

Emergency Risk Communication

About the Print Version

The print version of the course includes all the substantive content from each screen. It does not include any of the exercises at the end of each section nor the simulations.

Introduction

If you work in public health, during a crisis or emergency, you will likely become a risk communicator, even if your job description does not include public information or media relations. Your role might entail emailing community partners, taking calls from members of the public, or speaking at a hostile public meeting. It might even mean talking to the media. Play the video below to hear from Kimberlee Papich, of Spokane Health District, to find out how she got pulled into an unfolding crisis.

When I came into work, there was a flurry of activity with some of our people in the food safety program. They had been notified by our mayor's office that the state governor was getting word that the Environmental Protection Agency would release a statement that afternoon that could negatively impact our area. It was in regard to increased radiological monitoring in milk samples from Washington state, and that samples from our area, from Spokane, had tested positive for increased radiation.

By 1 pm things started really picking up. There had been a leak from someone at the EPA to some of the national media outlets on the East Coast. Media interest was coinciding almost exactly with finally receiving the EPA's statement. I knew that our governor was going to be the lead agency in issuing a press release in response to the EPA statement.

But before we could get the governor's release in hand, I received the first phone call from the Associated Press asking for comment. I knew it was an Associated Press reporter, but he was reporting out of Spokane. He was doing freelance. So I didn't know the breadth or depth of his coverage in terms of whether it was regional or maybe even at the state level.

I ended up Googling my own name, and the national and international reach became clear. I got to the thirtieth page of hits with my name with my exact quote—thirty pages of my name and my quote! Several of them had even been translated into different languages.

Imagine a similar situation in your own community.

- How do you think the public would react?
- As a public health professional, what would you need to do to keep people safe and alleviate their concerns? How would you communicate how to stay safe and reassure the public with speed and accuracy?
- Would you be prepared for the tremendous pressure for information from the public and the media?

Challenges of communication

When a public health emergency arises, communicating with the public and the media presents unique challenges. People are highly emotional. They want to know what happened and who is responsible. Most importantly, people want to know what they can do to protect themselves and their loved ones, and they want to know now. Yet the unexpected and chaotic nature of emergencies often makes it difficult to answer the public and the media's demand for information and reassurance. Understanding the principles of emergency risk communication and developing a plan can help you meet those challenges, even under the most difficult of circumstances.

What Is ERC?

Emergency risk communication (ERC) is the dynamic, interactive process of sharing information strategically and effectively about issues of high concern, to help people make informed decisions and understand risks.

In this course, the types of public health emergencies we address are **disease outbreaks**, **natural disasters**, **industrial disasters**, and **terrorist threats**. These kinds of situations are unexpected, urgent, and produce a high level of public concern, anxiety, and fear, in addition to having a significant impact on the public health system.

The goal of ERC is to provide information to help people:

- Cope with possible adversity
- Make informed decisions about what they need to do to protect themselves
- Understand risk
- Be involved in the emergency response, in some cases

Why Is ERC Important?

In any crisis that threatens the public's health, we all become potential spokespeople. You may find yourself in front of a reporter's microphone, whether you're a public health nurse, epidemiologist, lab specialist, or public information officer. You may be on the front lines responding to the questions, concerns, and information needs of your community partners, patients, clients, and public at large.

But even more importantly, as public health professionals, it's your responsibility to reach the people you serve quickly with the information they need to protect their safety and well-being. Successful risk communication saves lives, decreases illness, injury and trauma, and builds trusting relationships between public health entities and the community.

How Do People Perceive Risk?

When people gauge a situation's risk, they draw upon what they know about the hazard: the evidence, data, and facts about the likelihood of a threat and its possible damage. But their perceptions of risk also depend on how that threat makes them feel, or what risk communication experts call "outrage."

$$\text{Perceived Risk} = \text{Hazard} + \text{Outrage}$$

As public health professionals, we have access to data such as mortality and morbidity statistics, so we tend to weigh risks according to the evidence for the

Airborne, food-borne, and vector-borne diseases spread through droplets and close contact. Examples include influenza, salmonella, and SARS.

Natural disasters include earthquakes, tornados, floods, wildfires, and hurricanes.

Industrial disasters include toxic spills and environmental contamination.

Terrorists threats may include the intentional release of one or more of the following agents: biological (smallpox, anthrax, plague), chemical (sarin, VX gas, ricin), or radiological (dirty bomb).

hazard. Many members of the public, however, respond more strongly to how they feel. People react according to the strength of their outrage or dread. This can lead to a fundamental disconnect between experts and the general public. To communicate successfully about the hazard, we must be sure to address how people feel.

Citation: [Peter Sandman](#).

Emotional Responses to Crisis

In crises, people experience a wide range of emotional and psychological responses that influence their perception of risk. Any combination of emotions can constitute outrage, especially when these feelings are intense.

Common emotional responses include:

- **Anger:** People often feel angry when a disaster is intentionally inflicted, such as in a terrorist event. Anger can be an appropriate and normal response that can be channeled into stronger resolve, vigilance, or precaution-taking. But if anger turns to rage, it can be incapacitating, uncontrollable, or lead to inappropriate actions.
- **Fear and dread:** A certain amount of fear is appropriate, and it may motivate people to be cautious or more vigilant. A low to moderate level of fear might make people more willing to help others who are being inconvenienced, or prompt people to pay for preparedness efforts. But if people are too frightened, it can hinder their ability to take appropriate action. A very fearful person may act in extreme and sometimes irrational ways to avoid the perceived or real threat.
- **Misery and depression:** These emotions are most common when a crisis is catastrophic or when lives are lost. Even when people understand that they might not be in danger personally, witnessing the disaster and the toll it takes on others may propel them into a state of misery.
- **Empathy:** People commonly feel empathetic when they witness bad things happening to other people—especially via media coverage of crisis events. Empathy can motivate people to respond with help and foster a sense of solidarity.
- **Anxiety:** Uncertainty makes people anxious, and they want answers during uncertain times.

What Increases Outrage?

The more outrage people feel, the more likely they are to perceive higher levels of risk. What tends to increase outrage? People are likely to feel more upset about things that trigger a higher degree of dread or uncertainty, are unfamiliar, or seem to be inflicted upon us by others.



Perceptions of risk are not just affected by how many people are hurt or how much

property is damaged. An intentional attack against a relatively small group of people may evoke greater perceptions of risk than a natural, more familiar disease outbreak that affects an entire community.

“Low-outrage” events usually are familiar, naturally occurring, and affect people equally. An example of a low-outrage event is a pandemic influenza outbreak. “High-outrage” events tend to be perceived as caused by others, unknown, and affecting one group more than another. For example, an outbreak of food poisoning at a school caused by something the children ate at the school cafeteria would likely be a high-outrage event.

The chart below describes various outrage factors and how they influence how much people will perceive risks.

Outrage Factor	Lower Perceived Risks	Higher Perceived Risks
Voluntariness	voluntary	imposed
Controllability	under an individual’s control	controlled by others
Equity	distributed fairly	distributed unfairly
Natural vs. human origin	natural	human caused
Catastrophic potential	random, scattered effects	groupings of fatalities, injuries, or illness in one place or at one time
Familiarity	familiar	unknown, never before experienced, unfamiliar
Age of victims	adults	children
Understanding	well-understood or self-explanatory	poorly understood
Uncertainty	relatively known to science	relatively unknown or having highly uncertain dimensions
Dread	does not arouse fear, terror, or anxiety	evokes fear, terror, or anxiety
Reversibility	reversible adverse effects	potentially irreversible adverse effects
Personal stake	poses no direct or personal threat	places people directly and personally at risk
Ethical/moral nature	not perceived as ethically objectionable or morally wrong	perceived to be ethically objectionable or morally wrong
Victim identity	produces statistical victims	produces identifiable victims

People can voluntarily undergo risk, even in a crisis. Some risks are voluntary, such as the choice to get a vaccination.

Exercise: Outrage and Risk Perception

Based on the outrage factors described on the previous page, check the box for the level of risk you think the public would perceive for each of the events.

Event	Lower risk	Higher risk	
Snow storm	<input type="radio"/>	<input type="radio"/>	Lower risk. Snow storms affect people equally, are natural, generally familiar, and well understood.
Chemical spill	<input type="radio"/>	<input type="radio"/>	Higher risk. Chemical spills can arouse dread, are human caused, and controlled by others.

Event	Lower risk	Higher risk	
Intestinal virus outbreaks on cruise ship	<input type="radio"/>	<input type="radio"/>	Lower risk. This type of outbreak appears to affect people equally and is naturally occurring and familiar to many.
Meningitis	<input type="radio"/>	<input type="radio"/>	Higher risk. Even though meningitis is naturally occurring, it has a higher dread factor, is not familiar to most, can have dire consequences, and tends to affect younger people.
Bombing a building	<input type="radio"/>	<input type="radio"/>	Higher risk. Attacks place people directly at risk and produce identifiable victims. These events are highly uncertain and imposed by others.

Mental Noise

When people process information under stress, they commonly experience “mental noise.” When people experience high levels of emotional arousal or mental agitation, it can impair their ability to process information. This phenomenon, known as “mental noise,” can make it difficult for some people to hear, understand, or remember information, especially when they feel they are at great risk. For example, in an emergency evacuation of a building, some people may not be able to process instructions about what to do, even though they could understand them in non-emergency circumstances.

Problematic Responses

Some reactions to a crisis interfere with public safety or people’s ability to take necessary actions. As you develop communication strategies, consider what you can do to mitigate the following:

Denial

A wildfire is raging out of control and threatening the homes in a small community. Despite the evacuation orders, some residents refuse to leave. Taking your **best** guess, the best way to motivate residents to evacuate is to issue dire predictions of what will happen if they stay in their homes.

- True
- False

The correct answer is false. Some residents may be in a state of denial. Scaring them may push them further into denial. Other possible denial responses include:

- Avoiding warnings or action recommendations
- Becoming agitated or confused by a warning
- Being unable to comprehend that a threat is real
- Refusing to take recommended steps to ensure safety

People experiencing denial sometimes experience a sudden and deep feeling that the universe is no longer rational or orderly. Some may move into denial if they cannot cope with powerful emotions, such as fear, misery, or anger. Scare messages may increase the level of fear and actually push a person further into denial.

Stigmatization

When a group of people, an organization, or even an industry or place becomes associated with a public health emergency, they may be stigmatized by others. Some may fear, avoid, or discriminate against whatever has been stigmatized. For example, when H1N1 influenza was first identified in Mexico in 2009, a handful of employers in Washington State mandated that any worker of Mexican ancestry provide a note from a doctor to prove they did not have the virus, regardless of whether the worker showed symptoms.

“What Would You Do” questions ask you to consider how you would respond to the situation presented and give examples of what other health departments did in a similar situation. There are no right or wrong answers.



What Would You Do?

An infectious disease outbreak that began in Vietnam has reached the United States. Rumors are circulating that a Vietnamese employee at a local restaurant has this disease. The rumors escalate into a news story about how people are avoiding the restaurant and other businesses in the Asian neighborhood where the restaurant is located. What would you do to diffuse this situation?

- Hold a press conference to reassure people
- Demand an apology from the reporter who ran the story
- Make no response to avoid drawing more attention to the issue

What They Did

In the 2002 SARS outbreak that began in China, stigmatization adversely affected Chinese communities in several North American cities. In Seattle, rumors surfaced that someone who worked at a local Asian-community shopping mall had SARS. The rumors quickly escalated into a news story about how people were avoiding the mall and the International District because of the rumor. James Apa, Communications Director at Public Health - Seattle & King County, recounts what his agency did to diffuse the situation.

[Transcript] As the SARS outbreak was unfolding in Southeast Asia, what we were seeing locally is that there were concerns about people getting the disease in our local Asian communities, which we knew was incorrect. But, people were worried.

News media picked up on this story. And local community leaders came to us as well, saying that they were losing business and that people were afraid to come to their local communities. To address this situation, we knew we needed to get accurate information out quickly. So, working with community partners, we quickly put together a press conference at a local international health clinic, stating directly that ethnicity had nothing to do with getting SARS. And in fact, it was travel history to Southeast Asia that was contributing to increased risk.

In addition to holding the press conference, we reinforced our message in a personal way. We had our health director join several members of the Seattle

City Council and go to a local Asian restaurant in the International District. Again, putting forth the very public image that they felt comfortable and safe eating there, and there was no health risk of being in the community.

We felt this communication strategy was successful and that we saw people's behaviors change. It didn't happen overnight, but people did return to the places they normally did. We heard from the community that worries were decreased, and that once they had the correct information, they went about their business as they had been before.

Panic

Take your **best** guess: do people commonly panic during public health emergencies?

- Yes
- No

The correct answer is no. True panic—excessive, irrational, and hysterical behavior based on fear—is relatively rare. But keep in mind that people do feel highly emotional during emergencies, and they want to take action to protect themselves. So when they swamp emergency hotlines with calls, they aren't panicking—they just want information to keep themselves safe. Individual survival behaviors are not forms of panic.

Summary

Emergency risk communication (ERC) is the way in which public health professionals share information to help people make informed decisions to understand risks and protect themselves.

- People may have different reactions to emergencies, such as anger, fear, anxiety, and outrage.
- These emotions may cause them to go into denial, stigmatize others, and, in rare cases, panic.
- Often, these emotions come from a person's perception of risk, influenced by whether the event provokes low or high outrage.
- Intense reactions can generate mental noise, making it challenging for communicators to effectively explain the risks people face and how to remain safe.

Fundamentals of ERC

In the everyday work of public health, alerting the public to health risks can be challenging. We're competing to grab the public's attention in a universe of information, hoping to evoke enough concern that people will adopt healthy behaviors.

During crisis events, this all changes. Suddenly, health communicators have everyone's attention. Many people are ready to spring into action, but for others, emotion is so high that they are unable to cope.

The challenge is no longer garnering the attention of the public. It's how to convey accurate information that propels people to make rational decisions and take necessary actions to keep themselves safe, without feeding public fear, denial, hostility, or unrealistic expectations. In this section, we'll take up that challenge by addressing the cornerstones for communicating during a crisis:



Get Past the Outrage

We can't do a good job communicating if we don't address the level of outrage people feel. Outrage affects individuals' perceptions of their own risk and influences what they decide to do or not do. Intense emotional responses also can cloud people's abilities to listen and process information. In a crisis, how do we get past the outrage so that people can receive and understand crucial health information?

Acknowledge Emotions

During an emergency, people may feel fearful, miserable, or angry.

Take your **best** guess: In a public health emergency, acknowledging people's fears will only make them feel more afraid.

- True
- False

The correct answer is False. Don't ignore, criticize, or discount people's emotions, even if some emotions seem unjustified. If the emotion has some basis, let the public know that such emotions are normal and understandable. At the same time, provide information that can put their emotional reactions into context (for instance, by letting them know that the risk is low, or by updating them on what is being done to bring the emergency under control).

Use phrases that legitimize emotions such as:

- "It's only natural for many people to feel..."
- "I have talked to a lot of people who feel..."
- "Even though I know all the statistical reasons why I shouldn't be too concerned, even I sometimes feel..."

Instead of trying to persuade the public not to be afraid, help people bear their fears. Acknowledge feelings of misery or grief and affirm that these are appropriate responses. Suggest actions the public can take to help others, which can help alleviate any feelings of misery.

Be Clear

If people are experiencing intense emotion, it will be harder for them to listen to and comprehend messages. Make it easier for them.

Strategies

- **Be specific.** When you tell people what to do, make sure that the instructions are precise and unambiguous.
- **Use plain language!** Reach as many people as possible, taking into account

those with lower levels of reading and science literacy and also those with higher levels of outrage. Stay clear of jargon, use familiar vocabulary and keep your sentence structure simple.

- **Repeat, repeat, repeat.** People might not hear you the first time, so repeat your messages and deliver them through multiple communication channels.
- **Use visuals.** Illustrations, pictograms, and infographics can make it easier to understand complex information, especially for lower literacy groups. Leave white space on the page—if the information looks too dense, it’s less accessible.

We discuss what makes messages work in the later section on Message Development. For more information on plain language, see plainlanguage.gov.

Offer a Choice of Actions

There’s no better antidote to helplessness than taking action. A choice of simple actions gives back a sense of control and makes the danger seem more manageable. It can also help keep people motivated to stay tuned to what is happening, so they can take action when directed to do so.

Offering actions that help others can help alleviate feelings of misery, guilt, or fear. For example:

- Give directions (such as where to go to get vaccinated, how to care for sick loved ones at home, or when to call a healthcare provider).
- Suggest actions people can take now to minimize their risk and what they can do to prepare if the situation should continue or worsen.

Accuracy and Timeliness

Situations Unfold in Twitter Time

On March 8, 2012, a family clinic run by Puget Sound Hospital (some names and links are changed in this example) in Seattle called the fire department to report an exposure to film developer chemical from an x-ray machine. Local residents reading their Twitter feed might have learned about it from the tweets listed below.

Note that the hospital in charge of the clinic tweeted nearly an hour after the first tweet. In the days when news releases and press conferences were the main forms of public communication, this event wouldn’t have registered as news. And in the not-so-distant past, an hour would have been a reasonable time to provide information to the public. But in the current age of social media and crowd-sourced information, an hour is more than ample time for misinformation and rumors to circulate.

Tweets












Puget Sound Hospital @pshospital

7m

1 staff member at PSFC dental was treated for exposure to film developer chemical. All patients and other staff are ok

Expand

	Puget Sound Hospital @pshospital Puget Sound Family Clinic is open but PSFC dental clinic is closed while Fire Dept. checks out xray machine leak Expand	11m
	Q13 Fox News @Q13FOX E Jackson hazmat: Chemicals mixed in an X-ray lab affected 4 workers; 1 hospitalized as a precaution http://kiro.tv Expand	17m
	Kiro 7 @KIRO7Seattle E Jackson hazmat: Chemicals mixed in an X-ray lab affected 4 workers; 1 hospitalized as a precaution http://kiro.tv  Retweeted by OCappy, bldzbeauty, LouBrze, Q13FOX Expand	20m
	jseattle @jseattle Probably see choppers but only 1 hurt per scanner RT @CDNews: HazMat responds to chemical spill at 21st and Jackson Expand	48m
	CentralDistrictNews @CDNews HazMat responds to chemical spill at 21st and Jackson  Retweeted by Squar1, bbtops Expand	51m
	Broadcast Coffee @BroadcastCoffee Oh leave it to a small chemical spill to kill business. :-) @CDNewshttp://pic.twitter.com/oBNC8DM2  Retweeted by TJSizzle Expand	52m

CentralDistrictNews @CDNews

53m

Big HazMat response has E Jackson tied up. Only 1 person sickened by spilled chemical at children's clinic but big response

Retweeted by Cfeap, timvr, bbtops

Expand

CentralDistrict KOMO @CentralDistKOMO

58m

RT@komonews: HazMat units dispatched to report of multiple sick patients at children's clinic on Jackson. Listen live: <http://bit.ly/KJt5T>

Retweeted by Cfeap, timvr, bbtops

Expand

Seattle Fire Dept @SeattleFire

62m

SFD HazMat Team responding to Puget Sound Clinic on East Jackson St. for multiple sick patients. PIO responding to scene

Retweeted by OCappy, bldzbeauty, LouBrze, Q13FOX

Expand

jKOMO News @komonews

66m

HazMat units dispatched to report of multiple sick patients at children's clinic on Jackson. Listen live: <http://bit.ly/KJt5T>

Retweeted by LouBrze

Expand

The Need for Speed

With Twitter and live video streaming from mobile phones, it's harder than ever to be out in front with information. But we should aim to be the first to provide public health information. Here's why:

- **If we don't fill the information void, someone else will.** There are plenty of bystanders, bloggers, self-proclaimed experts, and tweeters who are willing to dispense information. Credible sources need to reach the public before the information void is filled by rumors and speculation.

- **The public judges your ability to respond by how quickly you send out information.** A speedy response indicates that a system is in place, that you're prepared to handle the emergency, and that needed action is being taken.
- **The first message the public receives will define the issue.** All other messages will be weighed against what people heard first. If your message isn't out there early, you'll be playing catch-up—trying to correct misinformation instead of framing the issue.

Speed vs. Accuracy

In reality, being out in front with communications is easier said than done. Your communication needs to be quick, but it also needs to be right. If you release information that has not been double-checked and turns out to be inaccurate, you run the risk of misleading the public and undermining your credibility.

How can you balance timeliness and accuracy?

- **Engage your audience early with what you know and what you don't know.** Even if you can't say much, share what you do know as quickly as possible. For example, let the public know that you are aware of the situation and that your organization is working to get complete information. Then share what you don't know yet and what you're doing to find out.
- **Stress the tentative or uncertain nature of any preliminary information.** This approach keeps information in its proper context and prevents it from becoming etched in stone before it is fully and finally verified.
- **Indicate that you'll provide updates as new information becomes available.** Your audience will be more attentive to the evolving nature of the issue and attuned to the need for checking back with you.
- **Develop protocols for quick approval of messages in advance.** Determine who needs to sign off on the release of information and make sure that those authorities understand the need for speed. Develop templates for basic information that you can release immediately and get pre-approval.

"What Would You Do" questions ask you to consider how you would respond to the situation presented and give examples of what other health departments did in a similar situation. There are no right or wrong answers.



What Would You Do?

The national media is pursuing a story about a positive test for radiation in milk in your area. You find out about the testing and the upcoming news article from an elected official, calling you in alarm. As the public information officer for your agency, what would you do to be ready to provide information to the media and public?

- Find out who did the testing and what the results were.
- Stall the media until you have all the facts.
- Develop talking points stating what you do and don't know.

What They Did

When Kimberlee Papich, Public Information Officer at Spokane Regional Health District, found out that the national media were pursuing a story on the positive test for radiation in milk in her area, she and her colleagues worked with partners to piece together the situation. She had previously identified procedures for approving messages and her staff had been trained in risk communication message development. By the time that the EPA and FDA issued a joint statement to confirm the testing, Kim already had her talking points together, even without knowing all the details of the situation.

Watch the following video to find out more about her experience.

[Transcript] It really became about focusing on the things we did know. We were concerned that if we did get a call from any national media, we knew it wouldn't be appropriate to say "no comment." We needed to succinctly state what we did know and what our plan was for giving more information as it became available. We knew that our governor was going to be the lead agency in issuing a press release in response to the EPA statement, but they were up against the same wall as us in terms of a highly scientific statement and trying to help translate that to the public.

Before the governor could even issue her release, I received the first call from the Associated Press asking if we were aware of the EPA's statement and what it meant. Our food safety program and the experts that we'd consulted with felt good at that point saying that the amount of radiation found was too small to be a public health threat and that no precautionary action was necessary. I was able to state those two things to the AP reporter. But you know you can just sense when a journalist is on deadline, trying to be the first to the wire. So I didn't have a chance to say anything else, which is good because I didn't have a whole lot more to say! But I just let him know we were working on it, it was early in the process, and we would certainly plan on open lines of communication with partner agencies and with the public.

Internationally, we were on the map as the first location to confirm that there had been increased monitoring for radiation. There's a lot of fear in that for the public, just knowing that there's increased monitoring going on. I think the natural conclusion is "well, there must be something to be worried about."

If that reporter had called and if I had a moment of panic, if I had said, "We're not quite sure what these results mean," or "We think it's safe to drink the milk," if I had indicated at all that I was caught by surprise, I think that could've been a whole different outcome on an international scale, which just floors me.

My risk communication training kicked in. I was on auto pilot. At that point, we had our risk communication plan in place and I was able to easily access some templates and some preliminary strategies for first steps to take. And so we were able to put together those key messages and share them with partner agencies and solicit feedback from them. And even though we started with just two key points, each time we were able to add a few more bullet points as agencies responded.

I was really pleased with the level of collaboration we had with those messaging points even when we didn't have all the information. We all had a few things we felt okay saying, and that gave me confidence when that reporter called. Just following the basic principles of risk communication, and knowing that my messages would need to instill trust in our agency, and assuage those fears, and let people know that there are multiple agencies that are all saying the same thing.

Trust and Credibility

The greatest assets you can have as a communicator are credibility and the public's trust. When there are an infinite number of information sources—and many with questionable or competing information—people will turn to those sources that are considered the most trustworthy and credible.

Many people perceive public health professionals as highly credible and trustworthy. In fact, when asked who they would trust most as a reliable source of information in the event of a bioterrorism event, respondents named local health departments, local physicians, and hospitals as the most trustworthy.

But some audiences have less trust in public health entities, the medical profession, and the government because they have experienced discrimination, exploitation, or poor treatment, either personally or historically.

Show Empathy

Perceptions of empathy are most influential in assessment of trustworthiness and credibility, and your audience will decide this in the first ten to thirty seconds. Until they know that you understand how they feel, your messages may not hold any weight.

How do you show empathy? Acknowledge in words what people are feeling and name the emotion:

- “We understand that this is a frightening situation.”
- “I understand the anxiety you might feel right now. It's a new situation for us all.”

It's not enough to express that you are thinking about people or that your heart goes out to them. That keeps the focus on you. Instead, direct attention to those who are feeling the consequences of the situation. You will have more credibility when you show that you get what those people are going through. The higher the level of emotion or distrust, the more important it will be to establish credibility with your audience by showing empathy.

Acknowledge Uncertainty

Imagine that you are the public health spokesperson during the early stages of an outbreak of *E. coli* O157:H7, a serious bacterial infection. A reporter asks you to identify the source of the outbreak. Your department has good reason to believe that one restaurant is the source, but laboratory tests have not yet confirmed this. Take your **best** guess: Which of the following is the best response you can give?

- A. “The department has no comment at this time.”
- B. “I don't know.”

- C. “I don’t know the answer at this time because we are waiting for lab results. When we get those results, we’ll let you know.”
- D. “We want the public to rest assured that we have identified the source. However, we feel that it wouldn’t be prudent to release that information at this time.”

The best answer is C. Saying “I don’t know” is an acceptable response and can build credibility, especially if you **give a reason why you don’t know**.

During crisis events, the media ask us to explain situations that we may not fully understand and to judge how serious risks are when we haven’t made that determination yet. We want to be right, but if we wait for all information to come to light, we risk less credible sources beating us to the punch.

If information is neither known nor available, the best thing to do is to be honest and open about it. It’s acceptable to acknowledge that you don’t have all the information, particularly if you:

- Explain *why* you don’t have all of the information.
- Tell the public what you will do to find out and when you will have the information, if possible.
- Provide as much information as possible to help audiences understand that uncertainty is part of the process and that the answers available now may not be the final answers.

What Decreases Trust?

Take your best guess: Imagine that you are the public health spokesperson for a chemical spill in your city. Which of the following statements would **decrease** the public’s trust in you and your department?

- A. “The situation is evolving and we do not yet have all of the information available.”
- B. “What we can confirm is that there was a chemical spill outside of X industries. Area hazmat teams are working to conclusively identify the chemical.”
- C. “We have no comment at this time.”

The correct answer is C. Saying, “No comment,” may look like you are unwilling to share information. Other factors that can damage trust include:

- **Disagreements** among experts
- **Lack of coordination** among risk management organizations
- **Insensitivity** by risk management authorities to the need for effective listening, dialogue, and public participation
- **Unwillingness to acknowledge risks** or share information in a timely manner
- **Insensitivity to the cultural and access needs** of all communities

How Else Can You Build Trust and Credibility?

Strategies

- **Have an early presence** so that the public knows you are aware of the emer-

gency and that there is a system in place to respond. This will increase perceptions of competence.

- **Be candid about the risks.** This will demonstrate your honesty and candor. Candor lets people know they are being “leveled with” instead of “handled.”
- **Use support from credible third-party sources.** You might not be the best messenger. Plan to convey messages through trusted sources and include trusted third-party voices in support of your key messages.
- **Stay consistent.** Develop protocols for making sure all your partners are on the same page.

Don't Over Reassure

Although it is important to address the public's fears and squelch unfounded rumors, it is also important not to offer too much reassurance when some amount of concern is warranted. Too much reassurance can backfire if people perceive that you are not taking their concerns seriously or not telling them the truth. The goal isn't to give people a false sense of security—it's to help them make decisions about their well-being.

During an emergency, people need to be concerned and vigilant, so they need a realistic understanding of the situation. Erring on the side of caution may have fewer hazards in the long run. The public is more likely to tolerate any amendments to early estimates of damage or victims if the numbers go down rather than up.

To illustrate, suppose you have to correct your earlier projections. Would you rather say that the damage is “less serious than we thought” or “more serious than we thought?”

Stay Consistent

Imagine that you've seen a spokesperson on the TV news from the city's utility department instructing people in the area to boil their water due to damaged sewer lines. You check the health department's website, but it says that your neighborhood is not in the affected area, so you don't need to boil your water. So you call the phone number for the health department to figure out what's going on. The front desk receptionist says she hasn't heard anything about a boil water order.

When people get conflicting information about what to do, it's not only confusing but may also lead to many people getting angry. If they cannot decide who is giving the right information, they may decide that none of the sources are credible. It's absolutely necessary that you are dispensing the same information as your partners at the national, state, and local levels. Create systems for communicating with each other, such as frequent conference calls or email distribution lists. Make sure that the people who answer the phones receive the same messages as your spokespeople.

Keep Them Coming Back to You

Imagine that you've done your risk communication well at the outset of a disaster. You've communicated quickly and established your credibility. But your job is far from over. The public expects a continuous flow of information, providing plenty of opportunity for less credible sources to fill the information vacuum.

Keep feeding information on a frequent basis to make sure your messages aren't

drowned out, to demonstrate that you are following the situation, and to give the public a reason to come back to you as a credible source. Even if there is not much new information available, find useful background information or fresh ways to repackage existing information. Can you provide new angles, interesting historical precedents, or new third-party sources?

As an example, in March of 2011, coverage of the Tohoku earthquake and subsequent Fukushima nuclear disaster in Japan was all over the news. While the event did not pose a health risk to the Pacific Northwest, there were high levels of concern. As images of new explosions at the Fukushima nuclear power plant unfolded on TV and the web, the demand grew for new information about the health risk. Although there was very little new information to report, King County, Washington, established a blog devoted to information about the situation and posted to it several times a day.

This excerpt from the Public Health - Seattle & King County blog is designed to communicate effectively with the public.

Response to the Crisis in Japan **1**

The earthquake and tsunami have caused unprecedented devastation to our neighbors across the Pacific. Our thoughts remain with the Japanese people, and we have also been monitoring the unfolding events at the Japanese nuclear reactors.

Experts at the Nuclear Regulatory Commission and the Washington Department of Health do not expect significant levels of radiation...

Learn more in our [FAQ](#), updates here and [on Twitter](#).

Update: 10 a.m., March 28

Your first move when the earth shakes: Drop, Cover, and Hold

With images of Japan's devastating earthquake fresh in our minds, so is another round of Internet misinformation about what should be your first move during an earthquake. The King County Office of Emergency Management wants you to know that "Drop, Cover, and Hold" is the best method to protect yourself during an earthquake, especially in our own quake-prone region...

Update: March 23

Questions and answers about radiation in Japan and food safety

Does the situation with the nuclear reactors in Japan pose a risk to food in the United States?

No. The U.S. Food and Drug Administration (FDA) states that there is no risk to the food supply in the U.S...

Additional radiation information

- Questions?
- 1-800-222-1222
- [King County FAQs](#)
- [Washington State Department of Health](#)
- [Washington DOH FAQs](#)
- [Hazards and disasters](#)

1. Relevant resources keep people checking this page and establishes it as a useful and credible source of information.

2. Empathy for the survivors and victims of the disaster lead the information. This opening paragraph remained static on the page.

3. Time stamps lets the public know that you are updating frequently and keeping up on the latest news. During the peak of public concern, this blog was updated at least twice a day.

4. When no new information was available, additional background information, content drawn from other credible blogs, and relevant safety information was posted.

5. New information from partner organizations was posted as it became available. This also showed that the health department was tracking new developments.

Case Study: E. Coli

“What Would You Do” questions ask you to consider how you would respond to the situation presented and give examples of what other health departments did in a similar situation. There are no right or wrong answers.



What Would You Do?

You’re the state epidemiologist for infectious diseases. More than forty children in county X contracted what appears to be E. coli O157. When the state health department announces to the press that there is an E. coli outbreak and that the source is a famous restaurant chain, media interest skyrockets. The public information officer for the state health department asks you to continue fielding questions from reporters, but lab tests aren’t telling you anything new.

- You work in a lab. You tell the public information officer that you don’t have time—isn’t that his job, anyway?
- Keep repeating the same information that was given by the public information officer on the first day.
- Work with the public information officer to come up with additional background on E. coli to share with reporters.
- Make sure you only share lab result data.

What They Did

In January 1993, the Washington State Health Department investigated a suspected E. coli O157 H7, which made more than forty children in the Puget Sound region ill. Initially, the press paid little attention. But when the department announced to the press that it was dealing with an E. coli outbreak—and that the source of the outbreak was the restaurant chain Jack in the Box—the media interest skyrocketed. This case involved a potentially fatal disease, children, and a national restaurant chain. Suddenly, the department was dealing with a national news story.

John Kobayashi, then the State Epidemiologist for Infectious Diseases, found that his time was consumed with responding to the press during the week following the announcement. In this video, Dr. Kobayashi describes his experience with crisis emergency risk communication.

[Transcript] At the end of the week I was pretty tired because we made the public announcement, as I recall it was on the beginning of the week, about Jack in the Box being related to the outbreak, and that the food was being quarantined, and so on, and so on. It was really, really big news at that time. And so we were very, very busy that week investigating the outbreak and also responding to media questions.

So I was ready to have a rest at the end of that week. But my public affairs officer, Dean Owen, talked to me and he said, “Don’t stop talking to the media. And it’s really important to continue your message.” And I didn’t really understand that because I thought we had said everything we were going to say. And we were waiting for culture results and the data to be finalized and so on.

And he said, “No, you need to keep talking to the media. This is a very big issue. It’s a national story and people need more information, even if it’s the same information.” And he said that if I stop talking to the media, then the media would be looking for other people to talk to and that information might not be as up-to-date and accurate as it ought to be.

And as chance would have happened, we were dealing with another problem by that weekend. There were about 60 children who had the infection and these children had been in day care centers. And E. coli 0157 can be transmitted in many ways, one of which is through contaminated food, but also it can be passed from person to person very easily, especially in situations like day care centers. So that became a big concern of ours.

So that weekend I had about four interviews with the media talking about the importance of hand washing all of the time, but especially when you’re ill with something, especially when your ill with something like E. coli 0157. So I talked about hand washing, hand washing, hand washing during that weekend to the media. And that was actually a very good thing. There were three children who died of E. coli 0157 in that outbreak. And actually, two of the children who died were not direct consumers of the hamburgers. They were contacts of people who had consumed the hamburgers. So secondary transmission was very important.

So that message was carried through the weekend. And although “secondary transmission” is more an epidemiological term, it became a household word in Washington state. And everybody knew what it was.

And I am convinced to this day that we probably reduced the number of secondary cases because of the messaging we did that weekend.

Summary

This section covered strategies for successfully communicating with audiences experiencing intense emotions. Get past the outrage by:

- Acknowledging people’s emotions
- Being clear in your messages
- Listing specific actions that the public can do

Get information out to the public as early as possible, even if it is just to say that you are investigating the situation and will provide updates, will help deflect rumors and misinformation. Balance speed with accuracy by acknowledging what you don’t know, stressing the tentative nature of information in your early messages, and developing message approval protocols in advance.

Build trust and credibility by:

- Showing your humanity
- Not over reassuring
- Being candid
- Keeping your messages consistent



Planning

Imagine you turned on the TV, and this is what you saw:

This is Jane Smith with Channel 3 News. The earthquake that rocked the region earlier today had a magnitude of 6.7 on the Richter scale, according the USGS. Major highways, bridges, and buildings appear to have sustained severe damage. Aftershocks continue to hit, causing additional damage and injuries. We do not yet know how many people have been injured or died.

Imagine that this crisis is unfolding in your area *right now*. Now imagine that your phone is ringing non-stop from all the reporters seeking more information. Twitter and Facebook newsfeeds are full of speculation about what's happening. You're still trying to sort out what has just happened—and you're coping with your own emotional reaction to this event. At this moment, do you and your organization know:

- Who is in charge of the communication effort?
- Who your expert spokespeople are?
- What your key messages should be and how you will get word out to the public?
- What procedures are necessary to verify and clear information before it's made public?
- What your first steps should be in communicating with the public?

The moment of crisis is not a good time to figure out the answers to these questions. But if you've prepared ahead of time, you'll be able to respond quickly to reporters and the public in the early hours of the crisis event. The preparation done prior to any crisis is a priceless investment in successful communication when a crisis hits.

ERC Plans

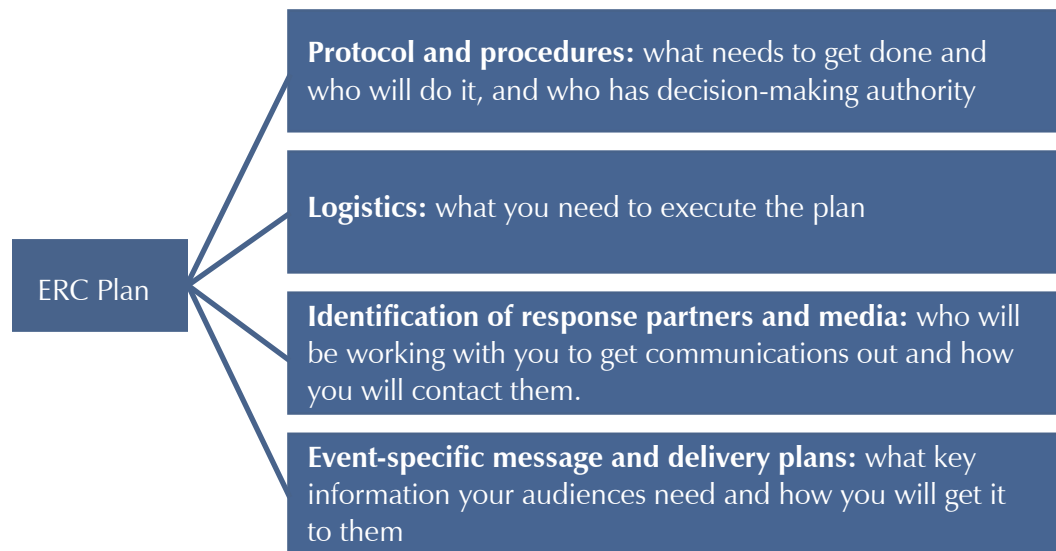
Think back to the video of the unfolding crisis. In the face of such an event, the public needs an immediate response from public health. But what if that response is significantly delayed because the agency:

- Doesn't know who should speak to the media
- Isn't sure what information is cleared for release
- Doesn't have fact sheets ready to go
- Can't provide social media updates or issue a press release because the internet service went down

You can prevent this worst-case scenario if you have an Emergency Risk Communication plan in place. It serves as an immediate guide to all the tools, information, resources, and personnel you will need to communicate effectively during a crisis.

What's in an ERC plan?

By referring to your ERC plan, you and your team will immediately know:



Once you've made your ERC plan, don't just file it away until a crisis hits. Continually update your plan and use it whenever you have emergency preparation drills or practice.

Protocols and Procedures

During a crisis, what needs to get done, who will do it, and who is in charge? To answer these questions, you should include the following information in the protocol and procedures part of your ERC plan.

Staff responsibilities

List ERC staff and describe each **staff** member's designated **responsibilities**. A staffing worksheet can help you determine what your staffing needs may be. During a crisis, the worksheet also specifies the chain of command and decision-making and quickly provides contact information for all internal and external team members.

Procedures

Determine procedures for the immediate response. These procedures should outline the steps to take when a crisis hits, such as:

- How to verify information
- Who has authority to release information
- How to notify emergency response partners
- How to develop and release messages to the media and public

Logistics

Consider what resources you will need to run a 24-hour emergency public information operation in terms of space, equipment, and support services.

Logistical considerations include:

- Where would you hold a media briefing? Is it easily accessible? Is the room large enough? How good is the sound quality?
- Do you have sufficient power on site to meet the needs of the media?
- What equipment will you need (computers, wi-fi, printers, mobile phones, office supplies, etc.)?
- Will you have access to equipment 24/7 if needed?
- Is back-up equipment available if needed (especially mobile phone chargers, printers, computers)?

Build Relationships in Advance

When more voices are repeating the same, consistent messages, those messages are much more likely to reach bigger and broader audiences. In situations that are urgent and full of uncertainty, people will need to confirm information with other sources before they are ready to take action. For example, in Vancouver, Washington, after a local newspaper article about whooping cough came out, parents and elderly people flooded one pharmacist with phone calls for more information. She had to reach out to the health department to find out information about the outbreak so she could answer people's questions.

Information also flows more rapidly when it is distributed along a network of communicators rather than coming from just one source. And when you work with multiple partners, you can better reach some populations that have barriers in their access to information, such as those who speak limited English, people who are more socially isolated, and groups that have less trust in official sources.

To have densely populated communication networks, you'll need to build relationships in advance of any crisis. Find out who in your community serves which roles, develop a list of their contact information (including after-hours), and include them when distributing information. Better yet, develop plans with partners on how you will coordinate your messages and share information during a crisis.

For ideas on who to partner with at local, state, and federal levels, see the Potential Partners document.

Media Contacts

A media contact list is essential for a fast communications response. This list should include contact information for regional and local print, television, online, and radio news outlets (including e-mail addresses, social media presences, fax numbers, and after-hours news desks). Include ethnic and community media, such as Spanish-language radio stations and ethnic community newspapers, cable access channels, and blogs. Whenever possible, keep track of contact information for specific reporters. Frequently update the information and check to make sure that the list is accurate.

Audience Research

No one communication method will reach everyone. To be successful in your communications, you need to know how your audiences get their information, who they trust, and how your messages fit into what they already believe and know.

Don't rely on guesswork. Instead, make risk communication an interactive process

by conducting audience research prior to any emergency event. Continue to check in with members of your target audiences during and after an event so you can evaluate the effectiveness of your communications. Use surveys, focus groups, or interviews with members of your target audiences. Even if you don't have many resources, just getting on the phone with a contact in a community organization can tell you something about that community's communication needs.

Audience research can help you:

- **Identify the most effective communication** channels for particular groups. Do they get information from the Internet, the TV, their neighbors, their religious leader?
- **Determine who target audiences consider trustworthy** sources and credible spokespeople.
- **Discover how target audiences perceive risks, what they already know about hazards, and what information gaps exist.** This can also help you determine which audiences are most critical to reach during different kinds of crises.
- **Uncover barriers to communication**, such as lack of internet access, lower levels of reading and health literacy, limited English proficiency, and other difficulties accessing information.
- **Pre-test messages** with members of the target audience to see how people respond to them and how appropriate, accessible, and effective the messages are. Do people understand the key points? Will they pay attention to them? Are they culturally appropriate?

Again, advance preparation can make the difference between whether your key messages actually reach people or get lost amidst all the other noise during a crisis.

For more information about audience research, check out the [CDCynergy communications planning tool](#).

Plan for Messages

Once you know whom you need to reach, decide what you would like them to know, feel, or do. What key messages do you want to communicate? Having a clear idea of your key messages before a crisis scenario occurs means that you can get out the door quickly with targeted communications to protect the public and ease their concerns.

The Message Development section of this course contains an overview that discusses how to pinpoint your messages and provides tips for message delivery. The [First Message template](#) is a guide for immediate communications after the onset of an emergency.

Be ready to distribute information during specific crisis events. As much as possible, draft fact sheets, question and answer sheets, talking points, and other supplementary materials ahead of time.

Many of the questions that reporters ask can be anticipated. Complete the [Anticipated Q&A](#) worksheet to help you prepare for questions the media and the public may ask you.

For a more comprehensive list of common questions asked by the media, see the list developed by [Dr. Vincent Covello](#).

Examples of target audiences: parents of school-aged children, Spanish-speaking immigrants, pregnant women, individuals dependent on dialysis, policy makers.

Communication Channels

Now think about how you will get your key messages to your target audience. Think about what communication channels each target audience uses and where they get their information. Also consider the characteristics of the communication channel:

- How much detailed information can it convey?
- How many people can it reach at once?
- How easily can people access the information via this channel?
- Which channel do you think would work best to express the tone of your key message?

“What Would You Do” questions ask you to consider how you would respond to the situation presented and give examples of what other health departments did in a similar situation. There are no right or wrong answers.



What Would You Do?

A winter storm with record-setting wind speeds knocks out electrical power to over a million residents in your county. As people remain without power, hospitals report unprecedented numbers of patients with carbon monoxide (CO) poisoning, a few of whom have died from the poisoning. As a public health worker, how would you inform people about the dangers of CO poisoning, especially immigrant groups?

- In targeted neighborhoods, hand out fact sheets written in several languages
- Put warnings on your health department’s web site
- Take out an ad in a local newspaper

What They Did

In December 2006, a storm with record-setting wind speeds knocked out electrical power to 1.5 million residents in King County, Washington. As the power outages wore on, local hospitals saw an unprecedented number of patients with carbon monoxide (CO) poisoning, and eight people died from the poisoning. Nearly all of those affected were from immigrant groups who had come from warm climates where homes had open ventilation, and they were bringing their charcoal grills indoors for heat and cooking.

In this conversation, Robin Pfohman of Public Health - Seattle & King County and Mohamed Ali explain how the health department has improved communication to immigrant groups by working more closely with members of the community.

Robin: *The 2006 wind storm taught us that we needed to develop better relationships with particularly the refugee and immigrant community, but also all community-based organizations. And so we developed a community communication network that established connections to the community organizations and the refugee and immigrant groups. It includes email contact information, after-hour emergency contact information as well as telephone information, so that we have easy access to many key organizations. And we have also developed more in-depth relationships with particular refugee or immigrant groups.*

The Somali community, as you well know, is one of those groups. And I think that's what, that partnership—that relationship, helped inform what happened during the snow storm of 2012, and the robocalls that you were able to do in your community. Can you talk a little bit about that Mohamed?

Mohamed: *So yeah, so that response was really well done. And it was, luckily, it was not planned. It was not a resource that we desired, or that we had. But, since I knew 2006 what happened, and I was also really concerned about those kinds of disparity whether it is in response in disasters or in health in general. But, 2012, when I got those emails that you sent out and I got, especially when you called me about that possibility of tonight the storm might hit in this area. So I really took it seriously and I went to the Abu-Bakr mosque. I knew there was a big congregation there and I wanted to convince them to pass that information to the people who attended that prayer. And then eventually we decided to put, to craft, a message using the template of the public health including my personal information there, so people have that kind of immediate person to call when that thing takes place. There's a system they do have. People call in to find out the prayer times or what's going on when the event starts coming up.*

Robin: *Did you know that that mechanism, that robocall mechanism, existed? Were you already thinking that that's what you wanted to do to get the word out?*

Mohamed: *I knew that it existed, but I didn't know that I will, because I never knew that they will allow me to use that service because they do it for religious purpose. And now I'm trying to say something that is kind of a little contradicting to their beliefs.*

Robin: *Right, a forecast.*

Mohamed: *Because a forecast, I'm trying to forecast something, and I believe there's a chance of it happening. But at the same time, when it comes to that, people who have no clue what you are talking about, in terms of prevention, about something that's not going to happen. So then, yeah, my main challenge was to convince them. But I was using the 2006 what happened, those in the incident, the carbon monoxide poisoning, and then the impact it had in our community. And also I was using other disparities that exist, to bring them to their attention.*

Robin: *Do you think that that message saved people's lives in the Somali community?*

Mohamed: *It did really. It did, it worked out. I don't want to say, and I can't say because of this kind of different culture, the way we reason is you can't even claim that you saved someone, but in terms of comparing the data, so if we have zero incidents in this time, really we did some good work.*

Community members affected by the snow called the mosque, which rented two four-wheel-drive vehicles and transported people to family and friends who did have power. The mosque also sheltered several families, bringing in food from a local Somali restaurant. This event strengthened the relationship between

Public Health - Seattle & King County and broadened the Somali community's thinking about what their role was in an emergency.

Plan for Hard-to-Reach Populations

Ensure that you have the ability to reach everyone in your community. Members of some groups face barriers to receiving information, so plan how you will reach them.

These groups may include:

- Limited English or non-English proficient groups
- Homeless
- Blind, deaf, deaf-blind, and hard of hearing
- Immigrants and refugees
- Mentally ill
- Homebound or medically fragile
- Groups who have experienced institutional or historical discrimination
- Low-income individuals with less access to communication technologies

Consider how you can facilitate access to information:

- **Provide information in appropriate languages:** Translate written materials as much as possible, with checks for accuracy and cultural relevance by members of the community. Consider whether in-person communications are more appropriate.
- **Find trusted sources:** Community-based organizations, faith-based leaders, ethnic media, or human service providers may be trusted more by certain communities, allowing them to better reach specific populations.
- **Identify appropriate communication technologies:** Some groups do not generally use online resources, so flyers, call centers, or in-person channels may work better. Others may benefit from new technologies, such as texting or social media.

Consider the following channels to reach hard-to-reach populations in your community. Better yet, contact members of different community groups to determine how people in those communities prefer to receive information.

- Phone hotlines
- TTY services
- Email to human service providers and community organizations
- Fact sheets
- Ethnic and community media
- Social media
- Flyers
- News release
- Community meetings
- Conference calls with community partners
- Website
- Text messages

For a detailed list of communication channels for each group, see the [Possible Channels for Specific Populations](#) resource. For more information on incorporating vulnerable populations into your ERC plan, see the resource [Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies: A Toolkit](#).

Spokespeople

As you plan for each scenario, think about who would be a good spokesperson in each situation. This person becomes the “face” of the organization to the public and the media, so you need someone who reflects the best qualities of your organization.

Take your **best** guess: The best spokesperson during a public health crisis is:

- A. The public health director or a person high up in the organization
- B. Someone who can show empathy, stay organized, and speak clearly
- C. Someone who has experience speaking to the news media

The best answer is B. All of these are good qualifications, but the **best spokesperson** is someone who can show empathy, stay organized, and speak clearly. Other good traits include:

- Staying organized and “on message” when dealing with the media
- Understanding the audience and being able to translate technical information so that it is easily understood
- Being knowledgeable and credible about the event and the facts to date
- Communicating with clarity, sensitivity, humility, and poise
- Working well under pressure

Training Spokespeople

Plan on training spokespersons prior to any crisis so that they:

- Have a working knowledge about possible crisis scenarios
- Are familiar with principles of risk communication and media relations

Set up practice media interviews and public meetings so that the spokespersons are prepared to handle emotionally charged situations, difficult questions, and pressure for information.

When a crisis hits, make sure that your spokespersons and content experts agree upon consistent messages before facing the press. Set some parameters about how everyone will handle speculative and inconclusive information so that no one will be led to give misleading statements or erroneous risk comparisons.

Provide your spokespersons with this handy [pocket guide](#), which was developed by the CDC and contains tips and reminders for effective crisis and emergency risk communication.

Summary

Make sure that your communications team can spring into action if a public health crisis hits by preparing a plan that includes:

- A list of ERC staff with descriptions of each staff member’s designated responsibilities

- Procedures outlining the steps to take during the immediate response
- Logistical considerations in terms of space, equipment, and support services needed
- Planning and contact information for communication partners
- A list of media contacts

Plans for specific emergency scenarios, including identification of target audiences and appropriate communication channels, development of preliminary messages, drafts of communication materials, and lists of potential spokespeople

Templates and tools that can help you with planning are available in the Toolkit section of the Resources (see link in upper right corner).

Message Development

In the midst of the chaos and heightened emotions of a public health emergency, people need clear and accurate information about what is going on, how problems are being addressed, and what they need to do. At the same time, the stress of the situation may make it difficult for individuals to hear, understand, and remember information. Competing information sources, contradictory information, rumors, and hearsay all add to the confusion.

The best way to overcome these barriers and make your communications rise above the chaos is to develop simple, clear messages that are relevant to the target audience, and then *stick to them*.

Goals of Key Messages

Address public concerns

What are the most pressing issues for your audiences? It's easy to lose sight of what the public wants to know most when you're focused on what you want to say. For example, will the public care about what process you're using to inspect food for foodborne illness if you haven't told them whether the food is safe to eat? Address the public's concerns first by providing clear and accurate information. However, don't give false assurances. Be candid and honest about the situation.

Give guidance on what to do and why

Provide specific instructions on what people should do and under what circumstances they should do it.

Examples:

"Prevent poisoning from carbon monoxide: Only use a generator outdoors and far from open windows and vents."

"If flood or storm water has entered your home, dry it out as soon as possible to minimize structural damage and mold growth. Follow these steps..."

People are more likely to heed your guidance if you explain why it's necessary or what the consequences will be. It seems like common sense, but we often overlook providing the reason for taking an action.

For example, during the H1N1 flu pandemic in 2009, Public Health – Seattle & King County found that people were more willing to keep their sick children home when they were given a compelling reason why it was important.

Build Trust

Messages build trust when they acknowledge how people are feeling, show candor, demonstrate a commitment to provide updates, and are consistent with messages from other trusted sources. For more information about trust and credibility, review the Fundamentals section.

What Makes Messages Work?

Effective key messages are:

Clear

When people are feeling intense emotions, they need information that they can digest with minimal effort. Make it easier for them with messages they can understand quickly:

- Use plain language, with straightforward sentence structure and familiar vocabulary.
- Write in a conversational style, as if you were speaking. Use an active voice and personal pronouns, such as “we” and “you.”

For more information about how to be clear, see the Fundamentals section.

Accurate

Verify the information to make sure there are no errors. For example, if you include a phone number, call that number to make sure it’s correct.

Specific

Focus your messages so that they are precise and non-ambiguous. Cut to the chase and only give relevant information.

Customized to the target audience

Craft messages that are relevant, culturally appropriate, and responsive to the information needs of the audiences you need to reach. Learn more about using audience research to customize your messages in the Planning section of this training.

Use the [Message Planning worksheet](#) to help you develop key messages for an anticipated crisis event. Then evaluate your messages using the [Effective Message Checklist](#).

Pitfalls

When developing a message, you should avoid the following elements:

- **Condescending or judgmental phrases.**
- **Attacks.** Avoid attacks against individuals and organizations—stay focused on issues.
- **Promises/guarantees.** Avoid making claims that you might not be able to keep.
- **Speculation that could be mistaken for fact.**
- **Discussion of funding.** Don’t give the appearance that financial considerations outweigh concerns for public health and safety.
- **Humor.** Avoid humor because the public may believe you don’t take the situation seriously or that you don’t care about their safety and health. Or, they may

get the impression that the risk is not serious. Or, they may be offended that you can joke about a serious concern.

This media interview demonstrates several pitfalls:

- Reporter: Can you tell me about the health concerns following an earthquake of this magnitude? What should people be doing to protect themselves?
- Health official: Well, I guess we're all pretty well "shaken up." But seriously, there are real hazards to our health. First of all, we need to be prepared for aftershocks. There is a lot of debris that can fall on you. You'd think people would know better than to run outside during an aftershock, but it's surprising how many people do, and then they get hurt by falling objects. Also, the drinking water in some areas has been contaminated due to breaks in the sewer lines. If you are in these areas, drink bottled water or follow instructions for boiling your water.
- Reporter: What is the health department doing about that?
- Health official: It's hard to do much until the state emergency funds are available. But when that happens, we will be able to distribute bottled water to affected areas.

1. This attempted joke may give people the impression that you're not taking the situation seriously.
2. The tone of condescension gives the impression that you are not understanding or sympathetic of people's plight.
3. It's better to leave out the discussion of available funding and emphasize that plans are underway.

Communicating Complexity

Messages dealing with scientific information need to be relevant and comprehensible to the general public. That doesn't mean that the content needs to be "dumbed down"—it just needs to be easily understood. And it needs to be accessible. As soon as people see unfamiliar jargon, acronyms, or data, they may dismiss the message altogether in favor of something that takes less effort to get through.

Plain Language Strategies

- **Choose common, everyday words. Avoid acronyms and jargon.** Example: Which do you think people will understand better, "excessive heat event" or "very hot weather"?
- **Make sure scientific information is relevant** to the audience. One way to check is to consider whether it answers the questions "Am I safe?" and "Will it hurt me?"
- **Keep sentences simple and short.** Avoid complicated clauses.
- **Use an active voice** and make people the subject of the sentence. Example: "Indication of illness includes coughing and chest pain," could be changed to "If you become sick, you may cough or feel chest pain."

Exercise: Plain Language

Imagine that you need to communicate to the general public about a pertussis outbreak. You request information about the disease from a co-worker and she hands you the information below. Prepare a fact sheet by rephrasing each statement in plain language. Rephrase each statement below (the italics show how one expert rewrote the statements).

1. Pertussis, a respiratory illness commonly known as whooping cough, is a highly contagious disease caused by a type of bacteria called *Bordetella pertussis*.
"Whooping cough" (pertussis) is a disease that spreads very easily and can affect your body's breathing. A bacteria causes the disease.

2. Indication of pertussis onset includes cold-like symptoms or a dry cough followed by episodes of severe coughing. Gagging or vomiting may occur after severe coughing spells.

Whooping cough might start like the common cold, with a stuffy nose, sneezing, and maybe a mild cough. The coughing may become more severe. If you have whooping cough, you may cough so hard that you gag or vomit.

3. Early in the disease, an antibiotic active against pertussis can help decrease transmission to others.

Antibiotics can treat whooping cough and prevent the spread of disease to others, especially if you take it soon after the illness starts.

4. Persons treated with antibiotics are no longer contagious after the first five days of appropriate antibiotic treatment have been completed.

You aren't contagious with whooping cough after you've taken antibiotics for five days.

Pretest Messages

If possible, test your messages with members of your target audience to determine whether the messages achieve your communication objectives. You can do this by incorporating the messages into preliminary drafts of materials (such as fact sheets or flyers) and distributing them to members of your target audience for feedback.

Pretest questions to ask target audience members:

- Which of these messages gives you the most important new information? (This question explores whether your message is attention-getting and helpful.)
- What is this message trying to say? (This question explores whether the message is understandable.)
- Do you feel these messages are meant for you or for someone else? What about them makes them relevant/irrelevant to you?
- Will this message motivate you to take action?

Messaging in 140 Characters: Social Media in Emergencies

In a crisis, social media can help you spread your messages quickly, keep up with the concerns of your public, monitor and correct rumors, and get the latest news as it happens.

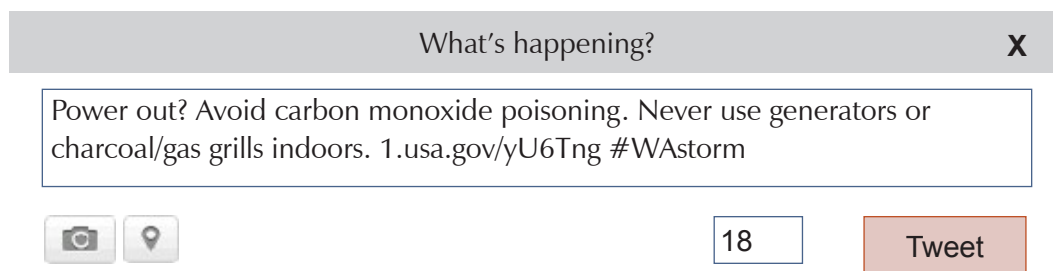
During crisis situations, people will turn to social media for new information. Use this to your advantage by posting to Facebook, Twitter, blogs and other social media frequently, at least three times day. As with other types of messaging, verify the information in your social media posts before release.

- **Brevity is essential.** When you only have 140 characters on Twitter, concise messaging is your only option. Try to keep your message even shorter—about 125–130 characters in a “tweet”—so that it makes it easier for others to re-tweet. Though you have more room on Facebook posts, still try to be brief so that subscribers can see the whole post in their news feeds (especially if they are viewing the posts on their smart phone).
- **Provide links.** In every post, include a link to more information from your

organization or your partner organizations. Use “@ mentions” (by putting the @ symbol in front of a partner’s Facebook or Twitter account name) to connect with partner organizations in your post.

- **Make your posts easy to find.** Tag your information with keywords (such as on a blog or on Flickr) to help people find your information. On Twitter, use hashtags (a keyword with a # in front of it) to allow people to search for your topic or event. Monitor what others are using as hashtags to describe the issue or event, and use the same ones.

Example



- **Re-post credible information.** Watch your social media feeds for information from partners and other trustworthy sources and share it with your subscribers.
- **Be ready for interaction.** Social media allows for two-way communication. Be responsive to questions, requests, and even criticism. When you respond to one user, you are also providing information to all your other subscribers, which can help with rumor control and dissemination of correct information. But do keep in mind that your responses are publicly visible, so refrain from online arguments or appearing defensive.

Check out CDC’s [social media guidelines](#) for more information.

Summary

To get your messages across amid the chaos and heightened emotions during a crisis, you should develop simple, clear messages tailored to the audience you want to reach. Effective messages:

- Give specific guidance
- Acknowledge how people feel
- Avoid condescension, promises, and attacks

When communicating complex information use:

- Plain language
- Consistent terminology
- Familiar frames of reference

Pretesting your messages will help you make sure your messages resonate with your audience.

Media Relations

Who are the media?

Media no longer just applies to professionally trained TV, radio, and newspaper

journalists. People from all walks of life are in the mix, “reporting” from blogs, Twitter feeds, and YouTube accounts. Some bloggers and social media personalities are important opinion leaders—and a few are also good journalists—so we need to think broadly about media outreach. At the same time, professional journalists often still set the agenda for public conversation, so they are the most critical to engage.

The media are your partners

The media form a vital link between you and the public. They are usually the first to alert the public to emergencies, and they keep people connected to the latest developments. Think of the media as your partner in keeping the public up-to-date and informed about health issues and risks. As a public health emergency unfolds, your job is to help the media get your messages out.

Competitive News Environment

Journalists take their responsibility to keep the public informed during a crisis situation seriously. At the same time, they work in a commercial 24-hour news cycle that creates enormous pressure to get the news out before their competitors. This translates into tremendous demand for information, even before all of the facts of the emergency are known. They are under pressure to:

- Be the first to “scoop” a story
- Meet tight deadlines
- Fill Twitter feeds, online news sites, newscasts, and newspaper pages

Offer news stories that draw attention and interest

Strategies

You will be more effective at getting your key messages in the media if you acknowledge these pressures on journalists and help them meet their needs:

- **Provide fair access to information.** Release new information to all media at the same time using pre-established e-mail lists, social media feeds, and onsite media opportunities (including teleconferencing so that media away from the event can attend). Especially during the first critical hours or days of an emergency, do not play favorites; equal access to information is imperative.
- **Respect deadlines.** Learn when news outlets have their deadlines and work to accommodate them. Hold briefings, send press releases, and return media phone calls in time for journalists to make their deadlines.
- **Factor in time and space limitations.** News outlets—especially television and radio—have a very limited amount of time or space to devote to a story. Typically, TV news devotes twelve seconds or less of coverage from any single source of information, and print media devote thirty or fewer words. That means you need to keep your key messages brief. The short format of commercial news favors sound bites, so develop colorful, quotable snippets that are eight seconds or less.

What Drives News?

News stories seek to answer six questions: Who? What? Where? When? Why? How? To answer these questions, journalists need facts and perspectives from credible

sources. They usually turn to more than one source in an effort to present the whole story and balance information or opinions.

Journalists must also create compelling stories that draw people's attention, so they look for conflict, controversy, and drama in situations. As a result, journalists tend to:

- Devote more coverage to events that are dramatic, threatening, and sensational
- Cover human interest stories in greater depth than science-based information
- Focus on disputes and conflicts among experts
- Pay more attention to the politics surrounding a crisis event than the scientific issues

Strategies

- **Be sure of your facts.** Verify the accuracy of information before you release it.
- **Make it easy for journalists to get the facts they need.** Be able to cite sources and key statistics (but only if they add meaningful support to your message). Have information available in fact sheets, news releases, and other concise documents created specifically for the media. If it's down on paper, there are far fewer problems with misinterpretation or miscommunication. For help with news releases, check out the [News Release template](#) and [News Release checklist](#).
- **Get to know the other point of view.** If you are familiar with information and opinions that are contrary to your points and positions, you'll be better able to anticipate and answer questions from journalists.
- **Stay on message.** The media may be more interested in the politics or controversies surrounding a crisis, but you need to ensure that your messages about public health and safety reach your audiences intact. Practice methods for staying on message (covered later in this section)—such as bridging, hooking, and flagging.

Working With Reporters

Reporters have a job to do. They need to gather as much pertinent information as they can to answer the who, what, where, when, why, and how of every news story, and they are under pressure to get that information first. It's a job that demands a degree of assertiveness and skepticism, and it requires that they ask tough questions. If reporters seem antagonistic, don't assume that they necessarily are—they may just be trying to do their job. Also, news agencies may be understaffed and short on resources, so often their abruptness, which may seem unnerving, is because they have a lot of work and need to get answers quickly. Be patient, honest, and open when dealing with journalists, no matter how hostile they may seem.

Reporters may also be friendly and cordial, but remember that they are professionals, not personal friends. They are talking with you to get a story, so when speaking with reporters, speak with the public in mind.

Tips for Working With Reporters

A local reporter is known for getting his facts wrong and for quoting sources out of context. He has scheduled a phone interview with you for a story he is writing about

a possible water contamination problem in the public schools. You want to make sure the correct facts get out to the public. Taking your **best** guess, should you

- A. Email a fact sheet to the reporter prior to the interview
- B. Call the newspaper and request a different reporter
- C. Request to see a copy of the article before publication to check the facts

The correct answer is A. Email a fact sheet or other relevant materials to provide a resource and increase the likelihood that the accurate information reaches the public.

Strategies

- **Always tell the truth.** Never lie to a reporter—it will come back to haunt you.
- **If you don't know the answer, say so.** Offer to get the answer, and then make sure to follow up.
- **Never say “No comment.”** It implies that you are trying to hide something. You can decline to answer a question, but you must give a plausible reason, such as “That information would violate the patient’s privacy.”
- **Speak plainly.** Most journalists are generalists, so they often learn about issues on the job. Avoid jargon and start with the basics, bringing reporters along. They will appreciate not being made to feel stupid, and their reporting will be more accurate.
- **Do not argue with reporters.** Remember that in the end, they are the ones writing the stories, so they will always have the last word on a subject (and you probably won't look good).
- **Never go “off the record.”** A reporter is never off duty, so anything you say could appear in print or on the air. Never say anything within a reporter's earshot that you wouldn't want to see on the front page, even after an interview is “finished.”
- **Never take it personally.** If you do run into conflict with reporters, keep it in perspective and don't take it personally. Never allow professional disagreements to turn into personal arguments or grudges.
- **Build working relationships with reporters.** If you routinely respond to reporters' inquiries and requests for information, you will have better relations with them when you need their help. Get to know the local media prior to emergencies—it may help you work better with them during more stressful times.

The [FAQ sheet](#) about working with the media gives more information about dealing with reporters.

Control the Story

If you've given an interview, you want to see the resulting news story reflect your key messages. But this doesn't always happen. Sometimes the reporter is interested in a different angle, or didn't understand what your key message was. More frequently, an editor or reporter had to cut out much of the interview, because there just wasn't enough space to include everything you had to say, and what they picked was different than your key messages.

How do you avoid that?

Be concise

TV or radio news stories are generally only a couple of minutes long at most, so sound bites are likely to be 12 seconds or less. Even a print story cannot include long and rambling quotes. Find a simple answer and keep it short! You can always provide fact sheets and background materials to the reporter that include greater detail.

Stay on message

Whether you're doing a press conference, interview, or public question-and-answer session, return frequently to your key messages to make sure your audience is left with a clear understanding of the message. The more focused you stay on your key messages, the less guesswork is done by the reporter about what information to use.

Stay on Message

Strategies

State your key message from the outset. Example: "I want to begin by first saying that the risk to the public is very low."

Return to your key message(s) frequently. Example: "As I said a moment before, the risk is very low."

"Bridge" back to your key messages. When the conversation strays, use transitions to return to key points. For example, if a reporter asks a question that is not related to your key points, answer the question, then bridge back to what you want to say. Examples:

- "Another thing to remember is..."
- "What all this information tells me is..."
- "Let me just add to this that..."
- "[response to question]. And in addition..."
- "Before we continue, let me take a step back and repeat that..."
- "And as I said before..."

Highlight Your Key Messages

Try these techniques to draw attention to your key messages.

Flagging

Emphasize or prioritize your most important points to help your audience remember your message. Examples:

- "The most important thing to remember is..."
- "What I want to leave you with is..."
- "Let me emphasize that..."

Sign posting

Enumerate your points to help your audience follow along. Example:

- "There are three simple steps we can all take to help prevent the spread of infection: first, cover your mouth with your sleeve when you sneeze or cough; second, wash your hands with soap and water; and third, stay at home if you feel ill or have a fever."

Interviews

Treat interviews as opportunities for you to help reporters do their jobs and get your key messages into the media.

Strategies

- **Prepare for the interview.** Know your key messages. Try to anticipate what questions will be asked, and then practice responses—especially if you will be interviewed on air.
- **Scout it out.** When you are confirming the interview, ask: Who will conduct the interview? What is the format and duration of the interview? What subjects will be covered? Who else will be interviewed? Caution the interviewer on the limits of your knowledge.
- **Don't make demands.** Don't request certain reporters or specific questions. Don't declare certain subjects out of bounds for discussion. Don't try to dictate who should or should not be interviewed. Don't ask that your remarks not be edited or for a review of an article prior to publication. It is an insult to the ability and integrity of the reporter and news organization, and it makes you appear to be hiding something.
- **Consider yourself the reporter's guest.** Be courteous and patient when answering (and re-answering) questions.
- **Give the interview your undivided attention.** Turn off distractions such as cell phones before starting the interview (especially if it will be broadcast on the radio or television).
- **Stay on message.** Don't be led into other areas of discussion, and don't attempt to speak on a topic outside your expertise.
- **Correct mistakes quickly.** If you inadvertently misstate an answer, correct it as quickly as possible.
- **Be helpful.** Offer to get additional information and follow up with information requests. Respect deadlines.
- **Be camera ready.** If you will be interviewed on television, don't wear white (it can cause glare) or busy prints (they will make the screen jump). Don't stare into the lens—just talk with the reporter and ignore the technology.

Effective Body Language

How important is body language? Take your **best** guess: Body language accounts for how much of what people remember of an interview?

- A. 10%
- B. 20%
- C. 50%
- D. 75%

The correct answer is D. Body language can account for 75% of what people remember about an interview. Therefore, in an on-camera interview, press conference, or public meeting, your nonverbal communication may have more influence than the content of your message. Audience members may scrutinize body language

and assign negative interpretations to gestures or expressions that may actually be quite innocent and unconscious on the part of the communicator.

Strategies

- **Make eye contact.** Poor eye contact can give the impression of dishonesty, lack of concern, or nervousness.
- **Sit forward in a chair.** Sitting back in your chair can make you look uninterested or unconcerned.
- **Avoid crossing your arms.** It can convey a feeling of defiance, defensiveness, or lack of interest.
- **Avoid distractions.** Avoid repetitive gestures such as constant throat-clearing, checking your watch, jingling keys or change, and pacing. Take a breath and relax.
- **Practice being in front of a camera** (if possible) so that you can assess your body language.

Summary

In this section, you learned about strategies for working with the media, including providing information to journalists fairly, respecting deadlines, and taking time and space limitations into consideration. When working with reporters, build relationships with them before disasters strike, make sure that they get the facts they need during the disaster, and never go “off the record.” You can exert control of the story if you are concise and stay on message. Flagging, sign posting, and bridging are techniques for highlighting your key messages. Prepare in advance for interviews and remember that your body language significantly influences how people receive your message.

Community Engagement

In a crisis, people will check multiple sources for information before deciding what to do, and often their most trusted sources of information are those they know in their community. Therefore, you can't rely solely on mass media or your websites to deliver vital health information. Emergency risk communication also involves communicating directly with community partners and the people you serve.

Direct communication with the public during public health emergencies can present challenges, especially if people are feeling a high level of outrage. But it is a vital aspect of effective emergency risk communication because it provides opportunities to:

- Establish credibility and trust within the community
- Learn firsthand about the community's needs and concerns
- Circulate information through known and trusted sources

Early Outreach

If you want the public to be receptive to your risk communication messages, you need to establish trust and credibility, and the best time to establish trust and credibility is *before* a crisis even occurs. Involve the community at the earliest possible stage of emergency preparedness:

- **Build relationships with community organizations.** Look for opportunities to partner with community-based and faith-based organizations and human services agencies that can help disseminate information during a crisis and also provide input on community needs and concerns.
- **Seek input from the public about decisions that will affect them.** Have informal conversations with community leaders, conversation cafes at local coffee shops, online surveys, or public engagement meetings. For an example, see the [Seattle & King County public engagement project](#) for pandemic influenza.
- **Maintain visibility in the community** so that the public will become familiar with your organization and regard it as a credible source.
- **Start early with risk communications.** Prior knowledge about potential crisis situations can temper some of the outrage factors during an event, so begin communicating about risks at an early stage. For example, gradually educating people about the potential for a bioterrorist attack—through school programs, community meetings, and community drills—can establish some familiarity with that possibility in advance.

Interacting With the Public

Imagine it's been three days since a flood inundated your home. Since you are still unable to enter it for safety reasons, you and your children have been living in a shelter. You attend a community meeting where a local official declares that the emergency response had been excellent and since the situation was proceeding smoothly, the city has moved from "response" mode to "recovery." How would you feel?

Interaction with the community in the midst of a crisis requires tact and sensitivity, whether it's over the phone, via e-mail, face-to-face, or at a public forum. People will experience a wide range of responses to the crisis, so be prepared for high levels of emotion.

People frequently have these concerns:

- Are my family and I safe?
- What have you found that will affect my family and me?
- What can I do to protect my family and myself?
- Who or what caused this problem?
- Can you fix it? Who's in charge?
- What are you doing? Is the situation under control?
- What can we expect?
- Why did this happen?

Strategies

- **Provide an outlet for people to express their concerns and ask questions and express their values and feelings.** This can be a hotline, Facebook page, e-mail address, or community forum.
- **Acknowledge how people are feeling,** and respond to their emotions. Show empathy by putting into words what they are going through: "You have every reason to feel frustrated..."
- **Develop a system** to respond promptly to calls and e-mails.

- **Provide training and materials** (such as fact sheets) to all staff who will interact with members of the public.

Public Meetings

Public meetings can be an effective way to get key health messages directly to the public, build community relationships, and learn about your target audiences. But they can also be daunting—emotions can run high, and people may direct these emotions at you and your organization.

Strategies

- **Consider alternatives** to large, public hearings, which can be difficult to manage. Hold smaller, more informal meetings (or even one-on-one conversations) when possible.
- **Establish clear goals** for the meeting.
- **Know your audience.** Who are they and where are they from? What are their interests and concerns? What are their likely perceptions and biases? Will they be receptive, resistant, or even hostile?

“What Would You Do” questions ask you to consider how you would respond to the situation presented and give examples of what other health departments did in a similar situation. There are no right or wrong answers.

Q & A Sessions

Prepare and practice for questions from the public.

Strategies

- **Anticipate questions** that you think your audience(s) will ask and prepare responses.
- **Stay on message.** Use your responses as opportunities to re-emphasize your key messages.
- **Keep answers short and focused.** Your answer should be less than two minutes long.
- **Tell the truth.** If you don't know, say so. Offer to follow up with needed information if possible.
- **Paraphrase what you think the question is** to confirm what the person wants to know.

Managing Hostile Situations

Fear, anxiety, and anger are common and legitimate reactions to a crisis that threatens public health and safety, and sometimes these emotions can surface in the form of hostility directed at public health professionals. Hostile situations are not only uncomfortable, they can erode communication, trust, and credibility—especially if handled ineffectively.

Strategies

- **Structure difficult situations.** If you anticipate resistance or hostility at a public

meeting, set it up so that both you and the community can be treated as fairly as possible. Agree on an ending time and ground rules in advance, and make sure that everyone is aware of them.

- **Make yourself accessible.** Try to avoid setting up an “us vs. them” situation. Don’t hide behind a podium or table. Consider going into the audience with a microphone so you can have a conversation with individuals asking questions.
- **Allow the outrage to vent early.** People have difficulty processing information and listening when they are feeling intense emotions. Consider ways that people can vent this emotion early in the meeting, such as starting with the question and answer session. As questions are asked, you have opportunities to present the information (instead of giving a presentation that an emotional audience may not hear anyway). In some cases, the most successful outcome for a public meeting is the opportunity for members of the public to raise their concerns and feel heard.
- **Acknowledge the existence or potential for tension up front.** The worst thing you can do is to pretend it’s not there. Example: “This is a difficult situation for everyone, and you have every right to feel upset about it.”
- **Listen.** Recognize people’s frustrations and communicate empathy and caring. Demonstrate that you are listening, through eye contact and body language.
- **Don’t take it personally.** Remember that public hostility is usually directed at you as a representative of an organization, not you as an individual.
- **Acknowledge the legitimacy of other perspectives.** For example, “I can see your point.”
- **Acknowledge real problems.** If someone raises a legitimate problem, offer to pursue the issue further.
- **Practice self-management.** Try to control your apprehension—*anxiety undercuts confidence, concentration, and momentum.* Send the message that you are in control by remaining calm and not getting defensive.

Summary

Establish trust and credibility by engaging with the community before a crisis hits.

- Partner with community organizations
- Get input from the community on decisions that will affect them
- Be visible
- Prepare people for potential disasters.

During a crisis, provide opportunities like online forums, hotlines, and public meetings for people to express concerns and ask questions. Anticipating what questions people might have before you host a public event will better prepare you to answer people’s concerns calmly and confidently.

If a public forum turns hostile, remember to:

- Let people express their outrage
- Make yourself accessible
- Don’t take it personally
- Stay on message.

Course Summary

Emergency risk communication is the process of sharing information to help the public:

- Make informed decisions
- Understand risks
- Protect themselves during events marked by high levels of anxiety and emotion

The intensity of emotion can impact communications by influencing individuals' perceptions of risk and potentially hindering their ability to listen, understand or act on your messages. You can get past the outrage and overcome the mental noise by using the fundamental principles of ERC, including:

- Acknowledging people's emotions
- Giving them a choice of actions
- Getting your messages out quickly while ensuring their accuracy
- Establishing your agency as a trusted and credible source of information through early and transparent communication
- Coordinating consistent messages with community partners

Plan for emergency communication in advance by:

- Establishing the protocols and procedures you'll use
- Identifying the best communication channels for target audiences
- Building relationships with partners that will help you get your messages out.

To help you craft your messages, follow the guidelines in this course, such as:

- Using plain language
- Addressing public concerns clearly
- Giving specific guidance on what to do and why
- Pretesting your messages with your target audience

The media are a crucial link between you and the public:

- Respect their deadlines
- Be courteous
- Prepare in advance for interviews
- Stay in control of the story by being concise and sticking to your key messages, using bridging, sign posting, and flagging.

Try to anticipate what questions and concerns the media and the general public will have. Be responsive to these concerns by:

- Making yourself accessible
- Creating opportunities for people to express how they feel
- Preparing to listen and respond to their concerns.