



II. Engaging the News Media

You can advance the cause of all long term care providers in your community by engaging the news media and taking advantage of free media opportunities when they arise. Having an established and ongoing relationship with the news media outlets in your community also helps in the event there is a negative development at your facility that attracts news media attention. (See Crisis Communications, Section IV.)

Newspapers, Printed Publications

Beat Reporters: Newspapers have general assignment reporters, but many divide up coverage assignments by “beat,” or subject. Find out who at the newspaper is assigned to the health/medicine, aging, social services, business and courts beats. Contact them directly by telephone or e-mail and introduce yourself. Tell the reporter you are willing to be an on- or off-the-record informational resource in helping them better understand nursing home issues. Invite reporters over for a facility tour as a way of showing them you are open, accessible and proud of what you do.

Columnists: Opinion columnists are not supposed to be objective and are not held to the same journalistic standards as news reporters. Many times they can be very influential in their communities and strong allies. They are always looking for new angles, ideas and leads. Extend to them the same invitation.

Letters Editor: Newspapers regularly publish reader letters written in response to recent stories. Such letters will run at 150-250 words, so be brief and to the point when sending yours. Focus on a point not made in the story or overlooked by many. You are in a caring profession, so try to avoid personal attacks, unnecessary harshness or questioning of others’ motives.

Editorial Board: Newspapers determine their editorial positions on community issues via a general consensus among its editorial board, which is made up of the newspaper’s editorial page editor and other senior staff members. Some also involve members of the community. Editorial boards often set an entire community’s agenda by enumerating the issues that will receive ongoing attention and news coverage during the year. FHCA strongly encourages district delegations to meet at least annually with the editorial board and to learn which of their editorial writers will be primary on nursing home issues for later follow-up.

Making Contact

It is easier than ever before to send information and story tips to newspapers and television and radio stations. Many list departments, mailing addresses, contact telephone numbers, fax numbers and e-mail addresses on their respective Web sites under “Contact Us.” If you are sending information about an upcoming media event, follow a simple who-what-when-where-why-how format in communicating the essential facts. Emphasize the visual components of the story, particularly for television.

Television, Radio

Television and radio stations that broadcast local news programs order their workload in different ways, usually depending on the size of the news staff. In general, these are the two key groups:

News Director, Assignment Editor/Producers: These people decide what will receive attention in the day’s broadcast(s), so send tips, media advisories and press releases to their attention. They assign reporters to stories and review their work product before broadcast.

Reporters: In smaller markets, reporters may also serve as story producers. In larger markets, reporters may be only the on-screen face; the actual research and reporting is done by a story producer. With print publications, keep in mind that it is the copy editor, not the reporter, who writes the headline above the reporter’s story.



III. Saying it: LTC Talking Points

The following are some themes to emphasize in your discussions with news reporters and others:

- Our nursing home is an essential part of the health care and elder care community and our facility is a godsend for dozens of families who entrust their family members to our care.
- We have a duty to our parents and grandparents to ensure they are well cared for and live their later years in dignity. Each day our dedicated staff provides the medical, nutritional and social services that help our patients achieve the highest quality of life possible.
- Nursing homes fully support the many home- and community-based elder care options so that the elderly can “age in place” and live independently for as long as possible.
- The Four Principles of Elder Care:
 1. The person should receive the level of care he or she needs;
 2. The services should be of high quality;
 3. The setting and services provided should change as the need changes;
 4. All final care decisions should be made among the person, physician and family, not, say, a managed care official or bureaucrat.

Making Complaints

While most newspapers and television stations appreciate being advised if they have made a factual error, it helps very little to simply complain about a story you think portrays you negatively and/or to demand retractions for things that *may have* given someone a false impression or *could have* led someone to a false conclusion. Stick to pointing up factual errors, and address your brief note or call to them in a respectful manner. Perhaps invite them to your facility to see the other side of the story. Keep in mind the old admonition: “Never pick a fight with a man who buys his ink by the barrel.” The newspaper/TV station will always have the last word.

- Although it is physically and emotionally demanding, one-on-one caregiving is the most noble of all pursuits. It takes a special person to be a caregiver.
- The state has a responsibility to ensure all health facilities are clean, safe and well-run. Our nursing home fully supports even-handed federal and state regulation.
- Florida leads the nation in nursing home staffing standards. The quality of skilled nursing home care in Florida has also dramatically improved over the past five years, as measured by fewer compliance violations and the new federal quality measures available at www.medicare.gov.
- Federal and state legislators must adequately fund long term care services. Good care costs good money. Precious taxpayer-supplied funds for long term care should not be wasted or drained by litigation and lawsuits.
- If nursing homes cannot afford to operate, they will close (as they have). Soon, nursing homes will become unavailable to middle-class families.

Nursing Home “Patients” vs. Nursing Home “Residents”

Unlike the nursing homes of 30 years ago, today’s nursing home deals with a much more elderly and medically complex person. These are patients in every sense of the word, and nursing homes best communicate the clinical/health care part of their mission by using the term “patients,” not the legal/regulatory/government term, “residents.” Residents reside in rest homes, independent living and assisted living facilities. Patients are cared for in hospitals and nursing homes.

Saying it Better

All of the following “truth” statements are true, but each can be phrased more artfully so that the receiver doesn’t misconstrue what you mean:

Truth: *It’s inevitable that people will die in nursing homes.*

Better: We treat very frail, elderly people who have very complex medical conditions. Many are in the last stages of life. It is a great honor for a caregiver to be with someone in their final hours.

Truth: *Elderly people are going to fall, and there’s little that can be done about it.*

Better: The physician and care team regularly assess the health needs and abilities of every patient in our facility. By law, we must avoid physical and chemical restraints as an infringement on the freedom and dignity of our patients.

Truth: *We love our patients and our nursing home is just like a big family.*

Better: We are first health care professionals who take pride in working with the patient’s family to achieve the best outcome. Caregivers and patients often form strong emotional bonds with one another.

Truth: *Lawyers are greedy and they file frivolous lawsuits against nursing homes.*

Better: Our nursing expects to be held fully accountable for our performance, but lawsuits drain financial and human resources that ultimately harm all patients.



IV. In Times of Trouble: Elements of Effective “Crisis” Communications

A facility incident, patient death, natural disaster, state regulatory action, lawsuit or crime can thrust a nursing home into the media spotlight, and with little or no warning. Within hours, a veritable army of news reporters can be at your door. Although no two situations contain the same set of facts or challenges, there are several common elements to successful “crisis” communications strategy.

Immediate Response: Time is of the essence. Getting your information out first can keep you from being on the defensive and being in a position of having to react/respond to new developments.

One Person: Designate one person who will speak for the facility and who will respond to all news media inquiries. Make it clear to others in the organization they are not to speak to news media reporters, either on or off the record.

Open: The designated person should communicate a willingness to be open as much as possible with news reporters. Never lie. If there are facts not yet known, tell the reporters that, tell them when you expect to know and then follow through with the information. Holding your hand over a TV camera’s lens and/or angrily ordering reporters off your premises does not communicate openness.

Regular Briefings: Keep members of the news media fully informed by scheduling regular briefings and as the changing situation warrants. Briefings can be conducted on-site, by telephone conference call or through written postings on your Web site. Heed the zookeeper’s warning: Feed the lions regularly or the lions will eat you.

Third Parties: In situations where a quality of care issue is involved, it helps to have credible third parties readily available to speak in (not on) your behalf. Such third parties should include satisfied patients and/or family members of patients in your facility; physicians, clergy, volunteers, the state ombudsman, the FHCA spokesman, etc.

Follow-Up: Once the peak of the crisis has passed, consider promoting a follow-up or “happy ending” story. For example, after, say, a patient-on-patient attack that resulted in a death, schedule and invite the news media to a facility-wide “healing” ceremony or service, emphasizing the spiritual and “community” dimensions of the care in your facility.

Crisis = Opportunity

Reporters are trained to watch body language and look for other non-verbal cues, so during a crisis situation, maintain a cool and commanding presence. Such a posture is essential in assuring patients, family members and staff that the situation is being dealt with competently. Keep in mind that as difficult as your crisis may seem, many facilities have found that getting through the situation brings staff closer together.

A How-To Guide for Nursing Homes Toward More Effective Communication and Media Management

Florida Health Care Association • July 2005

This guide is produced by the Florida Health Care Association's Consumer Relations Committee as a ready reference for nursing home officials. Use this guide in planning community outreach activities, in responding to routine news media inquiries, in making your case before local opinion leaders and in dealing with communications "crisis" situations. Always follow your company's media policy.

I. Understanding the "Big Picture"

Life can be unfair, and this is certainly true when it comes to how nursing homes often are portrayed in the media and perceived by the general public. In a society where youth and vitality are celebrated, it can be very difficult for a profession that cares for the elderly, frail and dying to receive much favorable attention. Many local television producers and newspaper editors avoid much reasoned coverage of nursing homes and elder issues in general on the theory that it is an unpleasant topic and of little interest to the age 18-49 viewers/readers they seek to attract for advertisers.

Newsworthiness, or what is deemed worthy of coverage by these editors, is another part of the big picture. Bad news drives out good news, the sensational displaces the sensible. Thus, a dramatic facility incident is considered much more newsworthy than a story that deals with, say, a stroke patient who has been fully rehabilitated and returns home. Those stories involving conflict, crisis and catastrophe with easily identifiable heroes and villains are much more likely to receive coverage because they are dramatic, easy to tell and compelling to viewers/readers.

Newsroom "culture" also plays a role. Many television newsrooms and newspapers view themselves as advocates for the "common man" and are often more inclined toward the underdog than the corporation, for-profit medicine or the business community in general. With nursing home stories, the reporter often emphasizes the visceral "fear aspects" — fear of aging and death, fear of loss of independence and fear of vulnerability.

Competition for audience share among local news outlets — particularly among television stations — is keen, particularly during the TV ratings "sweeps" months of November, February, May, and to a lesser extent, August. Local TV news programs often schedule multi-part sensationalistic stories about nursing homes during this period, such as those that ran recently that focused on potential sexual predators among the nursing home's patient population. Many times these stories follow a basic formula: sensationalistic charge or dramatic what-if scenario; upset family member; outraged plaintiff's lawyer or self-appointed "advocate;" reporter attempting an on-camera "ambush" interview with the facility administrator; stern look on the face of the reporter with a how-can-this-happen-here close.

Given all this, is it any wonder that many nursing home administrators believe their most prudent course is to avoid contact with the news media as much as possible? Some refer news media inquiries to the facility's legal counsel, but very few attorneys are willing to speak to a reporter until all the facts are known or if a lawsuit is possible. "No comment" often becomes the response, which is tantamount to a plea of "guilty" in the media court of public opinion. Such a closed-mouth position may serve a facility's legal interest in the short run, but what about its long term interest in being accurately perceived? Its business interest in having good provider and community relations? Its interest in having good morale among its employees?

V. Ten Positive Attention-Getting Ideas that Work

1. Know the life histories of your alert and oriented patients. Look for stories in the news that might coincide with their life experience and, with their permission, alert local reporters to a possible story. Did this patient witness an historical moment? Have expertise on a particular subject? Be sure you include photos or other mementos to help with the visual elements of the story.
2. Have your facility host a "thank you" reception for any departing and/or returning military combat units from your community. Secure some non-military medals and present them to each of the troops. Have the patients and soldiers in your facility speak about doing one's patriotic duty.
3. The U. S. Library of Congress Veteran's History Project is sponsored by FHCA and seeks to record the oral histories of those who served in the armed forces. It can also bring positive attention to your facility because you are honoring those who served by preserving their recollections. Contact Ed Towey at (850) 224-6242 to receive a free video and start-up kit. Go to: www.loc.gov/vets.
4. Several FHCA member districts hold beauty pageant-type competitions featuring patient-contestants who represent their respective facilities. Ask a local celebrity to serve as master of ceremonies and invite local political leaders to make award presentations.
5. Partner with local cosmetologists, beauty colleges, makeup stylists and photographers to do facility-wide "makeovers" and glamour-type photo shoots. Check to see if there is a local chapter of GlamourGals in your city or go to www.glamourgals.org for more information about organizing a chapter.
6. Host a walking tour of your facility and invite local political leaders and news media to go on it. Have a CNA or other frontline staff person conduct the tour. Serve refreshments at the conclusion.
7. Wish-granting programs are great vehicles for obtaining favorable attention for your facility. Work with local civic groups and businesses to get donated items or services and share the credit. Something as simple as a fishing trip, ride in a limousine or outings to community concerts or events can qualify as a wish granted.
8. Many facilities use the summer vacation season to promote their respite care programs. Others host elder care education seminars and offer free copies of the FHCA-endorsed *Five Wishes* living will. Go to www.agingwithdignity.org for more information.
9. FHCA's traveling art exhibit, "Aging in America," is available free to FHCA member facilities for two-week exhibition periods. The easy to assemble freestanding unit is fully insured and makes an excellent centerpiece for facility receptions, open-house events and community outreach programs. Contact Ed Towey at (850) 224-6242 to schedule your exhibition.
10. Just about anything involving children will usually attract media interest. An intergenerational reading or mentoring program, a choral recital, art class, an "animal buddies" program, etc., can be a positive attention-getter. Host a picnic for staff members' children as a way of thanking them for helping their parents serve the elderly.



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