AANVRAAGFORMULIER PROJECTIDEE – BOTTOM-UP RONDE

COVID 19 programma

Deadline voor indiening: 25 mei 2020 (14:00 u)

LEES ALSTUBLIEFT ALLE INSTRUCTIES IN BIJLAGE "TOELICHTING INDIENING PROJECTIDEE" VAN DE OPROEPTEKST ZORGVULDIG!

Wanneer u het formulier heeft ingevuld:

1. **Zet het formulier om naar een PDF file en controleer de details**
2. **Upload het complete formulier als een bijlage bij uw indiening in Projectnet**

ProjectNet: Aandachtsgebied 3 maatschappelijke dynamiek

BASISGEGEVENS (voorpagina)

NAAM VAN DE HOOFDAANVRAGER:

(10)(2e)

ORGANISATIE:

Amsterdam UMC, Vrije Universiteit, Public and Occupational Health

PROJECTTITEL:

From Crisis Communication to Risk Communication: Maintaining citizens' support for COVID-19 policies and increasing the resilience of citizens by fostering their informed decision making

DATASTEWARD:

Wie is de datasteward die de open science en FAIR data planning in uw project ondersteunt? Zie de webinars op de ZonMw website om de datastewards te informeren en ondersteunen.

☒ Ik betrek een datasteward bij mijn project:
Naam: drs. (10)(2e)
Instituut: Amsterdam UMC
E-mail: (10)(2e) @amsterdamumc.nl
Was aanwezig bij de webinar: ☐ Ja ☒ Nee

☐ Ik heb nog geen datasteward.

ONDERZOEKSVOORSTEL max 3 pagina's A4 (inclusief literatuurreferenties)	(voorpagina met basisgegevens niet meegerekend - font type Arial 10 pts)

1. PROBLEEMSTELLING EN DOELSTELLING(EN):

In the first phase of the corona crisis, the policy in most countries was "flattening the curve" in order not to overburden the health care system. This approach is not aimed to protect individuals per se, as the risk of contaminating COVID-19 is not very high for the majority of people. However all people need to take preventive measures to protect vulnerable groups and the health care system capacity. Typical for health crises and also for theCOVID-19 pandemic, is the high level of uncertainty of the knowledge about the hazard, i.e. the virus, as well as about the potential (public) health impact (ref). In these uncertain situations, a precautionary approach is warranted, i.e. a lock down of society in more or less stringent forms and other preventive measures. Almost all Dutch citizens complied to these measures in the first phase of the pandemic, as the ongoing RIVM study shows (https://www.rivm.nl/onderzoek/gedrag/onderzoek-gedragsmaatregelen-en-welbevinden).

As in the course of the pandemic more knowledge becomes available and the first outbreak seems to be under control, other than health and medical considerations become more prominent factors in policy decision-making, such as economy or public mental well-being. This approach more resembles a risk management model, i.e. how to deal wisely with the risks caused by COVID-19. Other communication strategies are needed: these should not only be based on facts and experts 'advice, but should also take into account citizens' information needs, expectations and values. Citizens need information to assess the health risks for themselves and for their fellow citizens in order to make informed decisions about mitigation of the health risks (i.e. hygienic measures and social distancing) while also pursuing other goals they deem important (e.g. seeing friends, running a business). To develop effective risk communication strategies, it is generally accepted that it is necessary to take into account the beliefs and expectations of citizens and not to only rely on experts' knowledge. It has been shown that expert-based risk communication is often misunderstood and ineffective (refs), because of large differences between experts and citizens in their beliefs and perceptions of health risks (i.e. the mental model; refs). In addition to public's beliefs, values should be taken into account as literature (refs) suggests that decision-making both on the individual and policy level is not only dependent on facts and beliefs, but also relies on people's values.

A citizen-based approach to risk communication is even more important as the uncertainty about the scientific underpinning of measures to manage the corona crisis remains high. A too strong focus on facts and evidence, while not adequately taking into account values and citizens' interests, may lead to policy as well as the science becoming contested. Three features contribute to policy and science becoming contested (ref): (a) conflicts about beliefs and values, such as necessity of social distancing as preventive measure, priority of health above economic interests, (b) uncertainty, e.g. about the contagiousness of the virus, or a second outbreak in the fall; (c) critical voices of influential individuals or organized interest groups amplifying concerns and controversies. These features seem to be present in the second stage of the COVID-19 pandemic. When policy becomes contested, scientific evidence may be ignored or dismissed and policies based on this science may lose the public's trust (refs). In particular in the digital environment, these 'other' voices may become very influential to spread misinformation or disinformation. Using (social) media analysis, we can get a better understanding of the social dynamics of the public's response on the uncertainty and changing evidence about the corona virus and COVID-19.

Although the policy in most European countries was more or less the same in the beginning of the pandemic regarding home confinement and social distancing, there are differences in the strictness of these measures and people's liberties. These differences are partly due to the impact of the pandemic itself in a society but also due to political and social-cultural differences between societies. This unique situation of a pandemic allows us to compare risk communication strategies between countries and to relate these strategies to the public's support of the policies, their trust in authorities and the public's adherence to governmental guidelines.

The current proposal is specifically aimed at studying and improving risk communication strategies of authorities which enables citizens make informed decisions about health risks of a pandemic. The project's aims are: (1) to study the risk communication strategies during the COVID-19 pandemic and relate these to the public's support of policies and their trust in authorities; (2) to study the public's beliefs, information needs and values about risk mitigation measures to protect public and individual health and adherence to governmental guidelines; (3) based on opinions of all stakeholders including citizens improve risk communication strategies to better empower citizens in making informed preventive decisions and to maintain or increase public support for policy-making. This project will be executed in different European

countries to be able to compare governmental risk communication strategies and the impact on public's trust and preventive behaviour.

2. PLAN VAN AANPAK:

The aims of this project will be addressed in three related parts of the study and will be executed in the Netherlands, Norway, Germany and Italy. We will also collaborate with other consortia we are part of in order to use data already or in the process of being collected. In particular, we will align our research with (a) the Dutch ongoing study of the RIVM and the Dutch Municipal Health Services (GGD) about behavioural measures and well-being and the ongoing perception study of RIVM and NIVEL (see https://www.rivm.nl) and (b) the PAN-FIGHT project (P.I. Prof. Frederic Bouder, Stavanger University, Norway): a collaborative project which investigates the political and social dimensions of the COVID-19 pandemic by addressing health risk communication in relation to social and cultural dynamics of Norway, Sweden, Germany, UK and Switzerland. In this project, special emphasis is on the impact of modes of governance as enacted in risk communication strategies that reveals reproduction of norms and social inequality.

PART 1: Study governmental risk communication strategies during the pandemic and the public's support and trust. In the first part of the project, we will study the risk communication strategies of the participating countries and the public's response during the first and second half of 2020.
Methods: (1A) Governmental risk communication strategies: The risk communication strategies will be studied based on press conferences the government gave about the corona crisis during the first and second 6 months of 2020. In each participating country 4 exemplar press conferences will be selected. These will be analysed and compared using the Crisis and Emergency Risk Communication (CERC) framework (ref CDC). At the heart of the CERC framework is a five-stage developmental model of risk and crisis that incorporates various communication activities and strategies. It is a systemic approach that requires ongoing and escalating communication processes throughout the stages of pre-crisis, initial event, maintenance, resolution, and evaluation. In each stage, specific communication activities are described along with the expected relationships between the communication activities and outcomes. This framework is considered to be solid guideline for risk communication practices during outbreaks and pandemics (Refs). We will analyse to what extent the CERC framework is reflected in the risk communication strategies. (1B) The public's response. The public's response on these press conferences will be studied by social media analysis. We will analyse mainstream platforms such as Twitter, Instagram and YouTube in a specific period (i.e. .....) following the selected press conferences. We will analyse the content with a focus on trust in and support for preventive measures and relate these to the communication about the COVID-19 pandemic and measures in the preceding press conference.

PART 2: Analyse people's beliefs, values about the corona virus and COVID-19 and preventive decision-making. In the second part of the project, we will study (a) people's beliefs about COVID-19 (e.g. contagiousness of disease, ways of getting contaminated, chance of contamination) and preventive measures (e.g. effectiveness of different hygienic and preventive measures) and (b) people's behavioural decision making when they try to balance (conflicting) goals such as not getting infected (or infect other people) and seeing friends or running their business.
Methods: (2A) Qualitative study: In accordance with the Mental Model Approach (ref), we will start with a qualitative study with online interviews with about 40 people (N=10 per country) with a diverse background (educational level, profession, gender, age, health status) using a snowballing recruitment strategy. Mental Model interviews start as open-ended interviews with more specific questions towards the end. Interview questions will pertain to people's beliefs about the corona virus and COVID-19 and about preventive measures, their use and evaluation of information of the government and public health authorities (e.g. how trustworthy is the information and the source), their decision-making about how to deal with the health risk of COVID-19. *Analysis:* the interviews will be verbatim transcribed, coded by two researchers and analysed using thematic analysis with ATLAS-ti. (2B) Quantitative survey: Based on the analysis of the interviews, a survey will be developed to study the representativeness of the beliefs and opinions of the interview study. Questionnaire items will be based on the themes analysed in the interviews and will cover the same topics. In addition, we will specifically address how trust in the government, public health authorities and science affects peoples beliefs and decision making as well as how people (ref), and people's values affecting their views on preventive measures, e.g. solidarity using the Portrait Values Questionnaire (Schwartz et al., 2001). In order to be able to estimate the prevalence of beliefs we will include a representative sample N=2000 participants (N=500 participants per country) using an internet panel. *Analysis:* Data will be analysed using descriptive statistics in order to show differences in beliefs of people with the experts' view as well as differences between people. Regression analysis and analysis of variance will be used to analyse the relation of (a) trust in authorities and science with people's beliefs about COVID-19 and evaluation of preventive measures; (b) people's values and their views about COVID-19 and preventive

measures. Furthermore, differences between countries will be analysed.

PART 3: Improve risk communication strategies about COVID-19 public health policies which better empower citizens based on public support. In the third part, we will involve different stakeholders, i.e. health authorities and communication experts advising the government, as well as citizens to improve current risk communication strategies.
The public. In co-creation sessions with citizens we will discuss current risk communication strategies and ways to improve these. Citizens will be able to bring in their values, beliefs and expectations. In these sessions we will specifically focus on (a) trust in and support for governmental policies; (b) empowerment of citizens to make informed decisions about health risks and preventive measures (i.e. hygienic measures and social distancing) to mitigate the risks of COVID-19.
Experts: health authorities and communication experts. Experts will be presented with the results of parts 1 and 2 of the project, and the results of the co-creation sessions with citizens. Experts will comment and discuss the results in online focus groups.
Experiment: In a proof-of-concept study we will compare the improved risk communication strategies with risk communication strategies used by governments with respect to (a) trust in and support for governmental policies; (b) empowerment of citizens to make informed decisions about health.

In the last phase of the project results of all parts of the project will be integrated into a white paper with guidelines for risk communication during pandemics or outbreaks for (health) authorities and an invited (online) international symposium will be organized.

3. HAALBAARHEID VAN HET PROJECT:

TIME SCHEDULE
Month 1-6: analysis of governmental risk communication strategies; (social) media analysis; focus groups and surveys to study public's beliefs. Month 7 preliminary report with results. Months 8-12: further analysis and writing up results; Months 13-16: co-creation sessions with citizens; expert meetings; Months 17-18 proof-of-concept study; Months 19-22 analysis and writing up results; Months 23-24 dissemination results and online symposium.

MOTIVATON FEASIBILITY
The study will be performed by an existing consortium of researchers from universities and public health organisations from the Netherlands, Germany, Italy, and Norway. This consortium has a unique combination of disciplines, i.e. partners with an excellent track record in psychology, public health, policy analysis, and data science. Moreover, in this project we will involve different stakeholders, i.e. public health officials, communication experts, and citizens. By doing so, we will combine scientific, political and community expertise and link theory and practice. We will use a multi-method approach by combining qualitative methods such as focus groups interviews, qualitative media analysis and co-creation sessions with quantitative methods such as big data analysis, surveys, and experimental tests. Our project will thus be characterized by a wide spectrum of expertise, knowledge and empirical methods. We will also collaborate with relevant other ongoing studies, e.g. the RIVM studies (Timmermans is member of the Scientific Advisory Board of the RIVM/GGD study and co-researcher of the RIVM/NIVEL study).

4. RELEVANTIE VOOR DE PRAKTIJK:

Onderbouw de relevantie aan de hand van de in de subsidieoproep benoemde relevantiecriteria

This project leads to an enhanced understanding of the impact of risk communication policies during outbreaks and pandemics on the support and trust of the public for these policies. By consulting all stakeholders including citizens, we will be able to give recommendations for improved risk communication strategies which will hopefully better protect public health and well-being of all citizens. The results of this project may be used by national and local authorities and public health institutes to enhance their risk communication. This project will therefore contribute to improved preparedness, resilience and social safety of European societies

5. DEELNAME VAN DE STAKEHOLDER(S) (e.g. patiënten, zorgprofessionals, etc.):

Citizens are involved in part 2 and part 3 of the project. Health authorities and communication experts will be consulted in part 3. All stakeholders will be invited for a final symposium. The national public health institutes of the Netherlands (RIVM) and Germany (Robert Koch Institute) have agreed to collaborate.

6. LITERATUURREFERENTIES (optioneel):

BUDGET:

Personnel:

- 1.0 fte junior researcher 24 months (postdoc): about (10)(2b) (Netherlands)
- 0.2 fte junior researcher 24 months (postdoc) for Italy, Germany, Norway → 0.6 fte about (10)(2b) and tax → (10)(2b) (Institutes not in the Netherlands cannot receive funding. Financing foreign institutes is based on purchasing (usually it involves tax) and should be argued.

Material:

- Social media analysis € ?
- Interviews (10)(2b)
- Survey (10)(2b)
- Citizen panel (10)(2b)
- Experiment (10)(2b)
- Open access publication (10)(2b)
- Communication and implementation 5% (10)(2b) Online invited symposium (10)(2b) Expert panels € (10)(2b) Website ?? ; White paper with guidelines (10)(2b)
- Data stewardship (10)(2b)

Total (10)(2b)

(the maximum is (10)(2b) for projects with international consortia).