



MEETING REPORT

Joint ECDC/EUPHA meeting on health communication for innovation in the EU: a focus on communicable diseases

Stockholm, 18–19 May 2009

Executive summary

Considering the occurrence of new communicable diseases in Europe and the primary importance of communicating health risks (e.g. during pandemics), the collaboration between EU Member States, experts and institutions to provide accurate, reliable and timely information becomes essential. At present, relevant institutions and experts are scattered within the EU and therefore have limited ability to quickly share and find information they may need. Preparedness and response to health threats related to communicable diseases can be strengthened by collaborative work (network) of institutions supported by innovative resources, such as centres of knowledge (e.g. ECDC Knowledge and Resource Centre on Health Communication) that provide accurate, evidence-based information on health communication and facilitate the process of sharing best practice, case management and lessons learned between public health professionals in EU Member States.

The technical consultation meeting on health communication unveiled opportunities and challenges associated with developing communicable diseases-related health communication based on published research and evidence on effectiveness. Mapping and networking of existing health communication resources should be an ongoing process, taking into account the diversity in Europe and the need to address main audiences. ECDC Knowledge and Resource Centre on Health Communication will provide input to Member States and support sharing research, evidence, practice and knowledge. The recent communication challenges posed by the 2009 influenza A(H1N1) pandemic provide a source of experience in developing health communication and innovation.

1 Introduction

Health communication related to communicable diseases in Europe requires resources to review and keep up-to-date information on emerging evidence and research on health communication and its related topics. There is limited knowledge on how to effectively target diverse European audiences (e.g. general public, policymakers, health professionals and media) in its different and specific contexts. The results of different studies indicate that biomedical science and public health professionals are often unable to effectively communicate their innovation and meaningful new data. Important knowledge gaps have been identified between science-based information and

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information presented in the media, as well as a sense of questioned confidence in public health authorities in some specific communication contexts. Evidence suggests that a relevant percentage of the population has difficulty to understand and apply health messages to their daily life. This can be explained by the fact that audience research and inclusion of end-users in strategic communication planning remain insufficient. The political context around some health topics, the lack of proper assessment criteria related to health communication activities and the inability to communicate research results and complex science to different groups set a number of challenges to the flow of health communication activities geared towards citizens' needs. An increasingly high number of citizens take advantage of innovative methods and tools to seek health-related information, which adds to the need of establishing an ongoing process of disseminating evidence-based information.

2 Meeting objectives

- To bring together individuals and organisations interested in health communication practice and research.
- To initiate a discussion on the current status of practice and research dedicated to promoting health literacy in the EU (adding an overview of the US CDC).
- To initiate a network focussed on sharing innovation to improve health communication and dedicated to health literacy in communicable diseases in the EU, using as working examples the community response to the influenza pandemic and the role of a health innovation bank (i.e. an embryo for a Knowledge and Resource Centre on Health Communication).
- To produce a short report on current health communication issues related to promoting health literacy in communicable diseases in the EU.

3 Main discussions

3.1 Institutional and individual collaboration in building health literacy within the EU (mapping and networking)

Health communication should be an integrated and evidence-based process that involves different stakeholders such as research institutes, health professionals, partner organisations (e.g. private institutions), policymakers and individuals (e.g. organisations of patients). They are important contributors in the process of health communication because of their unique knowledge and experience. Participants of the meeting supported the idea of networking as one of the ways to promote public health knowledge and to build coherence in health communication. It is important to realise that countries have their specific structures and systems of health communication, which need to be identified through a structured study – mapping (e.g. organisations, professionals, etc.). The initial map should be elaborated with active participation from EU Member States. Three steps have been identified as the way to establish sustainable network:

1. Elaboration of a basic structure – the network of key people in EU Member States
2. Implementation of an initial resource knowledge centre and its potential output.
3. Development of concrete research projects, with a structured analysis of existing resource and evidence to suggest best practices in interventions.

In addition, there is a need to create a resource (repository) of best practices and ideas from countries. Such a resource could embrace theoretical and practical (technical) examples, particular case studies or research methods (e.g. deriving from research institutes, medical institutions, public health universities, international organisations and others). Results of evidence-based methods such as meta-analyses of randomised clinical trials (RCT), cohort studies, case-control studies, case studies and expert opinions can contribute to increase accuracy of health communication. The recent communication challenges posed by the 2009 influenza A(H1N1) pandemic provide also a source of experience in developing health communication and innovation. ECDC sees itself as an important facilitator of the dialogue and a centre for collection of evidence in order to develop an inventory of best practices in health communication research in the EU.

3.2 Evaluation of health literacy within the EU

The terminology 'health literacy' should be clearly defined. Several studies measuring health literacy in Europe have been mentioned during the meeting:

- **Health Literacy Survey in Europe:** hosted by Maastricht University and supported by the European Commission. ECDC Health Communication Unit (HCU) will develop efforts to collaborate with this project in future activities focusing on communicable diseases.
- **Study on knowledge and attitudes towards the avian influenza pandemic threats:** run in Portugal in 2006–2009 as a method to gather information and to measure the knowledge on communicable diseases among the general public. Its results revealed important knowledge gaps between scientific information and information presented by media, as well as a low confidence in public health authorities.

In the US, health literacy is low with only 12% of adults showing 'proficient health literacy'¹. A large percentage of the population has difficulties to understand and apply health messages.

The level of health literacy depends on many different factors (e.g. social factor). There is still the problem of inequities in people's access to health prevention and health information; there are developmental disparities between regions, as well as different levels of development between EU Member States. As communication technology becomes more sophisticated, the risk of a gap and inequity in access increases. Schools of Public Health can play an invaluable role in educating on innovative methods of health communication.

3.3 Audience analysis and innovative techniques of health communication

People expect concrete and immediate information that is easily accessible and useful – especially during a crisis. Early inclusion of external and independent stakeholders (e.g. media, special communities, local authorities, patients' organisations and clinicians) increases trust in presented topics and messages. The source of information should be seen as credible from the point of view of the receivers, as it may convince and motivate the audience and finally have an impact by promoting a desire to action. The basis of health communication work is the engagement with the end-user. It takes into account audience research and requires familiarity with ways and tools used by audiences to seek and gain information.

A number of communication challenges determine the strategies developed and tools used to reach target audiences. The following four groups of recipients have been identified as requiring special attention.

General public

The impact, trust and authority of traditional media are in decline. People are also willing to actively participate and share their views and information, including on health issues, by means of social networks. This explains the emergence of the new social media (blogs, chats, Twitter, Facebook, MySpace) that may become a strategic media in the near future. Websites were mentioned as widely used to convey health messages, like ongoing health campaigns addressed to different groups (e.g. campaign on seasonal influenza vaccination) or during crisis communication (e.g. detection of *Salmonella* in food). Statistics confirm the widespread use of this information².

Information based on research and evidence play an invaluable role in efficient communication. The Google Flu Trends or CDC Data were mentioned as good examples of accessible research information that allows regular tracing of flu activities in various parts of the world. Another example of easily accessible research information is animated maps that present disease activities in almost real time (e.g. map of weekly flu activities in France in 2006).

Mobile phones were mentioned as an efficient and fast tool (often used by low-income people) of disseminating information.

¹ Kirsch IS, Jungeblut A, Jenkins L, Kolstad A. Adult Literacy in America: A First Look at the Results of the National Adult Literacy Survey (NALS). Washington, DC: National Center for Education Statistics, US Department of Education; 1993.

² A special CDC website dedicated to the 2009 pandemic influenza A(H1N1) virus registered more than 120 million visitors between 22 April and 12 May 2009. The information about *Salmonella* discovered in peanut butter registered 30 million viewers within three weeks.

Policymakers

The participants of the meeting emphasised the involvement of politics and policymakers in health communication. The political context, including healthcare system dynamics (e.g. healthcare financing, organisation of services, media agenda, etc.), influences the setting of priorities and focus of health communication. In this context, it was argued that information produced for policymakers should be 'politically neutral' and free of recommendations that might be considered as political options and potentially be in disagreement with the political context of any given health system.

Trust has been identified as a major asset in this context of health communication and a number of principles for such purpose were discussed, including the need to promote a neutral, even if close, relationship between research institutes and policymakers and avoiding potential mismatches in priorities and timings. This is perceived as a major topic for further debate and research.

The interaction between politics and research can be strengthened through activities and efficient mechanisms that improve brokering and transfer of knowledge and evidence. Examples, building from the European Observatory experience:

Policy briefs – short and clear, properly targeted, with the adequate information concerning key policy questions, focusing on the context and needs of policymakers. This mechanism often provides evidence on alternative strategies and considerations on implementation.

Policy dialogues – interactive knowledge-sharing mechanisms that address strategic questions and can be co-organised with policymakers (possibly target a small group of senior policymakers).

Health professionals

Education of health professionals on innovative methods of health communication remains insufficient, partly as the result of underinvestment in this field. Many countries report no or minor investments in this area (e.g. in schools of public health). At present, the highest expenditures on health communication research fall on three countries (US, United Kingdom, and Canada).

It was stressed that schools of public health play a leading role in educating and promoting research and innovative methods of health communication among future health professionals.

Media

Media usually have strong influence on public opinion and policymakers. Early inclusions of media into the communication process (e.g. during a crisis), as well as an educational approach, were mentioned as efficient methods to secure accuracy and credibility of health information. The outbreak of avian influenza, which took place several years ago, and the media taking over a leading role in steering health-related information at that time was mentioned as undesirable way of running communication with the public.

For the crisis communication in relation to the 2009 influenza A(H1N1) pandemic, the educational approach to the media has proved to be a relatively efficient method. ECDC used different channels to provide timely and accurate information needed for public health action (e.g. dedicated 'outbreak page' on the website with frequent updates, articles and rapid communications in health journals, as well as a virtual press room and regular webcasts).

3.4 Evaluation of health communication activities

The innovative methods of communication should undergo careful assessment in order to prioritise issues, to properly define target groups as well as tools and methods that can be used to disseminate information, to assess how the information reaches recipients and the public response to it. Accuracy in campaign evaluation requires that clear criteria and measurable values (comparable over time) are defined already at the planning stage of the public campaign.

Evaluation of public campaigns should determine as systematically and objectively as possible the relevance (e.g. type of messages, tools, channels, selection of key messengers), utility, management, short- and long-term impact in the light of campaign objectives (e.g. impact on people's knowledge, awareness, attitudes and behaviours).

There is a need for evaluation for innovation and planning. Once it is established what works and what does not work, then it will be possible to improve future actions, build confidence and credibility and to motivate and empower participants.

In social advertisement and health promotion, short-term results ('efficiency') are difficult to measure when proper assessment criteria are lacking.

Health promotion constrains are often caused by opposing factors (e.g. 'fearing audience vs. being responsible for their response' or 'targeting specific population vs. avoiding stigmatisation' etc).

3.5 Barriers to an effective health communication

- Political constrains
- Lack of engagement of the end-users into communication work
- Lack of leadership in building health literacy in Europe
- Lack of proper assessment criteria of health communication activities
- Inability to communicate research results and complex science in a language that is understandable by different recipients
- Difficulty to identify and map contact persons who are responsible for public health at the national level

3.6 EU programmes and funding

The European Commission's DG Research provides support to research through the Framework Programmes (currently the FP7, which runs for seven years), which are mainly based on collaborative research between several research groups from different nations. The collaborative research is run on two levels. The first level takes place between countries (within Europe and between Europe and non-European countries) and the second between different types of organisations, including the public sector (e.g. universities, research centres, hospitals), the private sector, global stakeholders (e.g. WHO) and civil society (NGOs, patient organisations). Currently there is no specific research project within the FP7 to cover the area of health communication, although the issue is horizontally being addressed in some other projects. The topic on how to communicate scientific results to the public requires a high quality proposal (clear definition, precise criteria, and measurable outcome – EU added value).

4 Conclusions

The scope of the ECDC Knowledge and Resource Centre on Health Communication (KRC) must be precisely defined as this will guarantee the buy-in of stakeholders. Each organisation (WHO, CDC, ECDC) and EU Member States can contribute with their unique experiences and knowledge.

The meeting unveiled opportunities and challenges associated with developing communicable diseases-related health communication based on research and evidence.

Table 1: Opportunities and challenges of communicable diseases-related health communication

| Opportunities | Challenges |
|---|---|
| <ul style="list-style-type: none"> • Political consensus and need of a high quality health communication based on evidence and research. • Specific knowledge and experience on health communication and public health in different organisations that can build synergy in terms of credibility and quality of information (e.g. ECDC, WHO, CDC). Personal contacts and trust may strengthen satisfactory impact. • The familiarity with modern tools and techniques of communication (e.g. new social media). • The ability to identify good practice deriving from countries – theoretical and practical examples, case studies and research methods. • The willingness to support a network dedicated to health communication, research and evidence on communicable diseases across Europe. | <ul style="list-style-type: none"> • Alleged declining credibility and trust in official sources of health information. • Inability among countries to run long-term health communication related to communicable diseases (exception: short-run policy – in crisis situations). • Underinvestment in health communication. No or minor investments in public health communication research (e.g. in schools of public health). • Difficulty to share innovative information between research institutions as they often represent different values, tasks and areas of expertise and they are not willing to share information. • Media taking over a leading role in steering health-related information and consequently influencing public opinion – sometimes unaware of new scientific evidence. |

| Opportunities | Challenges |
|---|--|
| <ul style="list-style-type: none">Increasing availability of health information among all other information shared by different groups of people. | <ul style="list-style-type: none">Difficulty to translate science into a language understandable by specific groups of recipients.Lack of shared common vision on health communication activities in EU countries.Short life of projects such as 'centres of knowledge', if not regularly updated and left as 'storage place'. |

5 Next steps

- Mapping of existing resources will become an ongoing process, taking into account the diversity in Europe and the need to address the main audiences: policymakers and professionals. ECDC KRC will provide input to Member States and support sharing research, evidence, practice and knowledge on health communication.
- A report from the joint ECDC/EUPHA technical consultation meeting on Health Communication for Innovation in the EU: a focus on communicable diseases will follow after the 2nd European Public Health Conference in Lodz (25–28 November 2009).
- ECDC will organise a follow-up meeting on health communication in 2010 to foster this type of developments and cooperation.

Annex 1: Meeting agenda

Background papers:

- Theme a) Paper on developing a European health communication research agenda. Towards a health communication Knowledge and Resource Centre to support innovation projects on communicable diseases;
- Theme b) Developing the European health innovation bank.

The background papers were distributed to participants a few days before the meeting. Participants were requested to comment on some of the issues raised during the sessions planned for the meeting.

Day 1 – 18 May 2009

- 13.00 Buffet lunch at ECDC
- 14.00 Welcome remarks
Karl Ekdahl (Acting ECDC Director), Constantino Sakellarides (EUPHA President)
- 14.10 **1st session:** ECDC role in Health Communication
Karl Ekdahl (ECDC – Head of the Health Communication Unit)
- 2nd session:** moderators – *Paulo Moreira (ECDC)/Constantino Sakellarides (EUPHA)*
- a) The view from the US** (40 minutes)
- Improving health through communication: Lessons from the National Center for Health Marketing at the US CDC – *Jay Bernhardt, CDC, US*
- b) European views** (40 minutes):
- On establishing a research Agenda for Public Health in Europe: what scope for health communication research? – *Antoine Flahault, École des hautes études en santé publique, France*
- Health Policy Briefs: Building bridges with health communication practice and research – *Josep Figueras, WHO (Centre for Policy Development)*
- 15.30 Coffee-break
- 15.45 Presentation of initial views from participants/discussion (30 minutes)
- 16.15 **3rd session:** Parallel working groups (50 minutes). Two groups (10–15 people), parallel discussions on both themes.
- Theme a)** Towards a European health communication research agenda
- Theme b)** Developing the European health innovation bank
- 17.15 Debriefing
Paulo Moreira (ECDC)/Constantino Sakellarides (EUPHA)
- 17.30 Bus to the hotel Solna Park Inn
- 19.30 Dinner at the hotel Solna Park Inn

Day 2 – 19 May 2009

- 08.30 Bus from the hotel to ECDC
- 09:00 **1st session:** moderators – *Paulo Moreira (ECDC)/Constantino Sakellarides (EUPHA)*
- DG Research: The research agenda on health for Europe. What scope for research on Health communication and innovation? *Ole Olesen, DG RESEARCH, EC* (20 minutes + 20 minutes discussion)
- 09.45 **2nd session:** Two groups (10–15 people), parallel/alternate discussions on both themes
- Theme a)** Towards a European health communication research agenda
- Theme b)** Developing the European health innovation bank

- 10.45 Coffee-break
- 11.00 **3rd session:** Plenary session (50 minutes)
Discussion – next steps:
- 11.50 Closing remarks
Paulo Moreira (ECDC)/Constantino Sakellarides (EUPHA)
- 13.00 Lunch at SMI

Annex 2: List of participants

| Name | Organisation |
|---------------------------|--|
| Jamila Buziarsist | Belgian Association of Public Health |
| Hazel Gibson | British Embassy in Sweden |
| Jay Bernhardt | CDC |
| Todd Weber | CDC Liaison Officer to ECDC |
| Paulo Moreira | ECDC, Deputy Head of Health Communication Unit |
| Karl Ekdahl | ECDC, Head of Health Communication Unit |
| Andrea Würz | ECDC, Health Communication Unit |
| Ines Steffens | ECDC, Health Communication Unit |
| Isabelle Hubert | ECDC, Health Communication Unit |
| Piotr Wysocki | ECDC, Health Communication Unit |
| Jan Semenza | ECDC, Scientific Advice Unit |
| Piotr Kramarz | ECDC, Scientific Advice Unit |
| Andrew Amato | ECDC, Surveillance Unit |
| Antoine Flahault | École des hautes études en santé publique |
| Ana Rita Pedro | EUPHA |
| Constantino Sakellarides | EUPHA |
| Dineke Zeegers | EUPHA |
| Filipe Rocha | EUPHA |
| Patricia Barbosa | EUPHA |
| Silvio Brusaferrero | EUPHA |
| Ole Olesen | European Commission |
| Magdalena de Azero | EVM/observer |
| Vanina Laurent-Ledru | EVM/observer |
| Kristina Alexanderson | Karolinska Institutet, Stockholm |
| Helmut Brand | Maastricht University |
| Krzysztof Krajewski Siuda | Medical University of Silesia |
| Ilmo Keskimäki | National Institute for Health and Welfare |
| Paweł Trzcinski | National Institute of Public Health |
| Hans Baaijens | Netherlands Public Health Federation |
| Stanislaw Tarkowski | Nofer Institute of Occupational Medicine, Lodz |
| Ljiljana Markovic-Denic | Public Health Association of Serbia |
| Joris van Loenhout | Public Health Services Gelderland Midden |
| Antonio Duran | WHO Europe |
| Josep Figueras | WHO European Centre for Health Policy |