



Risk Communication and Public Health

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From Trouble to Trauma: The Need for Public-Private Health Partnerships

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Abstract and Keywords

This chapter discusses the importance of public—private partnerships in the area of public health. Topics covered include corporate planning for medical emergencies, the lessons learned by one multinational company about crisis management, and corporate planning and SARS. It presents questions intended to encourage robust dialogue between public health officials and their corporate counterparts in the environmental, health, and safety/security arenas.

Keywords: public health, risk management, health partnerships, emergency management

Although relationships are essential in any crisis management dynamic, they potentially never have greater consequence than in the area of public health. While many are impacted by construction and industrial accidents, product recalls and financial disasters, incidents that could compromise public health are non-discriminatory: they know no boundaries, economic or geographic.

Relationships between individuals and organizations are particularly essential when the wellbeing of a community or an entire society is at stake. Consider for a moment the incredibly complex span of relationships that are embedded in the public health and emergency management disciplines:

- ◆ First responders, including police, fire, and emergency medical technicians are increasingly reliant upon technology factors outside their span, including traffic and GPS systems that allow them to navigate road and rail systems to accelerate response. These systems are often flawed and, in the case of a

massive electrical or technology failure, could cause further havoc upon already taxed individuals and systems

- ◆ Doctors and nurses are increasingly reliant upon national health services and non-governmental organizations to provide early warning signs for potential pandemics and related emergencies. However, as will be explained in this article, some economies are highly sensitive to not promoting outbreaks of pandemics in their borders because of the profound economic and tourism damage that can result. Employers increasingly realize that they must have a sound relationship system in place before a public health disaster strikes. While a majority of multinational employers with more **(p.70)** than 10 000 employees are believed to have a pandemic plan in place worldwide
- ◆ (Friedman, 2007), some 84% of those surveyed report that they have no updated contact names for physicians such as epidemiologists whom they may rely upon for fast response in the event of a medical disaster
- ◆ The medical practice to which several physicians belong is investigated for potential irregularities in billing to a government agency or insurer, causing negative headlines and questions about the integrity of the spinal specialists.

Planning for the inevitable

Corporate planning for medical emergencies is typically assigned to one of two divisions: risk management or corporate security (Barton, 2008). In analysing corporate plans from companies in the entertainment, petroleum, and financial services industries over the past 20 years, several shared attributes emerge from these plans:

- 1 They typically have a 'radar screen' approach built into the notification system so that security or other managers can alert headquarters on a 24/7 basis if and when an outbreak of any medical issue occurs
- 2 The plans almost inevitably emphasize the limited resources available within the company to assist employees, referring the senior supervisor who may be aware of a potential problem to work directly with local public health officials
- 3 The planning almost always refers to the impact of a pandemic on the customers of the organization. In fact, the majority of the 'public health plan' aspect of the crisis thinking is devoted more to how to divert product from one port to another, or notify customers as to when product shipments will resume, as opposed to how to provide immediate, tangible support to employees and their families
- 4 A surprising number of plans, estimated by this author to be in the range of about 40% of some 300 plans reviewed over the past 11 years, only discuss pandemic-like events, ignoring internal medical issues that could emerge, including the impacts of radon, lead poisoning, mold, asbestos and water contamination, to name but a few potential threats.

There are exceptions, to be sure. Sports footwear manufacturer Nike and British Petroleum have massive planning systems in place to protect their people and brand during and after a public health disaster. Both companies have separate crisis software systems to help product managers share updated **(p.71)** information discreetly and in real time, and both have conducted extensive simulations in their respective emergency operations centres to test both local supervisors and corporate executives on how to manage issues involving a prolonged absence of talent due to sickness. Interestingly enough, both companies routinely include their insurance companies in the planning and simulation process to ascertain whether their processes can meet or exceed best practice standards.

While no list of public health disasters is complete, any discussion of the relationship between organizational leaders and their public health counterparts should include a summary of lessons learned from major incidents over the decades. In the process of writing a new book, *Crisis Leadership Now*, over a dozen leading epidemiologists from hospitals worldwide were interviewed by the author, as well as a series of public health officials, including those associated with the European Community health agencies, as well as the Centers for Disease Control in the United States. Here is a summary of what was learned:

- ◆ The primary concern of virtually everyone interviewed was the H5N1 influenza virus. This is not only because it can mutate fast, but also because the ‘creeping’ period from when cases first emerge to when a community may realize that it has been overwhelmed by a deadly flu can be very short. By the time health officials realize that they are dealing with a potential pandemic, sickened residents have left their community by foot, train or plane, infecting an unknown number of unsuspecting persons
- ◆ Although there have been ten pandemics over the past three centuries—with millions of victims—physicians feel that corporations simply believe that these issues can be managed by launching ‘wash your hands’ campaigns to the detriment of meaningful employee education. Even when hospitals and health clinics offer to manage free educational seminars inside a company, their requests are often ignored because company executives ‘don’t want to create panic when a crisis doesn’t exist’
- ◆ Anthrax-type cases of terrorism, admittedly difficult to orchestrate, are an inevitable part of the arsenal of weapons that a terrorist treasures. The FBI, Scotland Yard, and most other respected investigatory agencies acknowledge that the successful deployment of anthrax against public officials and broadcasters in the United States in 2001 is a precursor to future deployment. When done so in an aerosol-type environment at a business convention, for example, the impact could be catastrophic in terms of the numbers of potential victims
- ◆ Tuberculosis resurfaced in the news in 2007 when American attorney Andrew Speaker travelled to five countries in Europe on his honeymoon **(p. 72)** when he knew he was infected with TB. By the time he returned to the

United States (a Canadian border agent stopped Speaker because doctors had notified the CDC immediately if he was found), the news media created near panic because hundreds of travellers had been on various flights to and from Europe with Speaker and his wife. The Speaker case reminds us that an outbreak of TB inside a manufacturing or processing plant, for example—or any closed quarters—could cause havoc not only for that employer, but for regional medical systems. The number of physicians worldwide with a career-long understanding of the nuances of TB and treatment protocol is estimated to have dropped about 84% since 1950 (Zimmerman, 2007)

◆ Foodborne illnesses are in the news frequently, including the massive recall of Irish lamb products in December 2008. News stories often emphasize the financial loss to farmers and processors of various meat and other food products that have been recalled. What would potentially serve the public interest far more than a business analysis is a reminder to the public of the importance of early warning signs regarding botulism, parasites, and other bacteria that can contaminate food products.

An awakening at one multinational

In mid-2008, the author worked closely with one multinational company with a heavy manufacturing focus; the company produces and distributes a variety of products to Europe, Asia, and North America. The company has little presence in Latin America or Africa but does have one subsidiary in New Zealand. The total full-time employee population exceeds 30 000 persons. The specific challenges facing this company were reviewed in terms of the need for a comprehensive business continuity plan. Other than a modest crisis management plan (focusing primarily on the need to reallocate product if a major port were closed owing to a compliance violation), the company had little in terms of planning for any health emergency.

After meeting with the executive team and surveying over 1800 mid-level to senior supervisors worldwide (with 1278 respondents) and hosting five web-based conferences to determine levels of exposure to a variety of health-related threats, the following represents a summary of lessons learned by that organization that are appropriate for reflection by both scholars of crisis management as well as public health counterparts.

◆ The company determined that a health-based specialist needs to be hired in the Office of the Risk Manager to create a global framework for understanding and responding to health emergencies. That health specialist will **(p.73)** be responsible for ensuring that the company meets or exceeds best practice standards to alert employees to the need for prevention (e.g. HIV testing, flu shots, hand washing, diabetes education), and that the specialist will work with internal audit to ensure that each major facility worldwide designate a ‘contact lead’ for the specialist who will serve as a reference point going forward

- ◆ A cross-functional team that included a Vice-President of operations, human resources, environmental and safety and audit established the health specialist position requirements. Principal qualifications include a master's degree in public health, 10 years of experience in production, operations or manufacturing, and preferred experience in compliance. A Canadian whose expertise spans manufacturing and health and who spent 8 years as a pharmacist filled the position in September 2008
- ◆ The specialist worked with the author in autumn 2008 to survey teams worldwide on areas that they felt raised high exposure for the company. Theme areas included natural disasters, embezzlement/extortion and related crimes, and geopolitical and economic changes that could harm the people, reputation, and financial condition of the company. Interestingly enough, over 31% of respondents said that a health crisis represented the single greatest threat to operations, second only to a fire (representing 33% of all responses). That information was shared with the Board of Directors of the company at their November quarterly meeting
- ◆ The specialist realized that information inside company facilities was lacking regarding how to report concerns over environmental and safety standards. While the company had established several toll-free 'whistleblower' hotlines regarding safety infractions, those resources were rarely, if ever, used to report concerns over the lack of internal awareness regarding sanitation, for instance. The specialist quickly learned about cases where dozens of employees had become sick inside a company cafeteria owing to suspected salmonella, for instance, and others in another country where an employee who was cut and subsequently bled on the job had hepatitis; workers panicked when they learned that this could potentially have compromised their health
- ◆ Web-based conference calls hosted by the health specialist proved to be a daunting challenge. Among the challenges experienced: lack of comfort with the native tongue of the host (French) whose attempts to host the calls in English were frustrating for all involved. Secondly, many supervisors worldwide were hesitant to talk about concerns of health infractions inside their business units for fear that their executive teams would be embarrassed **(p.74)** and subsequently singled out by leaders. Third, the specialist felt that the global recession created considerable anxiety for those on the call and that many were afraid to identify problems in their region because they did not want anyone at corporate level to sense that they were not doing their job. In essence, a fear factor paralysed participants who did not know the specialist or trust their corporate counterparts
- ◆ Recognizing that the web-based calls were politely informational but largely one-way in content and delivery, the specialist secured budget approval to visit five major factories (two in Asia, two in Europe, and one in

the United States) by the end of the year. Those visits allowed the specialist to build a personal rapport with members of a newly appointed Safety and Health Task Force for the company. The specialist feels that personally securing the support of contemporaries is essential for her success, and the first voluntary reports of health concerns have begun to be shared on her secure email account

◆ The law department has similarly proven to be a challenge to this specialist. Although her knowledge of health issues runs deep and her capabilities in production have been established with another multinational, the legal department has often challenged how and when the health office communicates with the business units. Lingering concerns exist that once the company is aware of a public health exposure, a lack of swift communication with local officials could be a violation of provincial or national laws. Disclosure continues to be a theme that multinationals tout in their investor and relations campaigns, but the practical dimensions of transparency in a company that is worried about headlines and sustaining its stock price makes many lawyers shutter (Barton, 2008). This specialist has learned this through several early battles in her tenure.

Corporate planning and SARS

Corporate executives worldwide noted with great alarm the impact from the most notable outbreak of severe acute respiratory syndrome (SARS) in 2003 that migrated from Asia to Canada. The potential pandemic—medical experts continue to debate definitions—cost the Canadian economy an estimated US \$800 million loss in tourism and business revenue. Traffic through Chek Lap Kok International Airport in Hong Kong dropped by 90 per cent over a 3-week period (Leung and Lan, 2004). Economists continue to debate widely the economic loss to businesses whose products were held in ports both in Asia and North America.

In the midst of the 2003 outbreak, the electronics industry claimed that over-reaction to the SARS concern could devastate trade. The trade magazine **(p.75)** *Silicon Strategies* (EE Times, 2003) stated that SARS was crippling ‘the bottom lines of Motorola, Nokia, Qualcomm and other electronic companies’. Both that journal and at least three dozen other electronic journals and online sources complained that despite the human toll of SARS—China originally reported 6727 ‘probable’ SARS cases and over 400 deaths—these reports did not discuss the human toll of the disaster.

Corporate planning cannot be stagnant. Nike, for example, has written and revised its pandemic plan four times over 3 years, according to Bill Turner, Corporate Director of Retail. Among the steps taken on a global scale:

- ◆ A pandemic plan is available for download on the company intranet for all business units; the plan is revised after close coordination with international health officials
- ◆ Two simulations have allowed corporate managers to test the pandemic plan in terms of its effectiveness in reaching out to employees at their homes and while on the road, and in answering questions from associates and customers
- ◆ Human resources daily track employee issues so that an outbreak of an influenza that is unusually large in a particular manufacturing or distribution plant leads to an alert that is sent to a regional office. Since that one issue could cause a drop in product distribution impacting an entire region, the early alert system is not only smart economics (since part-time replacement help can be accessed more rapidly before a flu spreads), but the regional director can also sense whether there is a 'connect the dots' situation even before some public health officials may have had the chance to look at cross-border situations.

Private sector planning

Although formal contingency plans such as those mentioned earlier are increasingly common among multinationals, surveys by scholars in both Europe and North America find that the majority of small businesses have little or no formal planning in place in anticipation of a public health disaster. The migration and transmittal of influenza can be so rapid in any community, complicated by the ease and low cost of cross-border travel, that the daunting impact of a global pandemic has only been fully appreciated by the World Health Organization and comparable bodies; their corporate counterparts often live in denial. Many risk management executives interviewed by the author admitted that they have purchased insurance policies that will indemnify their organization against losses from a communicable disease outbreak, but they also struggled when asked these questions.

(p.76) There is some good news emerging in the disaster literature. In the aftermath of the terrorist attacks of 11 September 2002, a number of communities in the United States increased the number of 'homeland security advisors' who could work with the private sector on planning for medical and other complex emergencies. As their expertise grows by visiting local employers, creating networking opportunities with public health providers, and sharing models for evaluation and response of potential outbreaks, they are also beginning to publish articles that offer sound, if not sage, counsel, to employers.

One example is Adam Crowe, a health planner for Johnson County, Kansas, who also teaches at Park University. He notes:

Every organization, regardless of the size and service provided, can be severely impacted by communicable conditions. Every employee, particularly essential personnel, should be provided education and encouragement to practise good hand washing, cough and sneeze etiquette, as well as other prevention techniques. Like all hazards, organizations must evaluate the risks of communicable conditions and other public health threats. Once this evaluation is completed, clear communication with personnel and their families will alleviate some of the fear and misunderstanding that comes with these public health threats (Crowe, 2008, p. 81).

Corporate leaders have been slow to hear such warnings, however. There is an abiding reliance upon public health officials to advise employers when a communicable disease could compromise social and business systems. Interestingly enough, however, there are few, if any, recorded standards that actually explain how and when employers are expected to advise local or provincial health officials when they see major leaps in sickness among employees, one of the first warning signs of a looming health disaster. The following questions are intended to encourage robust dialogue between public health officials and their corporate counterparts in the environmental, health, and safety/security arenas.

For public health officials

- ◆ Have you asked that major employers in your geographic region notify you when more than 10 employees in any one department are reporting that they are ill to their employers? What mechanism exists to track multiple reporting issues within a single geographic area?
- ◆ What kind of website information and updates can be made available when the first outbreak of a communicable disease occurs? Are these updates available in those major languages that are unique to your region?
- ◆ So as not to create panic, do you have a frequently asked question (FAQ) brochure and webpage available now in template form that can be customized to the unique public health issue that could emerge in the future? **(p.77)** For instance, if a Chernobyl-type industrial accident were to occur in your area that potentially compromised the health of tens of thousands because of a highly toxic cloud, how quickly could public information be shared? How long would it take for roads, rail lines, and airports to be ordered closed? What is the established process for food and water supplies to be destroyed and replenished after inspection and safety verification? How will animal deportation and slaughters be managed? What are the legal and ethical questions that public policy-makers will face in the midst of these and hundreds of other decisions?

For corporate leaders

- ◆ Beyond existing crisis management plans, do you have a specific and separate plan in place that alerts senior management to a potential health crisis that could affect the organization? What is your business continuity plan if more than 30% of your employees were unable to work because of prolonged illness? How will you communicate with suppliers and customers during this emergency?
- ◆ When is the last time you reviewed your insurance policies with your broker in terms of how they relate to a medical emergency? Would you be indemnified for lost revenue if a major medical emergency were to compromise your sales and production for a month? For how long? Three months? What steps are required by senior management and the Board of Directors as fiduciaries in order to be reimbursed for lost revenue?
- ◆ Do you require in your sourcing contracts that headquarters is notified in real time if a key supplier finds that their manufacturing or processing has been compromised by a health disaster? If a plant or port in Hong Kong, Turkey or Vietnam shuts down for weeks or months at a time, your ability to function could be compromised. Suppliers are notoriously averse to sharing bad news. What systems do you have in place to encourage the early sharing of information?

The need for public health leaders to discuss these and related issues with corporate executives is a compelling one. In a digital world where news travels fast, we may be lulled into false comfort that ‘bad news travels fast’, however. Unfortunately, some of the most fragile economies in the world are also host to some of the least funded and sophisticated medical systems where detection and preventive care at large employers could identify serious risks before they blossom into a catastrophe. When these same economies are also producing foods and/or products that can contaminate a large population, we face an **(p.78)** equation for which no model prescription of response exists. Rather than ‘solving the problem on the fly’, the time for synergistic planning by health officials and their corporate counterparts working in concert is now—before disaster strikes.

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