

Communications in Public Health

Guest: Shandy Dearth, MPH, Director of the Center for Public Health Practice, Richard M. Fairbanks School of Public Health

Guest: Amanda Briggs, MS, Director of Marketing, Communication and Recruitment, Richard M. Fairbanks School of Public Health

Guest: Curt Brantingham, MA, Media and Public Information Coordinator, Marion County Public Health Department

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Andrea Janota (AJ): Welcome to Ideas for Practice, a podcast for the Region V Public Health Training Center. As one of the 10 public health training centers across the country, we aim to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope that in this podcast we'll share some insights and spark ideas among those working in public health practice. I'm your host today, Andrea Janota, and I'm the Director of the IUPUI ECHO Center at the Fairbanks School of Public Health. In this episode today, we'll be talking about communications in public health, and you'll be hearing from experts in the field, both in media and in public health. We'll be talking with Shandy Dearth, the Director of the Center for Public Health Practice at the Fairbanks School of Public Health in Indianapolis, Amanda Briggs, the Director of Marketing, Communication and Recruitment, also at the Fairbanks School of Public Health, and with Curt Brantingham, the Media and Public Information Coordinator with the Marion County Public Health Department.

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AJ: Shandy, I'd love if you would be able to speak a little bit of how the school, the city and the Marion County Public Health Department got engaged around COVID-19 response.

Shandy Dearth (SD): Sure, thank you. So at Indiana University faculty are encouraged to spend some time in service hours in the community. So before I had joined IU, I was actually an epidemiologist at the Marion County Public Health Department. I used to work with Curt and others there. And there I worked in health informatics, emergency preparedness and infectious disease outbreaks, and then when COVID work really ramped up in February, early March for the health department, the director of the epidemiology department called me to see if I could come back and help. When IU closed for their extended spring break to transition to virtual learning for the rest of the spring semester of 2020, I started working with the health department in their incident command structure. As with all the health departments in the country, the demand was overwhelming. So to give you an idea of where we were at that point in the pandemic, the state's first case was in a hospital in the county on March 6th, and then the first death occurred March 16th, and just by the end of March, we had more than 100 deaths so things moved very quickly in Indiana, like it did everywhere else in the US. As a side note, I think a lot of people here in Indiana came to the realization that this was a true threat, and it was a severe situation when the NCAA basketball games were cancelled. Here in the Hoosier state we're still very much about basketball, and so I think that was kind of the shock that really brought people into reality. And meanwhile, Fairbanks was also working with the State Health Department

on a prevalence study, and it's the one that identified that stat that we've all heard about about how 40% of the cases have no symptoms. So everyone at the school at that point was extremely busy working in COVID for several months. By April, we were having conversations about needing more contact tracing in the county. In Indiana at the state level, they opened up a call center to handle contact tracing through the state, but with Marion County being so large and so diverse, the health officer decided they needed a more hands-on approach. You see here in Indiana, we're a home rural state, which means a county health department can have rules more strict than the state, but not less strict, so sometimes you have a local health department that takes additional steps at the local level that you might not see state wide, and so in this situation, the city county council in Indianapolis actually approved funding for the Marion County Public Health Department and the Fairbanks School of Public Health to work together to create this contact tracing program. The tracers would first call the cases in the morning and then we would actually go out to the home of the cases in the afternoon, if they had not answered that call in the morning. Dr. King was very adamant that we really needed good data for the outbreak. We hired a really diverse staff of people from the local area, and we had several languages covered in addition to using the language line, which I think really helped with a good response. And so in the summer of 2020, we started the hiring, more recruitment for a larger group and the training so that we were better prepared for the next surge that we all expected to happen in fall and winter. To give you all a sense of what was happening at that point in the pandemic, in the fall semester of 2020, a lot of colleges were virtual, the K through 12 schools, a lot of them were virtual still at that point, or they were at least spacing students out, so some students would go Monday, Wednesday, someone go Tuesday, Thursday. I know in other parts of the country, some schools were still completely closed, but there was very much a push to get kids back in school as soon as possible here in Indiana. And then a lot of the school clubs, activity, sports, those were at least still cancelled in the fall of 2020. So when the surge hit in the fall and winter of 2020, like it did in the rest of the country, a lot of the schools went completely virtual again, same thing with the colleges, they basically left for fall break and didn't come back until the spring, if they had been in person at all. And then a lot of companies were still allowing people to work from home, and so that's where the contact tracing data really came in handy because we needed to have a good sense of what was working, what wasn't working and controlling the spread. And so at that point, we really wanted to make sure we were getting the word out that we were going out to the community for the contact tracing work, one, so people would answer the call, answer the door and talk with us and give us data, but also just to help keep our people safe 'cause it wasn't super common here in the US for someone to show up at your door to ask you about your COVID infection, and so that's when we reached out to Amanda for the communication plan.

AJ: Thanks, Shandy, it was such an interesting process to go through, and oftentimes felt like we were building the plane as it was flying, but certainly all in the effort to promote health and safety in the public here in Marion County. Can you talk a little bit about how many contact tracers there were, and how did you decide how many tracers Marion County needed?

SD: Sure, that's a great question. And so in Spring of 2020, we looked at NACCHO's estimates, and NACCHO is the National Association of City and County Health Officials, and they've got some standards in place to say how many staff you should have to serve your community based on your population. And looking at the Marion County population, we're looking closer to 300 people. Well, the health department has nurse epidemiologists and public health nurses who were doing a lot of this COVID work in the beginning, but they were so quickly overwhelmed, that's when we realized we need just pure contact tracers who could go out and get the data. And so we had a goal set to go up to 300 contact tracers, we actually ended up hiring a little more than 200 at that point, and then we broke our people actually into teams. Since we were not strictly a call center set up, we decided to specialize our teams, so that we had a K-12 team, a day-care team, a long-term care team, a couple of teams out in the community that just dealt with general populations, a team that dealt with churches and faith-based organizations, so that way our people have really got to know the key leaders and those communities and those set-ups, like the school nurses, the day-care operators, and so that way they had that one-on-one relationship, and so they got to know those people pretty well, I think they felt pretty comfortable calling with questions. We're still doing case investigation and contact tracing with Marion County right now at this point, and so I think it really helped build a strong relationship. I mean, none of us knew this would last two plus years, but looking back, I'm really glad we took that team approach, and we didn't just treat everyone all the same as far as how they handled their job.

AJ: Yeah, the team approach was so smart and I think really helped people to specialize in particular areas and really get into the nuance and details of those particular populations. Talk a little bit about what kind of training contact tracers received. What does it look like to become a contact tracer who... That's your whole job, is contact tracing just for COVID.

SD: A lot of training went into this, especially since we were going in person, so we would first start off with everyone doing a couple of just virtual training. So everyone completed the Johns Hopkins University contact tracing program. They also completed the program from ASTHO, the Association of State and Territorial Health Officials, so they have a contact tracing training, and then we had our own specific IU trainings, we had safety trainings,

since we were sending people out to the community, we really trained our people to make sure they stayed six feet away, they did not enter a home. One thing we quickly learned, unfortunately, was a lot of times our people were in situations where they were dealing with people who might live alone and they were deteriorating quickly, and we hired a lot of sometimes younger people, college age people who had never had to call 911 for anyone before. So we actually had to create a training video, "Here's how you call 911, here's what they're going to ask," and we actually even vetted that with the local EMS agency to make sure that we have their approval that we were doing things the right way, so that we could best assist them if we did have to make that call, and I can't say we've made that call a number of times, not just in person, but sometimes just over the phone talking to people. We've realized they needed help sometimes, and sometimes people just deteriorate so quickly, they literally don't have enough oxygen moving around in their brains to make that best decision for them, so sometimes we've had to do that. And then we would send people onto the field with their supervisors for training, we eventually came up with a training director who was responsible for making sure some key points were standardized across all of the groups, but again, each groups had some of their own procedures and processes in place to make sure that they were best reaching their communities.

AJ: Thanks, Shandy. I know so much effort went into creating all of these trainings, but certainly how important it was to be able to, again, promote the health and safety of the community here, and to be able to make that call if someone wasn't able to make it for themselves or connect them to additional resources and just be able to support people in a moment when they're either finding out that they have COVID or newly have received that information and diagnosis so that people can be supported as they're dealing with that, and it's a lot to handle all at once. So Amanda, I wanna bring you into the conversation here, we've talked about all of the training and preparation that was going into building this contact tracing project, and I'm curious to hear about your experience creating the marketing plan and trying to get this up and running the word out, so people were answering the call and answering the door as Marion County contact tracers were out in the community.

Amanda Briggs (AB): Yeah, thanks, Andrea. So like all things with COVID-19, we had to move fast and furiously to get the word out about contact tracing, especially once we received the grant for all contact tracing to occur through our school, and within a week, we had to develop great buy-in and launch communication plan to not only explain contact tracing to Marion County, but to also engage populations who might be hesitant to contact tracing or at high risk of contracting COVID-19. And looking back, I find it fairly remarkable that the biggest grant our school has ever received was successfully planned, launched and

publicized from all of our collective homes, and I just never thought I would lead communications for an effort like this in yoga pants. [chuckle] But all joking aside, initially, we had to research and identify the populations who were either most hesitant or the highest risk from getting COVID-19, and at the time we found that white men and women ages 30 to 45 were spreading the virus at a quicker rate than any other population. And we knew that Latino and black populations were the most at risk for dying of complications related to COVID-19, and I'd like to say that we abided by marketing communication best practices and developed our messaging first and decided on the correct avenues to reach our audience. But we created and launched this plan in less than a week, so it all happened kind of in a giant whirlwind.

AJ: Definitely a whirlwind, I have to say. So there were so many elements of that contact tracing marketing plan. Can you talk a little bit about the different pieces that went into that? There were billboards and radio ads, can you speak to all of the different mediums that were used to promote the message?

AB: Sure, sure. So at the time, we knew that anyone who would be out and about during this period was likely not wearing a mask or heeding Public Health Guidelines that were in place at that time in the fall of 2020, so we decided to advertise in high traffic areas like our local mall, since we knew holiday shopping was coming, and we did billboards, we did ads within the mall, but the word surrounding them all as well. And I actually did not abide by Public Health guidelines and went to one of the mall so I could go see the largest display, which covered a two-story elevator in the food court. We also wanted to reach folks where they were, likely in the car and listening to the radio or streaming services, so we contracted with nine local radio stations, and one segment of this advertising was to groups who are suffering the hardest from COVID, we wanted to reach groups who are hesitant to public health messaging and maybe leaned a little more conservative in their political stance. Then we also wanted some general awareness messaging, so we worked with our local public media. They were also able to develop a commercial for us, which was from still photographs, which was a huge benefit. And finally for radio, we developed ads for Pandora and Spotify to run with our target audience, and this was a great bang for a buck, if you wanna generate awareness. We supplied messaging and it costs \$10 for a voice of our artists to record the ads, and then we set advise as a few hundred dollars each with our target audience, and my favorite moment was when someone I know who is in our target audience mentioned to me that they heard our ad on Pandora, and I very excitedly told them that they were supposed to hear our ad. We were succeeding, which was a little weird for them in the moment, but it was great to know that our ads were working. We also play social media ads through our school channels targeted at our demographics, and again, thinking about bang for your buck, social media ads were the way to go, you can get pretty

detailed on these platforms with who you're trying to reach, so your dollar goes a lot further since your ad is getting in front of your target audience consistently. And we've also sent close to 50,000 post cards to zip codes with high positive rates of COVID-19 to help them understand what would happen when a contact tracer reached out via phone or in person.

AJ: Wow, 50,000 postcards is so many postcards. Can you talk a bit about how those were targeted?

AB: Yes, on the postcard, we included information on when to quarantine, how to get tested, what happens during contact tracing, encourage mask wearing and public health best practices, and also how to avoid scams, and we targeted those like we said, to zip codes with high positivity rates of COVID-19. So everyone in a zip code that had a higher positivity rate than another zip code received a postcard from us. We were also able to launch a pretty robust FAQ page on the website, and it doesn't sound like a lot, but a blog post that we use were paid advertising to help people understand what contact tracing look like, what to expect when a contact tracer reached out and also again, how to avoid scammers. And we're able to reassure people that we didn't care about anything but COVID-19 when we reached out to them. Whatever was happening in your life, we weren't interested, we just wanted to make sure you weren't spreading COVID.

AJ: Absolutely, yeah, we also ran a contact tracing echo throughout one of the years of contact tracing, and that was one of the biggest points of conversation was around addressing folks who may think that the call is a scam and how to reassure someone that the call was in fact legitimate and that people were there to help support their health and to stop the spread of COVID, just like you said, Amanda. So Curt, let's bring this over to you, we've talked so much about what's been happening at the School of Public Health with contact tracing, talk a bit about what was going on at Marion County Public Health Department and what this partnership really meant to you?

Curt Brantingham (CB): Well, sure. Obviously, the contact tracing was a huge piece of COVID response communications, especially before vaccines were available, and so there were so many questions that people have, and much of what Amanda talked about and Shandy, we were having to define terms like quarantine and isolation and close contact and the communications for us is all over the board in terms of the different phases of the pandemic, when we had a first confirmed case, and then we get into, like Shandy mentioned, the contact tracing, we've always done that, that's always a part of public health. But the community learned a lot about what we do on a day-to-day basis, and

things that maybe they didn't realize were actually going on, but in this pandemic became magnified, especially contact tracing, and we were doing so much of that, the State of Indiana was focusing on all the other parts of the state, and we were in Marion County handling that ourselves between the health department and Fairbanks, but from communications, it was all of that trying to just define these terms, what people need to know. And we started out with our Public Health Director, Dr. Virginia Caine working on all of the different things that had to happen because of COVID-19, and then bringing in the Mayor of Indianapolis who took the lead on announcing the public health orders and all of the different steps that we were taking to protect the community during COVID-19, and I might mention also internally, there's so much that people don't see behind the scenes, but in public health, we have a structure called the ICS, Incident Command Structure, which is part of federal government developed after 911, and it provides a structured framework for an emergency response, and so health departments, fire, police, can all stand up this structure to where people are put in to find roles for operations. One of those is communications, what we call public information officer, so we had put together our incident command structure, so we had a plan and a person in very specific roles to help in the response within the community. This structure and what's unique is usually this is designed for emergencies that tend to last a day, a few days a week, not indefinitely, and so all of these were tested and the very thing about the structure though, however, if you can make it whatever you need it to be to be successful, so people had to leave their day-to-day role with the health department and jump into response roles that were completely different from maybe what they were already doing. In terms of communications then using the different things about what they're doing into the response and letting people know that we're here to provide information, to respond to media, to do what we can to communicate and all of these different channels about COVID-19, what's going on, the response, the contact tracing, vaccine as that became available, and questions and continued testing and really was a challenge to address all of the questions within media and even just the community at large to try and bring that messaging and information that was important.

AJ: Absolutely. Such a need to move quickly and respond. I know throughout this time I've had to explain to a lot less people what is public health, and I think there's a shifting value in terms of what public health is and what it does for communities. And one of those aspects is really being able to help the public understand the status of what's happening in their community, the numbers, the data. So, can you talk a little bit about how you are able to promote that information and maybe identifying different strategies to messaging to different types of folks, whether they might be home-bound or elderly or in a different age bracket.

CB: At the beginning, it's like when you're in emergency response mode, holding the news conferences, the initial news conference, and then the updates that Dr. Caine and Mayor Hogset were doing as often as they could. We could have done something every day, but you want new information every time you're going to the public and to answer questions and provide more information and data with such a big piece of that because in public health it's all about data and research and evidence, and so we had to work with data that we had to share with the community to say. Hey, here's what's going on, people wanted to know, and so we would provide data within those reports. And then as we got into the vaccine, we were going out in the community in different ways. Everything was being done virtually for the most part, so working on opportunities to be a part of town hall discussions virtually, some media outlets hosted those. We got involved in with Spanish-speaking organizations to provide information. We brought in an entity called Resolve to Save Lives. Now, they are not specific to COVID, they existed before COVID-19, but really took a step into public health as they help bolster public health organizations in their response. And so the Marin County Public Health Department brought on three employees through Resolve to Save Lives, and that really helped bolster our efforts to reach out to the communities you talked about in Marketing ZIP codes, well, in public health has the same thing, we look at areas that might need better access to vaccine and information and people who have questions. And so we were looking into how to communicate through partnering with churches and other organizations to get that messaging out, trusted voices in the community to help answer questions and get people vaccinated and offer those opportunities, so communicating, not just through the main mass media, which is already a challenge, but then going behind the scenes, coming in behind that, getting out into the community to communicate through different channels as well, and using grassroots efforts, as you might say, where it's talking to people and educating people through trusted voices in the community. So there were a lot of ways that we have been responding and trying to and continue to do communication for COVID-19.

AJ: Yeah, thank you for that, Curt. Can you talk a little bit about misinformation, how did you deal with all the misinformation that was out there?

CB: It's very hard to address in a pandemic where the information flow was so fast and furious, and I think you just always have to accentuate the message that you want to get out. And sometimes you may want to address, "Okay, here's what's out there. This is not true, such as, if you're gonna get the vaccine, you're not gonna be asked certain questions. We just have to say, "You know what, you're not gonna be asked this, you

you don't have to show this. We want you to get vaccinated and we want you just to show up and we're gonna get you a vaccine" kind of thing, you had to message and try and just gain the trust of people. I think we're very fortunate that overall the health department has the trust of the community, but then when something newer just comes in, you just have to combat any negative or untrue messaging that's out there just by continuing to push that correct information out there and do the best that you can. It's hard to... If people have certain things in their head or there's certain information being pushed out that's not true, that's hard, that is hard to deal with, especially when you don't have the time to step back and really address it like it needs to be. You just have to push forward and do as much as you can to get through that and break through that information with the messaging that you want to get across.

AJ: Absolutely, there is such value to communicating the value of public health and being able to describe what is of truth and be able to dispel some those myths as well. So, Amanda, I wanna come back to you and kinda ask some of those same questions when you're working with the media, the school has so many experts in public health and in different specialties and epidemiology and in preparedness and emergency response, how were you able to really partner with the media to ensure that the public had valuable information and correct information to be able to inform their decision making?

AB: I think it helps that I have a good relationship with our faculty and staff and understand their areas of expertise fairly well. Prior to the pandemic, I did take some time to understand everyone's research and worked to pitch them fairly regularly to the media, and when the pandemic started in March of 2020, we had a few unique opportunities to position our researchers as COVID-19 experts. We used a service called the Conversation, which provides of op-eds to newspapers through the Associated Press wire service when we started to respond to the pandemic, but I think there was just a lack of expert knowledge about the virus and epidemiology in general, and five of our faculty members were willing to draft op-eds that were picked up in national local news outlets, which led to further relationships with the media, but it also allowed us to position ourselves as leaders with expert knowledge.

AJ: Yeah, thank you. I know there were hundreds of interviews that were done, so being able to provide that information to the public was just so valuable. Curt, kind of similar question to you, how are you able to work with the media to answer questions around contact tracing and large events and just the volume of requests that were out there?

CB: Well, sure, as you can imagine, there were questions every day, this was such a huge unknown that we were dealing with and there was so much going on. It takes a relationship with media to a new level, so if you didn't already have a good relationship with the media, you were already behind a little bit, we were very fortunate to have a very good working relationship with the media before this, and everything was getting a stress test just beyond what you could have ever imagined, and that was true in media, and so it was difficult. Very difficult to maintain that line of communication because of the volume of requests, but I think as we went on, and we were able to catch our breath a little bit and work with or Fairbanks School of Public Health on messaging as well, in contact tracing and just in general, as time went on and there was some research or studies being done and no more information in the community and things that were going on behind the scenes that helped our data efforts as well, but we were able to do, as well as what the school of public health was able to do, we were better able to answer questions and use that information to talk about a lot of the questions that were going on. Not just defining terms, we were trying to define through CDC and everything else, but also through the data and what that was telling us about COVID 19, so it's always a challenge to get that clear messaging across on a good day, on a good week, but when you're getting endless requests about... Some could all be the same question, and that would make it easy. Some day it could be 10 different questions and that would make it difficult 'cause you've gotta track down 10 different answers. If it's one answer is like, Great, I can share this with everybody and get... And move on to the next question. But then when there were multiple questions or different ones, and sometimes we would have to collaborate on those answers and that was hard to do, but in the end, you always just have to do the best that you can do just to keep that information flowing out there, the best that you can. And again, the challenge and still is, even though we've been able to catch our breath and going back to a little bit of business as usual, there's still this undercurrent of COVID that's just gonna be there for a long time that we're still working on along with our other public health issues that we're now starting to get back in the swing of talking about as well.

AJ: That's such an important point. It's something I wanna come back to you and talk about of how these new relationships can help to inform our public health communications into the future. But Shandy, you did so many of these interviews, and so I'd really like to ask you what was it like as a public health expert talking with the media so frequently, and what were some of the tactics that you use to be able to steer questions that were maybe difficult to answer?

SD: So I have to say in my years of working at a local health department in different places around the state, we were often trained to always go through your PIO, so we didn't have a

lot of media exposure, I'd had a little bit of media training before coming to Fairbanks, and a little bit of media exposure, working on one with them in a previous position outside of governmental public health. But to me, it was kind of a shock to be the one talking one-on-one with the media in the beginning, so I remember, I talked with Amanda to make sure there weren't some IU rules or something I had to follow, and she was able to give really good insight on who she had a good relationship with, what kind of questions someone might ask, that sort of thing. And we did have so many questions right off the bat, so many interview requests that I just kinda learned who I worked with really well and who might throw some zingers at me, so how I had to be prepared, that sort of thing. And sometimes if things were getting kind of touchy about decisions being made, that sort of thing, I would call her Curt, Curt and I have each other's cell numbers, and so we've talked a lot on nights and weekends about how to deal with some of these media requests, 'cause we are partners with the health department, and we wanna make sure that we're all on the same page, because one thing the public doesn't want either is to be confused, and so that's where it was really helpful that Curt was always quick to respond to me and we could always talk one on one about what was the best way to approach this and we could give each other heads up about what might be coming their way from local media. So that was really useful.

AJ: Yes, absolutely. And oftentimes, I think we were getting data and having to try to synthesize it very quickly, and then being able to provide answers to the media in real time, and that's so difficult. Amanda, from your experience with these relationships with media talk a little bit about the kind of advice that you would give Shandy or what those relationships looked like prior to the pandemic, and then moving into the pandemic.

AB: Before the pandemic, newsrooms were just incredibly short-staffed and probably even more so now. So first and foremost, I just tried to make sure I answered all inquiries as quickly as I could, and found people who could respond with expert knowledge as soon as possible. It helped to have willing faculty and staff who'd make time for interviews and sometimes reporters didn't even know the right question to ask. And I would work with our researchers and practitioners to guide them to what the right question was, but the most important thing was to be able to be available and reply quickly when inquiries came through, there were times I jumped on an interview when I was feeding my at the time infant son, and he liked to wave at people from his high chair, and he now thinks all Zoom calls are for him, but most importantly, if I didn't know a reporter, I always tried to make sure I jumped on the Zoom interview and introduce myself so that we could build a relationship. But Shandy and I talked a lot about how we would approach tactics, but also

when it's okay to not take a media request when we knew a topic was tricky or just really thorny, we would meet and talk about it, and then we would communicate through all of our IU channels that we wanted, just not only as a school, but as a university to try to avoid a particular part of these requests because the risk of the media exposure just wasn't worth the reward. And because we built that level of trust at the university, with the city and with the media, I feel like we were able to successfully navigate these situations.

AJ: Yeah, absolutely. Can you speak a little bit about where do you see this going in the future? What sort of partnerships have been formed that will be useful for other public health issues and being able to have connections between the school and the community.

AB: Shandy and I have been working on a media plan, keeping public health top of mind, and we're currently working on a plan to improve public health awareness in Indiana and utilizing baseline knowledge that everyone has now about public health to capitalize on the work we've done. And one of my goals prior to the pandemic was to form strong relationships with our local television news reporters, and I can definitely say that goal was achieved, [laughter] and I also think maybe I should be careful the things I put out into the world, 'cause they come to be achieved in a way I might not have expected.

AJ: Yes, we didn't necessarily want to have a pandemic to be able to gain those relationships with the media, however it has happened, and we can use that moving forward. So Curt, I'd like to ask you to the same question, how do you see relationships with media being a benefit for public health into the future and utilizing those new partnerships.

CB: The last couple of years has been evidence of our previous good relationships with media, and that is continuing, and as Amanda talks about, the staffing has been a challenge for media, turnover. There's been a lot of turnover within the media as well, within organizations like our own, so the challenge is to educate our staff as we deal with media along the way and in the public respond, something that may have taken us weeks and several meetings to determine, you had basically hours that determine something, so you're forced to sometimes you don't have time to sit and debate, you have to do. And so I think that we have become, even with media and some other things, much more responsive in some areas, and we were able to really work a lot with some of the different populations, which I talked about. Spanish-speaking, we deployed a couple of employees, one who had already been working a little bit with media, but another person who is now firmly entrenched in Hispanic Latino community with messaging and being a part of things, that doesn't necessarily have to come through our PR department but people who have been given some more freedoms to talk with media, and so we've bolstered some

relationships with other media outlets, and that's something we'll continue to pursue and be a part of town halls, and now with this technology with virtual, that we're able to do things and just be more responsive that way as well, so new relationships are always building, but that we're just building on to things, I think strengthening areas that we were wanting to strengthen came as a result of this, where basically we were forced into these conversations, and so that has, I would say more than building new ones, it's more of us reinforcing what we were doing and being able to really being able to move forward from now and how it will impact our messaging throughout the health department, not just COVID-19.

AJ: Yeah, that's such an important point. Shandy, I wanna also ask you, as an expert in the field of public health, how does this look different than what it has in the past, these relationships with the media and being able to talk about public health as part of news coverage or radio coverage?

SD: So before COVID happened, a lot of people didn't know what Public Health was, you kind of alluded to that in the beginning of this, and now a lot of people think of public health as the people who tell you to put on a mask or take a vaccine, but we really do so much more than that, and so I think we really need to build upon those relationships that we've built and talk about how public health is vital to keeping water clean, to keeping your pizza safe to eat on Friday night. To keeping so many aspects of your daily life safe and comfortable. And so unfortunately, we've seen a lot of backlash against public health these last couple of years as well, because of some of the restrictions that were put in place to keep people alive during COVID and so I think we need to make sure that people understand when they take away some of the public health guidelines that we're trying to build, it's really harming them in the end, so that's where I think us working on a continuous basis with local media people who are trusted in the community about what public health does and why we're important, I think that we have to have that in place in order to build up public health, 'cause I think public health is very different just as Curt about the turnover. We've seen mass number of people leaving over the last couple of years in public health, so we've lost a lot of those content knowledge experts, we've gotta bring some of that back in public health across the country.

AJ: Absolutely, it's been rough to be in public health the last two years and there's been so much turnover, so investing in public health now is more important than possibly ever. I wanna wrap up here with just one last question for each of you, which is what have we learned that we can take into the future and how can we be inspired to continue to work together between media and communications and public health? What can we take from

this rough experience that the COVID pandemic has been and use into the future to do better and to do more? So Amanda, can we start with you?

AB: Sure, I think we all work together throughout the pandemic, and the pandemic really built our relationships with each other and build a level of trust with each other, not that it wasn't there before, but I think it just really heightened level of trust, especially between the school and the Marion County Public Health Department. As Curt was talking about, we trust each other, our dean's a trusted advisor, Dr. Kane and that both ways, and we trust the guidance of Dr. Kane, I think most importantly, we just all talk together regularly, and I think continuing that, keeping those communication channels open and making sure that the left hand knows what the right is doing, it's just so important moving forward as we continue to navigate this, not quite post-pandemic world, I think that's some wish fulfillment, but as we move forward, just continuing to build those relationships and trust with each other.

AJ: Yes, as we move into a new phase. Curt, what are your thoughts?

CB: Any time you're in any type of a response, whether it's a pandemic or hopefully, we don't see this again, but any time you see gaps that you can fill, and now it's the time to do that when maybe caught your breath a little bit and look around and say. Okay, what are some of those gaps that we need to fill or to strengthen and from a public relations standpoint, we had already planned on bolstering social media, unfortunately that didn't happen because of the pandemic, but now we're through that and we have somebody on our staff now who's gonna be focusing on social media, so we can really take advantage of those channels. Sometimes organizations are a little behind the curve on that, especially in government, but we're definitely embracing and have been wanting to do that, and now we can definitely see the value and how that is needed to reach certain populations and messaging just another channel, so you look for those gaps or for those areas that you can strengthen. So we're doing that now. And continuing to build those relationships. The School of Public Health has always been there. Dr. Kane that was mentioned, from a communication standpoint, I can't say that we had really interacted a whole lot before, obviously knowing Shandy from her time here, but that has been strengthened, which is very important for moving forward. And then I talked about some of the things we've been doing in the community that will continue, there are some opportunities for us that we're going right now with grants through CDC, through other ways that may not be specific to COVID-19, but we'll be looking at health disparities and a lot of other things in public health that were magnified with COVID-19 and mental health. And so we'll continue... It gives us a perspective on some of these other areas that we can continue messaging with COVID-19

as well as other public health issues, and just looking for those opportunities and understanding where we've been and how that can help us moving forward, and any other relationships that we've built in the community during this time, I think you just have to keep the momentum in those different areas and look for other ways in our public health education and messaging to keep those going on now beyond the pandemic phase of COVID-19.

AJ: Yes, those meaningful connections and investing in public health infrastructure, whether it's through relationships and connections or technology and staffing, all of those things are so tremendously important to a well-functioning and robust public health system. So Shandy, let's come to you to wrap things up here, what can we take from this experience into the future of public health to strengthen our efforts going forward?

SD: Sure, so just a couple of points I wanna share before we close. So one is my tip to all the public health people out there, so one thing I learned before we would start recording with reporters during media interviews is I could actually tell them. Hey, I wanna make sure I'm the right person for this, so we would either do that via email or sometimes when we're actually in the meeting together, so I would ask them. What are you hoping to get out of this to make sure I had the right information ready for them so I wasn't wasting their time. They really appreciated that, but also I think it really helped prevent any of those kind of like gotcha moments or surprises on my end from the interviewer, so that way I was really well prepared. And you can build those good relationships with people, so you can do that and they're fine with that, so I was kind of surprised by how easy that is to do, and so that was great. And then the other point I just wanna share is that the media can really be your partners and we need to use them as our partners going forward more often than we did, I think before COVID in public health, I think too often was that division people were kind of scared of working with the media. But in one instance, actually here with our local NPR affiliate in Indianapolis at one point in January, some of our state guidance was changing so quickly, I couldn't get the new revised guidance out to our daycare providers quickly enough in a way that people could understand it and digest it, 'cause some of these guidance documents as you all have seen are pretty lengthy, they're pretty detailed and a lot of times people just need a picture, and one of our local reporters had actually taken the guidance and quickly within an hour or two came up with this great infographic that she put out on the web, we stole that at Fairbanks and we were able to use that for all of our staff to talk to those daycare providers, and I let her know that was a huge tool for us, we were so grateful for that because we were so busy, we didn't have time to sit down and make the Infographic. But it was definitely needed. So again, if you build those partnerships, you've got so many extra resources at your fingertips that you can use during a response.

AJ: That's such an important point, it's a two-way street that we can bring things that are of benefit to the media from the Public Health perspective, but also that there's such value in what they can put together and offers resources to public health folks and to people in the general public, and I like how you mentioned that just being able to level set at the beginning of conversations, here's what I'm willing to talk about. Here's what I need to make sure that the public knows and to be able to communicate, not wasting anybody's time is such a valuable piece, and having that really open and transparent conversation, I think just strengthens those partnerships and makes more meaningful connections and relationships to be able to all do our jobs better. So I wanna thank you all for your time, for your effort and expertise over the last two years of this pandemic, and as we move into the next phases, thank you for all you've done, we know that there have been so many sacrifices that focus in public health and in media have made but all for the benefit of promoting health and safety within our communities and protecting folks as we continue to traverse what comes next with COVID-19. Thank you to our guests and to our listeners, we hope that you were able to learn some tips for communicating and working with the media in public health. We encourage you to check out an evaluation and transcript of this podcast in the podcast notes. Funding for this podcast is provided by a HRSA, Health Resources and Services Administration. I'm your host, Andrea Janota and this podcast was recorded and produced and edited by David Black.