

# Crisis & Emergency Risk Communication **by Leaders for Leaders**

**SAFER • HEALTHIER • PEOPLE™**

AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

# Communicating in a crisis is different

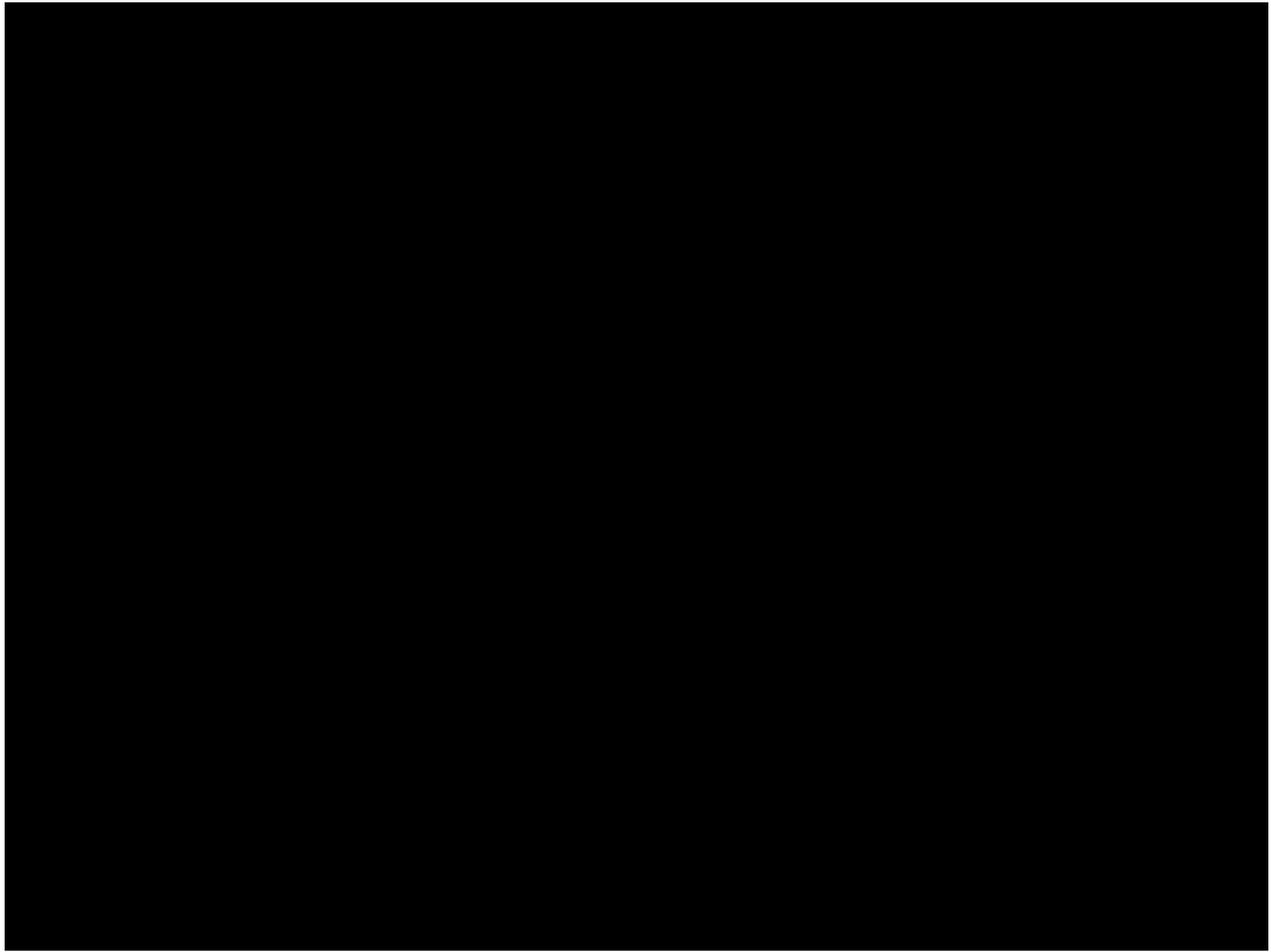
- In a serious crisis, all affected people . . .
  - Take in information differently
  - Process information differently
  - Act on information differently
- In a catastrophic event: communication is different
- Be first, be right, be credible

# Yes, leaders communicate, and

- In a catastrophic event, your . . .
  - every word,
  - every eye twitch,
  - every passing emotion. . . resonates with heightened importance to the public

# By Leaders for Leaders

- Governor Frank Keating—Oklahoma City bombing
- CDC Director, Dr. Julie Gerberding—SARS
- Dr.s Ivan Walks & John Agwunobi—Anthrax
- Montgomery County's Douglas Duncan—sniper shooting
- Mayor Patricia Owens—Grand Forks flood/ fire
- Mayor Rudolph Giuliani—World Trade Center
- Fire Chief Jeff Bowman—San Diego forest fires



AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
**SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA**  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

# The Risk of Disasters Is Increasing

- Increased terrorism
- Population density
- Aging U.S. population
- International travel speed
- Emerging diseases

# What the public seeks from your communication

## 5 public concerns. . .

1. Gain wanted facts
2. Empower decisionmaking
3. Involved as a participant, not spectator
4. Provide watchguard over resource allocation
5. Recover or preserve well-being and normalcy

# Crisis and Emergency Risk Communication impacts

**5 organizational concerns -- you need to. . .**

- 1.** Execute response and recovery efforts
- 2.** Decrease illness, injury, and deaths
- 3.** Avoid misallocation of limited resources
- 4.** Reduce rumors surrounding recovery
- 5.** Avoid wasting resources

# 5 communication failures that kill operational success

1. Mixed messages from multiple experts
2. Information released late
3. Paternalistic attitudes
4. Not countering rumors and myths in real-time
5. Public power struggles and confusion

# 5 communication steps that boost operational success

1. Execute a solid communication plan
2. Be the first source for information
3. Express empathy early
4. Show competence and expertise
5. Remain honest and open

# The STARCC Principle

Your public messages in a crisis must be:

**S**imple

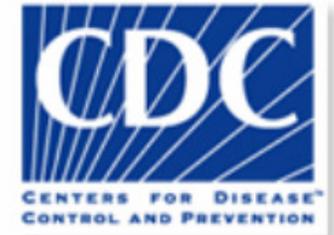
**T**imely

**A**ccurate

**R**elevant

**C**redible

**C**onsistent



# Psychology of a Crisis

**SAFER • HEALTHIER • PEOPLE™**

AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

# What Do People Feel Inside When a Disaster Looms or Occurs?

Psychological barriers:

1. Fear, anxiety, confusion, dread
2. Hopelessness or helplessness
3. Seldom panic
4. Fight or flight
5. Vicarious rehearsal

# What Is Vicarious Rehearsal?

- The communication age gives national audiences the experience of local crises.
- These “armchair victims” mentally rehearse recommended courses of actions.
- Recommendations are easier to reject the farther removed the audience is from real threat.

# Individuals at risk—the cost?

- Dependence on special relationships
- MUPS—Multiple Unexplained Physical Symptoms
- Self-destructive behaviors
- Stigmatization

# Communicating in a Crisis Is Different

- Uncertainty is greatest concern for most
- Reduce anxiety-Give people things to do
- Public seeks restored self-control
- Public must feel empowered – reduce fear and victimization

# Decisionmaking in a Crisis Is Different

- People simplify
- Cling to current beliefs
- We remember what we see or previously experience (first messages carry more weight)
- People limit intake of new information (3-7 bits)

# How Do We Communicate About Risk in an Emergency?

## All risks are not accepted equally

- Voluntary vs. involuntary
- Controlled personally vs. controlled by others
- Familiar vs. exotic
- Natural vs. manmade
- Reversible vs. permanent
- Statistical vs. anecdotal
- Fairly vs. unfairly distributed
- Affecting adults vs. affecting children

# Be Careful With Risk Comparisons

- Are they similarly accepted based on
  - high/low hazard (property/people measure)
  - high/low outrage (emotional measure)

A. High hazard	B. High outrage
C. Low hazard	D. Low outrage

# Risk Acceptance Examples

- Dying by falling coconut or dying by shark
  - Natural vs. manmade
  - Fairly vs. unfairly distributed
  - Familiar vs. exotic
  - Controlled by self vs. outside control of self

# Risk Communication Principles for Emergencies

## Don't overreassure

- Considered controversial by some.
- A high estimate of harm modified downward is much more acceptable to the public than a low estimate of harm modified upward.

# Risk Communication Principles for Emergencies

**When the news is good, state continued concern before stating reassuring updates**

“Although we’re not out of the woods yet, we have seen a declining number of cases each day this week.”

“Although the fires could still be a threat, we have them 85% contained.”

# Risk Communication Principles for Emergencies

**Under promise and over deliver . . .**

Instead of making promises about outcomes, express the uncertainty of the situation and a confident belief in the “process” to fix the problem and address public safety concerns.

# Risk Communication Principles for Emergencies

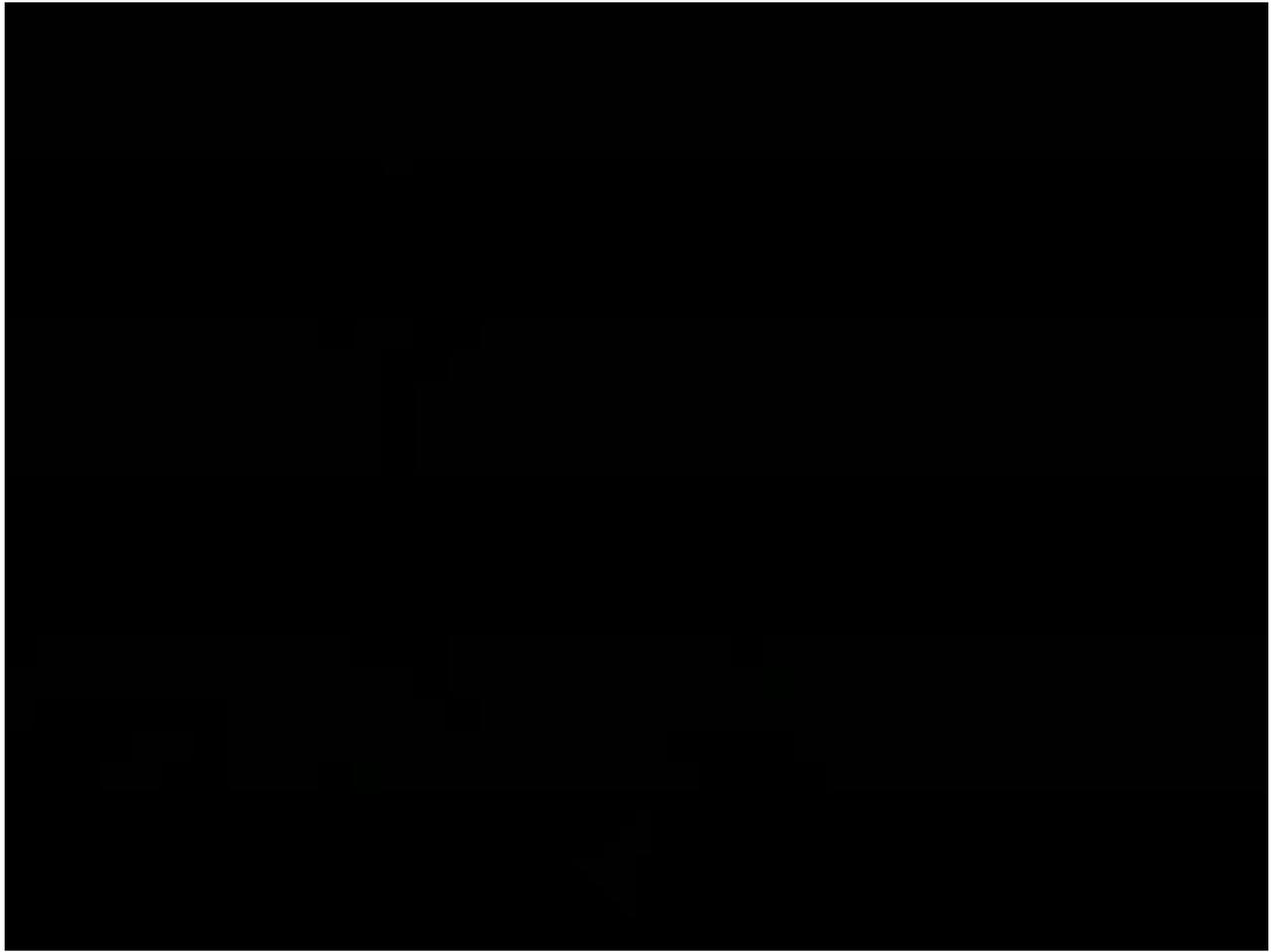
**Give people things to do - Anxiety is reduced by action and a restored sense of control**

- Symbolic behaviors
- Preparatory behaviors
- Contingent “if, then” behaviors
- 3-part action plan
  - Must do X
  - Should do Y
  - Can do Z

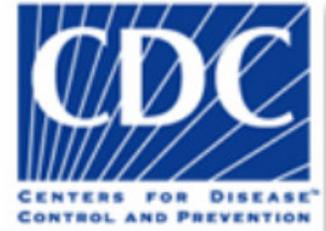
# Risk Communication Principles for Emergencies

## Allow people the right to feel fear

- Don't pretend they're not afraid, and don't tell them they shouldn't be.
- Acknowledge the fear, and give contextual information.



AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
**SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA**  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH



# Messages and Audiences

**SAFER • HEALTHIER • PEOPLE™**

AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

# What the Public Will Ask First

- Are my family and I safe?
- What have you found that may affect me?
- What can I do to protect myself and my family?
- Who caused this?
- Can you fix it?

# What the Media Will Ask First

- What happened?
- Who is in charge?
- Has this been contained?
- Are victims being helped?
- What can we expect?
- What should we do?
- Why did this happen?
- Did you have forewarning?

# Public Information Release

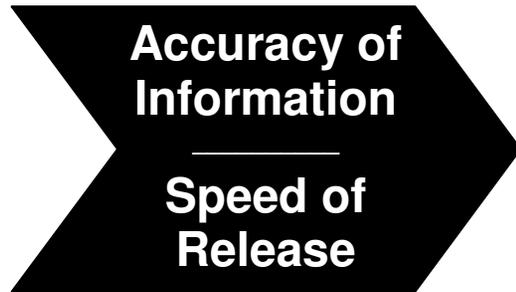
- What to release
- When to release
- How to release
- Where to release
- Who to release
- Why release

# Judging the Message

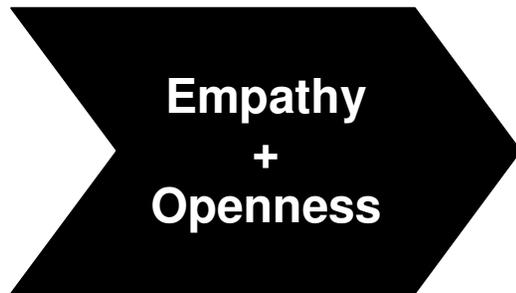
- Speed counts – marker for preparedness
- Facts – consistency is vital
- Trusted source – can't fake these

# 5 Key Elements To Build Trust

1. Expressed empathy
2. Competence
3. Honesty
4. Commitment
5. Accountability



**CREDIBILITY**



**TRUST**

**+ =**

**Successful  
Communication**

# Initial Message

## Must

- Be short
- Be relevant
- Give positive action steps
- Be repeated

# Initial Message

## **Must *Not***

- Use jargon
- Be judgmental
- Make promises that can't be kept
- Include humor

# The STARCC Principle

Your public messages in a crisis must be:

**S**imple

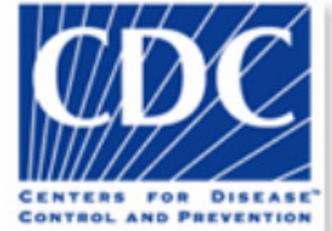
**T**imely

**A**ccurate

**R**elevant

**C**redible

**C**onsistent



# Working With the Media

**SAFER • HEALTHIER • PEOPLE™**

AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

# What is news?

- Change or controversy
- Black or white, not gray
- Crises or opportunities
- Entertain versus inform
- Individual versus group/officials

# Disasters Are Media Events

- We need the media to be there.
- Give important protective actions for the public.
- Know how to reach their audiences and what their audiences need.

# How To Work With Reporters

- Reporters want a front seat to the action and all information NOW.
- Preparation will save relationships.
- If you don't have the facts, tell them the process.
- Reality Check: 70,000 media outlets in U.S. Media cover the news 24/7.

# Information sought by media

- Casualty numbers, condition, treatment
- Property damage
- Response and relief activities
- Resulting effects (anxiety, stress)
- Questions are predictable

# Media, Too, Are Affected by Crises

- Verification
- Adversarial role
- National dominance
- Lack of scientific expertise

# Media and Crisis Coverage

- Evidence strongly suggests that coverage is more factual when reporters have more information. They become more interpretative when they have less information.
- What should we conclude?

# Command Post

- Media will expect a command post. Official channels that work well will discourage reliance on nonofficial channels.
- Be media-friendly at the command post—prepare for them to be on site.

# Media Availability or Press Conferences “In Person” Tips

- Determine in advance who will answer questions about specific subject matters
- Assume that every mike is “alive” the entire time
- Sitting or standing?

# Two press conference killers

- Have “hangers on” from your organization circling the room
- Being visible to the media/public while waiting to begin the press conference

# Writing for the Media During a Crisis

- The pressure will be tremendous from all quarters.
- It must be fast and accurate.
- It's like cooking a turkey when people are starving.
- If information isn't finalized, explain the process.

# Role of a Spokesperson in an Emergency

- Take your organization from an “it” to a “we”
- Remove the psychological barriers within the audience
- Ultimately, reduce the incidence of illness, injury, and death by getting it right

# Spokesperson Qualities

- What makes a good spokesperson?
- What doesn't make a good spokesperson?
- How to be a great spokesperson after 5 minutes of training!

# Great Spokesperson Step 1

- It's more than “acting natural.” Every organization has an identity. Try to embody that identity.
- Example: CDC has a history of going into harm's way to help people. We humbly go where we are asked. We value our partners and won't steal the show. Therefore, a spokesperson would express a desire to help, show courage, and express the value of partners. “Committed but not showy.”

# Great Spokesperson Step 2

- Know your audience
- Your audience is NOT the reporter interviewing you

# Emergency Risk Communication Principles

- Don't overreassure
- Acknowledge that there is a process in place
- Express wishes
- Give people things to do
- Ask more of people

# Emergency Risk Communication Principles

- Consider the “what if” questions.

# Spokesperson Recommendations

- Stay within the scope of your responsibility
- Tell the truth
- Follow up on issues
- Expect criticism

# Your Interview Rights

- Know who will do the interview
- Know and limit the interview to agreed subjects
- Set limits on time and format
- Ask who else will be or has been interviewed
- Decline to be interviewed
- Decline to answer a question

# You Do Not Have the Right To:

- Embarrass or argue with a reporter
- Demand that your remarks not be edited
- Demand the opportunity to edit the piece
- Insist that an adversary not be interviewed
- Lie
- Demand that an answer you've given not be used
- State what you are about to say is “off the record” or not attributable to you

# Sensational or Unrelated Questions

“Bridges” back to what you want to say:

- “What I think you are really asking is . . . .”
- “The overall issue is . . . .”
- “What’s important to remember is . . . .”
- “It’s our policy to not discuss [topic], but what I can tell you . . . .”

# Effective Nonverbal Communication

- Do maintain eye contact
- Do maintain an open posture
- Do not retreat behind physical barriers such as podiums or tables
- Do not frown or show anger or disbelief through facial expression
- Do not dress in a way that emphasizes the differences between you and your audience

# Grief in context

- Circumstances of the death
- Nature of the relationship
- Experienced loss before
- Any secondary losses



AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
**SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA**  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH



# Stakeholder/ Partner Communication

**SAFER • HEALTHIER • PEOPLE™**

AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

# Stakeholder/Partner Communication

- **Stakeholders** have a special connection to you and your involvement in the emergency.
- They are interested in how the incident will impact them.
- **Partners** have a working relationship to you and collaborate in an official capacity on the emergency issue or other issues.
- They are interested in fulfilling their role in the incident and staying informed.

# 5 Mistakes With Stakeholders

- Inadequate access
- Lack of clarity
- No energy for response
- Too little, too late
- Perception of arrogance

# Stakeholders can be . . .

- Advocate—maintain loyalty
- Adversary—discourage negative action
- Ambivalent—keep neutral or move to advocate

# Community Relations! Why?

- Community acceptance through community involvement (door-to-door)
- Involving stakeholders is a way to advance trust through transparency
- Our communities, our social capital, are a critical element of our nation's security

# Dealing With Angry People

## Anger arises when people. . .

- Have been hurt
- Feel threatened by risks out of their control
- Are not respected
- Have their fundamental beliefs challenged

## Sometimes, anger arises when . . .

- Media arrive
- Damages may be in play

# Don't lecture at the Townhall

- Easy but not effective
- Doesn't change thoughts/behaviors
- Key: don't give a solution, rather help audience discover solution by asking questions

# High-Outrage Public Meetings

## “Do’s”

- Limit introductory remarks to 5 minutes
- Ask questions. If they’re talking they’re involved
- The best way to deal with criticism and outrage by an audience is to acknowledge that it exists (Never say, “I know how you feel” say “I know you need to talk about this and I’m here to listen”)

# High-Outrage Public Meetings

## “Don’ts”

- Verbal abuse! Don’t blow your stack
  - Try to bring along a neutral third party who can step in and diffuse the situation
- Don’t look for one answer that fits all
- Don’t promise what you can’t deliver

# 4 Questions to help people persuade themselves

1. Start with broad open-ended historical questions
2. Ask questions about wants and needs
3. Ask about specifics being faced now
4. Ask in a way to encourage a statement of benefits

# 2 simple tips to gain acceptance

1. Accumulate “yesses”
2. Don’t say “yes, but”—say “yes, and”

# Tale of Two Cities: Smallpox

- Milwaukee, Wisconsin, experienced a Smallpox outbreak in 1894 of fairly major proportions, and caused urban rioting for about a month in the city streets—why?
- New York City experienced the last Smallpox outbreak in this country in 1947. People stayed in line for hours, full days, and came back the next day in some cases with no unrest—why?

— Judith W. Leavitt, PhD, University of Wisconsin

# Strategic National Stockpile (SNS)

- 12-hour Push Pack – 100 cargo containers
- Air or ground ship
- 50 tons of medicine, medical supplies, equipment
- Nerve agents, anthrax, plague, tularemia
- Treat thousands of symptomatic and protect hundreds of thousands

# SNS Communication Plan

- Multi-language text
- Methods for reproducing materials
- Communication channels
  - Volunteers
  - Contractors
  - On-site interpreters
- Not all SNS events the same
- SNS communication assessment checklist

# Media and Public Health Law

AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
**SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA**  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH

# Model Emergency Health Powers Act

- Model public health law for states
- Protection of civil liberties balanced with need to stop transmission of disease
- Explain what law covers and why
- Laws address: quarantine, vaccination, property issues, access to medical records
- Model law draft – court order to quarantine someone, unless delay could pose an immediate threat

# Protecting the Public from Infectious Diseases

- Detention – temporary hold
- Isolation – separation from others for period of communicability
- Quarantine – restricts activities of well persons exposed

# First Amendment

- “In the First Amendment the founding fathers gave the free press protection it must have to fulfill its essential role in our democracy. The press was to serve the governed, not the governors.”

— New York Times Co. v U.S., 403 U.S. 713 (1971)

# Media's right to acquire news

- Press has right to acquire news from any source by any lawful means
- No Constitutional right to special access
- Information not available to the public:
  - Crime scene
  - Disasters
  - Police station
  - Hospital lab
  - Other places

# Access may be restricted

- Interference with legitimate law enforcement action
- Law enforcement perimeter
- Crime scene
- Disaster scene

# Right to acquire information

- Available or open to the public
- Place or process historically open to the public:
  - Hospitals?
  - Jails?
  - Courtrooms?
  - Meeting/conference rooms?

# Media's right of publication

- Once information is acquired
  - Ability to restrict information;
    - Severely limited
    - Heavy burden to prevent or prohibit
- Minneapolis Star Tribune v. U.S., 713 F Supp. 1308 (S. Minn, 1988)

# Assisting the media

- Inviting media on search or arrest in private citizen's home is not protected by 1<sup>st</sup> Amendment and may result in civil liability
  - Violation of 4th Amendment Rights

# Employees access to media

- Freedom of speech may be Constitutionally protected: if public value outweighs detrimental impact
- May be required to follow chain of command
- Ability to choose spokesperson:
  - Police officer has no 1<sup>st</sup> Amendment right to speak or act on behalf of department when not authorized to do so.
  - Koch v. City of Portland, 766 P.2d 405 (Ore. App. 1988)

# CDC's principles of communication for public

- Communication will be open, honest, and based on sound science, conveying accurate information
- Information will not be withheld solely to protect CDC or the government from criticism or embarrassment
- Information will be released consistent with the Freedom of Information Act



AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
**SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEALTHIER • PEOPLE • SAFER • HEA**  
HEALTH EDUCATION • EPIDEMIOLOGY • WORKPLACE HEALTH • IMMUNIZATION • WORKPLACE SAFETY • TRAINING • C  
LTH • PREVENTION RESEARCH • PRIVATE SECTOR PARTNERSHIPS • PUBLIC HEALTH WORKFORCE • WOMEN'S HEALTH