

# Epi-Ready

EFFECTIVE TEAM RESPONSE – STRATEGIES AND TACTICS

Module 9

## Module Objectives

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By the end of this module, participants will be able to explain the elements associated with an effective team response.

- Identify barriers to effective team response
- Describe ways to overcome barriers to effective team response
- Discover communication strategies that support effective team response

9-2

## Performance Objective

By the end of this module, participants will be able to explain the elements associated with an effective team response.

## Enabling Learning Objectives

By the end of this module, the instructor shall accomplish the following learning objectives in support of the performance objective:

- Identify barriers to effective team response
- Describe ways to overcome barriers to effective team response
- Discover communication strategies that support effective team response

There are many challenges to effective foodborne outbreak response. Some challenges, such as radio frequency use by responding agencies, are clearly evident and we plan and exercise accordingly to address and overcome these challenges. Other challenges are subtle and not easily recognizable but must be identified and overcome if the team is to function effectively.

## Get the Right People on the Bus

“If we get the right people on the bus, the right people in the right seats, and the wrong people off the bus, then we’ll figure out how to take it someplace great.”

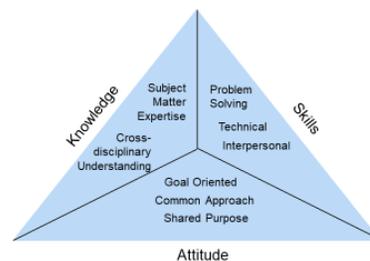
Jim Collins – Good to Great



9-3

Recall the team element slide presented in Module 3. The first challenge every team faces is to develop a positive team culture. Positive team culture starts with identifying team members and assuring these members have the appropriate skill set to contribute to team effectiveness. Team members must have the social-emotional

## Team Elements



3-3

and communication skills to interact with other team members and have the technical and problem-solving skills necessary to positively contribute to the response (“Skills”). Team members must be goal oriented and have a shared purpose (“Attitude”). The team must have all core disciplines represented and understand the contribution each discipline makes during the response (“Knowledge”).

A positive team culture will be demonstrated by equality within the team, a principal that no discipline is more important than another. The team understands that discipline contribution will vary depending upon the circumstances of the outbreak investigation but keep members engaged through positive team communication activities. Maintaining a positive team culture requires that members trust each other. Teams with trust for one another communicate effectively, focus on team goals and set individual goals aside, and are willing to share information – even when information is not positive.



A positive team culture requires that teams plan, organize, train, exercise, and evaluate their performance in a process of continuous improvement. The Preparedness Cycle introduced in Module 3 is one of many tools that support a positive team culture.

### Challenges with Information Gathering and Sharing

An effective foodborne outbreak response requires that information be gathered and shared with the appropriate agencies to initiate an effective response. A surveillance system that operates at all levels of government and culminates at the CDC is the National Notifiable Disease Surveillance System. The NNDSS was described in Module 4 and is the surveillance system that requires healthcare providers (clinicians, laboratories, and hospitals) to notify public health agencies of certain diseases identified within a defined community (jurisdiction). Disease notification systems are generally codified in state regulation, require all NNDSS disease reporting requirements, and may require additional diseases to be reported. The basis for state regulation is prompt reporting. Timeframes to report are directly related to disease severity. In states where home rule has been established, these reporting requirements usually bind healthcare providers to report within a specific timeframe to a local public health system but always bind local public health systems to report to the state public health system within a specific timeframe.

# Reporting Barriers

System based on the NNDSS

Healthcare providers – local – state – federal public health

Reporting delays occur

Unaware of reporting requirements

What has your agency done to establish prompt reporting by healthcare providers?



9-4

Prompt reporting by healthcare providers may not always occur. This may leave the public health system in a quandary whether to take enforcement action upon a healthcare provider or find some other resolution. Use the space below to record strategies to minimize reporting delays from healthcare providers.

Responses:

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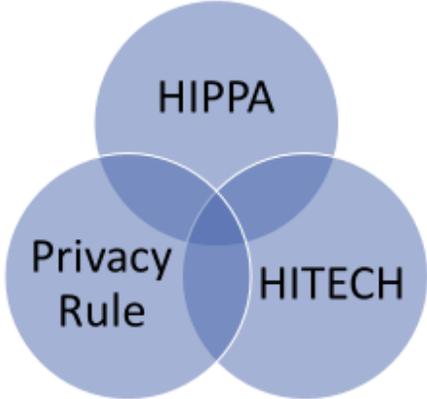
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# Protecting Health Information



A Venn diagram consisting of three overlapping circles. The top circle is labeled 'HIPAA', the bottom-left circle is labeled 'Privacy Rule', and the bottom-right circle is labeled 'HITECH'. The circles overlap in the center and at the intersections between two circles.

- Three federal laws protecting health information of patients
- Covered entities must not disclose information
- HHS has provided guidance to covered entities allowing disclosure of PHI to public health agencies

9-5

In 1996, Congress passed the Health Insurance Portability and Accountability Act or HIPAA. HIPAA was enacted to as a vehicle to transfer health information and allows for the continuance of health insurance coverage when American workers change or lose their jobs. It mandated industry-wide standards for healthcare information on electronic billing and other related processes. Compliance with HIPAA regulations are required by any healthcare entity that bills for services or is paid for healthcare services rendered. The HIPAA brought on the recognition that medical records could easily be compromised, allowing for protected health information to viewed by people that have no need to view the record.

In 2003, the HIPAA Privacy Rule was enacted to protect health information. The Privacy Rule identifies specific groups (entities) providing healthcare-related activities that are subject to the rule. These covered entities, in all matters, must protect the health information of patients or be subject to enforcement action by the Department of Health and Human Services (HHS). The Privacy Rule gives patients more control over their health information by setting rule on how the information can be used and if it can be disclosed to other entities. There are only two instances when protected health information (PHI) must be disclosed. These instances are when the patient request their medical record and when HHS demands the health record in the act of investigating a potential violation of the HIPAA Privacy Rule. All other disclosures are based on the need-to-know and that the sharing of information will not lead to the disclosure of information to those entities or persons that must not have the information. In 2009, Congress bolstered the HIPAA Privacy Rule by enacting the Health Information Technology for Economic and Clinical Health Act (HITECH). The HITECH Act makes no fundamental change to the Privacy Rule but it widens the scope of privacy and security protections and increases the legal liability for non-compliance. The Privacy Rule does not limit the ability public health agencies to obtain information from healthcare providers. HHS recognized the importance of sharing PHI to accomplish essential public health objectives. For example, covered entities may disclose PHI,

without individual authorization, to a public health authority legally authorized to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability.

Not all healthcare providers are familiar with this requirement and may claim the HIPAA Privacy Rule as a means to not share PHI with public health entities. It is incumbent upon public health agencies to educate healthcare providers on the necessity to share information. Likewise, public health entities must understand their obligation to not disclose PHI and adversely impact a patient.

## Sharing Other Information

It should seem apparent to most response team members that health information must be protected and not shared with people who do not need-to-know. Other types of information gathered during an outbreak response must also be protected from general disclosure.

## Privacy Act

Federal Government enacted the Privacy Act in 1974 - most states have similar laws

- Agencies gather only what is necessary and relevant to their mission
- No disclosure without consent
- Individuals to have access to information held about them

9-6

The federal government enacted the Privacy Act in 1974 and most states have adopted similar laws that asserts some control over the gathering and dissemination of personal information. In general terms, these laws states:

- Agencies are to gather only the information necessary and relevant for their mission. They are to get it as much as possible from the individual and they are to inform the individual of the purpose and use for which the information is being collected.
- There is to be no disclosure of the information gathered to anyone else without the consent of the individual subject.
- Individuals are to have access to the information held about them.

Foodborne outbreak response team members must be aware of the laws governing the privacy of individuals and disclose only what is necessary and relevant to the mission of their parent agency.

# Freedom of Information Act

- Requires federal agencies to disclose information when it is properly requested.
- Three exemptions to the Act have importance to foodborne outbreak response:

Trade secrets and Confidential Commercial Information

Deliberative process privilege/attorney's work product

Constitutes an invasion personal privacy

9-7

When requested and with certain exceptions, agencies in the executive branch of the federal government must disclose information. Since 1967, the Freedom of Information Act (FOIA) has provided the public the right to access records and other information from any federal agency. Federal agencies are required to disclose information requested unless it falls within one of nine exemptions, three of which have importance to foodborne outbreak response:

Exemption 4: Protects trade secrets and commercial or financial information that is obtained from outside the government and that is privileged or confidential.

Exemption 5: Protects certain records exchanged within or between agencies that are normally privileged in the civil discovery context, such as records protected by the deliberative process privilege (provided the records are less than 25 years old), attorney work-product privilege, or attorney client privilege.

Exemption 6: Protects information about individuals in personnel and medical files and similar files when the disclosure of that information would constitute a clearly unwarranted invasion of personal privacy.

## Confidential Information Sharing

### Confidential Commercial Information

- Includes raw materials lists, customer lists, product tracing info
- Obtain with 20.88 Agreement

### Trade Secrets

- Commercially-valuable plans, formulas, processes, and devices
- Obtain with Commissioning

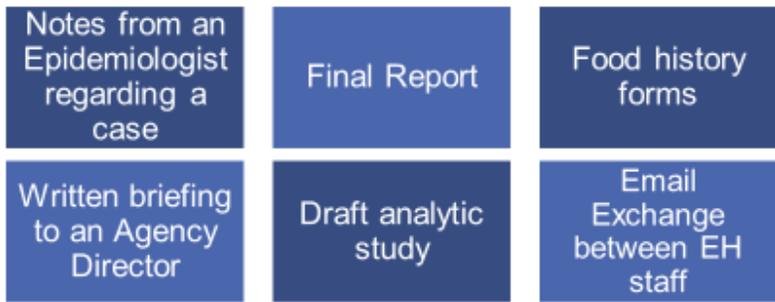
9-8

FOIA Exemption 4 regarding trade secrets can be challenging to a response team working on a potential outbreak associated with a food from an FDA or FSIS-regulated facility. FDA and FSIS must comply with federal FOIA requirements and these agencies may not disclose a Confidential Commercial Information (CCI) or trade secrets as identified by the food manufacturer and supported by the agency. CCI includes raw material supplier lists, finished product customer lists, and product tracing information. Trade secrets include any commercially valuable plan, formula, process, or device that is used for making, preparing, compounding, or processing of commodities, and it can be said to be the end product of either substantial effort or innovation.

To work around this information-sharing challenge, the FDA has developed two processes: a commissioning program and an information sharing agreement referred to as a 20.88 Agreement. An FDA Commission enables a state or local public health official to conduct FDA-sanctioned activities under the authority of federal law. It authorizes the official to receive FDA-owned non-public information such as trade secrets, as well as disclose that information to other commissioned officials and FDA employees to protect the public health. A 20.88 agreement allows for the sharing of CCI but not trade secrets unless allowed by the food manufacturer.

# Disclose or Exempt?

FOIA Exemption 5 protects records that are pre-decisional in nature and not necessarily ready for disclosure



9-9

FOIA Exemption 5 protects records that are pre-decisional in nature and not necessarily ready for disclosure. These records generally require refining to protect rights of privacy or disclosure of confidential information. Foodborne outbreak response teams must be aware of what should be disclosed and in what context. Redaction of records is rather common when information of this nature is requested. Would you disclose the following information and why?

Notes from and Epidemiologist regarding a case? \_\_\_\_\_

Final Reports? \_\_\_\_\_

Food history forms? \_\_\_\_\_

Written Briefing to an Agency Director? \_\_\_\_\_

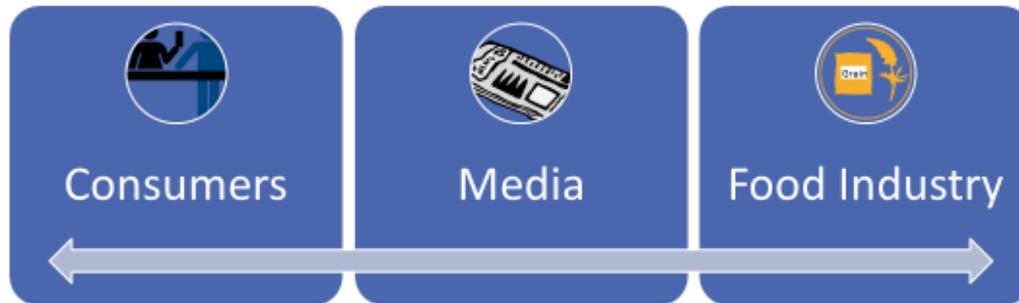
Draft analytic study? \_\_\_\_\_

Email exchange between EH staff? \_\_\_\_\_

Email may present great challenges to foodborne outbreak response team members. Email use has become commonplace in the work setting. It is likely that every email generated and sent creates a public record. As a public record, email is subject to the same exemption criteria regarding disclosure. Foodborne outbreak response team members must work with their legal staff to understand how email may be considered as a public record. Likewise, since FOIA is a federal law and is applicable to federal agencies, state and local response team members will have disclosure and exemption requirements established in state and local statute and regulation.

# Politics

When people choose their thoughts and actions to exert influence on others



9-10

Foodborne outbreak response teams may be challenged by politics. The term politics has been defined as “when people choose their thought and actions based on how they want others to react rather than based on what they really think” (Patrick Lencioni, 2006). Politics are not just the actions of elected and appointed officials; anyone can use politics to influence decision. Response teams must be aware of politics and the potential threat(s) they pose to an effective response. Some groups that may exert politics into a response follow:

**Consumers.** Consumers have a significant stake in the outcome of foodborne illness and the investigation. They clearly want timely information regarding the foodborne illness and the risks associated with contracting the illness. Consumers who seek information may rely on less-than-credible sources to obtain information. Consumers with inaccurate information may be challenging; not willing to accept directives from the response team when it is available and disseminating inaccurate information to others.

**Media.** The media has a desire to report matters that may have an impact on the community. 24-hour news cycles have prompted the media to seek sources of information on almost a constant basis. If information regarding the outbreak is not available from the outbreak response team, the media may seek less-than-credible sources. The media may also take “sides” and report from the perspective of the industry for a variety of reasons.

**Food Industry.** There is no participating entity in a foodborne outbreak response that has more to lose than an implicated food purveyor and the industry they represent. As mentioned in Module 2, the direct and indirect costs of foodborne illness are substantial and may cost millions and the outright loss of the business. As a result, the food industry may exert pressure on agencies associated with the response to not notify prematurely. Conversely, agencies must understand the impact to the food industry of inaccurate decisions and work diligently to “get-it-right”.

## Overcoming Challenges of Team Response Through Effective Communication

### Communication

- The flow of information to be acted upon
- Two-way or cyclic process
- Verbal and non-verbal process

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graph LR; C[Communicator] <--> R[Recipient]
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9-11

Many of the challenges associated with politics may be overcome by specific communication strategies. Communication can be considered the flow of information to be acted upon. It is a two-way process between the communicator and the recipient. Communication is effective when the recipient acts on the communication. Communication may be verbal in which the sender uses words to transmit the message to the receiver or non-verbal, unwritten messages such as body language, voice tone and inflection, and facial expressions. Over 50% of all communication is non-verbal.

During a foodborne outbreak response, communication may take on a very distinct approach. Due to factors such as uncertainty, lack of understanding, and the real and potential impacts of the foodborne outbreak, risk communication strategies are necessary to communicate and manage risk during a foodborne outbreak incident. Risk communication is the science of communicating when there is real or perceived risk associated with an incident. Peter Sandman considers risk a function of hazard and outrage (CDC 2006). Hence, there is hazard if the risk is real and there is outrage when the risk is perceived.

# Risk Communication

The science of communicating when there is real or perceived risk



Source: Sandman 2006  
(CDC)

4-12

Risk = Hazard + Outrage reflects the observation that an individual's perception or assessment of risk is based on a combination of hazard (e.g., mortality and morbidity statistics) and outrage factors. Outrage often takes on strong emotional overtones and predisposes an individual to react emotionally (e.g., with fear or anger). This strong emotional reaction may significantly amplify levels of worry. Outrage tends to distort the perceived hazard and generally leads to higher risk.

## Outrage Factors



4-13

Outrage factors include the following:

**Voluntariness.** When considering risk, it is important to understand whether the risk is taken on voluntarily or involuntarily. Factors of risk that are out of our control tend to create a higher level of outrage.

**Controllability.** Risks from activities viewed to be out of our control and in the control of others tend to lead to a higher level of outrage.

**Understanding.** Poorly understood risks are judged to be greater than risks that are well understood or self-explanatory. Lack of understanding on how to prevent foodborne illness when present in the community may lead to higher levels of outrage.

**Uncertainty.** Risks that are relatively unknown or that pose highly uncertain outcomes are judged to be greater than risks from activities that appear to be relatively well known to science.

**Effects on children.** Risks that appear to put children specifically at risk generally create higher levels of outrage than to adults.

**Trust.** Risks associated with individuals, institutions or organizations lacking in trust and credibility are judged to be greater than risks from activities associated with those that are trustworthy and credible.

**Media attention.** Risks that receive considerable media coverage are judged to be greater than risks from activities that receive little.

Human vs. natural origin. **Risks generated by human action, failure or incompetence are judged to be greater than risks believed to be caused by nature or "Acts of God".**

## Principles of Risk Communication

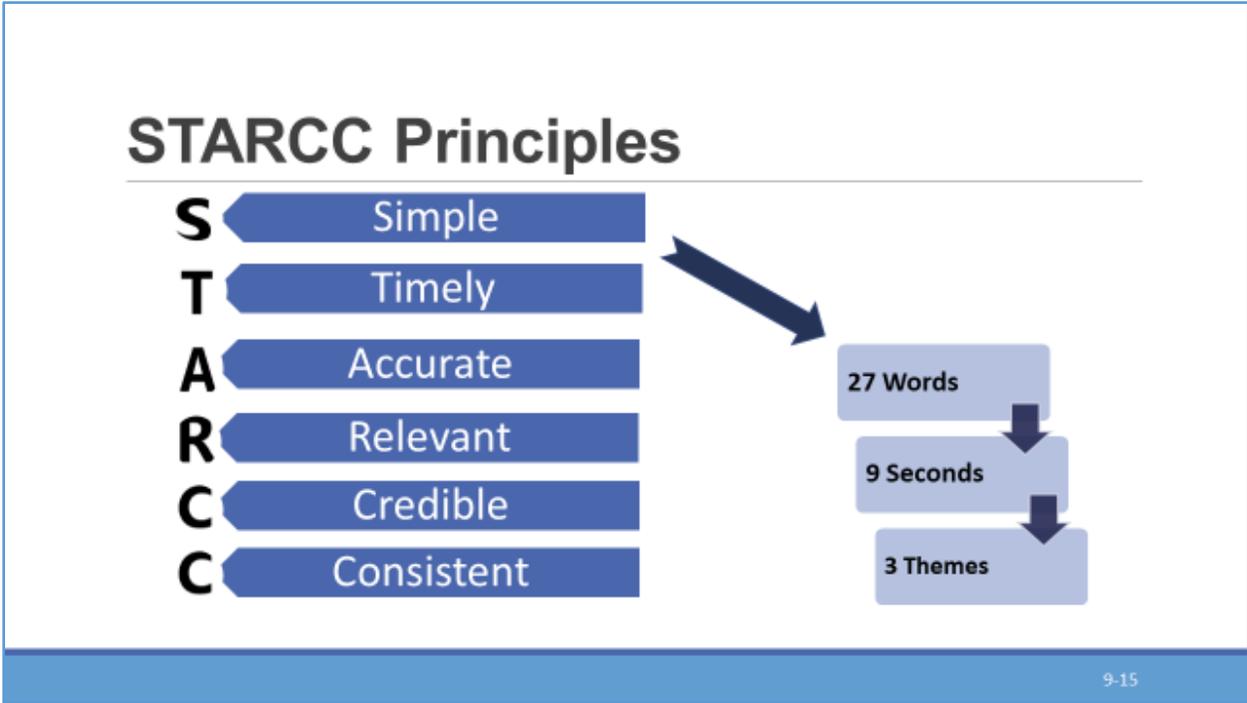
- Don't over reassure
- Acknowledge uncertainty
- Avoid unsupported comparisons
- Acknowledge people's fear
- Put good news into secondary clauses
- Give people meaningful things to do

9-14

When people are concerned, stressed, or upset due to outrage they have difficulty hearing, understanding, and remembering information; they tend to focus on what they hear first; and the

gap between the perception of risk and the reality of the risk becomes wider. Risk communication is a scientific approach to communicating and is a component of risk assessment. Risk communication helps to provide timely, relevant, and credible information so that the public can make informed decisions regarding the risks associated with an incident such as a foodborne illness. Some basic principles of risk communication are:

- Don't over reassure. The objective is not to placate the audience. In most cases, it is better to have a high estimate of harm and modify it downward than to have a low estimate of harm and modify it upwards.
- Acknowledge uncertainty. Offer what is known and what is not known about the incident. State what is being done to eliminate uncertainties.
- Avoid unsupported comparisons. Don't make statements comparing one incident to another, especially if it is meant to reassure.
- Be regretful, not defensive. It is acceptable to state that "you feel terrible" or are "sorry for the misfortune" but taking a defensive posture when confronted with the inability to stop ongoing foodborne disease will create outrage.
- Acknowledge the shared misery. It is acceptable to acknowledge the misery associated with an incident and express that, as a responder, you are feeling the misery also.
- Acknowledge people's fear. Don't tell people they should not be afraid. Don't degrade or belittle someone for the feeling of fear.
- When news is good, state continued concern before stating reassuring updates. This is the concept of putting good news into secondary clauses. A statement holding to this principle is "although we believe this outbreak is not over, we have seen a reduction in cases over the past two weeks".
- Give people meaningful things to do. Giving people things to do will give them a sense of control and will maintain motivation to stay informed of the situation. The action requested must match the severity of the situation. Anticipate the question "What can I do to protect myself and my family?".



When developing a risk communication, the message should follow the STARCC principles. STARCC is an acronym that stands for:

**Simple.** During an incident, people will not be able to comprehend large amounts of information. Messaging must be kept simple, avoiding “big” words and jargon. Language should be used for comprehension at the fourth or fifth grade level. To keep messaging simple, the message mapping principle of 27-9-3 should be employed. That is, use no more than 27 words, delivered in 9 seconds, with no more than 3 themes in the message.

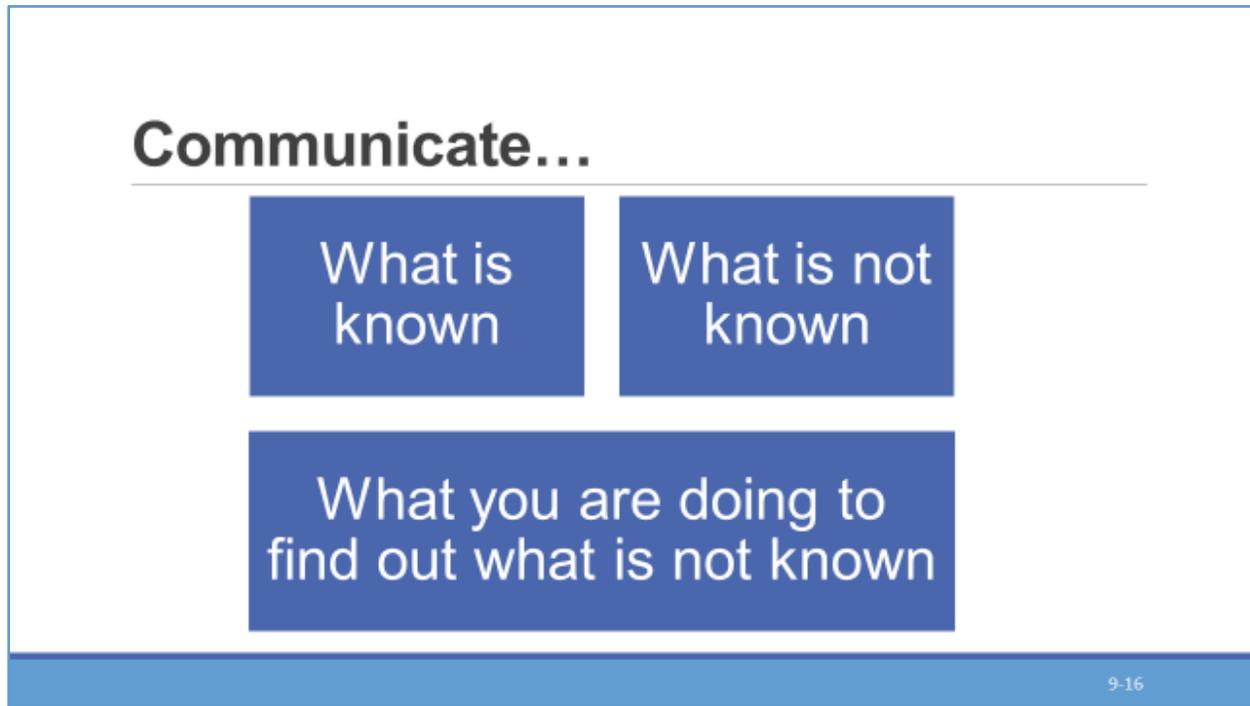
**Timely.** During an incident, people will remember the first information they hear. Deliver information as soon as it is available and do not delay. Long delays in with sharing information may cause the audience to seek information elsewhere – possibly from less-than-credible sources.

**Accurate.** Information must be concise and represent the situation at that point in time. Although the message may be delivered by subject matter experts, the message must be tailored for the audience’s level of understanding.

**Relevant.** The message must anticipate the audience’s concerns and be ready to respond.

**Credible.** The message must be delivered by a person with credibility in the community. The message must be delivered with empathy, showing concern for the community regarding the incident.

**Consistent.** Messages must be delivered at a prescribed time and in a similar format. Lack of consistency may be construed as a lack of professionalism, resulting in a loss of credibility as a source of information.



The public health agency should be, and act as, the most reliable source of information during a foodborne outbreak response. This underscores why it is important that the public health agency release proactive, credible information during an investigation. Not reacting to inquiries as they are received may result in the public and media seeking less credible sources in the absence of information from the public health agency. Foodborne outbreak investigations are dynamic and the information can change quickly; therefore, the response team may not be able to wait until all the information is available before communicating with the public. People want information to make good decisions to protect their health. The response team must consider the risk and consequences of communicating incomplete information with the risk and consequences of not communicating. The response team should consider informing the public of what they know, what they do not know, and what measures they are taking to find out how to reduce the uncertainty. The most important information to provide the public is what they should do to reduce or prevent their risk of infection.

## Activity

- Work in table groups
- 10 minutes to work
- 10 minutes to report
- Choose a spokesperson to deliver the message

Given the information in the participant's manual, generate a risk communication message that is consistent with the principles of risk communication and the message mapping principles of 27-9-3. Record your responses in the space provided in the manual.

9-17

On Wednesday, May 25, the health department received notification from the hospital that several people had visited the emergency department complaining of stomach cramps and diarrhea. Some of the patients had bloody stool. Stool analyzed by a commercially-available multi-target enteric pathogen diagnostic assays (CIDT) have identified *Shigella* as the probable agent causing illness.

On Thursday, May 24, the hospital lab has identified 11 cases of *Shigella* by CIDT. Stool specimens from each case were sent to the state public health laboratory for confirmation and further characterization (i.e. WGS).

Environmental health staff have received at least five complaints over the past week of people with stomach cramps and diarrhea. A cross check against the epidemiology divisions list revealed that two of the complainants were also on the Epidemiology division's line list. Interviews of the 14 individuals with either a five-day food history form or the pathogen-specific interview form has commenced.

On Friday, May 25, health department staff convened a meeting of their foodborne outbreak response team. Initial information gathered suggested that at least 9 of the interviewed has eaten at a popular delicatessen located at the corner of Grape and Vine street.

One of the patients is a host of a popular news program at a local radio station, KWYR. He posted on his Twitter page that he suspects his illness may have been caused by a meal consumed at the deli.

**Shigella facts:** Shigellosis is an infectious disease caused by a group of bacteria called *Shigella* (shih-GEHL-uh). Most who are infected with *Shigella* develop diarrhea (often bloody), fever, and stomach cramps starting a day or two after exposure. Shigellosis usually resolves in 5 to 7 days. The spread of *Shigella* can be stopped by frequent and careful handwashing with soap and taking other hygiene measures. In some people, bismuth subsalicylate (e.g., Pepto-Bismol) can help to relieve symptoms. People with shigellosis should not use anti-diarrheal medication. Healthcare providers may prescribe antibiotics for some people who have severe cases of shigellosis but many antibiotics may not be effective against *Shigella*.

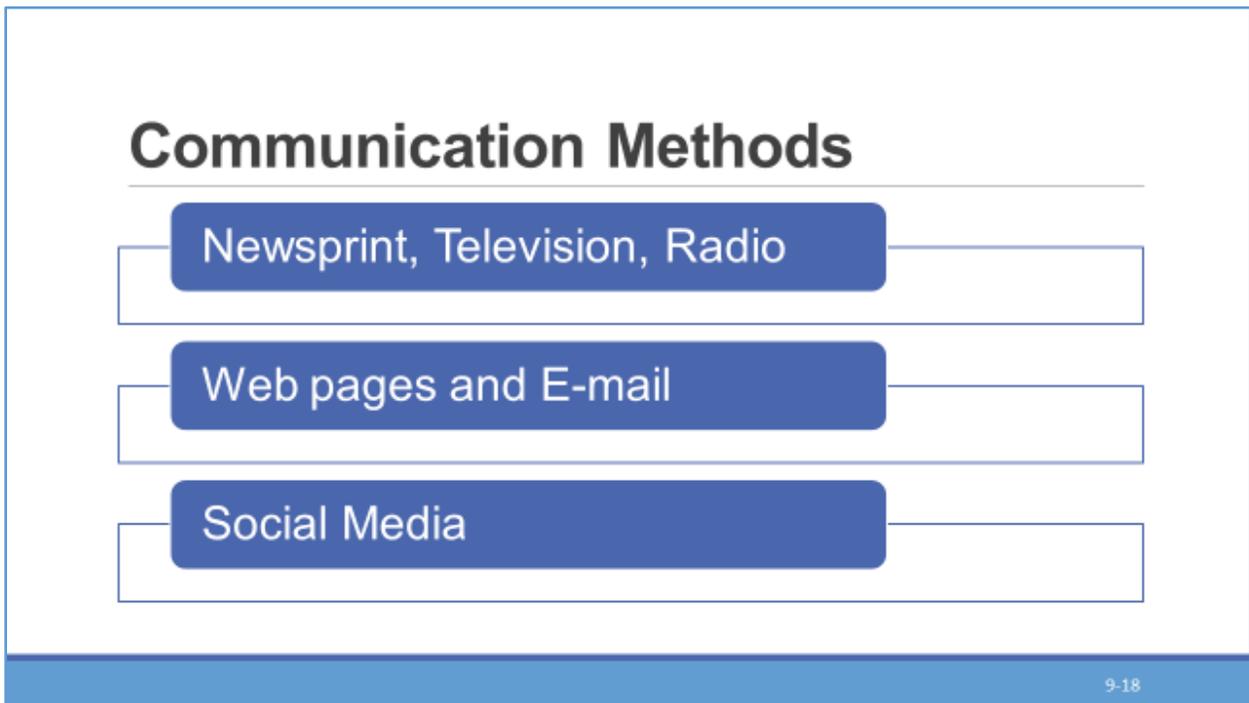
What are the three important messages to convey?

1.	_____
2.	_____
3.	_____

Develop a Message using risk communication principles and 27-9-3:

_____
_____
_____
_____

### Methods of Communicating



There are many methods or channels used to communicate. Each has their positive attributes and each has their drawbacks. Generally-recognized communication channels are newspapers, television, radio, the internet, and social media. Newsprint, television, and radio are considered more of a traditional media channel. Newsprint provides a level of detail and background generally not available with other channels. Television provides the opportunity for the viewer to not only hear but to see the presenter allowing for non-verbal communication. Radio may provide some non-verbal communication as the listener may pick up changes in tone and inflection, leading the listener to focus their attention on what is being said. The drawbacks to these more traditional channels is that they may have specific cycles upon which they gather and disseminate information. The response team should understand these cycles and attempt to work within them to provide timely information through those channels. Electronic media such as web pages and e-mail may provide for the rapid dissemination of information. Web pages and e-mail are much more static and often are used to link to the traditional media channels. The ability to communicate electronically – send messages on an on-line platform and have immediate responses to the message has become a common means of communicating. 73% of all Americans uses more than one of the eight most commonly used social media platforms measured in a 2018 survey conducted by the Pew Research Center. The typical (median) American uses three of these sites (Pew, 2018).

## Social Media

- 73% of all Americans use more than one of the most commonly-used social media platforms
- Platform use varies by age, gender, and national origin
- Facebook is used by 68% of all Americans



Does your agency use social media during foodborne outbreaks?



9-19

Social media use should be understood by the public health agencies responding to foodborne outbreaks. The 2018 Pew Research Center Survey shows that there are substantial differences in social media use by age. Some form of social media is used among 88% of 18 - 29 years old, 78% of 30 - 49 years old, 64% of 50 - 64 years old, and 37% of Americans over 65. Social media platforms used also varies by age. Snapchat, Instagram, and Twitter are very popular among the 18 - 24 years old but the use of these platforms falls off in the 25 and older age group. Other demographic characteristics help form the use of social media platforms. 50% of

college graduates use LinkedIn as compared to only 9% of Americans with a high school diploma or less. Pinterest is more popular with women (41%) as compared to men (16%). 49% of Americans of Hispanic decent use the messaging service, WhatsApp. Facebook is the social media platform used by most Americans across all age groups (68%) (Pew 2018).

## Summary

**Summary**

- Identify barriers to effective team response
- Describe ways to overcome barriers to effective team response
- Discover communication strategies that support effective team response

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Coming up Next

## **Coming Up Next**

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**The Value of Reporting**

9-21