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Determinants of effective communication from policy-makers and health authorities in the contexts of public health crises

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Abstract

Effective communication from policymakers and health authorities is a critical determinant in public health crisis management, especially during pandemics such as COVID-19. This paper identifies key elements that enhance communication effectiveness: trust, clarity, consistency, cultural sensitivity, and inclusivity. Drawing from the Crisis and Emergency Risk Communication (CERC) model, it outlines a phased communication strategy that evolves with the crisis, ensuring transparency, scientific grounding, and adaptability to emerging evidence. Trust in health messages increases when they are delivered by credible sources – primarily, health professionals and scientists – using accessible language and narratives. Social media's rapid dissemination capacity and the prevalence of misinformation highlight the need for proactive, coordinated, and targeted communication strategies that consider audience-specific literacy and perceptions. The study also emphasizes the importance of strategic collaboration between health authorities and the media, recommending the establishment of dedicated communication support units and training for both journalists and spokespersons. Clear guidelines for message dissemination, tested for clarity and cultural resonance, are essential to encourage adherence to public health behaviors. Ultimately, the paper advocates for a health communication that is transparent, empathetic, empowering, and aligned with community values and social norms, enabling effective population-wide engagement during health crises.

Keywords: COVID-19, Risk Communication, Public health crisis, Trust and transparency, Behavioral science.

Introduction

Pandemics are defined by their geographic and virological criteria, rather than by their severity. This means that pandemics involving non-severe infectious agents (particularly with low lethality as in the case of SARS-CoV-2 – for healthy individuals) are particularly challenging in the context of health risk communication, since one of the main determinants of health behaviors is the perception of disease severity (Berg et al., 2021; Bish & Michie, 2010; Webster et al., 2020); the perception of low severity is associated with lower adherence to prevention or treatment behaviors. Health communication, particularly in the context of

public health risk communication, has the main objective of improving health outcomes by: (a) promoting relevant and necessary health literacy to adequately address health challenges (capacitating individuals for taking pro-active actions), (b) promoting the adoption of protective behaviors through persuasive strategies, and (c) engaging diverse audiences, especially high-risk groups, in both the communication process and the promotion of key and effective health behaviors (Berg et al., 2021). In cases when health communication has a global scope, it is essential to establish a communication strategy that ensures regular, up-to-date, consistent, congruent and easy-to-understand messaging from (or adapted to) different audiences with different functional literacy skills (Berg et al., 2021).

The *media* and social networks play a central role in the health risk communication, with major relevance in the context of crisis situations (Tang et al., 2018). Therefore, policy-makers and health authorities tend to use multiple channels, including, of course, traditional *media* (television, radio and newspapers), social media platforms and institutional websites. Traditional *media* has ceased being a one-way model, and is currently an interactive model: audiences actively collaborate in the distribution and replication of news through social networks, commenting and often transforming it (Berg et al., 2021; Hyland-Wood et al., 2021). The quasi-universality of digital media (cell phones, the Internet) and the widespread adoption of these *media* have intensified the impact of information. However, it has also facilitated the creation and widespread dissemination of misinformation (disinformation and counter-information).

In addition to the importance of selecting adequate means or channels to ensure information reaches all target groups, it is equally essential to define who initiates the risk communication. Despite the fact that the *media* is the most widely used source of information on health risks, trust in information is higher when the information is provided by health professionals or scientists (Berg et al., 2021), as well as when it is available on institutional websites (e.g., covid19estamoson.gov.pt, https://covid19.min-saude.pt/, *websites* of medical associations, *websites* of scientific institutions, websites of hospitals). Trust in authorities (political or health) is not a static phenomenon (although it is more constant when it comes from health professionals or scientists with recognized credibility). Instead, it is a very dynamic phenomenon, associated with the public's perception of success in managing the crisis (Berg et al., 2021). In fact, the credibility of politicians in risk communication naturally depends on the assessment made by the target audiences (very heterogeneous) about the successful management of the crisis (perception of competence in this management, also based on the development of the health or morbidity indicators); and, the greater the trust, the greater the adherence to the recommendations (Berg et al., 2021).

Relevant pieces of knowledge for public health action

- Effective health and risk communication strategies involve adopting a two-way process that actively engages the population in the utilization and dissemination of messages. This implies (a) proactive use of clear and consistent messages, (b) language and symbolic appropriateness for main risk groups, (c) provided by platforms that are used and valued by the target audiences, and (d) transmitted by well-selected people, based on their credibility (from the perspective of the target population). This quality-based communication represents an interactive process of exchanging information between institutions and between people. It is important to consider the evolution of scientific evidence: meaning, in the case of the pandemic, the evolution of the evidence about the virus, how it is transmitted, prevented, treated, as well as the associated social and economic dynamics. The long-term success of this communication strategy largely depends on the development and maintenance of trust in the messenger. This is not an easy task, because the message to transmit is highly subject to change, according to scientific updates (Hyland-Wood et al., 2021).
- According to the CERC (*Crisis & Emergency Risk Communication*) model, which integrates public

health crisis communication with emergency communication (Figure 1), effective health communication must take into account a crises developmental model (as is the case with the pandemic), characterized by five distinct phases: (1) pre-crisis phase (communication objective: to alert and prepare the community at risk), (2) initial phase (objective: to reduce uncertainty, promote self-efficacy and perception of control), (3) maintenance phase (objective: to continue to reduce uncertainty, promote self-efficacy and promote perception of control), (4) resolution phase (objective: to update resolution indicators, promote reflection on the causes and on new risks), and (5) evaluation phase (objective: to promote reflection on the adequacy of the implemented responses, to promote consensus on the lessons learned and on new/future risks). This strategic communication model must be complemented with a strategic vision of how individuals in the affected communities perceive the health risks throughout time (Figure 2).

- The conceptualization of messages to be shared with the community must be based on the best available evidence and on the greatest-possible consensus, with the mapping and involvement of relevant *stakeholders* (Hyland-Wood, 2021). In order to be effective, messages must be sensitive to the concerns and values shared by different audiences, which also implies working with different means of sharing information (text, symbols, sound, image; Hyland-Wood et al., 2021).

Risk communication	Crisis communication
Messages regarding the known probabilities of consequences and how they can be reduced; incorporating technical knowledge (e.g., hazards) and cultural beliefs.	Messages relating to a present state or conditions of a given event; magnitude, immediacy, duration and control/remediation; causes, blame, consequences.
Mainly persuasive (public education campaigns, marketing)	Mainly informative (news disseminated through media or through an emergency system)
Frequent, routinized	Infrequent/non-routinized
Centered on communicator/message	Centered on recipient/situation
Based on what is currently known (estimates, scientific projections)	Based on what is currently known and not known
Long term (pre-crises) Message preparation (campaign)	Short term (crises), less preparation (reactive)
Technical specialist, scientist	Authorities/emergency managers, technical specialists
Personal scope	Personal, community or regional scope
Mediated, advertisements, brochures, pamphlets	Mediated, conferences and press releases, speeches, website
Controlled and structured	Spontaneous and reactive

Figure 1. Crisis communication and risk communication (according to the CERC model; Reynolds & W. Seeger, 2005; adapted from DGS, 2020)

- Trust is a central pillar of communication and crisis management in public health, as it promotes sustained community cooperation over time (Wright et al., 2020). It fundamentally depends on effective communication, guided by criteria of transparency, contingency (i.e. alignment) of values, and civic engagement (Hyland-Wood et al., 2021). It also implies that risk communication is: transparent, timely, easy to understand, acknowledges uncertainty when appropriate, targets highest-risk population groups, and promotes the perception

of self-efficacy. It must be consistently disseminated, though adapted to different platforms, methods and communication channels (in terms of language and audiovisual resources; WHO, 2017).

- Communicating the best scientific evidence in a proactive, transparent and simple way (*be first*!) prevents the emergence of counter-information and conspiracy theories (Hyland-Wood et al., 2021).
- Community involvement in health and crisis communication processes involves identifying key people whom the community trusts, ensuring the appropriateness and relevant context of the messages, as well as the active involvement of communities (in disseminating messages and adhering to the specified recommendations).

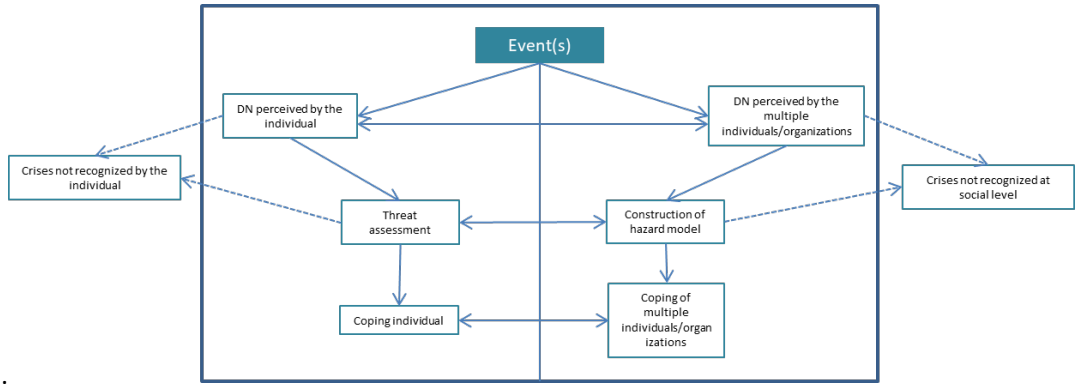

Figure 2 - Crisis perception model, relevant for the construction of the health communication strategy in the context of a public health crisis (DN means deviation from the norm, from what is expected; adapted from DGS, 2020)

- The use of simple language and narratives to communicate health risks ((avoiding technical-scientific terminology as much as possible) plays an important role in the way health messages are interpreted and in terms of behavioral adherence (Mowbray et al., 2016). On the other hand, inconsistent messages disseminated by health authorities generate confusion and reduce trust (Berg et al., 2021).

Coordination between political and health decision-makers and the media: the Portuguese context (highlights from interviews with media players)

- The construction of a communication strategy, one that that anticipates scenarios and actively involves the media, is essential for the establishment of trust between decision-making bodies and the media, particularly in a crisis context, such as the pandemic. In certain cases, the media perceives a lack of genuineness and transparency in the way policymakers communicate. Hence, it is essential that the communication strategy is based on transparency and collaborative coordination among decision-makers and the media.
- The media no longer plays a central role in the circulation of information. Social networks create noise and have a much-accelerated dissemination effect. This phenomenon easily results in noise (and misinformation) and creates the need for media-driven news to be conveyed through increasingly shorter texts (which often hinders the clarity and accuracy of the message and the quality of the debate surrounding the news).
- According to the interviewed media players, media has an educational role as well as the social duty to help convey useful information in a crisis context. This means to disseminate information that does not cause alarm and promotes health behaviors. In general, the media aims to respect the requests for

the best way to convey public health messages, ensuring that the importance and rationale for these requests are made clear and that fundamental criteria for performing effective social communication are met, such as: focusing on novelty, differentiation and standing out in terms of news. When news is repeated, it fails to be interesting.

- Interviewed media players revealed that collaboration with public decisionmakers (e.g., access to information) was easier at the beginning of the pandemic but that it became more difficult with time (during the pandemic).
- The main obstacle that the media encounters in communicating with government entities and health authorities is the lack of access to information. This difficulty in accessing information can be interpreted as a lack of transparency and can result in distrust.
- Access to data and information that support pandemic management measures must be given whenever possible, including information about (a) scientific studies that support decisions, (b) what should be done in different contexts and by different social actors, and (c) (b) parties involved in the decision and/or required action.
- Accessibility to decision-making elements is especially relevant when the message targets community adaptation to behavioral changes: it is essential to detail the reason for the change, so that the message is coherent and does not generate distrust.
- Messages must be simplified (transparent, clear, consistent and coherent) throughout the information transmission chain. The complexity of health messages can and should be simplified, but they should not lose their rigor.
- It is important that public entities provide support for understanding the news (including, when adequate, specialized interlocutors to answer journalists' questions in a timely manner). In this way, journalists, who in most cases are not specialists in health matters, can be properly informed and can focus on constructing news based on facts, minimizing the risk of generating less accurate news.
- Coordination becomes more effective if each entity (from political or health sectors) designates a point of contact for journalists: a technical office to support journalists. Ideally, this focal contact should have both relevant scientific knowledge and good communication skills in science and health. Also, and for process optimization, these focal contacts should have exclusive dedication (paid), being proactive in its relationship with journalists. Most often, there is only one point of contact per institution, who often does not have enough technical knowledge and/or is unable to provide the necessary details. The lack of information resulting from this interaction leads to greater interpretation efforts from journalists (not always correct/factual), as well as distrust. The more informative, data accurate and data detailed, the better the news.
- Emphasis was placed on the importance of creating an effective media support office in hospitals. This exists in some, but not in most cases. On the contrary, it was noted that hospital administrations did not have an information-sharing attitude, which promotes non-transparency and, on the contrary, the construction of less accurate news.
- Due to the lack of specialization in health matters, journalists sometimes have difficulty choosing who to interview for a given topic (which clinical specialty, what type of researcher, etc.). The journalist support office would also have the role of assisting the decision of whom to interview for a more in-depth and better contextualization (and complementarity) of the news, indicating which experts should be consulted for a given public health decision-making. The support office would thus act as a bridge between media professionals and experts (researchers, technicians) in relevant areas.
- Most press advisors are trained and educated as media professionals. In this sense, they end up having the same mindset as other media professionals. While, on the one hand, this can facilitate the articulation between public entities and the media, it sometimes results in a very circular exercise: press advisors end up filtering information, sometimes

excessively (based on organizational communication-policies), thus becoming an obstacle to complete and transparent information-sharing. The role of the advisors should be to moderate the relationship between the communicators designated by the public entities and the journalists; should not be agents in active communication with journalists (i.e., they should not be the interlocutors, the ones who transmit the messages).

- Given the increasingly shorter timeframes for producing news, it is very important to ensure access to information in a timely manner, namely through fact sheets that provide guidance on the potential conclusions. It is also important that decisionmakers know the timing for producing news in the different types of media (television, radio, newspapers).
- News focused on epidemiological data becomes easier to understand and is more effective if it is accompanied by narratives: what the numbers mean (and how they evolve over time), and what impact the numbers have on people's real experiences. It is useful for those reporting the news to have access to these narratives as well (and not only access to the numbers). A prominent example is the number of deaths from COVID-19: if information is left incomplete (for example, by omitting the age and/or pre-existing morbidity of those who died) then it becomes incorrect and generates mistaken perceptions of the real risk. Journalists have usually difficulties to obtain this narrative-oriented information, even when requested.

Calls for action

- Crisis and emergency contexts, such as those created by the COVID-19 pandemic, require action-focused communication through leadership that is recognized as competent, having shared-values with the communities at risk (i.e., leadership that is trusted by the communities it leads).
- To ensure trust, it is essential that politicians and health authorities prioritize transparent communication and decision-making, particularly in situations when it is important to act quickly, with a relevant level of uncertainty (which must be assumed). This transparency involves a clear sharing of existent evidence, who was consulted (sources of evidence), which scenarios and balances were considered (losses and gains), explaining technical, societal, economic, and other determinants of decisions in clear manner.
- Trust is promoted through planned communication with target audiences, integrated and coherent use of communication platforms, well-defined communication objectives, and transparent sharing of information (including uncertainty and doubts). These principles should be articulated with an integrated and proactive communication process, with multiple communication channels and a dynamic and proactive relationship with the media. In other words, strategic communication should focus on solutions and mobilization of communities.
- The media should be viewed as a strategic partner for promoting the involvement of the population in health measures, based on the best scientific evidence, for facilitating communication between peers, for raising adequate awareness about health risks, for monitoring and responding to counter-information, and for facilitating responses at the local level.
- The relationship with the media must be based on active collaboration and, therefore, must be transparent and aimed at the common good, oriented towards the dissemination of news that (a) conveys simple, clear, coherent and consistent health messages, and (b) facilitate the adoption of health behaviors. In this sense, it is important to create, particularly in public health crises, a technical office, easily accessible to journalists, allowing proactive consultancy action on science and health matters.
- It is important to develop, in coordination with the media, guidelines or recommendations on how to report epidemiological events. This is already done in other areas of health or in matters with significant implications for human health (e.g., guidelines for news about suicide, parasuicide, self-harm,

wildfires). To ensure greater adherence by journalists to these recommendations, it would be desirable that their development involves entities recognized as relevant by media professionals, such as the Media Regulatory Authority and the National Journalists' Commission.

- Whenever possible, and to the maximum extent possible, public health related messages should be tested in advance for their clarity and effectiveness.
- It is important to ensure and maintain maximum credibility of the message to be transmitted, an essential characteristic for effective, persuasive communication that promotes trust in the decision. In this sense, the choice of who communicates is crucial. Health professionals and scientists with excellent communication skills are relevant choices, due to the trust they usually generate.
- In contexts of crisis, it is common that the content of health messages changes over time, depending on the best available evidence and advances in science. However, communication must always be consistent, moment by moment, between different actors with political or public health responsibility (which implies coordination and alignment with different levels of governance). Scientific foundations, as well as related socioeconomic and political implications must always be explained with maximum transparency.
- Regardless of the means of communication used, it is essential that the message is: (a) understood by all segments of the population, expressing in a simple, clear and specific way the measures in force during the pandemic (with explanation of concrete actions: who should perform the behavior, what to do, when to do it, what cannot be done, for how long), and (b) facilitate adherence to behavioral measures to adequately cope with the public health crisis.
- Communication should aim to promote health behaviors at the community level in general, and, therefore, should prioritize the most effective behaviors for reducing the risk of infection or sickness. It is not considered effective to promote the voluntary adoption of multiple behaviors at the same time.
- Communication should be differentiated according to the different target groups, and should be planned strategically for social groups at greater risk. A main goal is to persuade groups that do not perceive themselves as being at risk to adhere to healthy behaviors. Communication should be inclusive, using platforms and modes of communication that are most appropriate to each specific social group.
- Some of the groups that should be explicitly considered in health and crisis communication are: children up to 12 years old, elderly people (70 or over), immigrants (in having non-normative residence status), people who do not speak fluent Portuguese, and people with vision and/or hearing difficulties.
- The aim of communication should not be to scare people, but to provide sufficient information so that people are adequately aware of the risks.
- Communication should be empathetic, focused on people's needs, expressing concern and validating efforts. Expressing compassion increases credibility and generates more effective communication, favoring behavioral adherence.
- Communication should aim to empower people to act, guiding them on what they can do, ensuring the conditions for them to implement the actions in question. Behaviors that are requested from citizens should be weighed according to their capacity, conditions (opportunity), and motivation. In this sense, communication should aim to facilitate the adherence to behaviors, based on behavioral determinants: self-perceived ability to implement the behavior, opportunity to perform the behavior (including social norms/influences and physical contexts), and motivation to adhere to recommendations (e.g., perception of autonomy in decision-making, perception of benefits versus gains, alignment with community values and culture).

- To the greatest possible extent, communication should be aligned with existing social norms. People are especially motivated to perform actions adopted by several members of their group. Therefore, effective communication involves creating a sense of solidarity and aligning messages with the social norm of responsibility for others.

Methods

This policy brief was built up from a narrative literature review. In order to align the evidence gathered through this literature review with the Portuguese context, interviews were also conducted with four media professionals (from print media and from television) holding editorial and/or management positions, including. These were in-depth, unstructured (i.e., thematic) individual interviews, centered around the general topic: "*How to enhance the collaboration between policymakers and health authorities with the media, in order to promote health behaviors related to COVID-19*".

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