A critical evaluation of H1N1 (2009) risk communication efforts with children and families

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Main Findings

Pandemic Risk Communication exhibits a lack of:

- Age-appropriate messages
- Culturally-appropriate messages
- Behavioral health information

Main Findings

Insufficient use of family-centered psycho-educational messages designed to:

increase resiliency
decrease stress
reduce uncertainty

Main Findings

Healthcare workers were confronted with conflicting obligations to protect their families vs. reporting to work

Main Findings

Families, children and other vulnerable populations usually *not included* in development of messages or dissemination methods

Main Findings

Unclear, conflicting, changing guidelines regarding self-protection, school closure, other social distancing

Caused confusion, uncertainty and mistrust

Main Findings

Pandemic Response Messages, e.g., mainstream media, may have unintentionally led to stigma of sick, exposed, certain populations

E.g., Mexican seasonal migrant farm workers (Schoch-Spana, et al, 2010)

Axioms of Pandemic Risk Communication

Trust is key.

Messages should be consistent.

Different populations, different needs.

Acknowledge uncertainty.

Be transparent and explicit.

Recommendations

Culturally and developmentally sensitive communication using trusted messenger & first language

- Enhances message acceptance
- Increases compliance
- Reduces stigma

Recommendations

Pre-, peri- and post-event risk communication should include information about disease mitigation strategies (e.g., quarantine, isolation, other social distancing measures)

Recommendations

Pandemic Risk Communication should include family-centered psycho-educational information:

- decreasing uncertainty, anxiety
- increasing self-efficacy

Recommendations

Pandemic Risk Communication should include Behavioral Health professionals to assist in crafting messages with psycho-educational information

Psycho-educational information

Psycho-educational information may include:

- normal and abnormal responses
- stress reduction
- mental health resources
- balancing work-family obligations

Recommendations

Pandemic Risk Communication should include counter-messaging to dispel myths and misconceptions that lead to stigmatizing behavior

Recommendations

Development, dissemination of Risk communication should include input from representatives of:

- children
- parents
- vulnerable populations

Message Delivery

Phone trees were viable mode of communication

preferred delivery method rural families

211 / Hotlines

Example

Kentucky Outreach and Information Network (KOIN)

- Person-to-person network
- Trusted messengers
- Coordinated messages (KDPH)

Recommendations

Risk Communication should include input from pediatric and family medicine to increase message credibility, consistency

Recommendations

Be transparent about uncertainties, inconsistencies in practice and public health recommendations;

Provide clear rationale for differences