Crisis & Emergency Risk Communication
Community Engagement
Barbara Reynolds, Ph.D.

Speaker

• Barbara Reynolds, PhD., Crisis and Emergency Risk Communication (CERC), Centers for Disease Control and Prevention

Sponsored by

These projects are supported under a cooperative agreement from the Centers for Disease Control and Prevention (CDC). Grant number 5 U90 TP224249-04. The contents of this program do not necessarily represent the official views of the CDC.

Call-In

Phone: 800-452-0662
Fax: 518-426-0696
Email: cphp@uamail.albany.edu

Evaluation

www.UAlbanyCPHP.org/evals

Nursing Contact Hours, CME & CHES Credits Available
Communicating in a Crisis is Different

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

What the Public Seeks from your Communication

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

5 Communication Failures that Kill Operational Success

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

Psychology of a Crisis

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

Psychological barriers:
1. Denial
2. Fear, anxiety, confusion, dread
3. Hopelessness or helplessness
4. Seldom panic

Fear and Efficacy

- Extended Parallel Process Model (Witte, 1992)

Message/Event

Perceived Threat

FEAR

No threat perceived: so no fear & no response

Perceived efficacy: motivated to protect and adapt

No perceived efficacy: emotional defense, maladaptive
**Community Hardiness: Defined**

- Existing protective qualities and vulnerabilities that will determine the community's ability to take deliberate, meaningful, and collective action against a public health threat

**Community Hardiness: Defined**

- Protective qualities: robustness, redundancy, resourcefulness, & rapidity
- Vulnerabilities: susceptibility related to sense of community, shelter, sustenance, security, and growth from adversity

**Community Hardiness: Factors**

- Socioeconomic status
- Community-based organizations
- Health care capacity
- Social stressors (racial, economic, political strife)
- Political and civic perspectives
- Community cohesion and group self-efficacy

**Personal Resilience: Factors**

- Mental toughness more important than physical strength
- A purpose for going on: “help my family”
- Self-efficacy: “I think I can”
- Prior experience
- Good coping strategies (repress negative and take action)

**Individuals at Risk—the Cost?**

- Demands for unneeded treatment
- Dependence on special relationships (bribery)
- MUPS—Multiple Unexplained Physical Symptoms
- Self-destructive behaviors
- Stigmatization

**Community at Risk—the Cost?**

- Disorganized group behavior (unreasonable demands, stealing)
- Rumors, hoaxes, fraud, stigmatization
- Trade/industry liabilities/losses
- Diplomacy
- Civil actions
Sources of Social Pressure

- What will I gain?
- What will it cost me?
- What do those important to me want me to do?
- Can I actually carry it out?

Communicating in a Crisis Is Different

- Public must feel empowered – reduce fear and victimization
- Mental preparation reduces anxiety
- Taking action reduces anxiety
- Uncertainty must be addressed

Emergency Information

- Any information is empowering
- Benefit from substantive action steps
- Plain English
- Illustrations and color
- Source identification

What Does the Public want to Know?

- Can you tell me more about the attack
  - “What caused it, why, what is the reason behind it?”
  - “Will there be more attacks?”
- How long is the emergency
  - “How long is the event going to last?”
  - “How long is this ‘radiation’ going to last?”

Risk Communication Principles for Emergencies

Under promise and over deliver . . .

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

Risk Communication Principles for Emergencies

- Allow people the right to feel fear
- Don’t pretend they’re not afraid, and don’t tell them they shouldn’t be.
- Acknowledge the fear, and give contextual information.
**Stakeholder/ Partner Communication**

**Community Relations! Why?**

- Community acceptance through community involvement
- Resource multiplier for volunteer “door to door” communication
- Involving stakeholders is a way to advance trust through transparency
- Our communities, our social capital, are a critical element of our nation’s security

**The Consequences of an Event**

- Best if crises never occur . . .
- An organization can be forgiven when something goes wrong.
- They won’t be if they are perceived as not caring that things have gone wrong.

**The Event Happens . . .**

- Early and empathetic action may mitigate damage.
- Most organizations are not structured nor are their leaders committed to quick, caring action and they fail before they begin.

**Event response planning**

- Have response action team in place
- Monitor reactions of stakeholders
- Correct misperceptions early
- Don’t focus on bottomline
- Allow investigation to find cause (don’t speculate)
- Meet with stakeholders
Causes of Conflict: Perception by Either Party of

• Superiority
• Injustice
• Distrust
• Vulnerability
• Helplessness

Stages of Values Disputes

1. Feels threatened (you survive or I do)
2. Situation becomes distorted (they are evil)
3. Rigid explanations for own behavior (we’re protecting people from quacks)
4. Conflict becomes self-identity

Deescalating Conflict with “Them”

• Seek common principles
• Approach the process fairly
• Acknowledge emotions, appeal to reason

Deescalating Conflict Through “You”

• Seek input early
• Consider the history of the dispute
• Consider you might be wrong
• Decision makers and technical advisors are different

Trust and Mistrust

• Stakeholders judge the response to an issue or crisis based on trust
• Trust is the natural consequence of promises fulfilled
• Mistrust is an outgrowth of the perception that promises were broken and values violated
• CDC fulfills trust by combining our best science with strong ethics and values

Consequences of Mistrust

• Health recommendations ignored and disease and death go up
• Demands for misallocation of resources
• Public health policies circumvented
• Opportunists prey on others in the “trust gap”
• Fiscal and medical resources are wasted

We can’t accomplish our mission
5 Key Elements To Build Trust

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

Acting Trustworthy

- Share information early
- Acknowledge the concerns of others
- Under-promise and over-deliver
- Select a spokesperson who is never condescending
- Use third-part validators/advocates

When Good Egos Go Bad!

- Bad ego keeps you from seeing what is really happening
- Bad ego assesses everything in terms of “self”
- Bad ego creates anxiety and defensiveness

When Good Egos Remain Good

- Stakeholder focused
- Keep it real
- Remember the point
- Turn the tables
- Be honest
- Step away if you’re too close

Asking for Forgiveness

- Stop doing what caused harm
- Apologize
- Take steps to avoid it from happening
- Make it better (fix things)
- Communicate all of these to those who care

Why We Don’t Do These

- Denial
- Emotional conflict
- Worry about liability
- Apologizing feels like failure
Don’t Lecture at the Townhall

- Easy but not effective
- Doesn’t change thoughts/behaviors
- Instead, ask questions
- Key: don’t give a solution, rather help audience discover solution

Six Principles of CERC

- **Be First:** If the information is yours to provide by organizational authority—do so as soon as possible. If you can’t—then explain how you are working to get it.
- **Be Right:** Give facts in increments. Tell people what you know when you know it, tell them what you don’t know, and tell them if you will know relevant information later.
- **Be Credible:** Tell the truth. Do not withhold to avoid embarrassment or the possible “panic” that seldom happens. Uncertainty is worse than not knowing—rumors are more damaging than hard truths.

Six Principles of CERC

- **Express Empathy:** Acknowledge in words what people are feeling—it builds trust.
- **Promote Action:** Give people things to do. It calms anxiety and helps restore order.
- **Show Respect:** Treat people the way you want to be treated—the way you want your loved ones treated—always—even when hard decisions must be communicated.

Communication Principles

- We embrace intellectual honesty and transparency in the release of information to fully empower public decision making.
- We do not use trickery or deceptive communication techniques to advance our mission or our reputation.
- We are accountable for our actions, good or bad, and recommendations, popular or not.

Communication Principles

- Our good reputation is not sacrificed for the sake of any past, current, or future employee or partner.
- We admit mistakes, past and present, and take responsibility for correcting them.
- We do not withhold information only to avoid embarrassment.

Call-In

Phone: 800-452-0662
Fax: 518-426-0696
Email: cphp@uamail.albany.edu
Evaluation

www.UAlbanyCPHP.org/evals

Nursing Contact Hours,
CME & CHES Credits Available