



# Lessons Learned in Health Care Communications



## Key Takeaways

- Know your audience and tailor your messages and communication methods.
- Provide messages in different languages based on the population you serve.
- Use multiple methods to reach your audience. Send a message through the patient portal, but also post to social media, send an email, and put posters up at the local post office.
- Health care professionals are trusted messengers. Ensure they have up-to-date information and talking points.
- Build a grassroots campaign to educate trusted messengers (especially those who speak the same language as community residents) within your health facility/ system and community (e.g., the NYC H+H COVID-19 Vaccine Champions program).
- Establish relationships with relevant stakeholders before an emergency. Maintain those that were created during the pandemic (e.g., VHA work with minority outreach offices).
- Use social media and celebrity influencers to reach a broader audience (e.g., VHA work with Veteran/Emmy winner soap opera star James Reynolds).
- To combat message fatigue, shorten messages and ensure they are relevant to health care providers.
- Collaborate with schools and related organizations to get messages to children to take home to caregivers.
- Use plain language when communicating risk.

During the COVID-19 pandemic, health care systems and facilities adapted to a global crisis which required communicating frequently changing guidance to their staff, patients, visitors, and communities. Simply put, the importance of frequent, clear, and actionable communication with staff and stakeholders using audience-appropriate channels cannot be overstated.

In April, 2023, the U.S. Department of Health and Human Services' (HHS) Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) featured speakers representing a wide range of health care stakeholders and jurisdiction types (national, large/urban, regional, and rural/tribal) in a [Roundtable on Lessons Learned in Health Care Communications](#). Topics included channels used for outreach and continued engagement, strategies for reaching different community and cultural groups, tracking and countering rumors, and working with partners to create complementary messaging. While the speakers focused mainly on the COVID-19 pandemic, their observations can be applied to any type of emergency.

The following subject matter experts (SMEs) (listed alphabetically) participated in the roundtable (moderated by ASPR TRACIE's Senior Editor, Dr. John Hick):

- Jennifer Askey, Portfolio Manager, Office of Healthcare Transformation, Veterans Health Administration (VHA)
- Amanda Burrage, MD, MPH Medical Director of Public Health, Tuba City Regional Health Care Corporation, Tuba City, AZ
- Syra Madad, DHSc, MSc, MCP, CHEP Senior Director, System-wide Special Pathogens Program, New York City Health + Hospitals (NYC H+H)
- Danielle Martin, Co-Owner, Healthcare Coalition Partners of Kansas, LLC
- Melodee Mercer, Lead for Strategic Engagement team, Office of Healthcare Transformation, Veterans Health Administration
- Tami Wood, BSN, RN, RRC, Co-Owner, Healthcare Coalition Partners of Kansas, LLC; North Central Kansas HCC Response and Readiness Coordinator

## Communication Channels and How They Changed Through the Pandemic

At Healthcare Coalition Partners of Kansas, Tami Wood and Danielle Martin's team began meeting daily with readiness and response coordinators and health care coalition members in the beginning of the pandemic. They disseminated information to coalitions through their website, email, text, and phone. Communication channels were kept consistent throughout the pandemic, which was especially important because of frequent staff turnover.

They found that meeting four times a day with members of the state emergency operations center (EOC) (e.g., emergency management staff, the Kansas Department of Health and Environment, the Kansas Board of EMS, and other stakeholders) was effective in combating misinformation, disinformation, and rumors. Three years later, through the end of the COVID-19 Public Health Emergency (PHE), these meetings continue to be held once a month or every other month.

As Amanda Burrage noted, the Navajo Nation population served by the Tuba City Regional Health Care Corporation, in Tuba City, Arizona, is unique because households are often multigenerational, with twelve or more people of three or more generations often living under one roof. The first step for reaching this population was holding livestreams on Facebook featuring well-known health care providers and community members. For those not on Facebook or

without internet access, disseminating messages through radio advertisements and informational phone trees (where one person calls and shares info, then that person calls the next person on list) became important. These strategies were crucial especially for those who could not leave their homes while the Navajo Nation was under lockdown. Billboards and flyers at grocery stores and post offices became important later; hospitals provided patients with handouts with current information.

Syra Madad explained that the NYC H+H system monitored click rates of emails sent internally to determine if they were adequately reaching staff. Due to busy schedules and relatively low click rates, they reached out to staff through other channels (e.g., established clinical councils, group messages, the hospital system intranet, a dedicated COVID-19 inbox where staff could receive answers to questions, and by sending text messages or push notifications to employees' work screens). To get messages to the frontlines, it was also important to integrate new guidance into in-person huddles.

Townhalls were another important tool for keeping staff in the loop and were held in multiple languages. Each was on a different topic (e.g., the difference between mRNA and viral vector vaccines, why pregnant people should be vaccinated) or were question and answer sessions. Online education and internal webinars for staff also helped share timely information. NYC H+H developed "COVID in a Minute" videos for staff which covered specific topics. Later in the pandemic, NYC H+H developed a COVID-19 Champions and Ambassadors Program which trained staff from different roles and cultures to be effective communicators about the disease, vaccine, and treatment. Thousands of people (e.g., doctors and nurses, and environmental services, dietary, and transport staff) took the training so they could speak about changing guidance with their friends, families, and broader communities. The program eventually expanded to include community members.

As the pandemic progressed, Madad explained how NYC H+H reached their patients using an "all of the above" approach. In addition to sending a message through the patient portal, they made use of a database of two million patient email addresses, messaged the community via social media (including Facebook, Twitter, and Instagram), ensured the information on their website was current, and provided on-site patients with brochures. The staff crafting the messages worked hard to ensure the information was presented in clear, actionable language.

Some community members may not trust health systems because of historical injustices experienced by people of color and immigrant communities. Madad emphasized the importance of using trusted community leaders and others (e.g., speakers from the city or state health departments) to share messages. Local elected officials should also be briefed so they can use their platform to amplify messages.

Jennifer Askey explained that the VHA crisis communications team primarily used their enterprise and local websites, plus social media to share information with staff and patients. Texting Veterans who opted into VA's VEText was another successful form of outreach. The VHA Strategic Engagement Team created "slotted" communications products – nationally approved products where facility public affairs officers (PAOs) could fill in local information. This approach allowed PAOs to release needed local information quickly because it had already been approved. Each VA facility has an identified PAO.

### **Messaging At-Risks Residents and Reaching New Audiences**

Amanda Burrage described the Navajo Nation as very rural, with many households lacking internet access or electricity, and many community members speaking only Navajo or Hopi. She shared some challenges associated with interpretation (e.g., the term "COVID-19" was initially translated as a mild respiratory illness and speaking Navajo takes more time than does speaking the equivalent in English). Communicating risk presented another challenge, as culturally, discussions of death are discouraged. Staff from Tuba City Regional Health Care Corporation relied on medicine men early on to craft guidelines for ceremonies and sweat lodges, then worked with the community, elders, Navajo health care providers, and hospital staff to create messages on the importance of masking and vaccination.

VHA serves a diverse population with diverse views on lockdowns, masking, and vaccines. The VHA Office of Healthcare Transformation Strategic Engagement Team had clinicians speak with minority outreach experts from women's health, tribal health, faith-based groups, and Pacific Islander communities about the best ways to reach their audiences. From these discussions, the communications team was able to tailor their visuals to various community groups and created more personalized flyers and posters. To reach rural communities, the team put posters in post offices. For those who were vaccine hesitant, VHA created videos featuring trusted clinicians speaking about the clinical and personal perspectives and benefits.

### **Related ASPR TRACIE Resources**

[Risk Communications/Emergency Public Information and Warning \(Topic Collection\)](#)

[Social Media in Emergency Response \(Topic Collection\)](#)

[ASPR TRACIE Roundtable: Lessons Learned in Health Care Communications \(Webinar Recording\)](#)

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NYC Health + Hospitals set up the COVID-19 Vaccine Champions and Ambassadors program to share successful communication strategies and conducted a survey to measure the program's impact. The survey asked participants what challenges they faced as they reached out to churches, mosques, synagogues, and others in the community. Results indicated that in 80% of conversations, the individual was misinformed, so it was important to train the ambassadors in how to debunk misinformation.

One technique we taught participants is the “truth sandwich” approach, where one begins a conversation by sharing true information, counters the misinformation, then ends with true information, enabling the individual to walk away with two key facts after the conversation. Achieving this on top of ensuring conversations were culturally competent and trauma-informed was a challenge. It was important for these trusted messengers to communicate with principles of kindness and empathy as they spoke with their community members.

--Syra Madad

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Danielle Martin echoed challenges faced by NYC H+H, noting that in Kansas, it was important to recognize that people may not fully trust the government and the need to “meet them where they were.” Healthcare Coalition Partners of Kansas worked with local health departments, the three main agencies representing long-term care in Kansas, and schools to send students home with information for caregivers.

### **Rumor Control, Monitoring, and Filtering Sometimes Conflicting Information**

Because guidance from the Centers for Disease Control and Prevention (CDC) and state agencies was well intentioned but sometimes conflicted, Danielle Martin noted it was important to weed through it so that health care partners didn't have to. Healthcare Coalition Partners of Kansas also spent considerable time addressing confusing messages, helping health care providers learn how to use new federal reporting systems, and compiling vetted training videos to standardize care; these were also shared with first responders.

At Tuba City Regional Health Care Corporation, Amanda Burrage noted that rumors about the virus challenged communications with the community. There was also stigma early in the pandemic, as some people were not welcomed back to their homes after isolation, forcing them to live in their cars or elsewhere. Hospital staff monitored rumors on Facebook and other social media channels and at drive-up vaccination and testing sites, then addressed the rumors on live Facebook events with community leaders. Navajo Nation President Jonathan Nez held weekly live Facebook sessions. The hospital tried to be very transparent about the number of cases and deaths and provided updated information to staff and the community on the use of personal protective equipment and testing supplies. While most Navajo Nation hospitals are operated by the Indian Health Service (IHS), Tuba City Regional Health Care Corporation is a 638 site (i.e., operated under the Indian Self-Determination and Education Assistance Act of 1975). This meant that the hospital could address a rumor immediately (versus having to go through federal communications approvals); IHS sites often tried to share those messages thereafter.

### **Local Collaboration to Create and Amplify Complementary Messaging**

Healthcare Coalition Partners of Kansas worked with individual health care coalitions, the business community, and public health departments to conduct weekly live YouTube sessions. These recordings featured a liaison appointed by the governor and local leaders familiar to community members (e.g., public health department administrators, local hospital executives and local school leaders).

For NYC Health + Hospitals, local collaboration with the city department of health, city hall, and the mayor's office was crucial. New York City's COVID-19 vaccine campaign featured the Statue of Liberty wearing a Band-Aid and mask, so the NYC H + H team developed several pamphlets using this imagery to promote vaccination and debunk misinformation for staff, patients, and the general community. Local partners adapted and simplified the materials further. A unified voice amplifying the same message across organizations went far in addressing misinformation and rumors.

Tuba City Regional Health Care Corporation worked with the Navajo Department of Health, the Navajo IHS, the National Guard, and state, local, and county health departments to create and disseminate messages. Nonprofits with long-term involvement in Navajo Nation and those developed during the pandemic were important to response efforts. CDC's tribal health team helped develop guidelines and messaging for ceremonies, schools, and sweat lodges. Outreach to community leaders and local influencers was also key in getting community buy-in. A local community leader had 20,000+ followers on Facebook, which is more than the hospital had in the beginning; regular communication with him helped amplify the messages.

### **Managing Message Fatigue**

Syra Madad noted that managing message fatigue is a real challenge, not just in the community, but also with health care professionals. While there is no easy solution, ensuring people understand the importance of the message and how it affects or relates to them helps tremendously. For example, communicating to a health care worker that vaccination information is important because a patient will ask about it can help them be more receptive and prevent fatigue. From a communications perspective, condensing messages to a few bullet points can also be helpful.

### **Overall Communications Lessons Learned**

At the Healthcare Coalition Partners of Kansas, Tami Wood and Danielle Martin emphasized five critical components of communications: (1) collaboration, (2) two-way conversation, (3) common platforms, (4) practice as you play on game day, and (5) remember that we all want the best, we just approach it differently.



For VHA, one of the biggest lessons learned was the focus on using the existing Minority Outreach groups as a joint Minority Outreach Communications Team. They discussed what their constituencies would like to see, reviewed products tailored to those groups while assuming that it was plain language for their groups and helped to distribute information to their networks – which sometimes numbered in the tens of thousands of people. That Outreach team was the resource for bringing in James Reynolds, an Emmy-winning soap opera star, and a Veteran, to film a video with minority clinicians to reach a wider audience during the pandemic. The Outreach Team so enjoyed this collaboration, and the information was so valuable, that it has continued as an ad hoc resource for additional projects, including for long COVID.

The Navajo Nation built relationships across the tribe and other entities which strengthened communications and the response during the pandemic. These relationships and lessons learned are still being maximized to address the current syphilis epidemic. Amanda Burrage noted that during the past three years, they have refined strategies for messaging and platforms, for the 20-year-old who needs to come in for syphilis testing versus the 75-year-old who needs a COVID booster.

As a communications team, Syra Madad emphasized that especially when serving a multicultural community like New York City, it is important to have people from all backgrounds and languages as communicators. She also noted that during the pandemic, health care systems contended with the virus, misinformation, and disinformation simultaneously. Health care professionals are usually the most trusted source of information, so making sure they are acting on current guidance is important. If there is a void of information, health care providers need to be prepared to fill it.

There was so much information coming out so quickly, and it was a challenge to communicate with VHA's 374,000 employees each time guidance from CDC changed. Refining it to what was directly useful was important. PAOs were exhausted after two years of the pandemic, so the national VHA communications team started giving them heads up on what was coming down the pipeline, even if exact timing was not clear. Veterans service organizations were key to reaching Veterans who were not getting VHA health care.

## Conclusion

Every speaker emphasized the amount of time and effort that it took to review incoming information, identify misinformation, develop talking points, foster relationships with other agencies and at-risk communities, and maintain multi-modal information coordination and dissemination. As Syra Madad noted, many of the techniques and modalities that were successful during COVID-19 may not apply to other populations or situations. Information managers must also be prepared for concurrent disasters and communications systems failures that may jeopardize primary means of communications. As always, extra effort to reach at-risk communities with messages that they have the means to receive, from sources they trust, in ways that they can understand is required and should be part of pre-incident planning. Though incident command does not emphasize information management as a key factor in response, the experiences shared by every roundtable participant attest to the importance of devoting adequate time and response resources to this factor, regardless of the nature of the incident.

