Pandemic Communications: NH Public Health Perspective

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Effective Communication

- Action oriented & results in behavior change
- Build trust and credibility
- Build partnerships
- Facilitate understanding of individual and community concerns
- Respond to mis- & disinformation





My Key Roles in NH's COVID-19 Pandemic Response

- Medical, science, and data/epidemiology subject matter expert (SME)
- Development of public health guidance for various businesses/settings (required to be followed under our Governor's executive orders)
- Medical director for state-run COVID-19 vaccine clinics (established by our Regional Public Health Networks and the NH National Guard)
- Healthcare and partner communications (separate webinars for LTCFs, schools/childcare, healthcare providers)
- Public communications
 - Participated in ~120 press conferences over the first two years of the pandemic (with Governor and Commissioner of NH DHHS)
 - Frequent media interviews
- Coordination with federal and state/local agencies on strategy, guidance, communications, etc.





Relationship Between Science, Implementation, and Communication





CAP Guidelines: Using Local Data

Table 2. Differences between the 2019 and 2007 American Thoracic Society/Infectious Diseases Society of America

 Community-acquired Pneumonia Guidelines

	Recommendation	2007 ATS/IDSA Guideline	2019 ATS/IDSA Guideline
	Sputum culture	Primarily recommended in patients with severe disease	Now recommended in patients with severe disease as well as in all inpatients empirically treated for MRSA or <i>Pseudomonas aeruginosa</i>
	Blood culture	Primarily recommended in patients with severe disease	Now recommended in patients with severe disease as well as in all inpatients empirically treated for MRSA or <i>P. aeruginosa</i>
	Macrolide monotherapy	Strong recommendation for outpatients	Conditional recommendation for outpatients based on resistance levels
	Use of procalcitonin	Not covered	Not recommended to determine need for initial antibacterial therapy
	Use of corticosteroids	Not covered	Recommended not to use. May be considered in patients with refractory septic shock
	Use of healthcare-associated pneumonia category	Accepted as introduced in the 2005 ATS/IDSA hospital-acquired and	Recommended abandoning this categorization. Emphasis on local epidemiology and validated
"We propose that clinicians need to obtain local data on whether MRSA or <i>P. aeruginosa</i> is prevalent in patients with CAP and what the risk factors for infection are at a local (i.e., hospital or cat chment area) level. We refer to this process as		guidelines	<i>aeruginosa</i> coverage. Increased emphasis on deescalation or treatment if cultures are negative
		β-Lactam/macrolide and β- lactam/fluoroquinolone combinations given equal weighting	Both accepted but stronger evidence in favor of β -lactam/macrolide combination
		Not addressed	Recommended not to obtain. Patients may be eligible for lung cancer screening, which should be performed as clinically indicated
'local validation.'"			



https://www.idsociety.org/practice-guideline/community-acquired-pneumonia-cap-in-adults/

Communication Process: Conceptual Diagram (from CDC)





CDC CPR BSC Presentation (11/16/22): "Communication Principles for a Complex World"

Developing Communications: Working Backwards (Message Mapping)

- 1. Target audience
 - Identify and understand the audience
- 2. Method of communication
 - Identify and utilize modes of communication used by target audience
 - Give people a way to communicate back
- 3. Message content and delivery
 - Identify and develop key communication objectives (i.e., SOCO)
 - Address the emotions, fears, concerns, uncertainty, etc.
- 4. Messenger (spokesperson)
 - Person vs. organization
 - Trusted, credible, empathetic, knowledgeable



Building Credibility and Trust



People receive, interpret, and evaluate messages before they decide to take action. Expect your audience to immediately judge the content of your message as well as the delivery. **Successful communication depends on credibility and trust.**



How Would Communication Strategies Change If There are Competing Public Health Priorities During a Pandemic?

(e.g., viral pandemic and antimicrobialresistant secondary infections)



Communication Strategies With Competing Priorities

- Same overall communication strategy
- Separate out communication objectives by topic
 - Human vs. animal health
 - Antibacterial resistance vs. pandemic virus response
 - Healthcare (inpatient vs. outpatient), agriculture, or general public
 - Prevention, diagnosis, treatment, etc.
 - Contingency or crisis standards of care
- Follow basic communication principles
 - Identify audience
 - Determine method/mode of communication
 - Develop message content (focusing on key communication objectives)
 - Deliver message from a credible source



Separate Communication Objectives by Topic





Important Additional Considerations

- Build, maintain, and leverage federal, state, and local partnerships and communication channels (e.g., health care coalitions, One Health groups)
- Involve state/local public health agencies early
 - Public health structure and processes for engagement and communications vary by jurisdiction (different partners, different systems, etc.)
 - Utilize established communications systems
 - State/local data, context, and experience should inform development and implementation of guidance (e.g., regional/local variation in AR rates)
 - Federal \rightarrow state \rightarrow local translation of guidance and messaging may occur
- Engage clinicians and medical/vet organizations early because they often are on the front lines of addressing patient concerns
- Develop evaluation systems and feedback processes (e.g., reach of communications, antibiotic use/prescribing)



Thank You

Q&A During Panel Discussion

