Original Paper

An Assessment of Communication Challenges during COVID-19

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Abstract

Communication for COVID-19 is to educate the public about protecting themselves from infections. Having sprung wildly from Wuhan, China, the virus has spread from the United States and 31 territories. Strazewski (2020) writes, "How Science Communication is failing during Covid-19," published in the Journal of American Medical Association, regrets prevalent inadequacy of reporting. Organizations such as World Health Origination (WHO) and Centers for Disease Control (CDC) admit communication is important, asserting that trust, transparency, public interest, and planning are crucial in messaging. Companies should, therefore, rethink advertising and promotion strategies and reassure shareholders and stakeholders of the volatility of the epidemic. In "Evolving Outbreaks and Evolving Communication," the authors acknowledge that before an outbreak is recognized and an investigation begins, a limited number of persons might be exposed to health risks without experiencing illness. Unlike yesteryears, communicating health messages today during an outbreak calls for a mix of channels that include social media management. Furthermore, partnerships should be developed between the science community and communications specialist from a global perspective.

Keywords

Health, communication, pandemic, information, messages, culture, population

1. Introduction

Covic-19 is in the United States (US), and other parts of the world. As of April 10, 2021, 561,000 deaths had occurred in the US as a result of coronavirus, registering 31 million cases. Indeed, the threat to life is real and time to act is now. Of the essence, therefore, is to inform and educate the public about protecting themselves from coronavirus infections. Micallef (2020), writing in the leadership blog, "Coronavirus and a Lack of Communication," and published in *Olead 410: Leadership in A Global Context* on February 7, 2020, admits that that the epicenter of the virus is a place called Wuhan, China, where at least 11 million people were quarantined at the outbreak.

That was then, and this is now. An indispensable tool is communication. Lin and Niu (2020) point out

that coronavirus is deadly, has killed hundreds, infected thousands, and has quarantined millions. The blogger is concerned about how fast the disease is spreading and how close it is to US populations and writes: "My wife just visited California on work orders and instead of staying on Travis Air Force Base she normally would, she was designated to stay the nearly Super 8 Motel." From another perspective, Stortz (2020), in the article, "A Practical guide to employee communication during COVID-19," indicates that employees are yearning for information as they live with uncertainty. In their attempt to remain agile and responsive, employers need to communicate wellbeing programs that include medical plan coverage for COVID-19 (100%), telehealth/telemedicine coverage discounts, Employee Assistance Program (EAP) and other emotional wellbeing programs, prevention tips on how to stay healthy, and financial well-being tools and resources. Moreover, employers should communicate with their employees as follows: Call center training forum, i) Questions and Answers (Q&A) to respond to employees' questions, ii) Text messages to keep employees informed about emerging or urgent matters, iii) Email to grab attention with images and graphics, iv) Real-time updates on microsites and portals offering information to employees and their families, and v) Digital signage, banners or web ads in intranets to capture attention of employees in order to convey the latest company updates about COVID-19.

China has a policy that, whenever there is an emerging problem, they shut down all forms of communication, including traditional media such as radio, television, social media and restrict or curtail Internet access. The obvious result is unawareness or sheer ignorance among the population. Meanwhile, in a global society, leaders and organizations are the vehicles of successful exchange of ideas and are, therefore, expected to be the engines for understanding, as well as motivators of message conceptualization and dissemination. In retrospect, the current coronavirus went for a month before the nation's leaders finally accepted that the public must be informed. If Chinese leaders deserve any credit, it is that upon admitting the enormous health calamity, they built a humongous hospital in just ten days and live-streamed it for the global community to see.

What complicates health communication sometimes is culture. In a case where two people receive the same message, either would understand it quite differently. Hence, the analyses and interpretations would be miles apart as if they received two separate messages. Here, there is the probability that cultural norms preceded China's decision to communicate to the world about Covid-19, and by which time the virus may have been, culturally, as deadly as the US may designate it to be. It makes you wonder, too, how many other outbreaks may have occurred there without communication to the population or external world. However, it is important to note that from a cultural point of view, others do not think the way you do things, nor should you think the way they do. One would be egocentric is either case.

Furthermore, as Strazewski (2020) states in, "How Science Communication is failing during Covid-19," and published in the *Journal of American Medical Association*, "don't put too much stock in reports in the general news media about COVID-19 treatments and vaccines." The author goes on, "Many news reports come from press releases and other corporate announcements, not authoritative scientific

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studies." The writer regrets that government reports, journalism, talk shows and public news releases from industry and academic institutions have often failed to effectively communicate results, and that these failures have important consequences for the population.

Even the World Health Organization (WHO) is not oblivious to cultural norms and has issued "Outbreak Communication Guidelines." WHO acknowledges that disease outbreaks are inevitable and are often unpredictable, acknowledging that outbreaks are frequently marked by uncertainty, confusion, and a sense of urgency. The world body holds that communication, generally through the media, is a feature of the outbreak environment - but acknowledges that there are abundant examples of failures in communication which have delayed outbreak control, undermined public trust and compliance, and unnecessarily prolonged economic, social, and economic turmoil. WHO believes it is the now time to acknowledge the fact that communication expertise has become as essential to outbreak as epidemiological training and laboratory expertise. The question, though, is: What are the best practices for communicating with the public, often through the mass media, during an outbreak?

Jennigan (2020) does not mince words. The author warns that aggressive measures must be in place to permit state and local health departments, multiple federal agencies, and partners to develop and implement communication and other programs to slow down and and/or contain COVIC-19. The measures are designed to bring about recommended assessment, monitoring, and care of travelers arriving from areas with substantial COVID-19 transmission. Purposely, these measures are intended to, a) slow down the spread of illness, b) provide time to better prepare state and local health departments, health care systems, businesses, educational organizations, and the general public in the event that widespread transmission occurs, and c) better characterize COVID-19 to guide public health recommendations and development and deployment of medical countermeasures which include diagnostic, therapeutics, and vaccines.

In line with preventing further transmission, the US government, between January 29 and February 6, 2020, repatriated 808 US citizens, residents, and their families from Hubei Province, China, on five chartered flights. Upon arriving in the US, the repatriated travelers were quarantined for 14 days. As of February 23, 36 (11%) of those persons developed COVID-19-related symptoms and were evacuated for inspection. Meanwhile, on February 3, 2020, passengers and crew of the Diamond Princess cruise ship were quarantined off Yokohama, Japan. In fact, a passenger who had just embarked in Hong Kong was confirmed to have COVID-19, while ongoing transmission was identified on the ship. By February 16, a total of 355 cases of COVID-19 had been identified among passengers and crew, including 67 US citizens and residents. Although these measures can be disruptive and might have societal and economic impact on individual persons and community, studies show that early layered implementation of these measures is critical in averting widespread of COVID-19. Jennigan concludes: "This is the time to communicate regularly and often. Your employees will appreciate the information and support."

2. Methodology

The present research took advantage of the qualitative method. In this regard, secondary sources were consulted in library holdings that were accessed by the investigator, including data bases from related disciplines posted on the Internet. The research centered on communication during the period of COVID-19 and examined difficulties encountered by leaders and health professionals, the extent to which communicating with stakeholders either succeeded or failed, communication strategies as envisioned by such bodies as Centers for Disease Control (CDC), methods of improving health communication for internal and external constituencies, mutuality between scientific community and communications specialists, and a global perspective on communicating with stakeholders with a view to recognizing and respecting intrinsic cultural values in respective regions and countries.

These resources were used for review of literature, analysis, and interpretation of content on the topic under investigation. Uses and gratifications theory of communication was used given the messages designed for the public's wellness.

3. Findings

3.1 Genesis of Health Risk Communication

In early 2004, WHO began an effort to construct evidence-based, field-tested communication guidance to promote the public health goal of rapid outbreak control with the least possible disruption to society. The first step was an extensive review of the risk communication literature and identified risk communication components directly related to outbreaks. In turn, the material was distilled into select features associated with communication effectiveness or failures. Finally, the features were assessed by outbreak control representing a variety of cultures, political systems, plus economic development. The results were a short list of the following communication practices:

•   **Trust** – The overriding goal for outbreak communication is to communicate with the public in ways that build, maintain, or restore trust. This is the case across cultures, political systems, and level of a country's development. The consequences of losing the public's trust can be severe in health, economic, and political terms. Building trust internally, between communicators and policy makers, is critical and is sometimes referred to as "trust triangle." Trust in communicating with the public is critical in both directions – evidence shows that public panic is rare and rare when people have been candidly informed.

•   **Announcing Early** – The parameters of trust are established in the first official announcement of the outbreak. The message's timing, candor, and comprehensiveness may make it the most important of all outbreak communications. Evidence shows that, the longer officials withhold worrisome information, the more frightening the information will seem when it is released – especially if it is released by an outside source.

•   **Transparency** – To maintain the public's trust throughout an outbreak requires transparency. In this case, communication must be candid, easily understood, complete, and factually accurate. Transparency provides many benefits, including demonstrating how, at a time of uncertainty and to

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confront unknowns, outbreak managers are systematically seeking answers. Media preparation should be an essential component of professional development for public officials and should precede each media interaction.

• **The Public** – Understanding the public is critical to effective communication. It is usually difficult to change pre-existing beliefs, unless those beliefs are explicitly addressed. And it is nearly impossible to design successful messages that bridge the gap between the expert and the public without knowing what the public thinks. Hence, the public's concerns must be appreciated even if they seem unfounded, while risk communication messages should include information about what the public can do to make themselves safer. This affords people a sense of control over their own health and safety, which allows them to react to the risk with more reasoned responses.

• **Planning –** The decisions and actions of public officials have mire effect on trust and public risk perception than communication. Admittedly, there is risk communication impact in everything outbreak control managers do, not just in what is said. Therefore, risk communication is most effective when it is integrated with risk analysis and risk management. Risk communication should be a part of preparedness planning for major events and all aspects of an outbreak response.

Taking it a step further, Argent (2020) in "Communicating Through the Coronavirus Crisis," and published in the *Harvard Business Review*, notes that the pandemic is a fast-moving crisis calling on leaders to communicate with their key consistencies early and often, with empathy, honesty, and transparency. The author suggests, "Start by putting together a centralized communication." Whereas decentralized communication can be understandable and even desirable in large or complex organizations, a crisis-response team is more apt in an emergency or fast-moving situation as evidenced at all levels. For example, former president Donald Trump appointed vice president Mike Pence to head the national effort. Dartmouth and many universities created task forces, Johns Hopkins University kept a database on number of deaths. Argent gives an experience: "A school district I worked with … created a team of superintendent, as well as all the principals. Intel has a standing pandemic leadership team in place, as part of its business continuity planning."

Ideally, such a team should be small so it can be managed effectively and comprised of about five to seven people. It should include a member of the leadership team, someone from corporate communications, a human resources executive, and an expert on the area of concern. Ultimately, the team should:

• Meet regularly to monitor the situation closely as it continues to evolve,

• Be the main source of information on the crisis,

• Give regular updates to key constituencies,

• Be as transparent as possible. Explain what you know, what you do not know, and your sources of information, and

• Be succinct. Long turgid messages written by health professionals or lawyers will not be real or easily understood.

Also communicate with employees and with your organization – they are your most important ambassadors to the community. The organization or company needs to demystify the health crisis and to put everyone's mind at ease and provide hope for the future. Studies show that managers play an important role in reducing employee anxiety. Argent recalls that, after 9/11, many employees described how important it was to hear the voice of the leader or manager – whether live or through email, phone messages, or social media. When COVID-19 hit the school, the Master of Busines Administration (MBA) program leadership team camped out in a central location to ease everyone's anxiety and to provide updates regularly.

Communicating regularly with customers is also vital. Obviously, customers require a different approach than employees given that companies do not have the same access with their constituencies. Nonetheless, you should, 1) Focus on what is important to the customer, 2) Provide relief when possible, for instance, "CVS Caremark has special service. Working to waive early refill limits on a 30-day prescription maintenance medications," 3) Focus on empathy, rather than trying to create selling opportunities.

Companies should rethink advertising and promotion strategies in view of the virus. In the midst of a market economy, reassure shareholders and/or stakeholders since the epidemic has created intense volatility in the financial markets and turned what was an incredible "bull market" into a potential recession. Thus, be transparent in communicating near-term challenges, use the crisis as an opportunity to reenforce the corporation's long-term fundamentals, and communicate what you are doing about the problem. Of importance, too, is to be proactive within the organization since what happens with COVID-19 affects everyone in the communities around them. At least, organizations should make sure their actions or decisions do not negatively affect members of the community. Public relations or good will measures will help - such as providing cleaning supplies or food for those in quarantine, providing information to the local media to help calm down the communities while enhancing your organization's credibility, and providing transparency through local media about your company. Zaki (2020), in an article published by *The Washington Post* entitled, "Social distancing shouldn't mean losing human connection [communication]," urges you to send a message to an old friend on Instagram, FaceTime your cousin, and "watch 'The Bachelor' together; and/or post a video that reflects on this weird moment. Don't shy away from being vulnerable or asking other, too." Zaki believes that physical and emotional distance do not have to coincide.

3.2 Steps Taken by Government

Additionally, the Centers for Disease Control (CDC) is keen on control of the epidemic. Under the title, "Communicating During an Outbreak or Public Investigation," Abbigail et al. (2018) address two stages of communicating an epidemic to the public. In "Evolving Outbreaks and Evolving Communication," the authors acknowledge that before an outbreak is recognized and an investigation begins, limited number of persons might be exposed to health risks without experiencing illness. As increasing number of persons are exposed to the risk or become ill, healthcare providers and others become aware of the higher than expected number of illness and begin reporting the unusually high occurrences to local and state

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health authorities. This situation often prompts an outbreak investigation, and as that outbreak evolves, communications about it must evolve as well.

In today's 24-hour news and digital media environment, people constantly receive information from many sources, ranging from print media to television to alerts and social media and on mobile devices. And immediately after the news media or community learn of a public health-related outbreak investigation, they want to know what is happening and who is affected. When the cause is rare, but might cause substantial harm, news outlets often treat the event as breaking news and begin substantial coverage. Such is the coverage that is ascribed to COVID-19. In 2016, The Pew Research Center reported that approximately 4 in 10 US residents receive their news from online sources, while 6 in 10 receive their news through social media channels. According to the authors, "Today, communication strategies during an outbreak response should include a mix of media outreach, partner and stakeholder outreach, and social media management."

Abbigail et al. consider risk perception and communication as important. The authors believe knowing how the public, or numbers of affected groups perceive a risk, affects what you, as field investigator, might communicate and how you frame the key messages. This is because, many times, persons most affected by a disease outbreak or health threat perceive the risk differently from the experts who mitigate or prevent the risk. To complicate further, persons perceive their own risks differently, depending on how likely they think the actual hazard will affect them personally and their beliefs about how severe the harm might be. People are usually more accepting of risks or feel are less outraged when the risks are voluntary, under their control, have clean benefits which are naturally occurring, and are generated from a trusted source.

Conversely, people are less accepting of risks or have greater concern or anxiety when risks are imposed or created by others, controlled by others, have no clear benefit, are human-made, come from untrusted sources, or seem exotic. More acceptable risks are those that are perceived as being voluntary or involving choice, being under a person's control, having clear benefits, naturally occurring, generated by a trusted source, being familiar, and affecting adults primarily. Less acceptable risks are those perceived as being imposed on the affected population or not allowing choice, being controlled by others, having intangible or deferred benefits, human-made, generated by untrusted source, being or seeming new or exotic, and affecting children primarily. In the spirit of trust and credibility, communication can persuade affected persons to follow public health authorities' recommendations during an outbreak or public health response. Equally importantly, empathy and caring, honesty and openness, dedication and commitment, and competence and expertise are invaluable factors in communicating information during an epidemic.

It is with a view to upholding these factors that Scheufele et al. (2020) wrote the article, "How Not to Lose the COVID-19 Communication War," and published in *Issues in Science and Technology*. The authors express the fact that COVID-19 "has put science in a tricky spot." The good news, state the authors, is that scientific expertise is back in high demand, and that, "When the ships are down and

everything is on the line and you can be the next person in the hospital bed, it's the experts that you want to listen to."

The dilemma illustrates a much larger problem facing scientists, public health professionals, journalists, and science communication practitioners, namely that, "A focus on accuracy and scientific facts is the wrong and even potentially misleading measure of communication during this global pandemic." The authors argue that scientific communication guidelines have often placed emphasis on the accuracy and resulting need to fight misinformation. In an open letter in April 2020, about 160 journalists and journalism professors singled out Fox News for failing to fulfill the network's duty to provide clear and accurate inform about COVID-19. In the final analysis, accurate scientific messaging and information is key for a meaningful public debate and decision-making on COVID-19.

By the same token, correctives to misinformation provide instant gratification during an otherwise unpredictable and long-term crisis that is yet to provide scientists and policy-makers with a myriad of success stories. As the COVID-19 "infodemic" escalates, those communicating scientific information run the risk of not only oversimplifying the misinformation problem, but also failing to recognize and address other factors that complicate efforts to communicate, effectively, information about COVIC-19. To address success for mankind, the scientific community and communication must not sojourn in isolation. On the contrary, they should embrace mankind's wellness and embrace mutual inclusivity by acquiring and sharing information for mankind's uses and gratification.

HealthyPeople.gov urges citizens to visit coronavirus.gov to get the latest updates on COVID19, along with *Healthy People*, an online publication addressing health communication and health information technology. Its goal is not only the use of health communication strategies and health information technology to improve population health outcomes and health care quality, but also to achieve health equity. The initiative stems from the notion that ideas about health are shaped by the communication, information, and technology that people interact with every day, and to emphasize the fact that health communication and information technology (IT) are central to health care, public health, and the way society views health. These communication processes, therefore, play a significant role in the ways and context to which professionals and the public search for, understand, and use health information that has an impact on their decisions and actions.

The following are ways health communication can have a positive impact on health, health care, and health equity:

•   Supporting shared decision-making between patients and providers,

•   Providing personalized self-management tools and resources,

•   Building social support networks,

•   Delivering accurate, accessible, and actionable health information that is targeted or tailored,

•   Facilitating the meaningful use of IT and the exchange of health information among health care and public health professionals,

•   Providing new opportunities to connect with culturally diverse and hard-to-reach populations,

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- •   Increasing health literacy skills, and

- •   Increasing Internet and mobile access.

CDC is forefront in preventing disease in the US, let alone deadly COVID-19. The federal agency is equally aware of the cultural implications here and around the world. Thus, a number of knowledgeable health experts have written a collective article, "Culture Matters in Communicating the Global Response to COVID-19." The authors' aim is to offer a community-engaged communication strategy that focuses on disease messages in cultural context. They write that messages have, heretofore, focused on preventing individual risks, particularly for those with preexisting chronic conditions such as hypertension, diabetes, stroke, and asthma.

As infection and death rates grow, note the authors, communication about responses to the pandemic has increasingly focused on individual behavior choices which assumes that prevention is largely within an individual's control. In efforts to promote uniform messaging for COVID-19, WHO developed a multilevel communication and community engagement (RCCE) response strategy for health care workers, the public, and national government. While communication about individual risk is important, prevention and control messaging is more likely to be achieved when we engage the voices of those who live in the communities – particularly communities that bear the heaviest burden of the pandemic.

Research on health disparities, especially on antiracism, demands a focus on risk environment and risk situation as opposed to the conventional epidemiologic focus on risk factor which tends to place the behavior change of individuals which considers structure and context to define and confine vulnerability. Therefore, community-engaged communication is crucial for acknowledging the voices of those in the community with culturally relevant historical and structural inequities that define their preexisting chronic health conditions on the one hand, and their preexisting vulnerable living and working conditions on the other. To understand and serve these communities, the important role of culture matters and must be considered in developing and sustaining a communication strategy.

The government is a strong proponent of vaccine(s) to combat COVID -19. However, Donahue (2021) writing to reflect tri-county in Charleston, South Carolina, under the title, "Frustrations, confusion for families persist in seeking the coronavirus vaccine," reports that families in more rural areas complain they are trying to get vaccine appointments for loved ones, but only to encounter herculean challenges. For example, Ford, a resident, said it took her weeks to secure an appointment for the first dose for herself and her husband. "That was only through word-of-mouth from a family member who happens to know somebody else who happened to say call DHEC (Department of Health and Environmental Control)." Ford also said she is looking for a second dose of the vaccine for her sister with a disability. Eventually, her sister was able to set up an appointment.

However, upon arrival, the appointment appeared nowhere in the books, to which Ford reacted, "She went there only for them to say we're only giving it to age 70 and above . . . which made me upset and emotional, and they didn't give it to her." Her sister is due for her second vaccine, but regrettably, she cannot get one. She describes it as disheartening when you believe you have accomplished something

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and to fall on your face and start all over again climbing the ladder - only to get nowhere. Patricia, another citizen, checked online for days before deciding to drive 45 miles outside Georgetown country to get her first COVID-19 vaccine. "Walmart, CVS, Walgreens, Publix, Tideland's health," she said. "When you go to the sites where the vaccines are supposed to be available, you find yourself at a roadblock."

3.3 Cultural Implications

That culture matters is central to effective communication for COVID-19 messaging for community engagement. Here, culture is defined as a collective sense of consciousness that influences and conditions perception, behaviors, and power, and how these are shared and communicated. Although culture may appear neutral, its power to define identity and communities as a collective force is based on values expressed through institutions such as health care, education, and families. Hence, culture shapes language, which in turn shapes communication, both in message delivery and reception. For example, in response to COVID-19 in Europe, cultural sensitivity of racial and ethnic minority group experiences is believed to be critical if messages for mitigation are to have broader impact. Framing communication messaging that engages the most affected communities can draw some lessons from the multilevel strategies employed in HIV communication which identify relevant structural factors of institutional policy, economic status, gender, and spirituality while grounded in the force of culture. For instance, as part of HIV communication strategy, the concept of "re-grazing" was introduced in Uganda as a prevention message for multiple marriages by encouraging that sexual activities be kept within the circle of those in the marriage only. This message was a community collective response to the conventional individualist message of one-on-one sexual relations. In the case of COVID-19, some black and brown communities have initiated collective communication or mitigating so that messages have cultural meanings for those with whom they share common cultural values. To rapidly improve our communication messages in response to COVID-19, we need an effective global response that invites community-engaged solutions with culture as a connection space.

It is important to reemphasize that culture is key to a global response to community engagement. Indeed, COVID-19 unveils a pattern of insensitivity that has also been evident in communication about Ebola. In early stages of the Ebola outbreak in 2014-2015, conventional messages did more harm than good because they did not value the cultural roles associated with death. Two examples of these messages were, "When you get Ebola, you will die," or "If someone is sick, don't touch him." In Liberia, the high death rate from malaria and other diseases among the poor blunted messages for urgency to heed prevention and treatment of Ebola. In the West Point Slum of Monrovia, for instance, adhering to physical distancing for Ebola and COVID-19 is made difficult by sea erosion from the past ten years which reduced the land mass by 50 percent even though the same people lived there. It is obvious that structural inequities often reveal the limit of individual choices in the absence of corrective actions to address contextual constraints over which the community has no control. These constraints are the preexisting contexts of inequities in many black and brown countries, globally.

3.4 Global Perspective

US exceptionalism reigns in several ways. The first to go to the moon and usually referred to with pride as "best country in the world." However, this glorious reputation is being challenged. Ollove (2020) writes in, "How miscommunication and selfishness hampered America's COVIC-19 response," and wonders why the US has squandered its exceptionalism. In the case of the pandemic, the author implies that the US "… has been uniquely hapless, ineffective, undisciplined and selfish," and that, "the US has handled the health crisis as badly as any country has." It is unfortunate that, although the US represents only four percent of the world's population, the country accounts for a quarter of all COVID-19 cases and 22 percent of all deaths.

Regrettably, claims the author, the country whose military and economic might powered a victory in the World War II, and whose confidence and technological wizardry has dazzled the global community, now finds itself as a reverse role model during the worst public health crisis in a century. "The US response," reiterates Dr. William Schaffner, an infectious disease specialist at Vanderbilt University, "is a textbook example of how to do it wrong." Epidemiologists point out that some states, particularly in New England, have fared better than others, a fact that reflects the miserably disjointed national response to COVID-19. Relatively successful countries, such as, Denmark, Germany, Senegal, and Thailand have put out messaging that is clear, consistent, and transparent. They have implemented nationwide policies that are guided by science, rather than politics. Above all, they command strong national leadership and developed national policies that were decided upon early and quickly based on health principles and communicated clearly and consistently.

Some experts admit that community spirit has been stronger elsewhere that in the US. "One of the things that strikes me about the rest of the world compared to the US is there is much more community sense," says Dr. Krutika Kuppalli, vice chair of the Infectious Diseases Society of America's Global Health Committee and an infectious disease doctor with experience working in Asia and on Ebola in Africa. The doctor continues: "The US is much more about 'I' than 'we,' whereas in other countries it's more 'we' than 'I.'" And Anna Petherick, a researcher at the School of Government at the University of Oxford which analyzes government COVID-19 responses, says Americans show a lot of skepticism toward government directives. "There are good things about that attitude," comments the British researcher, "but it doesn't serve the country well at a time of crisis when you need to coordinate, when you perhaps need to give up personal freedom for the collective good."

South Korea and the US recorded their first cases on January 20, 2020, yet South Korea has held its outbreak level to 30 cases per 100,000 people – compared with the US figure of 1,655 per 100,000. About the same time, New Zealand had gone 100 days without detecting a single example of community spread of the virus before encountering an outbreak that prompted the government to postpone the general election for one month. The US surpassed five million cases and 160,000 deaths around the same time, with cases mounting in six states and high transmission rates in more than a dozen others. As the likes of South Korea and Denmark have removed nearly all coronavirus-related restrictions, US

authorities have either paused or rolled back reopening some businesses, while hundreds of health experts and medical professionals signed a letter calling for a national shutdown in just the sixth month of the pandemic. Their letter read: "If our response had been as effective as South Korea, Australia, or Singapore, fewer that 2,000 Americans would have died," and continued, "we could have prevented 99 percent of those COVID-19 deaths. Be we didn't."

Nevertheless, White House senior adviser, Jared Kushner, defended the Trump Administration's strategy. In an interview on CNBC, he said the administration led by overseeing the procurement and production of masks, ventilators, and other resources. Coincidentally, the Foreign Policy Analytics examined multiple metrics to gauge the performance of 36 nations in responding to COVID-19. In addition to each country's death rate and case rate, researchers considered the state of each nation's public health system before the pandemic, the timeliness and stringency of its public health actions (closures, social distancing, testing and contact tracing), the constancy, effectiveness and transparency of its communications, primacy of science in guiding policy, and coronavirus-related stimulus spending and public health funding. "The United States is doing poorly," said Fouad Pervez, senior policy analyst at Foreign Policy Analytics. Of the 36 countries, the index rated the US 31st, ahead of only Indonesia, Turkey, Mexico, Iran, and China. New Zealand rated highest, followed by Senegal and Denmark, receiving high marks for policy directives, economic support to prop up the public health system and mitigate financial harm to individuals and businesses – and consistent clear, fact-based communications. On the other hand, researchers concluded that the US has not limited press freedom in response to COVID-19. Here, the researchers observed that certain states decided to reopen when cases were not even going down, and doubled down, and began reopening when cases were still going up. It is true that adopting measures that change at state boundaries might make sense with determining speed limits, but not with communicable disease. Ultimately, one observer arrived at the conclusion: "My friends overseas see American exceptionalism as selfish."

Across the Atlantic in Britain, D'Urso (2020), *BuzzFeed* staff, takes pride in declaring that the newsletter he is associated with, prides in trustworthy and relevant reporting on COVI-19. In "Communication Issue Means The UK Hasn't Been Working With The EU To Get More Ventilators," the writer reports that, in severe cases of COID-19, hospitals use ventilators to help people breathe. However, opposition Members of Parliament (MPs) had criticized the government of prime minister Boris Johnson for not cooperating with the European Union (EU) in getting more of the devices to keep people alive by enabling them to get more oxygen into their lungs. Responding to the criticism, a spokesperson for the prime mister said the United Kingdom (UK) would not participate because "we are no longer embers of the EU." In response, Liberal Democrat MP, Lyla Moran, complained that the government was putting "Brexit over breathing." Well, the UK bade farewell to EU on January 31, 2020, but is still following almost all EU rules and regulations during the transition period. But later in the day, the line of communication changed – not Brexit. "Owing to an initial communication problem," said the spokesperson, "the UK did not receive an invitation to join in four joint procurements in response to the coronavirus pandemic."

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Even technology savvy Japan has not fared well in the phase of COVID-19. Snow (2020), in an opinion titled, "Japan's government has failed coronavirus communications test," the author remarks that instead of data and reassurance, then prime minister Shinzo Abe led with aloofness. The ascribable view is that the prime minister found it easier to spread reassuring messages in the Middle East, rather than at home in Japan. During his mid-January (2020) trip to the region when tensions were high after the US assignation of Iranian military commander Qasem Soleimani and Iran's downing of a Ukrainian commercial airliner, he said: "I hope to contribute to peace and stability in the region through diplomatic efforts to ease tensions."

Ironically, there was another spot on the globe that needed reassurance – the Diamond Princess cruise ship, stuck off the cost of Japan and filled with those who had contracted coronavirus and those who were worried about getting it. To that point, Abe had been aloof to the global media story and had certainly offered no heartfelt message to those affected. Snow states it categorically that Japan has a communication problem when it comes to COVID-19. For instance, on Valentine's Day (2020), the prime minister's adviser, Tomohiko Taniguchi, notified LinkedIn network that he was about to go live on BBC World Service Radio on an issue he "hates" to talk about, namely, COVID-19. It was easily understood that he would have preferred another topic. Snow is emphatic: "Japan must not let JHU [Johns Hoskins University], the World Health Organization or CNN take the lead in coronavirus information management," and by extension, "Why not shift some of those personnel working on [2021] Olympic planning to crisis communication handling?"

Smith (2020) is managing director at Fitch Media and internal communications expert with extensive experience in crisis work, including Ebola in 2014, and McMullan (2020) is communications strategy expert at the same company who has worked on healthcare undertakings. The writers point out that companies are unsure about how to communicate with internal and external stakeholders during COVID-19 – adding that the pandemic has stopped the entire globe with simple questions: What do we do now? How do we stay safe? In times of uncertainty, the author says, it is of utmost importance that we set step up to the podium, nonetheless. And while corporate leaders may be unsure of how to proceed, it is still imperative to communicate with customers, investors, suppliers, business partners, and employees to share compassion, show responsiveness, and demonstrate strong leadership. Above all, the guiding principle for all stakeholder communications is to listen first, then followed by empathetic and compassionate responses. In this regard, it is imperative to try and truly understand the perspective of your customers and employees, and what they need to feel reassured and safe. Taking time to practice compassionate communication during times of stress builds trust and underscores commitment at multiple levels. The following are tips for communicating with internal and external audiences:

•   **Communicating with External Audiences -** Provide external stakeholders with open, transparent updates. Don't wait to communicate. Set up robust social listening and media monitoring system to stay educated on the outbreak and stakeholder reactions. Become creative on how your business can use technology to meet product and service demands.

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•   Enable your team for success by providing them with messaging to pass on to customers and partners. Be truthful about what you do not know and avoid sweeping statements that may prove to be false in the coming weeks.

3.5 Communicating with Internal Audiences

•   Provide opportunities for employees to share concerns and offer remote working situations where possible without being punitive. Employees who feel respected, and that their health is being prioritized, are employees who are loyal and motivated.

•   Over-communicate. Provide ongoing updates to employees about any potential impacts. What are you proactively doing? Do not assume that employees know how you are prioritizing their health.

•   Respond to feedback. While it is important to ask for feedback and communicate throughout times of stress, it is also important to respond to the feedback provided.

4. Conclusion

As of April 10, 2021, 561,000 deaths occurred in the US as a result of coronavirus, with 31 million cases. The threat to life then, and now, is real and time to act is now. Of the essence, therefore, is to inform and educate the populations about protecting themselves from corona virus infections. Micallef (2020), in the cultural leadership blog, "Coronavirus and a Lack of Communication," and published in *Olead 410: Leadership in A Global Context*, admits that the epicenter of the virus is a place called Wuhan, China, where at least 11 million people were quarantined at the outbreak.

China has a policy that, whenever there is an emerging problem, they shut down all forms of communication, including traditional media such as radio, television, social media and restrict or curtail Internet access. The obvious result is unawareness or sheer ignorance. Meanwhile, leaders and organizations are the vehicles of successful exchange of ideas and are to be the engines for understanding, as well as motivators of message conceptualization and dissemination. Lack of health communication during the early period of COVID-19 brought about difficulties and communicating with stakeholders either succeeded or failed. Bodies such as the Centers for Disease Control (CDC) and World Health Organization (WHO) have seized the mantle in implementing methods of improving health communication for constituencies, bridging relations between the scientific community and communications specialists, and forging a global perspective on communicating with stakeholders.

Indeed, in early 2004, WHO began an effort to construct evidence-based field-tested communication guidance to promote the public health goal of rapid outbreak control with the least possible disruption to society. Finally, the features were assessed by outbreak control representing a wide variety of cultures, political systems and economic development. Taking it a step further, Argent (2020) in "Communicating Through the Coronavirus Crisis," and published in the *Harvard Business Review*, notes that the pandemic is a fast-moving crisis calling on leaders to communicate with their consistencies early and often, and to do so with empathy, honesty, and transparency. The author suggests, "Start by putting together a centralized communication." Studies show that managers play an important role in reducing employee

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anxiety. Argent recalls that, after 9/11, many employees described how important it was to hear the voice of the leader or manager – whether live or through email, phone messages, or social media.

Additionally, the Centers for Disease Control (CDC) is keen on control of the epidemic. Under the title, "Communicating During an Outbreak or Public Investigation," Abbigail et al. (2018) address two stages of communicating an epidemic to the public. In "Evolving Outbreaks and Evolving Communication," the authors acknowledge that, before an outbreak is recognized and an investigation begins, limited number of persons might be exposed to health risks without experiencing illness.

HealthyPeople.gov urges citizens to visit coronavirus.gov to get the latest updates on COVID19, along with *Healthy People*, an online publication addressing health communication and health information technology. It advocates the use of health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity. The initiative stems from the notion that ideas about health are shaped by the communication, information, and technology that people interact with every day and to emphasize the fact that health communication and information technology (IT) are central to health care, public health, and the way society views health.

That culture matters, the authors stress, is central to effective COVID-19 messaging for community engagement. Here, culture is defined as a collective sense of consciousness that influences on conditions of perception, behaviors, and power and how these are shared and communicated. Although culture may appear neutral, its power to define identity and communities as a collective force is based on values expressed through institutions such as health care, education, and families. Hence, culture shapes language, which in turn shapes communication, both in message delivery and reception.

Some experts admit that community spirit has been stronger elsewhere that in the US. "One of the things that strikes me about the rest of the world compared to the US is there is much more community sense," says Dr. Krutika Kuppalli, vice chair of the Infectious Diseases Society of America's Global Health Committee and an infectious disease doctor with experience working in Asia and on Ebola in Africa. The Foreign Policy Analytics examined multiple metrics to gauge the performance of 36 nations in responding to COVID-19. Of the 36 countries, the index rated the US 31st, ahead of only Indonesia, Turkey, Mexico, Iran, and China. New Zealand rated highest, followed by Senegal and Denmark, which received high marks for policy directives, economic support to prop up the public health system and mitigate financial harm to individuals and businesses – and consistent clear, fact-based communications. Across the Atlantic in Britain, D'Urso (2020), takes pride in declaring that the newsletter he is associated with prides in trustworthy and relevant reporting on COVI-19. In "Communication Issue Means The UK Hasn't Been Working With The EU To Get More Ventilators," the writer reports that hospitals use ventilators to help people breathe. However, opposition Members of Parliament (MPs) criticized the government of prime minister Boris Johnson for not cooperating with the European Union (EU) in getting more of the deices to keep people alive by enabling them to get more oxygen into their lungs.

Above all, the guiding principle for all stakeholder communications is to listen first, followed by empathetic and compassionate responses. In this regard, it is imperative to try and truly understand the

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perspective of your customers and employees, and what they need to feel reassured and safe. Taking time to practice compassionate communication during times of stress builds trust and underscores commitment at multiple levels. The scientific community and communications specialists should form partnerships with leaders within respective cultures in developing and deploying COVID-19 communication strategies. The public anxiously continues to wait.

References

Abbigail et al. (n.d.). *Communicating During an Outbreak of Public Health Investigation*. The DCD Field Epidemiology Manual, Centers for Disease Control and Prevention.

Airhihenbuwa, C. O. et al. (2020). *Culture Matters in Communicating the Global Response to COVOD-19*. Center for Disease Control and Prevention. https://scholar.google.com/scholar?q=Airhihenbuwa,+C.O.+et+al.+(2020).+"Culture+Matters+in+Communicating+the+Global+Response+to+COVID-19,"&hl=en&as_sdt=0&as_vis=1&oi=scholart

Argent, Paul A. (2020). Crisis Communication: Communicating Trough the Coronavirus Crisis. *Harvard Business Review*. https://hbr.org/2020/03/communicating-through-the-coronavirus-crisis

D'Urso, Joey. (2020). *A "Communication Issue" Means The UK Hasn't Been Working With the to Get more Ventilators*. https://www.buzzfeed.com/joeydurso/coronavirus-eu-uk-ventilators

Donahue, Lillian. (2121). Frustrations, confusion for families persist in seeking the coronavirus vaccine. https://www.wbtv.com/2021/02/20/frustrations-confusion-families-persist-seeking-coronavirus-vaccine/

Essence of Effective Communication. https://freeonlineresearchpapers.com/effective-communication/

HealthyPeople.gov. "Health Communication and Health Information Technology." https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology

Jennigan, Daniel B. (2020). Centers for Disease Control and Prevention. CDC COVID-19 Response Team. https://www.cdc.gov/mmwr/volumes/69/wr/mm6908e1.htm

McMullan, Kylie. (2020). How Smart Companies are communicating during COVID-19. *The Globe and Mail*, March 17. https://www.theglobeandmail.com/business/careers/leadership/article-how-smart-companies-are-communicating-during-covid-19/

Micallef, Erik. (2020). *Coronavirus and the Lack of Communication*. Olead 410: Leadership in A Global Context – Cultural Leadership. https://psu/global/2020/02/6185/

Olove, Michael. (2020). *How miscommunication and selfishness hampered America's COVID-19 response*. https://www.usatoday.com/story/news/nation/2020/08/20/us-covid-19-response-how-miscommunication-selfishness-played-role/5610047002/

Smith, Julia. (2020). How Smart Companies are communicating during COVID-19. *The Globe and Mail*, March 17. https://www.theglobeandmail.com/business/careers/leadership/article-how-smart-companies-are-communicating-during-covid-19/

Snow, Nancy. (2020). Japan's government has failed coronavirus communications test. Nikkei Asia, February 21, 2020. https://asia.nikkei.com/Opinion/Japan-s-government-has-failed-coronavirus-

communications-test

Strazewski, Len. How science communication is failing during COVID-19. https://www.google.com/ search?client=safari&rls=en&q=Len+Strazewski+(Contributing+News+Writer).+How+science+c ommunication+is+failing+during+COVID-19&ie=UTF-8&oe=UTF-8

World Health Organization (n.d.). Communicable Diseases. Outbreak communication guidelines.

Zaki, Jamil. (2020). Social distancing shouldn't mean losing human connection. *The Washington Post*: *Democracy Dies in Darkness.* March 13.