

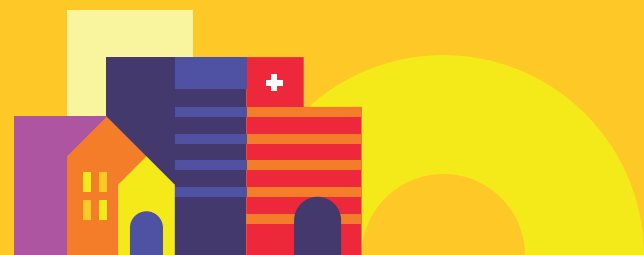
Effective Communication Strategies for COVID-19

RESEARCH BRIEF



Effective communication is in its own right a non-pharmaceutical intervention (NPI) for COVID-19 that can increase adherence to protective behaviours necessary to mitigate the spread of the virus. There is no ‘best practice’ for communication during a complex public health emergency, but past experience has led to several principles that contribute to a successful strategy.

As we work to support hospitals and reduce the spread of COVID-19, the Ontario Hospital Association (OHA) focused on understanding the impact of the complexities of behaviour and cognitive biases that can lead to more effective communication strategies with the goal of encouraging behaviours that reduce the spread of COVID-19. To further support hospitals and their communities, the OHA has prepared a summary of the research and resources for effective communication strategies for COVID-19 and guidance on how to evolve strategies over the course of the pandemic to ensure impact and reach.



Elements and Principles of Effective Communication Strategies

There are a number of published guides from the [World Health Organization \(WHO\)](#), the [US Centers for Disease Prevention and Control \(CDC\)](#), and [others](#) that outline good risk communication based on lessons learned from past health crises, including [Ebola](#) and [Zika](#) (Toppenberg-Pejcic et al., 2019).

Early learnings are also being drawn from jurisdictions that have thus far been successful at containing transmission of the virus and preventing deaths. Researchers at University of British Columbia have identified [five main principles](#) of democratic health communications that have enabled some countries to successfully control widespread transmission of COVID-19 (Tworek et al., 2020).

Choosing appropriate language and metaphors is also an important component of effective communication.

The British Columbia Centre for Disease Control (BCCDC) has released a [COVID-19 language guide](#) that outlines preferred phrases and words to use in order to avoid stigma, implying fault, and putting undue onus on individuals.

Some metaphors may do more harm than good. War metaphors (e.g., fight, battle, attack), particularly entrenched in health and disease rhetoric, may lead to stigmatization and xenophobic action rather than societal cohesion (Nie et al., 2016; Bates, 2020; Serhan, 2020).

The table below synthesizes and combines evidence-based recommendations for effective messaging and communication from across various documents in the “Resources” referenced at the end of this document.

ELEMENTS/PRINCIPLES	MEASURES	EXAMPLES
Trust and Credibility	<p><i>Do</i></p> <ul style="list-style-type: none"> Acknowledge uncertainty; explain what is known/unknown Be honest and transparent; explain what actions are being taken and why Employ mechanisms of accountability Rely on messengers who are competent and experts in the field Be consistent in messaging Use simple messages Correct misinformation <p><i>Avoid</i></p> <ul style="list-style-type: none"> Over reassurance Fostering unrealistic expectations Drawing too much attention to misinformation 	<p>Angela Merkel, chancellor of Germany, used science and clear explanations of disease modelling in discussing an exit out of lockdown.</p> <p>Christian Dorsten, a leading coronavirus virologist in Germany and advisor to Angela Merkel, launched a podcast in February to explain the science behind the virus and latest research.</p> <p>The Director General of the Norwegian Institute of Public Health admitted that the lockdown was likely excessive and that the same outcome could have been achieved with less restrictive measures.</p> <p>Steak-umm, a brand selling frozen sliced meat, became an unlikely source for good science communication, education in media literacy and critical thinking, and dispelling misinformation.</p>
Empathy	<p><i>Do</i></p> <ul style="list-style-type: none"> Acknowledge concerns, hardship and express understanding Express gratitude <p><i>Avoid</i></p> <ul style="list-style-type: none"> Shaming and blaming people and organizations 	<p>Nicola Sturgeon, Scotland's First Minister, delivered a speech to Parliament on September 22 that is empathetic and expresses gratitude to the people of Scotland for their ongoing sacrifices.</p>
Autonomy and Empowerment	<p><i>Do</i></p> <ul style="list-style-type: none"> Give people choice within a set of guidelines/principles Express confidence in people's ability Give people things to do Provide specific descriptions of desired behaviours <p><i>Avoid</i></p> <ul style="list-style-type: none"> Being paternalistic and overly authoritarian Implying that the facts are too difficult to understand 	<p>BC laid out a set of principles for safe socializing rather than issuing specific restrictions on smaller gatherings.</p>

Values, Emotions, and Stories

Do

- Focus on messages of solidarity, kindness, and love
- Appeal to “collective” good
- Link behaviours to people’s identities
- Focus on people adopting desirable behaviour
- Outline/stories that contextualize risk
- Respect cultural beliefs/values

Avoid

- Drawing attention to undesirable behaviours
- Appealing to fear
- Militaristic analogies/metaphors that may breed fear and xenophobic sentiment

Both [Germany](#) and [South Korea](#) adopted messaging that focused on solidarity and encouragement of public cooperation.

[Senegal](#), ranked second in a Financial Post COVID-19 Global Response Index, has acknowledged each death and extended condolences to families.

Public Involvement

Do

- Engage public in raising awareness
- Use messengers trusted by target audience
- Amplify public voices

In New Zealand, Jacinda Ardern has live streamed her conversations with regular New Zealanders to share their stories and advice in “[Conversations through COVID.](#)”

Speed

Do

- Communicate accurate information as early as possible
- Acknowledge that early information may change

Avoid

- Allowing misinformation and rumour to fill information void

[Taiwan](#) launched an early communications strategy coordinated by the Central Epidemic Command Center that reduced panic buying and increased respiratory hygiene practices.

Audience Segmentation

Do

- Make messages sensitive to demographics of intended target

The BC CDC released a campaign targeted at youth called [Dr. Bonnie Henry’s Good Times Guide](#).

Institutionalization

Do

- Depoliticize health communication
- Create a pandemic communication unit
- Limit the number of institutions/people delivering messages

South Korea has given all communication control to the [Korean Centres for Disease Control and Prevention \(KCDC\)](#) and its Office of Communication.

BC mostly deferred [public health messaging](#) to Dr. Bonnie Henry, the provincial health officer.

Challenges to Effective Communications

Many social and behavioural factors moderate the impact of communication during crises.

- **Information processing** is affected by stress and uncertainty.
 - People may not hear, not remember, or misinterpret information.
 - People hold on to tightly held beliefs and may be less likely to engage in behaviour that is counterintuitive.
 - People may exhibit “confirmation bias” and seek out information that supports their beliefs.
 - The first message tends to be believed the most strongly. Subsequent information is compared to this first message.
- **Threat perception** is altered by fear and other negative emotions.
 - Messages that incite fear tend to only be successful in producing a desired behaviour when people feel a strong sense of efficacy (Bavel et al., 2020).
 - Feelings of fear may result in people behaving inappropriately to avoid threats (e.g., xenophobic attacks).
 - How people interpret and heed messages is also influenced by people’s tendency to exhibit “optimism bias”, a belief that leads people to assume they are invulnerable and are less likely to contract COVID-19 than others (Halpern et al., 2020).
- **Risk perception** is driven by emotions and is often biased, leading to poor decision-making.
 - Emotions, such as fear and disgust, form the basis for judgements of risk – “affect heuristic” (Finucane et al., 2000). Risk is often perceived as greater when a person is fearful but is downplayed when a person is angry.

- Information that can be easily recalled, because it is recent or emotionally significant, can overly influence judgements of risk – “availability heuristic” (Tversky & Kahneman, 1973).
- Risks that are perceived as acceptable are voluntary, are under a person’s control, have clear benefits, are generated by a trusted source, affect adults, and are familiar (Tumpey et al., 2019).
- **Social context** influences how messages are perceived and how decisions are made.
 - Under stress, people tend towards herd behaviour, making decisions based on the behaviour of others (e.g., panic buying, hoarding) (Kameda & Hastie, 2015).
 - Perceived social norms among peers (e.g., family, friends, community) influence a person’s own likelihood to engage in a particular behaviour. Social networks can promote the spread of beneficial as well as harmful behaviour.
 - Cultural norms and cultural identity factor strongly into how people make decisions but may also underlie disease risk. Messaging needs to address community risks (e.g., disproportionate impact on racialized communities) and be framed in a way that is culturally relevant to the target audience (Airhihenbuwa et al., 2020).

Drawing on behavioural insights and social science can serve as a starting point for communication strategies that target specific behaviour change (Soofi et al., 2020). For example, messaging reinforcing that a person who fails to physically distance will contract COVID-19 may elicit fear, increase the perceived risk, which may in turn increase a person’s likelihood of physically distancing.

The extent to which behavioural insights are able to change behaviour within the context of COVID-19 are still poorly understood. Nudging, an intervention that involves manipulating the environment in order to alter people’s choice, changed people’s intentions but did not actually change people’s behaviour (Hume et al., 2020).

Resources

- World Health Organization - [Outbreak Communication Guidelines](#)
- US Centers for Disease Control and Prevention (CDC) – Crisis and Emergency Risk Communication
 - [Messages and Audiences](#)
 - [Crisis and Emergency Risk Communication: Psychology of a Crisis](#)
- European CDC – [Outbreak Communications](#)
- Behavioural Insights Team – [COVID-19 Resources](#)
 - [Crafting Effective Communication During a Crisis](#)
- Impact Canada – [COVID-19 Communications to Drive Positive Behaviour Change](#)
 - Developed social media messaging based on behavioural insights.
- COVID-19 Communication Network (Johns Hopkins Bloomberg School of Public Health) – [Synthesized Guidance for COVID-19 Message Development](#)
- UK Centre for Social and Behaviour Change – [Communication Related Behavioural Insights](#)
- BC CDC - [COVID-19 Language Guide](#)

References

Airhihenbuwa, C. O., Iwelunmor, J., Munodawafa, D., Ford, C. L., Oni, T., Agyemang, C., Mota, C., Ikuomola, O. B., Simbayi, L., Fallah, M. P., Qian, Z., Makinwa, B., Niang, C., & Okosun, I. (2020). Culture Matters in Communicating the Global Response to COVID-19. *Preventing Chronic Disease*, 17, E60. <https://doi.org/10.5888/pcd17.200245>

Bates, B. R. (2020). The (In)Appropriateness of the WAR Metaphor in Response to SARS-CoV-2: A Rapid Analysis of Donald J. Trump's Rhetoric. *Frontiers in Communication*, 5, 50. <https://doi.org/10.3389/fcomm.2020.00050>

Bavel, J., Baicker, K., Boggio, P. S., Capraro, V., Cichocka, A., Cikara, M., Crockett, M. J., Crum, A. J., Douglas, K. M., Druckman, J. N., Drury, J., Dube, O., Ellemers, N., Finkel, E. J., Fowler, J. H., Gelfand, M.,

Bonell, C., Michie, S., Reicher, S., West, R., Bear, L., Yardley, L., Curtis, V., Amlôt, R., & Rubin, G. J. (2020). Harnessing behavioural science in public health campaigns to maintain 'social distancing' in response to the COVID-19 pandemic: key principles. *Journal of Epidemiology and Community Health*, 74(8), 617–619. <https://jech.bmj.com/content/74/8/617>

Brug, J., Aro, A. R., & Richardus, J. H. (2009). Risk perceptions and behaviour: towards pandemic control of emerging infectious diseases : international research on risk perception in the control of emerging infectious diseases. *International Journal of Behavioral Medicine*, 16(1), 3–6. <https://doi.org/10.1007/s12529-008-9000-x>

Finucane, M. L., Alhakami, A., Slovic, P., & Johnson, S. M. (2000). The affect heuristic in judgments of risks and benefits. *Journal of Behavioral Decision Making*, 13(1), 1–17. [https://doi.org/10.1002/\(SICI\)1099-0771\(200001/03\)13:1<1::AID-BDM333>3.0.CO;2-S](https://doi.org/10.1002/(SICI)1099-0771(200001/03)13:1<1::AID-BDM333>3.0.CO;2-S)

Han, S., Haslam, S. A., Jetten, J., Kitayama, S., Willer, R. (2020). Using social and behavioural science to support COVID-19 pandemic response. *Nature Human Behaviour*, 4(5), 460–471. <https://doi.org/10.1038/s41562-020-0884-z>

Halpern, S. D., Truog, R. D., & Miller, F. G. (2020). Cognitive Bias and Public Health Policy During the COVID-19 Pandemic. *JAMA*, 324(4), 337–338. <https://doi.org/10.1001/jama.2020.11623>

Hume, S., John, P., Sanders, M., & Stockdale, E. (2020) Nudge in the Time of Coronavirus: The Compliance to Behavioural Messages during Crisis. SSRN. <http://dx.doi.org/10.2139/ssrn.3644165>

Kameda, T. & Hastie, R. (2015). Herd behavior. In Scott, R. A. & Kosslyn, S. M. (Eds), *Emerging Trends in the Social and Behavioral Sciences: An Interdisciplinary, Searchable, and Linkable Resource*. Hoboken, NJ: John Wiley & Sons. <https://doi.org/10.1002/9781118900772.etrds0157>

Kim, D., & Kreps, G. L. (2020). An Analysis of Government Communication in the United States During the COVID-19 Pandemic: Recommendations for Effective Government Health Risk Communication. *World Medical & Health Policy*, 10.1002/wmh3.363. Advance online publication. <https://doi.org/10.1002/wmh3.363>

National Academies of Sciences, Engineering, and Medicine (2020). Encouraging Adoption of Protective Behaviors to Mitigate the Spread of COVID-19: Strategies for Behavior Change. Washington, DC: The National Academies Press. <https://www.nap.edu/catalog/25881/encouraging-adoption-of-protective-behaviors-to-mitigate-the-spread-of-covid-19>.

Nie, J. B., Gilbertson, A., de Roubaix, M., Staunton, C., van Niekerk, A., Tucker, J. D., & Rennie, S. (2016). Healing Without Waging War: Beyond Military Metaphors in Medicine and HIV Cure Research. *The American Journal of Bioethics*, 16(10), 3–11. <https://doi.org/10.1080/15265161.2016.1214305>

OECD (2020). Transparency, communication and trust: The role of public communication in responding to the wave of disinformation about the new Coronavirus. Retrieved from: <https://www.oecd.org/coronavirus/policy-responses/transparency-communication-and-trust-bef7ad6e/>

Serhan, Y. (2020, March). The Case Against Waging ‘War’ on the Coronavirus. *Atlantic*, <https://www.theatlantic.com/international/archive/2020/03/war-metaphor-coronavirus/609049/>

Soofi, M., Najafi, F., & Karami-Matin, B. (2020). Using Insights from Behavioral Economics to Mitigate the Spread of COVID-19. *Applied Health Economics and Health Policy*, 18(3), 345–350. <https://doi.org/10.1007/s40258-020-00595-4>

Toppenberg-Pejcic, D., Noyes, J., Allen, T., Alexander, N., Vanderford, M., & Gamhewage, G. (2019). Emergency Risk Communication: Lessons Learned from a Rapid Review of Recent Gray Literature on Ebola, Zika, and Yellow Fever. *Health Communication*, 34(4), 437–455. <https://doi.org/10.1080/10410236.2017.1405488>

Tumpey, A. J., Daigle, D. & Nowak, G. (2019). Communicating during an outbreak or public health investigation. In Rasmussen, S. A. & Goodman, R. A. (Eds), *The CDC Field Epidemiology Manual*. New York: Oxford University Press. Retrieved from: <https://www.cdc.gov/eis/field-epi-manual/chapters/Communicating-Investigation>.

[html#ref14](#)

Tversky, A., & Kahneman, D. (1973). Availability: A heuristic for judging frequency and probability. *Cognitive Psychology*, 5(2), 207–232. [https://doi.org/10.1016/0010-0285\(73\)90033-9](https://doi.org/10.1016/0010-0285(73)90033-9)

Tworek, H., Beacock, I., & Ojo, E. (2020). Democratic Health Communications during Covid-19: A RAPID Response. Vancouver, BC: UBC Centre for the Study of Democratic Institutions, https://democracy2017.sites.olt.ubc.ca/files/2020/09/Democratic-Health-Communication-during-Covid_FINAL.pdf.

Vaughan, E., & Tinker, T. (2009). Effective health risk communication about pandemic influenza for vulnerable populations. *American Journal of Public Health*, 99 Suppl 2(Suppl 2), S324–S332. <https://doi.org/10.2105/AJPH.2009.162537>

World Health Organization (2005). *Outbreak Communication Guidelines*. Retrieved from: https://www.who.int/csr/resources/publications/WHO_CDS_2005_28/en/.

200 Front Street West, Suite 2800
Toronto, Ontario M5V 3L1
www.oha.com