

Risk and Crisis Communication

Communicating during times of crisis



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Crisis

- “A specific, unexpected, and non-routine...event or series of events which creates high levels of uncertainty and threat or perceived threat.” (Seeger, Sellnow, and Ulmer, 2003)

The Centers for Disease Control and Prevention (CDC) uses risk and crisis communication techniques and applies it to **health communication**.

- “The study and use of communication strategies to inform and influence individual and community decisions that enhance health.” (CDC, 2001)

What constitutes a crisis?

- Industrial accident/hazardous chemical release (i.e., a train pulling cars with chlorine derails in an urban setting, a plant explodes after a worker misread the label and improperly mixed two chemicals)
- Natural disaster (i.e., tornado, flood, earthquake, blizzard followed by an ice storm)
- Intentional events (i.e., terrorist attack)
- Disease outbreaks (i.e., smallpox, Ebola, avian flu)



Photo courtesy of Ashley Wiertzema



Using social media

- There are pros and cons in using social media as a source of crisis communication
 - Allows for quick dissemination of emergency messages and updates
 - However, the public can post on social media before the facts are released and misinformation can spread quickly
- Corporations believe that the use of social media is a fast and more interactive tool than classic media (i.e., newspaper, television, radio). The use of twitter has proven to have less negative crisis reactions than newspaper articles and blogs (Schultz, Utz, and Goritz, 2010).
- Government agencies are using a phone app for pushing out emergency information

Common myths about disseminating crisis information to the public

1. Telling the public about the crisis will create panic and chaos.
2. The situation is too difficult for the public to understand the situation.
3. We do not have time to listen to the community's needs. We have to deal with the situation first before providing information.



Photo courtesy of Ashley Wiertzema

Message mapping

- A message map is a “roadmap for displaying detailed, hierarchically organized responses to anticipated questions or concerns”. (Covello, 2003)
- The map allows stakeholders and risk communicators the opportunity to prepare messages in advance in anticipation of questions that may arise.
- Allows the organization to speak with one voice because all stakeholders will be following the same message map.

Seven steps in constructing a message map

1. Identify stakeholders (i.e., victims, hospital personnel, government agencies)
 2. Identify a list of specific concerns for each stakeholder group (There are three types of questions that may arise: overarching, informational, and challenging)
 3. Analyze the list of concerns to identify common general concerns
 4. Create a key message in response to the questions and concerns of the stakeholders. Three questions you should ask yourself when creating the key message:
 - What do you think people should know about the issue?
 - What do you want people to know regardless of the questions asked?
 - What would you put in your opening statement at a press conference?
- Create 3 messages or one key message with three parts
 - Messages should be brief: less than 3 seconds or less than 9 words for each message and less than 9 seconds and 27 words for the three key messages
 - The message should be at the 6th to 8th grade reading level when communicating with the general public

Seven steps in constructing a message map

5. Provide facts and proofs for each key message
 6. Have subject matter experts validate the key messages technical information
 7. Plan for the message delivery through appropriate communication channels and a spokesperson
- Avoid “winging it”. Stick to the message map
 - Keep the messages short and simple
 - Tell the truth

Example of a smallpox message map (Covello, 2003)

Draft Message Map Stakeholder: General Public Question: How contagious is smallpox?		
Key Message 1	Key Message 2	Key Message 3
Smallpox spreads slowly compared to measles and flu.	This allows time to trace those who have come in contact.	Vaccination shortly after contact will generally prevent disease
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
People are only infectious when the rash appears.	The incubation period for the disease is 10-14 days	People who have never been vaccinated are the most important to vaccinate
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
Smallpox requires hours of face-to-face contact	Resources are available for tracing contacts.	Adults who were vaccinated as children may still have some immunity.
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
There are no carriers without symptoms	Finding people who have been exposed and vaccinating them has proved successful.	Adequate vaccine is on-hand.

Discussion

- Review the incident report. As a group, fill out the message map with the 7 steps in mind.
- Choose one person as the spokesperson, two or three journalists and the rest are concerned town citizens.
- The spokesperson is in charge of communicating with the public and media about the incident.
- The journalists and the general public are in charge of asking “difficult” questions and the spokesperson has to try to stick with the message map.
- If you would like, you can take turns in the different roles.

Additional reading material

- Communication and Organizational Crisis. Seeger, Sellnow, and Ulmer, 2003.
- Crisis and Emergency Risk Communication. CDC, 2012.
http://emergency.cdc.gov/cerc/resources/pdf/cerc_2012edition.pdf.
- Best practices in public health risk and crisis communication. Covello, 2003.

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