

Presentation Transcript
**Inclusive Public Health Communication Workshop Series:
Content Development for Social Media**

SPEAKER:

Alright we should be recording now. Did you want to get started, Neecey? Or just give it another minute?

DR. NEECEY HUDSON:

Sure, we can go ahead and get started.

SPEAKER:

Okay. I everyone, thank you for joining us. Open to the third installment of our public health medications workshop series. Presented by hood medicine, UCLA, there LEND and neurodiversity health charts and AUCD. My name is Steph Ban. I am the communications assistant for the COVID-19 project at AUCD.

I am joined by my colleague come anemic. We are joined by two presenters today, Asal Bastani and Doctor Neecey Hudsonâ€

Public-health messaging for intersectional, neuro diverse, and disability communities. Before you get started, at the bottom of your screen, there should be a button to enable close captions. We do have a CART captioner.

Providing live captions. And then just general Zoom etiquette applies. You want to make sure you stay muted if you can. If you cannot use the chat to participate, you could always give us a reaction and then either me or Sherice will be able to unmute you so you can speak and participate that way.

Neecey, Asal, is there anything else you want me to say before we move on?

DR. NEECEY HUDSON:

Sure. Be sure to leave comments in the chat. We will pick them up and there will be opportunities to time and along the way.

SPEAKER:

OK. I did see question in the chat. I know Asal did answer. I will reiterate in case people cannot follow it in the chatâ€ There will be a recording. At the end of the presentation today, I will drop the link to our webinar library where you can find all of the AUCD's webinars.

Including the previous ones in this series. I do not know the exact timeline that this one will be ready online, but it will be recorded and uploaded online with a transcript.

DR. NEECEY HUDSON:

Thank you for joining, everyone. As mentioned, I am Dr. Neecey Hudson from hood medicine. I have Asal Bastani with me today. We are going to just introduce ourselves really quickly. I will do a recap of some of the things that we have covered in our previous sessions.

For those of you who are new to joining us today, welcome. And then we are going to get into some more practical considerations for inclusive design and messaging for social media in

terms of your content development, and we will close it with some tips for social media platforms.

And Q&A if anyone has any questions for us. Again, I am Dr. Neecey Hudson. Head medicine is actually a nonprofit collective of scientists, physicians, hackers, and assorted geeks who are focused on health equity and reducing the spread of disseminating information.

And online digital spaces. Asal, I will let you introduce yourself.

ASAL BASTANI:

Hi, everyone. I am Asal Bastani. I am a research assistant in the UC medical clinic. And yet, I am happy to be here. I am an undergraduate at UCLA. We also have Doctor Emily Hotez who cannot be here. I just wanted to give her a shoutout. She put this whole thing together.

DR. NEECEY HUDSON:

We will start with a quick question. There is a link here that Asal will drop in the chat for everyone. You can of course scan the QR code. We want to hear from everyone, one word that describes social media news posts that have gone viral during the pandemic.

So, think about the things you have seen, how they resonate with you, and then what is it that stood out the most to you about those posts? I will give you a couple minutes to do that.

And then we will recap and show you some of the results in a bit. So, for those of you who are joining us for the first time, this has been a series on public health communications focused specifically on inclusive design.

We kind of kicked off the series with giving you some of the foundational background about behavioral health and communications and how psychology and different techniques and advertising plays into that. Of course, public health communications sole purpose is to present disease and deathâ€

In this case, we are focusing on the population of intersectional and neuro diverse communities. In terms of those traditional models, you can go back on the AUCD website and find some of our previous content to dig into those foundational models of communications and understand how we put messages together that will resonate with different communities.

Certainly, we consider audiences in terms of self identity, how people identify themselves, their interpersonal dynamics, at home, community, society at large. We also like to bring in an empathetic view where we are considering people's fears, hopes, and the burdens they are carrying in terms of their position in society.

Whether that relates to class, privilege, resources, or other factors or social determinants of health. And certainly, in this series, is focused on COVID-19 education.

We consider a lot of the things we need to communicate. In particular, (indiscernible)â€ Information about calls to action. Things that we need to do to build our immunity. Or to protect the populace from spread of infection, like social distancing and masking. And of course, for populations that we are focused on, that also includes aids, services, and advocacy resources that people might find helpful.

And pertinent CDC guidelines, all of those things that keep popping up as we go along this

pandemic journey. All that feeds into the things that we need to communicate.

So, what we have kind of discussed up until this session has been, how to map your audience and get insights from them. In particular, you know, concerning those intersectional communities. So, we are not just concerned with neuro diverse and disabled communities.

But also those that may be disadvantaged or disenfranchised minority preparations, queer populations. (indiscernible) populations. Whatever those intersections are.

Understanding who you are talking to. The audiences insights and feed mapping. Building is into message format, which in our case, again, may span from infographics to health advocacy pieces. To things that you use to connect with your audience.

Like pieces about social justice or engagement, which I am sure we are seeing a lot right now. At the start of pride month, for example, there is a lot of organizations taking opportunity to try to connect with LGBTQ populations, as well.

So, all of these things you kind of have to take into account. And today, we are more focused on some of the practical measures of inclusive design, certainly for the pandemic.

We want to consider the concerns of the community and craft messaging relevant to their fears. We want to make sure that in everything we do, we are creating a space that feels inclusive. Regardless of who you feel your particular target audience is.

I think it is very easy for people to get turned off when they feel like your social media space is exclusionary for different reasons. So certainly, if there are populations that you are trying to reach to convey compassion in healthcare, medicine, etc., is really easy to do the opposite of that by being exclusionary in your messaging.

So, we are really talking about shifting away from a one-size-fits-all approach. And instead, creating content for a diverse range of users. By addressing barriers and providing a variety of different ways for people to engage.

So, that is kind of the focus for today. I think in general, if you look at Microsoft inclusive guideline principles for example, as a starting framework, firstly, you have to recognize what the exclusion is.

Of some of the people you are trying to reach. And then, you know, try to learn from the ways that those communities interact with each other. And see if you can find a way to tap into that and extend that across your messaging.

There are certainly aspects of cultural and community tailoring that you can do with that. There is (indiscernible) and linguistic choices you can take there. Visual themes. Cultural touch points.

There are certainly emotional cues that you can use. (Laughs) We like to do a lot of sort of personification of COVID. To refocus on the virus.

And the outcomes of the virus. And kind of take peoples focus away from a lot of the social and political biases that they might have about different things that are going on during the pandemic.

And are sort of societal measures to combat that. There is a lot of indirect suggestion, as well. There is a lot of techniques throughout marketing, advertising, different things that you can draw on.

To try to convey different messaging for public health. And I think most importantly, you need to find ways to answer the objections that you kind of anticipate in your messaging. Like, to simplify the science and health info and to put those risks in context.

You are doing that from sort of an inclusive perspective. You have to realize that getting out of our population is -- has experienced some form of disability. And that definitely increases when you account for temporary and situational disabilities.

And so, you know, I think in general, you have to kind of have that as top of mind. I also think, "within those communities, there is also people who might feel further marginalized and further excluded by being a part of a visual minority that is based on race or some other visual identifier. Or in queer communities have other challenges, as well."

I think it is important to think about the audience you are trying to reach. But also, think more broadly about who else is in this group that might feel left behind or left out that I could make inclusive messaging for that would make them feel right at home on our site.

There is a lot of conceptual things that go into that. I think (Laughs) For some of the things that we do for the pandemic, we like to just make things really real and upfront.

When we break down the scientific principles, sometimes it is just the everyday things that drive things home. When we're talking about barriers and airborne virus, what we are talking about is vacation that people are not spitting in your face all day. You know?

I think above all, above all of the challenges that we face, even now, even in this very moment. To get people to go back to adapting mask usage in public and endorse, it is the little things I think that maybe start to plant seeds in people's minds about what we are really trying to do in terms of creating barriers to infection.

Asal, I think we have some of the results from the initial survey question if you want to go ahead and share those.

ASAL BASTANI:

Yeah, let me go ahead and share my screen. OK, can everyone see that?

DR. NEECEY HUDSON:

Wow! So, these are kind of the initial things that a lot of people have come to mind when they look at some of the information that is already out there. Mislead is huge! I am not surprised. Shocked, yeah.

Because, wow. I am not surprised at all. There is a lot of misinformation out there. Not only misinformation and targeted this intentional information. Which is when someone purposely puts out something misleading. There is also this whole info demo, too. Right, Asal?

ASAL BASTANI:

Yeah, exactly. It is like for eyes, pseudoscience, inconsistent. Someone says factual. So, that goes against some other things.

Sensational I feel like is a key one because people want the drama. They want to dramatize every thing (Laughs). So, maybe it is a way bigger than it actually is. Intense, I feel like is a good word. Social media can really blow up some issues and can be really overwhelming.

DR. NEECEY HUDSON:

Thanks guys for giving us that feedback. Can everyone see myâ€

ASAL BASTANI:

I do not think you are sharing it.

DR. NEECEY HUDSON:

Switched off. Let's go back. Can you guys see that now?

ASAL BASTANI:

Yeah, we can see it.

DR. NEECEY HUDSON:

Awesome. Sorry about that. Yes so, that is pretty good feedback. And like a lot of us feel similarly. Which is why we try to just, you know, find other ways to engage. Because I think at the bottom, we're all trying to cut through the noise and make sure that people in the committees that we care about have the information of a need to make the right choices to keep their family safe. Right?

So, we kind of think some of the best ways to do that is to use humor, to use different devices that kind of inform people but engage them, as well. Make sure that people feel heard in some ways. A lot of times, we try to take really familiar everyday concepts to explain really complicated science topics.

Like genetics, for example. We like to use paper a lot to explain it because it is something that everyone can kind of understand. At a base level. So, when we talk about how COVID infects ourselves, we explain it as -- the virus gets in and takes over your copy machine to make its own copies.

What is important about that is, it personifies the virus in a way that it is like, you know, you are letting people know that you have control over whether or not you let this virus in. Jack your copy machine and start making its own copies.

With your equipment. And that is how it replicates. How it mutates. How those copy errors, from the random copy events. All of the errors just pile up and that is how the mutations occur.

Over time as a mutations pilot, that is how variants emerge. Because everything in this world operates through survival of the fittest. I think, you know, a lot of people have heard that term.

As they think that inherently it has this connotation of survival of the strongest. But, survival of the fittest actually means survival of the most adaptable. Right?

So, the variant that figures out all of the tips and tricks to break into your cells, to replicate the most, that you have this huge cloud of virus coming out of your mouth every time you spit and speak into someone's face, the ones who adapt the most to infect the most people and to get what it wants, those are the ones that are successful and ends up getting names.

And starting new waves of infection. We boil that down to a single piece of paper. So, there is a lot of topics you can treat in that way that made -- make simple science concepts simple and familiar to people.

In terms of neuro diverse and disabled communities, I do not know if Asal you want to talk about this a bit, because I know in those chats you did a lot of that consideration with your messaging.

ASAL BASTANI:

Yeah, so for neuro diversity health chats we adopted infographics where we are try to figure out one point and also give people the option to further educate themselves if they do not want to do that. So, we wrote articles and put exactly were we got all of her information.

We really try to address our topicsâ€ People may be afraid of needles and that is why they do not get the vaccine. It was kind of like you had to make them think about risk assessment. Right?

We talked about five seconds of courage. Right? So, going to the clinic and just looking away when they (Laughs) Inject you with the vaccine and things like that. We try to adopt a thing where we understand where they are coming from, and acknowledge their fears.

Also challenge people to think about other possibilities and risks associated with not getting the vaccine, as well.

DR. NEECEY HUDSON:

Of course there could be many other historical distress factors that come in in terms of racial bias and disability bias. And people's own lived experiences with interacting with the healthcare system. That drives a lot of the vaccine hesitancy.

As well as a lot of the historical disinformation that has been propagated to autism communities about vaccines. So, there is a lot of barriers to kind of overcome in that sense.

When you are talking about addressing people's fears and mistrust. I thought we would share just a couple with you that we have done. This one kind of addresses needle phobia and you know, some of the impacts in general that neuro diverse and disabled communities have experienced in terms of access to services being disrupted and having increased anxiety about the pandemic.

Which I think, a lot of us have faced. As Asal said, there could be other phobias like needle phobia that are heightened by vaccines in general.

We like to make sure in our graphics that we use diverse figures. Whether that is racially diverse, or diverse in ability, or community. We like to, for example, make sure that people understand in certain minority communities, like for Black and Latinx community, there are a lot ofâ€

Getting access to COVID jobs and so we like to remind people that even though everyone else has completely given up on masks and it is having a hot real summer right now, we already have issues in our community with getting equitable quality of care when we end up in the ER.

Certainly when we end up in the ER with COVID. So, the last thing we need right now is to get

infected. I mean, it seems like people just, you know, take for granted that it is a cold. But you can bounce back. But, statistics show that that does not happen equally across racial groups.

There are a lot of underlying reasons for that and a lot of them have to do with health disparities. Sometimes, we have to remind people of that. Just as a risk mitigation factor. Also this notion that mild COVID is just like the sniffles.

And it is like, it is not salsa. It is a virus! You know, like a mild COVID can mean anything to anyone depending on what your predispositions are. What your medical background is.

Even though, you know, mild COVID might mean that you do not end up on a breathing machine, you could still end up with long COVID. Which can be torturous for a lot of people.

It affects multiple organ systems, and you have a myriad of different conditions that you could be facing with long COVID. That we honest I do not have a lot of information about yet. And about how long it will last.

And about how those resolve. It is a matter of bringing their focus back to the risks and challenges so that they can, again, make the right choices to stay safe.

No matter how exhausted we are with wearing masks at this point. And then we went to pivot a little bit to some of the practical considerations of inclusive design. Again, we talked a lot in our previous sessions about how to construct messages that will resonate with different communities based on their backgrounds and their social determinants of health.

And so, I do encourage you to go back and look at those. To get up to speed on that. But, we will focus a little bit more on the practical aspects like language, ability, accessibility. Which are equally important when talking about inclusive design for neuro diverse and disabled communities.

We will start real simple. Obviously, you want something that is easy to read and large enough to see clearly. There is a lot of cool fonts and different things you can do.

â€ Anything about access of design, it is not just about the content, but about how accessible that is to the widest group of people. So, you definitely want to make sure that what you have is easy to read and that you kind of avoid special characters.

It reduces legibility. And then also, when you use special characters, you have voiceover technology and other assistive tools that actually read these special characters a little differently.

Which can be kind of annoying. For someone using that type of technology. And just kind of be mindful of how long your lines are.

You might want to break things up with returns, you know, and kind of use adequate font size. Make sure you try to limit your emoji use because those are actually read aloud by assistive text as well. Just kind of think about those kinds of things. I will say a quick note before I move on, you want to make sure your language is inclusive. You do not want to make people feel unsafe in your space.

You should obviously avoid ablest language at all costs. If you do not know if you have any

doubt about what language you are using, try out your testy friend Google before you do it.

Or check with someone else. Try to stick with gender neutral pronouns and terms if you can. We do a lot of messaging about maternal and infant health in terms of vaccines and antibodies, so you know, we prefer to use terms like, "pregnant people" "lactating persons", etc. It is more inclusive and I encourage you to do the same.

Sure diverse voices and whatnot. Look at your text critically. And see if you are making different assumptions or are being limiting in your point of view in terms of the copy you use with your social media posts. That is a quick note on that.

I think is best practice for us. And then also, just a note that it may not be as obvious but, you really should check your contrasts. Especially when you are doing graphic design like that. You want people to be able to obviously see clearly as they are scrolling through their timeline. What your message is.

People tend to scroll past things that are harder to read or do not grab them. You want to make sure your text looks really bright and prominent on the background.

And thank you, guys. There is Nicole Woods who just dropped a contrast checker in the chat. So that everyone can kind of have that. And then also, (unknown name), I hope I am saying your name correctly.

Just mentioned that "high functioning" can be harmful and triggering when talking about mental health and disability. Which is very true. That is what I say is meant about ablest language. You need to be really careful about the things you do, and trust me, building empathy is a life skill and so it is good for you to do in general.

A quick note about contrast. Try to avoid green, and red, or blue and yellow combinations. That can be difficult for people to read who struggle with color, visual impairments.

And text can also be difficult to read on top of images. So, you know, sometimes it is good to have a little -- separate little box that you put your text on top of, for example.

Separate from an actual image or picture so that people do not get confused. And make it hard to read. I think it is also imperative that you use Alt text for your actual images and gifs. If you use those.

All of the major platforms like Facebook, twitter, and LinkedIn, provide tools for those. There is also a number of scheduling, social media scheduling platforms that you can use that also provide space to do Alt text.

I think it is important for that to convey the content. Because, you know, sometimes you want to be a little more clear about what you are saying.

When you are describing a picture. Like, you could put just, "image of a chart." Or, you could be more descriptive and helpful and say, you know, "a chart illustrating blah, blah, blah" Whatever it is. But a little bit of the context and with Alt text.

So that it actually does the job of conveying what the content is. Quick tip, I guess you can skip saying image of our photo of. It is kind of redundant. So, you do not have to necessarily do that.

Include that. And then you know, mention the color if it is important. And you know, try to convey, if you have something humorous in there, there is an element of humor or something to your message, put that in there, too.

The Alt text does not have to be overly formal. If you have a funny message or is a cheeky design, try to convey that in the text you so that whoever is using it can be in on the joke, too.

Whatever you do, if there is text within the image itself to try to transcribe that so that it is also included in the description. And then I will drop a quick link. I will drop another link if it will actually copy. There we go.

Here are Alt text techniques, as well. If anyone wants to read more about that. And then also, I think think about people in your audience that may be overstimulated by animations or flashing effects.

You may not need a lot of that. I know they are cool to use and fun. But, sometimes it is more important to have inclusive design. So, just be mindful of that.

If you are including -- if you're putting animations in your design. Sometimes, if you feel like something would be better with an animation, you should just make an animated piece.

And have it have the images instead of having things that are flashing rapidly, etc. Of course, plain language is always best as we have kind of intimidated about how to explain science and health concepts. In general, we try to target audience for different communications.

The reading level you should be aiming at should be approximately fifth-grade. Keep the text brief. Say it in pictures if you can. I would rather say something in a picture nine times out of 10 than to crowd a design with text. Because I guarantee you, no one is scrolling on Insta looking to read paragraph anyway.

While sometimes for our infographics, we do have to include more text than one normally would, perhaps to explain things in succession. There is a lot of concepts around the pandemic that a lot of people are not familiar with.

In terms of the biology of viruses, how vaccines work, and concepts about the immune system. All of these things. We definitely try to break it down but there are times when you might have to use more text than you need to. But, just try to be mindful of that.

Separate into different panels. You know, try in everything you do. Keep it simple where you can. Maybe you could do three separate panels and have a slide deck. Or different graphics. Or three bullets. Find creative ways to break up text if you need a lot of it.

By using different -- maybe different backings for text, and changing the color of things. So that visually, it does not feel like an overwhelming paragraph that someone has to sift through on their graphic.

OK, and then Asal, I think we have one more survey question if you want to get into that.

ASAL BASTANI:

Yeah, this one is going to be in the chat. It is, "how long do you think users attention span is on social media?" If you want to drop a quick answer in the chat.

DR. NEECEY HUDSON:

This was going to be funny (Laughs) I cannot wait to tell you.

(Laughter)

DR. NEECEY HUDSON:

I wish I had a raffle prize to give people (Laughs).

ASAL BASTANI:

I know, right! 0.5 seconds.

(Laughter)

DR. NEECEY HUDSON:

You guys are close, though. A lot of you are very close.

(Laughter)

DR. NEECEY HUDSON:

Wow! Asal, do you want to tell them what it really is?

ASAL BASTANI:

The actual answer is eight seconds. People who said seven seconds, you guys are very closeâ€

DR. NEECEY HUDSON:

We need a door prize for them!

(Laughter)

DR. NEECEY HUDSON:

Someone compared it to a goldfish. Isn't that what you said one time, Asal?

ASAL BASTANI:

Yeah (Laughs). The attention span of a goldfish.

DR. NEECEY HUDSON:

(Reads)â€ Our attention span. But, the point of that question I think is just to emphasize, you do not have a lot of time to get people's attention. Right?

You know, the pace at which you scroll through social media and what stops and makes you look at something.

Think about what those things are. Take a more focused cruise through your social media and think to yourself, "what is it about this image that I liked? Or this one that I stopped on and actually read?" If you can apply some of those concepts to your own.

In terms of how you think about putting messages together.

ASAL BASTANI:

Exactly. And then we have a question in the chat from a bit ago from Tina. Saying, "how have you handled messaging through groups who are completely against vaccines?" (Laughs)

So, I call those people adamant deniers (Laughs). Who kind of are really against, well I guess, there are different parts. There are people who want to be educated about it and read up on things and who are against it for some reason. And then people who do not want to be educated or believe the wrong things.

You know? I feel like I read them to discredit information. And really, the only way that you can help those people is just to give them the facts. And allow them to make their own decisions. Because at the end of the day, it is their decision to get vaccinated or not.

The most you can do is just give them the information they need to make an educated decision. And hope they take it. But, you cannot really do much more than that.

DR. NEECEY HUDSON:

I have a few more comments I think that are coming up. I have (indiscernible) in general. And other people. Again, we encourage you to engage with people where you can.

Because if you are at all successful with some of your messaging and engagement, and hopefully some of those people will comment or like indicate that they are opposed to it.

That kind of opens the door for a little bit of engagement. I promise, it can be frustrating. But sometimes, it works.

With a little bit of charm and compassion, you can actually disarm it and change their mind, I promise. I do think it is helpful to, again, reorient people to the virus and the battle of the species that this is.

And the fact that we are essentially -- remind them about how much we spit in each other's faces when we talk. There is a lot of practical things you can call to mind.

That do not necessarily have anything to do with the COVID vaccine, and the coronavirus, just remind people that we already use a lot of physical barriers to infection in our society. Like masks.

If they are adamantly against the vaccination, then employ them to at least maintain those barriers. Because, you know, we do not tell people to use nutritional supplements and stuff like that.

To save off HIV infection, we tell them to use condoms. A physical barrier to infection. You know what I mean? What chickenpox, or monkeypox, welcome to the party. We do not tell people to go take (unknown term) for that when it has nothing to do with monkeypox. We tell people to stay away from people with monkeypox.

Do not touch them. Because you actually need a physical barrier against infection.

Because viruses, even though they are parasites and they are not technically living things, they do exist in time and space. They blow through the air. Which is how they propagate. So, even

the simplest things about like trying to remind people of that can be helpful.

And then just quickly, getting back to some of the logistics. I mentioned, you know, a lot of the content planners that are out there. You can schedule things right from Canva which is supercool and convenient. There are other platforms like content studio, and Hootsuite, and a lot of free ones as well like Canva, that you can schedule.

That really helps in planning. We like to map out the whole year. There is different campaigns you can useâ€ We do sort of supplementary content, as well.

This is all about building engagement and keeping people engaged with their platform. I guess. So that they will keep coming back. You can do basic promos about who you are and what you do.

Greeting card so to speak. Which is happy pride, for example. Different pieces that are engagement pieces that telegraphed people either your ally ship, or belonging in a certain community.

There is also events, if you have a physical event or resources to share. We also do seasonal things, holidays, health awareness week, we build content around that, as well. Because people are still scrolling on their Christmas break. You might as well seek in another message about COVID while they are doing it.

Again, timing. Once you start to get into the groove, start looking at your analytics. Start looking at what times of day different pieces work. We kind of found that when we post articles and more factual things, people engage with that more during the day.

Whereas some of our funnier pieces to better in the evening. Like off work hours. So, look at and see what your peaks are. And then start adjusting your scheduling towards that.

And then as far as social media platforms, again, you know, (Laughs) Another factor besides all of the others is sort of the age and demographics of your audience. That may kind of dictate which platforms you choose.

For example, we do different content on Tik Tok and Twitter then we would post on LinkedIn, obviously. You have to balance that according to what your goals are and what your vision is. Or the voice of your social media channel. I will try to breeze through this quickly. We have some questions in a chat and I kind of want to address those briefly if we get the chance.

But, Facebook is really great for social groups. So, if you have a page, may be considered doing a group. Because people really engage with those a lot. And then for Twitter, the Twitter spaces they have, they also get a lot of engagement and a lot of people join them.

You know, on a Saturday afternoon. If you ever want to connect directly with your audiences, and will live stream, that is a really great way to do that and it makes it really personable and relatable.

A quick note for Insta, you will have to set up a link and bio if you have resources or websites and things and links to share. You can do that easily with link tree.

We utilize that and it is very easy. There are a lot of other free platforms like that that you can

use for your link and bio, as well. We also, you know, utilize other platforms like YouTube and Tik Tok for reels and shorts.

I think there is a lot to say about storytelling. We'll get into that a little bit more in our fourth and final webinar. About storytelling as a device. So, it is always helpful to have either experts or people who have their own testimonials to talk about. Or even funny ones. You should try to mix it up and have a diverse offering.

In terms of the types of content that you develop. It does not have to just be static graphics. I think people also resonate a lot with videos, as well. And audio.

A quick note about hashtags, definitely capitalize the first letter of each word. Again, for accessibility software that reads hashtags out loud. It is easier when it is capitalize. Otherwise it sounds like (indiscernible) words.

Research the high stakes that are popular with your target audience. This is a great way to just - if you are not familiar with queer, disabled communities. If you are not familiar with Black, autistic communities, check out the hashtag.

And read the posts. See how people interact and how they flex in their own space when they are in their own safe spaces. There is a lot to be learned there, I think.

In terms of building your own safe space and inclusive space for preparations. So, that is a good way to kind of familiarize yourself if you feel like, "oh, I do not know how to build content that would be relatable for Latinx population."

OK, well look at some stuff and check it out for yourself. Again, storytelling also is key. You can use a lot of different people to do this.

I think it is very effective and very engaging for lots of different users. You can use music and all kinds of stuff that really engages people with different needs.

And there is also audio posts. Which can be helpful. You can combine a graphic with an audio voiceover kind of thing.

But obviously, with any of the video tools and audio posts, do not neglect the accessibility options like close captioning and transcription services which are available in most platforms. There is also better tools than the standard ones out there, as well.

Certainly, keep that in mind. If you are making video or audio content, as well. Obviously, share. The more you share, the more the algorithm picks things up into the more people. Utilize that as much as possible.

That is a really great way to get engagement. Back to trolls. I guess this might give me a quick chance to address some of the questions.

I do not know, I do not have all the answers. We are at a point in a pandemic that I like to call the day on the joke point because we have been doing this for two years, everyone has heard enough by now.

To know it is really just unfortunate that our society is driven so much by commerce and

capitalism and that we prioritize money so much more than human life.

It is hard, I think. Because people want to have fun. They went to go to the movies and spit on each other and spit on everyone's popcorn.

You know, go do the things they want to do. We have not done a good enough job of really imparting the risks of all of those activities.

And we have not -- definitely have not done a good enough job of contextualizing the consequences of those. I feel like we have all kind of lost sight of the nearly, I do not know, 14 million people world wide who have lost their lives due to COVID. It is a ticking number. I do feel like there's a lot of depravity that has crept into our civilization that way. Where we have stopped caring about people.

When you think about neuro diverse and disabled communities and those who are further marginalized by being a visual minority, you know, I do not know how much we care about things as society. I will say that. It is not all doom and gloom, because you are all here.

I think you should always be open, right? Always be ready to fill up that block. We do in a heartbeat. We are anti-anti-vacs at (unknown name) medicineâ€ I do not know who left the bridge on my end (Laughs).

I do not know bridge structure, I do not know what it feels like to be the troll of the bridge. In the real world, we know what our communities need to stay safe. And the messages we need to convey. So, if we can reach those people, then we are doing our jobs. There will always be trolls. Quite quickly, who knows if they are real people in our society.

I feel like the more we can push compassion to the forefront, the more we can show that we actually care about our fellow human. I hope that the more that seeps in and starts to turn the tide.

We are at a really precarious place right now with the emergence of monkeypox, with a new wave ready to crash over our summer plans as we speak. You know, we got this evergreen map out here that people do not really understand status for community levels map is not the same as a transition map. Which is blood red.

So, it is all these little things that we are constantly failing people on. So, I do not know. I guess to encourage you, I would say, if you can make sure to get your little corner of the world straight and to push past that corner and as much as you can, put as many people as you know with the right messaging and with the right attitude.

Maybe at the very least, we can try to protect the ones that are most vulnerable. Try to protect the people that always get left behind. Just like that image I showed earlier, a lot of other people are going to be alright. You know? They have access to the drugs, they have a great hospital in their community, they will be fine.

Maybe (Laughs). It is not always the case. It is always a roll of the dice with COVID. You never know. Focus on the community that you care about. Make sure they're not left behind. That they have the tools they need.

And put your mask back on! That is the only thing I have to leave you with. Put your mask back

on. Where to if you need to. But, it is not over. The more hosts that we willingly give COVID, the more billions of opportunities it has with all of ourselves to mutate, replicate, and bring us the next new variant.

Or hybrid variant. Or escape variant. That would take us right back to ground zero. And looking for another vaccine. So, that is what I guess I want to leave with you for now.

Focus on your population, we are the people that care about doing the work. To message them and to keep them safe. Try to let that sustain you and encourage you. Keep doing that.

Find your voice. You know, do not just postings and not interact. Interact with your audience, ask questions in your post, and answer people when they text you or DM you. And make people feel included, because they should be.

So yeah, thank you for being with us today. I would encourage you to reject AUCD or hood medicine if you have additional questions. We will be back on July 11 for the final webinar for our series which will focus on more of the storytelling aspect of this. And how to incorporate that into your toolbox.

And I am just really encouraged that there are so many people here that care about their fellow humans. Thank you for coming, and have a great day.

SPEAKER:

Thanks, everyone. If you did not see further up in the chat, I dropped the link to AUCD's previous webinars. Both of hood medicine and UCLA's past webinars in the series are on there. This current recording will be up on there at some point in the near future. As well as (indiscernible). If you have any questions about where to find them, get in touch with me or Charisse.

My email is sban@aucd.org. And thank you for coming, and thank you to our presenters.

DR. NEECEY HUDSON:

Thanks, guys.

Live captioning by Ai-Media

