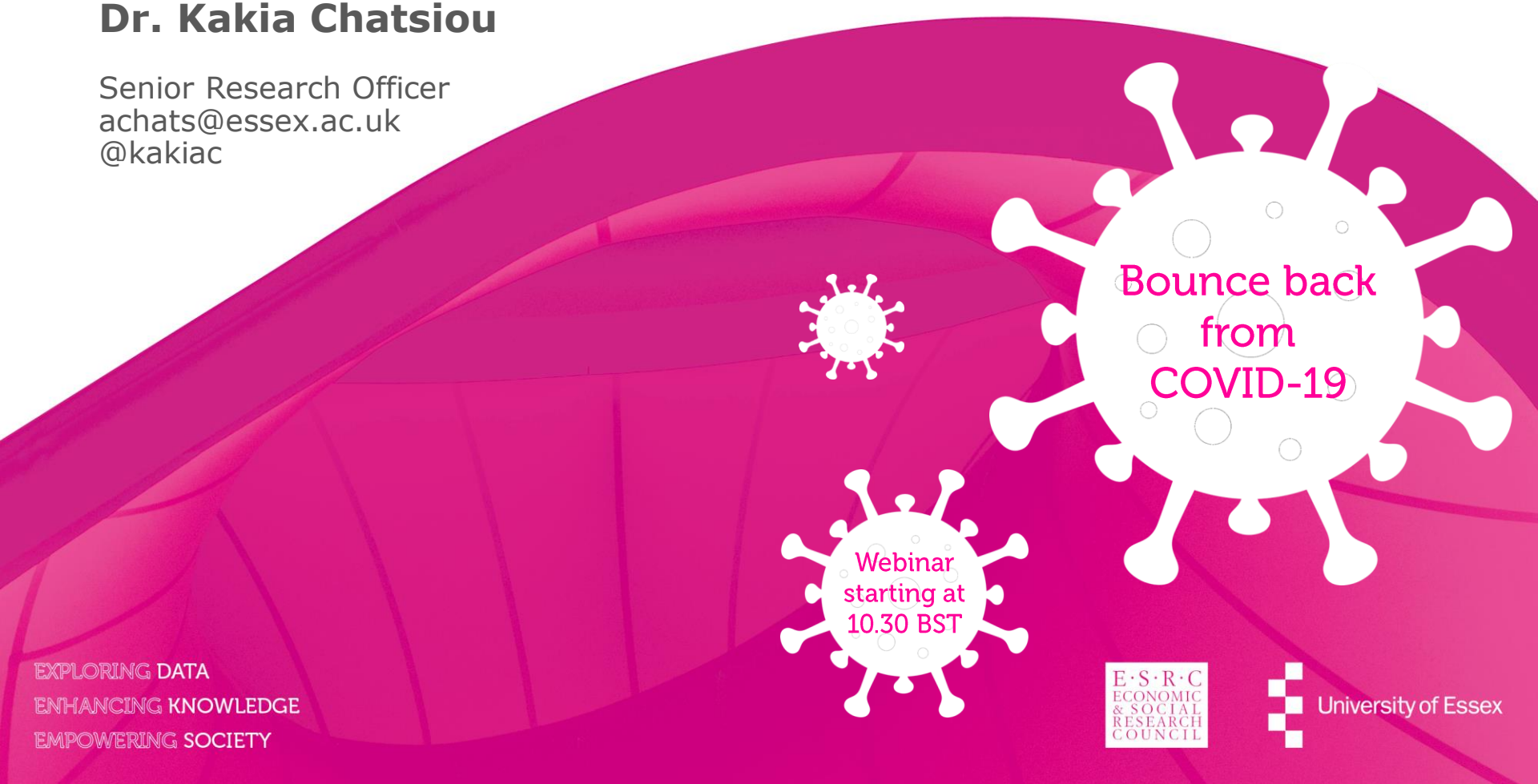
Business and Local Government Data Research Centre

Communicating Risk

Dr. Kakia Chatsiou

Senior Research Officer
achats@essex.ac.uk
@kakiac



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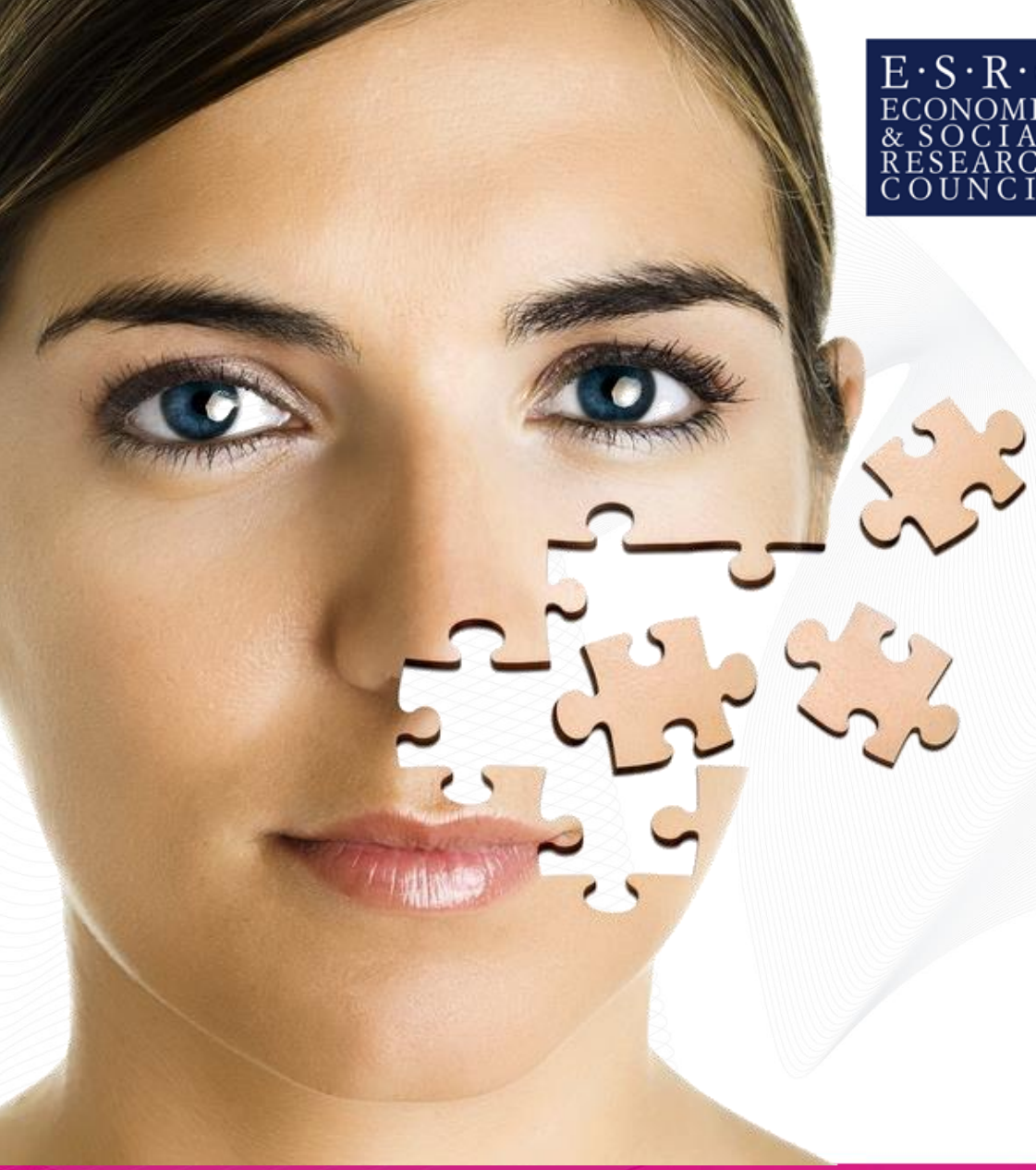

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- Methodologies and techniques for data science and artificial intelligence
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- Supporting vulnerable people

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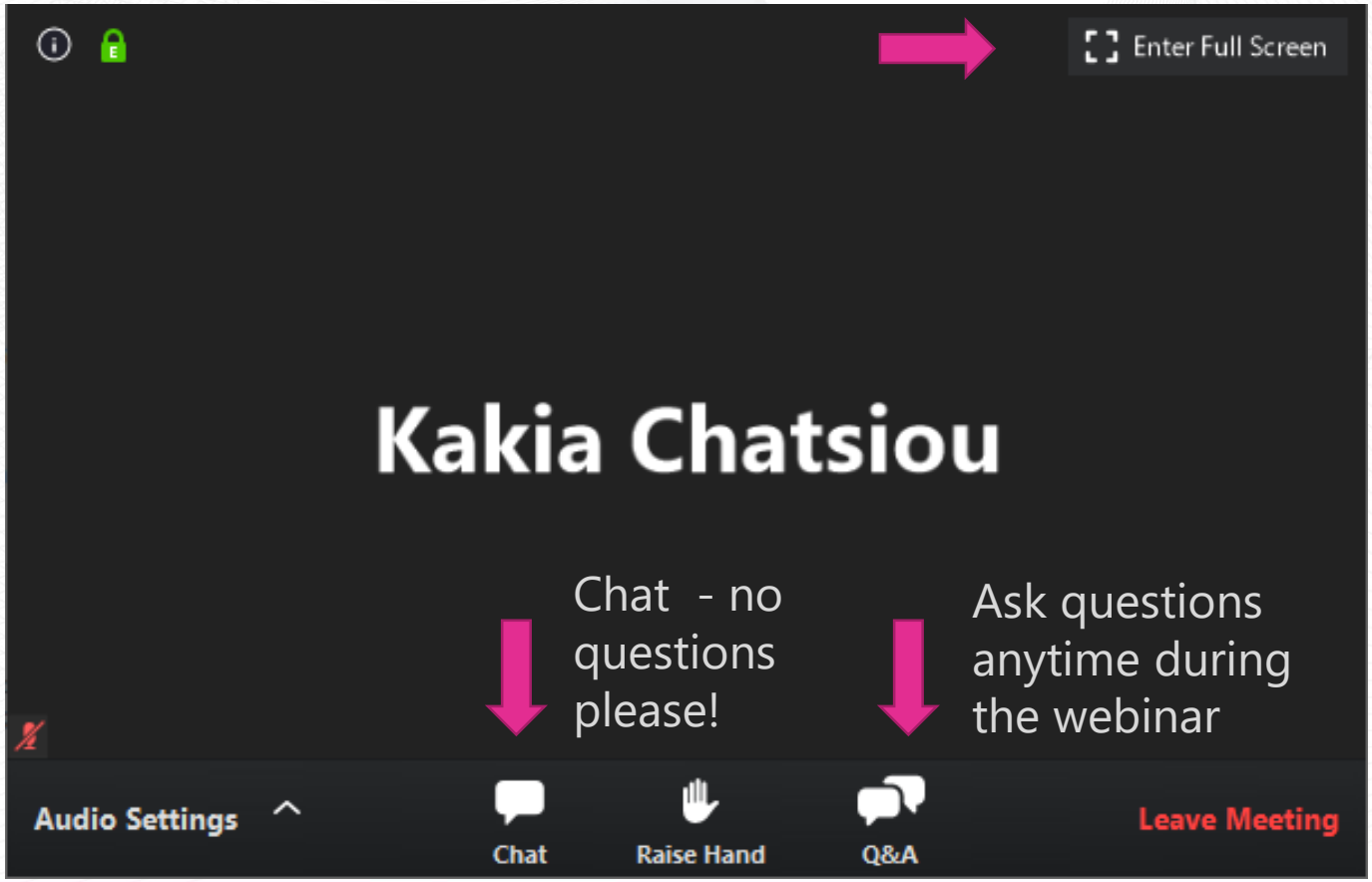
Dr Kakia Chatsiou's research focuses on the areas of public administration evaluation, data science and natural language processing. Pushing new boundaries of research, she has worked as an evaluation and data compliance consultant with local authorities (including Essex and Suffolk County Councils and Essex Fire and Rescue Service) as well as voluntary sector organisations.

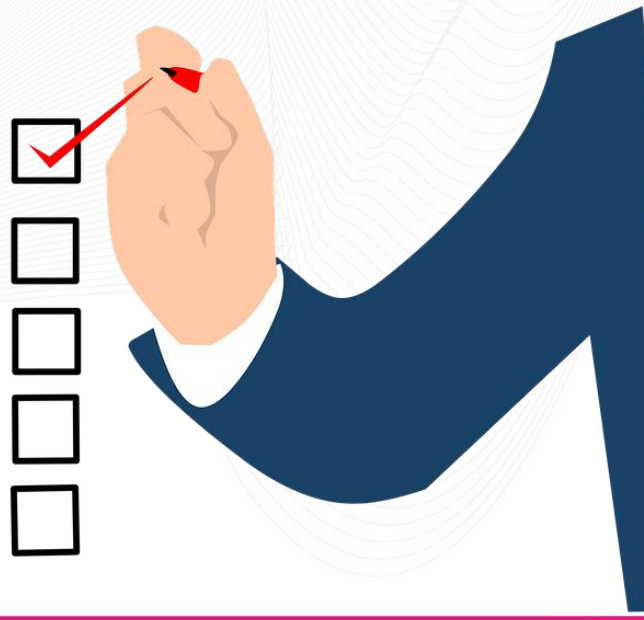
Dr Chatsiou leads training for policy makers on evaluation practices, text analytics and data sharing and acts as a catalyst for change at both a strategic and operational level. Interested in the ways data and evidence can help us better understand our society, she balances research expertise with sector knowledge, for impact from the grassroots up.

Webinar Communication

meeting controls



Poll 1:
Which sector do you work for?



Outline

- What is risk communication?
  - Why bother studying it?
- What can we learn from the previous examples of risk communication and its influence on behaviour change?
  - When can the use of data when communicating risk support or hinder effective risk communication?
- How can leaders improve the way they communicate risk during critical times?

Communicating Risk

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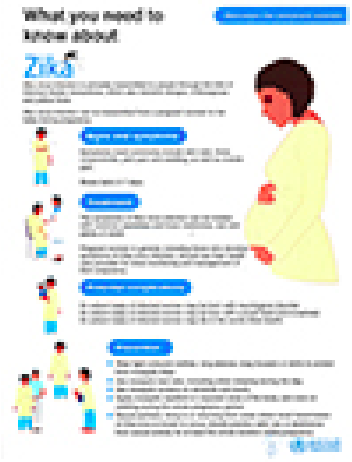
Communicating risk: Zika (2015-2016)

Communicating risk: Zika (2015-2016)

World Health Organization



Posters: What you need to know about Zika

Aimed at health care workers, pregnant women and the general public, this set of three posters contains key messages that are specifically tailored for different target audiences.

- General public — pdf, 2.50Mb
- Health workers — pdf, 524kb
- Pregnant women — pdf, 923kb

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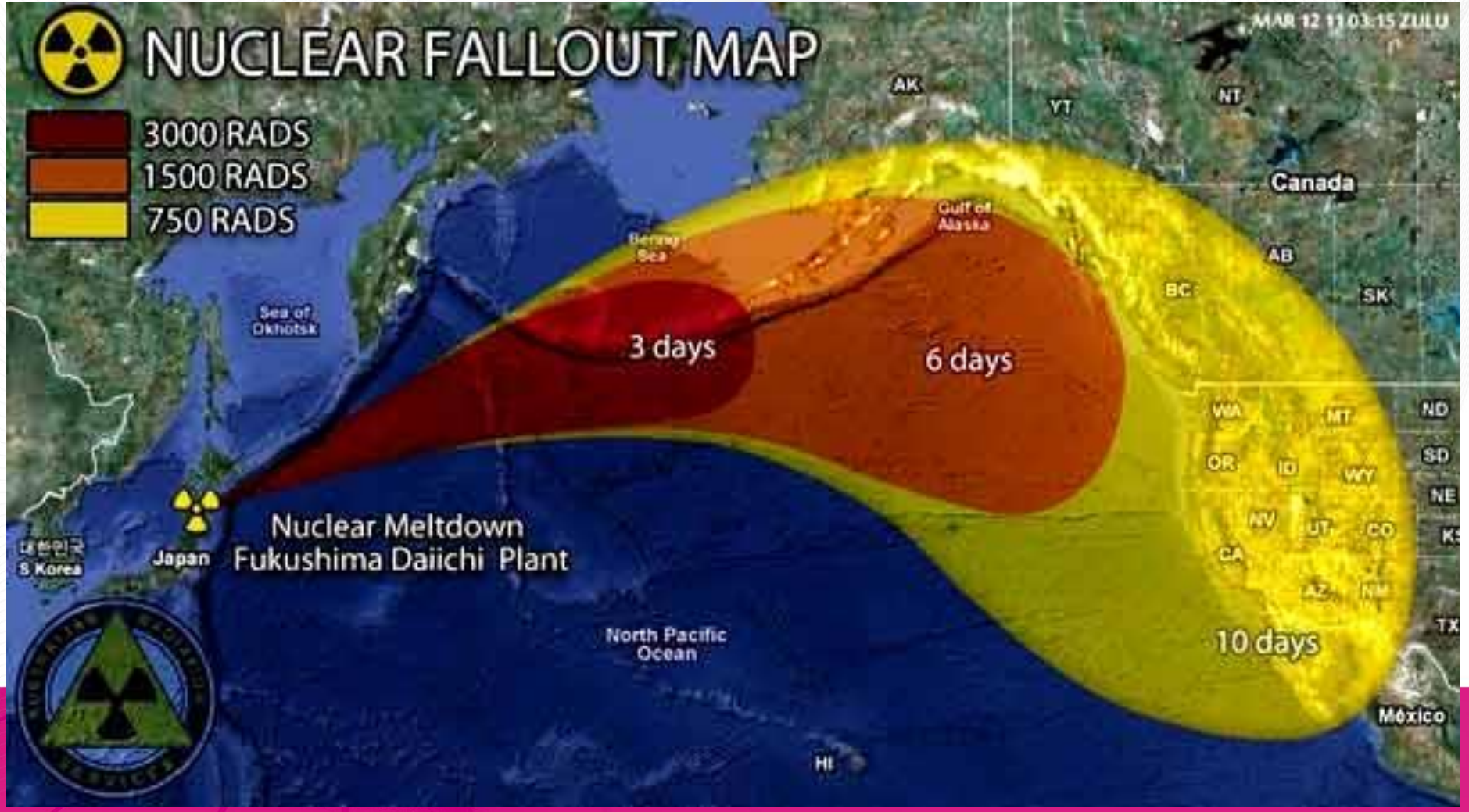
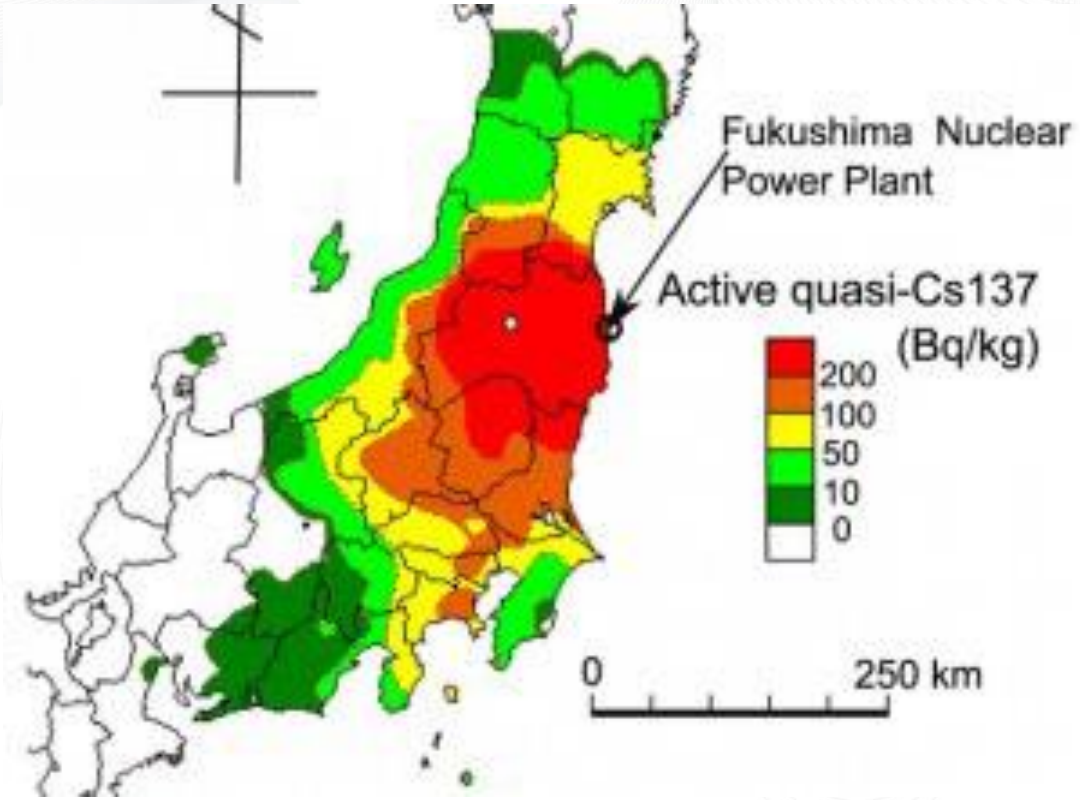
Communicating risk: Fukushima (2012)



Communicating risk: Fukushima (2012)



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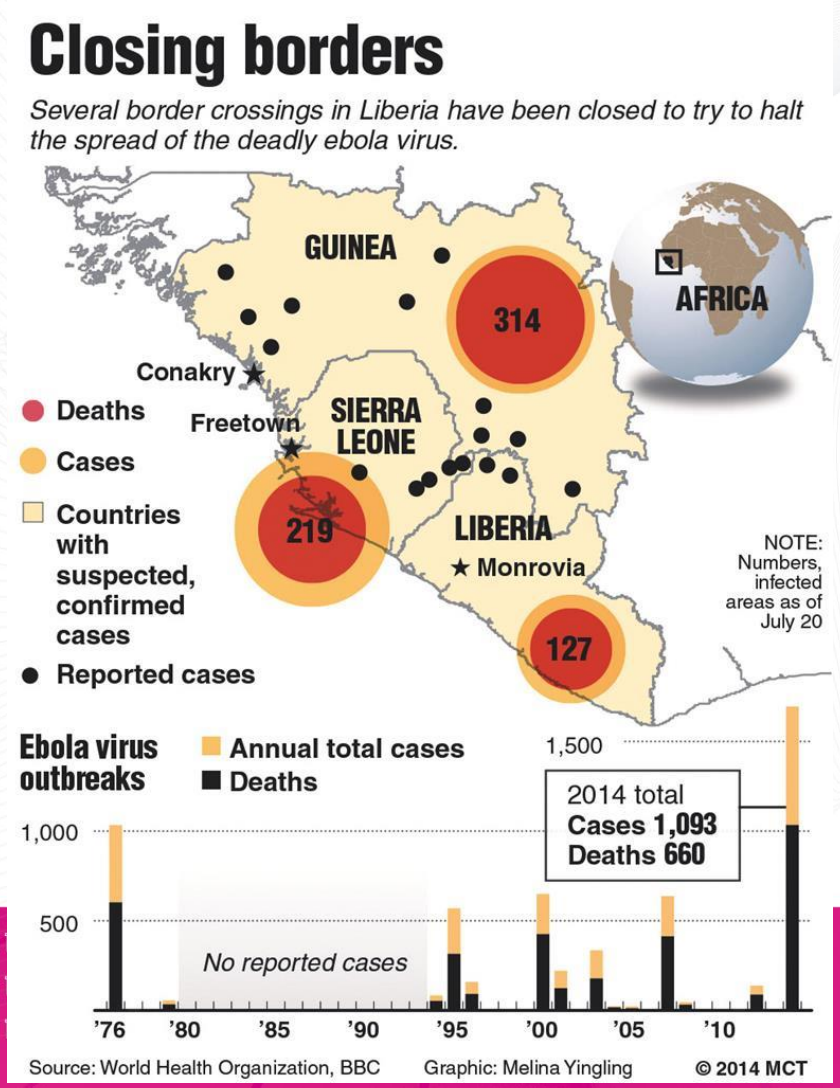
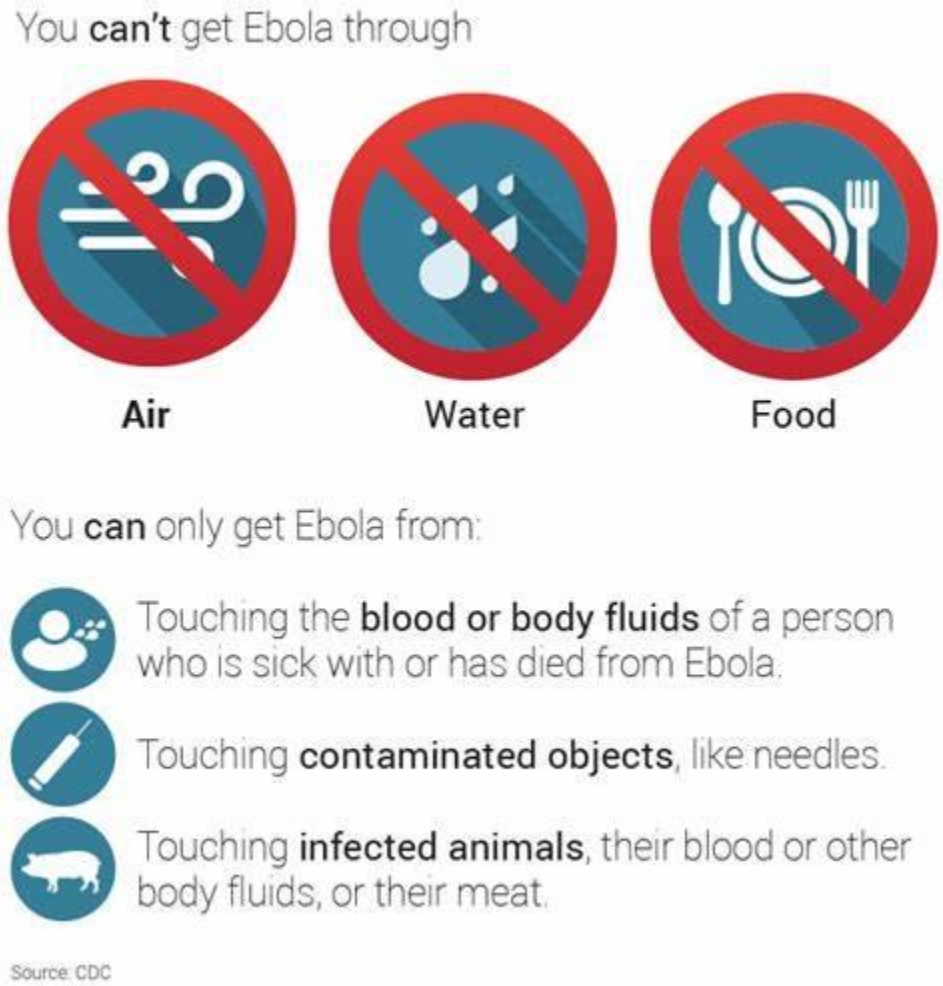
Communicating risk: Ebola (2014)





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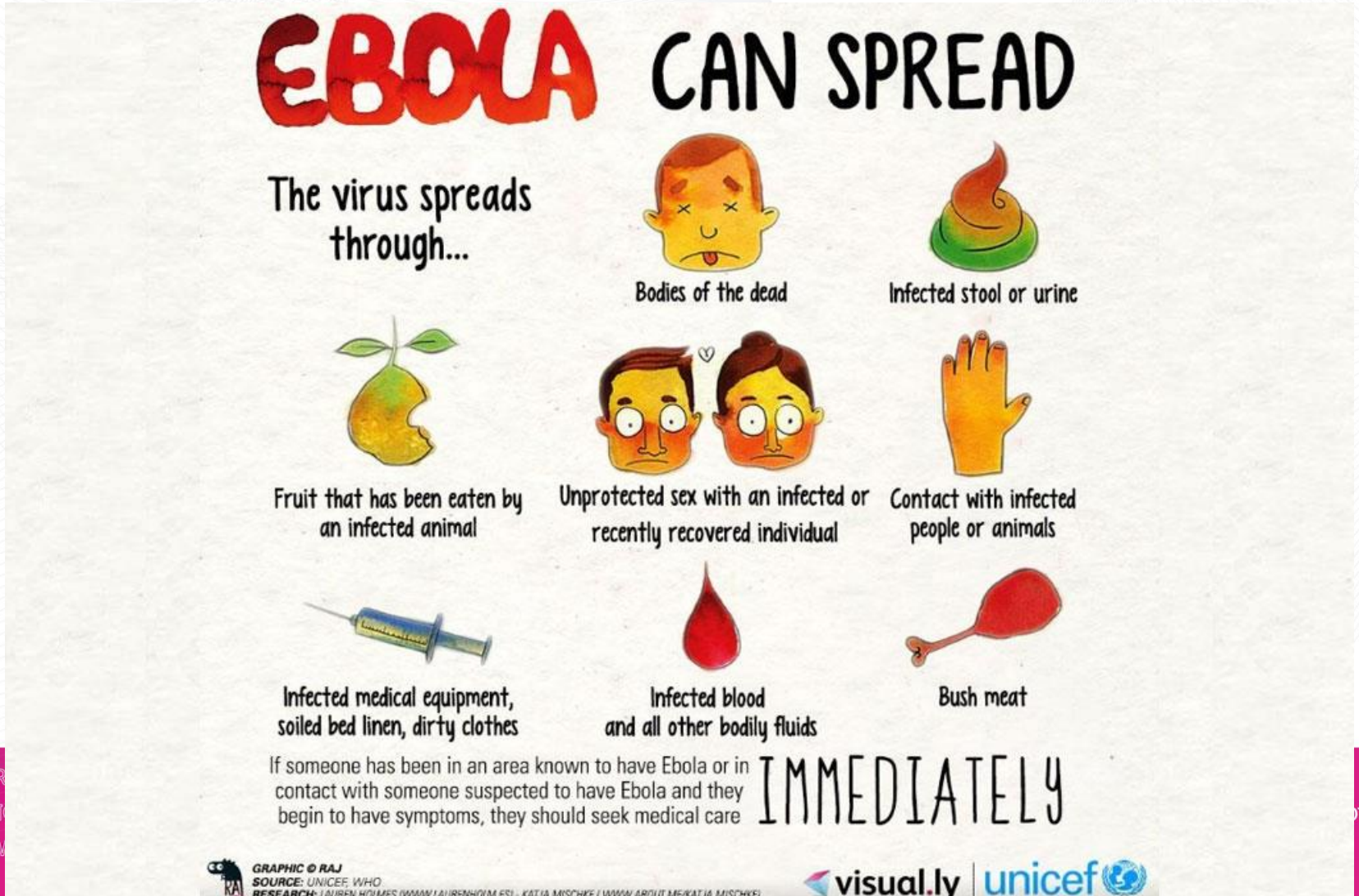

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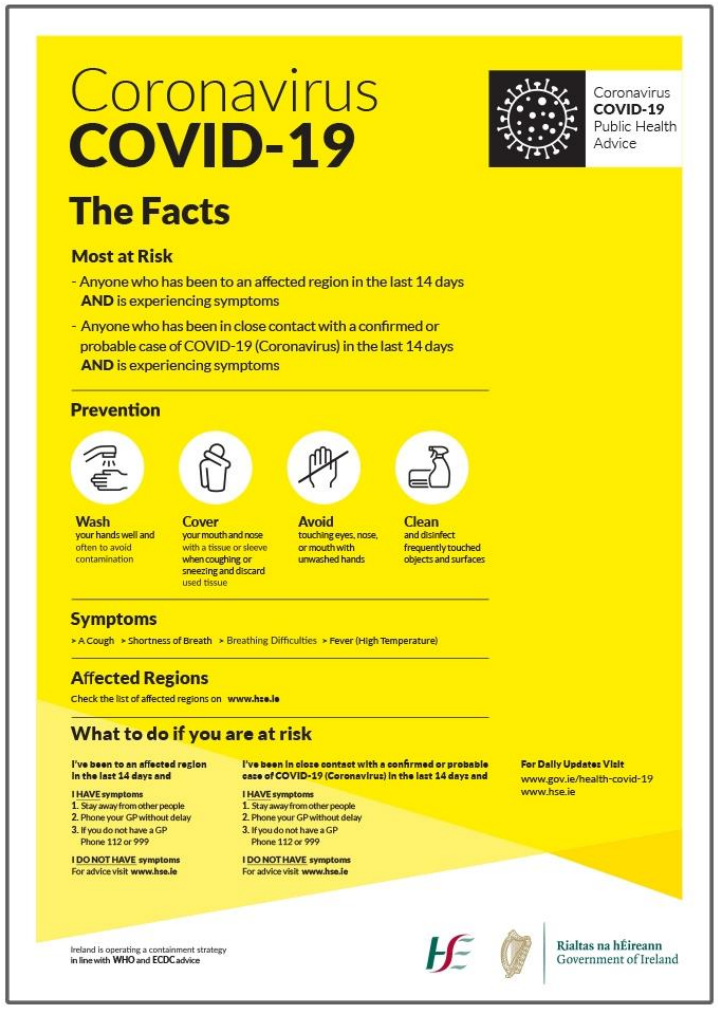
Communicating risk: COVID-19 (2020)



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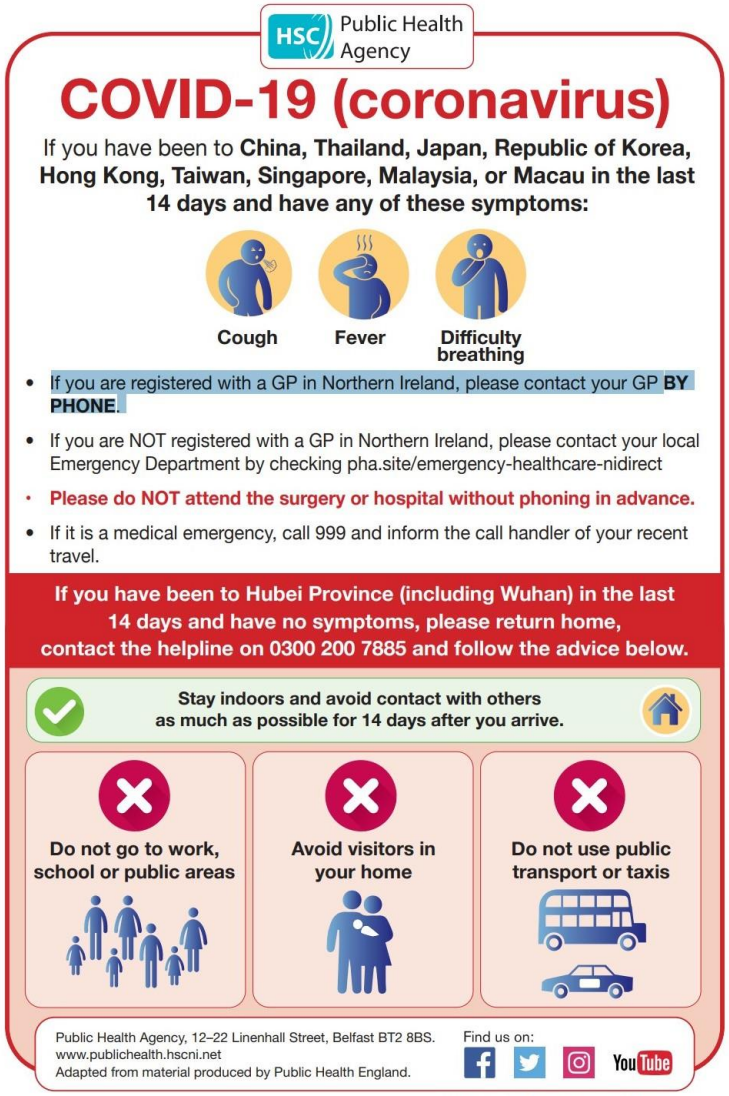
Communicating risk: COVID-19 (2020)



HSC Public Health Agency

COVID-19 (coronavirus)

If you have been to **China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia, or Macau in the last 14 days and have any of these symptoms:**

Cough | Fever | Difficulty breathing

- If you are registered with a GP in Northern Ireland, please contact your GP **BY PHONE**.
- If you are NOT registered with a GP in Northern Ireland, please contact your local Emergency Department by checking pha.site/emergency-healthcare-nidirect
- **Please do NOT attend the surgery or hospital without phoning in advance.**
- If it is a medical emergency, call 999 and inform the call handler of your recent travel.

If you have been to Hubei Province (including Wuhan) in the last 14 days and have no symptoms, please return home, contact the helpline on 0300 200 7885 and follow the advice below.

Stay indoors and avoid contact with others as much as possible for 14 days after you arrive.

Do not go to work, school or public areas

Avoid visitors in your home

Do not use public transport or taxis

Public Health Agency, 12–22 Linenhall Street, Belfast BT2 8BS.
www.publichealth.hscni.net
Adapted from material produced by Public Health England.

Find us on: YouTube

V7 General Advice 120220 PHA1.0.1

COVID-19

Disease caused by the SARS-CoV-2 virus

ecdc

Novel coronavirus

Coronaviruses are viruses that circulate among animals but some of them are also known to affect humans.

The 2019 novel coronavirus was identified in China at the end of 2019 and is a new strain that has not previously been seen in humans.

Prevention

When visiting China

- Avoid contact with sick people
- Avoid visiting markets and places where animals are handled
- Avoid contact with animals, their excretions or droppings
- Wash your hands with soap and water
- Apply general rules governing food hygiene

Wherever you travel apply general hygiene rules

Symptoms

- FEVER
- COUGH
- DIFFICULTY BREATHING
- MUSCLE PAIN
- TIREDNESS

Transmission

VIA RESPIRATORY DROPLETS

2–14 days
estimated incubation period

ecdc.europa.eu/en/novel-coronavirus-china

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Communicating risk: COVID-19 (2020)

Poll 2:
How familiar are you with issues around communicating risk to users/clients and other stakeholders?

Why is information important during an emergency?

Crisis
+ Heightened public emotions
+ Limited access to funds
+ Uncertainty (rumour, gossip, speculation, assumption, inference)

An unstable information environment

Why is information important during an emergency?

- Need for rapid and effective assistance for those affected
- Basis for coordination and decision making
- Essential for building credibility, visibility and trust

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Characteristics of emergency/risk information

- High demand for information
- Urgent timeframe
- Requires rapid and effective dissemination
- use preferred channels of key audiences
- existing information sharing networks
- new media vs non-traditional media
- misinformation
- rumours

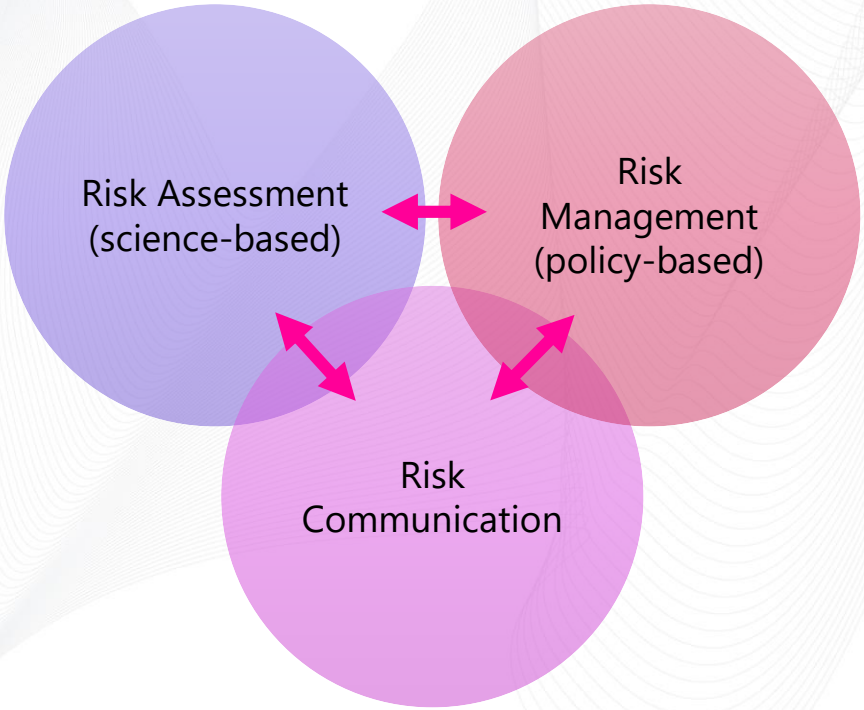
What is risk communication? (1)

- Involves the **two-way real-time** exchange of information, advice and opinions between interested parties in order to:
  - Be informed about **what the risks are** and
  - Make decisions about **how to best manage them**

What is risk communication? (2)

Includes multiple messages about the:

- **Nature of risk**
- **Concerns**
- **Opinions**
- **Reactions** to risk messages
- **Legal and institutional arrangements** for the management of risk



What is the purpose of risk communication?

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To enable everyone at risk to take:

- **Informed decisions** to **mitigate** the effects of the threat (or hazard) and
- **Protective and preventative action** so that risks from the threat are minimised next time it occurs (lessons learnt)

(IHR Working group on Risk Communication, 2009)

Risk communication building blocks

Technical information

Values

Expression of care

Credibility

TRUST

Why communicate in an emergency?

Communication is an integral part of public health response to disease outbreaks and health emergencies.

1. People have the right to be informed about risks & how to protect themselves
2. Communication helps influence behavior change
3. Misinformation & rumours must be identified early and addressed
4. Frequent and frank communication builds support for the emergency response and builds and maintains trust → this is essential for people to follow our advice and support the response.

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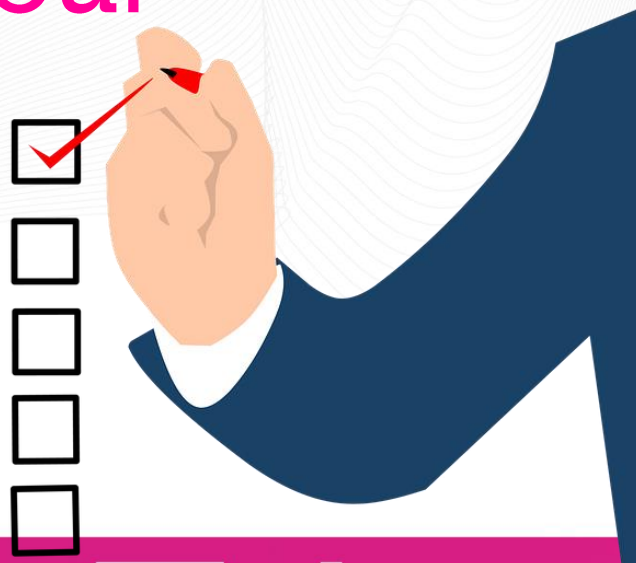
Poll 3:
Which aspects of risk communication are more relevant to you and your organisation?



National & International Risk Communication Framework

Risk Communication Frameworks (1)

- International Health Regulations (IHR, 2005) – World Health Organisation
  - Risk communication is a core capacity for mitigating the effects and outcomes of health events and emergencies

https://www.who.int/ihr/publications/9789241596664/en/

IHR core capacity requirements

Legislation & Policy

Coordination

Surveillance

Response

Preparedness

Risk Communication

Human Resources

Laboratory

- national
- intermediate and
- local level

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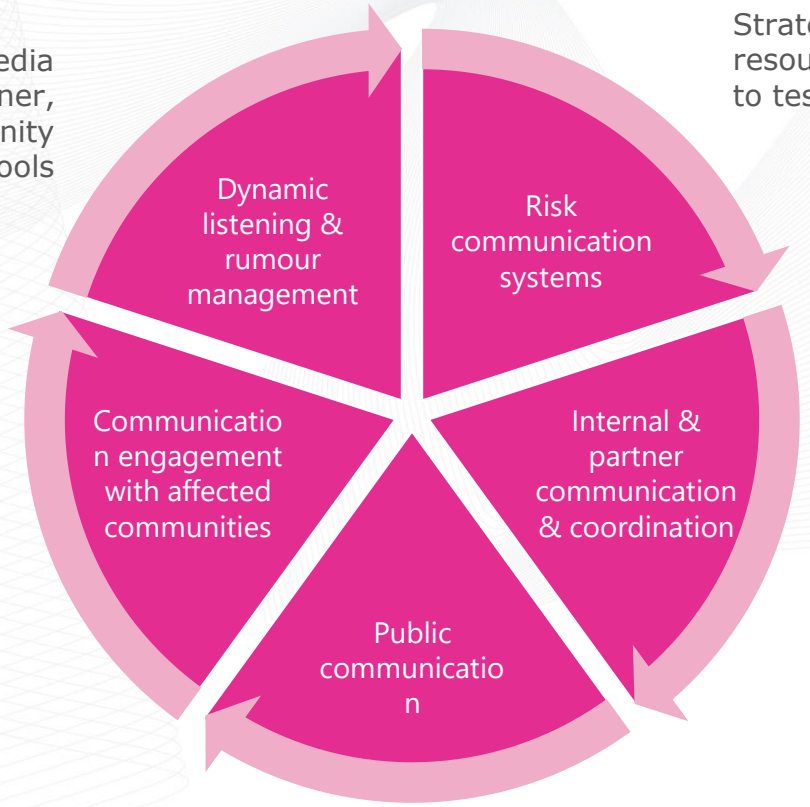
IHR - An integrated model for emergency risk communication

Media and social media surveillance, partner, stakeholder, community feedback, other science tools

Strategies, plans, structures, resources, simulation exercises to test systems

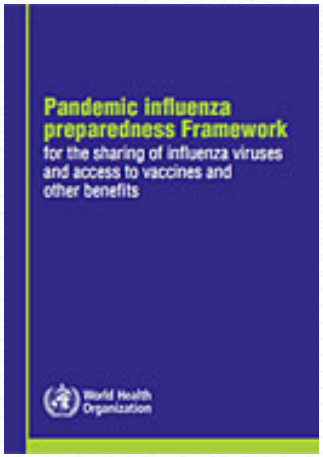


Directly or through influences, including awareness campaigns, community radio, interpersonal communication, using existing community engagement mechanisms

Mechanisms at national, local, international levels with stakeholders (healthcare workers, NGOs, volunteers, civil society etc)

Media, social media, web, social mobilisation

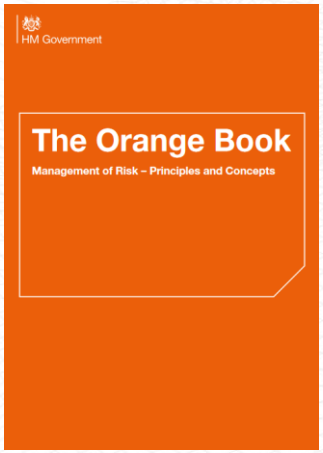
Risk Communication Frameworks (2)



- Pandemic Influenza Preparedness (PIP) framework (2011) – World Health Organisation
  - Risk communication is one of the 5 strategies

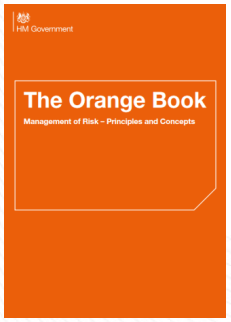
https://www.who.int/influenza/resources/pip_framework/en/

Risk Communication Frameworks (3)



- The Orange Book – Management of Risk, principles and concepts (UK Government)
  - establishes the concept of risk management and provides a basic introduction to its concepts, development and implementation of risk management processes in government organisations

https://www.gov.uk/government/publications/orange-book



Risk Communication Frameworks (3)

C4 Those assessing and managing risks should consult with appropriate external and internal stakeholders to facilitate the factual, timely, relevant, accurate and understandable exchange of information and evidence, while considering the confidentiality and integrity of this information. Communication should be continual and iterative in supporting dialogue, providing and sharing information and promoting awareness and understanding of risks.

C5 Communication and consultation should also assist relevant stakeholders in understanding the risks faced, the basis on which decisions are made and the reasons why particular actions are required and taken. Communication and consultation should:

- bring together different functions and areas of professional expertise in the management of risks;
- ensure that different views are appropriately considered when defining risk criteria and when analysing risks (see Section D);
- provide sufficient information and evidence to facilitate risk oversight and decision making; and
- build a sense of inclusiveness and ownership among those affected by risk.

Risk Communication Frameworks (4)

- Humanitarian Action Framework
- WHO constitution
  - Health is a human right and social justice
  - Informed opinion and active co-operation of the public are of the utmost importance in improving public health

World Health Organization

World Health Organization

Risk Communication Frameworks (5)
WHO Risk Communication Framework

Do no harm

Build trust

Announce early

Be transparent

Respect public concerns

Plan in advance

Risk Communication Best Practice

Risk communication process

Guiding principles for risk communication

1. Create and maintain trust
2. Acknowledge and communicate even in uncertainty
3. Coordinate
4. Be transparent and fast with the first and all communications
5. Be proactive in public communication
6. Involve and engage those affected
7. Use integrated approaches
8. Build national capacity, support national ownership

(WHO, 2020)

1. Create and maintain trust

- Fundamental:
  - Helps affected population
  - Accessible & functioning services
  - Transparency
    - even if you don't know it all!
  - Timely information
  - Easy to understand
  - Multiple channels
- Public health advice will be taken seriously if there is trust

2. Communicate in Uncertainty

- Risk communication occurs in a complex, shifting environment
- Information is usually incomplete
- Need to recognise that information and advice can shift as the emergency evolves
- need to monitor rumours and misinformation
- listen to concerns, show empathy

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3. Coordinate (before, during & after an emergency)

- Proactive internal communication
- Coordination with partners
- Ensure effective, consistent and trustworthy communication of risks
- Address information & public concerns

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4. Be transparent, regular & fast

- In an emergency:
  - Communication should be fast, frequent and sustainable
  - First announcement frames risk and addresses concerns
  - Build rapport and trust
  - Include what is known and what is not yet known

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5. Be proactive

- Set the discourse
- Reach out to all stakeholders
- Build trust and rapport
- Prevent rumours & misinformation
- Demonstrate transparency
- Be sincere
- If you don't know, say it!

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6. Engage with communities

- At the heart of any emergency response
- Key to building trust, rapport during the crisis
- If engagement before the crisis, helps with resilience
- Co-production of emergency plans (prevention/recovery stage)
- let community know that they are part of the solution

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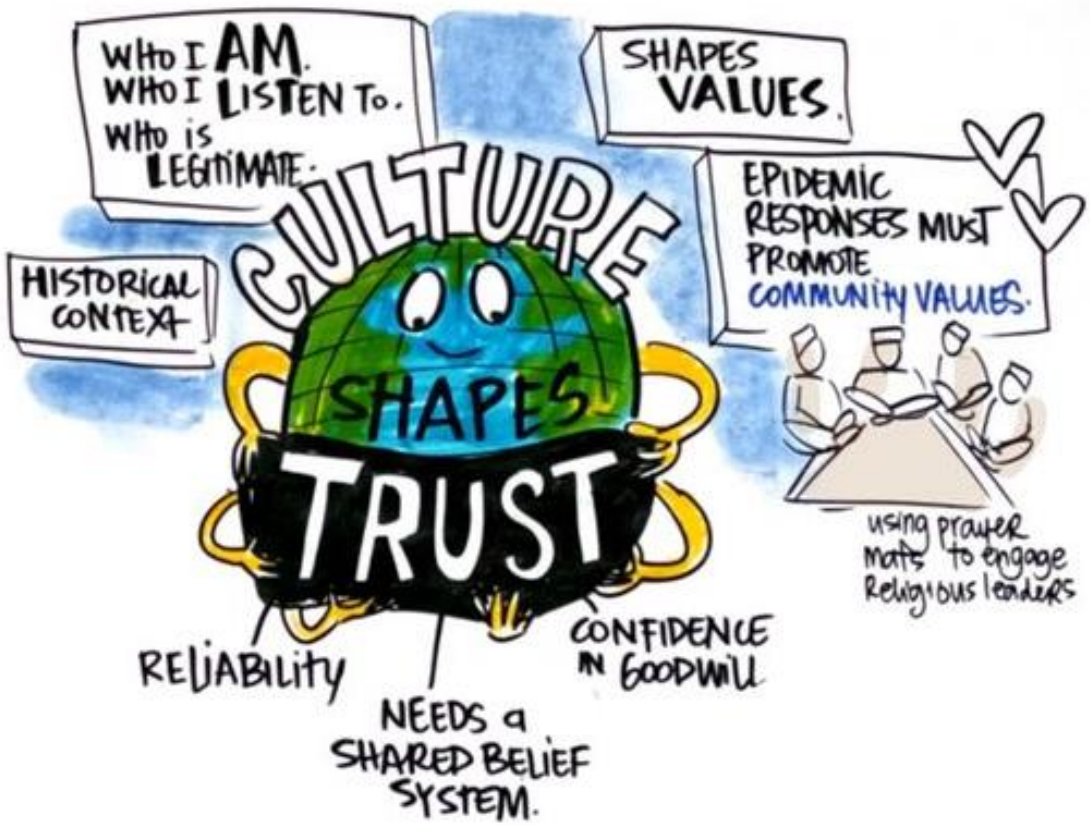
6. Engage with communities



7. Integrate different approaches

- Mix and match different approaches to fit your circumstances
- Use different channels
- Adapt your approach as the crisis evolves

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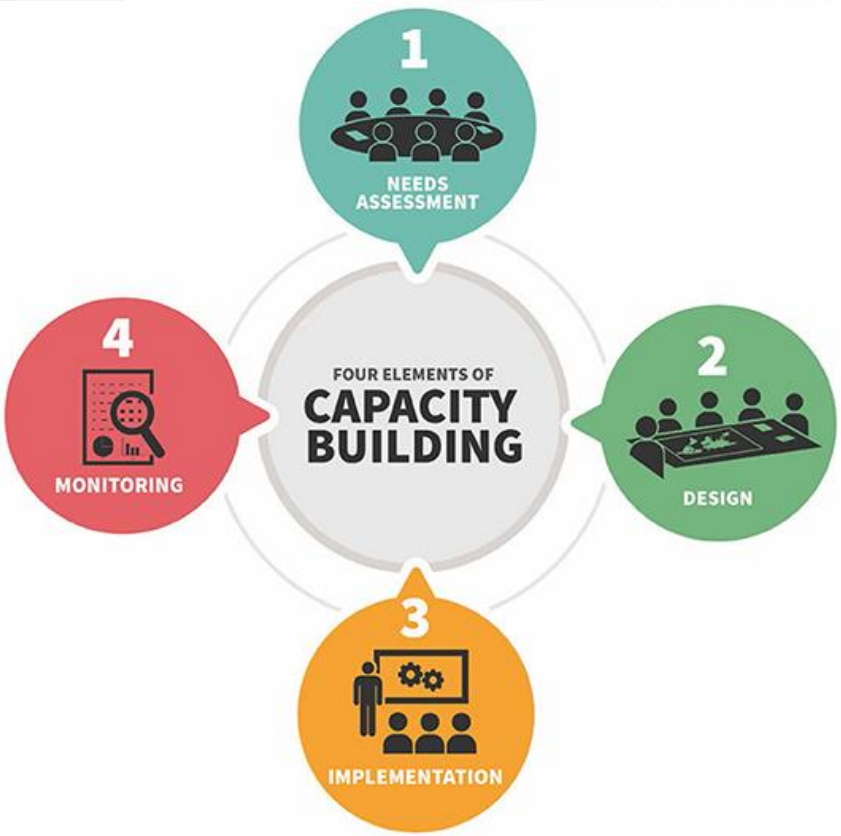
8. Build national capacity, support national ownership

- Strengthen policies
- review plans
- Train personnel
- Create/review processes and tools
- Involve all stakeholders (co-production)



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Communicating Complex, Scientific & Technical Information

Example: UK COVID-19 Press Briefings

- How ”New Cases” have been communicated over time up to now
  - what is included in each of Pillar(s)?
  - cases are initially aggregated, then broken down, then aggregated again
  - communication changes over time

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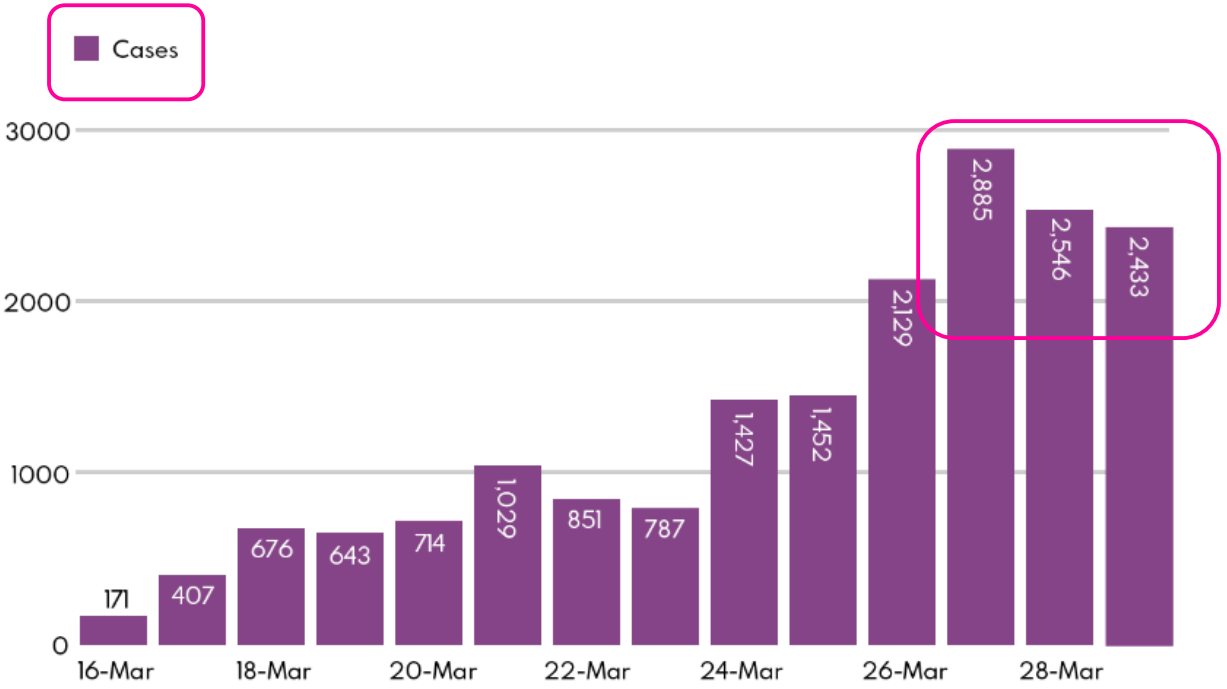
New UK cases

Cases are reported when lab tests are completed. This may be a few days after initial testing. Testing capacity is increasing, which is resulting in a greater number of observed cases. (Confidence: testing capacity constraints mean there are likely many more cases than currently recorded here).



HM Government

Source: Public Health England

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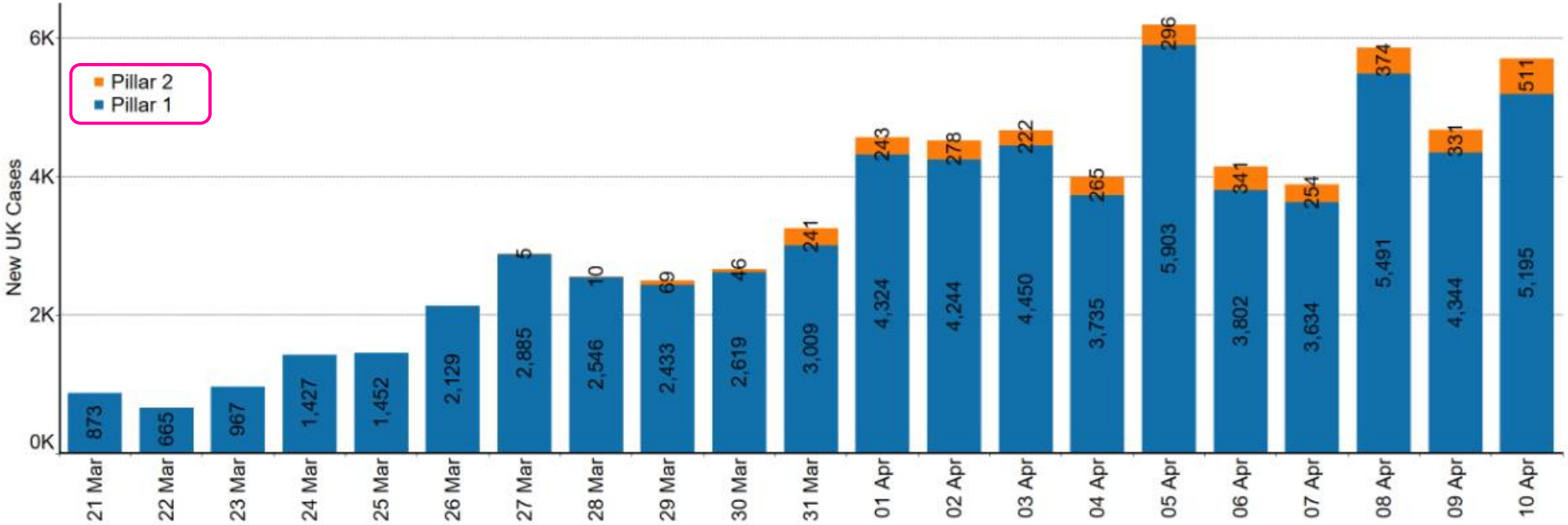

Source: Department of Health and Social Care.

Pillar 1: NHS swab testing for those with a medical need and the most critical key workers. Pillar 2: Commercial-swab testing for critical key workers in the NHS, social care and other sectors.

This is corrected from the version published on 10th April

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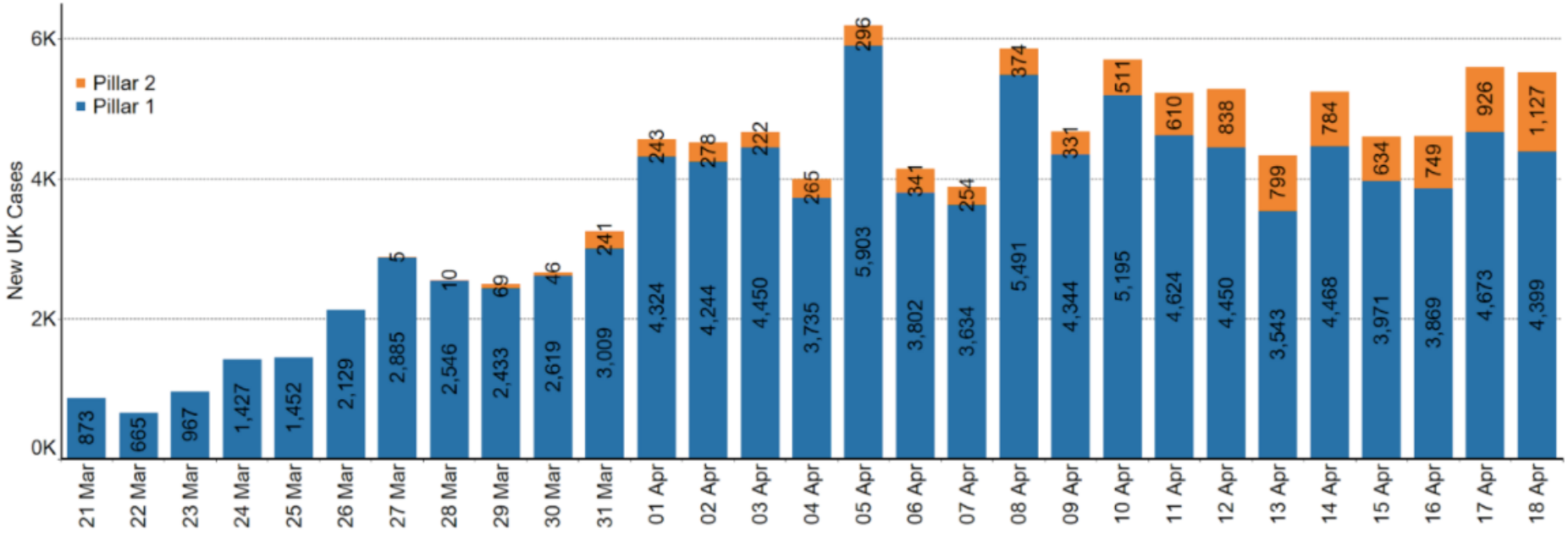
New UK Cases

Cases are reported when lab tests are completed. This may be a few days after initial testing. Testing capacity is increasing, which is resulting in a greater number of observed cases (Confidence: there are likely many more cases than currently recorded here). Pillar 1: swab testing in PHE labs and NHS hospitals for those with a medical need and the most critical workers and their families. Pillar 2: swab testing for key workers and their households.



Source: Department of Health and Social Care.

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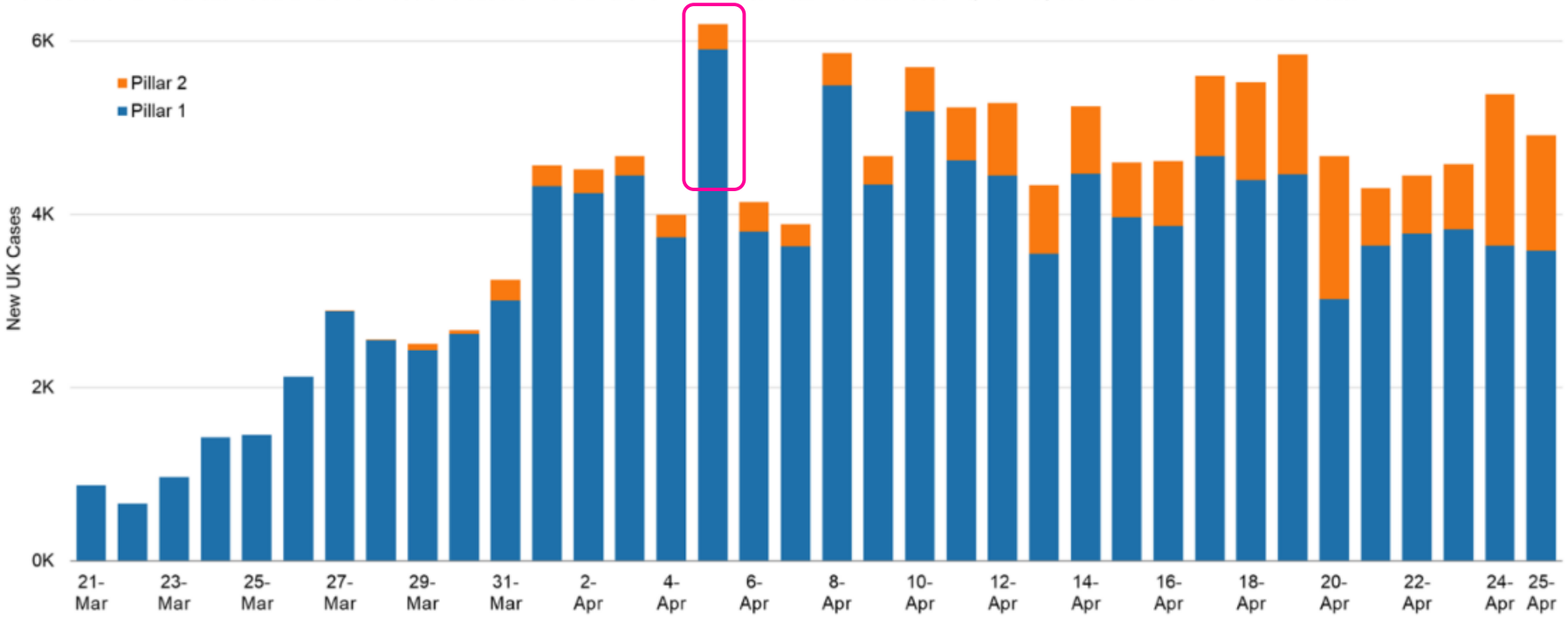
New Cases (UK)

Cases are reported when lab tests are completed. This may be a few days after initial testing. Testing capacity is increasing, which is resulting in a greater number of observed cases, therefore there are likely many more cases than currently recorded here. Pillar 1: swab testing in PHE labs and NHS hospitals for those with a medical need and the most critical workers and their families. Pillar 2: swab testing for key workers and their households.



Source: Department of Health and Social Care.

UK COVID press briefing slides (26 April 2020)

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New Cases (UK)

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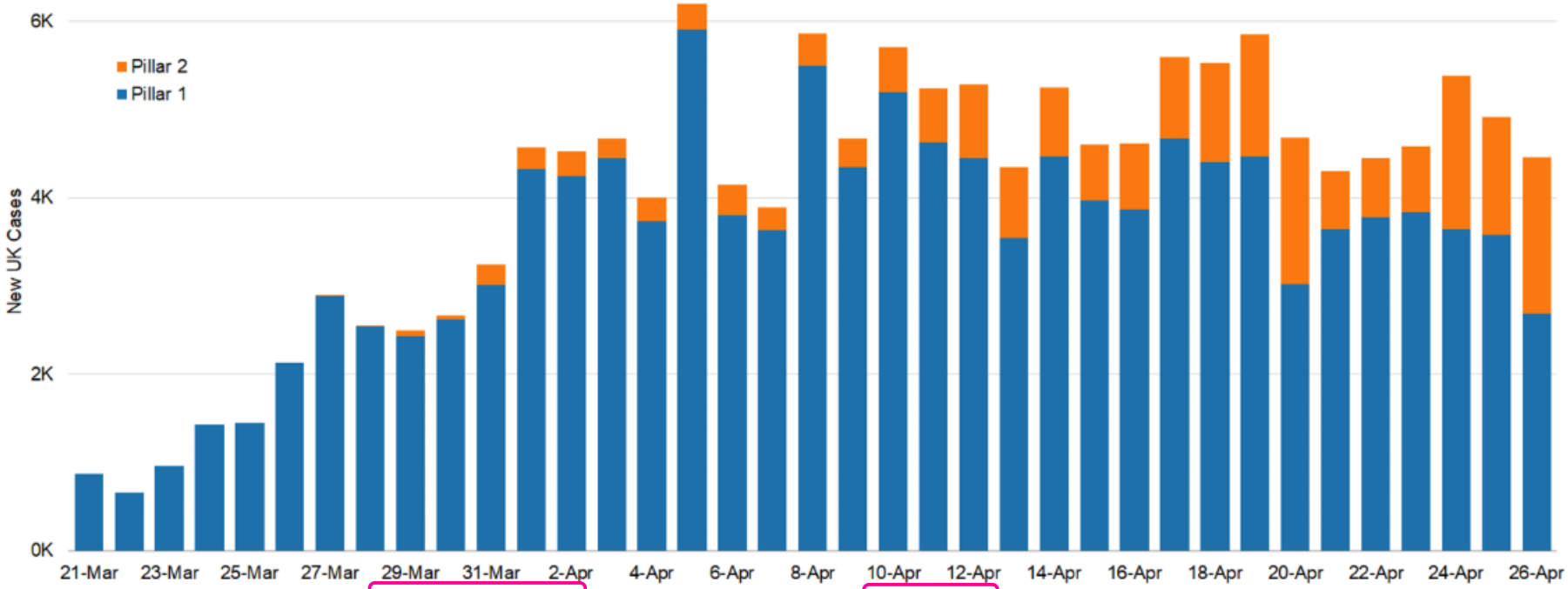

Source: Department of Health and Social Care. Pillar 1: NHS swab testing for those with a medical need and, where possible, the most critical key workers. Pillar 2: Mass swab testing for critical workers in the NHS, social care and other sectors and symptomatic household members, delivered by a partnership of universities, research institutes and companies.

UK COVID press briefing slides (1 May 2020)

STAY HOME > PROTECT THE NHS > SAVE LIVES

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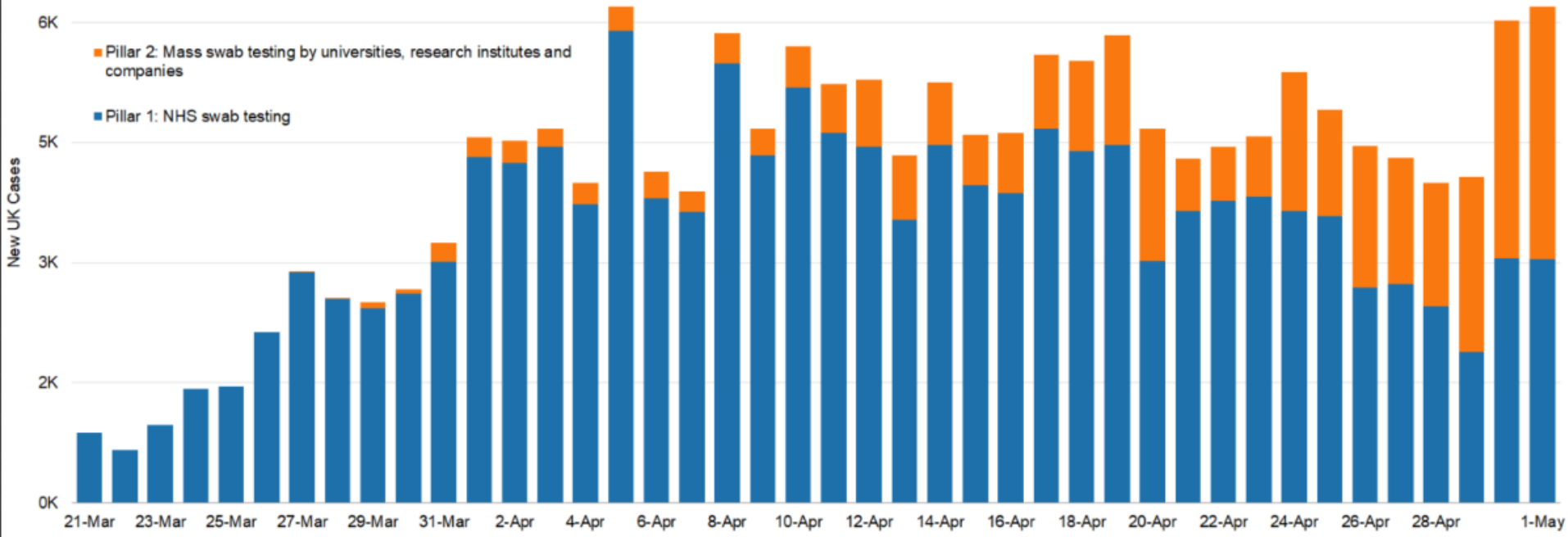
New Cases (UK)

Testing capacity is increasing, the number of observed cases has remained relatively stable over the last 7 days, though there are likely many more cases than currently recorded here.



Source: Department of Health and Social Care. Pillar 1: Swab testing in PHE labs and NHS hospitals for those with a medical need and, where possible, the most critical key workers. Pillar 2: Mass swab testing for critical workers in the NHS, social care and other sectors and symptomatic household members, delivered by a partnership of universities, research institutes and companies. Cases are reported when lab tests are completed. This may be a few days after initial testing.

UK COVID press briefing slides (6 May 2020)

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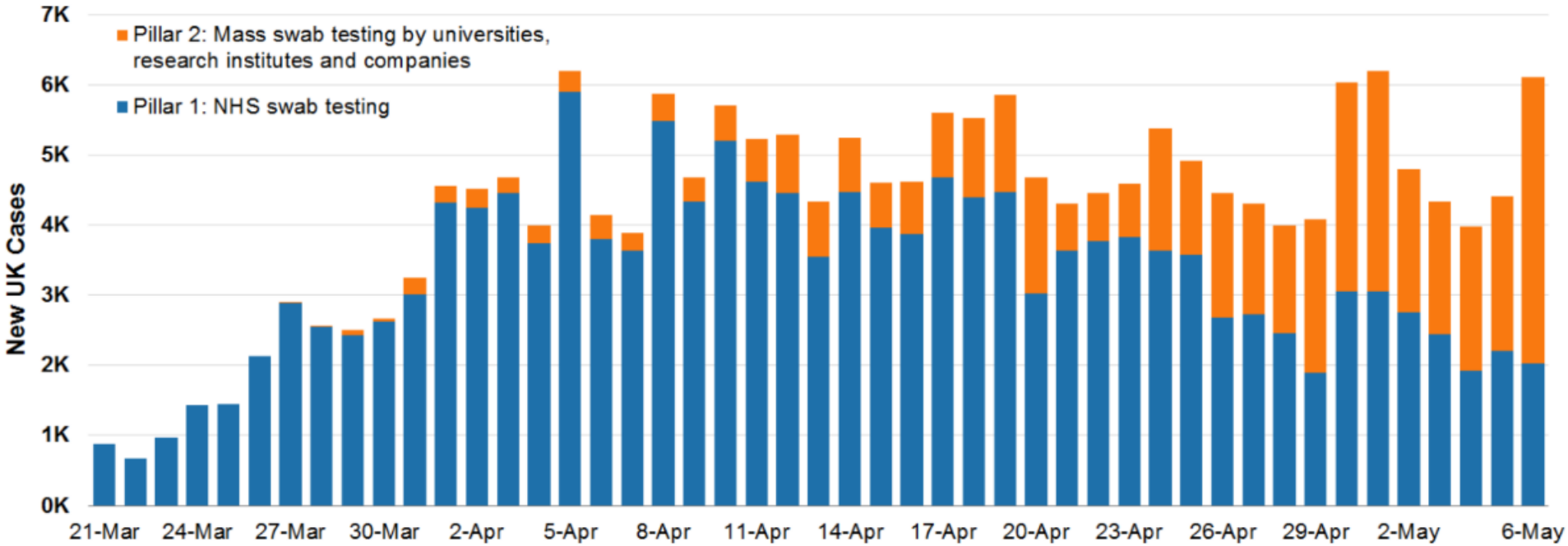
New Cases (UK)

On 6th May 6,111 new cases were recorded. There are likely to be more cases than recorded here.



Source: Department of Health and Social Care. Pillar 1: Swab testing in PHE labs and NHS hospitals for those with a medical need and, where possible, the most critical key workers. Pillar 2: Mass swab testing for critical workers in the NHS, social care and other sectors and symptomatic household members, delivered by a partnership of universities, research institutes and companies. Cases are reported when lab tests are completed. This may be a few days after initial testing. Chart date corresponds to the date tests were reported as of the 24 hours before 9am that day.

UK COVID press briefing slides (9 May 2020)

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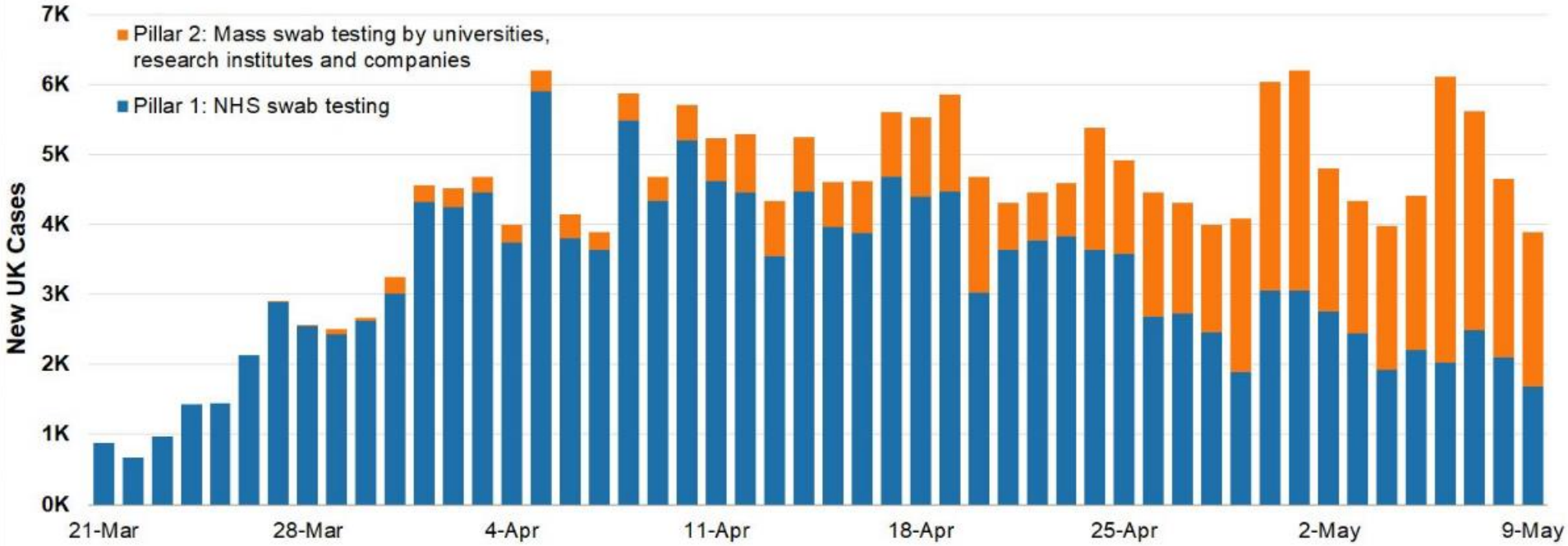
New Cases (UK)

On 9th May 3,896 new cases were recorded. There are likely to be more cases than recorded here.



Source: Department of Health and Social Care. Pillar 1: Swab testing in PHE labs and NHS hospitals for those with a clinical need and, health care workers. Pillar 2: Swab testing for essential workers and their households as well as other groups that meet the eligibility criteria as set out in government guidance. Cases are reported when lab tests are completed. This may be a few days after initial testing. Chart date corresponds to the date tests were reported as of the 24 hours before 9am that day.

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UK COVID press briefing slides (12 May 2020)

Testing and new cases (UK)

Testing

85,293 tests on 12 May

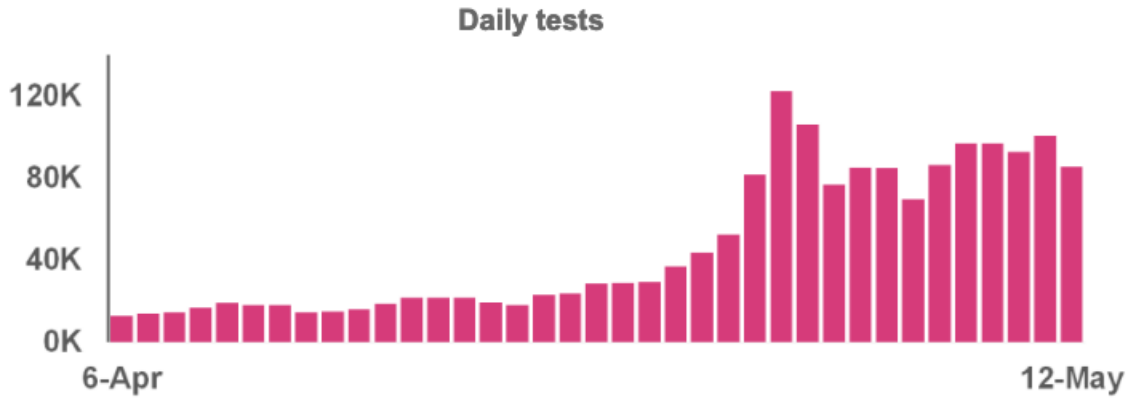
2,007,146 tests in total

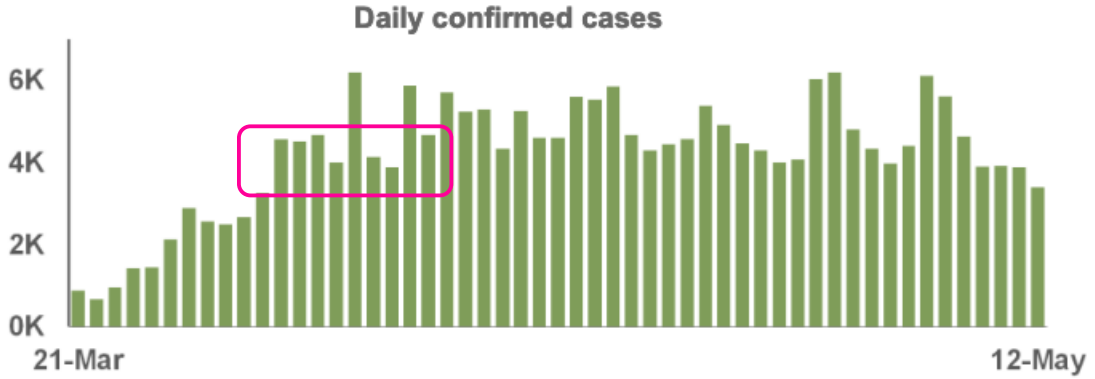
Confirmed cases

Only includes cases tested positive. There are more cases than confirmed here.

3,403 cases confirmed on 12 May

226,463 cases confirmed in total





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Source: NHS England and devolved administrations. Further details on data sources can be found here: https://www.gov.uk/government/collections/slides-and-datasets-to-accompany-coronavirus-press-conferences

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Annex: Statistical notes

Testing and new cases (UK)

Tests: The number of tests includes; (i) tests processed through our labs, and (ii) tests sent to individuals at home or to satellite testing locations.

Cases: Cases are reported when lab tests are completed. This may be a few days after initial testing. Chart date corresponds to the date tests were reported as of the 24 hours before 9am that day. Only includes cases tested positive. There are more cases than confirmed here.

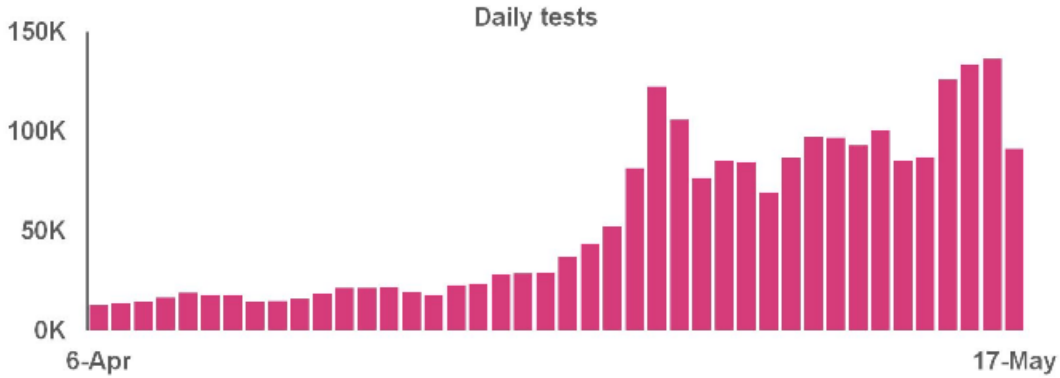
Testing and new cases (UK)

Testing

Some people are tested more than once.

91,206 tests as of 17 May

2,580,769 tests in total

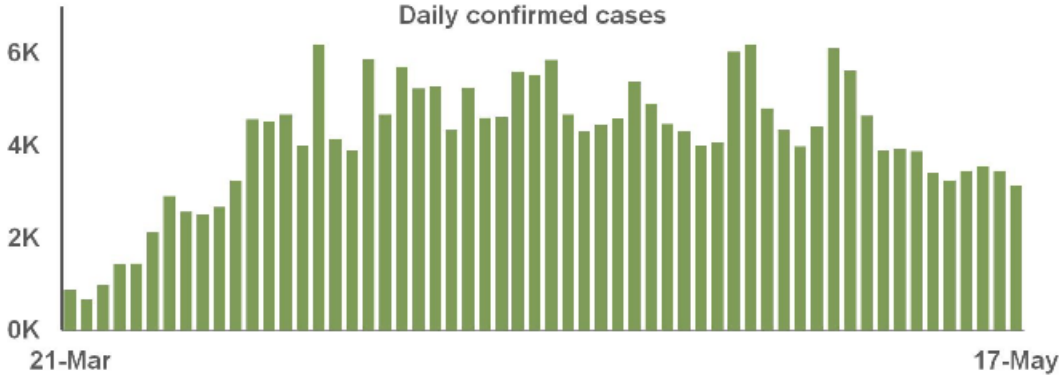


Confirmed cases

Only includes cases tested positive. There are more cases than confirmed here.

3,142 cases confirmed as of 17 May

243,303 cases confirmed in total



Due to technical issues, Northern Ireland have been unable to process any tests and new cases data for Pillar 1 testing today.

Source: NHS England and devolved administrations.
Further details on data sources can be found here:
https://www.gov.uk/government/collections/slides-and-datasets-to-accompany-coronavirus-press-conferences

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Due to technical issues, Northern Ireland have been unable to process any tests and new cases data for Pillar 1 testing today. Today's daily testing total reflects Pillar 1 for Great Britain, and Pillars 2 and 4 for the whole of the UK. Today's daily cases total reflects Pillar 1 for Great Britain and Pillar 2 for the whole of the UK. Historic Northern Ireland data is still included in cumulative totals and earlier daily totals.

Reported cases (12 May 2020 – 28 May 2020)

- Pillar 1: swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers
- Pillar 2: swab testing for essential workers and their households, as well as other groups that meet the eligibility criteria as set out in government guidance
- Pillar 4: serology and swab testing for national surveillance supported by PHE, ONS, Biobank, universities and other partners to learn more about the prevalence and spread of the virus and for other testing research purposes, for example on the accuracy and ease of use of home testing

Reported cases (29 May 2020 –)

- Pillar 1: swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers
- Pillar 2: swab testing for the wider population aged 5 and over, as set out in government guidance
- Pillar 3: serology testing to show if people have antibodies from having had COVID-19
- Pillar 4: serology and swab testing for national surveillance supported by PHE, ONS, Biobank, universities and other partners to learn more about the prevalence and spread of the virus and for other testing research purposes, for example on the accuracy and ease of use of home testing

Communicating scientific information

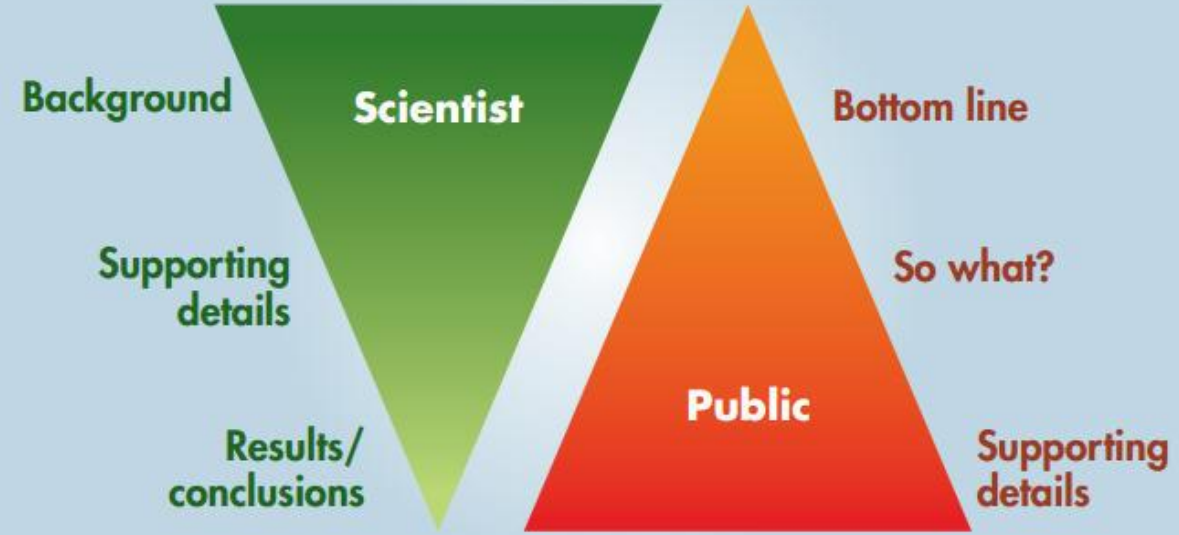

Figure 3. Scientists can communicate more effectively with the public about climate change by inverting the pyramid of their usual presentations to colleagues. That is, start with the "bottom line" and tell people why they should care.

Communicating scientific information

To maximise usefulness and effective communication, information should be:

- relevant
- easily understood
- expressed through well-targeted messages
- use clear, non technical language
- discuss risks (nature, form, severity, magnitude)

Communicating scientific information

- use consistent names and other terms throughout the crisis
- use familiar frames of reference (e.g. parts per billion, tons per day)

- don't switch between different units (e.g. hundreds to millions)
- don't change the unit of measurement (e.g. deaths in UK vs deaths in England in hospitals only)

Communicating scientific information

- use clear, consistent terminology
- provide definitions in advance
- make sure all information is explained fully
- use visuals to clarify and support key communication points
  - carefully consider what types of visuals the news media might want

- don't use acronyms and jargon

  e.g. *excess lifetime cancer risk*

Communicating scientific information

- use analogies
  - ”the UK produces enough garbage in a day to fill 100 football fields 14 feet deep” vs
  - 250K tons of garbage per day
- make information relevant, not just numbers!
  - “Will it hurt me?”
- indicate level of uncertainty
  - “we are 85% certain, but we are conducting more studies to improve accuracy”

- don’t exaggerate
- don’t make examples dramatic

Concluding Remarks

Why communicate in an emergency?

Communication is an integral part of public health response to disease outbreaks and health emergencies.

1. People have the right to be informed about risks & how to protect themselves
2. Communication helps influence behavior change
3. Misinformation & rumours must be identified early and addressed
4. Frequent and frank communication builds support for the emergency response and builds and maintains trust → this is essential for people to follow our advice and support the response.

Why is information important during an emergency?

- Need for rapid and effective assistance for those affected
- Basis for coordination and decision making
- Essential for building credibility, visibility and trust

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Guiding principles for risk communication

1. Create and maintain trust
2. Acknowledge and communicate even in uncertainty
3. Coordinate
4. Be transparent and fast with the first and all communications
5. Be proactive in public communication
6. Involve and engage those affected
7. Use integrated approaches
8. Build national capacity, support national ownership

(WHO, 2020)

Remember!

- communicate early and frequently
- informed decisions can help mitigate (health) risks
- communication is key
- effective and timely information helps build and maintain trust
- coordination can be at different levels: local, sub-national, national & international

Q & A Session

Additional Material & Resources

- WHO Emergency Risk Communication 101
  - https://www.who.int/emergencies/risk-communications/emergency-risk-communication-training
- Communication for behavioural impact (COMBI)
  - http://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/
- Effective Media Communication during Public Health Emergencies
  - http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/
- Outbreak Communication. Best practices for communicating with the public during an outbreak
  - https://www.who.int/publications/i/item/outbreak-communication-best-practices-for-communicating-with-the-public-during-an-outbreak
- WHO Effective communications participant handbook: communications training programme for WHO staff
  - https://apps.who.int/iris/handle/10665/249241

Additional Material & Resources

- WHO Risk Communications
  - https://www.who.int/emergencies/risk-communications
- Communicating in a crisis: risk communication guidelines for public officials (2002) US Dept of Health and Human Services
  - https://www.orau.gov/cdcynergy/erc/content/activeinformation/resources/HHSRiskCommPrimer.pdf
- Lang et al (2015) Risk Communication
  - https://www.who.int/water_sanitation_health/dwq/iwachap14.pdf?ua=1
- Stamatakis, K. A., McBride, T. D., & Brownson, R. C. (2010). Communicating prevention messages to policy makers: the role of stories in promoting physical activity. *Journal of physical activity & health*, *7 Suppl 1*(0 1), S99–S107.
  - https://doi.org/10.1123/jpah.7.s1.s99

Business and Local Government Data Research Centre

MORE OPPORTUNITIES

Exploring data, enhancing knowledge, empowering society

How data has shaped the world's approach to COVID-19
15th July 2020 10:30 AM

Bounce back from COVID-19: GDPR Virtual Masterclass
29th and 30th July 2020 10:30 AM

Bounce back from COVID-19: Create your data strategy
5th August 2020 10:30 AM

Bounce back from COVID-19: How to conduct a data audit
26th August 2020 10:30 AM

Register online: www.BLGdataresearch.org

Business and Local Government Data Research Centre

MORE OPPORTUNITIES

Exploring data, enhancing knowledge, empowering society

Open Source Data – How and why open data is useful
7th October 2020 10:30 AM

The visualisation of data
18th November 2020 10:30 AM

Social Return on Investment (SROI): Prove your worth
13th January 2021 10:30 AM

Plus coming soon…

- Bounce back from COVID-19: Evaluating in times of social distancing
- Asking the right questions to get the right answers (best practice in evaluation forms and impact assessment)
- Evidencing need
- Exploring your text data

Register online: www.BLGdataresearch.org

Business and Local Government Data Research Centre

Thank you

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Email: BLGDataResearch@essex.ac.uk

EXPLORING DATA
ENHANCING KNOWLEDGE
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