

INFORMING THE PUBLIC

Instant, effective communication methods were critical to calm the public's fears about Ebola.

A crowd gathered in the drizzle on Harlem's West 147th Street the night of October 22, 2014, when the ambulance arrived for New York City's first, or "index," Ebola patient. The next morning, neighbors under umbrellas watched nervously as Health Department Sanitarians moved in and out of the patient's apartment.

Then the news broke that the patient, back from volunteering in Guinea, had taken the subway, bowled in Brooklyn and eaten at a restaurant. He was monitoring himself for symptoms. When his temperature spiked, he reported it. He wasn't contagious until that moment.

But Ebola was in New York City. Fear rose like a fever.

"I had every confidence that we had the technical ability to control this disease," the Health Department's Incident Commander said later. "What was surprising, challenging—and just as virulent and contagious—was the outbreak of fear and distrust in scientific authority. I tend to [assume] that people will act rationally. But we also need to be able to communicate viscerally."

A smartphone becomes a megaphone.

Explaining why and how people should protect their own and others' health and well-being is a core function of a public health agency.

But when crisis hits, the agency must do it fast. It must communicate honestly and authoritatively, sometimes before all the facts are known. And it must keep the message correct and compelling as the situation changes.

To meet the challenge of Ebola, the Health Department's Public Information Office rolled out two major innovations: Community Outreach Teams and the Social Media Monitoring Team.

All night in Harlem and through the next days, wherever the patient had traveled, the outreach teams went, mingling, reassuring, distributing flyers headlined with the question on everyone's mind—"Ebola: Am I at Risk?" Briefly and simply,



the materials described transmission, symptoms and correct actions in case of exposure.

The teams were building on weeks of engagement leading up to the diagnosis. Aiming particularly at the affected communities of New York City's nearly 71,000 West African residents, they'd visited community centers, beauty shops, taxi lots and mosques.

As much as the Health Department staff talked, they listened. What they heard was the pain of stigma—children bullied, grocers shunned. The Deputy Commissioner noted, "Vomiting while African was turning into a public health crisis." Countering bias became central to the Ebola messaging.

Meanwhile, at the Health Department headquarters, the Department's new Social Media Monitoring Team was poring over Twitter, Instagram and Facebook, chasing dozens of keywords and hashtags to New Yorkers' feelings and beliefs

about Ebola and their reactions to the Health Department's efforts. The team's urgent task: quash rumors and correct misinformation—instantly.

They fed data into the Health Department's emergency operation center and used the data to refine messaging strategies.

The Community Outreach Teams used tried and true face-to-face community organizing tactics. The Social Media Monitoring Team harnessed 21st-century technology and sensibilities to take the public's pulse as events unfolded.

These strategies turned a smartphone into a megaphone, and a bulletin into a fluid conversation between government and people. When this happens, New Yorkers are motivated to take care of themselves and their neighbors when emergency strikes.

Unique, Fast Communication

New York has one of the first U.S. health departments to integrate social media into its emergency incident command structure.



The Social Media Monitoring Team monitored up to **50,000 Ebola-related social media messages daily**.



Between October 26 and November 9, NYC.gov received **4 million unique visitors** and **16 million page views**.



NYC Emergency Management sent Notify NYC alerts via landline, mobile, text, email and Twitter to more than **165,000 residents**.



[Spencer Platt/Getty Images]

The Health Department distributed **more than 167,000 materials** to help people determine their risk for Ebola.

Impact

- Community Outreach Teams, including Medical Reserve Corps volunteers, allowed the Health Department to engage and educate the community where they live and work. Teams spoke with 7,000 cab drivers at JFK and LaGuardia airports and distributed 167,000 Ebola fact cards in the community.
- The Social Media Monitoring Team reviewed up to 50,000 Ebola-related social media messages daily.
- Monitoring social media allowed public health officials to understand public concerns and questions in real time, contributing to more effective communication.

Critical Need

- Communications staff to serve as message multipliers by developing public information messages and materials rapidly, distributing materials through channels including social media and evaluating the messages' effectiveness in real time.
- Rapid translation and interpretation services for the top languages spoken in the city.
- Expanded force of dedicated community resilience staff to engage community leaders, organizations and residents in preparing for and responding to emergencies.

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NYC Public Health and Healthcare Preparedness and Response REPORT

