

The TAPIE model for tailoring communication before, during and after communicable disease outbreaks.





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INTRODUCTION

Promoting health equity and minimising health inequalities is at the heart of this toolkit. The COVID-19 pandemic exposed and exacerbated health inequalities which resulted in some groups and populations experiencing a higher likelihood of negative outcomes. These disparities have been attributed to several factors, including systemic barriers such as inaccessible communication. The TAPIE model for tailoring communication has been developed to support practitioners to overcome these barriers during communicable disease outbreaks.

The TAPIE model represents the culmination of several years of collaborative research across multiple projects, undertaken with partners at national, regional, and local levels. Throughout these projects we have engaged with a diverse range of communities and agencies to understand the requirements for tailoring public health communications. This toolkit has undergone review by community, local and national organisations to ensure its practical applicability.

This toolkit provides practical guidance on how to build trust, foster partnerships and empower communities to enable more accessible and inclusive communication during communicable disease outbreaks. We recognise that the toolkit cannot eliminate all systematic barriers experienced by communities. However, if the TAPIE principles are adopted at an organisational level and sustained over time, this will support more equitable health outcomes.

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TOOLKIT OVERVIEW

This toolkit consists of four short, practical guides designed to support the tailoring of public health messages for diverse communities from initial relationship development through to post-outbreak evaluation.

Toolkit structure

Each guide follows the TAPIE model, which is built on five pillars that highlight key principles for effectively tailoring communication: Trust, Accessibility, Partnership, Inclusivity and Empowerment.

Guide 1 introduces these principles, which are then applied in Guides 2 to 4 across the preparation, response and recovery phases of an outbreak. Key actions are outlined at each stage, accompanied by practical examples for implementation.

A checklist is included in Guides 2 to 4 to help users to identify opportunities for strengthening tailored communications to support disproportionately affected populations.

While we recognise opportunities to work within distinct phases (prepare, respond, recover) are limited, actions taken before and after an outbreak are essential for an effective response. This toolkit therefore provides a structure to support activities at each stage.

How to use this toolkit

This toolkit can be used to:

- Enhance understanding of key principles
- Support strategic planning, response and evaluation
- Focus on priority areas for initial implementation
- Develop an action plan for additional changes

Multiple teams with distinct expertise at national, regional and local levels are responsible for communicating with the public during communicable disease outbreaks. Each has its own processes, resources and roles.

To accommodate this diversity, this toolkit is designed for flexible use - whether by individuals for self-directed development or by multiagency teams as a resource to guide concrete actions.

GUIDE 1:

Key principles for effective tailored communication

1

This guide outlines the TAPIE model for tailoring communication. This model provides key tailoring principles that can be applied to all phases of communication development, implementation and evaluation.

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GUIDE 2:

How to tailor communications to prepare for outbreaks

2

This guide provides an overview of how TAPIE principles can be applied prior to outbreaks to establish trusted, empowered partnerships and develop communications that are inclusive and accessible.

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GUIDE 3:

How to tailor communications during an outbreak

3

This guide provides an overview of how TAPIE principles can be applied during an outbreak to further build and maintain trust, and to implement inclusive and accessible communications in partnership with other agencies and community organisations.

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GUIDE 4:

How to tailor communications after an outbreak

4

This guide provides an overview of how TAPIE principles can be applied after an outbreak to support the evaluation of tailored communications, sustain partnerships built before and during the outbreak, and capture learning to support preparation for future outbreaks.

Key principles for effective tailored communication

Tailored communication is a user-centred approach to designing, delivering and evaluating messages which takes into consideration the needs, preferences and values of target audiences. Effective tailoring of public health messages can enhance reach and accessibility, improve knowledge and awareness of symptoms and increase uptake of recommended protective health behaviours.¹

While the benefits of tailoring messages for diverse audiences are increasingly recognised, it can be challenging to know how to incorporate community insights into public health campaigns in practice. Furthermore, there is evidence that targeted messages that are not effectively tailored can unintentionally result in confusion, mistrust and stigmatisation.²

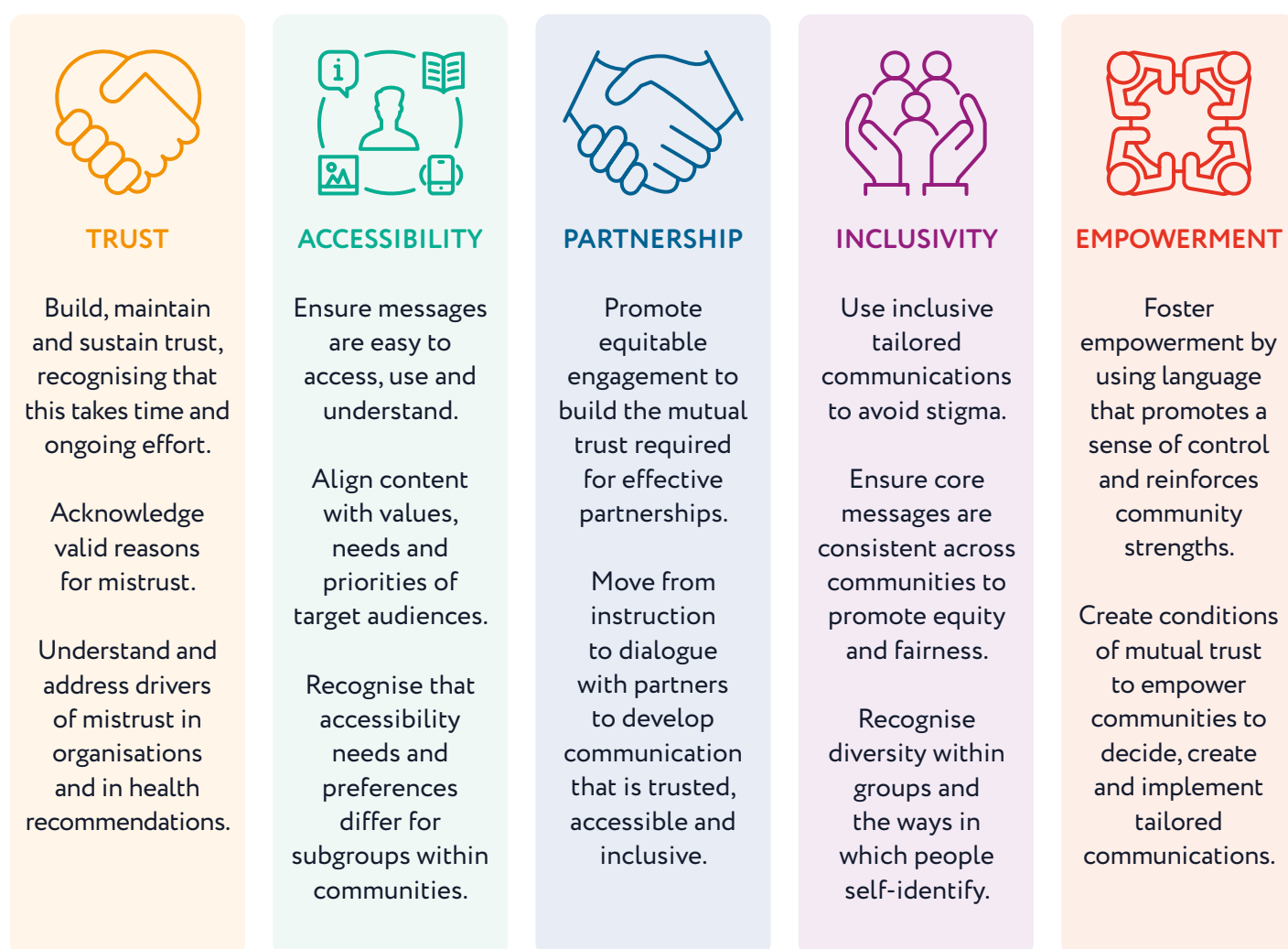
This guide supports practitioners by:

- Introducing key principles for effective tailored communication
- Outlining the evidence behind each principle
- Building core knowledge to enable key actions described in Guides 2-4



The TAPIE model for tailoring communication

The TAPIE model for tailoring communication comprises five pillars: Trust, Accessibility, Partnership, Inclusivity and Empowerment. These pillars highlight key principles required to effectively tailor messaging before, during and after communicable disease outbreaks, but they are not independent of each other. For example, partnership and empowerment are required to build trust, and inclusivity cannot be achieved without accessibility.



The TAPIE model for tailoring communication is based on insights from multiple research projects, incorporating input from local public health and community organisations across England, along with diverse public audiences who are the intended beneficiaries of tailored messages. The core research underpinning the model included three waves of data collection with four communities in two cities, involving 17 public health and community organisations and more than a hundred residents in four languages.³

To ensure that the toolkit is practical and effective, it has been developed and tested in collaboration with local, regional and national UKHSA, NHS and local authority teams responsible for communicating during communicable disease outbreaks. This involved online surveys, focus groups and stakeholder workshops with 241 participants from public health authorities and VCSE groups and organisations.



Trust is a foundational component of effective risk and crisis communication. People are more likely to adopt recommended health behaviours when they trust the individuals and organisations providing advice and believe that these actions will be beneficial without causing harm.⁴

To effectively tailor messages for diverse communities it is necessary to understand health beliefs and baseline levels and drivers of trust in authorities. Trust in medical countermeasures will depend on existing healthcare beliefs and is also influenced by factors such as the introduction of novel interventions and any changes in advice or outcomes over the course of a communicable disease outbreak.

There can be multiple and valid reasons for mistrust in healthcare providers and authorities. For example, trust in authorities among some British ethnic minorities has been undermined by historical and ongoing experiences of racism. In contrast, some recently arrived migrants have greater concerns about whether healthcare providers can be trusted not to share immigration status information with other authorities.³

Trust in authorities will also be influenced by perceptions about how the outbreak response is managed and communicated. Perceived unfairness can erode trust, and while tailored messaging can play a vital role in building trust, it can also lead to communities feeling targeted or stigmatised if not done well.² For example, during the 2022-23 mpox epidemic, people at increased risk wanted timely, accurate information from official sources without reinforcing stigmatising and negative depictions of gay sexual practices.⁵

Communities tend to place greater trust in individuals and organisations they communicate with regularly and who support them in a range of capacities, such as health visitors or schoolteachers. Conversely, mistrust can arise if information is shared via essential service contacts, such as GPs, who lack consistent engagement with them and may not usually be easily accessible. This can create the perception that services are available only to serve government agendas rather than individual and community needs.

It is, therefore, important to identify and work with trusted communicators, recognising that these will differ across subgroups and contexts. For example, religious leaders may be trusted sources of information for some, whereas for other members of the same community it may be a social influencer.^{2,3}

Representation is important and can help build trust, but knowledge and expertise also matter. For example, the use of Black and Asian celebrities in COVID-19 public health campaigns did not resonate with some target audiences who questioned their qualification to advise on health behaviours.³

“If my GP tries to talk to me about imms I get up and walk out. I am not interested in listening to that conversation because I know he’s just trying to tick a box. I’m never going to see him again, we never see the same one; I have no level of confidence that if he vaccinates my child and something goes wrong then he’s going to be there. If you were to tell me that a health visitor or a midwife, who is a more consistent presence in my life is going to have that conversation with me that’s going to be a completely different conversation.”

Public health practitioner quoting community resident





Accessible communications require (i) ease of access, (ii) ease of use and (iii) ease of understanding and relevance. Effective tailoring of the mode, format and content of messages can enhance each of these aspects of accessibility.¹

A tailored approach to maximising ease of access involves working with target audiences to identify preferred communication channels, recognising that these will vary for different subgroups. For example, while face-to-face conversations are valued by some, others may find this challenging and prefer to access information remotely.³

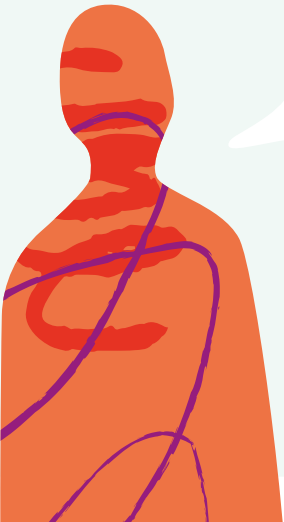
Multiple modes of communication, including face-to-face engagement in a forum that allows two-way, non-judgmental conversations, and the use of local advocates has been shown to build trust and will support access for the digitally excluded.² While preferred locations for in-person engagement will vary, each location should be accessible and conducive to inclusive dialogue, such as community centres, youth clubs, and faith spaces.

Community-specific radio stations can also be a good way to reach groups who may not engage extensively with national media. Establishing relationships with presenters to understand audience priorities and being willing to be interviewed to address listener's concerns in real time can build trust as well as extend reach.³

Local teams are best placed to work in partnership with communities to identify relevant trusted communicators with appropriate knowledge and expertise to support co-production and/or pre-testing of health messages. COVID-19 demonstrated the benefits of 'hyper-localised' communication (i.e. centred on boroughs and specific neighbourhoods) in environments where there is strong identification between place and community.³

Tailoring for ease of use and understanding, at its most basic, involves providing translated materials for non-English speakers, large print, braille or audio materials for the visually impaired and the use of simple language, images and video to make content as widely accessible as possible.

Effective tailoring will go beyond this to ensure relevance by working with communities to develop and test communication materials that are appropriate for the needs, preferences and values of target audiences. For example, literal translations need to be checked to ensure that concepts are culturally appropriate and understood as intended.⁶



"People are getting their vaccine messaging from all sorts of places. They're getting it from the mainstream media, they're getting it from social media, they're getting it from the council, they're getting it from the NHS, they're getting it from all sorts of places [...] And we do know that we've had good click-throughs from some of the targeted social media advertising we've done, so it's hyperlocal targeted Facebook advertising with assets developed based on community insight, where people will 'Click here to book your vaccine', we know that some of that's been really successful."

Public health practitioner

PARTNERSHIP



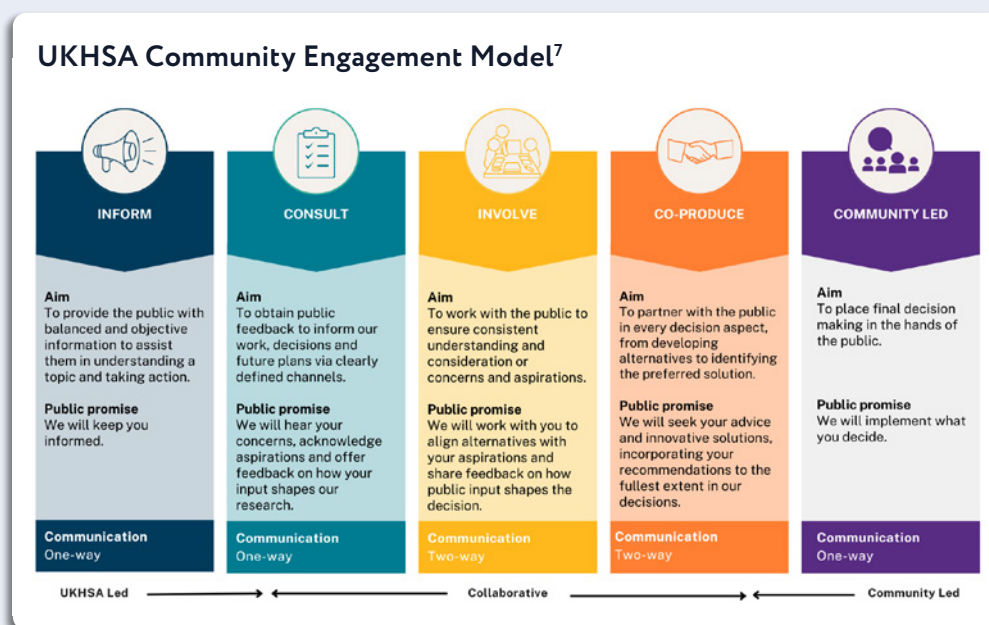
Partnership is the central pillar of the TAPIE model. Trusted relationships, equitable community engagement, and effectively tailored communications cannot be achieved without successful partnership working. A range of relationships need to be established within and between authorities at the national, regional and local level to access expertise, resources and share examples of effective practice. Partnerships also need to include community and priority group representatives to support message development and enhance reach.

Effective partnership working should foster mutual trust, whereby communities feel confident that public health organisations are providing guidance that is aligned with their needs and values, and public health organisations trust communities to be equitable partners in the development, implementation and testing of campaigns.

Co-producing communications or inviting partners and priority group representatives to provide feedback on messages can generate important insights into whether communications are representative in terms of identity processes (e.g. do images include people that reflect the target audience), use of translated or cultural language (e.g. do specific words resonate with all members of a particular community, or does this vary within groups), and capture nuances such as preferred colours that are used in the design of communications.

Partnerships to support previously underserved communities take time to build and must be based on respectful engagement, cultural humility and inclusive practice. Achieving this requires a shift from instruction to dialogue to ensure that insights can be generated at pace during an outbreak and communications reflect target audience's priorities and values.

As community engagement is the primary mechanism for ensuring that communications reflect and meet the needs of communities, it is crucial to have clear, shared expectations of what this involves.⁷ Different models and frameworks are available to guide this process. An example is the UKHSA Community Engagement Model which has been developed with people with lived experiences of social exclusion to support equitable engagement.



When considering the purpose of engagement, it is important to familiarise yourself with any community consultation that has already been undertaken to avoid duplication.⁷ Ensuring knowledge of prior efforts build stronger, trusting and more respectful relationships.

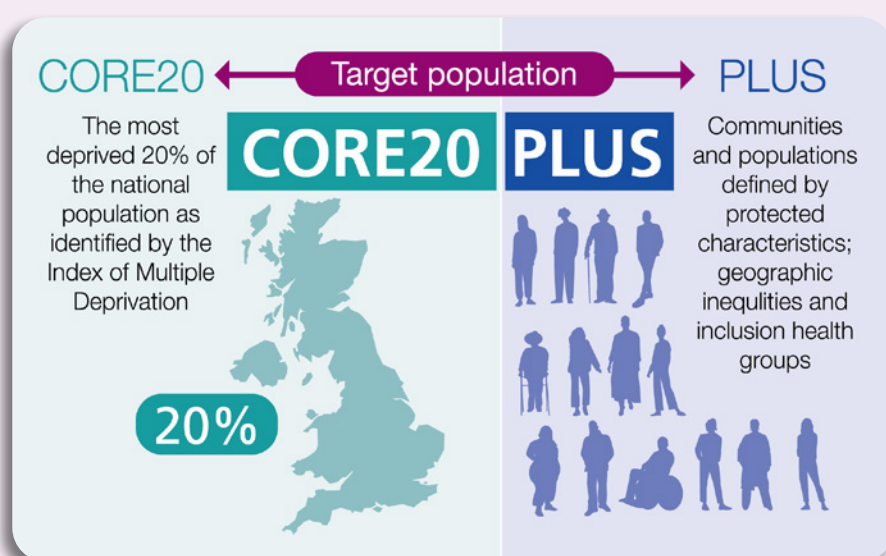
Effective partnership working needs to be sufficiently resourced before, during and after an outbreak. This includes standing resource to ensure capacity is available when needed, as well as resource to support additional response work, such as co-creating materials.



Inclusive tailored communication helps build and maintain trust and ensures that efforts to increase accessibility do not create unintended consequences relating to the perception that communities are being targeted because they are ‘a problem’.

Inclusivity requires action to support underserved individuals and communities. The Core20PLUS framework for reducing healthcare inequalities provides a structured way to consider individuals and communities who are likely to experience disproportionate impacts and may benefit from targeted and tailored interventions. This framework recognises that priority groups will vary by region and therefore need to be identified at a local level.⁸

NHS Core20PLUS framework⁸



Inclusivity also involves recognising the diversity within groups. It requires understanding that individuals belong to and identify with multiple communities. For example, tailoring communications based on ethnicity is necessary to mitigate specific experiences of disproportionate impact. However, other characteristics such as income, employment, and age may play an equally important, if not greater, role in shaping health behaviours.³

Communities are based on various characteristics including shared identity, geographical boundaries, social connections, cultural practices, resources and needs. Equitable community engagement underpins effective tailored communication, but the collective use of terms like ‘communities’ can also be exclusionary. For example, using the term ‘BAME communities’ treats distinct groups as homogenous, disregarding their unique experiences, needs and identities. This perpetuates a sense of othering, portraying British ethnic minorities as outsiders separate from the rest of the population.¹

Public health categories may not align with the ways that people self-identify and are unlikely to capture all potential beneficiaries of tailored communications. For example, specific social and structural barriers to vaccine uptake reported by Latin American communities in the UK may be obscured by ‘white other’ data.³ As a result, inclusive tailored communications will require careful identification of groups likely to be disproportionately affected by communicable disease outbreaks.

The provision of consistent core health messages across a range of communities that has been tailored to increase reach and accessibility, will promote fairness and equality of access. This will enable individuals to make well-informed choices about recommended health behaviours. It also enhances audience receptivity and reduces the risk of stigmatisation.^{1,2}



Effective tailored communications can foster empowerment by building self-efficacy and supporting individuals to make informed decisions. Adapting messages to the needs, values and circumstances of priority groups enhances inclusivity and ensures that communities feel seen and respected, which is key to achieving empowerment.¹

Empowerment relies on mutual trust to enable a shift of power from organisations to communities. This can be developed through sustained partnership working and relationship building, and by equipping organisations and communities with the tools and training needed to co-produce and develop their own tailored communications.¹

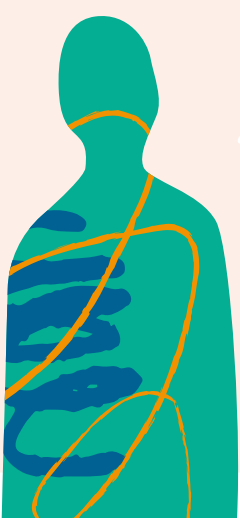
The language used to describe priority groups plays an important role in reducing or reinforcing power disparities. For example, referring to groups as 'underserved' or 'historically marginalised' highlights systemic factors and structural inequities, whereas phrases like 'hard to reach' shift the focus onto communities themselves, potentially implying a lack of effort or engagement on their part.³

Characterising priority groups as 'vulnerable' can also reduce engagement with tailored communications from individuals who do not identify with this label or who actively reject it.^{9,10} For example, older adults often perceive vulnerability in their peers but not in themselves.

Furthermore, despite increased clinical vulnerability, many older adults demonstrate significant capabilities, actively supporting their communities during outbreaks.¹¹ Focusing on 'vulnerable' groups also risks overlooking individuals without long-standing vulnerabilities who may benefit from tailored communications relating to situational risk.

Recognising community strengths and using language that promotes a sense of control enhances empowerment. Using fear to influence behaviour is not only disempowering but is also likely to be ineffective in encouraging protective health behaviours, as it can lead to denial and undermine trust, resulting in decreased engagement with guidance.³

During communicable disease outbreaks, some communities may become unfairly targeted. Organisations should identify opportunities to demonstrate allyship to enhance inclusivity and ensure that communities feel supported and valued.¹



"How do we situate power with these communities to shape and inform what we do moving forward, as opposed to sitting out there and designing a message or translating messages. The key thing is to identify who the key individuals are, meet them where they are and then get them to shape and inform how to take this forward."

Public health practitioner

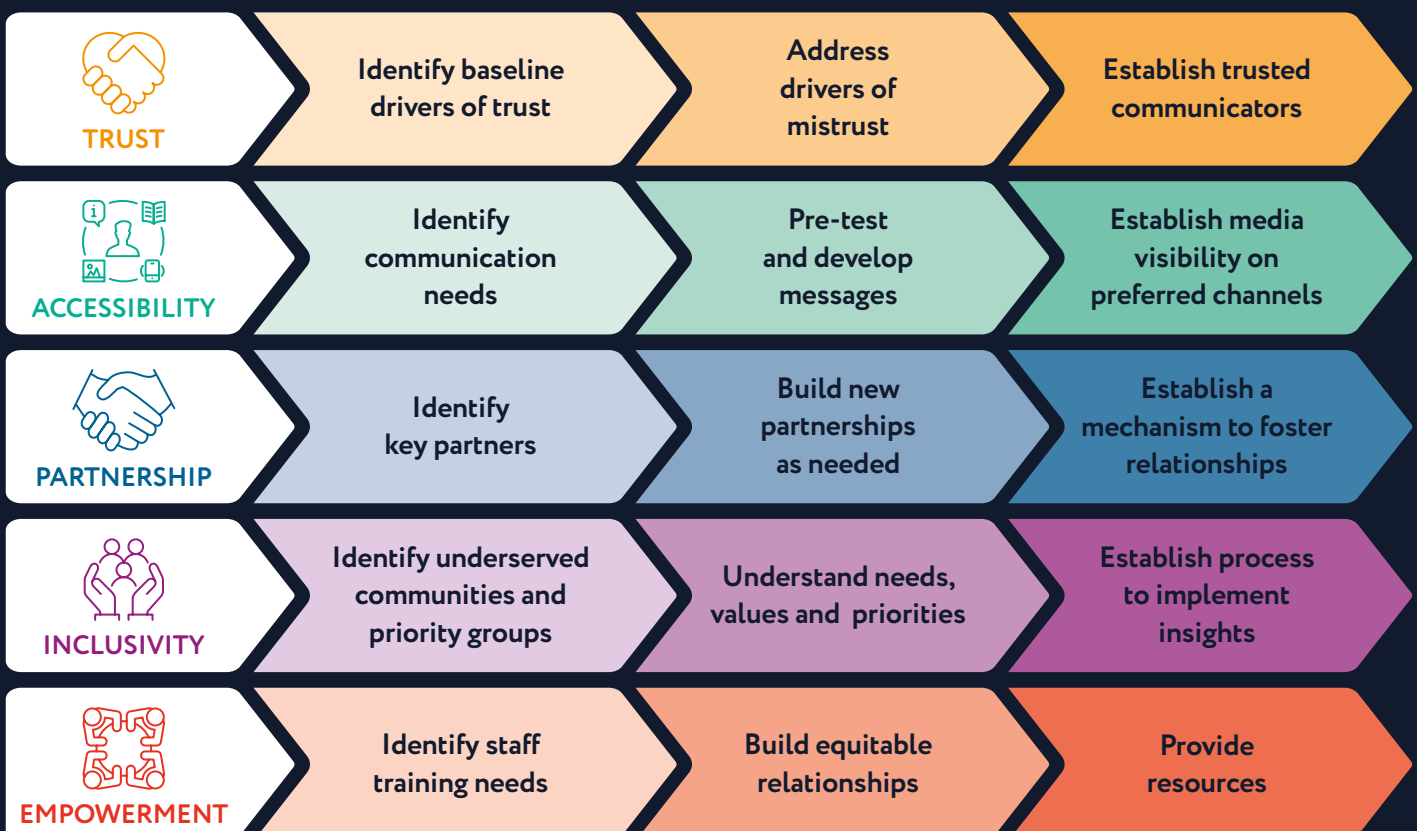
How to tailor communications to prepare for outbreaks

At this stage, key actions focus on:

- Identifying priority audiences and partners to support effective tailored communications
- Understanding the communication needs of priority groups
- Establishing processes, knowledge, skills and relationships required to effectively tailor messages

Actions are broken down by pillar to show the steps required to meet each principle, but in practice a single activity may be used to address multiple principles - for example, one mapping exercise can be used for Step 1 of Trust, Step 1 of Accessibility and Step 2 of Inclusivity.

Applying the TAPIE principles to outbreak preparation



PREPARE: TRUST

Establishing & building trust



Building trust in advance supports effective partnerships, fosters confidence and enhances receptivity to outbreak messaging.

Identify baseline drivers of trust

Establish mechanisms to identify baseline levels of trust and determine whether mistrust exists towards specific authorities and health recommendations.

Drivers of trust and mistrust can be understood using methods such as direct consultation with communities and forums with community leaders and public involvement panels.

Address drivers of mistrust

If mistrust is identified, acknowledge underlying drivers and reflect on any ways that these could be addressed in practice.

For example, if there is baseline mistrust in interventions that are likely to be used during an outbreak (e.g. generalised concerns about vaccines), communication campaigns can be used to start building knowledge and trust in advance.

Establish trusted communicators

Identify or reconfirm trusted communicators within communities who are willing to work with you during an outbreak. Trusted sources can vary significantly across and within different groups and can also change over time.

The mechanisms used for identifying and understanding baseline trust (e.g. direct consultation) can also be used to identify trusted sources. Reach out and engage with newly identified sources to start the process of building trusted relationships.

"It ended up being very much a very slow process of building up trust [...] they very much have a sort of matriarchal system where they had two women in particular who were like the leaders [...] and they were very influential in sharing information. So, once we made in-roads with them and developed that relationship and trust they would then share the information with the wider community. It was a face-to-face kind of slow process."

Public health practitioner



PREPARE: ACCESSIBILITY

Creating foundations for accessible communications



The foundations for accessible communication need to be established before an outbreak to develop guidance that is easy to use and understand and can be rapidly shared in the event of an outbreak.

Identify communication needs

Identify and facilitate communication needs and preferences of target audiences (i.e. preferred sources and accessible formats), recognising that these will vary within as well as between groups.

As with building trust, the primary mechanism for identifying communication needs and preferences is community consultation. Establish relationships with key gatekeepers in advance to facilitate access to in-person venues and/or community networks when required.

Pre-test and develop messages

Pre-test and develop messages with target audiences to ensure communication needs are reflected in messaging and health concepts are understood as intended.

Draw on pre-established trusted partnerships to co-produce and test communications before an outbreak occurs to ensure relevance and ease of use.

Establish media visibility on preferred channels

Identify preferred traditional and digital media platforms early on to allow your organisation to establish a presence on media channels that are used by priority groups to support message dissemination during an outbreak.

Build trusted relationships with local journalists, such as those working for community-specific radio stations. Establish a presence on preferred social media channels or identify partners who can use preferred social media channels if this is not possible.



“Coproduction is really central to all of this because there are nuances you’re just not going to get if you’re not part of that community... they’ll even comment on the colours that you’re using and saying, ‘These colours are much more in keeping with our community’.”

Public health practitioner

PREPARE: PARTNERSHIP

Building & nurturing relationships



Partnerships take time to build and are likely to be more effective if relationships are developed prior to an outbreak.

Identify key partners

Identify partners at a national, regional and local level that can provide the skills, knowledge, resources and access required to support effective tailored communication.

Appropriate partners may be identified through existing networks (e.g. via recommendations from other public health colleagues) and through community consultation to identify trusted VCSE organisations and groups.

Build new partnerships as needed

Having identified key partners, it may be necessary to reach out and establish new relationships to extend reach into new communities or build a wider range of partnerships with priority groups you are already working with to avoid overburdening any individual partner.

Contact key individuals within each potential new partnership organisation to establish mutual interests and opportunities to work together to build relationships ahead of an outbreak.

Establish a mechanism to foster relationships

Relationships need to be nurtured before outbreaks to establish trust and avoid exploitation.

Agree a schedule, such as regular meetings, to facilitate ongoing dialogue with partners. Foster relationships and demonstrate the partnership's value. This could include compensating partners for their expertise, as appropriate, and sharing examples and evidence of positive change for communities resulting from engagement with formal authorities.

"If you're going cold to a relationship, and it sounds like you're asking quite closed questions, I don't think someone would share very much with you. I think if you have an ongoing, trusted relationship in peace time, it might mean that there's less potential for doing something really horrible and offensive, and also you wouldn't necessarily be able to be like, 'Just tell me what you think, tell me what you want to tell me about this'."

Public health practitioner



PREPARE: INCLUSIVITY

Identifying & understanding priority audiences



Identifying priority groups and developing an understanding of their needs, beliefs, priorities and values before an outbreak will support the development of inclusive tailored communications.

Identify underserved communities and priority groups

Identify target audiences by mapping communities, priority groups and subgroups within your area who may experience greater impacts from an outbreak.

Use a mapping exercise to identify those at risk of disproportionate impacts based on personal, medical, cultural and socio-economic characteristics associated with longstanding social and health inequalities. Consider outbreak-specific needs and capabilities to ensure groups at situational risk (e.g. due to their occupation) are also included.

Understand needs, values and priorities


Identify baseline information needs (i.e. knowledge, beliefs and attitudes) of target audiences to allow appropriate adaptation of message content to ensure relevance and inclusivity.

Use community consultation to obtain insights on information needs. This could be done at the same time, with the same tools used to identify accessibility needs.

Establish process to implement insights

It can be challenging to prioritise and implement community insights at speed during an outbreak. Establish a process ahead of time to ensure a coherent, fair and transparent approach to maximise the benefits of community insights.

Design processes in partnership with representatives of target audiences to facilitate open and honest dialogue with trusted partners about how community insights will be prioritised and incorporated.



“Understand the audience that we’re talking about and just gather what kind of needs they might have so we can tailor the message. Sometimes we’ll have focus groups, sometimes surveys. I normally look at similar projects and see what the response was, how it was taken by that audience.”

Public health practitioner

PREPARE: EMPOWERMENT

Creating the conditions to share power



Creating the conditions to share power ahead of time will facilitate more effective collaboration during an outbreak and increase effectiveness of tailored communications.

Identify staff training needs

Increase the capability and confidence of staff to share power by providing access to training which demonstrates how to work effectively within an empowerment model.

As well as providing formal training it is helpful to provide a mentor to discuss concerns or opportunities as they arise in practice.

Build equitable relationships

Engage with VCSE organisations and groups as equal partners to foster mutual confidence and trust.

Demonstrate a commitment to power-sharing through a range of actions, such as rotating meeting chairs and establishing processes for partners to lead on message framing and dissemination decisions.

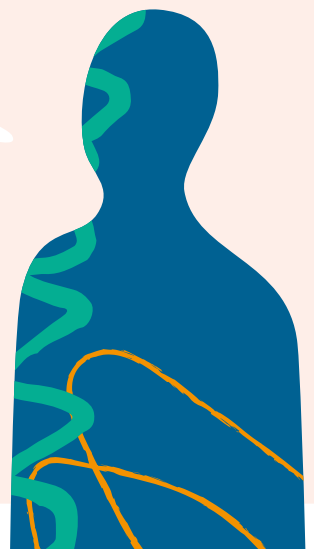
Provide resources

Increase the capability and confidence of community partners to set and lead the agenda by providing access to the resources required to work as equitable partners.

Key resources include access to training opportunities and financial support, as well as access to key contacts within your organisation and facilitating contact with other community partners to foster shared learning.

“There’s this fear of taking that step to engaging with a specific community and knowing how to broach those conversations or to engage and maybe it’s a fear of doing it wrong or a fear of damaging a relationship where there’s already quite limited trust, but there’s definitely something around that sometimes, so I think there’s a need for capacity building.”

Public health practitioner



PREPARE: CHECKLIST



Do you understand baseline levels of trust in authorities and health recommendations, and reasons underpinning any mistrust within your communities?

Do you know who the gatekeepers and trusted communicators are within your communities, including for different sub-groups?



Have you identified the communication needs and preferences of target audiences?

- Do you have a media presence on the preferred channels identified?

Do you have a mechanism to co-produce or pre-test communications with target audiences?



Do you know who you need to partner with (e.g. within your organisation, other public health authorities or VCSE organisations and groups) to ensure you have the skills, knowledge, resources and access required to effectively tailor communications?

Have you established relationships with VCSE partners who can help you to tailor communications?

- Do these partners reflect the range of communities in your area?
- Do these partners have the resources required to support you in your work?



Do you routinely engage with communities to discuss issues that are of concern to them?

Do you have a process in place for prioritising insights and providing feedback to communities?



Is training available for your organisation to learn about working within an empowerment model?

Do your community partners have the tools, training and resources needed to work as equitable partners?

How to tailor communications during an outbreak

At this stage, key actions focus on:

- Mobilising existing partnerships and trusted communicators to swiftly and effectively disseminate guidance
- Tailoring consistent key health messages to maximise accessibility and inclusivity
- Maintaining community trust and empowering partnerships

How this model is applied during an outbreak will vary according to whether actions have been taken ahead of time to build relationships, pre-test materials and establish processes for prioritising community insights. It will also depend on the scale and length of the outbreak. For example, more sustained outbreaks will require greater focus on activities to maintain partnerships during challenging circumstances. However, even during shorter outbreaks, providing rapid feedback to those who have shared insights will strengthen relationships and increase likelihood of ongoing and future engagement.

Applying the TAPIE principles during outbreak response



RESPOND: TRUST

Maintaining trust



Maintaining trust during an outbreak response is essential for message receptivity.

Mobilise trusted communicators to facilitate open dialogue and sharing of key health messages via their established networks.

Ideally trusted sources will have been established in advance, but if this has not been possible, use community insights, existing networks and partnerships to help identify and connect with effective communicators.

Identify if there are any outbreak specific concerns or misinformation that may be fuelling mistrust in recommended interventions.

Create opportunities for direct and open dialogue to understand any underlying reasons for mistrust and address these using multiple forums.

Provide rapid feedback on how community insights have informed outbreak decisions to reinforce shared values and commitment to community needs. Demonstrate commitment to addressing wider community concerns (e.g. relating to other health issues).

This can be achieved using community outreach activities such as workshops and webinars.

"It was a day that was billed as being a health and wellbeing day for the community. There were craft activities for the kids, there was a steel band that the kids and adults could take part in, there was free food available. We had health professionals taking blood pressure readings and doing diabetes checks, as well as health professionals that people could just go and speak to if they had a query or a question [...] there were a number of people who, after having conversations with some of the health professionals, walked over to the vaccination centre to be vaccinated for COVID [...] So, it wasn't a COVID vaccination full on front, you know, you guys come and get your vaccines kind of thing, we went in with an angle that really served the community and as a result and through conversations we were able to then help a few other people decide to have their vaccination."

Public health practitioner



RESPOND: ACCESSIBILITY

Maximising understanding, reach & support



Sharing accessible messages via multiple channels enhances message reach and relevance and making your organisation's wider support visible ensures emerging issues can be swiftly identified and addressed.

Clearly communicate outbreak information, including risks, severity and necessary actions, in formats that have been tailored for ease of use and relevance.

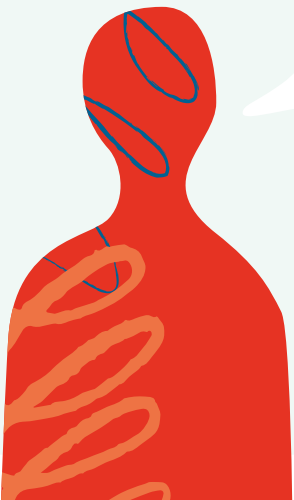
Use co-produced or pre-tested materials and existing resources (e.g. NHS health literacy and reading age tools) to rapidly produce accessible communications. Co-design or test new communications with target audiences to ensure adaptations, such as translations, are understood as intended.

Share information using multiple channels that are routinely used by target audiences, such as WhatsApp groups and in multiple formats (e.g. written, audio, video and face-to-face).

Rapidly assess reach and update channels as needed - for example as new social media platforms gain traction or existing channels become less widely used.

Being visible and accessible for priority groups during an outbreak can help any ongoing or new issues or concerns to be swiftly identified and addressed.

Communications that include clear signposting to support services will create ongoing opportunities for engagement and dialogue to discuss any support needs or concerns.



"It's good that it also gives a link, it gives different ways to get in touch, the address, it has a phone number, an email depending on how people get in touch. I also like that they have also put the logos on so that people, if they don't know them, just in case they didn't know about these charities, it gives them the opportunity to get to know them."

Community resident commenting on outbreak communication

RESPOND: PARTNERSHIP

Mobilising partnerships



Rapidly mobilising trusted partnerships minimises time critical challenges by ensuring key insights can be accessed without delay. New partnerships can extend knowledge, skills and reach.

Develop messages with partners

Mobilise existing partnerships at pace to discuss community needs, concerns and priorities to generate rapid insights to support development of tailored messages.

Co-produce or test communications with trusted partners to ensure accessibility and relevance.

Build responsive partnerships

While some groups consistently experience heightened impacts during communicable disease outbreaks, others may be uniquely affected by a specific outbreak, requiring the rapid formation of new partnerships.

Reach out to potential partners required to support newly identified at risk groups, explaining the heightened risk and opportunity to work together to support affected communities.

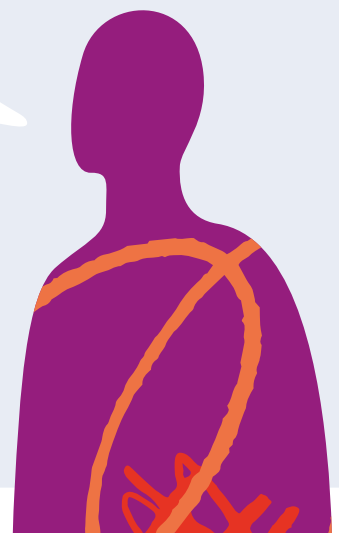
Maintain partnerships

Strong partnerships need to be maintained, with required actions depending on the scale and duration of the outbreak.

Effective collaboration can be fostered by providing feedback and appropriate resources - such as a small printing budget or video editing software for community partners - and by maintaining regular dialogue.

"We did quite a lot of in-depth work with VCSE partners. So, finding that there was quite a lot of mistrust with us as statutory partners and so we wouldn't have wanted to try and facilitate focus groups directly but we went via VCSE partners to gather some of that insight, particularly from some of the communities with lowest uptake. That really drove what we then did about the messages or the tailoring, and actually it ripped up quite a lot of the stuff that we were thinking about potentially producing and we went down a very different route at that point."

Public health practitioner



RESPOND: INCLUSIVITY

Creating and sharing inclusive communications



Inclusive communications ensure that consistent core health messages are received and understood by all groups without creating stigma.

Identify and support emerging priority groups

Identify any new groups disproportionately affected by the outbreak and establish requirements for effective tailored communications.

Use emerging data to identify likely affected populations and establish any new partnerships required to support the communication needs of these groups (see Build Responsive Partnerships above).

Use representative content


Communications that represent target audiences are more likely to be perceived as relevant.

When developing communications, include content and images that reflect aspects of the target audience's identity and culture. Avoid inadvertent stigmatisation by using language that is positively framed and supportive.

Provide consistent information

Provide consistent information to all groups to ensure equity and avoid stigma.

Tailor communications for specific groups to ensure accessibility and relevance but retain the same core messages that are shared with all groups, including information about risk, recommended protective behaviours and signposting to wider support.



"I think culturally, I just think we're very cautious and I don't think that was taken on board. There was a big, at the height of the pandemic it was kind of like people who were pro-vaccine and if you weren't pro-vaccine everybody else was a conspiracy theorist, which I think was rude quite frankly. But a way needed to be found to address those concerns of people who weren't pro-vaccine perhaps and not to just label them as 'other'. We're already other, so they don't want to make us more other. That's not very nice."

Community resident

RESPOND: EMPOWERMENT

Working together



Empowering relationships builds mutual trust and ensures that tailored communications support target audiences to make informed decisions.

Trust community partners

Demonstrate organisational commitment to power sharing by trusting community partners as co-leaders in the communication response.

Implement (or develop at pace) processes to share leadership in developing and sharing outbreak communications - for example community partners chairing planning meetings and leading on dissemination decisions.

Use empowering language

Effective communication empowers individuals to make informed choices, built on mutual trust and inclusive messaging that informs rather than instructs.

Ensure language used in outbreak communications reinforces community strengths to help boost confidence and support communities to effectively respond. Avoid wording that frames communities in terms of deficits.

Demonstrate allyship

Consider whether additional assistance for communities is needed to promote social cohesion, particularly if communities become targeted or stigmatised.

Share statements of support and highlight positive practice within communities to demonstrate allyship.

"Hard to reach communities' I detest, I hate, I despise, I loathe the term! When I go to lots of events, because I go to a lot of events and hear the words and I say, 'Excuse me, who are you referring to?' And they will say, 'Oh, the Africans, the Caribbean's and the Asians.' I say, 'Please do not be patronising, condescending and racist by referring to us as hard to reach.' Listen to this, are they on the mountain on the Himalayas, in the Deep Blue Sea, in the jungle, on another planet, a celestial body, Mars or moon or the sun? We all make up the community."

Public health practitioner



RESPOND: CHECKLIST



This checklist includes a series of reflective questions that can be used to support your practice independently or to guide team discussions about the actions required to effectively tailor communications during an outbreak.

The questions do not need to be addressed sequentially and can be used to help prioritise the order in which required actions are taken.



Have you mobilised trusted communicators to share key health messages?

.....

Are you addressing community concerns and providing feedback on how community insights are being used?



Have your outbreak communications been adapted for ease of use, understanding and relevance for target audiences?

.....

Are your communications reaching the intended audiences?



Do you have the partners needed to support the design and delivery of outbreak communications?

.....

Do community partners have sufficient resources to support your organisation during the outbreak?



Is the core content of your tailored communication consistent with information provided to the wider population?

.....

Have your outbreak communications been checked or tested with target audiences to ensure content and design are relevant and representative?



Do your communications empower communities to make informed choices?

.....

Are community partners acting as co-leaders in the outbreak communication response?

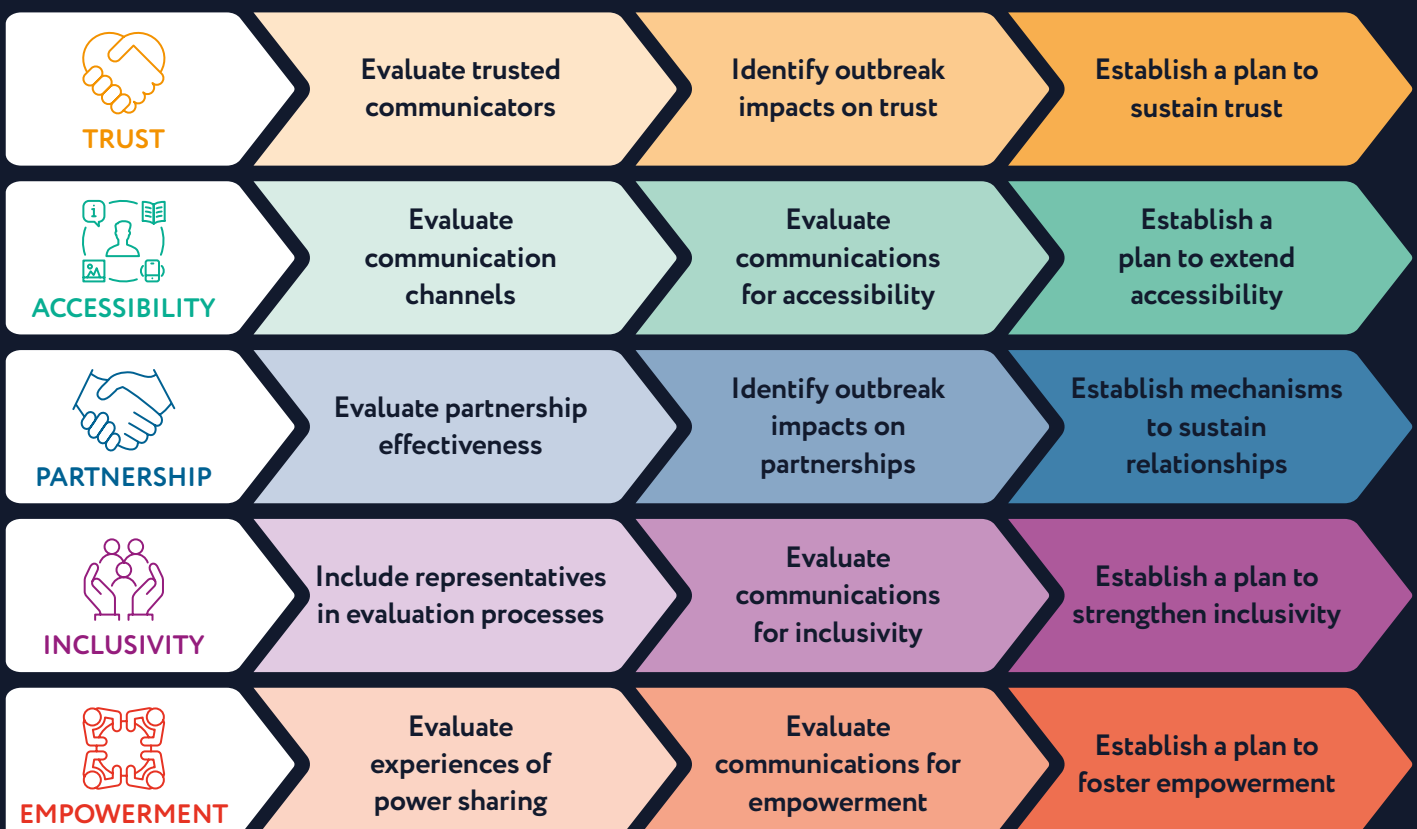
How to tailor communications after an outbreak

At this stage, key actions focus on:

- Evaluating the effectiveness of processes used to tailor messages (e.g. trusted sources, communication channels and partnership working)
- Assessing the impact of tailored communications and the wider outbreak response
- Developing plans to capture what worked well, sustain positive relationships and enhance future practice

As with earlier guides, it is possible to address several principles with one exercise. For example, surveys or focus groups with affected communities and partner insights can be used to evaluate communications for accessibility and inclusivity as well as identifying any changes in trust.

Applying the TAPIE principles after an outbreak



RECOVER: TRUST

Reviewing & sustaining trust



Reviewing trust and undertaking activities during recovery to sustain – and where required rebuild – trust enhances the likelihood of engagement with future outbreak messaging.

Evaluate trusted communicators

Evaluate the effectiveness of trusted communicators during the outbreak.

Assess how well trusted communicators engaged target audiences, whether they remain credible and if new trusted sources are required for future outbreaks.

Identify outbreak impacts on trust

Evaluate the impact of the outbreak on trust in your organisation, in authorities more broadly and in recommended interventions.

Assess whether outbreak experiences have positively or negatively impacted intended health behaviours and willingness to engage with your organisation and authorities more widely.

Establish a plan to sustain trust

Establish a plan to sustain trusted relationships and address any ongoing issues of mistrust.

Where trust has been built or strengthened during an outbreak, consider how this can be sustained, such as ongoing engagement on issues of concern to communities. If trust has diminished during the outbreak, consider how it can be rebuilt.

“If the COVID-19 vaccine, if it didn’t come about, I would have never questioned vaccines previously, taking them, but I know now I would do more research for myself. I wouldn’t just have a vaccine.”

Community resident



RECOVER: ACCESSIBILITY

Assessing & strengthening accessibility



Evaluating outbreak messages for ease of access, ease of use, ease of understanding and relevance will strengthen communications for future outbreaks.

Evaluate communication channels

Evaluate the effectiveness of communication channels used during the outbreak.

Assess whether outbreak messages reached target audiences and whether new channels are required to extend reach for future outbreaks.

Evaluate communications for accessibility

Evaluate message format and content for ease of use, understanding and relevance.

Identify whether target audiences understood messages as intended and whether processes for adapting materials (e.g. co-production or pre-testing) resulted in more accessible content.

Establish a plan to extend accessibility

Establish a plan to address any accessibility challenges identified in outbreak communications.

Document and share good practice and identify any activities required to improve accessibility, such as communication needs mapping and message development with new target audiences.

“This is when you can ask them the question, ‘Look, going forward how can we improve whatever communication?’ So, we’ve had the problem and they’ve opened the door and this is where you need them keeping the door open every time you come in. This is also a great stage where you can then work with maybe the education team to go into the communities, maybe with other teams within the local council.”

Public Health Practitioner



RECOVER: PARTNERSHIP

Sustaining & fostering relationships



Demonstrating ongoing commitment to partners during recovery and in the longer term sustains trust and supports effective preparation and response for future outbreaks.

Evaluate partnership effectiveness

Evaluate how well your partners were able to help you to support priority groups and previously underserved communities.

Engage directly with communities to understand the reach of your existing partnerships and whether you need to engage with new partners to maximise support for future outbreaks.

Identify outbreak impacts on partnerships


Outbreak experiences may test, strengthen, or, in some cases, harm relationships.

Meet with partners to obtain feedback on their experiences of outbreak collaboration to understand what worked and what could be improved.

Establish mechanisms to sustain key relationships

Identify key relationships and establish processes to sustain these in the longer term as people move into different roles, interactions are less regular and priorities change.

Meet with partners to secure ongoing commitment to collaborative working by identifying or reinforcing shared goals. Discuss how best to support ongoing relationships, including resourcing requirements and how networks can be sustained.



"Allowing the community organisations to plan long term, to know that the provision of the service will be there for more time could be very valuable. I think sometimes when you are at the best of your engagement the project can come to an end if we're talking about short term emergency grants. So I would say that long term, and also recognising, that yes, we are very valuable [...] I think sometimes we might have big organisations that can have teams that speak the language but are not necessarily embedded in the community and that can take you only this far. But if you have long term engagement and you've been working for years, in our case decades with the community, there is a lot more that you can do [...]. I think the difference that we can make and the specific knowledge that we have needs to be taken into account."

Community Partner



Evaluating outbreak messages for inclusivity to identify any ongoing patterns of disproportionate impacts will strengthen communications for future outbreaks.

Include representatives in evaluation processes

Include representatives from target audiences to ensure transparent, meaningful and effective implementation of findings.

Ensure representatives are included at all stages of the evaluation process, from planning to implementation, and review whether priority groups felt represented and heard during the outbreak.

Evaluate communications for inclusivity

Evaluate the content of outbreak guidance for inclusivity.

Assess the consistency of information provided in adapted guidance and assess with target audiences the extent to which tailored communications were representative and relevant.

Establish a plan to strengthen inclusivity

Establish a plan to strengthen inclusivity for future outbreaks.

Document and share good practice and identify any actions required to improve inclusivity, such as revising processes or materials (for example if any unintended consequences were noted during the outbreak).

“Ideally you’d want your public and your communities to be involved not just with the evaluation but with the design process, with the distribution process... they should be involved from start to finish, all the way through.”

Public Health Practitioner



RECOVER: EMPOWERMENT

Sustaining & enhancing power sharing



Evaluating outbreak experiences to identify opportunities to strengthen and sustain power sharing will foster relationships and promote inclusivity for future outbreaks.

Evaluate experiences of power sharing

Evaluate how VCSE organisations and groups experienced outbreak collaboration and the extent to which your organisation trusted partners to lead on communication initiatives.

Meet with partners to assess roles and collaborative experiences to capture what worked well and identify any areas to enhance power sharing, including any ongoing training needs.

Evaluate outbreak communications for empowerment

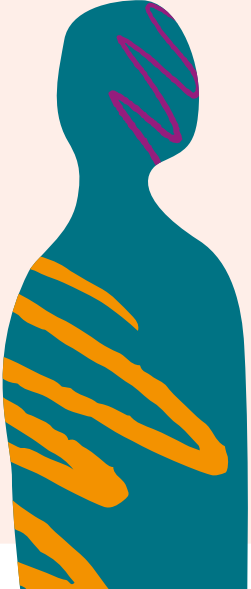
Evaluate whether outbreak communications empowered target audiences to make informed choices, based on mutual trust.

Assess the language used in outbreak communications, specifically in relation to whether it supported communities to effectively respond to the outbreak and avoided deficit framings.

Establish a plan to foster empowerment

Establish a plan to collaborate with communities to build transferable knowledge, skills and confidence ahead of future outbreaks.

Involve community partners and target audiences in the development and review of all post outbreak evaluations and, where possible, offer training to staff and VCSE partners to build skills and knowledge of working within an empowerment model.



"As we come out of an outbreak, communicating the success and telling the community the fact that more of them have got vaccinated is really positive. It's good to take stock and tell people that the reason the outbreak is ending is because of your hard work to self-isolate or to get vaccinated. I think that can be really impactful and also reinforces the importance of vaccination, which I think can be forgotten if people don't see the link between things going back to normal and the vaccination programme."

Public Health Practitioner

RECOVER: CHECKLIST



This checklist includes a series of reflective questions that can be used to support your practice independently or to guide team discussions to capture what worked well and to identify and address areas for improvement.

Responses to these questions can inform the development of action plans that will support the development of tailored communications for future outbreaks. The questions do not need to be addressed sequentially and can be used to help prioritise the order in which these actions are taken.



Do you know what, if any, impact the outbreak has had on trust in:

- Your organisation
- Authorities more broadly
- Community partners
- Communicable disease interventions

.....
Have you evaluated the effectiveness of trusted communicators used during the outbreak?



Have you evaluated outbreak communications for reach and engagement?

.....
Are you capturing and sharing what worked well for reaching and engaging with priority groups during the outbreak?



Was your partnership working effective during the outbreak?

- Is there anything you can do to strengthen and sustain partnerships?
- Have you considered how longer-term engagement will be resourced?

.....
Do you know how VCSE and community partners feel about their experience of working with you during the outbreak?



Are communities and partner VCSE organisations included in your evaluation process?

.....
Were outbreak communications representative of your target audiences?

- Was consistent core health information provided across all groups?



Have you evaluated outbreak communications for any unintended consequences?

.....
Are you working with community partners to build or transfer their knowledge, skills and confidence?

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