

ESTABLISHING AND MAINTAINING A HOTLINE: A Technical Brief

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Introduction

Hotlines¹ can play an essential role in the overall Risk Communication and Community Engagement (RCCE) response to a disease outbreak such as the COVID-19 pandemic. They offer an effective way to provide callers with accurate information, counseling, and referrals to appropriate community-based services or resources. Hotlines can be especially important when misinformation is rampant and people are encouraged to physically distance. The anonymity offered by a hotline is a key asset because callers can ask questions that may be difficult or awkward to address in a face-to-face context, especially if stigma is associated with the disease.

Through methodical data collection by the call center,² hotlines can also be a useful barometer for measuring the impact of RCCE efforts, public education, and media campaigns, which can guide new interventions. For example, numerous calls about COVID-19 from a particular region can indicate a local flare-up of the disease, or they could indicate a rash of misinformation. By tracking rumors that callers mention frequently, RCCE programs can develop messages to counter them.

Approaches to using hotlines differ, but in general, a public health-focused hotline can:

- Provide accurate, timely, and life-saving information during epidemics or other public health emergencies, including in hard-to-reach communities
- Provide an opportunity for dialogue and risk communication, especially on topics where anonymity is important to callers
- Support callers by listening, counseling, and providing referral information
- Support behavior change, enhance public trust in the health care system and government in general and strengthen emergency response services in particular
- Identify trends in information requests or reported rumors and misinformation from callers
- Provide public health advice to populations with limited access to health care facilities

Hotlines are particularly valuable during emergencies, so design teams must consider a variety of issues to establish them successfully. This technical brief addresses key questions and challenges to consider when setting up a hotline, especially within the context of COVID-19 or other pandemics.

¹ Hotlines are usually toll-free telephone services set up for a specific purpose, especially for use in emergencies.

² In the context of this technical brief, “hotline” and “call center” will be used interchangeably.

Designing a Public Health Hotline

Hotline Service Goals

Hotline design teams must first determine the hotline's purpose and then consult with advocates, regional leaders, and policymakers to ensure support for its execution. During COVID-19 or a similar outbreak, this may require virtual meetings, online or phone surveys, and other distanced interactions. During the set-up and consultation process, the following questions need to be addressed:

WHO	WHAT	WHERE	HOW
<p>Who is being served by the hotline?</p> <p>What specific national or community needs does this hotline meet? How have these needs been assessed and validated?</p> <p>Have relevant partners conducted surveys assessing community members' need for health information and services that they may prefer to access through a hotline?</p>	<p>What data and information have already been collected? For example, a needs assessment should start with a literature review. Following the literature review, primary data can be collected to fill any informational gaps and to validate findings.</p> <p>What resources exist that can support the hotline?</p>	<p>Have existing hotlines consistently received calls on a health topic beyond that hotline's mandate that need to be addressed?</p> <p>Have these and other potential findings been shared and validated through community meetings, service provider discussions, and with health authorities to confirm they are on track?</p> <p>Are there service gaps that a hotline might fill?</p>	<p>How does the call center coordinate with pandemic responders to include data and feedback collected from the hotline to adjust and refine the emergency response?</p> <p>How can the hotline connect to other services, such as outreach programs in communities that provide face-to-face help (while maintaining proper physical distancing), information/self-help websites, or other channels (e.g., leaflets, videos, online platforms), and services offering post-pandemic mental health and psychosocial support?</p>

During a pandemic or other public health emergencies, a hotline's primary purpose should include providing public health information, advice, counseling, and, if possible, referral to other services. Secondly, the hotline creates an opportunity to collect data on callers' knowledge, attitudes, practices, and concerns relevant to the pandemic; among other benefits, this data offers RCCE stakeholders an increased understanding of common myths and misconceptions about the disease.

Hotline Scope and Strategy

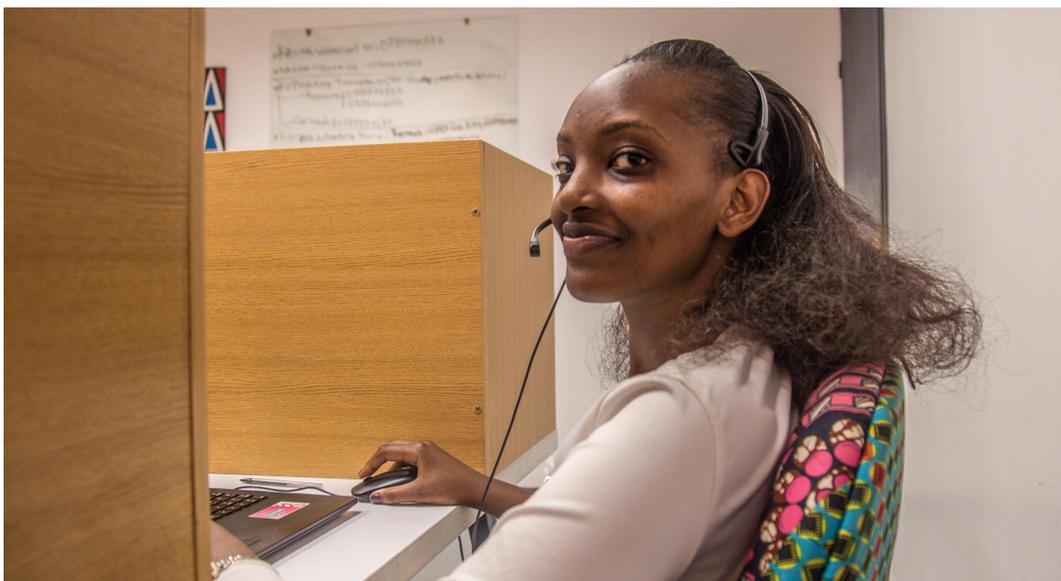
Once the purpose of the hotline is determined, the design team needs to address how the hotline will meet relevant needs. The team should consider the following:

- Should the hotline be able to provide referrals? If so, how does the team train hotline call center agents to efficiently refer distressed callers?
- If referral services are unavailable, does the hotline team have the capacity to provide a wider range of support, for example, telephone counseling?
- Is the hotline only for receiving calls, or should the call center reach out proactively to vulnerable groups and call back prior callers to check on their safety and well-being? What is the center's capacity for this level of engagement?

- Should most calls function as a single session, or will hotline counselors be expected to follow up with callers? Should calls have a time limit to ensure all callers are reached, or should the call end only when all the needs of each caller are met?
- What other platforms and services are available for reaching the intended audiences?
- What languages do the intended audiences speak, and what capacity does the call center have to support multilingual calls and/or provide translation services as needed?
- Can the hotline operate 24 hours a day, seven days a week? If not, how does the team determine when the intended users of the hotline are most likely to call to ensure coverage?
- Can an interactive voice response (IVR) system be built into the hotline to provide basic information? Is there a role for SMS or a chat function to respond to certain requests? If so, what hotline services require live counselors?
- How can callers access the hotline? What are telephone services like in the area? Does the team need to ensure hotline calls are free?
- Should the hotline be independent from the health care system or interconnected? How will the hotline be viewed as an unbiased source of information and assistance?
- How will the hotline deal with prank calls?

Relationships with Related Organizations

Hotline design teams should explore working with organizations (governmental, non-governmental, and international) that may be able and willing to partner with the hotline, especially those that already provide hotline services or are considering creating one. Altering or expanding existing hotlines to include a pandemic response can minimize challenges to implementation and optimize sustainability; however, expansion risks overloading an existing hotline, challenging the call center's ability to respond to its original mandate. Private-sector partnerships with telecom operators may be valuable for increasing technical capacity and support.



Functionality and Infrastructure

Getting Started

After determining the hotline's scope, the design team can develop the hotline's functionality. This guidance focuses on creating a new call center; however, these considerations may be relevant for adding to an already established hotline as well.

When developing a new hotline, the design team should determine whether it needs to find or build a physical space to house the call center or if the hotline can be run virtually with counselors working remotely.

In the context of an infectious disease like COVID-19, teams may need to consider establishing a virtual system. Note that this may pose challenges to the hotline's effectiveness; call center agents and counselors using mobile phones to provide services usually results in more missed calls and less efficient processing. Lack of professional and psychosocial support for the hotline counselors and confidentiality may also be of greater concern.

While all options will need to be explored if the pandemic prevents using a shared physical space, this technical brief will focus primarily on building hotline services housed in a physical call center, as our project experience suggests that this is the most effective way to provide the best service to the callers, as well as the most support to the call center agents. In the case of COVID-19 and similar diseases, hotlines will need to establish physical distancing protocols, furnish room or cubicle dividers, provide support for safer transportation options, and establish sanitization and masking policies for shared space, along with the usual needs for setting up a physical call center.

In addition to establishing where the hotline will be housed, design teams must anticipate the call volume and average call time in order to determine the needed number of call center agents, counselors, and workstations; the type of phone system; and other technical infrastructure, including data storage, transfer, and processing capacity. This may be estimated in part based on calls to hotlines on a similar topic as well as

Physical Versus Virtual Call Centers

Both versions have pros and cons, but within a sub-Saharan African context, physical call centers have the following advantages:

- Improved supervision and supervisor intervention, as needed
- Better access to power and connectivity
- Reduced complexity in transferring calls from one operator to another
- Facilitated provision of technical support, as needed

Furthermore, having call center equipment such as phones and laptops outside a secure call center location poses a higher risk of loss or theft of both the equipment itself and the data it contains.

Many of the issues above apply not only to virtual call centers, but also to "decentralized call centers," which usually cost more than a single centralized call center and can be more difficult to manage (from the perspective of both human resources and information technology).

Additionally, physical call centers can provide working environments that include professional phone equipment, on-screen prompting, and other resources that make call center agents' work easier and more efficient.

the volume of questions being received at health centers and other places where the general public is making inquiries. The hotline may initially start relatively small; for example, with two call center agents and one counselor who all log onto the system for a four-hour shift and a second counselor assigned as a backup. When calls come in rapidly, such as after the hotline receives positive media coverage, the backup counselor can log on and take calls as well. As the hotline grows in popularity, more staff can be added. Enough trained counselors need to be available to respond to calls in a timely manner, as the public will lose trust in the hotline if their calls go unanswered or they endure long wait times. During a pandemic, the need for call center agents and counselors may increase rapidly, and the hotline should be ready to respond quickly to a surge in the need for counselors.

Maintenance

To prevent service interruption, the call center needs to put proper technical maintenance in place from the onset. Both the hardware and software at the heart of operations require regularly scheduled overhauls, updates, and, eventually, replacement. The call center must ensure it can access technical support for these functions, either in-house or as an outsourced service. Furthermore, a technical team (see the Staffing section in this document) should be on standby to resolve any unexpected technical issues, particularly in the early phases of operation when technical glitches are especially likely to occur.

Running a Public Health Hotline

Handling Calls

The hotline flow chart illustrated in Figure 1 can be a useful tool for thinking through each of the steps involved in the day-to-day functioning of a call center. Figuring out the mechanics of answering calls is an important implementation issue and enables better planning for staffing. Options for handling incoming calls include the following:

1. A live call agent or counselor answers every call
2. A receptionist answers each call and then routes the call to the most appropriate person to address the caller's issue (e.g., information, counseling, or service referral)
3. Callers initially interact with an IVR system that can answer FAQs and/or pass callers on to live counselors for complex or challenging inquiries

If the center opts to have a receptionist answer all incoming hotline calls, this person can screen calls and forward them to appropriate call center agents and case-specific counselors who can assist the caller. If no one can take the call, the receptionist takes a message so that a counselor can return the call. In this system, counselors should attempt to contact the person at least twice within 24 hours. Even if the hotline does not have a central receptionist, the ability to transfer calls among call center agents and counselors is essential. Calls will likely need to be routed according to the type of call and language spoken. Therefore, the technical infrastructure needs to be flexible to route calls according to the subject matter and who can speak a particular language as needed.

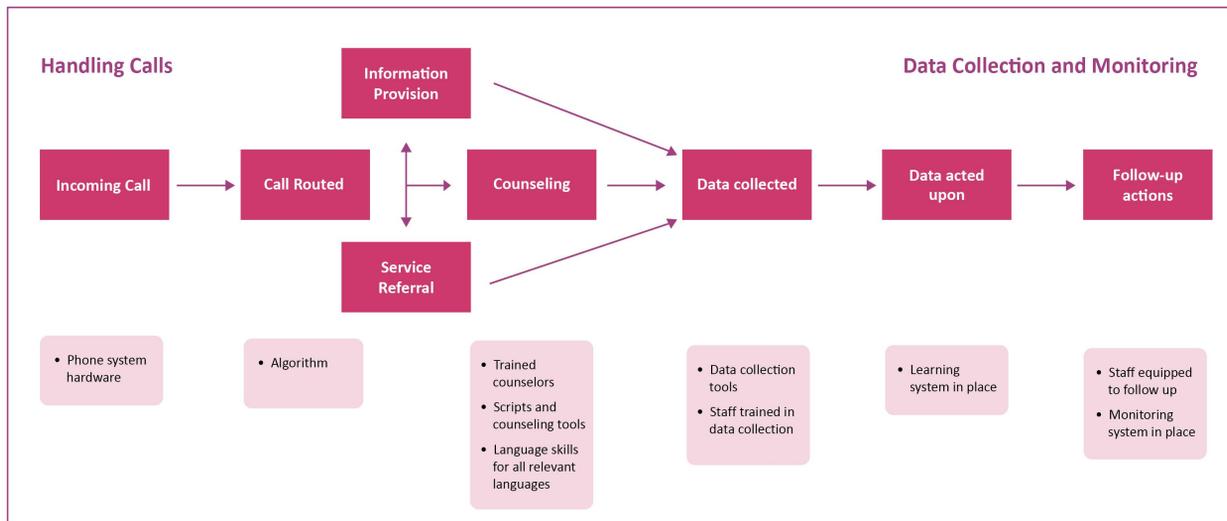


Figure 1: Hotline Flow Chart

For a live response system, an automatic call distribution (ACD) system aids in handling hotline calls. A basic ACD system costs about US\$45,000. For an ACD system, call center agents and counselors are ready to answer calls as they come in once the agents log into the system. ACD systems route calls from caller to counselor. If the call center agents and counselors are all busy, a message asks callers to wait for the next available person. After about 30 seconds, callers receive a second message suggesting they call back later since prior data shows most people will not stay on hold for more than about 90 seconds.³

Establishing and Accessing Protocols

Call center agents and counselors need protocols and scripts⁴—developed early on—to best assist callers. Protocols should cover a variety of questions, concerns, and misconceptions that callers may raise. Scripts help agents supply consistent information and handle sensitive matters appropriately. If the team is expanding an existing hotline service to include responding to a pandemic like COVID-19, a new protocol and set of scripts need to be devised for this purpose. During public health emergencies, weekly updates and revisions based on new information such as vaccine availability and in response to caller feedback may be necessary.

Call center agents and counselors should be able to access scripts and protocols either as on-screen pop-ups or in a paper-based reference guide. Digital protocol access is particularly desirable for multi-issue hotline services, as it can ensure the caller gets appropriate assistance quickly. If the hotline counselors need to take calls from home during an emergency, they will need to be able to access the digital protocols or have copies of the paper-based reference guide. Training should ensure counselors do not just memorize protocols but rather thoroughly understand them. This includes knowing how to identify which protocol to use since different callers' descriptions of a given concern may vary widely. Design teams should be sure call protocols and other reference documents are available in any local languages in which the hotline operates. As call protocols are not technical documents, they should use layman's terms wherever possible, and scripts need to clearly convey complex issues accurately to an audience in a way that is easy for them to understand.

³ Center for Medicare Education. (2002). Setting up a hotline. (Issue Brief Vol. 3 No. 1).

https://www.orau.gov/cdcynergy/soc2web/Content/activeinformation/resources/SOC_Setting%20up_a_Hotline.pdf

⁴ See references below for example scripts.

Prank Calls

Unfortunately, prank calls are unavoidable within the context of a hotline that is free for callers. Examples of prank calls can include aggressive and insulting calls, requests for dates or sexual harassment, calls from children who are playing or dial accidentally, and other calls not relevant to the subject matter of the hotline in question.

In addition to wasting time and bandwidth, prank calls can be emotionally taxing on the call agents, especially if the prank call is a lie about a personal emergency. Counselors need to be well trained to identify prank calls, and they need support addressing them. If prank calls become so overwhelming that they interfere with the normal hotline services, call centers may need to involve local government or law enforcement authorities.

Hotline supervisors and trainers need to sensitize call center operators to the likelihood of receiving prank calls and train them on how to respond professionally and manage their own stress and frustration.

Where possible, prank calls can be converted to informative calls if callers are willing to discuss relevant topics. In many cases, an understanding and compassionate responder will be able to impart useful information to a prank caller by calmly refocusing the interaction towards relevant topics and even gather caller information.

Data collection systems need to allow for this conversion of call nature—from prank to information—both as a source of information for call center management and other stakeholders and for the purpose of operator evaluation, feedback, and training.

Monitoring Calls and Data Collection

Ongoing Monitoring for Quality Improvement

Hotline staff should meet on a routine basis to ascertain if the hotline is meeting clients' needs, address any staff concerns, and discuss how the quality of the service can be improved. Capturing information from callers and call monitoring are very useful ways to gather data to inform these conversations. Other sources can include observations from hotline counselors, tracking the number of calls received after hours, and updates from the information technology (IT) department on how the hardware and software are functioning. IT staff can also report on available technology updates that may improve the hotline's performance.

Call Monitoring

Conducting ongoing monitoring of calls provides supervisors valuable information about staff performance and measures quality improvement. The methods chosen affect the technical infrastructure, so design teams must decide early on which types of supervision and monitoring they will use. These types—more than one of which may be implemented at the start of or added later in the life of the hotline—may include the following:

- **In-call monitoring:** A system that is set up to allow a supervisor to listen in on calls.
- **Call recording:** A system that records calls for retrospective checks on call handling and content
- **Manual or automated checks of call data entered by call center staff:** Supervisors can check call records, focusing on data that is automatically flagged if suspicious or alert worthy.

In addition to providing information on how to improve hotline performance, data collected from calls can also be used as part of a comprehensive rumor monitoring system. Misinformation or disinformation heard during the calls can be logged into a rumor monitoring form by the hotline counselors and then shared with RCCE or other government or nongovernmental partners who are tracking and responding to rumors.

For more information see: [COVID-19 Rumor Tracking Guidance For Field Teams: Technical Brief](#)

Caller Data Collection and Capturing

Collecting data about callers can be an incredibly useful tool for better understanding the public's response to disease prevention measures, address misinformation and disinformation, evaluate program effectiveness and plans for improvement, and provide information for funding proposals. Call centers must ensure data from callers is collected ethically. The following guiding principles should be implemented:

- **Transparency:** Callers should be aware that their data may be used to improve the hotline and that they can opt-out from call logging.
- **Minimization of data collection:** Call center agents/counselors should collect no more information than strictly necessary for the hotline's purpose.
- **Data storage:** Collected information must be stored securely and only for as long as needed to fulfill the hotline's purpose.
- **Confidentiality and/or anonymity:** Data such as personal information (e.g., name, address, identification number) should be limited only to what is necessary for hotline evaluation and caller protection.

Data can be collected on incoming calls (and outgoing calls, if any) both automatically and through manual data entry. Both methods require definition before set-up so that data is collected accurately and in a usable manner. Collecting this data may be subject to government regulation.

Automated data collection involves the following:

Caller ID/phone number

- This is essential for any necessary follow-up or to call back disconnected callers
- The number can be obtained automatically from the caller's network provider if either agreement with the telecom provider allows this or the government mandates it. If using an automatic caller identification system, agents should advise their callers at the start of the call that their number is being recorded. If automatic number collection is not possible, operators can ask for the caller's number for the purposes of call-back.
- The call should also be automatically assigned an anonymized log number for future reference, data analysis, and traceability.
- If the hotline is anonymous, callers must have the option to decline giving personal information. The hotline must guarantee that it will still serve these callers.

Geolocation

Triangulation of tower data can provide the caller's approximate location, which may be needed if the caller's situation mandates an emergency response. Due to confidentiality concerns, call centers may need to confirm or arrange the availability of this service with the telecom provider and/or the local government, and the call system must advise callers that this system is in place.

Call duration

Call duration should be recorded for monitoring and supervision purposes, as well as for traceability of incoming (and outgoing) calls.

Setting up a data system

The functionality and complexity of a call center data system depend on the use of the call center (e.g., ongoing information hotline or emergency management/alert hotline) and on the structure and needs of the potential data users.

Manual data entry

Call center agents always need to fill out a simple data collection form using CommCare, KoBoCollect, or similar tools. The hotline software's interface should include the appropriate fields for manual data entry in a user-friendly interface. To simplify the call center agent's or counselor's job, avoid spelling errors/variations, and improve searchability, the form should feature drop-down menus as much as possible. Handwritten forms are not an acceptable alternative. The following information helps with future searches, performance evaluation and improvement, trend monitoring, and follow-up:

- **Call nature:** Is the caller reporting an alert, asking for help or information (this can be broken down into multiple categories), or is it a prank call?
- **Caller details:** Sex, age, language spoken, and location; callers may opt not to offer this information. Names should not be entered.
- **Call content:** A summary text describing the call content. This assists future searches, performance evaluation, and follow-up (if necessary). The counselor may include reported rumors,⁵ the type of information requested, and referrals made. Call center agents and counselors should use standardized terminology, including content categories (e.g., conspiracy theories, denial) for trend monitoring and easier transfer to data collection for dashboards and maps.
- **Follow-up required:** Especially relevant to alerts; any required follow-up needs to be recorded.

Data processing and use

Call centers may want to use dashboards to display on-screen collected call data as well as updates on pandemic information. This can include the status of an epidemic (e.g., total cases/deaths, or localities with flare-ups), geolocation of health facilities and/or field response teams, useful phone numbers, and

⁵ For more information about managing and addressing rumors, see: Breakthrough ACTION. (2020 Sep 10). *COVID-19 rumors and misinformation: A technical brief for Breakthrough ACTION field teams*. COVID-19 Communication Network. https://covid19communicationnetwork.org/wp-content/uploads/2020/04/COVID-19-Rumor-Tracking-Technical-Brief_v1.1.pdf

recently announced public health measures. Hotline managers may also use dashboards to track incoming calls, types of calls registered (e.g., information, alert, prank call, recurrent rumors), referrals made, and follow-up required.

All collected data should be aggregated in a single database, which can subsequently feed information into dashboards customized to user requirements. For the call center itself, a dashboard will focus on purely call-related data (e.g., number of calls, the origin of calls, call nature, call duration, operator/team performance statistics). For an emergency response team, information will focus on data relevant to the health emergency (e.g., number and location of alerts, concentrations of information calls that potentially indicate an emerging health threat, and transmission to and feedback from field response teams).

Staffing

Both the quality of a hotline and the trust that the public has in it are directly related to the call center agents' and counselors' ability to respond accurately to caller questions and concerns in a respectful and comprehensive manner. For example, individuals who call a hotline may be experiencing strong emotions, including fear or anger. Counselors, therefore, need communication skills, including active listening, empathy, and showing a nonjudgmental attitude. In addition to demonstrating strong communication skills and emotional intelligence, call center agents and counselors must also be knowledgeable about the health topics covered by the hotline.

The job titles and descriptions described below are recommendations for hiring key staff, especially when starting a hotline. Other positions listed can be added later. For smaller teams, or when hotlines are just getting started, one person may be responsible for multiple tasks.

Considerations for Human Resources

Language: For effective communication, call centers should recruit staff with diverse linguistic skills and organize them in groups that each cover main languages spoken in the country of operation.

Shifts: Call centers need to recruit sufficient staff to be available during the hours the hotline operates (e.g., 24 hours and/or on weekends), with consideration for vacation or sick days. They should consider transportation to and from the call center in the event of unusual shift hours and/or in the context of a pandemic when public transportation may be risky.

Working conditions: Physical call center space should include an area for taking breaks and meals, such as a small kitchen and/or a food vending area. Regularly maintained and cleaned restrooms need to be available in sufficient numbers. For staff commuting after dark, the call center may need to provide safe transport to help protect staff from crime or sexual and other forms of harassment. During a pandemic, call centers must ensure proper ventilation, hand-washing stations, the means to sanitize phone and other equipment, and establish a mask-wearing policy, making extra masks available if possible. Call center agents also need to feasibly maintain physical distance.

Key Staff



Hotline Manager/Director

One of the most critical roles at a call center, this position should be recruited first. The Manager/Director is responsible overall for managing operations, strategic planning, and leadership. This further includes activity coordination, regularly briefing the relevant national or regional team covering the pandemic/emergency, ensuring the hotline's performance standards are high, and, in some cases, fundraising. Smaller hotlines may combine the positions of Hotline Manager/Director and Counseling/Scheduling Coordinator.



Hotline Supervisor for Counselors and Call Center Agents

This position supervises, trains, and motivates call center agents and counselors. Supervisors ensure staff have the latest pandemic information and protocols for handling difficult calls and provide timely feedback on their performance. Supervisors monitor their team for signs of mental distress, fatigue, or other concerns and work to address their concerns. A Supervisor writes monthly reports, summarizes team statistics, attends management meetings, and fills in for the Coordinator when the Coordinator is not available. The recommended staffing ratio is usually one supervisor for every ten counselors. Each shift, at a minimum, should have at least one Supervisor.

Call Center Agents

This position provides information and service referrals to callers. Call Center Agents should be well trained with call protocols, scripts, and FAQs, and data collection protocols and forms. They should refer any callers that need counseling or need more than basic information to the hotline counselors.



Counselors

Counselors provide quality telephone counseling and accurate, up-to-date information to callers, including referrals as appropriate. Counselors also collect data about the call and caller for monitoring and to inform the local pandemic or emergency response.

Trainers

These individuals train call center agents and counselors, both for initial recruitment and for continuing education. Small hotlines may rely on external organizations to train counselors or use someone who has other responsibilities within the hotline, such as the Hotline Supervisor. Depending on hotline size, the call center may need a Training Coordinator who oversees all the training functions for staff.



Counseling/Scheduling Coordinator

This position may be responsible for managing the budget, recruiting and managing staff, ensuring staff capacity, and confirming the roster, including backup staff, is sufficient to handle call volume. This position makes certain that staff members receive training and that hotline materials and resources are up to date. The Coordinator may also be responsible for consolidating monthly reports and distributing them to relevant stakeholders, networking with referral sites, and planning promotional activities.

Monitoring and Evaluation Coordinator

This position collects and organizes information as well as creates and maintains data dashboards. The Monitoring and Evaluation Coordinator also works closely with all staff to support their reporting and feedback mechanisms.



Support Staff

These individuals provide support services, including cleaning, reception, security, and technical maintenance such as plumbing, electrical, and air conditioning. Some of these functions ideally have a permanent presence at a physical call center (e.g., cleaners); others can be on call for scheduled maintenance (e.g., air conditioning technicians). Security may be necessary if the call center location is accessible to the public and there is a risk of public aggression towards the call center.

Technical Support Team

This team includes an Information, Communication, and Technology Expert responsible for managing hotline technology, whether it is comprised of telephone lines only or also includes computers, caller logging, and analysis software. Depending on the size and complexity of the technical infrastructure, other technical staff may be required who can solve, at a minimum, basic issues with both hardware and software, especially if the hotline operates 24 hours per day. At least in the first phase of the call center deployment, a permanent on-site team (e.g., an equipment engineer and a software specialist) is advisable for addressing early potential technological problems. For 24-hour hotlines, an on-site technical support team should be split into three shifts to cover all hours of the day, and an extra team should be recruited for replacing technicians on leave and, if needed, to work weekends.



Additional Staff to Consider

Psychosocial Support Supervisor: This position offers psychological first aid to the hotline counselors, as they are often under considerable stress.

Fundraiser: The Fundraiser may engage national authorities, national and international non-governmental agencies and organizations, the private sector, and other potential contributors to secure monetary support for the call center.

Community Engagement Focal Point: The Focal Point connects with RCCE teams, acting as a “face” for the hotline and allowing for a two-way flow of information. This position can collect additional information on public familiarity with the hotline, who uses it, and how it can be improved.

Webmaster: If the hotline supports a website, a Webmaster sets up and manages it. Websites are useful for raising awareness, answering FAQs, and collecting complaints, suggestions, and other feedback.

Marketing and Promotion Coordinator: The Marketing and Promotion Coordinator promotes the hotline across both traditional and social media. The position ensures promotion materials are available to RCCE teams and other stakeholders involved in the pandemic or emergency response.

Training

Training hotline staff is crucial to its functioning, quality, and success. The training needs to cover the following:

- **Technical content:** Call center agents and counselors must consistently communicate the same information to all callers. To do so, they need initial and ongoing training in hotline protocols and scripts. Call center agents and counselors also need to understand any local regulations relevant to what advice they legally can and cannot give, confidentiality laws, and when to contact authorities in an emergency.
- **Call handling:** Call center agents need to be trained to find the right balance between being courteous and maintaining a professional distance. Hotline counselors also need to understand the difference between phone counseling and counseling in person. Counselors must develop empathy, patience, a service-oriented attitude, and active, nonjudgmental listening. They also must develop a sharp awareness of how their own background colors their worldview and perceptions; they need the ability to place themselves in the shoes of a caller who may have a different experience. Training should also cover how to deal with prank calls, rumors and false information, callers who are difficult to understand, and the importance of caller confidentiality.
- **Psychosocial skills:** Training in basic psychosocial skills will not only improve counselor performance on difficult calls but also protect the counselors themselves and help them deal with emotionally distressing calls.
- **Rules and regulations:** Call centers need to establish, enforce, and train all staff on in-house expectations, ranging from how to communicate with each other, supervisors, and subordinates, including regarding break times, reporting sick days, and if at a physical call center, the use of restrooms and other shared spaces.

Promotion/Outreach

For a hotline to be effective, the public needs to be aware it exists. Hotline publicity needs to be tailored toward intended audiences and come in a form that these audiences will most likely receive; for example, billboards may be better suited for literate audiences, radio for rural communities, and social media for young/urban residents. Hotline staff should also be prepared to work with local journalists and other media, as positive coverage, including testimonials, can help increase service uptake.

Promotion regarding the hotline should feature—at a minimum—the hotline number, hours of operation, and whether the calls are free.

It might also include the following information, where applicable:

- The hotline can ensure callers get referrals for help
- Callers can remain anonymous
- Callers may be put on hold if lines are busy, but that this does not cost them phone credit
- Available languages, including methods of communication that are socially, culturally, and religiously appropriate
- Consequences of hotline abuse (e.g., prank calls)

Financing and Sustainability

Public Asset or Outsourced?

Although public health hotlines have many potential long-term uses, funding may only be available within an emergency context. Unless hotline design teams can assure a sustainable infrastructure, their options may be limited to outsourcing the service either to an existing hotline operator or to a telecommunications company. In some cases, such entities may even be willing to take on operating a pandemic hotline at their own expense, but usually only for the duration of the emergency.

Long-term sustainability may also need to be considered. While a hotline established to respond to an outbreak or other public health emergency may not need to be sustained permanently, stakeholders may wish to consider expanding an existing, self-sustaining hotline to include the public health emergency so that investments in hardware, systems, staff, and training can be incorporated into and sustained by the existing system. Assuming that the hotline is a free service, government support may be necessary to sustain the hotline as a free service in the long term.

Involving Key Stakeholders

Good relationships with the individuals and organizations involved in addressing the pandemic, as well as those most affected by it, are critical to a hotline's immediate and long-term success. Ways to cultivate these relationships include the following:

- In-depth meetings during the design phase to ensure community involvement from the start
- Ongoing meetings to discuss findings from caller data, including any concerning trends
- Requesting feedback from key stakeholders on programmatic issues, including program protocols and data collection, analysis, and reporting
- Keeping stakeholders up to date on the impact of the hotline and the prospects for future impact

Evaluating the Hotline

Call centers can use various methods to evaluate a hotline's effectiveness. For example, hotline staff can assess the data from various dashboards to find answers to key questions. The hotline can also institute processes to evaluate its own services, such as conducting follow-up surveys with callers and holding meetings to gather feedback from stakeholders. Alternatively, the center can contract an independent evaluator to assess the hotline's processes and outcomes; this may be more expensive.

References

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