How to help ensure that your emergency message is RECEIVED… UNDERSTOOD… and ACTED UPON!
What Does the Public Want to Know about Infectious Disease Threats?

- How worried should they be?
- Is threat deadly/contagious/long-lasting?
- What steps to take to protect themselves?
- Where is it safe to go?
- Is there an effective treatment/vaccine?
  - (Is it safe?)
What *Else* Does the Public Want to Know?

- What are you doing to protect me?
- Will the treatment or vaccine be available?
  - (Where?)
  - (How do I get it? How much will it cost)
- Can I trust you?
  - Advice
  - Protective measures
  - Provision of services
Understanding Public Response

• The public doesn’t respond to health risks unless they feel personally threatened. 1

• If they feel threatened, people generally act rationally, to protect themselves and their family, based on their perceptions of the situation. 2

• Not all threats are seen as the same. Time limited vs. ongoing threats have different implications for response. 3

• People act based on information or knowledge that they have, even if it is incorrect. 4 (media relations implications)

Media Relations Implications

- Media is a *business*
- Media bottom line is to get “good” stories that will sell papers or attract viewers
- Media can make mistakes
- Media creates the perception—but it becomes your *reality*!
Risk Perception

- More acceptable
  - Voluntary
  - Under my control
  - Have clear benefits
  - Are distributed fairly
  - Are natural
  - Are statistical
  - Are familiar
  - Affect adults

- Less acceptable
  - Imposed
  - Controlled by others
  - Have little benefit
  - Are unfairly distributed
  - Are manmade
  - Catastrophic
  - Are exotic
  - Affect children
CRISIS COMMUNICATION LIFECYCLE

WHAT TO DO—WHAT TO EXPECT:

Before, During and After a crisis

Source: CDC
Pre-crisis phase

- Be prepared
- Foster alliances
- Develop consensus recommendations
- Test messages
- Pre-position materials
  - Signage
  - Fact sheets
  - Forms
Initial phase

- Acknowledge event with empathy
- Inform the public and explain the risk
- Establish agency/spokesperson credibility
- Provide emergency courses of action
- Commit to continued communications with public/stakeholders
Maintenance phase

- Provide background and encompassing information
- Gain understanding and support for response and recovery plans
- Listen to audience feedback and correct misinformation
- Explain emergency recommendations
- Empower risk/benefit decision making
  - GIVE PEOPLE THINGS TO DO!
Resolution phase

- Provide appropriate public education
- Honestly examine problems and mishaps; what worked and what did not in your response protocol
- Persuade public to support public policy and resource allocation to address the problem
- Promote the activities and capability of the organization
Evaluation

- Evaluate communication plan performance
- Document lessons learned
- Determine specific actions to improve crisis management for next time around!
WHAT DOES THE RESEARCH TELL US?

Communicating in a Crisis Will *Not* be “Business as Usual”
Gaining Public Trust and Confidence in Times of Crisis (1)

Research shows…

Depending on the situation, different publics will trust *different* information sources.

Know who the public trusts as reliable sources of information¹

Recruit appropriate spokespersons so they may quickly react to specific crises²

Develop on-going communications with primary care and emergency room physicians³

**Trusted Sources of Reliable Information**

during a national outbreak of disease caused by bioterrorism
% saying would trust a great deal or quite a lot

<table>
<thead>
<tr>
<th>Person</th>
<th>% Trusting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of the Centers for Disease Control</td>
<td>48%</td>
</tr>
<tr>
<td>U.S. Surgeon General</td>
<td>44%</td>
</tr>
<tr>
<td>President of the American Medical Association</td>
<td>42%</td>
</tr>
<tr>
<td>Secretary of Health and Human Services</td>
<td>38%</td>
</tr>
<tr>
<td>Director of the FBI</td>
<td>33%</td>
</tr>
<tr>
<td>Secretary for Homeland Security</td>
<td>33%</td>
</tr>
<tr>
<td>Senior CDC scientist</td>
<td>32%</td>
</tr>
</tbody>
</table>

Trusted Sources of Reliable Information
during a local outbreak of disease caused by bioterrorism
% saying would trust a great deal or quite a lot

- Your own doctor: 77%
- Director of your local fire dept.: 61%
- Director of your local hospital: 53%
- Director of state or local health dept.: 53%
- The governor of your state: 52%
- A local religious leader: 48%

Gaining Public Trust and Confidence in Times of Crisis (2)

Research shows...

Perceived managerial competence will be a key factor affecting the public’s trust in official response

→ During a crisis, emphasize that first responders are at work and a system is in place to address the situation.¹

→ Give an action plan that the public can use to protect themselves during a time of uncertainty.²

→ Make sure that the behavior of public leaders is consistent with their advice.³

POD MESSAGES

WHAT WE SAY CAN’T SOLVE THE PROBLEM…

But it *could* make it worse!
LESSONS FOR PODs

- Private physicians are important as “Third Party Verifiers”
- Local first responders (Fire Dept. & EMS) will also lend credibility
  - Make sure you keep these groups informed
  - Make sure they will reinforce your messages
- Public leaders’ actions can reduce credibility
  - Congress got vaccine last flu season…
  - They weren’t a priority group!
- Perceived fairness will be vital
“Inevitably, fairness will be a key issue. In a widespread public health crisis, scarce medical supplies will need to be allocated to those in the most critical occupations rather than to those who are most vulnerable; cops and waterworks managers and nurses will get priority over seniors and children. We need to think this through now, balancing practicality and compassion.”

Source: Peter Sandman
PRE-POD QUESTIONS

- People will want to know:
  - What is a POD?
  - Why do we need it?
  - Where and when do I go?
  - Do I have to be a resident of this city/county?
  - Will I have to pay for the medicine/vaccine
  - Will I have to stand in line?
  - What if I can’t/don’t want to go, e.g.:
    - I am housebound
    - have small children or infirm relatives to care for
    - I am “illegal”? 
PRE-POD CONCERNS

- People will worry:
  - Will I be exposed to sick people who will give me the disease?
  - What if I already have symptoms?
  - What if they run out of medicine
CONSIDER THE FOLLOWING:

- Who are your publics (stakeholders)?
- Is this a time limited or ongoing threat?
- What do you think will happen?
  - Will community panic?
  - Will media play the blame game?
  - Does it matter? (Yes—could reduce your credibility)
What are your communications channels?
- General and Ethnic Media, Trusted Leaders, Peers

What are your key messages?
- Symptoms to watch for, and what to do if you have them (DON’T GO TO POD!)
- PODs are for healthy people, to keep them from getting sick
- Medicine is free for all
- It the best way to help protect you and your family
- Your cooperation will help us all get through this together
AT THE POD

- Avoid jargon and acronyms
- Give directions in the positive
- Simple directions are best for all
- Consider the hearing and visually impaired
- Consider the cognitively impaired

- Have messages in multiple languages and formats
  - Low literacy, Braille
- Consider using language boards
  - Same message in many languages—people can point to the one they recognize
POD NON-VERBAL COMMUNICATION

- Reach out: smile, touch forearms or shoulders, use names
- Expect anger—it’s not really directed at you
- Speak slowly (you have it all memorized, your customer does not)
- Please is pleasant--please remember to say “please” every time
- Have direct eye contact
- Engage customers
  - Ask them to help you
  - Give them things to do to help others
- Consistency is vital: all should hear the same thing and be treated the same way (no favorites!)
OUR “TAKE HOME” MESSAGE

“The public does not always appear to be rational. Our job is not to change their rationality, but to understand it.”

Source: Dr. Clifford Scherer, Cornell University