

Crisis and Emergency Risk Communication Basic Principles

Host: Belen Moran Moderator: Belen Moran Presenters: Bret Atkins Date/Time: August 4, 2011 3:00 pm ET

Operator

At this time, all participants are in a listen only mode. After the presentation, we will conduct a Q&A session. In order to ask your question, you may press *1 on your touch tone phone. Today's conference call is being recorded. If you have any objections, you may disconnect. I will now turn the call over to your conference host, Miss Callie Campbell. Ma'am, you may begin.

(00:00:25)

Callie Campbell

Thank you. Welcome to the Crisis and Emergency Risk Communication Basic Principles webinar, hosted by the Centers for Disease Control and Prevention. My name is Callie and I will walk you through the procedures and tools available. This webinar should last approximately one hour. If you have a question for the presenter, you may use the Q&A button located at the top left portion of your screen. Type in your question and hit "enter" to send the question to the presenter. Selected questions will be read out loud to the group. At the top right-hand side of your screen, you will see a feedback tool that has a colored square next to it. If you select the drop down arrow next to the feedback, you can alert me if you are having trouble hearing or if you need help. (00:01:02)

This meeting is being recorded. If you have technical difficulties during this presentation you may call our technical support line at 1-877-283-7062. Thank you all for coming. Belen Moran of the CDC is your host and she will be taking over the presentation from here. (00:01:19)

Belen Moran

Thank you, Callie. Welcome to today's Center for Disease Control and Prevention webinar on Crisis and Emergency Risk Communication. I am Belen Moran, a public affairs specialist with the CDC in Atlanta Georgia and I will be you are moderator.

Our presenter today is Bret Atkins, a health communications specialist with the Division of the Strategic National Stockpile at the CDC.

Prior to his work here, Bret was a public information officer with the Ohio Department of Health. In that position, Bret responded to media inquiries on several topics, concentrating on bioterrorism, emergency preparedness and nuclear safety.

He is a contributor to the CDC's crisis communication work and a reviewer of communications guidebooks from the World Health Organization and the U. S. Environmental Protection Agency as well as public health academic journals.

Prior to his work at the Ohio Department of Health, Bret spent 20 years in television and radio news, most of that as a broadcast meteorologist and science reporter. Bret is currently pursuing a Ph.D. in public health with a focus on community health promotion and education.

For those who would like to ask a question during the presentation, we encourage to send them through the webinar system. If you prefer to pose your question directly to Bret, please wait until the end of the presentation when the audio lines will be open.

This presentation will be posted in a week or so on the CDC CERC website. That's www.emergency.cdc.gov/cerc/ It will also be posted on the National Public Health Information Coalition website. That's www.nphic.org . At the end of the presentation, there will be a slide with both URL links.

Thank you for being with us. Bret, welcome and thank you for being our presenter today.
(00:03:26)

Bret Atkins

Thank you so much Belen and earlier Callie and our operator as well. It is great to be with you and great to talk about crisis and emergency risk communication particularly when there is not a crisis. Now, crises can be large or small. Emergencies can be large or small. Notice the other word, risk. Risk is with this every single day. Sometimes it is risk that makes us angry. Sometimes it is risk that we negate, we don't care about. We live with risk consciously and unconsciously every day.

Combining all of those together, crises and emergencies and risk that we face of those every day, and talking about those is really the basis of CERC. It is an amalgamation, it's a summation of many things. In the communication part of it, it is us speaking to people but at the same time, us listening to people. If you have ever taken a course in communication, you remember the communication models that the professors were talking to us about, how there were transmitters and receivers and there were feedback loops as well. We live with feedback loops, too. We now live with Twitter and blogs and people writing messages on websites back to us. Back in the days before that, it was simply a letter perhaps to our agency directors or our organization leadership.

(00:04:54)

We also have conference calls or information line calls that act as feedback. So I do want to stress, it is as important to listen as it is to speak when we are in a crisis and we are trying to present information to people. We need to present it in a way that is most useful for them. And I really want to draw your attention to the word "them." We often hear and I myself use the verbal crutch of "the general public." If you think about it or moment, there really is more than one public. There is no general public. Because each of us come into a situation with a lifetime of experiences and a lifetime of background and knowledge and we interpret things different ways. So if we know that our audience is going to interpret things a different way, we need to speak in such a way that is most appropriate to them. Sometimes, we are not the speaker. They don't want to hear from us. So, before there is a crisis, before there is an emergency, identify the audiences and find out who they like to hear from. Do children like to hear from an executive? Probably not. Children might like to hear from a cartoon character, or from their teacher. (00:06:19) Other audiences prefer other speakers that would take our message to them. So, as we look at the slide now, we think about crisis and emergency risk communication. We bring in the emergency part. If it is just risk communication, that is for instance, about the dangers of smoking. It is something we would all face. Or not wearing a seatbelt, there's a danger to that. But, the fire in a building is certainly a crisis or an emergency that can happen at any given time and so that ratchets it up just a little bit.

If we look at CERC, we have to understand we are trying to get out a message that will allow people to take that information we give them and then make their own decisions. So often, we may hear people saying this is what you have to do or what you need to do. We can treat the audience as a grown-up, give them the information, tell them both sides of the issue and let them make the decision that is best for their particular health. (00:07:23)

We do know this, and psychologists will tell us this, sociologists studying larger groups of people have found this to be true as well, that during a catastrophic or very large event, people are going to do these three things. Take in, process, and act on information differently. I use the example that if you and I are sitting around talking about the Sunday football game or what's going on about the weather and there's really just you and I talking, we are very relaxed and we're

under no pressure. However, if the number one leader of our organization walks through as we have our feet on the table or on the desk and we are talking about the football game, we are certainly going to change how we are processing our information and how we are acting on that. Because, things have just in an instant, changed. Well, that is just a fun little example but if there is a public health emergency or a very large event, people are going to be angry , they're going to be scared, they may be frightened. And all of these will psychologically affect how we are going to listen to a message that comes in. What we do with that message mentally, once we do bring it in, and then what behavior we do. All those things change. You can't determine how people are going to act in an emergency by estimating how they act during a nonemergency time. There are certain things that we can share with you today that will give us some nice clues on how to best approach this. This is a course, and we didn't get a chance to ask you this in the poll, but this is just going over the basics of CERC, as we call it, Crisis Emergency Risk Communication or CERC. (00:09:15)

If you had the longer CERC course before, you have certainly seen some of these things. If you have not, this is some of the basics that we will cover in one hour they can actually be a one or two day course. In fact it could be a lifetime of education, too. There are six things. The first three are those that we really need to take to heart. Be first, be right, be credible. We know that all messages are going to bounce against the mind that has already heard another message. Now, that means we should be very proactive in our information campaign. But I also want to not paint a rosy picture and say that the chalkboard is not completely blank by the time our message gets there. We have those audiences that have already read perhaps or have talked about the event and we come out with a message, they will take our message and they will weigh it against what they have already thought about. But, be that as it may, let's try to be very proactive and share the information. (00:10:24)

This is another thing that we talk about, if you can't share the product, share the process. If a reporter or if a concerned resident asks a particular question and we cannot answer that exactly right now with the definitive, what is the cause of this or where did it begin or who is affected? If we can't answer that final question, we can certainly let them in on the process, take them through the steps of what the experts are doing and are trying to determine what some of those answers are. (00:10:57)

Number two. Be right. Certainly, we never want to tell full falsehoods and even partial falsehoods can get us into trouble as well. There's certainly nothing wrong with saying if you don't know, then tell people you don't know. But I would say, after that, tell them what you are doing to find out information. We do want to get information out quickly and we want to make sure the information we get out is correct. (00:11:27)

The third item on this slide is to be credible. To certainly, be proactive with the information. And this may be the hardest of the three. If our agency or our organization is really not doing a great job. Or there will be those who think we are not doing as good a job as we could, we may feel as humans that we need to hold back a little bit. I would say that is probably the opposite of what we should do. We should be proactive. If we need to take your medicine, take our medicine. Certainly don't withhold information to avoid embarrassment on the work we are doing or that buzzword that we hear very much about, panic. We can't tell people information because they will panic. Research tells us that is a very, very rare thing. Panic does not occur simply by getting information. (00:12:24)

Here are the fourth, fifth and sixth things to talk about. We've had the first three, be first, be right, be credible. Number four, five and six. Now we're getting into a little bit more nuances of things. You have mastered the first three over the course of your career. Now we want to move into the top of the cake, the icing on the cake. (00:12:46)

Here are some things. We need to express empathy and empathy is not sympathy. Sympathy is feeling for a person, feeling sorry for a person, if you will. But, empathy is also not feeling or saying that you feel what that person feels. I would never recommend a spokesperson to tell a group of people or to tell a reporter, well I know how they feel. Because if your home has not been destroyed, in a tornado, it is really difficult to know how one feels if your home has been destroyed. (00:13:23)

However, empathy let's that person know who is hurting, who has had destruction of their home, lets them know that you care, that you recognize the pain they're going through. That is what empathy is. As it says here on the screen, when you do a message, it may be a news conference, it may be an interview, it may be a town Hall meeting. Certainly, get that human message out first. (00:13:51)

Because, we go into the work that we go into, public health, or nursing or medicine, we do that because we have compassion for others. That should show through from your spokesperson about what your organization is doing. Let me take just a second to talk about the spokespeople. Are the spokespeople the number one people of your agency? The head leadership? Possibly not. More than likely they will be but there may be times that the agency spokesperson may not be the number one person that you should go to at all times. We will talk more about spokespeople a little bit more but no matter who is doing the speaking for your agency, they should show that human compassion and empathy. (00:14:38)

Number five; promote action. These are things that we can give recommendations for people to do. Certainly, we've seen that ten years ago, as we are coming up to the anniversary of 9/11, that we were to go look in on others and ask how our neighbors are doing, to fly a flag, to hold a memorial service. These are things that get people away from just sitting and thinking, they actually do things and that helps in a couple of ways. It helps them psychologically and it helps the community as we all return to a new normal, after any kind of crisis. Certainly, it can be a list of things to do that can go into messages. (00:15:24)

And then show respect. As I mentioned earlier, we have different audiences. People have different beliefs, they may be cultural beliefs, familial beliefs or religious beliefs or beliefs that come about from age, those that are old versus those who are young. Each of those audiences should be respected for what they believe in. If your messages do that, show respect in how the message is delivered and what the messages said, that will really do a much better job in getting those various audiences to believe in what you are doing and hopefully change behavior and comply with what our instructions are. (00:16:05)

In early 2009, in the first wave of what at the time was called swine flu, later was more accurately called H1N1, because there are more bits of flu virus than just swine in it, we had a news conference. This is the first news conference that CDC really came out and started talking about this, in the very early days. In fact I'm literally talking on, April 24 was the news conference and it was April 21, 22nd and 23rd that we were beginning to see cases around then. This news conference ,which you will be able to look at that transcript for this news conference at the URL that you see on the screen, it is a fascinating, great job. (00:16:59)

As an outsider looking at what Dr. Besser and the CDC did, and I thought so even before I joined the agency here, he is a good spokesperson. But, you may have a good spokesperson as well. It needs to become a group effort in developing and creating these big messages that go out. If you are going out and announcing the very first or the very last or the very biggest event going on in a crisis, it is something that should not be done ad lib by your spokesperson, it should not be done on the fly with no preparation, it should be done after a rapid but a good briefing by the experts looking into the event. And having a communications person there, writing down and thinking through how things should be said and then delivering that message. (00:17:59)

Let's look at pieces of the transcript from Dr. Besser's work. As we look at the first right, credible edicts if you will, of CERC. We know to be first. This is the quote that was written into his remarks that we see were going out very early with what we knew at that time. (00:18:22)

The next slide is that we have to be right and to be credible. Being right and being credible does not mean you have all the answers, all the time. Look at how we started this quote, how this part of his remarks were launched. (00:18:39)

He says, "I want to acknowledge the importance of uncertainty." We knew then and medical officials certainly, it's almost medicine 101, that influenza is a very changing virus. I've heard the saying after we got done with the pandemic, one of our epidemiologists that I work with, he said, well if you have lived one pandemic, you have been through one pandemic, because they are so changing. (00:19:10)

Given that, given that we know as professionals that details will change, it behooves us to let our partners, and by that I mean the audience, let them in on the fact that we know that there is going to be change. And look at how it was written. It was written quite nicely, that we don't have all of the answers, we certainly have more questions than answers just as you sitting at home do. Let me show you the process of what we are going to do through laboratory work and epidemiological work to try to find out those answers. Then when we have those answers, we will get them to you. And so those were some of Dr. Besser's early remarks. And then, as we look through those other things that we should have on our CERC messages, about showing empathy. Very early on in the remarks, he talked about, he knew that people were worried and that they had a right to be worried. This was the first pandemic to occur in the world in more than three decades. It was something that we needed to work highly on and work quickly on. He did show empathy as you see in that remark, there. (00:20:22)

And then to promote actions. And it could literally be simply, stay home if you are ill, avoid others if you are ill, wash your hands, cover your cough. Those simple public health messages that we have been taught from mother and from first grade and from public health as well. It does give people something to do and it might be read more about the disease and learn more so that if you do talk to a friend or neighbor, that you can become a little bit more educated about what you're presenting with it. So it can be for people to learn more or it can be for people to do some of those actions. But again, give your audience something to do as you write up the remarks for your spokespeople. (00:21:10)

Show respect. That we are looking at the things that are likely to occur with the virus, that what we know will be a threat to society with this and that we should be able to utilize respect as one of the tools in our communications handbook. Here is a look, that was developed as part of the CERC model, on when there is a crisis. Remember, CERC is made up of three different things, crisis, emergency and risk. But when we have a crisis, when there is an explosion, when there is a fire, when there is a tornado or flood or a biological event that is natural, or perhaps a criminal act, there is a time when it begins. That would be the second arrow that you see there, Initial. (00:22:04)

Today, you and I are in the pre-crisis stage. We can do things such as preparing. It might be simply going to a webinar and learning a little bit more. It might be going to some online training or reading the latest journal article about something or perhaps picking up the phone and talking to a community partner that you haven't talked to for six weeks and making sure that your contact list is up-to-date. Fostering alliances, where we begin to develop more partnerships. Certainly we have heard the adage, which is probably on its way to becoming a cliché, that it's no time to share business cards when there is a disaster, or when the sky is falling or when the flames are burning the building. That is not the time to make these new alliances. Today is the time to make the new partnerships and to continue to develop. It is more than just collecting business cards at a meeting and never talking to those people again. It is having a very active network of people that, they can call on you, and you can call on them, and should do so in times of calm. (00:23:12)

And then, consensus recommendations. What we mean by that is that, suppose we have a state public health agency and a local public health agency and perhaps it is a city or county public health agency. And I as a resident of a community may be, through the media, aware of what each of those two or three agencies is recommending for a particular event. Maybe it is a vaccine or not vaccine, maybe it's other things. And if I hear, from the reporter, that those recommendations are different, then I'm going to begin to wonder why they are different. And I am no longer thinking about your message, I'm thinking about why your message is different and is your message right and the other

message is wrong? Or is your message wrong and the other message is right. How do we get past that? Where does that fall? That falls under the pre-crisis stage. (00:24:08)

And what we can do today is work with our partners across the street or across the county line or to the state and to the local and even to the federal. And say, here is what our agency and what our medical experts recommend and here's what we think we are going to say. The two agencies may indeed disagree on what the recommendations are. But, it is best if they are going to disagree, that both parties know what the other party will say to a reporter or to someone else when the time comes about asking, what are your recommendations? If you cannot come to a consensus, at least the two of you know what the other is going to tell the reporter or someone else. (00:24:54)

How about testing the messages? We can write up fact sheets and we can maybe, go on to CDC's website or another website and download an existing fact sheet and customize it a little bit for our jurisdiction. And then let's test it. Let's see if it is appreciated or received in the same way that we transmit the message. (00:25:16)

We can do a very inexpensively, we can do it for free. We can spend more money and more time if we wanted to do more formal work. So if we test the message I might walk down the hall and say, hey, how does this fact sheet look to you? And that person down the hall can give me their free opinion. I might call some of those partners that I have done when I fostered my alliances. And send it to them and ask what they think. What does your medical expert think? What does your graphics and artistic person think about how this is laid out graphically? (00:25:49)

We can share information and get opinions very inexpensively that way. And it also helps for us to share what those recommendations are. So we take care of two things, two of those bullet points if we share our test messages one with another. But you can also go into more formal things like focus groups and setting up meetings and testing it at a health fair or at a mall, or bring people in and ask them what they think. You can get as elaborate with it as you will. (00:26:21)

Then we evaluate our plans. We want to pull the plan off the shelf, dust it off if it's one of those kinds of plans, and make sure that everything is up-to-date, and contact information, as well as the recommendations that we have. And the steps that we think we will take. The communications plan should be almost a living draft, where we continually add in new fact sheets, new information, new job action sheets if we are going to ask a partner to come help us on something. Perhaps they are not trained in exactly the way we do things. So we could hand them a one or two page document about what we expect them to do or what we would like them to, or checklists of how we do things as simply as logging on to a computer, if it is not their computer. Certainly, there is some steps to be taken and why don't we easily write up a check sheet on how to log into a computer in my building, if you are coming over to my building to help me. That is pre-crisis. That is what we can do today and every day before something happens. (00:27:26)

Now we have the initial phase of the crisis. It may be something very overt such as a tornado. It may be something covert, as a mysterious illness that begins to affect people that we don't know exactly where it started or when it started. But we do know we are now in the early phases of whatever the event is. That is what we call the initial phase. We need to get out and talk to people. Hold that news conference or hold that interview with someone, or perhaps a more one-on-one public meeting, a town hall meeting. However we get the message out. We want to do those things that you see below that, expressing the empathy. Getting that human face out there. Letting people know what are some of the risks that are that are involved with this. It might be, be careful where you step if there is broken material if you are doing a flood cleanup or a tornado damage cleanup. Or, it may be if there is a bacterial or biological event that there would be different forms of risk. By being out there very quickly and answering questions that people have, you will establish credibility, giving them something to do with recommended actions. And that commit to stakeholders is where you tell the people who are listening to you, that this is a high priority for our organization. And we will, well we are certainly going to go home and go to sleep, to stay fresh, we are not going to work 24/7, but we are going to work doggone hard on getting this done. (00:29:00)

It may be in the early phases that we have double or triple shifts and for a while we are working into the evening and overnight hours. But we do want to let people know what we are doing so that they know that we haven't forgotten them. There is no cut off time between when we go from initial to maintenance. But it is certainly something that we feel. It may be if we are taking calls from reporters, the number of calls drops. Or, perhaps we have given out all of the vaccine that we need to give. Or, there is no more risk of severe weather. We have gone from that initial to that maintenance phase. Again, there is no set time, but we know it when we feel it. (00:29:40)

We then begin to delve deeper into providing more information to more people. By that time, we've figured out a lot of the whys and the hows and we can provide people more information, more background. We then need to begin to give people enough information so that they know how to proceed from then on. The risk versus benefit. Yes, you should have a vaccine, or yes, you should stay home if you're sick, or whatever the particular case may be. So that people know the best information and the largest amount of information that they can take in to make the decisions for themselves. (00:30:18)

After a while, things begin to wrap up and we move into a resolution phase. We can then take that period of time to learn from our lessons, share what we have learned with other people, reincorporate the information into our plans to make our plans even better. And then that kind of easily takes us into the evaluation, where we wrap things up. We have the big meetings. We write the reports and we pay the bills, if they have come due from our response. And then return back to precrisis planning. So, that's uh, not in a nutshell, but that was a pretty long explanation of what the crisis communication lifecycle is. (00:31:01)

So here is a short slide for you. So we have your messages during a crisis should have this. In government, we do use acronyms a great deal. This is one, I think, is fairly handy to have. A STARCC. That your messages should contain simple words. Short amounts of paragraphs. Words in a sentence. So that people can, while they are scared or angry or confused, they can take in the information written simply very quickly. Be very proactive, so that your information is timely. Make sure we know what we are talking about. Make sure we get the best information out there that is accurate. There are things we could say, and things that we don't need to say. We need to keep our messages focused and keep them relevant to the events that are going on. Because psychologists tell us that people shut down. They don't hear things as well when they are scared or when they're angry or when they're upset. They just don't have the capability in their mind temporarily to take in and process a lot of information effectively. So let's make sure it is short and to the point and to the relevant point. And then credible. That we have the smart people out there talking to the reporters; that need to present our message. And that our message is consistent, so that we're not saying "Do this" one day, and "Don't do it" the next day, and then the third day we are back saying "Oh, I guess we were right the first time." That doesn't mean that we don't correct our mistakes. But we should make sure we are on the steady flow of information that is accurate and consistent. And that we don't flip-flop. That may be internally and it also may be between one agency and another. (00:32:43)

So we have, in our next slide, as we talk about our spokespeople, the spokespeople should, as they begin to prepare for an interview, as well as preparing for...the person writing comments for the spokesperson...should know that, whatever the audience is, these are some things that they want to have answered. They want to know what are you doing to keep my family safe? Or to return my family to safety? And what can I do to do the same thing? What can I do to protect my family? There is a job for people to do. When we say that we're going to give people action items to do, then they become, to some degree, a participant if not a partner in this response. It is more than them just sitting at home watching what is to be done. If it is a flood cleanup, or looking in on neighbors, they are a participant, they need information on how to become a better participant or partner in that response with us. (00:33:50)

We want to make sure that if we are doing the best we can with the limited resources, that A) that's true, and B) that we get that message out. Certainly not the most important thing for us to say, but it is certainly something that people are going to be wondering that we are using the best tools that we have in limited resources to do what we can. And then, we always want to return back to normalcy or things to get back to the way they can. And that's how we...knowing that that is something that is important for people to do. And so we are just past the halfway point in our talking today. If there are some things that you would like to type in, as far as the questions, you certainly can do that, and Belen will pass them on to me. If you wish to have an oral question, we will do that toward the end, in about another 10 minutes or so. So, as we are writing our messages, we need to make sure that they do these things. And I won't belabor a lot of the points on here. But we need to do a great job and let, certainly, people know that we are doing the best that we can. (00:35:09)

We are not wasting resources. And that we are trying to get our community back to what is that new normal. So when we talk about point number four, about reducing rumors, certainly there will be other stories going on about what we are talking. Stories about what we are doing. We want to address those rumors but address those rumors in the most effective way. That is not necessarily to hold a news conference for every single rumor, but that is to address rumors as quickly and expediently as possible. So here is some bad things. Certainly want to talk about the good things more so, but the bad things, if we have messages that come from one agency that say one thing and we have another agency that says another, we can certainly confuse the public. And we don't want to give reporters easy stories. And as a former journalist, I can tell you if I've got two agencies that are telling me two different things, there's my story for the day and I really don't have to work hard on a story. But guess what, the audience will now no longer talk and think about what you are recommending. (00:36:20)

They are more concerned about why you all can't agree. So mixed messages. Even if both messages are accurate, that can still be confusing. If we are late in releasing our information, that can also cause problems. There were some cases, one instance that I recall back in...right after 9/11, where people were asking, reporters were asking CDC, "Should we buy gas masks?" and it took CDC a while, it took two to three weeks for that answer to come out. And certainly, there were people saying "Yes, you should buy gas masks." Those were the gas mask companies. But the information, as it was developed, is that we really did not need to have gas masks. A paternalistic attitude is one in which we are trying to be the big sheriff in town. Or be the big person. The big protector. And people are grown-ups. They don't need that. They need to get the information that we have so that they can make the big, grown-up decisions for themselves. And then those public power struggles and confusion, I don't know if you have ever had an event where one agency in town is holding a news conference at about the same time your agency is holding a news conference on the same event. And that will really confuse and upset reporters, that is not where we want to go to get the story out in the best way possible. So that's the bad things. How about the good things? (00:37:44)

We can certainly boost our success by doing things like having a solid communication plan first, and then executing it as well. I have been in cases, and I have been in real world events and exercises where I have observed that people had a plan, they even brought the plan to the exercise, but never looked at the plan and didn't execute the plan, and after the exercise, I asked them, "So, did you follow your plan?" And they admitted they never broke out the plan. And the events, or the actions that they did, did not follow the plan. It would be one thing to not have to refer to the plan if you follow the plan. But they admitted that they didn't. Now we wanted to do that be first, be right, be credible. We want to be that place the reporter can know that they can come to and get the information. Again, the empathy that we want to present in many of our messages, very early on, and remain honest and open, even if we don't have the complete answers. Our spokespeople need to give the...they are more than the logo. They are more than the title of their organization. They are the face of the organization. You think back on the big crises and the big disasters that we have had during our lifetime in this country. And if you think about it, look at the images that you recall. I would think that quite often the images are of a human face, of a spokesperson. And they are your organization's image for that event. The spokespeople are very rarely born that way. They are trained that way. And they become very effective, if they listen to constructive criticism and do things in a respectful way for the audience. Again, we are reading statements. We are the statement. People will look to the visual image. That face of that person as they begin to speak. So if you are new to prepping a spokesperson or if you are going to be a spokesperson on the fly, and you have not had training, then here, in less than five minutes, you can certainly become a much better spokesperson if you think this. (00:40:00)

You may not speak as best...as well as you could. You may not be eloquent. But you will be honest and human. If you understand what you're agency is...exists for. What is the mission of your agency? And take that to heart. And let that be running through your mind as you are being the spokesperson during the news conference or during the interview. And know exactly who you are talking to. If it is a general audience, a large population that is looking at the TV news, know that that's not just one audience. That there are many audiences. And try to craft your message to those. There are certainly days...hours, days, and weeks of training that you could do for being a better spokesperson, but certainly, if you are pressed into it during an emergency, these are some things to take to heart. And here are some examples of that. So if we know that as an agency, the CDC is out there in the field to help people, but we are there when asked and as all of you have heard, all emergencies and disasters are local. We are not there to take anybody's thunder or the show. Then we would show that we are there perhaps at harm to our self in danger, but we are there to help one another in those communities. So your public is going to be asking these things: That they are safe. And what you are doing to get them safe. What is the cause, and what is the solution? But notice how quick, or close the questions here from the public are from the media. (00:41:44)

Now, certainly there may be a more inquisitive or blame that comes about in the media. But there will certainly be very similar questions from the media as far as the public. And so we have a question that comes in, and the question is, do you have recommendations on how to avoid paternalism and perceived injustice if certain groups are earmarked as priority to receive reduced resources such as vaccines. So if we kind of look at that question that we have reduced resources, we would, as medical people, want to make certain that our answers and that our statements, show that it is through sound science that we are making those recommendations. Who is at greatest risk to contract the disease? Or greatest risk of ill health effects if they contract this disease? Could be the very young, could be the very old, could be expectant mothers. That we certainly let them know that that is the reason for the decision. Not that some people are more privileged than others. The decisions are based on sound science. The next question that we have written in, typed in, is are you aware of any substantial evaluation of the use of social media for the use of CERC? Well, if you can, sometimes, certainly after our presentation today, either do an online or a Google search for the terms CDC and the term "gateway." CDC – Gateway. That will take you to a website that the CDC has set up that has a lot of social media and audience research tools. So again, that's "CDC gateway." Rather than give you the URL, that will take you to that page. So we'll move on here. That was the extent of the questions that we had. And then working with the media

during a crisis. Now, many people think we work against the media during a crisis or they work against us. But, certainly, there are some things that we can think about as we are in a crisis and know that the media is going to be a very effective channel for getting our message out. (00:43:57)

There are many different kinds of media. We just had a couple of questions about social media. There, you see them. The more traditional media: the radio, the print, the television. Certainly with, uh, in cities, we have a larger population base at which to have different kinds of mass media, if you will, but in rural communities, we may have the weekly newspaper as being the place for information that people go to. The Internet will certainly be out there and bloggers will certainly be out there. And I wouldn't be surprised if they talk about our response. I say that in joke or almost in sarcasm. Because certainly they will be out there and talking about what we do. So people can do an Internet research about our response, and what they may find rising to the top of the search pages, is someone is talking about us and not us talking about us. (00:44:55)

So here are some tips. As you get ready to work with the media during a crisis, know who your spokespeople are. That should be something we could do in the precrisis phase. And try to ensure that they are as trained as they can be. And then as you set up interviews with the media, know who the reporter will be and try to work with that reporter to ensure that time is limited so the subject should be limited. That we're going to talk about this biological outbreak. We are not going to talk about the budget. Now, if you want to talk about the budget, we can set up an interview with a different spokesperson about the budget. But if we're going to do an interview about what you've asked about, then we need to limit the interview to that. And nearly all reporters will comply with that. Set limits on time. If you certainly watch the TV news, the interview maybe 15 minutes long, but the answer that we see on TV is 15 seconds long. So there is a whole lot of talking that never made it to the TV. So you don't have to have long interviews. But certainly, when you are setting up the interview with a reporter, you as a spokesperson or you acting for the spokesperson to get things set up, we can set the limit of time and by format, I mean if its live or videotaped to be edited and used later. And then certainly this is nothing that you would ask in an aggressive way, but you can ask how many people they've talked about, have they talked to other agencies about whatever the subject matter is of the story. And they should be fairly compliant in giving you some answers. They may not tell you everybody that they've talked to, but don't be surprised if the person that is not in complete agreement with your agency's response is one of those people that they've talked to and they didn't mention that person. But, those things can happen. So we do not want to argue before, during, or after the interview with the reporter. That is not what interviews are for. Reporters are paid to edit down your remarks. And know that your remarks will not be not edited. And if you have said something you almost can never go back and say, well, don't use that. Now if you mess up saying a sentence, then most reporters on radio or TV, if it is not live, would say, if you said, well let me re-answer that question, let me phrase it a little bit clearer, and they will certainly use the more clearly phrased part of that. (00:47:29)

But if you give a good, complete answer and then you think, Oh, I shouldn't have said that, cat's out of the bag on that one. It is open season on that answer. And I would never, ever, ever recommend going off the record with any kind of reporter, so we won't belabor that point. And then bridges to key messages. We want to use these techniques and these phrases to make sure that we do get in that interview what we want to say during that interview. The reporter calls you and asks to do an interview. But that interview is more than them just getting your responses to their questions. It is an opportunity for you to get your agency's message out. And the way we can do that is by phrasing during our answer. A brief answer to the reporter's question and then one of the statements that you see there on the screen, a bridging statement, and then go back to your key message. Okay, so at this point, let me ask if there, uh, Catherine the operator, are there any questions on the audio line at this point? (00:48:40)

Operator

At this time, we have no questions, so as a reminder, if you would like to ask your question, you may press star one on your touchtone phone. One moment for that first question. (00:48:49)

Bret Atkins

Okay. So, again, if you wish to do audio or type in a question, we can do that. We do some more slides that I would like to get through. These are one of the tips, or tricks, I should say, that reporters can do. Particularly TV reporters might do this. So be aware. Particularly if it is a new kind of spokesperson that you do not want to put your hands on any report that they hand you, because that is video that they are looking for. They are trying to say that the experts who should have known about this report didn't know about this report. They found the report and they want to know what you think about this report. Clearly, that is something you literally and figuratively don't want to touch. You might have that spokesperson say, "Well, yeah, I am familiar with that report and here's what we think of it. But literally, fingers should not touch that report. And, then another, is that of reporter can give you only two choices to an answer. And indeed that answer may be the third choice. So, if a reporter literally says, well, could it be this or could it be this, you might say well, it actually is the third item or the third alternative that you haven't considered. And then, there's that brief message, since you have responded to the reporter. You give that key phrase, that bridging statement, and then back over to a key phrase. So we have a written question here. What indicators or outcome measures might you use to evaluate the value or effectiveness of your CERC response? (00:50:38)

Again, so, how are we going to evaluate our messages? And that is an excellent question. We can do that in a couple ways. We can look at it numerically. We can look at how we are driving call volume down, if that is our goal, by particular messages. And that is a metric. Perhaps it is not a perfect measurement of what we are doing. But anything, any kind of good data, is better than no good data. We can also look at, you know, if we are looking for people to change behavior, we can observe that behavior and see if things are improving by our messages. Again, I like how you are thinking with this question, but you are asking a very difficult thing to get great evaluation from actions. And, it would be wonderful if we could as agencies or as an industry spend a lot of time in figuring out how we want to evaluate our message, and know if our messages aren't being very effective, that we need to change our message. (00:51:45)

So, one additional question here online. Does the presenter have any advice on balancing the spokesperson's message with the larger message of political leadership? So how do we balance the science or the law enforcement, if you will, with the voice of political leadership? One way of doing that is to involve the political leadership in the message. In the news conference. Probably not in an interview, but certainly in a news conference, I would say. If we have a significant event that is affecting our community, we would probably have an elected official very early in that news conference give a few overarching remarks. And then turn it over to emergency management, law enforcement, fire, public health to add specific, more detailed messages about the individual responses. But certainly, keeping them closer is better than keeping them far away as far as a political leadership is. (00:52:50)

And then as we head to our next slide, we are looking at some of the more modern technology that can be used. PIOs. Public information officers. We have long since gotten used to the radio, the television, the news conference. But, now, we find that people are doing a lot more with mobile telephones. And in this way, we can actually use them, or consider them a reporter, and bypass the evening news and transmit our message directly to a cell phone or to a smartphone. Easier said than done. Yes, I guarantee. (00:53:27)

I grant you that. But we look at the number of people that have started to use phones. Ninety percent of the population estimated has a mobile telephone. And text messages are becoming more part of people's lives, so they would be quite used to that. So, that is our formal presentation. As Belen mentioned, this is archived or will be archived on the two URLs that you see here. Are there any other questions that we have in our closing moments, in either the typed

form, that you have typed in, or Catherine the operator, on our audio line? (00:54:06)

Operator

We have no questions from the phone at this time. (00:54:09)

Bret Atkins

Well, I would certainly like to say that is because I've done such a great job but -- [Laughter] .

Belen Moran

You have, Bret.

Bret Atkins

I don't think so.

Belen Moran

You have done an outstanding job. And I would like to encourage our participants, if you have any questions about the webinar, the presentation, process emergency risk communication, please feel free to contact Bret or contact me. Bret's e-mail is batkins@cdc.gov . And my name is Belen Moran, but my e-mail starts with an "M" as in Maria, and is mmoran@cdc.gov . We are five minutes away from the end of this presentation. I want to thank Bret very much for participating. It's always an honor and it's always fun to work with you. (00:55:02)

Bret Atkins

Oh, thank you so much. I appreciate the fun part. (00:55:05)

Belen Moran

And, I've gotten many, many remarks about how good this presentation is, and thank you all. And please, keep in touch with the CDC Emergency, login to our Web site and login to our Facebook page to receive more information about the health partners outreach team activities. Thank you. Goodbye. (00:55:30)

Bret Atkins

Bye, bye.

Operator

This concludes today's Conference. All parties may now disconnect. (00:55:34)