

Transcript

00:01

hello everyone and welcome today's

00:03

to today's talk sponsored by the center

00:05

for health and medical communication at

00:07

louisiana tech university

00:09

and the american medical writers

00:10

southwest chapter

00:12

please join us today for the health and

00:14

medical communication series speaking

00:16

speaker where dr catherine yankova

00:19

will be presenting to us on her research

00:22

on the coping with kova 19 project

00:24

everyday stories and negotiations of

00:26

public health

00:28

a little bit about our speaker before we

00:29

begin

00:31

dr suarez is an assistant professor of

00:33

professional and technical writing at

00:34

the university of maine

00:36

where she also directs the department of

00:38

english's internship program

00:40

she is particularly interested in how

00:42

people make sense of

00:43
health information in their everyday
00:45
lives and she works closely with
00:47
community partners
00:48
on research and health communication
00:50
projects
00:51
her work has appeared in journals like
00:53
technical communication quarterly
00:56
rhetoric of health and medicine rhetoric
00:58
review
00:59
and the michigan journal of community
01:00
service learning
01:02
thank you dr swahoff for joining us
01:04
today and sharing your expertise with us
01:06
a few words before we begin please for
01:09
purposes of today's talk all microphones
01:11
will be muted during the presentation
01:13
session
01:14
and we would ask that everyone please
01:16
keep their cameras muted also
01:17
to minimize bandwidth our presenter will
01:20
speak for roughly 40 minutes
01:22
at the end of which we'll open the floor
01:24
to question and answer

01:26
at that time we would ask that you
01:28
please type questions you have
01:30
in the chat box that appears to the
01:31
right of your screen
01:33
and questions will be read off
01:34
individually in the order that they
01:36
appear
01:36
to be answered in turn thank you all
01:39
very much for your participation in this
01:41
event
01:41
dr swaha thank you for joining us the
01:43
floor is now yours
01:45
thank you so much dr sanemont for
01:47
organizing this event and for inviting
01:49
me to speak today it's wonderful
01:51
to be here virtually with you all today
01:54
and as kirk mentioned
01:55
as a researcher whose home fields
01:58
include technical and professional
01:59
communication
02:01
and the rhetoric of health and medicine
02:03
i'm mainly interested
02:04
in how people negotiate and use public

02:07
health information
02:08
in their daily lives so as i'm sure many
02:11
of you have experienced in your work and
02:13
or your personal lives there are often
02:15
quite large gaps between what we might
02:17
call
02:18
official channels of health
02:19
communication and what people do with
02:21
that information how they talk about it
02:23
how they interpret it how they act upon
02:25
it every day
02:26
and of course has put some of
02:28
those gaps in really sharp relief
02:33
so just to give you a sense of where
02:34
we're going today in this talk
02:36
first i'll give you some context behind
02:38
the larger project as a research study
02:41
so what is the coping with covid project
02:44
and then i'll talk a bit about why this
02:46
type of research is important to health
02:48
and medical communication in
02:50
practice
02:53
then i'll share just a few early

02:54
findings from this research which is
02:56
still ongoing
02:57
so what has the study found so far
03:00
and then finally i'll talk about some of
03:04
the impacts this project has had so far
03:06
and what we can learn from it as health
03:08
and medical communicators so here i'll
03:09
touch both on some recommendations that
03:11
this project leads to
03:13
specifically in terms of cobia 19
03:14
messaging
03:16
and then also some strategies for doing
03:17
similar projects in general no matter
03:19
what the
03:20
health or medical issue or context might
03:22
be
03:25
so first what is the coping with covid
03:27
project
03:30
i began this project in august 2020 when
03:32
the coven 19 pandemic was still fairly
03:35
new
03:35
in the united states and when as i'm
03:37
sure you can all remember

03:38
public uncertainty was high regarding
03:41
what the coming fall
03:42
and the winter would look like so the
03:44
project is both a research study
03:46
and a space for public storytelling
03:48
about daily life during the pandemic
03:50
particularly as it's been affected by
03:52
covert related public health guidelines
03:55
so the project includes a public website
03:58
copingwithkovidproject.org
04:00
and i know this text might be really
04:01
small on your screen but this slide just
04:03
shows a screenshot from the project
04:05
website's home page
04:06
and i just wanted to give you a sense of
04:08
that and then and we'll look in more
04:09
depth at some of it
04:11
a bit later on but from this home page
04:14
participants can
04:15
share their story of coping with cobit
04:17
they can browse other stories that have
04:19
been shared through the project
04:20
they can also find covid related

04:22
resources and then they can learn more
04:24
about the project in general
04:29
i developed the study portion of the
04:31
project using an image-based methodology
04:34
called living visual voice which draws
04:35
from photo voice and other image-based
04:37
methodologies
04:39
and here you can see the page on the
04:40
website that explains to potential
04:42
participants
04:43
what the study is asking them to do
04:45
which is first
04:46
to take one to five photos or brief
04:48
video showing how they are adapting
04:50
covert related public health
04:52
recommendations
04:53
into their daily lives then to write a
04:56
brief story or caption
04:57
describing their photos or video and
04:59
there's some questions there to prompt
05:01
participants thinking
05:02
for example how are you incorporating
05:04
public health guidelines

05:05
like wearing a mask or staying six feet
05:07
from other people into your everyday
05:09
routine
05:10
what challenges or successes have you
05:11
faced in doing so
05:13
and then participants can click um on a
05:16
google form which allows them to upload
05:18
their images and stories
05:19
and also to decide how they want those
05:21
materials to be shared so they can
05:22
decide if they want
05:23
their materials displayed publicly on
05:25
this website or only used for research
05:27
purposes
05:29
and then that form also asks them just
05:30
some basic demographic questions
05:35
the main objectives of the study and the
05:37
project include
05:39
first to better understand how people
05:41
negotiate public health guidelines
05:43
within their everyday
05:44
context during crises such as the cova
05:46
19 pandemic as i already mentioned

05:49
second to provide a public forum for
05:51
participants to share their experiences
05:53
coping with kobit through the study's
05:54
public website
05:56
and then finally to leverage those
05:58
stories to help develop localized public
06:01
health
06:04
resources so that brings us to the
06:06
question
06:07
why is this important um there's been a
06:10
lot of burgeoning research in my home
06:12
fields of technical and professional
06:13
communication
06:14
and the rhetoric of health and medicine
06:16
oops excuse me
06:18
get ahead of myself here
06:21
that argues for developing a better
06:23
understanding of how scientific
06:24
information is experienced lived and
06:26
narrated
06:27
by people in their everyday lives and i
06:29
know that some of that research might be
06:30
familiar to you

06:34
much of that research is responding to
06:36
what's known as the traditional deficit
06:38
model of scientific
06:39
communication in which it's assumed that
06:41
public audiences simply do not
06:43
understand scientific data
06:44
or they don't have access to it so in
06:46
other words they have some kind of
06:47
deficit in their knowledge
06:49
and therefore what's needed is
06:50
scientific information that simply
06:52
imparts more information
06:54
or more clearly stated information from
06:56
experts to the public to fill that
06:58
deficit
06:59
so what i tried to depict here in this
07:01
graphic with the word balloon around
07:03
scientific knowledge and experts is that
07:06
this deficit model
07:07
places scientific experts in the
07:08
speaking position the ones who then
07:10
impart their knowledge into the sort of
07:12
empty container of public audiences

07:14
minds
07:15
so this model is also known as the
07:16
container or unidirectional model so
07:19
again with the idea that scientific
07:20
knowledge is typically what's needed
07:22
and it just needs to move in one
07:24
direction from the experts to the minds
07:26
of the public
07:27
but the public doesn't speak back and of
07:30
course researchers
07:31
have heavily critiqued this model by
07:33
showing that other forms of knowledge
07:35
such as experiential cultural emotional
07:38
or physical knowledge
07:39
are not only equally valuable in many
07:41
cases to scientific knowledge
07:43
but are also integrally tied up with how
07:45
that knowledge is produced
07:47
and heavily influenced how people
07:49
understand scientific information
07:51
and how they might modify their behavior
07:53
or not
07:54
based on such information so what we're

07:58
moving to
07:59
then from the deficit model is more of a
08:01
participatory approach or
08:03
multi-directional model
08:04
which really embraces and seeks out
08:06
various other forms of knowledge or
08:08
expertise
08:09
that can inform how people understand
08:11
and act on scientific information
08:13
so this is the idea then that scientific
08:15
knowledge is really in dialogue
08:17
with public audiences with other forms
08:19
of knowledge and so
08:20
in this graphic here you can see that i
08:22
put both scientific knowledge and public
08:24
audiences
08:25
in word balloons to show that under this
08:27
model they speak to one another
08:30
and again i know that that probably this
08:32
is familiar to many of you but that said
08:34
i think these models are much easier to
08:36
think about theoretically and to
08:37
theorize and say okay that makes sense

08:39

but then of course it's much harder to

08:41

do this and practice and move toward a

08:43

more participatory approach

08:45

so we could point to many examples of

08:47

the deficit model

08:48

still in action particularly within the

08:50

context of covid

08:52

and i'm going to give you just one

08:53

example that i think particularly shows

08:55

how hard it can be to move towards this

08:57

more participatory approach

09:02

this slide shows a screenshot of an

09:04

article from the new york times back in

09:05

march of this year

09:07

and the article is reporting on a public

09:09

health initiative undertaken in newham

09:11

which is a borough of northeast

09:12

london where early on they had some of

09:14

the highest rates of covid cases and

09:16

deaths in

09:17

england so at the time in march they had

09:20

328 deaths per 100 000 people

09:23

just in this borough of new ham and

09:25
public health experts attributed that
09:27
high death rate mainly to the prevalence
09:29
of overcrowded
09:30
multi-generational housing in the area
09:33
which has a large low-income and
09:34
immigrant population so people were
09:36
coming down with covid and they quite
09:37
literally were not able to
09:39
to self-isolate from family members or
09:41
housemates within their tight living
09:43
spaces
09:45
so public health experts in the region
09:47
came up with a plan in which the local
09:48
government
09:49
rented rooms in two luxury hotels in the
09:51
area and you can see the picture of one
09:53
of them
09:54
on the screen shot here on this slide
09:56
and at one hotel people with covid
09:58
could stay isolated until they recovered
10:00
from the virus and at the other
10:01
people who had housemates with covid
10:03
could stay while their housemates were

10:04
covered at home
10:06
and at both hotels the government paid
10:08
the tab in full
10:09
including providing food so on the
10:11
surface this sounded like a great plan
10:13
and it's similar of course to other
10:14
programs such as the copa 19 hotel
10:16
program in new york city
10:18
which has been fairly successful
10:21
however the problem in this case quickly
10:23
became that the rooms in new hampshire
10:25
virtually empty
10:26
so in march when this article was
10:28
written only one room at each of the
10:30
hotels had been occupied since the
10:31
program
10:32
began in february so public officials
10:35
did some canvassing
10:36
and found a lot of community members
10:38
telling them that they simply did not
10:40
trust this idea whatsoever
10:42
so for example the community has a lot
10:44
of undocumented residents

10:45
who were of course worried about
10:46
deportation and then other residents did
10:49
not trust that the program would truly
10:50
be free
10:51
they expected to get a huge bill down
10:53
the line if they stayed at one of these
10:54
hotels
10:55
and that mistrust stemmed from prior
10:57
negative experiences with the government
10:59
with governmental programs and then
11:01
there were some other cultural factors
11:03
at
11:04
in play as well so with this example
11:08
i think we see partly the deficit model
11:09
at work the idea here that once
11:11
experts devised a way to address a
11:13
public health problem which of course
11:15
was grounded in the science supporting
11:17
self-isolation
11:18
and then simply communicated to the
11:20
public it should work in theory
11:22
but i should also say here that they did
11:24
employ leaders from the immigrant

11:26
communities in new ham
11:28
who they call champions to help spread
11:29
the word about the hotels
11:31
so there was some effort at community
11:32
participation in terms of distributing
11:34
the concept
11:35
once it was already in place the concept
11:38
itself was developed in more of a
11:39
top-down way
11:40
in more of a top-down way excuse me now
11:43
what i also find interesting here is
11:45
that this article in the new york times
11:46
frames this problem mainly as one of
11:48
messaging so as you can see here
11:51
from the title of the article it argues
11:53
that the pandemic needs its smoky bear
11:57
and then later it goes on to argue which
11:59
you may or may not be able to see at the
12:00
top of this screenshot
12:02
that quote the coronavirus has yet to
12:04
produce an indelible slogan
12:05
let alone campaigns reminiscent of the
12:07
bond efforts that raise millions during

12:09
the two world wars so the article's
12:11
really framing this is it's just a
12:12
messaging problem
12:14
but what i think this example really
12:16
shows is that the success of such
12:18
initiatives is not only based on public
12:20
health messaging which is important for
12:22
sure
12:23
but also both on number one very
12:26
tangible material factors
12:28
so for example in this case we have the
12:30
fact that these were luxury hotels
12:32
which did not reflect the types of
12:33
accommodations that this population
12:35
might be used to
12:36
or would expect from a free government
12:38
program
12:40
and then number two on harder to capture
12:42
but just as influential social and
12:44
cultural factors so factors like
12:46
government mistrust
12:48
or cultural intergenerational familial
12:50
relationships so for example the idea of

12:52
leaving a family member in a time of
12:54
need
12:54
when they were sick from covid to stay
12:56
at a luxury hotel
12:58
might not have aligned well with the
13:00
cultural narratives of many people in
13:02
this community
13:04
so while this initiative tried to take
13:06
some of those factors into consideration
13:08
like the fact that many people in the
13:10
community simply could not self-isolate
13:12
within their tight living arrangements
13:14
what it did not do early enough in the
13:16
planning process was to try to get a
13:18
sense of how such an initiative
13:20
would or would not resonate with its
13:21
audience's everyday lived experiences
13:24
experiences which include of course much
13:27
more than a scientific or rational
13:29
understanding
13:29
behind the need to self-isolate and also
13:32
include
13:32
cultural social material and embodied

13:35
experiences or understandings that
13:36
heavily influence behavior
13:39
and it's those other types of
13:40
experiences that a more participatory
13:42
approach
13:43
would really try to get into dialogue
13:44
with right from the beginning
13:46
at this type of initiative
13:49
but of course that raises the question
13:50
of how to do that which of course is
13:52
easier said than done
13:56
one way is through recognizing and
13:58
leveraging the value of story
14:00
so this slide shows another screenshot
14:02
from the coping with covet project
14:04
website
14:05
which includes a carousel of
14:06
participants stories that have been
14:08
submitted through the project
14:09
and again i know that might be difficult
14:11
to read but we'll explore some of those
14:13
stories in depth here in just a minute
14:16
but if you remember from earlier this

14:19
project invites participants to share
14:21
both visuals and stories from their
14:22
daily life
14:23
incorporating covid 19 public health
14:26
guidelines
14:27
and while there's many ways we could try
14:28
to get a better sense of people's lived
14:30
experiences and context
14:32
story has been shown to be a
14:33
particularly apt method
14:35
as we often make sense of the world by
14:37
sharing stories
14:38
so there's ample research that has shown
14:40
stories both to be an effective way to
14:42
render scientific information
14:44
more relatable to public audiences and
14:47
to be an effective research tool in
14:48
gathering and understanding people's
14:50
more contextualized experiences
14:52
for example emily lake and patricia
14:55
sullivan argue that storytelling can
14:57
reveal what they call
14:58
networked ways of knowing which is how

15:00
people build knowledge in relation to
15:01
their context
15:03
and that can include their physical or
15:04
material context
15:06
as well as their social and cultural
15:07
context
15:10
and then combining written or verbal
15:12
stories with visuals
15:13
can further help to shed light on such
15:15
context
15:16
specifically by highlighting overlooked
15:18
physical or material barriers
15:21
that might prevent people from following
15:22
certain public health guidelines
15:24
but that are difficult to capture
15:26
through language alone
15:32
so now in thinking about what the study
15:34
has found so far i'm going to share with
15:36
you just a few of the stories and images
15:37
that participants have submitted that i
15:39
think particularly show
15:40
scientific information and public health
15:42
recommendations about cova being

15:44
negotiated within some of the larger
15:46
contexts of participants everyday
15:48
realities
15:50
and i should say here just by way of
15:51
context that participants have been and
15:53
continue to be
15:54
recruited widely across the u.s with
15:56
most of them right now coming from maine
15:58
where i'm located
16:00
and also many coming from louisiana
16:02
where dr sanamant and the center for
16:03
health and medical communication at la
16:05
tech
16:06
have been helping out with both
16:07
recruitment and with usability testing
16:09
of the project website
16:11
and participants range in age from 18 to
16:14
70
16:15
with a large amount of the participants
16:17
falling in that 18 to 29 age group
16:19
so most of the examples from the project
16:21
that i'll talk about today
16:23
focus on a college age demographic but i

16:26
have the study intentionally set up to
16:28
be really flexible and recruiting
16:30
populations as the project continues to
16:32
evolve
16:35
okay so with that being said let's dive
16:37
into some of the stories
16:40
so here's one story alongside one of the
16:42
images it was submitted with and i know
16:44
this image might be obscured a bit by
16:46
other windows on your screen so i'll
16:47
just describe it briefly
16:49
the image shows an army swearing-in
16:51
ceremony with a man in fatigues who has
16:53
his back to us
16:54
and he's taking a picture of two other
16:55
people also in fatigues in front of an
16:58
american flag and they're in a big field
17:00
and everyone's wearing masks
17:02
and i recognize that this text might
17:04
also be really small so i'm just going
17:05
to go ahead and read this story
17:07
and then i'll talk a bit about what i
17:08
think we can gather from it

17:10
and just a few notes before i begin i've
17:12
shortened the story just a bit for the
17:14
sake of time
17:15
but i've not otherwise edited it and to
17:17
give you some context for this
17:19
participant
17:21
according to the demographic information
17:22
she submitted she's a self-described
17:24
female
17:25
in the 18 to 20 age group who resides in
17:27
maine
17:28
so go ahead and read this story untitled
17:31
by anonymous
17:32
the last picture is of my swearing into
17:34
the army it was a very big moment for me
17:36
that was changed slightly due to cover
17:37
19. i was required to wear a mask during
17:40
it
17:41
as was everyone involved and my friends
17:42
and coach who came out to support me
17:44
the whole wearing mask for me doesn't
17:46
really do anything if anything it almost
17:48
ruins simple pleasures

17:50
like i have a nice photo of me in front
17:52
of the american flag in uniform during
17:54
my ceremony but i had to wear a mask and
17:56
look stupid
17:57
hiking katahdin my friend and i chose a
17:59
horrible windy rainy day to hike
18:01
so no one else was on the mountain so we
18:03
didn't wear a mask at all during our
18:04
hike
18:05
we passed maybe two or three other
18:07
couples and being out in the wilderness
18:08
none of them had mask on either
18:11
keeping six feet from people doesn't
18:12
work either as the majority of people i
18:14
hang out with in public
18:15
when people would see me not wearing a
18:17
mask or maintain six feet of social
18:19
distance
18:19
i also hang out with in my apartment and
18:21
i'm not going to wear a mask in my
18:23
apartment or keep six feet from my
18:24
friends
18:25
there so why do i have to do it in

18:27
public it makes no sense
18:28
and cobia 19 guidelines just don't work
18:30
they are scare tactics
18:35
so we have a participant here who is
18:37
clearly not on board with public health
18:40
guidelines completely and we see that
18:42
when she states and i have these quotes
18:43
now highlighted in blue
18:45
the whole mask wearing for me doesn't
18:46
really do anything if anything
18:48
it almost ruins simple pleasures and
18:50
then she describes her army swearing in
18:52
ceremony when she had to wear a mask and
18:54
look stupid
18:55
and then we see some resistance again
18:57
when she writes i'm not going to wear a
18:58
mask in my apartment or
19:00
keep six feet from my friends so why do
19:02
i have to do it in public it makes no
19:03
sense
19:04
cover 19 guidelines or scare tactics etc
19:08
and yet despite this clear resistance we
19:10
also see her trying to navigate

19:12
um these public health recommendations
19:14
rather than completely dismissing them
19:17
so for example here she writes about not
19:19
wearing a mask when she's hiking
19:21
katahdin which is the highest mountain
19:22
in maine
19:23
but we can see so on one hand we can we
19:26
might call that non-compliance right she
19:27
doesn't wear the mask and this story was
19:29
submitted when we had a blanket
19:30
um mask mandate in maine no matter
19:33
whether you were six feet or not from
19:34
someone
19:35
but yet on the other hand she also
19:37
suggests that she deliberately chose a
19:39
horrible windy rainy day to hike so no
19:41
one else was on the mountain
19:43
so i think that we see here there's some
19:44
effort on some level to
19:46
follow covert related recommendations
19:48
and maintain social distance
19:49
by going on a windy day
19:53
so rather than strict compliance or

19:54
non-compliance we have negotiations
19:56
between the two
19:57
we might say that there's sort of a
19:59
fuzzy lived area between compliance and
20:01
non-compliance going on here
20:03
and we can see those negotiations being
20:05
motivated by several factors
20:07
so for example the mention of clova 19
20:10
guidelines of scare tactics
20:11
could suggest a political or social
20:13
leaning while her suggestion that it
20:15
makes no sense to have to wear a mask in
20:17
public
20:18
when she doesn't in her apartment could
20:20
indicate a lack of
20:21
understanding of the scientific
20:22
rationales behind such guidelines
20:24
and or it could indicate an affective or
20:27
social pressure belief that competes
20:29
with that scientific understanding
20:31
so in other words how she approaches a
20:33
public health recommendation like wear a
20:35
mask

20:36
involves factors and negotiations beyond
20:39
not just having the scientific
20:40
information
20:42
or not understanding it which is really
20:44
making some negotiations here now also
20:48
what i think this format of
20:50
story particularly shows is how this
20:52
participant is making negotiations both
20:54
within the more mundane
20:56
moments of her life so for example when
20:58
she's in her apartment
20:59
but also within the larger context of
21:01
how she views her larger personal story
21:05
so we can see some subtlety here and
21:06
that she's specifically opposed to
21:09
wearing a mask
21:10
during her swearing-in ceremony which of
21:12
course is a significant life event
21:14
she calls it a very big moment for me in
21:16
which she feels then that the mask makes
21:18
her look stupid
21:20
so again her understanding of the mask
21:21
is something that she's viewing and

21:23
framing here in terms of its role within
21:24
the larger story
21:26
trajectory of her life and how she views
21:27
that story how she narrates it and how
21:29
she wants it to be remembered
21:31
through for example photos like this one
21:38
so now let's look at two other examples
21:39
and i've also shortened these just a bit
21:41
for the sake of time
21:42
but similar to the last participant
21:44
these participants are both
21:46
self-described females in the 21 through
21:48
29 age group
21:49
who reside in maine and these stories
21:51
were also submitted earlier this fall
21:53
when restrictions were pretty high
21:55
as well as uncertainty so again i'll
21:57
just go ahead and read both stories and
21:58
then we'll talk about them
22:01
face mask decor by anonymous coping with
22:04
covid is being too afraid to go shopping
22:05
at your favorite store
22:07
it's not being able to go home to

22:08
massachusetts to visit your family
22:11
it's waking up with a sore throat one
22:12
morning and freaking out if i could have
22:14
it
22:14
and checking my temperature every hour
22:16
it's having to work from home and not
22:18
being able to remember the last time you
22:20
left the house
22:21
it's having your anxiety and depression
22:23
skyrocket
22:24
and just having to deal with it because
22:25
you're too scared to go to the doctor
22:26
right now
22:28
it's having to find a new hobby to pass
22:29
the time and make life exciting again
22:32
and then this story goes on to describe
22:34
her newfound crafting hobby and how
22:36
making crafts like the sign you see
22:38
to the right of that story has helped
22:40
her to cope
22:42
busy by anonymous imagine trying to
22:46
apply to graduate school when you can't
22:48
even go to the movies

22:49
do i plan to move across the country how
22:51
are their numbers
22:52
are they wearing masks when i go to the
22:54
store now i find myself counting how
22:56
many people are not properly wearing a
22:57
mask or not wearing one at all
22:59
i try to go to restaurants but too often
23:01
my skin starts to crawl
23:03
i wonder how well things are being
23:04
cleaned how effective their face shields
23:06
are
23:07
so when people ask me how things are i
23:08
say busy i don't say that i'm always
23:11
nervous
23:12
i don't talk about the anxiety
23:19
so both of these stories show of course
23:20
some of the strains on mental health
23:22
that not just the pandemic in general
23:23
have placed on so many people and i
23:25
think that's been talked
23:26
about and reported on quite a bit but
23:28
specifically the mental strain of both
23:30
trying to follow covet related public

23:32
health guidelines on a daily basis
23:35
and trying to navigate them within the
23:36
larger story or context of one's life
23:39
so for example in face mask decor we
23:42
have the practice of temperature checks
23:44
in public spaces
23:45
being incorporated into this
23:47
participant's daily home life as an
23:49
hourly check when she has a sore throat
23:51
and then in busy we have recommendations
23:53
like wearing face coverings and
23:55
sanitizing surfaces
23:56
being literally felt as physical
23:58
sensations of this participant's skin
24:00
crawling
24:00
or as affective sensations of living
24:03
living in fear
24:05
so we have a similar type of tension
24:06
that we saw in that first story where
24:08
participants are trying to negotiate the
24:10
fuzzy lived areas between compliance and
24:12
non-compliance
24:13
and while these two participants don't

24:15
explicitly reject or question public
24:17
health
24:18
guidelines as we saw in that first story
24:21
they're similar similarly trying to
24:23
figure out the limits or extents of
24:25
particular recommendations
24:26
both within the context of their daily
24:28
lives and within their larger stories
24:33
so in face mass decor we can see this
24:36
question of
24:37
what's worse going to the doctor given
24:39
my larger experience with anxiety and
24:41
depression
24:42
and the fact that those are skyrocketing
24:44
or not being not going at all given
24:46
covet
24:47
and then in busy we can see this
24:49
question of
24:50
how can i imagine applying to graduate
24:52
school and moving across the country
24:53
when my daily life is so different that
24:55
i don't feel comfortable going to the
24:56
movies

24:57
and then also how do i tell my story or
25:00
my experience to other people
25:01
when they ask me how things are going so
25:04
again it's not so much that they don't
25:06
understand certain public health
25:07
guidelines
25:08
which is what a deficit model might
25:10
assume but rather i think these stories
25:12
suggest that for these authors
25:14
incorporating those guidelines into
25:16
their lives
25:16
involves negotiations with other types
25:18
of knowledge or experience
25:20
like affective knowledge or experiences
25:22
with mental health
25:24
and with the larger context of how they
25:26
see those personal stories playing out
25:28
so they're trying to fit those
25:29
recommendations into the larger stories
25:31
of their lives we could say
25:33
and there's many other stories i could
25:35
have shared that show similar themes
25:41
this now brings us to the question what

25:43
have we already and what can we continue
25:44
to learn from stories like these in
25:46
terms of public health communication
25:48
and here i'm going to talk both about
25:50
implications for copenhagen messaging
25:52
specifically
25:53
and then for carrying out similar
25:54
projects more generally
25:59
so to start this project's early
26:01
findings support some best practices for
26:03
health communication that research from
26:04
other related fields has
26:06
shown so for example david rand and ezra
26:09
yuli who are two behavioral science
26:11
researchers at mit
26:12
recently reviewed a large amount of
26:14
academic literature to come up with the
26:16
following checklist for coping 19 public
26:18
health messaging which i think is really
26:20
useful and this study also supports
26:23
the checklist includes number one
26:26
communicate the benefit to the community
26:28
so that might look like a message um

26:30
that states avoid spreading cover 19 to
26:32
others
26:33
instead of a message like avoid catching
26:35
copin 19 yourself
26:39
secondly make the ask unambiguous
26:41
categorical and concise
26:43
so saying something like wash your hands
26:45
after going to the bathroom which is
26:46
very
26:47
specific time right rather than wash
26:49
your hands frequently
26:51
frequently being a sort of ambiguous
26:54
phrase that could be interpreted
26:55
differently by different people
26:59
and then number three generate the
27:00
impression that others expect compliance
27:02
so a message like
27:04
80 of college students surveyed wear
27:06
their masks in public and expect others
27:07
to do the same
27:08
and i just made that up for the sake of
27:10
the example but if that were true
27:12
um versus just saying everyone should

27:14
wear a mask in public
27:15
and so these three come from julian rand
27:18
and i think that some of them for
27:20
example number two are trying to address
27:22
that fuzzy area between compliance and
27:24
non-compliance that we saw in the
27:25
stories from this project
27:27
and then number one and number three are
27:29
getting a bit at how people are thinking
27:31
about the guidelines
27:32
in terms of their larger context or
27:34
stories
27:36
but i also think that we can add several
27:38
principles to this checklist based on
27:40
what we've been discussing today
27:41
so i've called this slide an expanded
27:43
cover 19 messaging checklist
27:46
and i've added number four encourage
27:49
audience participation
27:51
so again in the spirit of participatory
27:53
science communication
27:55
um and also thinking about a college
27:56
student audience this could look

27:58
something like
27:59
share a picture of how you socialize
28:00
with your mask on at
28:02
x hashtag if it was part of a larger
28:05
campaign for example
28:06
versus the message it's important to
28:08
wear your mask in public
28:10
which doesn't really open up a
28:12
multi-directional channel
28:14
and so this principle here could also
28:16
support principles from the previous
28:17
slide about communicating the benefit to
28:19
the community
28:20
and in giving and giving the impression
28:22
that other people in that community
28:23
expect compliance
28:27
number five make the message resonate
28:29
with both the individual users
28:31
and the larger community story so again
28:34
thinking about college students that
28:36
might look something like
28:37
nobody wants to wear a mask at
28:38
graduation so the message recognizes

28:41
that this doesn't fit with how a user
28:43
might be imagining that big life event
28:46
but we all earned being able to
28:47
celebrate safely so now we bring in here
28:49
the larger community story which depends
28:52
on
28:52
compliance to this guideline and then
28:54
the very specific recommendation
28:57
please wear your mask at all graduation
28:58
events versus a more general
29:01
make sure you wear your mask at
29:02
graduation
29:07
and then number six acknowledge other
29:09
types of knowledge
29:10
or experience beyond rational or
29:12
scientific knowledge
29:14
so again in a message for college
29:16
students that might look something like
29:18
wearing a mask can be hard knowing you
29:20
may have spread coverage to a friend
29:21
would be harder
29:22
so that part acknowledges and leverages
29:24
the effective experience of following

29:26
the guideline and then something like
29:28
seek mental health support for covet
29:30
here and that could include a link
29:32
would both encourage participation and
29:34
offer a resource for people
29:40
so i'd like to give you a specific
29:41
example of how this project has been
29:43
working to put some of those principles
29:44
into action
29:45
what you see on this slide is a flyer
29:47
created by a student assistant on this
29:49
project
29:50
and he did some preliminary coding of
29:52
the story submitted by participants
29:54
specifically in the college age
29:55
demographic and then based on what he
29:57
found he created this flyer which we
29:59
then sent to the coveted communications
30:01
team here at the university of maine
30:03
and they helped to work distribute and
30:05
display the flyer in undergraduate
30:07
residence halls
30:11
and if we check this flyer against the

30:13
expanded kobit 19
30:15
messaging checklist i think it hits a
30:16
lot of the principles so it communicates
30:18
the benefit
30:19
to the community by also resonating with
30:22
both individual and larger campus
30:24
community stories by recognizing the
30:26
value of one student walking in
30:27
graduation with their fellow classmates
30:30
and as we saw in that first story from
30:31
today that's a really graduation
30:33
swearing-in ceremonies that type of
30:34
thing is really important part of this
30:36
demographics personal and collective
30:38
stories
30:40
and by bringing that personal and
30:41
collective story in
30:44
it also helps the message to acknowledge
30:46
experiences beyond the scientific data
30:48
behind mask wearing so we can check
30:50
another box there so here we have the
30:52
recognition that remembering your mask
30:53
is hard this may be tedious

30:55

it's an affective experience right and

30:58

then we have an appeal to a larger

30:59

emotional

31:00

personal and community gratification

31:02

that getting to graduation can evoke

31:07

then through telling that story of

31:09

getting to graduate with your classmates

31:10

by remembering to wear your mask

31:12

the flyer also generates the impression

31:14

that others in this case other students

31:16

are expecting compliance i think the ask

31:19

is

31:20

fairly unambiguous given the constraints

31:22

of the design here

31:23

it could be more specific given more

31:24

space but it is very concise and

31:27

categorical

31:28

so by aligning remembering your mask

31:31

with remembering your wallet or your

31:33

shoes

31:34

gives a student user the sense that

31:36

wearing their mask is just what they

31:37

need to do as part of their routine

31:39
when leaving their dorm room and that
31:40
sense is heightened by the placement of
31:42
these flyers in the residence hallways
31:46
so encouraging audience participation i
31:48
think could be improved in the message
31:49
itself so perhaps a hashtag inviting
31:52
students to share pictures of themselves
31:53
wearing their masks
31:54
could have been an effective addition if
31:56
this was part of a larger campaign
31:58
but i think the visual here does invite
32:01
the user to imagine themselves as part
32:02
of the story by not including a head
32:04
so users can imagine their own faces on
32:06
top of that gown
32:08
and of course then we have the link to
32:09
the cdc where users can go for more
32:11
information
32:13
and then finally at the bottom there you
32:15
might not be able to see it but it says
32:16
created by nate paul fourth year english
32:18
major
32:19
and and with the addition of that we get

32:21
the sense that
32:22
first of all this is part of a
32:23
collective story right so and we have
32:25
the impression that others expect
32:26
compliance because we see that this is
32:28
peer-to-peer communication it was
32:30
created by a student
32:32
and it also emphasizes the audience
32:34
participation that went into making the
32:36
flyer
32:37
so the process of creating the flyer
32:38
itself embraced audience participation
32:41
in the participatory model for science
32:43
communication
32:44
as the document was made by someone
32:46
who's part of its intended audience
32:48
who's actively involved in the coping
32:49
with covid project and who attuned this
32:51
flyer to other stories in that project
32:58
so that note brings us to some
32:59
strategies for a more story based
33:01
participatory project
33:03
process excuse me to both research and

33:05
practice in public health communication
33:07
that i'd like to leave you with and
33:08
these strategies are based not only on
33:10
this current project but also my
33:12
experience facilitating similar
33:14
participatory projects
33:15
and also on the wider academic
33:17
literature and the rhetoric of health
33:18
and medicine and other adjacent fields
33:20
who are doing similar work
33:24
so firstly get users involved as early
33:26
and as often as possible
33:29
and doing that can really help to align
33:31
initiatives and messaging
33:32
to those audiences everyday experiences
33:35
and stories
33:36
one way that we've been doing that with
33:38
the coping with covet project
33:40
is through dr stana motz and his
33:41
students help at the center for health
33:43
and medical communication
33:45
they've been conducting several rounds
33:46
of usability testing on the project

33:48
website
33:49
and a result of that testing has led to
33:50
several improvements of the site and its
33:52
overall user experience
33:54
and we've also been relying on
33:56
participant stories as they come in to
33:58
determine which resources we emphasize
34:00
and include on the site
34:02
i think we can also imagine how this
34:04
strategy might have helped the new ham
34:06
clobed hotel project that i discussed
34:08
earlier
34:10
and can really lead to a more
34:11
participatory process
34:14
secondly listen and adapt how people
34:17
want to participate or how they want to
34:19
communicate
34:21
so for example i conducted a different
34:23
project that used a similar method
34:26
over several years at a senior center
34:28
for low-income and disabled older adults
34:30
and that study similarly asked
34:32
participants to bring in photos or other

34:34
images
34:35
to in-person interviews with me but
34:38
ultimately only one participant in the
34:40
study
34:40
chose to bring pre-prepared images to
34:43
their interview
34:44
which is what the study protocol asked
34:45
them to do
34:47
and all of the other participants
34:49
instead just referred to images in their
34:51
immediate context
34:52
which was at the senior center where
34:54
they were speaking with me
34:56
but they didn't prepare images in
34:58
advance and that really changed how i
35:00
thought about the method of that project
35:02
so visual based methods are often lauded
35:05
for being empowering to participants
35:07
because they ask for images that can
35:09
help people to really showcase certain
35:11
aspects of their life that would
35:12
otherwise go unnoticed and i think that
35:14
that can certainly be the case

35:16
um but participants in this particular
35:19
study that i'm talking about here
35:21
didn't really seem to find the image
35:22
part of the study empowering or
35:24
preferable at all
35:26
they wanted to communicate in a much
35:27
more spontaneous
35:29
in context way and so listening and
35:32
adapting to that preference from
35:34
participants
35:35
really helped me and my partners at the
35:37
senior center to then adapt the
35:38
communication interventions that we were
35:40
developing
35:41
for that audience as part of the project
35:43
so we really had to sort of
35:45
listen and step back and say okay how do
35:47
our users how does our audience want to
35:49
communicate here how are they
35:50
communicating with us and then we
35:51
adapted as we went
35:54
and that brings me to the last
35:56
recommendation or strategy

35:58
and that's to embrace how a project
35:59
might involve and of course that one
36:02
might seem like it goes without saying
36:03
um but i think it's another one of those
36:05
things that we might all be on board
36:07
with but that's much harder to do in
36:08
practice i know i find this hard to do
36:10
sometimes
36:12
to give you an example i did not
36:13
originally intend
36:15
to partner with the koba communications
36:17
team on campus for the coping with covet
36:19
project
36:20
but that developed partly from a small
36:22
assignment that i gave students in my
36:24
document design course this past fall
36:27
and the assignment was to develop covid
36:29
related materials
36:30
to a specific population of their
36:32
choosing based on some early findings of
36:34
the study
36:36
and i found that most of the students
36:37
really just wanted to target the

36:39
population that they were part of and
36:40
that they felt most connected to in
36:42
terms of
36:43
covet which was other college students
36:47
so the students with irb approval of
36:49
course
36:50
actually helped to recruit college age
36:52
participants for this study
36:54
and then they created materials that
36:55
were attuned with those participants
36:57
stories
36:59
and we were not in partnership with the
37:00
campus communications team at the time
37:02
but after the students have produced
37:04
some really high quality work for
37:05
example the flyer you saw a few slides
37:08
ago
37:09
i reached out to our campus kobe
37:10
communications team to share the
37:12
students work
37:13
and i was met with an enthusiastic
37:14
response which has then led to further
37:16
collaborations

37:18
but this was sort of an unexpected
37:20
evolution of the project and i think
37:22
this last principle here
37:23
is especially important given kovid
37:25
which as we all know is such a rapidly
37:27
evolving situation
37:32
so that brings me to some next steps for
37:33
this specific coping with copic project
37:35
which i mentioned as i mentioned before
37:37
is ongoing
37:39
so first i plan to continue to adapt the
37:42
project
37:42
to the evolving copic 19 situation
37:45
and in fact i think the need for such
37:47
participatory and story driven
37:49
approaches will only become more
37:50
necessary
37:51
as the covet situation in many ways
37:53
becomes more ambiguous
37:55
so of course we have the vaccines and we
37:57
have increasingly more information about
37:59
how the virus works and how it spreads
38:02
at the same time we also have everyday

38:03
social situations um
38:05
in which there's more of those fuzzy
38:06
areas between compliance and
38:08
non-compliance that we were talking
38:09
about earlier so i think
38:11
full lockdown is pretty clear whether
38:13
people choose to follow it or not
38:15
but now we have situations for example
38:18
in which some people are vaccinated and
38:19
some are not
38:20
you know so what do you do or we have
38:23
situations where some people
38:24
or some communities feel more
38:26
comfortable relaxing social distancing
38:28
and some do not and then most pressingly
38:31
of course we have conflicting attitudes
38:33
toward getting a code vaccine
38:35
and how that might fit into people's
38:36
perceptions of their daily lives and
38:38
their larger stories
38:41
so i'm continually thinking about how to
38:42
adapt this project to those evolving
38:44
situations

38:45
and as i continue to do so i'm always
38:48
looking for potential partners
38:50
um or areas where this this type of
38:52
project can be of some use
38:53
so on that note please do not hesitate
38:55
to reach out to me if you'd like to talk
38:57
more if you'd just like to learn more
38:58
about the project if you want to
39:00
brainstorm together or collaborate in
39:01
any way large or small
39:03
i put my contact information really big
39:05
there in that
39:06
orange box because i'd be more than
39:09
happy to further connect with any of you
39:11
and for any of you who are calling in my
39:12
email
39:13
is katherine.swaha at maine.edu
39:16
and then the project website is coping
39:18
with covidproject.org
39:24
and then last but certainly not least i
39:26
have many people and organizations to
39:28
thank for their support and or their
39:30
work on this project so far

39:31
so thank you of course again to dr
39:33
sanamant for organizing this event and
39:35
for his
39:36
help on the project so far thank you to
39:38
the center for health and medical
39:39
communication at la tech
39:41
the american medical writers association
39:43
and the unic williamson endowment and
39:45
technical communication for
39:46
co-sponsoring this event
39:48
um thank you as well to the university
39:50
of maine mckillikitty humanities center
39:52
which is
39:53
supporting this project through a
39:54
generous grant then my home department
39:57
of english at umaine my administrative
40:00
support supervisor celeste cota who's
40:02
been helping a lot with grant management
40:03
and then nate paul beckham novak
40:05
elizabeth willard and sarah penny who
40:07
are student project
40:09
the humane copic communications team who
40:11
i've been partnering with

40:12

and then of course the project

40:14

participants for sharing their stories

40:15

and opening up their lives to this

40:17

project

40:19

and finally thanks to all of you thanks

40:22

for coming today look forward to your

40:23

questions and i look forward to

40:24

connecting with you further