

# Chapter 4.11

## Researching communication and communicating research in Health EDRM

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# Learning objectives

To understand the key factors to consider in evaluating and researching emergency risk communication programmes, including:

- Specific objectives of communication before during and after disasters.
- Particular challenges and opportunities in Health EDRM communication research.
- Techniques used in measuring behavioural change inspired by communication programmes.
- Key principles of quality communication and the need for further research.

# Five aspects for building Community Resilience



**COMMUNICATION**



**LEARNING**



**ADAPTATION**



**RISK AWARENESS**



**SOCIAL CAPITAL**

# Ban Ki-Moon

– UNISDR Global Platform, Geneva 2011

Success is measured by  
what does *not* occur –

the school that did not collapse

the building that did not fall

the village that was not destroyed



# How do you measure something *not* occurring?



For example:

- Consequences of not getting under a table during an earthquake
- Consequences of not washing your hands
- Consequences of not seeking higher ground during a tsunami
- Consequences of not touching fallen powerlines



# The GRADE certainty ratings system

| Certainty | What it means  |
|-----------|--|
| Very low  | The true effect is probably markedly different from the estimated effect                     |
| Low       | The true effect might be markedly different from the estimated effect                        |
| Moderate  | The authors believe that the true effect is probably close to the estimated effect           |
| High      | The authors have a lot of confidence that the true effect is similar to the estimated effect |



Best quality of evidence for emergency communications guidelines

ENTERTAINMENT



Makes you FEEL

ART

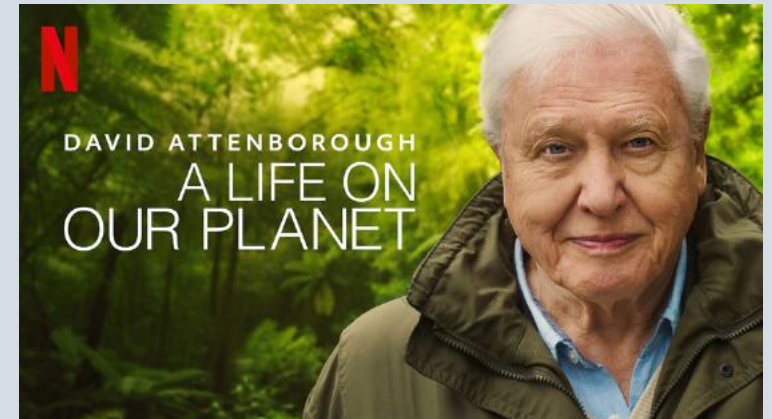
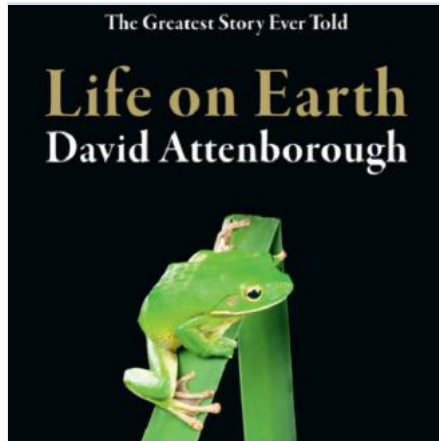


Makes you THINK

COMMUNICATION



Prompts ACTION



# Challenges in doing communication research in disasters

1. Intervention studies:
  - a) It's difficult to identify the "control group"
  - b) It might be impossible to use randomisation during a disaster
2. Adjusting for all extraneous factors:
  - a) Access to media will vary
  - b) Understanding of language varies between and within groups
3. Ensuring external validity cannot be ensured
  - a) International or national variation in education, employment, demographics
  - b) Variation in ethics, laws and religions



# Techniques to use in emergency risk communication (ERC) research

**Emergency risk literacy**

**Behavioural change approach**

**Self-empowerment approach**

# Emergency Risk Literacy

The cognitive and social skills that determine the motivation and ability to:

- gain access to information
- understand information
- use information

in ways that promote and maintain good health through the management and mitigation of emergency risk.

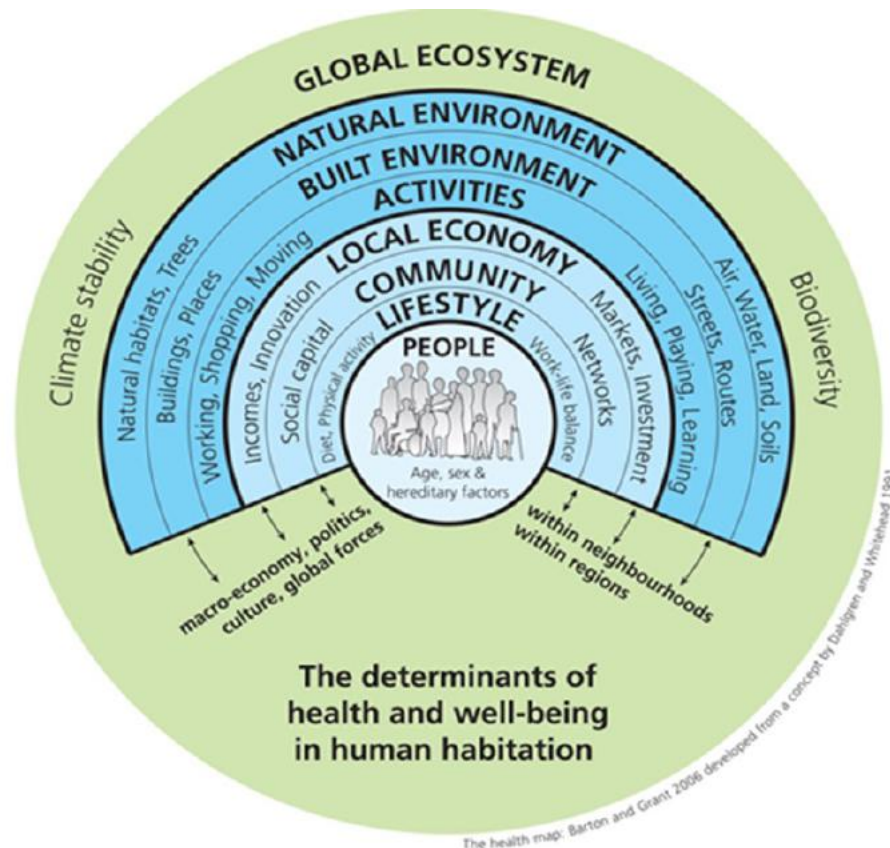
# Behavioural Change Approach

- Assumption is that providing people with information will change their beliefs, attitudes and behaviours
- However, it ignores the factors in the social environment that affect health, including social, economic, cultural and political factors

# Self-Empowerment Approach

- People are encouraged to engage in critical thinking and critical action at an individual level.
- This model aims to develop 'risk management skills', including decision-making and problem-solving skills.
- Enables the individual to maintain control of their life during an emergency.

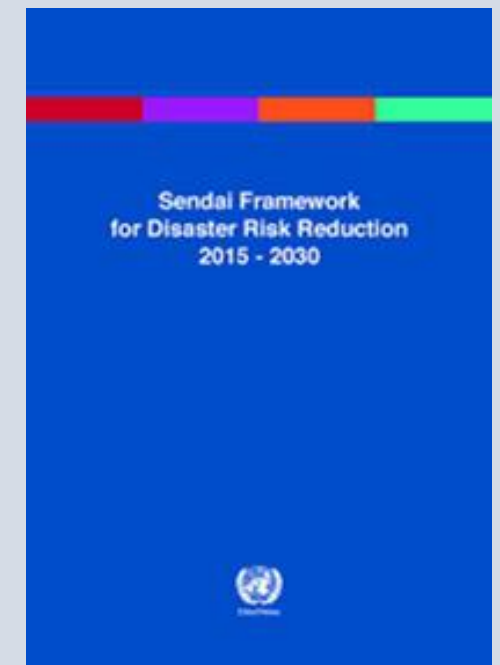
# The determinants of health



- The conditions in which people are born, grow, work, live, and age.
- The wider set of forces and systems shaping the conditions of daily life.
- Include education, housing, employment and the environment.

# Poverty; Inequity; Planetary Health - Determinants of health underpinning international action

- Sendai Framework for Disaster Risk Reduction
- Sustainable Development Goals
- Paris Agreement at COP21 (UNFCCC)



# Collective Action Model (1)

- A socio-ecological approach that takes into account the interrelationship between the individual and the environment.
- Generates population-level change by encompassing ideas of community empowerment and requiring people to individually, but also collectively.
- Promotes knowledge, understanding, skills, and commitment to improve the societal structures that have such a powerful influence on a community's ability to manage disaster risk.

## Collective Action Model (2)

- Engages people in critical thinking in order to improve their understanding of the factors affecting individual and community well-being.
- Engages groups of people in critical action that can contribute to positive change at a collective level.



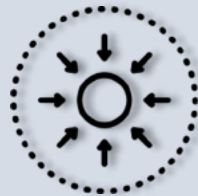
# Components of communicating risk effectively for emergencies (1)



Building Trust

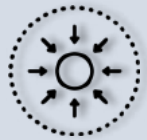


Integrated Approach



Specific Techniques

# Components of communicating risk effectively for emergencies (2)



## Specific Techniques

### Principles of the Seven Cs'

**Correct** – evidence based

**Concise** – pithy

**Clear** – it says what you mean,

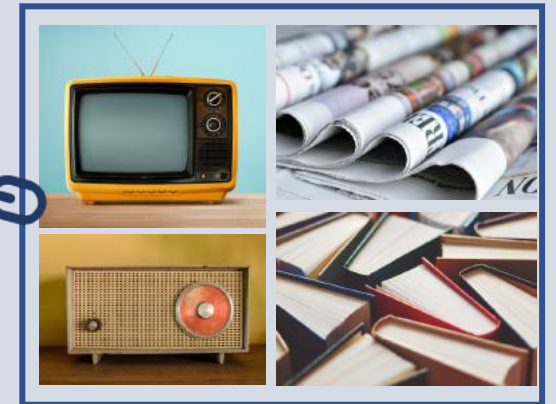
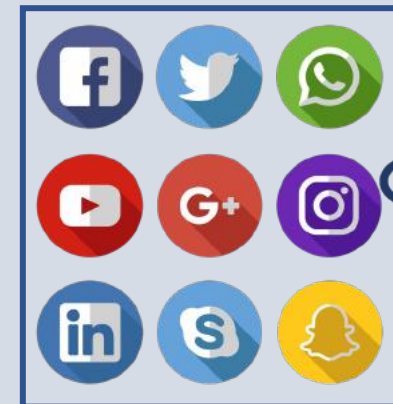
**Courteous** – cultural values are important,

**Complete** – as comprehensive as possible

**Considered** – with the target community/  
agencies and the agencies which serve them

**Concrete** – be specific, not vague

### Correct mix of media



# Research and evaluation (methods)

- Quantitative and qualitative methods:
  - Focus groups
  - Surveys
  - Interviews
  - Case studies
  - Social media and/or website monitoring ('hits').

# Research and evaluation (measurement)

## Series of measurements:

- Formative (baseline)
- Process
- Impact
- Outcome measures

## Measuring:

- Awareness
- Knowledge
- Behaviour change

## Research and evaluation (budget)

- Budget for communication plan needs to accommodate evaluation.
- Budget can be minimised by tacking questions onto routine data collection or existing market surveys.
- Funding needs to follow population over time (preferably before, during and after disaster).
- Specific population subgroups need to be measured, particularly low income or vulnerable groups.

## Case study: *The 'All Right?' Campaign, Canterbury, New Zealand 2012*



The 'All Right?' campaign is a population-based, multi-media health promotion aimed at improving psychosocial well-being following the 2010-2011 Canterbury earthquakes.



## **Case study:** *The 'All Right?' Campaign: Evaluation Methods*



“All right?” was formatively evaluated and has been continuously evaluated over several years. Methods of quantitative and qualitative evaluation include:

1. Semi-structured interviews for process evaluation.
2. Survey questions developed with a market research company aimed at 400 randomly selected Christchurch residents.
3. Specific tailored questions added to the Canterbury Well-being survey, which is an annual survey of more than 2000 people to monitor Cantabrians' well-being in the wake of the earthquake sequence.

# Case study: The 'All Right?' Campaign: Evaluation Results



- After 6 years, half of Cantabrians (pop<sup>n</sup> 400 000) were aware of the 'All Right' campaign.
- Of those who were aware of it, nearly 90% thought the messages were useful.
- More than 70% felt that the messages were useful for them personally.
- 42% claimed to have done at least one of the simple activities advocated by the campaign including, but not limited to, the Five Ways to Well-Being – Communicate, Learn, Be Active, Take Notice and Give





## Key messages

- Emergency risk communication (ERC) is an essential part of emergency preparedness.
- Essential components of effective communication during emergencies are trust, integration and the seven “C”s of effective communication.
- Research and evaluation of ERC can be difficult in the pressured environment of an emergency or disaster but can be achieved with careful advance planning.
- In order to learn from and improve ERC, formal evaluation techniques should be applied to ERC which requires forethought and funding.

## Further readings (1)

**Bailey N, Hoque M, Michie K, Ur Rabbi F. How effective is communication in the Rohingya refugee response? An evaluation of the common service for community engagement and accountability. Bridging theory and practice: Research Report British Broadcasting Corporation Media Action, London; 2018.**

**<http://downloads.bbc.co.uk/mediaaction/pdf/research/rohingyaresearch-report.pdf> (Accessed 18 January 2020).**

In this report, the authors evaluate the Common Service for Community Engagement and Accountability, a humanitarian framework deployed during the Rohingya refugee crisis.

## Further readings (2)

**Chan EYY Building bottom-up health and disaster risk reduction programmes. Oxford, UK: Oxford University Press; 2018.**

In this book, the author provides an overview of the concepts of public health issues in disaster relief.

**Chan EYY Public health humanitarian responses to natural disasters. New York, USA: Routledge Humanitarian Studies; 2017.**

This textbook provides the context for humanitarian responses to disasters and more specifically, the public health aspects (including communication issues) of disaster risk management

## Further readings (3)

**Sellwood C, Wapling A. Health emergency preparedness and response. Oxfordshire: CAB International; 2016.**

This 17-chapter textbook covers a range of essential aspects of major incident and disaster management, which is required knowledge when planning for health emergencies.

# References

**This chapter:** Humphrey A, Robinson L, Bonney J, Turner S. Chapter 4.11: Researching communication and communicating research in Health EDRM.

**Building community resilience:** Castleden M, McKee M, Murray V, Leonardi G. Resilience thinking in health protection. *Journal of Public Health*; 2011; 33(3): 369-77.

**Ban Ki-Moon:** Moon BK. Invest Today for a Safer Tomorrow – Increase Investment in Local Action. Plenary: Global Platform for Disaster Risk Reduction Third Session. UNISDR; 2011, 10 May.

**Emergency Risk Literacy:** Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century *Health Promotion International*; 2000; 15(3): 259–67.

**Behavioural Change Approach:** Ngigi, Samuel & Busolo, Doreen. Behaviour Change Communication in Health Promotion: Appropriate Practices and Promising Approaches. *International Journal of Innovative Research and Development*; 2018; 7(9): 84-93.

**Self Empowerment Approach:** Tengel PA. Behavior Change or Empowerment: On the Ethics of Health-Promotion Goals. *Health care analysis: HCA: journal of health philosophy and policy*; 2013; 24(1): 24-46.

**Collective Action Model:** Racher FE, Annis RC. Community Health Action Model: health promotion by the community. *Research and Theory for Nursing Practice*; 2008; 22(3): 182-91.

# Contact information

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