Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/optimizing-public-health-messaging-lessons-from-the-covid-19-response/35467/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Optimizing Public Health Messaging: Lessons from the COVID-19 Response

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Amesh Adalja, who's a Senior Scholar at the Johns Hopkins Center for Health Security, an Adjunct Assistant Professor at the Johns Hopkins Bloomberg School of Public Health, and an Affiliate of the Johns Hopkins Center for Global Health. He'll be reflecting on public messaging surrounding COVID-19 in early 2020. Here's Dr. Adalja now.

Dr. Adalja:
The way public health communication often works is there's a real preference for very simple messages. When I was in school in the 1980s, during the Cold War, we would have this saying, "duck and cover," if there was going to be a nuclear attack from the Soviet Union on the United States. People like that. Or "stop, drop and roll" for when there's someone that's caught on fire. Public health like simple messages, but when it comes to a novel virus not known to humans before 2019, you're not necessarily always going to have some short, pithy type of statement that applies to all. And what happens is, when people don't think about the nuance, when they don't caveat it, there is room for misinterpretation, and there is room for these things to be taken out of context. And that's a lot of what happened, is that public health officials, I think, did not want to talk about the nuance of, "Okay, if you've gotten infected, maybe you only need one dose of vaccine. Hybrid immunity might be the better thing here. It's not zero if you've not been vaccinated but have been infected." Or, "We don't quite understand the transmission dynamics. We don't know if asymptomatic people can spread it yet. We don't know if there's aerosol transmission occurring or it's all droplet." There was a reticence to kind of use that type of language, saying, "This is what we know now. These are the questions we're trying to answer. This is what might change based on those answers." That type of thinking, which seems obvious to people, is not usually how public health communication happens. They like one simple unified message, and I think that kind of goes against precision-guided messaging or messaging that actually reflects the evidence.

And I think one of the lessons that we've learned from COVID-19 is that public health communicators have to be okay with uncertainty and communicating that uncertainty to the general public. You have to be able to tell people where your uncertainties are. You have to tell them what the limitations of the science are and how you're going to overcome that limitation, and I think that's the issue. I think that most people will be able to understand that when you're dealing with something novel and when you're dealing with scientific inquiry, that things are going to evolve and the context may change, and recommendations might change based on that new knowledge. And that all has to be said up front and continuously be something that the public is reminded of, and we didn't see that with COVID-19. And this is another kind of long tail of this pandemic, because there is major distrust now between the public health community and the general public, and it will really come back to harm us during the next infectious disease emergency.

Announcer:
That was Dr. Amesh Adalja talking about how to optimize public communication during a pandemic. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!