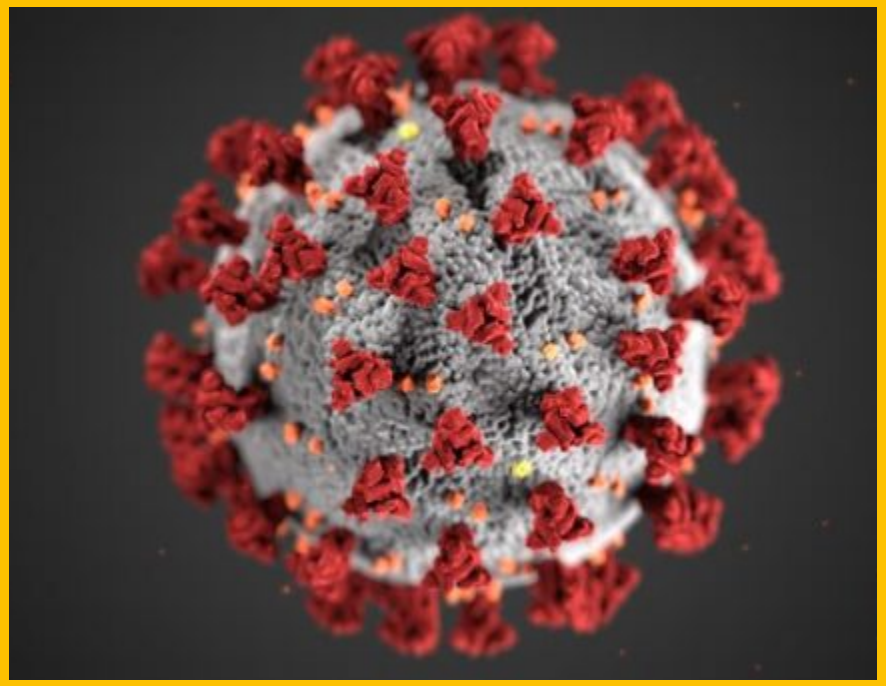
Risk Communication in Disease Outbreaks - Introduction



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READY Initiative

Session Outline

Part 1

Risk Communication – 101

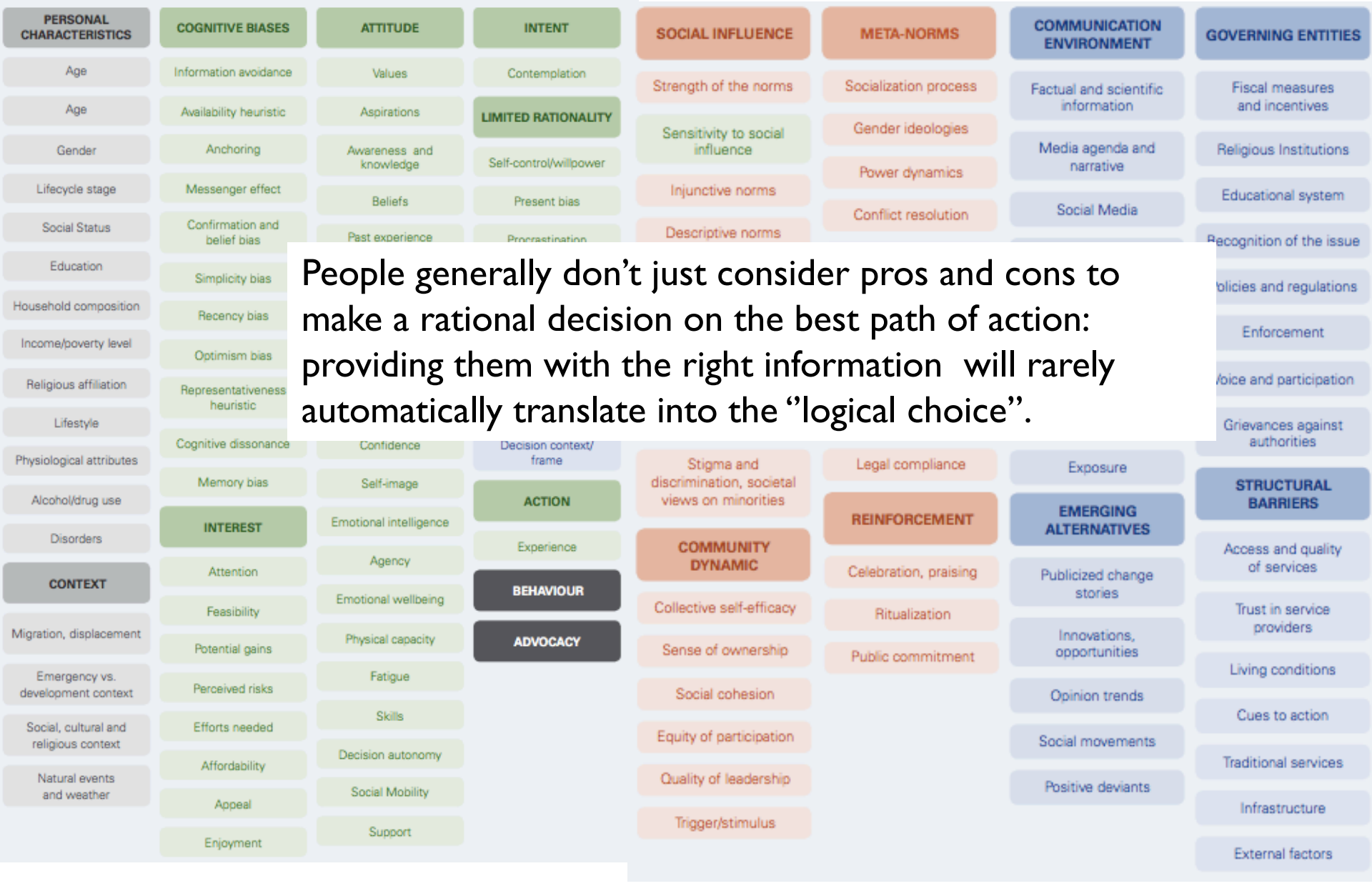
Part 2

Key Considerations in an Outbreak like Covid-19

Part 1. Risk Communication – 101

Behavioral Drivers: Complexity of Human Behavior

Source: UNICEF C4D



People generally don't just consider pros and cons to make a rational decision on the best path of action: providing them with the right information will rarely automatically translate into the "logical choice".

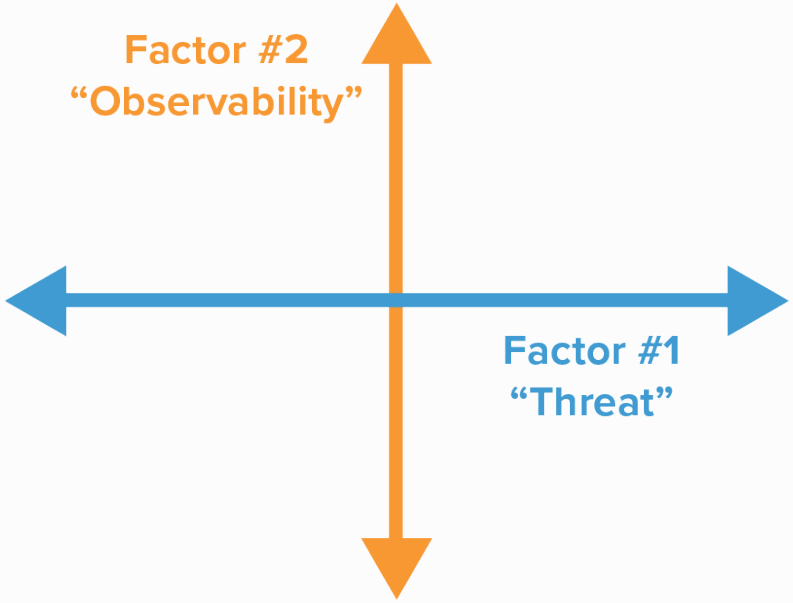
What is Risk Communication?

WHO

"The exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being. Purpose is to enable people at **risk** to take informed decisions to protect themselves and their loved ones."

Paul Slovic: Perception of Risk (*Science*, 236: 280–285, 1987)

- Not observable
- Unknown to those exposed
- Effect delayed
- New risk
- Risks unknown to science



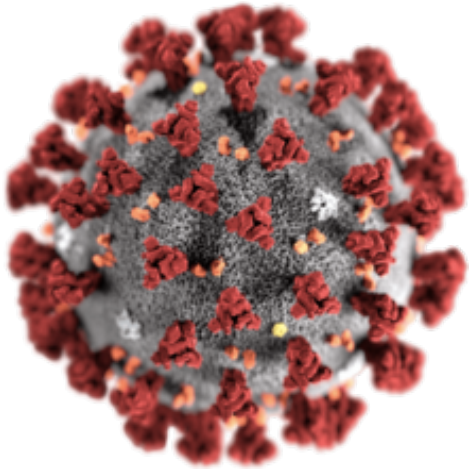
- Controllable
- Not dread
- Not global catastrophic
- Consequences not fatal
- Equitable
- Individual
- Low risk to future generations
- Easily reduced
- Risk decreasing
- Voluntary

- Uncontrollable
- Dread
- Global catastrophic
- Consequences fatal
- Not equitable
- Catastrophic
- High risk to future generations
- Not easily reduced
- Risk increasing
- Involuntary

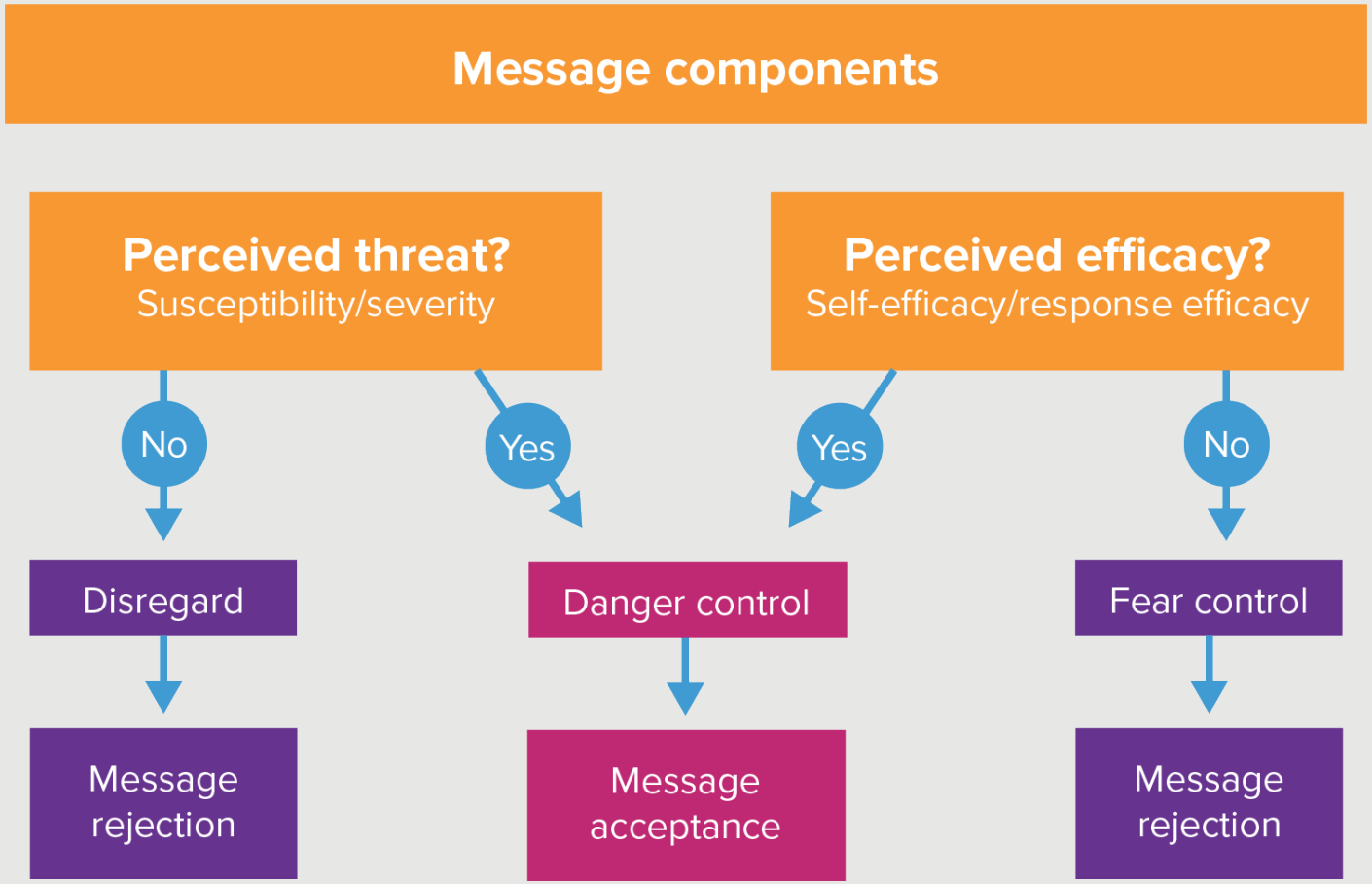
- Observable
- Known to those exposed
- Effect immediate
- Old risk
- Risks known to science

We are less concerned about health risks that are – voluntary, familiar, controllable, controlled by self, fair, endemic, not fatal.

We are more concerned about health risks that are – involuntary, unfamiliar, uncontrollable, epidemic, grouped by time and location, fatal.



Extended Parallel Process Model



Severity?

Susceptibility?

Can this happen to me? Is it bad?

Response efficacy?

Self-efficacy?

Is there an effective solution?

Am I able to do the solution?

Turning Point for Risk Communication and Community Engagement in Disease Outbreaks: 2014-16 Ebola Virus Outbreak in West Africa

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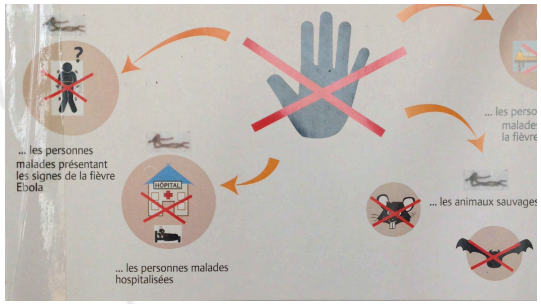

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= Fear, Hiding –

↑ Transmission, Deaths

WHO: Integrated Model for Emergency Risk Communication

Dynamic Listening, Rumors: *Addressing perceptions, rumors and behavioral risks*

Risk Communication Systems

Community Engagement

Internal and Partner Communication and Coordination

Public Communication

Based on landscape and literature review conducted by READY, effective risk communication and community engagement is…

Built on trust

Is coordinated

Responds to community concerns

Meets holistic needs of the community

Is participatory and fosters ownership

Leverages lessons learned, local structures and capacities

Part 2. Risk Communication - Key Considerations

Sample Key Components and Considerations for Planning RCCE for Covid-19

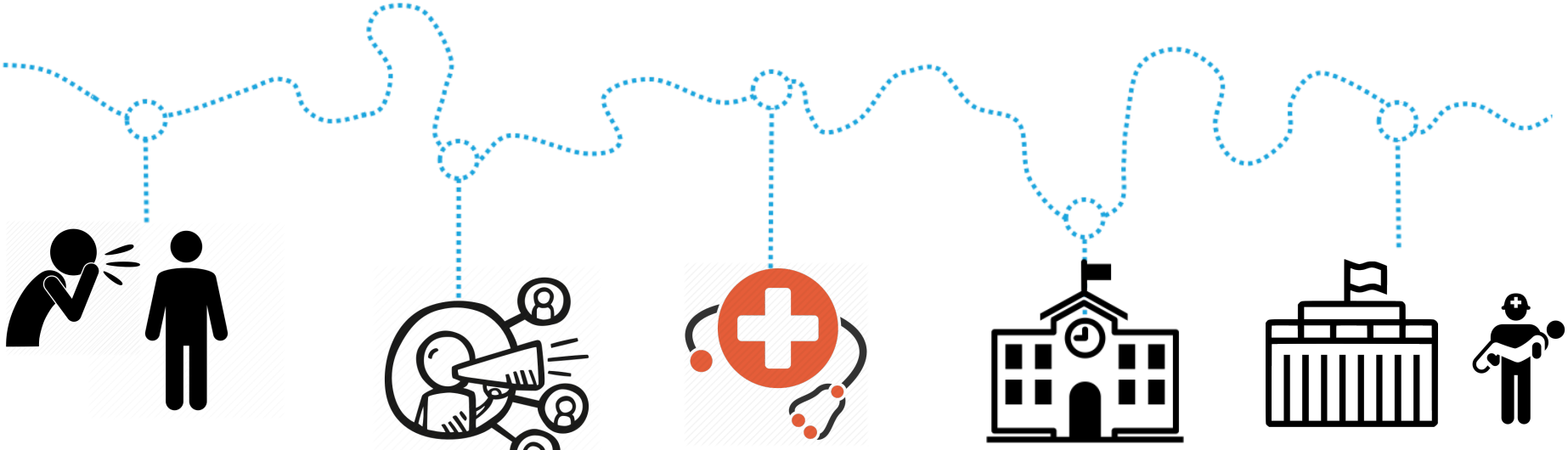
1. Understand the Context
2. Selecting Audiences
3. Prioritizing Behaviors and Developing Messaging
4. Contextualizing Messages and Interventions
5. Selecting Channels
6. Engaging Communities

1. Research

- Call in social scientists – anthropologists
- Understand the situation – cultural context, social structures, relationships, etc.

- Even better when communities are engaged in identifying and solving their own problems…

2. Who are the Audiences? What are their Concerns and Questions?



DIRECTLY/INDIRECTLY AFFECTED and AT-RISK AND VULNERABLE POPULATIONS
E.g., What does the Epi data say about who are most affected and at-risk (e.g., healthcare workers)? Who are most vulnerable (e.g., elderly, immuno-compromised)?

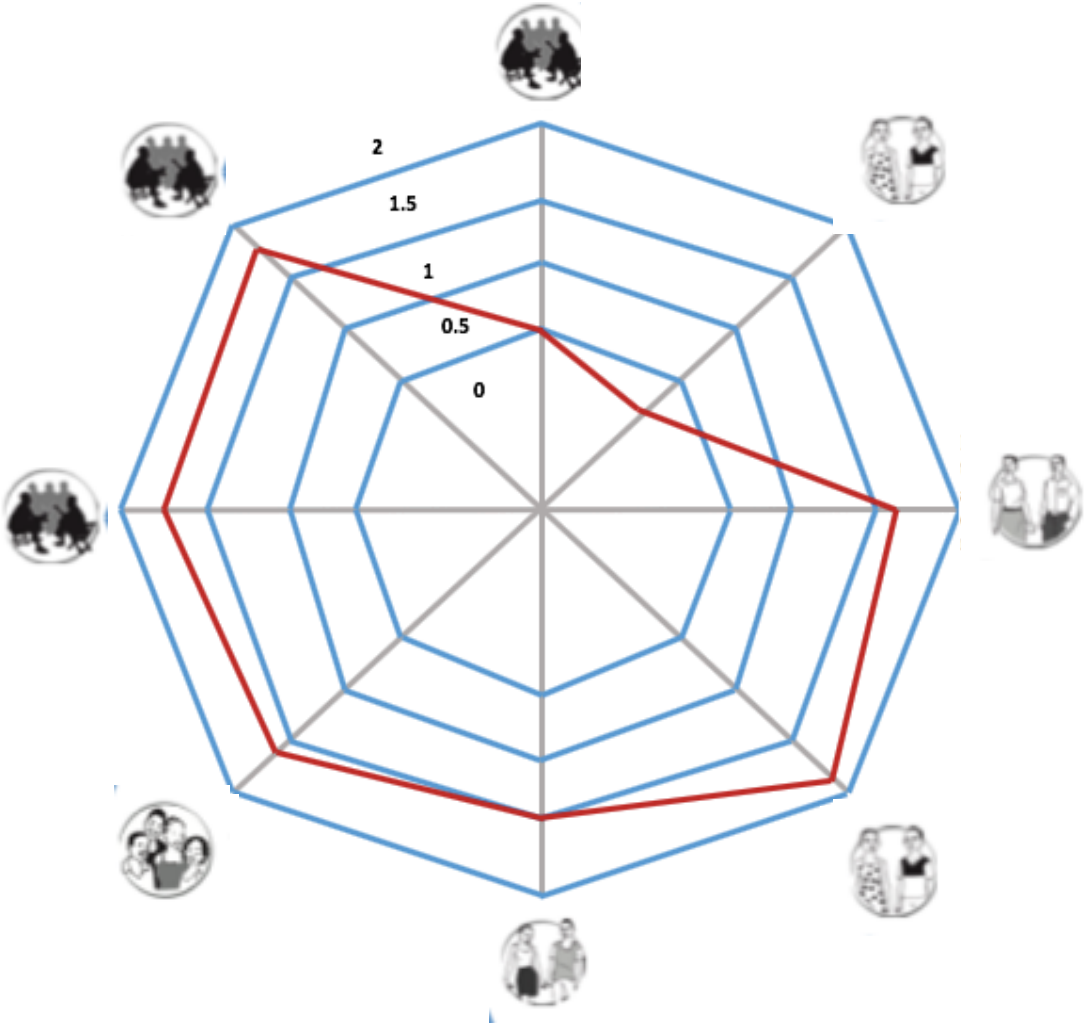
DECISION-MAKERS AND INFLUENCERS
E.g., Who makes the decisions in the HH? Who can influence? E.g., Respected spiritual, cultural and local leaders.

HEALTHCARE
E.g., Healthcare workers are an at-risk population but they are also audiences important for disseminating messages.

EDUCATION
E.g., School administrators, teachers, parents and even students can be audiences that not only receive messages, but can also disseminate them (e.g., school children can pass messages on to parents)

GOVERNMENT AND RESPONSE TEAMS
E.g., Other ministries, military involved in the response, and other teams such as WASH, IPC, Nutrition, Food Security, and so on.

2. Example - Spiderweb Prioritization Exercise



What are the priority behaviors? Sample Technical Guidance for Covid-19

- CDC Preventing Covid-19 Spread in Communities: https://www.cdc.gov/coronavirus/2019-ncov/community/index.html
- World Health Organization Epi-WIN: https://www.epi-win.com/. Advice and Information
- WHO Myth-busters site: www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters, which should be adapted based on local context and culture, and in appropriate languages.
- Other WHO Advice to the Public: www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public
- WHO Technical Guidelines: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance
- WHO 2019 Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan: https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf
- WHO Home care for patients with suspected novel coronavirus infection presenting with mild symptoms and management of contacts: https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts

3. WHO Pandemic Influenza Non-Pharmaceutical Interventions

Severity	Pandemic
Any	Hand hygiene Respiratory etiquette Face masks for symptomatic individuals Surface and object cleaning Increased ventilation Isolation of sick individuals Travel advice
Moderate	As above plus avoiding crowding
High	As above, plus face masks for public, school measures and closures
Extraordinary	As above, plus workplace measures and closures, internal travel restrictions

WHO Global Influenza Programme: Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, 2019

3. RCCE Sample Technical Guidance for Covid-19

IFRC unicef for every child World Health Organization

Social Stigma associated with COVID-19

A guide to preventing and addressing social stigma[1]

Target audience: Government, media and local organisations working on the new coronavirus disease (COVID-19).

WHAT IS SOCIAL STIGMA?

Stigma occurs when a disease) is associated with a population (for example, in the case of the new coronavirus (COVID-19 people who of Asian descent are being associated with the disease.

In an outbreak, this means people are labelled, stereotyped, separated, and/or experience loss of status and discrimination because of an affiliation with a disease. This can negatively affect those with a disease themselves, as well as their caregivers, family, friends and communities.

WHY IS COVID-19 CAUSING SO MUCH STIGMA?

The current COVID-19 outbreak has provoked social stigma and resulting discriminatory behaviours against people of Asian origin. The new coronavirus is a new disease presenting a lot of unknowns: 1. understanding of how virus spreads; 2. how one can be treated if sick 3. where is the virus coming from so we can stop it.

A lack of understanding or access to information can cause fear or panic among individuals leading to irrational assumptions and the need to blame others.

IFRC unicef for every child World Health Organization

COVID-19 – NOVEL (new) CORONAVIRUS:

KEY TIPS AND DISCUSSION POINTS

For community workers, volunteers and community networks

During an epidemic, there are often confusion and rumours about the disease. People will get a lot of different information from media, friends, family, social media, organizations or other sources. Some of these sources may give conflicting information.

What happens when people have too much information about a problem that makes it difficult to identify a solution?

- People might become fearful and mistrust health recommendations. They might resist and deny the situation.
- This can lead to people not using medical help and ignore life-saving health advice or escape measures (i.e quarantine) put in place by authorities and health services to prevent spread of the disease.
- Misunderstandings about the disease can lead people to refuse help from health workers. They may even make threats or use violence.
- Fearful people might start mistreating people who have or seem to be sick. This can happen even when they are cured already due to a lack of knowledge about effectiveness of treatment.

How to prepare and take action for COVID-19

At Home

Get my household ready

At K-12 Schools and Childcare Programs

Get my school and childcare program ready

At Colleges and Universities

Get my college or university ready

At Work

Get my workplace ready

Community- and Faith-Based Organizations

Community and faith leaders, get ready

Large Community Events/Mass Gatherings

Event planners, get ready

3. Interim Guidance for People Who Are or May Be Ill with Covid-19

- Stay home except to get medical care
- Separate yourself from other people and animals in your home
- Call ahead before visiting your doctor
- Wear a facemask
- Cover your coughs and sneezes
- Clean your hands often
- Avoid sharing personal household items
- Clean all "high-touch" surfaces everyday
- Monitor your symptoms
- Consult healthcare provider before discontinuing home isolation

3. But consider…

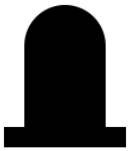
- Communities with overcrowded housing.
- Children home from schools – missing out on school meals, childcare issues.
- Inadequate or no health insurance.
- Availability of supplies like face masks for people ill with Covid-19, hand-sanitizers.
- Resistance to staying home from work if it means loss of needed pay.
- Cultural and social norms related to communal eating; religious/spiritual practices of communal prayer services.

3. Additional Considerations for RCCE in an Outbreak Response

Fear, helplessness, denial, complacency

Lack of trust

Isolation/quarantines



Death & grievance

Overwhelmed health systems and lack of supplies

Vulnerable populations

Vaccines and antivirals

Rumors and misinformation

Stigma

Conflict

3. Complacency

- Accelerate information on signs and symptoms, and the different ways the disease is spread.
- Implement a campaign that **celebrates people who continue to play it safe**.
- Consider a campaign that **compares one character that continues preventative measures with another who becomes complacent.**
- Provide message/discussion guides to businesses, community leaders, health workers, volunteers, religious leaders and other community groups, who can work together to promote continuing efforts to protect against Covdi-19 and address community concerns
- Develop **sermon guides** that promote continued efforts to protect against Covid-19, using scriptures or verses.

3. Stigma

- **Language matters - The Sunday Times, Singapore, February 23**
  - "Crazy auntie" and secretive church at heart of spike n S. Korea,"
  - "Korea is not fighting the coronavirus but the Daegu Shincheonji virus."
  - Known as Patient No. 31, the church member tested positive for the virus on Feb. 18, after which infection figures in Daegu skyrocketed and the authorities started labeling her as a "super spreader".
  - Angry netizens, however, are calling her "crazy ajumma" (auntie in Korean) for the way she refused to test for the coronavirus despite developing symptoms…"

3. Stigma

- Counter immediately by increasing **belief in the health facts**, **empathy** toward affected people, and **motivation to help**. For example:
  - Accelerate availability of fact-based information – media, web sites, hotlines, etc.
  - Promote recovery stories – e.g., through mass media, videos and community events.
  - Showcase positive deviance: communities/individuals who welcome interaction with stigmatized group.
  - Create opportunities for stigmatized groups to interact with unaffected groups, combined with factual information about the disease. E.g., via radio using expert facilitators.

3. Sample Misinformation – Covid-19

Some examples include:

- Oregano Oil Proves Effective Against Coronavirus, an unfounded claim
- A false claim that "coronavirus is a human-made virus in the laboratory"
- Unfounded recommendations to prevent infection by taking vitamin C and avoiding spicy foods

Source: https://www.health.harvard.edu/blog/be-careful-where-you-get-your-news-about-coronavirus-20200201188801

3. Misinformation

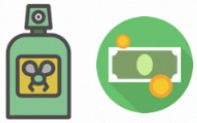
Counter dangerous rumors and misconceptions about the health crisis:

- Provide verified facts from trusted voices
- Identify and correcting misconceptions and misinformation
- Invite audiences to ask questions about the disease or emergency and putting the questions to trusted experts
- Manage expectations about what can and cannot be achieved, to avoid anger and disappointment later

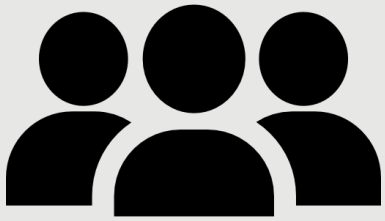
3. Misinformation

- Air radio/TV broadcasts and use social media to **dispel rumors and restore trust,** using trusted sources.
- **Train community, cultural and spiritual leaders** and other trusted role models to share **messages** and **dispel rumors.**

3. Prioritizing Behaviors – Zika Example

Criteria	Symbol	Ratings	Definition
1. Proven efficacy of the behavior		High Medium Low	Do the findings from the literature demonstrate that the behavior is efficacious in a research setting? For instance, does the behavior have an effect on: • reducing risk of Zika transmission • reducing the risk of negative pregnancy outcomes • reducing *Aedes* aegypti breeding sites
2. Potential to reduce Zika transmission at population level		High Medium Low	To what scale or degree can this behavior contribute to reduction in Zika transmission at the population level when implemented? "Biggest bang for the buck."
3. Easy to do/Amenable to Change			*Is the behavior easy to carry out?*
a) Frequency required to be effective		Low Medium High	How often does it need to be practiced? • **Low**: monthly, one time only • **Medium**: a few times a week, weekly • **High:** multiple times a day, daily
b) Feasibility of behavior		Easy Medium Complex	How feasible is the process to practice the behavior effectively? Does it involve multiple steps? Does it require negotiation?
c) Ease of access to materials required		High Medium Low	Are materials accessible (availability and cost) to households?
Summary		Statement summarizing efficacy and feasibility of this behavior.	

4. Developing Message Maps

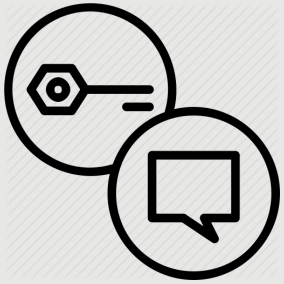


AUDIENCE

Insert <u>one</u> audience per message map. It can be as broad as "the general public," or more specific –
for example, healthcare workers.

CONCERN/QUESTION

Insert <u>one anticipated concern or question:</u>
For example: "**What can I do to protect myself and family from Covid-19?"**



KEY MESSAGE(S)

Insert one message that can help answer the selected concern/question. Repeat.

SUPPORTING MESSAGE(S)

Write between two and five points with information that supports and clarifies the key message.

4. Example Message Map – Covid-19

Audience:	Parents of school-age children	
Concern or Question:	**How are my children going to be protected from Covid-19 while in school?**	
The Ministry of Health and Ministry of Education with public health partners is rolling out a nation-wide Covid-19 prevention initiative in all schools to ensure students are safe.	While this outbreak can change, so far, children have not been severely affected with Covid-19. People who have had severe disease or have died from Covid-19 have been elderly and those with underlying conditions (e.g., heart disease, diabetes).	Go to www.xyz.net for live updates on Covid-19 globally and www.xyz.net for more information on Covid-19 in Vietnam. You can also call the hotline at xxxxxxxx, or talk to your school administrator.
The school-based initiative starts [date, month], in the northern provinces and will continue until [date, month] in remaining provinces.	WHO Situation Report dated [date, month] reported x number of children ages x to x have had Covid-19, and there are no reported deaths in this age category.	All school administrators will receive training in Covid-19 by [date, month], and will be able to answer your questions and address any concerns.

4. Contextualizing Messages and Interventions

As messaging strategies evolve and become tailored to different audiences, consider the following information for each audience. Where possible, use recent research/evidence to inform your messages:

- What are their general **risk perceptions emotions and fears associated** with the outbreak ?
- What is their level of **knowledge about causes, symptoms and transmission**?
- What are their **common beliefs, attitudes and concerns about these causes, symptoms and transmission?**
- What **rumors or misinformation** are prevalent and need to be addressed?
- What are the dominant **social and cultural norms around behaviors and practices** linked to the outbreak?
- What are the **dominant current behaviors**?
- What are the **key barriers and facilitators** to the desired behavior?

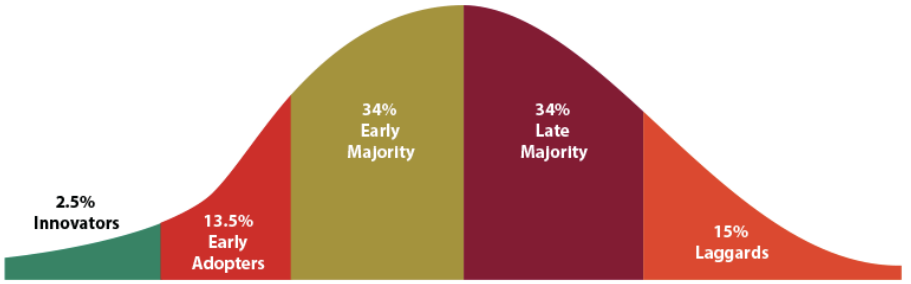
4. Considering Social Behavior Change Theory

Social Cognitive Learning Theory

Focuses on the interaction between an individual and the environment, highlighting the importance of **creating an enabling environment**.

- Observational learning: argues that seeing the behavior in practice and the benefits derived can help others adopt it.
- Self-efficacy

Diffusion of Innovation



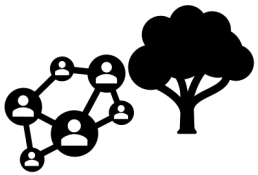
Illustrates how people are initially slow to adopt new behaviors, but as the behavior becomes better known and accepted, more practice it.

- Communication channels can help an idea become more popular,
- Works best when prominent members of society can influence.
- How simple? Does it work for me? Can I see it? Can I try it?

5. Selecting Channels in an Outbreak Context

MASS MEDIA

- Raising awareness across audiences (informing and educating)
- Modeling behaviors
- Reducing stigma and taboos
- Communicating with low literacy audiences
- Obtaining wide regional and national reach



COMMUNITY ENGAGEMENT

- Creating a two-way communication process with the audience and engaging community members and creating community action plans
- Promoting discussion and reflection among communities about the issues and dominant norms
- Modeling behaviors
- Informing and educating (increase knowledge)
- Imparting skills
- Discussing sensitive topics

5. Selecting Channels in an Outbreak Context

PRINT MEDIA

- Supporting other communication channels
- Providing more detailed information on a particular topic that individuals can look through at home
- Providing information about personal and confidential issues
- Engaging with policy and decision makers

MOBILE, DIGITAL, SOCIAL MEDIA

- Obtaining a large reach (if Internet is widely available and accessible)
- Promoting discussions through chat rooms or email exchanges
- Providing information about personal and confidential issues
- Influence audiences/dispel rumors and misinformation.

5. Multi-Modal SBC Interventions

Multi-modal social behavior change interventions—using communication channels such as traditional and social media, radio jingles and community events—were shown to be effective for reinforcing messages and changing behaviors.

6. Engage Community

A process of working collaboratively with groups of people affiliated by geographic proximity or special interests with respect to issues affecting their well-being.

Communities MUST BE at the heart of any public health intervention, especially in emergencies

Involves those affected in understanding the risks they face, and involves them in response actions that are acceptable.

6. Continuum of Community Engagement

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
GOAL	To provide balanced and objective information in a timely manner	To obtain feedback on analysis, issues, alternatives and decisions.	To work with the public to make sure that concerns and aspirations are considered and understood	To partner with the public in each aspect of the decision-making.	To place final decision-making in the hands of the public.
PROMISE	We will keep you informed	We will listen to and acknowledge your concerns	We will work with you to ensure your concerns and aspirations are directly reflected in the decisions made.	We will look to you for advice and innovation and incorporate this in decisions much as possible.	We can provide support for implementing what you decide.

Source: Adapted from UCSF Institute for Global Health Sciences and International Association for Public Participation

Examples

SuperAmma Campaign for Changing Hand Washing Behavior

Identifying Motivations

In villages, people relate more easily to a story format rather than concept boards. Stories created around motivations for behavioural change were tested with mothers.

Village Context: Entry

In most villages, outsiders are looked at with a lot of suspicion. The promoters therefore first spoke to the important people such as the village leader, the teacher, the health workers etc. to gain their support and thereby gain larger acceptance.

Video testimonials from the pledged mothers were shown to others making the private act of handwashing with soap, a public one.
సబ్బును ఎంచుకోంది
జీవితంలో ముందుకు వెళ్ళంది
Stickers on the doors of the converted homes created a visual feel of the spreading movement, as one walked through the village.
A common board was put up
of mothers who have taken t

WATCHING EYES
In the bathrooms, as people are more honest when observed
REMINDERS - MOTHERS
OUTDOOR
Reminder of occasions through posters and danglers
SURVEY
By a local volunteer about the everyday practice

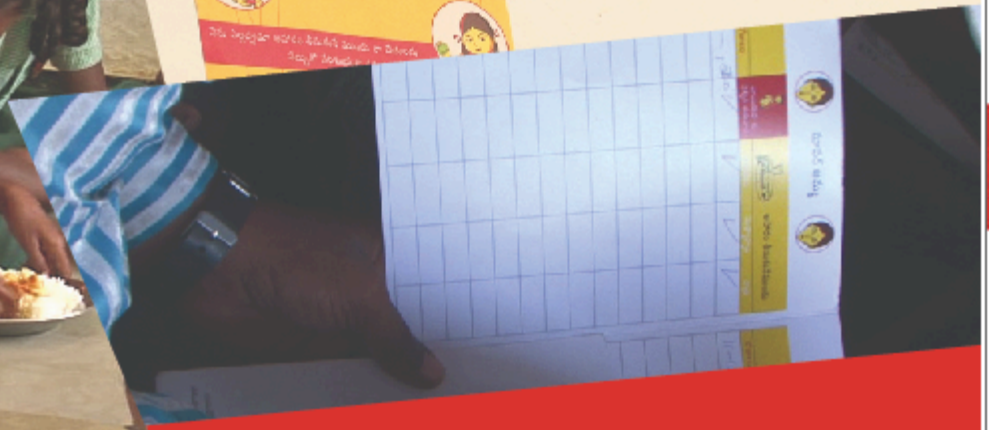
Mid-Day Meal

An everyday ritual where they wash hands with soap before lunch

Reminders - Children

Manners Posters

At school that integrates handwashing with soap with other good manners



Report Card

Where they self-report handwashing behaviour for 14 days

The Results

Place: Andhra Pradesh, India
14 villages.
1%
19%
37%
29%
Before campaign
6 Weeks after the campaign
6 Months after the campaign
1 Year after the campaign
Observed rates of hand washing with soap

Figure 1. School latrine and water infrastructure prior to nudges in School (**A**) and School (**B**).

Volunteers help National Trades Union Congress prepare care packs for front-line workers

Community volunteers in Singapore developed 5,500 care packs for healthcare workers, cleaners, security officers, font-line media crew as well as cabbies and private-hire drivers who signed up to transport healthcare workers from point to point.

Keep Viruses at Bay Campaign - Singapore

- Encourages food and beverage operators to step up cleaning regimes, urges the public to have better personal hygiene
  - Staff are given supplies such as rubber gloves, items for stocking such as toilet paper, paper towels and liquid soap.
- Messages promoted through videos and social media posts
  - Complements another campaign kicked off by the national environment agency
- Targeting coffee shops, eventually will work with other businesses with high human traffic – e.g., hotels and shopping malls.

Web Technology, Social Media, Mobile Apps

Who are the Influencers and Spokespeople?

Consider networks within the health sector, such as CHWs, and outside. Examples may include:

- Youth leaders
- Social media influencers
- Spiritual, community and traditional/cultural leaders
- Community groups, women's groups, etc.
- Educational networks such as teachers, parent-teacher associations
- Peer educators
- City, community, civic organizations

Thank you!