

## Risk Communications Webconference Meeting Notes

1:30 p.m., Wednesday March 29<sup>th</sup>, 2006



During a crisis, staff may have access to privileged information, such as the location of limited-supply vaccination clinics. What should/can be done to prevent them from disseminating this information to friends and family?

*Key Points made by Vicki Freimuth*

- If internal staff know something, it's a guarantee that it will get out – likely within 30 minutes.
- Intense training about classified information (e.g., not leaving it in office unlocked) and limiting release to a very small number of people can help.
- It's better to make most information available to all, at once, so organizational response is proactive rather than reactive.

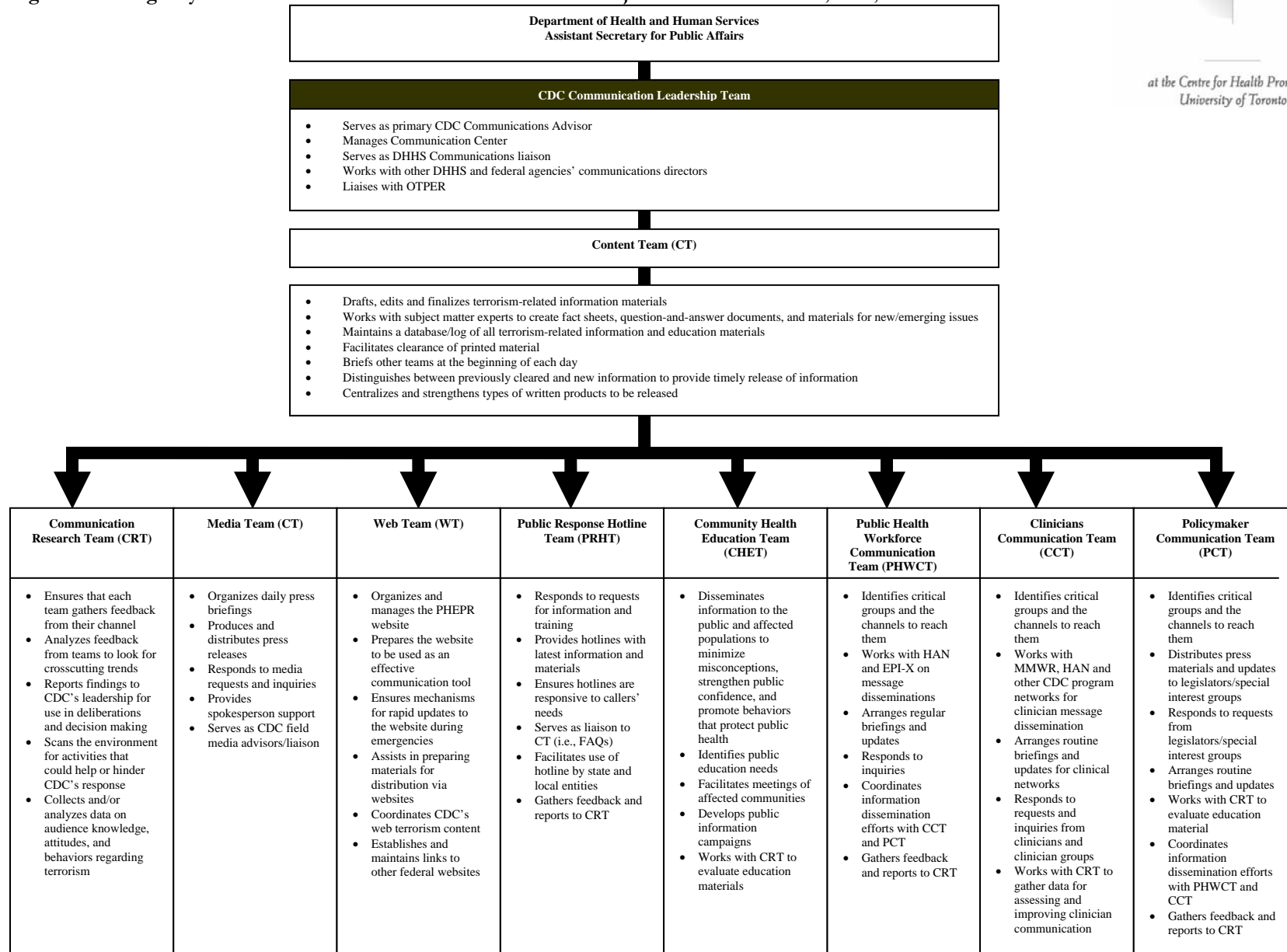


What can be done during a crisis to make internal organization communication a priority, such that staff is able to properly respond to questions and create "products" (e.g., briefs, tip sheets, web pages) for public consumption?


*Key Points made by Vicki Freimuth*

- Communication officials should be at all internal and media briefings.
- Consider more frequent (perhaps daily media briefings) that are attended by all internal and external stakeholders
- Have key spokesperson – with internal communication responsibilities.
- Transcribe and make press conference transcript available online. This can become a foundation for developing all other media products (e.g., answers for hotline, Q and As, media releases)
- Select daily information priorities, on which background research will be conducted, to avoid being overwhelmed.
- Consider the following framework, Emergency communication: Communication teams and major functions. This was developed as a result of the CDC's Anthrax experience.

**Figure 1: Emergency communication: Communication teams and major functions.** March 19, 2003, Interim Version.




From "Epilogue to Special Issue on Anthrax," by V.F. Freimuth, 2003, *Journal of Health Communication*, 8, p.150. Copyright 2003 by the Taylor & Francis Inc. Reprinted with permission.

 What about senior people who are not efficient communicators (e.g., can't get away from scientific language?)


*Key Points made by Vicki Freimuth*

- This is all about choosing the right spokespeople.
- Being a spokesperson is very difficult, but important.
- Often the most senior person is not the best spokesperson. However, organizational politics make it difficult to name another person.
- In a crisis situation, one spokesperson is probably not enough to meet media demand. CDC has had four or more at a time, one of which was usually the director.
- Selection of spokespeople is key. An overly scientific or cold person will not be effective.
- Training can help, whoever is selected. The CDC has worked with a communications consultant named Peter Sandman. We saw a tremendous difference in spokespeople skills after just one hour of training.

 How did you communicate with your internal stakeholders?


*Key Points made by Vicki Freimuth*

- Holding an “all hands” meeting can go a long way.
- A video conferencing system can work well.
- Making use of both an Intranet and Internet site is useful. Updating functions for these must be centralized as there will be a constant need to update and reorganize the information for different audiences.
- The information generation process should be open and transparent.

 How do you deal with a significant proportion of the general public being functionally illiterate?


*Key Points made by Vicki Freimuth*

- We were very aware that our web site was not readable by the general public.
- We tried developing “At a glance” and “Simply Put” sections with links to more in-depth information if people wanted it.
- We used a lot of short information pieces such as fact sheets.

 Is it possible to enlist the media as a partner ahead of time?

*Key Points made by Vicki Freimuth*

- CDC gets a lot of media attention, even in non-crisis situations. We already have relationships with key health reporters across country. We normally know who we are going to be dealing with.
- In a crisis situation, the media scene changes. Most news rooms put all their reporters on the story and ask them to find a unique angle on the topic. Previous relationships become irrelevant.
- You can never deal with all media requests, so using a triage system is important.
- Media conferences for everyone can also address this situation.
- CDC started with teleconferences and moved to video conferencing. CDC now has a very sophisticated media relations facility.

 How and when should media misinformation be dealt with in both crisis and non-crisis situations?

*Key Points made by Vicki Freimuth*

- Most of the time it is a judgment call.
- In a crisis you must monitor the media. Likely a whole team will be charged with only this task.
- If any factual errors are caught, CDC contacts media right away. The media are usually really good about changing the facts.
- It is much harder to react to criticisms of what you are doing. Typically, CDC policy was to respond only in the paper that criticized us. One challenge to doing this is that negotiating the response often takes too long in a large organization.
- One approach is to leverage support of an external group that supports your stance. This is particularly effective if they are highly visible and credible. It may be a lot easier for them to get a letter out without having to go through a slow clearance process.
- Don't forget to consider that sometimes you give a story legs by responding, as opposed to letting it be forgotten. Sometimes CDC waited a day to see who else picked up story and then decided what to do.

**Q** How can we communicate sensitively about the fact that certain populations will be chosen for priority treatment during some crisis scenarios, ideally in a way that will mitigate public panic and potential misbehaviour?

*Key Points made by Vicki Freimuth*

- It is important to discuss these issues ahead of a crisis. For instance, it may be useful to have consultations with the public to get their comments and input into policy decisions prior to an emergency situation. This will help create a rationale that makes sense – although likely it will never be quite adequate to the public.
- The notion of people panicking pervades this line of thinking. In fact, research shows that most people do not panic during disasters. People going to the grocery store to buy food, water, bug repellent, etc., can be misconstrued as panicking. However, some would say that this is an effective response to our public health messages. A sense of not being told or "hidden information" is really what will lead to panic.

**Q** How can we plan for the need to work 24/7 and the vastly increased volume of public and media requests for information during a crisis?

*Key Points made by Vicki Freimuth*

- This is something an organization can plan for. The plan should be extremely detailed.
- Plan for being unable to do it all.
- Find out who may pitch in when a crisis hits. For example, universities may have skilled people who can help.
- During our Anthrax crisis we worked 7 days a week for 16 to 18 hours a day. This resulted in two senior staff taking time off due to mental/emotional stress. We responded by creating two communications teams that each worked four days on, then three days off. It is critical for people to have time to decompress.
- Media conferences instead of individual press responses can also help.



For training purposes, in a nutshell, what is risk communications? What should be highlighted?

*Key Points made by Vicki Freimuth*

- CDC has the CDCynergy CD-ROM on risk communication (corporate, environmental, emergency risk communication). It uses a textbook-like approach and is available at <http://www.cdc.gov/communication/cdcynergy.htm>.
- Peter Sandman's work is also very good (<http://www.psandman.com/>). He has ten helpful principles on risk communication.
- Many other resources are available.
- Remember, one has to be willing to communicate and quickly. You don't have to have all the answers. This is where public health often falls short. We tend to aim for consensus. Instead we should tell people what you know, what you don't know, and what steps you are taking to find out and fill the gap. People appreciate recognition of uncertainty. It doesn't work to wait for a firm answer. First, people think you are hiding something, then you lose credibility.
- Empathy is also very important in a crisis.

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