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EDITORIAL

Advocacy, community engagement and cross-sectoral collaborations as key strategies during COVID-19 response and beyond

New directions for a new decade

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~ Pandemics and other crises are always an opportunity for progress (or regression) depending on policies and people's actions. Making every policy and action count toward advancing health equity and human rights is key at these times. ~

It's with excitement and great anticipation of working again with our editorial board, authors, and publishing team that I am returning to my role as Editor-in-Chief of the *Journal*. As an editorial board member since 2011, Editor-in-Chief from 2014 to 2017, and Editor Emerita for the past 2 years, I owe gratitude to Mario Nacinovich, the *Journal's* Founding Editor and Dr. Thanakorn Jirasevijinda (TJ) who served as Editor-in-Chief for the past 2 years and greatly contributed to the growth of the *Journal*. I am thrilled that Dr. Jirasevijinda will stay engaged with the *Journal* as Special Sections Editor, Patient Voices and Interviews, and Editor Emeritus. I also want to thank Melody Harris of Taylor and Francis for all of her work and advice during this transition, and Radhika Ramesh who has accepted to return to our editorial team as Senior Editorial Assistant and Special Section Co-Editor, Interviews. I am honored and very pleased to assume this position again at a *Journal* I love, and hope everyone is staying healthy and safe during these unprecedented times.

When I accepted to return to the *Journal* as its Editor-in-Chief back in early February, very few people could have predicted that just a few weeks later we would find ourselves in the midst of the worst pandemic since the 1918 influenza pandemic. Yet, the ongoing Coronavirus Disease 2019 (COVID-19) pandemic is a powerful reminder that the world is always at risk for this kind of disease outbreak and that our role as professionals and leaders across our intersecting fields of public health, healthcare, medicine, community and international development, and much more, also includes advocating steadily in

support of strong health and social systems, and emergency preparedness. The virus has exposed many health and social inequities that are being exacerbated by the pandemic—and are unfortunately resulting in disproportionate severity and higher mortality rates among vulnerable populations [1,2]. Such inequities can only be addressed by strong public health, medical, communication, and social systems that are inspired by fairness, social justice, and transparency, among other important principles.

In addition to increasing the odds for effectively protecting people from the many losses that always accompany any kind of infectious disease outbreak, systems that are designed with pandemics in mind are likely to be equipped also to address chronic diseases, infant and maternal mortality, substance misuse prevention, mental health conditions, and many other health and social issues. Risk communication is an integral component of these systems and should also be an integral component of preparedness measures. Moreover, with its emphasis on building bridges, engaging communities and key players, advocating for new policies and social norms, handling misinformation, and fostering behavioral and social change, communication has emerged once again as an essential discipline during COVID-19 and beyond.

Across a variety of professional sectors, communication professionals are or should be the voices for health equity and social justice during pandemic response by helping bolster people's confidence in their ability to discern between evidence-based interventions and policies, and 'fake news', highlighting the many social and economic barriers that contribute to vulnerability to COVID-19 among historically marginalized and underserved groups, and supporting the development of stronger health and social systems. This is a daunting task but it's not unprecedented for risk communication to play a key role in global health

and international development and to foster engagement and mobilization across different communities and professions. We know our true value and weight in pandemic preparedness and response and many other issues. We know about communication's worth—specifically when it's not an afterthought but well planned and inspired by basic values such as trust and transparency.

Given the current situation, I would be remiss not to share a few thoughts on the critical role advocacy, community and patient engagement, and cross-sectoral collaborations can and should play during this pandemic. These important areas in health communication, social and behavioral change communication (SBCC), and risk communication, among many other disciplines in which they are also integrated, are also key pillars of our *New Directions for a New Decade* efforts at the *Journal*. In fact, we seek to expand our engagement not only with our esteemed editorial board members, reviewers, and authors, but also with patients and community leaders, and a variety of organizations across professional sectors, and hope to explore through your submissions and article collections, the role communities play or should play in informing strategic priorities and objectives, communication interventions, research inquiries, media, and messages. We will be also looking for papers that provide evidence-based arguments to advocate for new policies and social norms and/or interventions that positively influenced policy behavior. We are interested in communication approaches that integrate not only a variety of communication areas and media, but also different professions and disciplines. Finally, we have already expanded upon our scope and aims to include also a focus on the role of communication in advancing health equity and other human rights-related issues as well as promoting patient, community, and social engagement on health and social issues in clinical, policy, public health, and other domestic and global settings [3].

We have also launched a call for papers on important topics in our field, including (1) communicating risk and promoting disease mitigation measures in global disease outbreak and response; (2) social media interventions in the era of misinformation; and (3) storytelling and mental health, this latter topic with a special focus on the role of narratives and narrative medicine. We hope to explore these and many other topics thanks to your help and submissions.

As I think about the role of communication during the COVID-19 response and beyond, advocacy, community engagement and cross-sectoral collaborations always come to mind as integral strategies of risk communication and health communication in general. I feel we are entering a new era when designing interventions with communities, patients and other key stakeholders has never been more important in addressing

key priorities, and community and patient needs. As the effects of the COVID-19 pandemic are not felt equally, solutions should be community-specific and attend to the most important priorities.

Take for example the disproportionate mortality burden in the United States among communities of color [4], both black and brown communities, where a history of lack of investment, social discrimination and bias in multiple professional and personal settings, limited opportunities for preventive care, unemployment, limited access to basic rights such as paid sick leave, environmental injustice, and several other factors have determined inequities in the incidence and prevalence of diabetes, asthma and other conditions that pose a higher risk for severe consequences of COVID-19 [5,6]. This calls for innovative solutions that address key social and economic barriers to the implementation of protective measures. Such solutions are likely to be sustainable only if we seek and consider the input of community leaders in designing, implementing, and evaluating new policies and interventions. This is also at the core of my own work and the work of many professionals with whom I have had the privilege to work, both in the United States and globally.

So, what about the role of community engagement, advocacy, and cross-sectoral collaborations in pandemic preparedness and response? [Figure 1](#) below summarizes some of the lessons learned from risk communication and other disease mitigation interventions during recent epidemics and emergency events.

Across the different public health emergencies, epidemics and disease outbreaks in [Figure 1](#), the role of communities and cross-sectoral collaborations emerged as key to the effectiveness of the response. For example, in the case of the Ebola epidemic in 2014–2015, it was only when communities became engaged not only in disseminating information and engaging their leaders as trusted sources of key recommendations, but also in designing, implementing, and evaluating the impact of communication interventions, care centers, and much more, that the epidemic in many African countries started to subside [14,15]. Most important, these experiences highlighted that—just as COVID-19—epidemics thrive on inequities and weak health and social systems [9,11,12,14–17], and can have the most severe consequences among groups that are not sufficiently protected by existing policies [11,16–20] or are left behind by communication interventions and other disease mitigation measures [8]. These observations are being reinforced by what we have already learned from the ongoing COVID-19 pandemic: that too many people experience significant barriers to simple protective measures, such as social distancing, handwashing, or staying home; that because of these barriers, across the world, vulnerable, marginalized and underserved communities are at the

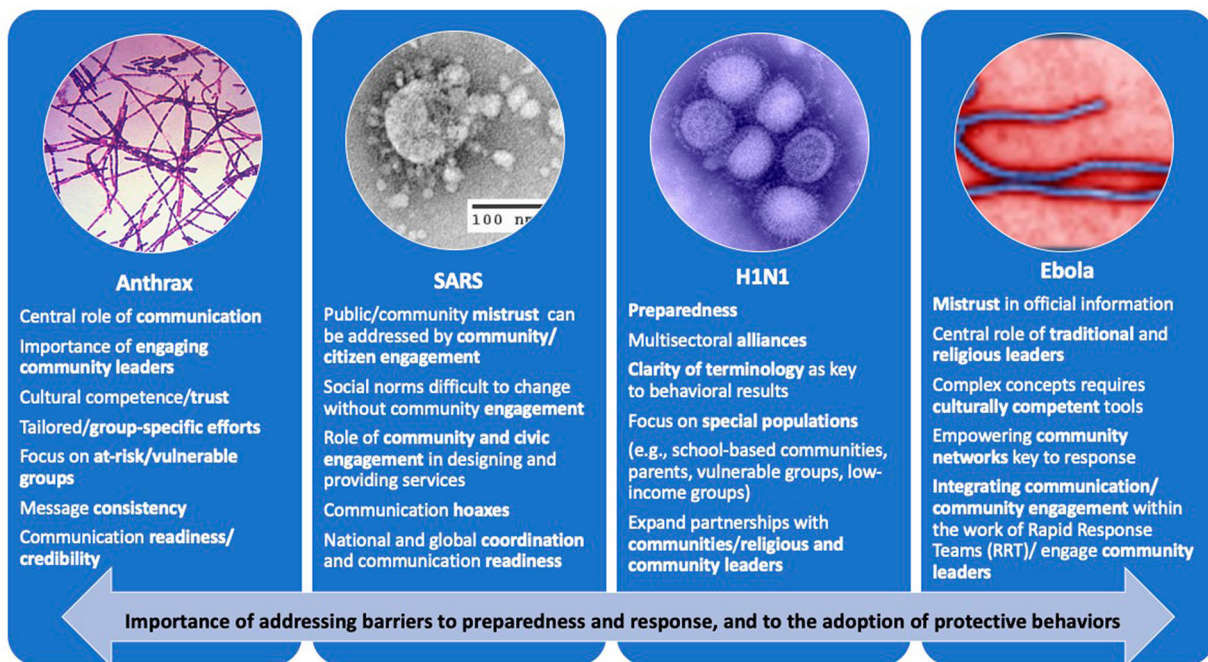


Figure 1. Source: Schiavo, 2016 [7]. References: [7–15]. Copyrights ©2016–2020 Renata Schiavo. Used by permission. Photo Credits (from left to right): Public Health Image Library (PHIL)/Centers for Disease Control and Prevention (CDC); PHIL/CDC/ Humphrey, C.D.; Ksiazek, T.G.; CDC/CDC Influenza Laboratory; PHIL/CDC/ CDC/ Goldsmith, C.

highest risk of severe consequences from the pandemic; and that guidelines are needed for the use of scarce resources, such as ventilators and protective equipment—and should be inspired by ‘need’, ‘fairness’, ‘transparency’ and other similar values.

So, understanding and addressing key social and economic determinants of health (‘the conditions in places where people live, work and play, which affect a wide range of health risks and outcomes’) [21], which in many groups are actual barriers to protective behaviors, is key to pandemic preparedness and response, but also to the overall improvement of population and community health outcomes. While many of us feel that this kind of preparedness needed to be already in place, making every action and policy count toward health equity and social justice is key at these times.

Communication professionals are ‘natural’ advocates. They know how to construct evidence-based messages and arguments, and build collaborations in support of policy change. Looking at new models that would harness the connection among advocacy and research groups, the communities they represent, policymakers, and existing media alliances [20] may increase the effectiveness of our advocacy efforts and amplify our message. Listening to community leaders and the community they represent will also help make sure that the interventions and policies we design meet community-specific needs. Using more established media strategies (e.g. writing opinion pieces, commentaries, letters to the editor, blog posts, and newsletter articles) to connect what we learned from research and practice to policy options

that would help advance equity during the COVID-19 response are also among some of the strategies to be considered. At *JCIH*, we are definitely interested in receiving your contributions to our *Letters: Viewpoints on Current Issues* occasional series.

I can’t wait to learn about your efforts, read your papers, and speak about potential collaborations. These are critical times that require concerted efforts. I am sure our community will do its best to rise to the occasion. My hope is that every action, policy, and intervention will support progress toward advancing health equity and human rights issues during COVID-19 and beyond. It’s up to us to make sure people don’t forget too soon what we learned from COVID-19 about the many health and social inequities too many people experience. With your help, our *Journal* is committed to do its share.

In this issue

The articles in this issue exemplify the variety of topics and themes on which *JCIH* has been engaging. First, please let me acknowledge our short articles on COVID-19, which include this editorial. We are pleased to publish an interview from the frontline of pandemic response with Dr. Sylvie Briand, Director, Global Infectious Hazards Preparedness (GIH) Department, WHO Health Emergencies (WHE) Programme, World Health Organization (WHO) who spoke with *JCIH* about her work during COVID-19 and, more in general, the role of risk communication in managing the COVID-19 infodemic and engaging communities in the pandemic response. We are thankful to long-

standing editorial board members for contributing articles that draw upon their significant experience in the field, specifically Thomas Abraham who authored a commentary on *COVID-19 Communication in India*, and Dr. Rima Rudd who co-authored with colleague Dr. Cynthia Baur a *Letter on Health Literacy and Early Insights During a Pandemic*. The papers in this issue provide our readers with new research and perspectives on different health areas and from multiple countries. Our article collection on *New Media Research and Analysis in Health and Healthcare* features articles on popular media such as Instagram, blogs, and internet forums, and their use in and impact on different health issues.

As this is our first issue in 2020, we salute you all, and hope you find the topics and contributions we included here helpful to your work and thinking. Most important, we hope you all continue to stay safe, healthy and strong during these unprecedented times. Stay in touch and please write with ideas and suggestions! On behalf of our editorial board and team, thank you for your readership!

About JCIH Editor

Renata Schiavo, PhD, MA, CCL is a Senior Lecturer at Columbia University Mailman School of Public Health, Department of Sociomedical Sciences, the founder and board president of Health Equity Initiative, a nonprofit membership organization, and a Principal at Strategic Communication Resources, a global consultancy. Dr. Schiavo is the author of *Health Communication: From Theory to Practice* (Jossey-Bass/Wiley), as well as 35+ publications and 145+ scientific presentations in the health communication, public health, healthcare, and global health fields. She is a passionate advocate for health equity and has experience in 20+ public health, medical, human rights, and communication areas. She also has significant experience with and has written on communicating risk and promoting disease mitigation measures in epidemics and emerging disease outbreak settings. As a researcher, advocate and practitioner, Dr. Schiavo is interested in community- and system-driven multisectoral models, partnerships, and interventions to address health, equity, social, and communication issues. Follow her on Twitter at @RenataSNYC

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