D.3.2. Focus Groups Findings

LMU
07-06-2013
Partners:

Project Coordinator:
INOVAMAIS – Serviços de Consultadoria em Inovação Tecnológica
www.inovamais.eu

Azienda Sanitaria Locale della Provincia di Brescia
www.aslbrescia.it

European Hospital and Healthcare Federation
www.hope.be

Ludwig-Maximilians-Universität München
www.en.uni-muenchen.de

Aarhus Social and Healthcare College
www.sosuaarhus.dk

Artica Telemedicina
www.articatelemedicina.com
D.3.2. Focus Groups Findings

LMU

07-06-2013
Contents

1 - Instruction ...................................................................................................................................................... 1

2 – Guidelines for carrying out regional participatory meetings with a small number of stakeholders – Organizing the Focus Groups ........................................................................................................... 2
   a) Key meeting considerations .......................................................................................................................... 2
   b) Meeting activities .......................................................................................................................................... 5

3 – Focus Groups Findings .................................................................................................................................. 8
   a) Summaries of focus group discussions ........................................................................................................ 8
   b) Comparison of focus group outcomes .......................................................................................................... 9
   c) Discussions .................................................................................................................................................. 12

4 - Annexes ............................................................................................................................................................ 16
1 - Instruction
In the framework of the merged activities of WP 2 and WP3 a set of Focus Groups were promoted in 3 partners countries: Germany, Italy and Portugal (under responsibility of each partner and coordination of LMU).

For the implementation of the focus groups tailored guidelines were developed proving partners with recommendations for preparing the focus groups, inviting participants, defining the activities to implement, etc. The guidelines are presented in Section 2 of this deliverable.

Section 3 of the document presents an overview on the Focus Groups Findings with a summary of the most relevant discussions held and a comparison of the outcomes. The data presented is divided in the answers to the following key questions:

- Which challenges and problems have health authorities and health professionals identified in health crisis communication in Europe?
- Which solution do the health authorities and health professionals suggest to improve the health crisis communication in Europe?

From the main challenges and possible solutions presented, communication guidelines will be presented in the Deliverable 3.3 of the WP3.

After the implementation of the focus groups meetings in the different countries, each partner responsible for the implementation (LMU in Germany, ASL Brescia in Italy and INOVA+ in Portugal) have developed a brief report with the main findings of each of the focus groups at the national level. The analysis that is presented in the section 3 reflects those national findings. The 3 national reports are presented as annexes of this deliverable (section 4).
2 – Guidelines for carrying out regional participatory meetings with a small number of stakeholders – Organizing the Focus Groups

a) Key meeting considerations

Meeting format

The meeting formats, especially for uncertain or ambiguous issues or risks, are generally of participatory and consensus type. The emphasis in our project is on active participation and dialogue. This means that the focus group meetings need to be participatory and should be driven by a consensus approach – reaching an agreement on a way forward.

What is a participatory meeting

Participatory meetings can have many formats and dynamics. In our participatory meetings:

a) information is transmitted to the meeting participants

b) all meeting participants engage in a constructive dialogue and

c) meeting participants learn from each other and

d) the main points of the learning process are recorded by the meeting facilitator

So the application of the participatory approach is useful whenever there is a need to generate greater understanding of current issues and encourage mutual learning.

Meeting objectives

Why are you bringing the stakeholders together? The general Health C project objective is to support health authorities and staff in the development of the competences required for managing communication in a health crisis or in a scenario of transnational emergencies. The main aim is to develop and organize training courses that will take into account the different communication strategies needed not only to communicate with the public but also with other possible communicators to assure the good functioning of the communication chain.
Participatory meetings play an important role in reaching these objectives. The aim is to address and propose resolution to the following issues

- competencies,
- experiences with crisis/emergencies- including communication with the public and media,
- openness to new media channels,
- regional cultural differences,
- potential features of the training course and training materials

as they relate to managing communication in health crisis situations.

Meeting methodology

The methodology consists of three steps:

1. Identify challenges/needs specific to the emergency health communication issues in your region
2. Identify possible solutions to these challenges/needs
3. Propose possible lines of actions to make the possible solutions a reality

In addition, the meeting participants will also be asked to:

a) give advice on who shall benefit from the training course and who must be contacted for the SWOT questionnaire in June 2013 and

b) suggest questions to be included in the SWOT questionnaire
Thus the meeting will also help in the preparation of the questionnaires to be distributed to selected experts in the countries represented by the project partners (NOTE: the aim of the questionnaires is to carry out a SWOT survey of the various stakeholders).

Both the meetings and the questionnaires serve as the basis for the best practice manual to be prepared later on in 2013 that will be used as part of the training course for key stakeholders.

Your task at the meeting

A designated person from the hosting organization will be the meeting facilitator. Facilitators are the meeting catalysts. Each facilitator controls the discussions at one table. They make and let things happen and safeguard the comfort level at their table. The objective of what is to be achieved at the meeting has to be absolutely clear. Facilitators need to communicate this to the meeting participants. As these are small meetings, the facilitator should also record the meeting outcomes on the flipcharts. General progress and additional ideas generated at the meeting should also be recorded in writing and also in audio format separately by a meeting rapporteur, best also coming from the hosting organization.

Which stakeholders to invite

The aim of the project (its mission) determines which stakeholders are to be invited (see meeting objectives). Thus the stakeholders to be invited to the meeting include

Primary target groups such as Health authorities and hospitals (communication managers, spokespersons, representatives) and also if possible some representatives of the secondary groups (public representatives, media, health experts and health professional as a well as training providers).

Structure of the meeting

The meeting will likely be attended by approximately 10 people. This means that it will be possible to organize the participants around one big table. The room will need to be comfortable so that also it can serve as a place where lunch will be eaten (see timing of the
meeting). The facilitator will be in charge of the meeting activities. There will be a need for 3 flip charts: one for setting the challenges, second for solutions and third for actions. Large yellow Post-It papers will be required. Beamer will be needed to allow the hosting organization to present meeting objectives and agenda details.

Timing of the meeting

The meeting should be of a 4 to 4.5 hour duration, allowing participants to arrive and leave the meeting location on the same day. Thus if the meeting starts at 12.00 (with sandwiches and refreshments brought in for lunch) the meeting can be over at 16.00 with participants being home by 22.00 at the latest.

b) Meeting activities

In general, the meeting has the following order of activities:

✓ Welcome by the organizers
✓ Identify challenges
✓ Rank challenges
✓ Identify possible solutions
✓ Propose actions to make the solutions a reality

Welcome by the organizers (20 min)

➢ Organizer greets participants, make the feel welcomed. (5 min)

➢ Provide them with name labels to write on it their names and affiliation in large letters.

➢ Introducing the project framework and meeting objectives(15 min)
- Project coordinator Introduces project objectives and meeting aim (purpose, principles and vision). Emphasize how the meeting fits into the project objectives. Highlight the next steps- the questionnaire, preparation of the best practice manual. Mention the importance of stakeholder presence at the meeting, why do we use a participatory approach. Answer questions.

- Introducing the roles of facilitator, the stakeholders and day activity (10 min)

- Organizer highlights the significance of being together and opportunity to share insights and knowledge to identify challenges and possible solutions. Introduce the day activities.

Identify the challenges to the topic (45 min)

Participants are asked to name challenges for the topic discussed. These are written without any ranking by the facilitator on the Challenge flip chart using large yellow post its. If the issues listed under meeting objectives are not addressed, it will be up to the meeting organizers to make sure that they are incorporated into the challenge list.

Group challenges (30 min)

NOTE: this activity is needed only if many challenges are identified. Otherwise move to ranking of challenges

Facilitator, with the help of the participants, organizes the challenges into different groups on the Challenge flip chart, for example: political, social, economic/financial, scientific, legal etc. Each of the challenge groups may contain more than one challenge! In some cases it may be better to group challenges according to the processes they represent: process- namely implementation, monitoring and enforcement.
Rank challenges (30min)

Participants may use risk square analysis, force field analysis or any other method they wish to come up with the priority (ranking) lists on the Challenge flip chart.

- If the challenges were grouped, the participants should decide to address only the top one or two challenges for each group of challenges.
- If the challenges were not grouped, the participants should rank the challenges and address the top 5 challenges.

Identifying possible solutions/steps to overcome the challenges (60 min)

Participants are asked to link possible solutions to the top three ranked challenges. Place ideas on the Solution flip chart beside each of the selected top challenges.

What should be done to take the next steps? (60 min)

This takes in form of brainstorming with facilitator takes notes on the "action" flip chart about possible steps to be taken to make the solutions a reality. Ask here for their input to come up with questions that they consider important to be asked in the questionnaires. Come up with lists of experts to be contacted with the questionnaires.

Next steps and meeting end (15 min)

The final session is to inform the participants of what will happen next and how they will be involved. Mention again their importance for the success of the project and the partnering event.
3 – Focus Groups Findings
This section presents the outcomes of the focus group discussions of the meetings implemented in Germany, Portugal and Italy. The Focus Groups were aiming at contributing to the identification of health communication challenges, possible solutions and actions to be undertaken.

This helped us to ascertain whether the key stakeholders in Europe are satisfied with the way health crisis communication is dealt with in Europe and where improvements should be forthcoming.

The focus groups discussions in Italy and Portugal were of a limited nature with a number of stakeholders not attending. One moderator was responsible for the group discussions that took between 3-4 hours. First, the identified challenges were grouped and then possible solutions identified. This was in some cases followed by proposing actions to be taken.

The individual reports on focus group discussions in Germany, Italy and Portugal are presented in Annex. Here, we concentrate on the summaries of the reports and comparisons between the countries.

a) Summaries of focus group discussions
The focus group discussion in Germany was primarily composed of Health Authorities, Health Professionals und Media. In total 16 experts attended the meeting. The group participants identified a number of challenges and solutions. One of the main outcomes was observation that health crisis communication in Germany needs to be substantially improved. Health Authorities need to communicate with each other more in order to find joint positions on crisis at hand. Medical practitioners need to become more involved in the communication process. Gaining public trust was also an important point of discussion. Finding solutions to such challenges proved to be more challenging. This illustrates how complex health crisis communication actually is and how many factors need to be taken into consideration. Finally, the group discussions brought to the forefront a number of ideas that proved to be crucial for the structuring of the quantitative study.
The focus group discussion in **Italy** was composed of 6 experts. All belonged to the stakeholder group **Health Professionals**. It was a homogenous group composed of Italian voluntary/aid organizations, such as the Red Cross. All participants agreed that the process of health crisis communication has to be improved. They have identified individual challenges that caused problems in the past. Among them was a need for better coordination and networking between the key stakeholders. As the participating experts were from voluntary/aid organizations, much of the discussion focused on the ineffective communication system and especially the information gap between **Health authorities** and the **Public**. In this respect there seems to be lack of reliable information. Voluntary organizations could play a positive role in specific dissemination efforts. Themes, such as communication with the media were of lesser importance. In addition, little distinction was made between crisis management and crisis communication.

The third, and last, focus group meeting was held in **Portugal**. As in Italy, 6 experts took part in the discussions. They represented **Media**, **Health professionals** and the **Public**. All agreed that **Health Authorities** must give health crisis communication a higher priority. The discussions were primarily centered around the challenges of communication between **Health Authorities** and the **Public**, and partly with the **Media**. Here the challenge is how to address the problem of contradictory statements and information and lack of targeted messages. It was suggested that **Media** could play a positive role in the dissemination of reliable and targeted information. In this respect it will be important to develop closer links with the media, at least to identify the key contact persons. In general, training courses were seen as a positive way to improve health crisis communication in Portugal. In the discussions, the issue of health communication within **Health Authorities** and between **Health Authorities** and **Health Professionals** was not covered in great detail.

**b) Comparison of focus group outcomes**

As already indicated, the aim of the focus group discussions was to gain, among others, a better understanding of how experts view the current health crisis communication situation in Europe and to serve as a basis for preparing questionnaires for subsequent quantitative analysis. The three groups differed in the number of participants as well as in the stakeholder groups they represent (see Table 1).
Because of the differences in the focus group composition, direct comparison between the groups is difficult. Nevertheless, certain trends are apparent that could serve as an indication where improvements in health crisis communication may be needed and possible. Table 3 presents a summary of the discussed topics. In bold are indicated topics that seem to play an important role in all three countries investigated.

First, all three groups highlighted the need for unified content dissemination during health crisis situations - especially to assure that there is an authorized speaker to present the information. Second, it was pointed out that many of the media communication systems/platforms are ineffective. Thus the need to explore new means, such as the use of social media, to reach out to the public. Third, it was made clear that especially Health Authorities are in the need to obtain training in media communication.

Table 1: Number of participants at focus meetings and their affiliation

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Germany (n=16)</th>
<th>Italy (n=6)</th>
<th>Portugal (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Authorities</td>
<td>7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Health Professionals</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Media</td>
<td>4</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Public</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 2: Main topics/themes discussed by the three focus groups

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Themes</th>
<th>Germany</th>
<th>Italy</th>
<th>Portugal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Authorities</td>
<td>Unified crisis definition</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unified communication-authorized speaker</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Ineffective communication systems</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Health Professionals</td>
<td>Information exchange / support</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Media</td>
<td>Media training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insufficient media knowledge of Health Authorities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of understanding</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Awareness of accountability on the part of media</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>Insufficient trust in Health Authorities / low credibility</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information gap/lack of information</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Dealing with contradictory information</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training of experts to deal with public</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Social Media</td>
<td>Know-How, Infrastructure</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questions from the public</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effort spent to use it</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of quality</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Direct and quicker communication channels to the public</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Journalists as information multipliers</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information channels between Health Authorities and Health Professionals</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Quick dissemination of false information</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Note: X and color background indicate topic was addressed in the focus group.
There were also themes and topics that were discussed in two of the three groups. For example, improvements in the information exchange between certain stakeholders, getting *Health Professionals* more actively involved in the health communication process, lack of reliable or insufficient information available to the public as well as how to deal with contradictory statements. Social media was also seen as offering the possibility to reach the general population in a manner that is direct and quick.

It should be pointed out that just because certain topics were discussed more than others, it cannot be concluded that they are also the most important topics in as far as health risk communication is concerned. Nevertheless, the topics and health crisis communication factors identified during the focus meetings were important for the preparation of the on-line questionnaire and subsequent quantitative analysis (see below). Indeed, the outcome of the quantitative survey to a very large extent confirmed the trends observed at the focus meetings.

c) Discussions

*Which challenges and problems have health authorities and health professionals identified in health crisis communication in Europe?*

From the group discussions in Germany, Italy and Portugal, and the results of the questionnaire analysis, it is clear that health crisis experts have a great need for a dialogue with other members of their profession. In particular, the discussions made it clear that:

a) health crisis communication in Europe could function better and

b) there are a number of important health crisis communication factors that are in a need of immediate improvement.

Seen from this perspective, the current study confirms the need for action called for by European Parliament among others.

i. All three focus groups identified that the **problem of communication between the key health crisis communicators is often chaotic and uncoordinated.** Many experts felt that there is a need for “one voice” that would represent health authorities and health professionals during a health crisis event. In addition, it was pointed out that the
communication systems used between the health authorities and other stakeholders are often ineffective. This can lead to situations where information that does reach the general public may be old, factually wrong or contradictory, leading to insecurity and lack of trust amongst the general public. Here, this challenge was also identified in the more robust involvement of health professionals, especially family doctors in the health crisis communication process was identified as one of the key challenges. Family doctors still enjoy a high degree of respect and trust amongst the general public and are thus well positioned to relay important information to their patients.

ii. Many health institutions and public health organizations have their own strategies how to deal with health crisis situations. In many cases, some of the key stakeholder groups, especially at a local level, are not included in the communication network used by the health authorities. In Europe, complicating the picture further, there are additional differences between the stakeholders depending on their regional affiliation and operational level of involvement (national, regional or local). Contrary to the focus meeting outcomes, the questionnaire results point out that the lack of a unified voice, although posing a challenge, is not a very important consideration needing immediate attention. Indeed, not only is it often practically difficult to have one unified voice but in may be that in a democratic society it is not always desirable to have more than one voice addressing or disseminating health crisis related information.

iii. The results of the focus groups and the questionnaire point out that there is too little knowledge amongst the health crisis personal, including medical personnel, how to deal with media effectively. This includes the problem of how make complex issues understandable to media and the general public. Health crisis communicators often lack the understanding how media works: the awareness of the importance of proper health crisis communication with the media is often also lacking. These findings illustrate the point that the information dissemination to media and the general public often does not work very well. It is encouraging that health risk communicators are becoming aware of this deficit.

iv. The information gap between stakeholders, and especially between health authorities and the public, has been especially highlighted for south of Europe, such as Italy and Portugal. Related to this challenge is the fact that many Health Authorities are not trusted by the general public. This is something the Health authorities need to
work on - it is one of the challenges for the future. In this respect, the questionnaire results point out that uncertainties are often not sufficiently communicated to the general public.

v. Participants of the online questionnaire have identified the lack of sense of responsibility on the part of media as perhaps the greatest weakness of the health crisis communication and, as it is also one of the important factors needed for effective health crisis communication, thus also in an urgent need of improvement.

*Which solution do the health authorities and health professionals suggest to improve the health crisis communication in Europe?*

Finding solutions to overcome deficiencies in health crisis communication are of course of great interest to all stakeholders concerned. Finding solutions is however a much more difficult task than identifying challenges. Nevertheless, finding solutions and actions to be undertaken are crucial if future health crisis communications are to be more effective. Below is a list of possible actions to be taken. They are not listed in order of importance, rather grouped thematically. All the listed points are crucial to ensure that health crisis communication is carried out effectively and reliably:

1. Trustworthy communication flow, including combatting contradictory or factually wrong statements
2. Reducing information gap
3. More robust involvement of health professionals in health crisis communication
4. Involvement of voluntary organizations in health crisis communication efforts
5. Addressing regional and operational differences between the key stakeholders
6. Addressing uncertainties associated with health crisis
7. Communication competence, especially how to effectively deal with media
8. Regaining/maintaining public trust
9. Improving sense of responsibility amongst the media during a health crisis
10. Use of new social media
The Deliverable 3.3 presents in more detail the possible solutions defined within the Focus Groups Meetings as communication guidelines: aspects that the public authorities and also the media in general shall bear in mind in order to straightforward their role and their importance in health crisis situations.
4 - Annexes

- Focus Group Report – Germany – Prepared by LMU
- Focus Group Report – Italy – Prepared by ASL Brescia
- Focus Group Report – Portugal – Prepared by INOVA+
Focus Group Report (Germany)

Problems, Solutions and Actions for effective Crisis Communication in Health Emergency Management

LMU Munich
30-09-2013

Project Number: 527535-LLP-1-2012-1-PT-LEONARDO-LMP
Partners:

Project Coordinator:
INOVAMAIIS – Serviços de Consultadoria em Inovação Tecnológica
www.inovamais.eu

Azienda Sanitaria Locale della Provincia di Brescia
www.aslbrescia.it

HOPE – European Hospital and Healthcare Federation
www.hope.be

Ludwig-Maximilians-Universität München
www.en.uni-muenchen.de

Aarhus Social and Healthcare College
www.sosuaarhus.dk

Artica Telemedicina
www.articatelemedicina.com
Focus Group Report (Germany)

Problems, Solutions and Actions for effective Crisis Communication in Health Emergency Management

LMU Munich
30-09-2013
Contents

1 Background........................................................................................................................................... 5
  1.1 Participants....................................................................................................................................... 5
  1.2 Date and Location ............................................................................................................................... 5
  1.3 Procedure ......................................................................................................................................... 6
  1.4 Method of Evaluation ....................................................................................................................... 6
2 Results .................................................................................................................................................. 7
  2.1 Identified challenges of crisis communication ............................................................................... 7
  2.2 Identified solutions and actions of crisis communication................................................................. 8
  2.3 Attitude toward new communication channels (Social Media)......................................................... 9
Literature.................................................................................................................................................. 10
1 Background

1.1 Participants
Six weeks in advance, 85 possible guests were invited in writing to the focus group meeting. After additional telephone enquiries 16 people confirmed the invitation. The group consisted of representatives of health authorities, health professionals and media. It was agreed that all invited persons will remain anonymous.

The table below presents the list of participants according their stakeholder group.

<table>
<thead>
<tr>
<th>Nr.</th>
<th>Participant’s organization</th>
<th>Stakeholder group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Federal health authority</td>
<td>Health Authority</td>
</tr>
<tr>
<td>2</td>
<td>Federal health research institute</td>
<td>Health Professional</td>
</tr>
<tr>
<td>3</td>
<td>Regional TV-Channel</td>
<td>Media</td>
</tr>
<tr>
<td>4</td>
<td>Regional health authority</td>
<td>Health Authority</td>
</tr>
<tr>
<td>5</td>
<td>Regional health association</td>
<td>Health Professional</td>
</tr>
<tr>
<td>6</td>
<td>Federal health authority</td>
<td>Health Authority</td>
</tr>
<tr>
<td>7</td>
<td>Pharmaceutical journal</td>
<td>Media</td>
</tr>
<tr>
<td>8</td>
<td>University hospital</td>
<td>Health Professional</td>
</tr>
<tr>
<td>9</td>
<td>Federal health authority</td>
<td>Health Authority</td>
</tr>
<tr>
<td>10</td>
<td>Statutory health insurance</td>
<td>Health Professional</td>
</tr>
<tr>
<td>11</td>
<td>Health communication expert</td>
<td>Health Professional</td>
</tr>
<tr>
<td>12</td>
<td>Regional health authority</td>
<td>Health Authority</td>
</tr>
<tr>
<td>13</td>
<td>German medical association</td>
<td>Health Professional</td>
</tr>
<tr>
<td>14</td>
<td>Regional radio channel</td>
<td>Media</td>
</tr>
<tr>
<td>15</td>
<td>Local health authority</td>
<td>Health Authority</td>
</tr>
<tr>
<td>16</td>
<td>Print and online magazine</td>
<td>Media</td>
</tr>
</tbody>
</table>

1.2 Date and Location
The focus group was held on the 19th of April 2013, between 12 am and 4 pm. It was located at the Institut für Kommunikationswissenschaft und Medienforschung (IfKW) of the Ludwig-Maximilians-Universität München.

The discussion took place in a small meeting room with horseshoe-shaped tables, so that the guests could talk directly to each other.
1.3 Procedure
The whole discussion was digitally recorded by three recorders. Simultaneously an assistant took a focus group minute to note the most important statements. A facilitator was leading through the event based on prepared focus group guidelines.

After an introduction of Constanze Rossmann and Jasmin Maschke (facilitator), the focus group was divided in the following major points of discussion:

1) Introduction of the participants
2) Statements about their experience in crisis communication
3) Discussion about challenges of crisis communication
4) Discussion about possible solutions and actions for the identified problems
5) Participants’ attitude about the use of new communication channels for crisis communication
6) Participant’s ideas for the training material
7) farewell and information about the further project progression

The facilitator registered the collected ideas about challenges, solutions and actions (Points of discussion 3-5) with coloured POST-IT papers on a pinboard.

1.4 Method of Evaluation
The audio track of the discussion was transcribed with the aid of transcription program f4 and compared to the focus group minute. The transcription procedure was based on Mayring with a focus on the content of the discussion (Mayring, 2002, p. 89-91).

All non-verbal contributions were omitted. Following this, the transcript was evaluated content-analytical. An interpretative-reductive qualitative analysis based on Mayring was chosen (Mayring, 2010, p. 67-85).

The analysis and reduction of the focus group content was carried out in the following five steps:

1) allocation of the statements to the minute
2) Paraphrasing
3) Generalization
4) Categorization
5) Discussion with the research team
2 Results
This chapter summarizes the most important results of the focus group in Germany according to the different stakeholder groups.

2.1 Identified challenges of crisis communication
The focus group showed that those responsible for crisis communication see a need for extensive discussion about the health crisis communication. They mentioned numerous problems and challenges. The most important are listed in the following chapter.

Communication between Health Authorities: Lack of consistent communication and a single definition of crisis communication

The guests mentioned a lack of consistent communication between all those responsible as one of the main challenges regarding the communication between the Health Authorities.

A representative of a local health authority criticised that she feels the need of a regular communication between the different political levels (local, regional, national) above all.

Another point of discussion was the absence of a single definition of crisis communication, which holds true for all persons responsible for crisis communication in health emergency management. Most of the health organisations or authorities have their own guidelines and definitions of crisis communication. As a result, they have different opinions about what is important in the face of a health crisis. For example, those responsible perceived health risks during past crisis events differently.

Communication of Health Authorities with Health Professionals: Lack of information exchange and support

The representatives of the health professionals confirmed that they often feel overwhelmed in acute crisis situations. Physicians and health researchers get media inquiries or have to talk to their patients directly without the information and skills they need.

The health professionals criticised that there is a lack of a regular information exchange and support between the health authorities and them. They often feel to be left alone, especially by dealing with the media. They don’t have the awareness of the importance of communication and media skills when dealing with journalists.

Communication of Health Authorities with Media: Lack of media knowledge and competencies and lack of trust

The media, as the most important public information source, have a crucial role for the effectiveness of the crisis communication process. The media representatives complained that they often have to use untrustworthy sources because they can’t reach the health authorities. Another problem is that the health authorities often answer too slowly. They often don’t see the need to respond quickly and oriented on the journalist’s needs.
Besides the absence of media skills the discussion showed that there is a lack of trust and cooperation between health authorities and media.

Communication of Health Authorities to the Public: Lack of credibility and trust

Regarding the crisis communication to the public the focus group highlighted two challenges: a lack of credibility and trust.

The lack of credibility arises from chaotic and inconsistent public information sources, for example. Because of that it’s more difficult for the citizens to catch up on health crisis information.

Furthermore, a regional health authority mentioned that by now, the term “crisis” is negative loaded among German citizens. The public don’t trust the health authorities anymore because in their sight health authorities often have overreacted during past crises.

2.2 Identified solutions and actions of crisis communication

Compared with the challenges it was much more difficult to identify possible solutions and actions. Some of the most important ones are listed in the following.

Communication between Health Authorities: A single definition and common crisis communication

As a possible solution for the communication between Health Authorities, the discussion identified that those responsible need a single definition which hold true for all Health Authorities. Furthermore, the consistent usage of concepts and a common working basis were important to the guests.

As a possible action they suggest a common step-by-step plan as creative guidelines. Different types of crises should define depending on characteristics like regionality, expansion and dimension.

Other suggestions were the preparation of standardized communication channels and an online information platform on which all Health Authorities could exchange their different crisis definitions and crisis guidelines.

Particularly the representatives of health authorities attached importance to the greater involvement of the local health departments because they are on the spot and have a good rapport with the locally registered doctors and the local public.

Communication of Health Authorities with Health Professionals: Improvement of the information flow, inclusion of medical staff in the communication process, sensitization regarding the needs of the media

There was a broad agreement that the information flow to the health professionals has to be improved. There is a need to include the health professionals better in the crisis communication process. The health communication expert made the suggestion to use the so called “Roten Handbriefe” (= red letters) as a quick information channel. “Rote Handbriefe”
are a established method to communicate to doctors quickly and without unnecessary bureaucracy.

The experts also mentioned that health professionals need to get media trainings just like health authorities. There is a need to raise the awareness of the physicians and medical researchers for the importance of the media and media skills.

Communication of Health Authorities with Media: Improving media competencies, entering into a dialogue and building trust

The experts found some ideas to improve the communication between Health Authorities and media. They agreed on the importance of adequate media training for all Health Authorities. A greater awareness for the media needs and restrictions could lead to an improved relationship between them.

Furthermore, it is essential to enter into a dialogue with the journalists. Health Authorities should contact them regularly to keep the journalists up to date and to build trust. In the face of crisis situations media representatives know to whom they should approach.

Communication of Health Authorities to the Public: Gaining trust and reinforce credibility

To gain the public trust, Health Authorities have to communicate more consistent and need to raise the coordination among them. The public needs a reliable information source.

To achieve this goal, Health Authorities could implement a monitoring of the public to in order to identify their expectations.

Furthermore, those responsible should integrate the physicians and local health organisations to reinforce their credibility. Medical offices could be the central places where people get accurate information.

The last point mentioned was the so called reputation management. Health Authorities should try to improve their image strategically so they can benefit from it during acute health crisis.

2.3 Attitude toward new communication channels (Social Media)

Most of the focus group guests had held a sceptical view of using new communication channels during health crisis. Since then, most of them had never applied Social Media. But there were also a few Social Media supporter.
Challenges:

One representative of a local health authority explained that she does not use new communication channels because she thinks that there is a lack of public demand on information via these channels.

Most of the experts were in agreement that the workload could be too extensive. Furthermore, they mentioned the lack of technical requirements and knowledge about Social Media at their offices.

In addition, one expert thought that the communication via new communication channels would lead to a lower content quality.

Potentials:

On the other hand, Social Media can serve as a direct communication channel to the public. So Health Authorities do not have to take a detour via mass media but have the chance to reach the citizens personally.

Furthermore, most of the media representatives agreed that their colleagues often search online – including Social Media channels. If Health Authorities used the new communication channels, they would be able to acquire journalists as multipliers.

As a specific action the experts thought about the establishment of one social media channel for all persons responsible. This could solve problems regarding the time exposure for each organisation and potentially inconsistent information.

Additionally, there is a strong need for social media training and for creating the necessary infrastructure within the health organizations.

Literature


Improving Crisis Communication Skills in Health Emergency

Partners:

Project Coordinator:

INOVAMAIIS – Serviços de Consultadoria em Inovação Tecnológica
www.inovamais.eu

Azienda Sanitaria Locale della Provincia di Brescia
www.aslbrescia.it

HOPE – European Hospital and Healthcare Federation
www.hope.be

Ludwig-Maximilians-Universität München
www.en.uni-muenchen.de

Aarhus Social and Healthcare College
www.sosuaarhus.dk

Artica Telemedicina
www.articatelemedicina.com
Focus group report

ASL Brescia

March 2013
A.EXECUTIVE SUMMARY

A1. Case studies: experiences with crisis/emergencies and related needs

The focus group’s interviewers reported experiences with crisis due both to real emergencies (e.g. pandemic flu, earthquake, people suffering from the heat, also the widespread economic crisis as damaging factor to other emergencies) and to perceived emergencies (e.g. the recall of suspected vaccines).

Referring to the associations’ experiences, the focus group’s interviewees (FGI) declare that the communication system was often ineffective, in particular at the beginning of the crisis. In fact, the information were not released from the official organs in control of issuing statements but from not institutional sources, potentially unreliable.

As a result, they experienced an information gap resulted from different reasons: first of all, unsuitable timing in releasing information by institutional organs, then the lack of a standardized communication system, and finally the absence of a communication network specifically assigned to emergencies and shared among associations.

Both associations and people risk not to identify the correct persons in charge to address to for their different needs.

In conclusion, the absence of an effective communication system could cause confusion and an unsuited arrangement of critic situations.

A2. Possible solutions and actions

According to the FGI it would be crucial the arrangement of a standardized communication system assigned to a crisis as a rule and always functioning, e.g. by the civil defence communication system. This would carry out many advantages: the use of a communication system already known by the actors involved, the optimization in real time of communication links.

As a consequence, this kind of communication system would guarantee an effective coordination of actions under crises/emergencies and a positive interaction among institutions, associations and people.

In fact, the absence of clear roles and operating procedures have created difficulties and ineffective management of events, e.g. as reported from an association involved after a recent earthquake in Emilia (2012). In that case, the associations sent provisions but they did not know the correct switching centre, so foodstuffs were brought in unsuited places for storage and preservation. As a result, they had to supply foodstuffs again.

Another focus point in crisis management is the identification of a manager socially aware about communities involved and able to facilitate links between health/social workers...
and people. For example, in case of houses unavailability for use, as a consequence of different destructive events, it is crucial providing an adequate arrangement of families in temporary accommodations, considering current social relationships, cultural differences and compatibilities for forced living together.

Moreover, FGI stress the importance of identification of reliable managers/points of reference for communication among institutions, associations and local media, in charge of starting up well known procedures for the information system in case of emergencies. This kind of solution would guarantee the correct information to the media by the directly involved authorities/organizations, the release of concrete information from trustworthy sources, avoiding alarmism and so on.

As to associations, the Voluntary Service Centre could manage this function. To get connected to the net requires knowing what to do. Each emergency would require an expertise, a previous training at a local level (local authorities) by the more suitable tools to clarify “what to do” and “to address to” “in case of...”. All the institutions had to get connected to the net in order to manage the crisis.

**A3. Competencies**

The FGI think that the formally recognized associations (partly involved in this FG), with proper training and tools, could be an helpful intermediary between institution and related people, as an intermediate target in the net able to release the correct information.

**A4. New media channels**

There are two different communication levels: on the one hand the level institutions-associations, on the other the level institutions-target people.

As for the level institutions-associations, in addition to the traditional systems in use in the already existing net we could consider new media channels (web, app, social network, feed RSS).

It could be useful a specific App being able to release basic information in case of emergency and trustworthy updating in real time by effective open channels. The FGI highlight that the new media channels have not to replace the traditional ones, that could be vital in case of breakdown in communication (e.g. sending by radio by Amateur Radio Operators Association).

**A5. Cultural differences**

As for people, FGI state the importance of using proper channels related to the different target: some people prefer traditional media (e.g. older people - TV), others prefer ICT and new channels (young people).

Some associations clear how social disadvantaged people get easily connected by personal and direct contacts, in particular by social worker (belonging to associations). For
example, the disadvantaged families prefer turn to associations instead of institutions, firstly for more privacy of their condition, secondly to avoid legal problems especially in case of loss of parental authority, penalty, clandestinity.

A6. Potential features of the training course and training material

The training course could be divided in a theoretic part and a practical one, with the following contents:

- Theoretic part: principles of functioning of the crisis management network and communication referred to local situation; principles of self-protection and spread of a culture based on emergency management in educational courses for people. How to write down protocols/procedures for immediate actions and postponed ones in order to manage critical situations.

- Practical Part: practice on the “chain of control”, identification of media channels for different situations. Actors and managers available 24/24h during crisis, at an institutional level and at media and associations level. Training about writing down and application of protocols/procedures for crisis management.
B. DETAILED REPORT

We interviewed some of the local major representative associations of the Province of Brescia. For each association we report some focal points.

Association “Nati per vivere”, Ivan Campa.

Main task/target: parents of premature babies (0-3 years old).

Experiences: H1N1; other case: the discharge (constant emergency, absence of support, information gap).

Weaknesses: information gap, apart from those received from news bulletins.

Solutions/Actions:
- The association works also later than the office hours, therefore in many cases it gives support before the institutions themselves.
- In order that the protocols be effective, it is required a proper training in practice to the staff.

Association “S. Vincenzo”, Mariuccia Venturi and Alberto Gipponi.

Main tasks/target: to create a friendly relationship with the needy for a support about house and related expenses, rent, job, food. Further needs in case of health emergency. To use conferences and operational groups as practice tools.

Experiences: management of homeless people in free hostels and of families living in social and economic poverty; rarely, food supply in Emilia-Romagna after the earthquake.

Solutions/Actions:
- Taking into consideration the feedback of citizens.
- A specific App with basic information for emergency, with real-time updating in case of particular emergency (if lines are on).

CIAF, “Centro Italiano per l’Assistenza in Famiglia”, Fiorenza Comincini

Main task/target: it assists the home care-givers (for care to the elderly and disabled people).

Experiences: young (2 years) association, it is difficult to think about emergencies managed inside the Association.
“Comunità Fraternità Società Cooperativa Sociale Onlus”, Giorgio Olivari and Alberto Festa

**Main tasks/target:** working insertion after experiences of drug addiction/jail or social rehabilitation of people suffering from psychiatric pathologies; educational activities. The management of the social rehabilitation of this kind of people also implicates to take care of the related families, often themselves with problems too. Informal activity, especially in those situations in which there is reticence to contact the institutions formally.

**Experiences (potential emergency):** Potential emergency could be the management of the next discharge of the in-patients judicial psychiatric hospitals. They are currently some thousand of people, often without a social net to address to.

**Weaknesses:** We take care of working and educational aspects and then lose the contacts.

- The multilingual supports (documents, leaflets) are very helpful.
- It would be useful to test in advance the potential performance of the existing structures, and therefore to know the potential scenario after the discharges (decided by the judge, by the psychiatrists).
- Previous information really necessary in order to increase the working insertion/social rehabilitation.
- Development of the civic sense and the “culture of help” in the population.
- To stimulate a more sensitive attention to critical situations so that support’s services could look after needy persons in a more timely way.

CRI, “Croce Rossa Italiana”, Maria Teresa Cavalleri

**Main tasks/target:** management of the communication of CRI for Brescia and related province, particularly for emergencies/crisis, with focus also on the identification of the tools of support. Experience in the journalistic field.

**Weaknesses:** in Italy we are not organized for emergency at media level in order to communicate properly to the people. As for the emergency due to snow, we released a specific communication, after an alert sent from Civil Protection; it is difficult to reach families and users (with an article on the newspapers, a tv bulletin...). We need a more direct way to reach all the people.

**Solutions/Actions:**

- The kind of communicative tools to be used depends on the sort of emergency and the targets to reach (elderly/tv, young people/web).
- To identify the person in charge for communication in the associations: an always available person who activate the related procedures in emergency.
- Identification of a person in charge for emergency inside the local media as point of reference to contact.
- Definition/development of shared local protocols among institutions, media and associations.

Experiences: Several interventions in great emergencies both in Italy and abroad.

Weaknesses: Lack of a point of reference for communications from the institutions to people, also through the associations. The so called “Mixed Operations Centre” (COM) has not a journalist, but he could be useful if adequately trained.

Solutions/Actions:

- The COM could be the information link between associations-institutions and media.
- Training course for self protection trainers, referring to the time between the disaster and the arrival of help.
- To teach volunteers to communicate to the people as to optimize the interventions. In Lampedusa, this approach is already effective with the triage directly on the boats.
- In every country the management of emergency should get connected to the specific context.
- It is helpful to maintain the traditional communicative channels (e.g. via radio), in addition to the new ones.
- Useful source of knowledge: the website of FEMA (Federal Emergency Management Agency).
- Arrangement of distinct practice manuals for workers and users, useful to agree upon a standard procedure.

All the presents are available for being contacted for filling up the “SWOT questionnaire”.
C. ANNEXES

1 - Focus group: list of involved actors

Association “Nati per vivere”, Ivan Campa
Association “S. Vincenzo”, Mariuccia Venturi and Alberto Gipponi
CIAF, “Centro Italiano per l’Assistenza in Famiglia”, Fiorenza Comincini
“Comunità Fraternità Società Cooperativa Sociale Onlus”, Giorgio Olivari and Alberto Festa
CRI, “Croce Rossa Italiana”, Maria Teresa Cavalleri

2 - Focus group: list of questions

Which were in your experience the situations of emergency / crisis in which the communicative aspect had a key role?

In the situations of crisis in which you have been involved have you received useful information? Which? From who? In case of negative answer, why have not you had the information of which you would have had need?

In your experience and knowledge, have the information concerning the crisis reached the groups of population at risk that you follow? Have they been useful to carry out some behaviors? If yes, why? Otherwise, why?

As to your targets, did the new media channels turn out as useful tools? In case you were requested as mediators between the institutions and the disadvantaged groups, which kind of information would you have need? In which way? With which contents? With which tools could you release them?

If we organized a training course about this topic, which aspects, according to you, should be deepened?
Focus Group Report

INOVA+
May, 2013
Partners:

Project Coordinator:
INOVAMAIS – Serviços de Consultadoria em Inovação Tecnológica
www.inovamais.eu

Azienda Sanitaria Locale della Provincia di Brescia
www.asibrescia.it

European Hospital and Healthcare Federation
www.hope.be

Ludwig-Maximilians-Universität München
www.en.uni-muenchen.de

Aarhus Social and Healthcare College
www.sosuaarhus.dk

Artica Telemedicina
www.articatelemedicina.com
Focus Group Report

INOVA+

01-05-2013
Contents

1 - Report of the Portuguese Focus Group ................................................................. 1
   a) Participants ........................................................................................................ 1
   b) Venue and Date .................................................................................................. 1
   c) Script Used ....................................................................................................... 1
   d) Content Analysis ............................................................................................... 2
      Experiences in Crisis/Emergencies ................................................................. 2
      Main Challenges ............................................................................................... 2
      Possible Solutions and Future Actions ............................................................ 3
      Use of ‘new’ communication channels ............................................................. 4
      Trainings materials .......................................................................................... 5

2 - Annex .................................................................................................................. 6
1 - Report of the Portuguese Focus Group

a) Participants
The table below presents the list of participants in the focus group.

Table 1 – List of Focus Group Participants

<table>
<thead>
<tr>
<th>Participants</th>
<th>Type of Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandra Raquel Oliveira</td>
<td>General Public</td>
</tr>
<tr>
<td>Ana Oliveira</td>
<td>Journalist</td>
</tr>
<tr>
<td>Marta Pinto</td>
<td>General Public</td>
</tr>
<tr>
<td>Joana Santos</td>
<td>General Public</td>
</tr>
<tr>
<td>Liliana Almeida</td>
<td>Health Professional</td>
</tr>
<tr>
<td>Felipe Ferreira</td>
<td>General Public</td>
</tr>
<tr>
<td>Joana Soares</td>
<td>Moderator</td>
</tr>
<tr>
<td>Pedro Costa</td>
<td>Moderator</td>
</tr>
</tbody>
</table>

b) Venue and Date
The focus group was held on the 7th of May 2013, between 2 pm and 4 pm, at INOVA+ premises in Matosinhos.

c) Script Used
The script/guidelines used for the focus groups were developed by LMU. The guidelines included the following themes to be explored during the focus group:

- Welcome and introduction to the Project;
- Experiences in health crisis communication;
- Identification of challenges in the crisis communication process;
- Identification of possible solutions and actions;
- Capacities/competencies for health crisis communication;
- Use of „new“ communication channels;
Improving Crisis Communication Skills in Health Emergency Management

- Crisis communication at a European level;
- Trainings materials;
- Quantitative survey.

In annex please consult the entire guidelines used for the focus group.

d) Content Analysis
From the discussion and debate generated during the focus group it was possible to reach the following findings and conclusions:

Experiences in Crisis/Emergencies

All the participants in the focus group revealed some contact and experience with crisis due real emergencies. The most quoted situation was without any doubts the pandemic flu. In what concerns the participants’ perception of the communication system, the majority mentioned that the communication was quite clear, sufficient and using different means and tools. Nevertheless, some comments were made and it was mentioned that the communication could be done in a more assertive way, allowing informing population for health issue, improving their knowledge and promoting behavioural and social changes. Also there was a general consensus among participants that the communication management improved during the evolution of the crisis and the in early stages it was weaker.

Main Challenges

The challenge identified by the participants consisted essentially in convey information clearly perceptible for all audiences, through appropriate means of communication (to be defined depending on the target).

It was mentioned (by the media participants) that there’s also a main challenge in terms of communication that concerns the parallel information produced by the target audience (through blogs, social networks, etc...). These channels allow wide and rapid diffusion information - not always credible and / or reliable - that can be assumed by those who came into contact with it as an Official / true. The management of this parallel communication - which can actually be seen as misinformation, is one of the key challenges. It was also reinforced that there is a small boarder between prevention journalism and journalism of determination of facts. It is important that a crisis situation, the facts are communicated to the general public in a clear and endowed with an informative, especially considering the public sphere of discussion, with all the inherent context, as well as any policy or action measures considered correct. More than warn or inform about a particular crisis situation and the impact.
it can cause the local or regional level, it is important to keep people informed about the best behaviour to take into account.

» **Authorities -> Media Interaction:**

It was suggested that authorities should always set a spokesman, which is always the same person, as the same type of speech and language to talk about the issue with the media - this decreases the possible misinterpretations that inevitably occur. Authorities should also accept answer all questions putted to them, because it reinforces the fact that have nothing to hide and that are effectively acting on the benefit of the population.

» **Authorities -> General Public Interaction:**

The participants mentioned that the communication of the authorities to the general public, in crisis situations, it’s done mainly in two ways: through the media (mentioned above) and through official announcements. These official releases should always be disclosed in the media and broadcast covering the several communication means available (radio, television and internet).

» **Authorities -> Authorities Interaction:**

Between hierarchies, and in situations of crisis communication, interaction should always be towards homogenizing discourse to adopt and degree of detail of information to be conveyed in order to prevent information leakage and / or inconsistent information (this causes confusion in receptors).

» **General public/Media -> Authorities Interaction:**

It was mentioned in relation to this interaction that there should be a concern on the part of these stakeholders to verify the accuracy of the information that they access and therefore, convey, thus avoiding "misinformation" parallel only cause confusion and unease among all audiences. On the other hand, and in this case the measure, there should always be a concern to place questions clear, concise and relevant Authorities, struggling later to give the general public an interpretation of the "real" actual situation.

**Possible Solutions and Future Actions**

In what concerns the possible solution and future actions it was mentioned that the ideal solution - even if it is a medium / long term perspective, yet most effective – it might pass through media education (through an integrated subject in the school official curriculum, along with specific training from other stakeholders close to the population). By training and educating the public to evaluate if what they hear / read / see is true, we will teach them the...
importance of context and at the same time - and consequently - to teach journalists to be more judicious in choosing the questions they ask the presentation of the information available to, among other things. The communication should be, undoubtedly, more valorised and a priority to health authorities.

Some specific actions were suggested: Media training for health authorities; for other stakeholders, like the media it was suggested the implementation of regular training about journalistic ethics so that this field is not forgot and that is not forgotten the basic values of journalism, which are almost always undervalued by economic interests related to sales pressure.

**Use of ‘new’ communication channels**

Regarding the theme of use of new communication channels, all the participants use them. They classify themselves and experienced users. When asked about which new communication channels have already used, the answers are quite similar, including Traditional media (for official communications, corporate and more "conservative"), interactive media (social networks, blogs) for informal communication. Everything depends on the objective and target of the message.

When using the communication channels, the main concerns of the participants it was highlighted that the greatest benefits turn out to be also a source of major concern. The great speed and extent of diffusion of information are - that these platforms have for better and worse - allow the exponentially propagation of information. This requires extra care in selecting and developing the information/contents in order to minimize possible deviations and side effects. On the other hand, and are based on a logic of interactivity, these platforms make us to be more exposed in cases of unfavorable opinions and / or comments less positive, which can tarnish our image and distort the interpretation of information.

When asked about in which way can these new communication channels be useful for crisis communication, the participants reinforced the following aspects:

- **Communication between authorities, with responsible health institutions:**

  Assuming that parties are represented in these platforms (that’s not the case in Portugal), the new’ communication channels can enable faster communication and, on the other hand, demonstrate that all the information is being conveyed transparently.

- **Communication with the public:**

  These platforms allow for a much greater interaction with the general public on a subject, allowing sharing of written information that can be associated with videos, images, etc., increasing the level of knowledge among the population about the situation.
Communication with the media

Contacts with the media are something that, until now, was not available to anyone, only to those who had personal contacts in the sector. The social networks have allowed, through the network of contacts easily contact with someone connected to the media sector. There is, therefore, a democratization of the access to the media enhanced social networks.

Trainings materials

About the issue of training materials it was mentioned and recognised the need to train authorities in the field of communication management. Among the suggestions provided we can mention:

- Use of example of successful and unsuccessful real situations and analysis of consequences and impacts (case studies format);
- Video interviews with experts;
- Practical Exercises;
- Identification of better practices.
2 - Annex

Guidelines for the focus groups

1. Welcome and introduction (30 min)

   Introduction by the project team
   - Introduction of the project team
   - Thanking the participants for coming, pointing out importance of the meeting

   Short presentation of the Project “Health C” and aim of the focus groups
   - Background, aim and work packages of Health C
   - Description of the status quo of crisis communication in ... (your country)
   - What are the current challenges?

   Explanation of the meeting concept
   - Remark on the need of recording the discussion, anonymity of the analysis
   - Role of the moderator
   - Point to openness of the discussion, there are no wrong answers
   - Length of the discussion

   Round of introductions by the participants
   - Name, institution
   - Interest in the issue
   - In which way are they involved in the crisis communication process?
   - What do they expect of the discussion?

2. Experiences in health crisis communication (20 min)

   - When did you get involved with “crisis communication”? What where your experiences in this field? If you have a lot of experience – mention those that are particularly important to you today or mention the most recent ones.

   ➔ Positive and negative examples

3. Identification of challenges in the crisis communication process, including their categorization and ranking (45 min)

   - What are the problems and challenges related to health crisis situations? Which challenges do we have to manage in the future? What are /should be the interactions between different stakeholders...

   ➔ Authorities -> Media
   ➔ Authorities -> public
Improving Crisis Communication Skills in Health Emergency Management

Authorities -> Authorities (different hierarchies)
Public/Media -> Authorities

Materials required: wall, large post-its, pens

4. Identification of possible solutions (45 min)

- How can we solve the identified problems and challenges? How can we respond to the challenges in an effective way? (if there are too many: just for the top 3 of the identified problems)

- Post the solutions next to the challenges on the wall

5. Identification of specific actions (30 min)

- Which specific actions should be initiated to make the proposed solutions a reality?

- Post the actions next to the solutions

6. Necessary capacities for health crisis communication (30 min)

- only has to be discussed if not already mentioned in previous discussion

After analyzing the specific actions to be implemented:
- Which capacities should the staff of health authorities develop in order to respond to health crisis situations in the most effective way? What do they have to be prepared for?
  ➤ Which capacities are lacking most often?
  ➤ How can one develop the capacities?
  ➤ Are they different for different health crisis issues?
- Which stakeholders need which capacities?

7. Use of „new“ communication channels (30 min)

- What is your experience with new communication channels (e.g., web 2.0, social media)?
- Which new communication channels have you already used?
- What are your concerns?
- In which way can these new communication channels be useful for crisis communication?
  ➤ Communication between authorities, with responsible health institutions

This project has been funded with the support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained herein. Project Number: 527535-LLP-1-2012-1-PT-LEONARDO-LMP
8. Crisis communication at a European level (20 min)

- Do you have experience with crisis communication on a European or transnational level?
- Which institutions or organizations were you involved with in this case?
- Is there any coordination?

9. Trainings materials (15 min)

- Have you ever prepared any training material?
- Which training materials did you use for your own preparation?
- What should be included in the training material?
- Which questions should be answered?
- Which guidelines did you use until now?
- Training material will be developed as part of this project: For which groups/stakeholders do you think training materials are most important?

10. Quantitative survey (15 min)

- Who should be contacted?
- Which questions are important?
- What are you interested in finding out?

11. Final questions and comments (15 min)

- Is there anything left that is important to consider in our context that we haven’t talked about today?
  Which questions are important?

12. Next steps and end of the meeting (20 min)

- How does the project continue?
- In which way will the guests be involved in the next steps?
- Thanks and remark on the importance of the participation
- Time for questions and feedback
- Farewell to the participants