University of the Philippines Manila
THE HEALTH SCIENCES CENTER
College of Nursing
WHO Collaborating Center for Nursing Leadership and Development
CHED Center of Excellence for Nursing Education
JV Sotejo Hall, Pedro Gil St., Ermita, Manila

DISASTER NURSING (N110)
STUDY GUIDE

Week 10: DISASTER RESPONSE
Disaster Risk Communication, Collaboration, and Community Engagement

Introduction

Welcome to Week 10!

In this portion, we will tackle disaster risk communication, collaboration, and community engagement. Take note however, that these essential strategies and actions should not only be done during disaster response, but are important to be conducted throughout the disaster management continuum/cycle. Strong and effective risk communication, collaboration, and community engagement is built before disasters or emergencies occur. It requires planning and investment prior to the occurrence of a disaster/emergency (WHO, 2015).

Learning Outcomes

After studying this topic, you should be able to:

1. Define risk communication in the context of disasters and emergencies
2. Describe the objectives of risk communication
3. Describe the framework, principles, and elements of risk communication
4. Appreciate the importance of intersectoral collaboration and community engagement
5. Apply effective risk communication and engagement given specific situations

Risk Communication

Risk information is crucial in building disaster resilience in all phases of the disaster risk reduction and management cycle (PreventionWeb, 2021). Risk information is vital to be communicated and understood for policy and decision-making (ibid).

Risk communication is a critical component of DRRM as it **(1) shapes people's perceptions of risk**, **(2) influences their actions** with respect to **disaster preparedness and response**, and **(3) influences the intervention decisions made throughout the disaster management cycle** (Shaw, Takeuchi, Matsuura & Saito, 2013).

Disaster risk communication aims to "raise public awareness on hazards and possible disasters in communities to encourage preparedness and resilience" (PreventionWeb, 2021). The **main challenge** in risk communication is to **improve communication at all levels to ensure free and effective flow of information across society** (United Nations, 2019 as cited in PreventionWeb, 2021).

For **public health emergencies**, **risk communication involves the range of communication capacities required through the phases of preparedness, response, and recovery of a serious public health event to encourage informed decision-making, positive behavior change, and maintenance of trust** (WHO, 2021a).

It is important to understand that **risk communication** is the **creation of an environment and dynamics for exchanging information**, with the ultimate purpose of **making informed decisions** to **take action** to reduce risk/s (**risk reduction**) (Figure 1).

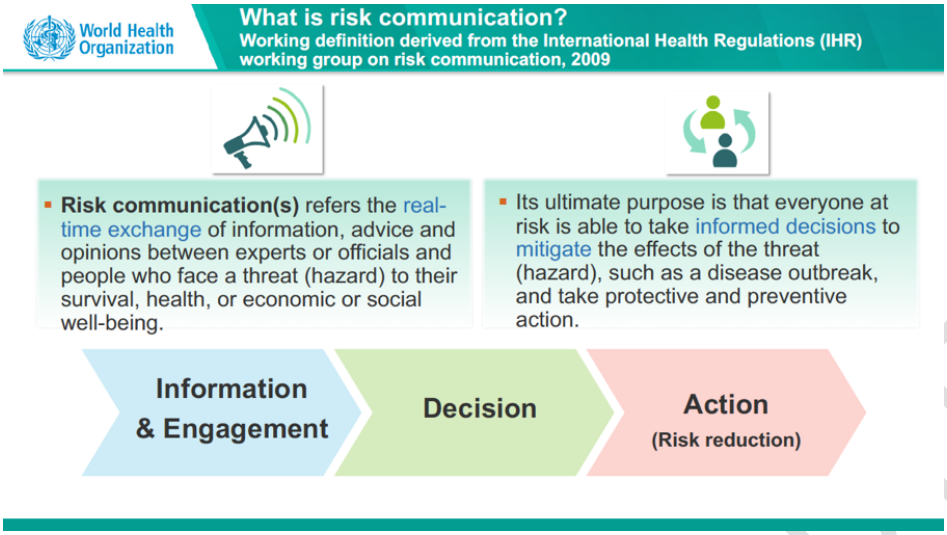

Figure 1. Definition of Risk Communication (International Health Regulations, 2009)

The World Health Organization (2015) defines **risk communication** as a **dynamic process of sharing and responding to information about a public health threat.** It involves the following actions (see Figure 2):

1. **Listening and responding to concerns**
2. **Sharing information quickly in ways people trust**
3. **Building trust and understanding**
4. **Engaging everyone in fighting disease**
5. **Stable economies and communities**

Figure 2. Risk Communication in the Context of a Public Health Threat (WHO, 2015)

Effective Risk Communication

The rapid rise of technology for the past 50 years ushered what is called the information or digital age. In the last 10 years, we saw how technology is instrumental in facilitating the wider and swift dissemination of information between space and time. However, this presented another challenge – the proliferation of inaccurate information, and most importantly, deliberate misinformation such as "fake news" (PreventionWeb, 2021). In particular, the COVID-19 pandemic and response has been accompanied by an "infodemic" or the overabundance of information from various sources (both accurate and inaccurate), which makes it difficult for people to decide trustworthy sources of information (IFRC, UNICEF & WHO, 2020).

According to Shaw et al (2013), **successful risk communication occurs** when there is **holistic learning, facilitation, and trust**. As shown in Figure 2, in holistic learning, the knowledge gap between the information and sender is minimal. **Narrowing the knowledge gap** can be done through **disaster education and risk communication**. The use of hazard maps, booklets, videos, and other information, education, and communication (IEC) materials can reduce this gap.

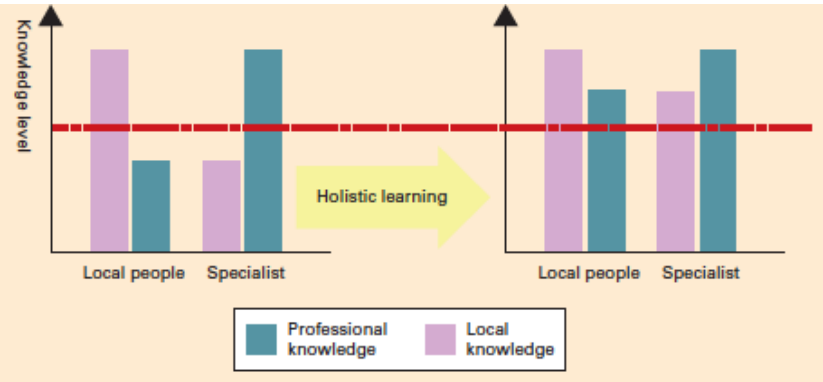

Figure 2. Concept of Holistic Learning (Shaw et al, 2013)

In summary, the **objectives of risk communication** are the following (Department of Health, 2012):

- **To advocate policy development and structural reforms**
- **To stimulate behavioral change through information and education of communities, health personnel, and decision-makers**
- **To facilitate the translation of information during emergencies into tangible action**
- **To prevent misallocation and wasting of resources**
- **To decrease illnesses, injuries, and deaths**

Risk Communication Framework

Figure 3 shows the risk communication framework developed by Kikkawa in 1999 (Shaw et al, 2013). This framework shows **two (2) important actors in risk communication**: **(1) information generators or senders**, and **(2) information receivers**.

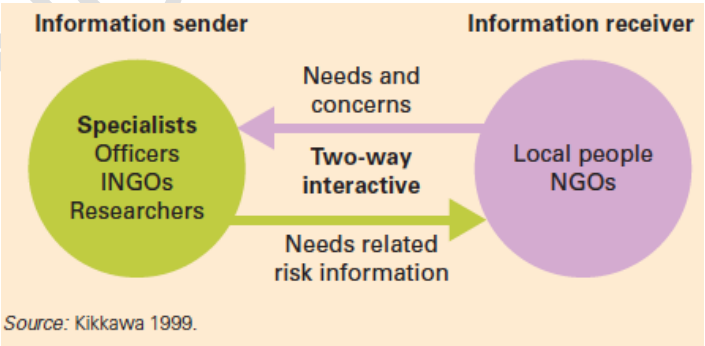

Figure 3. Kikkawa's (1999) Risk Communication Framework (in Shaw et al, 2013)

Information generators/senders are frequently **government agencies, universities, researchers, and non-government organizations** with the capacity to assess risk and political mandate to implement DRRM measures (Shaw et al, 2013). On the other hand, **information receivers** are **individuals, communities, businesses as well as NGOs** who have knowledge of the local area and are the ultimate users of risk information (ibid).

In the context of public health emergencies such as pandemics, risk communication prevents the spread of diseases, saves lives, and protects national and local economies (WHO, 2015). When people know how to protect themselves, they can help stop disease transmission, which limits the social and economic impact of an outbreak or emergency (ibid). In contrast, poor or ineffective risk communication limits people's access to information they need, consequently constraining their knowledge to protect themselves, their families, and livelihoods (ibid). Figures 4-5 (page 8) illustrates the consequences of poor vs. effective risk communication.

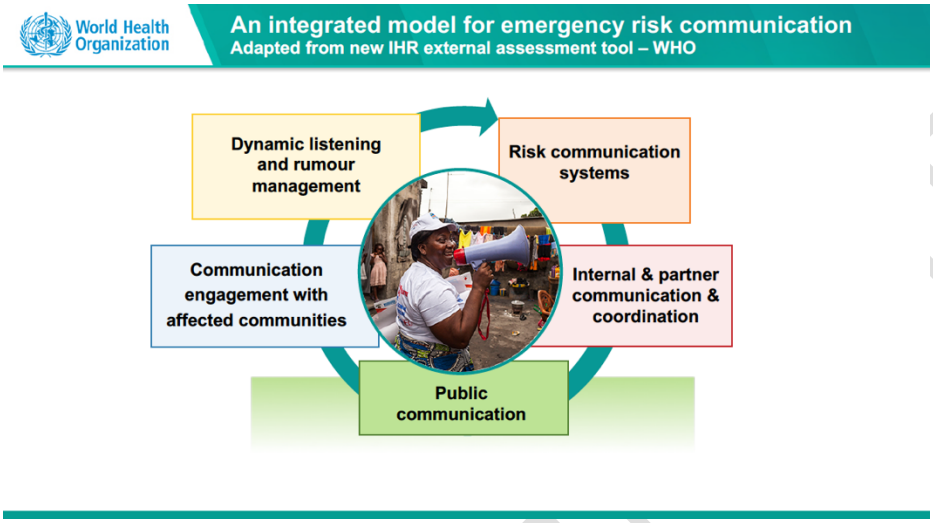

Figure 6. WHO's Integrated Model for Emergency Risk Communication (2017)

Figure 6 shows the integrated model used by the WHO for emergency risk communication. **Risk communication in the 21st century** is **multi-disciplinary** – it uses a **mix of communication and engagement strategies** (Figure 7). Doing only one thing – whether public statements, media briefings, social media or community engagement – will not be effective on its own. **For every event and for every locality, officials and staff need to figure out the best mix of approaches for risk communication to be effective**.

Figure 7. Multi-disciplinary Approach to Risk Communication (WHO, 2017)

In the WHO integrated model (Figure 6), there are **five (5) components of effective risk communication** (WHO, 2017):

1. **Risk communication systems**. A risk communication system includes all the policies, plans, human resources, platforms, and real-time mechanisms for risk communication in the event of a disaster, health event/emergency or outbreak. Having risk communication systems at the national, regional, and local level means that these governance levels have the capacities and resources to do risk communication and engagement properly.

2. **Internal and partner communication and coordination**. A risk communication system will not work if there is no communication and coordination within (internal) and outside (external) the government and other stakeholders. Doing communication and coordination is particularly difficult to do real-time, so all levels and relevant stakeholders must be capable of doing this, and understand the roles and responsibilities of each other (e.g. chain of command, partner/stakeholder's organizational structure).

   Without efficient communication and coordination, different messages will be disseminated, and gaps may exist which may cause confusion and conflict. Consequently, unnecessary repetitions will be done because of differing or conflicting messages. This can waste time, effort, and resources that could have been immediately channeled to responding to the disaster/event.

3. **Public communication.** Risk communication depends a lot on public communication strategies, with media communication as the predominant means. Public communication includes the use of TV, radio, social media, and print (posters and leaflets) to disseminate information. The use and appropriate mix of these strategies also depend on the country and disaster/emergency to be addressed. It also requires the existence of public communication infrastructure, procedures/protocols, human resources, etc.

4. **Communication engagement with affected communities.** Also called community engagement. Effective community engagement is important because people's beliefs, fears, misconceptions and sociocultural realities affect their ability to make informed decisions and actions especially when it comes to disasters and health emergencies. Structure, coordination, and resources (including human) are also needed to be able to do this effectively and appropriately.

5. **Dynamic listening and rumor management.** Effective risk communication involves active listening to what the key stakeholders and audiences are concerned about. It is important to know what they think (perception) and whom they trust (people, institutions/organizations), in order to know what to do, what to say (messaging) and which channels (appropriate public communication strategies) to reach them. Information that does not take into account people's perceptions, behavioral risks, and rumors, leads to ineffective risk communication.

   Particularly in health emergencies, addressing perceptions – how people see illness or death, how they view vaccinations, how they feel about not having to go to work or school – are critical in framing risk communication and engagement strategies. In addition, using social science approaches and methods (e.g. KAP surveys, home visits, media surveillance) to understand which behaviors in a particular community facing a specific disease threat or any other threat, amplify or reduce the risk of the spread of disease is significant. Understanding behavioral risks and working with communities (community engagement) to come up with acceptable ways to reduce these risks lead to effective risk communication. Lastly, rumors and misinformation need to be identified and managed. The rise of social media use has amplified the speed and reach of rumors and misinformation. Addressing this requires identifying the sources of rumors and misinformation, preventing the spread, as well as staying consistent and credible with strategies and messages.

Principles of Risk Communication

In health emergencies, a nurse may be assigned as a spokesperson or focal to the media, stakeholders, and community at large, or may lead in doing risk communication and engagement efforts.

Table 1 shows five (5) principles followed in risk communication for emergency/disaster response from the Philippine Department of Health. The second column shows the actions required for most of the principles outlined in the first column.

Table 1. Principles of Risk Communication for Response (DOH, 2012)

PRINCIPLE	ACTIONS
Accept and involve the public as a legitimate partner	• Exercise the fundamental right to information on risks • Share dilemmas • Share responsibilities to arrive at better choices
Listen to and appreciate the public's concerns	• Be sensitive to the public's emotions • Legitimize people's fears • Tolerate early overreactions but warn against their possible • negative consequences • Keep in touch with your own humanity • Speak clearly and with compassion
Be honest and open. Do not mislead by providing incomplete or false information	• Never over-reassure • Err on the side of alarm • Acknowledge uncertainty and warn the public about it • Coordinate and collaborate with other credible sources • Name a primary spokesperson and their alternate • Establish a network and develop formal communication channels • Carry out joint-planning and regular communication
Plan carefully and evaluate your efforts	• Gauge public's level of knowledge about risks and events • Consider "teachable moments" • Solicit feedback
Meet the needs of the media to ensure that they provide accurate and useful information	

Elements of Risk Communication

Table 2 shows the six (6) elements of risk communication outlined by the Department of Health (2012). The second column describes the essential components for each element.

Table 2. Elements of Risk Communication (DOH, 2012)

ELEMENT	DESCRIPTION
WHO: The "Spokesperson"	• In a key position • With media experience • Responsible, calm, and confident • Able to speak clearly and convincingly **Qualities of a good spokesperson:** ➢ Media-savvy ➢ Confident at all times ➢ Competent (has sufficient knowledge and information) ➢ Fluent in the common languages ➢ Respected by the public ➢ Versatile (e.g. can project qualities of a statesman or a brawler,as needed) ➢ Always available (24 hours/day, 7 days/week) *An equally good alternate exhibiting the above qualities should also be identified.* **What do spokespersons need to effectively communicate risk?** ➢ Up-to-date information and facts cleared for release ➢ Resources and contacts
WHAT: The Message	• What we know about the situation • What 'we' (ex. health authorities) are doing about the situation • What 'you' (the community) can do about the situation **What do the people want to know?** ➢ What happened? (Incident and Scope) ➢ Why did it happen? (Cause)

ELEMENT	DESCRIPTION
	➢ Who or what should be held responsible? (Accountability) ➢ What is being done about it? (Action) ➢ What will prevent it from recurring? (Result)
WHAT: The Message Development	• Bring it down to the basics: Simplify • Provide recommended actions • Be positive: provide more "dos" than "don'ts" • Don't lie • Be sympathetic
To WHOM: The "Audience"	• The audience will be the individuals and communities affected • by the risk/emergency/disaster • Keep in mind the following: ➢ People react differently to risks - real or perceived ➢ How do we deal with the emotional component of how people respond? ➢ How do we help people to interpret the risk and respond to risk in constructive ways?
WHY: The Purpose	• Address the strong desire of the public for authoritative information • Clarify all the inaccurate information circulating about the effects of the emergency and public anxiety • Help assure the public and respond to the strong demand for a • variety of services immediately
HOW: Communication Channels	• Mass media (TV, radio, newspaper, cinema, internet) • Stand-alone audio-visual (video, audio, public address system, loudspeakers, sirens) • Telephone (mobile, landline, SMS, facsimile) • Face-to-face (group meetings, seminars, workshops, conferences, marches, exhibitions, door-to-door knocking, community leaders) • Folk Media (storytelling, drama, dance, song, puppet show, street entertainment) • Stand-alone print (billboards, posters, banners, distributed print, leaflets, pamphlets, brochures) • Mail (postal, direct mailing)

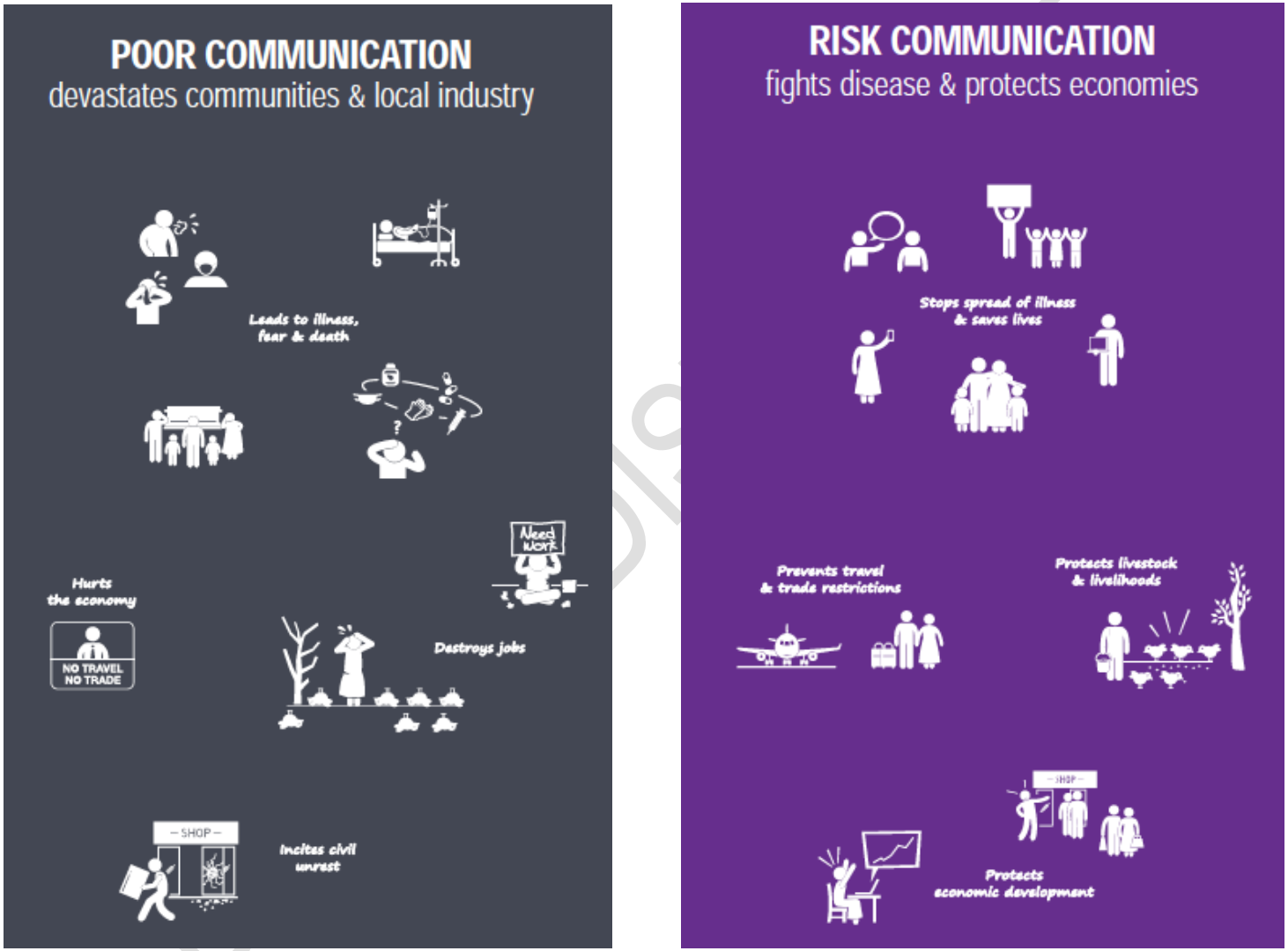

Figure 4-5. Consequences of Poor vs Effective Risk Communication (WHO, 2015)

Deepening Your Understanding

Essentials of Risk Communication

To learn more details about risk communication and about the steps in communicating risks, media management, and press releases, you may read **page 39-47** of the following resource:

- Department of Health (2012). Pocket emergency tool. 4th ed. Manila, Philippines: DOH Health Emergency Management Staff. https://acdrrmo.files.wordpress.com/2014/02/1384428965-pocketemergencytoolphilippinesdeptofhealth.pdf

WHO Online Course on Risk Communication*

The World Health Organization offers a free online course on the essentials of risk communication. This is a self-paced course that includes understanding the core principles of risk communication and application of risk communication to disease outbreaks and health emergencies.

To access this course, click on this link: https://openwho.org/courses/risk-communication. You will need to create an OpenWHO account. Once enrolled, you can start with the course.

The Importance of Disaster Risk Communication in the Time of COVID-19

Existing and anticipated hazards such as typhoons, floods, and fires can overlap with the ongoing COVID-19 pandemic. In instances where people are displaced and evacuated, clear guidelines and messages aligned with quarantine and physical distancing recommendations are needed to prevent increased COVID-19 transmission in shelters/camps.

To learn more about the key elements of risk communication to be considered by local governments, first responders, and humanitarian/civil society organizations, you may read the following article: PreventionWeb (2020). The importance of disaster risk communication in the time of COVID-19. https://www.preventionweb.net/news/view/71466

To learn more about the experience of Japan and recommendation for low to middle income countries such as the Philippines on risk communication, you may access the following resource:

- Shaw, R., Takeuchi, Y., Matsuura, S., & Saito, K. (2013). Risk communication. Washington, DC: World Bank. https://openknowledge.worldbank.org/handle/10986/16147

Sneak Peek on WHO's Simulation Exercise for Risk Communication

Simulation exercises is an interactive exercise that tests the capability of an organization or entity to respond to a simulated emergency, disaster or crisis situation (WHO, 2021). These are usually run as field exercises and include a scenario close to reality as much as possible (ibid). Simulation exercises are used for practical operations/implementation and the actions and decisions of different participants are evaluated.

To see how international organizations such as WHO tests their risk communication capacities, you may view the video below which summarizes the simulation exercise they conducted for pandemic influenza:

- World Health Organization (2015, May 21). WHO: Emergency communications boot camp – ECN training 2015. https://www.youtube.com/watch?v=V5jFJ612t9w&feature=emb_logo

Risk Communication and Community Engagement (RCCE): Approaches for COVID-19

In the context of COVID-19 pandemic, risk communication and community engagement (RCCE) approaches take into consideration the media space for critical lifesaving messaging that inform communities about related risks and preventive measures, as well as monitoring of misinformation, rumors, and engagement of populations with accurate information on all aspects of the response (IFRC, UNICEF & WHO, 2020). Interventions are designed according to different stakeholder groups, taking into account their unique needs and levels of vulnerability (ibid).

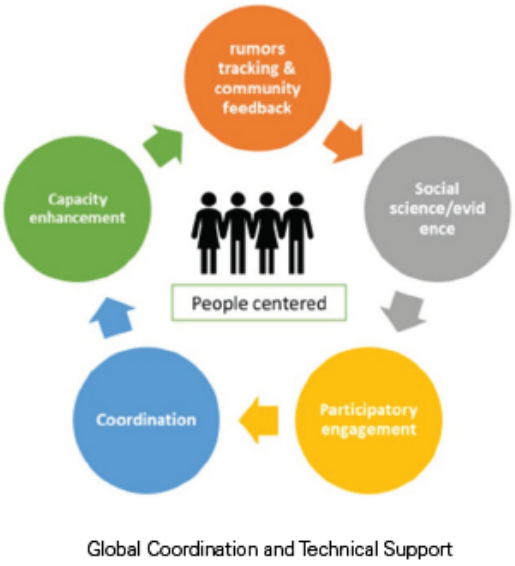

Figure 7. Framework: Key Principles and Approaches for COVID-19 (IFRC, UNICEF & WHO, 2020)

Table 3 shows the necessary actions/interventions to build effective international and national coordination, capacity and systems for preparedness, prevention, and response to current and future outbreaks (ibid).

Table 3. Necessary Actions for RCCE Approaches for COVID-19 (IFRC, UNICEF & WHO, 2020)

ACTION/INTERVENTION	DESCRIPTION
Coordination	Taking place for collaboration of technical support and activities to ensure that all resources are used most efficiently and effectively to prevent COVID-19 outbreak. This is also enabling key stakeholders and partners to operate as a unified team by mapping capacities of all partners, consolidation of resources (human and others) with minimum duplication and disruption. This includes joint decision making, planning of activities and frequent information sharing at all levels. Partners that implemented other outbreak RCCE strategies and interventions are mobilized while at the same time expanding the partnership to other programs that relate to COVID-19 response
Rapid social science qualitative assessments	This is to know the perceptions, knowledge and understanding about the risk of the disease, concerns, behaviors and practices of communities. Incorporating social scientists as part of response teams can engage with different response teams to learn about community concerns, priorities, and needs at all stages of the response. Real-time data collection can offer insights on many cultural and contextual factors that could help or hinder an effective response
Situation and communication analysis for crisis communication (with stakeholders) and **Risk communication strategy**	This is to inform responders of the misinformation and rumors taking into consideration biomedical response within local cultures, customs, concerns and risk behaviors and practices of populations. Real-time information gathering through social media and other digital sources will offer insights on contextual factors that could help or hinder an effective response.
Building capacities of regional, national and local planners, community workers and change agents, media, frontline workers (including health promotion persons/ officers and health workers)	This will improve trust and build relationships with communities during prevention and response. In addition, it will reduce the spread of rumors and misinformation

ACTION/INTERVENTION	DESCRIPTION
Integrating mental health and psychosocial support (MHPSS)	This is critical across all pillars of the response to reduce stigma and discrimination among affected populations. Community psychosocial support can be engaged to enhance RCCE through links with social science assessments and biomedical information, provision of technical inputs to the training needs of health workers, community workers, leaders and media groups. RCCE actors must be equipped to collect, design, and deliver information in a way that is sensitive to the needs of people in acute crisis. This may require additional training for all responders.
Community engagement	This is being done by conducting rapid qualitative assessments and key target audience and layers of influencers and participatory interventions that will target individuals, families, communities, organizations and policy makers. In the context of COVID-19, the following are suggested target audiences: • Individuals, families and caregivers • Health workers and service providers • Children (outside schools), Women (including pregnant women) and Youth including people with disabilities • Families and contacts of affected people • Media (both local and international) • Children, teachers and schools • Local community members and religious leaders • At risk communities and persons who are potentially exposed
Mobilizing networks and partners at the global, regional and national levels	This is for collaboration, coordination and joint action planning for disease prevention and early health seeking behavior: • creating awareness on signs, symptoms and avoiding spreading the disease • rapid information sharing • technical advice and support
Regular collection of community feedback	This should be done at all levels and types of communities (including response partners, donors, academia, researchers, national governments, media and general public)
Monitoring and evaluation (M&E)	This is going to measure success of all interventions. There will be a M&E framework with clear output and outcome indicators in order to analyze situations periodically and make changes as necessary.

Deepening Your Understanding

Planning for RCCE in the COVID-19 Pandemic

To learn more about planning for COVID-19 risk communication and community engagement, you may opt to access the following resources:

- World Health Organization (2002). COVID-19 risk communication and community engagement (RCCE): Planning template. https://www.paho.org/en/documents/covid-19-risk-communication-and-community-engagement-rcce
- World Health Organization, International Federation of Red Cross and Red Crescent Societies & Office for the Coordination of Humanitarian Affairs (2020). COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement. https://interagencystandingcommittee.org/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and-community-engagement

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International Federation of Red Cross and Red Crescent, United Children's Fund & World Health Organization (2020). COVID-19 global response: Risk communication & community engagement (RCCE) strategy. https://www.who.int/docs/default-source/coronaviruse/covid19-rcce-guidance-final-brand.pdf

PreventionWeb (2021). E-learning course on disaster risk communication in the new normal. https://www.preventionweb.net/events/view/74915?id=74915

PreventionWeb (2020). The importance of disaster risk communication in the time of COVID-19. https://www.preventionweb.net/news/view/71466

Shaw, R., Takeuchi, Y., Matsuura, S., & Saito, K. (2013). Risk communication. Washington, DC: World Bank. https://openknowledge.worldbank.org/handle/10986/16147

World Health Organization (2015). Risk communication saves lives and livelihoods: Pandemic influenza preparedness framework. https://www.who.int/risk-communication/PIP_brochure_EN_lo.pdf

World Health Organization (2021a). Risk communication. https://www.who.int/emergencies/risk-communications

World Health Organization (2021b). Risk communication simulation exercise. https://www.who.int/emergencies/risk-communications/simulation-exercises

Prepared by:

Asst. Prof. Kristine Joy L. Tomanan
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