GENEVA HEALTH FORUM 2026 · ABSTRACT #273 · *Access to care in conflict and crisis contexts*

Risk Communication as Health Access Infrastructure

Lessons from public health emergencies and crisis communication in Latin America

Dr. Janet García González
Faculty of Communication Sciences, Universidad Autónoma de Nuevo León (UANL), Mexico

01 **Communication failure can become a barrier to health access.**

02 **Every risk message must connect to a verifiable care pathway.**

INTRODUCTION

In emergencies, communication is often reduced to message dissemination. Yet people need to understand risk, trust the source, know where to seek care, and stay connected to essential services.

OBJECTIVE

To analyze risk communication as infrastructure that enables timely access, continuity of care, institutional trust, and community resilience in health crises.

METHODS

Retrospective comparative synthesis

Documented research and applied experiences from Mexico and Latin America, analyzed across seven dimensions: risk perception, information quality, trust, community participation, equity, service navigation, and continuity of care.

EXPERIENCES ANALYZED

- **A/H1N1** — La Gloria, Veracruz
- **COVID-19** — Mexico
- **Natural disasters** — Nuevo León, Mexico
- **COVID-19** — Argentina
- **Migration and HIV/AIDS** — Mobile populations

RESULTS: KEY FINDINGS

1. **Risk is socially interpreted**
   Culture, experience, and trust shape perception.
2. **Information without trust is insufficient**
   Source credibility shapes preventive action.
3. **Top-down dissemination limits response**
   Listening, dialogue, and local adaptation are needed.
4. **Guidance must be actionable**
   It must say where, how, and with whom to seek care.
5. **Equity requires differentiated channels**
   For mobile, vulnerable, or digitally excluded groups.

DISCUSSION: IMPLICATIONS

1. Integrate risk communication and community engagement (RCCE) into service planning.
2. Connect every message to a verifiable care pathway.
3. Maintain permanent community listening mechanisms.
4. Evaluate trust, navigation, service use, continuity, and equity, not only reach.

RISK–ACCESS MODEL

Threat / crisis → **Risk perception** → **Trusted information** → **Community dialogue** → **Actionable guidance** → **Service navigation** → **Access + continuity**

RISK FUNCTIONS

- **R** — **Recognize** perceptions and vulnerabilities
- **I** — **Integrate** trusted, actionable information
- **S** — **Strengthen** trust and participation
- **K** — **Keep connected** messages linked to care pathways

EXPECTED OUTCOMES

Equity · Timely use · Continuity · Trust · Navigation · Resilience

From “knowing there is a risk” to “being able to act and access care.”

USE IN HEALTH SYSTEMS

1. **Preparedness** — RCCE in emergency plans
2. **Response** — Clear messages, trusted actors
3. **Access** — Where, how, and with whom to seek care
4. **Recovery** — Evaluate continuity, equity, and resilience

CONCLUSION

From communicating risks to enabling access

Risk communication is part of health-access infrastructure. RISK–ACCESS proposes assessing it by its capacity to reduce barriers, not only by the messages delivered.

QUESTION FOR INTERNATIONAL COLLABORATION

How can health systems integrate risk communication, community engagement, and service navigation as a single access infrastructure during health crises, human mobility, and contexts of vulnerability?

KEY REFERENCES

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CONTACT

Dr. Janet García González
janet.garciagnz@uanl.edu.mx
ORCID 0000-0002-7188-5331