

Module 4

Contact Centers: Recommendations for Successful Practice



THE SOUTHERN CENTER FOR

Communication, Health & Poverty

Background

Public health contact centers provide an invaluable service to the public. Trained information specialists at contact centers provide information and referrals in order to help the public make informed health decisions. The purpose of this module is to provide an overview of public health contact centers, and to offer MPH students the chance to practice communication with citizens who are seeking information. This citizen contact with the public health agency may be routine or it may take place in an emergency.

Resource: This module was adapted mainly from the Centers for Disease Control (CDC) CDC-INFO training manual as well as information from the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. For more information go to: www.cdc.gov/hiv. Information was also taken from Reach and Cooper (2004) from their article “Homework hotlines: Recommendations for successful practice” from the journal *Theory into Practice*.

Purpose of Contact Hotlines



Because many people do not have access to health and safety information, or have trouble understanding it, offering the public the opportunity to speak to an empathic, patient, and informed topical specialist who can provide useful referrals is a worthy endeavor. In many situations, contact centers may provide one of the only viable anonymous options for those individuals who may be uncomfortable discussing certain health subjects and behaviors.

This focus of this module is on routine citizen inquiry contact centers, such as CDC-INFO. (This module does *not* offer guidance for professionals staffing health counseling lines or risk behavior quitlines.) Typical questions received by citizen inquiry contact centers include:

- General inquiry about a health topic
- Specific health question (e.g., immunization schedule)
- Students and teachers looking for information
- Assistance locating a disease testing site
- Publication requests (pamphlets, brochures, etc.)
- Health campaign inquiries
- Reports of or inquiries about chemical emergencies or natural disasters (e.g., reporting a chemical spill or inquiries about hurricane effects on a local water supply)
- Guidance on a potential biological threat (e.g., found a suspicious powder in public venue).
- Threats to commit intentional harm to self or to public (these could target an individual, an official, the contact center or some other entity)
- Significant health events in the news (e.g. SARS, E-Coli)
- Media calls



Contact centers providing public health and medical information services were originally restricted to voice contact by telephone. Now, however, customer demand and technological developments mean that they are expanding to incorporate newer communications channels such as the Internet, instant messaging, and web chat. A web-enabled contact center that can integrate all communication channels should be a top priority. Nevertheless, this module will primarily focus on providing information via the telephone hotline.

Who will call the hotline? Characteristics of information seekers



Programs will differ in their client populations. Some programs will include the general population (e.g., pandemic flu preparedness) while others target only certain groups (e.g., victims of domestic violence). However, if services are offered to a more exclusive group, staff should be nonetheless prepared to receive calls from individuals outside the targeted population and have a list of references to whom they can refer individuals.

Current demographic trends show that the U.S. population is growing larger, older, and more ethnically diverse. Thus, contact centers should be ready to address individuals from other countries of origin who may not speak English or who may lack of confidence in center staff, investing greater trust in their own family healthcare providers. Some callers from immigrant or nonmainstream cultures may lack a sense of health self-efficacy, or lack knowledge about US health systems and norms.

Who responds to calls? Staff characteristics for contact centers¹

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention suggests hotlines be staffed by information specialists who are paid personnel or volunteers.

If volunteers are used, the organization should commit at least one paid staff person for management. Most often information specialists provide information over the telephone; therefore, they require unique skills and abilities. They should always be prepared for the unexpected and act accordingly. CDC recommends that information specialists possess the following attributes:

- Knowledgeable about the topic.
- Protect caller anonymity and confidentiality.
- Ability to communicate at various levels that are tailored to the language needs of the callers
- Possess active listening skills and displays courtesy, patience, and compassion.
- Display a non-judgmental attitude, especially towards callers who are concerned about sensitive issues.

¹ Source: The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention. http://www.cdc.gov/hiv/resources/guidelines/herrg/pub-info_hotlines.htm.

- During crisis calls, refer callers to qualified crisis intervention organizations instead of offering advice.
- Utilize proper call management skills.
- Exhibit creativity in providing referrals and finding answers to questions.

Skills for information specialists

The role of an information specialist is to provide information to the general public and professional health workers. In this section we address the characteristics of a successful information specialist, strategies for taking phone calls, and how to deal with difficult calls. The information provided in this section is designed for information specialists at the CDC-INFO hotline, but is pertinent to public health professionals no matter what their role may be.

All health information contact centers should borrow the following CDC motto:

“The right information, at the right time, in the right way”

Types of calls

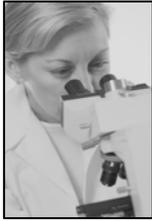
There are several possible reasons a caller might contact a health information line. For instance, an individual might express:

- I have _____ (a known health condition).
- I’m looking for information regarding _____ (a specific health issue).
- I have _____ (a symptom).
- Am I eligible for the _____ vaccine?
- I heard something about the _____ campaign on the radio. What is that?
- I saw this character on TV with _____. How do you get that?
- My son found a dead bird in our back yard. Should I do anything?
- Where can I find information on how to quit smoking?

The most common call types that are expected to be received by call centers include:

- General inquiry about any topic that falls within the realm of the public health agency
- Students and teachers looking for information
- Assistance locating a health testing site
- Publication requests (pamphlets, etc.)
- Inquiries in response to health campaigns
- Detailed health questions (e.g., seeking possible diagnoses)
- Specific health question (e.g., child or travel immunization schedules)
- Reports of or inquires about chemical emergencies or natural disasters
- Guidance on a potential biological threat (e.g., found a suspicious powder in public venue.)

Additionally there are infrequent but important calls that include:



- Media calls
- Threats to commit intentional harm to self or to public (these could target an individual, an official, the contact center or some other entity)
- Significant health events in the news (e.g. SARS, E-Coli)

Roles and responsibilities of information specialists

When you staff a contact center, you may be asked to respond to a wide variety of calls. You may be asked to assume responsibility for all of the following:

- Respond to callers' questions and concerns using approved prepared responses.
- Find referral information, such as testing centers or community health services, etc.
- Order publications.
- Handle special audience, crisis, and challenging calls
- Respond to inquiries from health care providers (doctors, nurses, etc.)
- Conduct customized database searches.
- Assist callers with inquiries requiring input from subject matter experts.
- Respond to all e-mail correspondence

4 steps to providing service to callers

Step 1: Greeting the customer

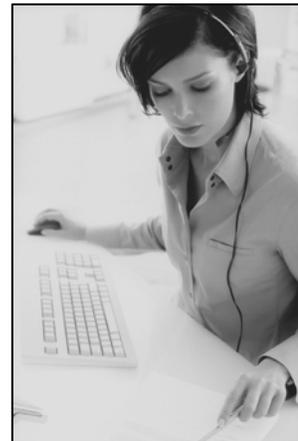
- Courteous sounding
- Professional in tone
- Pleasant
- Easy to hear and understand

Step 2: Active listening- Clarifying and probing

Active listening is one of the important skills in serving callers. Why?

Active listening:

- Allows the caller to know that they have your full attention and you understand their needs.
- Makes certain that the information you provide the caller will accurately and completely respond to what he or she wants or needs.
- Builds the caller's confidence in your commitment and ability to fulfill their request.



Step 3: Process

Follow this easy three-step process after greeting the caller to determine the caller's question and call type:

1. Actively listen to the caller to fully understand his or her inquiry. Try to detect the emotional need and understand the messages that might lie between the lines.
2. Acknowledge and clarify what the caller says with a short phrase like: "OK", "Yes, I understand", and then paraphrase the caller's question to confirm you understood: "Let me make sure I understand your question..."

Paraphrasing is a powerful tool for confirming that our response accurately meets the needs of our customer. Paraphrasing is NOT simply repeating exactly what the customer said. When you paraphrase, you state back to the customer, *in your own words*, what you believe the customer is communicating.

3. Ask probing questions. If you do not have a sense of what the caller is asking or if the caller is not asking a direct question, ask the following probing question to help identify the information the caller is looking for: "Is there a specific question that I can answer for you today?" Remember, the person who asks the questions is the person in control of the conversation.

Once you have identified yourself to the customer and "connected" using good listening skills, then you can begin asking questions. Your goal: find the best and most accurate answer to the caller's inquiry.

A few tips for asking effective questions:



- Ask mostly open-ended questions. These require a person to respond in sentences rather than just one word. This gathers more complete information.
 - *How can I help you?*
 - *Could you describe the problem?*
 - *Tell me about*
- Use closed questions when you want the customer to choose from a limited number of answers, confirm specifics, or clarify facts.
 - *How old is the child?*
 - *Have you received the brochure that was mailed to you?*
 - *Would you like to have a website address where you can read more about that illness?*
- Avoid stringing questions together or sounding as if you're interrogating the other person.
- Allow time for the person to answer fully. Don't interrupt.

Warning: Questions that insult, irritate, attack or make someone feel stupid are the wrong questions! Check your questions to be sure they are not too direct, not too personal, and do not attack the caller. **The Test:** If you were the prospect, would you respond with a happy and direct answer to the question or would you hedge in your response, become angry, cold, or indifferent?

Class activity 4.1 - Practice active listening through paraphrasing

Find a partner. Take turns with one of you playing the role of the caller and the other person serving as the contact center staff person. Sit back to back and focus complete attention on the person speaking. Stay actively involved, using phrases such as “yes” or “I see.” At the end of the caller’s comments, check that you understood the request by stating back, in your own words, what you heard. You are not trying to provide solutions during this activity, only actively listen. Start your paraphrase with a phrase such as “*So what you’re saying is...*” or “*In other words...*” End the paraphrase with a question, “*Is that correct?*” Below are sample scenarios you can use for this exercise.

Scenario 1: Hi. My brother has just informed us he has AIDS. I’m really worried if he can pass it on to my kids when he’s around them. We’re a very affectionate family and we hug each other a lot. The kids play tag football with him. What if he’s already given it to them? What can I do to protect my kids?

Scenario 2: I’m six months pregnant. This is my first child. I keep getting different advice from friends who’ve already had children. So I thought I’d call you to get the correct information. If I nurse my baby, will they still need to get vaccinated for measles?

Scenario 3: I’m calling about the flu vaccine. I take care of my father and he is 72 years old. I heard on the news that it’s important for people his age to get a flu shot. But I have a couple questions. When is it too late to get a flu shot? It’s already January and I think flu season has already started. Also, he had a cold recently. Is it ok for him to get a flu shot if he just had a cold?

Scenario 4: According to an article I just read, most of the SARS cases in the United States were people who had recently traveled to an Asian country. The article said that of the 166 cases reported in the United States; all but 16 people had been to places like China, Hong Kong and Singapore.

Scenario 5: I can’t believe I’m calling a stranger about this, but I’m desperate and need your help. Last weekend I went to a party. My friend and I had a few too many drinks and, well, one thing led to another. So today he calls to tell me he has a genital herpes! That jerk! I didn’t even want to have sex with him. He forced me.

Specific Questions

After you have listened to the caller's initial statement, ask yourself: Did the caller state a specific question or need?

- **If yes**, restate to clarify: *"Let me make sure I understand your question: [repeat question]"*
- **If no**, ask: *"Is there a specific question that I can answer for you today?"*
- If the caller is describing personal symptoms, ask: *"What you are describing may be associated with many conditions, are you looking for information on a specific disease or condition?"*
- If caller says *I need information on X*, ask: *"Do you need general information on X or is there some specific information about X that you are seeking?"*
- If caller is asking for a publication, ask: *"Are you looking for materials for the general public or for health professionals?"* and *"Do you know the title of the publication you are looking for?"*
- If caller is asking to speak to a physician or nurse, ask: *"Are you a clinician or medical professional?"*

Class activity 4.2 - Asking probing questions

Find a partner. Take turns with one of you playing the role of the caller and the other person serving as the contact center staff person. Stand, back to back with your partner and focus complete attention on the person speaking. Stay actively involved. The contact center staff person should use phrases such as "yes" or "I see." At the end of the caller's comments, ask yourself: Does caller state a specific question or need? If yes, restate to clarify. If no, begin asking the appropriate probing questions.

Callers can use the following caller inquiries to start off this exercise:

- I want information about salmonella in peanut butter.
- I have a rash and I don't know where I got it.
- I just read about Avian flu in the newspaper.
- I am concerned about my child getting vaccinated for school.
- I am worried I may have chronic fatigue syndrome.
- My house is right near a high voltage power line, and my aunt told me that could explain why I am getting so many really bad headaches.
- My spouse just got diagnosed with genital herpes; how is that possible?

Step 4: Closing the call

Callers need closure. They want to know what is being done to take care of their question or concern. Phrases such as “*I’ll take care of it*” or “*I fixed it*” are not sufficient from the customer’s point of view. They want more specifics.

Before you close a conversation with a customer:

1. When a follow-up action is being taken, explain what they can expect.

For example, “*I’ll order that brochure for you and you should have it in the mail in the next 3-5 weeks.*” or “*I have included the fact sheet in an email and you should receive it within 24 hours.*”

2. Make sure that you’ve provided a thorough and complete response to all the customer’s needs.

Always ask, “*Have I answered all your questions today?*”

3. Express appreciation to the customer for bringing the question or problem to your attention. Remember to personalize the closing.

For example, “*Thank you for calling Fitzgerald County Health Department. I hope this information was helpful in planning your child’s immunization program.*” Or “*Feel free to call back if you have any other questions. Thank you for calling Fitzgerald County Public Health. Goodbye.*”

REMEMBER: Immediately follow-up on any commitment you made to the caller.

Handling difficult calls

You will face a variety of topics on the phone that may make you feel uncomfortable. Though many topics will be difficult to handle, sometimes you will find that the emotional content of the call may also be difficult.

You may be faced with an anxious, angry, or abusive caller. Managing these types of calls will require the utmost in professionalism. As you will learn in this section, getting through the emotions of the caller is the first step to providing the caller with the information they need.

These calls include:

- Angry and/or abusive callers
- Nuisance and/or crank callers
- Anxious/persistent callers
- Sexually inappropriate callers

- Complaints
- Criminal activity
- Victims

A gentle compassionate tone and moderate pace can really help during these situations. Your tone should not be overly sweet but rather warm, caring, and relaxed. Moreover, your pace should be conversational and natural. Here are some general tips for handling challenging calls:

- Maintaining a calm tone will help you keep control of the call.
- Speaking slowly will help to hold the caller's attention and calm them down.
- Being as natural and relaxed as possible will help build rapport with the crisis caller. An overly professional tone or unnatural pace distances you.
- Remember some sexual terms that you may find offensive are used by non-abusive callers. If this is the case and you are uncomfortable with the language being used, try substituting language with which both you and the caller can be comfortable.



Additionally, it may be helpful to remember:

- You are not responsible for the caller. You can offer help and referrals, but the caller decides whether to take them.
- Take control of the call
- Seek support after the call (For your own well being you will probably want to debrief with a supervisor afterwards)
- Express clearly that you want to help. You can't say this too much. But, be realistic about how you can help.
- Remember to use your active listening skills to listen, identify, and validate the caller's concern.
- Express empathy and validate the caller's feelings
- Try to be conscious of your pacing and take your time.
- Give the caller permission to cry
- Avoid dead air. You want to keep the caller talking, engaged, and on the phone.

Do NOT:

- Do NOT advise a caller with what you think is best or how they should feel.
- Do NOT be judgmental.
- Be careful NOT to irritate or scare the caller with rapid fire questioning.
- Do NOT promise the caller something that is not certain.
- Do NOT overload the caller with referrals or information that doesn't meet their current needs.
- Do NOT allow the caller to talk endlessly and aimlessly.
- Do NOT tell caller that everything will be okay.

- Do NOT be sworn to secrecy; you can not promise that you won't share caller's information.
- Remember; do NOT cross the line into therapeutic counseling.

Class Activity 4.3 - Responding to challenging calls

In the following exercise, you will find contact center staff responses to a variety of caller statements. In each case, evaluate if the response is or is not appropriate. Your mission is to improve the inappropriate responses by rewriting them using a better phrase. Be prepared to explain why the staff member's statement is inappropriate and why you chose your answer.

Response #1

Caller: (crying) *"I think I may be pregnant. My parents are going to kill me. What am I going to do?"*

IS: *"So let me get this straight. You're under age and you got yourself pregnant."*

Is this an appropriate response? Why or why not?

Response #2

Caller: (panicked voice) *"They say my brother's got AIDS. I'm afraid he's going to die. I'm really scared. What if he dies? What if he...."*

IS: *"I'm sure it's going to be okay."*

Is this an appropriate response? Why or why not?

Response #3

Caller: (loud, angry voice) *"That bitch! She's got crabs and she's given them to me! What the hell am I going to do? I can't go to work if I've got crabs!"*

IS: *"Sir, I think you should not call your wife a bitch. She may not be the reason you got crabs."*

Is this an appropriate response? Why or why not?

Response #4

Caller: (panicked) *My house was destroyed in the hurricane. I can't find my cat and dog. We're staying at a shelter, but we can only stay here for 3 nights. My wife is diabetic and running out of insulin. I don't know what to do."*

IS: *"Take a deep breath. Then let's work together to figure out the first thing we need to do."*

Is this an appropriate response? Why or why not?

Handling specific types of difficult calls

Helping customers who are upset or angry



You may receive calls that are difficult to manage. For example, a parent may call in and be very angry about her child suffering from an adverse reaction to immunization. The caller's language, values, or behavior may cause you to feel angry, embarrassed, or abused. Learning to recognize and manage difficult calls effectively is an important part of your job and can save time, energy, and stress. When customers become upset or angry, here are some tips to remember:

1. Don't argue

Arguing with a caller is like a tug of war where no one wins. To better serve the customer “Don't pick up the rope!”

Staying objective is a key to giving good service.

- One of the best ways to protect yourself from a caller's anger is to focus on facts. The more you and your angry caller focus on cold, hard facts, the less you'll get caught up in red-hot emotions
- You can create a balanced caring and professional attitude when you are not pulled into an argument and don't take negative comments personally.

2. Listen

People who are angry or upset need extra time to express their worries or frustrations.

- Be sure to take the time that the caller needs to listen to his or her concerns.
- Listen carefully to uncover the core of the problem, providing occasional cues to the caller that you are on the line.
- Let the caller know that you have heard her/his concerns.
- Explain the role and limitations of the contact center and offer appropriate referrals.

A sincere response or statement goes much further than an automatic sounding “I understand” or “I'm sorry.”

4. Acknowledge and Assure

Customers like to know that they have choices and some control over the situations that are upsetting to them. Explain the role and limitations of the contact center and offer appropriate referrals.

- Acknowledge their sense of urgency with a paraphrase.



- Show empathy by acknowledging and restating the caller's concern. Your empathy moves the call past highly charged emotions. "I can understand how upset you are that ..."
- Assure them that you will do what you can to assist.
- Here's a sample phrase that acknowledges and assures: *"It sounds like you're very concerned about your sister's illness. I'll be glad to assist you and look for information that answers your questions."*

Crank calls

Crank calls can be sexual or non-sexual in nature. Many of the non-sexual crank calls are from children and adolescents. It is important to know how to handle these calls so that they do not become a source of frustration and interfere with the ability of callers with legitimate health-related questions to get through.

Such calls may entail "group calls" in which it is clear that there may be several people on the line, and may also be accompanied by giggling or shouting. In addition, the initial question may seem far-fetched or designed to frustrate you. For example, *"My friend told me that you can get AIDS from a gorilla?"*

Sometimes, however, the caller may pose a far fetched question as a way to test whether you will answer her/his real questions or if she/he will be taken seriously.

As with the other challenging calls we have discussed, it is important to use your professional judgment in assessing whether such calls represent an honest attempt to obtain information or is an attempt to abuse you or the info line. Crank calls that are sexual in nature should not be tolerated.

Anxious calls

Many of your callers will be anxious. We can anticipate that, given the reasons for their calls. Some may be apprehensive simply because this is their first time to call this info line. These normal levels of anxiety can be easily dealt with by using your customer service skills, especially active listening.

The more anxious a person becomes the less they are able to think clearly and rationally. For some, anxiety can reach a level so high that they become incapable of even acting on their fears. The phrase, "Scared Stiff" comes to mind. When anxiety has these types of effects (diminished rational thought or the inability to take action) on an individual it is known as Self-Defeating Anxiety. This type of caller may be seeking an information fix for their anxiety, which only temporarily eases it and may never actually resolve it. Sometimes information only reinforces their anxiety.

Cues you are speaking to a caller with significant levels of anxiety include when the caller:

- Wants to go over the same information, repeatedly.

- Is obsessing.
- Is reporting that friends and relatives are complaining about him or her.
- Is indicating that a doctor or test site has become irritated with him or her.
- Doesn't accept information, is mistrusting or argumentative.
- Expresses feelings of guilt.
- Is easily angered or frustrated when you don't directly answer questions.
- Is reluctant or evasive when answering questions.
- Is talking about a bizarre scenario, such as people with HIV injecting others with blood
- Has exhausted other resources for information.
- Is excessively fearful.
- Indicates being in counseling for anxiety or that counseling hasn't helped.
- Indicates calling several times before
- Yells or is hard to understand.
- Will not let you get a word in.



Additionally, some callers who are not aware of their self-defeating anxiety are chronic callers. In determining whether a caller is chronic, there is a variety of tools for your use, but there is some judgment required on your part here as well. Cues for this type of caller would include:

- General ease in talking. Often a person who has not called before will be somewhat uncomfortable with the process and unsure of how to begin.
- Staff recognition of voice or scenario. Caller begins the call with exactly the same language or repeats a story using exactly the same words.
- Demonstrates familiarity with call management techniques. The caller knows our "routine" and may attempt to thwart efforts to control the call or the caller sounds as though s/he expects this.
- Asking many questions, often personal, about the information specialist
- Challenging the information given or the information specialist for the control of the call.
- May identify self by name and in an attempt to sound overly familiar.
- May ask for the information specialist's name and number.

Sexually inappropriate calls

Callers who use contact centers for sexual gratification are considered sex addicts, acting out a compulsive behavior as addictive and detrimental to their mental health as alcoholism or drug addiction. The experience of the typical sex addict who is making the call is one of isolation and low self-esteem. Most of these callers are men, who are suffering from feelings of sexual inadequacy, are afraid of intimacy and real relationships.

Sexually Inappropriate Caller Cues

_____ Excessive details of sexual activities

_____ "Shocking" sexual activities

_____ Feigned ignorance about sex: If the contact center has tried to educate the caller, and caller remains ignorant, it is probably false ignorance.

_____ Familiarity with public health terminology: Caller uses language like; "exchanging body fluids," "transmitted," "moisture barriers," "prevention methods," etc.

_____ Placing emphasis on graphic or slang language

_____ Unnecessary discussion of body parts

_____ Seductive low breathy voice/tone

_____ Sexual emergency: Caller wants to be "talked through" putting on a condom.

_____ Inappropriate friendliness with sexual overtones

_____ Caller focuses on masturbation as a topic beyond an initial question.

_____ Asking the same question repeatedly: Fixating on one sexual issue.

Strategies for Managing Sexually Inappropriate Callers

- Use a clinical tone to answer questions, long enough to see how the caller responds. Do not prolong a call with this strategy.
- Answer briefly with questions to determine the caller's intent.
- Attempt to establish common ground:
 1. Explain to caller that details are not needed.
 2. Replace caller's graphic terms with clinical terms.
 3. If the caller continues the inappropriate behavior terminate the call.

Sample Statement for Ending a Call: *"The contact center is here to give information and you are using this line for other purposes. I'm ending this call."*

Class activity 4.4 - Practice challenging mock calls and role plays

Sometimes callers may use the hotline to meet some need rather than the intended purpose of gaining health information. Contact centers should have a clear policy on such usage. Contact centers should provide information specialists with training or protocols for addressing inappropriate calls. Listed below are a few scenarios of inappropriate calls that a contact center might receive. Partner up with a classmate and role-play being a caller and an information specialist. Below are scenarios you both can choose from.

- **Angry/Upset/Frustrated:**
 - *“Why do you make babies get so many shots? My child now has autism now because of those shots! What is the Health Department going to do about it? Why do you force the babies to get all those shots! I want to save the babies. How can I stop you people from forcing us to give those shots?”*
 - *“I used to call this number for immunizations all the time. I used to be able to press the # key and then speak directly to someone. Now it takes so long to get anyone. You have to wait until you hear all the options & then they don’t really apply.”*
- **Abusive:**
 - *“Why are you so stupid?”*
- **Crank-Nonsexual:**
 - *A group of kids is calling, asking questions and giggling in the background*
- **Persistent/Chronic:**
 - *The caller has called 10 times before asking the same question and asks if you recognize his voice.*
 - *“I have HIV. I drank bleach and vinegar and it made my HIV test come back negative. Now no one believes me and they won’t help me. How can I get the HIV medication that I’ll need?”*
 - *The caller has called many times, appears to be a hypochondriac, and wants to know how long he should wait to get tested for Lyme disease.*

- **Too Descriptive of Sexual Activities:**
 - *“Let me tell you about my sexual escapades last night. I want you to know all the details.”*
 - *“Hi, hey listen can you tell me how to put on the condom? I really don’t know how and I need to know because I’m with my girlfriend right now.”*
 - *“Hi, do you where I can get free condoms? I really need the XL size and also I’m allergic to latex. Can I get them for free if I’m allergic to Latex?”*
- **Crank-Sexual:**
 - *“I am asking you to repeat certain sexual terms over and over again.”*
 - *“Can you tell me if I can get pregnant from.....?”*
(laughing in the background)
- **Complaint**
 - **Against the agency:** *“I am calling to file a complaint against the Fitzgerald County Health Department.”*
 - **Against the contact center:**
 - *“I got a really rude call rep when I called the last time, and I am calling to file a complaint.”*
 - *“I got a really rude call rep. They just hung up on me, and I am wanting to file a complaint.”*
- **Criminal Activity**
 - **Describing or admitting to criminal behavior:**
 - *“I just broke into a store and I cut myself while getting out. What should I do?”*
 - **Reporting being a victim or friend of victim of a crime:**
 - *“I’ve heard that a co-worker at work was infected with HIV and was spreading his blood around the bathroom. Can I report him to you right now?”*

- **Domestic Violence Victim:**
 - *“My husband won’t use a condom and I know is he is sleeping around with other women. I am afraid he may have something and give it to me. I keep asking him to use one and he won’t.”*
 - *“My husband won’t use a condom and I know is he is sleeping around with other women. When I ask him to, he hits me.”*
- **Anxious/Mentally Unstable Caller:**
 - *“The police are following me. They are following me because I am the chosen one of Jebaa.”*
 - *“I’ve been tested for HIV ten times over the past five years and the tests have been negative, but I have diarrhea and I’ve been losing weight and I have this horrible cough and I’ve been so nervous that I can’t eat. I have HIV. I heard that it can take up to ten years for it to show up on a test? Should I get tested again?”*
 - *“I would like to report that the police are following me. Stop following me!” yells the caller.*

Establishing a hotline

Public health professionals may be charged not only with the task of providing information to the general public, but with establishing call centers of their own. As the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention¹ suggests, there are many reasons to establish calls centers:



- Afford the caller up-to-date, accurate information.
- Provide referrals for counseling and testing, treatment services, and various support systems.
- Provides immediate access for persons who may not be reached by other methods.
- Permit discussion of issues callers do not understand.
- Serve as a monitoring mechanism to measure the impact of public information campaigns that publicize the hotline number.

¹This list and more information can be found at: http://www.cdc.gov/hiv/resouces/guidelines/herrg/pub-info_hotlines.htm

However, hotlines may be impractical under some circumstances. For instance, the National Cancer Institute suggests that contact centers can be costly. See Table 1 for additional advantages and disadvantages of establishing contact centers.

Table 1. Pros and cons of hotlines for use with the general public

Advantages	Disadvantages
<ul style="list-style-type: none">• Permits two-way discussion• Can ensure that information comes from credible source• Can be motivational, influential, supportive• Effective for teaching, helping and caring <p>Source: <i>Making Health Communication Programs Work</i>, Office of Communications, National Cancer Institute (http://www.cancer.gov/pinkbook)</p>	<ul style="list-style-type: none">• Can be expensive• Can be time-consuming• Can have limited intended audience reach• Can be difficult to link into interpersonal channels• Sources need to be convinced and taught about the message themselves

What kind of help should be offered?

Of course, the content offered will vary based on goals of the host agency and the target audience. Contact centers may not be appropriate for satisfying every need, thus before setting up a contact center, it will be vital to do formative research. Information generated through a needs assessment for instance can be used to determine whether a contact center is appropriate and will provide indicators for needed hours of operation, number of staff, specialty services (e.g., for Spanish-speaking, the deaf); ascertain appropriate venues for publicizing the hotline number; identify which population(s) should be targeted; and indicate specific information needs.

Types of Call Centers

Public health agencies utilize hotlines and contact centers for a multitude of reasons. Below you will find some examples of well-established contact centers.

National Information Hotlines

Often the purpose of a hotline is to provide information and to answer general questions. Several national hotlines have been established to provide information and answer health questions on a wide variety of topics. See table 2 for a list of national health information hotlines.

Table 2: National Information Hotlines

CDC-INFO	CDC-INFO provides timely, science-based, and consistent CDC health information to the public, CDC partners, and providers via health hotlines, 1-800 numbers, clearinghouses, automated voice and facsimile response systems. CDC-INFO has the capability of expanding immediately in the event of a public health emergency or threat. For more information go to: www.cdc.gov
USDA Food Safety and Inspection	The US Department of Agriculture maintains a food safety hotline to respond to questions and concerns about food handling, storage, and ingredients. The USDA Meat & Poultry Hotline can be reached at 1-888-MPHotline or via email at mpholine.fsis@usda.gov
American Cancer Association	The American Cancer Society provides information for cancer patients, family members, survivors, as well as for those who have not received cancer diagnoses. The telephone portal is 1-800-ACS-2345. A variety of listservs and email chats can be accessed at www.cancer.org .

Poison Control



Poison control centers in the United States offer telephone consultation to the general public regarding poison exposures and how to respond. Additionally, they provide information to a wide variety of health care providers regarding the toxicology of the chemicals, the management of exposed patients. Calls to poison control centers (each state has its own center) can be made directly by using a toll-free telephone number or through referrals to centers via 911 or other emergency numbers. Access is provided 24 hours a day 7 days a week via toll-free telephone lines staffed by poison control center personnel. Nearly all of the poison control centers also maintain websites with information on selected topics and links to other information sources, and callers may be referred to those websites when appropriate. For more information regarding poison control centers go to: <http://www.aapcc.org>.

Resource: The Committee on Poison Prevention and Control has published a book entitled, *Forging a Poison Prevention and Control System* that offers detailed information on how poison control centers around the United States operate. For access to this publication go visit the National Academies Press at www.nap.edu

Local Public Health Department Disease Reporting

Local health departments are often the first line of defense against a disease outbreak. Because it is difficult to predict where or when a disease outbreak will occur, health departments must be prepared to quickly receive information about potential outbreaks and act as promptly as possible. In addition to reaching a live operator, other factors that are likely to be important to meeting federal guidelines concerning disease outbreak include ensuring telephone operators are trained appropriately to use a system of formal protocols to respond to calls.



For example, the state of Georgia has a statewide hotline available for use 24 hours a day, 7 days a week for time-sensitive communication among healthcare providers, public health officials, and emergency responders regarding disease outbreaks and clusters of illness. For more information on Georgia's Notifiable Disease Emergency Reporting Hotline go to: <http://health.state.ga.us>

Resource: See the article *Measuring the Performance of Telephone-Based Disease Surveillance Systems in Local Health Departments* which appeared in the September 2008 edition of the *American Journal of Public Health* (Vol 98, No. 9).

Health Crisis Hotlines

Crisis hotlines that are highly integrated with public health agencies are designed to minimize surges in patient demand on the health care delivery system during a bioterrorist event or other public health emergency. These types of hotlines will be invaluable during times of disease outbreaks, natural disasters, and bioterrorism attacks.

Resource: The Agency for Healthcare Research and Quality (AHRQ) produced a comprehensive model for developing a public health emergency contact center that is highly integrated with public health agencies and can minimize surges in the demand for health and event information during a public health emergency. This resource can be downloaded at: <http://www.ahrq.gov/research/health/health.pdf>. AHRQ also put out a guidebook that provides information on how community health call centers can be used to support home-management and shelter-in-place approaches in mass casualty or public health emergency events. This resource can be downloaded at: <http://www.ahrq.gov/prep/callcenters/>.

Quit lines for smoking cessation

Telephone counseling programs have attracted increasing interest in recent years as an alternative system for delivering smoking cessation services. The convenience of telephone counseling encourages program participation because it enables smokers to get help without leaving home and allows them to receive counseling at a time convenient for them, thus making the service more accessible.



Telephone quit lines can be centralized. For example, one toll-free number can provide most cessation services to smokers in even a large state. This makes it easier and more cost-efficient to promote the services in a large public health campaign. Telephone quit lines can have many uses and can take many forms, from providing recorded telephone messages to supplement a public health campaign to individualized telephone counseling for relapse prevention. For more information on the National Tobacco Quit Line call 1-800-QUIT-NOW.

Out of class activity: Call a contact center

Call a public health information hotline of your choosing and ask for information on a topic that is of interest to you. After you are done with the call, ask yourself how satisfied you were on the following dimensions:

- Was it easy to locate contact information?
- Did you feel the experience was convenient?
- How long did you have to wait until you talked with an information specialist? Was the information available to you fairly quickly?
- Did the service provide you with a sense of privacy?
- Was the information specialist competent?
- Do you feel you were treated professionally and fairly?
- Did the information specialist provide a consistent response to your questions?
- Do you feel this contact center provides reliable service?
- Would you say the call had a successful outcome?

Guidelines for establishing a hotline²

There are some general guidelines that should be taken into consideration when establishing a hotline. For instance, The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention suggests,

² Source: The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention http://www.cdc.gov/hiv/resources/guidelines/herrg/pub-info_hotlines.htm

- The hotline should be free of charge to all callers.
- Days and hours of operation should meet the needs of the target audience (e.g., not just during business hours, when employed callers could not be assured of privacy for calls).
- Telecommunications equipment should be up-to-date and of sufficient capacity.
- Diverse venues should publicize the hotline and should saturate targeted audiences.
- Resources should be available for special audiences, especially non-English speaking people and those with hearing impairments.

If practical, a taped message or an auto-attendant system for calls received after normal operating hours should be provided. This system will provide answers to frequently asked questions.

Access to the hotline



In some areas, individuals may be outside the local calling area of the hotline. For these individuals, the prohibitive cost of making a long-distance call might prevent their utilization of the hotline services. Thus, program developers need to consider making appropriate accommodations, such as providing a toll-free number. Additionally, having an answering service or an automated machine might be necessary to prevent individuals from receiving busy signals when all staff members are occupied. Many public health contact centers arrange services with the Centers for Disease Control to provide overflow/back-up (both call and email)

and supporting content and referrals to hotlines.

How should a contact center be promoted?

Methods for disseminating information about the contact center or hotline might include newspapers, radio or television ads, mailing advertisements to the general public, promoting it at health fairs or community events, and passing out promotional supplies. It is important, however, to use multiple means of promotion and to reach as many potential audience members as possible. Commercial support for promotion not only can provide additional funds and outlets (e.g., television, newspaper) but it can also allow for the development of community links.

Training information specialists

Every person taking calls should be trained to meet the challenges of their positions. The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention suggests a training plan should address the following minimum requirements:

- Measurable goals and objectives for the training.
- Basic topic specific knowledge (e.g., modes of transmission, disease-causing organisms, signs and symptoms, disease epidemiology, diagnostic methods, disease progression and complications, and treatment).
- Knowledge about common myths and misconceptions.

- Skills-building exercises in intercultural communication, active listening and effective information dissemination (including crisis communication)
- In-service training to update skills and knowledge.

Quality assurance



The effectiveness of contact centers can be based on evaluation of the use of and satisfaction with the program. Producing evidence on effectiveness is particularly important for programs wanting to justify their continuance or future funding needs.

To help ensure that callers will be satisfied, it is essential that information specialists not only be able to provide lucid, detailed information on complex topics, but they also should provide callers with empathy, politeness and diligence.

Other key aspects of caller satisfaction may include¹:

- Easy to locate contact information
- Convenience
- Availability
- Social and ethical responsibility
- Privacy
- Security
- Competent service
- Fair treatment
- Consistent response
- Reliable service
- Successful outcome

According to the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention, a quality assurance plan should be developed as part of the process of establishing a contact center. This plan should address the following minimum requirements:

- Description of staff recruitment process and necessary qualifications for specialists.
- Information and timeliness for monitoring the specialists for accurate information dissemination, appropriateness of referrals, and proper call management skills.
- Performance appraisal based on whether persons are able to achieve standards; remedial activities for elevating performance; volunteers and paid staff judged according to the same

¹ This list can be found in the Citizen Service Levels Interagency Committee (CSLIC) Report, *Proposed Performance Measures, Practices and Approaches for Government-wide Citizen Contact Activities*. This report can be downloaded at: http://www.usaservices.gov/pdf_docs/publications/performreport.doc

expectations; and volunteers should understand that this is a "job" and conform to hours, vacation rules, confidentiality, etc.).

- Information on publicizing the hotline (in all languages the hotline offers) and methods for documenting calls.
- Explanation of data collection procedures and reporting forms, e.g., collection of information about callers -- who is being reached and what they are asking.
- Description of management techniques for referral information, e.g., a regular review of database or written materials.