

ST3.2.3

New communication strategies for institutional actors

2nd Reporting Period
WP3 Developing new communication strategies

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ST3.2.3

Introduction

The behaviours adopted by public health institutions in the past have been shown to be inadequate; authorities were unprepared for confronting new Emerging Infectious Diseases (EIDs).

In the past incomplete and biased communication interventions have led to the generation of incomplete, false and contradictory messages, which have jeopardised institutional credibility. The effect of which has been reduced levels of trust in institutions and lower levels of behavioural compliance across the population.

In a pandemic, appropriate communication and education ensure that people know how to best protect their own health and the health of others. Timely and accurate communication is essential to inform, educate and address concerns and reactions to a spreading pandemic. Effective communication is fundamental not only to provide advice, information and reassurance, but also to encourage individuals to take personal preventative actions, to request support for necessary national responses and to build and maintain confidence in the government response during a pandemic.

Whether or not guidelines and objectives appear clear, it is more difficult to manage a complex situation that requires a wide understanding of the broader political, social and cultural environment in which communication occurs (Abraham, 2009). The management of the H1N1 pandemic management created a number of controversies around the world in 2009 and, although world media coverage faded in 2010, the debate continues. From the perspective of institutions such as public health authorities and other key stakeholders, effective coordination of messaging will help to ensure timely and relevant information is available to support an appropriate and effective response to a pandemic.

“Communications can’t fix a problem you don’t understand.”

Heidi Larson; Bull World Health Organ 2014;92:84–85 | doi: <http://dx.doi.org/10.2471/BLT.14.030214>

In order to deal with new communication strategies to improve institutional actors’ (IAs’) reaction to an outbreak/EID we first introduce a description of IAs with regard to their own perspectives, types, roles and responsibilities, while communication targets are analysed. Secondly, we present a “toolkit” containing samples of support material and operational tools which IAs may use to communicate with their widely diversified audiences during epidemics and pandemics.

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National and international institutional actors

The first part of the chapter aims to bring into the equation the groups described in the Outbreak Communication Framework Model developed in TELL ME deliverable D3.1¹. It has been necessary to look at a definition of 'institutional actors' in the context of public health communication. It has been far from simple to find a clear-cut definition that is both comprehensive and straightforward. The usage of the term, 'institutional actors', has a long history and has become widespread in the social sciences as well as in several other disciplines in recent years, reflecting the growth in institutional economics. Institutional actors have been widely described and defined in the stakeholder categories inventory within TELL ME deliverable D2.1². According to this, Governmental/Policy and IAs are represented by political structures and organisations, competent public authorities, regulatory and standards bodies, funding agencies and advisers responsible for design (preparedness) and implementation (response) of communication strategies in the event of a major infectious disease outbreak. Institutional actors could be grouped depending on the different level they operate upon: internationally (transnational, European) or inside a country (national, local). Common examples of IAs are shown in Figure 1. Within this general frame, we have differentiated between those IAs who are expected to lead the outbreak communication process as legitimate stakeholders, e.g. public health authorities and/or agencies (indicated in Figure 1 hereinafter we essentially refer to these IAs) and others who become involved because of their capacity, role in the community, or as a matter of urgency. Given its own function of advocacy that the health sector has in the field of communicable diseases (CDs; D'Eath M et al., 2014), this idea is based on the adaptation of the salience model for outbreak communication stakeholder mapping [TELL ME deliverable D2.1³].

¹ TELL ME Deliverable D3.1 New framework model for communication. Available from <http://www.tellmeproject.eu/sites/default/files/D3.1%20-%20New%20Framework%20Model%20for%20Outbreak%20communication.pdf>

² TELL ME Deliverable D2.1 Stakeholder Directory and Map, page 51. Available from <http://www.tellmeproject.eu/sites/default/files/137728362-D2-1-Stakeholder-Directory-and-Map-Website-Version-No-Directory.pdf>

³ TELL ME Deliverable D2.1 Stakeholder Directory and Map. Available from <http://www.tellmeproject.eu/sites/default/files/137728362-D2-1-Stakeholder-Directory-and-Map-Website-Version-No-Directory.pdf>

Figure 1. Institutional Actors involved at different levels in pandemics

IAS ACTING INTERNATIONALLY	IAS ACTING INSIDE A COUNTRY
Transnational	National
WHO (World Health Organization) IOM (International Organization for Migration) OIE (World Organisation for Animal Health) UNICEF (United Nations Children's Fund) UNWTO (United Nations World Tourism Organization) WTO (World Trade Organization) World Bank	Ministry of Health National (Surveillance) Institute of Health Medicines Regulatory Agency Ministry of Foreign Affairs and Trade Ministry of Work Ministry of Agriculture Ministry of Culture and Education Ministry of Economic Development National Institute for Insurance against Work Accidents
European	Local
ECDC (European Centre for Disease Prevention and Control) EDQM (European Directorate for the Quality of Medicines) EMA (European Medicines Agency)/ex EMEA (European Agency for the Evaluation of Medicinal Products) European Commission (DG SANCO, DG ENTR, DG RTD, etc.)	Local Public Health: <ul style="list-style-type: none"> • Agencies • Authorities (e.g. Regional/Federal) • Operative units Prefectures (Public Health Division) Local political parties

Institutional communication flows

Institutions should communicate with each other throughout the decision-making process, using strategically established methods and avoiding rushed communication in an emergency situation which leads to implementing wrong interventions and losing credibility. One of the fundamental components of good communication from institutions is effective internal communication with the scientific community and institutions responsible for health risk surveillance and management. This need is due to the complexity of outbreak communication and the difficulty people can have in recognising the meaning and reliability of the most relevant issues. An infectious disease outbreak therefore demands a communication strategy focusing on both internal and external processes as well as the multiple actors who hold their own interests and perceptions playing different roles.

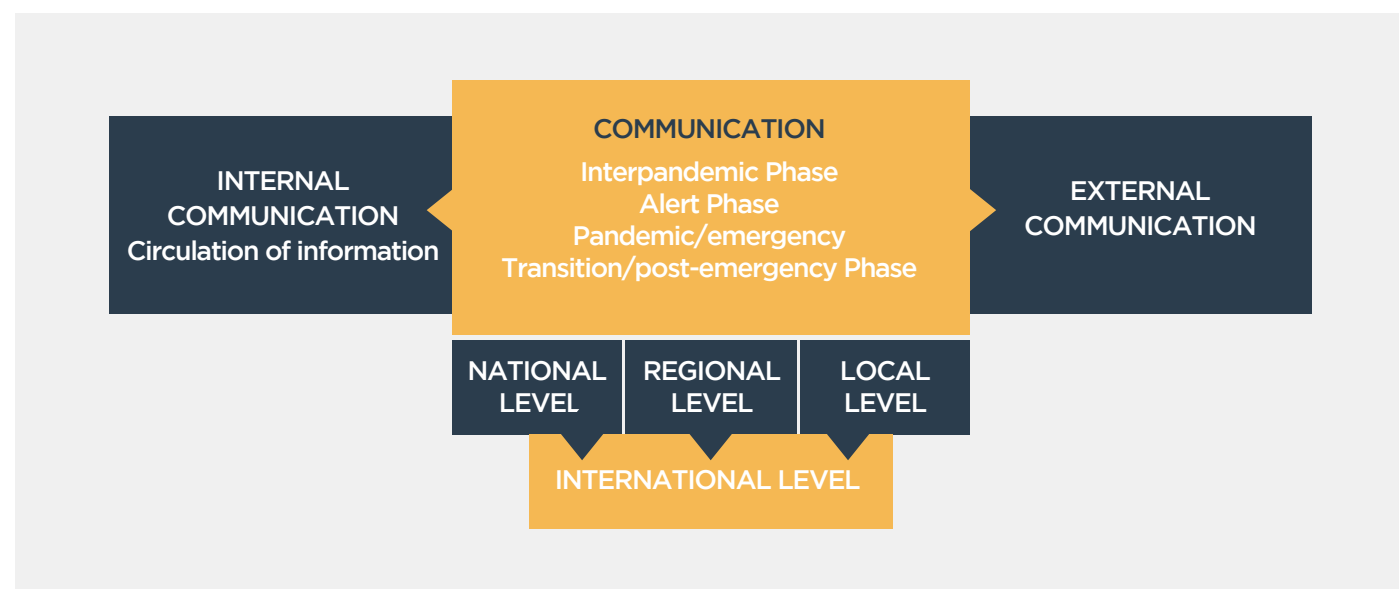


Figure 2. Communicative interaction among different institutional levels through pandemic phases

Effective communication with the scientific community and institutions directly engaged in risk management represents a crucial condition for more efficient external communications, even in a non-emergency condition. Furthermore, when an emergency occurs the communication process becomes more difficult as a series of very complex factors occur in a short period of time, making risk management more complicated. Often, contrasting criteria and approaches are suggested for emergency situation assessment and management so that several authorities must take action with diversified skills at different levels.

In order to significantly improve internal communication, IAs can adopt guidelines which not only offer tools for an adequate structure of prevention and emergency preparation measures, but also contribute to explain and match roles and activities of authorities, organizations and interest groups involved in usual surveillance systems, emergency management, and specific epidemiological surveillance following a health alert.

For this purpose, when an outbreak occurs and it is necessary to establish an epidemiological surveillance system for the exposed populations. Implementing communication processes and synergies among involved institutions, structures and authorities then acquires crucial importance. An effective internal communication strategy can enhance integration of available epidemiological data, strengthening the interaction among all the involved officials. This includes: institutions responsible for health protection, the organisations and teams in charge of epidemiological surveillance (Epidemiological Monitoring Units within Local Health Service Agencies), Local Health Authority and Government (Mayor supported by the Hygiene and Public Health Service) that have to establish limiting and restrictive measures to protect the public's health.

Sharing activities may also create favourable conditions for appropriate communication with the population who must be informed about initiatives carried out concerning the surveillance and its purpose. Effectiveness of internal communication is strengthened still further when exchange and debate are considered crucial to building collaboration in framing and maintaining a regional network. This often involves key figures and institutions non-directly engaged in risk management, but strategically important for empowering communication with citizens, such as general medicine physicians, family paediatricians and schools.

Therefore, cooperation and information flow among all professionals of institutions and healthcare services within risk management can favour coordinated planning of activities and priorities. In turn this can simplify the communication process with the public, media and social actors and allow a responsible and informed participation of the community in discussions about planning responses to emergencies.

Internal communication in institutions

Internal communication is fundamental during a crisis situation; coordinating communication both at vertical and horizontal levels is complicated. During a crisis situation, international organizations, such as the WHO and the CDC/ECDC play a critical role in regularly updating health professionals to address actions and concerns on specific questions (EU Conference Report, 2011). The need to improve internal communication has emerged from many countries and agencies (Sweet, 2009; Deirdre Hine 2010; Tay et al 2010; WHO Europe, 2010; WHO, 2011; Greco et al 2011).

In particular, the WHO (2010) suggested that to improve communication effectiveness within the health care system the following elements are needed:

- Development of vertical networks between the ministries of health and health care workers;
- New communication tools (e.g. established through the internet) should be considered, as they have proved to be helpful;
- Coordination within a hospital is improved by choosing one person to disseminate information, primarily necessary for early identification of cases, but also during other stages of the response

Other critical elements are information and communication about vaccines, and the related issues, such as safety of adjuvants, vaccination of pregnant women and serious adverse effects following pandemic vaccination. A lesson learnt from most countries is more communication on vaccine safety data is needed at the time the vaccination is implemented (EU Conference Report, 2011; DH/NHS Flu Resilience, 2010). Internal communication is a fundamental issue during crisis situation when an organization is struggling to deal with a rapidly developing and complex situation. A wide variety of literature discusses the internal communication issue from different points of view, particularly about information sharing among the various health agencies, and the information needs of healthcare workers (HCWs).

In the UK it is seen to be important to involve professional health bodies in discussions, to ensure sources of direct clinical advice for health professionals during a pandemic (Deirdre Hine 2010). The development of CDC guidance is an example of this collaborative communication and sharing of information that took place between the U.S. Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services (HHS), other federal agencies, and external partners (CDC, 2010). This is particularly important as there have been several instances in which recommendations have been controversial, particularly those regarding hospital infection control, which have sometimes been based on hypothetical concerns rather than epidemiological data. Some of these recommendations generated controversy and even outright opposition from healthcare workers.

For example, CDC's recommendation for use of N95 respirators by those caring for hospitalized 2009-H1N1 patients is discordant with the views of several other expert bodies. Such conflicts can generate confusion and anxiety at many levels in the hospital workplace, impairing effective compliance with proper infection control, and undermining physician confidence in health agencies and public confidence in local infection control measures at a time when confidence levels need to be maximized (US President 2009; Socialstyrelsen and Swedish Civil Contingency Agency, 2011).

Box 1. Examples and case histories of Internal Communication during 2009 H1N1

In 2009 during H1N1 there were cases where contradictory or slightly different messages were communicated based on national, regional and local levels, but also among countries and International agencies. These differences led to confusion among citizens about whose advice to follow.

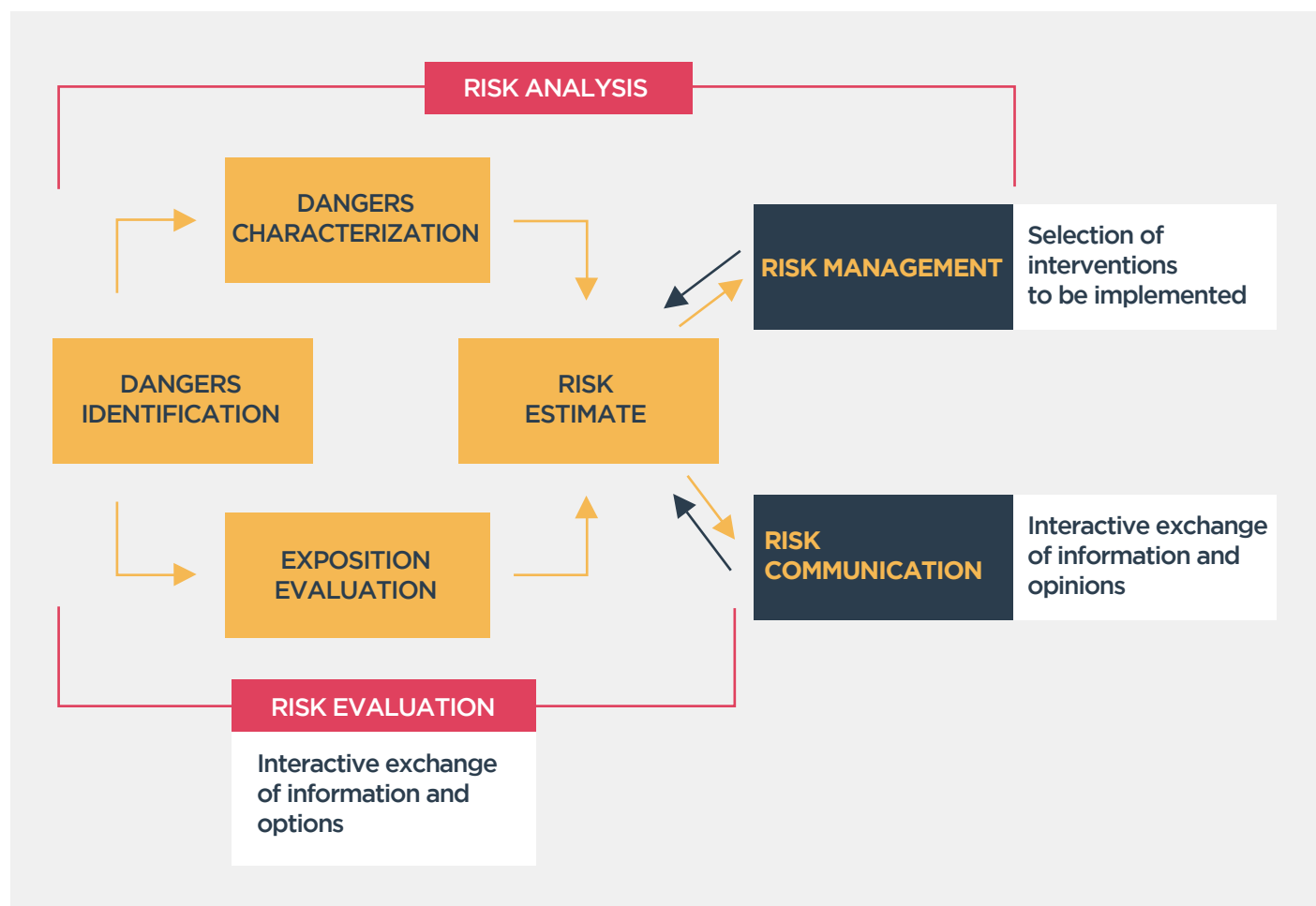
While the Public Health Agency of Canada's advice was based on the best scientific evidence available at the time, the application of this advice varied across the country due to differences in provincial legislation and policies. On the one hand, within the Canadian territory, advanced work with national and international partners formed important links that were useful during the H1N1 response, while on the other hand the messages provided across federal, provincial and territorial jurisdictions were not always consistent. It was only during the second wave of H1N1 that the federal and provincial/territorial governments collaborated on positions on masks and gloves and tried to take a collective decision so that all were approaching the issue in the same way. Evaluation indicates that it is necessary to improve coordination of the different approaches, communication and marketing tools, tactics and messaging (Public health agency of Canada and Health Canada, 2010). A study carried out in Kentucky (Howard et al 2012) examined the role of the Local Health Department (LHD) in disseminating information among local healthcare professionals, in particular among primary care practitioners and pharmacists. The survey showed an overall percentage of 72% did not receive information from the LHD regarding H1N1. Seventy-one percent of healthcare professionals who reported any communication worked in areas where H1N1 cases were confirmed. In addition, LHDs were more likely to communicate with physicians than pharmacists, despite both groups playing critical roles in the protection of communities.

A survey conducted in Quebec among primary care practitioners found that about 85% of them encountered difficulties or experienced frustrations in their practice during H1N1 pandemic. In addition, more than 50% reported issues with the top-down management process, communication processes (dissemination of clinical practice guidelines and communication routes), and patient management at the public health level. In particular, a slow communication process, an overwhelming number of communication sources, and an overwhelming number of divergent messages, sometimes lacking clarity, were identified as the main problems (Nhan et al 2012).

Institutional actors' perspective and inspiring models

Communication represents a crucial aspect within the wider risk management process and it is involved in each stage of the complex conceptual scheme shown in figure 3: from identifying hazardous situations, risk assessment and exposure evaluation to establishing surveillance and prevention intervention priorities, and implementing risk mitigation and emergency response measures (WHO).

Figure 3. Steps for the analysis of risk: evaluating, managing and communicating risk



Risk communication is considered an interactive process of information and opinion sharing among individuals, groups and institutions, regarding (in this case) health risk evaluation and management. As discussed in the TELL ME Outbreak Communication Framework Model, stakeholders have their own "individual luggage" (made of: interests, roles, competences, perceptions). Therefore a desirable objective of risk communication is providing information to allow individuals or communities to make the best possible decisions about their health within the time constraints, and to help people ultimately accept the imperfect nature of choices during a crisis.

In health risk management associated with outbreaks, it is necessary for IAs to adopt a participatory communication approach – as described in the Framework Model – based on information, perceptions and choice sharing among the different partners and on "autonomy strengthening", dialogue and active and integrated participation. Only through a communication exchange is it possible to foster this complex interactive process among central scientific institutions, the local community, mass media and citizens. This process helps to aid the flow of risks assessments, opinions, concerns, individual and collective perceptions, and reactions to an emergency.

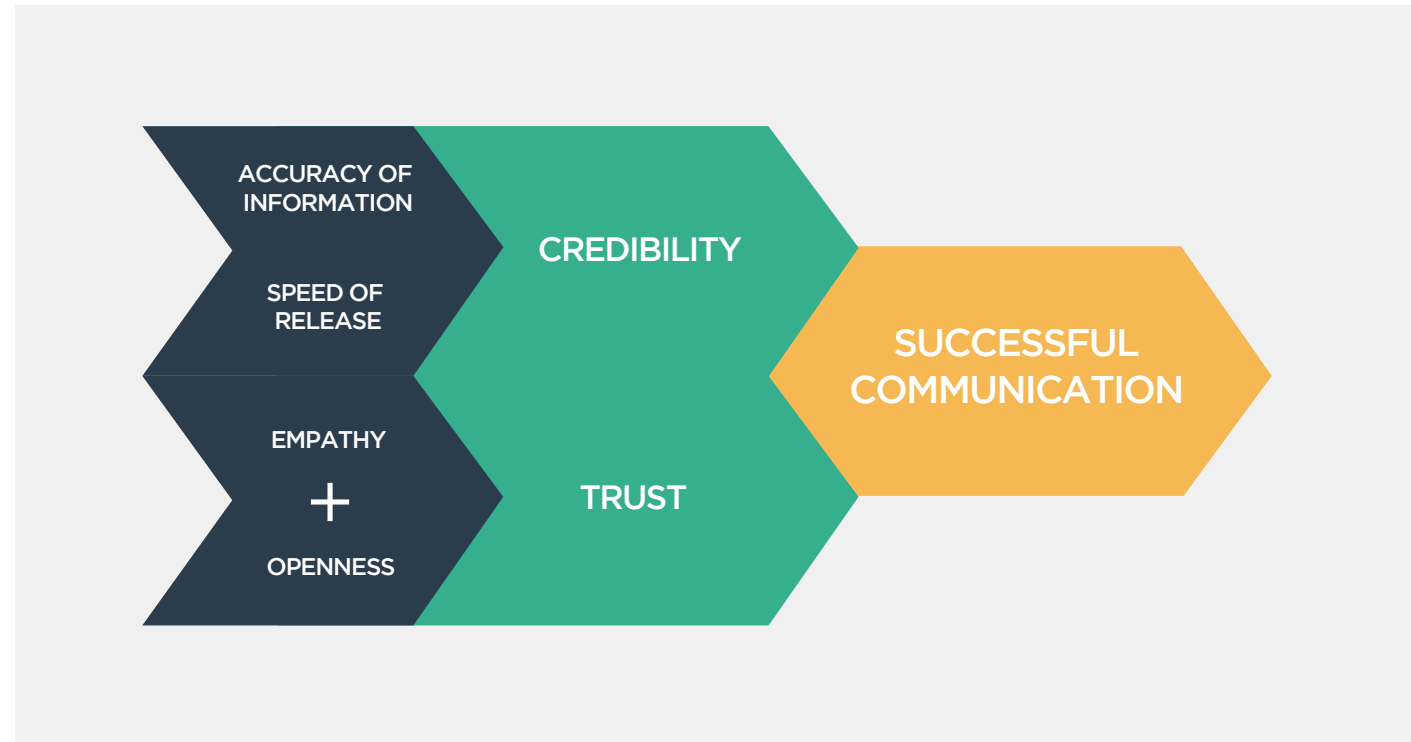
Dialogue and participation are crucial to increase citizens' awareness of relevant health issues during an outbreak and to overcome scaremongering and fatalism. The risk is not only represented by the content in a message from experts to non-experts, but is also a topic that all the involved parties (stakeholders) deal with, establishing jointly agreed strategies to face and manage the risk (Beck U, 2000; Biocca M, 2002). Therefore, it is better to refer to communication "about" risk more than simple "risk" communication. The implementation of risk protection and mitigation measures by public health organisations shouldn't be considered only a preventive intervention. When citizens' participate, it also becomes an initiative aimed at developing an active and informed participation in the risk management process.

Health risk communication has to be established as an interactive exchange of information and opinions among individuals, groups and institutions, as well as among all subjects involved in health risk assessment and management. Stakeholders who can take part in the decision-making process and have their own objectives play different roles with non-homogeneous skills and perceptions (Leiss W, 1996; NRC, 1989). This communication approach is important for managing all events that risk human health and involve the relevant institutions, public and private organizations, individuals and the whole community. It takes into consideration not only the technical-scientific information available about risk, but also emotional factors related to different stakeholders' reactions.

The roles and responsibilities of institutional actors in outbreak communication processes within different phases

From a more “dynamic” point of view, the most important communication function of IAs (public health; Figure 1) is to be at the helm of the processes, from planning to performance and evaluation through the four pandemic phases. General concepts like “communication is a risk itself, when it is improvised” or “lack of communicative competence paralyzes” are at their most true when institutions have to develop a communications response to a crisis. A participatory approach to communication includes: listening and transparency, credibility and trust; institutional actors get different roles, aims and responsibilities. The position of institutions is crucial in accomplishing their role of leading the whole communicative process.

Figure 4. Components and ways in which communication is judged as successful in a crisis



Within an institutional and social context, credibility and trust both in the message(s) and in the issuer(s) form a square whose four corners are: competence; commitment; empathy; openness.

Listening with empathy, skill and experience, honesty and frankness, dedication and engagement represents one of the key factors on which people judge the reliability and trustworthiness of a communicator (Covello VT, 1992). More than 50% of communication reliability depends on the way people perceive the person who is in charge of communication. If people perceive empathy, listening and attention to their worries and perspectives, they will be more willing to listen to and trust the communicator. When the communicator is not reliable because of “distancing” from people and focusing only on their own communicative objectives, trust is reduced and the emotional component of perception will take precedence over the cognitive (subjective vs objective decision making). Therefore, even if adequate and scientifically based, the message(s) may not be trusted and used by people because they are delivered through a communication process lacking empathy, not focused on the identification of the real information needs of target audiences, or their sensitivities and perspectives. In these cases the communication process is often transformed into a conflict between contrasting positions where emotional reactions, sometimes in a chaotic way, prevail and focus on the health issue is lost. Active listening from institutions enhances the level of trust in them and allows people to discuss the gap between the perceived risk (by the public) and the actual risk (the experts’ views) (Covello VT, 1985).

The stages of implementing the communications strategy are identified in the four pandemic phases (inter-pandemic, alert, pandemic, transition) that correspond with the new approach to the influenza threat index by the WHO, and are specifically illustrated in D3.1⁴. These four global phases encourage national and international authorities to react to different risk assessments’, describing the spread of a new influenza subtype but also considering different levels of involvement and communication needs from stakeholders.

⁴ TELL ME Deliverable D3.1 New framework model for communication, page 14. Available from <http://www.tellmeproject.eu/sites/default/files/D3.1%20-%20New%20Framework%20Model%20for%20Outbreak%20communication.pdf>

Inter-pandemic phase

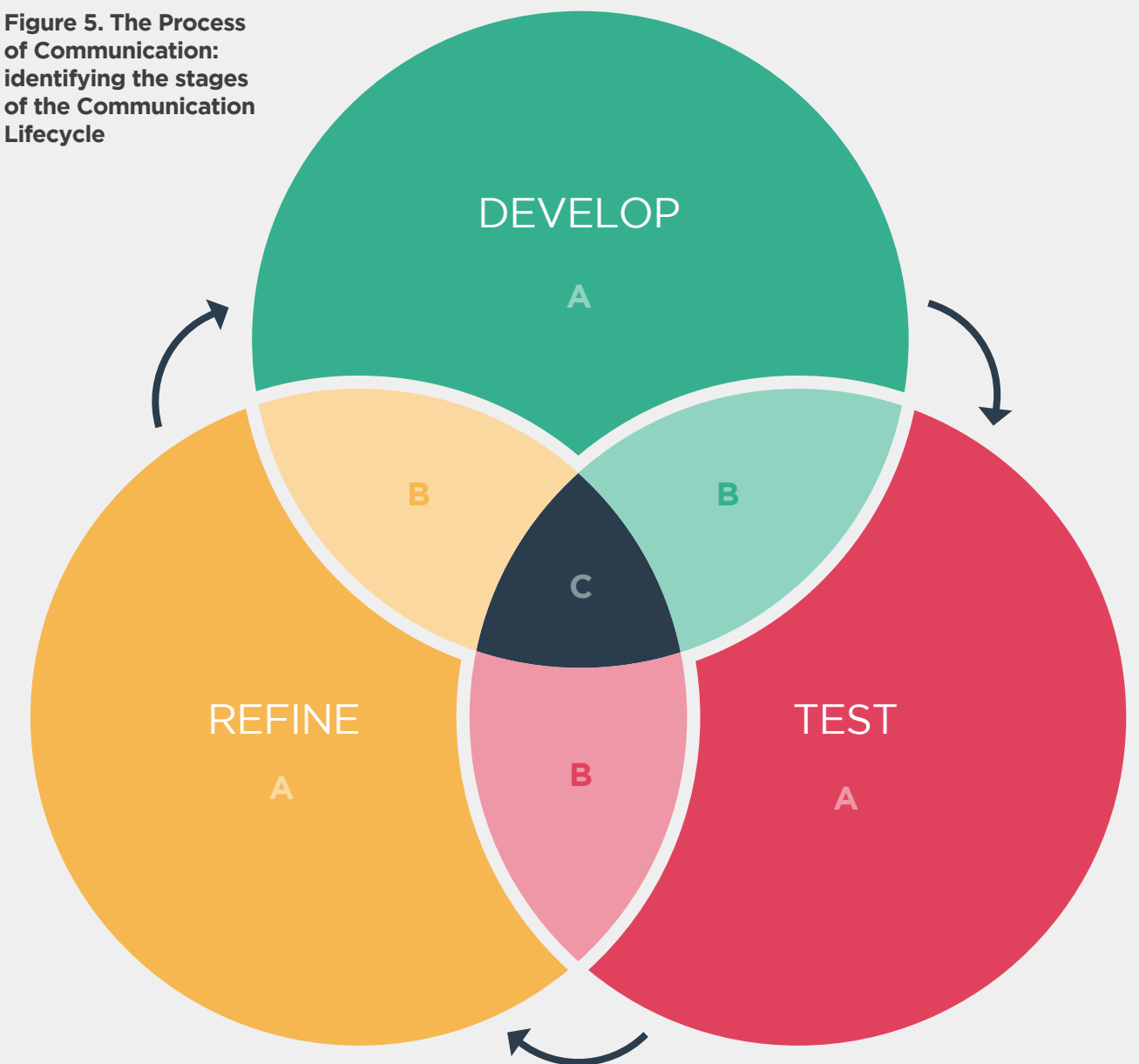
Particular attention has to be paid to the preparation phases, when IAs are supposed to develop their communication plans. It is worth stressing that IAs have the responsibility for activating and coordinating the communication process. This role includes managing the evolving reactions of multiple stakeholders. Effective and strategic communication has to be planned and programmed: this means getting a targeted, goal-driven message out at the opportune time through the appropriate channel. “Develop a plan and a strategy” is therefore the first step in the communication process (NIH, 2008).

Communication planning sits within the inter-pandemic phase. Researching and developing a communication strategy represent a crucial stage in enabling focused interventions, which are agreed amongst the stakeholders and institutions involved, and include clearly identified and monitored communication objectives.

Planning reinforces an institution’s role in promoting the exchange of information and interaction among the different stakeholders in a risk situation, both as active subjects in risk assessment and management and as exposed citizens. Therefore prior planning of responses to outbreaks helps promote participation in decision-making processes and the sharing of information. The overall communications strategy is a transversal action to be developed during each phase and changes according to specified objectives (Knowledge, Attitudes, Practices/Behaviours) and target audiences during each phase. The World Health Organization European Regional Office (WHO/Europe) recommends separation of each step, so as to maintain process transparency and to activate effective communication among all the participants in each stage of the same process. Elements informing a crisis communication plan (**Figure 6**) include the identification/definition of different items:

- a. Issuer subject/-s (who activates the communicative process) - a clear indication of the authority launching, coordinating and following the process;
- b. Communication target/-s (whom communication is addressed to): general population and directly involved people, even other subjects;
- c. Communications objective/-s (reason to communicate): objectives can be intended in a general way (based on communication being right and a professional duty, it favours network creation, information exchange, integrated collaboration among institutions, institutional reliability, awareness and individual and collective empowerment) and more specifically, reference to desired changes in target audience knowledge, behaviours and attitude. According to the tools used, timing and resources available, a communications intervention may aim at enhancing knowledge, a behavioural change involving what people think or feel toward a specific phenomenon and, on a longer term, a behavioural change. More practically, at the planning stage, it is possible to envisage the creation of a multidisciplinary working group composed of experts from different institutions, regional and municipal structures and administration representatives, in order to establish, organize and share the communication strategy. And to favour information

Figure 5. The Process of Communication: identifying the stages of the Communication Lifecycle



A INTERESTED PARTIES

Professional Journals
National representative groups
Awards
National midwifery leaders

B KEY STAKEHOLDERS

HCPs midwives collaborate with, e.g. GPs
Pregnant women
Organisation's executives

C CORE STAKEHOLDERS

Midwife representative group
Health agency pandemic planners
Health agency communications professionals

flow and integrated cooperation among the stakeholders involved, to design and perform key-messages and, where applicable, to identify in-depth training requirements including communication skills training;

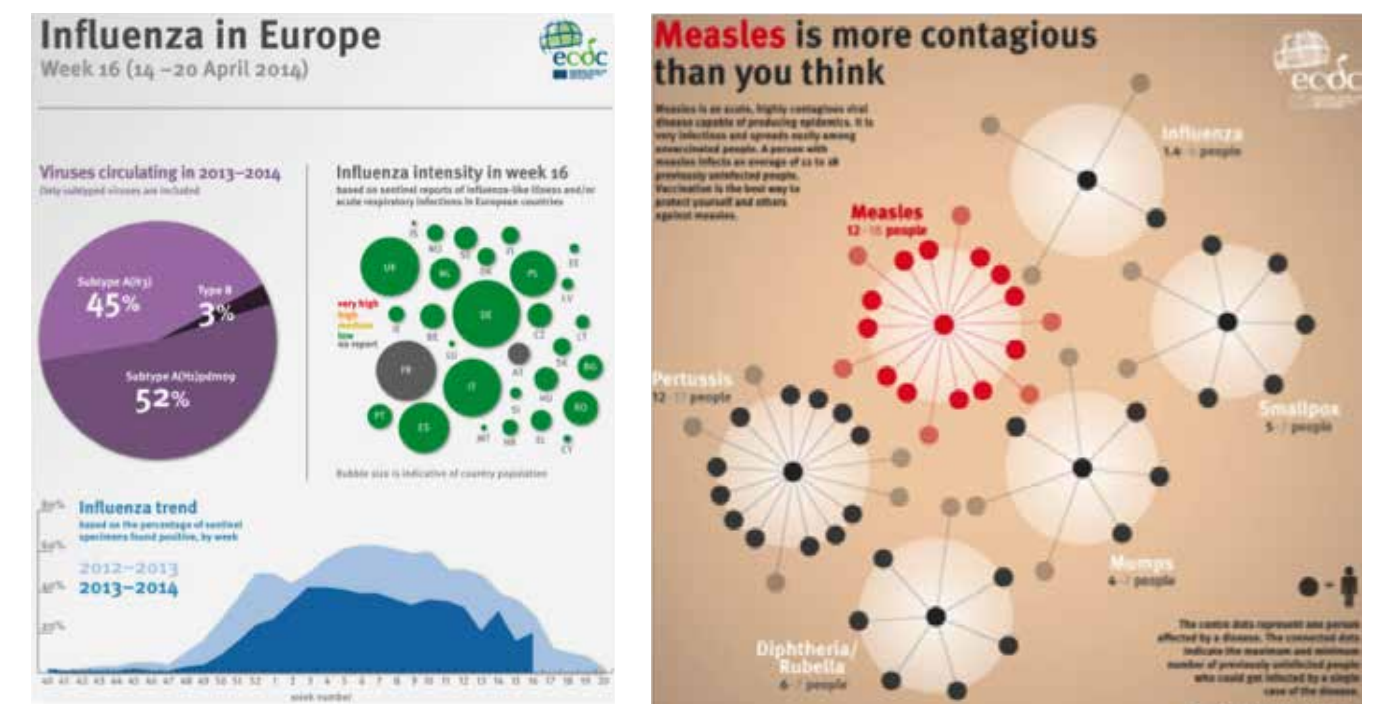
- d. Communication content/-s (what): communication content should be periodically updated according to the latest evidence and should be homogeneous, clearly expressed, focused on the target, notified through clear and unmistakable messages, even repeated, responding to target audience worries and showing empathy. It is fundamental that uncertainties and lack of information are appropriately considered and declared. Evidence should be clearly separated and supported by opinions and judgments, in as much as this increases trust in scientific institutions and the relationship of trust and collaboration with regard to institutional figures and related institutional structures (Covello VT, Sandman P, 2001). In order to make citizens fully aware of available data, new information should be communicated as soon as available, according to specific criteria and agreed conditions. Communication content must be agreed, from time to time, among experts and local administrators, based on collected data and available evidence, paying attention to individual and collective risk perception. To collect information on risk perception, it will be necessary to use specific tools and methods: opinion leaders involvement, other local professional figures involvement, telephone interviews, analysis of information spread by media, focus groups and face to face interviews;
- e. Communication tools and activities (how): communication tools have to be integrated, chosen according to the communication objective, targets, available resources (human, economic, structural, etc.), timing and context. Options include: press releases, interviews released to local or national media, websites, letters, brochures, telephone interviews, vis a vis meeting, public debates, scientific publications, scientific conferences. Attention has to be paid not only to oral communication, but also to the non-oral (face expression, look, gestures and body movements, posture, mimicry) and para-oral ways (volume, voice timbre and tone, rhythm, sighs, silence), especially for those communication tools using interpersonal relationships.
- f. Communication time/-s (when): moment to starting information flow, time dedicated to communication, operator times and individual times, time (historic-social stage) during which the communication is performed, start and end date of a campaign, availability of institutions to quickly answer media requests;
- g. Communication contexts (where): both the external context where the communicative exchange occurs and the individual situation of those who communicate.

Figure 6. Putting the Crisis Communication Plan in practice: a grid

A	B	C	D	E	F	G
Responsible Institutional Subject	Target audience	Objectives	Content/ Message(s)	Communication Tools/Activities	Timing	Context

Europe has entered a new inter-pandemic phase of seasonal influenza since 2011. Figure 7 (ECDC, 2014) shows an example of a tool aimed at informing a professional target audience about the kind of communication that is performed during the inter-pandemic phase. These text and graphic sheets are developed through the official ECDC website (<http://www.ecdc.europa.eu>) and printable versions are available.

Figure 7. Examples of ECDC communication in the inter-pandemic phase



Alert phase

With the pandemic finishing, IAs gradually come back to the pre-pandemic situation with new issues to deal with regarding people who were affected by the disease and attempts to minimize any future outbreaks. This last phase is the time when institutional bodies are undertaking evaluations or even formal enquiries to assess how well their plans and preparations worked against the particular features of the pandemic that occurred. Commonly, at transnational and/or multinational levels, evaluations which are conducted are general but many more relate to specialist areas like vaccination, surveillance or communications. Many evaluations and lessons learnt exercises are also carried out at national and local levels.

Pandemic phase

Local health authorities have an important role to play in planning, activating and assessing communication activities during the pandemic phase. This includes the “speaker” function during an emergency. Then, a toll free number should be activated to answer questions coming from the public and particularly the media. The function of official spokesman becomes fundamental during the pandemic phase.

The main goal of communicating during an emergency or outbreak is to help people by channelling their fear towards acknowledgement of the situation, an appropriate level of vigilance and constructive preparation.

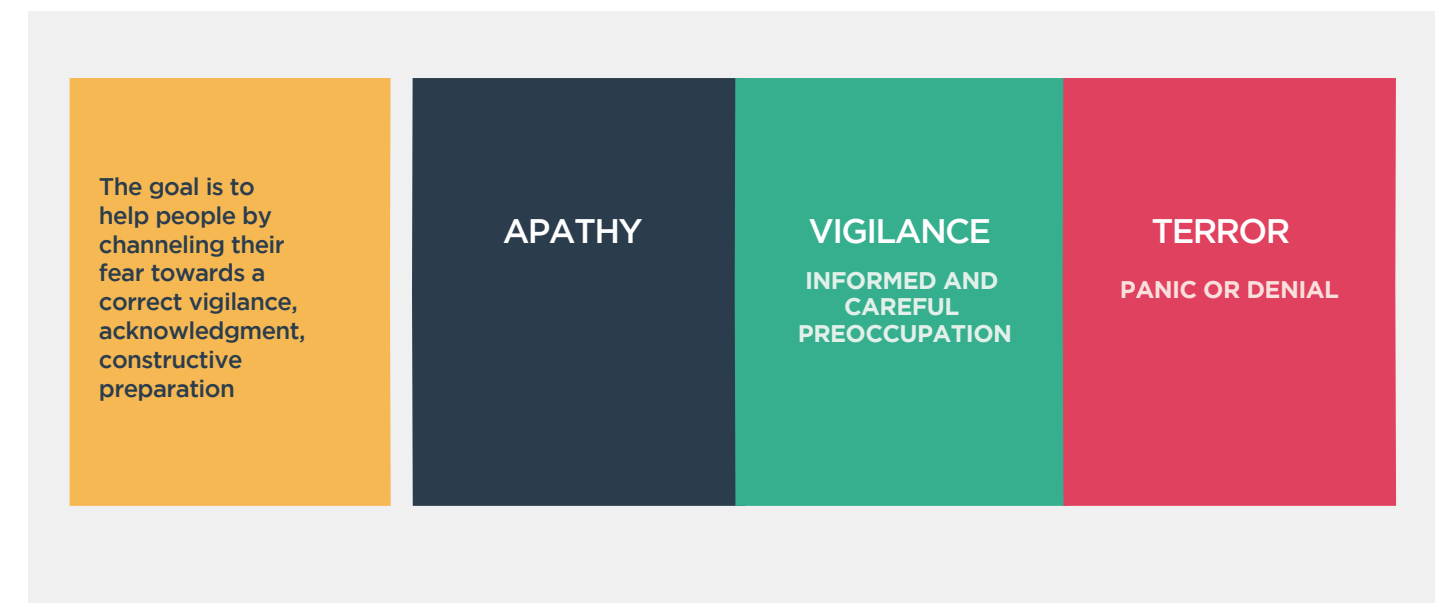


Figure 8. Feelings and reactions which can be addressed through Emergency Communication

Figure 9. Common problems and challenges institutional actors must address during an emergency

Identified Problems/Challenges in Emergency Communication	Roles and responsibilities for IAs
Absence of strategy	Have in place a communication strategy, up-to-date with the needs and demands of present audiences and stakeholders.
Confusion of roles	Ensure legitimate institutional bodies have designated duties and responsibilities.
Different points of view, needs and perceptions coexist	Accept diversified worldviews. They must be listened to and understood. Ensure that communication effectively meets the public's needs.
Inappropriate times	Schedule precise and opportune timing within the communication plan.
Passivity/inappropriate language	Adopt a linguistic style which matches the target audience(s) and objectives.
Tendency not to communicate	Assume that non-communication is impossible since each act has communicative weight.
Negative is predominant on positive	Highlight measures to avoid and/or to limit infection (Non-Pharmacological Interventions, NPIs; vaccination).
No trust	Activate and maintain trust building process; networking.
Increasing confusion	Keep high levels of institutional credibility and acknowledgement.

High levels of 'noise' from multiple sources of information	Develop few and clear messages, dealing with concrete actions to follow.
Selective news is reported by the media	Create a solid and constant relationship with media. Ensure that news media receive timely, accurate and authoritative information to support their reporting.
Spreading of incorrect information	Be proactive in monitoring content which is developed through traditional and new media. Use a range of media, including electronic, print and online media.
Wrong or dangerous behaviours are suggested	Put in practice a successful outbreak communication implying an effective trust building process. Deliver communications materials through health providers.

Text box 2. Experiences of communication during the pandemic phase of 2009 H1N1 In many countries, a specific plan guided the communications and social marketing response during the H1N1 pandemic (Executive office of the President of the US, 2009; Sweet, 2009; CDC, 2010; Public health agency of Canada and Health Canada, 2010; Deirdre Hine, 2010; Van Tam et al 2010;). It appeared clear that without key activities, such as media training and creative development of the advertising campaign, it would have been very difficult to launch an effective campaign.

In general, during the first phase of communication the strategy promoted infection prevention behaviours including: frequent hand washing, coughing into one's arm not hand and staying at home if sick. These messages were later complemented with personal preparedness and immunization information.

In some cases, a general plan including different responses and communication strategies based on different potential scenarios of the pandemic evolution were prepared in order to ensure preparedness and to cover a variety of contingencies (Executive office of the President of the US, 2009; Socialstyrelsen and Swedish Civil Contingency Agency, 2011).

However, in the case of the H1N1 pandemic, it was observed that the absence of a comprehensive and coherent communication strategy created confusion leading to loss of credibility among the stakeholders and public alike (Van Tam et al 2010).

Transition phase

Figure 10. The communication requirements of institutional actors at each phase

<p>Overview of IAs' Communication Actions</p>	<ul style="list-style-type: none"> Using a solid foundation of networking throughout, lead national health organisations in preparing to respond to a possible pandemic or other health emergency Develop and manage a policy and legislation framework, including developing proposed National Health Security Legislation and implementing International Health Regulations Establish principles and plans for support of essential services in the event of a pandemic or other health emergency Strengthen disease surveillance systems and contact tracing capacity Build laboratory capacity to deal with existing and emerging communicable diseases Be responsible for communications with several target groups regarding a possible or actual pandemic to help them increase their awareness and understanding
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Phase 1: Inter-pandemic

<p>Objectives</p>	<p>Communications activities will build public awareness and understanding around the risk of an influenza pandemic</p> <p>The aim is to build a base level of awareness and understanding across the general public and primary care providers regarding the nature of the risk and the threat of an influenza pandemic.</p>
<p>Key messages</p>	<p>To the population</p> <ul style="list-style-type: none"> What is an influenza pandemic What is the current disease situation What is the government doing to prepare for an influenza pandemic Basic hygiene measures that will help restrict the spread of any influenza virus Why it is important that eligible people continue with vaccinations as outlined by national immunizations guidelines/recommendations What are antiviral medications and their potential role during an influenza pandemic The situation regarding the development and production of a vaccine to combat an influenza pandemic Where to get further information <p>To the health professionals</p> <p>Same as for general public, plus specific messages regarding:</p> <ul style="list-style-type: none"> More details about flu and the threat of an influenza pandemic How to implement infectious disease control measures
<p>Objectives</p>	<ul style="list-style-type: none"> Website to be updated with health measures, warnings and state of current situation Resource kit (including a DVD) for professionals, brochures for population and travellers, electronic information bulletin for key groups Free call information line with operators available on working days. Outside of working hours recorded messages are provided directing callers to the website and/or other institutional services, translations are also provided Coordinated cross-governmental approach in place to ensure accurate and consistent delivery of information through spokespeople to the media, public announcements and professional channels

Phase 2: Alert

Objectives

Within the alert stage of an influenza pandemic, the communication strategy will ensure the public have access to clear and current information that supports actions to minimize the risk of illness.

Key messages

To the population

- What is an influenza pandemic
- What is the current disease situation
- Clear, specific actions that can be taken to limit the risk of catching flu
- Food safety and guidance around food preparation
- Basic hygiene measures that will help restrict the spread of an influenza pandemic
- What the government is doing to prepare for an influenza pandemic and especially disease containment measures
- What are antiviral medications and their potential role during an influenza pandemic
- Facts about the virus presenting the pandemic threat – symptoms and mode of infection
- Strategies to help protect individuals, families and communities prepare for and respond to the threat
- What people must do if they think they are infected by the new strain of influenza
- The importance of practicing prevention and containment strategies to slow the spread of the disease to allow time for a vaccine to be made and distributed
- Where to get further information

To the health professionals

Same as for general public, plus specific messages regarding:

- National information campaign through a comprehensive advertising strategy utilising a range of media (print, electronic, online)
- Services of phone lines and call centres to be expanded to provide callers with constant and accurate information
- Website to be regularly updated with information about prevention, protection and treatment of pandemic influenza both to health (human and animal) professionals and to population (general, subgroups)
- Web based resources (including printable versions) for the public and professionals; information bulletin to key stakeholders
- Regular and intensified media interviews and briefings, creation of dedicated media conference room for daily teleconferences and distribution of relevant information to spokespeople, media, etc.
- Public announcements, regular delivery of information to state and territory health (human and animal) care services about the current situation

Tools/Activities

- National information campaign through a comprehensive advertising strategy utilising a range of media (print, electronic, online)
- Services of phone lines and call centres to be expanded to provide callers with constant and accurate information
- Website to be regularly updated with information about prevention, protection and treatment of pandemic influenza both to health (human and animal) professionals and to population (general, subgroups)
- Web based resources (including printable versions) for the public and professionals; information bulletin to key stakeholders
- Regular and intensified media interviews and briefings, creation of dedicated media conference room for daily teleconferences and distribution of relevant information to spokespeople, media, etc.
- Public announcements, regular delivery of information to state and territory health (human and animal) care services about the current situation

Phase 3: Pandemic

Objectives	<p>Within the response stage of an influenza pandemic, the communication strategy will inform and reinforce the need for appropriate actions that will minimize disease transmission and that will support maintenance of essential services</p> <p>A strong communications effort will be made to support the deployment of the national medicines stockpile and pandemic vaccine, once it is available.</p>
Key messages	<p>To the population</p> <ul style="list-style-type: none"> • Facts about the pandemic virus, symptoms and modes of infection • Personal protection, prevention and treatment options • The importance of practicing prevention and containment strategies to slow the spread of the disease to allow time for a vaccine to be made and distributed • What people must do if they think they have influenza • What the government is doing • Where to get further information • What services and support packages are available • Availability and access to anti-viral medication and any available vaccine <p>To the health professionals</p> <p>Same as for general public, plus specific messages regarding:</p> <ul style="list-style-type: none"> • More details about flu and the threat of an influenza pandemic • How to implement infectious disease control measures
Objectives	<ul style="list-style-type: none"> • Website to be updated every day with news bulletins, media interviews by government ministers and additional diversified educational material • Services of phone lines and call centres <ul style="list-style-type: none"> - to be enhanced involving several call centre agencies and 24-hour availability - a specific phone line for health professionals to be developed and increased. • Second national information campaign responsive to any newly emerged needs of the public and professionals • Update and redistribute information resources where necessary; regular electronic information bulletin • Expanded media liaison team including co-opting emergency trained public affairs officers from other agencies, states and territories and the private sector. • Deployment of media liaison officers to key trigger points of media activity, use of emergency management media centres

Phase 4: Transition

Objectives	<p>Communication activities at the recovery stage will support restoration of public confidence and a return to more normal living and working arrangements.</p>
Key messages	<p>To the population</p> <ul style="list-style-type: none"> • The containment of the pandemic • What support services are available for people who were affected by the disease • What the government is doing to minimize any future disease outbreaks • Where to get further information <p>To the health professionals</p> <p>Same as for general public, plus specific messages regarding:</p> <ul style="list-style-type: none"> • Future strategies for their healthcare practice • Details on how the pandemic was contained and the medical lessons learnt
Objectives	<ul style="list-style-type: none"> • Website will continue to inform the public, health professionals and the media about the current situation and the support available • Free call information line will continue to be available • A wide range of media to be involved, including medical press to discuss the management of the pandemic and future measures: regular media interviews and briefings publicise announcements about government planning for future pandemics

Inside risk management: communicating with different target audiences

Institutional communication is always important, but it becomes crucial when an emergency occurs; for example an epidemic or pandemic. A fundamental purpose of communication is in fact creating conditions to help all subjects participate actively, recognizing their own roles and responsibilities. Building channels of listening, credibility and trust are fundamental in managing emergencies. Each communicative act represents a moment that enters a wider strategic process to reach the common goal of improving health and protecting people from risks to their health. The communication process is more effective when stakeholders are able to work in a coordinated way - communicating and collaborating to solve disagreements.

Each IA must share their initiatives and coordinate with other social counterparts at different levels, which may have significant roles within the communications process (Ingrosso M, 2001), for example:

1. Population, representative associations and important figures of the social context (citizens associations, schools, teachers, priests or religious/spiritual leaders);
2. Other authorities, structures and institutions; administrations (e.g. the Mayor); civil defence; professionals and operators of local health institutions (working in hospitals and in epidemiological monitoring centres, GPs, family paediatricians);
3. Scientific/academic community
4. Private sector;
5. Media.

The wide-range of audiences IAs have to communicate with is summarised in **Figure 11**.

Figure 11. Communication process with target groups about analysis



In exploring the communication with this diversified range of audiences, it is important to remember that according to the co-responsibility principle, all the audiences should take part in the dialogue and interact with one another.

Most of the social actors mentioned above play a significant role within the wider community and have the possibility of interacting with people outside of official meetings and dialogue. This makes them not only able to help spread official information and avoid spreading misinformation, but also to provide IAs with indications of individuals' perceptions and prevailing worries. This last aspect is crucial for the establishment of future communication initiatives based on the public and specific audiences concerns.

Different types of audiences have very different information needs and languages. It is highly recommended IAs define the audiences they wish to communicate with according to the scheme shown in **Figure 12**.

Figure 12. Target groups analysis

IDENTIFYING PRIMARY AND SECONDARY TARGET	DOING DEEPER ANALYSIS OF TARGET	IDENTIFYING DETERMINANTS OF A BEHAVIOUR
	<ul style="list-style-type: none"> • Demography • Behaviours • Culture 	<ul style="list-style-type: none"> • Personal Data • Psycho-social Data

In order to better know and understand the audience(s), several different methods of observation and in-the-field research are available: direct (without any mediation, so called immediate methods) and indirect (where a partial or total mediation is applied). They are here listed in **Figure 13**.

IMMEDIATE METHODS	ALMOST-MEDIATED METHODS	MEDIATED METHODS
<ul style="list-style-type: none"> • Face-to-face talks/interviews • Focus groups 	<ul style="list-style-type: none"> • Phone interviews 	<ul style="list-style-type: none"> • On line questionnaires and surveys by-mail • Press and media analysis

Beside target audience(s), an additional issue deals with the identification of stakeholders. They have to be considered as another key-element that must be addressed within institutional communication frameworks. Stakeholders can be individuals or groups; their expectations and positive or negative attitudes to the institutional communication plan should be accurately addressed and taken in account. Overall, a relationship with stakeholders should be developed and IAs should learn the most common misinterpretations and assess stakeholders' reactions to the message(s). In particular, IAs should involve their stakeholders in the communication planning. Furthermore, they should be constantly involved in identifying evaluation criteria and in the process of monitoring and evaluation itself.

General population, its subgroups and Civil Society Organizations (CSOs)

According the Outbreak Communication Framework Model (TELL ME Deliverable 3.1), the public should not be considered a homogenous object or a passive subject. On the contrary it is a community of people who have different interests and competences. They use or refuse information they are given according to their own perspectives. We aim to move from communication to empowerment: if there is more participation the public will be empowered which will have positive effects on the health system as a whole and help people to be able to handle their own health.

According to dictionary definitions, risk concerns the expected value of one or more future events. Technically, the value of those results may be positive or negative. However, general usage tends to focus only on the potential harm that may arise from a future event, which may occur either from incurring a cost ("downside risk") or by failing to attain some benefit ("upside risk"). Since risk calculation is made by an estimate of the danger and resultant emotional reaction, risk perception is a personal act and a multidimensional phenomenon. It is influenced by different elements related to personal and social contexts. Knowledge, values, beliefs, attitudes and personal history may be included in the first category, while the sort of risk and problem, social context, media and time can be recognized as related to the second category.

During an emergency situation, the population is usually very worried and sometimes exhibits scepticism and doubts against decisions made by IAs. In certain circumstances this can result in a complete absence of trust in institutions. Thus, even when appropriately argued, technical scientific assessments are often underestimated or ignored.

The worry for one's own and family's health, as well as the fear of a possible harmful event, are associated with an overall increased level of risk perception. Studies on factors influencing risk perception highlight this is related to emotional factors to such an extent that the "perceived offence" (the outrage element) contributes more than the real hazard to the individual's perception of the risk (Sandman PM, 1999).

Risk is accepted more easily when it is voluntary (vs. involuntary); controllable by people (vs. public administration); equitable (vs. unfair) and natural (vs. artificial). Rare events are overestimated; risk acceptability is proportional to benefits and depends on how much of the risk is voluntary. Additionally, risk perception varies according to the possible effect on children and future generations, levels of trust in institutions, attention of the media and available scientific evidence.

Institutions must accept and actively listen to people's worries and be aware of the determinants characterising the perceived risk, so as to have greater opportunities to understand the origin of risk perception and be able to deal with it (Sjoberg L, 1999).

In outbreak communication, empathic listening represents an important way of understanding the main concerns of the population involved, especially in the case of target audiences with low vaccination rates such as children and pregnant women.

People tend to base their risk assessment not on the count of possible number of dead or injured, or damage to the environment, but on the perceived presence of specific characteristics of risk situations and the perceived properties of the source of the risk (Watzlawick P et al., 1972). For example, the familiarity with risk, individual control, comprehension, effects on children, effects on future generations, personal engagement, uncertainty of scientific data, voluntary exposure and trust in institutions. In fact, due to the fact that people's worries increase if the outbreak creates risks for children and the most vulnerable groups (e.g. pregnant women), institutional involvement must necessarily be aimed not only at ensuring effective safety conditions in the different contexts, but also at considering this worry and favouring both supported information flows and indications that may allow people, especially parents, to make functional choices for the health protection of their children and to trust institutions. Each individual carries out a personal risk assessment (Leiss W, Krewski D, 1989), implying the emotional component of perception (Slovic P, 2000) as well as social and individual issues. In developing communication, it is fundamental IAs remember that citizens are not a mass entity but people which take in, process and act on information differently, bringing their own approach to the real world. All institutional initiatives have to be shared with the involved subjects, including the population, through specific planned, coordinated and monitored communication initiatives. Some questions should be addressed by IAs. A list is provided opposite.

1. What are the target audiences' perceptions, values, needs.
2. Which ideas and arguments really work?
3. Which linguistic style should to be adopted?
4. What is the context surrounding the communication initiative?
5. How can the message become part of the context?
6. What are the skills that produce real changes to attitudes?
7. What is the relationship with the target audience?
8. How are IAs' goals related to the audiences' own objectives?

Text box 3. Communicating with public in 2009 H1N1 According to the Crisis and Emergency Risk Communication approach (CERC; CDC, 2006), providing timely information to the public is a central component of an emergency response. In accordance with this a study assessed the response of health departments in providing online information within 24 hours of a public health emergency declaration. This study showed 46 out of 51 states had at least some specific information on H1N1 on their web sites, and the information was generally easy to access. Thirty sites included information for health care providers; fourteen provided their own content, and sixteen linked to the CDC information. Slightly over half had press releases posted on their sites. Nine states had information or a link to information in another language on their home pages. In contrast to what was observed for states, only 34% (52 out of 153) of the local health department websites sampled provided any information specific to H1N1 within twenty-four hours after the declaration of a public health emergency. More than half (54%) accomplished this by linking to the CDC or their respective state health department websites. Less active communication was noted for local health departments: only 14% had posted a press release (Ringel et al 2009).

The public's acceptance or rejection of vaccines is another sensitive issue to do with pandemics. IAs have to understand the social, cultural and political drivers of vaccine reluctance or refusal. Lack of confidence in vaccines can be about ineffective communication, delivery issues, different belief systems, or the need for specific strategies to address the problem. It is fundamental to understand what drives human behaviour and one method of study that is recommended to be used is "participant observation". Participant observation is a strategy that can be followed by IAs and is based on paying attention to small details, which can reveal the underlying issues generating concerns. Institutional actors should be aware that communities already have their own approach to health care and IAs need to understand it. These issues have been widely studied and presented in the D1.7, WP1 Summary Report⁵.

In the past there used to be a polarized view that people were either pro- or anti-vaccine. Most people are in favour of vaccines and, depending on the type, nearly nine in ten of them accept vaccines. Some groups are absolute vaccine refusers and are never going to change their minds, usually because they have held an alternative belief system about health for a very long time. But recently more people have started to mistrust vaccines. An increasing reluctance to be vaccinated is observed and some of these people are converting to the outright vaccine refusers group. Therefore, it is important for IAs to define and address vaccine hesitancy. Among determinants of vaccine hesitancy and refusal, three main groups can be recognized. First, the individual reasons related to personal belief systems or community-level belief systems: these may include everything from religious to philosophical notions, and are held primarily by people who reject artificial means of triggering an immune response or believe in alternative forms of medicine, such as homeopathy. Second, there are contextual factors, such as wars, conflicts and other external circumstances that make vaccine refusal more likely. Third, there are vaccine specific issues, for example public concerns over an adverse event or a piece of research. Sometimes faulty research or research that has been misunderstood is used as a basis for refusal or hesitancy.

⁴ TELL ME Deliverable D1.7 Population behaviours during epidemics Summary Report. Available from <http://www.tellmeproject.eu/sites/default/files/120687142-D1-7-Population-Behaviour-in-Epidemics-Summary-Report.pdf>

Countries take several factors into account when they are considering which vaccines to include in their national immunization programmes. At a global level, the primary concerns are safety and efficacy. At a national level, the main considerations are mainly the disease burden and the cost. When vaccines reduce the disease burden, the rationale for continued vaccination is to maintain the lower burden. Another factor that countries consider is feasibility. Is it feasible to introduce a particular vaccine given the existing infrastructure? Finally there is the important issue of acceptability. Will the vaccine be acceptable to the health professionals, who will administer it, and to the public receiving it?

Some people say anti-vaccine movements and vaccine hesitancy are because of the internet. But we have had these challenges before. What has changed thanks to the internet is the scale of the challenges: the speed with which rumours travel and the potential for worldwide dissemination. In general, the internet has become a massive archive of positive and negative opinions, so the ease with which someone with an alternative belief can build their case and disseminate this all over the world has changed dramatically in recent years. A set of elements can be recognized in order to achieve good vaccination coverage: communication, political commitment, local engagement, identification of gaps and strengthened local vaccination programmes.

The difficulties found in communication during the H1N1 pandemic, prompted some agencies to think that in the future, science and research may want to focus more on firmly determining a pandemic's virulence before communicating it to the public (Public health agency of Canada and Health Canada, 2010). But it is evident that this approach is unsuccessful (WHO, 2005; CDC 2007). It is important to bear in mind that any future pandemic will take place in a multisource environment and therefore a wait-and-see approach may not be the best one to take with the general public. National health agencies put a lot of effort in to developing clear, consistent and coordinated communication across the full range of communication channels, tailored to the needs of specific audiences, even if these activities have been implemented with great variability in the various countries. This should be considered crucial for maintaining the public trust, compliance and support essential to the effective management of a pandemic.

Other health infrastructures, professionals and providers; experts and scientific research communities; private sector (pharmaceutical industry and commerce)

It has been shown how effective internal communication between IAs can promote the integration of environmental and epidemiological data and strengthen the interaction between all of the actors involved in implementing the healthcare system. In an epidemic or pandemic the diversity of exposure modes and different effects combined with social alarm, particularly during the alert phase, highlight the need to promote effective communication within the scientific community and relevant institutions as a prerequisite to ensure a consistent and transparent communication among all relevant stakeholders. In particular communication strategies addressed to the healthcare sector should take into account the possible differences in expectations, and explain clearly the rationale for the decision as well as customise the messages delivered to different health care audiences, from public and private professionals to experts and scientists (Tay et al 2010).

Regarding the relationship of institutions with the pharmaceutical industry and commerce, the main issue faced is the problem of trust among growing segments of the public. Enhanced transparency may in the long run help the pharmaceutical industry to repair their reputation and become a legitimate partner during healthcare crises.

Regarding all of these groups there should be a wider use of opinion leaders as an intermediate link to disseminate health messages. Especially those acting at a local level (authoritative people in the community, teachers, bloggers and so on). From the interviews conducted with bloggers in TELL ME Deliverable D2.7⁶, it is evident they are thirsty for information⁶ and willing to cooperate with governmental authorities. One of the suggestions was to create a short-list of bloggers who would offer their service to the government in return for access to the latest data.

⁶ TELL ME Deliverable D2.7 The new Global Health Security Regime. Available from <http://www.tellmeproject.eu/sites/default/files/137730645-D2-7-the-New-Global-Health-Security-Regime.pdf>

Media

Media standards and values mostly differ from those of the scientific and health communities. Even if the specific goals vary accordingly to the nature of media outlet itself, common media goals are to be first, write stories with impact, win prizes or receive acknowledgements, impress sources, figure out what is really happening, tell stories in a compelling way, and get on the front page. These aims do not coincide with the health expert's goal of educating the public and gaining the public's confidence, understanding, and cooperation (Fineberg, 2008). For this reason, it is important to develop a trusting relationship with journalists to better guarantee a good working relationship during a crisis. Having consistent news briefings and working to establish a collaborative relationship with the media are important actions to maximize communication through traditional media during an emergency (Tay et al 2010). The European Union recommends the use of a selected group of experts to answer questions from journalists, as well as the availability of a spokesperson, factors both considered essential (EU, 2010).

National health agencies now consider proactively engaging the media can help spread official information and campaigns; integrating this spread with other communication channels.

For this reason, the IAs' press teams should always inform journalists so as to provide them with reliable and not alarmist information and news. It is crucial that institutions and professional figures responsible for communicating with the media are aware of some significant criteria and "rules" helping them to communicate and collaborate with the media. This can be the object of specific media training initiatives.

Section 2

ST3.2.3

New communication strategies for institutional actors

Communication means and modes

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Interpersonal communication as a professional competence

In the field of outbreak communication effective interpersonal communication is a fundamental skill that can build confidence and trust among internal and external stakeholders. This is especially true when the interpersonal communication is used as a professional competence. The following skills and knowledge are crucial: listening and empathy, awareness of own verbal and nonverbal communication and knowledge of social and cultural contexts. The complexity of outbreak and emergency messages and the sensitivity of the feelings involved necessitate listening to the specific information needs, questions and concerns of people involved in the decision-making process. The relational skills used to do this facilitate the interaction, the exchange of information, needs and emotions and the sharing of perspectives.

Institutional actors should be able to lead the communication process with competence, experience, listening, empathy, honesty, clarity, dedication and effort, while paying attention to the public who are considered the centre of the relationship. It is also important that the IAs are able to put themselves in the public's shoes, to grasp their point of view without judgment, always keeping in mind that the relationship takes place amongst audiences with different roles.

The information is effective if it is scientifically valid and up to date, but also understandable and well argued, if it gives meaning to the public, and is actionable. It should be remembered that an aware and skilled communication process can also facilitate interpersonal relationships among IAs. It is an important tool for building collaboration and arriving at mutually agreed solutions.

For public health officials, counselling-related skills represent professional added value, because these can encourage the creation of effective interpersonal relationship.

The objective of intervention is not convincing and replacing the audience's point of view with another ("I will tell you what to do as an expert"). Instead, enabling processes of coresponsibility makes health professionals recognize the public as an active subject. To achieve this effectively, it is necessary to acquire and show skills in listening. The components of interpersonal communication are listed below.

- | | | |
|-------------|--------------------|--|
| 1. Values | 4. Knowledge | 7. Communicative styles |
| 2. Culture | 5. Resources | 8. Prejudices, bias, preconceptions |
| 3. Emotions | 6. Personal skills | 9. Pros and cons in communication capabilities |

Listening and empathy are communicative competences, a skill that can be learned and used by health professionals and IA staff in their work to enhance their communication effectiveness. Listening represents the first step in the professional relationship: it is based on empathy and on accepting the other's point of view, on the creation of a positive relationship and of a nonjudging mood (Rogers CR, 1989). It is needed to show interest and attention to a speaker's needs and to create a solid relationship of trust and cooperation, the foundations for a future partnership. It is possible to listen by putting oneself in the other's shoes, entering their reference scheme and trying to look at the world through their eyes. This can create an understanding of the information from their rational and emotional viewpoints (thoughts, experience, emotions, significance) helping to recognise emerging needs. To listen through empathy means, therefore, to open up to the other person, follow and deeply understand his/her worries and emotions, taking on the same worldview. To live for some time as if you were the other. If this is missing, it is not possible to use empathy; the end result will be identification. Being empathic does not mean confusing the two points of view even if they often differ only slightly. Empathy is in fact supported by distinction and not confusion. In the professional relationship between expert and public, empathy contributes to maintain separation between the two roles. Only through this distinction is it possible to recognise one's own sensitivity and to face the emotional reactions of the public, thus avoiding defensive behaviours which are often the reason for conflicts and symmetrical escalations. With this distinction, it is possible to keep the appropriate distance from the public in a transparent way, to take part emotionally without burning oneself out. This corresponds to being able not to judge, leaving one's own values and perceptions aside for a time in order to embrace those of the other person. This kind of approach is translated into avoidance of being directive and making suggestions or even interpretations.

Listening can be activated through the development of bidirectional communicative channels able to favour information flows and useful exchange so as to know the public's

information needs, its worries and for supporting explanations justifying the use of some interventions over others. Professionals may use several communication channels and tools to help the population or specific groups listen to and understand risk perception: via interviews, telephone interviews, interviews to key figures, press and media analysis, focus groups, public debates and face-to-face meetings. Interaction between professionals and people through interpersonal relationships generally represents the most effective way to implement a bidirectional exchange. A bidirectional exchange helps deepen each parties risk perception, and discuss personal experiences, information acquired and poor areas of communication. It creates the basis for a relationship built on trust and cooperation. Within an interpersonal relationship it is possible to use a specific method called empathic mirroring which can ease the act of listening and helps both people focus on the other's point of view risk perception. The four basic techniques of empathic mirroring are: reformulating, clarifying, ability in questions and use of first person messages. They are described as follows:

- “Reformulating” is a technique which repeats what the other has just said, using the same words or rephrasing in a more concise way using other terms, without adding other concepts to the content. In this way, the operator may obtain a positive result from the other person, and they know they have been listened to. One can wait until the other person has finished a sentence before intervening and repeating what has just been said. “Then you’re telling me that...”, “This means that you think...”, “In other words...”. The repetition acts to reassure the speaker that they have been heard and understood. They are therefore motivated to further express their views, to cooperate and stay focussed on the issue being discussed.
- “Clarifying” uses the outlining emotions associated with the content of the communication. This is clear both in oral and non-oral communication. “I can see in your eyes that you’re worried”; “By your words I can feel you are uncertain about what I am saying”.
- The “survey capability” is the ability to use questions, choosing the most appropriate type of question for the situation:
 1. “Open ended questions” to be preferred in the initial stage of the interview, they allow for a wider chance of answer, extend and deepen the relationship, encourage opinions and thoughts exposition;
 2. “Closed ended questions” are defined, they induce a sole specific answer, often stress an answer, limit the communication and make it more focused, demand only objective facts and sometimes may seem restrictive and obstructing (when?, where?, who?). Questions starting with “why” can be perceived as accusatory, and preferably should be avoided.
- The use of first-person messages (“I think that”, “In my opinion”) make it easy to distinguish between a professional's and another person's opinions helping to avoid conflicts. Its use helps to create a non-judgmental environment and an autonomous decision-making process.

Styles of health communication

Traditionally, messages aimed at prevention and health promotion can utilise a wide range of linguistic styles in order to capture the recipients' attention. It ranges from friendly, positive and reassuring tones, offering possible solutions to problems, to dramatic and shocking styles that aim to stimulate an emotional response in the audience. Between these two extremes other linguistic strategies are possible such as the use of irony. The most popular styles of messages used in prevention and health promotion are discussed below (Gadotti G, 2001):

- Paternalistic style: widely used by governmental authorities especially in the past, it is used to send messages to empower recipients by leveraging their consciousness, hinging on feelings of guilt and appealing to a sense of duty. Communication takes the form of a recommendation with an authoritative tone. It looks old-fashioned especially if a young audience is targeted.
- Informative style: message proposes to its recipients a description of the aspects related to a particular type of behaviour through rational arguments, appealing to rational reasoning, to a sense of duty and responsibility, without triggering feelings of guilt.
- Reassuring style: issue of health is described with delicate and reassuring tones highlighting possible solutions through the action of individuals. It aims at spreading belief in the possibility of solving the problem. The possibility of a successful solution motivates people to take the desired course of action (Gadotti G, 2001).
- Fear arousing appeal: with this kind of message, the sender wants to trigger a feeling of fear in the recipient. This style includes all those messages containing visual representations and/or showing negative consequences of a risky behaviour. The purpose is to make the subject perceive a sense of vulnerability, inducing a change in harmful behaviours. But, “where emotions are too strong, there is a risk of generating a negative effect, even leading to removal or rejection of the message.” The use of this language is more popular in Anglo-Saxon countries (Gadotti G, Bernocchi R, 2010).
- Ironic or humoristic style: it turns out to be an excellent strategy to emotionally engage recipient(s) in order to increase the impact of the message. As Polesana observed, unlike the fear arousing appeal, irony does not need to show situations of tragedy with blood, death, or pain: when an irony-based approach is used, all this is evoked through a tinny implied comparison of opposites [...] that convinces people about the benefits and validity or not of suggestions/recommendations (Polesana MA, 2005).

Using a testimonial

A cross-cutting strategy in adopting various styles of language is created by using a testimonial to give more strength to messages. The use of famous people does not guarantee effectiveness by itself. People identified to provide testimonials must meet suitable criteria. A good testimonial must first have a strong appeal to the target audience. Secondly, it is appropriate that the testimonial is linked somehow to the issue of interest, in order to achieve a strengthening-role effect as a credible witness. In any case, a testimonial must be appreciated both for the positive image in general and for consistency with the issue(s) being discussed and promoted. Regardless of the individual's characteristics, choosing the most appropriate language to communicate health issues should take into account the target audience(s), type of subject and the objective(s) the communication has (Gadotti G, Bernocchi R, 2010).

Spokespersons

Based on the experience of the H1N1 pandemic, countries adopted a 'single authoritative voice' to provide information to the media (Deirdre Hine, 2010), or different types of spokespersons who had credibility with the target population, that could help to transmit pandemic influenza messages (Public health agency of Canada and Health Canada, 2010; PAHO, 2009). Most states used their Chief Health Officers as their main media spokesperson, allowing for a natural link between decision-making and public communication responsibilities (Weeramanthri et al 2010).

A toolbox: support material and operational tools to communicate with different target groups

In general, a communication channel can be defined as one-way or two-way. With a one-way channel there is no possibility of feedback and interaction with the receivers of the information. The issuer(s) cannot easily know whether messages were listened to, understood or how they were interpreted. In comparison when a two-way channel is used an interactive exchange and feedback is possible. Channels that are recognized as one or two-way are listed below.

One-way-media	Two-way-media
“traditional” internet	Web 2.0
informative campaign	conference, workshop
bulletin, scientific article	press-conference
press, radio, TV	face to face communication
brochure	public debates
letter	

Channel selection depends on a variety of elements, for example: the objective of the communication, audience and recipients, economic conditions, available structures and resources, routines and timelines. IAs should follow an integrated approach using different channels and be aware of the differences among the available channels and specific competences they involve.

Scientific publications represent the most qualified source of information, however the language used and the depth of information provided shows they are addressed to experts. Therefore, regular information to healthcare figures is required, both inside and outside the region, through differentiated methods and/or specific written material at individual and group level (letter, email, telephone call, meetings, newsletter, bulletins, topical fact sheets).

In the alert phase, to help aid contact with the population living in the areas involved, it can be useful to send an ad personam letter explaining in simple, concise language the situation, the initiatives launched, how they work, timings and, in particular the advantages for each individual and family. This first contact can create the premise for additional chances of relationship building with individuals, especially if the letter indicates telephone numbers and/or internet web sites of reference and the service and/or services to be contacted.

At the same time, the communication plan could include brochures and posters for use in identified places such as GPs' offices, local health authority services and all other sites considered appropriate for effective information spreading. This can contribute to describing the context surrounding the emergency, focusing the attention on health risks and simultaneously supplying indications on how to avoid risks and on preventive actions to be implemented at individual and group levels. Brochures and posters represent adequate one-way channels to reach a cognitive objective (to inform citizens), thus answering specific informative needs of target audiences. However, their effectiveness can be strengthened if used together with other tailored two-way channels (e.g. primary care consultations). The informative value of a brochure is strengthened when it is handed to a person at the end of a consultation. In this context, brochures represent a communication tool used to further emphasise the information already exchanged during the discussion.

Brochures must include a few significant and clear messages for the target audience to which they are addressed, as they are supposed to be focused on the specific informative needs, concerns and doubts of the audience.

Brochures must therefore describe actions that public administrations and health institutions have adopted and/or will adopt in the near future and state the name of the service and a telephone number for the public to call. These actions are aimed at strengthening the level of trust in the relationship. Language used must be simple, clear and understandable for the intended audience(s), avoiding technical terms and jargon.

Moreover, communication interventions such as public debates on the issue/emergency/potential outbreak or tailored meetings within specific institutional contexts can reinforce message effectiveness, especially if leaders are able to use listening and counselling skills (see section 1.6) (De Mei et al, 1998).

Communicating online

Beside traditional media, a new term is used by the international Telecommunication Union in its May 2012 Report on Trends in Telecommunication Reform: 'broadband world'. It is used to address the growing adoption of mobile technology and social media across the globe. Social media refers to "online technologies and practices to share content, opinions and information, promote discussion and build relationships. Social media services and tools involve a combination of technology, telecommunications and social interaction" and, accordingly to Kaplan and Haenlein, there are six different types of social media: collaborative projects (e.g. Wikipedia), blogs and microblogs (e.g. Twitter), content communities (e.g. YouTube), social networking sites (e.g. Facebook), virtual game worlds (e.g. World of Warcraft) and virtual social world (e.g. Second Life). Applied technologies include blogs, picture sharing, wall-postings, email, instant messaging, music sharing, crowdsourcing and voice over IP.

H1N1 was "the first pandemic with a blogosphere and other rapid communication tools that were impossible to ignore" (ECDC, 2010). New and social media were used both to disseminate information and to monitor issues of concern for the population; for example, identifying concerns pregnant women had about vaccination. Their use was different among countries and the best practice of their application comes from the Centre for Disease Control (CDC) (Deirdre Hine, 2010). In the UK social media used included Facebook, Twitter and YouTube, to re-direct people to the National Health Service (NHS) website rather than to engage in discussion (Deirdre Hine, 2010). In other countries the use of new media, and social networks in particular, is limited but growing quickly. In 2011, the WHO declared that the use of new information technologies, including social networks, should be an essential part of strategic communications planning, including research, training and guidelines for member states (WHO, 2011). Certainly, social media cannot and must not replace other communication tools, but when used in a strategic way, can support current communication systems (Merchant MR et al, 2011).

After generally describing the main features of diversified tools which IAs can use in outbreak communication with different types of targets, some practical examples are shown in Annex I using brief description charts based on one-way and two-way communication. For each communicative tool an example is also provided.

Conclusions

When IAs have to communicate about epidemics and pandemics a very complex process is undertaken involving several different stakeholders all with their own worldviews, perceptions and needs. Outbreak communication strategies have to be both planned by institutions and led in a conscious and strategic manner, based on executing a solid crisis communication plan. This does not simply entail one-way communication or teaching, but involves a debate and the exchange of information between all of the stakeholders involved in the emergency/outbreak situation.

In order to avoid an improvised and sporadic approach, it is fundamental that communication by IAs is well planned and managed competently and intentionally. It is important to use communication methods and tools which are adequately aligned with the specific context and intended target groups. Both individuals and the community as a whole have to be effectively involved so that homogenous, consistent and strategically integrated interventions can be implemented.

In this context, institutional outbreak communication does not correspond to performing oneway communication but initiates dialogue and reciprocal exchange between everyone involved, despite their different roles and diverse responsibilities. Particular attention should be paid to in-house communication processes since IAs should take care of internal communication involving subjects directly responsible for risk management, including key figures who can contribute to communication within the region. Institutional actors should keep in mind that overall communication effectiveness increases whenever it is coordinated and constantly monitored by competent institutions.

As often occurs, organisational issues interweave with communication aspects. Good communication facilitates organisation of work and an efficient organisation helps to reduce elements of tension.

To be really effective, IAs' outbreak communication must follow a number of general principles that are:

- Be the first source of information, establish a right and credible voice;
- Build trust, express empathy and caring early, show competence and expertise, stay honest and open;
- Keep the message consistent.

Furthermore, risk communication strategies must acknowledge the importance not just of openness but also of transparency in the way in which assessments are made and decisions taken. Clear, consistent and coordinated messaging across the full range of communication channels, tailored according to the specific audiences' needs, is crucial to maintain high levels of public trust in institutions, and to ensure essential compliance and support for the effective management of a pandemic.

Communication about risks is more effective if based on an approach that is driven by listening to risk perceptions about what people think and feel about the risk and its potential consequences. Even if people have different interests and skills, they are able to reinterpret the information received, use them or reject them according to their own purposes and values. Communication strategy tasks are very different from providing information to the public or convincing them of the integrity of choices made by technical figures or the decision-making authority; it is about launching a process which recognises different perspectives and suggests and supports choices concerning risk management by listening to public concerns. In such a framework, outbreak communication strategies developed by IAs must include some critical elements:

- Sharing information resources (clinical, risk management, etc.) with primary care providers;
- A comprehensive market research program to ensure that communications effectively meet public needs, remembering to give people constructive and meaningful tasks to do and the fundamental respect of others' emotions;
- Direct-access information services, such as call centres and websites, to provide up-to-date information and advice;
- A national information campaign using a range of media, including electronic, print and online media and communications materials delivered through health providers;
- Constant media engagement to ensure that news media receive timely, accurate and authoritative information to support their reporting.

Section 3

Bibliography and appendix

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Appendix 1: Flyer/brochure/booklet

Type of communicative tool	Flyer/brochure/booklet
Communication mode	One-way
Target(s) which is recommended for	General population or a specific subgroup
Phase(s) to apply	Inter-pandemic, Transition; Pandemic

Main characteristics

Format	<ul style="list-style-type: none"> Consisting of four/six pages maximum Name, logo and contact details of the promoting service in order to make it recognizable by the final user A brief summary is inserted to facilitate the identification of the subject of the content thanks to titles and subtitles Structured with short texts, overuse of adjectives and very long sentences should be avoided Graphics should be used to make it attractive and readable
Style	<ul style="list-style-type: none"> Easy to use and concise tool that provides information quickly An appropriate communication means to achieve a knowledge objective (e.g. inform) responding to the specific information needs of the target audience Containing a small number of meaningful and clear messages, and keywords which can be highlighted Language should be simple and clear, attentive to the needs of the target audience and avoid complex technical terms which may not be widely understood

Content	<ul style="list-style-type: none"> Questions to be developed, the so-called five W's: who communicates (Who), what, where, when and why Key-points to be outlined: concise picture of the health problem and its risk (what it is); definition of its importance for health (why it is important); description of actions taken and/or will be implemented by institutions (what can be done); information about healthy behaviours to be adopted at individual and collective levels (every contribution is essential)
Further details	<ul style="list-style-type: none"> The effectiveness of a flyer/brochure/short booklet can be enhanced if used with other communicative interventions. It can be attached to any letters sent to citizens, given to people by a competent operator (e.g. healthcare professional) as part of a service or at the end of a consultation, or during public meetings
Sample of flyer (developed by the Italian MoH in 2009 H1N1)	

Appendix 2: Thematic factsheet/informative bulletin

Type of communicative tool	Thematic factsheet/informative bulletin
Communication mode	One-way
Target(s) which is recommended for	Technical target (e.g. HCWs, GPs)
Phase(s) to apply	Alert, Pandemic

Main characteristics

Format	<ul style="list-style-type: none"> Consisting of one page or two-sides Name, logo and contact details of the promoting service to strengthen the in order to make it recognizable by the final user Graphs and tables are the most important parts Accompanying texts have to be short, highlighting relevant data and information
Style	<ul style="list-style-type: none"> Containing a small number of meaningful and clear messages and keywords which can be highlighted Technical language can be better tailored according to the target that is addressed to Can be used to involve IAs and all those representative figures who may have a decision-making role in several kinds of settings, such as health care but also school, public administration and transport etc.

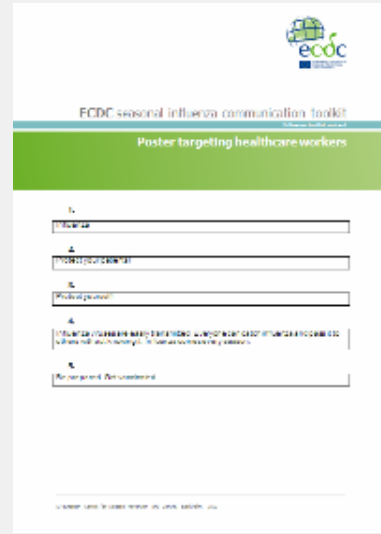
Content	<ul style="list-style-type: none"> Describing characteristics and distribution of the health problem, the consequences that can result, as well as the action range that different actors can take to combat it Can be delivered both to support an evidence-based exchange of information and to promote a mutual discussion to build alliances and networks. In the latter case, it can be promoted as a tool for advocacy with the multiple aims of spreading information, getting political commitment of decision makers and helping healthcare professionals to communicate with the public
Further details	<ul style="list-style-type: none"> The effectiveness of a thematic factsheet/informative bulletin can be enhanced if used with other communicative interventions such as meetings between HCWs and IAs.
Sample from ECDC	

Appendix 3: Poster

Type of communicative tool	Poster
Communication mode	One-way
Target(s) which is recommended for	General population or its specific subgroup(s)
Phase(s) to apply	Alert, Pandemic

Main characteristics

Format	<ul style="list-style-type: none"> With a total size of 70cmx100cm a good level of visibility and readability can be achieved Given the size, image resolution must be very high (300 DPI) Title should immediately attract readers, so it is appropriate to use a strong font style, in bold and with a large size in proportion to the paper size Name, logo and contact details of the promoting service in order to make it recognizable by the final user
Style	<ul style="list-style-type: none"> An appropriate communication means to achieve a knowledge objective (e.g.inform) responding to specific information needs of the target audience Both the graphics and content must be eye-catching and be easy to read Containing only the text that is strictly necessary in order to give more space to graphical elements (figures, illustrations, photos and whatever else helps to attract attention and aid understanding)

Content	<ul style="list-style-type: none"> Can contribute to the circulation of information about the virus and vaccination and all the actions which can be implemented at individual and collective levels Key-points to be outlined: concise picture of the health problem and its risk (what it is); definition of its importance for health (why it is important); description of actions taken and/or will be implemented by institutions (what can be done); information about healthy behaviours to be adopted at individual and collective levels (every contribution is essential)
Further details	<ul style="list-style-type: none"> Where it is placed represents a vital aspect as a good location can make people more likely to read it. A poster should be placed in easy to see positions, attended by the target audience (e.g., vaccination services, paediatrician and GP waiting rooms , other health care services, pharmacies, schools and places which are considered suitable for the dissemination of information)
Sample from ECDC	

Appendix 4: Educational kit

Type of communicative tool	Educational kit
Communication mode	One-way
Target(s) which is recommended for	School population
Phase(s) to apply	Inter-pandemic, Transition

Main characteristics

Format and style	<ul style="list-style-type: none"> Paper materials (brochures, posters, factsheets, etc.) and/or multimedia, such as CD-ROMs and tools for designing and implementing activities A health promotion folder which can be used for interactive communication about knowledge and/or practices in a school context
Content	<ul style="list-style-type: none"> In the school context, it can be addressed to teachers and contain scientific information which could increase their knowledge base, as well as tools for organizing activities to be offered to students during school time with the aim of disseminating information, stimulating active participation and sharing different points of view
Further details	<ul style="list-style-type: none"> Given the variety of materials it may contain, it could be useful to provide a handbook for teachers, that explains how this tool can be used within the classroom

Appendix 5: Role playing/simulation game

Type of communicative tool	Role playing/simulation game
Communication mode	Interactive
Target(s) which is recommended for	Young people
Phase(s) to apply	Inter-pandemic, Transition

Main characteristics

Format and style	<ul style="list-style-type: none"> Interactive virtual simulations which constitute a real game but with educational goals Used primarily with a young audience who have a greater level of confidence with the interactive media and the web
Content	<ul style="list-style-type: none"> Real-life situations are reproduced and outbreak knowledge and skills are needed to achieve predefined objectives, facilitating the internalization of information and behavioural strategies which can be applied in the real world Based on the "learning by doing" technique, skills and strategies can be learned and behavioural change through the action is encouraged, with the advantage of operating within a protected simulation environment
Further details	<ul style="list-style-type: none"> Compared with passive learning, typical of lectures, and one-way flow of information, the active participation of users is promoted since they are personally involved in experiencing the simulated environment and behaviours

Appendix 6: Traditional web

Type of communicative tool	Traditional web
Communication mode	One-way
Target(s) which is recommended for	All
Phase(s) to apply	Alert, Pandemic; All

Main characteristics

Format	<ul style="list-style-type: none"> Allowing users read-only content through the web pages, supporting a one-sided communication Source of information is easily recognized: name, logo and contact details of the promoting service in order to make it recognizable by the final user User-friendly web page structure
Style	<ul style="list-style-type: none"> Accessible language, particularly for people with below average reading ages Providing different target-based/tailored thematic sections and areas e.g. to population, professionals, at-risk groups etc.) Textual and graphic parts are well-harmonized
Further details	<ul style="list-style-type: none"> A traditional web page should be linked to and promoted on social networks
Sample of Frequently Asked Questions (FAQs) by WHO during 2009H1N1	<ul style="list-style-type: none"> What is a pandemic? What is the pandemic (H1N1) 2009 virus? What is post-pandemic? What is phase 6? Vaccines for pandemic (H1N1) 2009 Antiviral drugs and pandemic (H1N1) 2009 What can I do? Who is more at risk of severe illness? What about other risks? Travel The safety of pork How will the global response to the pandemic H1N1 be reviewed?

Appendix 7: Web 2.0 and social media

Type of communicative tool	Role playing/simulation game
Communication mode	Interactive
Target(s) which is recommended for	Young people
Phase(s) to apply	Inter-pandemic, Transition

Main characteristics

Format	<ul style="list-style-type: none"> Web 2.0 is configured as a "virtual place where anyone can freely access through the use of free software in order to share information and collaborate to create new knowledge". It covers all the online applications that allow high levels of interaction between web-based tools (such as e.g. Blogs, forums, wikis, YouTube, etc.) and the people who use them so that people "are producers and users of information at the same time"
Style	<ul style="list-style-type: none"> New means of communication such as social media can be used to have a constant dialogue with the public and target audiences Tools such as Facebook, Twitter and similar technologies are now widespread in our society but in order to manage them well IAs must have specific and solid competences such as skills in both written communication on the web and personalized information management
Content	<ul style="list-style-type: none"> Unlike websites, which allow users read-only content through the web pages, Web 2.0 allows to "share, create connections, collaborate and engage users directly in a conversation that leads to the creation of on-line shared information" Web 2.0 has the advantage of being able to reach a wide target audience in a short time and potentially at low cost, while possibly maintaining a high and constant level of involvement with the target audience.
Content	<ul style="list-style-type: none"> Social media cannot and should not replace other means of communication, but where it used in a coordinated and strategic manner social media can enhance existing communication systems



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

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