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Perspective

Communicating Effectively with the Public During a Pandemic: Lessons From the COVID-19 Pandemic and Preparation for Future Pandemics

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Although the world has experienced similar pandemics in relatively recent years, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), the uncontrollable spread of COVID-19 demonstrated a seriously low level of preparation for a pandemic, regardless of the country. This indicates a very low level of risk awareness on pandemics in all sectors of society from individuals to organizations to the government. With the case of the United States, the unpreparedness and low risk perception to pandemics resulted in millions of infections and hundreds of thousands of deaths, which keeps increasing even a half year after the COVID-19 pandemic became global in early 2020. No one can warrant when we can obtain effective vaccines or treatments for COVID-19. As experienced during the COVID-19 pandemic, the consequences of the unpreparedness to past, present, and future pandemics ultimately victimize the public who suffer physically and mentally from the diseases caused by COVID-19 and undergo a harsh financial difficulty due to losing jobs and medical costs for testing and treatments. In order to prevent such a chaotic global health disaster in the future, this article aims to critically investigate communication problems identified through the social experience of the COVID-19 pandemic and will pinpoint how we should communicatively prepare for unanticipated future pandemics.

First of all, a prominent biomedical trend during the COVID-19 pandemic is to develop effective vaccines and treatments. Along with scientific production of vaccines and treatments, the agenda to be set for the pandemic is how vaccines and treatments should be handled after development. Currently, many countries are fiercely competing to be the first in producing COVID-19 vaccines and treatments for unmeasurably high direct and indirect national and capitalistic interests in the global market [1]. As opposed to this interest-based global competition, vaccines and treatments should be handled as international public goods, so they can be affordably available for the public and patients like flu vaccines. Public health cannot be a hostage of domestic or international market economy and politics. Therefore, on the path toward that direction, the research outcomes in developing vaccines and treatments for the current and future pandemics should be internationally shared to minimize trial and error in the vigilant process of developing them and to securely provide the public with effective and safe vaccines and treatments sooner regardless their nationality.

Second, public messages and information regarding a pandemic should be carefully monitored to prevent confusion and misunderstandings due to complex and/or inaccurate information. Desirably, it will be effective if the government centralizes communication channels to deliver scientific knowledge about the pandemic and call for precautionary measures to prevent infection. During the COVID-19 pandemic, the public has often experienced misinformation and conflicting ideas about the pandemic itself and preventive actions [2]. Facing an emergency, individuals desperately seek information that delivers a seemingly feasible solution. However, if the suggested solutions from different communication channels are inconsistent, it is very likely that people feel cognitive dissonance with conflicting ideas, and people's capacity to scan and compare different information is significantly reduced [3].

Therefore, in order to prevent fatal consequences triggered by individuals' adoption of inaccurate information, it is proposed for the government to establish a centralized communication channel and deliver authorized scientific information confirmed by medical and public health professionals through the reliable communication channel.

Third, public health policies and guidelines on pandemics should be based on medical and public health professionals' advice with scientific knowledge and evidence. Moreover, public health policies should not be politicized, but prioritized over political interests or economic concerns. As a representative example that shows a conflict between politics and health professionals, the public has observed conflicting ideas, suggestions, and recommendations between U.S. President Trump and his top public health official, Dr. Fauci. From the beginning of the COVID-19 pandemic in the United States, political rhetoric has hindered proactive responses to the pandemic and veiled the reality of dramatic increase of the infected. Consequently, the United States has the largest number of infections and deaths with a large gap with the country at the second rank. This provides us with another great lesson that pandemics should not be politicized, and governmental decisions on pandemics should be based not on politicians or higher official's personal opinion, but on advice from medical and public health professionals.

The next point would be the most important recommendation in preparing for future pandemics. It is about accumulating health communication database and formative research to build effective communication strategies targeting the public. It is certain that the COVID-19 pandemic will contribute to advancing biomedical science and research as the world competitively tries to develop vaccines and treatments. However, a pandemic is communicative. In other words, the COVID-19 pandemic occurs among people in their communication and relationships with others. Therefore, in order to properly control a pandemic, it is necessary to build health communication data that focuses on how people communicate through certain channels among the members of a social system and, based on the health communication data, design communication strategies to deliver accurate information and promote behavioral compliance to prevention guidelines.

In terms of health communication data collection, data about how the public understands information about a pandemic along with medical information is more urgent than others to effectively communicate a pandemic with the public and design well-received health communication strategies. Public understanding of medical information varies by several factors, such as education level, experience regarding diseases, types of occupation, etc. However, extant research shows people with less language proficiency (e.g., immigrants, refugees, expatriates, foreign-born personals, etc.) are less able to understand public health information and medical terms [4]. Societies around the world are becoming more multicultural and multiethnic than ever. As of 2017, the number of foreign-born residents in the United States reached 44.4 million, and immigrants accounted for 13.6% of the total U.S. population [5]. Therefore, data collection and research on public understanding of a pandemic and medical information among Immigrants, refugees, and foreign workers should be included in preparation for future pandemics.

Based on health communication data and research that reveals how people communicate during a pandemic, the next step in preparing for future pandemics is to design effective communication strategies to disseminate accurate information and increase public compliance to behavioral guidelines during a pandemic period. In order to design effective communication strategies to achieve such goals, this article suggests an integrated communication model as presented in Figure 1, emphasizing a close collaboration among medical and public health professionals (science community), governmental decision makers, international health communication networks tying governments and international public health organizations, and authorized communication channels to deliver accurate scientific information to the public.

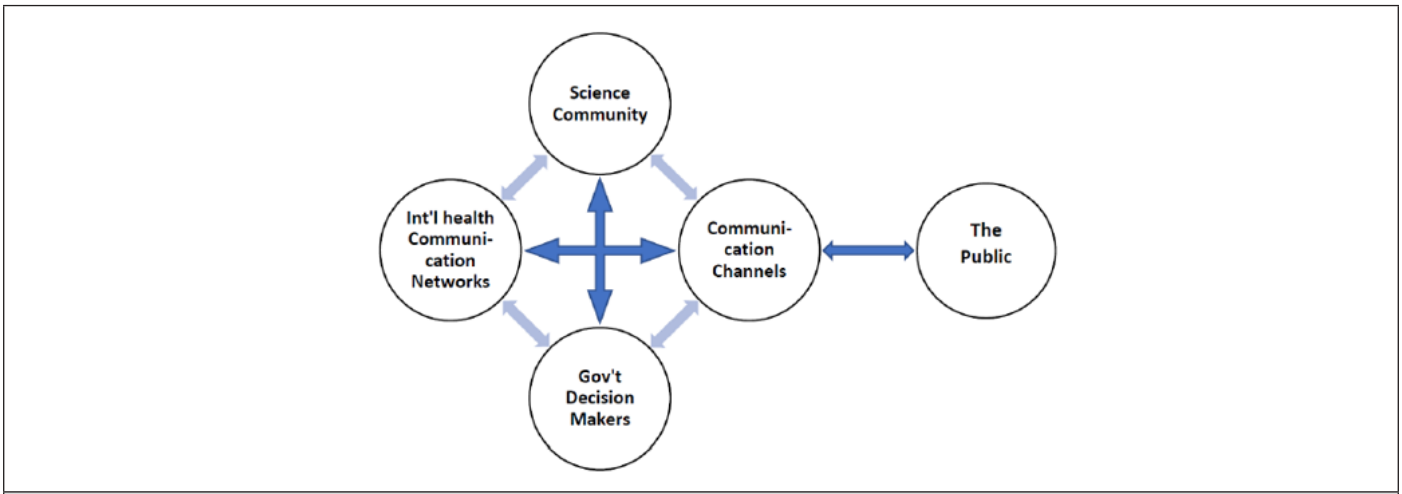

Figure 1: Integrated Pandemic Health Communication Model.

In this model, a key point is that individuals should have reliable communication channels to public health information providers to communicate with their questions, concerns, experiences, and suggestions. In other words, health communication during a pandemic should not be a one-way communication just to disseminate information in one direction, but a reciprocal communication between individuals and reliable (and authorized) organizations through conveniently accessible communication channels. If an individual cannot find a communication channel in her/his information seeking process during a public health emergency pandemic, the individual becomes psychologically desperate and is more likely to make an undesirable choice in information adoption and, therefore, be exposed to risk behaviors. Therefore, as indicated in Figure 1, health communication especially during a pandemic should be interactive between the public and reliable information providers.

Conclusion

Communication is the key to overcome the COVID-19 pandemic and also prevent future pandemics. Related to this, it is important that, as the adage underlines, "what you communicate is less important than how you communicate." Therefore, pandemic health communication should be practiced in ways that the public can understand and follow with consistent and reliable information through legitimized communication channels.

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