Risk Communication and Community engagement (RCCE) for COVID-19

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Outline

1. What's Risk Communication: Concepts & Frameworks
2. RCCE framework for COVID-19
3. What worked, what did not work (and where)
4. Recommendations

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What is risk communication?

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■ Risk Communication: Some definitions

"An interactive process of exchange of information and opinion among individuals, groups, and institutions [involving] the dissemination of individual and population **health risk information**" (USDHHS, 2002; 2005)

It integrates **risk** and **emergency approaches** in order to *prepare for*, *respond to*, and *recover from* epidemics, outbreaks etc. (CDC, 2013)

"Real-time exchange of information, advice and opinions between experts or officials and people who face a **threat** (hazard) to their survival, health or economic or social well-being.

Its ultimate purpose is that everyone at risk is able to take **informed decisions** to mitigate the effects of the **threat** (hazard) such as a disease outbreak and take protective and preventive action" (WHO, 2020)

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Global and Large-Scale Health Threats

Environment: waste disposal, overpopulation, **smog** and **air pollution**, water pollution, **wildfires**…
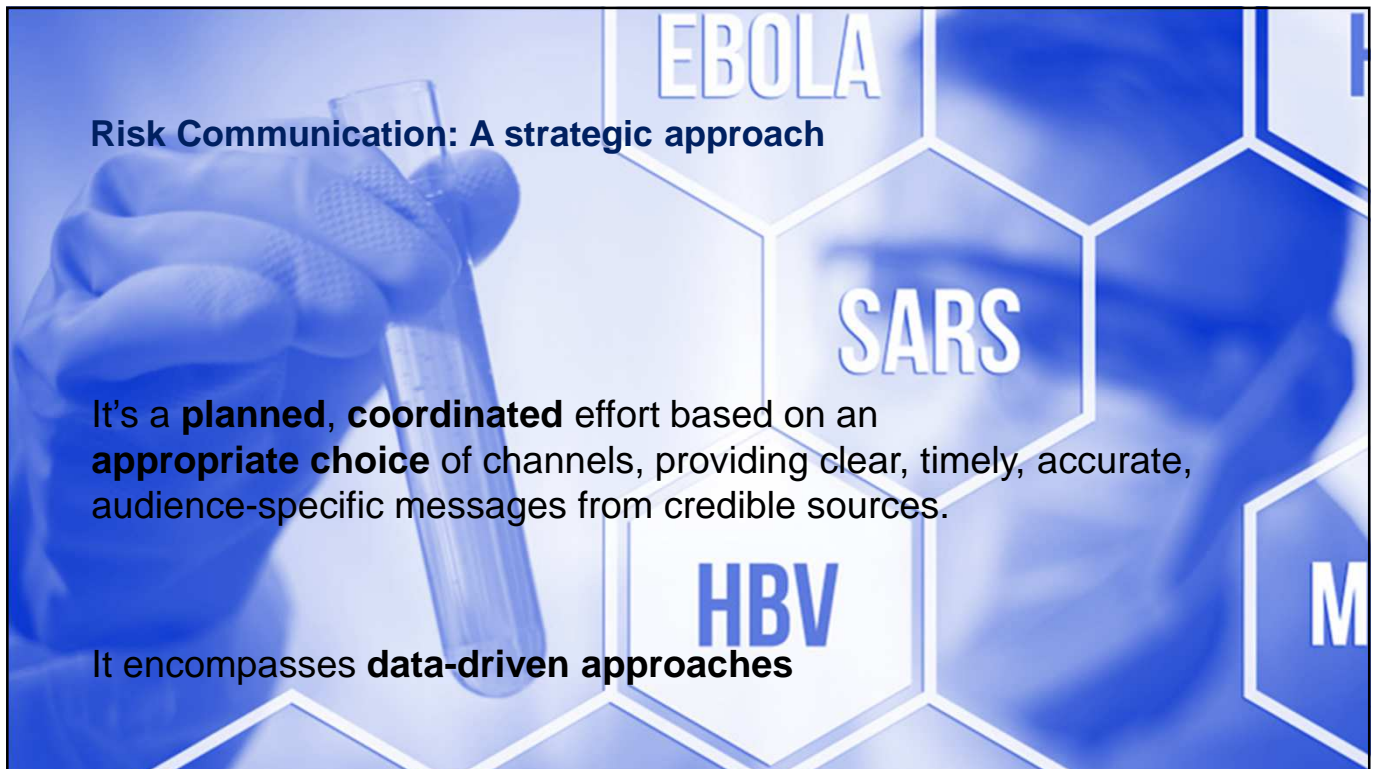
Hunger: stunted growth, susceptibility to disease, cognitive impairment, and early mortality rates

Pandemics: HIV/AIDS, SARS/Avian Flu, Zika, Ebola… COVID-19

Terrorism: fear, guilt, post-traumatic stress disorder, depression and other mental health problems
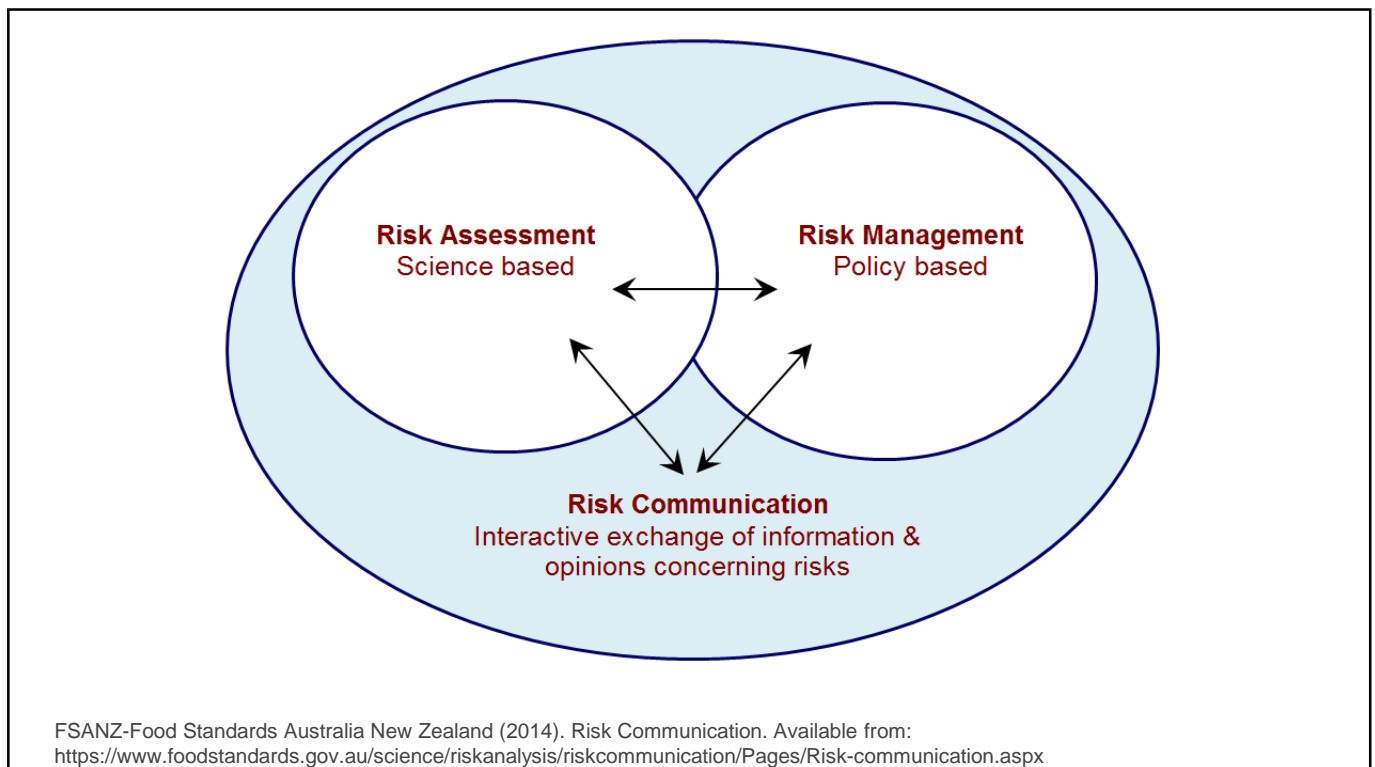

Since the early 2000s…

More resources have been dedicated by governments around the world to develop risk communication plans, due to emerging crises and emergencies for diseases such as SARS and West Nile Virus (2003), avian flu, zika…, but also terrorism
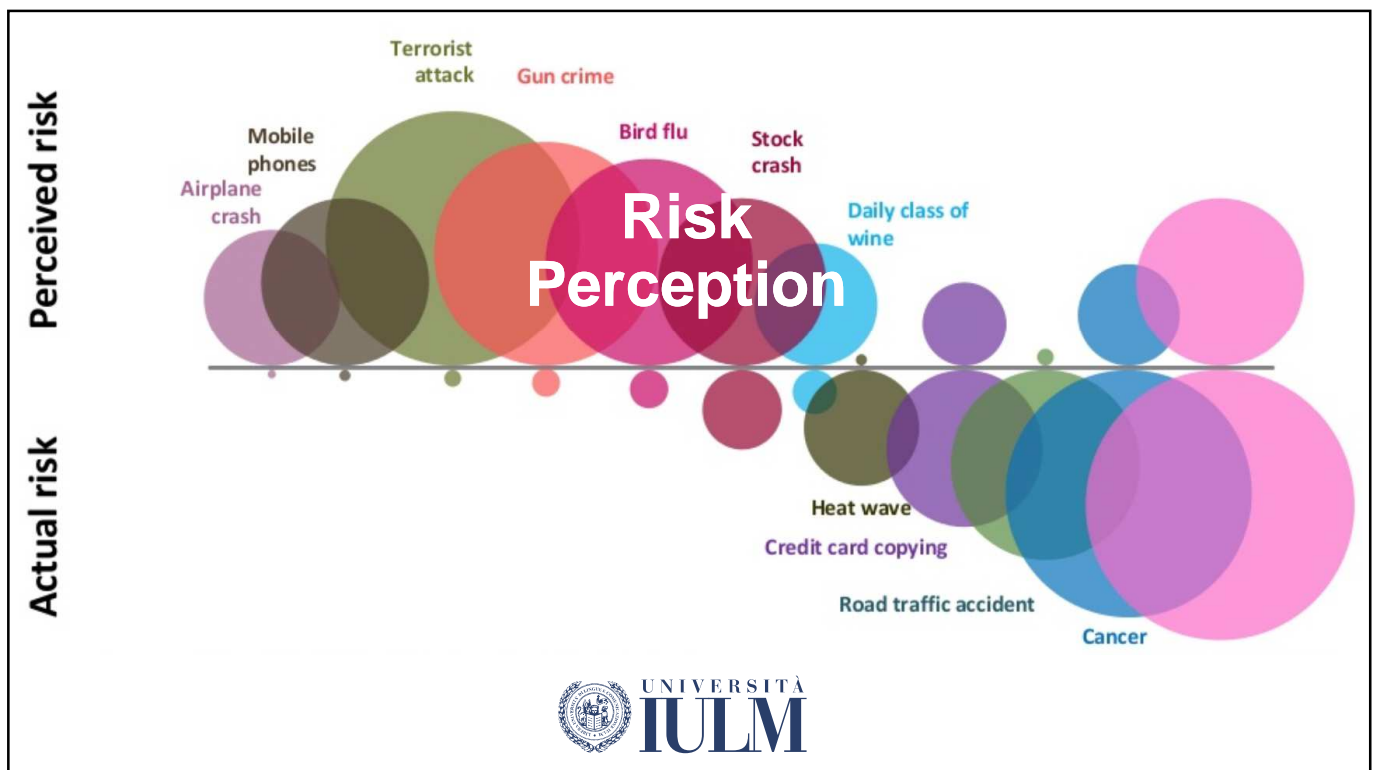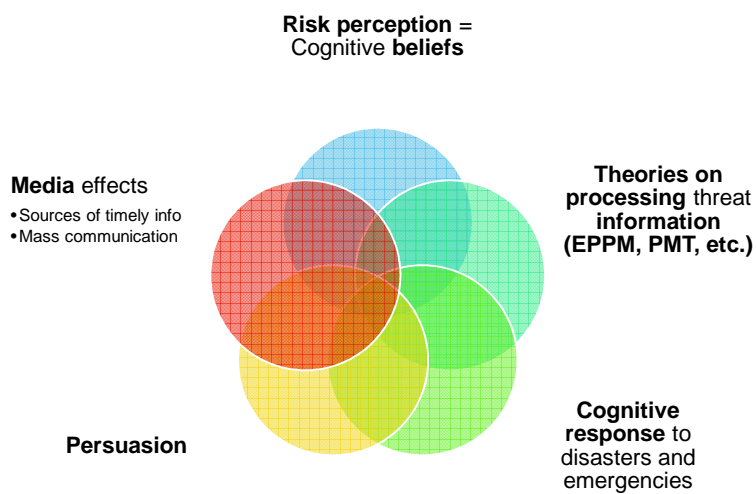
Risk Communication: A strategic approach

It's a **planned**, **coordinated** effort based on an **appropriate choice** of channels, providing clear, timely, accurate, audience-specific messages from credible sources.

It encompasses **data-driven approaches**

FSANZ-Food Standards Australia New Zealand (2014). Risk Communication. Available from:
https://www.foodstandards.gov.au/science/riskanalysis/riskcommunication/Pages/Risk-communication.aspx

Communication & behavioral sciences scholarship related to Risk Communication (Glick, 2007)

Risk perception =
Cognitive **beliefs**

Media effects
- Sources of timely info
- Mass communication

Theories on processing threat **information** (EPPM, PMT, etc.)

Persuasion

**Cognitive response** to disasters and emergencies

Glik D. C. (2007). Risk communication for public health emergencies. *Annual Review of Public Health*, 28, 33–54. doi:10.1146/annurev.publhealth.28.021406.144123

What is health risk?
A general framework of risk assessment (at the individual level)

"The **perception** of the subjective likelihood of the occurrence of a negative event related to health for a person over a specified period of time" Menon et al, 2008

People **assess risks** involved with any action:

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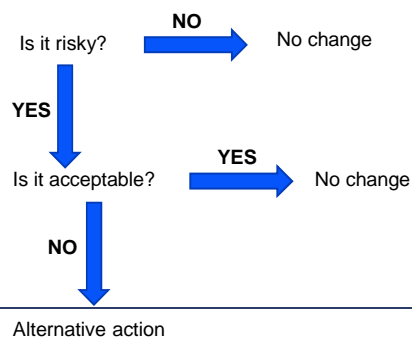
Some relevant risk communication frameworks
Main strategic planning tools used to develop risk communication plans

Communication for Behavioral Impact (COMBI) – WHO - used in outbreaks

Crisis and Emergency Risk Communication (**CERC) – CDC**

Risk Communication and Community Engagement (RCCE) – WHO + Interagency

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◼ Crisis and Emergency Risk Communication (CDC)

CERC Manual (2018). CERC Introduction: https://emergency.cdc.gov/cerc/ppt/CERC_Introduction.pdf

◼ Six principles of CERC

1	**Be first:** Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.
2	**Be right:** Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.
3	**Be credible:** Honesty and truthfulness should not be compromised during crises.
4	**Express empathy:** Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport.
5	**Promote action:** Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.3
6	**Show respect:** Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport.

CERC Manual (2018). CERC Introduction: https://emergency.cdc.gov/cerc/ppt/CERC_Introduction.pdf

Risk Communication & Community Engagement

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■ **Best practices in Risk Communication (According to WHO)**

1. Create and maintain trust
2. Acknowledge and communicate even in uncertainty
3. Coordinate
4. Be transparent & fast with the first and all communications
5. Be proactive in public communication
6. Involve and engage those affected
7. Use integrated approaches
8. Build national capacity, support national ownership

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■ What is RCCE

Risk Communication and Community Engagement, uses **community engagement strategies** to involve communities in the response and develops **acceptable** and **beneficial interventions** to stop further amplification of the outbreak and to ensure that individuals and groups take protective measures.

Is essential for surveillance, case reporting, contact tracing, caring for the sick, delivering clinical care, and gathering local support for any logistic and operational needs for the response.

Can minimize social disruption. Therefore, in addition to protecting health, it can protect jobs, tourism, and the economy.

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■ Risk Communication & Community Engagement

One of the major lessons learned during major public health events of the 21st century – including outbreaks of the severe acute respiratory syndrome (SARS), the Middle East respiratory syndrome (MERS), influenza A (H1N1), and Ebola virus disease – is that **RCCE** is integral to the success of responses to health emergencies.

Every public health emergency faces new communication challenges and can benefit from lessons learned previously. The COVID-19 outbreak challenges public health systems and their ability to **effectively communicate with their populations**.

Failure to communicate well lead to a **loss of trust** and **reputation**, **economic impacts**, and – in the worst case – **loss of lives**.

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◼ Who is more at risk?
Risk factors for different communities

Social Status: Infants, children, elderly, single females living alone, certain racial or ethnic groups, unemployed, low income – who cannot 'stay at home'

Social Capital: Those who have few and limited interpersonal ties among people within a community, and the resources made available to the community

Human Capital: Communities that have a low investment in people's skills and capabilities that enable them to act in new ways or enhance their ability to be productive members of society

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◼ Effective RCCE

Helps prevent "**infodemics**" (an excessive amount of information about a problem that makes it difficult to identify a solution), builds trust in the response, and increases the probability that health advice will be followed. It minimizes and manages rumors and misunderstandings that undermine responses and may lead to further disease spread.

Regular and proactive communication and engagement with the public and at-risk populations can help alleviate confusion and avoid misunderstandings.

People have the **right to be informed** about and understand the health risks that they and their loved ones face.

The **perception of risk** among affected populations often differs from that of experts and authorities. Effective RCCE can help bridge that gap by determining what people know, how they feel, and what they do in response to disease outbreaks, as well as what they ought to know and do to bring the outbreak under control. Effective RCCE helps transform and deliver complex scientific knowledge so that it is understood by, accessible to, and trusted by populations and communities.

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RCCE ACTION PLAN GUIDANCE
COVID-19
preparedness
& response

March 16, 2020

COVID-19
Global Response
RISK COMMUNICATION & COMMUNITY
ENGAGEMENT (RCCE) STRATEGY

16, 2020

Country risk and vulnerability mapping

Stage of the disease by preparedness capacity

IFRC-WHO-UNICEF (2020). COVID Global RCCE Strategy, page 9

February 2020

Level 2 and 1: High risk of imported + preparedness

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PLAN
Country Preparedness and Response Status for COVID-19
as of 11 February 2020

World Health Organization

Table 1: COVID-19 Preparedness and Response Status for Countries, Territories, and Areas,[2] as of 11 February 2020

Response Category	Country Preparedness Capacity				
	Level 5	Level 4	Level 3	Level 2	Level 1
5- Community transmission	China				
4- Localized transmission	Germany, Japan, Malaysia, Republic of Korea	Singapore, United States of America, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland	France, Thailand, Viet Nam		
3- Imported cases	Australia, Belgium, Canada, Finland	Italy, Spain, Sweden	Russian Federation	Cambodia, India, Nepal	Philippines, Sri Lanka

Response Category	Country Preparedness Capacity				
	Level 5	Level 4	Level 3	Level 2	Level 1
2- High risk of imported cases	Denmark, Iceland, Israel, Netherlands	New Zealand, Norway, Portugal, Switzerland	Algeria, Austria, Bahrain, Brazil, Brunei Darussalam, Bulgaria, Chile, Croatia, Cyprus, Czechia, Egypt, Greece	Hungary, Iran (Islamic Republic of), Ireland, Kuwait, Mauritius, Mexico, Oman, Poland, Romania, Saudi Arabia, Turkey	Angola, Antigua and Barbuda, Argentina, Azerbaijan, Bahamas, Bangladesh, Barbados, Belarus, Belize, Bhutan, Cameroon, Colombia, Congo, Côte d'Ivoire, Cuba, Democratic People's Republic of Korea, Democratic Republic of the Congo, Dominica, Ecuador, Ethiopia, Georgia, Ghana, Grenada, Guinea, Guyana, Indonesia, Jamaica, Jordan, Kenya	Kazakhstan, Lebanon, Liberia, Malawi, Maldives, Mali, Mongolia, Morocco, Mozambique, Myanmar, Niger, Nigeria, Peru, Qatar, Republic of Moldova, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Senegal, Serbia, Sierra Leone, South Africa, Sudan, Suriname, Trinidad-Tobago, Tunisia, Turkmenistan, Uganda, United Republic of Tanzania, Zimbabwe	Afghanistan, Benin, Bolivia (Plurinational State of), Burkina Faso, Burundi, Cabo Verde, Chad, Djibouti, Equatorial Guinea, Eritrea, Fiji, Gambia, Guinea-Bissau, Haiti, Honduras, Iraq, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Libya, Madagascar, Marshall Islands, Mauritania, Micronesia (Federated States of)	Nicaragua, occupied Palestinian territory, including east Jerusalem, Pakistan, Papua New Guinea, Samoa, Sao Tome and Principe, Solomon Islands, Somalia, South Sudan, Syrian Arab Republic, Tajikistan, Timor-Leste, Togo, Tonga, Tuvalu, Ukraine, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Yemen, Zambia	Central African Republic, Comoros
1- Preparedness	Lithuania, Monaco	Slovenia	Andorra, Costa Rica, Estonia, Latvia	Luxembourg, Malta, San Marino, Slovakia	Albania, Armenia, Dominican Republic, El Salvador, Eswatini	Montenegro, North Macedonia, Panama, Seychelles, Uruguay	Bosnia and Herzegovina, Botswana, Cook Islands, Gabon, Guatemala, Lesotho	Namibia, Nauru, Niue, Palau, Paraguay	

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June 2020

Levels 5 and f: Community transmission

Response Category	Country Preparedness Capacity				
	Level 5	Level 4	Level 3	Level 2	Level 1
5- Community transmission	Belgium, Canada, Denmark, Germany, Iceland, Italy, Lithuania, Netherlands, Portugal	Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, United States of America	Algeria, Andorra, Austria, Brazil, Chile, France, Hungary	Iran (Islamic Republic of), Ireland, Mexico, Romania, San Marino, Turkey	Argentina, Armenia, Bangladesh, Belarus, Cameroon, Colombia, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Dominican Republic, Ecuador, El Salvador, Georgia, Ghana, Guinea, Indonesia, Kenya, Liberia, Mali, Niger, Nigeria, Panama, Peru, Philippines, Qatar, Republic of Moldova, Senegal, Sierra Leone, South Africa, Sudan, Tunisia, United Republic of Tanzania	Benin, Bolivia (Plurinational State of), Bosnia and Herzegovina, Burkina Faso, Chad, Equatorial Guinea, Gabon, Guatemala, Guinea-Bissau, Haiti, Honduras, Nicaragua, Paraguay, Syrian Arab Republic, Togo, Ukraine, Venezuela (Bolivarian Republic of), Zambia	Comoros
4- >=10 cases	Australia, China, Finland, Israel, Japan, Malaysia, Monaco	New Zealand, Norway, Republic of Korea, Singapore, Slovenia, United Arab Emirates	Bahrain, Brunei Darussalam, Bulgaria, Costa Rica, Croatia, Cyprus, Czechia, Egypt, Estonia, Greece, Kuwait	Latvia, Luxembourg, Malta, Mauritius, Oman, Russian Federation, Saudi Arabia, Slovakia, Thailand, Viet Nam	Albania, Angola, Antigua and Barbuda, Azerbaijan, Bahamas, Barbados, Belize, Bhutan, Cambodia, Cuba, Dominica, Eswatini, Ethiopia, Grenada, Guyana, India, Jamaica, Jordan, Kazakhstan, Lebanon, Malawi	Maldives, Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Nepal, North Macedonia, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Serbia, Seychelles, Sri Lanka, Suriname, Trinidad-Tobago, Uganda, Uruguay, Zimbabwe	Afghanistan, Botswana, Burundi, Cabo Verde, Djibouti, Eritrea, Fiji, Gambia, Iraq, Kyrgyzstan, Lao People's Democratic Republic, Libya, Madagascar	Mauritania, Namibia, occupied Palestinian territory, including east Jerusalem, Pakistan, Sao Tome and Principe, Somalia, South Sudan, Tajikistan, Timor-Leste, Uzbekistan, Yemen	Central African Republic

Response Category	Country Preparedness Capacity				
	Level 5	Level 4	Level 3	Level 2	Level 1
3- <10 cases				Lesotho, Papua New Guinea	
2- High risk of imported cases			Democratic People's Republic of Korea, Turkmenistan	Kiribati, Marshall Islands, Micronesia (Federated States of), Samoa	Solomon Islands, Tonga, Tuvalu, Vanuatu
1- Preparedness				Cook Islands, Nauru	Niue, Palau

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COVID-19 and Risk Communication: What worked and what did not work?

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■ Problem 1: The issue itself

1. **It's a "novel" coronavirus:** the scientific community is still learning about it, there are still many questions that have not been answered yet > **UNCERTAINTY**

2. **The size of the problem:** This is a global pandemic, whose proportion and scale was overlooked and underplayed > **LACK OF CONSISTENCY**

3. **Root causes:** These are still unclear, but might be due to bigger man-made problems, such as climate change, antibiotic resistance, overpopulation

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200+ dead
7,000+ injured
350,000 homeless

$9 Billion damages

Major port destroyed
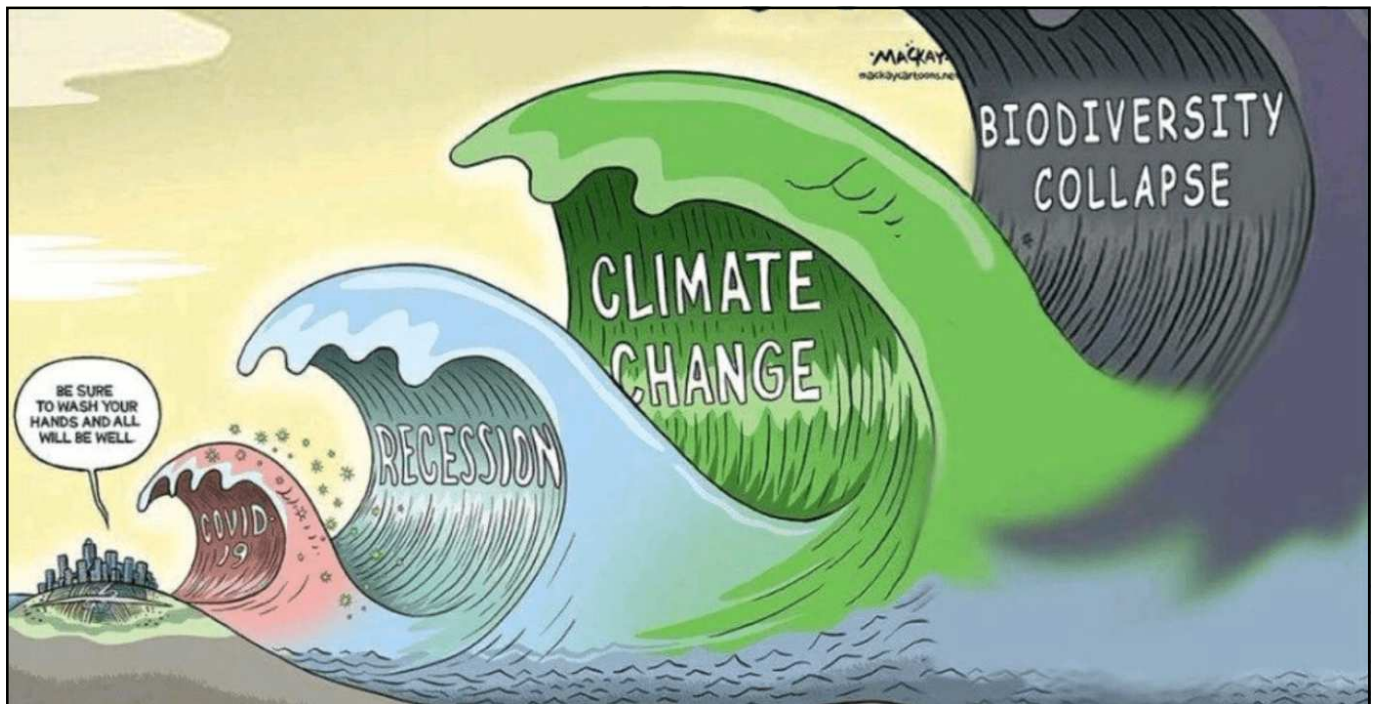
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Crises never come alone

COVID-19 cases on the rise
(case positivity rate 10%+ in between July and August)

Hyperinflation continues

Depreciation of the Lebanese Pound

55% in poverty (27% extreme poverty)

29   https://www.trtworld.com/middle-east/death-toll-rises-after-deadly-explosion-in-lebanon-s-beirut-38647

30   https://www.yourbasin.com/news/beirut-explosion-bares-pitfalls-of-sending-aid-to-lebanon/

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■ Problem 2: The response

1. **Preparedness:** No strategies in place, not efficient **> EMERGENCY VS. PLANNED RESPONSE**

2. **Community engagement:** To what extent has there been a real community engagement?
   > **ONE-WAY, VERTICAL VS. TWO-WAY, HORIZONTAL**

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■ Problem 3: The communication process (1)

The messenger: Where are the experts? And who is an expert in COVID19?

Communication Type	Crisis Communication	Issues Management Communication	Risk Communication	Crisis and Emergency Risk Communication
Communicator	Member of the organization impacted by the crisis	Member of the organization impacted by the crisis	Expert who is not directly impacted by outcomes	**Expert who is impacted by outcomes**
Timing	Urgent and unexpected	Anticipated; timing is somewhat controlled by the communicator	Anticipated with little or no time pressure	**Urgent and unexpected**
Message Purpose	Explain and persuade	Explain and persuade	Empower decision-making	**Explain, persuade, and empower decision-making.**

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■ Who's the expert?

Politicians are not experts > POLITICIZATION OF THE ISSUE

Stay calm, and carry on with our lives.

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Problem 3: The communication process (2)

The message: Unclear, not action oriented, not boosting self-efficacy
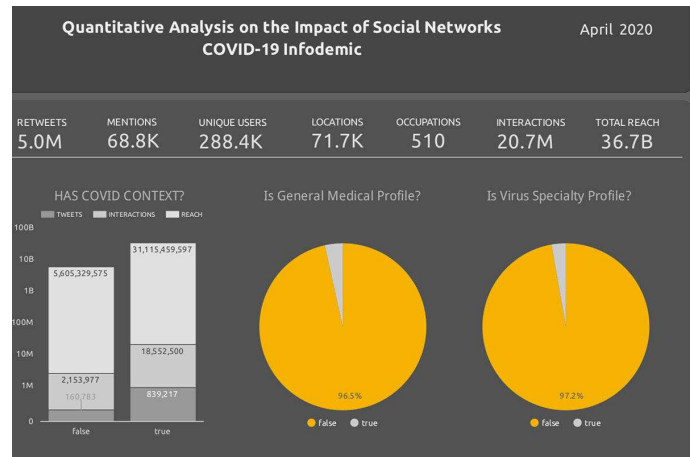

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Problem 3: The communication process (3)

The content of the message: Lack of consistency

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Problem 4: The channels: social media & infodemics

Fake news, conspiracy theories are more viral than the virus > **LACK OF TRUST**

https://news.lau.edu.lb/2020/research-highlight-twitter-lies-and-covid-19-defeating-the-coronavirus-infodemic.php

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Recommendations

■ Recommendations and considerations on the future
COVID-19 is here to stay but other pandemics can be behind the corner

Preparedness and prevention plans need to be tested and validated (using COVID-19 as pilot)

Long-term RCCE strategies need to be implemented to reach vulnerable segments of the population in an equitable and inclusive way

Health systems should adapt to new challenges (social, economic, cultural)

Trust needs to be built and maintained through **transparency**, **constancy**, **active listening** programs, and **encouraging dialogue**

Agencies and governments need to share knowledge about certainty and uncertainty

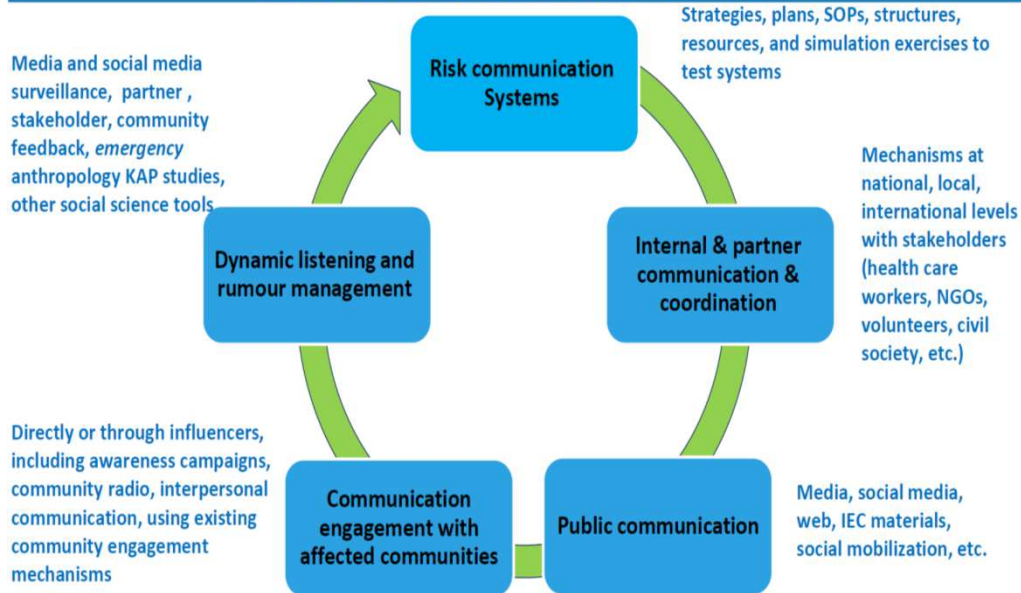Communication has a role in promoting vaccination uptake https://www.mdpi.com/1660-4601/17/16/5893
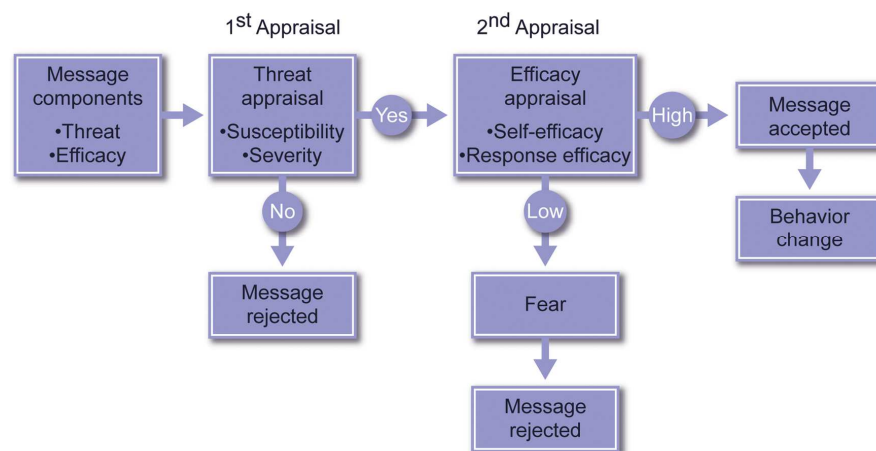
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Extra materials

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An **integrated model** for emergency risk communication
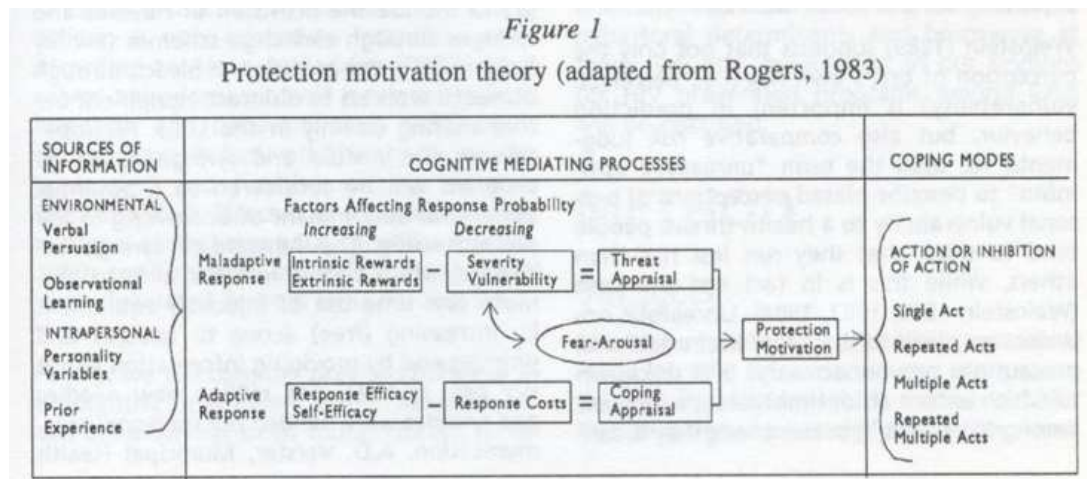Adapted from new IHR external assessment tool – WHO

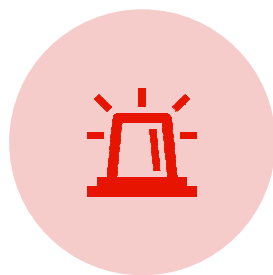■ **An explanatory model: Extended Parallel Process Model- EPPM**

■ Protection Motivation Theory (Rogers 1983)

Source: https://www.utwente.nl/en/bms/communication-theories/sorted-by-cluster/Health%20Communication/Protection_Motivation_Theory/

Figure 1
Protection motivation theory (adapted from Rogers, 1983)

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■ People balance between

Threat control   **Danger control**

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■ What does research say? (see Ruiter et al. 2014)

Fear appeal elements that work (reduce risk)

Strengthen self-efficacy (protection)

Promote response efficacy (risk/danger avoidance)

Raise susceptibility

Fear appeals that generally **do not work**:

 > Use of emotions to increase the severity

■

Fear arousal in health communication campaigns is usually coupled with...

Absent or minimal action-oriented instructions

"call you physician"

"call our hotline"

"don't drink and drive"

Use instead:
"Think about how you will go about saying no…" (provide *ways to overcome peer pressure)*

Lack of self-efficacy enhancement

"List two different ways to avoid peer pressure to drink"

Organizing the message

Problem-solution pattern is recommer

Problem portion
- Threat severity: possible use of statistics
- Arguments: heighten perceptions of vulnerability of the threat

Solution portion
- Recommended solutions to avoid the threat
- Must demonstrate response efficacy and personal efficacy

Action instructions need to be given

Motivation/intention is a defining factor for behavior change

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