Effective health communication – a key factor in fighting the COVID-19 pandemic

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Editorial

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Over the course of March 2020, the everyday life of most people changed from normal to extraordinary around the globe. By the beginning of March, there had been serious outbreaks of COVID-19 in a limited number of countries, such as China, South Korea, Iran and Italy, while many others experienced a lull before the storm. People in unaffected countries understood that the Corona SARS CoV-2 virus might reach their shores at one point; the question was when and how hard it would hit. By the end of March, many governments had ordered drastic measures. Schools and university campuses were shut down. Shops, restaurants and companies were closed. People in many different jobs were asked to work from home, and many were in quarantines.

1. A massive flow of health information

The scale of the crisis and governments' responses have been matched by a colossal flow of information about COVID-19 in terms of 24/7 news coverage, televised press conferences provided by both political leaders and health authorities, prime time speeches to the people by kings, presidents, prime ministers and religious leaders, as well as news analyses, debates and social media posts. This massive flow of health information and viewpoints on the pandemic is unprecedented and varied. While young people prefer information through social media such as Instagram or YouTube, older adults are generally informed through national evening television and newspapers. Migrants and refugees may be more effectively reached by migrant community leaders and news sources from their countries of origin.

As the pandemic has developed, the need to provide clear, honest and valid information to the public all over the world has become obvious, as expressed in a February editorial in the Lancet, concluding that "There may be no way to prevent a COVID-19 pandemic in this globalised time, but verified information is the most effective prevention against the disease of panic" [1].

Political leaders and health experts have a special responsibility to provide us with accurate information, and to implement measures that require behavior change to fight the pandemic. However, in the near chaotic flow of information, each and every one of us, in different roles and with different responsibilities, may contribute to improve the flow of information and debate on COVID-19.

Health communication is a key and necessary factor in saving lives during the COVID-19 pandemic crisis. Accurate and well-developed health communication can facilitate how societies handle uncertainty and fear, promote and accomplish adherence to necessary behavior change, and meet individuals' fear and foster hope in the face of a crisis. Professionals in the fields of health communication, patient education, and health behavior change have a special responsibility to contribute to the spread of concise and valid information in different contexts.

2. How to handle uncertainty and fear

COVID-19 is scary for many reasons. The two foremost grounds for this high rate of fear and anxiety are how contagious and lethal this pandemic appears to be, especially for older people [2]. The fact that the virus involves a symptom-free incubation period of on average almost a week for the majority of those infected [3], in which contagiousness is maybe most prominent, increases the notion that this is an invisible enemy, inducing a feeling of losing control over ones' lives. Consequently, both leaders and clinicians face the difficult task of making people feel safe with uncertainty.

Uncertainty about COVID-19 and its spread is an obvious challenge for health communicators giving information about this condition. We simply have limited experience and knowledge, and not just about contagiousness and lethality. We know too little about the mutation rate of the virus, if herd immunity will develop and how much that will protect us, whether a vaccine will be efficient, and not the least, why the course of the disease seems to vary so much, dependent on age and frailty. Furthermore, the consequences of a societal lock down are likely disastrous for many people. The way from uncertainty to panic may be brief.

Communication under such conditions is demanding. We will suggest four elements that are particularly important in determining how to communicate health information to the public effectively.

First, it is important to declare openly and honestly what is known and what is unknown and to stick to the facts as much as possible [4]. We must also acknowledge the temporality of 'facts' as a work in progress. What data we have today will be updated and perhaps modified given new evidence related to the disease and its management. We also need to confirm accurate sources of this information. Given how rapidly things are changing, it is important to be clear that when recommendations change, this is based on new, previously unknown evidence.

Second, information should be consistent and specific. Even if we acknowledge that there is much we do not know, it is important not to get stuck in vagueness. Research on severe diseases has shown that illness uncertainty, a patient's inability to determine

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the meaning of illness-related events, can be a result of ambiguity (conflicting, incomplete, or inadequate information); complexity (difficult to understand information); and unpredictability (likelihood or risk of future outcome of the disease) [5–6]. Thus, it is important to provide information in clear, specific, unambiguous, and consistent lay language. Beyond keeping the messages consistent and specific, also the number of spokespersons should be limited and consistent.

Third, we suggest that it is important to demonstrate ability to make decisions in a situation characterized by uncertainty, with confidence (signaling ability to feel safe in the situation) and honesty (that the decision might prove wrong). From a health communication perspective, part of this leadership might be to publically acknowledge and praise those politicians, scientists, and health care providers at the front line working to solve immediate problems for the benefit of all.

Fourth, we should acknowledge emotions. Uncertainty in illness has been associated with anxiety, depression and distress [3,7,8], all of which can result in panic and passivity, rather than the community working together to change behavior in ways that will reduce the COVID-19 risk. Information should therefore be empathic, by demonstrating concern and by acknowledge the impact of the situation for the individual and their lives, and not by being aloof or too factual [9,10]. Clinicians will know that this is a challenging task, often helped by reciprocal trust.

Fear is a natural response in the face of the pandemic. Fear does not go away by being ignored. Rather the opposite, fear is easier to handle when it is acknowledged [11]. Petersen has coined a term, "optimistic anxiety", suggesting that "citizens must be anxious enough to take the advice from the authorities to heart and optimistic enough as to feel that their actions make a difference" [12].

3. How to promote behavior change: lessons from health communication research

To reduce the risk of COVID-19 in the community, it is critical that we pay attention to optimal methods to ensure behavior change, both on the individual as well as on the community level. How recommendations are framed is important to secure adherence. We know from research on previous pandemics that official recommendations are met with skepticism by many [13].

The relevant behavior changes to fight the pandemic are well known by now: Wash your hands regularly! Cough in a tissue or in your elbow! Keep distance - Social distancing! Clean surfaces! Do not touch your face! The messages are simple, but are not necessarily simple to implement for all. Even if everybody had the correct and the same information, behavior change would still be a challenge. Many of these recommendations require changing subconsciously deployed behavioral routines. This will require communication raising to awareness actions that are mindlessly habitual. As we all know, the way from knowing to doing is not easy; the intention-behavior gap has been well documented. Knowing is not the same as doing.

In the last few weeks, a number of papers and websites have been produced, which may serve as helpful resources for everyone engaged in health communication [10,14–17]. We will briefly mention four recommendations regarding behavior change.

First, Michie and colleagues have suggested the usefulness of creating a mental model about how contamination works and how this can be prevented [16]. The better inner picture you have of how the virus gets into the environment and is then inhaled, the better you understand and remember how its route to transmission may be blocked. While much of the general public has a mental model of COVID-19 as a scary and disruptive disease, other sectors of a population may not share that sense of urgency and thus may ignore behaviors, such as social distancing, that can help stop the spread. Another obvious challenge here is that the mental model of experts is not even yet settled, as we learn more and more along the way and need to wait for reliable evidence to be collected and shared.

Second, behavior change requires not only verbal recommendations, but also real interventions in the environment and even legislation. Lunn et al. point out that it is not enough to advise individuals to wash hands and cough in the elbow. It is just as important to change the environment in a way that facilitates the new behavior, in this case for instance by placing alcohol-based hand sanitizer (AHS) in highly visible locations [10]. Moreover, it is important not only to say "Don't!", but rather to replace one behavior with another and make the behavior easy, for instance by building it into existing behavioral routines. The norm of not shaking hands as part of social distancing e.g., may lead to awkward, uncomfortable situations as we have to change routines. Demonstrations on TV by role models of touching elbows or a Japanese style bow or nod of the head are examples of suggesting an easy, alternative behavior for shaking hand. This will increase self-efficacy, which is an important determinant of behavior change. Restrictive legislation may also be required. It is interesting to see that the road of restrictive legislation is increasingly being used to promote health behavior change. This route is observed in recent years in the prevention of smoking and also now used in many countries to reinforce adherence to social distancing.

Third, even if citizens are more isolated than ever, in more or less self-imposed quarantines, appeals to collective action and a spirit of we-are-in-it-together are very important to flatten the curve and reduce the rate of infection [10]. The attitude and behavior of leaders at all levels are important. For instance, in Norway politicians appeal to the Norwegian tradition of "dugnad", a word for joint action on family or community level. In several countries politicians and heads of state have given national speeches acknowledging how the pandemic creates fear, and with appeals to solidarity and shared responsibilities. A demonstration of concern from role models may have a role in persuading the public to adhere to recommendations.

Fourth, maintaining behavior change over time, including washing hands, maintain social distance, sneezing into one's elbow and not touching one's face are important, in particular when restrictions have lasted for several weeks or even months [18–20]. It is important to acknowledge that transition of initiation of behavior to maintenance requires a change in the self-regulation of the behavior. Behavior initiation requires intentional behavior planning whereas maintenance becomes more habitual and requires less self-regulation. Self-efficacy is relevant in the motivational phase of behavior, when behavior intentions are being formulated. To initiate a new health behavior, individuals must be confident in their ability and skills to perform that behavior (action self-efficacy). To maintain behavior, individuals must be repetitive in their performance of the desired behaviors and confident in their ability to overcome barriers in order to continue that behavior (maintenance self-efficacy).

4. Challenges for the clinician

A final important area for implementation of health communication in the COVID-19 crisis is to consider the challenges clinicians face in clinical encounters with patients whether in person or to an increasing extent virtual encounters. Net-based manuals have been developed, for instance by VitalTalk [21] and the Association for Palliative Medicine of Great Britain and Ireland [22]. These web sites are valuable resources for clinicians on how to tailor communication skills to the needs of patients with COVID-19.

Important decisions are to be made with the patient and the family about the pros and cons of staying at the ICU and its impact

on the quality of life in the long run. Serious infections with COVID-19 require a long stay at the ICU with mechanical ventilation which is highly invasive. For some patients, the physical impact both of the disease itself and invasive treatment can be huge. A study by Udelsman et al. among older, higher-risk patients presenting for elective procedures showed that most patients chose limitations to life-sustaining treatments [23]. This finding highlights the need for in-depth goals of care discussion and establishment of advance care preferences before any procedure or operative intervention, preferable even before one is affected with COVID-19.

We also need to acknowledge the mental health effects of extended social isolation for many vulnerable individuals [18,19,24]. For example, social isolation is one of the most important contributors to all-cause mortality in older adults. On the one hand, if we are unable to decrease the rate of progression of the pandemic ("flatten the curve"), the healthcare system will become overwhelmed, and older adults are those at greatest risk for death from the direct effects of infection. Yet, on the other hand, social isolation puts older adults at risk for mental and physical adverse effects.

The current COVID-19 crisis is a unique situation. Not in the history of mankind has a widespread pandemic been met with such extensive and invasive action from political authorities and the healthcare community. However, the communication around the measures taken can be improved in many cases. The academic fields we discussed here offer many important insights for anybody with a need to advise leaders or communicate directly with their local communities or the public at large.

A situation like this requires a broad, interdisciplinary response from the research community [25]. Professionals in the fields of communication, education, and health behavior change need to take responsibility for carefully evaluating what is known and insights currently emerging. We are in a position to use their expertise to counsel others to adjust their strategies to fit the new and largely unknown situation, and heeding the call to action can play a significant part in guiding our societies through these challenging times. Effective health communication is a key factor in fighting the COVID-19 pandemic.

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