Submission to the Australian COVID-19 Response Inquiry

Document 1 : Key public health communications research findings and recommendations

Submitted by:

Shauna Hurley (Cochrane Australia, Monash University – [redacted] &
Dr Rebecca Ryan (Centre for Health Communication and Participation and the Cochrane Consumers and Communication Review Group, La Trobe University – [redacted]

This submission has been lodged on Friday 15 December 2023 in response to the Commonwealth Government COVID-19 Response Inquiry (the Inquiry) that opened in September 2023 to identify lessons learned and improve Australia's preparedness for future pandemics.

We welcome the opportunity to contribute to the Inquiry, having recently completed a major systematic review of global evidence on Communication to promote and support physical distancing for COVID-19 prevention and control for the international health research organisation, the Cochrane Collaboration.

Our submission specifically addresses the following areas outlined in the Terms of Reference:

- Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).
- Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

Our submission includes:

- **Document 1: This statement** summarising our key findings and recommendations – pages 1-3
- Document 2: Background information about Cochrane Australia, the Centre for Health Communication and Participation, and our combined research and communications expertise.
- Document 3: A PDF of our full Cochrane Review: Communication to promote and support physical distancing for COVID-19 prevention and control (published on 9 October 2023)

Covid and public health communications: Key research findings and recommendations for the Inquiry

From March 2020 onwards, governments around the globe faced the urgent challenge of communicating complex facts, figures and directives to diverse populations about a rapidly unfolding pandemic. Here in Australia and in many other countries, many people had never heard of public health measures like isolating, quarantining, contact tracing, mask wearing and home schooling. The need for clear and accurate information about what was happening, when and why was immediate, and ongoing. People in all corners of the country needed to understand and adhere to previously quite unimaginable public health measures.

It's difficult to quantify or characterise the sheer scale and complexity of public communication requirements from the earliest days of the pandemic to today. Each rapid shift in the local, national and international health landscapes saw new and often contested evidence, policies and debates emerge. At the same time a deluge of digital mis- and disinformation was unleashed, compounding the challenges faced by governments and public health authorities and confusing their diverse audiences further. As the evidence tells us, trust in government was a critical ingredient to successful engagement with the public.

Evidence from past disease outbreaks and the COVID-19 pandemic has much to tell us about future pandemic response planning and preparedness. But how do we begin to understand what worked, what didn't and why?

Building on research originally commissioned by the World Health Organization (WHO) at the outset of the COVID-19 pandemic, our recently published Cochrane systematic review weighs up the evidence on what worked and what didn't when it came to communication to promote and support physical distancing for COVID-19 prevention and control. Drawing on detailed data and extensive literature from around the world, our review explores the different approaches governments and health authorities used to communicate with the public. It provides clear, evidence-based lessons for public health messaging (communication) now, and for future pandemic response planning.

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Key findings

In the context of a pandemic, clear and effective communication with the public can mean the difference between life and death. And like any other health intervention, communication can be done well or poorly. It can also be especially difficult to measure, evaluate and consistently prioritise.

Our latest research findings support and underscore the urgent call to action that the WHO and US Centre for Disease Control (CDC) began making long before the COVID-19 pandemic hit. That is, public communication during health crises is a proven and vital ingredient to any successful response – therefore it must be a central focus for all governments. The core message is that clear communication isn't just a 'nice-to-have'. Accessible and accurate information is the foundation for getting pandemics and other health crises under control. It can save lives.

The following evidence-based recommendations highlight the need for real national and international action in recognition of and in response to this salient fact.

Recommendations

1. Communication needs to be clear, timely, up-to-date, actionable and continuously tailored to changing circumstances.

Communication is not a one off intervention to be considered only when a pandemic begins. Information, messaging and engagement must evolve over time, and be formulated with an eye to the public's openness, willingness and ability to follow protective measures. Additionally, shifting individual perceptions of what constitutes risk and cumulative pandemic fatigue mean public communication has to be alert and responsive to both the health landscape and public sentiment. Change over time is critical if public communication is to be effective.

2. Public trust in authorities is essential for effective communication. It must be bolstered and sustained now and into the future.

Public trust in authorities is vital and the need for it cannot be overstated. The evidence base increasingly shows that better COVID outcomes correspond with high levels of trust in government. A 2022 Lancet paper measuring the levels of trust in governments found they were directly proportional to fewer infections and higher vaccination rates in both high-income and middle-income countries. The findings suggest there would have been 13 per cent fewer COVID infections globally if communities had had greater trust in governments.

The consensus is that in the context of future pandemic preparedness, trust in governments will be a crucial factor in public adherence to and confidence in public health directives. Here in Australia, building trust in local, state, territory and federal governments now – and before the next health crisis emerges – is an integral part of equipping humanity to deal with future pandemic threats.

3. Greater efforts at countering mis- and disinformation are vital.

Misinformation is an ever more critical concern here in Australia and around the globe. Online misinformation travels further, faster and is more influential than the truth. On social media platforms, fake claims are 70% more likely to be shared than accurate news, particularly when it comes to health information. It is essential that health authorities focus on and work together with media and social media platforms to coordinate responses to:

- promote awareness of and access to accurate information
- combat and counter misinformation
- ensure accurate information is accessible to all communities (including underserved groups)
- increase people's digital and health literacy.

We recognise this is a profound challenge, but it has never been more urgent. Accumulating evidence points to the complex adverse social effect infodemics have during health emergencies. While social media is universally recognised as the battleground for mis- and disinformation, podcasts pose an equally serious range of problems. This is exemplified by the Joe Rogan Experience controversies that played out during the Covid pandemic.

[redacted] eponymous host of the world's most popular podcast, quickly became synonymous with controversial pseudoscience and dangerous misinformation about Covid and vaccination which was regularly shared at length with his audience of 11+ million people around the globe from 2020 onwards.

The reach and influence of [redacted] podcast content – which was consistently contrary to public health advice and basic science – galvanised a coalition of hundreds of scientists, medical professionals, academics and science communicators to sign an open letter to Spotify in 2021 highlighting a raft of critical issues that represented not just medical or scientific concerns, but 'a sociological issue of devastating proportions.'

This is just one high profile example among many that highlight the urgent need for concerted and coordinated action by governments, public health authorities and platforms on this intractable issue. The need to work proactively to produce and share reliable and up-to-date information to support people's decisions related to COVID-19, vaccinations and other issues of importance to the public's health is clear. This necessitates better and more detailed planning, tailoring for reach and acceptability and the adoption of new media in different formats to spread the word, and adding pressure for media and social media to meet ethical standards that underpin a public benefit.

The challenges of introducing regulation in this area are evident in the current hotly contested debate around the Australian Government's draft Communications Legislation Amendment (Combatting Misinformation and Disinformation) Bill 2023. The stated purpose of the draft Bill is 'to provide greater transparency of the actions taken by digital platforms to manage seriously harmful misinformation and disinformation on their services'. While this purpose is broad, our recommendation is that public health is afforded particular attention. Combatting health mis- and disinformation needs to be expressly addressed in the context of the evidence we have about the ill effects of misinformation during Covid.

4. Two-way communication is key.

All communication about how people can protect themselves needs to be developed in consultation with the people who ultimately need to follow the advice. Involving communities can ensure the needs of different people (such as underserved, culturally diverse and vulnerable groups) are acknowledged and addressed in planning, communicating and implementing protective measures. This improves the chances people will take up and follow public health advice, and enables authorities to gauge whether communications are reaching different audiences and meeting their needs – and where changes are needed.

5. Behaviour change at individual and population levels requires ongoing support.

People need to be equipped with knowledge about what's needed to protect themselves, why protective measures are needed, and how to go about it. They also need access to practical help including direct services and financial support, to take up and follow protective measures, with recognition that people may need different types and levels of support to prevent worsening inequities.

In summary

In summary, our findings consistently highlight that effective public health communication to protect people and communities requires resources, planning, and a flow of clear information tailored for diverse audiences over time. This work must be ongoing, and needs to be prioritised now. Focusing on combatting misinformation and mistrust in governments is also key if we are to be ready for the next pandemic or other public health crises.

And while this much is clear from the deluge of COVID-19 research we now have to draw on, there are still significant gaps in the evidence. More work needs to be done globally on communicating with people at higher risk of severe illness or death from COVID-19, so that they can be better informed and supported. Here in Australia, we also need to identify effective public health mechanisms and messaging that will meet the different needs of diverse populations – including First Nations peoples and communities, culturally and linguistically diverse communities, people with disability and people from different gender, geographic, age and socio-economic groups.

It is hoped our recent findings will contribute to advancing our understanding of how policy makers, health professionals and communities can better prepare and communicate to save lives in future public health emergencies within Australia and beyond.

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Document 2: Background information about Cochrane Australia, the Centre for Health Communication and Participation, systematic reviews, and a snapshot of our combined research and science communications expertise.

Date: Friday 15 December 2023

Submitted by:

Ms Shauna Hurley
Science Communications Researcher
& Communications Director
Cochrane Australia
School of Public Health and Preventive Medicine
Monash University, 553 St Kilda Road
Melbourne 3005
[redacted]

Dr Rebecca Ryan
Head of the Centre for Health
Communication and Participation
& Senior Research Fellow
Department of Public Health
La Trobe University
Melbourne Campus, Vic 3086
[redacted]

Brief overview: This submission is lodged in response to the Commonwealth Government COVID-19 Response Inquiry (the Inquiry) that opened in September 2023 to identify lessons learned, and improve Australia's preparedness for future pandemics.

Our submission includes three documents:

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- **Document 2: This document** with background information about Cochrane Australia, the Centre for Health Communication and Participation, systematic reviews, and a snapshot of our combined research and science communications expertise.
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Background information: About Cochrane

Cochrane is an independent, not-for-profit research network of over 40,000 people across 130 countries. For 30 years, we've provided the highest quality health evidence for people, governments and organisations around the globe - from the WHO to Wikipedia. Given the age of both pandemic and infodemic that we find ourselves living in, we know our contribution to producing the world's most trusted health evidence has never been more critical.Our evidence is recognised as the international gold standard for health information - because (among other things) we don't accept commercial sponsorship and our scientific methods are second to none. We publish our findings in the form of 'systematic reviews'. This means that instead of cherry-picking findings from one or two studies, we systematically assess all of the relevant and available studies on a specific health question or topic - with an eye to how each study is conducted and funded. All our reviews are published online in the Cochrane Library.

The Australian Government funds a national subscription to the Cochrane Library, and in turn, Australians download more Cochrane reviews each year than any other country globally. From our centre in Melbourne, Cochrane Australia also provides training and support to over 3,000 local Cochrane contributors and shares the latest in health news with the broader Australian community. Cochrane Australia is located within the Monash University School of Public Health and Preventive Medicine at 554 St Kilda Road, Melbourne. Further details about Cochrane can be found at and Cochrane.org

The Cochrane Consumers and Communication group is co-located at the Centre for Health Communication and Participation at La Trobe University. The group conducts research to improve communication with and participation by consumers and carers through evidence-informed policy and decision making.

About systematic reviews

Cochrane Reviews are widely used to inform healthcare decisions, best practice guidance in primary care and patient decision aids in shared decision making initiatives around the world.

To conduct a systematic review of this kind, all the existing research on the topic that meets certain criteria is searched for and collated, and then assessed using stringent guidelines, to establish whether or not there is conclusive evidence. Reviews are updated as new evidence becomes available, ensuring that health care decisions and policies can be based on the most up-to-date and reliable evidence.

About us

Rebecca Ryan

Dr Rebecca Ryan (PhD) is Head of the Centre for Health Communication and Participation at La Trobe University, Coordinating Editor of the Cochrane Consumers and Communication Group and co-lead of Cochrane's global People, Health Systems and Public Health Thematic Group.

Rebecca is a leading researcher across the broad areas of evidence synthesis and health communication. Her expertise spans evidence synthesis methods, shared decision making and person-centred care, communication for rare diseases and at the end of life, consumers' use of medicines and vaccines, and engagement methods for consumers in health research and decision making.

Rebecca led the evidence review on communication for physical distancing, commissioned by the World Health Organization in the early days of the COVID-19 pandemic, and was lead author of the latest evidence review published in October 2023 for Cochrane.

Shauna Hurley

Shauna is Director of Communications for Cochrane Australia and the Australian Living Evidence Collaboration (ALEC). She also works as an adviser to Cochrane's global Editor in Chief, Dr Karla Soares-Weiser, and has extensive experience as a communications researcher, consultant and writer for a broad range of government, health, publishing and media organisations in Australia and the UK.

Shauna has a long-standing interest in science communications, public policy and digital design. Most recently she pioneered the development of Cochrane's use of visual language to simplify complex evidence for lay audiences on topics as diverse as antidepressants, vaccines, Covid-19, pregnancy and mindfulness. Shauna has a Bachelor of Arts (Hons) in Political Science and a Masters in Public Policy and Management from The University of Melbourne.