



NAVIGATING MISINFORMATION GUIDE



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We would also like to thank the
individual RISE Communities for their
exceptional and inspiring work.

NAVIGATING
MISINFORMATION
GUIDE

I.

INTRODUCTION



Misinformed!

How health communicators can navigate the challenges of misinformation

Three years since COVID-19 overwhelmed the world, there has been no shortage of content about the pandemic. Amongst the mountain of discussion and analysis - some brilliant, some tedious, and most mundane - there continues to be a rapidly rising tide of misinformation, which must now be cut through.

In this document, we focus on the continuum of misinformation, which extends from gaps in scientific knowledge to outright lies on into conspiracy theories and propaganda. We conceptualise misinformation as the propagation of false information, which is most often spread due to ignorance or mistake.

It is closely related to disinformation, a form of misinformation that is spread for malicious or deceptive purposes. While they are equally harmful, the divergent motivations and mechanisms underpinning them mean they must be approached independently.

We are Josh Gryniwicz, founder of the Chicago-based, Odd Duck, John Emmerson, founder of London Agency, located in Melbourne, Australia, and Somava Saha, MD, MS, founder of Well-being and Equity (WE) in the World and co-lead of Communities RISE (Reach, Immunizations, System Change for Equity) Together.

We are changemakers and behavior-change communicators with a particular focus on social and health issues. We share a deep belief in the need to frame and deliver messages in ways that reflect and engage with the real lives of target populations and provide clear and practical pathways to respond.

We have joined together to create this playbook for communicators to navigate the growing reality of misinformation.

Misinformation is now embedded in health and medical communications, domains generally characterized by a workforce heavily invested in facts, stats, objectivism, and the avoidance of bias. Whilst misinformation is found well beyond the issue of COVID-19, the pandemic is a fascinating case study in its genesis.

The tendrils of misinformation around COVID-19 prevention, spread, treatment, and vaccination now run deep into the social structures that frame our lives. In many ways, the volume of misinformation has not only stalled our progress on community health but has pushed it back entirely. It was once unthinkable that

State legislators would ever table bills restricting the rights of parents to vaccinate their children, yet this is now happening frequently.

A key driver of misinformation around the pandemic has been mistrust. Loss of trust in governments through years of austerity and outright lying by politicians has taken a



toll. The government departments and agencies tasked with managing public health are tainted by association, and their messages are viewed with skepticism.

This trust void is often filled by voices deemed more truthful, and these are often elevated based on personal experience. The perceived authenticity of case studies – particularly those personally known to the reader – has led to increased reliance on medical information from non-medical sources.

While the increased interest and engagement with personal health and healthcare arising from the pandemic has been positive, it has often been coupled with a lack of knowledge about the scientific process and medical evidence. This in turn has led to overblown self-belief among many in their ability to discriminate between healthcare fact and fiction; armchair research is now a growing problem. And when shared in digital communities and paired with a personal story, the effects of this are enormous.

The rust has set in, and the fix is neither cheap nor easy. Health communicators must now consider how to sway empowered, cynical audiences in their campaigns and outputs. It is no longer enough to ignore the bizarre and expect truth to prevail.

Health communicators must work to rebuild the broken trust. They need to move beyond hard statistics and facts, and share relatable, human stories that elicit an emotional response, stories that compete with the friend of a friend with an unshakeable belief in her own online research skills and the confidence to scream truth to power. It can feel like a big task, and big responsibility.

Something reassuring we have found is that even with the upheaval in power dynamics caused by the pandemic, some simple truths about communications have held true.

Messages and campaigns that consider the lived experience of target audiences have done well during the pandemic, while those that did not failed. In inner-city Chicago, young men of color were resistant to requests to wear masks, not because they didn't understand the health risks, but because they understood very clearly the heightened risk of attention from law enforcement that mask-wearing would incur. Their daily lived experience wasn't considered.

In better news, in Australia, a rare but serious side effect of the Astra Zeneca COVID-19 vaccine was blown out of context, rocking public confidence and diminishing willingness to get vaccinated. A clever representation of the risk, in the form of a relatable talk trigger from Monash University researchers, equated the risk of vaccine harm to drinking four beers and proved helpful in counteracting the fear. Back in the US, rates of vaccination among overwhelmingly vaccine-hesitant ranchers lifted following a sustained talkback radio campaign, which took messages directly to forums they routinely accessed and dispensed with didactic messaging in favor of open conversations.

The approach we outline here is relevant for multiple types of campaigns across health, and in influence campaigns more broadly.

We detail a five-step process:

- 1. validating feelings and addressing concerns**
- 2. strategic storytelling**
- 3. building a position as a trusted source**
- 4. pairing the right messenger with the right message**
- 5. data democratization.**

You don't need big budgets to develop meaningful campaigns that resonate with their target populations. In our combined experience, we've found that grassroots field workers can be more effective than NBA star ambassadors in delivering messages that successfully elicit behavior change.

In this document, we have included a checklist and workup examples that can be applied in campaign strategies for a variety of areas both in the health space and outside it. Many of the examples that we have included are in the health issue space, partly due to the experience of our two firms but more due to the impact of the pandemic over recent years.

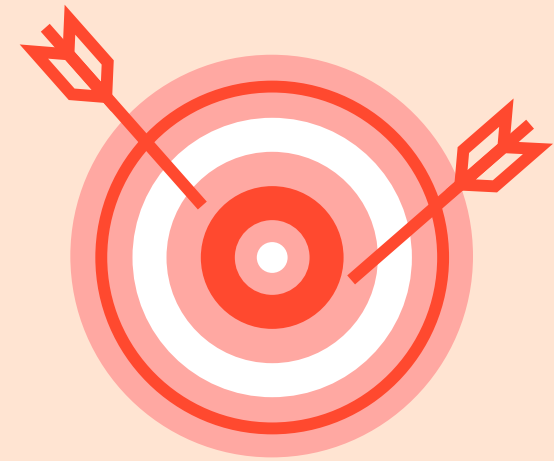
Ultimately, we are proposing a pragmatic research style to meet audiences where they are and on the terms that they are most comfortable. We hope you find it informative.



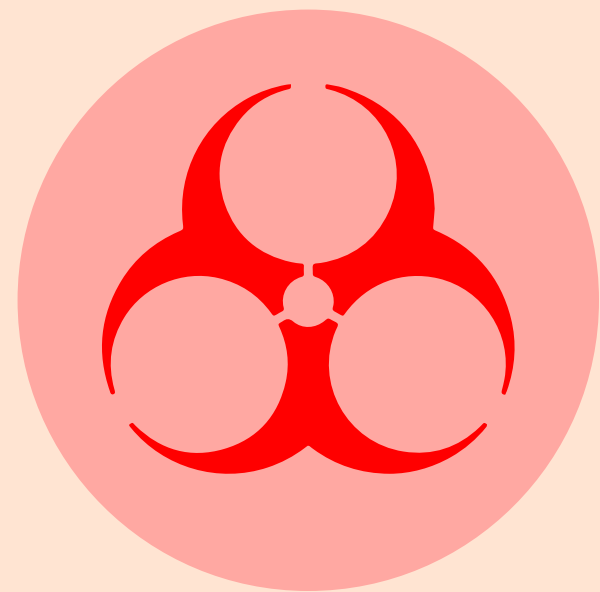
II. INFODEMIC 101: MISINFORMATION CONTINUUM

Infodemic 101

Misinformation Continuum



- 1 MISINFORMATION**
Incorrect or misleading information (not necessarily intentional); can result from an honest mistake and circulated by rumor, confusion, conflicting info, or data without context



- 2 DISINFORMATION**
False information that is intended to mislead

- 3 PROPAGANDA**
Information, especially of a biased or misleading nature, used to promote or publicize a particular political cause or the nationalistic position known as the “big lie”



- 4 FAKE NEWS**
Fake news is false information presented as news, often with the intent to damage the reputation of a person or entity; also serves as clickbait to increase ad revenue

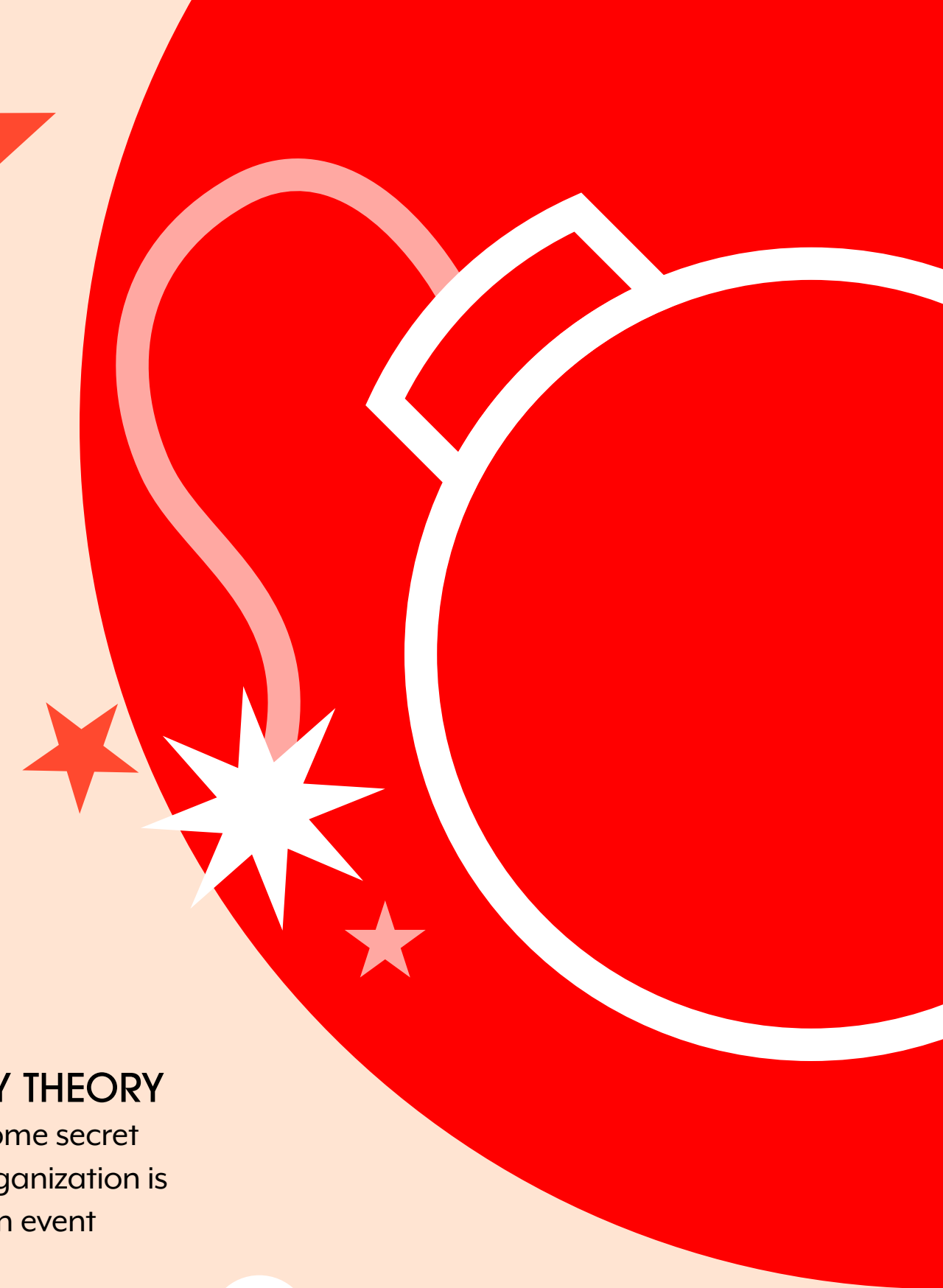
- 5 DANGEROUS SPEECH**
Dangerous speech is any form of expression (speech, text, or images) that can increase the risk that its audience will participate in violence against another



- 6 CONSPIRACY THEORY**
The belief that some secret but influential organization is responsible for an event or phenomenon



- 7 WEAPONIZED NARRATIVE**
Weaponized narrative seeks to undermine an opponent’s civilization, identity, and will by generating complexity, confusion, and political and social schisms; unlike the “big lie” of propaganda, it aims to destabilize meaning, not promote it



Infodemic

101 Uncertainty & Distrust

When global conditions foster a sense of uncertainty in individuals, misinformation becomes increasingly used as a weaponized tactic instead of a byproduct of unintentional messaging and/or evolving information.



Infodemic

101 Distrust & Intention

Different types of misinformation and disinformation have various levels of intention behind them. Misinformation can be chaotic for completely rational reasons. The scientific method can appear confusing to a patient that does not understand that science evolves and build distrust. Meanwhile, weaponized narratives are built until an intention specifically to deceive by coming across as much more certain and concrete than misinformation.

Misinformation

Disinformation



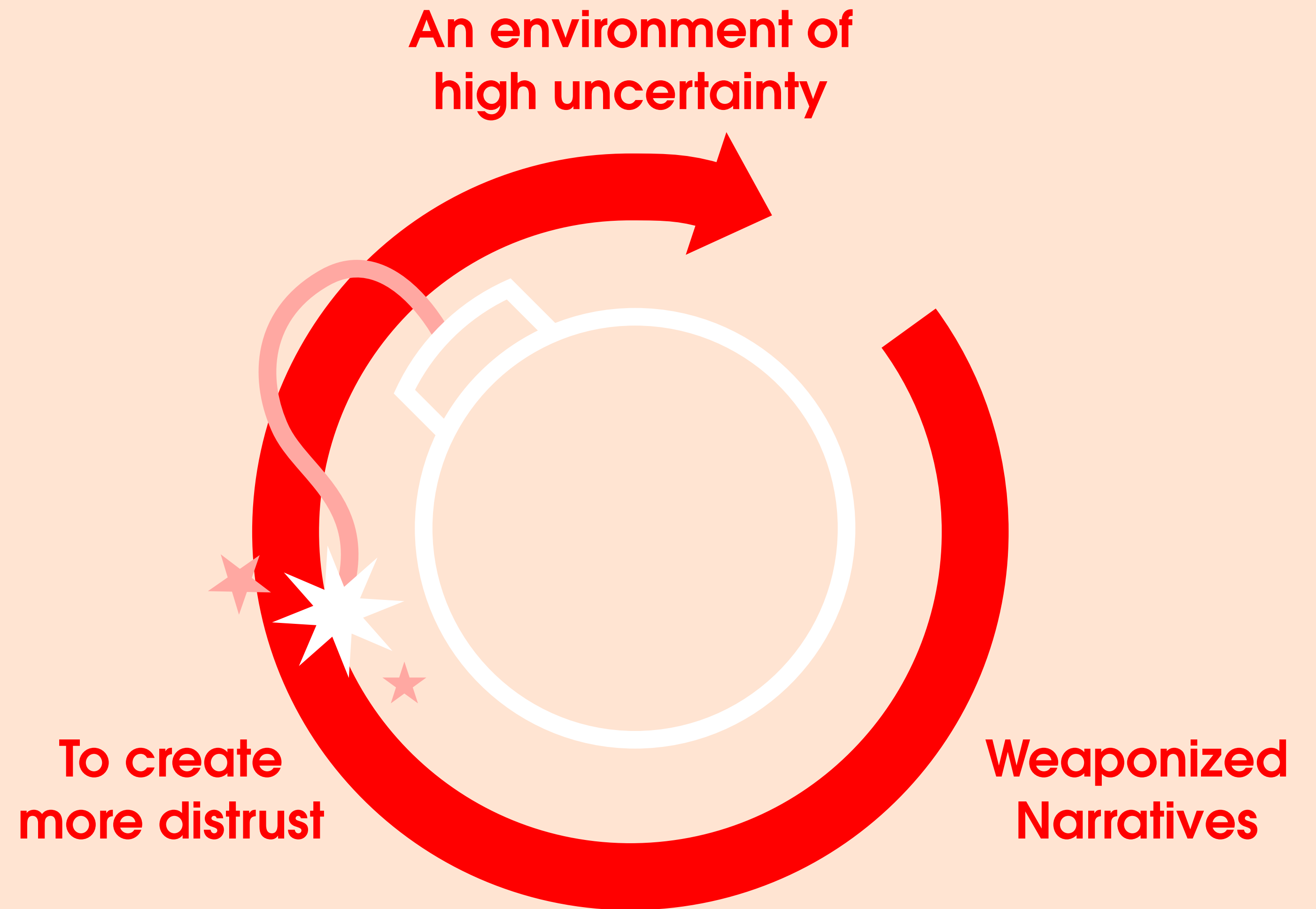
IS NOT organized information, unintentionally comes across as **chaotic**, and does not communicate confidence or ensure trust

IS organized in order to purposefully **incite chaos**, yet seems confident and assuring

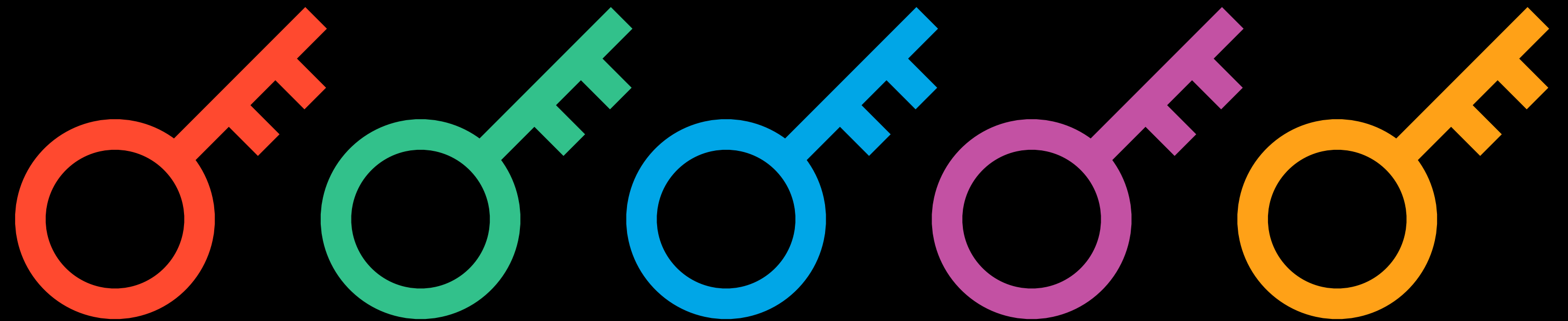
Infodemic 101

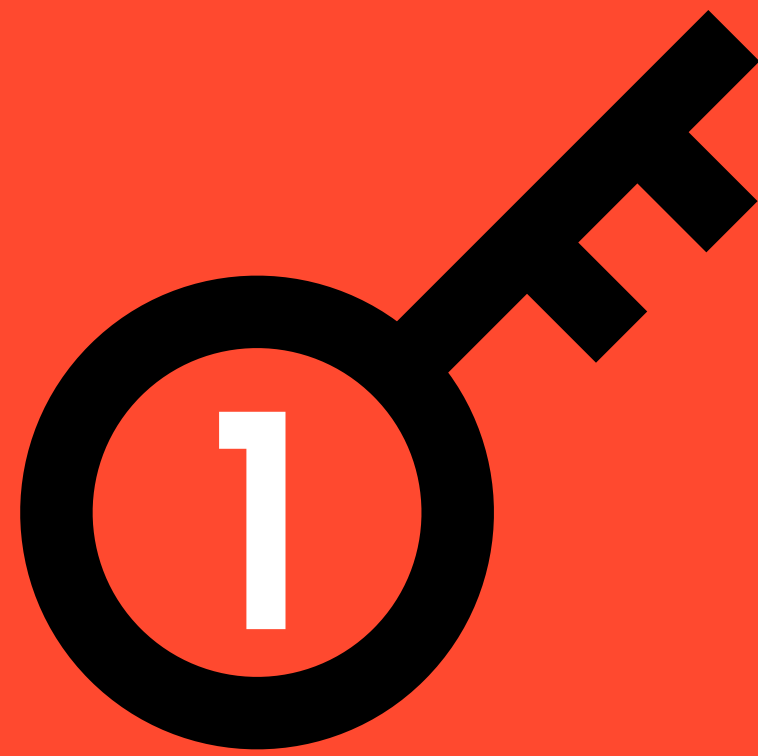
A Cycle of Distrust

The dynamics between the spectrum of misinformation and disinformation can create a feedback loop. An environment of uncertainty can create distrust with misinformation, making those populations more susceptible to disinformation including weaponized narratives.



III. ESSENTIAL KEYS TO NAVIGATING MISINFORMATION





KEY ONE

Validating Feelings, Addressing Concerns

Validating feelings and addressing concerns seems like a simple, common-sense approach.

Most mis/disinformation and conspiracy theories serve an emotional human reality. Real feelings with real concern exist beneath the most outlandish beliefs. Conspiracy theories reflect skewed power dynamics, class structures, social anxieties, insecurities, fears, and uncertainties.

Mis/disinformation thrives on a mixed sense of fear and futility.

Rather than debating, denying, or rejecting beliefs fact-for-fact, connect with that emotional truth at the core of the story.

This can be difficult for professionals in health and medicine to accept. As one colleague put it, in response to this notion, with understandable incredulity, “...wait, even lizard people? We are supposed to take lizard people seriously now?” Data and research are often our default to combating uncertainty, confusion, misunderstanding, and misinformation. It can be challenging for someone scientifically minded, especially an expert, to engage in a conversation that seems like fantasy at best and delusion at its most dangerous.

Disinformation and conspiracy theories in most forms rely on stickier stories. Stories are deeply encoded to comfort us with an all-encompassing belief— and by people who share the same idea— and want to identify an entity or group to blame.

Acknowledging and listening to these beliefs and acknowledging fears is not an endorsement of the views but an acceptance of the people who believe them.

At the Legal Aid of Bluegrass in Kentucky, where COVID was highly politicized and misinformation was rampant, health communicators had great success when its vaccination hotline number developed a “just listen” policy.

While liners answering calls were on hand to provide vaccination locations and factual information, they also provided a supportive, non-judgmental approach to listening to concerns about microchipping and other vaccine misinformation they could casually redirect. Overall, increases in vaccination throughout the county attest to their success.

When dealing with emotions of anxiety, fear, and paranoia, science does not embody the warm, comforting feelings a person needs to lessen their concerns.

Conspiracy theories are often adopted to cope with our random, complicated world. Rather than challenging these worldviews, seeking the emotional reality motivating them is more productive. By addressing and validating them, we can make more compelling arguments and get on the path of dispelling misinformation.

This is about providing a safe, non-judgmental space for patients to express their worldviews freely.



"How You Want Me To Die, Virus Or Gun?"

March 2020. The world in disarray. The coronavirus, at the time still largely misunderstood, spreads rampantly.

In communities throughout urban America, many young Black men were reluctant to mask up. Some health professionals in the community were confused and concerned that safety protocols weren't being adopted even in communities disproportionately impacted by the virus.

Odd Duck partnered with community engagement professionals and activists in Chicago, Baltimore, Philadelphia, New York, and New Orleans as part of a campaign strategy.



Time and time again, we heard how wearing a mask posed an additional threat. Many expressed that they would prefer to take their chances with an unknown, invisible virus than with the increased scrutiny from law enforcement resulting from wearing a mask.

A Washington Post analysis further framed the dilemma. The outlet reported that Black men wearing masks were treated as criminal suspects. This fear heightened when medical mask supplies were low, and people wore bandannas and other DIY masks.

To put it bluntly, as one participant framed the question faced: "How you want me to die, virus or gun?"

These insights, which were not on the radar of the public health establishment then, were incorporated into the campaign response.

Don't Mock Conspiracy Theories

Thousands of people on the planet still believe the Earth is flat.

There's even a Flat Earth International Conference. The first one was held in 2017 by Robbie Davidson, a YouTuber who aims to "expose the world's lies" about science.

Most of us would roll our eyes or scoff at this antiquated and anachronistic notion carried over from the Middle Ages. We've seen pictures from space, not to mention hundreds of years of scientific advancement disproving this idea.

Yet, laughing it off deepens scientific skepticism, resulting in defensiveness, with the believer often doubling down on the concept. There is evidence that Flat Earthers and COVID-19 conspiracy theorists might have gained less traction if people immediately didn't attack these believers.

Asking "Why do you believe this?" "What convinced you that this is true?" with genuine curiosity is more likely to result in a productive challenge of ideas than trying to reject, rebuke, dismiss, or debunk beliefs immediately.

Providing the tools for an honest conversation develops trust over time. We want whoever holds these beliefs not only not to feel judged but also to have a lane to merge into faced with misinformation.

In Whitney Phillips' Wired article, **"Please, Please, Please Don't Mock Conspiracy Theories,"** she highlights just how fast the most seemingly outlandish theories can gain traction and take over a corner of the internet—developing a solid following nearly overnight. The laughter and mockery come just as quickly as those followers, which incites various reactions and consequences.

The typical pipeline, when being introduced to a wild thought, such as lizard people walking among us, is mockery or blatant dismissal. However, all that does is polarize the person who told you and shut down whatever chance you had at an open conversation. What commonly happens after mockery is a fight, whether it be in person or through a screen.

Not only are these snarky comments and eventual uproars uncalled for, but this exchange gets shoved into the spotlight, making journalists cover this outlandish bickering. Soon enough, our social media feeds and newspapers become clogged with misinformation, leaving people to go out into the wild and fend for themselves.

Conspiracies, half-truths, tribal beliefs that politicize science, and disinformation from a trusted source provide a sense of certainty for some when the world is in disarray.



KEY ONE

Strategies for Implementing Key 1: Validating Feelings, Addressing Concerns

TRAUMA-INFORMED COMMUNICATION

Trauma-informed communication is a relatively new concept moving beyond the medical and public health domains.

If we, as storytellers, are aware of someone’s trauma, we can learn healthier, more authentic ways to communicate and relate to our audience.

Awareness and sensitivity to a person’s personal or generational trauma can make all the difference when wanting to build trust and a genuine connection.

Meet your audience with empathy and respect, especially when someone feels comfortable sharing their trauma. These can be tough conversations, and it is up to the storyteller to be active, patient listeners who create a safe space for this vulnerability.

This form of communication needs to center around the individual or group who has faced this trauma. Additionally, storytellers must consider any potential mental health trauma people might hold—which may have been ignited by the pandemic.

REFERENCES FOR TRAUMA-INFORMED COMMUNICATION:

[Key Ingredients for Successful Trauma-Informed Care Implementation](#)

[Trauma-informed Approach to Communication](#)

[6 Guiding Principles To A Trauma-Informed Approach](#)

MOTIVATIONAL INTERVIEWING

Motivational interviewing was developed in the 1980s by clinical psychologists William R. Miller and Stephen Rollnick to support people with substance use disorders.

Today, it is an effective behavior change strategy applied to smoking cessation, community violence prevention, housing support, medication adherence, and behavioral management for heart disease, diabetes, and other health issues.

This tactic is an individualized, person-forward, human-centric, and rapport-building approach aimed at going beyond a surface-level understanding of needs and experiences.

Motivational interviewing uses open-ended questions that help people explore deeper meanings in their beliefs, behaviors, and actions. It relies on active listening skills, genuine connection, support, and respect to help a participant explore meaningful change.

REFERENCES FOR MOTIVATIONAL INTERVIEWING:

[The Human Condition article: Motivational Interviewing: History, How it Works, Effectiveness](#)

[Motivational Interviewing: Helping People Change, by Stephen Rollnick](#)

[Is Motivational Interviewing Effective? A Look At 5 Benefits](#)

DEEP CANVASSING

In 2012, at the Los Angeles LGBT Center led by David Fleischer, activists decided to talk to people who voted against same-sex marriage to understand them better.

Traditional canvassing usually follows a carefully designed script. A political consultant will architect a messaging framework, and canvassers will deliver on them. Word for word and fact for fact with figures, graphs, and an FAQ, canvassers, try to convince people to vote along a specific line on issues, candidates, etc. The conversations are usually one-sided and often feel forced, like a lecture in a living room rather than a discussion.

In the aftermath of Proposition 8, a same-sex marriage ban in California, Fleischer’s team wanted to do something different. Rather than traditional canvassing, they tried to stop talking and start listening. No script. Just asking people why they felt the way they did.

Over 15,000 one-on-one conversations later, Fleischer and his team learned far more than they expected. Not just about people’s preferences regarding gay marriage but about what it took to change voters’ hearts and minds.

They went through 74 different iterations of the script before settling on one they liked. They called the new approach “deep canvassing.”

How can deep canvassing help deter public health misinformation?

Well, you are getting concerns, questions, and information straight from the source: your audience. It opens the floor to a conversation without barriers and allows you to connect individually with the patients.

This tactic can help you navigate those difficult conversations with people who may not believe in science or trust doctors or vaccines.. Deep canvassing allows a constructed, respectful debate that lets each person in the conversation say their piece and explain why they have this perspective.

New research tells us that changing minds with deep canvassing is not impossible, just very difficult. With this tactic, the payoffs are small and incremental but real. Overall, deep canvassing is designed to point at our common humanity, which, in turn, reduces prejudice.

RESOURCES FOR DEEP CANVASSING:

[Vox article: How to talk someone out of bigotry with deep canvassing, by Brian Resnick](#)

[New Deep Canvassing Results: Including Undocumented Immigrants in Government Safety Net Programs, by Joshua Kalla and David Broockman](#)

[What I Learned My First Time Deep Canvassing, by Esperanza Peral](#)

[TEDx Talk: How to fight prejudice through policy conversations, David Fleischer](#)



KEY ONE

Learn More With These Multimedia References

Here is a list of various multimedia references to learn more on validating feelings and addressing concerns:

WIRED

“Please, Please, Please Don’t Mock Conspiracy Theories”

Whitney Phillips

ENDLESS THREAD PODCAST

“QAnon Causalities”

Ben Brock Johnson and Amory Sivertson

ACLU REPORT

“If COVID-19 Doesn’t Discriminate, Then Why are Black People Dying at Higher Rates?”

ReNika Moore

GEORGETOWN UNIVERSITY’S MEDICAL HUMANITIES INITIATIVE

“Using the Power of Narrative to Address Bias in Healthcare”

Lakshmi Krishnan

WIRED

“How to Have Productive Conversations About Election Misinformation”

Whitney Phillips

WIRED

“To Fight Covid-19, Curb the Spread of Germs— and Rumors”

Whitney Phillips

AMERICAN PSYCHOLOGICAL ASSOCIATION

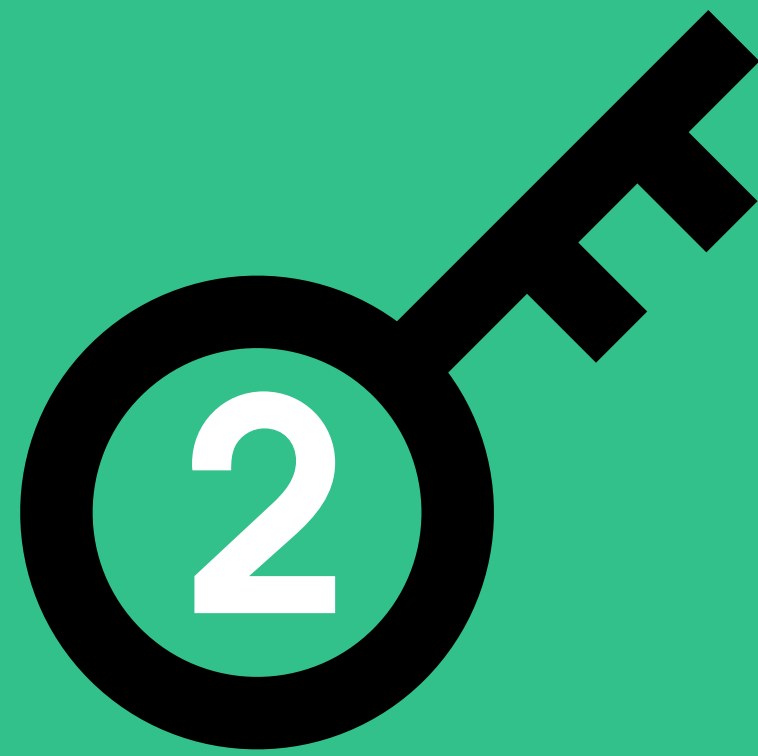
“Speaking of Psychology: Why people believe in conspiracy theories”

Karen Douglas, Ph.D.

THE MIT PRESS

“You Are Here: A Field Guide for Navigating Polarized Speech, Conspiracy Theories, and Our Polluted Media Landscape”

Whitney Phillips and Ryan Milner



KEY TWO

Strategic Storytelling

Stories are how we make meaning.

In times of extreme change—rapid technological advancement, deep uncertainty, social unrest, and polarization—they gain even greater importance. For better or worse stories help us make sense of the world around us and the changes within it.

That is why the second key, strategic storytelling, is so critical to navigating misinformation.

Strategic storytelling involves identifying your story's objectives and crafting a narrative to advance those objectives.

Misinformation often succeeds because it is stickier and more spreadable than the facts. Rather than developing a fact-for-fact, stat-for-stat debate to overcome misinformation, a counternarrative stands a better chance of success if it speaks to the emotional needs that the misinformation is meeting.

To pose an effective counterpoint, we must create a narrative that challenges the misinformation at its emotional core.

In other words, a story that helps to answer the anxiety, uncertainty, confusion, fear, and tribal beliefs as effectively as the misinformation does.

To ensure we are covering the story from all angles and perspectives, here are some questions you should ask:

- Who do you want to hear this story?
- What are you trying to accomplish by its telling?
- What do you want your audience to take away from the encounter?
- Can you move your audience to action by expressing it in a certain way?

These questions may seem simple, but they can develop a more personal connection with your audience in an emotionally charged or confusing environment. We want to pull the audience into our conversation, not push them away. Your actions and behavior with the audience need to be clear and memorable. The audience should leave feeling like your actions have an emotional core.

At Odd Duck, we map the stories we help share. Through a UX design approach to determine the health outcomes we want to achieve and the barriers to adopting them, we build an audience-centric story that helps listeners achieve positive results.

In this tactic, our audience comes first. We must identify the “who” and



“what” before adding any narrative into the mix. Before we curate our narrative, we consider our audience's background, biases, experience, and points of view that will be consciously or unconsciously applied to our work.

In Whitney Phillips and Ryan Milner's book “You Are Here: A Field Guide for Navigating Polluted Information,” they argue that contaminated information thrives because of deep mimetic frames.

These are the lens through which we view our world, a composition of our values, beliefs, and attitudes forged by our lived experience, position, and relationship to power. These mimetic frames shape

and reinforce the information we let through and the stories we build around it.

Our strategic story is built on narrative units that can disrupt these mimetic frames. Stories that can create enough cognitive dissonance to let new ideas get through.

You have to look holistically at your audience, asking: What region are they from? What's the geographical and governmental history? Are they in an information or internet desert? What biases do they hold? What is the biggest barrier to them accessing real, helpful information?

Gathering and sharing information is just one aspect of this type of storytelling. We use this to bring insight, inspire, innovate, and excite our audience and selves.

Behind The Mask

In April 2020, Odd Duck partnered with Interrupt the Violence (ITV), a community engagement consultancy, to encourage the adoption of CDC safety guidelines in disenfranchised Black communities in Chicago, Baltimore, Philadelphia, and New York.

As mentioned in Key #1, several of the men who were interviewed voiced concerns for their physical safety when masking up.

Instead of blaming the communities for the escalating COVID rates, Odd Duck and ITV questioned their audience's perspective, concerns, and past experiences to get to the heart of the problem.

The men's hesitancy pointed to greater issues, such as systemic racism and the constant prejudice they face from the public and law enforcement. Without mapping out the story and tackling the emotional core at the center of the behavior, Odd Duck and ITV would

not have been able to produce an individual's stories in an authentic way that acknowledges historical or current distrust and trauma.

By having open, honest conversations with these men and developing a sense of understanding, the narrative had a greater impact. Collecting, crafting, shaping, and sharing the stories help not only our audience but also others who have not considered or experienced these concerns.

Weaving Other Applications

More recently, Odd Duck advised a health tech startup that developed wearable fabrics that could provide biometric data to healthcare providers. While the tech had an immediate, inherent, and recognizable value, especially for at-home caregivers, they encountered resistance from the Indigenous community where they hoped to pilot.

The community was concerned about being made into guinea pigs. Concerns were raised about what would be done with the data collected. Residents feared that data would be used to limit or deny much-needed benefits, off-setting any short-term value. Historical references to smallpox blankets were evoked.

Based on the story-mapping approach, we explored solutions that worked with the community rather than imposed upon it. These solutions included: owning the historical tensions between the medical industry and the Indigenous community, creating fully transparent data dashboards showing how the information would be used and working with local weavers/artists to apply traditional tribal techniques and patterns to the wearable tech fabrics.





KEY TWO

Strategies for Implementing Key 2: Strategic Storytelling

Strategic storytelling is a relatively new technique in marketing. It begins with an objective-first, change-forward plan that aims to speak directly to a pre-identified audience. In the health and medicine space, we use qualitative and quantitative research to map the desired health outcomes we are hoping to achieve and the barriers our audiences face in reaching them.

Then, we curate and create stories to help overcome those barriers.

In February 2022, Odd Duck hosted our first “Disruptive Storytelling” accelerator to develop rapid story mapping and a corresponding narrative framework in six sessions or less. We brought together 24 startup business leaders from digital health, medicine, and related industries. We aimed to create company-specific, industry-disrupting, paradigm-shifting stories for each enrollee.

Here is the 10-step process we developed for the accelerator and have used dozens of times since:

1. VISION SETTING

Identify the change your company, product, initiative, or innovation is trying to make in the world.

2. LANGUAGING

De-jargonize your work and make the change more accessible and digestible.

3. HISTORICIZING

Look back at the history of your field to place your company within the context of a movement.

4. OBJECTIVES

Determine what your story is trying to accomplish (i.e., behavior change, social change, etc.)

5. DEFINE YOUR AVATAR

Identify your audience and understand the stories they are telling themselves.

6. IDENTIFY BARRIERS TO ADOPTION

Identify your audience’s obstacles in achieving outcomes.

7. CHANNELS

Identify where your avatar is in conversation and how they would like to be reached.

8. TONE

How you say something is often as important as what you say—what do you want your avatar to feel when they experience your story?

9. METRICS FOR SUCCESS

Determine how you will know the story is working.

10. SEMIOTICS

Identify your story’s raw signs and symbols that can bring it to life in the real world.



KEY TWO

Learn More With These Multimedia References

Here is a list of various multimedia references to learn more about strategic storytelling:

GLOBAL LEARNING PARTNERS
“The Power of Strategic Storytelling with Bill Baker”
Meg Logue

TED TALK
“We Need To Talk About An Injustice”
Bryan Stevenson

STRATEGIC STORYTELLING
“Building A Community By Telling Stories With Alex Hillman of Indy Hall”
Cathy Goodwin

SCIENCE OF STORY BUILDING ON MEDIUM
“How We Are Making Sure The Science We Share Is Good”
Kelly Chernin and Annie Neimand



KEY THREE

Being a Trusted Source

Trust.

This one five-letter word holds so much power and nuance. It represents various personal, complicated relationships.

These relationships can be between partners, friends, family, government, law enforcement, and medical professionals.

For the past 20 years, Edelman, a global PR agency, has conducted the [Edelman Trust Barometer](#), researching who and what consumers trust each year. In 2022, the agency surveyed over 36,000 participants from 28 different countries.

Not surprisingly, over the past two years, the trust in our institutions significantly dwindled with the world facing crisis after crisis and politicized rampant in this ever-growing infodemic.

According to the [Edelman Trust Barometer](#), the trustworthiness of four institutions at the center of our social ecosystem—business, government, NGOs, and media—was declining well before the pandemic. This loss of trust is deep-rooted and documented.

In the 2021 Trust Barometer report, Edelman said this developed an “environment of information bankruptcy.”

How can we turn this around?

Trust needs to be reestablished and rebuilt. It’s easier said than done. In this world of instant gratification, we need to reframe our minds into acknowledging that this type of institutional makeover takes time.

At its core, we believe being a trusted source encompasses four practices:

- Communicate authentically and transparently.
- Identify your organizational values, make them known, and live them publicly.
- Partner with your community in a meaningful way that provides real decision-making power.
- And, perhaps the most challenging, own and acknowledge the history of oppression that an organization may have contributed to directly or indirectly.



Becoming a trusted source does not happen overnight, even following the practices listed above. A significant first step toward building a bridge of trust with an audience is openly and genuinely sharing your mission statement, values, and how you want (and plan) to aid the community within your storytelling.

During the height of America’s Black Lives Matter movement in 2020, several companies, institutions, and organizations posted a black box or infographic. It signaled they were working on breaking down racial barriers, learning more about Black people’s history and struggles, and planning to uplift Black people and their businesses.

Many of these actions now seem performative. When the spotlight faded, all that ally energy seemed to fade with it. Most companies didn’t post annual updates to their diversity, equity, and inclusion data as promised. There seem to be few tangible improvements or efforts made.

Performative actions, without meaningful follow-through, make your actual values transparent.

Therefore, it is always crucial to maintain these values and stand firm in developing honest communication and discussions. Nothing is worse than performative actions. People need to see that you do not shy

from difficult situations once it is no longer convenient. Storytelling that embodies honesty, integrity, and meaning promotes avenues for real decision-making power and room for a healthy audience/organization relationship to grow.

Rolling with the tide of what is culturally appropriate and not anchoring yourself in change can trigger feelings of distrust within an audience.

This is especially true within the medical and public health spheres.

Bluntly, the heart of key three addresses institutional racism, stereotyping, and biases—which can lead to distrust and mistrust.

The History Of Distrust: People Of Color's Pain Is Often Ignored Until It's Too Late

A large health and hospital system in the Midwest built a trauma center for victims of violence. It was a gleaming, state-of-the-art glass and steel facility, housing everything needed to recover body, mind, and spirit from a violent incident.

Under one roof, the institution delivered rehabilitation, physical therapy, mental health services, and so on in the heart of the Black community, where the data indicated the center was most needed.

Less than a year after it opened, the multimillion-dollar facility was already in financial crisis.

They built it—no one came.

No one.

Patients might make one appointment, never to return.

While the institution spared no expense on construction, recruited the highest-level expertise, and purchased cutting-edge equipment

for every department, it never bothered to connect with community members using the services.

Odd Duck was part of a consulting team brought in during the summer of 2022 to help them turn the problem around. By understanding, addressing, and working to counter the community perception that the institution was racist, they were slowly able to change the narrative surrounding the organization.

It was a hard pill for the organization to swallow.

They resented, resisted, and denied the accusations.

It had to be a misunderstanding, they insisted.

Even if none of the hospital staff or health professionals were themselves racist, they had, at the very least, inherited a racist system of care that journalist Nikole Hannah-Jones, reporting for The New York Times, traced back to the end of slavery.

In the meticulously researched 1619 Project podcast's **Episode 4: How the Bad Blood Started**, Hannah-Jones shows how the medical establishment began cultivating a narrative around racial disparities as far back as 1866.

Around that time, about 4 million people were freed, no longer confined to slavery.. That freedom did not come with any aid. They were forced to assimilate into a society that did not want to meet their basic livable needs, especially health care. These recently freed people were left out on the streets, jamming into close living quarters (if they could find any) with no access to basic hygiene maintenance. Practicing doctors and charities refused to treat Black people.

As a result, treatable, preventable, curable diseases began tearing through the population. Black people started dying—so many that their

bodies littered the streets—with the medical establishment of the day claiming biological inferiority to justify these deaths.

As Hannah-Jones puts it, the racial health disparities that plague our health system to this day were baked in at the beginning.

In our efforts to make the health facility accepted in the community, we needed to contextualize the institution's role in a racist system. By acknowledging, accepting, and owning the part the medical establishment has played in perpetuating racial disparities, the institution could begin to take a frank, honest, and critical look at its own behavior.





Sometimes The Answer Is Simple: Love And Compassion

In the summer of 2020, the National Indian Health Board (NIHB) launched the “Act of Love” campaign to depoliticize simple public health preventive measures. During this time, COVID-19 rates among Native Americans and Alaskan Natives were 3.5 times higher than White Americans during the first seven months of the pandemic.

According to the APM Research Lab, 1 in 475 Native Americans and Alaskan Natives died from the virus compared to 1 in 825 for White Americans and 1 in 645 for Black Americans. The disparities in these rates point to several issues across all sectors of society, but the lack of accurate information and the constant spew of misinformation plays a significant role.

“Act of Love” carried a simple message: Wearing your mask indoors and adhering to tribal public health policies showed compassion, solidarity, and love for the community.

In historically oppressed communities, there is often resistance toward public health entities and government guidelines.

“Characterizing the historical relationship between the U.S. Federal government and American Indian and Alaskan Native tribes as problematic is an understatement,” Tyler Dougherty, then NIHB Director of Public Health Policy and Programs, said in a Communities RISE Together publication.

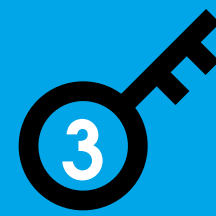
Dougherty, raised with Cheyenne – Arapaho traditions by his adopted grandfather, said this relationship lies on a “mountain of distrust” that only continues to grow.

“Up until the early seventies, AI/AN women were still being sterilized

without consent and without their knowledge at Indian Health Service facilities in certain areas of the country. That is how recent some of these atrocities on tribal communities are, and there is still living memory of that in some of these communities and overcoming the trust barriers is an ongoing endeavor,” he explains.

Broken trust has dire consequences. It runs so deep that people ignore health guidelines despite every evidence doing so can have damaging results. It is important to recognize that this pollution of misinformation is not on the people themselves but on the institutions that serve them.

Institutions and organizations are responsible for the generations-long confusion and malpractice. Using Key #3 helps reconstruct trust while ensuring people have access to accurate information, as well as proper care.



KEY THREE

Strategies for Implementing Key 3: Being a Trusted Source

To develop greater trust and take our societies out of informational bankruptcy, institutions must develop and define a narrative that appropriately and respectfully recognizes the community they serve. Organizations—whether that be a business, nonprofit, or health center—need to highlight their values, make them the center of the story, and embody them in their day-to-day actions.

A significant step for both individuals and organizations to become more trusted sources to their community would be to seek out community partners and collaborate. Competition for a better brand story, that is providing funding for social justice issues as a performative act, can be toxic in the long run.

For example, many health and hospital systems Odd Duck worked with over the last few years launched food pantries for their patients. These efforts failed.

It would have made more sense, produced better results, and been more sustainable if they had partnered with a local food bank instead.

It also would have helped community members faster.

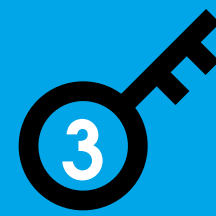
No matter what, your community and audience need to come before anyone else—make sure you are putting worries at ease while prioritizing their wants and desires. Over time, people will notice that you genuinely care about acknowledging the past, improving the present, and developing a brighter future.

Having an on-the-ground approach toward addressing our society's trust gaps and providing reliable information will ultimately provide better and more authentic resolutions. This could mean speaking with community members to develop solutions, hosting listening sessions to encourage ideas, and working collaboratively to bring them to fruition.

Recruiting credible messengers (see Key #4 for more details) from the community will provide avenues for people to travel alongside you and reduce the trust gap. Remember, you must do what it takes to earn that trust (even for institutions).

As we move into the next section, you will see parallels and overlap between Odd Duck's Keys #3 and #4— Right Messenger, Right Message— but Key #3 is distinctly about the institutions' history, not an individual's impact.





KEY THREE

Learn More With These Multimedia References

Here is a list of various multimedia references to learn more about being a trusted source:

NEW YORK TIMES 1619 PODCAST

“How the Bad Blood Started”

Nikole Hannah-Jones

THE LANCET

“How to Fight an Infodemic”

John Zarocostas

NPFX PODCAST

“Breaking Down Barriers to Social Change (with Ricardo “Cobe” Williams)”

Curtis Schmidt

NATIONAL LIBRARY OF MEDICINE STUDY

**“Institutional Distrust among African Americans and Building Trustworthiness
in the COVID-19 Response: Implications for Ethical Public Health Practice”**

Alicia L Best, Faith E Fletcher, Mika Kadono, Rueben C Warren

AMA JOURNAL OF ETHICS STUDY

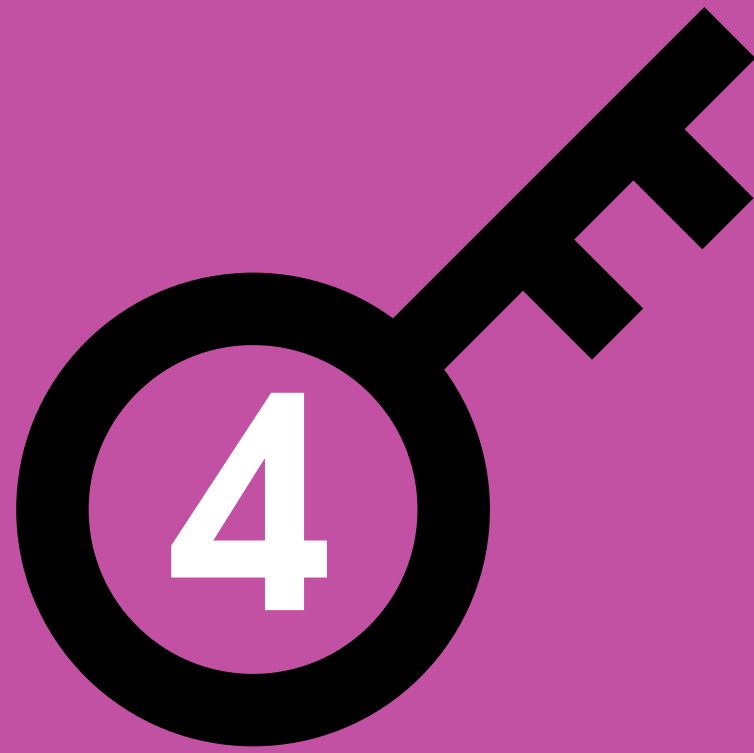
“Transgenerational Trauma and Trust Restoration”

Fiona Miller and Pringl Miller, MD

STANFORD SOCIAL INNOVATION REVIEW

“Six Ways to Repair Declining Social Trust”

Kristin M. Lord



KEY FOUR

Right Messenger, Right Message

Content is everywhere—unfathomable and overwhelming amounts of content.

Information cascades across platforms.

It can feel impossible to process and digest what is accurate and what isn't.

This is especially true for government—communities that were historically subjected to oppression, manipulation or harm. Having someone who looks like you, understands you, and has gone through the same or similar lived experience as you have makes someone more trustworthy, thus makes the community more open to hearing from them.

This is where having a local, trustworthy source comes into play.

A community needs to have someone as an arbiter of information.

A messenger that is credible, trustworthy, and seen as one of their own to verify that what they are hearing is true. In the **2022 Edelman Trust Barometer**, only 52% of respondents said they trusted the government, and only 50% said they trusted the media. Having the right messengers to share this information will be the best way to go about positive change.

'Credible Messengers' Are Essential To Stopping Contagion

Cure Violence, a gun violence prevention public health approach, works in hundreds of communities in dozens of cities around the country to stop shootings and killings. For the past decade, it has had remarkable success reducing homicides nationwide.

The secret to that success is individuals like Levar Mullen, a violence interrupter in Baltimore. As **The Intercept** explains, Mullen has been effective in violence prevention because he is an example of a right messenger. As a result of the time he spent behind bars, he is considered a “credible messenger”—a community worker who can gain trust on the streets with those likely to commit violence themselves. Their reputation, status, influence, and access help would-be perpetrators resolve conflict without resorting to violence.

At the beginning of the COVID-19 lockdown, thousands lost their jobs and were at risk of losing their homes. Racial disparities in how the disease impacted communities exposed deeper inequities and structural racism. The murders of George Floyd, Breonna Taylor, and others at the hands of the state pushed these issues further into the spotlight. In this context, conventional public health outlets had difficulty getting traction around preventative COVID-19 measures.

Cure Violence leveraged the role of violence interrupter to assume the responsibilities of community health workers across the country. By using the right messengers, people representing the community act as a conduit between locals and those in power. This paraprofessional workforce achieved success where formal channels failed.



KEY 4: RIGHT MESSENGER, RIGHT MESSAGE

Lead With Trust, Back It Up With Data

When the COVID-19 pandemic began, people almost immediately began questioning its legitimacy. Its original comparison to the flu, originally intended to calm the initial panic, backfired as the commonality of the flu became an excuse not to take COVID-19 seriously.

Misinformation combined with an instilled desire not to change our ways helped bring a new level of distrust in our government and healthcare system.

When this information comes from a familiar face and location, it's a different story.

Odd Duck worked with **Communities RISE Together** to collect and share stories of the right messengers throughout the country making a positive impact in their communities by sharing resources and information on COVID-19 through a local lens.

Operating from the perspective that Americans see their doctor about once a year or less, RISE relied on a network of service providers, activists, organizers, and so on to serve as community health workers.

Shackle Free, one of RISE's featured organizations, has trained barbers, hair stylists, tattoo artists, and more educating their community about the risks and safety precautions community members can take. Shackle Free has already trained and certified 57 of these community health ambassadors.

Shackle Free is a testament that members of the community have solutions that get results—they just need the proper resources and training. But once they have that, these people that ordinarily may be overlooked turn into the most vital resource for governmental and professional bodies: messengers.

Farmworkers in Amarillo, Texas, located in the Texas panhandle, are isolated from the community, are distrustful of government entities, and face an additional challenge: a language barrier. Many workers are also undocumented, so they are often fearful of the little help they can access for fear of being deported.

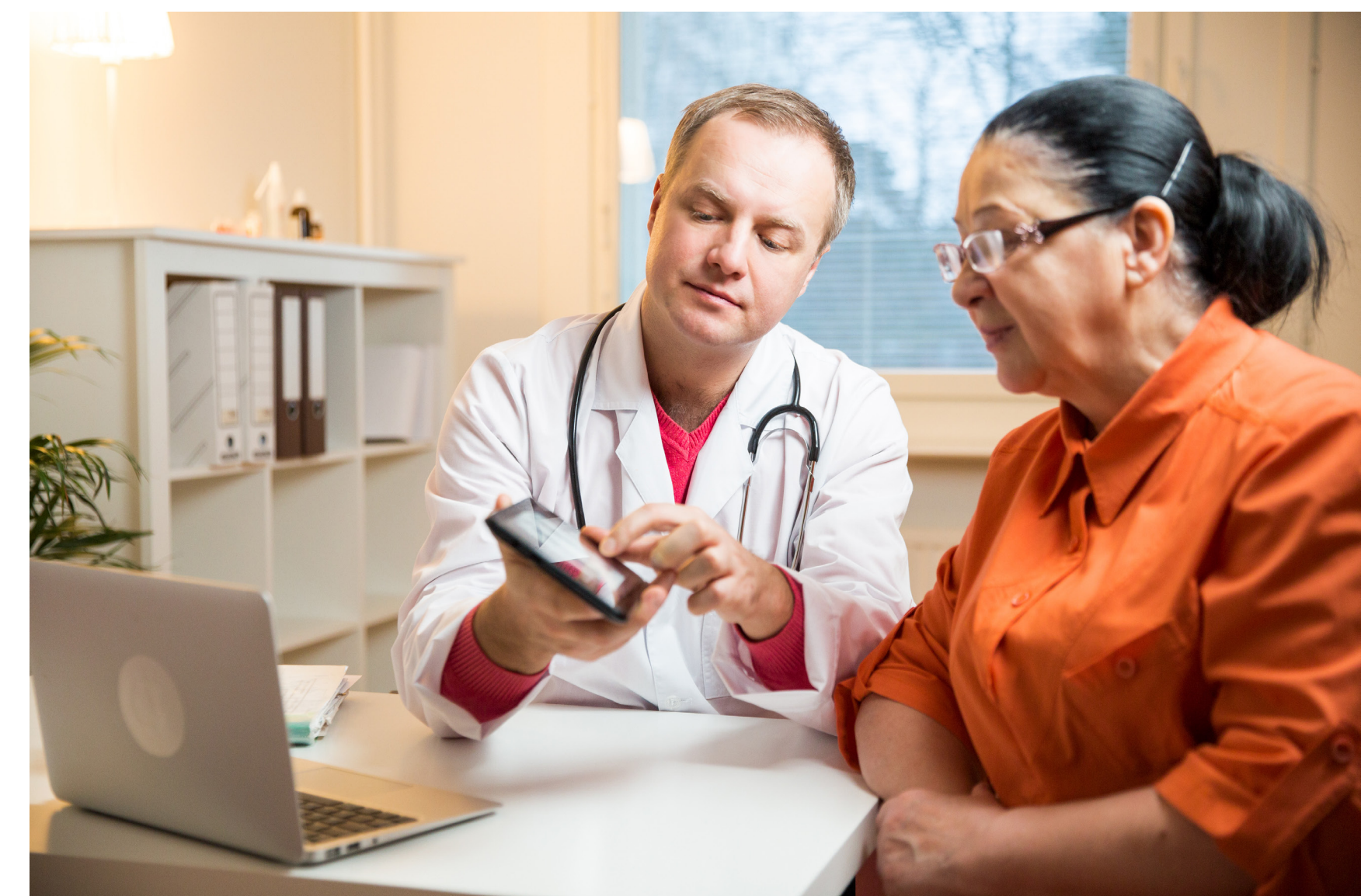
Family Support Services of Amarillo has built trust in the community by establishing itself as long-serving, trustworthy, and helpful. By becoming those trustworthy messengers and community members, Family Support Services of Amarillo was able to share information about the COVID-19 vaccine. People took their advice and got the vaccine because they trusted these workers. “That trust was likely a key reason vaccine hesitancy was not much of an issue,” RISE says.

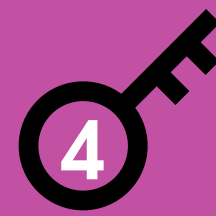
Trust is a huge factor among many communities, especially those that feel more disconnected from the government and those that are supposed to protect them. This is where local groups that have been in contact with community members and helping them since the very beginning can provide such a vital resource.

Another organization partnered with RISE was Conexión Américas, which helps Latinx families in Nashville and Middle Tennessee. Before the vaccine was even an option, Conexión Américas was helping families financially impacted by the pandemic..

Not only had Conexión Américas already established a connection with the community, but it did something that governmental agencies and professionals had a harder time doing: it listened. Rather than pushing, pushing, pushing for the vaccine, Conexión Américas took the time to hear the community's concerns. ““We were not in a rush to schedule appointments ... We gave people space to express their concerns, beliefs, reactions to the vaccine. We just talked to them,”” RISE says.

It can be hard for government officials to remember that people don't always immediately trust them just because they're in a position of power. People have real fears and worries about new technology, especially when faced with insurmountable misinformation. But by utilizing trustworthy community members, government officials can still get out the messages and information they need.





KEY FOUR

Strategies for Implementing Key 4: Right Messenger, Right Message

Odd Duck has split this task of identifying and equipping the right messenger with the right message into three steps:

1. LOCATING THE RIGHT MESSENGER

What Cure Violence, Shackle Free, Family Support Services of Amarillo, and Conexión Américas all have in common is that they utilize established, trusted people from the community to aid in spreading their message.

This step is essential, because choosing a messenger the community is unfamiliar with or doesn't trust yet means communicating the message will be more difficult or, at the very least, take much longer.

As we saw with Shackle Free, when faced with misinformation about the COVID-19 pandemic, the group turned to local figures like barbers to be messengers of correct information to the community. These individuals are often already viewed as trusted messengers in the community for a range of information, and they can use and can use that position to promote accurate health content.

Look for people who the locals regularly come into contact with and are already regarded as trustworthy.

This is not about partnering with individuals who are the easiest, most cooperative, most convenient, or most accessible. It is about partnering with those with the reputation, status, influence, and access the community trusts most.

When seeking the right messenger, look for someone relatable. A messenger who can understand and connect with their community will get the message across much more effectively than a new figure stepping into the community for the first time. In fact, we've had more success with "credible messengers" from "down the block" than with healthcare professionals, celebrities, and artists.

2. SHARING THE RESOURCES

Strong messengers within the community want to help, but they must be compensated for their time, effort, energy, and access. Too often, institutions try to leverage the goodwill of the right messengers without considering the value they provide. Right messengers are community experts and should be paid the same way any expert is when providing advice.

These messengers are taking time out of their lives and adding their own lived experiences and local insights to the information before they share it. They are putting their reputation on the line by representing this information. These factors need to be acknowledged.

Furthermore, the training and education provided to these messengers should be free and in a format that is easy for them to learn and obtain. Shackle Free partnered with Duke University to train and certify their messengers for free.

Resources are not just limited to education and information. Funds should also extend beyond the program itself. Paying your messengers for their services will help push them to focus more on the information. By partnering with RISE, funds for Family Support Services of Amarillo allowed some workers to go from part-time to full, dedicating more time to the cause.

3. MAINTAINING SUPPORT

After your messengers are trained, educated, and provided emotional support, they will still require ongoing care and resources.

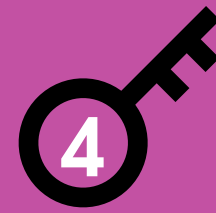
Your messengers are still human—check in on them.

They may run into challenges getting through to their community and could use some help brainstorming some new ideas.

Or, their community might have questions that they do not know the answer to, but you might.

As the COVID-19 pandemic made clear, information changes constantly. As we learn more about something, our techniques and recommendations change. Your messengers should not have to figure this out all by themselves.

Maintaining that communication and support with your messengers will help the program at hand and set you up for success if you need them to step up again in the future.



KEY FOUR

Learn More With These Multimedia References

Here is a list of various multimedia references to learn more about how to find, identify, and work with the right messengers:

BOTH SIDES OF THE BARS PODCAST

“A New & Innovative Approach to Justice: The Credible Messenger Movement”

Andre Ward

CREDIBLE MESSAGE JUSTICE CENTER

“The Credible Messenger Approach”

CREDIBLE MESSAGE JUSTICE CENTER

“Credible Messengers COVID-19 Responses”

EDELMAN

“The 2022 Edelman Trust Barometer”

INTERCEPT

“Credible Messengers: Baltimore’s Violence Interrupters Confront Shootings, the Coronavirus, and Corrupt Cops”

Baynard Woods and Brandon Soderburg



KEY FIVE

Data Democratization

In today's age, the phrase "knowledge is power" has never been more true.

Despite arguably having more access to information than ever, many people do not know where to educate themselves and distinguish misinformation from the truth.

But lack of knowledge is not solely to blame on the individual.

Truthful, scientifically proven information has been locked away for years. The commercialization and exclusive nature of science today has made scientists and those pulling the data a closed-loop system seemingly inaccessible and shut off from the rest of the world. This dynamic makes it appear that data is only for the highly educated.

"Data democratization" is when an organization makes its data accessible to all employees, stakeholders, and community members to educate and inform.

Yes, the average person may not go through data sets or statistics regularly, but they must have the access and ability to do so if they want. That is what data democratization tries to ensure.

Communities RISE Together conducted surveys to collect data on COVID-19 while ensuring that these communities are respected and participate voluntarily. Communities RISE Together collected data on COVID-19 while ensuring that these participating communities have provided consent and are shown respect.

By inviting the community to participate and influence the data collection process voluntarily, RISE was able to help establish more trust between governmental bodies and these communities.



RISE highlighted an important part of the data democratization process: giving power to the people. Rather than a harsh, inflexible requirement to answer all questions, the community was asked if they want to participate, explained why their answers would be helpful, and always given a choice to revoke or decline answers. Through this process, the community can trust and be more willing to participate in the data collection process.

Historically, Mistrust In Healthcare Is Not Misplaced

It is important to acknowledge that data collection has its roots in racism.

In the past, healthcare professionals used statements and language about race and "genetic superiority" to justify enslavement or discrimination against oppressed groups such as Black and Jewish people.

Dr. Rhea Boyd is a scholar and pediatrician who teaches about the relationship between structural racism and health. She and fellow scholars Edwin Lindo, Lachelle Weeks, and Monica McLemore collaborated to publish an article, "[On Racism: A New Standard for Publishing Racial Health Inequities](#)." In it, they discuss how these claims—despite being disproven—still continue to affect the health of marginalized communities.

When the COVID-19 pandemic first hit, the authors share there was initial research that claimed that Black people were possibly more susceptible to the disease, which was later concluded to be unsubstantiated. The authors explain that this rhetoric presents real-life dangers for people of color. "Assertions that patient mistrust drives disparities obscures the etiologies of racial health inequities and tacitly blames affected patients for their disproportionate suffering," the article states.

In reality, the reason for their suffering can be attributed to structural racism. Healthcare costs a fortune in the United States, and Black and Brown communities have some of the highest poverty rates.

A Boyd article published in **The Nation**, “The Choice to Vaccinate Has Never Been Free,” she talks about how structural racism and its societal effects have led Black and Brown people to be wary of “free” healthcare, as there are often more factors at play.

As Black and Brown communities in America are disproportionately affected by poverty, Boyd explains, there are hidden costs to receiving a free vaccine. “From forgone wages to child care obligations and gas money, parking fees or bus fare, people incur costs simply to arrive at and return from all manner of medical care, let alone a COVID vaccination.”

It can be easy for researchers to dismiss or not want to work with the average person who may be wary of science, but it is important to remember the context as to why they might be distrustful. Those who are hesitant about research and science often have a historical reason to feel the way they do.

Data democratization works to alleviate this and build trust between communities. If researchers want to diversify their pool of sources and be able to tackle more specific topics, they need to approach these communities from an understanding and empathetic perspective.

Power To The People

It is not enough to just acknowledge the racism embedded in healthcare. We need to be anti-racist in our work moving forward.

In 2019, Boyd spoke at the **All In National Meeting**. In her presentation, “The Safety Net-work: An Anti-Racist Imperative for Public Health Data,”

Boyd spoke about how much of our technology and already-compiled data sets are rooted in racism.

“The technology we’re building is deeply rooted in negotiations around power and ownership and social control, and so we have to examine how bias ... and structural racism ... and white supremacy shape our algorithms,” Boyd says.

In order to reverse this and actively be anti-racist in data moving forward, we must include the communities we are researching on and/or looking to help in the data collection process. Not only does this help build a better relationship with the community, but it also helps avoid biased or already corrupted data sets from the past.

“We have to codesign with the communities we hope that data serves... It’s not simply that we then want informed consent to access people’s data, it’s that we want to tell them everything about how their data might be used and then give them the power to refuse to participate,” Boyd says.

Professionals can easily say things like, “leave the research to us” when it comes to their field, but who knows the community being researched better than the community itself? Not only does it provide a more in-depth angle for researchers to take, but the transparency from this level of cooperation creates a new level of trust.

Data Across Sectors for Health (DASH), for example, provides funding, resources, and tools to organizations to increase their capacity to use data to improve the health of communities, specifically for projects that make information and policies available to residents.

In its piece “**Interconnected: Data, Knowledge, and Action for Community Health**,” DASH describes the stories of public health

challenges faced by different communities, such as high maternal mortality rates among pregnant Black women in St. Louis and homelessness in the Quad Cities.

DASH revealed that sometimes what people need is just more support. Through its mentorship program, DASH was able to help strengthen the relationship and provide transparency between the community and healthcare professionals. As DASH puts it in its article, “Meaningful system-level change happens when the people experiencing health inequities are driving the key strategies and are holding decision-makers accountable.”

In order to undo all the mistrust that disadvantaged communities have for the healthcare industry due to past and historical experiences, we must work from the ground up to rebuild that trust. Including the community in our research, asking for feedback, and allowing them to see updates and the results is the epitome of data democratization and how we restore people’s faith





KEY FIVE

Strategies for Implementing Key 5: Data Democratization

The historical and societal context behind data democratization is important, but taking steps to implement it in your work is vital. Odd Duck has split up this process into five steps:

1. PROVIDE TRANSPARENCY

Much mistrust between disadvantaged communities and healthcare professionals stems from not knowing how or why the data is being collected. In situations where this collection left people sick or traumatized, they had little or no idea why.

Transparency is the key to establishing trust and encouraging people to participate. Humans subconsciously want to help each other, but when historically they have been hurt or blindsided time and time again, that desire is wounded.

Tell people what will happen, why the data is being collected, how it will be collected, who will see the data, how they can view the data themselves, etc. Every question about the process is valid, and your participants should have the answers before they move forward.

2. INITIATE RESPECT

As much as the community will appreciate your data once completed, it is important to remember that it would be nowhere without the community. This, along with basic human compassion, should encourage us to create a respectful environment, especially when collecting data.

It can be easy for data collectors to not think it's a big deal, as they are used to it, but to these communities, this may be the first time they've ever participated. They also may have distrust of governmental bodies or healthcare professionals.

Creating a respectful environment will make the process safer and encourage your subjects to be more transparent. RISE reminded us that respecting people's sovereignty or hesitation to answer some questions creates trust in the process. If community members feel forced or coerced to answer questions, they may feel inclined to leave the process altogether.

3. ENABLE EQUAL ACCESS

Collaborating with your participants for your data should not just end once the survey, interview, or other studies have been completed. Part of data equity is ensuring equal access to the data at all stages.

Think about how DASH handled communities faced with immediate problems. Rather than collecting data and being on their way, researchers and health professionals returned to the communities and went over what they had found. This presented community members the opportunity to ask questions, give feedback or their perspective, and take the knowledge of the outcomes of the data with them so they could apply it to their lives.

Additionally, the data needs to be easy to understand. Having access to the data is one thing, but it is useless if the public cannot understand it. Avoid the use of jargon in data. Although we live in a world where everyone can look up what they need to, jargon can discourage people from reading the rest of the data. Confusion can be just as harmful as ignorance.

4. GIVE CONTEXT

Certain people see data and want to combat, debunk it, or use science to make it murky. Data seems meaningless to some readers without context and provokes them to argue it.

When we give community members context, it gives them a sense of security. As Boyd gave examples in her articles, disadvantaged communities have been subject to violence in the name of science. Both acknowledging this and then providing real-time data and context as to why this process will be helpful can aid in building trust in those administering the research.

On the other hand, some people rely solely on data saying “it speaks for itself” and believe it will be backed by their reputation. However, this data will only resonate with people if it comes from a trustworthy brand that cites and shows where they get their data.

As the kids say, it is important to “come with receipts” as to why this data is trustworthy. Maybe the brand is not well-known, but some of its accolades are. The researchers themselves might not be well-known, but the program in which they were educated is widely recognized. Any information you can provide to help prove your credibility.

5. SOLIDIFY TRUST

All these steps combined should help solidify trust between you and the community—but trust goes beyond credentials and answering questions, and people are more likely to trust someone to whom they can relate (see Key #4).

The most important thing to remember is this community is not just a bunch of test subjects—they are humans. Establish a personal relationship with the people there. What are their ties to the community? What do they do for a living? What music do they like? Asking personal questions like these creates that natural connection and gives them more reason to trust you.

You also need to humanize yourself and be more than just your job. Talk about your family, your passions, your hometown, etc. Perhaps there will be things that community members relate to that can help get them to open up to you.



KEY FIVE

Learn More With These Multimedia References

Here is a list of various multimedia references to learn more about data democratization:

THE NATION

“The Choice to Vaccinate Has Never Been Free”

Rhea Boyd

2019 ALL IN NATIONAL MEETING

“The Safety Net-work: An Anti-Racist Imperative for Public Health Data”

Rhea Boyd

HEALTH AFFAIRS

“On Racism: A New Standard For Publishing On Racial Health Inequities”

Rhea Boyd, Edwin Lindo, Lachelle Weeks and Monica McLemore

COMMUNITY INFORMATION EXCHANGES (CIE)

“The CIE Data Equity Framework”



NAVIGATING MISINFORMATION GUIDE

