

Emerging Issues: Q&A for healthcare marketers

An interview with Dr. Bob Howard

Former media/press officer for the National Center for Infectious Diseases, Dr. Bob Howard is President and CEO of Robert J. Howard & Associates, specialists in health education, crisis communication, and health and security issues.

What is the status of the Swine Flu H1N1 vaccine and is it really necessary? Who should get the vaccine, and what is the best way to instill a sense of urgency without creating panic? How can we get those people who are not paying attention to take it seriously?

Dr. Howard: Yes, there is a real need for people, especially certain groups of people, to be vaccinated for Swine Flu or H1N1 Flu. It is a dangerous illness that has caused many deaths and is posing new challenges to health care experts and scientists in the U.S and throughout the world. It is estimated that a Swine Flu vaccine will be available sometime around November 2009. Before then, it is important that Americans who can be vaccinated for seasonal flu do so.

When the Swine Flu vaccine becomes available, it is expected that most persons will probably need to have two vaccinations approximately three weeks apart. At this time, the recommendation is that the following groups should receive the vaccine first:

- 1. Pregnant women**
- 2. Health care workers**
- 3. Persons caring for children less than six months of age**
- 4. Those living with children under six months of age
(persons under six months of age cannot receive the vaccine)**
- 5. Children over six months of age and up to age 24. Also included are people with underlying health problems like diabetes, asthma, heart or liver conditions, anyone taking immune suppression drugs, and the elderly.**

Keeping our communities informed and aware is critical in avoiding panic or misunderstanding. It is crucial for healthcare consumers to be aware that the public health service will be working closely with hospital systems (including yours) and public health programs to make the vaccine available as widely as possible. The vaccine should first become available in public health clinics, hospitals, and doctor's offices. There will also be a concerted effort to reach out into schools and give the vaccine to schoolchildren (with parental permission), and to utilize drugstores, community centers, pharmacies, the workplace, and community gathering areas. It is also important to note that the CDC is carefully monitoring the effectiveness of the vaccine to see if there are any "adverse effects." If necessary, the medical community may decide to add an "adjuvant" to the vaccine. This is simply a component that will make the vaccine more effective and bolster it's accuracy in addressing the Swine Flu, especially if it goes through any changes in the next few months. The CDC is especially monitoring the higher "at risk" groups for any adverse effects.

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The bottom-line: This year, you should receive your “normal flu shot” and what will probably be a two-shot, Swine Flu vaccine targeted specifically at this new, and deadly emerging health threat.

What is the key to preventing “nosocomial” or hospital-acquired infection and deaths? Who plays a significant role in the hospital in preventing these deaths? How can we get patients and staff to do their part...and continue to do their part?

Dr. Howard: Hospital-acquired infections are a tremendous concern and challenge for hospitals, their staffs, patients, and the community. Many hospital-acquired infections seen today are drug-resistant and have become increasingly more difficult to deal with. This is especially true of MRSA or Methicillin Resistant Staphylococcus Aureus, a disease responsible for thousands of hospital deaths every year in the United States.

In many cases, the answer lies in the simplest of practices—routine and careful hand washing or use of alcohol-based hand sanitizers. The CDC estimates that nearly 50% of hospital-acquired infections could be avoided if doctors, nurses, rehabilitation specialists, food service specialists, orderlies—and anyone else coming into contact with patients—is vigilant in practicing appropriate hand hygiene.

The CDC’s National Center for infectious Disease, Office of Nosocomial Infections also reminds health care professionals to always be on the alert for gaps in procedures or practices which may allow infection transfer to occur and to immediately fill them. The simple, comprehensive way to accomplish this is to seek a system of “best practices,” and implement them hospital-wide with constant monitoring to ensure adherence. These guidelines should cover hand hygiene, use of antibiotics, over-all cleanliness, rules for visitors and guests, and identifying gaps in procedure.

Communication is key to the success of this system. In most of the areas where there is opportunity for infection transfer, there is also an opportunity to address these issues with patients, staff, visitors, and volunteers. Using communications tools such as digital signage, hospitals can reinforce these best practices with messages tailored to the audience(s) at every point of contact: from entry ways and exits, to the gift shop, nursing stations, physicians’ lounges, cafeteria, and everywhere else people congregate and wait within the facility.

What can we do to help our community address the obesity problem and the corresponding rise in diabetes? What message should we send to our community about this health crisis? What information will help people take action?

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Dr. Howard: Obesity and associated type 2 diabetes are well above epidemic proportions in the U.S. and are a community issue on every level. Obesity shortens lives and impacts the social and mental health of those affected. The condition poses a significant economic threat due to the cost of treatment of those suffering from obesity itself and from the other health issues that develop from it. It is vital for both individuals and communities to approach obesity as a systemic problem that did not “just occur” overnight and will not be resolved overnight. In the context of a community-based approach to obesity, marketers can influence behavior on many levels:

--- Communicate strategies and practices on programs that address obesity and what can be done in homes, the workplace and community settings to lessen the impact of this epidemic

--- Create campaigns in cooperation with clinical staff to encourage healthy behaviors. Be sensitive to racial and ethnic disparities that are an inherent part of obesity in some cultures. Focus on options that are accessible and affordable.

--- Increase awareness of the benefits of breast-feeding for new mothers and promote your organization’s breast-feeding classes and support services. Breast-feeding has proven to be a very effective early intervention toward preventing obesity.

--- Partner with local businesses to host a public farmers’ market in a city park to improve accessibility and affordability of nutritious foods in under-served areas. It is also important that we communicate to our supermarket and grocery stores that as consumers, we want healthier choices in our food and snacks. Each person must take responsibility for his or her own health!

It is vital that hospitals join ranks with their communities to address the obesity issue by seeking ways to get children away from TV sets and keyboards and onto playing fields or courts to exercise their minds and bodies and encourage a spirit of community togetherness. Obesity solutions are—without doubt—community-based.