Risk Communication Plan for Health Care Facilities for Smallpox Vaccinations Template Guide

Introduction

Vaccination against threats of biological weapons and disease is crucial to military readiness; however, some service members, family members, health care providers, media, and members of the public have raised concerns about the smallpox vaccine. People are concerned about the potential risks to children, spouses, the elderly, and pets from exposure to service members who have been vaccinated

It is important for commanders and health care facilities to communicate effectively by understanding and addressing concerns, and providing accurate and timely information about the vaccine to service members, their families, health care staff, the media, and the public. The Department of Defense (DoD) provides guidance and tools for addressing concerns about the smallpox vaccine. These tools are most effective when applied to the needs of individual facilities. By developing and implementing local risk communication plans, commanders and health care facilities can ensure the smallpox vaccination program proceeds successfully.

The following document provides the leadership of health care facilities with a template that outlines the steps to develop a successful risk communication plan. Each set of instructions is followed by a series of italicized examples. Health care leaders will need to customize the plan to fit their facilities' needs. The template also can be used to develop a plan for other issues that leadership may face.

Template Guide

I. Issue/Action

Explain the need for the risk communication plan or strategy. Identify the issue(s) associated with the smallpox vaccination program. List action(s) required by DoD vaccination policy or other circumstances such as stakeholder concerns or adverse news reporting about the smallpox vaccination program.

Examples:

- Our health care facility will be vaccinating units for deployment, and we are receiving questions from service members about smallpox and the vaccination program. A risk communication plan is essential to answer questions and address service members' concerns.
- Service members and their families are concerned about reports of adverse effects following smallpox vaccinations and are seeking additional information about the vaccine. The installation commander wants to distribute information about the smallpox vaccine and set up forums to address questions. A risk communication plan will lead to selection of the appropriate interactive tools to address these concerns.

• An advocacy group opposed to the military's smallpox vaccination program is circulating information that is causing concern among military members and their families. A local reporter has written several articles critical of the military's vaccination program, which are increasing the concerns. A risk communication plan will help develop potential methods for addressing advocacy group issues and disseminate accurate information to service members, their families, and the media.

II. Background

Insert brief history relevant to issue. This could include why service members are being vaccinated (deployment), previous experience with vaccination programs, or other factors that may influence the success of the program.

Examples:

- In December 2002, President Bush announced the nation's smallpox vaccination plan. Among other things, the plan called for vaccinating DoD personnel based on occupational responsibilities (Smallpox Epidemiological Response Teams and selected health care workers) and other forces having critical mission capabilities. Some service members at this facility have already received the vaccination, and others will receive it soon.
- During the early stages of the DoD Anthrax Vaccine Immunization Program, several service members expressed reluctance to take the anthrax vaccine. DoD made adjustments in its communication strategy to address the issue. To minimize the possibility that this facility could experience a similar response with the smallpox vaccine, we need to explore whether there are comparable background issues. We can increase our probability of success by benefiting from past lessons learned.

III. Stakeholder Concerns

The foundation of an effective risk communication strategy is built on an accurate understanding of stakeholders and their perspectives. DoD has identified several stakeholder groups and their concerns; however, local health care facilities should obtain information on site-specific concerns. Communicating with stakeholders will provide facility leadership with information to create a customized risk communication plan.

List key stakeholders—The first step toward developing a risk communication plan is identifying stakeholders. Each facility's stakeholder list will vary in size, depending on the individual situation. Some stakeholder lists will be larger, some smaller, than the following example list.

- Service members
- Family members
- Civilians
- Health care providers—military and civilian
- Co-workers
- Civilian family physicians and health care professionals
- Commanders/leaders
- Local media

Consider unique circumstances at your facility that create new stakeholder groups.

Examples:

- Our health care facility has a fitness facility open to personnel, patients, service members, and their families. Some people are worried about sharing equipment and locker rooms with recently vaccinated service members.
- Our vaccination center is located next to the pediatric ward. Parents are worried about their children being exposed to the vaccine and/or to people who handle or receive it.

Identify tools to solicit feedback—You may want to consider the following tools to help identify stakeholder concerns. Note: Experience demonstrates that interactive discussions are the most effective tool for gathering information.

- Interviews
- Focus groups
- Informal discussions with small groups
- Surveys—telephone, written, electronic
- Discussion forums with key leaders

Understand stakeholder needs/concerns—What questions and concerns do your stakeholders have about smallpox and the smallpox vaccine? This information guides communication resources to answering the right questions using the most effective methods. Consider asking questions similar to the ones below, based on your particular circumstances:

- What types of questions are health care providers receiving about the vaccine? Are people concerned about potential adverse effects, vaccination site care, scarring, or potential risks to families and co-workers?
- Are local sources of information readily available to concerned family members? Does the local family center have accurate, up-to-date information about the vaccine?
- How have local media portrayed the vaccination program? Are they providing accurate information about the disease and vaccine? Are they exaggerating the potential risks?
- What are the local rumors about the vaccine? Are there misperceptions and inaccurate information that need to be corrected?
- Whom do service members and their families trust to provide them with accurate information?
- How do service members and their families wish to receive information on the vaccine? Do they want an interactive process, such as a briefing or meeting? Would they prefer written materials? Would a combination of the interactive and written options work best?

Examples of the types of site-specific information that can be learned during interviews, focus groups, and discussions with local stakeholders:

- Confusion exists on the difference between smallpox disease and the smallpox vaccine.
- Service members should not be relied on exclusively to get information to their families. Alternative sources of information should be readily available to family members.
- Contract health care workers who are asked to voluntarily take the vaccination to serve as first responders raised concerns about time off from work if they have an adverse reaction to the vaccination.
- Family members prefer to get information directly through a variety of sources including e-mail, family resource groups, family service centers, installation newsletters, TRICARE publications, newspapers, flyers, and health care providers.
- Interactive information exchanges, such as Commander's Calls or town hall meetings, are identified as the most valuable way to get information to people. People prefer settings where they have an opportunity to ask questions and get answers directly.

IV. Constraints

List possible site-specific hurdles to implementing the risk communication plan, such as organizational changes, trust levels, public perception, etc.

Examples:

- *Active anti-vaccine advocacy groups*
- A known severe adverse event from the smallpox vaccine and other vaccination programs (flu, anthrax, etc.)
- *Perceived issues with quality of local health care*
- Perceived poor performance in addressing other local health risk issues such as cleanup of environmental waste, drinking water issues, lead-based paint in installation housing, or other issues
- Funding and staff resources to conduct risk communication efforts
- *Internal debates on approach*
- Timing issues

V Goals

List goals you wish to accomplish with the plan.

Examples

- Establish opportunities and mechanisms for interactive dialogue with stakeholders on vaccination issues.
- Address concerns of service members and their families related to the smallpox vaccination program.

- Provide health care providers with accurate information about the smallpox vaccination program, including other credible sources such as MILVAX and CDC resources and training programs.
- Prepare health care providers to communicate effectively with their stakeholders about the smallpox vaccination program.
- Adopt communication approaches and tools best suited to reach the various and different target audiences.

VI. Approach

A facility's risk communication plan can be broken into phases or tiers. You should evaluate after each phase whether it is still appropriate to move forward. The facility will determine whether it implements the next phase as planned, adjusts the plan based on new information, or determines that the activities already completed have addressed concerns. The plan should include mechanisms and tools for continuing to keep abreast of any emerging concerns even if it is determined that the current situation may not warrant aggressive risk communication efforts.

Develop the action plan—Use information gathered from research and interviews to develop an action plan tailored to stakeholder and facility needs. The existing guidance from DoD about the implementation of the smallpox vaccination program provides a foundation and may need only supporting detail to ensure that subsequent planning meets the needs of the facility.

As you develop your action plan, consider these questions:

- Based on stakeholder feedback, what information do I need to get out? What questions did the stakeholders have? What do they want to hear?
- Who needs to get involved? Whom do stakeholders trust to give them information? Whom do they want to hear from?
- Based on stakeholder interviews, what are the best activities and communication tools to reach them? Do they want briefings? Do they want written materials? Do they want the opportunity to speak to a subject-matter expert one-on-one? What about a combination of these activities/tools?

Implementation of the action plan—Implement tools and activities on a priority basis. Remember that timing is important. It's best to brief service members before they are vaccinated; however, if you brief too far in advance of vaccination, service members may not remember all of the information by the time they are vaccinated. Each facility will have to accommodate unique time constraints. During deployment, troops may be vaccinated quickly and with little warning; it is still important to provide accurate information about the vaccine to service members and their families.

VII. Activities

Determine the activities needed to implement the risk communication plan based on the issues and concerns from your stakeholders. It is important to list who is responsible for the activity and the due date. Think about which activities need to occur first—timing of each activity is important.

Sample activities: Please note that these are sample activities and your activities may be very different based on the circumstances and concerns that your stakeholders have raised.

| Activity | Responsibility | Timing |
|---|-------------------------|-----------|
| Conduct stakeholder interviews | CPT Smith, SGT Jones, | Completed |
| | Dr. Edwards | |
| Provide risk communication training for vaccine | Jane Doe | 1 October |
| program managers, media spokespersons, | | |
| commanders and key leaders, medical directors, | | |
| and vaccinators | | |
| Create outreach tools (briefing, fact sheets) | CPT Smith, Tom Harris | 8 October |
| Conduct pre-vaccination briefings | LTC Johnson, MAJ | 12 |
| | Roberts | October |
| Deliver materials to family service centers for | SGT Jones | 12 |
| distribution | | October |
| Hold public availability session to provide | COL Davis, LTC Johnson, | 12 |
| information and answer stakeholder questions | MAJ Roberts, CPT Smith, | October |
| | SGT Jones, Dr. Edwards, | |
| | Jane Doe, Tom Harris | |

After Action Plan Implementation

Evaluation—A follow-up evaluation is recommended to measure the effectiveness of the risk communication strategy. This phase uses focus groups, interviews, general discussions, and surveys to collect information from stakeholders. Results from evaluation can be used to modify future actions. Sample questions to explore include the following:

- Was information provided in a timely manner?
- Were stakeholder questions answered completely and honestly?
- Did stakeholders trust the information provided to them and the source?

Assistance

If you need help in developing a risk communication plan, please contact the Health Risk Communication Program at U.S. Army Center for Health Promotion and Preventive Medicine at 410-436-3515.

Risk Communication Plan Template

| | Activity | Responsibility | Timing |
|------|-----------------------|----------------|--------|
| VII. | Activities: | T | T |
| VI. | Approach: | | |
| V. | Goals: | | |
| IV. | Constraints: | | |
| III. | Stakeholder Concerns: | | |
| II. | Background: | | |
| I. | Issue/Action: | | |
| Plar | Coordinator: | | |