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Building Public Trust in Public Health Emergency Preparedness and Response (PHEPR) Science

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PLENARY SESSION

The workshop examined issues of building knowledge of and trust in public health emergency preparedness and response (PHEPR) science enterprise:

trust in the individuals and institutions who implement (i.e., the messengers) and create (i.e., the researchers) the science (i.e., the message), as well as trust in the processes

Day 1 – Examination of Issues of Trust in PHEPR Practice and Science

- **Discussed determinants of trust**
 - Historical roots of trust and mistrust
 - Defining and measuring trust
 - Trusted messengers
- **Assessed current knowledge and attitudes towards PHEPR practice and science**
- **Explored causes of diminished public trust in PHEPR practice and science**
 - Mistrust
 - Misinformation
 - Poor communication and science translation
 - Political narratives and science
 - Factors such as rurality, organization, race, ethnicity, gender, religious beliefs, and education level

Day 2 – Strategies and Interventions

- **Explored potential strategies for (re)building and maintaining trust**
 - Sustainable community engagement and decision making
 - Improving translation and communication of PHEPR science information
 - Addressing the information environment
 - Training in crisis and emergency risk communication
 - The role of key stakeholders (CBOs and community health workers)
- **Discussed the necessary public health infrastructure, workforce/training, and practice to improve trust**

A follow-on meeting further explored actions under four signals that could contribute to greater trust:

humanity, transparency, capability, and reliability.

Dimensions of Trust: Key Actions and Considerations

- **Humanity**

- Build relationships with integrity.
- Treat communities with empathy, compassion, and care.
- Build or revitalize bi-directional community networks for sharing information.
- Explain the issue, limiting factors, and relate the issue to what the community is experiencing.
- Demonstrate listening, note concerns even when there is disagreement, discuss tradeoffs, and be clear about limitations.
- Frame messages and choose messengers based on who the community trusts.
- Utilize the psychology of human decision-making.

Dimensions of Trust: Key Actions and Considerations

- **Capability**

- Establish the capacity (infrastructure & training) for public health to meet communities on their turf and on their terms.
- Collaborate with agencies beyond public health and across sectors to craft messages that are salient to people given their range of needs, resources and concerns.
- Construct coordination processes to facilitate unified positions/messaging
- Craft messages without hierarchical review process.
- Pre-build networks that can rapidly expand capacity of both federal and state public health agencies and society more broadly in emergencies.

- **Reliability**

- Acknowledge uncertainty.
- Focus on community relationships with practitioners implementing the science, rather than the community's understanding of technical science.
- Build relationships between public health agencies, at all levels and across states/regions.

Dimensions of Trust: Key Actions and Considerations

- **Transparency**

- Humility and humanity go hand-in-hand with transparency.
- Involve partners and communities early as part of the decision-making process.
- Ensure the public knows who the public health officials and spokespersons are.
- Provide sufficient detail in official statements that acknowledge counter narratives.
- Provide public health data with sufficient detail and in a timely matter, and bring greater transparency to the decision-making process.
- Establish consistency in terms of response timing, perceptions of fairness, and spokesperson.
- Support the independence of scientists and public health officials to allow their work and communication to be based on science and free from political pressure.