Public Health Outbreak Response Toolkit
Resources for Risk and Outbreak Communication Strategies
This toolkit is designed to assist those who are responding to or communicating about a public health threat, emergency or outbreak. It contains guidance and recommendations for effective risk, outbreak and public health emergency risk communication that are evidenced-informed or based on best practices. This guidance is provided as easy-to-use guides, checklists and templates. In addition, guidance and resources from the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and other agencies with experience in health-related crisis, risk and outbreak communication are included.

Acknowledgement

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The need for risk and outbreak communication

The need for public health risk or outbreak communication, including in response to an outbreak of illnesses, often arises quickly and with little advance warning. Before a public health crisis or outbreak is recognized and a response begins, limited numbers of people likely will have been exposed to a health risk, possibly without experiencing immediate illness. There are many possible causes of sudden unexpected illness in individuals, including exposure to food and waterborne diseases, high amounts of harmful substances in a workplace or other environmental setting, or to an infectious disease. In many cases, it may not be possible, based on the number of people who are ill and their initial symptoms, to quickly diagnosis the cause of the illness or the source. It is also likely that as more people become ill, or as awareness of the illness outbreak reaches community members, social media platforms or news media, that interest will turn to the public health response. Depending on the possible cause, the number of people known to be ill, the number of people who could become ill, and the severity of illness, the situation could quickly become a local, national or even international health emergency.

When a public health threat or emergency arises, particularly one that involves an outbreak of severe illness, risk communication is needed. In most places in the world, people constantly receive information from many sources, ranging from family and community members to local news to social media, including texts and instant messages. As a result, people can learn about public health threats and outbreaks of illness early and from many sources. It is important that public health agencies and those involved in the public health response be prepared to quickly communicate about a threat or outbreak. Soon after the news media or community learns of a public health-related outbreak investigation or response, many people will want to know what is happening, who is affected, who may be affected, and what steps are being taken to stop or reduce the harm.

Toolkit organization

This toolkit follows the major steps of public health emergency, risk and outbreak plans. The first components of the toolkit focus on the fundamentals and key principles of risk and outbreak communication. This includes an overview of risk and emergency communication principles as well as a communication planning template. The additional resources provide guidance for determining communication objectives, identifying and describing key groups or audiences for communication efforts, developing and assessing messages and communication materials, planning and preparing for news media and journalists, and social media principles. The final section provides additional helpful resources from detailed guides and documents created by WHO and other organizations.
Risk, emergency and outbreak communication lessons

Much has been learned about how people perceive and process health threats and risks from public health responses to illness outbreaks and efforts to inform and persuade people to adopt public health recommendations. Below are recommendations for developing communication plans, messages, and materials as part of the public health response or investigation to a health threat or illness outbreak.

- Since 2005, the World Health Organization (WHO) has advised health authorities and government officials to “Announce early, be transparent, and build trust with people affected” by an illness outbreak or potential health threat.

- The risk perceptions and beliefs of the public or members of the community or group affected by a risk matter. Knowing how the public or members of affected groups perceive a health threat or risk affects what you need to communicate and how you frame (that is, present) the key messages.

- Many times, people most affected by a health threat or disease outbreak perceive the risk differently from the experts who are trying to prevent or reduce the risk. Health experts, for example, often have more experience and familiarity with diseases and illnesses and as a result, recognize the need for rapid and strong compliance with public health recommendations. The people most affected by a health threat or disease are likely to have less understanding and knowledge and as a result, may be less willing to quickly comply with public health recommendations.

- There are many factors that influence people’s perception of a health threat or risk. People are usually more accepting of risks or feel less concerned about following public health recommendations when risks are seen as voluntary, under their control, bring wanted or desired benefits, are naturally occurring, are generated by a trusted source, or are familiar. People are less accepting of risks or have greater concern and fear when risks are imposed by others, controlled by others, have no clear or desired benefit, are perceived as human-made, come from an untrusted source, or are unfamiliar.

- Trust and credibility often greatly influence your ability to influence or persuade people to support or follow recommendations from doctors, experts, or public health authorities. If people do not trust government agencies, healthcare providers, experts, or public health officials, they are less likely to pay attention to warnings and recommendations or to support public health actions. In such cases, community...
engagement often becomes important to the success of communication efforts. Community engagement, for instance, can help establish trust as well as identify trusted messengers.

- **Risk communication research and best practices have identified four factors that influence whether or how much an audience will perceive a messenger, such as a government health official as trusted and credible.** The four factors are: 1) **empathy and caring**, such as whether the person providing information demonstrates true empathy and concern for those affected; 2) **honesty and openness** with respect to providing information and answering questions; 3) **dedication and commitment** to helping those affected, learning about the cause of the health problem, and finding ways to prevent additional harm; and 4) **competence and expertise** regarding the public the disease and illness and explaining recommendations and actions.

**Three key steps for the initial response**

**Determine the roles and responsibilities of the agencies and organizations involved in the response.**

All agencies – government ministries, the healthcare community, public health organizations - involved in a public health crisis or outbreak response should be aligned when it comes to communication and key messages. The goal should be to provide clear and consistent messaging and guidance to increase public trust and confidence.

At the beginning of a public health response to a health threat or outbreak of illness, the roles and responsibilities of the people and organizations should be determined and defined. It is particularly important to determine who has primary responsibility and authority for communicating each aspect of the response to people known to be affected, people who are at risk of being affected, healthcare providers, the news media, and the general public.

This step should include determining the primary communication responsibilities for each organization. For example, which organization will provide expertise, information, and updates on the number of people harmed and the measures being taken to assist those who have been harmed? Which organization will provide expertise, information, and updates on the actions being taken to reduce or prevent further harm? Which organization will provide expertise, information, and updates on the source of the illness? For communication to be effective, there needs to be collaboration and coordination among all the agencies and organizations involved.
A rapid assessment of the public health situation should inform and guide the communication plan and efforts. To assess the situation:

Identify affected or potentially affected individuals, groups, or communities. These will be one of the priority targeted audiences for your communication efforts. Ask, “Who has been harmed or potentially harmed?”, “Who appears to be most at risk by the outbreak or public health threat?”, and “What people or groups are most vulnerable or at highest risk and need to be reached first?”

Identify currently known and possible factors that might place people at risk for the health threat or illness. Ask “What is currently known or believed regarding why people were harmed or became ill?”, “Are there location or environmental factors placing people at risk?”, “Are there behavioral factors placing people at risk?”, “If so, what are they?”. If the risk is unknown, provide information to the public and news media about what is being done in the response to identify the sources of harm and illness and to identify what places people at risk.

Identify organizations and individuals who might be able to reach affected people or populations. Crisis, risk, and outbreak communication efforts are strengthened when targeted audiences obtain and hear similar information and guidance from different sources. It is thus helpful early on to identify healthcare partners, community leaders, religious and faith leaders, and local community organizations who can reach affected persons and populations quickly with public health advice and guidance.

Identify beliefs, perceptions and concerns among affected people and in the community that might affect communications. Seek information from individuals and organizations that have knowledge about how affected people and the community will perceive and understand the health threat. Public health messages and materials will be more effective if they reflect an understanding of how affected people and community leaders perceive the situation. Try to identify the initial questions, primary concerns, and fears of those who are affected by the health threat or illness as well as the healthcare providers who will be involved in diagnosing and treating those who are or who may be affected. Build relationships with key persons and organizations in the community who can provide ongoing insights that will help contain or stop the outbreak.

Identify the end goals and outcomes of the public health response. Crisis, risk and outbreak communication efforts and messages should be linked to the public health end goals and outcomes, such as slowing the spread of illness, getting as many people as possible to comply with public health recommendations, or reducing deaths and illness. It should be clear how the communication strategy, plans, actions, and messages will foster and support achievement of the public health response goals.
Determining when transparency is needed:
Four questions to ask and answer to guide decisions about when to provide information and updates

Do we have good, confirmed information about a potential public health-related threat or risk?

If NO

Does providing information about the threat or risk help protect health and prevent harm, including by reducing the effects of misinformation and rumors?

If NO

Would providing information about the threat or risk help build trust in your organization?

If NO

Is there a compelling or important reason to not provide information?

If NO

Withhold the information and be prepared to quickly provide information should the situation change, or awareness happens.

If YES

Publicly release the information
## Crisis, risk or outbreak communication plan guidance

| Situation summary | • What is happening, what is known, what is unknown, who is affected?  
| | • Identify and define the specific crisis.  
| | • Draft a problem or crisis definition statement; Think of your problem or crisis as the gap between what should occur in your community and what could occur without sound communication.  
| Outbreak, risk or emergency response outcomes you are seeking | • Determine the purpose and desired outcomes of your crisis, risk, or outbreak response. Guide the public to make informed decisions based on each individual’s own circumstances.  
| | • What actions should the affected community take?  
| | • Identify the specific actions and behaviors needed to reduce or prevent the health threat or reduce the risk.  
| Communication objectives | • What communication outcomes will achieve an effective outbreak or crisis response  
| | • Objectives should be SMART – specific, measurable, attainable, relevant, and time-bound.  
| | **Example**: Increase willingness to receive a recommended vaccine to 50% among healthcare workers in the country by the end of 2021  
| Target audience(s) or sub-populations | • Who are your primary audiences or sub-populations; that is, who is at risk from the health threat? Which sub-populations need to take preventive actions?  
| | • Identify the key audience characteristics associated with the health threat or risk. What audience segments exist?  
| | • Who are the secondary audiences; that is, which groups or individuals can help you reach or influence your primary audiences or sub-populations?  
| Community engagement | • Identify the communities, coalitions, and trusted leaders and messengers within those communities that can help achieve.  
| | • Develop a plan that identifies the purpose and goals of the community engagement, and the major activities that will be taken to achieve the purpose and goals.  
| | • Develop a social mobilization plan that indicates how coalitions, trusted leaders and messengers will be engaged and assist the communication efforts.  

| Major partners                                                                 | • Identify partners that can help achieve crisis response outcomes and communication objectives.  
                                | • Develop a plan that identifies the purpose and goals of stakeholder and partner engagement, and the major activities that will be taken to achieve them. |
| Key messages                                                                | • Use principles of crisis and risk communication to inform messages and the design of crisis risk materials.  
                                | • Develop short, understandable messages to help you meet your communication objectives. These need to create understanding, foster trust, and motivate adoption of recommendation public health actions.  
                                | • Develop the messages that will address the questions and concerns of your primary targeted audiences or sub-populations. These need to be address fear and worry, be understood, and provide helpful advice and guidance.  
                                | • Develop messages to counter mis-information, rumors, and mis-understanding. |
| Media and communication channels                                             | • Identify the media and communication channels that will be used to disseminate messages, updates, and information, including news media, social media platforms, websites, secondary audiences, and stakeholders and partners. Use multiple methods.  
                                | • Identify and prepare key spokespeople and others who will be speaking to the news media, targeted audiences, and communities  
                                | • Create a timeline for disseminating and updating messages and information |
| Implement the crisis risk communication plan                                 | • Put the crisis risk communication plan into action  
                                | • Coordinate the roll-out of messages and materials through the selected media and communication channels. |
| Evaluation                                                                  | • Monitor the visibility of your messages and materials in the news media, social media platforms, and other communication channels.  
                                | • Obtain feedback from stakeholders, partners, community leaders, and secondary audience members regarding the crisis risk communication materials, messages, and activities.  
                                | • Consistently monitor and evaluate what is happening, including among your targeted audiences or sub-populations in terms of awareness, understanding and behaviors.  
                                | • Identify the lessons learned from the crisis risk communication efforts. |
Developing communication objectives

Crisis, risk and outbreak communication plans and efforts should be designed to achieve clear and specific communication objectives. Communication objectives are the specific outcomes that you are trying to achieve with your audiences with your communication activities and messages. Crisis risk communication objectives indicate desired outcomes and changes in indirect influences on behavior, such as awareness and knowledge, positive or supportive beliefs and attitudes, increased motivation, and willingness to do a recommended behavior. Communication objectives involve answering “why” questions:

- Why are we communicating to this group or audience?
- What is the desired outcome or change that we want to happen?

The best communication objectives have five characteristics:

- **Specific** – the objective clearly indicates who is the focus of the effort and also states what type of change is intended.
- **Measurable** – the outcomes can be measured in some way, such as with a survey.
- **Appropriate** – the objective is sensitive to the targeted audience’s needs and preferences. It is also sensitive to societal and cultural norms and expectations.
- **Realistic** – the outcome is attainable with the time and resources available.
- **Time-bound** – a specific time period for achieving the outcome is stated.

Develop a set of communication objectives for your primary and secondary audiences. To begin, answer the following:

- What type of change do you want each of your audiences to make?
- How much change do you want to happen? For example, among how many individuals or what percentage of individuals in the targeted group should the outcome happen?

Possible outcomes for a crisis risk communication plan include:

- increase in awareness or understanding for public health actions or recommendations
- support for public health actions and recommendations,
- positive beliefs and attitudes regarding public health actions and recommendations
- intentions to do or support public health actions and recommendations
- a change in social norms
- intention to do a recommended public health behavior, or adoption or continuation of a public health recommendation

<table>
<thead>
<tr>
<th>Audience segment</th>
<th>Desired outcome or change</th>
<th>How much change?</th>
<th>How will outcome or change be measured?</th>
<th>Timeframe – by when?</th>
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Examples of crisis, risk or outbreak communication objectives

- Increase the group’s awareness, understanding of a public health threat or risk.
- Increase the targeted group’s awareness and understanding of public health actions and recommendations regarding a public health threat or risk.
- Increase the targeted group’s awareness and use of public health resources related to a public health threat or risk, such as a Ministry of Health website.
- Create positive beliefs and attitudes among the targeted group regarding the public health actions and recommendations regarding a public health threat or risk.
- Increase or change the targeted group’s awareness and understanding of the social norms regarding a public health recommendation.
- Increase the targeted group’s understanding of the benefits and value of complying with a public health recommendation.
- Get most individuals in the target group to trust and support the recommendations being made by public health officials regarding a public health threat or risk.
- Increase the motivation and willingness of people in a targeted group to comply with public health recommendations regarding a public health threat or risk.
- Get most individuals in the target group to promptly comply with public health recommendations regarding a public health threat or risk.
- Get most individuals in the broader public to support public health actions and recommendations taken to prevent or reduce a public health threat or risk.
- Reduce the number of individuals in the targeted group who believe myths or incorrect information (e.g., misinformation) about a public health threat, risk, recommendation, or action.

Sample objectives (fill in the blanks)

Awareness objective
To have an effect on awareness and understanding of public health recommendations; specifically, to create ________ (e.g., knowledge and understanding) among _____% of (targeted group) about the __________________ within / by __________ (targeted date).

Acceptance
To have an effect on acceptance; specifically to ____________ (desired outcome i.e. regain trust / acceptance) among ______% of ________________ (targeted group) that ____________ (organization is doing - i.e. acting responsibly, being transparent, honest, etc) by ____________ (targeted date).

Action
To have an effect on action; specifically to ____________________ (desired outcome i.e. wearing a face covering in public settings, getting a recommended vaccination) by _______% of the ________ (targeted public) within/by __________ (targeted date).
Tips for communicating uncertainty

Infectious diseases and other public health threats involve much uncertainty. At the start, there is uncertainty regarding the actual cause of illness and deaths, how many people are affected, how many people have been exposed, and how many people will become ill. If the number of cases increases, and the outbreak grows, there will likely be uncertainty surrounding how to determine exposure, how to accurately diagnosis who is affected, how best to prevent the spread, and how best to protect the broader public. Below are tips for managing uncertainty.

• **Focus on maintaining and building trust and credibility.** Empathy, honesty, transparency, and competence = Trust and Credibility

• **Recognize that people 1) understand uncertainties often exist and 2) can accept uncertainties.** You will have more credibility with news media and the public when you are honest about the existence of uncertainties.

• **Acknowledge – and do not hide – uncertainties – and let people know you are working to reduce uncertainty.** Provide information about what is currently known, what is not yet known, and what steps are being taken to learn more regarding the uncertainties. Detail what you have done and are doing to reduce uncertainty and to get answers.

• **Let people know that what you believe now may turn out to be wrong later as more is learned.** It is important to stress that as more information is gained regarding a health threat, initial information may turn out to be incorrect and initial advice will need to be changed.

• **Balance transparency with uncertainty.** Acknowledge uncertainties up-front – before they arise – and you are confronted by them. Tell people what you believe is certain, is nearly certain, is not known, is possible, and is unlikely.

• **Provide explanations regarding uncertainties.** Explain that for most health threats, especially those involving or that may involve infectious diseases, it is difficult to quickly determine the cause or source of harm, the things that cause some people to be at risk, and who is most at risk.

• **Avoid explicit claims of “confidence.”** Rather than state you are “confident,” state that you are “hopeful” when it comes to achieving desired outcomes that are likely but not certain. For example, “We are hopeful that we will be able to prevent the spread of the illness in our community.”
• **Try to replicate in your audience your own level of uncertainty.** Put bounds on the uncertainty. What range of possibilities is credible? Clarify that you are more certain about some things than others.

• **Make the content of your messages more tentative than your tone:**
  - Confidently telling people that there is much you do not yet know, or that what you believe now could be wrong, helps build trust. It also alerts people to the fact that important things are not yet known about the health threat or risk.
  - The reverse approach – claiming to be sure in a tone that sounds very unsure – damages trust and makes people less likely to believe what you are saying.

• **Be prepared to explain unexpected events or results,** and to do so as soon as possible. Emerging health threats often bring unexpected events. You should expect the unexpected and prepare to communicate quickly about these types of findings or events.

• **Expect uncertainty to last longer than you would wish or think it should.** Avoid putting a time frame on discovery or providing a specific date when uncertainty will go away.
Tips for Creating and Doing Culturally Sensitive Communication

Crisis risk communication strategies and messages need to be sensitive to the needs of diverse populations. Below are activities and behaviors that can be used in the communication planning, design, and implement stages to do that:

- **Needs Assessments:** Do rapid needs assessments with representatives or individuals from the different cultural and ethnic groups affected by a public health emergency to identify their concerns and to identify special information needs.

- **Recognize the communication needs of special populations,** including those with low literacy levels, inadequate access to health care and information as well as those with socio-economical, linguistic, or physical challenges.

- **Tailor communication messages and materials:** Design, deliver and increase the availability of both traditional and alternative forms of communication to meet the needs of different ethnic and cultural groups.

- **Use many media and message channels:** Prepare, produce, and disseminate information a variety of media and message channels to reach different ethnic and cultural groups.

- **Take steps to engage:** Use social engagement, community participation, and public meetings to involve different ethnic and cultural groups.

- **Make materials easily available to community leaders and organizations:** Use websites, social media platforms, and community engagement activities to increase awareness, access, and use of materials designed for different ethnic and cultural groups.

- **Stayed engaged:** Maintain communication and engagement with different ethnic and cultural groups throughout the public health response and encourage continuous feedback from representatives of different groups.

*Note: These guidelines should be adapted to meet individual emergencies and local needs.*

Preparing for an initial statement following an outbreak or public health emergency

The following questions are commonly asked by the media, stakeholders, partners, and the public during crisis events. Use them to help prepare answers for questions you might face. In developing your messages remember to:

- Keep your answers short (2 minutes or less)
- Use personal pronouns, such as “I” or “We,” rather than agency or institutional nouns (“the Ministry of Health,” “this agency”)
- People perceive risks differently, depending on how likely they think the actual threat will affect them personally and their beliefs about how severe the harm might be.

The initial public health statement should include:

- What happened? What is the public health threat?
- When did it happen? Is it still happening? When did you become aware that it happened?
- When did your response to this situation begin?
- Where did it happen? What places and communities are affected?
- Who was harmed? How many people have been harmed? Will more people be harmed?
- How do you know what you are telling us?
- What can you tell us about the people who have been harmed? How are those who were harmed getting help? Where are they being treated?
- Why did this happen? What do you know about why or how this happened?
- What was the cause or the possible cause of the public health threat?
- Is there any immediate or continued danger?
- What is being done in response to what happened?
- Who else is involved in the response?
- Who is in charge?
- What can we expect next?
- What are you advising people to do?
- What can people do to protect themselves and their families - now and in the future - from harm?
- How long will it be before the situation returns to normal?
- Has this ever happened before? Can this happen elsewhere?
- What is the worst-case scenario? What is the best-case scenario? What is the most likely scenario?
- Have you told us everything you know?
- What are you not telling us?
- When will we find out more? How will you keep us updated?
Groups that need information in an emergency and their primary concerns

<table>
<thead>
<tr>
<th>Audiences Affected by Emergencies</th>
<th>Primary Concerns</th>
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| Community directly affected by the emergency | - Personal safety  
- Family safety  
- Property damage  
- Loss of livelihood  
- Disruption to normal activities (e.g., travel restrictions, businesses closed, voluntary quarantine) |
| Community immediately outside of the affected area | - How they can keep the emergency from affecting them  
- How they can help  
- Risks to self and family  
- Disruption to normal activities |
| Emergency responders and public health officials | - Professional responsibilities  
- Availability of resources  
- Personal safety  
- Family  
- If they are directly affected by the emergency: family safety and property damage |
| Civic leaders | - Responsibilities  
- Liability and reputation management  
- Resource allocations  
- Opportunities to express concern |
| Partners (organizations who have an official role in the response) | - Understanding their role in the response  
- Coordinating with other response organizations  
- Involvement in decision-making process  
- Access to information, reputation management |
| Community leaders (faith-based organizations, non-governmental organizations, cultural groups, etc.) | - Safety of communities  
- Representing community needs  
- Listening to community members  
- Taking part in decision-making |
| Media | - Getting access to information right away  
- Meeting rapid deadlines  
- Keeping the public informed |
| Businesses, trade, and industry | - Employee safety  
- Interruptions in business  
- Loss of revenue  
- Liabilities and reputation |
| International community (international organizations and other countries may be partners in the response and provide aid or assistance) | - Their level of readiness for a similar emergency  
- Any restrictions on trade and travel to protect their citizens  
- Their role in response partnership |

Tips for effective messaging during a public health crisis or outbreak response

It is essential that messages and guidance provided by public health and government officials resonate with affected individuals and groups when the goal is to get them to follow prevention recommendations. Steps for effective public health crisis, risk, and outbreak response communication messaging include:

Start in-person, community meetings, media interviews, and public communications with messages that express empathy and show your concern for those who have been affected. Acknowledge that people have or may have been harmed and that lives have been disrupted. Recognize that people are worried, concerned, and even fearful and that you, too, have concerns. Demonstrate that you care and are interested in the views of those who have been affected.

Identify and explain the public health threat and risks. Describe what is currently known regarding what is causing the illness outbreak or harm, who is at risk, and what causes or may cause someone to be at risk. Provide information and advice that includes steps for preventing harm or getting help.

Explain what is currently known and unknown about the threat or illness outbreak. Provide details and timelines, including when your organization was first made aware of the health threat or people with illness. Admit when information is not known and explain what you are doing to learn more. Provide a timeframe for when updates will be provided.

Identify the actions are being taken by government and public health agencies and explain why those actions are being taken. Describe the steps being taken to reduce or prevent further harm. Be prepared to indicate which agencies are involved in the response, their roles, and their responsibilities. When discussing public health actions, share dilemmas in the decision making and foreshadow possibilities that can occur during the outbreak.

- **Share dilemmas:** Express that different courses of action are possible and were considered, each with different advantages and disadvantages. Let the news media and public know the assumptions, factors, and considerations behind public health actions and recommendations. Be open about making decisions with incomplete or preliminary information.

- **Foreshadow possibilities:** Let the public and news media know that changes in public health recommendations and actions are likely to happen as more is learned about the sources, causes, and extent of harm. Also indicate that such changes can happen quickly, frequently, and with little advance notice.
When possible, provide those who are affected or possibly affected with specific actions or steps that they can do protect themselves and others. Be sure the steps you recommend are ones that will help prevent or reduce further harm.

**Emphasize your organization or agency’s commitment to the situation.** Convey a sense of urgency for bringing the situation under control as fast as possible.

**Be alert to common biases that often affect people’s health-related decisions and behaviors.** Understanding and developing strategies to over biases is an important part of communication plans and messaging. **Omission bias, optimism bias, and confirmation bias** often cause people to not adopt or comply with health-related recommendations. Omission bias is a strong preference for inaction even when taking action is more beneficial. Optimism bias means people believe a health threat will not affect them or that they have a lower chance of contracting an illness than they actually do. Confirmation bias involves seeking or believing information that only confirms one’s beliefs and preferences. Confirmation bias can lead to people avoiding public health information from traditional sources.

**Information to affected individuals, news media, and public audiences should be readily understandable, technically correct, honest, transparent, and sufficiently complete to encourage support of policies and compliance with public health recommendations and actions.** Keep in mind that low health literacy is prevalent, especially among older adults, minority populations, those with low socioeconomic status, and medically underserved people. It usually helps to seek and use input from people within these communities when developing messages and materials.
Ten principles of message mapping

- **Limit the number of key messages** to a maximum of 3 to 5 using as few words as possible for each message. It is best if you use no more than 9 seconds or 27 words to express the necessary information.

- **Write messages that can be easily understood** by an adult with a 6–8th-grade education. Test using the “readability” utility in word-processing programs.

- **Use words and examples that people in your targeted audiences will readily understand.** Avoid terms that can anger or turn people off. Avoid making guarantees, promises, or using absolutes, such as “Our efforts will be completely successful.”

- **Use the “primacy/recency” or “first/last” principle.** This principle states that the most important messages should occupy the first and last position in a list.

- **Include mention of external or “third parties or sources” that would be perceived as credible by the receiving audience.**

- **Provide a preamble** to the message map indicating genuine empathy and compassion – crucial factors in establishing trust in high-concern, high-stress situations.

- **Create and use easy-to-understand graphics, visual aids, analogies, and narratives,** such as personal stories. These approaches can increase an individual’s ability to hear, understand, and recall a message by more than 50%.

- **Construct messages that take into account – and that do not make worse - the dominant role of negative thinking in high-concern situations.** Examples include avoiding unnecessary, indefensible, or non-productive uses of absolutes, and of the words “no”, “not”, “never”, “nothing” and “none”; balancing or countering a negative key message with positive, constructive, or solution-oriented key messages; and providing three or more positive points to counter a single negative point or bad news.

- **When providing information, present the full message map using the repetitive structure found in the “Tell me, Tell me more, Tell me again model” (the “Triple T Model”):** telling people the information in summary form (i.e., the three key messages; telling people more (i.e., the supporting information); and telling people again what was told in summary form (i.e., repeat the three key messages).

- **Create key messages and supporting information that address important risk perception, outrage, and fear factors** such as trust, benefits, control, voluntariness, dread, fairness, reversibility, catastrophic potential, effects on children, morality, origin, and familiarity.

Developing messages for use in an outbreak or public health response

A message map is a roadmap for displaying detailed, organized responses to anticipated questions or concerns. Well-constructed and accessible message maps are useful tools during an emergency that, if shared with partners and stakeholders, can support harmonized messages. Message maps are developed for each intended audience segment and typically have three levels.

<table>
<thead>
<tr>
<th>Audience:</th>
<th>Insert the audience to whom this message map is addressed. It can be as broad as “the general public,” or more specific. For example, the media, decision makers or at-risk individuals. Each message map should target ONE audience only.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern or Question:</td>
<td>Insert ONE anticipated concern or question that the audience is likely to have regarding the emergency. Examples include: “What does one do to stop the outbreak?”, “What are the signs and symptoms of Covid-19?”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Message 1:</th>
<th>Insert one message that can help answer the selected concern/question.</th>
<th>Key Message 2:</th>
<th>Insert a second message that can help answer the selected concern/question.</th>
<th>Key Message 3:</th>
<th>Insert a third message that can help answer the selected concern/question.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Points:</td>
<td>Write between two and five points with information that supports and clarifies the key message.</td>
<td>Supporting Points:</td>
<td>Write between two and five points with information that supports and clarifies the key message.</td>
<td>Supporting Points:</td>
<td>Write between two and five points with information that supports</td>
</tr>
</tbody>
</table>

Level 1

Level 2

Level 3
## Question: How infectious is the virus that causes COVID19?

<table>
<thead>
<tr>
<th>AUDIENCE</th>
<th>KEY MESSAGES</th>
<th>SUPPORTING FACTS</th>
<th>COMMUNICATION CHANNELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Public</td>
<td>The virus that causes COVID-19 is very infectious.</td>
<td>The virus that causes COVID-19 can spread from people who are infected but who do not have or notice their symptoms. Between 25% and 50% of people infected with the virus appear to show no symptoms in the days following infection. Normal breathing, speaking, and singing can spread the virus that causes COVID-19.</td>
<td>• Ministry of Health (MoH) website</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Press releases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Social media</td>
</tr>
<tr>
<td>General Public</td>
<td>The virus that causes COVID-19 spreads faster and can be more severe and deadly than influenza or the common cold</td>
<td>Many people with COVID-19 have a mild to moderate upper respiratory tract infection similar to a cold. Common COVID-19 symptoms include fever, dry cough, fatigue, and shortness of breath. The disease is often much more severe in the elderly and people with health conditions that make them more susceptible to illness.</td>
<td>• MoH website</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Key messages document</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Press releases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Social media</td>
</tr>
<tr>
<td>General Public</td>
<td>Social distancing, diagnostic testing, and masks can help slow the spread of COVID-19.</td>
<td>Infections are most likely when people are in close range to others, especially indoors, and when there is a lack of physical distancing in a crowded place. People should wear masks and practice social distancing in public settings and disinfect frequently touched surfaces.</td>
<td>• MoH website</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Key messages document</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Press releases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Social media</td>
</tr>
</tbody>
</table>
## Communication Best Practices and Tips

### Five ways to engage communities in a public health response

<table>
<thead>
<tr>
<th><strong>Key risk communication objectives and activities</strong></th>
<th><strong>INFORM</strong> Raise awareness</th>
<th><strong>CONSULT</strong> Take into consideration</th>
<th><strong>INVOLVE</strong> Preparation for action</th>
<th><strong>COLLABORATE</strong> Participation</th>
<th><strong>EMPOWER</strong> Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase awareness and understanding of the situation and public health recommendations. Provide community with objective, honest, and timely information.</td>
<td>Build trust in public health efforts and recommendations. Obtain input from stakeholders and communities on their beliefs, concerns, priorities, and behaviors.</td>
<td>Work directly and constantly with affected sub-populations, communities, and other partners on local level to ensure that the information and knowledge is provided for mitigation of the problem.</td>
<td>Build support and consensus about public health actions and recommendations. Work with community and partners to make the best decisions diminish the burden of the problem and look for solutions.</td>
<td>The situation is under control and the community is well prepared and has the knowledge and power to maintain the health and wellbeing of the population.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Your promise to the community</strong></th>
<th><strong>INFORM</strong> Raise awareness</th>
<th><strong>CONSULT</strong> Take into consideration</th>
<th><strong>INVOLVE</strong> Preparation for action</th>
<th><strong>COLLABORATE</strong> Participation</th>
<th><strong>EMPOWER</strong> Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will keep you informed about the facts and update you as the situation evolves.</td>
<td>We want your views. We will listen to your concerns and provide you with information that addresses your concerns so you can make informed decisions.</td>
<td>We will work together and make sure you have all the information and tools to get involved in resolving the situation and helping your community.</td>
<td>We will all together look for the best solutions that are suitable to everyone and will preserve lives and social and economic stability.</td>
<td>We will continue to help you when needed, but you have all the tools to decide what to do to protect your community.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Communication channels and tools</strong></th>
<th><strong>INFORM</strong> Raise awareness</th>
<th><strong>CONSULT</strong> Take into consideration</th>
<th><strong>INVOLVE</strong> Preparation for action</th>
<th><strong>COLLABORATE</strong> Participation</th>
<th><strong>EMPOWER</strong> Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press releases, Institutional website, Social media Call Center, Q&amp;A fact sheets, Conference calls</td>
<td>Public meetings, KAP and other needs assessment surveys, Focus groups</td>
<td>Workshops, Forums, Web- based engagement, Joint websites, Community panels and advisory groups</td>
<td>Social participation committees, Advisory boards of the experts, community members and partners, Community sessions and trainings</td>
<td>Community meetings, Local governance committees, Local events</td>
<td></td>
</tr>
</tbody>
</table>
Spokesperson Checklist for Crisis Risk Communication

Your messages matter. Spokespeople should have messages that do the following:

- **Express empathy and understanding.** Build trust by conveying genuine and appropriate concern and empathy for those affected. When talking with news media, people who are affected, and the broader community or public, start by expressing empathy and acknowledging concerns. Example: “We know this situation is concerning. We have concerns as well.”

- **Identify and explain the public health threat and risk.** Your first messages should provide information on what is known as well as clear guidance on what actions need to be taken and by who. As much as possible, your messages should address: Who has been and is affected? What happened and is happening? Where? When did you find out? Why did this happen? How is public health responding?

- **Acknowledge uncertainties regarding the health threat and risks.** Your first messages also should provide information on what is uncertain and not yet known regarding the health threat and risks. Your messages should provide information regarding the steps and actions being taken to learn more and to obtain answers for what is not yet known. Also, make clear when and how you will provide updates.

- **Provide and explain public health recommendations and actions.** Let people know what steps or actions they can take to help reduce or prevent harm. Explain why or how those steps and actions will help. Identify and explain which agencies are responding to the threat, the actions being taken, and why those actions are being taken.

- **Make clear your commitment to addressing the public health threat and preventing as much harm as possible.** Convey a sense of urgency for bringing the situation under control. Let people know where they can find updates and more information. Commit to providing regular updates and guidance.

- **Alert people about the possibility of changes in public health actions and advice.** Your initial messages should let news media, people who are affected, and the broader community or public know that public health actions and recommendations are likely to change as more is learned about the public health threat, the people or groups at highest risk of harm, and the effectiveness of prevention and treatment measures.
How you communicate matters. Tips for success in providing information and answering questions include:

- **Be honest, clear, and accurate.** Provide information and explanations using words and examples that are meaningful and understandable to affected individuals and communities.

- **Watch your tone:** If you feel defensive, you will *look* defensive. Be calm and confident. Use difficult questions as opportunities to address concerns and misperceptions.

- **Don’t over reassure.** Set and guide realistic expectations about what is known. Convey the seriousness of the situation to motivate support for public health actions.

- **Express that a process is in place to learn more.** “We have a system (plan, process) to help us respond (find answers, etc).”

- **Respect and acknowledge opinion diversity.** People, including experts, may disagree about the likelihood or severity of the threat, who is at risk, and the value of public health recommendations.

- **Give anticipatory guidance.** If you are aware of possible negative developments or outcomes, let people know what to expect.

- **Acknowledge people’s concerns and fears.** Do not tell people they should not be concerned or afraid. Many likely will have legitimate concerns and worry. Keep in mind that people may express a range of emotions, including anger and frustration.

- **Do not try to allay panic.** Public health threats often raise fear and concern, but rarely cause panic, which is large numbers of people taking actions that have no value. Panic doesn’t come from bad news, but from conflicting expert advice and information that leave people with uncertainty about what they should do or who they should trust. Those situations open the door to rumors, misinformation and lead to poor judgment.

- **Offer people things to do to protect themselves and their loved ones.** Helpful actions in an emergency can give people a sense of control and motivate them to stay tuned to what is happening (versus denial, where they refuse to acknowledge the possible danger to themselves and others).

- **Ask more of people.** An important role of a spokesperson is to ask people to bear this situation with you. If you acknowledge the threat, its severity, complexity, and the concerns it brings, you can then ask the best of people, including their adoption of public health
Effective social media use in crisis risk communication begins with preparation.

- **Identify possible crisis risk communication groups or sub-populations in the preparedness stage.** When deciding whether and how to use social media platforms, it is important to know as much about your targeted groups and communities as possible. Get as specific as you can so you can use social media that are most likely to reach and engage them.

- **Research which social channels your targeted groups or sub-population use.** If possible, use surveys, information from partners and key stakeholders, or social media data that is available to your organization to find out where individuals in your targeted groups or sub-populations currently spend their time on social media. Identify, as much as possible, why individuals in your targeted groups or sub-populations use those social media channels; for example, are they used to find information, to share information, or both?

- **Determine which social media channels and networks to use and which to ignore.** There are dozens of social channels and networks that could be used, but most may not have much value for your crisis risk communication efforts. Find and use social media channels and networks that reach influential people and organizations, reach many individuals in your targeted groups or sub-populations, or that can increase the visibility of public health recommendations and actions, including among news media and partner organizations.

Have a plan when it comes to using social media channels and networks.

- **Find and monitor social media channels and messages.** Social media are often an efficient and effective way to hear from people and organizations directly affected or involved in a public health crisis. These people and organizations often use social media to provide information and updates regarding the crisis situation, communicate with people and organizations who may be at risk or who could help, highlight questions and concerns, and to increase awareness of resources that can help prevent or reduce the public health threat.

- **Use social media to rapidly communicate public health alerts, advice, and updates.** News media, key stakeholders, and individuals who are connected to sub-populations and communities are likely to use social media and already be part of your networks.
Use your social media channels to increase awareness and use of your crisis risk communication materials and resources. For example, Twitter, Instagram, and WhatsApp can be used to increase the visibility and use of your website or Facebook pages.

Use social media as a primary tool for providing information and updates. Your social media channels and networks can provide rapid and ongoing updates about the situation, including new public health actions and recommendations. Your social media channels enable you to release new information as soon as it is ready.

Make clear your commitment to addressing the public health threat and preventing as much harm as possible. Convey a sense of urgency for bringing the situation under control. Let people know where they can find updates and more information. Commit to providing regular updates and guidance.

Tips for success in using social media channels include:

- **Remember, social media are often seen as personal communication.** Information needs to be timely, meaningful, and readily understandable. Pictures, videos, and images can and should be used to make information more appealing and easy to understand.

- **Speed and timeliness are important.** Recognize that social media use happens 24 hours a day, seven days a week. Be ready and able to provide updates and alerts whenever needed. Be prepared and able to address misinformation, disinformation, and incorrect information as soon as possible whenever it appears.

- **Accuracy and honesty are essential.** Check all information that is to be sent out through social media for accuracy. Respond honestly to questions and concerns others have posted on social media. Inaccurate or incorrect information that is shared and retweeted or re-posted on other social media channels makes an organization look bad and reduces trust.

- **Use social media to help people take recommended health and safety actions.** Social media channels can be used to send out short videos and other easy-to-use resources that enable people to do public health actions. Social media can show how people can stay safe as well as how they help others. Use testimonials to highlight positive experiences.

- **Message design and content affects attention and understanding.** Social media messages need to attract attention (e.g., headlines, bright colors), be short and specific, and include a call to action. Provide hashtags and links to sources with additional information.

- **Try to determine what works best, including from how others are using social media.** Everyday there are examples of successful uses of social media channels. Find those examples and see if you can apply them to your crisis risk communication efforts.
# Checklist for reviewing or pretesting communication messages and materials

<table>
<thead>
<tr>
<th>Important Characteristics for Communication Materials</th>
<th>Description of the Characteristic</th>
<th>Questions to ask when pretesting or reviewing</th>
</tr>
</thead>
</table>
| Appealing and attractive                               | The material is presented in a way that will be appealing to the intended audience and will attract their attention. | - Does this catch your attention?  
- What catches or gets your attention?  
- What makes this stand out? |
| Easy to understand                                     | The material and information will be understood as intended by those who read, hear, or see it. | - What is the overall message?  
- What words or sentence are difficult to understand? |
| Easy to remember                                        | The material and information use catchy words, phrasing, or language and evokes imagery and meaning that will help the intended audience remember the key messages. | - What were the key messages?  
- What action should you now take?  
- Will it be easy or difficult to remember seeing or hearing this? |
| Acceptable to audience                                 | The material, including the pictures and wording, is culturally and socially acceptable. | - Is there anything about this material that you find offensive or inappropriate?  
- Is there anything about this material that someone in the community may find offensive or inappropriate? |
| Relevant                                                | The material and information will be of interest to the intended audience. | - Do you find having this information helpful?  
- Is this information of value to you?  
- What type of people would benefit from having this information? |
| Concise and to the point                                | The material and information are presented in a short and simple way. There should be no more than two or three key points or messages. | - Was the material and information easy to read, watch, or listen to?  
- Were you able to quickly understand it? |
| Persuasive                                             | The key benefits and reasons provided for the recommended public health action are ones that matter to the intended audience. | - What is the benefit or major reason you should do the recommended behavior or action?  
- Is the benefit something that matters to you or that you are interested in getting? |
| Avoids stigmatizing                                    | The materials, including the pictures and words, do not create or promote stigma of groups or communities. | - Is there anything about this material that makes you feel anger, judgement, or fear for a certain group or community? |
| Clear call to action                                   | The material contains specific, clear, and meaningful actions or steps that those in the intended audience can take to prevent or reduce the likelihood of harm. | - What does the material ask the audience to do?  
- After seeing or reading this, what should someone do? |
WHO principles for effective communication

This Framework supports the broad range of communication activities occurring across all parts and levels of WHO.

It is organized according to six principles to ensure WHO communications are: Accessible to decision-makers; Actionable by decision-makers; Credible and trusted as perceived by decision-makers; Relevant to decision-makers; Timely to enable decision-making; and Understandable to decision-makers.

WHO strives at all times to ensure these principles are at the core of its communication activities and are reflected in the full range of materials and activities: social media messages (web-based fact sheets, feature stories, commentaries, infographics, Q&As), intranet content for WHO staff (press conferences, news releases and media advisories), videos (visibility and outreach activities, etc.).

Available at: https://www.who.int/about/communications/principles
Pan American Health Organization and World Health Organization


**Trust**

Trust is the key principle in risk communication. Without this trust, the public will not believe or act on information provided by the health minister or other officials. Ways to maintain trust include:

- Don’t over-reassure. You can’t say everything will be OK if, in fact, you don’t know that. Say what you know and what the government is doing about it. Tell the public what they can do (e.g., Wash your hands, sneeze or cough into the inside of your elbow)
- Don’t minimize people’s concern. People are fearful. That’s a healthy reaction.
- COVID-19 is a scary disease.
- Don’t suggest that the public shouldn’t worry.
- Acknowledge the uncertainty.
- Don’t say that the government has the situation under control; instead say what the government is doing.
- Express empathy, sometimes referred to as speaking from the heart. For example, don’t say, “I know how you feel.” Instead say, “It’s natural to feel anxiety. This is a worrisome situation for all of us.”
- Be the first out with the information. Tell the public that there is a case or suspected case of COVID19 as soon as you know it. Don’t wait to release what already has become rumor.
- Acknowledge mistakes. If there is an error, correct it. That shows your human side and creates trust because you have not tried to hide information.

**Announcing early**

Announcing early shows leadership, leads to trust, reduces the rumors, and can save lives. The so-called “first announcement” should say what is known, what it means, what is being done (e.g., “Today the first laboratory-confirmed case of COVID-19 was diagnosed. We are conducting contact tracing. This in an imported case, and the patient is now in isolation to prevent disease spread...”) to ensure these principles are at the core of its communication activities and are reflected in the full range of materials and activities: social media messages; web-based fact sheets, feature stories, commentaries, infographics, Q&As; intranet content for WHO staff; press conferences, news releases and media advisories; videos; visibility and outreach activities, etc.

- Delayed announcements create speculation, which leads people to wonder how really bad the situation must be.
- Avoid stigmatization. Many people of Chinese or Asian origin are suffering unwarranted discrimination. As leaders, you need to make sure stigmatization is minimized, or it can lead patients to deny they have the disease or to hide and fail to seek the care they need.
- In this ever-connected world we cannot hide outbreaks.
• If you don’t know an answer to a question, say so. And then get the response later.

• Fear and concern are initial reactions to crises. What’s often described as panic is an adjustment reaction to uncertainty and unknown risk. People rarely panic although officials think they do.

• Don’t use technical jargon when communicating with the public or the news media.

• Give people steps to protect their own health and the health of others.

• Set expectations, e.g., “We expect things to get worse before they get better.”

• Acknowledge that the situation will change and explain that you will provide updates when there is more information. (e.g., “This is an evolving situation, and we will update you later with more details.”)

Transparency leads to trust
There are limits but the goal is to aim for total candor.

• Be transparent. Ensure that the criteria for taking different actions are clear and available (e.g., “We are vaccinating this group first because they are at greater risk” or “they are healthcare workers who are taking care of others.”)

• Provide timely and transparent information that is technically correct and based on science.

• Explain the decision-making process (e.g. “We felt that by naming the individual we would stigmatize his family.”)

• Other limits to transparency include — but are not limited to — national security.

• Detail what still needs to be learned and where the gaps lie.

• Speak about the risks, benefits and challenges.

• When guidance changes explain the reasons why.

Involve the community

• The public is entitled to information that affects their health and the health of their families and therefore should be involved in the process of message creation based on their reactions and feedback.

• Public perception of risk often does not match the science-based reality. If the public does not perceive a risk, they won’t respond adequately to prevent it.

• Gauging public perceptions can be done through polling, hotlines or social media.

• Find out the beliefs of the community and include them in your messages and actions.

Planning
Risk communication works best when it is part of a larger plan or strategy outlined long before it is needed.

<table>
<thead>
<tr>
<th>Guiding Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONALLY-LED — The responsibility to implement RCCE lies with national governments. However, they are supported by local, national and international civil society and the communities themselves. Risk communications is a core function that WHO Member States must fulfill, as signatories to the International Health Regulations (2005).</td>
</tr>
<tr>
<td>COMMUNITY-CENTRED — Effective RCCE starts with understanding the knowledge, capacities, concerns, structures and vulnerabilities of different groups in communities — enabling adaptation of approaches, improving outcomes and impact. It is necessary to take a holistic, humanitarian approach that addresses the risk of COVID-19, but also includes other community needs, including protection, water and sanitation, economic stability, mental health and psychosocial support and broader development issues.</td>
</tr>
<tr>
<td>PARTICIPATORY — Communities (with priority given to at-risk or vulnerable groups) should be supported to lead in the analysis, planning, design, implementation, and monitoring and evaluation of RCCE activities. Where there is no capacity to lead, response partners (including local civil society) can facilitate the process through participatory approaches.</td>
</tr>
<tr>
<td>TRUST BUILDING — Community trust in governments and institutions and organizations responding to the pandemic is vital to control an outbreak. Trust in scientific advice and recommended behaviours is also important. Reasons for mistrust are varied and related to structural, historical and cultural factors. Understanding them is key to developing trust-building strategies.</td>
</tr>
<tr>
<td>OPEN AND TRANSPARENT, EVEN IN UNCERTAINTY — Timely, audience-tailored, science-based communications, adapted to the local context, language and culture, are critical to mitigating risk and engaging communities. Acknowledging and communicating transparently, about what is known and not known, is critical to allaying the stress and fear of the uncertainty that the pandemic creates.</td>
</tr>
<tr>
<td>INFORMED BY DATA — Data should be generated and analysed to enable it to inform RCCE approaches, and the response more broadly. There should be a balance between data about individuals, and data about social and structural factors that drive behaviours e.g. social norms and economic pressures.</td>
</tr>
<tr>
<td>INTEGRATED — RCCE should be integrated and harmonized within the public health, humanitarian and development responses to COVID-19. At a programmatic level, RCCE should be mainstreamed across all sectors to ensure participation and to improve effectiveness.</td>
</tr>
<tr>
<td>COORDINATED — COVID-19 impacts many aspects of the community beyond health. It also affects access to food; water, sanitation and hygiene; livelihoods; security; and education. Coordinating RCCE efforts across technical specialties avoids duplication and gaps in coverage, helps ensure consistency in approaches, and maximizes efficiency and impact.</td>
</tr>
<tr>
<td>INCLUSIVE — Support should be prioritized to the most vulnerable, marginalized or at-risk groups. RCCE approaches must be accessible, culturally appropriate and gender-sensitive. The representation of all groups in local decision-making should be prioritized; it will contribute positively to transformative power structures and community dynamics, and will ensure the broadest possible range of community knowledge and skills are represented and drawn upon.</td>
</tr>
<tr>
<td>ACCOUNTABLE — In responding to COVID-19, public health, humanitarian and development actors must be accountable and transparent to affected communities. RCCE approaches should ensure communities can access information about and participate in decision-making about the response. They should also document and respond to community feedback on the response.</td>
</tr>
</tbody>
</table>

Available at https://who.int/publications/i/item/covid-19-global-risk-communication-and-community-engagement-strategy
Social Stigma associated with COVID-19

A guide to preventing and addressing social stigma¹

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

WHAT IS SOCIAL STIGMA?

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.

Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who don’t have the disease but share other characteristics with this group may also suffer from stigma.

The current COVID-19 outbreak has provoked social stigma and discriminatory behaviours against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.

WHY IS COVID-19 CAUSING SO MUCH STIGMA?

The level of stigma associated with COVID-19 is based on three main factors: 1) it is a disease that's new and for which there are still many unknowns; 2) we are often afraid of the unknown; and 3) it is easy to associate that fear with ‘others’.

It is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling harmful stereotypes.

WHAT IS THE IMPACT?

Stigma can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak.

Stigma can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage them from adopting healthy behaviours

¹ This checklist includes recommendations from Johns Hopkins Center for Communication Programs, READY Network.

Updated 24 February 2020
HOW TO ADDRESS SOCIAL STIGMA

Evidence clearly shows that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe.

How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fuelling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively.

Here are some tips on how to address and avoid compounding, social stigma:

1. **Words matter**: dos and don’ts when talking about the new coronavirus (COVID-19)
2. **Do your part**: simple ideas to drive stigma away
3. **Communication tips and messages**.

WORDS MATTER:

When talking about coronavirus disease, certain words (i.e. suspect case, isolation...) and language may have a negative meaning for people and fuel stigmatizing attitudes. They can perpetuate existing negative stereotypes or assumptions, strengthen false associations between the disease and other factors, create widespread fear, or dehumanise those who have the disease.

This can drive people away from getting screened, tested and quarantined. We recommend a ‘people-first’ language that respects and empowers people in all communication channels, including the media. Words used in media are especially important, because these will shape the popular language and communication on the new coronavirus (COVID-19). Negative reporting has the potential to influence how people suspected to have the new coronavirus (COVID-19), patients and their families and affected communities are perceived and treated.

There are many concrete examples of how the use of inclusive language and less stigmatizing terminology can help to in control epidemics and pandemics from the HIV, TB and H1N1 Flu.\(^2\)

### DOS and DON'TS

Below are some **dos and don’ts** on language when talking about the new coronavirus disease (COVID-19):

<table>
<thead>
<tr>
<th>DO</th>
<th>talk about the new coronavirus disease (COVID-19)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Don’t</strong></td>
<td>attach locations or ethnicity to the disease, this is not a “Wuhan Virus”, “Chinese Virus” or “Asian Virus”. The official name for the disease was deliberately chosen to avoid stigmatisation - the “co” stands for Corona, “vi” for virus and “d” for disease, 19 is because the disease emerged in 19.</td>
</tr>
</tbody>
</table>

\(^2\) **UNAIDS terminology guidelines**: from ‘AIDS victim’ to ‘people living with HIV’; from ‘fight against AIDS’ to ‘response to AIDS’.
**DO** - talk about “people who have COVID-19”, “people who are being treated for COVID-19”, “people who are recovering from COVID-19” or “people who died after contracting COVID-19”

**Don’t** - refer to people with the disease as “COVID-19 cases” or “victims”

**DO** - talk about “people who may have COVID-19” or “people who are presumptive for COVID-19”

**Don’t** - talk about “COVID-19 suspects” or “suspected cases”.

**DO** - talk about people “acquiring” or “contracting” COVID-19

**Don’t** talk about people “transmitting COVID-19” “infecting others” or “spreading the virus” as it implies intentional transmission and assigns blame. Using criminalising or dehumanising terminology creates the impression that those with the disease have somehow done something wrong or are less human than the rest of us, feeding stigma, undermining empathy, and potentially fuelling wider reluctance to seek treatment or attend screening, testing and quarantine.

**DO** - speak accurately about the risk from COVID-19, based on scientific data and latest official health advice.

**Don’t** - repeat or share unconfirmed rumours, and avoid using hyperbolic language designed to generate fear like “plague”, “apocalypse” etc.

**DO** - talk positively and emphasise the effectiveness of prevention and treatment measures. For most people this is a disease they can overcome. There are simple steps we can all take to keep ourselves, our loved ones and the most vulnerable safe.

**Don’t** - emphasise or dwell on the negative, or messages of threat. We need to work together to help keep those who are most vulnerable safe.

**DO** - emphasise the effectiveness of adopting protective measures to prevent acquiring the new coronavirus, as well as early screening, testing and treatment.

**DO YOUR PART:**

Governments, citizens, media, key influencers and communities have an important role to play in preventing and stopping stigma surrounding people from China and Asia in general. We all need to be intentional and thoughtful when communicating on social media and other communication platforms, showing supportive behaviors around the new coronavirus disease (COVID-19).

Here are some examples and tips on possible actions to counter stigmatising attitudes:

- **Spreading the facts**: Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. In response, prioritise the collection, consolidation and dissemination of accurate country- and community-specific information about affected areas, individual and group vulnerability to COVID-19, treatment options and where to access health care and information. Use simple language and avoid clinical terms. **Social media** is useful for reaching a large number of people with health information at relatively low cost.³
• **Engaging social influencers** such as religious leaders on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma. The information should be well targeted and the celebrities who are asked to communicate this information must be personally engaged, and geographically and culturally appropriate to the audiences they seek to influence. An example would be a mayor (or another key influencer) going live on social media and shaking hands with the leader of the Chinese community.

• **Amplify the voices**, stories and images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery to emphasise that most people do recover from COVID-19. Also, **implementing a “hero” campaign** honouring caretakers and healthcare workers who may be stigmatized. Community volunteers also play a great role in reducing stigma in communities.

• **Make sure you portray different ethnic groups.** All materials should show diverse communities being impacted and working together to prevent the spread of COVID-19. Ensure that typeface, symbols and formats are neutral and don’t suggest any particular group.

• **Ethical journalism:** Journalistic reporting which overly focuses on individual behaviour and patients’ responsibility for having and “spreading COVID-19” can increase stigma of people who may have the disease. Some media outlets have, for example, focused on speculating on the source of COVID-19, trying to identify “patient zero” in each country. Emphasizing efforts to find a vaccine and treatment can increase fear and give the impression that we are powerless to halt infections now. Instead, promote content around basic infection prevention practices, symptoms of COVID-19 and when to seek health care.

• **Link up:** There are a number of initiatives to address stigma and stereotyping. It is key to link up to these activities to create a movement and a positive environment that shows care and empathy for all.

**COMMUNICATION TIPS and MESSAGES**

An “infodemic” of misinformation and rumours is spreading more quickly than the current outbreak of the new coronavirus (COVID-19). This contributes to negative effects including stigmatization and

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3 Nigeria successfully contained the 2014 Ebola outbreak that affected three other countries in West Africa partly through employing targeted social media campaigns to disseminate accurate information and correct hoax messages circulating on Twitter and Facebook. The intervention was particularly effective because international non-governmental organisations (NGOs), social media influencers, celebrities and bloggers used their broad platforms to forward and share information and opinions on the health communication shared. Faycin, A. 2016. Engaging social media for health communication in Africa: Approaches, results and lessons. *Journal of Mass Communication and Journalism*, 6(315).

4 The term “Angelina Jolie effect” was coined by public health communication researchers to account for increased Internet searches about breast cancer genetics and testing for several years after 2013 actress Angelina Jolie underwent a much-reported preventative double mastectomy. The “effect” suggests that celebrity endorsements from trusted sources can be effective at influencing the public to seek health knowledge, their attitudes towards and uptake of healthcare services for Covid-19.

Updated 24 February 2020
discrimination of people from areas affected by the outbreak. We need collective solidarity and clear, actionable information to support communities and people affected by this new outbreak.

**Misconceptions, rumours and misinformation are contributing to stigma and discrimination which hamper response efforts.**

- **Correct misconceptions**, at the same time as acknowledging that people’s feelings and subsequent behaviour are very real, even if the underlying assumption is false.
- **Promote the importance of prevention**, lifesaving actions, early screening and treatment.

**Collective solidarity and global cooperation are needed to prevent further transmission and alleviate the concerns of communities.**

- **Share sympathetic narratives**, or stories that humanize the experiences and struggles of individuals or groups affected by the new coronavirus (COVID-19)
- **Communicate support** and encouragement for those who are on the frontlines of response to this outbreak (health care workers, volunteers, community leaders etc).

**Facts, not fear will stop the spread of novel coronavirus (COVID-19)**

- Share facts and accurate information about the disease.
- Challenge **myths** and stereotypes.
- Choose words carefully. The way we communicate can affect the attitudes of others (see do’s and don’ts above).

This guide is available at: https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19
Tips on countering conspiracy theories and misinformation


Assess how willing they are to listen

Not everyone is always prepared to adjust their beliefs and you may not want to spend time and energy talking to someone who is unlikely to change. Try to find out how willing they are to have an open and challenging conversation and only engage if you see positive signals.

Pick your battles

Some conspiracy theories are not worth the effort of debunking (hollow or flat earth, moon landing etc.) since they usually do not have an immediate impact on someone’s actions and it is rather unlikely that they may affect society in a significant way.

Go private

Don’t confront people publicly as this creates social pressure. Even if you’re respectful, a person may get defensive in order to save face. Instead, try to talk in a private space, somewhere the person feels safe and calm.

Do not attack

Try to engage in a positive, trustful dialogue. Show respect to avoid the other person feeling threatened and getting defensive.

Ask questions

Ask questions with a genuine tone of curiosity to show you are interested in really putting yourself in the other person’s shoes. It takes two to tango, so you need to signal your openness to encourage the other person to be open too. This will also help you understand more about their beliefs - not all conspiracy theories are the same.

Embark on a common journey to find truth

Instead of confronting the other person in a lose-win context, try to frame the situation as two allies trying to uncover the truth. This way it’s a win-win situation and admitting that someone was wrong does not have the taste of defeat.

Avoid scientific jargon

Using complicated scientific terms does not aid understanding and can alienate your audience. Try to find a simpler way to express the same meaning.

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Many conspiracy theories are inspired by a nearby kernel of truth. Acknowledge these truthful elements (if they exist) to find points of agreement and to help establish trust.

Even though conspiracy theories look like they are based on arguments, people’s reasons for believing in them tend to be psychological. For example, they may feel the need for certainty, control, belonging or meaning. This is why facts alone can’t usually alter someone’s beliefs. You also need to address the feelings that push someone towards a conspiracy theory.

When talking to someone who endorses a conspiracy theory, be aware that they may consider you to be part of it if they feel you are trying to disprove it. To avoid this, try to distance yourself from agents that are supposedly part of the conspiracy (such as big pharma in relation to vaccines, renewable energy companies in regards to climate change).

Not everyone believes in the same conspiracy theory or trusts the same sources. It’s important to get a sense of the other person’s beliefs, the authorities they trust and the values they hold. Try to tailor your message accordingly.

It’s easier to discredit an unreliable source than deconstruct a vague web of beliefs. Ask for the sources, cast doubt on the motives behind them, identify inconsistencies and highlight obvious falsehoods. Utilise fact-checking websites like snopes.com, ifcncodeofprinciples.poynter.org and sourcwatch.org.

Be clear about the existence of scientific consensus relating to issues such as climate change (1, 2) and COVID-19 (3) but do not insist too much on the need to listen to experts. Keep in mind that trust in experts may have been damaged. Refer to experts your counterpart trusts.

Clearly express the truth and repeat it regularly. Repetition is the basis of familiarity, and familiarity makes something more likeable and convincing. Use the Fact-Myth-Fallacy-Fact schema from The Debunking Handbook (5).
Don’t expect someone to leave the conversation a changed person. Change is a slow, continuous process. You need to be patient and allow the person time to digest the new information, reconsider their views and take ownership of the change. People need to feel in control of their own beliefs and decisions, so they are unlikely to immediately admit they were wrong.

Statistics can be difficult to understand intuitively (4). To make things worse, some companies use confusing language to make their products look more favourable (e.g. an increase from 2% to 3% can be described as a 50% relative increase). Help people make sense of data by using simpler formats (e.g., absolute changes, frequencies of discrete items). A picture is worth a thousand words, so try using a simple, well-designed graph. Having trustworthy and well-explained resources can help strengthen your arguments.

It’s not easy to change a belief. It takes time and effort from both sides to come to a fruitful conclusion. Too much information can be intimidating and may evoke negative feelings. Try to keep track of the person’s reactions and stop when you see them reach their limits. Focus on deconstructing one or two arguments, not their whole belief structure.

As in medicine, prevention is better than cure. Teaching people how to fact-check claims, identify clickbait websites and bad-faith actors, as well as recognize and deconstruct flawed arguments can make them more resilient to misinformation and conspiracy theories (5). There is a lot of resources that can help you explain how to spot a conspiracy theory (6, 7) And it can be fun too, with the use of games like goviralgame.com/en.

Resources:

1. Scientists Agree: Global Warming is Happening and Humans are the Primary Cause: https://www.ucusa.org/resources/global-warming-happening-and-humans-are-primary-cause
3. The John Snow Memorandum on scientific consensus regarding COVID-19: https://www.johnsnowmemo.com/
9. I’ve been talking to conspiracy theorists for 20 years – here are my six rules of engagement: https://theconversation.com/i%e2%80%99ve-been-talking-to-conspiracy-theorists-for-20-years-heres-my-six-rules-of-engagement-143382
Public Health Communication Information Review Worksheet

Use this worksheet to determine whether information can be released by your agency. Initial information regarding a possible public health threat or risk is often incomplete or inaccurate.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm</td>
<td>a. Has the public health situation, such as people being harmed or infected, been confirmed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Has initial information been reviewed to ensure it is accurate?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Are the sources credible and trustworthy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess</td>
<td>a. To the best of your knowledge, do you have most of the relevant or needed facts and information regarding the situation and threat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Is available information from different sources consistent? If not, how does it differ?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine information gaps</td>
<td>a. What additional information is needed? What inaccurate or incomplete information must be addressed or gathered?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and additional needs</td>
<td>b. What information do you need to put the current public health situation or threat into perspective? Does available information enable you to gauge the scope of the problem or threat? Does it enable you to gauge the severity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. What information is needed to gauge how the situation or threat will change in the coming days or weeks?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. What information is needed to provide public health guidance and recommendations regarding the health threat or risk?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Initial Public Health Communication Response Worksheet

Describe the public health situation by answering the questions. Your answers will be the basis for your key message development.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers / Key Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>What has happened or is currently believed to have happened? When and where did it happen? What is the health threat and risk?</td>
<td></td>
</tr>
<tr>
<td>What people, places, and communities are affected or potentially affected? What is known about how many people or communities were affected or may be affected?</td>
<td></td>
</tr>
<tr>
<td>What is the health condition of those affected? Number? Location?</td>
<td></td>
</tr>
<tr>
<td>How did this happen? Is there still a risk or threat? Will or could more people be harmed?</td>
<td></td>
</tr>
<tr>
<td>What is known about the cause of the health threat or risk? What is not yet known about the cause or risk?</td>
<td></td>
</tr>
<tr>
<td>What are the symptoms of exposure or infection?</td>
<td></td>
</tr>
</tbody>
</table>
### Initial Public Health Communication Response Worksheet

Briefly identify and describe the public health response, actions and recommendations.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the public health actions and measures that are currently being taken? Who is taking the action?</td>
<td></td>
</tr>
<tr>
<td>What are the likely or possible public health actions that will be taken to stop, prevent, or reduce the health threat or risks?</td>
<td></td>
</tr>
<tr>
<td>What is not yet known about the health threat and risks? What is being done to learn more?</td>
<td></td>
</tr>
<tr>
<td>What should people do if they have symptoms or believe they have been exposed or infected?</td>
<td></td>
</tr>
<tr>
<td>What are people being advised to do? What can people do now and in the future to protect themselves and their families?</td>
<td></td>
</tr>
<tr>
<td>Who needs to be aware of and follow public health recommendations?</td>
<td></td>
</tr>
<tr>
<td>What is the worst-case scenario? What is the best-case scenario? What is the most likely scenario? What affects how bad this could be or become?</td>
<td></td>
</tr>
<tr>
<td>How long will it be before the situation returns to normal?</td>
<td></td>
</tr>
<tr>
<td>What do you want the public to know about what is happening and the public health efforts being taken or planned?</td>
<td></td>
</tr>
</tbody>
</table>
### Initial Public Health Communication Response Worksheet

Briefly identify the agencies and organizations involved in the response and outline their primary roles and responsibilities.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers / Key Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is in charge?</td>
<td></td>
</tr>
<tr>
<td>What agency is in charge of the public health response efforts?</td>
<td></td>
</tr>
<tr>
<td>Which government agencies are involved? Which have the primary responsibilities for the situation?</td>
<td></td>
</tr>
<tr>
<td>What are the government / Ministry of Health / Public Health authorities currently doing in response to the situation or threat?</td>
<td></td>
</tr>
<tr>
<td>What are the government / Ministry of Health / Public Health authorities planning to do in the days ahead response to the situation or threat?</td>
<td></td>
</tr>
<tr>
<td>What government health agencies are involved in responding to the situation or public health threat? What is each of those agencies doing or planning to do?</td>
<td></td>
</tr>
<tr>
<td>What other government agencies are involved in responding to the situation or public health threat? What is each of those agencies doing or planning to do?</td>
<td></td>
</tr>
<tr>
<td>What government agency is in charge of providing information and updates regarding the public health situation? How will information and updates be provided to 1) the people and communities affected, 2) the news media, and 3) the broader public?</td>
<td></td>
</tr>
<tr>
<td>What are the major non-government organizations involved, if any, in responding or assisting in the public health response or efforts? Are local hospitals and healthcare providers involved? What is each of the non-government organizations doing?</td>
<td></td>
</tr>
</tbody>
</table>
Rapid Situation Target Audience Assessment Worksheet

A rapid assessment of the people, groups, and communities affected by the public health situation should be done to inform and guide the communication and community engagement activities. This can be done by completing the following:

1. **Who is affected?** Identify the known and potentially affected individuals, groups, and communities. Who has been harmed, potentially harmed, or could harmed?

2. **What are the risk factors?** Identify currently known and possible factors that might place people, groups, or communities at a) risk for the health threat or illness and b) at higher risk for severe harm of illness. What is currently known or believed regarding why people were harmed or became ill? Are there location or environmental factors placing people at risk? Are there behavioral factors placing people at risk?

3. **What do we know about the threat?** Identify what is currently known about the health risk or threat-related knowledge, beliefs, likely concerns, and behaviors among affected and potentially affected individuals, groups, and communities. How are they likely to understand and perceive the health threat, risk, and public health actions and recommendations?

4. **Who are the trusted sources of health information?** Identify trusted individuals, organizations, community leaders, and types of people, such as healthcare providers, who might be able to influence or reach affected individuals, groups, and communities with public health recommendations or who could endorse public health recommendations.
Public Health Risk or Outbreak Communication Plan Template

A public health risk or outbreak communication plan can be drafted using this template.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. <strong>Situation Summary</strong> – briefly describe the public health threat and response situation. What is happening and who is affected? What is known about the cause?</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Identify the overall public health response outcomes</strong> – what needs to happen for there to be an effective overall public health response?</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Communication objectives</strong> – what specific communication outcomes, such as knowledge, understanding, and willingness to accept public health recommendations – do you need to achieve for the public health response outcomes to be achieved?</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Audience(s) or sub-populations</strong> – who are the primary audience(s) for the messages and materials? Who is affected by the health threat or risk?</td>
<td></td>
</tr>
<tr>
<td>5. <strong>Community Engagement</strong> – who are the individuals, trusted leaders, community organizations and groups that can help achieve the communication objectives and overall public health response goals? What are the goals of the community engagement?</td>
<td></td>
</tr>
<tr>
<td>6. <strong>Potential partners</strong> – who are the agencies, organizations, or groups who have major roles or are significantly affected by the public health situation or threat? How can partnerships help achieve the communication objectives and overall public health goals?</td>
<td></td>
</tr>
</tbody>
</table>
7. **Important or key messages** –
What are the 3 or 4 most important messages to provide immediately for an effective public health response? What is essential to say to those affected by the health threat or risk?

8. **Media and communication channels** – What news and other traditional media or communication channels should be used to quickly reach large numbers of people who are affected or potentially affected by the health threat or risk? How soon can messages and guidance appear in those channels?

9. **Social media platforms** – What social media platforms can be used to send out information, updates, and guidance regarding the public health situation, public health actions, and public health recommendations? Will those social media messages reach people who need to be reached or who can help us reach the people who need to be reached?
Public Health Response Communication Objectives Worksheet

Crisis, risk and outbreak communication plans and efforts should be designed to achieve clear and specific communication objectives. Communication objectives are the specific outcomes that you are trying to achieve with your targeted audiences with your communication activities and messages.

Requirements for developing your public health response communication objectives:

1. Identify each of your primary or major audiences.
2. For each primary audience, identify the behavior or behaviors you want them to do. That is, what specific behaviors, such as physical distancing, getting a diagnostic test, or getting a recommended vaccine, is the public health response and recommendations trying to achieve?
3. Identify, for each audience, what knowledge and beliefs they would need to have to do the recommended behavior. For example, what knowledge and beliefs would members of the targeted audience need to have regarding a recommended vaccination, such as high awareness of the recommendation, trust and confidence in the vaccine, and belief that the vaccine was beneficial and safe.
4. Use the information from 1, 2, and 3 to write your specific communication objectives.

Use this worksheet to draft behavior and communication outcomes for each of your primary or major target audiences. Remember, health care providers, such as doctors and nurses, are very likely to be one of your primary or major target audiences in a response to a public health threat or emergency.

<table>
<thead>
<tr>
<th>Primary Audiences</th>
<th>Needed Behavior Outcome</th>
<th>Needed Communication Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What do people in this audience need to do?</td>
<td>What do members of the audience need to understand?</td>
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<tr>
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</tbody>
</table>

48
Writing your Communication Objectives

In addition to being connected to a specific audience, communication objectives should indicate how many people or what percentage of people you want to have awareness or a specific belief and by when, that is, a specific timeframe or date.

Here are three examples of specific communication objectives. The first relates to creating awareness or knowledge of a public health recommendation among a targeted audience. The second relates to creating a specific needed belief among a targeted audience so that they are more likely to do a recommended behavior. The third relates to an action, such as doing the recommended behavior.

**Awareness Objective:**
to increase the number of people in a target audience who are aware of a public health recommendation.

The public health communication efforts are seeking to create awareness of ______________ among ___% of the (target audience) within (number of weeks or months) or by (specific date).

**Belief Objective:**
to change or increase the number of people in a target audience who hold or have a belief, attitude, or perception related to the recommended behavior.

As a result of the public health communication efforts, ___ % of the (target audience) will believe ______________ within (number of weeks or months) or by (specific date).

**Action Objective:**
to change or increase the number of people in a target audience who plan, intend, or do a recommended public health action, such as wear a face covering or get a vaccination.

As a result of the public health communication efforts, ____% of the (target audience) will intend to do, or do, ______________ within (number of weeks or months) or by (specific date).
Message Map Template

A message map is a roadmap for displaying detailed, organized responses to anticipated questions or concerns. Well-constructed and accessible message maps are useful tools during an emergency that, if shared with partners and stakeholders, can support harmonized messages. Message maps are developed for each intended audience segment and typically have three levels.

Audience to whom this message map is addressed:

Question or concern that is being addressed:

<table>
<thead>
<tr>
<th>Key Message 1:</th>
<th>Supporting Point or Fact</th>
<th>Supporting Point or Fact</th>
<th>Supporting Point or Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Message 2:</td>
<td>Supporting Point or Fact</td>
<td>Supporting Point or Fact</td>
<td>Supporting Point or Fact</td>
</tr>
<tr>
<td>Key Message 3:</td>
<td>Supporting Point or Fact</td>
<td>Supporting Point or Fact</td>
<td>Supporting Point or Fact</td>
</tr>
</tbody>
</table>
Partner and Engagement Worksheet

Public health response activities, particularly those involving communication and outreach to affected and at-risk individuals, groups, and communities are more effective when partnerships and community engagement are used.

Public health risk communication and outbreak or emergency communication efforts should identify the agencies, organizations, groups, and individuals that can strengthen the public health response efforts by identifying those who:

- Can increase access to those affected by the public health threat or risk.
- Can increase awareness of the health threat and public health recommendations among those affected by the public health threat or risk.
- Can provide information and insights that can inform, guide, or improve public health response and communication efforts, including more effective messages and materials.
- Are trusted by, and influential with, those affected by the public health threat or risk.
- Can help get public health messages and information to those affected by the threat or risk.
- Can facilitate public health actions that will stop, prevent, or slow the threat or risk.
- Can foster understanding and support for public health actions and recommendations.
- Can increase adoption or compliance with public health actions and recommendations.
- Can help design, implement, or evaluate the effectiveness of public health response efforts or communication.

Three steps to developing your partner and community engagement efforts can be developed by completing this worksheet.

1. Identify the agencies, organizations, groups, and individuals whose involvement would strengthen the public health response or public health communication and education efforts directed at affected or at-risk individuals, groups, and communities.

2. Use the list above to identify potential agencies, organizations, group, and individuals to involve and to determine the purpose for the engagement or partnership.

3. For each, then identify specific roles or activities the partner or engaged individual, agency, organization, or group would have in the public health communication effort.
<table>
<thead>
<tr>
<th>Potential partners</th>
<th>Purpose of partnership</th>
<th>Partner role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other federal agencies (list):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-national government agencies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local or community government agencies:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or medical care organizations or providers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National non-governmental organizations and Civic Groups:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-national NGOs and Civic Groups:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local NGOs and Civic Groups:</td>
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<tr>
<td>Organizations and individuals that work with affected or at-risk sub-populations:</td>
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<tr>
<td>Key influencers:</td>
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<tr>
<td>Businesses and Employers:</td>
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<td>Other:</td>
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<td>Other:</td>
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</tbody>
</table>
The resources, best practices, tips, and templates found in this document were drawn and adapted from the publicly available sources listed below.


