



TACTIC

TOOLS, METHODS AND TRAINING FOR COMMUNITIES
AND SOCIETY TO BETTER PREPARE FOR A CRISIS

Short Report: Second Workshop on Epidemic Preparedness

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Preamble

TACTIC (Tools, methods And training for CommuniTies and society to better prepare for a Crisis) aims to increase preparedness to large-scale and cross-border disasters amongst communities and societies in Europe. Throughout its two-year duration (May 2014 – April 2016), **TACTIC** will analyse risk perceptions and behaviour to identify pathways from risk perception to preparedness, and will develop a preparedness audit that communities can use to assess how prepared they are for different types of crises. Additionally, **TACTIC** will focus on identifying and categorising good practices of communication and education practices for preparedness. The audit, communication and education practices will be discussed and analysed with stakeholders in a series of workshops as part of **TACTIC's** case studies on four types of crises: terrorism, floods, epidemics, and earthquakes. Subsequently, a long-term learning framework for improving community preparedness to a range of crisis situations will be developed. All of **TACTIC's** outputs will be presented in a web-based platform.

This document discusses the purpose and key outcomes from **TACTIC's** second workshop on epidemic preparedness, which was held in Shap, Cumbria on 14 November 2015. The main objectives of the workshop were to present on the progress of the project so far, to gain feedback on the self-assessment tools, educational materials (i.e. 'good practice' library), and the **TACTIC** Online Self-Assessment Platform (TOSAP). Feedback from the workshop will be used to further revise and refine the platform.

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1 Introduction

1.1 Background of the case study

Cumbria is a county in north western England bordering Scotland (Figure 1). Cumbria is a rural area and livestock farming, tourism and outdoor recreation are mainstays of the economy. In 2001, Cumbria was at the epicentre of a foot-and-mouth disease (FMD) epidemic. FMD is a highly contagious animal disease affecting cloven hooved animals (Thomson and Bastos, 2002). FMD is an epizootic disease, that is, it occurs only in animal populations. Despite this, FMD and other epizootics can have significant ‘human’ impacts; the 2001 FMD epidemic in the UK lasted for 221 days, resulted in the slaughter of more than 4 million animals, cost the government more than £3 billion, required deployment of over 1,800 veterinarians (Anderson, 2008), and disease control measures such as animal slaughter, waste disposal through mass pyres and burials, caused significant emotional distress to the local community (Graham, 2001; Convery et al., 2005). Cumbria was at the epicentre of the epidemic; it suffered 893 disease outbreaks, was the second longest affected region, and FMD reduced the economy of Cumbria by an estimated £266 million (4% of the GDP of the County) with roughly £130 million (roughly 41%) loss of the normal livestock output of the County and roughly £200 million suffered from tourism losses (Cumbria Foot and Mouth Disease Inquiry Report, 2002).

This **TACTIC** case study draws on lessons learnt from the 2001 FMD epidemic to further inform epidemic preparedness. It aims at providing a case through which to develop, test, and validate the community preparedness self-assessment (general public self-assessment or GPSA), the organisational self-assessment (OSA), the communication and education material and practices (‘good practices’) and an overall long-term learning framework as final project deliverables. These tools will be made freely available in **TACTIC**’s online self-assessment platform (TOSAP) at the close of the project in April 2016 (<https://www.tacticproject.eu/tosap>).

1.2 Relevant stakeholders

Epidemics, both animal diseases (epizootics) and diseases transmissible between animals and humans (zoonotics) can impact everyone in the community. Animal disease epidemics can have serious implications for animal welfare, trade, food security, tourism, and community life, as disease control measures such as biosecurity (cleaning and disinfecting), movement bans and restrictions, waste disposal, as well as the often significant human resources required, place significant demands on affected communities. Human epidemics add an additional layer of complexity, as high demands may be placed on human resources, especially health care and response services, and service disruptions may occur as disease transmission spreads. Whilst the government plays an important role in contingency planning for epizootics and zoonotics, individuals and communities can make important contributions to preparedness:

- Developing family, farm, or business health safety plans;
- Preparing emergency safety kits for work and home;
- Keeping electronic and physical copies of medical records;
- Remaining aware of available vaccines;
- Keeping sick family members at home, or staying home from work when sick;
- Keeping prescription medications up-to-date and having important non-prescription medicines on hand (i.e. electrolytes, fever reducers, cold/flu medications);

- Raising awareness of measures that can reduce local and extensive risk (e.g. buying locally sourced/farmed products; participating in farming schemes aimed at improving environmental sustainability; investing in and encouraging policy and decision makers to invest in programmes that reduce risk in endemic countries)

While farmers and others engaged in agriculture are more actively involved with preparedness actions such as biosecurity measures, the community level epidemic preparedness planning is often left out and the activity takes place at the county, regional, or national level. There is little information on what communities can do, however communities have been found to be resourceful and effective actors with other hazard types. Community based organisations (CBOs), local authorities and volunteers are active agents of change in Cumbria. Stakeholder participants from the workshop reflected this, as volunteers from CBOs, faith based organisations, farmers, and local authorities were present at the workshop.

1.3 Workshop goals and objectives

The first workshop on epidemic preparedness examined the final picture which emerged from the 2001 FMD epidemic, engaging multiple stakeholders to reflect on how the event unfolded, who was involved and when, and what could be done better for future epidemics (Shreve and Fordham, 2015). Questions of social organisation, reflection on resilience since the event, cascading effects, and a discussion of lessons identified and lessons learnt were addressed. The second workshop reflects lessons learnt from the **TACTIC** project collectively, with the aim of understanding how our current presentation of results (e.g. the preparedness self-assessments and feedback reports, good practices library) is fit for purpose.

1.4 Workshop venue

TACTIC's second workshop on epidemic preparedness was held in Shap Memorial Hall in Shap, Cumbria on 14 November 2015 (Figure 1).



Figure 1: Location of the workshop in Shap, Cumbria.

1.5 Agenda

TACTIC joined up with the Cumbria Neighbourhood Watch Association (CNWA) to host the second epidemic workshop during the annual meeting of CNWA with a focus on community level preparedness and disaster resilience. Local speakers included representatives from local community based organisations, local authorities and government. Presentations by Prof. Maureen Fordham and Dr. Cheney Shreve of the **TACTIC** project on the objectives and progress of the **TACTIC** project to-date, the self-assessment tools, good practices library, and a presentation on linking preparedness and resilience viewed through the lens of the recent European disaster resilience project emBRACE (<http://www.embrace-eu.org/>) was given by Dr. Hugh Deeming. Discussions on the content, wording and delivery of the online materials, as well as general discussion of the suitability and fit of learning materials were held in a small group setting.

1.6 Workshop participants

More than 30 participants, primarily volunteers or leaders in local CBOs including Cumbria Neighbourhood Watch Association, ACTion Cumbria, the Local Resilience Forum, faith based organisations, local carers' organisations, members from Cumbria City Council, Environment Agency, and local authorities including the police, fire fighters and other organisations engaged with emergency services. Higher attendance was expected however a severe flood warning was in effect the day of the workshop, which led to a decrease in participation at the workshop as individuals were preparing for a potential flood.

2 Workshop outcomes

2.1 General feedback

Feedback on the intention and progress of the **TACTIC** project to date was positive; participants were supportive of the project concept and objectives and viewed the project as a good investment of funds on the part of the European Union. The participatory design of engaging local communities in feedback through the workshops was recognized as a necessary step. On the whole, participants were supportive of **TACTIC** tools and felt they could be useful in the local community preparedness context however some key concerns arose, mainly:

- Internet access is limited in parts of Cumbria;
- Older residents may require some assistance with general computer skills before easily engaging with the online tools;
- A greater focus on needs for rural environments more explicitly would be useful.

Cumbria is a large, topographically complex rural area with the many mountains and fells, and numerous lakes interspersed in the landscape. Access to services in rural areas is more limited in comparison to more urban areas of England. Table 1 provides a further summary of general feedback from workshop participants. Common concerns regarded the length of the assessments, with participants commenting a shorter version might be more appropriate, the wording at some points was too scientific or technical, and greater specificity regarding preparedness actions (i.e. activities, trainings) would be useful in some of the questions. Providing additional background at the beginning of the assessments regarding what to expect during the assessment and how the results can be utilized was a key comment.

Table 1: General Feedback from the workshop.

Issue	Proposal for its solution
Organisational self-assessment	
The length of the assessment is a concern as it possibly takes too long for some organisations.	<p>Alternatives/additions: provide a checklist/ positive feedback that can be shared with colleagues (e.g. congratulations, your methods are suitable for your aims; you use simple graphics and avoid technical language – this is important because...; you actively involve the general public – this is important because...). We could communicate reasons why we think that it is important to evaluate risk communication regularly and that there is always room for improvement as well as gaining inspiration from existing risk communication practices (e.g. good practice library). We could also think about asking organisations which have extensive experience with risk communication to add their practices to the good practice library so that other organisations might be able to learn from their experience.</p> <p>One recommendation is to offer a short- and longer-version of the assessment. Also, providing a time estimate upfront for each could be useful, e.g. the longer version of the assessment takes approximately an hour.</p>
Users should be made aware of the scope of questions to know what information they may need to gather (from other colleagues) to complete the self-assessment or it may be the case that multiple employees should work on this together.	<p>Providing guidance at the beginning of the assessment with regards to the scope of the assessment, how long it will take, what kind of information is required, etc. would be useful. Recommending that it might be used as a group exercise/discussion could also be useful.</p>
The scaling of some of the questions is a bit vague.	<p>Scaling from 1-5 or from ‘not very important’ to ‘very important’ could perhaps be simplified to yes, no, does not apply, or do not know.</p>
The language in some parts is too technical or scientific.	<p>Use more straightforward language and provide definitions when unable to avoid using scientific terminology.</p>
Clarify the purpose of the tool in the introduction.	<p>People may have different experiences with similar tools (or no experience) and thus have very different expectations of what the OSA is meant to do. Some people may be expecting assistance with risk assessment or impact assessments, which is not the intent of the tool. Providing a brief video or text at the start of the OSA would be useful in letting people know what to expect and what they will gain from using TOSAP.</p>
Questions were sometimes too	<p>Provide clear examples of different preparedness actions or materials that are being referred to too generally in the current OSA.</p>

generally worded.

Questions could be added pertaining to tourism specifically.

Tourism is economically important in many regions, as well as important with regards to safety and planning. Having questions specifically related to risk communication and tourism could be useful. For example, asking questions about visual aids such as posters or radio announcements during peak tourist season letting tourists know how they can sign up for emergency alerts.

General public's self-assessment

An introduction to the audit is needed to explain the tool, the key outcomes, and how information will be stored and utilized.

Alternatives/additions: provide an introductory video or text at the start of the assessment that explains what the user can expect from the self-assessment. During this video it might be useful to mention that the library of good practice can be used as an idea bank to learn about other organisations/programmes of interest.

Statement is needed about how user login information will be utilized and securely stored.

Registration requires an email address and zip code. Providing a statement explaining how the data will be used and stored will reassure users that their information will be securely stored and will always appear anonymously in the system.

Option for a group use or an administrator login to use with groups of people could be useful.

Computer access and skills may be a challenge in reaching individuals in rural, aging communities. It was recommended that TOSAP could be used in a group setting with a community organizer or volunteer providing instruction. To facilitate this, it would be useful to have a group login/password.

Questions about the general changes to the risk landscape may be useful.

Additions/recommendations: Add in additional questions about perceptions of community preparedness and services over time.

Questions/content is missing concerning the physical environment, which can pose a different suite of challenges in rural areas (e.g. dealing with 'sparsity' factors).

Additions/recommendations: Adding in questions or good practice examples that discuss crisis management in rural contexts.

Some sort of progress tracking bar would be a nice addition (as opposed to seeing page numbers along the bottom).

Additions/recommendations: Change page number tracking into a progress tracking bar. Some of the pages can be answered very quickly, others do not, so it would be useful to have a progress bar.

The feedback reports were viewed as useful deliverables, giving the assessments more depth. Some suggestions for improvements included having a condensed or shortened version, or utilizing dot points or checklists to provide a concise summary. Table 2 provides additional comments on the feedback reports.

Table 2: Comments on the feedback reports.

Organisational feedback report

In general, the feedback report is quite long. A summary version would be useful. Provide two types of feedback reports: long and short version. One option would be to condense some information with a link to ‘click here to read more’. Another option is summarizing key points in a checklist format and separating out from the ‘full report’ or ‘long report’.

Language should be simplified, avoid using language that is too scientific. Simplify the language and avoid scientific terminology where possible.

Benefits of conducting the self-assessment should not only be found in the introduction to the self-assessment but also in the feedback the users receive for their answers The platform needs an introduction that clearly outlines the

- Purpose
- Target user groups
- Expected outcome

General public’s feedback report

In general, the feedback report is too long. A summary version with checklists or tables would be preferred. An option to see a ‘long report’ would be useful. The feedback needs to be more concisely summarized with the option to learn more about different subjects if desired.

Language should be simplified; too scientific/technical. Language needs to be adjusted to avoid use of technical/scientific terms.

With regards to the informational materials (good practices), the concept and example content demonstrated was viewed positively, especially the categorisation for risk communication purposes. However, a concern is that the rural context needs to be addressed more explicitly, as preparedness activities suited for urban locations may be less suitable for rural areas (Table 3).

Table 3: Comments on the categorisation.

Categorisation

Community (population) size is not directly addressed.	In rural communities, the size of the community (in terms of number of people) can be a limitation. Adding a category to indicate suitability for smaller communities (or smaller groups of people) would be useful. This might be addressed with a key word section.
Community geography (physical size, terrain) is not directly addressed.	Some practices are better suited for urban areas versus rural areas. It would be useful to have some sort of categorization to reflect this. Perhaps keywords (e.g. rural, urban, mountainous, etc.) could be used.

More specific comments on the content and delivery of self-assessment questions are provided in Appendix 1 (Table A1). Greater specificity with regards to concerns for rural areas such considerations pertaining to physical geography, more limited services in comparison to urban areas, aging demographics in some regions, which may not be keen on using the online platform, and recommendations for addressing these are provided. Some key recommendations from this discussion include:

- Adding the use of keywords in the categorization for the good practice library to draw attention to preparedness activities better suited to rural versus urban areas;
- Having an option for a group administrator (e.g. administrator password/login that could be used in group settings for multiple users to sign in), as the tools might be better suited for a group environment, especially when being used for multiple purposes (e.g. preparedness education, computer skills education);
- Adding an easy print option, so that materials can be printed and mailed or distributed for group events;
- Consider having some questions that reflect feelings about community change (e.g. how hazard risks have changed over time, access to services, etc.).

3 Evaluation and next steps

Overall, the workshop was deemed a successful event. Feedback from the workshop participants, coupled with presentations on disaster resilience themes and initiatives in the local area, were very useful in identifying needs for ensuring the tools are fit for purpose in rural environments and presentations were well received. Users did not have prior experience with tools such as **TACTIC** and felt it would be useful for preparedness planning. Key insights and recommendations from workshop participants will help to further shape the self-assessments and library of good practices and make them better suited for both rural and urban contexts. Participants expressed interest in further discussions about **TACTIC's** tools in early 2016 through further online evaluations or in small group discussions, as flood warnings issued in the county that day limited time at the close of the meeting for further discussion of workshop evaluation. An email was sent out to the local community messaging board inviting participants to share further comments.

Acknowledgements: We would like to thank all of the workshop participants for their time and support. Their dedication to hazard preparedness and disaster resilience in their community is apparent and was evident in the speaker's presentations and comments from participants. We would also like to thank the Cumbria Neighborhood Watch Association for their support and for allowing us to work together for the second workshop.

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APPENDIX 1

Table A1: Specific feedback on self-assessment questions and learning materials. Northumbria University is abbreviated as UoN.

Number of question	Original question	Problem description	New formulation of questions or answers
General public's self- assessment			
EP 1	<ol style="list-style-type: none"> 1. How prepared do you feel for the risk of future epidemics? 2. Have you personally been effected by an epidemic? 	UoN: The word epidemic is unfamiliar in the context of normal day-to-day hazards. There is the expectation that authorities deal with epidemics, not local residents.	Avoiding the use of the word epidemic will not help address this challenge. However, providing an explanation at the start of the survey on what we mean by epidemic, perhaps using 'seasonal flu' as an example for human epidemics, and 'bird flu' or 'avian influenza' as an example for diseases that pass between animals to humans (i.e. zoonotics) would help. Explaining that seasonal flu is common and occasionally a strain of the flu virus emerges that our bodies do not have immunity to and this is when epidemic risk becomes heightened.
EP 3	3. How many times have you or individuals in your community experienced an epidemic within the last 20 years?	UoN: People who are not farmers may not be aware of the occurrence of animal disease epidemics. Similarly, if the epidemic is mild, it may not get much news coverage and people may not be aware of it.	Reword: To you knowledge, has your community experienced a human or animal disease epidemic in the past 20 years, for instance, Avian influenza ('bird flu'), West Nile Virus, Severe Acute Respiratory Syndrome (SARS), or Foot-and-Mouth Disease (FMD)?
EP 6	6. Describe how often you (think about animal epidemics, talk about animal epidemics, etc.)	UoN: Question seems too general. The rationale is not clear.	Reword: Do you think that epidemics are a concern for your family? Within your community? How often do you talk about epidemics at home? In the community?
EP 8	8. Please describe the extent to which you agree or disagree with each of the following statements :	UoN: Question seems too general.	Provide clarity (description) about specific preparedness measures first, as this question assumes that people are speaking to a specific set of preparedness actions. Utilize a standard set of examples such as getting seasonal flu vaccine, having emergency kit, and making a care plan for relatives/loved ones. This can

EP 9	9. Now we have a set of questions about how you perceive epidemic risk. Tick the box closest to your viewpoint.	UoN: Some of these questions are less relevant to epidemics. Also, guidance is needed to explain the rationale.	add clarity to the questions. Adding a short description (or video) explaining outrage factors would be really useful. Also, not all the outrage factors were viewed as 'relevant', e.g. people's choices on where to live (to make this more relevant, we would need to add a description of things like access to healthcare/emergency services because it is not as directly evident as something like floods/earthquakes); risk being natural/human made needs description (e.g. are we talking about long-term human decisions like land use and antibiotic use?), this one seems less relevant than it might be for floods and earthquakes.
EP 11	11. In regard to your general feelings about living in this community, please describe the extent to which you agree or disagree with each statement.	UoN: Participants felt like there should be questions about community life earlier on, at the start of the self-assessment. Questions that focus on things like perceptions of change /risk over time, new hazards, and also physical geography of the community (e.g. mountains and lakes separate different parts of the community and this topic came up over and over).	Adding in a series of questions pertaining to community perceptions/feelings about hazards (in general) in the community over time would be useful, e.g.: do you feel like natural hazards (e.g. flooding, earthquakes) have increased in your community over the past 10 years? If yes, do you feel like services/support for hazard events has (increased, decreased, not changed)? Is the physical landscape a challenge during hazard response? If yes (are mountains/terrain, lakes, road access, limited services a challenge)?
EP 12	12. Have you informed yourself in the past about risk of epidemics in your community?	UoN: This question is okay, but could perhaps be reworded. Also, might be good to ask if epidemics get discussed in the community at meetings/events, etc.	Reword: Have you looked for information about epidemic preparedness in the past? Have you heard about epidemic preparedness at community events?
EP 19	19. From whom would you like to receive information?	UoN: Might be useful to have a hypothetical version, e.g. if you were worried about an epidemic in your community, who would you go to for information?	Addition/revision: If you were worried about an epidemic event, whom would you like to receive information from?

EP 22	22. Have you been involved in decision-making processes in epidemic risk management (e.g. planning of epidemic protection measures)?	UoN: This question is too vague.	Revision: Have you ever been involved in a planning event in your community such as planning to provide seasonal flu vaccines, campaigns or events to raise awareness of family emergency planning measures, etc.?
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EP 23	23. Have you been involved in an emergency exercise in epidemic management?	UoN: Question is too vague and may require example.	Revision: Have you been involved in a training exercise in your community for epidemic preparedness? For example, some communities have emergency simulations for animal disease outbreaks. Other communities may have first aid training or family emergency planning sessions for preparing for human disease epidemics.
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Organisational self-assessment

EP3	3. Has your community/city/region ever experienced an epidemic?	UoN: Similar to the GPSA, this question could benefit by an example of what we mean by 'epidemic'.	Revision: Add in specific examples of human and animal disease epidemics in order to make the topic/word usage more familiar.
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EP7	7. Now we have a set of questions about how you perceive epidemic risk. Tick the box closest to your viewpoint	UoN: Same critique as with GPSA; some of these questions are less relevant to epidemics. Also, guidance is needed to explain the rationale.	Adding a short description (or video) explaining outrage factors would be really useful. Also, not all the outrage factors were viewed as 'relevant', e.g. people's choices on where to live (to make this more relevant, we would need to add a description of things like access to healthcare/emergency services because it is not as directly evident as something like floods/earthquakes); risk being natural/human made needs description (e.g. are we talking about long-term human decisions like land use and antibiotic use?), this one seems less relevant than it might be for floods
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and earthquakes.

EP 13	13. Do you have communication plans with organisations from your neighbouring countries that might likewise be affected by a large epidemic event?	UoN: The rationale for this question might not be clear, may need examples.	Revision/addition: Add example of cross-border training exercises for animal disease epidemic response and ask if organization is aware or/has engaged with these types of activities. Perhaps useful to also ask if the organisation engages in cross-border training for other hazard types, e.g. in the UK this might happen for both epidemics and floods between different countries.
EP 19	19. How good and trustful is your organisations relationship with the general public?	UoN: This one is a bit off putting, rewording would be good.	Rewording: Do you think that your organisation could improve your relationship with the general public to build trust and confidence?
EP 21	21. Do you provide detailed information about epidemic risk to your community?	UoN: Using an example might help.	Revision: Add examples of 'epidemic risk communication', e.g. raising awareness of vaccine availability, vaccine benefits, providing information on farm insurance, creating family and business emergency plans, etc.
EP 22	22. Risks and actions to mitigate risk can be perceived differently by different individuals. Are you aware of any differences in perceptions of risks by your organisation and individuals/general public?	UoN: Using examples and rephrasing is needed; too vague.	Rewording/revision: Have any disagreements arisen between your organisation and the general public over the need to take action on a certain risk, e.g. is there tension or arguments over where community resources should be focused (e.g. on flooding, but not on animal diseases, or on snow storms, etc.)?
EP 24, 25	24. 25 On a scale of 1-5 how often do you use....	UoN: This could be a yes/no/sometimes question.	Revision: scale seems awkward for these questions.
EP 32,22	32. 22 How well do you communicate the benefits/risks of	UoN: Scale and wording problematic.	Revision/rewording: Do you feel like it is challenging to motivate people in your community to adopt preparedness actions (yes/no)? Is it challenging to get people motivated or engaged in discussions on epidemic preparedness (yes/no)?

preparedness actions?

EP Other	Questions about tourism or seasonal population changes should be added, as tourism is very prominent in some regions.	UoN: missing questions on tourism, risk communication to visitors.	Revision: add in some questions on communicating with tourists.
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General public's feedback report

EP: Feedback report is too long	UoN: Concerns were expressed that the feedback report is too long.	Revision: recommend that there is a short check-list type table and a summary for a 'short-report' or the option to read through a more detailed summary, e.g. 'long report.'
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EP: Language is too technical/scientific in some spots	UoN: Concerns were raised that the language was too scientific/technical in some parts of the report.	Revision: revisions need to be made to use more general/common descriptions. Examples should be added when scientific terms are used.
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Organisation's feedback report

EP: Feedback report is too long	UoN: Concerns were expressed that the feedback report is too long.	Revision: Summarize some of the information by having links to 'read more' or 'learn more', but provide just the minimum in the explanation. Checklists or table formats are useful summaries and nice to include. Summary 'tips' on good practice would also be useful.
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