



## SHARE AND MOVE TO FACE NASTY BUGS

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### **Country**

France

### **Target**

Citizens

Decision Makers

Government and Public Health

Healthcare Professionals

### **Topic**

Citizens' Mobilization

Local Activities

Vaccination

### **Tags**

Vaccine

risk communication

science-in-society

**Read the interview to Professor Alain Fischer**

## **Background**

As stressed in the report of the Task 2.2. of the ASSET project, on 'unsolved scientific question concerning epidemics and pandemics?', currently, the collaboration between international and local communities concerning public health (PH) communication and PH decisions is far from ideal and there are a lot of heterogeneities between international guidelines and their national versions. This is mostly due to the fact that international guidelines for risk communication take very little consideration of local problems:

this is what we call one way, top-down communication.

Therefore, one of the challenges of PH communication of interest for epidemics and pandemics (e.g. risk communication) is to take into consideration possible local problems and concerns, which could be achieved through a two-way communication strategy. This strategy would largely lessen the challenges of one-way risk communication with respect to the current one-sided approach: feedback from local entities and from public would become an integral part of the process of communication strategies and PH decisions. Moreover, this approach would be more appropriate given the inherent dynamic nature of communication. The two-way adaptive decision making is an increasingly important part of general political decision making and communication, where **political decision-makers are shifting from the traditional top-down approach to the two-ways paradigms of governance and communication.**

A more dialogue-based PH communication is considered important in general and not only in relation to health risks. However, the one-to-many traditional communication approach is easier and, consequently, it is the preferred approach of communication professionals. A two-way communication is the optimal communication for PH problems related to epidemics and pandemics (and not only), because only by using this approach, the authorities responsible of communication are able to stay tuned with the perception of the public. For example, all major studies showed that theories underlying risk communication are strictly related to theories concerning risk perception.

Some countries, like New Zealand are slowly moving toward the implementation of a two-way PH communication strategy (see *Good practices in New Zealand* document). Shortly after the H1N1 pandemic, they designed a rapid response initiative to have feedback from population on the communication campaign and on their risk perception. Two-way

communication also represents an efficient way to design tailored communication campaigns, as seen in the case of the Association of State and Territorial Health Officials (ASTHO) in USA. They surveyed the population on attitudes towards vaccination and used the answers in order to design a toolkit for communication to be used by health officers (see *Good practices from USA* document). The above are interesting examples of two-way communication in PH concerning the engagement of the community or population in public health-related issues.

More in general, population may be consulted to express their opinion on a public health issue or actuality or participate in a decision making process such as redefining health policies or establishing guidelines. This might actually help build more trust between public authorities and the public, and lower hesitancy. **Also, awareness of the needs and knowledge gaps of the population/community could be potentially useful in establishing targeted and tailored successful health interventions or developing new policies.**

## Project description

An example of population consultation project was started recently by the French Ministry of Health, Marisol Touraine, who intends to consult the population on the matter of mandatory vaccination, as a part of a wide-ranging review of immunisation policies. This initiative comes after a report confirmed that vaccination is a sensitive society issue, which needs a large consultation of all stakeholders, including the civil society, with the aim of engaging them in a discussion about immunisation and its importance to public health.

?This initiative will allow opening the debate [on vaccination] to all the publics and to associate all participants to the decisions. The aim is to initially identify the questions that are of interest for the large public, the users,

the parents, the health professionals, and all citizens. Then, the exchanges shall allow building practical propositions, applicable by public authorities, which have to respect the citizens' interests and be favourable to the health of all population. This debate will be done in a transparent way. The debate in the panels and the public presentation of the results will be filmed and will be accessible to all citizens.?

In detail, the citizen consultation is to be organized by a Steering Committee throughout five phases in 2016 (see Figure 1). The Steering Committee is presided by Alain Fischer, and is constituted of 16 other members, representing three groups:

1. Civil society representatives (e.g. students? parents, families, key players in the health democracy, citizens, etc.)
2. Human and social scientists (lawyers, historians, philosophers, sociologists etc.)
3. Health professionals

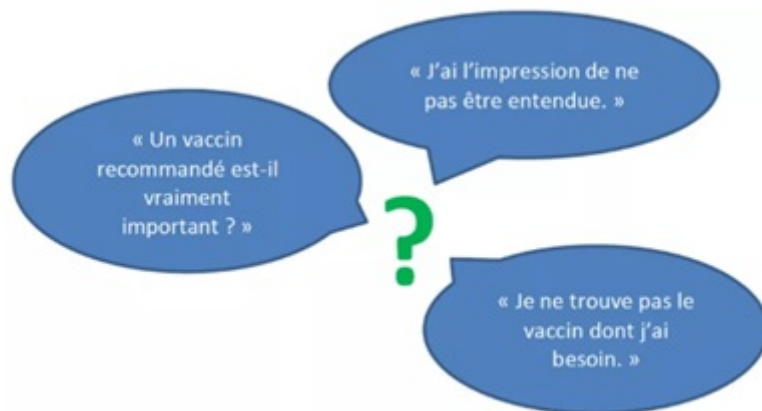


Figure 1 - Timeline of the project

The first phase of the project consists in surveying the public opinion regarding the attitudes, expectations and reasons of reluctance or hesitancy to vaccination among the French population. Then, two panels will be constituted, containing each 20 to 30 people: one composed of citizens and one composed of health professionals. These panels will represent different professions and categories such as region, age, social status etc. Contributions will be collected on a national scale from citizens, health professionals, associations and institutions on

a web-based platform, resulting in the collection of all major questions (Figure 2), opinions, expectations and perceptions around vaccination that the population has, such as:

- Should the difference between mandatory and recommended vaccines be kept?
- What is the perception of the individual benefit/risk?
- What is the acceptance of risk related to vaccination/non-vaccination etc.?



*Figure 2 - Examples of potential questions that population might have*

The second phase consists of a national public debate discussing the panels' opinions and the contents of the citizen contributions. Finally, during the third phase, conclusions on the evolution of the vaccination policy will be formulated, based on all contributions, from the panels' debate and also from the population. These conclusions will afterwards be transformed in a series of proposals allowing the renewal of the vaccination policy in France. The project has also a newsletter, where interested individuals can register, and be kept in touch with the news related to the project and its advancement. **This project, if implemented according its original plan currently available online, would be an emblematic example of a good practice in the two-way communication and decision.**

## Status of the project

The French citizen consultation project is finished. The final report and conclusions of the project were published on the 30<sup>th</sup> of November 2016.

## References

Gray L, MacDonald C, Mackie B, Paton D, Johnston D, Baker MG. Community responses to communication campaigns for influenza A (H1N1): a focus group study. BMC Public Health. 2012

Hurel S, Rapport sur la politique vaccinale, Jan 2016

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# ASSET

Action plan on **Science in Society** related issues in **Epidemics and Total pandemics**  
European Commission

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