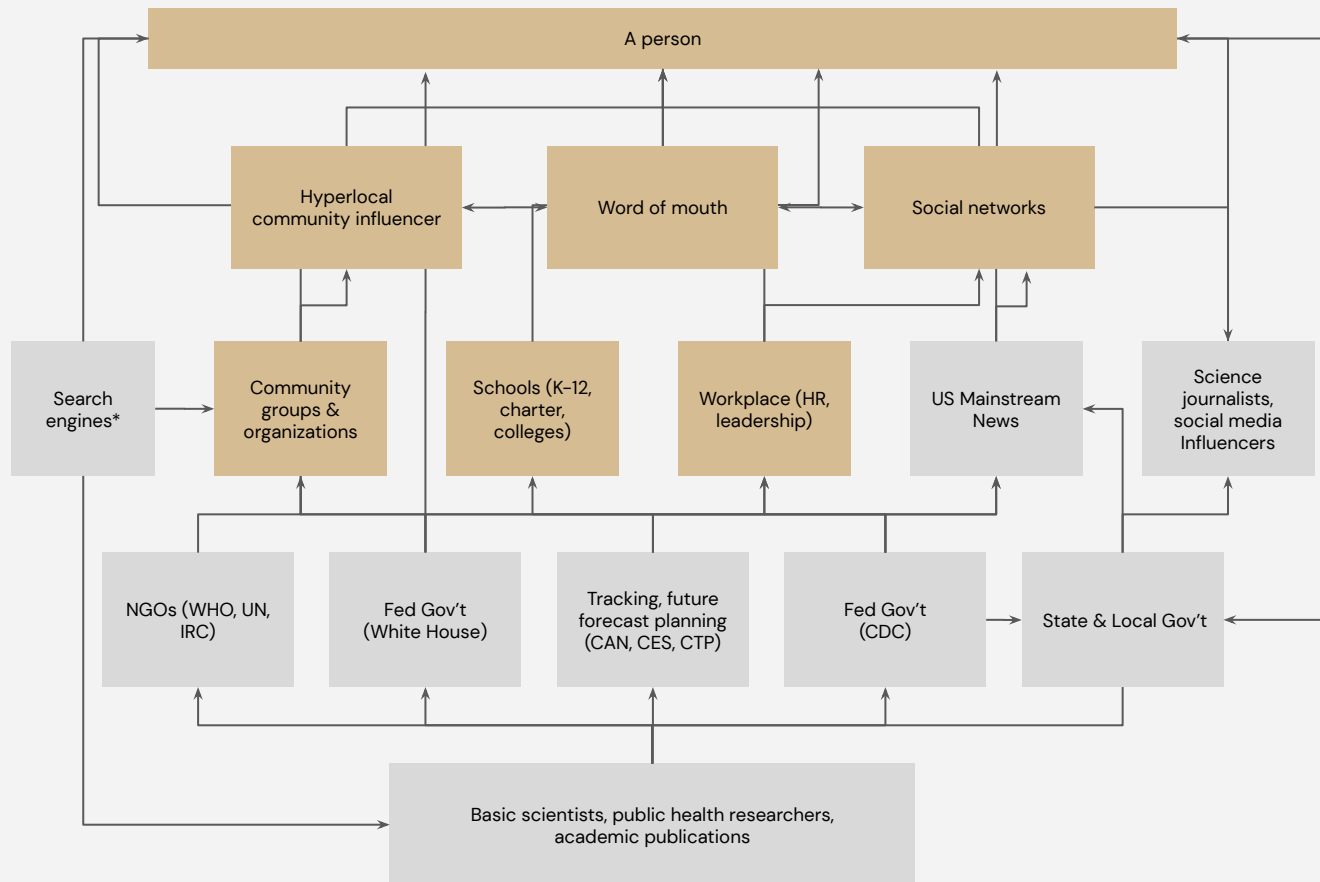
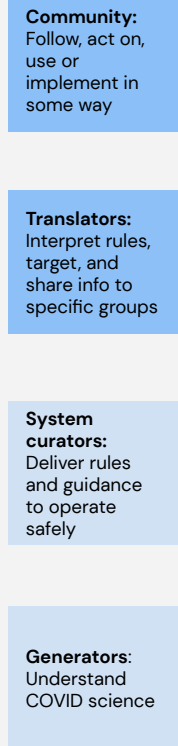
There's an opportunity for Federal Government to optimize information sharing with the "translators" group (in light brown)



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

# Trust Model

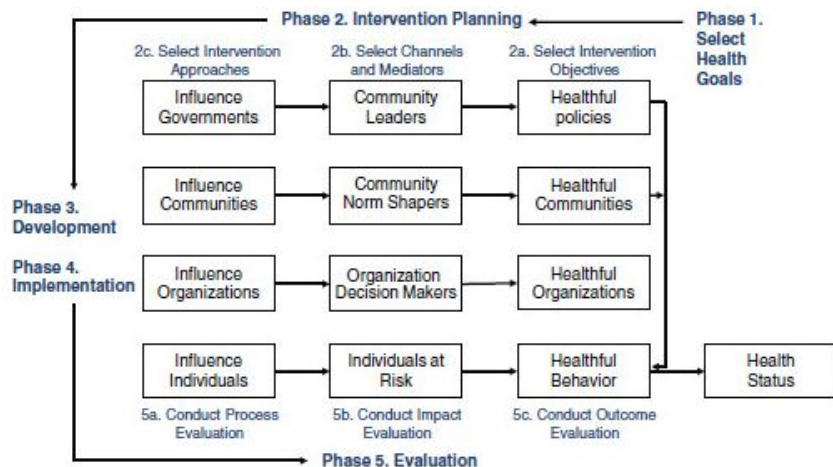
The trust diagram can change based on \*who\* we are focused on. For at-risk and vulnerable communities, community groups and organizations seem to have the highest influence on sharing helpful COVID related information.



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

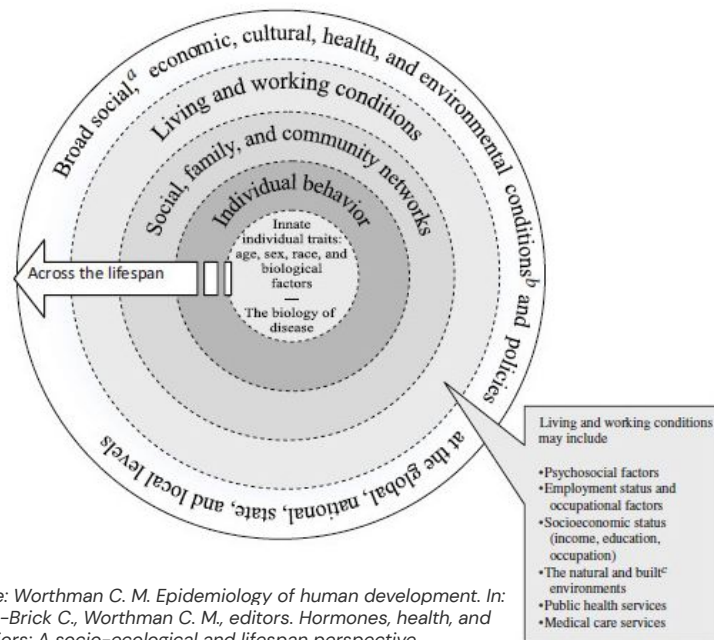
# This trust communication model matches research from well established community prevention programs models

The MATCH model shows how to select objectives, channels, and intervention approaches to make the most meaningful impact with certain populations of interest



Source: Simons-Morton B. G., Greene W. H., Gottlieb N. H. *Introduction to health education and health promotion*. Prospect Heights, IL: Waveland Press; 1995.

A guide to ecological planning of community prevention programs. NOTE: The dotted lines between levels of the model denote interaction effects between and among the various levels of health determinants



Source: Worthman C. M. *Epidemiology of human development*. In: Panter-Brick C., Worthman C. M., editors. *Hormones, health, and behaviors: A socio-ecological and lifespan perspective*. Cambridge: Cambridge University Press; 1999. pp. 47–104.

# 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

**We used US Census' survey research (over 4,000 in-depth interviews) to validate some of their core users are uninformed, cynical and suspicious. We believe our audience can be framed similarly in this context**

4

IDENTIFY YOUR AUDIENCE

BREAKING BARRIERS  
TO PARTICIPATION

This section provides specific examples of how to apply the principles identified earlier in the context of the census to address some common barriers to taking the decennial census.



"I don't think the census has any impact on my life."

This person isn't sure what census does, how its data affects them, and why their participation matters.

PAGE 10



"I don't feel comfortable sharing my information."

This person is concerned about data privacy or having their information used by other federal agencies.

PAGE 11

"I have trouble completing census forms."

This person may not be a native English speaker and find census forms confusing.

PAGE 12



"I don't have time to fill out the census."

This person is very busy and assumes the census will be time-consuming and cumbersome.

PAGE 13

#### Question 3: What are the census mindsets?

After identifying LCA as the best segmentation method in Question 1 and observing significant change in mindsets between CBAMS I and CBAMS II in Question 2, we had to define the final CBAMS II mindsets. We evaluated several different mindset solutions and ultimately identified a seven segment mindset solution as the most beneficial, having distinct attitudinal profiles with groups still adequately sized for targeting purposes. The final seven CBAMS II segments are:

#### 5. Uninformed (16%)

This population group cannot reliably report what the census is actually used for. Only about half of them know that the census helps to determine government representation, and they are similarly poor at reporting the census' other uses. This group has low affinity for the government and does not feel the census is important. This group tends to think that they will never see the results of the census, and that it should only ask about the number of household residents. They do tend to put a high priority on healthcare or on care for the elderly.

#### 6. Cynical (10%)

The *Cynical* group has the lowest affinity for the census. They are aware of the census, know what it is used for, and are highly suspicious of it and of the government. Across all measures, they have the lowest opinion of the government and express the most concern about the security of their personal information. Like those in the *Government-Minded* group, however, they place a premium on political representation and on government functions like fire and police protection.

#### 7. Suspicious (14%)

This group has the lowest intent to respond to the census and the lowest self-reported census awareness. Because they are not aware of the census, they do not think the census is important and have low affinity toward it. They think that the census could harm them in some way and are concerned that their information could be misused. They also tend to be less likely than other groups to complete paperwork on time. The challenge with this group will be making them aware of the census as well as convincing them to care enough to complete it when it arrives.

Source: The survey included over 4,000 in-depth interviews, about 3,000 conducted over the phone and another 1,000 in-person, to ensure coverage in areas that were linguistically, culturally, or geographically hard-to-count (HTC) as well as areas without phone service (one of the HTC factors) (ICF Macro, 2008).

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](#)

39 Voices of the US COVID Pandemic: Full Deck | U.S. Digital Response

60

# 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

# Workplace curated information was a common theme for people to get high value, highly trusted information.

## Why?

- **Information is pushed to people.** It is directly sent to their work emails, sent by their bosses, in a channel or mechanism they check often or daily. This makes it easier for them to access.
- **Hypercuration and targeting.** The information sent to people are catered to them by [geographic location, access to healthcare or information, by language, resources and needs]
- **Sent by a [usually] trusted entity.** There is some shared identity and sense of being on the same “team” as my workplace and on the same page. The companies need you to be healthy to be successful.

## Quotes

- “I trust them because my first year working at this school, I felt support from my administration even before the pandemic. Seeing them before the pandemic being really supportive helps me trust them and they always share the source: DOE, CDC, school wide nurse resources.”  
– Teacher in Somersworth, NH
- “My kid’s school system has been amazing. Making sure parents are aware and know.”  
– Single mom of 2 kids in Nashville, TN
- “People referencing CDC are more educated, well off anyway. Mostly white people. I think they mostly get the “Time of isolation recommendation.”  
– Pulmonology Fellow in ICU, Boston, MA

# People tend to get information from ambient knowledge that comes to them from sources they opted into (e.g. social media feeds, news app notifications you subscribed to)

## Why?

- **There is a push-pull dynamic.** People can look for information (“pull” it) or people can get information (“pushed”) to them.
- **People are less likely to search out information.** They consume information from a few select sources that they choose to engage with (i.e, email newsletters, facebook groups, nightly news.)
- **People are not in the habit of going to government websites** directly especially for “news”

## Quotes

- “I like when we receive one message. Either depending on, where we are in a COVID world, twice a week, something coming out centrally. Cases were seeing like “this is where we are, and these are our recommendations.”  
– Director of a Child Care Center, NY

# How do people get trusted information? What did people say in our interviews?

## Sources people trust

- My child's school administration
- My workplace (e.g. emails, webinars, etc.)
- Friends, people on their social networks, word of mouth (e.g. interest group networks)
- My local newsletter (e.g. Weekly updates from the Mayor or local neighborhood board, riverbender.com)
- My local public health department
- Local community meetings (e.g. calls, in-person conversations)  
"Non-profits are the true COVID heroes next to essential workers."
- Religious groups (e.g. missionaries, church sessions)
- BBC News – "International news is much more trustworthy than US/Local news."
- Apple News alerts to their phone
- Some influencers (e.g. Apollo's Arrow by Nicholas Christakis, Yale physician, sociologist, "Andrew Cuomo is a friend in your living room.") // Podcasts: Sam Harris on "Making Sense"
- Google (e.g. search dashboard)

## Sources people trust and don't trust

- CDC
  - More trusted and referenced in the medical and small business community.
  - "Everyday people" remember the flip-flop of mask guidance which hampered their trust.
- Fauci
- OSHA
- Mainstream news (e.g. NPR, NYT, Talking Points Memo, Fox, CNN)
- Social Media (e.g. Facebook friends' posts that show up when they comment on feeds, Twitter, Instagram)
- Viral videos (e.g. how to wash your groceries to avoid COVID)
- My doctor or my kid's doctor

## Users mentioned specific sources they trust and do not trust.

### Quotes

- "It's tricky, I don't trust CDC or OSHA."  
– Librarian in Newton, MA
- "I feel like there should be some physician organization that would put more politically active. I think there is a fair amount of trust w/ patient physician relationship. Hasn't been a lot. The AMA hasn't said much."  
– Pulmonology fellow in Boston, MA
- "I don't trust the news – local news national news. I read a lot of BBC news bc i feel like they're more truthful to ensue more chaos and panic."  
– Single mom of 2 kids in Nashville, TN
- "There is mistrust on the national level. Fauci is a lame duck. I trust fauci – people give him a hard time since he said people weren't supposed to wear a mask."  
– Small business owner in Wyoming

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

## **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.*

*“I rely on my Whatsapp group from the Refugee Community Partnership and also news on TV like Univision channel 40 - it has news from North Carolina.”*

— Non-English Speaking Refugee  
from El Salvador in North Carolina

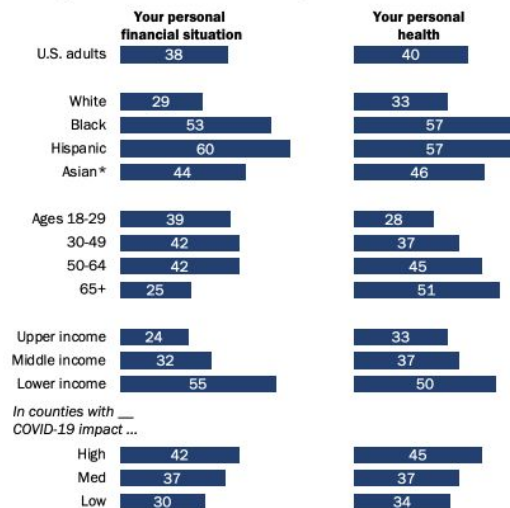
# COVID has affected certain groups particularly hard: Black, Hispanic, older adults and essential workers

- “While the coronavirus has affected Americans from all walks of life, public health data shows it has hit certain groups particularly hard, including Black and Hispanic Americans, older adults, those with preexisting conditions and those with work or living arrangements that put them in close proximity to people who frequently contact others.”
- These dynamics are reflected in levels of concern over the personal health and financial impacts of COVID-19.

Source:  
<https://www.pewresearch.org/fact-tank/2020/07/22/republicans-remain-far-less-likely-to-see-democrats-to-view-covid-19-as-a-major-threat-to-public-health/>

## Black and Hispanic adults are more likely than whites to see the coronavirus outbreak as major threat to their personal health and finances

% who say the coronavirus outbreak is a major threat to ...



\*Asian adults were interviewed in English only.

Note: White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanics are of any race. See box below for more details on COVID-19 impact variable.

Source: Survey conducted July 13-19, 2020.

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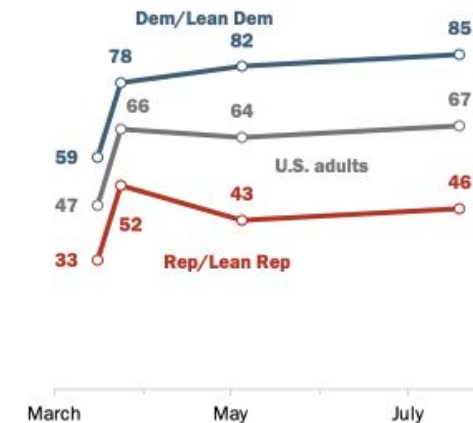
# Republicans remain far less likely than Democrats to view COVID-19 as a major threat to public health

- A separate [Pew Research Center survey](https://www.pewresearch.org/fact-tank/2020/07/22/republicans-remain-far-less-likely-than-democrats-to-view-covid-19-as-a-major-threat-to-public-health/) in June found that Democrats were far more likely than Republicans to say they are concerned about personally contracting or spreading COVID-19.
- The same survey found that Republicans have become less concerned about contracting or spreading the virus since April, even as concern among Democrats remains as high as it was in the spring.

Source:  
<https://www.pewresearch.org/fact-tank/2020/07/22/republicans-remain-far-less-likely-than-democrats-to-view-covid-19-as-a-major-threat-to-public-health/>

## Far more Democrats than Republicans see COVID-19 as major threat to the health of the U.S. public

§ % who say the coronavirus outbreak is a major threat to the health of the U.S. population as a whole ...



Source: Survey conducted July 13-19, 2020.

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## Based on our research, we highlight populations who are often likely to be left out of government COVID communications

- People who don't speak English. (e.g. immigrant and refugee communities)
  - Of the interviews we did with English as second language speakers,
- Essential workers (e.g. transportation, food and restaurant industry, cleaning and home services)
- People who are in regions where public messaging has discouraged mask wearing or downplayed the risk of contracting COVID.

# During COVID, SNAP beneficiaries reported food insecurity and debt accrual - data shows those who were already low-income were most at-risk and vulnerable to the economic fallout of COVID-19

- In 2018, 35.3 percent of households below the Federal poverty line faced food insecurity at some point during the year, according to the official definition used by the U.S. Department of Agriculture (Coleman-Jensen et al. 2019).
  - **What does this mean?** Those who were already low-income or on the edge were most at risk to the economic fallout of COVID-19; esp when it comes to food insecurity (thinking about the empty grocery store shelves early in the pandemic and those families that had to wait for a benefits deposit or a paycheck in order to stock up)
- **Food insecurity:** More than half of SNAP beneficiaries reported skipping meals, relying on family or friends for meals, and visiting food pantries as measures they had to take during the Covid-19 shutdown. (pg 18)
- **Debt accrual:** We estimate that the proportion of SNAP beneficiaries who were accruing some kind of new debt during the shutdown went from 67% in Wave 1 to 77% by Wave 3. (pg 19)

Source: [Covid-19's Socio-Economic Impact on Low-Income Benefit Recipients: Early Evidence from Tracking Surveys](#)

## A higher proportion of Black and Latinx households reported growing % of food insecurity over time, while White households reported % of food insecurity remained stable

- **Food insecurity and race:** 37% of White households reported food insecurity at the end of April compared to 45% of Black and Latinx households.
  - The proportion of White households reporting food insecurity remained mostly stable between the end of April and mid-June.
  - The proportion of Black and Latinx households reporting food insecurity, however, grew during the same period. By mid-June, just over 50% of Latinx households and nearly 60% of Black households reported food insecurity (pg 22)
- In the Census data, Latinx households reported higher and increasing proportions of job loss during the shutdown compared to Black and White households. (pg 23)

Source: [Covid-19's Socio-Economic Impact on Low-Income Benefit Recipients: Early Evidence from Tracking Surveys](#)

*"You can't have the same approach for Chinese and Samoan community. It took forever (as a community) to figure out how to get our Samoan families. There are huge differences."*

— Community organizer, San Francisco, CA

## Black, Latino and Native workers were more likely to have jobs that were lost during COVID, putting them more at risk of infection

- According to the NPR poll, 40% of Black households, like Stanton's, that have lost income during the pandemic said they're having difficulties paying rent or mortgage; 43% said they're having trouble paying utilities. compared to 36% of white households with the same experience.
- Black, Latino and Native workers were more likely to have jobs that were lost during the pandemic or jobs that did not allow them to work from the safety of their homes, therefore putting them more at risk of getting infected.
  - People in these communities are also less likely to have savings, making it harder for them to weather times of economic downturn. And she worries that the pandemic has worsened these disparities. (– Valerie Wilson, Program on Race, Ethnicity, and the Economy at the Economic Policy Institute).

Source: Poll: [NPR's Pandemic Worsens Minorities' Income And Savings](#)

## Non-native English speakers have expressed their struggles adapting to the virus, with little resources and information.

- “Sometimes I talk to my partner about this, we’ve decided to stay at home because it’s safer even though sometimes you don’t have the money (from jobs). But now, just alone at home, and with fear of meeting someone with COVID.”
- “I use my Whatsapp group from Refugee Community Partnership and also news (tv: Univision ch40, it has news from North Carolina).”
- What’s helpful to you? “Not information, because we already know [about the virus] and it’s going to take time and because it’s a virus it’s not like we have antibiotics we can take. We need to trust in each other, help each other out, and people don’t understand that if they don’t wear a face covering it affects others.”
- “There is an area for information where the employer puts information. There is a pamphlet with information that comes from HR, there isn’t someone always available to answer questions since HR available for every shift.”

Source: Poll: [NPR’s Pandemic Worsens Minorities’ Income And Savings](#)

2. User Value:

**What information is valuable  
to you, when and why?**

User value: What information is valuable to you, when 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.*

*“We’re similar to the Latino populations. With Cambodians and Latino low-income families, they tend to live together as a big family and in one household. If one gets infected, they can all get infected.”*

— Primary care physician, working predominantly with low-resourced Cambodians in Long Beach, CA

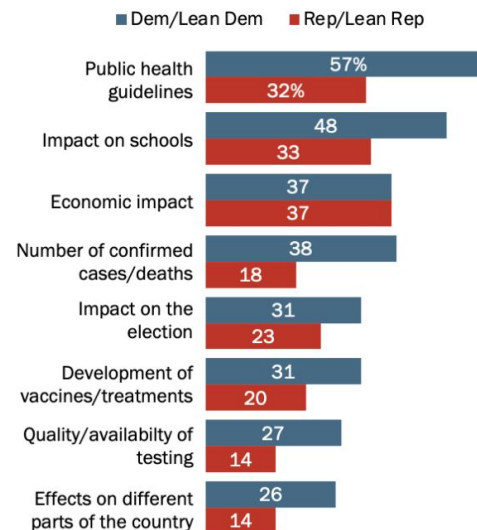
Overall, people closely follow news on public health guidelines, impacts on schools, & the economic impact of outbreak.

Source:

<https://www.journalism.org/2020/10/07/before-trump-tested-positive-for-coronavirus-us-republicans-attention-to-pandemic-had-sharply-declined/>

### Democrats paying closer attention to nearly all specific coronavirus topics, except for economic impact

*% of U.S. adults who are following news related to the coronavirus outbreak about each topic **very closely***



Source: Survey of U.S. adults conducted Aug. 31-Sept. 7, 2020.  
"Before Trump Tested Positive for Coronavirus, Republicans' Attention to Pandemic Had Sharply Declined"

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# One way to understand more effective and valuable information is to see how people talk through a partisan lens:

## Democrats / Liberals:

The disease is deadly and Donald Trump screwed up

- response
- deadly
- petition
- lives

## Republicans:

Our nation will get through this, thanks to President Trump

- our nation
- community
- Stronger

More likely to support if you make it into an adversary: "We are going to defeat COVID"

## Healthcare industry:

We employ doctors who will find a solution

- beat
- infected
- treatments
- vaccines
- research
- trials
- committed
- coming together
- heroes
- health care professionals

Source: <https://qz.com/1845501/the-differences-in-how-democrats-and-republicans-discuss-covid-19/>

## Questions from the community: **COVID positive**

**Focused mostly on responding to an immediately distressing current situation involving personal health.**

### **Haitian creole patient leaving the hospital ICU in Boston, MA**

- Is my family going to be ok? How do I protect my family? How can you do this safely?
- Can I go back to work?
- Is it safe to go back to work?
- How long to be off work?
- Do I need a doctor's note?
- Do I sleep with a mask on?

### **Farmer who got COVID and spread to husband and daughter in rural Washington**

- Where did I get it from? Gas pump at Costco?
- Is this the Chinese flu?
- How do I prevent it from spreading to my granddaughter?
- What are the symptoms now that I have recovered?
- Am I still supposed to be quarantining?

## Questions from the community: Teaching & Childcare

### Elementary school teacher in Denver, CO

- What technically constitutes a fever for COVID related symptoms?
- At what point should we switch to virtual schooling?
- How do we ensure our teachers aren't getting burned out?
- What are the new guidelines we're supposed to follow today?
- What's happening in my city to help people be safe?
- How do we disseminate this information to all of our families?
- Our mental health is struggling because we're trying to address it all – where do we go for help?

### Childcare Director in Ithaca, New York

- How do we mitigate these different opinions on regulations?
- How do we communicate people's vacation times or when a child is out?
- How do we solve the huge financial burden to stay afloat?
- How do we address the impact on (mostly women) in our workforce? It's hitting females at a higher rate considering their careers.
- How do we share resources with other childcare centers, taking state guidelines into consideration?
- How do we ensure people still trust us?

## Questions from the community: Teaching & Childcare

### Bus Driver from Southwest, IL

- Guidelines are not laws, why do I need to follow them?
- How do I make sure I can work more time and a half? – That's really where all the extra money comes in.
- Am I also going to get furloughed? If I do, how would I make money?
- Why do I need to worry about the virus? This is just like why I don't worry about getting AIDS.
- Why do I need the news to survive? I see the world and people everyday.
- Why are people taking away our economy and social connection? It's being taken away from us.

### Grocery store worker in Portland, OR

- Why do I have to use this sanitizer for the food checkout conveyor belt?
- Why is it 6 feet in Portland and 10 feet in Sacramento?
- We're being told to do all these things but I don't understand why?
- How are we supposed to explain to all of our employees why we need to use these supplies and abide by these guidelines?
- Is this text I'm getting from the US Food and Drug Administration real?
- How do we manage our annual farmers market in our town?

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

## 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 is more positioned in people's minds to address planning and societal rules as opposed to urgent health matters.*

*“Yesterday I had the hardest time finding COVID testing for kids, especially under 10. I searched websites that weren’t being maintained anymore. I went to Facebook instead and posted if anyone had gotten tested and got a lot more options that way.”*

— Single mom of two K-12 children in Nashville, Tennessee

# 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:

### Information Categories

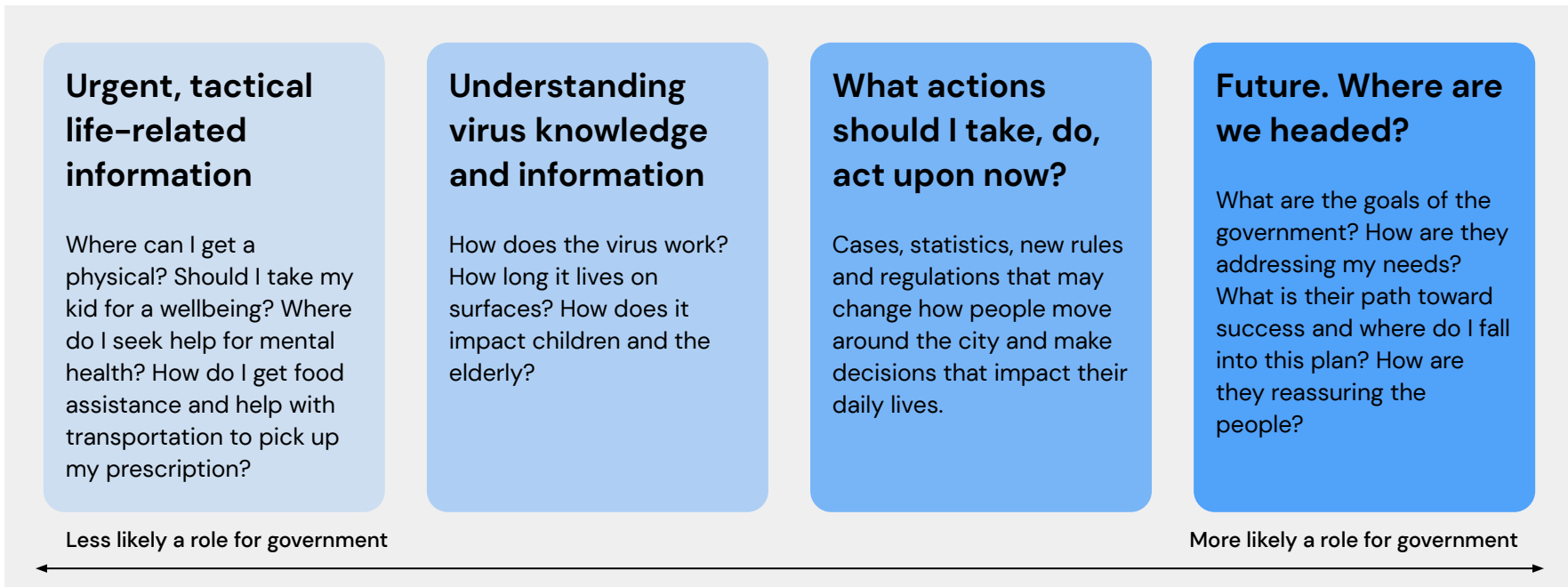
- Health and wellness
  - Mental health
  - Medical needs
  - Testing
- Housing assistance
- Careers and employment
  - Unemployment relief
  - Job opportunities
- Small business help
  - SBA, local funding resources
- Food assistance
  - EBT, Food stamps
- Education assistance
  - Educational videos, resources, workshops

### Common Roles Seeking Help

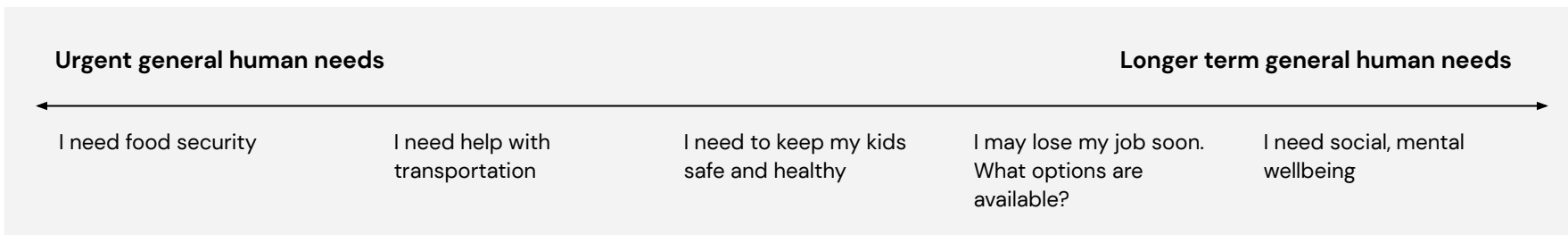
- K-12 schools
- Childcare programs
- Retirement communities
- Shared, group housing facilities and organizations
- Sanitation workers
- Transportation workers
- Food Industry workers
- Correctional and detention facilities
- Homeless populations

## There are 4 buckets of information needs.

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



# There are different ways to think about prioritizing information from those key buckets.



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

**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.*

*“I need to know where and how to look up small things. Can governments serve people who need mental health? It’s not clear with the Governor’s order. I don’t know where to look for that. A lot of what I’m trying to do is support them.”*

— School psychologist for a boarding school  
in Interlochen, Michigan

# Governments should communicate effectively that they have holistic well-being in mind.

Based on conversations, federal and state governments seem to be communicating in a way that is tunnel visioned and anxiety inducing, “all consuming” and unbalanced.

## Quotes:

- “They don’t care about my child with special needs. They just want to slow the spread.”
- “A mom called me crying because a kid tested positive [in the school]. She has a brand new baby at home. ‘What do I do? I just got out of the hospital.’ I listen and I hear her. I am just worried. She called me back the next day and apologized for calling and crying.”
- “The emotional wellbeing of the kid is our first thought!
- A lot of my advising sessions have turned into counseling. I was talking to one student today whose entire family had COVID and we had to figure out how he could take the least amount of classes he could without getting behind on his degree because he was sick, and also dealing with mental health issues because two of his relatives had passed away from COVID.  
-Olivia

# **Governments should communicate effectively that they have holistic well-being in mind.**

Per [AP-NORC](#), less than half of Americans (48%) say they can tell the difference between coronavirus fact and opinion.

- 30% percent say it is difficult to find trustworthy facts on COVID-19
- 37% say it has gotten harder since the beginning of the pandemic.
- 36% say it's gotten easier since the beginning of the pandemic

Source: [https://usafactscms.azureedge.net/media/documents/State\\_of\\_the\\_Facts\\_2020\\_-\\_COVID-19.pdf](https://usafactscms.azureedge.net/media/documents/State_of_the_Facts_2020_-_COVID-19.pdf)

# 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.

3. Actions:

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

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.*

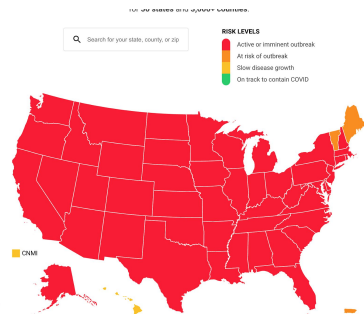
*“I think we’re yellow or green today.  
Not red or orange. It’s not completely safe,  
but decent. I’ll volunteer at the library or  
go to the grocery store if that’s the case.”*

— Children’s librarian in Newton, Massachusetts

# Indicators and Signals: Numbers

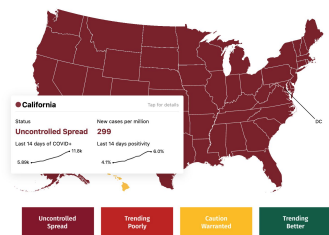
THEMES	INDICATOR / SIGNAL	ACTION OR THOUGHT IT PROVOKED
Number threshold	"Have to be more than a quarter. A quarter is doable. If you see it's more than 30% it's happening. If it's more than 50% you're not going anywhere. The higher rate you go – you question yourself is it safe to go out there."	If the cases are high, I go there and come back quick to get whatever I need. Milk, eggs. I usually take an hour or more and I don't anymore. People are hesitant to look at each other. They kind of avoid you – so it's so close or packed. Those are the people that are really afraid of getting sick. The ones afraid of you spreading through food or physically present.
Number threshold	"Do i want to go to CA? No bc cases are high. Nearly 60%. Do i want to go there? No. looking at MA. only 100 people dying, would i go there? Sure, it's a risk but a risk you have to take and hopefully you can't get it."	Do I need to go to the market longer or shorter? I decided not to travel even though we had a lot of plans to go see relatives.
Number threshold	"Summer months went on. People had backyard BBQs. Cases started spiking. Halloween came. Now the city has 1300 new cases. That's huge! Just on a day time span 1300 = people have covid its 98% success rate that you won't die."	If cases are at 1300, I don't go out. I was going to the grocery and corner stores, is it worth it? Grocery pickups? With numbers like these, I won't take my child to the grocery store.

# Indicators and Signals: Color palettes & maps



## Tracking Our COVID-19 Response

Each state's progress towards a new normal



### INDICATOR / SIGNAL

"How many people have covid in Newton? Is there a surge? I think we're yellow not green. Not red or orange. Changes in rise, how rapidly."

### ACTION OR THOUGHT IT PROVOKED

"Can I go to the grocery store? Can I work at the library? Can i go shopping? We mostly get groceries delivered. I've gone every couple weeks to buy things. Gone to our bakery. Volunteering at our library. Should I not go to any shops? not in our case in our town, helps me make decisions."

"Has green yellow orange red → it was global. He was active in making it. Constantly new metrics, new features on the website and constantly update."

"I really like it now because its nice to see king county see its rising. Maybe i won't go out."

"Probably for holiday i would go, but i gotta check the rate. The county and the US and the testing data. The map and everything."

"It's been 6 months. It should have decreased in virus. I feel an urge to go somewhere since Thanksgiving is coming. Should i go? Probably not."

# Indicators and Signals: News, guidelines, mandates

THEMES	INDICATOR / SIGNAL	ACTION OR THOUGHT IT PROVOKED
News headline	"I know hospitals are filling up and the ICU units are at capacity"	"I'm more careful in my job and wear my mask properly on my nose more."
State mandate	"You studied the CDC website, turns out that not traveling for thanksgiving was a recommendation not a mandate."	"Using that to justify family members who were against it. "
Guidelines & Recommendations	"We were told if they all turned red [on the indicator website], we'd go remote. They all turned red, and then there was no communication."	"Confusion about what to do, inability to answer parents and student's questions. Unsure where to turn."
Guidelines & Recommendations	"Taco Bell can stay open and I have to close my restaurant? It seems like the state wants to annihilate small businesses and the corporations are just fine."	"Resentment, worry and stress about the business going under, possibly cutting corners or not following recommendations or mandates, constant weighing of my own economic survival against COVID survival."

**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

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

**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.*

*“Nonprofits are the true COVID heroes next to essential workers. It’s no short of a FEMA response. That’s how folks are getting the word out on the streets.”*

— Black COVID Task Force, Organizer  
in San Francisco, California

# Lessons learned from people who successfully share information or make it actionable.

## Integrate into the routine.

"I make a ritual out of my work routine and join the weekly webinar to make sure I get the latest information from my work place." (E.g. Google news in evening, email at lunchtime)

## Finding trusted spaces.

I go to my Facebook community of [moms who also have kids with disabilities] and find specific information catered to people like me there with questions.

## Workarounds.

"I write "dot notes" (doctor version of mad libs) so that I can personalize each follow up note for the patient I'm about to discharge."

# What can you do to make data and information more helpful and actionable for people?

**Focus on the translator level** more directly to disseminate information than trying to appeal to all audiences.

**Focus on what TO do but also what NOT to do.** “Masks work when you wear them properly on your nose and not when you wear them under your nose.”

- **Highlight stories and case studies.** Show what is working and what isn't.

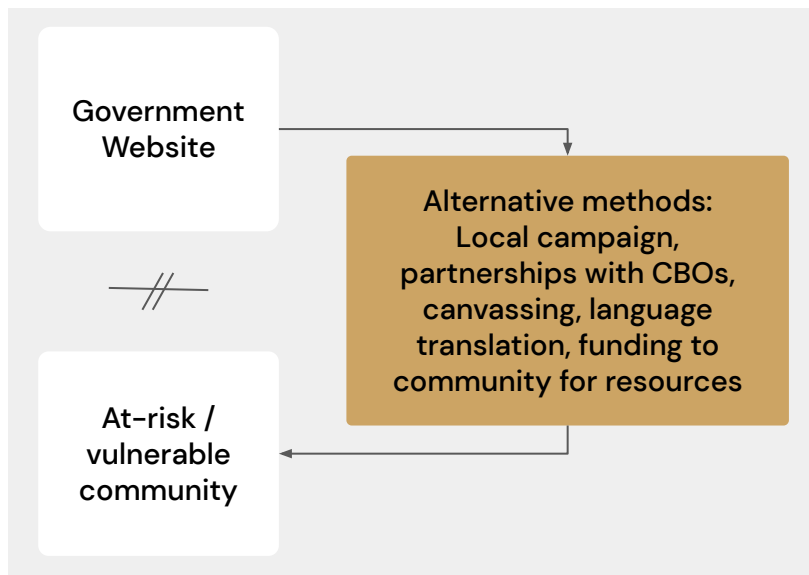
**Contextualize numbers and informations with “why”** something is a guideline. No number should come without a recommendation.

**Focus on tonality of information** appropriate for the context. For example: “COVID recovery” or “Fighting COVID”

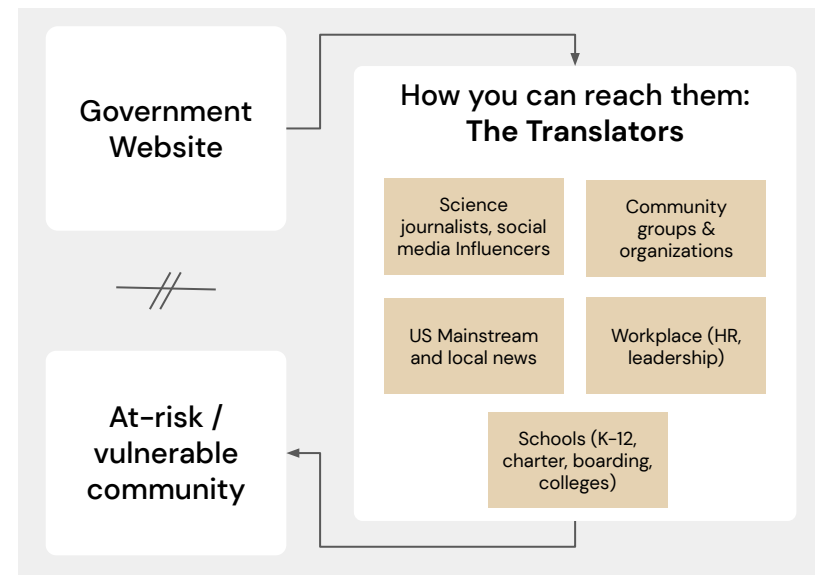
- **Situate the moment relative to a familiar time** (beginning of COVID) to give people a sense of how things have changed (better or worse)?

## 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.



The slide features a black background with several white geometric shapes. On the left, there is a white parallelogram. On the right, there is a horizontal gold bar, a white rectangle, and a white horizontal bar below it.

Section 5

# Five Key Takeaways

## TAKEAWAYS

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

### 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)



### "Explain Your Process" Box

Example of one of the boxes used in the experiments. This box references an article about a hit-and-run accident. Readers either saw this box displayed alongside the article, or they saw the story without the box. Highlighting was used to draw attention to information in the box.

**Why and how we're covering this topic**

**Why we're doing this story**  
In choosing which crimes to write about, we evaluate if there is an ongoing threat to public safety and prioritize covering those that do. This crash left a driver in critical condition, and the suspect is still at large.

**How we're doing this story**  
All the information in this story was gathered from interviews with Fairview police or police reports from that department. We often do not publish suspect mugshots, but we did in this case so the community can help police find him.

**Our approach to covering crime**  
We are working on an FAQ about which crimes we report, what information we include and the goals and ethics that guide us. If you have a question you'd like to see answered, please post it in the comments.

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

## NN/g Nielsen Norman Group

### Communicate Trustworthiness

The design itself can communicate trustworthiness

- **Design quality:** professional appearance feels a promise of good service. Typos or difficult navigation
- **Up-front disclosure** of all aspects of the customer's experience rather than waiting until after the user has placed an order. Shipping costs, but many more will abandon the cart if they feel they've been cheated will only be suckers once.
- **Comprehensive, correct, and current** content. Have good shots of all products. Haphazard, random usability tests of a map site that did not show a road. Wondered what else was missing from the maps.
- **Connected to the rest of the Web** with links in the footer and third-party sites are much more credible than something to hide.

[Source: Trust or Bust: Communicating Trustworthiness in Web Design](#)

## TAKEAWAYS

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

### 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.

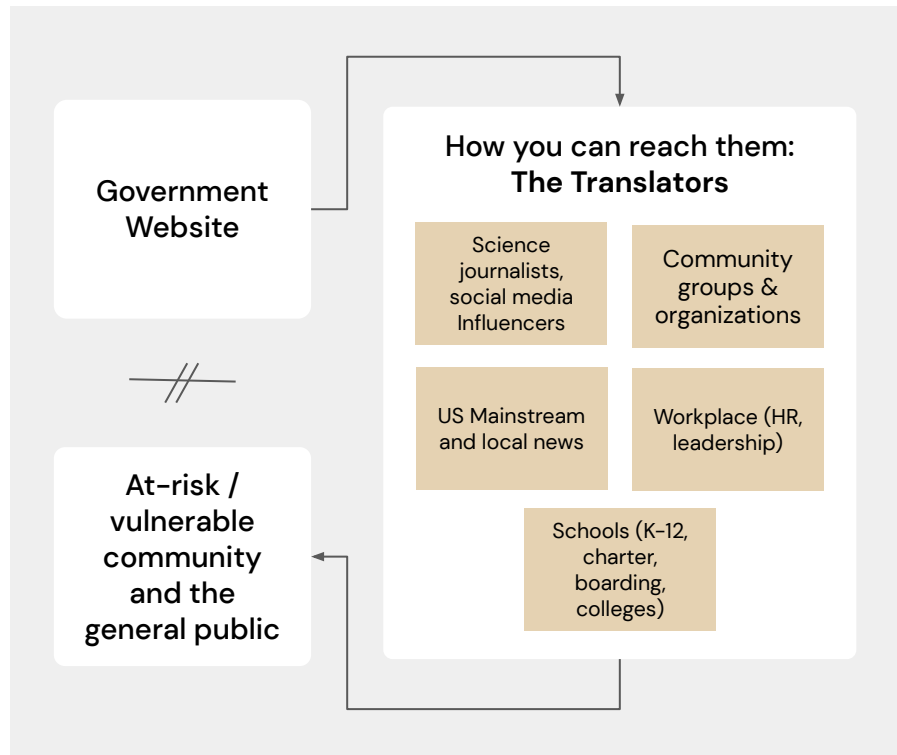
### Why?

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

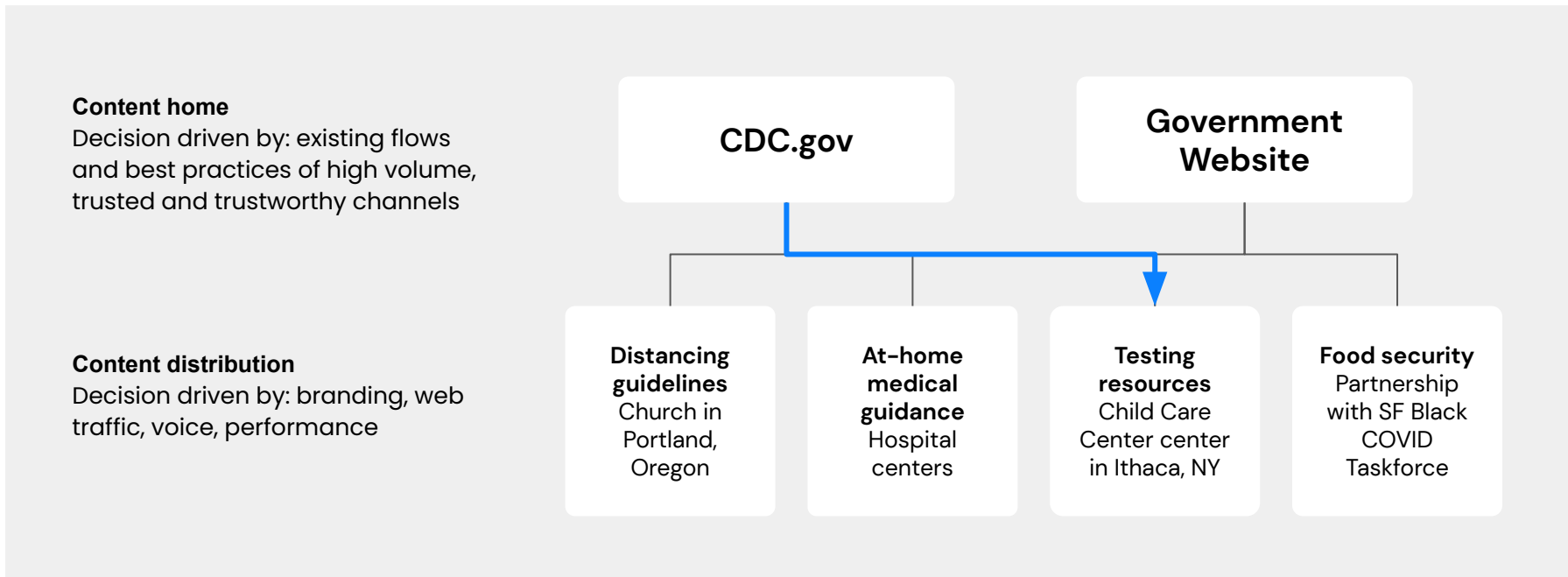
### Possible Next Steps

- **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



## #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.



## TAKEAWAYS

### #3 - Reach and meet at-risk and vulnerable community needs

#### How?

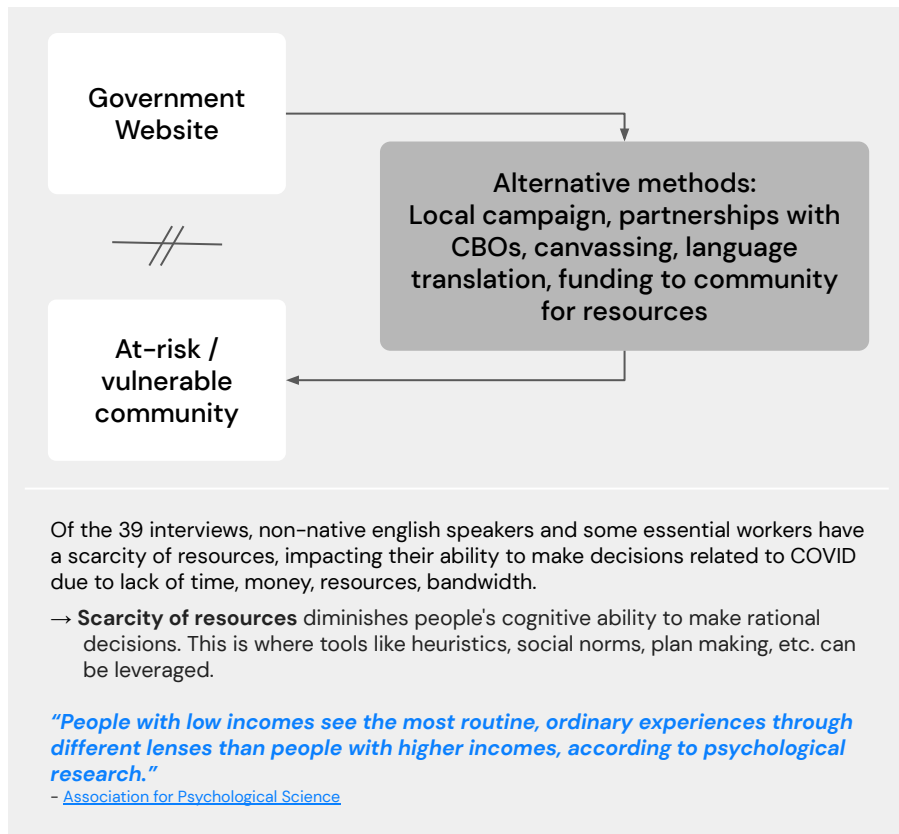
Build trust and extend reach with at-risk and vulnerable communities by empowering influential intermediaries who can adapt content to local contexts instead of expecting these communities to engage with the government resources directly.

#### 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?



## #4 – Understand relevance of needs of people who will use a website

### 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

#### 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

# Summary of Key Takeaways

GOAL/VALUE	RECOMMENDATION	INSIGHT
<b>01. Build trust in government</b>	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. <b>[1.1, 1.2, 1.3]</b>
<b>02. Make sure information gets to people</b>	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. <b>[1.1, 1.3]</b>
<b>03. Reach and meet at-risk and vulnerable community needs</b>	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. <b>[1.4, 2.1, 2.2, 2.3]</b>
<b>04. Understand relevance of needs of people who will use a website</b>	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. <b>[2.1, 2.2, 2.3]</b>
<b>05. Make sure information leads to action</b>	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. <b>[1.3, 2.1, 2.2, 2.3, 3.1, 3.2]</b>



Section 6

# Next Steps



## Key Takeaways

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

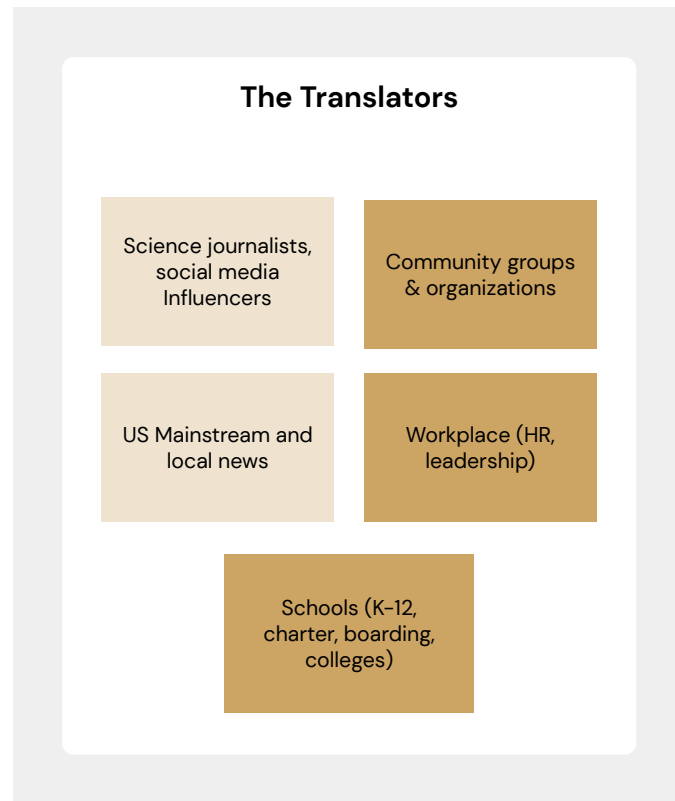
- 01.** Build trust in government
- 02.** Make sure information gets to people
- 03.** Reach and meet at-risk and vulnerable community needs
- 04.** Understand relevance of needs of people who will use a website
- 05.** Make sure information leads to action

## 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?



The slide features a black background with several white geometric shapes. On the left, a white parallelogram is positioned in the upper left quadrant. On the right, there is a horizontal white bar in the upper right, a white rectangle in the middle right, and another horizontal white bar in the lower right.

Section 7

# Appendix

# Usability testing

We also conducted quick website concept feedback with 4 public government COVID websites. This was the high level feedback.



President Trump has unveiled Guidelines for Opening Up America Again, a three-phased approach based on the advice of public health experts. These steps will help state and local officials when reopening their economies, getting people back to work, and continuing to protect American lives.

ENGLISH

ESPAÑOL

#### OVERVIEW

##### CRITERIA

The data-driven conditions each region or state should satisfy before proceeding to a phased opening.



##### PREPAREDNESS

What States should do to meet the challenges ahead.



##### PHASE GUIDELINES

Responsibilities of individuals and employers during all phases, and in each specific phase of the opening.



## Proposed State or Regional Gating Criteria

Satisfy Before Proceeding to Phased Comeback

### SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of covid-like syndromic cases reported within a 14-day period

### CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

### HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Additionally, where appropriate, Governors should work on a regional basis to satisfy these criteria and to progress through the phases outlined below.

## Core State Preparedness Responsibilities

### TESTING & CONTACT TRACING

- ✓ Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
- ✓ Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results
- ✓ Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older

### HEALTHCARE SYSTEM CAPACITY

- ✓ Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
- ✓ Ability to surge ICU capacity

### PLANS

- ✓ Protect the health and safety of workers in critical industries
- ✓ Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)
- ✓ Protect employees and users of mass transit
- ✓ Advise citizens regarding protocols for social distancing and face coverings
- ✓ Monitor conditions and immediately take steps to limit and mitigate any rebounds or

OPENING AMERICA WEBSITE: <https://www.whitehouse.gov/openingamerica/>

## What does this screen tell you? & general reactions

- Opening up america is about immigration. America is freedom. Are they accepting applications for immigrants or people who would like to be in America?
- It feels very political bc of the colors and the red white and blue. If i got this document, I wouldn't necessarily open it. It probably doesn't directly impact me at a school in the Bronx. It's not personal, no idea on trustworthiness.
- The phrase opening up america – i think of Trump and i don't like that. I don't like that wording. OK, he was using that bc he wanted biz and stock market to be reelected. I don't like that. it's too Trumpian.
- This looks like a campaign political kind of thing. A political figure or advocacy group. We have a curated plan and point and want you to agree with us on it.
- That's what everyone's goal is esp with 2020. Gives me hope someone isn't trying to get America to open up again.
- Too patriotic -- eagle is too much
- Opening up – not necessarily my goal → Something about staying safe, Protecting each other
- Sterile, government, given how they handled, I don't know if I can trust this.

## Who built this? Who is this for?

- Not the government. The government don't put these types of things online. This is a commercial website.
- For local governments. not for general public, too technical. for state and local governments it's good "gating criteria" – i think basically, just gating criteria leap out to me.
- The government don't put these types of things online.
- Who built this website? Government – not meant for people like me. Not people in my minority group and age range.
- This is for policymakers and community leaders. My own professional orientation – state regional. I can see a citizen may also use this.

[All Topics and Services](#)[Benefits, Grants, Loans](#)[Government Agencies and Elected Officials](#)[Jobs and Unemployment](#)[Money and Taxes](#)[Travel and Immigration](#)[Voting and Elections](#)[Español](#)

## < Disasters and Emergencies

[After a Disaster](#)[Disaster Financial Assistance](#)[Emergency and Disaster Preparedness](#)[Government Response to Coronavirus, COVID-19](#)[Help Survivors of a Disaster](#)[State Emergency Management Agencies](#)

## Government Response to Coronavirus, COVID-19

### Top U.S. Government Websites for COVID-19 Information

Visit these federal government websites for current information about the coronavirus (COVID-19).

- Read the [Guidelines for Opening Up America Again](#).
- Get [stimulus payment updates](#) from the Internal Revenue Service (IRS).
- See [COVID-19 health information](#) from the Centers for Disease Control (CDC).
- Get the facts about [coronavirus rumors and myths](#) with information from FEMA.
- Read [Frequently Asked Questions about the coronavirus](#).
- Visit [Coronavirus.gov](#) for the latest official information from the White House Coronavirus Task Force.

### What is the Federal Government Doing in Response to COVID-19?

Get information from federal agencies on how they're responding to the coronavirus pandemic.

#### Health and Safety

- Administration for Children and Families has [program information for children, families, and communities](#).

## What is the Federal Government Doing in Response to COVID-19?

Get information from federal agencies on how they're responding to the coronavirus pandemic.

### Health and Safety

- Administration for Children and Families has [program information for children, families, and communities](#).
- Administration for Community Living offers [information for older adults, and people with disabilities](#).
- Army Public Health Center [guidance for Army members and their families](#).
- Centers for Disease Control and Prevention (CDC) is studying the virus worldwide and helping communities respond locally. Check the CDC's [Coronavirus Disease 2019 \(COVID-19\) page](#) for news and guidance.
- Centers for Medicare and Medicaid has guidance for [Medicare recipients, Medicaid and CHIP recipients and providers](#) and [Medicare providers](#).
- Consumer Product Safety Commission offers [home safety advice](#).
- Corporation for National and Community Service gives [guidance for volunteers and programs](#).
- Defense Commissary Agency is [ensuring the quality and safety of food available at commissaries worldwide](#).
- Department of Defense [supports the government response and is working to protect the health of the military](#).
- Department of Energy is [researching COVID-19 at the National Labs](#).

USA.GOV/CORONAVIRUS: <https://www.usa.gov/coronavirus>

## What does this screen tell you? & general reactions

- This site tells you about COVID and how to deal with it
- too much reading – my work makes me read too much.
- What info would you find on this site? Mainly what's the fed gov doing as opposed to someone else. children and families. older adults. people with disabilities, medicare issues. seems comprehensive.
- Very sterile and busy – word heavy
- Good, not as user friendly. I would like this one personally. I like finding the websites i want. It's not scary to me. It's not overwhelming. this one has a lot. needs a mask thing front and center wear a mask. People may get scared of this one for people who don't wear a mask often.
- Not very user friendly, esp for folks who are looking for high level
- Reminds me of school district sendout plants. Didn't answer any of my questions. To answer most of the questions they just link the CDC
- I think this is more capturing past activities and strategies. Maybe more like bulleted out lists that are meant to archive.

## Who built this? Who is this for?

- This is a government website. All agencies have information for you to find out how to prevent this.
- not the trump administration. i've looked at what they've done and it's nothing like this. use much more vague language. maybe they have this but i haven't seen it. i don't trust whatever they've done
- Classic government website
- This is geared toward the public. for relatives, people who live others. medicare and medicaid. might be for those people. diff levels of info. as curious or relevant.
- This is the kind of website you ctrl+find and you search for what you're looking to win your Facebook argument and you go back and mic drop the answer on the thread.
- 20-35 year old won't do any of this.
- This is for someone who works in the weeds. Someone at federal or state level, trying to capture and institutionalize what they did.



## Coronavirus (COVID-19)

How to prepare and  
protect yourself >

What to do if you  
think you are sick >



CHECK  
FOR SYMPTOMS



FIND A TESTING  
LOCATION

Donate COVID-19 Plasma >

Volunteer for Clinical Trials >

What is **social distancing**? >

Frequently Asked **Questions** >

### SPECIFIC RESOURCES FOR...

Travelers >

Households >

Pregnant Women & Children >

Older Adults >

People with Underlying Medical  
Conditions >

Small Business Owners >

Schools >

Businesses >

Healthcare Professionals >

Health Departments >

Emergency Management >

Updates on **cases of  
coronavirus** in the U.S.

### LATEST NEWS

FRIDAY, NOVEMBER 13, 2020

Colleges, Universities, and Higher Learning >

THURSDAY, NOVEMBER 12, 2020

Cases in the U.S. >

WEDNESDAY, NOVEMBER 11, 2020

Holiday Celebrations and Small Gatherings >

MONDAY, NOVEMBER 9, 2020

Vaccines >

MONDAY, NOVEMBER 9, 2020

FDA Authorizes Monoclonal Antibody for Treatment of  
COVID-19 >

TUESDAY, AUGUST 11, 2020

Donate Blood Plasma and Help Save Lives >

CORONAVIRUS.GOV: <https://www.coronavirus.gov/>

## What does this screen tell you? & general reactions

- “The first thing in mind is – Why do you have white house, CDC, state dept and FEMA? – are these are the ones involved that you can go to?”
- The top ⅓ is the biggest emphasis where most people would have landed here: to get a testing location.
- FAQ is always a good idea. I like a website with FAQs
- A more basic source of info. It has a lot of good categories. I like this a lot. People who want to start from the beginning. By donating, volunteering. Could be helpful. It's more inviting, friendlier looking. updates on cases.
- I don't know about the volunteer. I don't think people want to volunteer right now.
- Donate? I don't know if people would donate for virus. Donate what though? Donate money for testing? Right now people don't charge you testing for covid 19.
- This is the easiest to read and navigate. I like seeing the websites of the agencies and offices. I like this one, this one is focusing on mask and some pictures to draw people in;that's right there. what about a vaccination. etc. '
- Yea i like the categories and the subsets that they have.
- It still looks still governmental, but easier to navigate.
- Toolbars ,I can tell that its thoughtfulness here, but i would hope that things would be referenced
- Bottom of a page – i just need some synthesized stuff. I don't think this is a real hole.

## Who built this? Who is this for?

- This is built for the general public.
- Made by a random person or a legit source of information. Laid out pretty well. More professional than unprofessional.
- I don't think trump's people built this.
- I could see my friends and younger people using this
- I know this generation is about donating and volunteering
- Who built this? – A nonprofit organization or someone trying to get it out.
- Who is it for? – Young, early 40s.
- This looks like it was built by an advertiser. Instead of giving you straight to the place. You read those articles that give you 2 sentences. They don't actually give info of who actually built it or give sources. They're trying to collect each extra 10 cents of ad clicks.
- Purpose: everyday folk. It's meant to provide resources for targeted searches who need info quickly and easily.

# Coronavirus (COVID-19)

ASL Videos | Languages ▾

Your Health ▾ Community, Work & School ▾ Healthcare Workers & Labs ▾ Health Depts ▾ Cases & Data ▾ More ▾

## Wear a mask

Wearing a mask helps to protect others in your community.

TIPS ON WEARING A MASK >

HOW TO PROTECT YOURSELF >



## SYMPTOMS AND TESTING

- Symptoms >
- Self-check symptoms >
- When to get tested >

## STAY HOME IF SICK

- If you are sick >
- When to quarantine >
- When you can be around others >



## CASES & DEATHS IN THE US

US DATA

COUNTY DATA

TESTING DATA

COVID DATA TRACKER >

## GOING SOMEWHERE?

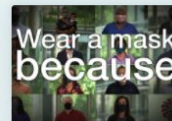
- Travel during the pandemic >
- What's your travel risk? >
- Running errands & daily life >



Considering taking a trip?  
Learn more...



Thanksgiving



Wear a mask  
because...



Vaccines



People at  
Increased Risk

## HEALTHCARE & PUBLIC HEALTH

- Healthcare Professionals >
- Laboratories >
- Health Departments >

## COMMUNITIES & ORGANIZATIONS

- Businesses & Workplaces >
- Schools & Childcare >
- Colleges & Universities >

**CDC CORONAVIRUS SITE:** <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

## What does this screen tell you? & general reactions

- Warm, looks official, personable, looks like it's easy to navigate
- I like images. People like images. Something that hits my eyes.
  - I want to go somewhere I will hit thanksgiving. For vaccines, does MA have vaccines enough? For people increase in risk? Here's the elderly. Something that lures me in to read.
- It's not as easy to navigate as the 3rd one. Wearing a mask is good, symptoms testing. The other one is easier to navigate and click on and choose from. It still has good link.
- Looks like the website I was on today
- Seems a little more legit because at the top you can pick different languages, which makes it usable to more populations
- Um the pictures don't make me feel like it's less credible or anything – I like that there are categories, like thanksgiving and when to quarantine. Slightly less trustworthy, looks like someone made it. Feels like there's an opinion overlay, as opposed to just facts.
- Pictures of colorful mask ppl could mean that "if i were an anti-mask person, I would be like 'oh masks are so fun'
- Purpose of this website – wear masks if we wanted to learn more about symptoms
- The color schematic getting darker draws the eye towards the rest of the page, instead of getting stuck at the top with the 6 yellow boxes.

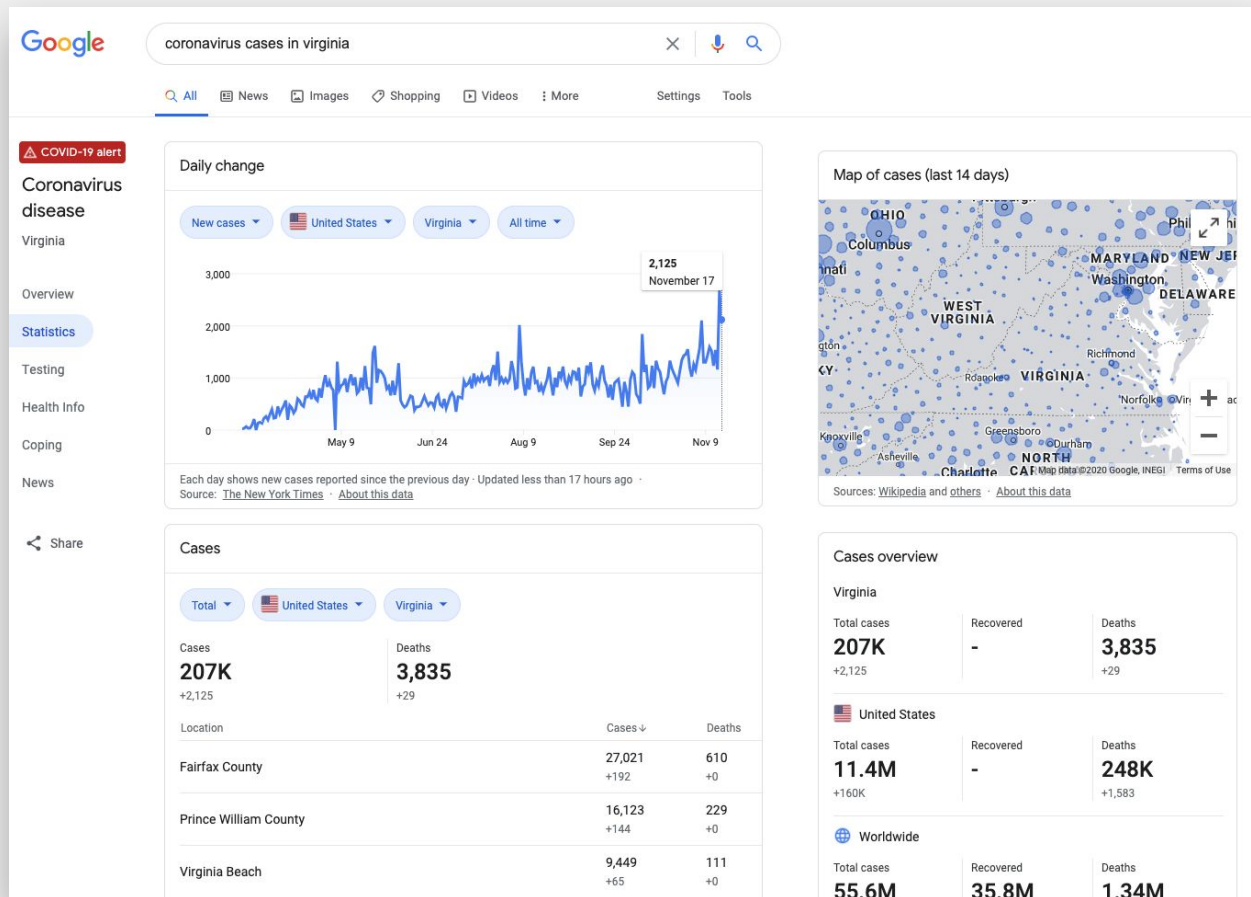
## Who built this? Who is this for?

- I don't know. someone who cares about the public – I would say that about the last 3. They are easy accessible ways to get information. as opposed to getting lying from the CDC.
- This is built by a school where the audience is mainly parents. There are pics of masks, children, how to wear it properly.
- They have ASL videos. Maybe american sign language. Maybe government or non profit organization. It didn't look like a business, it could be a company intranet site.
- this for?
- I don't think it has a specific population. It's generic. Useful helpful for anybody engaged with a group or community.
- Seems like its for everyday folk. Helpful to start off with 3 main facts. Doesn't say what it is.



# A few artifacts we collected

A series of resources that our participants highly recommended as useful or helpful with COVID information

Google search participant  
referenced before going to  
the grocery store



## Latino Task Force



<p><b>COVID-19 RELIEF FOR UNDOCUMENTED IMMIGRANTS IN CALIFORNIA</b></p> <p>Beginning Monday, May 18, the State of California is providing...</p>	<p><b>Worker Information Hotline and Email</b></p> <p>Call (415) 701-4817 or email <a href="mailto:workforceconnection@lftf.gov">workforceconnection@lftf.gov</a></p>	<p><b>Filing for unemployment assistance</b></p> <p>If you were laid off or had your work hours reduced due to COVID-19, you can file an Unemployment Insurance (UI) claim with the California Employment Development...</p>	<p><b>Office of Economic and Workforce Development Resource Line</b></p> <p>Information about federal, state, and local resources for workers.</p>
<p><b>Employers hiring now</b></p> <p>Connect job seekers with opportunities in growing industries, providing job training and job search assistance at job centers throughout the City.</p>	<p><b>Legal Aid at Work: FAQs</b></p> <p>Frequently asked questions about Coronavirus and worker rights. This guide discusses how to file a claim for Unemployment Insurance benefits or disability, how to access paid sick leave, and what resources undocumented...</p>	<p><b>Legal Aid for immigrant workers</b></p> <p>Legal consultations for low-wage workers and regarding immigration issues. Can view website or call directly (415) 575-3200</p>	<p><b>Employment Development Dept. how-to navigate website</b></p>
<p>Women's</p>		<p>Cash assistance</p>	<p>Restaurant</p>

## Mayor's weekly email update: Newton, Massachusetts

Friday, Nov. 13, 2020

### Mayor's Update



#### COVID-19 Update and Losses

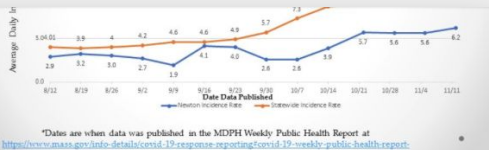
Newton has had 50 additional confirmed positive cases of COVID-19 reported over the six days from Thursday, Nov. 5 through Wednesday, Nov. 11, bringing the cumulative confirmed case total in the City to 1,207 people. During the previous eight day period (Oct. 28 - Nov. 5), we had 44 confirmed cases, and 39 during the eight days prior to that.

The state shows 80 confirmed Newton cases during the most recent two-week reporting period from Oct. 25 - Nov. 7, an increase of eight people from the previous reporting period.

Newton's average daily incidence rate has increased to 6.2 COVID-19 cases per 100,000 people (last week it was 5.6 cases per 100,000 people when there were 72 people during the state's two-week reporting period). Newton's incidence rate has roughly doubled since the state started tracking the incidence rate by community in August. For three weeks, the data indicated a leveling off at around 5.6 cases per 100,000, but the rate increased again during the most recent reporting period, as shown in the line graph below.

### Incidence Rate\*

Average Daily Incidence Rate per 100,000 people August 12 - November 12



### COVID-19 in Newton

Total Cases  
1,207

Total Deaths  
145

\*As of 11/11

Newton's positivity rate for the current reporting period is 0.37%, meaning less than 1 percent of the Newton residents who were tested for COVID-19 in the past two weeks tested positive. Newton's positivity rate was just above 1 percent in mid-August and has remained below 1 percent since then. The state's current positivity rate is 2.29 percent.

Newton is still "green," which is the designation for communities where the average number of new cases per day is less than 10 per 100,000 people.

Updated City & Town Metrics and accompanying guidance were released last week by the state. The update now accounts for a city or town's population and incorporates both cases during a two-week period and the positivity rate (when at higher levels). Four metric groups are still being used: grey for the fewest cases, followed by green, yellow and red for the highest cases/positivity rate.

### CITY & TOWN METRICS

#### Population

Group	Under 10k	10k - 50k	Over 50k
Grey	Less than or equal to 10 total cases	Less than or equal to 10 total cases	Less than or equal to 15 total cases
Green	Less than or equal to 15 total cases	<10 avg cases/100k AND >10 total cases	<10 avg cases/100k AND >15 total cases
Yellow	Less than or equal to 25 total cases	>10 avg cases/100k OR 15% pos rate	>10 avg cases/100k OR 14% pos rate
Red	More than 25 total cases	>10 avg cases/100k AND 15% pos rate	>10 avg cases/100k AND 14% pos rate

Learn more at [Mass.gov/StopCOVID19](https://www.mass.gov/StopCOVID19)

Sumana Hatwar, Ketki Tipnis, Heena Bhatt and Shanu Mehta designed a beautiful traditional Indian Rangoli display to welcome guests to City Hall marking the celebration of Diwali. The Diwali festival, celebrated tomorrow, derives its name from the row (avali) of clay lamps (deepa) that Indians light outside their homes to symbolize the inner light that protects from spiritual darkness.



#### Update on Marijuana

The Host Community Agreement (HCA) Advisory Group team recently reviewed applications from three marijuana retailers who have submitted proposals for marijuana retail establishments in Newton. A marijuana retailer must secure a signed HCA before they can apply for a Special Permit from the City Council.

My decision is just the first step of the process. Applicants need the signed HCA and a Special Permit before proceeding through the state licensing process.

- I am signing a provisional HCA with Nuestra at 1185 Chestnut Street in Upper Falls. This is in an area with a mix of uses, including retail, near the village center. Nuestra has a diverse management team with experience in the cannabis industry, equity, community relations and public health. Nuestra is certified by the Cannabis Control Commission as an Economic Empowerment Applicant, signifying that the applicant demonstrates experience in or business practices that promote economic empowerment in disproportionately impacted communities. Their plan involves modifying the existing structure and accommodating additional parking on-site.
- I am also signing a provisional HCA with The Green Lady at 740 Beacon Street. This Newton Centre site is a former auto body shop set back from the street just east of Langley Road. The Green Lady currently operates a retail marijuana establishment on Nantucket and is a family owned and operated

## Andrew Cuomo's email COVID updates

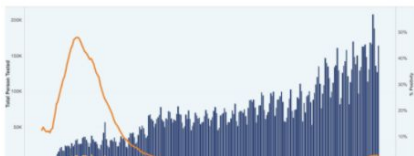
Subject: NYS Coronavirus Update: Long-Haulers -- Online Training Platform



November 17, 2020.

Dear Laura,

There's so much about COVID that we still don't know. But it is clear that COVID can have devastating long-term effects for some people. Known as "[long-haulers](#)," these individuals struggle with symptoms that last for months after catching COVID. One of the most concerning symptoms is chronic fatigue, which can make it difficult to even do simple daily tasks. It's important that we all take COVID seriously. Even if you're younger or in good health. Wear a mask, social distance, avoid gatherings—and together let's work to stop the spread.



**1. The statewide positivity rate rose above 3 percent.** In the micro-cluster focus areas, the positivity rate was 4.89 percent. Excluding these areas, it was 2.82 percent. Of the 159,852 tests reported yesterday, 5,088, or 3.18 percent, were positive. Total hospitalizations rose to 2,124. Sadly, we lost 29 New Yorkers to the virus.

**2. New Yorkers can now take free online courses through Coursera.** In partnership with Coursera, we [launched](#) a free online platform for New Yorkers to learn new job skills, earn certificates and advance their careers. At a time when unemployment has risen due to the pandemic, we hope these online courses will help New Yorkers get back on their feet. So, whether you're unemployed, underemployed, or are simply interested in learning new skills, check it out and sign up.

**3. The iconic Christmas tree [arrived](#) in Rockefeller Center.** The 75-foot Norway spruce is New York grown—specifically, the tree comes from Oneonta, NY. It will be illuminated on December 2nd, but there will be no public viewing of the tree lighting ceremony because of the pandemic. The tree lighting will instead be broadcast nationally on NBC.

**4. We can't underestimate the strain of COVID fatigue.** Mental health is just as important as physical health. New Yorkers can call the State's mental health hotline at 1-844-863-9314 for free emotional support, consultations & referrals to a provider or visit the [Office of Mental Health](#) for resources.

**Tonight's "Deep Breath Moment":** When a group of NYC hospital staff aren't serving on the frontline, they're writing short stories, poems, and other pieces as part of a literary journal. Started in 2000 by six individuals at Bellevue Hospital, the Bellevue Literary Review ties together the medical and literary community. Over the past two decades, the journal has published fiction, nonfiction and poetry about health and healing. This fall, NY actors Erin Cherry and Nkosi Nkululeko held a virtual reading of pieces from the journal as part of a longstanding autumn tradition. Watch the reading [here](#). Thank you to the Bellevue Literary Review's Editor in Chief and frontline hero Danielle Ofri for sharing this with us.

*If you were forwarded this email, you can subscribe to New York State's Coronavirus Updates [here](#).*

Ever Upward,

Governor Andrew M. Cuomo



Governor Andrew M. Cuomo  
New York State Capitol Building  
Albany, NY 12224

[Unsubscribe](#)

## Outdoor concert small biz owner, learning from CDC guidelines to create rules for customers



Sign - Golden Rule  
Size: 8.5"w x 11"h  
Substrate: Card Stock  
Print: Digital  
Single Sided  
Qty: 300



Sign - Hand Wash  
Size: 8.5"w x 11"h  
Substrate: Card Stock  
Print: Digital  
Single Sided  
Qty: 15



Golden State Warriors did an effective partnership with Kaiser Permanente as part of the Coronavirus Preparedness Series



**Northeast Texas –  
public health district  
website**



## Emily Oster's ParentData newsletter

emilyoster.substack.com/school-rankings-framing-slightly

ParentData

### School Rankings: Framing (Slightly) Differently

Emily Oster  
Nov 18

You might have thought it would be settled by now, but the school reopening debate is far from over. In a sense, we are in no different a place than we were in September. Schools are open in some places and not in others, and the correlations are odd. If anything we see more open schools in places with higher COVID-19 rates ([see a tracker here](#)). Some districts which planned to open (i.e. Boston) have pushed their openings back, but others have opened more despite increases in rates (i.e. places in Pennsylvania).

There is broader agreement — although by no means universal — that schools themselves are not locations with a lot of COVID-19 spread. But this doesn't mean there is no possibility of spread, and there is little agreement on what is an acceptable level of risk.

This has become even more complicated as community rates have gone up. Many people — even some who have advocated for school openings — have suggested we may need to take a pause between Thanksgiving and Christmas. It may not be the fault of schools, but community rates may make school impossible. As I've been reading and thinking about this, I see three main threads of public discussion.

1. There is much focus on the question of what is the community rate "threshold" for closing schools. Is it 3% as DeBlasio has said in NY? Is it 20% as some lower

ParentData

Case Rate (per 100K)  $\geq 100$  Case Rate (per 100K) 25 to 100 Case Rate (per 100K) 5 to 25 Case Rate (per 100K)  $\leq 5$

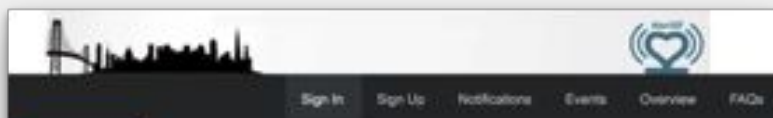
Parks Gatherings  $\leq 10$  Gyms Indoor Dining (40%) Outdoor Dining (100%) Gatherings  $\leq 25$  Outdoor Concerts

By ranking places in this way we can also recognize, even more strongly, the value of restrictions at the top. Part of the reason for putting some things "first" on this list is the recognition that they have high value for risk. Limiting the things at the top of the line — say, concerts or dense indoor dining — is important because it lets us do the things at the bottom. If we allow the high-risk, lower-benefit items at the top of the list, we run the risk of increasing COVID-19 rates so much we have to limit the items at the bottom.

### What about Schools?

The data is showing schools themselves are low risk; not everyone agrees with this, I understand, but it is the premise for what I will say below. Beyond this, I think we mostly do agree that in person learning has large benefits. For the youngest learners, the risks are lowest and benefits highest. If you asked me, I'd put schools in the ranking as below (even if we canceled out any group). (I might not high schools show

## AlertSF



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Help & Answers

Language:  Powered by Google Translate


AlertSF is San Francisco's emergency text message system. AlertSF will send alerts and instructions following a natural disaster, major police, fire, or health emergencies, or significant transportation disruptions to mobile subscribers.


AlertSF is owned and operated by the City and County of San Francisco, powered by Everbridge, Inc. Click [here](#) for more information.

If you have questions and would like to speak with a representative at the San Francisco Department of Emergency Management, please, contact [dem.alertsf@sfgov.org](mailto:dem.alertsf@sfgov.org).

[Log in to manage your alerts, or select Sign up to get started.](#)

### Sign in to your account

 Username

 Password

[Sign In](#)





## Notifications

General

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**RESOLVED - Avoid the area of Waller and Fillmore Streets**

2020-11-19 13:16:51 EST





ALERTSF: The incident in the area of Waller and Fillmore Streets has been RESOLVED.

[More](#)

---

**Avoid the area of Waller and Fillmore Streets**

2020-11-19 10:13:23 EST





ALERTSF: Avoid the area of Waller and Fillmore Streets due to a vehicle collision. Emergency crews are on scene.

[More](#)

---

**RESOLVED - Avoid the area of Market St & 5th St**

2020-11-17 23:59:19 EST





ALERTSF: The incident in the area of Market St & 5th St has been RESOLVED.

[More](#)

---

**Avoid the area of Market St & 5th St**

2020-11-17 20:22:35 EST

Supervisor  
Hillary Ronen –  
COVID19  
Update  
Newsletter

— RONEN —

DISTRICT 9 SUPERVISOR

 Facebook  Twitter  Instagram

November 18, 2020

[Read past newsletters here.](#)

[Sign up for the District 9 Newsletter here.](#)

Big Updates on Elections,  
COVID-19, Homelessness and  
Schools

Dear Neighbors,

Thank you for reelecting me to represent District 9 for a second term. Serving our District -- and the wonderful residents of the Portola, Bernal Heights, and the Mission -- has been a great honor, and I look forward with renewed commitment and energy to the important work ahead.

But let's not forget the election that is at the forefront of everyone's minds. When the race was called for President-Elect Joe Biden and Vice President-Elect Kamala Harris, the City erupted in celebration. People in my neighborhood were banging pots and pans in their pajamas. A woman ran down the street waving the American flag. Cars honked their horns as they passed by. Everyone took a moment to collectively breathe a deep sigh of relief. We are feeling enormous

coverings when leaving home, keep your distance from other people, and get tested for COVID-19 if you feel sick.

In this newsletter, we cover the latest updates on:

- Advocating for Parents and Students
- Local Election Wrap-Up
- Bringing Transparency to Police Negotiations
- Protecting Vulnerable Residents in Shelter-in-Place Hotels
- Update on Response to Homelessness in the Mission
- Mental Health SF Launching Crisis Response Outreach Teams
- Honoring the First People of San Francisco
- Celebrating Casa Adelante Affordable Housing Groundbreaking
- McLaren Park Community Safety Meeting
- Holding DPH Accountable on Latinx COVID-19 Response
- COVID-19 Update
- Testing Site at Alemany Farmers Market
- Extending the Moratorium on Commercial Evictions
- Small Businesses Loans
- Interactive COVID-19 City Services Map
- Casa Adelante is Accepting Applications for Childcare Units

**My office may not be in City Hall these days, but we are still here for you.** We are available by email: [conerslat@sf.gov](mailto:conerslat@sf.gov) or by phone at **415-554-5144** (leave a message, and we will call you back-- we are checking voicemail frequently). Check for updates on my [Twitter](#) and [Facebook](#).



Advocating for Parents and Students

As we approach the end of the fall semester, there is still a lot of

## COVID-19 Event Risk Assessment Planning Tool





Section 8

# 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](https://usdigitalresponse.org)