

**Oregon Public Health Division
MEDICAL ADVISORY GROUP
Meeting Minutes
December 20, 2006**

Participating Members:

Margaret Carley, RN, JD, OHCA
Thomas Dodson, MD, Psychiatry
Joe Finkbonner, RPh, MHA, NW Portland Area
Indian Health Bd.
George Gerding, RPh, Pharmacy
Roberta Hellman, RN, Local Health
Jere High, OR Primary Care Assn.
Heather Hue, MD, MPH, Internal Medicine
Jim Jensen, MD, Emergency Med.

Csaba Mera, MD, The ODS Companies
Dane Nichols, MD, Internal Medicine, Critical Care
Jim Shames, MD, Public Health Officer, Fam Prac.
Bob Shoemaker, JD, Public Health Advisory Board
Jennifer Soyke, MD, Palliative Med.
John Tuohey, Providence Medical Ethics
Larry Wallack, DrPH, PSU College of Urban &
Public Affairs
Bill Zepp, Oregon Dental Association

Guests:

Christie Holmgren, PH Emer. Prep. Communications
Mel Kohn, MD, Ofc of Disease Prevention & Epidemiology
Paul Cieslak, MD, Ofc of Disease Prevention & Epidemiology

State Public Health Staff:

Susan Allan, MD, JD, MPH, Director
Paul Lewis, MD
Brian Mahoney, MPH
Judy Murdza

Facilitator:

Casey Milne, Milne & Associates, LLC

Executive Summary:

The Medical Advisory Group (MAG) met for 6 hours on 12/20/06.

Focus: *communications* before and during a pandemic or other public health emergency. A brief overview was given of the state's Public Health (PH) communication principles and priorities, and current communication tools and channels for reaching various groups and professions potentially involved with responding to public health emergencies. A list and representative samples of current publications was distributed to MAG for an assessment of each product's value to MAG members and their respective groups.

Discussions: MAG members, along with staff from state PH, suggested methods to optimize consistency and transparency in messaging; ways to improve current channels of communication from and to the state public health system; useful systems and products during emerging events or emergencies; and some additional ways of communicating for consideration.

Outcomes: MAG members will survey their colleagues about current and desired PH communication tools. State Public Health will follow up on recommendations made by MAG and report progress or outcomes and/or bring back to the table for further discussion. State PH will develop simple "risk communication" templates for distribution to MAG members, and will make risk communication training available to local health officers. State PH staff will investigate possibility of some kind of website to support the MAG activities, as

well as possibility of posting MAG materials, minutes and agendas on the state PH website. Information about the existence and activities of the MAG will be more widely distributed.

Action Items from meeting of December 20

ITEM	Action	On point	Timeline
Executive summary from MAG meetings	PH will provide to MAG for inclusion in their respective newsletters	Public Health MAG Team	By January 9, 2007
Survey MAG-represented organizations using "survey monkey"	<ol style="list-style-type: none"> 1. PH will develop a survey about current and desired communication tools during a public health event or crisis. 2. MAG members will ask their organization's members to complete the survey monkey 3. PH will follow up with MAG 	<ol style="list-style-type: none"> 1. PH 2. MAG 3. PH 	Develop in January 2007, survey in February 2007
HAN website registration	MAG and their respective colleagues are encouraged to register. (Acknowledged that registration could be made more user friendly – see comments under HAN discussion.)	All MAG members and their respective colleagues. Links provided in handout.	Currently available
Use <i>GOOGLE</i> as a site for OR PH emergency websites	PH will seek CDC sponsorship and approval to use <i>Google</i> as resource for Oregon emergency services information website.	Mel Kohn, ODPE	Will further MAG advise about possibilities
Website to support MAG activities	PH will investigate possibility of some kind of website to support the MAG activities as well as posting MAG agendas, minutes and other materials, on the state PH website. Information about the existence and activities of the MAG will be more widely distributed.	??	??
Risk Communication templates and training	PH will develop simple "risk communication" templates for distribution to MAG members and make risk communication training available to local health officers	PH – Christie Holmgren ?	??
Question: Do all LHDs, organizations and businesses have a crisis communication plan in place?	Request MAG members explore this with their constituencies. Follow up at future MAG meetings on progress and further action plan.	MAG members	Ongoing

Opening -- Susan Allan

- Dr. Allan reiterated the work to be performed by the Medical Advisory Group:
 - Purpose: to assist the Public Health Division to develop a framework for making decisions about allocation of scarce resources and altered standards of care in the event of a pandemic or other health emergency; specifically, to develop principles and guidelines
 - Members of the MAG represent a broad range of health care and other organizations that would have to implement decisions in a pandemic
 - Members of the MAG bring their individual experience and perspectives, but are asked to think broadly, on behalf of the whole system

FOCUS: Communications -- Christie Holmgren

“People don’t care how much you know until they know how much you care.”

Today’s goals

- ▶ greater understanding of how to achieve transparency in communications
- ▶ greater clarity on methods to optimize consistency in messaging
- ▶ greater clarity on when and how to respond to inconsistency in messaging
- ▶ greater understanding of what communication channels and tools would work best for the state’s medical and related community, the media, and the public in event of a pandemic and other public health events for disseminating information.

Breakout Session I-A: COMMUNICATION CHANNELS -- *Suggestions*

- info for experts: use text messaging, fax and pop-ups on electronic medical record programs (*e-mail doesn’t work well for docs*)
- develop clear lines of communication from authoritative source
- info for lay people: use media, use dedicated TV channel
- HAN site:
 - PH recommends all MAG members and their colleagues *register* to have access to it. Links included in handout. Discussion about passwords, necessity; difficult to remember during crises – **see action item**
 - suggested that someone in med offices check HAN site daily
 - designate one person in organization to be point person to share info with others
- for electronic messages, include links rather than URLs
- websites:
 - construct with a uniform, familiar look
 - keep it simple at start
 - must be easy to navigate -- fewer “clicks” better (max of 2)

- links are better than URLs
- passwords – won't be remembered during crisis
- don't assume all persons have equal ability to navigate websites; age gap may play a role in use of electronic-based technology
- design websites in a simple and clear way for ease in making selections, such as: "if a physician, click here", "if a pharmacist, click here", etc. – think network and system
- as many will not remember web address in crisis, primary resource in emergency could/(should?) be **Google** – work to design Oregon PH information site tied into Google so a search would bring up this site as a first choice. (*Mel Kohn will contact CDC to see if they would sponsor it for Oregon and nationally*).—**see action item**
- conduct survey of medical-related colleagues to ask them where they would seek information in event of pandemic and other public health events – **see action item**

Breakout Session I-B: FACT SHEETS -- Suggestions

- **get their attention** then direct to a central point for information
- use familiar, recognizable design on publications / websites, etc.
- "less is more" -- keep it simple – 1 page (f/b) is best – use large (12 pt or greater font size)
- single topics per fact sheet
- use graphs for effect
- categorize information: such as, health data; treatment guidelines; references / resources (use the no more than 2-clicks to navigate there) or when referencing web sites – offer links rather than URLs
- suggest a link first, then phone #
- include "what if" section
- AMA is a good site for fact sheets on many medical subjects
- noted: much good info is put out by local health departments
- for public: include info about when to seek care – use white space; write for reading level of intended audience

Breakout Session I-C: REVIEW OF GENERAL COMMUNICATIONS -- Suggested

Principles

- **must get people's attention**
- use TV access
- proactively build relationships with media / news directors
- get media to provide helpful info vs controversy
- all health directors should receive spokesperson training / "framing the message" -- make sure key responders have available and work from same set of facts
- when specific to Oregon: push info; local event; clarify – if necessary – info coming from CDC; add info whether local area is affected
- give professionals update on event (i.e., where, how many affected, etc.)
- CD Summary: good example as it is short, lists references, uses graphics
- News Releases: not thought to be directly effective in the trenches

- docs respond to specialty organizations
- hold quarterly “open house” to bring e-response partners together
- put out a “who’s who” with photos and contact info for e-responders -- who are people in the community you should know?
- include “Who ya gonna call – Flu Busters” type advertisement banner on PH publications to proactively plant the idea of where to seek authoritative information when needed
- hold “what if” meetings for e-responders
- for public: include info about when to seek care; for instance, what if they can’t get antibiotics

Communication Roles in a Pandemic -- Dr. Allan

Dr. Allan presented background information about government roles: federal vs state vs local; and government vs clinicians. In sum she stated, “the State is not a substitute for what’s happening at the local level, but to interface with federal, other states, and the local area affected – it is the role of the State to manage the interface and to provide frameworks and technical resources to support local action.”

Breakout Session 2-A: STATE / LOCAL AND PUBLIC / PRIVATE ROLES FOR EFFECTIVE COMMUNICATIONS IN A PANDEMIC -- State / Local -- Suggestions

- proactively help groom (i.e., training) local health officers as spokespersons
- state health officer (SHO) – governor coordination = authority / spokesperson
- establish a single response point – for info in and info out
- clear, quick identification of spokesperson(s)
- use established PIO protocols
- establish / publicize guidelines regarding diagnosis, quarantine and treatment
- establish / publicize mandates regarding diagnosis, quarantine and treatment
- establish status / surveillance for above
- establish authority for above – consider credibility and legality
- provide info to local elected officials (both ahead of time and real-time as appropriate)
- use “heart, head, hands” model for public health messaging (express empathy, provide facts, provide actions for public)
- hold press conference with correct folks
- spokespersons should provide facts from perspective of human element, not policy – shouldn’t be an independent decision
- message to be appropriate to situation and consistent
- provide mechanism for resolution of conflicts
- disseminate info to medical associations, schools, retail, community groups, etc.

- produce and publicize info via written, web, PSAs, press, etc. (This is what it is – this is what to expect) – the state and local communications need to support personalized decisions that are then delivered privately (i.e., what to expect)
- public & local: use TV & radio (including use of trailers as for weather/school closures), direct to dedicated station for live interactive Q&A with experts, or Dr. / nurse addressing typical questions, hotlines, etc. Provide clear messages re clinics, hospitals, where to go, etc.
- managed care companies (private sources) are developing resources such as above that could be utilized
- between patients and physicians: if no need to be seen in ER: e-mail? phone?

Questions raised: General public will quickly lose compassion.

- what to do with incarcerated during pandemic
- what about drug-addicted / seeking drugs (gov't to stockpile Rx – methadone?)

Breakout Session 2-B: PROCESS FOR GETTING INPUT ON MESSAGES URGENT / NON-URGENT – Suggestions

- use core small group previously established, such as MAG (urgent and/or non-urgent)
- make use of conference calls (urgent and as often as needed), e-mail (non-urgent), podcasts, web and/or videoconferences to bring key persons together across the state (less urgent)
- in ICS mode, use PIO/JIC network (urgent)
- 2-way conversation with local health directors and others (may be urgent and/or non-urgent)
- identify and utilize local experts (may be urgent and/or non-urgent)
- may use a “survey monkey” type of tool (non-urgent)

Breakout Session 2-C: COMMUNICATION TRIGGERS – Suggestions

- driven by epidemiologic implications – nat'l, state, county, local levels
- importance and reality vs “interest” [hype, rumor, monetary implications]
- calls from providers
- significant media coverage
- information that may change the medical decision-making and delivery of care
- something with potential adverse impact or discrimination against sectors of society or population groups

Breakout Session 2-D: WHAT & WHEN TO WITHHOLD INFO – Suggestions

- protected health info: confidentiality vs public health need
- incomplete, inaccurate, unverified info
- appropriate alignment with federal info
- proprietary info

noted: All above require judgment calls. It would be a rare occurrence to “withhold” info because of potential loss of confidence, respectability, and liability.

Question raised:

-- do private institutions exist in a pandemic?

Challenges to effective System Communication -- Susan Allan and Christie Holmgren

Breakout Session 3-A: CONSISTENCY in Communication at all levels

- Problem: not following SHO lead. – Solutions: a) proactive education for clinicians and others regarding PH system for emergency health communications and authority / hierarchy; b) educate public regarding state decision-making and authority; c) documentation of messages.
- Problem: disconnect between producer and delivery of message. – Solutions: a) establish credibility of source with many partners; b) establish / exercise process for getting input; c) establish/maintain functioning, timely channels of communication.
- Problem: inconsistent “framing” or structure of message of identical content. – Solutions: a) see solutions for item immediately above; b) education regarding “framing” messages; c) PH to send a packet of materials to be used.
- Problem: different agendas, such as gov’t vs hospital, hospital vs hospital, private vs. public
- Problem: timing between different levels and same news cycle
- Problem: working with elected officials
- Problem: addressing diverse groups – age, ethnicity, religious, etc.

Breakout Session 3-B: INCONSISTENCY -- identification & response

“What is perceived is . . .”

Problems

- different sources
- who makes decisions – level dependent

Damage control -- what to do

- coordinate sources
- get above the din
- meet and confer – in advance; all parties of interest; media
- it’s a question of trust
- school system is key
- proactively work with media -- be cognizant of media desire to create controversy
- stay on message – especially as situation develops or worsens
- utilize internal controls within our system for consistency
- need for proactive communication from the medical community
- need to respect position of adversaries – they believe in what they’re doing
- timing: fight fire with fire

Breakout Session 3-C: TRANSPARENCY – importance & methods to ensure

Why is transparency important?

- it builds trust and allows engagement
- it yields credibility and ongoing communication – you become the *source*
- it buys trust
- it provides approachability
- it brings respect
- it eliminates uncertainty and the need to spend time explaining why you cannot divulge certain information at all times

Methods to achieve transparency

- be an appropriately trained spokesperson
- be truthful
- give info that is accurate and factual
- don't mislead
- be consistent
- explain how decisions are made
- show no undue influence (from lobbyists)
- be as timely as possible
- be readily accessible (including website for MAG)
- admit if mistakes were made
- do good work – established by reputation
- develop long-term relationships with media, partners, etc.
- develop an institutional culture of transparency

Next Meeting:

- Date: Tuesday, January 9, 2007
- Place: Oregon Dental Association (ODA) – same location as Dec. meeting
- Time: 1:00 – 6:00 p.m. *Wine & cheese after meeting courtesy of ODA*

Meeting adjourned: 3:10 p.m.