tellme

ST3.2.2

New communication strategies for working with different sub-populations / target groups

2nd Reporting Period
WP3 Developing new communication strategies

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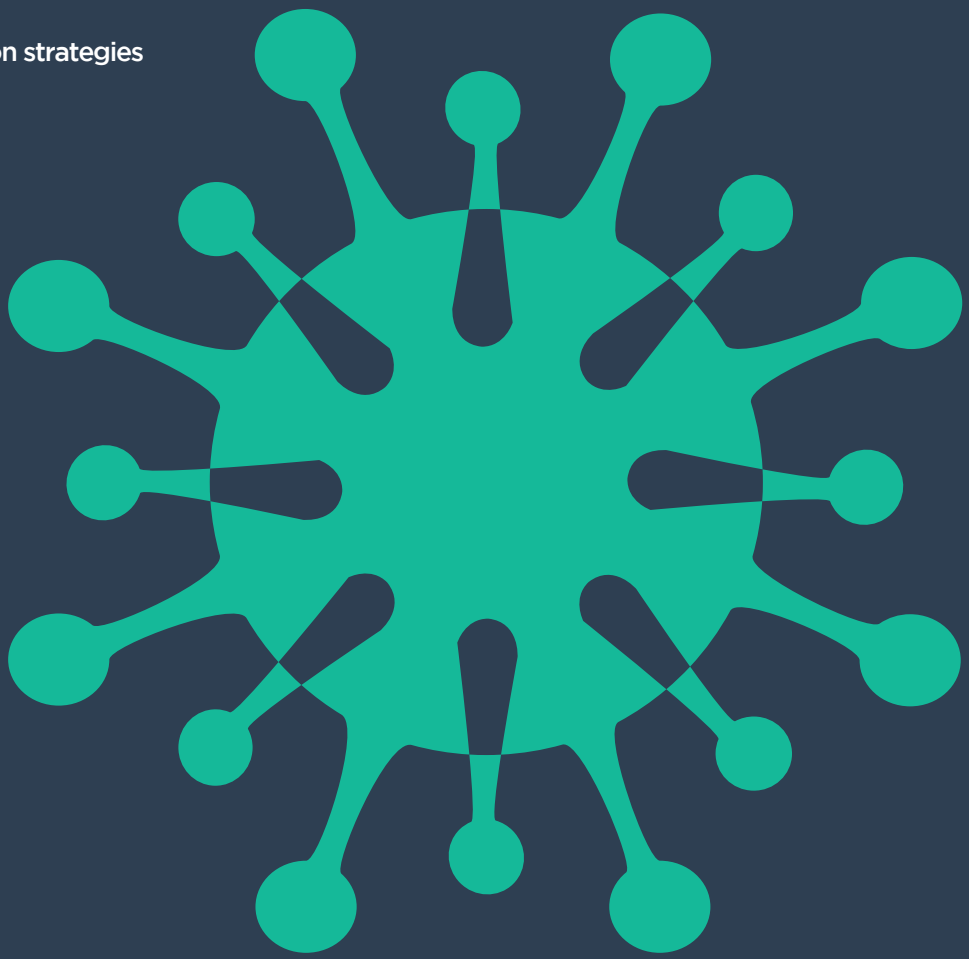

TELL ME - Transparent communication in Epidemics: Learning Lessons from experience, delivering effective Messages, providing Evidence.
Project co-funded by the European Commission within the 7th Framework Programme – HEALTH theme

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ST3.2.2 New communication strategies for working with different sub-populations / target groups

ST3.2.2

Introduction

Aim and context

The aim of this document is to provide guidance on communicating with at-risk groups recommended for immunization in the EU / EEA countries. The guidance is based on the findings identified during the first and second stages of the Tell Me project, WP1 and WP2.

Language, culture and other ethnic and religious variables all influence the way in which health communications are received and acted upon. Research to date shows that individual variables need to be considered in order to develop effective communications for different risk groups. However, underpinning this there are a number of guiding principles relevant to all groups, such as; avoiding the use of non-medical language, avoiding speculation and acknowledging uncertainty. It is also evident that a number of information needs during infectious disease outbreaks, many of which inter relate, are common to all stakeholder groups such as accuracy, timeliness, honesty and transparency.

Objective

This guidance document is intended for Health communicators, operating at Decision Making Level, responsible for drafting and delivering communication strategies in outbreak situations.The document presents a number of diagrams, tools and templates that aim to assist health communicators draft effective communications for risk groups during every stage of a pandemic so that they, the risk groups, accept and trust what they are being told. The supporting tools and templates also seek to increase two way communications with the involvement and participation of the risk groups at the centre of the communication process in order to achieve greater consensus, transparency and effectiveness.

Approach

Consistency, transparency and trust are key themes which recur in crisis communications. The TELL ME research has identified that the numerous factors and variables at each phase of a pandemic make the task of drafting communication templates for each eventuality a nugatory exercise and indeed emphasise that this would be counterproductive. Instead we have concentrated on good practice which is based on our experience of developing crisis communications for other similarly complex international organisations and with our TELL ME research. The template communications that we are developing is a way of not only achieving a consistency of message, so important at the time of a pandemic, but also of allowing practitioners the flexibility to insert the most appropriate medical advice for their target risk group.

Section 1

Target / risk groups

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Target / risk groups recommended for vaccination
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Introduction

The following groups have been identified by Tell Me as key target / risk groups. The guidance and templates in this document will focus on developing communications for risk groups numbered 1-6;

Target / risk groups recommended for vaccination

	Target / risk groups recommended for vaccination
1	General population
2	Health care workers (HCW)
3	Elderly
4	Chronically ill
5	Pregnant women
6	Pediatric population
7	Essential services (police, fire, ambulance)
8	Military
9	Veterinary services
10	Poultry industry
11	Public transport workers

Table 1: Target / risk groups recommend for vaccination.

Section 2

Issues and principles when working with target / risk groups

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Summary of key issues
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Guiding principles when working with target / risk groups
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Introduction

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Summary of key issues

Our research has identified the following key issues, which are central to outbreak communications. It is useful to keep these in mind when drafting and delivering communication strategies in outbreak situations;

- Compliance with influenza vaccination is highly variable between target groups, within target groups and between countries
- During infection outbreaks one of the major challenges is always how to communicate effectively with the population in order to influence behaviour, reduce the spread of disease and even avoid panic
- Healthcare providers, particularly regional and local providers remain one of the most trusted sources of information.
- Health Care Provider recommendation is key to vaccination uptake, however Health Care Worker (HCW) uptake of vaccines remains low
- Getting HCWs on board with vaccination is vital to the success of a campaign.
- New technologies including social media and websites have become increasingly important points of reference for members of the public and therefore need to form a central part of the communications strategy
- The health communicator's strategy will benefit from using all the communication channels and media available in order to meet the varying needs of the public.
- Women are less likely to get vaccinated than men
- There is a lack of clear evidence supporting hand washing and the efficacy of face masks remains controversial

Source: As specified in TELL ME deliverables D1.2 Review of Components of Outbreak Communication and D2.3 Report on Health Care Professional Communication Requirements

Guiding principles when working with target / risk groups

Whilst there are many different variables that have the potential to affect the nature of outbreak communications, extensive research carried out by Tell Me and other leading practitioners have identified a series of key principles that can be applied to any outbreak situation. These are summarized in the table below;

Themes	Key principles
Trust, openness and honesty	Outbreak communication needs to contain elements of trust, credibility, accountability, transparency and honesty. Be truthful about the known and unknowns.
Consistency of message	Consistency of message is vital. Core messages need repeating and updating to ensure they are assimilated.
Timely and accurate communications	Timing is important. Early communications will help to avoid speculation and false reporting. Whilst it is natural to want completely accurate information, there is a need to communicate quickly. Communicators should provide preliminary information with regular updates and should aim to share information as soon as they have it.
Engaging with health care workers	Appealing to HCWs is absolutely key to the strategy. They need to be targeted not only to pass the message but also to be the message by acting as 'vaccination leaders'. This is of particularly significance in the quest to reach certain risk groups such as pregnant women where HCWs recommendation is so important.
Flexible planning	Plans must be flexible to deal with the unpredictable and changing nature of a pandemic scenario.
Monitoring media	Monitor the media, in particular social media, to provide intelligence and to address public concern/sentiment, misinterpretation and rumour.
Use of social media	Social Media is absolutely central to improving existing communication strategies. Organisations must take a proactive stance in establishing an authoritative presence on social media sites in order to build a community presence before a crisis happens. Social media encourages a culture of sharing and collaboration and helps spread public health messages and builds trust.
Proactive communications	Organisations cannot afford to simply be reactive.
Recruitment of opinion leaders	Recruit Health Professionals and other influential figures within the community as opinion leaders to communicate the messages of Government organisations.
Two-way communication	Risk Communication is NOT a one way message system i.e. from experts to non-experts. The aim is for an interactive two-way process for the exchange of information and opinions between individuals, groups and institutions.
Understanding the information needs	The effectiveness of outbreak communications relies greatly on meeting the information needs or demands of various key stakeholders including at risk groups such as pregnant women and the elderly. Engaging with these stakeholders and identifying and responding to their needs is therefore vital to achieving successful communications. Social Media provides an excellent platform for achieving this.

Table 2: The key themes and guiding principles that underpin outbreak communications. Reference: As specified in TELL ME deliverables D1.2 Review of Components of Outbreak Communication and D2.3 Report on Health Care Professional Communication Requirements.

Section 3

Developing communications for target / risk groups

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Process for developing communications for target / risk groups
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Introduction

The following section provides an overview of the process, or key stages, involved in developing targeted communications for risk groups. Key considerations are set out to help inform the message development process.

Process for developing communications for target / risk groups

1. Understanding the target group

- Who needs this information?
- What information do they need?
- How do they view / perceive the situation?
- How susceptible or at risk do they perceive they are?
- What are their needs and concerns?
- What are their social and cultural values and beliefs?

2. Developing the message

- What is the purpose or objective of your message e.g. educational, informative, reassuring, coercive etc?
- Explain the benefits
- Explain the trade offs
- Ensure messages are open and honest in order to help build trust. Be upfront about uncertainty and limitations
- Interact with and exchange information between individuals, groups and institutions.

3. Considering language and style

- What are the language needs of your target group?
- Avoid technical language e.g. statistics. Focus on issues important to the audience. Focus on language of personal / social concern. Ensure it is straightforward, clear and repeated.
- Make use of words with positive connotations e.g. expert, qualified, independent, unbiased, third party.
- Beware of using language that may have negative connotations e.g. ‘new’ vaccine could be interpreted by supporters as ‘improved’ or by those anti-vaccine as untested.

4. Considering the medium

- Consider which medium(s) are most appropriate to your target group e.g. social media (blogs, forums, Facebook, twitter, Youtube), posters, leaflets, briefings, podcast, video, text message etc...
- Consider what communication medium(s) they have available to them and what medium they are most comfortable with (in particular technology capabilities)?
- Use of multiple media channels for delivery of messages will increase the potential reach and success of communications.
- Where possible utilise face to face communications, in particular trusted health practitioners.
- Support message delivery with written communications.
- Make information available via social networks.

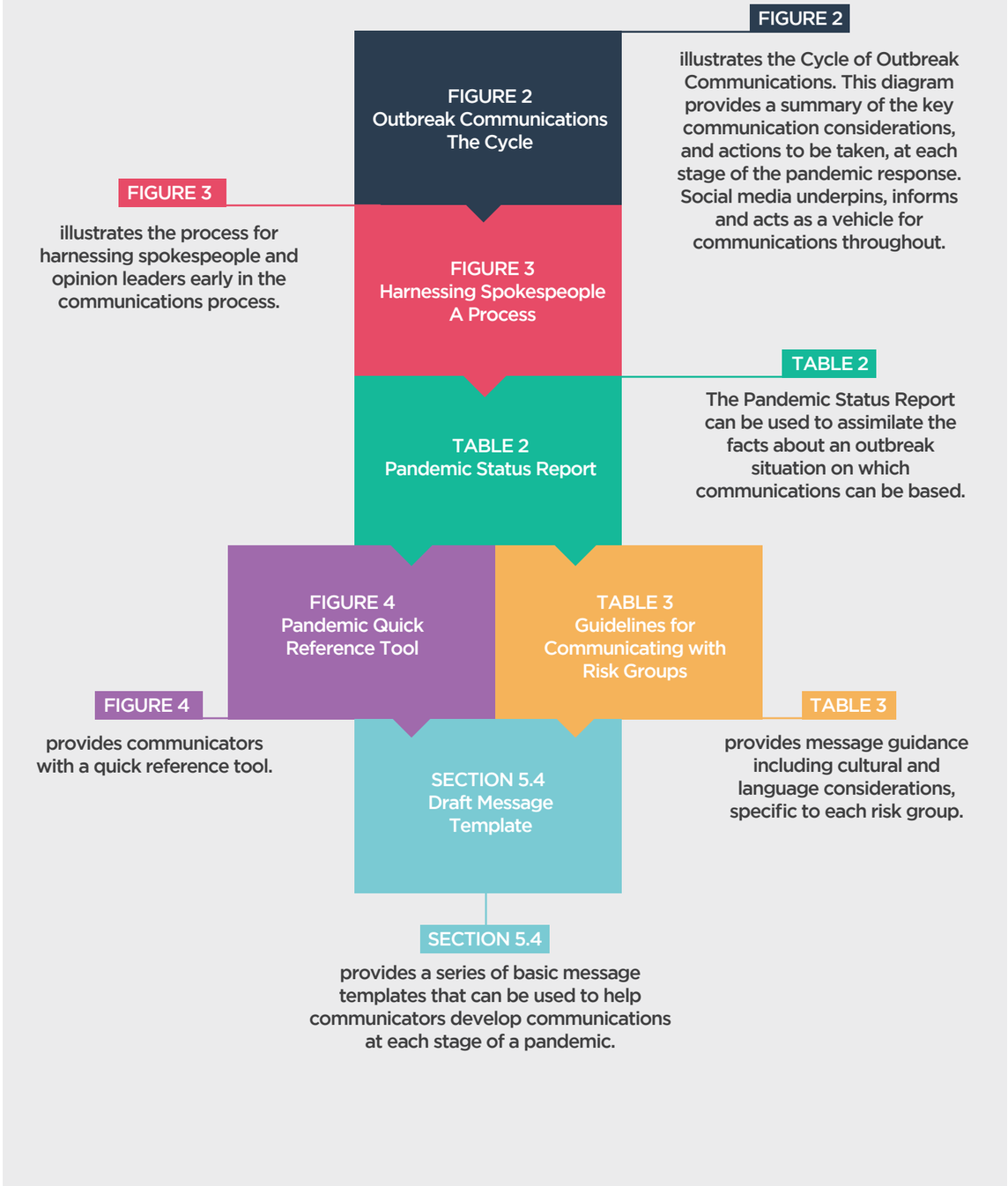
5. Message delivery

- The ability to deliver a tailored message in a one-to-one format by an expert, who is likely to be trusted more than a health agency, gives HCPs their crucial position in vaccination communications.
- Use 'opinion leaders' for delivery of your messages including HCWs and local physicians.
- Repeat delivery of core message.
- Provide opportunity for two way information flow e.g. forums where questions can be asked etc...
- Ensure communications are accurate, timely, honest and transparent.

6. Ongoing evaluation and review

- Address inaccuracy and rumour quickly and effectively (however misguided, fears and concerns need to be acknowledged).
- Evaluate communications regularly - how are they being received?
- Use social media to help assess the mood of your audiences.
- Amend and develop communications as required.
- Pull /refresh out of date communications.
- Provide regular updates

7. How to use the tools in this guidance document



Section 4

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Introduction

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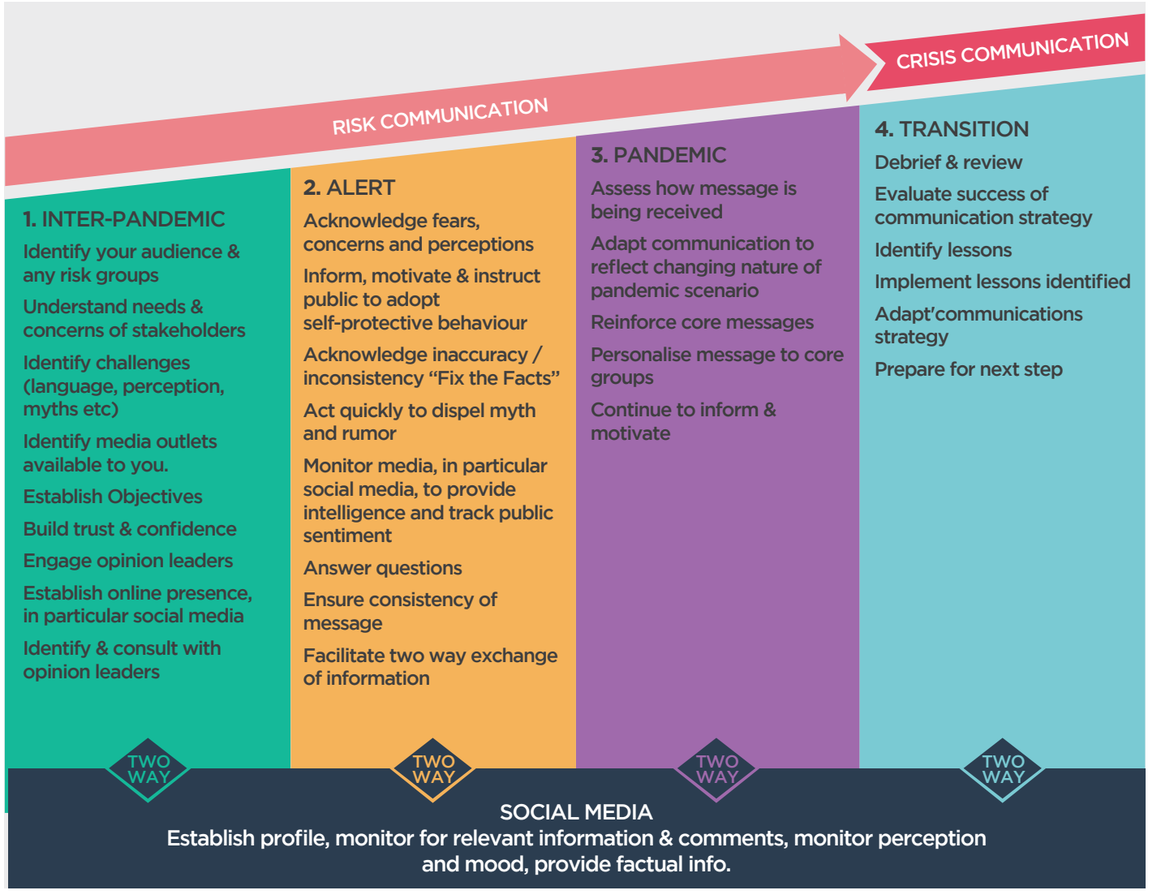
Outbreak communication model – the cycle

The model below has been developed to assist with the drafting of communications at each stage of a pandemic. It details the key actions and considerations that should be undertaken at each stage and highlights the importance of two-way communication with the public via social media platforms. Identifying and engaging with opinion leaders to help disseminate the message is also of central importance. It should be noted that the diagram is cyclical in nature and that some of the tasks listed will need to be repeated throughout a number of phases of an outbreak situation.



The important role of social media

The European Commission's report on the Importance of Social Media during a Crisis (EC, 2011) emphatically outlines the many potential benefits of its' use during a crisis. In addition to providing communicators with information that will help shape their messaging, Social Media also enables decision makers and communicators to identify trends, spot early-warnings and communicate with far reaching audiences in addition to target groups. The immediacy of Social Media is also well suited to the dynamics of a crisis situation. It could help to combat perceived or real delays in sharing information about a crisis and allows for early alerting. Anecdotal evidence and other important information can also be contributed by different sources.

In their report, the EC clearly set out the need for Member States to embrace Social Media as part of their crisis response stating that "It is no longer possible to simply communicate offline via information sheets, press conferences and press releases. Instead Member States (and the Commission) need to establish a voice now to ensure that if a similar crisis occurs they are ready to release their information through the already established online communication channels" (EC, 2011, p.9). Consequently, the model outlined above highlights the importance of embedding Social Media at each stage of an outbreak.

Harnessing spokespeople

Spokespeople, including bloggers, journalists, community leaders, local physicians and HCPs all play an important role acting as 'trusted translators' between health agencies and patients. As discussed in detail in TELL ME ST3.2.1, 'Healthcare professionals help to carry health agencies' messages to the public via their interactions with patients and any public facing communication they take part in (media work, blogs and social media profiles). Their central position in the communication network gives HCPs an important communications role throughout a pandemic. The role has influence over the messages which reach patients, the method of delivery of those messages, and the patients trust in them'.

Healthcare professionals in general and doctors specifically, are often one of the most trusted professions in the EU. For example, doctors are the most trusted profession in the UK (Ipsos Mori, 2013).

The diagram below sets out the process of harnessing spokespeople to inform and deliver communications development, which has been identified by the Tell Me research project as key to success.

Figure 3: A summary of the key stages involved in harnessing spokespeople in order to utilise trusted individuals to help inform and deliver successful communications.

Section 5

Message development tools for target / risk group

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Pandemic communications status report

Pandemic Communications Status Report (Use the following template to develop outbreak communications for Stakeholders. This template should not be passed to Stakeholders but used to establish facts and content that will inform message development.)			
Pandemic Communications No:		**Date and Time:**	
	Issues / tasks		**Notes**
1	Stakeholder Considerations (who is message intended for? Who is the target audience?)	*Identify and list key stakeholders / target group that you are intending to communicate with.*	
2	What are their major concerns / perceptions of the situation?	*Summarise the main issues, concerns and perceptions this group have of the situation.*	
3	Target group - cultural considerations.	*Are there any particular cultural considerations, such as language, attitudes to vaccine, access to technology etc that are worthy of note?*	
4	What is the purpose of this communication?	*Clearly establish and state the objective of this communication including any desired outcomes.*	
5	What is the current situation and who is the outbreak affecting?	*Summarise the current situation and who the outbreak is affecting, or has the potential to affect.*	
6	What action should the target audience take as a result of this communication?	*Clearly state what action you are recommending that should be taken. If none then this should be stated.*	
7	What is the risk of inaction?	*Clearly state what the risk is of not taking any action and why this is not recommended.*	
8	What are the current unknowns?	*Address any real or perceived uncertainty surrounding the situation to demonstrate openness and honesty.*	
9	Fix the facts?	*Acknowledge and address any fears, concerns, rumours, myths and where possible questions, known to be circulating about the situation.*	
10	Is the situation and advice likely to change?	*If it is anticipated the situation and advice may change as the situation develops then this should be stated.*	
11	Further information, advice and updates	*Provide signposts for further information and advice such as recommended websites, social media forums and health care providers etc.*	

Table 3: A template for the development of outbreak communications for various target/ risk groups.

Pandemic communications – quick reference tool

Figure 4: A quick reference tool for pandemic communication development.

Guidelines for communicating with target / risk groups

Target /risk group	Key Message(s): taking into consideration ethnic, religious and cultural considerations	Recommended style / language	Method / delivered by
HCW	• Emphasize importance in relation to; self-protection, patient protection and family member protection. • Highlight safety and efficacy of vaccine. • Highlight the seriousness & risk associated with flu. • Instruct where to get vaccine. • Address fears & concerns that vaccine could cause disease / side effects.	• Collaborative. • Positive messages. • Communicate impact of diseaseon individuals and society. • Provide evidence where possible • Truthful, open and honest style. • Clear, concise, timely.	• National and Regional Health Authorities. • Other Health Care Providers. • Where possible coordinated updates provided by a well respected individual of highstanding.
Elderly & Chronically illav	• Address concerns regarding side effects. • Communicate benefits of vaccination. • Provide reassurance and where possible evidence of efficacy and safety of vaccine. • Identify and address culturally held beliefs and attitudes towards vaccination.	• Non-technical • Positive messages • Avoid scare tactics • Emphasize target groups susceptibility to disease. • Communicate impact of disease on individuals and society. • Avoid statistics and scenarios that may be misinterpreted. • Reiterate core messages. • Provide evidence where possible • Truthful, open and honest style. • Address rumor fears and concerns.	• Advice and positive recommendation should be given by Health Care Workers and Physicians ideally in a personalized form taking into account medical history, attitudes and personally held beliefs.

Target /risk group	Key Message(s): taking into consideration ethnic, religious and cultural considerations	Recommended style / language	Method / delivered by
Pregnant women	• Communicate Health Benefits with Evidence to support efficacy of recommendation. • Provide reassurance about the potential impact on maternal and fetal health. • Communicate importance of vaccine and where to access it. • Acknowledge fears and concerns. • Identify and address culturally held beliefs and attitudes towards vaccination	• Non-technical • Positive messages • Avoid scare tactics • Emphasize target groups susceptibility to disease. • Communicate impact of disease on individuals and society. • Avoid statistics and scenarios that may be misinterpreted. • Reiterate core messages. • Provide evidence where possible • Truthful, open and honest style. • Address rumor fears and concerns.	• Advice and positive recommendation should be given by Heath Care Worker, in particular midwife's ideally in a personalized form taking into account medical history, attitudes and personally held beliefs.
Pediatric population	• Communicate importance and necessity of vaccine (including for health children). • Where possible provide evidence to support recommendation. • Provide clear instructions / advice as to where and how to gain access to vaccine.		• Advice and personal recommendation should be given by (where possible) by Pediatrician, taking into account medical history, attitudes and personally held beliefs of parents.

Table 4: A guide to help tailor messages to the needs of individual Risk Groups taking into consideration cultural considerations, recommended style and language and the preferred mode of delivery.

Draft message templates

The following message templates have been provided as preliminary examples, to help communicators develop pandemic communications. In order to ensure that messages are tailored and appropriate to the group that they are intended for figures 2 and figure 3 should also be referred to;

Phase 1: Inter pandemic
Encourage debate about pandemics nationally, regionally and locally. Debate the issues concerning at risk groups and timely response. Engage with opinion leaders to understand the issues and concerns facing the community and exchange ideas. Develop an 'on-line' presence. Follow the advice given in Figure 2, Figure 3 and Table 3.

Phase 2: Pandemic Alert Phase
"*There has been an outbreak of* (describe outbreak) *in* (insert location) *reported by* (insert by whom e.g. WHO). *Initial reports suggest* (state what is known and acknowledge any uncertainties / fears and rumor). *The potential impact on human health is* (describe the potential impact on the population). *The World Health Organisation (WHO) has recommended* (state any advice from the WHO providing evidence if possible). *The National Health Service (NHS)* (state the recommendations by the NHS, including where to get access to vaccine, and include any specific advice for 'at risks groups' e.g. Health Care Workers (HCW), elderly, chronically ill, pregnant women, pediatric population). Tailor message according to guidance given in Tables.

Phase 3: Pandemic Phase
The WHO has officially declared a pandemic (repeat the key aspects of the WHO declaration). *The NHS has raised the pandemic alert/risk state to* (state the NHS/government pandemic alert/risk state). *This means that* (summarise what this means in non-technical language giving examples as to how this affects, or has the potential to affect the population). *The NHS advises* (state the NHS advice repeating core messages such as where to get access to vaccine. Include the action being taken by Local Authorities, local hospitals, GPs and HCWs. Personalise message to risk groups referencing Table 3.

Phase 4: Transition Phase
The WHO has officially confirmed that the assessed global-risk of a pandemic has reduced. This means that (summarise in straight forward non-scientific terms what this means in relation the potential impact on human health, actions being taken, and actions that need to be taken).

Activities should now focus on assessing the success of the communications strategy, implementing lessons identified and adapting and preparing communications for future use.

For more information on the TELL ME project or to access the guidance documents and tools, please go to **www.tellmeproject.eu**

Alternatively, you can contact us on the details below.

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