

12. Communications

There was terror afoot in 1918, real terror. ... The media and public officials helped create that terror – not by exaggerating the disease but by minimizing it, by trying to reassure. ... The fear, not the disease, threatened to break the society apart. ... So the final lesson, a simple one yet one most difficult to execute, is that those who occupy positions of authority must lessen the panic that can alienate all within a society. ... Those in authority must retain the public's trust.

The Great Influenza, John M. Barry

Effective internal and external communications provide the backbone for a coordinated response to an influenza pandemic. A wide range of groups at all levels will need to share accurate, timely and consistent information about what is known about the pandemic strain and the risks to public health as well as advice on how to manage those risks at each stage of a pandemic.

12.1 Objectives

During a pandemic, media attention will be intense, and information demands will continue over several months. Sustaining public and workplace confidence over that time will be a challenge. Credible spokespeople will be required nationally, provincially and locally to:

- educate Ontarians about the pandemic plan
- provide consistent, coordinated and effective public and provider communications
- identify the communication activities that should occur during each phase of the pandemic
- ensure health care workers have access to transparent, accessible, accurate, real time information that will help them respond to challenges during each phase of the pandemic

- ensure that health care workers can share lessons learned during each phase of the pandemic with planners who will use that information to continuously improve Ontario's pandemic response.

12.2 A Comprehensive Approach to Pandemic Communications

Ontario is committed to providing focused, timely, accurate, accessible and concise communications to/from/among four key audiences:

- the public
- health care workers
- health care stakeholders (including health care employers, associations, regulatory colleges and unions)
- internal audiences (i.e. MOHLTC staff, Ontario Public Service).

A comprehensive approach to communications reflects and supports the ethical framework for decision making during a pandemic (see Chapter 2) and its purpose is three-fold:

To educate by:

- encouraging Ontarians to take the threat of pandemic seriously
- explaining how to prevent and treat influenza

- providing information about influenza symptoms
- describing the measures required to protect those at greater risk
- conducting regular technical briefings for members of media
- providing transparent, accessible, useful, accurate, technical, real time information for health care professionals that they can use to protect themselves and the public during each phase of the pandemic.

To reassure by:

- demonstrating that government is prepared and has plans in place before a pandemic occurs
- demonstrating that government has initiated its emergency response plan when required, is working with all other levels of governments and is taking all necessary steps to address the situation
- issuing regular timely updates that provide accurate and relevant information
- being responsive to information from the field/front lines and using that information to shape/adapt communication messages
- recognizing the hard work and dedication of all health care workers
- modeling a calm approach designed to reduce fear, avoid panic and encourage vigilance.

To be accountable by:

- providing appropriate timely information
- reporting regularly on the health care system's ability to respond to the emergency.

12.3 Communications during the Interpandemic and Pandemic Alert Periods

There are many initiative tools either in place or being developed at the federal, provincial and local levels to communicate with the public and with health care workers and other stakeholders.

With the public

In the interpandemic and pandemic alert periods, the focus of public communications is on raising awareness of the risks of influenza and the steps people can take to prevent the spread of influenza, including influenza immunization.

PHAC has launched a web-based portal to provide easy access to a wide range of pandemic information. The public can also access the weekly FluWatch bulletin as well as travel alerts and advisories about any countries experiencing outbreaks or unusual influenza activity.

MOHLTC has developed a public information brochure titled: *What you should know about a flu pandemic*, which is available in 25 languages on the ministry's website at: www.health.gov.on.ca/pandemic. During 2006, five million copies of the brochure will be made available to the public through various health care organizations and facilities. The ministry is also developing fact sheets which will be available in 25 languages on the ministry's website.

Every fall, the MOHLTC launches an extensive advertising campaign to educate the public about the benefits of annual influenza immunization and encourage all Ontarians to get their flu shot (i.e., the Universal Influenza Immunization Program).

The ministry is also developing a direct public education campaign about the steps to take reduce the spread of all respiratory

illnesses, including influenza (e.g., wash hands frequently, cover your cough/sneeze, stay home when ill). This education is designed to reinforce the importance of good hand and respiratory hygiene, and to encourage public cooperation and compliance with FRI screening and other precautions health care settings are now taking to reduce the spread of respiratory illnesses.

At the local level, public health units actively promote immunization clinics, and provide information about how to prevent or reduce the spread of influenza.

With health care workers, stakeholders and internal audiences (e.g., government)

PHAC has established ongoing communication with key international organizations (e.g., WHO, PAHO) about influenza activity within and outside Canada, as well as mechanisms to facilitate pandemic planning with the provinces and territories. PHAC publishes the weekly FluWatch bulletin for public health and other health professionals, and has email or web postings for key stakeholders.

The Ministry of Health and Long-Term Care has developed a number of communication mechanisms and tools, including:

- updating its crisis communications plan
- working with health care organizations and providers to develop a crisis communications toolkit for the health care sector (see Chapter 12A: Communications Tools)
- updating existing stakeholder and provider fact sheets and developing new ones -- these fact sheets will be available on the ministry's website in 25 languages at:
www.health.gov.on.ca/pandemic

- developing iPHIS (integrated Public Health Information System) -- a communications system to support the rapid timely exchange of surveillance information with both the federal government and public health units
- distributing Important Health Notices, advising health care providers and other stakeholders of emerging and potential health emergencies.

At the local level, public health units:

- work with health care settings to encourage education for providers about influenza, the risks and preventive practices
- monitor immunization rates among health care workers in different settings, and provide information back to the health care settings, so they can compare their rates with those in similar settings
- maintain pandemic contact lists that include local emergency services, fire, police, and health care facilities.

12.4 Communications during the Pandemic Period

In the event of a pandemic, both PHAC and MOHLTC will activate their pandemic response plans. MOHLTC will use its Crisis Communications Plan to manage provincial health communications.

During the pandemic period, communications will focus on providing up-to-date accurate information about the pandemic to both the public and health care workers/stakeholders, informing them of the steps being taken to respond to the pandemic, and advising them what to do at each phase.

With the public

During a pandemic, PHAC will operate an

around-the-clock public information line.

MOHLTC will use a number of different mechanisms to communicate with the public during a pandemic, including Telehealth, Infoline, website, fact sheets, media briefings/press conferences, and advertising. Mechanisms have been put in place to ensure that Info line is capable of doubling its capacity within 48 hours.

With health care workers

MOHLTC has developed an information cycle for use during a public health emergency, such as a pandemic (see Figure 12.1). The information cycle will ensure provider groups and the public/media receive regular timely reports. Information will be issued and briefings held at the same time each day:

2400 h **Important Health Notice** goes out providing status update and any new directions so everyone has it for the start of the day.

0830 h **Teleconference** with the Health Care Stakeholder Council (i.e., CMOH, EMU and professional associations, labour associations, regulatory colleges and regional offices).

1000 **Executive Emergency Management Committee (EEMC)** meeting to provide update on new information from overnight and pressing issues.

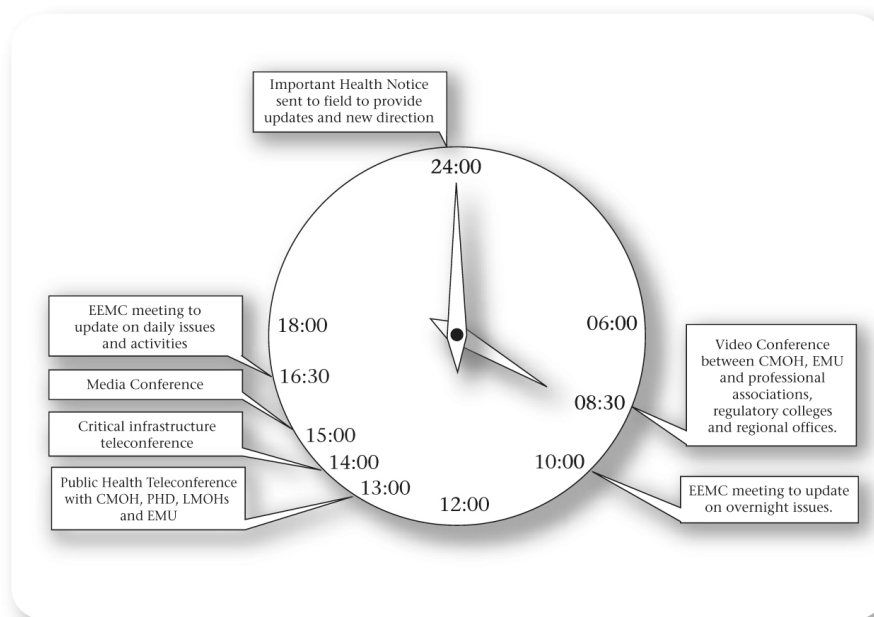
1300 **Public health teleconference** with CMOH, PHD, LMOHs, and EMU.

1400 **Teleconference** with critical infrastructure sectors coordinated by the Provincial Emergency Operations Centre (PEOC).

1500 **Media Conference.**

1630 **EEMC** meeting to update on activities and issues throughout day.

Figure 12.1: MOHLTC Information Cycle in a Public Health Emergency



During a pandemic, it is critical that frontline staff receive the information they need to work safely. In addition to Important Health Notices, MOHLTC will use a number of different mechanisms to communicate with health care workers and stakeholders (e.g., telephone, email, fax, website, videoconferencing, public education, advertising, stakeholder communications, and media relations). The MOHLTC will also activate the Health Care Stakeholder Council – a group made up of the CMOH, EMU and representatives from the professional associations, labour associations, regulatory colleges and regional offices – which is responsible for bringing forward issues, providing advice to the government, and ensuring effective communication with their constituencies.

Health care workers and health care stakeholders will be able to call the MOHLTC’s Emergency Management Unit **Health Care Provider Hotline** toll-free: 1-866-212-2272 and/or visit the website at: http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html

12.5 Communication Roles and Responsibilities

During a health emergency, everyone has a role to play in maintaining a streamlined, effective communication system. Table 12.1 compares the roles and responsibilities for the ministry and the healthcare system in routine and emergency communications.

Table 12.1 Communication Roles and Responsibilities

Organization	Role in Routine Communications	Role in Emergency Communications
Ministry of Health and Long-Term Care	<ul style="list-style-type: none"> • Website • Publications • Important Health Notices • Call Centre 24/7 • Earned media 	<ul style="list-style-type: none"> • Daily Important Health Notices • Information Cycle • “Directives” • Website updates • Publications • Call centres • Teleconferences • MEOC • Media: earned & paid
Ministry of Labour	<ul style="list-style-type: none"> • Standards • Inspections and enforcements • Website notices • Prevention 	<ul style="list-style-type: none"> • Targeted enforcement • Website and media updates • Prevention updates • Government-wide communications
Regulatory College	<ul style="list-style-type: none"> • Website • Newsletter • Standards and guidelines • Earned media 	<ul style="list-style-type: none"> • Website • Standards and guidelines • Teleconferences • Fan-out emails • Earned media
Professional Association/ Organized Labour	<ul style="list-style-type: none"> • Website • Newsletter • Advocacy • Earned media 	<ul style="list-style-type: none"> • Website • Teleconferences • Fan-out emails • Advocacy • Earned media
Employer	<ul style="list-style-type: none"> • Policies and procedures • Training • Intranet • Employer 1-800 # • Joint Health and Safety Committee 	<ul style="list-style-type: none"> • Modification to policies and procedures • Review and revise measures for worker health and safety • Training on revisions to usual practice • Joint Health and Safety Committee • Intranet • “Town hall” meetings
Individual	<ul style="list-style-type: none"> • Awareness 	<ul style="list-style-type: none"> • Awareness

12.6 Next Steps

Ontario will:

- continue to refine its pandemic communications plan
- develop and distribute communications materials to health care providers and the public
- continue to monitor communications materials being used in other jurisdictions
- assess the impact of its communications strategies on public awareness and the readiness of the health care sector
- revised communication materials and strategies based on evaluation result.