

Establishing and maintaining credibility in a public health emergency

Arizona Infectious Disease Training and Exercise

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Doug Levy

douglevy.com

Basic rules of emergency communication

- Truthful, timely, and transparent
- Better to say “I don’t know” than wrong
- Others will provide “facts” if you do not
- Everything is “live”

You can't introduce yourself in an crisis

- The public trusts names and faces they recognize
- Facts and experience do not override "familiarity"
- Media outlets frequently tap "experts" who aren't
- Credentials alone do not qualify a spokesperson
- Essential to build relationships with media and your communities before you need those relationships

Turning point: Ebola 2014

- Communications mistakes tarnished individual hospitals, CDC and *all* health care professionals
- The public ascribed problems broadly
 - “*Those doctors, the government, all hospitals*” came to be viewed with suspicion
- Public distrust of traditional (and actual) authorities requires adapting to new tactics

A tale of two doctors

- August: A hero in Atlanta
- October: An “irresponsible idiot” in NYC



\$1.25 - NYDailyNews.com SPORTS FINAL Partly sunny, 62/48, Friday, October 24, 2014

DAILY NEWS

NEW YORK'S HOMETOWN NEWSPAPER

First confirmed city case of deadly virus

NY DOC HAS EBOLA



Harlem MD stricken after return from Guinea • **He rode trains, took car service, now in hosp** • **Bowled at two B'klyn lanes Wednesday** • **Cuomo, Blaz and health czar urge calm**

A DOCTOR from Harlem was confirmed Thursday night as the city's first victim of the deadly Ebola virus. Craig Spencer returned to the U.S. seven days ago from Guinea via Belgium, officials said, and spiked a 101-degree fever Thursday morning. He is now at Harlem Hospital. In his time home, he rode the subway, took an Uber car and even went bowling at two Brooklyn lanes.

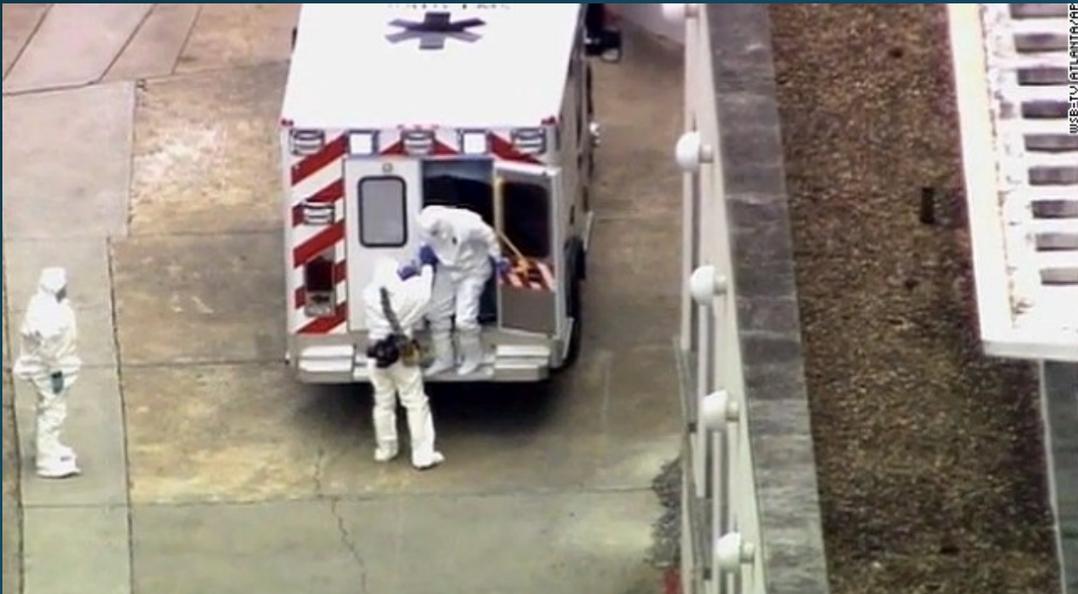
PAGES 2,3,4,5,6,7

Ebola communications based on assumptions

- The public believes in science
- Facts are persuasive
- People trust government officials
- Politics and animosity fades in a crisis

Ebola patient arrives in Atlanta

- Sentiment was nervous but calm
 - Specialized unit at Emory University prepared and practiced for this since 2002
 - The public knew in advance that patient was coming



A few politicians and others complained and stoked fear, but story generally was balanced.

Social media gives everyone a voice

A screenshot of a Twitter thread from August 1st. The tweets are as follows:

- Alana Gabriella @AynsFriend**: Does everyone grasp the sheer danger of knowingly allowing #ebola into US? Pray for @EmoryUniversity - will spread like wildfire
- No More Rino Excuses @USAlivestrong**: @EmoryUniversity, could we huddle? Why not cure the incurable in Liberia? #ebola introduction in the US is not an option!
- Haley Leaptrot @haley_leap**: Wait, @EmoryUniversity how much off tuition do I get if I contract Ebola??
- Jon Olsen @burnunit**: @EmoryUniversity WHAT ARE YOU THINKING
- Emory University @EmoryUniversity**: Plans set to transfer an #Ebola patient @emoryhealthcare's #Emory University Hospital ow.ly/zQ7B6
- Maz_Mom @Maz_Mom**: @EmoryUniversity Wonder if you'll see a decrease in your incoming class? Would not be sending my daughter in a few weeks.
- Dan Litzen @dirtydan4747**: @EmoryUniversity have you really thought through DUMB MOVE #orangeroom

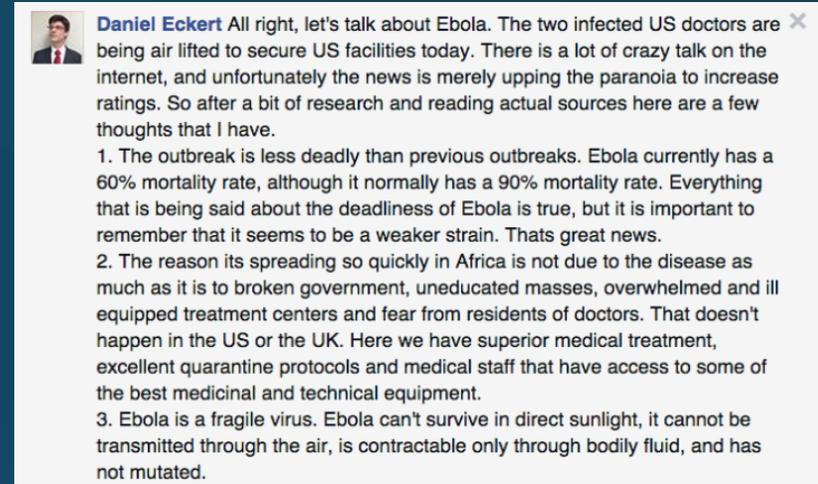
Ebola outbreak in Atlanta.....
This must be how The Walking Dead started.....



But that can work to your advantage

“Brand Ambassadors” can help build trust and answer questions you cannot

Your messaging can help shift the conversation.



Daniel Eckert All right, let's talk about Ebola. The two infected US doctors are being air lifted to secure US facilities today. There is a lot of crazy talk on the internet, and unfortunately the news is merely upping the paranoia to increase ratings. So after a bit of research and reading actual sources here are a few thoughts that I have.

1. The outbreak is less deadly than previous outbreaks. Ebola currently has a 60% mortality rate, although it normally has a 90% mortality rate. Everything that is being said about the deadliness of Ebola is true, but it is important to remember that it seems to be a weaker strain. Thats great news.
2. The reason its spreading so quickly in Africa is not due to the disease as much as it is to broken government, uneducated masses, overwhelmed and ill equipped treatment centers and fear from residents of doctors. That doesn't happen in the US or the UK. Here we have superior medical treatment, excellent quarantine protocols and medical staff that have access to some of the best medicinal and technical equipment.
3. Ebola is a fragile virus. Ebola can't survive in direct sunlight, it cannot be transmitted through the air, is contractable only through bodily fluid, and has not mutated.



Suzanne Kianpour 
@KianpourWorld 

Proud my alma mater [@EmoryUniversity](#)'s hospital will be treating the Americans w [#Ebola](#). Home to best drs in world usatoday.com/story/news/nat...

Changing the narrative

- August 6: Washington Post publishes op-ed by Susan Grant, Emory's Chief Nurse Executive
- Language carefully chosen: e.g., "Head nurse"
- *"We can fear or we can care."*

PostEverything

I'm the head nurse at Emory. This is why we wanted to bring the Ebola patients to the U.S.

These patients will benefit – not threaten – the country.

Facebook Twitter Google+ Email +

A Print 673

By Susan M. Grant August 6, 2014
Susan Mitchell Grant, RN, is chief nurse for Emory Healthcare.



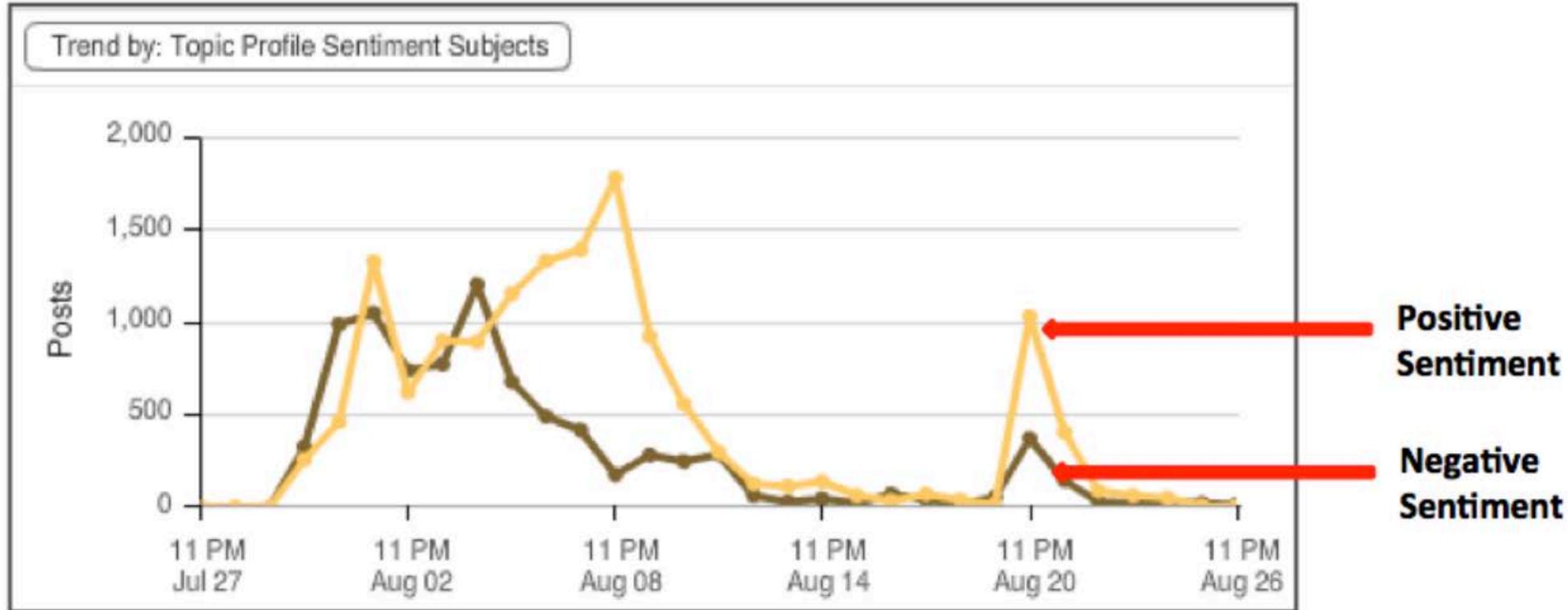
How the Ebola virus works (1:56) post tv

As the worst Ebola outbreak in history unfolds in West Africa, The Post's Joel Achenbach explains how the deadly virus wreaks havoc on the human body. (Davis Coburn/The Washington Post)

Most Read

- 1 Greek leader home with bailout deal but faces dissent over deep cuts ahead
- 2 The thing Bernie Sanders says about inequality that no other candidate will touch
- 3 Prison break shines spotlight on Mexico's shadowy corruption woes
- 4 Serena Williams slams body shamers with Wimbledon dinner dress
- 5 What everybody needs to know about the deal to save Greece – and what happens next

Wash Post op-ed turned the tide



Do not rely on news media to lead the conversation



- Emory live-tweeted Dr. Brantly's release
- Most social media activity in one day for Emory
- Leading conversation shows ownership and helps control the message

Unprepared in Dallas

- First “surprise” patient (without a pre-existing diagnosis of Ebola) walks into the Texas Health Presbyterian Dallas (THD)
- Relentless media firestorm
- And it was very different from Atlanta
 - Undiagnosed, sent home, remained “at large”
 - Returned, hospitalized, two nurses infected
 - The patient died

Contradictions fueled fear

- Hospital claimed it had been totally prepared for Ebola
- Nurses said there had been no training and no PPD
- Public wanted to know how Ebola diagnosis was missed
- THD: Claimed error caused by faulty EMR, then retracted
- CDC said every hospital could handle a walk-in Ebola patient

PR errors heightened concern

- Hospital was defensive, unresponsive
- Patient's family spoke out, not being informed
- Nurses complained
 - Hospital responded with corporate speak
 - Statements focused on hospital, not people or patients

Dallas Ripple Effect:

Panic is contagious and airborne

- Schools banned children whose parents were on a plane with a nurse from the Texas hospital; bridal shop she visited went out of business
- THD employee quarantined on a cruise ship
- Rampant discrimination against people who visited or were from places in Africa nowhere close to Ebola zone
- Syracuse University banned Pulitzer Prize-winning journalist who covered Ebola epidemic
- And the hate speech ramped up

As a global gateway, NYC was prepared for Ebola

- July 2014: Health Dept. implemented Ebola-specific response plan (a city where someone was in charge)
- Sept. 2014: Every health care provider in NYC ordered to screen patients to determine if they had traveled to Ebola risk areas
 - Training materials and posters distributed
 - Hospitals required to train staff on screening and isolation
 - Hospitals and staff capable of handling Ebola cases identified
 - Isolation and transport protocols established

The media had a different agenda

- Media frenzy and fear-mongering started after treatment of Dr. Brantly but took off after the death of Mr. Duncan
- More than 1,000 network TV news segments on Ebola from Oct. 7-Nov. 3. (Coverage dropped off precipitously after Nov. 4 election)
- “Experts” of dubious credibility given platform on many media outlets

Just a few “high”lights from major media outlets, mid-October

How the Feds block Ebola cures

By Robert Goldberg

October 16, 2014 | 8:30pm

How you can profit from Ebola

By: *Matt Krantz* October 14, 2014 8:00 am

Nurses in safety gear got Ebola, why wouldn't you?

By By CONNIE CASS

Wednesday October 15, 2014 4:00 PM

UPDATED: Wednesday October 15, 2014 5:37 PM

“In these countries they don’t believe in traditional medical care. So someone could get off a flight and seek treatment from a witch doctor.”

It wasn't just media over-reacting

- More than 800 people called CDC with Ebola concerns during the first week of October
- Woman vomited on a Pentagon shuttle bus
 - Hazmat team responded, area cordoned off, military officials going to a Marine Corps ceremony were temporarily quarantined, (and) the woman was put into isolation.
- Man on L.A. public bus yelled, 'Don't mess with me, I have Ebola!'
 - Bus driver quarantined, bus taken out of service. The man disappeared.

NYC should have been calm; It was prepared for this

- Hospitals had protocols in place and doctors, nurses, other staff had trained
- City-wide coordination
- Solid public health leadership
- “By the books” press conference



After Dallas, craziness became norm

- “This guy ran around on the subways, we’re all at risk”
- Parents called kids at NYU – come home!
- NYTimes found one Bellevue employee who was nervous, led with her on Page 1
- Bowling alley disinfected
- And **Dr. Spencer** doctor was demonized

Field day for media and bloggers



TPM LIVEWIRE

Fox's Megyn Kelly Rushes To Call NYC Ebola Patient 'Irresponsible' (VIDEO)

f SHARE TWEET PIN-IT Bookmark 102 Comments

FOX NEWS FOX NEWS 6:59 PT **FIRST NYC EBOLA CASE CONFIRMED** **BREAKING**
FOR EBOLA... THE DOCTOR HAD RECENTLY RETURNED TO NEW YORK AFT

AP Photo / Anthony Devlin

By **TOM KLUDT** Published **OCTOBER 24, 2014, 11:26 AM EDT** f Like 896 6604 Views

or 'lied' about

\$
iam
patient initially lied to authorities
and the city following his return from
ns in Africa, law-enforcement sources
?r...

ence': Why it's so nage

ipm
for Disease Control and Prevention
unveiled a new policy for health-care
m Ebola-plagued West Africa.
Obama defended that policy,

e leaves 'prison' but n't want her back

iam
who was forced into quarantine when
ter treating Ebola patients in Sierra
1 Monday to leave a New Jersey

...And politicians

Former S.C. GOP official:



During a congressional hearing on Ebola... former nurse and now House Rep. Renee Ellmers (R-NC) seemed to suggest that the virus has already mutated and gone airborne.

"If someone has Ebola at a cocktail party they're contagious and you can catch it from them," said Kentucky Sen. Rand Paul, who is an MD.

Sen. Ted Cruz's senior adviser:



Normal logic, decorum or scientific communication rules did not apply

- Public relations officials (among others) received hostile personal contact by known individuals
 - Distrust of any authority, especially when the authority was trying to allay fears
- Some of the most extreme concerns were expressed by highly educated individuals
- Neighbors and friends were more-trusted sources, regardless of actual knowledge

Not all media were irresponsible

QUIZ: DO YOU HAVE EBOLA?

1. Have you touched the vomit, blood, sweat, saliva, urine, or feces of someone who might have Ebola?

NO

You do not have Ebola.



Source:
Vox.com

Social media has real power. Use it.

ARE YOU CONCERNED ABOUT EBOLA??

YES! → **HAVE YOU HAD DIRECT CONTACT WITH THE BODILY FLUIDS OF AN INFECTED PERSON?**

Not really. → GOOD.

HAVE YOU HAD DIRECT CONTACT WITH THE BODILY FLUIDS OF AN INFECTED PERSON?

Yes. → Please call the CDC.

No. → Please shut the f

Maryn McKenna
August 2, 2014 · Edited ·

Here, Internet, I made this for you.

(Editing to add: I guess a lot of people are sharing my annoyance, since this got shared pretty quickly. I actually keep my FB moderately locked down. So, it's natural to share this within FB (and thanks for the implicit compliment) — but if you reproduce it outside FB, don't attach my name, OK? I can do without the credit for this one.)

Unlike · Comment · Share

You, Miriam E. Tucker, Joe Neel and 82 others like this.

19 shares

View 34 more comments

Prominent health journalist Maryn McKenna posted this midday on a Saturday in August — sharing it only with friends. But it spread fast. Solid information can travel.

We are in the post-factual era

- Facts are not automatically persuasive
- Calm scientists may sound patronizing
- Confirmation bias backfires and increases intransigence
- Facts cannot trump fear



What we learned about crisis communications plans

- A plan is only paper on shelf unless you DRILL
- Always be prepared for the unexpected
- Communicate internally AND externally

And we learned that the STORY matters most

- An infected RN vs. a corporate spokesperson
- “Head nurse at Emory” vs. an “official”
- Anti-Vaxxers (or Ben Carson) vs. a pediatrician holding two kids by the hand in a hospital
- Counter-narrative can be powerful
 - Not: “you’re wrong”
 - “Here’s a different approach,” a different vision, a different point of view moves the discussion

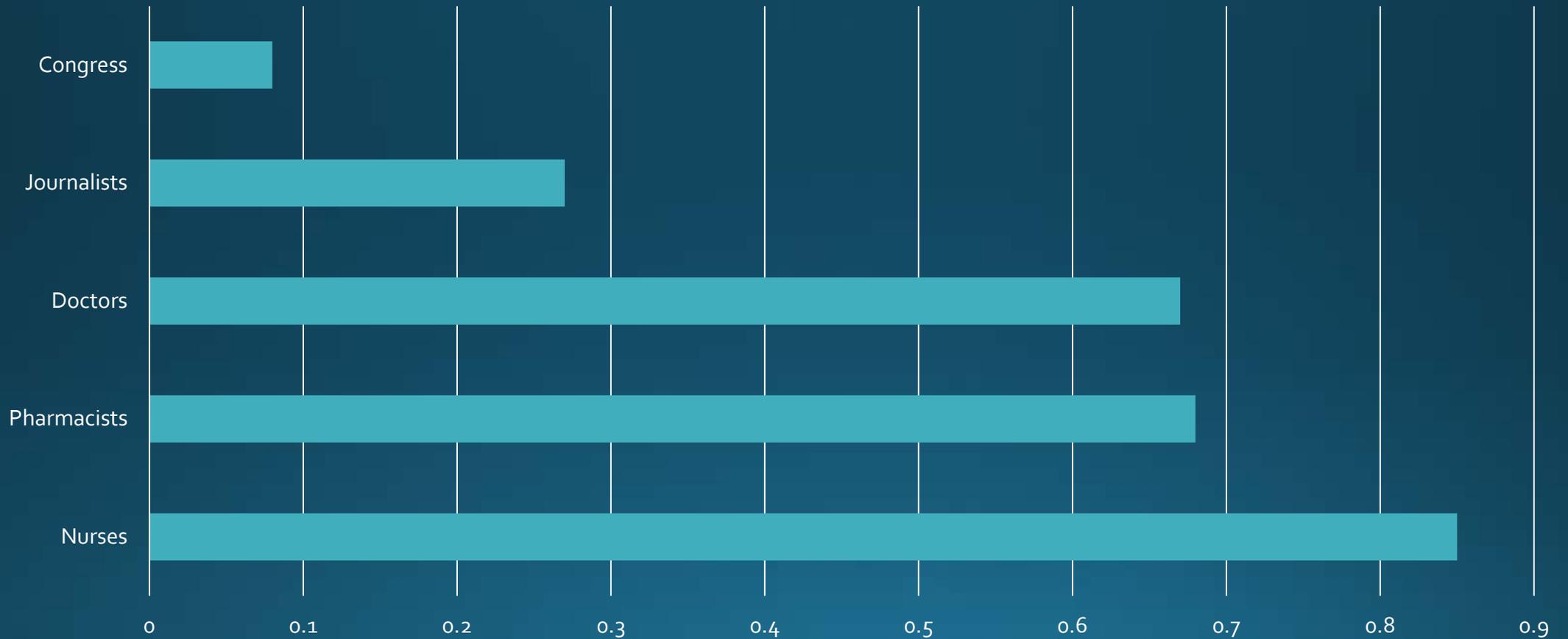
Who do you need relationships with?

- Think about who is trusted by your target community
- But also think about people who are vocal, frequently quoted, or otherwise influential
- Do not limit your outreach to “traditional” media and professional journalists

Community influencers

- Political leaders and government officials
- Clergy and other community leaders
- Media (especially news directors and “personalities”)
- Detractors
- Health care professionals (e.g., pharmacists and physician office staff)

Who do people trust?



Practice, practice, practice

- Identify at least three capable spokespersons
- Plan location, technology, format
- Establish SOPs

Tactics to engage in advance

- Ongoing, strategic communications
 - Be a reliable source of solid information
 - Images, infographics, data
 - Know experts to whom you can refer media

Ways to engage outside of a crisis

- How you are preparing for the next emergency
- What community leaders need to know in an emergency
- Make them feel included and appreciated

Manage your media

- You don't need reporters to show up to get your messages out
- Get comfortable with "live" tools
 - Periscope (Twitter Video)
 - Facebook Live
 - YouTube On Air

Politicians WILL have a role, so get them on your message

Ax man 'wanted whites to pay'
PAGES 8-9

throwing gutter ball:
'If I can put my fingers in the holes, everyone can feel comfortable doing it, too'
SEE PAGES 4-5

Thank you

More info: douglevy.com