

CANADIAN PANDEMIC INFLUENZA PREPAREDNESS: Communications and Stakeholder Liaison Annex



Pan-Canadian Public Health Network

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Annexe traitant des communications et de la liaison avec les intervenants

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PREAMBLE

The Communications and Stakeholder Liaison Annex of the *Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector* (CPIP) is a federal, provincial and territorial (FPT) guidance document that outlines how jurisdictions will work together to ensure a coordinated and consistent health-sector approach to Canada's pandemic communications strategy. CPIP main body and annexes are intended to be used together.

While it is anticipated that CPIP's strategic direction and guidance will inform FPT planning to support a consistent and coordinated response across jurisdictions, provinces and territories (PT) have ultimate responsibility for planning and decision-making within their respective jurisdictions.

It is important to note that CPIP is not an actual response plan. Rather, it is a guidance document for pandemic influenza that can be used to support an FPT public health emergency response approach. While CPIP is specific to pandemic influenza, much of its guidance is also applicable to other public health emergencies, such as outbreaks of other communicable diseases.

1.0 INTRODUCTION

1.1 Background

Effective communication is often the first and foremost public health intervention in an emergency. Communication is especially important during an emerging influenza pandemic (herein referred to as pandemic) when behavioural change is a central part of risk management. At each stage of a pandemic, the ability of public health authorities to provide fast, accurate and credible information—the right message, delivered at the right time by the right person to the right audience—can help protect public health, save lives and minimize social and economic disruption. Because responsibility for public health is shared between the federal and PT governments in Canada, the need to coordinate the flow of information to stakeholders and Canadians is paramount.

All jurisdictions in Canada recognize the imperative to provide citizens with timely and accessible information to make informed choices on how to protect themselves and their families in a pandemic. They also acknowledge the critical role stakeholders can play during a pandemic, both as opinion leaders and as conduits of information to health professionals and the public.

The Communications and Stakeholder Liaison Annex is one of a series of annexes that support [CPIP](#). It is intended to support health sector pandemic communications planning and stakeholder relationships across Canadian jurisdictions. While its primary focus is on FPT communications to the public, it also recognizes that communication to stakeholders—and in particular to health professionals in the form of clinical practice guidance and recommendations—represents a key subset of an overall pandemic communication strategy.

The Annex also draws on best practices in risk communications¹, which builds on the risk management approach outlined in the main body of the [CPIP \(Section 3.5\)](#). A risk communications approach integrates a broad range of communication capacity and expertise, including social marketing, stakeholder consultation and use of social media. It involves the collaboration of all partners involved during the pandemic response to deliver consistent, complementary and effective communications that meet the needs of the public and stakeholders.

1.2 Purpose

The purpose of the Annex is to provide guidance for planning, developing and implementing the cross-jurisdictional public communications response to an influenza pandemic. This includes effective liaison with key stakeholders and opinion leaders (e.g., public figures with large followings without a vested interest in policy decisions) whose views and perceptions influence the public communications environment.

The primary audiences for the Annex are FPT ministries of health. However, the Annex may also serve as a reference document for other government departments, non-governmental organizations and communities engaged in communications planning and response for an influenza pandemic.

STAKEHOLDERS VERSUS PARTNERS

Stakeholders are persons or groups that have a vested interest in a policy decision and the evidence that supports that decision. They include professional organizations, individuals, businesses, policy-makers, academics, patient and advocacy groups and others deemed of strategic interest to the development of effective public health policy priorities and/or emerging public health issues.

Partners include FPT departments and agencies, Pan-Canadian Public Health Network (PHN) Steering Committees and Working Groups and organizations or entities funded by and reporting to FPT governments (e.g., the Public Health Agency of Canada's (PHAC) National Collaborating Centres or Provincial Regional Health Authorities) and international health organizations, including the World Health Organization (WHO) and the Pan American Health Organization (PAHO).

¹ Health Canada. (2006). Strategic Risk Communications Framework. Available from Canada.ca:www.canada.ca/en/health-canada/corporate/about-health-canada/reports-publications/strategic-risk-communications-framework-health-canada-public-health-agency-canada.html.

1.3 Changes in this Version

This version of the Annex is considerably changed from the 2009 version in both format and content. Lessons learned from the 2009 influenza pandemic have been incorporated, including information on risk communications and best practices in communications and stakeholder liaison.

In addition to drawing on more robust and detailed post-H1N1 reviews conducted at the FPT and international levels and by key Canadian stakeholder groups, this Annex incorporates and reflects guidance drawn from best practices in health risk communications. The previous Annex focused on operational planning across jurisdictions in Canada, based on the WHO pandemic phases (which are no longer in use), while this version provides guidance that is scalable based on the pandemic severity and impact.

Finally, this Annex better reflects Canada's diversity, the distinct needs of certain populations and the important role and influence of stakeholders (including health professionals) and partners in shaping public perception of pandemic risk and response. It emphasizes the need for those planning the communications response to pandemics to consider stakeholder liaison at every stage of the preparedness and response effort to ensure a high state of operational readiness in an influenza pandemic. [Appendix A](#) is the FPT Communications Protocol on Emerging Public Health Issues and Events, which was developed after the 2009 pandemic. [Appendix B](#) reflects key stakeholder consultations from an extensive 2014 consultation process. An Emergency Risk Communications Dashboard is included in [Appendix C](#), which considers pandemic triggers in a communications response during a pandemic.



2.0 CONTEXT FOR PLANNING

2.1 Role of Communications in a Pandemic Influenza Response

Effective communications can help to protect public health, to save lives and to minimize social and economic disruption. As articulated in the FPT Public Communications Protocol on Emerging Public Health Issues and Events ([Appendix A](#)) developed with the PHN Communications Group (PHN-CG), there are six guiding principles for pan-Canadian communications that can and should be applied during a pandemic context.

1. **Putting the health of Canadians first.** Ensuring Canadians have the information they need to protect themselves and others.
2. **Providing information that is informed by the latest available evidence.** Information provided to the public must be as accurate as possible as it may be crucial to address misinformation and enable the public to protect themselves.
3. **Providing information in a timely manner.** Timely communication can prevent infections, reduce the severity and duration of outbreaks and save lives.
4. **Communicating in coordinated fashion.** It is important for all governments and other partners who share responsibilities for public health to align their efforts and ensure the information they are providing to the public is consistent when appropriate.
5. **Protecting patient confidentiality.** The patient's right to privacy should inform communications messaging and this messaging should comply with FPT protections, which balance public health interests with the rights of the individual patient.
6. **Considering public perception of risk.** Monitoring public perception, information needs and concerns is an important role in the pandemic response as public risk perception is the strongest indicator of willingness to change behaviour during a public health event.

2.1.1 RISK PERCEPTION

Risk perception is defined as a subjective judgement that people make about the risks and benefits associated with an event or alternative courses of action. This may include their assessment of the limits of their understanding of the risks and benefits².

Risk communications theory posits that an individual's initial perception of risk and how to respond to it will be formed early during an outbreak based on available information filtered through their instincts and values. Moreover, once internalized, these perceptions will be difficult to alter. This underscores the need for early, pro-active communications by public health authorities—despite potential gaps in scientific evidence—to influence these early decisions and to establish their presence as a trusted source of expert guidance and advice. It also highlights the need for risk communicators to take into account the various channels that convey information relating to a pandemic as well as the vital role of stakeholder groups and other intermediaries in perceiving and interpreting that information.

2.1.2 RISK COMMUNICATIONS

The Strategic Risk Communications Framework defines risk communications as any exchange of information concerning the existence, nature, form, severity or acceptability of health or environmental risks³. Effective risk communications can empower Canadians to make informed decisions on how best to protect themselves and their families during a crisis.

Along with influencing behaviour and supporting individuals to manage risk, risk communications can be used to support the effective implementation of other components of the pandemic response plan. For example, vaccine uptake can increase if clear, timely and evidence-based information on vaccines is provided. Potentially divisive issues, such as priority access to antivirals or vaccines during a pandemic, can also be effectively contained.

A risk communications approach must be premised on a clear delineation of roles and responsibilities, predictable processes, timely access to pre-established networks, evidence-informed tools and resources, appropriate training and effective information-sharing platforms. It should be flexible in how it responds to different needs of multiple target audiences and scalable to address evolving information about the virus and its impact.

Advanced planning and coordination can contribute to an effective pandemic response by supporting the development and testing of:

- communications strategies and tactics;
- pre-approved thematic messages that can be adjusted at the time of an outbreak;
- communications protocols;
- stakeholder networks and capacity; and
- communication platforms to facilitate information sharing and a coordinated response.

More information on applying the risk communications approach in a pandemic is included in [Section 3.5](#) of this Annex.

² Health Canada. Op cit.

³ Health Canada. Op cit.

2.2 Uncertainties and Unpredictability

When faced with uncertainty and unpredictability, communicating early during a crisis can be critical to build essential trust. Research shows that during an emergency, the public is amenable to early communications and sympathetic when government expresses unknowns or uncertainties. On the other hand, the public has more difficulty accepting a government that is silent and appears to wait for certainty before communicating about a public health threat⁴.

The urgent and unpredictable nature of pandemics, as outlined in [Section 2.2](#) of the CPIP, and their potentially devastating impact requires a systematic approach to communications planning based on risk communication principles.

Misinformation that is spread through social media is a significant concern. Building trust in institutions and spokespersons in advance of a pandemic can mitigate the potential risks of misinformation, along with creating a clear focal point for accessing information about the pandemic. Three conclusions can be drawn from this:

- First, public health risk communicators must work to ensure timely, accessible, consistent, trusted and, to the extent possible, complete information on the pandemic is available in multiple formats.
- Second, they need to ensure this information is conveyed via “multiple channels.”
- Third, they should consider how to effectively engage stakeholder organizations serving diverse communities in leveraging these communications activities.

2.3 Lessons Learned from the 2009 H1N1 Pandemic

2.3.1 PROGRAMMATIC LESSONS LEARNED

Following the 2009 H1N1 pandemic, FPT governments and other expert bodies carefully reviewed Canada’s H1N1 response efforts, including pandemic communications. There was a general consensus on the successes and challenges associated with the communications response.

Most jurisdictions agreed that the following elements worked well:

- Visible spokespersons—spokespersons (including the Chief Public Health Officer, Federal Minister of Health, PT Ministers of Health and Chief Medical Officers of Health) were highly visible throughout the response.
- First Nations engagement—the appointment of an experienced Senior Medical Advisor to the First Nations Inuit Health Branch (FNIHB) provided both medical leadership and advice to senior officials and strengthened both the national and regional offices’ response efforts. There were dedicated communications teams, public awareness campaigns, participation in various fora and a virtual summit on H1N1 in First Nations communities.
- Rapid communication—the creation and promotion of a pan-Canadian website helped drive Canadians to relevant FPT websites. The use of social media strategies and the implementation of 1-800 lines were also seen as positive forces in the communications response.
- FPT engagement—existing FPT networks helped to ensure coordination of messages and a collaborative communications response. Through these networks, jurisdictions identified and engaged key stakeholder groups on a regular basis, using a range of two-way communication methodologies,

⁴ Metlay, D. (1999). Institutional trust and confidence: A journey into a conceptual quagmire. In G.T. Cvetkovich and R.E. Löfstedt, Eds. *Social Trust and the Management of Risk*. London: Earthscan.

such as teleconferences, webinars and 1-800 lines. As noted, the results of these engagement efforts helped jurisdictions to establish outreach priorities and better target social marketing campaigns. During the pandemic, ongoing collaboration through the PHN-CG made it easier to share information on emerging issues and best practices across jurisdictions to ensure consistent public messaging.

FPT jurisdictions also noted common challenges in the 2009 pandemic communications response, including:

- Challenges in resourcing (in particular, expert professional spokespersons) to meet the information demands of the public, stakeholders and the media, including coordinated media and social media monitoring, translation services and leveraging the outreach potential of social media.
- Challenges in maintaining public trust while communicating uncertain and evolving scientific information.
- Lack of clarity and process regarding responsibility for communicating with stakeholders- especially regarding clinical guidance and expert advice to front line health professionals and medical first responders who receive information from a multitude of sources.

More details on Canada's lessons learned from the 2009 influenza pandemic can be found in the reports from the Government of Canada and the Standing Senate Committee on Social Affairs, Science and Technology^{5,6}.

2.4 Communications Considerations in the Canadian Context

An important consideration in planning and implementing effective risk communications during an influenza pandemic in Canada is the requirement to coordinate communications among FPT partners and stakeholders. Strategies for coordinating public communication efforts, including stakeholder consultations, are outlined in [Section 3.4](#).

As outlined in the CPIP, Canada's geographic features and population diversity can create challenges in mounting an effective response to a public health emergency including communications strategies. For example, it is likely that a pandemic will affect different regions at different times and with varying severity, so messaging needs to explain the current situation in the global, national, and regional context and address misinformation that may be circulating.

Additional factors that require consideration in communications planning in Canada include:

- The importance of open and transparent communication with diverse populations.
- The unique information needs and information-seeking behaviours of these diverse populations, especially vulnerable populations.
- Canadians' trust in government and public health authorities.
- The mechanisms by which Canadians use and access technology and social media.
- Recognizing the potential role of stakeholders as intermediaries and as opinion leaders and the need to equip/empower them to fill that role (e.g., engaging outreach workers).

⁵ Public Health Agency of Canada. (2010). Lessons learned review: Public Health Agency of Canada and Health Canada response to the 2009 H1N1 pandemic. November 2010. Available from: www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2010-2011/h1n1/index-eng.php.

⁶ Standing Senate Committee on Social Affairs, Science and Technology. Canada's response to the 2009 H1N1 pandemic. December 2010. Available from: www.parl.gc.ca/40/3/parlbus/commbus/senate/com-e/soci-e/rep-e/rep15dec10-e.pdf.

2.4.1 INFORMATION NEEDS OF VULNERABLE POPULATIONS

There are individuals within any community whose needs are not fully addressed by standard services or resources which may make them more vulnerable in a pandemic (examples of these vulnerable populations are outlined in CPIP's main body, [Section 2.4](#)).

To the extent possible, in advance of (and throughout) an influenza pandemic, public sector risk communicators must determine when specialized or tailored communications will be required to meet the needs of these individuals. They must also—to the extent possible—be prepared to evaluate whether the risk information that is communicated is being correctly and accurately understood and interpreted. Information about health is frequently presented to immigrants in ways that are different from how they understand the world, health and illness. Key barriers to understanding health information, as reported by Canadian immigrants include language, mistrust of authorities, cultural differences, a perception of media bias, unfamiliarity with information sources, poverty, legal status and a lack of education⁷.

Tailoring messages and communicating in a way that is timely, culturally and linguistically accessible and resonates with the experiences and needs of vulnerable populations is a substantial challenge that must be addressed at every stage of the pandemic. Strategies for reaching vulnerable populations include the following:

- Building internal research capacity and investing in targeted, primary research on risk communications for vulnerable populations, or working with community-based organizations to undertake this research.
- Using research findings to tailor messaging to the specific needs of vulnerable populations and to consider specific language, literacy and culture and communication medium.
- Working with community-based organizations to help ensure that the pandemic public health messaging is delivered to vulnerable populations from a trusted source (e.g., health professionals, community workers).

For practical advice see: [Flu season and the most vulnerable people. Preparing your organization, staff, volunteers and clients for seasonal and pandemic flu.](#)

2.4.2 PREFERENCES FOR ACCESSING HEALTH INFORMATION

How Canadians access health information during an emergency is an important consideration in planning communications for an influenza pandemic. Communications strategies will ideally be aligned with trends in Canadians' access and use of information and communication technologies.

The rise of digital media and its increasingly mobile nature provides targeted opportunities for reaching the public. Research shows that 86.7% of Canadians have access to the internet and an increasing percentage have access to mobile devices (e.g., smart phone). Between 2014 and 2016, smart phone usage in Canada increased by 38%; 76% of Canadians now own a smart phone and health application ('app') usage is also on the rise. In 2016, 30% of Canadians with smart phones had one or two health apps on their devices and 7% had three or more⁸.

⁷ Caidi, N., Allard, D. and Quirke, L. (2010). Information practices of immigrants. *Annual Review of Information Science and Technology*, 44(1), pp. 491–531.

⁸ Catalyst [Internet]. Smartphone Behaviour in Canada and the Implications for Marketers in 2016. Available from: <http://catalyst.ca/2016-canadian-smartphone-behaviour/>

Use of the internet to search for health information continues to increase, from 35.3 % of individuals in 2005 to almost 68 % in 2012⁹. The majority of Canadians use online social networking sites such as Facebook, Twitter and LinkedIn. Women are primary seekers of health information and mothers tend to seek information for all members of the family¹⁰.

However, there is still a need to communicate through traditional forms of media and to provide options that facilitate an exchange of information. It is important to be aware that some Canadians have no or limited or unreliable internet and mobile device access. Some populations may prefer and require accessing and receiving health information by toll-free telephone lines, radio, television, newspaper, and through schools and community centres, and by word-of-mouth. Some populations may have distinct preferences for how they access health information and unique attitudes and beliefs that influence their willingness to change behaviours to protect their health. For example, research on media preferences among immigrant populations has revealed that new Canadians rely on a range of information sources, including the internet, social media¹¹, telephone information lines and different ethnic media¹². Moreover, the consolidation and evolution of traditional media often causes news coverage to “go national” more rapidly.

2.4.3 BUILDING TRUST AND CREDIBILITY THROUGH SPOKESPERSONS

Effective emergency and risk communications planning and response depends on trust-based relationships and the flow of accurate, understandable and timely information between public health authorities and citizens. The process of establishing trust and efficacy of spokespersons begins well in advance of a pandemic, via the ongoing communication of useful, relevant and accessible public health information. Communications plans should consider this when choosing a spokesperson for conveying information during a pandemic. PTs may also want to consider working with community organizations for outreach and information campaigns, particularly to reach vulnerable persons.

Citizens should ideally be able to identify key players during a pandemic and established trust in the person delivering the message is indispensable during a crisis. Authority figures in the health sector such as nurses, doctors and pharmacists, can be effective vehicles for delivering public health messages during an outbreak as Canadians consider them to be experts and trusted interlocutors. Similarly, community leaders (e.g., elders, front line community workers, faith-based leaders) can be effective spokespersons. It can be extrapolated that public health officials such as the Chief Public Health Officer and Chief Medical Officers of Health (or FNIHB Regional Medical Officers of Health) could be trusted and credible spokespersons during a pandemic and as a result, their visibility should be maximized.

⁹ Statistics Canada. (2012). Canadian Internet Use Survey. Available from: <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=4432>.

¹⁰ eMarketer report [Internet]. Online health information seekers: Internet use grows, but doctors' orders still apply. February 28, 2013. Available from: www.emarketer.com/Article/What-Health-Info-Do-Consumers-Seek-Online/1009698#sthash.PF2M9gXd.dpuf.

¹¹ Actively Passive [Internet]. Internet and social media use among newcomers to Canada—are you ready? August 4, 2015. Available from: www.activelypassive.com/2015/08/internet-and-social-media-use-among-newcomers-to-canada-are-you-ready/.

¹² Use of ethnic media has been well documented in numerous research articles. For example: Mao Y. Investigating Chinese migrants' information-seeking patterns in Canada: Media selection and language preference. *Global Media Journal*. 2015;8(2):113–131.

2.4.4 PUBLIC AND STAKEHOLDER ENGAGEMENT

In addition to providing Canadians with information, there are other important benefits to be derived from providing opportunities for the public and stakeholders to contribute to plans and strategies, both in advance of and during a pandemic. Risk communications principles and practices specify the requirement for a two-way dialogue with the public on issues that affect their health. This dialogue can be direct or via intermediaries and stakeholders. Improved relationships with the public and stakeholders that represent their interests can establish a citizenry that is engaged in public health issues, resulting in decisions informed by multiple perspectives and can improve the understanding, management and communication of risk. Public and stakeholder consultation can complement other interactions with the public as well, through public opinion research, social marketing and public education. Risk communications strategies should include ideally pre-developed plans for involving the public and stakeholders in decision-making before, during and after a pandemic.

2.5 Ethical Considerations

The ethical principles and values set out in CPIP's main body [Section 2.5](#) are an important part of decision-making for the communications strategy, including trust and solidarity. There are inherent ethical considerations when providing information on health risks to all Canadians, particularly to those most at risk during an influenza pandemic. Appropriate information must be provided to the public in a timely, transparent and inclusive fashion that places an emphasis on trust and solidarity.

While the overarching goal of pandemic communications is to provide consistent and coherent information to the public across jurisdictions, different regional and provincial approaches may be in place. This can sometimes result in conflicting public information. During the H1N1 pandemic, for example, public health measures in some jurisdictions differed from those in others (e.g. some school closures; some variations in vaccine programs). From a "communications ethics" perspective, these decisions were based on the assumption that the overarching goal of consistent and coherent information to the public does not supersede the responsibility of jurisdictions to communicate proactively with the public, under less than certain conditions, when any of the following criteria are met:

- Information (even limited information) is available that Canadians could use to protect themselves.
- Not communicating proactively threatens the public's trust in the organization managing the pandemic response.

From a communications perspective, ethical considerations on when to publicly communicate and what information to disclose, can be guided by best practices in risk communications. In general, public health authorities should communicate information early during an outbreak, despite potential gaps in scientific evidence to protect public health and safety. Early communication of a potential outbreak provides health authorities more time to control its spread and impact on human health and psychosocial wellbeing¹³ by encouraging early individual action. In communicating details throughout the pandemic, individual privacy concerns must be respected.

¹³ Inter Agency Standing Committee (IASC). IASC Guidelines on mental health and psychosocial support in emergency settings. Geneva: IASC; 2007. Available from: www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf.

2.6 Legal Considerations

The main body of the CPIP ([Section 2.6](#)) outlines several complex legal considerations which apply to the risk management of an influenza pandemic. With respect to public communications, for example, it is recommended that FPT governments seek legal review when communicating about issues concerning industry and potentially proprietary information, including vaccine development and contracts. Legal review should also be sought when communicating about case-level information, which may conflict with privacy laws. It should be noted that during an emergency, when the protection of public health is the primary concern, some legal risk may have to be accepted to serve the greater good.



3.0 PAN-CANADIAN PANDEMIC COMMUNICATIONS PLANNING STRATEGY

3.1 Goals and Objectives

As a key component of the response to a pandemic, risk communication is intended to directly support the pan-Canadian health sector's goals for pandemic preparedness and response:

First, to minimize serious illness and overall deaths and second, to minimize societal disruption among Canadians as a result of an influenza pandemic.

Risk communication objectives in support of these overarching goals include:

1. To inform Canadians and the organizations that represent them about the risks posed by the pandemic so that they can take appropriate and informed actions, by:
 - Providing timely, transparent and relevant information to Canadians and the organizations that represent them in formats that are accessible and tailored to audience needs.
 - Coordinating communications planning and response across FPT jurisdictions and with stakeholders in order to provide clear and consistent public messages.
2. To engage citizens and stakeholders in dialogue on pandemic response plans that impact their health by:
 - Planning and implementing public involvement opportunities, including consultations, as appropriate.
 - Monitoring public and stakeholder views and perceptions to plan effective communications strategies, or adjusting plans during the pandemic response.

3.2 Guiding Principles and Approaches

CPIP's main body [Section 3.2](#) identifies several guiding principles and approaches to pandemic preparedness and response. In addition, [Appendix A](#) identifies six guiding principles that should inform pan-Canadian communications in response to emerging public health events, such as pandemic influenza.

3.3 Risk Communications Assumptions

This pandemic risk communications plan is based on the following assumptions:

- FPT jurisdictions will develop their own pandemic communications response plans based on this Annex. These plans should be updated regularly based on emerging evidence about pandemic threats and communications theory, organizational realities and to the extent possible, be consistent and mutually reinforcing. Ideally, response plans should be informed by the outcomes of public engagement sessions and stakeholder consultations and regularly reviewed to ensure roles and responsibilities are well understood and that procedures and contact lists are regularly updated.
- The FPT Public Communications Protocol on Emerging Public Health Issues and Events ([Appendix A](#)) will be used in an influenza pandemic. This protocol incorporates International Health Regulations (IHR) reporting protocols for public health events of international concern. Communications staff in any affected jurisdiction will notify all partners about an issue when the criteria below are met. The affected PT communications staff will notify the PHN-CG secretariat (see description in [Section 3.4](#) by email and phone to inform of any emerging health issues and any plans for public communications. Criteria for this process of reporting are:
 - Reasonable likelihood the issue could spread into other jurisdictions;
 - Reasonable possibility that other jurisdictions have information that could help in the investigation and response;
 - Reasonable possibility the issue could generate public interest or concerns in other jurisdictions; and/or
 - The event involves international travel, requires quarantine or has other international implications.
- Communicating risk requires planning, coordination, appropriate resources and support from senior management. FPT jurisdictions should regularly brief senior management on pandemic response plans to facilitate smooth implementation in a pandemic.
- Risk perceptions affect behaviour—in an influenza pandemic, individuals who perceive they are at risk of contracting the influenza, or will be negatively affected by it, are likelier to be receptive to communication strategies that induce preventive behaviours. A range of complex and constantly shifting factors influence how individuals perceive risk. Accordingly, knowledge of how individuals receive and process information—where they get information from, whose opinions they trust, what types of messages have particular resonance for them based on their core values and beliefs and how best to reach them—is essential for designing effective pandemic communications strategies. These strategies should also include tactics to monitor, assess and respond in real time to changing risk perceptions. Tailoring communication strategies (content and process) to individual risk perceptions will increase trust and empowerment and facilitate cooperation in carrying out pandemic response strategies.
- Social media plays an increasingly influential role in how the public perceives pandemic risk. In a pandemic, many Canadians are likely to seek information on the outbreak through social media channels. In this context, stakeholders and intermediaries can play a significant role in influencing public perception of pandemic risk—either by propagating or correcting misinformation or simply by recirculating FPT messages. FPT governments should take account of this new reality both in terms of how they disseminate information to Canadians and the need to monitor social media. [Section 3.5](#) outlines some of the principles of risk communications relevant to countering misinformation.

3.4 Shared Roles and Responsibilities

A pan-Canadian communications response to pandemic influenza will involve the coordination of multiple players across jurisdictions with clearly defined roles and responsibilities.

Domestically, the PHN hosts an intergovernmental Communications Group that reports through PHN Council, providing risk communications and social marketing advice and support to the Council on public health issues including pandemic influenza. This facilitates cross-jurisdictional coordination and sharing of information on high-risk issues, strategic advice and support, and communications best practices, while bringing advice forward to ministers.

Internationally, there are several fora for communications coordination during a pandemic. These include the WHO, the PAHO as well as the Global Health Security Action Group (GHSAG), an international network of communicators including Canadian government representatives. In addition, the North American Plan for Animal and Pandemic Influenza (NAPAPI) includes a Communications Network, comprised of members from various departments of the Canadian, American and Mexican governments. These entities are advisory only and their mandate is to encourage consistent, coherent and mutually reinforcing outreach across participating jurisdictions.

Overall, there are four spheres of leadership and accountability within the communications spectrum:

- Federal
- PT (including municipal/regional)
- Non-governmental organizations
- International

The following section provides an overview of roles and responsibilities for communications across governments, taking these relations into consideration. It is important to remember that this information provides guidelines for planning. When jurisdictions organize specific pandemic communications response plans, it will be important to assess internal response capacity and consider options for securing surge capacity during a pandemic response.

OVERVIEW OF FPT COMMUNICATION ROLES

Managing the communications response for any emerging health event involves a host of public health authorities and partners. As a rule, when dealing with an emerging health issue:

PHAC

- leads national communications on public health issues that span more than one jurisdiction and/or are new to Canada;
- coordinates with other federal departments on shared public health issues, where appropriate;
- communicates travel health advice and information to Canadians;
- maintains ongoing communication and coordinates with PTs (with the support of regional offices); and
- supports FPT leads, as required.

PT

- lead communications about public health issues and events within their jurisdictions (and may request appropriate expertise, epidemiological and lab support from PHAC);
- inform and coordinate with the PHN-CG members; and
- support the federal communications response and FPT lead as required, in cases where the public health issue spans more than one jurisdiction and the federal government is the communications lead.

3.4.1 FEDERAL GOVERNMENT COMMUNICATIONS ROLES AND RESPONSIBILITIES

Public Safety Canada (PSC)

During a large-scale emergency, PSC is the primary coordinating department for federal public communications. However, during a pandemic, the PHAC serves as the focal point of accountability for communications with the public and stakeholders. PSC provides valuable oversight and coordination in support of those efforts.

PHAC

The PHAC will lead in the development and delivery of federal pandemic communications plans. Communications responsibilities for the PHAC include:

- Build, implement and evaluate communications strategies for sharing information with the public before, during and after a pandemic.
- Establish and maintain communications networks with PT partners and key national stakeholders to facilitate collaborative pandemic communications plans and strategies and the development of multiple cultural and linguistic products that reflect Canada's diversity.
- Key national stakeholders include: a) health care associations and front line health professionals (at a national level or within federal jurisdiction), including medical first responders and the [NGO Communications Network](#); b) private sector associations; and c) community social service organizations.
- Vis-à-vis national Indigenous organizations, the PHAC works closely with communication advisors in the FNIHB at both the pandemic preparedness and response phases to ensure that the communication strategic approach, including messaging, is appropriate for First Nations communities.
- Engage and inform the public on pandemic planning.
- Monitor public risk perception and concerns.

- Coordinate risk communications messages to everyone in Canada so that they have the information they need to make informed decisions to protect their health during a pandemic.

Health Canada (HC)

HC will be responsible for federal communications pertaining to the approval of the pandemic vaccine and other regulated health products used in managing the pandemic.

Other HC communications responsibilities include:

- Provide occupational health and safety information for federal employees.
- Provide health care guidance for internationally protected persons (such as heads of state and foreign diplomats).
- Coordinate HC's regional communications response in close collaboration with the PHAC and PTs.

Indigenous Services Canada (ISC)

Engage and communicate with Indigenous communities to prepare for and respond to a pandemic.

3.4.2 PT GOVERNMENTS (MUNICIPAL/REGIONAL) COMMUNICATIONS ROLES AND RESPONSIBILITIES

Each PT health ministry is responsible for the development and implementation of plans to communicate across relevant ministries within their jurisdictions, with provincial partners and stakeholders and with the public during an influenza pandemic.

Responsibilities in each PT vary, but may include:

- Develop, implement and evaluate pandemic communications strategies.
- Engage other provincial departments, agencies and partners affected by the outbreak (e.g., Regional Health Authorities).
- Monitor and respond to public questions and concerns.
- Participate in FPT networks to coordinate pandemic communications, communicate consistent and mutually reinforcing information and share information and best practices.
- Ensure the public has access to important information on pandemic influenza.
- Consider the public and key provincial stakeholders in the development of pandemic response strategies, including communication strategies.
- Coordinate with municipal and regional health authorities including implementation of communications strategies.

3.4.3 INTERGOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS (NGO) COMMUNICATIONS ROLES AND RESPONSIBILITIES

Public Health Network Communications Group (PHN-CG)

The PHN-CG was established in 2007 to provide risk communications and social marketing advice and support across jurisdictions on public health issues of national significance, including on pandemic influenza. The PHN-CG is co-chaired by a federal and PT representative and is comprised of FPT communicators responsible for public health files in their respective jurisdictions. The PHN-CG, which meets monthly, has as its primary objectives to:

- Share information on public health issues of cross-jurisdictional interest;
- Identify and share best practices on emerging public health communications issues in the public sector;
- Support collaboration across jurisdictions on the response to a public health event of national significance; and
- Provide strategic risk communications advice and support to priority PHN Council initiatives.

For public health events, PHN-CG activities are framed by a FPT Public Communications Protocol on Emerging Public Health Issues and Events ([Appendix A](#)). This Protocol aims to ensure early notification, coordinated and pro-active communications and real-time evaluation between and among affected jurisdictions. In a pandemic, consistent with PHN Council terms of reference for establishing a pandemic-specific Special Advisory Committee (SAC) of experts and Chief Medical Officers of Health, the PHN Council could also call on the PHN-CG to coordinate the pandemic communications response through SAC for the duration of the response.

Triggers for increasing the frequency and intensity of the PHN-CG meetings are outlined in [Section 3.6](#).

The FPT Emergency Risk Communications Planning Dashboard ([Appendix C](#)) provides a checklist of likely communication activities/actions planners should anticipate and plan for at each stage of a pandemic.

NGO Communications Network

The federal departments of the PHAC and HC/Communications will engage national level stakeholders in developing and implementing a pan-Canadian communications response to a pandemic. FPT governments will work together with NGOs to:

- facilitate information exchange to inform communications strategies, and
- work towards meeting common communications objectives.

PTs will engage regional and local stakeholders in a similar fashion. The PHN-CG will serve as a vehicle for sharing information on the results of these efforts as well as for identifying opportunities for how stakeholder networks can be leveraged to support the flow of timely, trusted, consistent and coherent pandemic information.

3.4.4 INTERNATIONAL COMMUNICATIONS COORDINATION ROLES AND RESPONSIBILITIES

Global Health Security Action Group (GHSAG) Communicators' Network

The GHSAG is comprised of representatives from each of the GHSAG member countries: Canada, France, Germany, Italy, Japan, Mexico, the United Kingdom, the United States and the European Commission. Secretariat support for the Network is rotated through members.

A key GHSAG working group is the Communicators' Network. The Network facilitates information sharing and the coordination of public messaging in the global context at the federal level.

During a pandemic, the GHSAG Communicators' Network would implement information-sharing protocols and support efforts to coordinate communication at the international level.

3.5 Key Elements of the Response

This section outlines the key of risk communications and the general approach that should be taken when communicating to the public during a pandemic.

3.5.1 RISK COMMUNICATIONS

Risk communication best practices provide guidance for communicating during periods of uncertainty and unpredictability. In the initial stages of the pandemic there may be limited evidence about the pandemic impact and the populations most at risk. Transparent, open and early communication with the public (including stakeholders) on what is known and what remains unknown (including actions being taken to gain further understanding) is important to build trust in the authorities managing the response.

Key principles of risk communication are:

- **Integration:** Risk communications is an integral component of the management response to a pandemic. To be effective, communications must be fully integrated in the emergency management structure and considered at all stages of the risk management process;
- **Openness, transparency and timeliness:** Communications must be open and transparent, providing clear, accessible and culturally sensitive information on risk posed by the pandemic and risk mitigation and/or prevention options. When facts are uncertain or unknown, decision-makers must identify what gaps remain and what steps are being taken to fill those gaps. Misinformation must be publicly corrected and when information must be withheld, the reasons for doing so should be clearly explained;
- **Tailored/targeted:** There will always be distinct categories of individuals and groups (target populations) with more at stake than others during a pandemic. Effective decision-making must consider the unique perceptions of these target populations in regard to costs, benefits, trade-offs and response plans. Identifying and consulting with them early in the risk management process is essential to effective communications planning;
- **Evidence-informed:** The foundation of risk management is sound evidence, drawing on both social and natural sciences. Risk communications strategies must reflect current social science research and identify how gaps in scientific knowledge impact public perceptions and behaviours;
- **Monitoring and evaluation:** Ongoing monitoring and evaluation of risk communication strategies is required to ensure objectives are being met. Adjustments throughout the communications response may be required based on the assessments of public, target population and stakeholder awareness, understanding and perceptions. Plans need to be flexible to accommodate changes throughout implementation.

In addition to these overarching principles, the risk communication approach reflected in this guidance document is premised on:

- **Building trust.** The effectiveness of the communications response can influence the public's level of trust in the FPT governments' management of the emergency, which may in turn affect the public's willingness to adopt recommendations and both discern and filter misinformation. Effectiveness refers to the relevance, accuracy and clarity of the information provided and the ability to reach audiences with the information they need. These audiences include key stakeholder groups (especially health professionals) who can play a key role in influencing and shaping public opinion. The coordination of consistent communications across FPT jurisdictions and among key stakeholders is also an important factor in building trust.

- **Being aware of the public environment.** By actively monitoring and evaluating the public's reaction to the pandemic and the public's perception of the response, the communications function can play an important role in understanding which elements of the pandemic risk management approach are working and which may need to be modified. Evidence gathered through monitoring and evaluating—including that resulting from the ongoing engagement of key stakeholder groups—may help to identify whether messaging should be adjusted to inform decisions or counter misinformation, or if communications efforts should focus on a specific target audience in order to address these issues. Primary communications surveillance tools include: public opinion research and stakeholder consultations, monitoring and evaluating print and broadcast media, online and social media, web search trends/analytics and public inquiries.
- **Reaching vulnerable populations.** Communications strategies can be targeted to populations most at risk through the development of appropriate messaging and the use of specific tactics (Section 2.4 of the main body of the CPIP). Communications that meet the needs of the largest possible number of people may take precedence in an urgent situation. However, communication plans should consider the needs of those with social vulnerabilities that may result in increased exposure to infection and more severe impacts. They must also take account of the crucial role stakeholder organizations and advocacy groups can play in engaging or representing the interests of these populations. Communications strategies targeted to vulnerable persons should ideally be culturally and linguistically sensitive, planned, pre-tested and where possible, validated by expert representatives from the targeted groups.

Influenza pandemics may cause significant psychological and social suffering at the individual, family, community and societal levels. The impacts can be acute over the short-term (e.g., anxiety about falling ill, losing a loved one, having the literacy skills to make informed choices about protective actions or simply loss of income from missing work for the financially vulnerable) and can also undermine the longer term mental health and psychosocial wellbeing of affected populations (e.g., feelings of powerlessness, that they have suffered unduly or that their needs are not being addressed). The impacts of these psychosocial issues, for example, the sense of being ignored, left-behind or treated unfairly, can erode trust in authority and diminish the social cohesion essential for an effective pandemic response. Accordingly, without limiting preventive measures, one of the priorities in pandemic response is to understand, protect and improve people's mental health and psychosocial wellbeing.

- **Interface with stakeholders and front line health professionals.** As a pandemic evolves, so too does the need to provide stakeholders and frontline health care providers with accurate and timely information on emerging public health issues. Health care providers should also have timely access to relevant technical expertise and clinical guidance from their jurisdictions and professional or licensing bodies. Indeed, one of the most important lessons learned from the 2009 H1N1 pandemic was the need for more robust and better articulated plans and processes for engaging health professional organizations in the development and communication of clinical guidance for front line health care providers.

In 2014, the Centre for Effective Practice (CEP), the Canadian Medical Association (CMA) and the PHAC surveyed 48 health professional organizations as part of a post-H1N1 national project to assess relevant lessons-learned with respect to clinical guidance development for the clinical care community in an influenza pandemic. Organizations were asked to identify their preferred role in developing clinical guidance and communication role during a pandemic. Provincial and territorial public health officials should take account of the survey results in their pandemic plans (see Appendix B).

- Communicating risk, particularly during an outbreak, is a complex undertaking. A wide range of organizations disseminate information through various vehicles, under tight timelines and must often adapt in real time to changing circumstances and evolving information. The risk communications approach encourages collaboration and coordination between all organizations that have a role in the management of the risk. Ideally, this collaborative relationship should be established and maintained before, during and after an emergency situation so that efforts may be focused on dealing with the issue at hand instead of building relationships during a crisis.
- Consistent messaging and a coordinated response among partners can greatly contribute to building trust in the management of the response, counter misinformation and, as a result, increase acceptance and adoption of recommended protective measures. Conversely, messaging that is not consistent and coordinated is confusing to the audience and likely to work against efforts to encourage protective measures. To avoid delays, all jurisdictions may want to consider developing a streamlined process for message approval from senior management.

Finally, planners should take account of health professional preferences in regard to the type of clinical or practice guidance they are likely to need in a pandemic, the format in which it should be prepared and the channels through which it should be conveyed. Table 1 summarizes the results of a 2013 survey of some 559 individual health professionals on these questions. The survey, which targeted physicians, nurses and pharmacists, was distributed through 6 national health professional organizations, the FNHIB and the CEP's newsletter. Jurisdictions are encouraged to support periodic surveys of health professional groups to ascertain their preferences and incorporate these into their stakeholder engagement strategies.

TABLE 1 – INFORMATION PREFERENCES OF HEALTH PROFESSIONALS REGARDING PANDEMIC GUIDANCE

WHAT DO THEY WANT?	PREFERENCES?
Most requested guidance	(74%) Interventions/treatment (71%) Infection control (67%) For special populations
Top 3 Formats	(94%) E-mail blasts (92%) Summary guidance in 2–5 pages (90%) Web-based advisories
Preferred layouts	(79%) Decision trees or algorithms (77%) Point form
Preferred Channels	(89%) E-mail (55%) Dedicated website (9%) Social Media

3.6 Risk Management Approach

3.6.1 OVERVIEW

Risk management is a systematic approach to setting the best course of action in an uncertain environment by identifying, assessing, acting on and communicating risk. Pandemic response, including risk communications, must be appropriate to the local context. Accordingly, risk communications and stakeholder engagement must support the diversity of contexts across the country and situational changes over time. CPIP proposes the use of assumptions (see [Section 3.3](#)) and planning scenarios as risk management planning tools.

3.6.2 RISK MANAGEMENT CONSIDERATIONS FOR THE COMMUNICATIONS STRATEGY

Experience managing communications for other public health emergencies allows communicators to anticipate events that will impact the response plan. By anticipating key decisions, communicators can prepare to adjust approaches to the situation. Examples of key decisions that may be required during the response are listed below:

- Determining the scale of the marketing campaign to be implemented, dependent on the pandemic impact.
- How to reach populations most at risk (not identified until pandemic unfolds).
- How to publicly report case numbers (inter-jurisdictional coordination).
- How to explain inter-jurisdictional differences in strategies (e.g., vaccine distribution strategies, recommended public health measures such as school closures).
- How to address perceptions of risk that do not align with scientific evidence.
- Responding to commentators communicating inaccurate or misleading information.
- Responding to an unexpected event that results in a high level of public concern (such as the death of a healthy child or shortages of hospital beds/respirators).

The main body of the CPIP ([Section 3.7](#)) outlines four pandemic planning scenarios that describe pandemic impacts of varying impact, ranging from low to high based on transmission and clinical severity. It is expected that communications approaches will need to be adjusted based on the implications of each scenario. Table 2 describes the four planning scenarios and their implications for risk communications.

TABLE 2 – IMPLICATIONS AND POTENTIAL ADJUSTMENTS TO THE COMMUNICATIONS RESPONSE FOR PANDEMICS OF VARYING IMPACT

TRANSMISSION	CLINICAL SEVERITY	
	LOW	HIGH
High	<p>Scenario B</p> <ul style="list-style-type: none"> • Anticipate that higher transmissibility will heighten public concern and increase demand for antivirals or pandemic vaccine • Develop communications to reinforce public health measures (vaccination, hand hygiene) and caring for the ill • Incorporate workplace wellness messages into internal communications (e.g., employee newsletters) • Implement marketing campaigns to encourage good health practices, stay-at-home when ill, etc. • Anticipate media and public questions and concerns on vaccine issues 	<p>Scenario D</p> <ul style="list-style-type: none"> • Anticipate that vaccine issues (e.g., availability, priority access, safety and effectiveness) will dominate public communications • Proactively monitor and explain any differences in public health measures or recommendations for the use of vaccines and antivirals (e.g., between different PTs, between Canada and the United States) • Ensure consistent reporting of case counts, coordinated between jurisdictions
Low	<p>Scenario A</p> <ul style="list-style-type: none"> • Plan for public complacency (i.e., people may not consider themselves at risk) • Provide appropriate level of communications to avoid information saturation • Anticipate that public risk perception may focus on the appropriateness of the response efforts • Be prepared for rapid shifts in public perception of risk (e.g., following a fatality) 	<p>Scenario C</p> <ul style="list-style-type: none"> • Anticipate that high virulence (a virus causing severe clinical illness) will elevate public concern • Proactively address concerns through regular communications using multiple forms of media • Target communications to high-risk groups

3.7 Key Decisions and Triggers for Action

Key decisions needed to implement the risk communications strategy and their associated triggers are shown in Table 3. As outlined in the main body of the CPIP, the pandemic response should be appropriate to the local situation, with triggers and related actions best applied at PT or regional/local level as the situation requires. In the 2009 pandemic, there was considerable variation in pandemic wave activity in terms of both timing and intensity—around the world, across Canada and even within PTs. In addition to the implications for pandemic risk communications identified in the above scenarios, Table 3 elaborates on potential mitigation or responses to pandemic risks or triggers at the early stages of an outbreak, during a pandemic and in the post-pandemic period. It is important to note that pandemic severity/transmissibility as well as questions around the timely availability of pandemic vaccine, information (or misinformation) about its perceived safety and effectiveness for different populations and issues around priority access will drive media and public interest and perception at each stage of the pandemic. [Appendix C](#) includes a Generic Emergency Risk Communications Planning Dashboard that provides a planning checklist for communications activities at different pandemic stages.

TABLE 3 – KEY DECISIONS AND TRIGGERS FOR ACTION

TRIGGER: Novel virus causing human cases detected somewhere in the world (no, limited or sustained human transmission)		
FUNCTION	CONSIDERATIONS	RECOMMENDED ACTION
Resource Assessment and Capacity-Building	<p>PHN-CG activated.</p> <p>Media and public information demands will invariably increase during a pandemic. Surge capacity may be necessary to respond to demand.</p> <p>Communicating during a pandemic may require resources with specialized skills such as risk communications, social media, web coding, research and analysis, and stakeholder outreach.</p> <p>Communications best practices make it clear that stakeholder identification and outreach should be a joint exercise between program and communications experts.</p>	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Assess/inventory available resources to identify capacity gaps. • Ensure an effective interface between communications experts and program leads (that have ongoing stakeholder management responsibilities). • Develop, test and validate stakeholder contact lists. • Initiate necessary staff training. • Review work rosters/anticipate overtime requirements. • Review procurement strategies, secure access to contingency funds to facilitate timely access to services/ expertise. <p>PHN-CG may wish to:</p> <ul style="list-style-type: none"> • Review relevant communication, coordination and information-sharing protocols and reach consensus on meeting schedules and a common lexicon at their initial meeting.
Environmental Assessment	<p>It is important to understand the public and stakeholders' perceptions around the pandemic and the potential psychosocial impacts flowing from them. This will inform the earliest pandemic communications response.</p>	<p>Jurisdictions may wish to :</p> <ul style="list-style-type: none"> • Conduct public opinion research to inform risk communication priorities and set a baseline for tracking progress/results. • Initiate dialogue with key stakeholders and the public regarding the values/ principles that will drive the FPT response and when/how to access trusted information. • Ramp up media/social media monitoring. • Identify key media contacts likely to cover the event in anticipation of a technical or background briefing. <p>PHN-CG may wish to:</p> <ul style="list-style-type: none"> • Conduct joint FPT "table top" exercises that include key jurisdictional stakeholders groups based on influenza pandemic scenarios (including issues in regard to vaccine availability, safety and access).

FUNCTION	CONSIDERATIONS	RECOMMENDED ACTION
<p>Objective Setting</p>	<p>This planning document offers some overarching objectives, but jurisdictions may wish to tailor and expand on these objectives based on jurisdictional needs/realities.</p>	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Complete individual "whole-of-government" objective-setting exercises reflective of evidence gathered in the "environmental assessment" phase and based on CPIP risk communications principles. • Establish and convene multidisciplinary teams (e.g., experts in risk communications, behavioural sciences, public health, epidemiology) to review or validate pandemic communications objectives.
<p>Communications Collaboration and Planning</p>	<p>Pandemic plans should be flexible enough to accommodate multiple scenarios. Jurisdictions can work together at a regional and pan-Canadian basis (via the PHN-CG) to promote common and collaborative approaches where possible.</p> <p>Key elements of a pandemic communications plan should include:</p> <ul style="list-style-type: none"> • Planning assumptions. • Capacity/resource assessments and surge capacity plans and strategies. • Communications objectives. • Target audiences/stakeholders (and where they access information). • Key messages themes/frames that could be adapted in the future. • Tactics and strategies for: <ul style="list-style-type: none"> – message testing; – ongoing environmental assessments; – public consultation; – scenarios and related messaging regarding vaccine availability, safety and access; – media technical briefings; – message dissemination (e.g. media relations, marketing, social media strategies, etc.); and – evaluation. 	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Use established communication protocols, collaborative mechanisms and insights from the environmental assessment and objective-setting exercises to develop flexible and scalable pandemic communication plans (with particular attention to vaccine availability, safety and access). • Work with program leads to engage key stakeholder groups (e.g., national level networks; regional health authorities at the PT level) in reviewing and validating these plans and triggers for activating them to ensure a "no-surprises" environment and manage expectations. • Include in their overall plan a distinct component for health professionals and frontline responders (i.e., that recognize the imperative for two-way communication, information sharing and clarity regarding when/how clinical guidance and expert advice will be conveyed). <p>PHN-CG may wish to:</p> <ul style="list-style-type: none"> • Facilitate efforts to ensure jurisdictional plans are consistent with pan-Canadian communications protocols, complementary and mutually reinforcing, and where appropriate, that they use cross-jurisdictional messages frames developed and tested in advance of the pandemic).

TRIGGERS:

EARLY STAGE: Novel/pandemic virus (with sustained human transmission) first detected in Canada; novel/pandemic virus detected in PT or local jurisdiction.

PEAK STAGE: Demand for service start to exceed available capacity; pandemic wave wanes and demand for service falls to more normal levels; pandemic vaccine is available for administration.

LATE STAGE: Second or subsequent pandemic wave arrives.

FUNCTION	CONSIDERATIONS	RECOMMENDED ACTION
Communications Collaboration and Planning	<p>Existing emergency response protocols have been invoked (e.g., CPIP; International Health Regulations; NAPAPI and others).</p> <p>The intensity of the communications response and frequency of PHN-CG meetings will be proportionate to pandemic scenarios (low, moderate or high impact based on clinical severity/transmission).</p> <p>During the early pandemic response, collaboration and information sharing between jurisdictions and with health professionals and first responders is critical.</p> <p>Key milestones/variables will be:</p> <ul style="list-style-type: none">• How soon pandemic vaccine is available for administration;• Decisions on priority access; and• Timing of second/subsequent pandemic waves.	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none">• Direct designated staff to participate fully in PHN-CG meetings (consistent with existing commitments and protocols) and share all relevant information at the first evidence of a pandemic virus.• Ensure the initial PHN-CG meeting achieves consensus on: what information will be shared internally and with stakeholders and the public; when, how and by what means this information will be conveyed; and how feedback from media, social media and public opinion research will be monitored, synthesized and shared.• Provide technical or background briefings to media covering the event.• Share with implicated departments and agencies within their respective jurisdictions: how the overall pan-Canadian pandemic response is being organized; where and how they can obtain timely, trusted information; and the imperative to use approved information products and tools and reinforce key messages.• Initiate formal engagement with pre-established stakeholder networks on the process forward and to clarify where/how they can share or obtain timely and trusted information on the pandemic.

FUNCTION	CONSIDERATIONS	RECOMMENDED ACTION
<p>Objective Setting</p>	<p>Identifying common communications objectives and strategies (where appropriate), based on a range of pandemic and vaccine availability scenarios, which are subsequently refined during periodic table top exercises in the pre-pandemic period can support the goal of coordinated and consistent communication across all jurisdictions.</p> <p>Where feasible and cost effective, responsibility for the development of common-use pandemic information products and tools should be developed by a single jurisdiction and then adapted as required by all jurisdictions to ensure consistent and coherent messaging.</p>	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Complete objective setting in real time by reviewing previously planned objectives across jurisdictions and weighing them against the reality of the evolving pandemic situation. • Work together through the PHN-CG to identify commonalities and modify individual objectives as necessary. • Encourage the development and uptake of common-use information products and tools that can then be adapted for use as needed by all jurisdictions.
<p>Stakeholder Identification and Outreach</p>	<p>During the pandemic planning phase, jurisdictions will have identified stakeholders and target audiences for communications messages, but these may change as the pandemic unfolds and should be re-evaluated.</p>	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Regularly engage and ensure effective two-way communication with pre-designated stakeholder groups. • Encourage program leads, who are often the focal point of accountability for stakeholder engagement, to work closely with communication leads to ensure stakeholder needs are well understood and addressed.
<p>Message Development</p>	<p>During a public health emergency, standard messaging may not be effective, as the heightened intensity of the situation and the nature of media and social media coverage will affect how people understand and react to information.</p> <p>While the development of key messages must by necessity be context specific, generic message frames developed in the pre-pandemic period, informed by risk communication principles and validated through focus testing, can contribute to a more timely and effective pandemic response.</p> <p>In the early stages of a pandemic, acknowledging uncertainty by explaining what is known and unknown and what actions are being taken to further understand the situation, can build trust in authorities managing the response.</p>	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Test and revise, as required, message frames on key pandemic themes that were developed in pre-pandemic phase to ensure their continued relevance. • Where feasible, support and facilitate PHN-CG efforts to develop a core set of common-use key messages all jurisdictions can adapt for use in their jurisdictions.

FUNCTION	CONSIDERATIONS	RECOMMENDED ACTION
<p>Information Dissemination</p>	<p>Information materials must be timely and accessible, distributed using mechanisms and tools that optimize audience reach and target those identified as most at risk of illness.</p> <p>As per agreements with the PHN-CG, jurisdictions will endeavour to update FPT partners in advance of announcements and will coordinate the release of information such as case numbers, deaths and hospitalizations by an agreed-upon process that respects jurisdictional roles and accountability.</p> <p>Joint information dissemination strategies, such as the fightflu.ca website and the associated marketing campaign, proved effective in the 2009 pandemic.</p>	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Use multiple channels for disseminating information on a pandemic. • Tailor information products and tools to the specific needs and capacities of target audiences and ensure materials are culturally relevant. • Proactively communicate when information (or even limited information) is available that Canadians can use to protect themselves (or when there is a risk that not communicating proactively may erode public trust in the jurisdiction's capacity to effectively manage the pandemic). • Leverage opportunities to use stakeholder networks and information vehicles to share information (and obtain feedback on) the relevance and value of these materials.
<p>Communications and Risk Perception Monitoring and Evaluation</p>	<p>Ongoing monitoring and evaluation is critical to effective risk communications. Understanding the risk perceptions of individuals and opinion leaders can provide critical intelligence on the likelihood of the adoption of recommended personal protective measures.</p> <p>Monitoring the views and perceptions of target audiences and adjusting communications tactics to address misinformation or knowledge gaps, will ensure information products are more accessible and enable Canadians to make informed decisions about their health.</p> <p>Care should be taken to ensure that national polling data and sampling is sensitive to differences in regional perception.</p>	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Have tools and mechanisms for gathering environmental intelligence in place in advance of the pandemic that can also be ramped up during the pandemic. • Maximize information sharing between institutions to enhance the reliability of analysis and support a more effective communication response.

TRIGGER: Pandemic is over and normal activities resume

FUNCTION	CONSIDERATIONS	RECOMMENDED ACTION
<p>Evaluation</p>	<p>In the immediate post-pandemic period, a holistic evaluation of the communications response should be undertaken to identify communications gaps and challenges and develop solutions for addressing them.</p> <p>Evaluation results should be widely disseminated for public and third-party feedback.</p>	<p>Jurisdictions may wish to:</p> <ul style="list-style-type: none"> • Evaluate the outcomes of pandemic communications plans against the objectives set at the outset. • Consider internal and external key informant interviews to inform the evaluation process (including with key media channels). • Publish and post the evaluation report and recommendations flowing from them to update future pandemic communication plans and keep them evergreen. <p>PHN-CG may wish to:</p> <ul style="list-style-type: none"> • Complete a lessons-learned review of the pan-Canadian pandemic communications response and make it available for third-party feedback.



4.0 INTEGRATION WITH OTHER RESPONSE COMPONENTS

4.1 Linkages to Other Annexes and Protocols

During an influenza pandemic, timely, comprehensive, coordinated and targeted communications and stakeholder engagement, both within and across jurisdictions, can protect public health, save lives and minimize social and economic disruption. Accordingly, the primary focus of this annex has been to provide planning guidance to FPT risk communication leads on how to address the information needs of the public (and, by extension, key stakeholders and intermediaries whose perceptions of the pandemic response may influence and shape public opinion).

The imperative for effective communications and the strategic engagement of key stakeholders is an integral element of all CPIP annexes and the planning guidance they provide. However, a number of CPIP annexes also include explicit guidance and direction related to communications, information sharing and stakeholder engagement activities. Risk communications best practices, upon which this current annex is premised, also informs (or will inform once they have been updated) the more detailed guidance that can be found in CPIP annexes, such as:

- **CPIP's Vaccine Annex** provides detailed guidance on how to identify, recruit and engage stakeholders in sensitive, ethically fraught decisions on equitable access to vaccines and how to effectively communicate these decisions (and others regarding vaccine safety) to Canadians.
- **CPIP Public Health Measures Annex** focuses on individual and community-based measures during a pandemic and the processes to ensure the provision of timely, targeted and accessible guidance to health professionals and front line responders.
- **CPIP Annex on Influenza Pandemic Planning Considerations in On Reserve First Nations Communities** notes the responsibility of all levels of government (local, regional, provincial and federal) to provide on reserve First Nations communities with accurate, timely and consistent information during an influenza pandemic. The Annex also highlights the important role Indigenous Services Canada- First Nations Inuit Health Branch's regional offices must play in ensuring communities receive timely, accurate and consistent messages during an influenza pandemic.

The current CPIP Communications and Stakeholder Liaison Annex takes account of FPT commitments pursuant to the recently completed FPT Public Communications Protocol on Emerging Public Health Issues and Events ([Appendix A](#)). The Protocol includes triggers for action and applies a risk management/communications approach that is wholly compatible with that used in this annex. Both documents provide guidance; they are not operational plans.



5.0 RESEARCH

Ongoing research into communications during a pandemic is important. Much can be done in the inter-pandemic period, but there is also a need to be prepared to conduct rapid research at the time of the pandemic to inform decision-making and post-pandemic evaluation. As noted in the main body of the CPIP, research (including research related to risk communications, stakeholder management, behavioural science, modelling and tracking, emerging best practices and the use of new tools, techniques and methodologies) plays a key role in pandemic preparedness and response. While much of this research can be carried out during the inter-pandemic period, some can only be conducted during a pandemic. Given the potentially long interval between pandemics, it is important not to miss these infrequent but invaluable opportunities and to plan for a rapid research response.

Given limited resources, knowledge/research gaps in various aspects of pandemic communications and competing demands, it is important that research topics related to pandemic communications and stakeholder relations be periodically reviewed and prioritized. There are several thematic areas where a focused commitment to research is required:

- Multidisciplinary research in the following areas is proposed to make headway in bridging knowledge and research gaps, to contribute to the development of effective, properly targeted policies, programs and interventions to improve pandemic communications:
 - Behavioural and psychosocial research to create profiles and predictive models related to how different types of individuals or groups are likely to respond to a pandemic (i.e., their initial response; where they go for trusted information; what they will be seeking) to inform the design and testing of outreach and awareness policies.
 - Evaluation research to assess the effectiveness of different approaches to pandemic outreach and stakeholder engagement to acquire insights on how they work and identify which approaches are most effective for different groups and populations.
 - Research on risk/benefit communications to provide insights on how the public health community, health professionals and organizations involved in pandemic response can effectively and efficiently communicate information to the public and targeted populations/communities with sub-optimal uptake rates.

- Adapting promising pandemic outreach tools/techniques to identify emerging pandemic communication best practices, assess their relevance in the Canadian context and test and validate them as appropriate. These tools can range from new methodologies for tracking public opinion, leveraging social media, developing interactive mobile applications for health professionals or the public and creating interactive information-sharing platforms.

Jurisdictions undertaking research in these areas will ideally commit to sharing results through existing PHN mechanisms, including the PHN-CG.



6.0 ASSESSMENT AND EVALUATION

It is important to document the processes and activities used and decisions made during the communications response to the pandemic, along with the outcomes achieved. The response will ideally be evaluated to check if it was carried out as intended and whether it led to the desired outcomes.

Evaluation activities should be completed in a systematic way during a number of key stages of the pandemic:

- **In real time:** To enable jurisdictions to both adapt their plans to evolving circumstances and share insights with their PT counterparts through the PHN-CG to help ensure a seamless and mutually reinforcing pan-Canadian communications response during the outbreak.
- **Between the first and second pandemic wave:** The “pause” between waves will allow jurisdictions to reflect on their individual and collective response to the pandemic to date and adjust their activities accordingly.
- **Following the pandemic:** Evaluations will vary by jurisdiction, depending on the impact of the pandemic and the scope and scale of the communications response. Moreover, these evaluations may be incorporated as individual components of overall pandemic response review processes. As such, each jurisdiction is encouraged to evaluate the effectiveness of their communications materials with their preferred indicators in the context of their jurisdiction’s overall response effort and to share their findings with the PHN-CG.

Various performance indicators (for both process and outcomes) can be applied to evaluate the effectiveness of public awareness tools:

- **Health professionals**
 - Number of web page visits to health professional sections of FPT websites, time spent on key information pages, bounce rate, etc.
 - Tracking of coverage in stakeholder and/or trade media specifically for health professionals
 - Number of web links made to FPT sites by health professional sites
 - Qualitative assessments or lessons-learned focus groups or roundtables

- **Stakeholders and NGOs**
 - Number of web links to FPT websites
 - Participation in planning meetings and roundtables
 - Tracking of coverage in stakeholder and/or trade media
 - Qualitative assessments or lessons-learned focus groups or roundtables

- **Canadian public**
 - Number of web page visits to FPT websites, time spent on key information pages, bounce rate, etc.
 - Public polling, measuring change in awareness, attitude, perception, knowledge and behaviour
 - Tracking public opinion research trends over time

- **Social media analytics**
 - Number of tip-sheets distributed/downloaded and posters shipped
 - Number of toolkits distributed, number of web links from stakeholders
 - Social media scan

- **Media**
 - Media monitoring/analysis
 - Media roundtables

- **Internal**
 - Feedback received from senior management



APPENDIX A: FEDERAL PROVINCIAL TERRITORIAL PUBLIC COMMUNICATIONS PROTOCOL ON EMERGING PUBLIC HEALTH ISSUES AND EVENTS

Effective communications are a valuable public health intervention that can help protect public health, save lives and minimize social and economic disruption.

The following Federal, Provincial, Territorial (FPT) Communications Protocol¹⁴ seeks to guide how FPT public health authorities share information among partners and coordinate public communications during an emerging public health issue or event¹⁵. It is intended to act as a complement to existing guidance for FPT communications already specified in their respective emergency response plans.

This Protocol supports the following three objectives:

1. To provide Canadians with the information to protect themselves and others;
2. To maximize the effectiveness of public communications by leveraging resources across jurisdictions in a timely fashion and by ensuring consistent messaging, whenever possible (when not possible, other jurisdictions will be notified so they can prepare accordingly); and
3. To develop a shared notion of communications roles and responsibilities during emerging public health issues or events.

¹⁴ This protocol is consistent with the Food-Borne Illness Outbreak Response Protocol, which includes guidance on coordinating public communications. It is also consistent with Pan-Canadian Emergency Protocol.

¹⁵ A public health “event” is taken to mean “a manifestation of disease or an occurrence that creates a potential for disease” among the public.

Guiding Principles

Although emerging issues will vary, pan-Canadian communication about them should always be informed by the following guiding principles:

- **Put the health of Canadians first.** Ensure Canadians have the information they need to protect themselves and others.
- **Provide information that is informed by the latest available evidence.** Information provided to the public must be as accurate as possible as it may be crucial to addressing misinformation and enabling the public to protect themselves.
- **Provide information in a timely manner.** Timely communication can prevent infections, reduce the severity and duration of outbreaks and save lives.
- **Communicate in coordinated fashion.** It is important for all governments and other partners who share responsibilities for public health to align their efforts and ensure the information they are providing to the public is consistent when appropriate.
- **Protect patient confidentiality.** The patient's right to privacy should inform communications messaging and messaging should comply with federal/provincial/territorial protections, which balance public health interests with the rights of the individual patient.
- **Consider public perception of risk.** The public's perception of risk often informs communications plans and messages should be effective in protecting health.

FPT Communications Roles and Responsibilities

Managing the response for an emerging health event involves a host of public health authorities and partners. As such, a clear protocol to coordinate communications is important to ensure that communication is as effective, accurate and timely as possible.

Provinces/territories (PT):

- lead on communicating about public health issues and events within their jurisdictions (though Public Health Agency of Canada (PHAC) can provide them with expertise, epidemiological and lab support);
- inform and coordinate with the PHN Communications Group (PHN-CG) members; and
- support the federal communications response and FPT lead as required, in cases where the public health issue spans more than one jurisdiction and the federal government is the communications lead.

The PHAC:

- leads national communications on public health issues that span more than one jurisdiction¹⁶ and/or are newly imported into Canada (e.g., MERS-CoV, novel influenza);
- coordinates with other federal departments on shared public health issues, where appropriate;
- communicates travel health advice and information to Canadians;
- with the support of regional offices, maintains ongoing communication and coordinates with provinces and territories; and
- supports FPT leads as required.

¹⁶ In some instances, an issue may be very localized, only affecting two neighbouring provinces. In these cases, communication might still be led at the provincial level with those two provinces coordinating directly amongst themselves.

Approach

FPT communications plans will be tailored appropriately based on each situation, though every communications approach should focus on regular information sharing and coordination. Pro-active and reactive communications activities may feature a variety of tactics including traditional media, social media, online content, stakeholder communications, etc.

Information Sharing and Coordination

The Pan-Canadian Public Health Network (PHN) is a mechanism for intergovernmental collaboration which connects senior government decision-makers and other key players in the public health system to support horizontal linkages across public health policy issues in a sustainable and integrated manner.

The PHN Council is governed by 17 members including the Chief Public Health Officer of Canada and senior government officials from all jurisdictions who are responsible for public health. The PHN Council serves as the central governance body to the Network and acts as a liaison with the Conference of FPT Deputy Ministers of Health, facilitates and oversees activities of the Network and serves as a central coordination body during public health emergencies.

Within the PHN, the PHN-CG will be the primary information-sharing and coordination body for all public communications within the PHN.

The PHN-CG was established to provide risk communications and social marketing advice and support to PHN Council. The Group is chaired by both a PT and federal representative and is comprised of FPT communicators responsible for public health files in their respective jurisdictions. The PHN-CG aims to ensure that FPT communications on public health issues are coordinated and consistent by sharing communications information and best practices.

The Council of Chief Medical Officers of Health (CCMOH) promotes excellence in population and public health practice through communication, collaboration and exchange of ideas, knowledge, experience and best practices. CCMOH reports to the Conference of FPT Deputy Ministers of Health through PHN Council. Given that the CCMOH provides guidance and recommendations on technical issues relating to PHN work to PHN Council and Steering Committees, it is an appropriate venue for information sharing during public health events or emergencies.

Notification

Jurisdictions are asked to notify all partners about an issue when any of the following criteria are met:

- Reasonable likelihood the issue could spread into other jurisdictions.
- Reasonable possibility other jurisdictions have information that could help in the investigation and response.
- Reasonable possibility the issue could generate public interest or concern (e.g., media attention) in other jurisdictions.
- The event involves international travel, requires quarantine or has other international implications.

The affected PT communications staff will notify the PHN-CG secretariat by email and phone of any emerging health issue and any plans for public communication¹⁷.

¹⁷ The event meets the criteria for a potential public health emergency of international concern (WHO Annex 2) as per the International Health Regulations (IHR 2005).

Coordination

Jurisdictions are asked to engage relevant partners to coordinate public communications when any of the following criteria are met:

- The issue has spread across multiple jurisdictions.
- The issue involves international travel or requires quarantine.
- Jurisdictions are working together on an investigation and/or response.
- The issue is generating or is likely to generate public interest or concern (e.g. media attention) in multiple jurisdictions or internationally.

The PHN-CG secretariat will inform the Group of the event and any corresponding planned communications activities. If appropriate, the secretariat will schedule a teleconference with the Group.

Pro-active Communications

Jurisdictions are asked to publicly communicate proactively when any of the following criteria are met:

- Information (even limited information) is available that Canadians could use to protect themselves.
- Not communicating proactively threatens the public's trust in the organization.

Whenever possible, pro-active communication should take place jointly between the PHAC and affected PTs.

The affected PT will share any communications products or messaging with the PHN-CG secretariat for wider distribution to the Group. Similarly, products developed at the federal level will be shared with PTs. All efforts should be made to ensure consistency of language between partners.

The initial public announcement will be made by the lead jurisdiction based on the roles and responsibilities outlined above. The lead jurisdiction may ask others to participate in a joint announcement(s) if the issue involves a joint response and is high in profile. All other jurisdictions will be notified.

Should any jurisdiction (PT or federal) choose to communicate something that it is inconsistent or vastly different than that of its partners, it should advise PHN-CG members via email and share its messaging.

Evaluation

Communications will be evaluated in real time and after issues have concluded to inform planning. The evaluation will vary by jurisdiction depending on the public awareness activities released. As such, each jurisdiction is encouraged to evaluate the effectiveness of their communications materials with their preferred indicators and share their findings with the PHN-CG.

Effectiveness of public awareness tools can be determined using the following possible indicators:

Health professionals:

- Number of web page visits to health professional sections of FPT websites, time spent on key information pages, bounce rate, etc.
- Tracking of coverage in stakeholder and/or trade media specifically for health professionals
- Number of web links made to FPT sites by health professional sites

Canadian public:

- Number of web page visits to FPT websites, time spent on key information pages, bounce rate, etc.
- Public polling, measuring change in awareness, attitude, perception, knowledge and behaviour

Social media analytics:

- Number of tip-sheets distributed/downloaded and posters shipped
- Number of toolkits distributed, number of web links from stakeholders
- Social media scan (e.g., volume of twitter traffic among reporters, media outlets; public retweeting)

Media:

- Media monitoring/analysis

Internal:

- Feedback received from Senior Management

APPENDIX B: STAKEHOLDER ROLES IN DEVELOPING COMMUNICATIONS GUIDANCE AS IDENTIFIED BY PARTNER

This table summarizes the results of a stakeholder consultation process in 2014 in which health professional organizations were asked to self-identify their preferred role in pandemic-related clinical guidance development and communications (the stakeholder consultation process was facilitated by the Canadian Medical Association and Centre for Effective Practice and supported by the Public Health Agency of Canada).

TABLE B1 – PREFERRED ROLE IN CLINICAL GUIDANCE DEVELOPMENT AND COMMUNICATIONS— AS SELF-IDENTIFIED BY HEALTH PROFESSIONAL ORGANIZATIONS

ORGANIZATION	PREFERRED ROLE IN CLINICAL GUIDANCE DEVELOPMENT AND COMMUNICATIONS			
	GUIDANCE NEEDS ASSESSMENT	GUIDANCE DEVELOPMENT/ REVIEW	GUIDANCE REVIEW ONLY	GUIDANCE DISSEMINATION
Association of Medical Microbiology and Infectious Disease Canada	Not applicable (N/A)	Yes	N/A	N/A
Canadian Association of Critical Care Nurses	N/A	Yes	N/A	Yes
Canadian Association of Emergency Physicians	N/A	Yes	N/A	Yes (context groups)
Canadian Critical Care Society	Yes	Yes plus KT capabilities	N/A	Yes
Canadian Healthcare Association/ Association of Canadian Academic Healthcare Organizations	N/A	N/A	N/A	Yes (reach to facilities)
Canadian Medical Association	Yes	N/A	N/A	Yes (web site)
Canadian Nurses Association	N/A	Yes (through specialty groups)	N/A	Yes
Canadian Paediatric Society	N/A	Yes	N/A	Yes
Canadian Pharmacists Association	N/A	Yes	N/A	Yes
Canadian Public Health Association	N/A	Yes (through select members)	N/A	N/A
Canadian Society for Medical Laboratory Science	N/A	N/A	N/A	Yes

ORGANIZATION	PREFERRED ROLE IN CLINICAL GUIDANCE DEVELOPMENT AND COMMUNICATIONS			
	GUIDANCE NEEDS ASSESSMENT	GUIDANCE DEVELOPMENT/ REVIEW	GUIDANCE REVIEW ONLY	GUIDANCE DISSEMINATION
College of Family Physicians of Canada	N/A	N/A	Yes	Yes
National Emergency Nurses Association	N/A	N/A	Yes	Yes
Royal College of Physicians and Surgeons of Canada	N/A	N/A	N/A	Yes (view as a secondary channel)
Society of Obstetricians and Gynaecologists of Canada	N/A	Yes	N/A	N/A
Society of Rural Physicians of Canada	Yes	N/A	Yes (for specialty population)	N/A

APPENDIX C: EMERGENCY RISK COMMUNICATIONS PLANNING DASHBOARD

TRIGGERS: Novel virus causing human cases detected somewhere in the world (no, limited or sustained human transmission)

Public Health Network Communication Group (PHN-CG) (activated/increasing level of interest and risk perception among specific groups)

Communications Response (increased vigilance)

- Assign dedicated communications advisors
- Preliminary partner engagement and coordination
- Selective engagement of relevant jurisdictional risk and emergency communications support and coordination functions
- PHN-CG activation: bi-weekly conference calls or more frequent contact, as appropriate (confirm common lexicon, review established protocols information sharing agreements and communication lead roles/accountabilities)

Key Emergency Risk Communication Challenges

- Communicating uncertainty
- Partner engagement to ensure appropriate communication involving Canadian cases or escalating risk (i.e., messages that resonate with those who are vulnerable; channels that reach the vulnerable; approaches that are well-coordinated)
- Potential population disinterest or cynicism in response to calls for increased vigilance
- Positioning jurisdictional lead agencies and spokespersons as trusted sources in emergency infectious diseases amidst competing communication needs of other public health issues

Strategic Communications and Product Development

- Pro-active messaging: public health notices, web posting of frequently asked questions and answers (FAQs)
- Travel Health Notices (federal only)
- Identification of spokesperson(s)
- Ongoing responsive message development
- Advance public and stakeholder message development coordinated via PHN-CG
- Advance planning for internal Communications, including key message development
- Social media and engagement strategy implementation with the public and public health spokespersons

Information Dissemination

- Coordinate response to media queries and media interviews
- Post updated communications products to web sites
- Updates via social media
- Advance web planning: map web content structure in anticipation of future pandemic scenarios
- Communications with internal staff
- Information distribution via established networks

Emergency Risk Communication Support and Coordination

- Activate or establish relevant jurisdictional leads for Pandemic Communications Task Groups, as required
- Coordinate communications with other jurisdictions/PHN-CG
- Operational planning (e.g., duty roster)
- Liaise with other jurisdictional emergency planning leads/authorities
- Provide briefings engaging stakeholders and organizations that represent and/or can reach health care providers and the vulnerable populations

Communication Surveillance

- Initiate daily media monitoring of issue, weekend reporting of media and social media
- Communication briefings include situational analysis and risk communications recommendations
- Information coordination through stakeholder networks
- Information sharing and analysis through the PHN-CG
- Internal monitoring and feedback about concerns of staff raised to management

TRIGGER: Virus with limited human-to-human transmission (including Canada)

PHN-CG fully operational

Communication Response

- Surge support required to augment existing communication team
- Anticipatory weekend duty roster in place
- Additional capacity to respond to high volume of information demand, and changing risk perceptions from affected and involved stakeholders
- Increased engagement of jurisdictional emergency operations and response centres

Additional Key Emergency Risk Communication Challenges

- Target communications for and to vulnerable populations
- Communication coordination with federal, provincial, territorial (FPT), and non-governmental organizations, and International level
- Stigmatization of specific regional, ethnic or other demographic groups most affected
- Active communication surveillance and adapting strategies accordingly
- Risk perception context
- Strategic use of social media to support response objectives

Strategic Communications and Product Development

- Update pro-active messaging: public health notices, web posting of FAQs
- Travel Health Notices (federal-only)
- Pro-active media relations
- Update responsive messaging
- Develop web info (e.g., case count/ death summary, virus description, symptoms, treatment, FAQs, prevention measures, vaccine information)
- Messaging for vulnerable populations
- Plan for streamlining web-based information (public and health professionals)
- Talking points for senior officials
- Continue social media strategy

Information Dissemination

- Coordinate a media technical briefing with support from jurisdictional stakeholder and PHN-CG
- Pro-active one-on-one interviews with select media
- Communications coordination and information sharing with provinces, territories, and international partners
- Monitor, detect and correct misinformation
- Web content structure as planned
- Develop FAQs and answers for potential toll-free information service
- Develop marketing strategy, including social media component
- Coordinate and ongoing 2-way social media engagement
- Develop jurisdictional internal communications plan
- Provide regular email updates to staff

Emergency Risk Communication Support and Coordination

- Coordinate surge support and logistical support
- Augment support, coordination, and briefing activities
- Continue communications forward planning
- Advance message development
- Administrative, finance and human resource support and guidance
- Increase coordination with regional office communications employees for information sharing
- Continue communications coordination with other jurisdictions via the PHN-CG
- Continue to engage stakeholders and organizations that can reach health care providers and the vulnerable populations

Communication Surveillance

- Ongoing media and social media monitoring and analysis
- Ongoing monitoring of risk perception through media, social media, and partner communications
- Daily situational analysis informing communications briefings, and informed by PHN-CG
- Ensure capacity to conduct in-depth analysis of online usage and trends to gauge public consumption and identify information gaps
- Internal monitoring, feedback about concerns of staff raised to management

TRIGGER: Virus with sustained human-to-human transmission in multiple jurisdictions leading to a global influenza pandemic

PHN-CG fully operational

Communication Activities

- Staff from other parts of the department and government are involved in response
- Increased hours of work and shiftwork schedules
- High level of info demand and risk perception
- Full engagement of jurisdictional risk and emergency communications teams

Additional Key Emergency Risk Communication Challenges

- Surge capacity and human resource demands
- Non health sector and Government of Canada communication coordination
- Risk perception context
- Internal briefing demands
- Adaptation of communications strategies throughout phases of the pandemic

Strategic Communications and Product Development

- Expand social media activity
- Update pro-active messaging: public health notices, web posting of FAQs
- Travel Health Notices (federal only)
- Pro-active media relations
- Update responsive messaging
- Marketing and social media strategy content development and finalization
- Expanded and single point of entry for web-based information (antivirals, vaccine, research, vaccine availability)
- Posting of guidance for health professionals
- Messaging and products for target populations

Information Dissemination

- Coordinate regular media technical briefings with partner departments and agencies
- Pro-active one-on-one interviews with select media
- Message coordination with PT and international partners
- Message distribution to established stakeholder networks
- Implementation of social media strategy for pandemic phase
- Distribution of marketing and public education materials in collaboration with FPT partners
- Web-casting of news conferences
- Utilize corporate intranet for internal communications

Emergency Risk Communication Support and Coordination

- Develop and implement duty roster and shift work schedules
- Coordinate extended surge support and contract for resources as required
- Augment support, coordination and briefing activities
- Continue communications forward planning, including de-escalation planning

Communication Surveillance

- Daily situational analysis informing communications briefings, and informed by PHN-CG
- Public opinion research to evaluate the effectiveness of communications activities
- Increase monitoring and reporting on web analytics
- Internal monitoring, feedback about concerns of staff raised to management