



SHARE AND MOVE TO FACE NASTY BUGS

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Country

New Zealand

Target

Citizens

Decision Makers

Government and Public Health

Healthcare Professionals

Topic

Local Activities

Stakeholders

Tags

communication

inequities

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, several studies showed that theories underlying risk communication are strictly related to theories concerning risk perception. Two-way communication also represents an efficient way to design tailored communication campaigns. Moreover, the **public is more inclined to follow recommendations or to listen to a communicated message when having been involved in the decision-making process.**

Project description

Some countries are slowly moving toward the implementation of a two-way PH

communication strategy. For example, in May 2010, shortly after the H1N1 pandemic, the public health authorities of New Zealand designed a rapid response initiative to have feedback from population on the communication campaign and on their risk perception. The project consisted in a study, which aimed to retrieve evidence-based information which health authorities could use to design tailored health communication campaigns during/after periods of pandemics. Eight focus groups of 7 to 13 participants each were recruited between May and July 2010. Participants were representative of 5 target populations identified in collaboration with the Ministry of Health: Pacific Peoples, Maori, general population, children or children's parents and a population of vulnerable people with chronic conditions (e.g. people with diabetes, kidney disease, heart disease, asthma; pregnant women, etc.). As Maori are culturally very different from New Zealanders of European origin, appropriate methodology of data collection was applied in their case. Main themes discussed during focus groups were grouped into 4 main categories:

- Personal and community risk
- Building community strategies
- Responsibility
- Information sources

Results showed that people needed transparent and factual communication, including both bad and good news, as long as the messages are communicated by people who they can trust. As long as the trust goes, consistency of messages, completeness of the information, transparency and honesty played key roles. The need for more specific messages on what actions they should make to protect their selves and their families was an important aspect.

Lessons learned and challenges

The need for more substantial involvement of

the community, not surprisingly, one of the major feedbacks that emerged from this study. Another major feedback reported by this study was that risk communication should recognize that public are different and that initiatives must be 'appropriate for different communities'; the message should be adapted in function of the needs, goals and expectations of each public. In other words, one leading challenge is related to 'choosing the channel and tailoring the message' based on socio-demographic (and other) characteristics. An important part of this strategy is to take into account that the most vulnerable subjects, or even entire communities, may happen to experience communication gaps, for example due to disadvantageous geographical location or social inequalities.

Therefore, the most important lesson to learn from this study is that a 'one size fits all' pandemic awareness campaigns cannot work, mostly because there are large differences among the population on how people understand and respond to health-related messages during pandemics.

Status of the project

This study took place from May to July 2010; it is presently finished.

References

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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

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