Understanding Your Audience

building profiles for intersectional neurodiverse & disability communities

Monday, May 2nd
3pm EST
Welcome & Introductions
  Who We Are & What We Do

Audience Mapping
  Understanding Your Target Population

Mock Patient Profile
  Define Themes & Possible Approaches

Building Message Components
  Putting it All Together
Meet the Team!

Dr. Emily Hotez
Assistant Professor UCLA
David Geffen School of Medicine

Dr. Neecey Hudson
Hood Medicine Initiative Chair & Science Director

Asal Bastani
UCLA LEND Research Assistant
Quick Question

What is the biggest hurdle in reaching people during the pandemic?

bit.ly/3y156Uu
Public Health Communications

- Prevent Disease & Death
- Promote Health & Wellness
- Facilitate Dialogue With Target Patient Populations

Behavioral Change Models

- Behavioral health
- Human psychology
- Social science
- Communication
Who is your audience?

- Self-Identity
- Interpersonal dynamics
- Societal ideologies
- Communal ideologies

- Fears
- Hopes
- Burdens

- Class
- Privilege
- Resources
Self-Identity

How does your population self-identify?
- Intersectionality
- Language
- Religion
- Culture
- Gender
- Disability

Interpersonal Dynamics

How are they shaped by their framily & neighborhood?
- Family
- Household
- Social
- Professional

Communal Ideologies

What themes resonate with this group?
- Local norms
- Customs
- Cultural Structure

Societal Ideologies

How do they move through society?
- Systemic harm
- Structural inequities
- Societal prejudice

How does your population self-identify?

How are they shaped by their framily & neighborhood?

What themes resonate with this group?

How do they move through society?
Mock Profile

Anthony

- Black
- Autistic
- Queer

- Tight family
- Good job
- Liberal town

Little support — Support System
Seeking Knowledge — Knowledgeable
Indifferent Healthcare — Capable Healthcare
Anthony's Healthcare Experience

Information
See
Outward prejudice
- LGBTQ bias
- Racial bias
- Disability stigma

Perception
Feel
- Frustrated
- Unheard
- Overwhelmed
- Overstimulated

Action
Communicate
Hesitancy to voice medical concerns, resentment

Think
I'll never have a doctor who cares about me

Do
- Avoidance
- Trauma Responses
- Noncompliance
Learning is dynamic & interactive with your environment

Messaging should address your audience’s:
- Questions
- Doubts
- Hesitations
- Barriers
- Social Influences

Perceived risk & susceptibility
- Am I at risk?
- How bad would it be?

Perceived benefits & barriers
- What’s the benefit?
- What’s stopping me?

Action & self-efficacy
- I need to act!
- I need to keep up the new habits!
Last time we discussed barriers

Here's some we identified:

- medical bias
- lack of advocates
- care access
- lack of COVID/vaccine considerations for neurodiverse & disabled patients
What do we need to communicate?

- Virus & Vaccine Education
- CDC guidelines
- Adverse events
- Aid & Services
- Advocacy Resources
- Herd immunity
- Social distancing
- Masks
Messaging Campaign

**Inputs**

- Audience insights
- Profile & Empathy mapping
- Cultural & community vernacular & linguistic choices
- Common Visual Themes

**Messaging formats**

- Health Advocacy
  - Instruct/advise health behaviors
- Social Justice
  - Articulate Injustice/inequities; name villains
- Infographics
  - Explain the science/medical issue
- Engagement
  - Connect, allyship, "greeting cards"
Message Components

Cultural/Community Tailoring
- Vernacular & linguistic choices
- Visual themes
- Cultural touchpoints

Answer the Objections in Your Messaging

Emotional Cues
- Personification of COVID
- Refocus on Virus & Outcomes

Call to Action
- Indirect Suggestion

Answer the Objections in Your Messaging
- Simplify science & health info
- Put risks in context
- Use emotional cue
law
of 3's

keep it simple

3 words
3 panels
3 bullets
3 graphics
when you protect yourself
you protect your herd
you protect your hood

www.hoodmedicine.org