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## **Inclusive Public Health Communication Workshop Series: Segmented Public Health Messages**

Monday, July 11, 2022, 3:00pm - 4:00pm ET

Segmented Public Health Messaging will help participants harness the power of storytelling to enhance messaging and evoke emotion and compassion within a diverse audience. Content will focus specifically on weaving social justice themes into your content, and building audience engagement by highlighting community efforts to combat health inequities.

### **SPEAKER:**

Welcome everybody to Inclusive Public Health Communications, the fourth and final workshop of the series with UCLA and Hood Medicine. The title of this workshop is: -- segmented public health messaging, and its COVID vaccine education for intersectional, neurodiverse, and disability committees, my name is Steph and I'm an AUCD communications assistant on the COVID project.

I'm joined by my colleague, Sherice Smith. We will be helping out if anyone has tech issues or access issues. Feel free to message anyone of us. My name on here is "AUCD communications" because that is the host account.

Other than that, I wanted to go over where to find the captioning. Captioning is available for this webinar. If you go to the bottom, and I believe... it is the bottom right of your screen, there should be a closed captioning icon. You can click that to see the transcript or enable the captions.

If you have any other questions or problems that come up, you can message me or Sherice. Other than that, I'm going to get it started and turn it over to Emily, Neecey, and Asal.

### **DR EMILY HOTEZ:**

Hi, everyone! Thank you for joining us today. If you've been with us over the past few months, you know we've been running an inclusive communications workshop every month over the past three months. This is our final inclusive public health communications series, and the recordings for all the other ones, I believe, are on the AUCD website. You can check those out.

By way of introductions, if we have not met before, obviously -- no problem if you have not been to any of our other workshops. There are no prerequisites. My name is Emily Hotez and I am an assistant professor of medicine at UCLA and a developmental psychology researcher and this project is made possible through a wonderful funding agreement with AUCD to promote and understand vaccine access in neurodivergent communities.

Over these workshops, we have been learning about the critical importance of inclusive public health communication for those who work with -- neurodivergent communities who seek to serve them in any way which is through research, practice, or policy.

No matter where you come from today, we are thrilled you are here today. Without further ado, I am going to turn it over to my colleague, Doctor Neecey Hudson, who is the chair and Science Director of the Hood Medicine Initiative. They will be taking us through this workshop today.

DR NEECEY HUDSON:

Thank you guys for joining us today. I'm going to do a quick recap of what we covered for whom people this is their first workshop, and we will get into the narrative health messaging topics and the tips we have doing this particular style of messaging on social platforms.

The first thing we want to do is to have you guys do a quick survey question that will show the results with you guys later on, in that presentation.

I guess I want you to stop and think about how you felt after the last, like, compelling COVID related video you saw, whether that was, you know... health professional video or someone who has had COVID, or personal story, a testimonial.

What was the last video that grabbed your attention? Think about that and let us know how you feel. You can utilize this link, which Emily will drop in the chat for everyone. Or you can take a quick picture of the QR code on screen. Let us know in the survey, and we will get back to that very soon.

OK, so... basically, over the last few workshops we have kind of gone over the fundamentals about public health communications. And why we do it.

In this case, is to prevent the spread of the coronavirus, which causes severe illness and death for which neurodiverse and disabled communities are disproportionately affected. That is why we are doing what we are doing.

And also, different strategies to facilitate dialogue with these target populations, how to map audiences and understand their needs and concerns, and the barriers they have to either uptake of the vaccine or understanding the landscape of the pandemic.

In looking at strategies that are based in foundational behavior change models which bring in aspects of behavioral health and psychology, and communications to try to put together compelling messaging that will be effective for different segments of the target population.

So, the biggest take-home from everything we've already covered is that for all of us, learning is really dynamic and it's really dependent on the interactions we have with our environments, our communities, our friend networks, our social support networks, and is the biggest thing that we want us to understand is the messaging we develop should try to fundamentally address all of those questions, and doubts, and barriers that people have.

So, that's why it's kind of important to understand that on the front end. We all go through the

cycle of trying to understand our perceived risk, and weighing benefits and the barriers, in this case, to getting vaccinated or taking other measures like social distancing and masking.

I would say especially now, we have all let our guard down and COVID is resurging. We are in the middle of another wave and there's a lot of properties, and in many ways it is nullifying our previous community, and getting around the vaccines we have.

It's so much more important to be able to effectively communicate to people their own personal risk and also how important those mitigation strategies of like, masking and taking extra precautions can be.

And of course, we all try to think about how well we can keep those things once we accept it's something we need to do to stay safe. You know, like, there are so many pools of like, our social networks to participate in events, or go out to eat. Or go to the movies.

And so, it's all about kind of that self advocacy and whether we can hold ourselves accountable to the things we need to do to stay safe.

And so, in particular, we are all concerned with looking at... the lens of neurodiverse and disabled communities. Taking into consideration how people identify and those communal dynamics, and also, what are those barriers?

What resources do they have? Are there certain concerns? Things like stopping people from, you know, getting vaccinated or utilizing masking? You need to take into consideration, in particular, as you craft messages for these communities.

And also, thinking about ways different intersections like race, or sexual orientation, or other identities and sort of influence the way that people move in the world, and how they go about their lives, and how you can understand these things to try to more effectively reach them in your messaging.

And so, the way we kind of try to, you know, put everything in different buckets is by looking at the different veins of things we need to communicate.

There is obviously “ there is going to be pieces that you create that are strictly infographic type pieces where you are communicating health messages about the coronavirus and as a vaccine, things you communicate with the different guidelines, the mandates, or lack thereof, on a societal level.

For instance, the CDC just recently put out guidelines in particular for children and teens with disabilities, and I will drop that in the chat really quickly. You might want to take a look at that.

And then some of those considerations that are important when you are trying to message parents and carers, since we saw the emergency approval of vaccines for younger kids. So, now

we have availability for all people, six months and older.

So, there are a couple of different helpful considerations there you might want to take a look at. And of course, again, for the communities we serve, there will be aid and services advocacy resources you can share which “- will be helpful and all the practical considerations on mitigating risk.

We try to take those things into account in terms of understanding your audience, profiling and understanding them with a sense of empathy for what people are going through.

And also, bringing in those cultural and community tailoring choices, so that you can speak to people in their own language, so to speak. And telegraph through those methods that you either, you know, are a part of that community or you are an ally.

Obviously, choosing common visual themes that will speak to different groups in different ways. And again, even though we do, you know, I expect you will have pieces that are strictly infographics and giving messages about health advocacy, we also encourage you to think about adding into the mix, pieces that are just focused on social justice.

There is plenty of things to choose from in the world at this point. In terms of showing your audience that you are prioritizing the things that matter to them, and to understand the things that matter to them in their world.

There is also little engagement pieces you can do we like to call "Greeting cards" that are ways to connect to your audience. And get them coming back for more. Not everything has to be an info graphic you share on your socials.

Every once in a while, you can share things that might make people laugh or smile. Or maybe a couple things that are like tearjerkers. It depends on what your messages are and who you are targeting.

There are ways to incorporate holidays or different movements and things into the messages that you have. So that you can sort of grow your audience and get engagement in different ways, beyond your core messaging.

I think Asal has the survey results ready. I am going to stop sharing and let her give you guys the results from the question which was: "How did the last video piece you saw about COVID make you feel?" Asal?

**ASAL BASTANI**

We have all these feelings. We have a couple responses, overwhelm, you can see them right here. How quickly COVID-19 spread and how it affected each individual differently, a lot of overwhelmed, sad, frustrated, "It's been a long road."

DR NEECEY HUDSON:

I feel you guys out there. (Laughs) It's been a long road. It kinda feels like it's never ending at this point. Which is why I'm really glad that everyone is here because it at least shows that you care, and that you are dedicated to doing something, to help people and, you know, give the tools they need. Whether they are going to listen or not. (Laughs)

At this point, a lot of us have resorted to those more emotionally affecting pieces, because it just feels like such a dire sort of stage where we are in the pandemic.

So... and think, not everything has to be doom and gloom, but certainly take note that you were impacted in certain ways by certain video pieces, and how that still is a method of connecting with your audience. You know?

Doesn't mean that everything you put out has to have the same tone. But if you have things that have different emotional cues or invoke certain responses in your audience, they can be very powerful and very effective.

Just make sure that you think about ways to be really inclusive and include different cultural touchpoints that might, you know, be more impactful for the audiences.

Do not think about what you are doing as a one-size-fits-all “ if you need to do one that is more geared towards queer autistic communities, do that. If you need to do one that is more impactful for like, Black disabled people, do one for that. Not everything has to be one-size-fits-all.

The more neurodiverse you are, the more diverse your audience will be, I think. And I think... you know, hopefully, what you have gotten from the rise of the age of TikTok and the ways we communicate with each other now in society is that storytelling can be compelling.

I think when we do things like that, we get more engagement in our comments and it gives more of an opportunity to interact directly with your audience.

You have an opportunity to give authentic perspectives instead of like just sort of preaching at people, you know? You can give other perspectives that help them relate more to the message you are trying to get across.

And also, at times it can help people facilitate direct interaction with health experts. We were talking about, in many ways, some communities that have been historically marginalized and so, there may be issues with, you know, having a continuum of access to healthcare providers, to answer people's questions.

So, these opportunities to have different sort of interactive messages, instead of just still graphics. They may give some people to opportunity to ask questions of experts they might not have otherwise had.

So, there was a recent study and I dropped the QR code here. In case anyone wants to scan and pick that up. Sorry.

Let me make it a bit bigger for you...

So, basically, they looked at different messages related to the pandemic, and whether people were more engaged with those that, you know, were aligned with racial or cultural backgrounds and they found identifying with the narrative character and different narrative health messages, helps the viewer internalize risk and susceptibility more.

The more someone can identify with what they are watching on the screen or in a particular video, the more they start to take in like, "That can happen to me, that sounds like my life." It seems like a no-brainer.

(Laughs) I think we can see from over the past two years how the pandemic has been handled that... it's brought to light a lot of, you know, the blatant distrust a lot of different minority groups have for mental health providers and that ongoing resistance to vaccine uptake has shown us, you know, you will not be able to tell people what to do. No matter how much it's in their best interest.

There has to be different tactics we all use to communicate risks, and outcomes, and options to people.

And in these cases, for so many people who, you know, have been disenfranchised medically... It can be helpful to have stories that feature people from diverse backgrounds, because some are out there, someone is going to identify with the person.

It will be more impactful and easier to take in the rest of the message you are trying to get across. Because that initial connection they make with seeing someone just like them on the screen.

I think it's important in recognizing that to use those opportunities, to tie in -- the barriers you anticipate your message in content, we know there are health disparities, disability bias, a lot of needle anxiety amongst neurodiverse populations. There are racial biases.

There has been targeted this information about the erroneous links between vaccines and autism. Which, by the by, gives you another chance to debunk if you address that head on.

So, these are the kinds of things you need to take into account when you are trying to reach these audiences. What are they already grappling with? And how can I fashion my messaging to kind of get around those things?

So, one of the things that we like to do on a regular basis is to use experts for our video

content, and that includes interviews, and podcasts, or live streams.

And if we have different “ I do not know, campaigns, we will do different, for example, we do like... we are working right now on putting together some video clips just to explain, like, the top questions that people have around vaccines for kids, infants, and toddlers, with some of our pediatric advisors.

And I think that can be helpful sometimes, because not everyone has the opportunity to go ask a pediatrician what their fears are about different aspects of the vaccines for kids.

So, we try to utilize, you know, all of our members who are scientists and physicians in this way. I think it helps people feel like we are putting that information together just for them.

I still think it's important to keep it casual and for, you know, your guests to use plain language. Do not forget to use closed captioning as well and other accessibility tools.

I guess maybe Asal or Emily, I do not know if you want to chime in and talk about the success you've had with chats as well and why you chose to use experts for those videos.

DR EMILY HOTEZ:

I can wait -- weigh in a little bit. One of the interesting byproducts we did with interviewing stakeholders and other people that serve neurodivergent communities under this broad umbrella of neurodiversity health chats which began during the pandemic, we had students interviewing lots of people and posting social media content about the videos.

Is that people often times have reached out to me asking for information about COVID vaccine access uptake and confidence in the disability community. They are not necessarily interested in reading an article or seeing this publication, for example.

They really want to have actionable and digestible information, and I find that people generally prefer to receive information from these interviews and podcasts. And a social media.

I have been disseminating them more widely than research studies that support a lot of what our speakers are talking about.

DR NEECEY HUDSON:

Yeah. And I think what's helpful there, also, is the... again, a lot of the experts you guys have featured, people may not have necessarily been aware of them until they saw them on your Instagram or Twitter.

So, I think all around it helps. There may be people or certain expertise that people have they are not aware of certain services or not aware of certain providers. So, that also helps bring that to people's awareness, as well.

DR EMILY HOTEZ:

It also establishes that personal connection with the information. If you receive information from an actual person versus an article, there is a different experience with receiving the information.

DR NEECEY HUDSON:

For sure, for sure. Yeah. That's a perfect lead in. There is another study here, which you guys can scan the QR code for, if you would like.

Essentially, this was a study in nature that looked at social media messaging and health professionals, specifically on COVID-19.

They also did a study using Facebook to see if they had health professionals, nurses and doctors, make little video clips to encourage people to like, stay at home, and have small holiday gatherings, and not travel during " I think it was the fall of 2021, during that holiday break.

Would that have any impact on people's movement? They did this on Facebook and targeted people by ZIP Code.

Some people got control messages that did not have video components, and some people got the video messaging, and they were able to check via Facebook, and also look at engagement across, like, Facebook analytics.

How many people saw the ad, how many people watch the videos, etc. They were able to show that having those social media messages that featured the videos of the health professionals led to reduction of holiday travel.

And in COVID-19 infections for those counties.

And they also had an embassy about vaccinations. I think it did not have a statistically significant reduction rate for vaccinations, but I think empirically, it was " they did see lower, I mean, higher vaccination uptake in the counties that receive messages.

So, there is a lot of research out there that shows that these video clips can be really impactful to people. And they can really make a difference, you know, if you use diverse characters for videos. Because it will connect with people, certainly, of different backgrounds.

And so, basically, kind of back to our survey question, I think personal testimonials are also really impactful.

It did not find any papers on personal testimonials, necessarily, however... again, we definitely think using sort of emotional cues is really powerful, especially with the listening behaviour change.

In this case, there is the cautionary tale. So, that is playing on fears, and people's worries about the risks out there. Which, you know, again, I'm not encouraging fear mongering or anything.

I think at this point in the pandemic, we all have heard the facts. And I think it's really important that people understand how extreme the outcomes can be.

Again, neurodiverse and disabled communities have been "and certainly minority ones, they have borne the brunt of negative outcomes from infections from hospitalizations and mortality rates.

It's not for nothing. I think it's important to use these tactics in ways that will encourage people to exercise caution, and again, in doing this to use a diverse bunch of characters. The more they identify with your character, the more they relate it back to their own risk in their own lives.

And I think, you know, it can be difficult. I have seen a lot of distasteful use of tragic tales and people who have lost people from COVID, and whatnot, on TikTok, I'm sure we've all seen them.

We just choose not to be too snarky about death, in general, because we think that's the biggest issue we have in the world, not alone in the pandemic. People not having respect for the value of human life.

However, I do think there's a way to communicate the risk and to use personal testimonials of people who have lost people, because it could be you. You know? Especially if you do not take it seriously "it could be me, -- it has been me.

It's a good idea to remind people it's not just the flu. You have to do that in tasteful ways, if at all possible.

Fear and worry are open game as far as I'm concerned, to make sure the person does not lose someone from COVID.

I think it's also good to show stories of hope. Obviously, that helps people understand why and how preventative measures work, and what's at stake.

That also leads to increasing cautious behaviours when people see themselves and others' success stories, again, by seeing, you know... being able to connect with the characters, another plug for diversity.

It can work to disarm people's apprehensions, I think. Because... we all have them. I do not know "I'm shocked and do not understand why people still have them. (Laughs)

We have effectively conducted the largest clinical trial in history at this point because there has

been hundreds of millions of people vaccinated against COVID-19. We have enough data to really go on.

It's really hard to un-ring a bell especially conspiracy bells. It's hard to unpack those fears people have had if they are resistant to being vaccinated, or if people "as we can see are refusing to mask and social distance, and so, I think when you show success stories about people who have made the right choices and it's made an impact, it helps people understand there is a point to all of it.

And that things work, and it can work for them.

I think it's also good to use tales of triumph. And to highlight "this is how we sort to bring in issues around social justice barriers, and it builds fellowship and connection with your audience.

And I think when viewers see you care about their issues, it builds trust in you as a health communicator.

One of the things we have done is highlight a woman named Dorothy Oliver. She is the subject of a New Yorker documentary called "The Panola Project" and I will drop the link to that here in the chat.

If you guys want to check it out, it's a really cool doc.

Basically, she was an older Black woman in rural Alabama. She had a mission to kind of get her entire community vaccinated, because they did not have a lot of the medical resources, and access to vaccinations down there.

They do not really have a hospital inside of 40 miles of where they are. She lost some people to COVID. She made it her mission to work with a couple of the local councilpeople and people from Birmingham to come down to their area and get everyone vaccinated.

(Laughs) She literally got everyone vaccinated "I think she's up to 99% of the county completely vaccinated at this point and she's working to get everyone boosted.

Using personal testimonials that talk about how people beat the odds, and overcome their barriers to access, it's really important.

You know... people who have struggles getting past those barriers can often think that nobody cares, and nobody is going to work to help them get what they need, and so, stories like that really help people understand there are people out here that are willing to fight for their fellow man.

It's also a good way to elicit those positive emotions and maybe even get other people inspired

to service. Certainly, to do the right thing. So...

So, we are going to do another quick poll question. This one you can drop in the chat. This is also kind of just random -- what kinds of videos do you guys scroll when you are bored? I am just curious. (Laughs) IG reels -- doesn't everyone?

Cat videos. (Laughs) Got a good one. TikTok, of course, always funny TikToks. Gordon Ramsay -- love him. Nobody cusses better than him.

For me, I scroll TikTok myself to look at mostly funny ones. I like music ones -- love Gordon Ramsay, who doesn't? (Laughs)

TikTok is what all the kids are doing. I think you can kind of stop and think to yourself, "What types of content am I consuming when I'm scrolling through when things get my attention?"

Are they funny because you stop and see a lot of laughing reactions or heart reactions? Or angry face reactions? Just kind of think yourself, even as your scrolling, try to be more conscious of what you are consuming and think about, "What is it myself am affected by? What do I like? How do different videos make me feel?"

That's important in thinking about what kind of content you want to create that will be impactful is to be honest with yourself about what you relate to.

And using that to figure out how you can translate that in a way that helps with health advocacy.

The other thing that I like to do -- again, this goes back to the Panola project example. Featuring community organizers.

This not only helps highlights the resources that might be available for your target populations in a localized way, but I think it helps in general to build your own network and it helps, you know, send the message there are people out here that actually care about their fellow man.

It's a good way to maybe get more engagement in terms of getting volunteers, or getting people to help with your efforts, and it's another way to connect with your audience.

We like to try to think beyond the message. And having an -- auxiliary sweep of messages because it helps build your community and engagement and shows people how involved you are and that you care.

That's the most important thing, I think, building compassion. They do not know how to be effective unless you convey that you actually give a damn about the people you are trying to message to.

In order to do that in an authentic way, you have to build audience. There will be opportunities to have other pieces that serve as those greeting card pieces that are, you know, we have a few would like to do that talk about how you are not a good doctor if you take your biases into the exam room. Things like that.

You know, just communicate your audience that you understand, you know, the everyday barriers they face even going in through routine healthcare.

All of these things help and build trust, which I think in our experience, helps your audience take what you are saying seriously when you make pieces about the pandemic.

Hopefully, even if they do not immediately do what you are directing them to do, at least come back and feel comfortable asking questions about what you put out there. Which we have definitely seen in our work.

Again, you know, I cannot say it enough “center diversity and highlight issues that matter to Black, Indigenous, and people of colour, and queer neurodiverse people and disabled people, whether that means being an ally or authentic.

About caring about those communities. I think a lot of times with neurodiversity, it can be “it can feel very whitewashed. It's important to not take a one-size-fits-all messaging approach, I think.

In terms of social media platforms themselves, with Facebook... we find that social groups really drive user engagement.

So, if there are particular issues you can make, or a theme or platform you can make a group around, it's really good to get people interacting on a daily or weekly basis.

And also, honestly, we have our largest audiences on Facebook live. I know it seems like not a lot of people use Facebook “however, maybe they do not for scrolling.

But we usually have thousands of people who watch our live streams live on Facebook. A lot of people use it to look at live stream content, for sure.

Same thing with Twitter. I mean “they have Twitter Spaces now. And I think this is really great. People get to actually interact and participate in chats, and ask direct questions.

And so, you might consider setting up a time every week to do a Twitter Space and engage directly with your audience, even if it's a vaccine Q&A or whatever the subject matter you want it to be “these get really good traction when you schedule them ahead of time, and retweet about it, and make flyers to let people know it's coming up.

On average, we get at least 50 people in our chat rooms. If you do them on the weekends, you

can get even more. They can go on for quite a while.

People are, you know, people are really open to that kind of thing. And for Instagram, obviously IG reels, stories, live streaming, those are great tools for Instagram. The quick video clips are great for that whether it's from the healthcare providers or personal testimonials.

Obviously, that's a big platform for that.

I would encourage you to make highlight folders for certain subjects, just to help people find the content they want easier, and they do not have to scroll through everything to find something on vaccines versus info about the virus, versus masking, or whatever the content might be.

And that goes for everything if you have the opportunity to help organize things to make it easier for people. Certainly, on YouTube, make playlists so people can quickly find different stories that matter to them.

And now they have YouTube Shorts where you can do quick one or two minute videos on there. Those performed pretty well, also. You can show them across platforms, as well.

We also use YouTube to livestream our podcast. But also, again, you can make playlists to bring in other relevant content.

So, it's a really good platform for that. TikTok, obviously, all the kids are doing it. Even if you do not have time or understand how to make your own, you can find one you like and repost those.

It has a really great algorithm there. It allows you to hone in on your audience. I think of all the platforms, it's so interactive and so many people use it on a daily basis that... it's the quickest platform to get up take of followers, and people, if you start sharing content, next thing you know you have all these new followers, and people really interact very deliberately on that platform.

So, it's a good one to repost other people's TikToks. It also, it's a good place to mine content. There are so many great public health videos on TikTok right now, from the funniest to the sincerest ones, you can use to post on your other platforms. We do that all the time “ we post TikToks on Facebook, and Twitter, and Instagram.

So, even if you are not in the position or have the support right now to make your own TikTok, utilize other people's for content. There are so many great ones out there. It is just the kind of thing that people are drawn to.

People are really quick on those “ more than anything else. Even posting them to your other platforms is a great tactic to get more engagement, and more content, for sure.

And honestly, you could just do audio-only posts where you do your graphics, and you could just have, like, an audio commentary playing on top from experts or stakeholders.

Again “ do not forget about your closed captioning on these, as well. In the health chats, if you want to check out some of those links in the chat, you will see some of those.

Even if you do not have the technology or capability to make the audio posts, I mean, the video ones, you can certainly easily have someone do a voice recording on their iPhone or whatever, and throw that on top of a graphic to make a quick audio post you can share on any of your platforms.

It will be a little more engaging than like a still graphic image. So, you can really get creative with the way you do things.

Whether it is video, audio, and going into musical elements, as well. This also all available in Canvas, if you are not familiar “ I'm not sure what that was. (Laughs) You should definitely check that out. They have audio clips, as well, and you can set different graphics to music or make your own videos in that platform.

It's really user-friendly and easy to do. Trust me “ none of us were graphic experts when we first started. It's a great program and place for making your own content.

And I guess lastly, I would say to try to do what you can. (Laughs) To find your voice.

I think you should approach your social media content as interactive, so, there's a look you want it to have, there's a sound, there's a feel you want people to have when they are scrolling through your content.

Answer people when they comment on your posts. The more you do that, the more people feel engaged with what you are doing. What is your voice and audience interaction. Figure out what that is. We take an approach where we like to be a little snarky sometimes.

We really like brands like Wendy's. That's the perfect example. I do not know if any of you follow Wendy's on social media “ you probably should.

We try not to take ourselves too seriously because people find “ people are drawn in more by humour and welcoming interactions. I think rather than being stoic and stuffy scientists preaching to the crowd.

Figure out what your voice is and what you stand for, and make sure people understand what that is so they feel like they know you “ even if there is eight or 10 people that -- manage social media. Everything should have one voice “ the voice of your organization or what you are trying to get across.

That's all I had for today. I am happy to take questions or if anyone has comments, we can open up the chat rooms if anyone wants to ask anything? Emily, do you have any closing thoughts?

SPEAKER:

I saw a couple of comments. Emily, do you want to go first, and I saw a couple comments that came in earlier.

DR EMILY HOTEZ:

No, go ahead.

SPEAKER:

I was looking at the chat while you were going and I will try to go in order. Somebody asked about the slides and I responded in the chat. The slides should be available after the webinar and the transcript and recording are finalized which might take a few days. Keep an eye on the AUCD webinar library.

I do not know if you can pop that link into the chat. I think I commented further up in the chat, as well. The webinar library "all webinars go there when they are finalized.

Let me see... I think the other question was, "Could you please talk some more about cautious behaviours?"

DR NEECEY HUDSON:

I guess I just meant in terms of masking, social distancing, and holding on. I think a lot of us have given up on those things and we all have kind of accepted that COVID is going to be here, endemically, and we have to deal with that. That may be true at this point.

It does not mean we should invite into our mouth to continue mutating and making new strains every three months.

I'm not sure how long it's going to go on. By cautious behaviours, I just meant things that reduce your risk of illness in terms of protective barriers, ear, mouth, eyes, nose, and also being sensible about testing and the boundaries that you set for gatherings amongst your social group.

SPEAKER:

Great. I think that was the only question I saw. If people have questions, we have time for one or two questions and we do have to leave right at 4 PM. Because I personally have another meeting. So...

DR NEECEY HUDSON:

Emily, did you have anything?

DR EMILY HOTEZ:

No, I will open up the floor and see if anyone else has any questions.

Feel free to chat, unmute yourself, whatever you are comfortable with.

While we are waiting, one thing that comes to mind as I'm listening to you talk, Neecey, Hood Medicine has not been around forever. This is a pretty new organization you have started.

Yet, when you look at your social media presence, you have that very clear voice. You have very well-designed info graphics, and I do not know what the strategy is, but there is a social media strategy behind it.

From an outside perspective, it appears overwhelming a little bit to get started. Especially if I am new to Twitter, for example, or new to social media, what do you think is a good first step in this direction in order to start diving into doing your own inclusive public-health messaging?

DR NEECEY HUDSON:

I would say I would start with hashtags. There are a lot of websites that list the top hashtags for different subjects.

I would start with like, I do not know, #AutisticWhileBlack or #NeurodiverseWhileQueer and other things relevant to your subject area and the people you want to reach, and look what's out there. Not just in terms of the public health messaging “ what are those communities chatting about? What are they posting about or sharing? What are they liking?

That's certainly how we started. We started figuring out working with and amongst our communities and seeing what people are talking about in chat rooms or sharing? We would go in clubhouse and Twitter Spaces a lot to listen to people's conversations and questions about the pandemic.

And I think there's a lot of that to mine through, I would start there and understanding the audience and see what they are saying. And then working backwards.

I guarantee you will find misinformation and confusion and things that need to be cleared up. You can start making notes for yourself like, OK, what would be a good thing to do?

Even for the kids vaccines, it might be good for you to make a quick guide on, you know, like when we're talking the other day about how sometimes it might be difficult for people who have difficulties with verbal communication to assess, you know, illness and those people.

Maybe there is a quick guide to understand if people are having COVID symptoms or a quick guide for certain disability conditions on how to, you know, move safely in the world, or for kids who have a hard time keeping their masks on.

There might be different, you know, different ways to provide information that is lacking. Or to answer specific questions you might see in digital spaces. I would definitely start there.

Looks like we are coming up on time. Again, these will be available on the AUCD website. In the archives.

So, we thank you so much for joining us. It's been great. We hope you've learned and stuff, as well.

SPEAKER:

Thank you so much and thank you to our presenters for the awesome webinars “ it's been a pleasure working with all of you. Thank you to our audience members, and get in touch with anyone at AUCD, or me or Sherice if anyone has questions, it's been great working with you all and having you all is an audience.

Have a good day, and have a good summer.

UCLA and Hood Medicine, feel free to email us for any follow-ups if you would like to do any of that. Like a debrief or anything.

Other than that, I will stop recording. I'm going to close it out, because I have to get going.

DR NEECEY HUDSON:

Thanks so much!

DR EMILY HOTEZ:

Thanks, everyone. Goodbye!

Live captioning by Ai-Media

